



# DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY  
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## Final index score of NITI Aayog report

Final index score of NITI Aayog report on States adversely impacted( The Hindu: 20190722)

<https://www.thehindu.com/news/national/final-index-score-of-niti-aayog-report-on-states-adversely-impacted/article28628740.ece>



An analysis of the NITI Aayog's 'Healthy States, Progressive India' report released on June 25 shows that the usage of estimated figures in place of reported numbers, to calculate certain health indicators, has adversely impacted the final index score of certain States while boosting that of others.

#### Skewed result

The report had used an estimated number of births and deliveries to calculate two key health outcome indicators — “full immunisation coverage” and “proportion of institutional deliveries” — which carried high weightage in the calculation of the final index score. The use of estimated numbers instead of the reported figures resulted in a skew.

For instance, in the case of Tamil Nadu, which had secured a composite index score of 63.38 for the base year 2015-16, using reported number of deliveries and births instead of estimated figures would have resulted in an increase of 2.17 points for that year.

On the other hand, using reported numbers would have resulted in a decrease of 2.99 points and 3.34 points from the final index scores of Gujarat and West Bengal.

The data for both the reported and estimated number of deliveries for 2015-16 is available in the Health Management Information System (HMIS), a statistical arm of the Ministry of Health and Family Welfare.

#### Final index score of NITI Aayog report on States adversely impacted

number of institutional deliveries recorded in the NITI Aayog's report based on the estimated number of deliveries, and what is recorded in the HMIS database based on reported number of deliveries for the year 2015-16. However, the degree of variation is high in certain States.

In Tamil Nadu, according to the NITI Aayog report, institutional deliveries were pegged at 81.82% in 2015-16, whereas in the HMIS database, it is 100 % — a difference of more than 18% points. However, in the case of Gujarat, the indicator was almost similar in both datasets (98% in HMIS, 97.78% in NITI Aayog).

Similar variations were also seen in “full immunisation coverage”. In Tamil Nadu, according to the NITI Aayog report, 82.66 % of infants were fully immunised, whereas, according to the HMIS database, it is 104.9 %, that is, more than a 22% point difference. In Gujarat, the indicator was almost same in both the datasets (90.55% in NITI Aayog and 93.9% in HMIS).

#### Index score impacted

In the case of bigger States, both the indicators — immunisation of children and institutional deliveries — carry a weight of 50 each. The weighted scores of all the 23 indicators are then added to form the final index score.

Calculation of the weighted score for the base year 2015-16 using reported figures from the HMIS instead of the estimated figures used by the NITI Aayog report, increases the final index score of certain States and decreases the numbers for others.

When the final index was recalculated using the HMIS' reported figures, Madhya Pradesh's score increased by 2.78 points and Tamil Nadu's by 2.17 points while West Bengal's and Gujarat's decreased by close to 3 points each.

A similar analysis for the year 2017-18, for the institutional deliveries indicator, shows that usage of reported deliveries would have increased the final score of Madhya Pradesh by 2.3 points while it decreased the score of Gujarat by -0.09 points. As the data for 2017-18 immunisation coverage was not publicly available in the HMIS website, a similar analysis could not be done for that indicator in that year.

'Inherent problems'

It is necessary to use the estimated number of births to determine the level of registration of births. However, the same cannot be said about full immunisation coverage and proportion of institutional deliveries.

A senior official with the NITI Aayog, who was involved in the drafting of the report on condition of anonymity, said, "The reported number of births can vary [from the actual figures]... Because, there are some inherent problems [with the Civil Registration System] and experts have expressed reservations about using them. Ideally, the reported numbers should come from the Civil Registration System but because of these issues, we have not used it."

## **Regulating medical devices**

### **Regulating medical devices sector a 'priority' in Health Ministry's five-year plan (The Indian Express: 20190722)**

<https://indianexpress.com/article/business/regulating-medical-devices-sector-a-priority-in-health-ministrys-five-year-plan-5840865/>

In May, Prime Minister Narendra Modi tasked all ministers with drawing up five-year vision plans for their ministries after taking office for a second term.

Health Ministry proposes minimum standards for clinical establishments

Health Ministry proposes minimum standards for clinical establishments

Panel formed to assess law to protect doctors

Health Ministry, Narendra Modi government, medical devices, medical sector, health sector, india healthcare, Indian express

Over 90 per cent of the country's estimated billion medical devices industry is unregulated, according to AiMeD. This includes over 6,000 devices like pacemakers, MRI machines and even tubes that collect blood samples.

While the Health Ministry charts out its five-year vision for the Narendra Modi-led government's second term, finally bringing a vast majority of the medical devices sector under regulation is expected to be a "priority", The Indian Express has learnt. The Ministry is now

planning stakeholder consultations to understand how to implement an expert advisory body's recommendations to make sure medical device companies are accountable for the safety and quality of their products here.

At the same time, some industry bodies feel the plan would be ineffective in the long run in the absence of a separate medical device law, which has been in the works for over a decade.

In May, Prime Minister Narendra Modi tasked all ministers with drawing up five-year vision plans for their ministries after taking office for a second term.

“Smoothing (issues with) medical devices is high on our agenda,” said a senior Health Ministry official close to the development on condition of anonymity.

The official told The Indian Express there is a sense of “urgency” to address concerns related to this industry, under scrutiny over the last year after major health concerns and adverse reactions were highlighted with some high-risk devices.

“Because medical devices are largely unregulated today, we believe we need to set something like a goal for ourselves early on,” the official said.

However, with the Ministry still discussing its five-year vision, a timeline has not been worked out for this, according to the official cited above. The Ministry plans inter-ministerial consultations to implement a “detailed roadmap” for devices outlined by the country's top drug advisory body, the Drugs Technical Advisory Board (DTAB), earlier this year, the official said.

This includes working out how to notify all medical devices under India's Drugs and Cosmetics Act in a phased manner, which DTAB had recommended in April. While the government currently regulates only 24 notified medical devices under its existing regulations, notifying all medical devices in a phased manner as recommended by DTAB would be India's first significant step towards holistic regulation.

Ahead of floor test, Karnataka CM says not clinging to power

PM rebuke may not have been aimed at Vijayvargiya's son: BJP panel head

Triple talaq Bill no longer on govt's 'top priority list'

“There is more or less a consensus (on the recommendations), but some minute procedures may have to be ironed out,” said another senior Health Ministry official, requesting anonymity.

Old law may not address patient safety

Setting a timeline for notifying medical devices for regulation would end years of uncertainty over if and how companies can be made accountable for safety and quality issues with their products, as the sector is currently largely unregulated. However, regulating medical devices under current drug laws may not effectively ensure patient safety because devices have issues different from medicines that need to be accounted for in legislation.

DTAB's recommendations came almost five months after The Indian Express published the 'Implant Files', a series of investigative reports highlighting lapses in regulation on India's medical devices industry and the impact it has had on patients. This includes multinational firm Johnson & Johnson's use of loopholes in US laws to obtain approval for and market hip implants in India, that later had to be globally recalled in 2010.

However, with the government currently using its 1940 drug laws to regulate the devices notified so far, it may not be able to effectively address issues unique to the industry, according to Association of Indian Medical Device Industry (AiMeD) forum coordinator Rajiv Nath.

“This roadmap would be incomplete if it doesn’t address patient safety under a separate medical devices law and revamp CDSCO (India’s top drug regulatory body) to include a separate division for medical devices,” he said.

Explained: What changes in RTI Act mean

According to Nath, current regulations are a “misfit” for medical devices, which have different risk profiles that require different types of regulatory action.

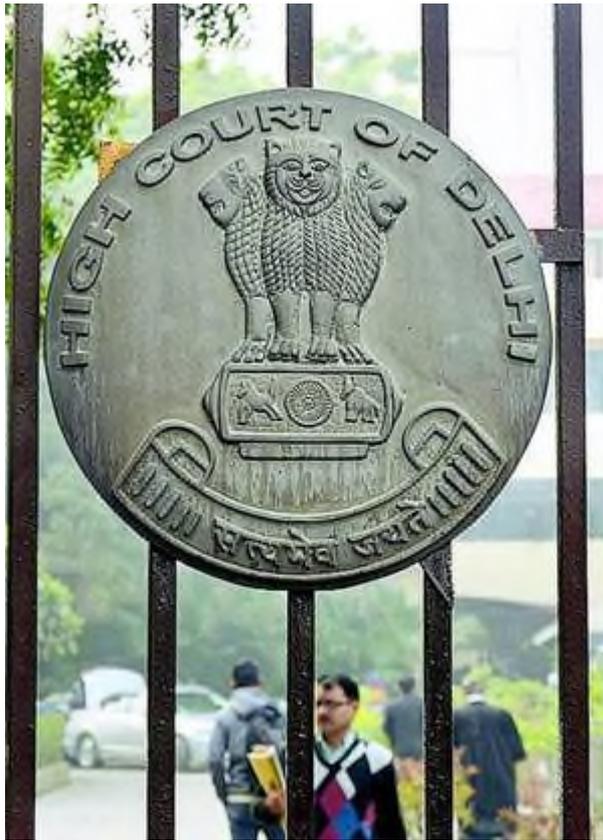
“The Act needs to recognise that penalties for high risk device need to be higher than penalties for low-risk devices,” he said. “The idea has to be to discipline companies instead of allowing loopholes for negligent firms to skirt penalties or scaring off investment by treating every case as a criminal offence.”

Over 90 per cent of the country’s estimated \$15 billion medical devices industry is unregulated, according to AiMeD. This includes over 6,000 devices like pacemakers, MRI machines and even tubes that collect blood samples.

## **MCI decision**

### **HC refuses to interfere in MCI decision to revoke registration (The Hindu: 20190722)**

<https://www.thehindu.com/news/cities/Delhi/hc-refuses-to-interfere-in-mci-decision-to-revoke-registration/article28630169.ece>



UK-based doctor had applied for registration of additional qualification

The Delhi High Court has declined to interfere with the decision of the Medical Council of India (MCI) to revoke the registration of additional qualification of a UK-based doctor, who acquired the qualification by offshore training at a medical college in Bangalore.

Yamsani Srinivas had in his plea said that he was an Indian citizen and had completed his MBBS degree programme from Ukraine. He said he is practising as an MD in Scotland, United Kingdom.

After completing the course from the Membership of Royal College of Emergency Medicine (MRCEM), United Kingdom, he had applied for registration of the qualification as an additional qualification under the Indian Medical Council Act.

MCI had granted the registration in April 2016, but later it was revoked on the ground that he is not entitled to registration in the United Kingdom in the speciality concerned on the basis of the additional qualification.

Offshore training

The High Court was informed that Dr. Srinivas has acquired the qualification by offshore training at St. Johns Medical College in Bangalore. MCI stated that since he had acquired the qualification in a country other than the United Kingdom, the same would not be recognised in the United Kingdom.

Taking note of the facts of the case, the Bench said, “Since it is not disputed that the petitioner is not registered in the United Kingdom in respect of the additional qualification of MRCEM, this court does not find any infirmity with the decision of MCI”.

It, however, clarified that if Dr. Srinivas submits sufficient proof to establish that the additional qualification of MRCEM is sufficient to entitle him for being registered as a practitioner in the speciality concerned in the United Kingdom on the strength of the said qualification, MCI shall recognise the same.

## **Rotavirus vaccine**

### **20 lakh children to get rotavirus vaccine (The Hindu: 20190722)**

<https://www.thehindu.com/news/states/20-lakh-children-to-get-rotavirus-vaccine/article28629860.ece>

Every infant will be given vaccine in sixth, 10th, 14th week: minister

In an initiative to prevent early childhood deaths, around 20 lakh children in the State will be vaccinated against rotavirus.

Inaugurating the State-level initiative in Kasara on Saturday, Health Minister Eknath Shinde said the rotavirus vaccine will now be part of the regular vaccination programme. Rotavirus is the leading cause of diarrhoea in children under five years.

Annually, 3.34 lakh children succumb to diarrhoeal diseases in India, of which close to one lakh die of rotavirus diarrhoea.

“The children up to one year will be given this vaccine in the sixth, 10th, and 14th week,” Mr. Shinde said in a statement.

Incidents of dysentery are high among children in Kasara, a tribal-dominated region. “Starting the vaccination programme in this area is a positive and welcome step,” said Mr. Shinde, who administered the vaccine to five children.

According to Mr. Shinde, training will be provided to health workers in 34 districts and 27 municipal corporations. Around 1.86 lakh officers, employees, ASHA workers, and Anganwadi sevikas have been imparted training at taluka, district, and State level. The minister also inaugurated a new building of the primary health centre at Kasara.

On strengthening of health care, Mr. Shinde said filling of 840 posts of MBBS and specialists is on. “Similarly, BAMS doctors working in remote and tribal areas are being made permanent. Facility of dialysis will be made available in rural areas in sub-district dispensaries.”

Currently, the process to transform sub-centres into Arogya Vardhini Kendras is going on and 100 such kendras have been activated so far. Mr. Shinde inaugurated the new buildings of the kendras at Kasara and Vajreshwari.

## **Rabies vaccine**

### **Rabies vaccine in short supply across Delhi, hospitals say have flagged issue (The Indian Express: 20190722)**

<https://indianexpress.com/article/cities/delhi/rabies-vaccine-in-short-supply-across-delhi-hospitals-say-have-flagged-issue-5593643/>

Lok Nayak, one of Delhi government's biggest hospitals, sees around 250 dog bite cases every day. For now, the hospital said it is purchasing vaccines on its own.

Oral vaccines for street dogs may help fight rabies in India

Zero deaths in 2018, Goa targets rabies-free 2020

Accelerate efforts to end rabies: WHO to India, South East Asian countries

Rabies vaccine in short supply across Delhi, hospitals say have flagged issue

Last year, MCDs recorded over 17,000 dog bites

Bitten by a dog in his locality on February 12, Pawan Chaudhary (24) spent the next eight hours running to three government hospitals to get an anti-rabies vaccine — only to be turned away each time. A resident of Shahdara, he was finally referred to Ram Manohar Lohia Hospital for a shot.

“The anti-rabies clinic (ARC) at GTB Hospital didn't have it; it is not even available at a local dispensary,” said Chaudhary. For the past month, most government hospitals and dispensaries in the capital have been facing an acute shortage of anti-rabies vaccine.

“The vaccine is not easily available in the market. With vendors not being able to meet the demand, we have to turn away patients. We have raised the issue with the Delhi government's Central Procurement Agency (CPA), but even it has not received the supply,” Dr Sunil Kumar, medical director of GTB Hospital, told The Indian Express.

Lok Nayak, one of Delhi government's biggest hospitals, sees around 250 dog bite cases every day. For now, the hospital said it is purchasing vaccines on its own.

Rabies deaths in people are 100% preventable through prompt medical care. Vaccinating dogs is the most cost-effective strategy. As per the World Health Organisation, India accounts for 36% of the world's deaths. About 30-60% of reported rabies cases and deaths in India occur in children under 15, as bites often go unrecognised, unreported.

The most commonly used vaccine is Rabipur which, as per hospitals, is not available. The other two vaccines are Zoonovac-V and Abhayrab. All three cost around Rs 300. “Rabipur has not been available for over a month now... the other vaccines are also in short supply. Sometimes, supply of the other two vaccines is delayed due to excessive demand,” said Kailash Gupta, president of the All India Chemists Association.

On the shortage of vaccines, Dr Ashok Rana, Director General of Health Services (DGHS), Delhi government, said: “There is only one manufacturer supplying anti-rabies vaccines, and at present they are being supplied only to central government hospitals. Due to excessive demand, the supply of the vaccines cannot be met.”

Denying any shortage of Rabipur in the capital, a spokesperson for GlaxoSmithKline India, which manufactures the vaccine, said: “We continue to supply Rabipur, including in Delhi, through our usual distribution channels.”

Amid the crisis, the number of patients visiting the ARC at RML Hospital have almost doubled. In the last few months, the Centre-run hospital has been treating around 400-500 patients a day.

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“Earlier, we used to get around 150 patients a day, but due to shortage of vaccines in other hospitals and dispensaries, OPD numbers have risen to 500 cases,” said a senior doctor.

Last year, the three municipal corporations registered over 17,000 cases of dog bites. Rabies is caused by a virus that is transmitted to humans through the infected saliva of a range of animals. But most human deaths follow a bite by, or exposure to, an infected dog.

## **Health Ministry proposes minimum standards for clinical establishments**

### **Health Ministry proposes minimum standards for clinical establishments (The Indian Express: 20190722)**

<https://indianexpress.com/article/lifestyle/health/health-ministry-proposes-minimum-standards-for-clinical-establishments-5840933/>

There has to be a minimum space requirement for carrying out basic functions of the facility as prescribed in the rules.

THE HEALTH Ministry has proposed “minimum standards of facilities and services” for clinical establishments. The standards will be applicable to clinics offering both Ayush and allopathy services.

According to the minimum standards proposed in the amendments for the Clinical Establishment (Central Government) Rules, 2019, health facilities not complying with prescribed norms in terms of infrastructure, manpower, equipment, drugs, support service and record registration will not be granted registration.

Clinical Establishment (Registration and Regulation) Act, 2010, makes registration a must for running a clinical establishment. However the Act is currently applicable only in 11 states, including Arunachal Pradesh, Himachal Pradesh, Rajasthan, Jharkhand Mizoram, Uttar Pradesh and Uttarakhand.

“At present, minimum standards are available only for medical diagnostic labs which were notified in May 21, 2018. The proposed amendments are aimed at bringing uniformity in standard of healthcare services provided by several establishments,” an official source said.

According to the proposed standards, the physical facility shall be developed and maintained to provide safe and secure environment for patients, their families, staff and visitors and should be situated in a place having clean surroundings and shall comply with local by-laws in force, if any, from time to time.

There has to be a minimum space requirement for carrying out basic functions of the facility as prescribed in the rules.

“The clinic facility shall be well-illuminated, ventilated and clean with adequate water supply. It shall have a prominent board or signage displaying the name of the clinic in local language at the gate or on the building of the clinic,” the draft amendments say.

Besides, the name of the doctor with registration number, fee structure of various doctors or specialists, timings of clinics and services provided within the facility should be well displayed in signages in language understood by the local public in the area.

## **Food safety regulator**

### **Food safety regulator should not dilute colour coding rule (Hindustan Times: 20190722)**

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

Understandably, the food industry is quite miffed over the draft Food Safety and Standards (Labelling and Display) Regulations 2019, uploaded by the food safety regulator on July 2 for public comments. The industry is particularly opposed to the colour coding of packaged foods on the basis of their high fat, sugar or sodium content, because as per values specified in the draft, a very large percentage ( almost 70% according to some estimates) of packed foods sold in the country would get the red marking.

■ Draft regulation requires food packages to mention the sodium content too.

One hopes that the food safety regulator will not give in to their demand and dilute the regulation in this regard, because the red coding serves the dual purpose of alerting consumers about unhealthy foods, while at the same time, forcing manufacturers to reduce salt, sugar and fat content in their food.

For too long, our food safety laws have been inadequate. For example, given the direct link between high salt intake and hypertension, many countries around the world are coaxing and forcing food manufacturers to bring down the salt content in food. But in our country, the food safety regulations do not even require packaged foods to mention the salt content!

In fact last year, in one of my columns, I had expressed dismay over the fact that most packed foods — and this included savouries high in salt such as ‘namkeens’ , potato wafers, pickles — did not mention the most crucial ingredient, its sodium content. And from a few packages that gave that information, I was shocked to find how unhealthy these foods were! One of them, for example, had 920 mg of sodium in a serving of 100 gm! As per the World Health Organization, our daily intake of salt should be limited to less than 5 gm of salt or 2000 mg of sodium. So, by eating one serving of the namkeen, one would consume 46% of the WHO-recommended daily intake of sodium.

Now finally, the draft regulation requires food packages to mention the sodium content too, and this time, the information on fat, sugar and sodium will be on the front of the package. In other words, the front of the package will declare the amount of energy, saturated fat, trans fat, added sugar and sodium per serve and also indicate the per serve percentage contribution to Recommended Daily Allowance.

Since not many people can read or understand the significance of these numbers , the red coding is a simple way of warning them about the high fat, sugar or salt content, so that they can avoid such foods and go for healthier options. Considering the high prevalence of diabetes and hypertension in the country, the red coding would be an extremely important step towards promoting healthy eating among the citizens.

The draft regulation also requires manufacturers to mention the date of manufacture and the ‘best before’ date together. If you look at the packages today, it seems as if the manufacturers wish to hide rather than reveal the shelf life. The date of manufacture is usually visible , but in order to calculate the shelf life, you need to search for the missing link — the ‘best before’ date and that’s hard to find. And then it says ‘Best before 15 days from the date of packaging’, so you need to calculate the shelf life. And you need to know English in order to get this information!

So, I have for long argued that the two information should be together and in a simple manner — the date of manufacture and below it, the use by date, as on medicine packages. The manufacturers have, however, always resisted this and I am glad that the draft regulation has mandated it and I do hope that it stays in the final version.

## **VACCINES, HEALTHCARE**

**With 3-tier surveillance, top Indian scientist gets ready to battle typhoid  
(Hindustan Times: 20190722)**

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

■ Gagandeep Kang became the first woman from India to become a fellow of the prestigious Royal Society in London.

From her early days as a student in Vellore’s Christian Medical College (CMC) in the 90s to building a nationwide network of surveillance centres for rotavirus, one of the major causes of

diarrhoea in India, through the 2000s, the 56-year-old scientist has long identified the need for quality data to build medical public policy.

Now, Kang – who in April became the first woman from India to become a fellow of the prestigious Royal Society in London – is building the disease burden case (a measure of the extent and impact of a health problem) for typhoid, which kills around 200,000 people annually, most of them in India.

Kang and her associates at CMC and Translational Health Science and Technology Institute, Faridabad, have built a three-tier surveillance system, spanning small catchment hospitals in rural areas to major cities.

The first tier deals with 24,000 children in four sites between six months and 15 years of age, and checks for fever that lasts for more than three days. The second stage is in rural hospitals with a catchment of 100,000 people each. “The idea is that most fevers will go to these hospitals; any fever that gets admitted gets a blood culture, we measure how severe typhoid is in that community,” she said. The third stage is in motion in hospitals in big cities that tracks possible complications and antibiotics resistance.

“We are already generating preliminary data that shows the incidence of typhoid in India is among highest in world, between 500-600 per 100,000 people – a big big number,” she said. The World Health Organisation calls a disease highly endemic to an area if the incidence is above 200 per 100,000 people. The work is urgent, Kang notes, because it comes at a time a strain of typhoid resistant to all but one oral antibiotic has broken out in Pakistan, with 5000-odd cases since 2016. “We are hoping doesn’t spread to India because if it does, we are in deep trouble,” she added.

Her name may have been splashed across major publications this year, but Kang consciously chose a low-key life at the beginning of her career. “I chose to study gut infections; it was about as unglamorous as you could get. Everyone wanted to study cancer, neurosciences and save the world with fundamental discoveries. Poor diarrhoea was nothing in front of them.”

Diarrhoea is the second-leading cause of deaths among children under the age of five years, and one of the biggest killers in India. Kang’s research soon led her to discover that Indian children have lower response to gut vaccines than their counterparts in foreign countries – a result of exposure to toxins and infections at very early stages that inflame their guts.

“Our children have guts with higher levels of inflammatory bio markers than people in the west with inflammatory bowel diseases – like those with Crohn’s Disease. This constant inflammation likely damages the gut and induces lower immune response to vaccines given orally,” she said. Kang also found the difference between rich and poor Indian children was similarly large with the latter susceptible to lower immune responses.

Kang’s tryst with big data began in 2005, when in association with the Indian Council for Medical Research, she started building a national network for surveillance of the rotavirus. “For public health policy, quality data systems are a priority but it is a huge challenge. With each disease, we have to reinvent the wheel because we haven’t invested enough in data quality,” she said. The research culminated in the discovery of the rotavirus vaccine, as part of her work under the Newton-Bhabha fund, a partnership to bring together UK and Indian scientists and researchers spanning PhD partnerships and research projects with a focus on

food-water-energy, public health and urbanisation. This work later won her the 2016 Infosys Prize in Life Sciences. The vaccine is now part of Mission Indradhanush, a central government programme that aims at full immunisation.

Ann Mathew of Delhi's St. Stephen's Hospital and a collaborator, remembers how Kang would criss-cross the country building the network. "She was hard working and was great at building a team, often encouraging younger colleagues."

Kang rates her work on the rotavirus vaccine, Rotavact, as the most exciting of her career but admits that her current research on the typhoid disease burden is more challenging. "There is a vaccine for typhoid by Bharat Biotech [a Bengalurubased firm], but we are not using it because we haven't updated our own disease burden data. Typhoid is more difficult to measure than rotavirus because the scale is much smaller," she added.

## VACCINES, HEALTHCARE

As one of India's foremost medical scientists, two things worry Kang.

The first is health coverage. In her work, Kang says she found one diarrhoea hospitalisation cost poor families 5% of their annual income and almost threefourths of health expenses are met from people's pockets, according to the Household Health Expenditure In India 2013-14, a report published by the Union health ministry. "This kind of catastrophic expenditure pushes people into extreme poverty," she said.

Ayushman Bharat, the central government's insurance scheme, is a good start but Kang argues for universal health coverage by strengthening primary healthcare. "I grew up in 60s and 70s. I am about as socialist as one can get. The government has a responsibility to provide healthcare to people," she added.

Her other concern is about India's growing anti-vaccine sentiment, which in the past three years has made its presence felt in Kerala, Tamil Nadu and even Mumbai, and is fuelled by videos and posters circulating on WhatsApp. Kang notes that the videos are clever, translated into multiple regional languages and make convincing arguments. "If you tell people that effects of the vaccine won't show up now, but will result in your children having fewer children, it is difficult to refute that because those are the secular trends," she said.

Though the anti-vaccine sentiment is not as widespread as it is in the US, where diseases such as measles have made a ferocious comeback, Kang worries that India's higher population density will mean that an outbreak will wreak havoc. "If we have a large number of unimmunised children, we are setting ourselves up for a disaster."

Her long stints in India and abroad have alerted her to questions of hierarchy and inflexibility, which, she argues, has hurt women scientists and stopped their ascent. "When I went to the UK, people told me I was good. I found it hard to believe because in 15 years, no one in India has ever said that. We don't realise how much hierarchy damages us – even PhD students don't question." To many of her students and peers, Kang's easy manner is a change from familiar pedagogy.

Samarasimha Reddy, an investigator under Kang at CMC, said her mentor helped her in thinking positively and figuring out the right way to handle difficult situations. Working with

Dr Kang, I have learnt the different aspects of research... now I am confident to be an Independent researcher,” she said.

Partha P Majumder, president of the Indian Academy of Sciences, said talking to Kang was always learning experience because of her deep insights on diarrhoeal and other infectious diseases. “It’s a lot of fun to talk to Gagandeep. She can chat on a wide variety of topics because she is a voracious reader.”

Her hope of Indian science is a more flexible, responsive system that doesn’t stymie curiosity and the advancement of women. “In our cultures, women rarely put themselves forward and those who do get called nasty women. This is changing with time but it needs to change a whole lot faster.”

### **Stress – Silent Killer (The Asian Age: 20190722)**

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=13424524>



# STRESS IS THE SILENT KILLER

With stress affecting people of all strata and age groups in innumerable ways, healthcare professionals recommend a multi-pronged approach towards tackling it

KANIZA GARARI

DECCAN CHRONICLE

Stress affects people of all age groups physically, emotionally and psychologically, leading medical experts to not only look at it in isolation, but as an important aspect in terms of identifying hypertension and diabetes.

However, since the symptoms of stress vary widely from one person to another, it sometimes requires a team of specialists to identify and control the problem. A combined effort is the key to better management and outcomes in terms of treatment, explains Dr Syamala Aiyanger, senior consultant, physician and diabetologist at Apollo Hospitals.



**Dr Syamala Aiyanger,**  
Senior consultant, physician and diabetologist

**Q What are some of the identified, evidence-based physical effects of stress?**

Stress is often listed as a causal factor of many lifestyle disorders but objective signs of assessing stress and cohesive scientific parameters are lacking. Most data correlating stress and illness is retrospec-

tive and subjective in nature.

**Q With stress levels differing from person to person, how can it be judged at the clinical level and which age group is found to suffer from it the most?**

With a major shift in our lifestyles and the ever increasing demands of our society, the most affected people are middle-aged professionals and adolescents. Most of the time, judging these effects comes with clinical experience. There is no fool-proof method to quantify stress. It requires assessment of their lifestyle through investigation, questioning them about their troubles and deriving answers from those. People who have deep seated anxiety, fear of letting their parents down, meeting the demands of the society, living up to an image and trying to get monetary gains are some of the most stress affected in the present times. Sleep disorders, which are identified in most of these sessions, also contribute to stress.

**Q How do students, middle-aged executives, senior**

**professionals and senior citizens get diagnosed with stress? What signs and symptoms do doctors look for?**

The effects of stress are often subtle and it sometimes takes multiple consultations and keen observation to pick up stress related disorders. Moreover, stress often does not have a cause and effect relationship with disease. There are always multiple factors that contribute to the disease. In senior citizens for instance, loneliness is often one of the major factors apart from the age-related diseases that they suffer from. Stress is also one of the major reasons for impaired cognitive skills.

**Q What are the five main warning signs of stress which people often tend to miss?**

Warning signs vary but commonly include alteration in sleep cycles, eating disorders, fatigue, binge eating, mood swings, lethargy and weight fluctuations.

**Q How can cognitive therapy change the course of negative thoughts to visualise the bigger picture and help cope with stress?**

Inculcating cognitive behaviour therapy for treatment of stress has proved to be an

## SOME EASY TIPS TO DE-STRESS:

- Opt for a 10 minute meditation/music after a long conference call or marathon meeting.
- Listen to jokes, smile and laugh in the middle of the day or after a huge session of hectic work with colleagues.
- Exercise.
- Talk to your close friends and family about problems.
- Do not bottle up issues.
- Having a problem or having issues in the family is a common part of everyone's life. Accept it as is and find ways to deal with it.
- Do not take extra burden either in social or professional life. Also, do not carry everyone's burden on yourself.
- Be positive as problems and issues are a part and parcel of life and they will come and go.

uphill task. Firstly, the person suffering from high levels of stress must accept that they are indeed stressed. This requires centering of the emotions and working towards de-stressing. Therapy requires considerable time spent with counselors and also constant interaction with healthcare workers. Offices, colleges and institutes must also have qualified counselors who can help people deal with stress.

## Cervical cancer

### Cervical cancer cases show decline: Govt data (The Times of India: 20190722)

Read more at:

[http://timesofindia.indiatimes.com/articleshow/70322316.cms?utm\\_source=contentofinterest&utm\\_medium=text&utm\\_campaign=cppst](http://timesofindia.indiatimes.com/articleshow/70322316.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst)

### Sorrogacy (Navbharat Times: 20190722)

<http://epaper.navbharattimes.com/details/48051-58303-1.html>

## ताकि यहां किराए की कोख का बाजार न बने

सरोगेसी की कीमत उन महिलाओं को अपने स्वास्थ्य से चुकानी पड़ रही है, जिन्हें परिवार चलाने के लिए धन की जरूरत है। प्रस्तावित बिल कमशर्त सरोगेसी पर रोक लगाता है



प्रमोद भार्गव

हाल के वर्षों में देश में प्रजनन का कारोबार तेजी से बढ़ा है। चिकित्सा पर्यटन के साथ-साथ अब भारत प्रसूति पर्यटन का भी एक बड़ा केंद्र बनता जा रहा है। भारतीय उद्योग महासंघ (सीआईआई) के एक अध्ययन के मुताबिक भारत में किराए की कोख का कारोबार अगले साल तक सालाना दो सौ करोड़ रुपये का हो जाएगा। गुजरात के आणंद में यह व्यवसाय सबसे ज्यादा फल-फूल रहा है। लेकिन इस धंधे की भारी कीमत उन महिलाओं को अपने स्वास्थ्य से चुकानी पड़ रही है, जिन्हें परिवार के भरण-पोषण के लिए धन की जरूरत है। अब सरकार कोख के व्यावसायिक इस्तेमाल पर प्रतिबंध लगाने की दृष्टि से द सरोगेसी रेगुलेशन बिल-2019 ला रही है। यह बिल लोकसभा में पास हो गया था, लेकिन सदन भंग होने के बाद लैप्स हो गया।

इस विधेयक में कोख के व्यावसायिक इस्तेमाल को गैरकानूनी ठहराया गया है। इसका उल्लंघन करने पर 10 साल के कारावास और 10 लाख रुपये के जुर्माने का प्रावधान है। इसमें कहा गया है कि सरोगेट मां इच्छुक कपल की नजदीकी रिश्तेदार होनी चाहिए। ऐसी मां को उम्र 25 से 35 वर्ष के बीच होनी चाहिए और उसका अपना एक बच्चा भी होना चाहिए। यह भी कहा गया है कि कोई महिला जीवन में एक ही बार सरोगेट मां बन सकेगी। यह तकनीक सिर्फ निस्संतान शादीशुदा कपल के लिए उपलब्ध होगी। समलैंगिक या लिव इन में रह रहे कपल्स को इस सुविधा का लाभ नहीं मिलेगा। दरअसल सरोगेसी की प्रक्रिया बड़ी जटिल होती है। इसमें जैविक माता-पिता के शुक्राणु और अंडाणु को परखनली में निषेचित किया जाता है और फिर भ्रूण को किराए की कोख में प्रत्यारोपित किया जाता है। इसका शरीर पर विपरीत असर पड़ता है। इसमें गर्भपात हो जाने की 80 फीसदी आशंका रहती है। ऐसी 90 प्रतिशत प्रसूति सर्जरी के जरिए होती है। जाहिर है, इस पूरी प्रक्रिया में महिला को जान का संकट बना रहता है।

एक स्वयंसेवी संगठन की स्टडी के मुताबिक व्यवहार में जब कोई 'बड़ी पार्टी' यानी अमूमन कोई विदेशी अमीर कपल इस



कॉमन रूम

प्रक्रिया से बच्चा चाहता है तो भारत में एक साथ कई महिलाओं को गर्भधारण करा देता है। इनमें से किसी एक महिला में यह प्रयोग सफल हो जाए तो उसे छोड़ बाकी सबका गर्भपात करा दिया जाता है। गर्भपात कराई गई महिलाओं को कोई धन नहीं दिया जाता। भारत में किराए की कोख की कीमत औसतन करीब 20 लाख रुपये पड़ती है लेकिन सरोगेट मां को इसमें से महज 3 से 5 लाख रुपये ही मिलते हैं। शेष अस्पताल और बिचौलिया चर्त कर जाते हैं।

इस मामले के कई और जटिल पहलू हैं। उदाहरण के लिए अगर जैविक अभिभावक किसी वजह से जन्मजात को छोड़ देता है तो उसके पालन-पोषण की जवाबदेही किसकी होगी? यही सवाल तब भी उठता है जब नवजात शिशु विकलांग या किसी लाइलाज बीमारी के साथ पैदा होता है और जैविक माता-पिता उसे लेने से इनकार कर देते हैं। एक सवाल यह भी है कि यदि गर्भ की अवधि में ही पति-पत्नी का तलाक हो जाता है तो वह बच्चा किसे दिया जाए?

अगर दोनों ही बच्चा लेने से इनकार कर दें तो बच्चे के लालन-पालन की जिम्मेदारी किसकी होगी? साल 2009 में जापान से अहमदाबाद आए एक कपल के साथ तलाक की स्थिति आ चुकी है। उस मामले में जैविक मां ने बच्चे को स्वीकार करने से इनकार कर दिया था। हालांकि पिता बच्चे गोद लेने को तैयार था, लेकिन कानून पुरुष को बच्चे गोद लेने की इजाजत विशेष परिस्थितियों में ही देता है। प्रस्तावित विधेयक में भी इन सवालों के साफ जवाब नहीं मिलते।

जाहिर है, प्रस्तावित बिल कानून की मौजूदा कमियों को कुछ हद तक जरूर दूर करेगा, लेकिन जो पहलू छूट गए हैं उन पर विचार करके उन्हें इसमें शामिल कराने की कोशिश इसे ज्यादा उपयोगी बनाएगी।

### Pollution (Hindustan: 20190722)

[http://epaper.livehindustan.com/imageview\\_148510\\_71373000\\_4\\_1\\_22-07-2019\\_i\\_3.pagezoomsinwindows.php](http://epaper.livehindustan.com/imageview_148510_71373000_4_1_22-07-2019_i_3.pagezoomsinwindows.php)

# प्रदूषण से बढ़ रही पुरुषों में थकान

नई दिल्ली (का.सं.)। हार्मोन की गड़बड़ी की वजह से पुरुषों में एंड्रोपॉज होता है। जिस कारणों पुरुषों में थकान, आलस, जैसी दूसरी समस्याएं देखने को मिलती है। यह बात डॉ. राम मनोहर लोहिया स्नात्कोत्तर संस्थान के डीन डॉ. राजीव सूद ने रविवार को कहीं। भारतीय रोग एवं चिकित्सा संस्थान द्वारा दरियागंज स्थित डीएमए हॉल में आयोजित संगोष्ठी में तनाव की एक वजह प्रदूषण को भी बताया गया, जिससे शरीर के हार्मोन अनियंत्रित होते

हैं। इससे बांझपन, नपुंसकता और मधुमेह जैसी बीमारियां बढ़ रही हैं।

संगोष्ठी के मुख्य वक्ता डॉ. महेन्द्र कुमार तनेजा ने बताया कि उज्जायी प्राणायाम, सूर्यप्राणायाम, भुजंग आसन, मत्स्य आसान सहित दूसरे आसनों से हार्मोन नियंत्रित किए जा सकते हैं। वहीं, भ्रामरी प्राणायाम ध्यान केंद्रित करने में सहायक है। संगोष्ठी में उपस्थित डॉ. तारिनी तनेजा ने महिलाओं में हार्मोन की गड़बड़ी से होने वाले रोगों को लेकर चर्चा की।

**Malaria (Hindustan: 20190722)**

[http://epaper.livehindustan.com/imageview\\_148517\\_71800738\\_4\\_1\\_22-07-2019\\_i\\_10.pagezoomsinwindows.php](http://epaper.livehindustan.com/imageview_148517_71800738_4_1_22-07-2019_i_10.pagezoomsinwindows.php)

# हिन्दुस्तान

## मच्छरों का सफाया

खलनायक तो वे हमेशा से ही रहे हैं, लेकिन पिछले कुछ समय से हमने मच्छरों को मानवता का सबसे बड़ा दुश्मन मानना शुरू कर दिया है। मलेरिया, डेंगू, चिकनगुनिया, जीका जैसे सौ से अधिक ऐसी जानलेवा बीमारियां हैं, जिन्हें फैलाने को काम मच्छर ही करते हैं। बेशक, हर मामले में मच्छर को ही पूरी तरह गुनहगार नहीं कहा जा सकता। एक तो ये सारे रोग मच्छर के कारण नहीं होते, मच्छर का दोष इतना ही है कि वह इनके जीवाणु या विषाणु को हम तक पहुंचाने का वाहक बन जाता है। यानी ये रोग मच्छर की सवारी गांठकर हम तक पहुंच जाते हैं। हर साल दुनिया भर में पांच लाख से ज्यादा लोगों की जान लेने वाले मलेरिया के उदाहरण को ही लें। जिस तरह इंसान मलेरिया के जीवाणु का शिकार है, उसी तरह मच्छर भी है। उसका आधा जीवन चक्र मानव शरीर में चलता है और आधा मच्छर के शरीर में। इन रोगों से मुक्ति आसान नहीं है, इसलिए कहा जाता है कि बेहतर है, हम मच्छरों से ही अपने को बचाएं। हालांकि मच्छरों से बचना भी कब आसान रहा है। मच्छरदानी से लेकर छिड़काव वाली दवाएं, धूप बत्तियां, मैट, क्रीम, लोशन, तरह-तरह की तरंगे, ये सारे तरीके मिलकर भी मच्छर से पूरी तरह बचाव की गारंटी नहीं देते।

अब वैज्ञानिक नए तरीके को आजमा रहे हैं, मच्छरों के डीएनए में बदलाव करके उनकी प्रजातियों को ही हमेशा के लिए खत्म कर दिया

पूरी दुनिया से मच्छरों के सफाए की सोच राहत तो देती है, लेकिन न तो यह बहुत