



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Wednes day **20190731**

Ayushman Bharat Scheme (The Asian Age: 20190731)

<http://onlinepaper.asianage.com/article/detailpage.aspx?id=13486859>

We need to cut costs for people with Ayushman Bharat scheme



Rajeev Ahuja
focus

PM-JAY has to bear the hospital expenses of people with unhealthy behaviours, for injuries or sickness on account of the negligence of other government agencies and for treating conditions associated with the normal aging process. One may ask, how probable are these situations?

The Pradhan Mantri Jan Arogya Yojana (PM-JAY) entitles free hospital care to India's nearly 100 million poor and marginalised families. PM-JAY is one of the two components of Ayushman Bharat (the other component being the

establishment of health and wellness centres). PM-JAY is also the fastest moving component, having benefited nearly 3.4 million individuals in a short span of 10 months since its launch. Although the Central allocation to PM-JAY is only 76,400 crores, it is all set to grow by leaps and bounds with an expected surge in claims over the next few years. Hence, the need to think of ways and means to reduce the cost of PM-JAY. Here are some thoughts.

Consider three different situations that are not just plausible, but in fact, highly probable under PM-JAY. Situation 1: A bidi smoker habitually from a poor household gets admitted into a hospital for treatment of a lung infection. He stays there for a few days and is discharged after receiving treatment and a warning to quit smoking, else...

Situation 2: A man riding a motorcycle, with his wife sitting behind, loses balance when his bike hits a pothole that he couldn't notice in the night due to poor street lighting. While the man gets away lightly with a few minor bruises, his wife suffers multiple bone fractures for which she is admitted into a nearby hospital. She is discharged after a few days with plasters on her leg and arm.

Situation 3: A carpenter in his late 50s is admitted into a hospital where he gets a cataract surgery done. He is discharged within 24 hours. All three persons would be entitled to receive free hospital treatment under PM-JAY. The first situation could have probably been avoided if the person wasn't a smoker. The second situation too could have been avoided if other government agencies were doing their work well. The third situation is probably the result of aging, which is a natural phenomenon that can be slowed, but not



The Ayushman Bharat scheme can be a boon to poorer Indians

stopped or reversed, through healthy behaviour. PM-JAY has to bear the hospital expenses of people with unhealthy behaviours, for injuries or sickness on account of the negligence of other government agencies and for treating conditions associated with the normal aging process. One may ask, how probable are these situations? Let's look at some numbers.

India has 72 million regular bidi smokers over the age of 15 (as per a study by the Centre for Public Policy Research in 2016). Bidi smoking prevalence is higher among the poor. Bidi smoking is associated with many types of cancer: of the mouth, pharynx, larynx, oesophagus and lungs — it also increases the risk of chronic bronchitis, tuberculosis and respiratory diseases. A majority of bidi smokers are covered under PM-JAY. If one adds to it the number of people who consume smokeless tobacco (about 28.6 per cent of the total population consumes tobacco in

any form), the number of poor people suffering from tobacco related illnesses would go up sharply. This is not all. Add to it the prevalence of alcohol (eg. toddy) consumption among the poor and one would get a high percentage of people covered under PM-JAY having unhealthy behaviours.

Giving 25 lakh worth of hospital entitlement to every poor household every year, without any accompanying measures, is probably going for an overkill. What could the National Health Authority (NHA), the nodal agency for PM-JAY, do?

MAKING PM-JAY ENTITLEMENT CONDITIONAL
Typically a health insurance policy would link a premium amount to the risk profile of individuals covered. Further, a good insurance policy would also incentivise healthy behaviour. PM-JAY being a welfare program, entitles the poor and the vulnerable population to free hos-

pital treatment regardless of their risk profile and behaviour. Ideally, the entitlement to free healthcare ought to be conditional on healthy behaviour. But linking the provision of treatment to healthy behaviour is a tricky thing as PM-JAY is oriented towards inclusion of the poor rather than their exclusion. Nevertheless, the program can surely incentivise healthy behaviour.

Ongoing nationwide campaigns such as promotion of yoga, airing of anti-tobacco messages, pictorial warnings in public places and so forth will undoubtedly have some positive influence. But something more needs to be done that is specifically targeted at the population covered under PM-JAY. This is where insights from the behavioural sciences could be harnessed by the NHA for the benefit of the program. Behavioral science is an emerging field of the inquiry of human behaviour and decision-making from a multidisciplinary

public services such as water, sanitation and solid waste management contribute to illnesses and deaths of the poor. During severe illnesses, these people would avail their entitlement under PM-JAY.

Similarly look at the road accidents involving the poor. As per the Government of India's data, nearly 150,000 people were killed and nearly 670,000 were injured in road traffic crashes in India in 2017. This number is probably an underestimate as many cases do not get reported and hence do not find their way into official records. The global status report on road safety 2013 had estimated that nearly half of all deaths on the country's roads are among vulnerable road users — motorcyclists, pedestrians and cyclists. Probably, most of these vulnerable road users belong to the low-income group and are covered under PM-JAY. Most of these accident-related injuries are avoidable through better design and implementation of transport infrastructure and the enforcement of traffic rules. Similar is true of the works of other public agencies providing basic services.

Should PM-JAY bear the costs arising out of negligence of other public agencies? Ideally, these agencies must be made to reimburse the program of the hospitalisation costs of the poor on account of their negligence.

Here, the NHA needs to constitute a small group to link hospitalised cases to its immediate determinants of health and estimate the program liability on account of the negligence of other public agencies.

PAYING FOR THE NEGLIGENCE OF OTHER AGENCIES?

The bill of PM-JAY is all set to go up on account of the program being in a "surge" phase as well as the anticipated revision of rates (the committees have already been set up to review the cost structure of medical packages covered under the program). It's time that the NHA starts thinking innovatively on how to cut down on the program costs.

The writer is a development economist formerly with the Bill & Melinda Gates Foundation and the World Bank

Prostitution ((The Asian Age: 20190731)

<http://onlinepaper.asianage.com/article/detailpage.aspx?id=13486861>

Are women in commercial sex work making free choices?



Abza Bhardwaj
meanwhile

■ At the root of prostitution is blatant gender-based discrimination and gender inequality, which creates a situation where men can believe that they can sexually exploit women experiencing poverty

The trafficking of women and children for sexual exploitation poses a great threat to their lives as well as dignity. Women and children from weaker socio-economic sections, marginalised communities like dalits, tribals and other minorities have time and again suffered different forms of exploitation. Tales of victims in the flesh trade have highlighted how they have been trafficked to metropolitan cities and other regions of the country for commercial sexual exploitation (CSE) or even for forced marriages. While some believe and treat this commercial form of sexual violence as a crime, there are others who are pro-sex work and instead of discerning the nuances or layers in the experiential realities of these women, believe that their choices can truly be free-willed. In this article I shall attempt to highlight some of the pertinent issues relating to a woman's agency in sex work in India.

WHAT DO THE STATISTICS SAY?

The National Crime Records Bureau (NCRB)



Can sex workers exit the trade as per their choice, without having to pay a price for it?

recorded 14,183 children as victims of human trafficking in 2016 – a 27 per cent increase compared to the last year. After forced labour (45 per cent), sexual exploitation for prostitution (22 per cent) was the second major purpose of human trafficking in 2016. Another study by the National Human Rights Commission's research reveals that nearly 90 per cent of the victims of CSE have been trafficked at some point in their lives.

CHOICE: REALLY FREE OR NOT?

The forces that influence

women to "choose" sex work include, among others, gender discrimination, caste discrimination, poverty, abandonment, debilitating sexual and verbal abuse, poor or no education and a job that does not pay a living wage. In fact, the Supreme Court has defined "force" as any factor which deprives a person of a choice of alternatives and compels him to choose a particular course of action. And therefore, any work or service, or for that matter any choice arising from a lack of alternatives is, in fact, "forced".

It is also true that a majority of girls enter sex work

before they have reached the age of consent. There are also possibilities of them having been sexually and physically abused as children, or having suffered myriad deprivations and being pushed into the flesh trade.

Although sex work prevails on women and girls with seemingly no other choice, it is not the cause of the perpetuation of CSE of women and children. At the root of prostitution is blatant gender-based discrimination and gender inequality which creates a situation where men can believe that they can sexually exploit women experiencing poverty

with the complicity of law enforcement, society and culture. Sex work hence, thrives because there is a demand for paid sex and exploitation is deeply engrained in it.

THE TRAPPED REALITY OF SEX WORKERS

It is not uncommon to find women after a certain period of time resigning to their fates and learning to adjust to their life's conditions. They are also reluctant to come out of the flesh trade because they do not have an option to come out of it. This so-called free-will that the pro-sex work

activists blatantly claim to have achieved for consenting sex workers forget that free-choice should also entail a choice to exit the trade. But can we truly say that most women involved in sex work can and may exit the trade as per her choice, whenever she wants, without having to pay a price for it? The answer is no. I believe they cannot because one, currently there are no provisions for social and economic rehabilitation for victims of CSE and owing to lack of alternative options for livelihood, they are forced to reluctantly accept their destiny. Two, the so-called choice is again, like I said, only disguised and manifested as being real on the surface, whereas in reality, it is only a consequence of a multitude of marginalisations. Furthermore, even if a minuscule proportion of women do manage to exit the trade, the gender inequality and the deeply entrenched ideas of sexualisation and objectification of women never allows them to be fully accepted or mainstreamed in society.

THE WAY FORWARD

Therefore, it can be said with conviction, that a vast majority of the trafficked teenagers or even adults have been forced into the flesh trade when they did not possess enough agency, maturity or free-will to take a decision regarding their lives. Agency here can be

defined as a mental capacity to make informed choices about one's life and career. Some adults might have entered the trade with a temporary plan to rescue their families out of some financial crisis but ended up being trapped in conditions of violence and exploitation. This calls for the state to act responsibly for the majority of women and children who have been involved out of no choice of their own and continue to suffer. There is a need for the state to also offer support to such women to develop a capacity to make informed choices. There is an urgent need to deliberate upon the lack of agency among sex workers and initiate dialogues between the two opposing parties: Those who believe sex work could be based on consent and those who believe all sex work falls under sexual exploitation owing to the element of trafficking that is at the core of the crime.

It is the duty of the state to create an environment for her socio-economic emancipation and rehabilitation so that she develops a capacity to act upon her choice, and opt out of the trade anytime. Supporting this view, a strong legislation in the country to cripple trafficking at its roots is also urgently required for the protection of women and children from sexual exploitation.

The writer is a sociologist and social researcher working in the field of child rights and gender

Health Care Services

Apollo hospital plans to expand, seeks Delhi government nod (The Tuimes of India: 20190731)

<https://timesofindia.indiatimes.com/city/delhi/apollo-hospital-plans-to-expand-seeks-government-nod/articleshow/70458652.cms>

Read more at:

http://timesofindia.indiatimes.com/articleshow/70458652.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

Ear-tickle therapy

Ear-tickle therapy may help people age healthily (The Tuimes of India: 20190731)

Read more at:

http://timesofindia.indiatimes.com/articleshow/70459478.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

Birthweight

Birthweight, height can predict infants' future health: Study (New Kerala: 20190731)

<https://www.newkerala.com/news/read/184240/birthweight-height-can-predict-infants-future-health-study.html>

One's future health can be predicted as early as they are born! A new study highlighted that an infant's birth weight and height together can help in telling doctors if the baby is born with a heightened risk of heart issues later in life.

Birthweight, tells about the fetal growth, while height gives a more complete picture of both fetal growth and growth trajectory, said Dr Brian Stansfield, a neonatologist at the Medical College of Georgia.

Measures called ponderal index, or PI, as well as the more widely used body mass index, or BMI, which both account for height and weight, are known to provide a more accurate indication of fetal growth and what's ahead for the child.

The findings of the study published in the journal 'Early Human Development' indicated that a low PI or low BMI at birth should be considered as a risk that needs attention and intervention.

"When you look at birthweight alone, you are looking at a measure at a single point in time, which is a big problem when it comes to projecting out," said Stansfield.

It's known that perinatal growth which is affected by numerous factors from genetics to environmental ones like the mother's health and habits like smoking, nutrition, and gestational diabetes, has important implications for heart development, and animal and human studies have associated low birthweight with heart problems and death.

For this study, they looked at 379 healthy black and white adolescents aged between 14-18. Parents provided their children's birth weight and length, which were used by investigators to calculate a BMI and PI.

The group showed that a low PI, where increases in height and weight are out of sync during development, was most associated with an increase in the size of the major pumping chamber of the heart, the left ventricle, which is considered a risk for future cardiovascular disease.

Two-dimensional echocardiography was used to noninvasively look at the children's left ventricle for telltale indicators of hypertrophy like thickening of the walls and less blood being pumped out.

Then they studied the relationships between birth weight and birth BMI and PI and the structure and function of the left ventricle in the children.

Stansfield noted that at the time of this study, about 25 per cent of the adolescents had obesity or were overweight and most were on an upward trajectory with their BMI, which is not good.

Children with an upward trajectory had about a 30% likelihood they would become obese compared to those with a downward trajectory, who showed a 5% likelihood.

There was also about a 40 per cent increase in visceral adiposity, fat around the belly and the organs inside the abdominal cavity, which is considered particularly unhealthy in adolescents with the upward versus downward BMI trajectory.

This study found that a low PI had the highest association with risk factors for heart problems, but the more widely used BMI is also a good tool, researchers noted.

"We believe our findings are a call to paediatricians to be even more diligent in measuring and noting birthweight and length parameters," Stansfield pointed.

This very early measure of height and weight can provide lifelong insight into an individual's risk of heart and other diseases, he added.

Obese people

Obese people get more satisfaction from their food: Study (New Kerala: 20190731)

<https://www.newkerala.com/news/read/184085/obese-people-get-more-satisfaction-from-their-food-study.html>

The levels of satisfaction derived from food differ among adults who are of normal weight, overweight, and obese, with people with obesity getting more satisfaction, suggests a study.

"Obesity is a major public-health problem. Causes of obesity are varied, but food consumption decisions play an important role. Taste perceptions may lead to overeating. If people with obesity have different taste perceptions than nonobese people, it could lead to better understanding of obesity and possibly designing new approaches to prevent obesity," explained Linnea A. Polgreen, lead investigator of the study.

The study published in the 'Journal of the Academy of Nutrition and Dietetics' found no significant difference in taste perceptions between participants of normal weight and those who were overweight.

However, participants with obesity had initial taste perceptions that were greater than participants who were not obese, which declined at a more gradual rate than participants who were not obese.

This quantification of satisfaction from food may help explain why some people eat more than others. As individuals consume more of a food item, they experience diminishing marginal taste perception, which means their level of perceived taste from additional consumption may tend to decline.

In order to determine if marginal taste perceptions differ among participants of normal-weight, overweight and obese, and whether knowledge of nutritional information affects marginal taste perception, researchers conducted a non-clinical, randomised controlled trial of 290 adults (161 with normal BMI, 78 considered overweight, and 51 considered obese) to measure instantaneous taste perceptions.

Eighty per cent of the participants were female, and ages ranged from 18 to 75 years. Participants were offered and rated one piece of chocolate at a time in a controlled environment and could eat as much as they wanted without feeling uncomfortable. They consumed between two and 51 pieces. Half of the study participants received nutritional information about the chocolate before the chocolate tasting began.

The study identified a consistent association between taste from food, specifically chocolate, and BMI by directly observing instantaneous taste changes over a period of time, rather than just at the beginning and end of a period of consumption, as in prior studies.

As anticipated, researchers found that ratings generally went down after each piece of chocolate consumed with no significant difference in taste perceptions between normal and overweight participants reported.

However, participants with obesity had higher levels of initial taste perception, rated subsequent pieces higher than their counterparts without obesity, and their ratings declined at a more gradual rate compared to participants with normal weight and those with obesity.

People hungrier prior to the study had greater taste perception; women's taste perceptions declined faster than men's, and providing nutritional information prior to chocolate consumption did not affect taste perception.

"In our study population, people with obesity reported a higher level of satisfaction for each additional piece of chocolate compared to nonobese people. Thus, their taste preferences appear markedly different," noted co-investigator Aaron C. Miller.

AI tool predicts cell

AI tool predicts cell behaviours during diseases, treatment (New Kerala: 20190731)

<https://www.newkerala.com/news/read/183889/ai-tool-predicts-cell-behaviours-during-diseases-treatment.html>

Researchers have developed -- scGen -- an Artificial Intelligence (AI)-powered tool which promises to reshape the way we study diseases and their treatment at cellular level.

The study, published in the journal Nature Methods, shows scGen will help mapping and studying cellular response to diseases and their treatment beyond experimentally available data.

According to the researchers, scGen is a generative deep learning model that leverages ideas from image, sequence and language processing and applies them to model the behaviour of a cell performed on computer or via computer simulation.

The next step for the team will be to improve scGen, make it a fully data-driven formulation, increasing its predictive power to enable the study of combinations of perturbations.

"We can now start optimising scGen to answer more and more complex questions about diseases," said the researcher Alex Wolf from the Technical University of Munich in Germany.

Large-scale atlases of organs in a healthy state are soon going to be available, in particular, within the Human Cell Atlas. This is a significant step in understanding cells, tissues and organs in healthy state in a better way and providing a reference while diagnosing, monitoring and treating diseases.

Accurately modelling cellular response to perturbations e.g. disease, compounds and genetic interventions, is a central goal of computational biology.

In addition, scGen is the first tool that predicts cellular response out-of-sample. This means that scGen, if trained on data that captures the effect of perturbations for a given system, is able to make reliable predictions for a different system.

"For the first time, we have the opportunity to use data generated in one model system such as mouse and use the data to predict disease or therapy response in human patients," said Mohammad Lotfollahi from Technical University of Munich.

Postpartum depression

Love hormone effective in treating postpartum depression (New Kerala: 20190731)

<https://www.newkerala.com/news/read/183643/love-hormone-effective-in-treating-postpartum-depression.html>

A type of love hormone called Oxytocin, which is important in the regulation of social and maternal behavior, is also found helpful in treatment for many mental health disorders including postpartum depression.

The oxytocin receptor cells are present in the brain area and are thought to be involved in the regulation of maternal behavior. Moreover, the expression of oxytocin receptors in these cells are only present when estrogen is also present.

This implies that these cells are involved in inducing maternal behavior. In addition, it confirms what many recent human studies have shown there is a connection between altered expression of oxytocin receptors and postpartum depression.

"Many researchers have attempted to investigate the difference between the oxytocin system in females versus males, but no one has successfully found conclusive evidence until now. Our discovery was a big surprise," said Ryoichi Teruyama, LSU Department of Biological Sciences associate professor and lead researcher of the study published in the journal 'PLOS ONE'.

Postpartum depression contributes to poor maternal health and has negative effects on a child's development. A number of studies have found that children of depressed mothers are at risk for a wide range of cognitive, emotional, behavioral and medical problems. Therefore, postpartum depression is a major public health concern that has significant adverse effects on both mother and child. About 10 to 20 percent of women experience postpartum depression after childbirth.

This new discovery opens doors to potential new treatments and drugs for postpartum depression targeting oxytocin receptor cells. "I think our discovery could be universal to all mammals that exhibit maternal behavior, including humans," Teruyama said.

Parkinson's,

Discovery opens door for new treatments for Parkinson's, other brain diseases (New Kerala: 20190731)

<https://www.newkerala.com/news/read/183600/discovery-opens-door-for-new-treatments-for-parkinsons-other-brain-diseases.html>

A discovery has revealed that a protein which was earlier linked to cell dysfunction and death is in fact critical for repairing breaks in DNA. The finding could lead to new treatments for Parkinson's and other brain diseases, suggests a study.

The study published in the journal 'Scientific Reports,' demonstrates the role of protein- alpha-synuclein in preventing the death of neurons in brain diseases such as Parkinson's.

The findings suggest that it may be possible to design new therapies to replace alpha-synuclein's function or boost it in people with Parkinson's disease and other neurodegenerative disorders.

It also reveals that aggregates of alpha-synuclein, lewy bodies, are problematic because they pull alpha-synuclein protein out of the nucleus of brain cells.

The study examined the cells of living mice and postmortem brain tissue in humans, revealed that these proteins perform a crucial function by repairing breaks that occur along the vast strands of DNA present in the nucleus of every cell of the body.

Alpha-synuclein's role in DNA repair may be crucial in preventing cell death. This function may be lost in brain diseases such as Parkinson's, leading to the widespread death of neurons.

"It may be the loss of that function that's killing that cell," said Vivek Unni senior author of the study.

Researchers found that the alpha-synuclein protein rapidly recruited to the site of DNA damage in the neurons of mice. In addition, they found increased double-strand breaks in the DNA of human tissue and mice in which the protein was clumped together in the form of Lewy bodies in the cytoplasm surrounding the cell's nucleus. Taken together, the results suggest that alpha-synuclein plays a crucial role in binding broken strands of DNA within the cell's nucleus.

"This is the first time that anyone has discovered one of its functions is DNA repair," Unni said. "That's critical for cell survival, and it appears to be a function that's lost in Parkinson's disease."

Health Care Services (Navbharat Times: 20190731)

<http://epaper.navbharattimes.com/details/49717-70628-1.html>

दिल्ली के प्राइवेट अस्पतालों के साथ अरविंद केजरीवाल ने की मीटिंग 'घायल का इलाज नहीं किया तो अस्पताल का लाइसेंस कैसल'

■ प्रमुख संवाददाता, नई दिल्ली

दिल्ली की सड़कों पर एक्सिडेंट के बाद पीड़ित व्यक्ति को प्राइवेट अस्पताल इलाज करने से मना नहीं कर सकता है। मुख्यमंत्री अरविंद केजरीवाल ने कहा है कि इलाज से मना करनेवाले अस्पताल के खिलाफ सख्त एक्शन लिया जाएगा। अस्पताल का लाइसेंस तक कैसल हो सकता है। मंगलवार को इस मुद्दे को लेकर मुख्यमंत्री ने दिल्ली सरकार के सभी प्राइवेट अस्पतालों के साथ बैठक के बाद यह घोषणा की। उन्होंने कहा कि सभी अस्पतालों ने सकारात्मक संकेत दिए हैं।

मुख्यमंत्री ने कहा कि पिछले कुछ समय से हमारे पास ऐसी शिकायतें आ रही थीं कि कुछ अस्पताल इलाज में आनाकानी कर रहे हैं। वो कोई न कोई बहाना बनाकर इलाज से इंकार कर दे रहे हैं। हमने सभी अस्पतालों के साथ मंगलवार को बैठक की।

सीएम ने बताया कि कुछ समय से शिकायतें मिल रही थीं

उन्हें कहा कि इस मुहिम में वो हमारे एक तरह से पार्टनर हैं। सुप्रीम कोर्ट और हाई कोर्ट भी कई बार ऐसे आदेश दे चुका है कि सड़क दुर्घटना में मरीज को जल्द इलाज मिले। केजरीवाल ने कहा कि अब

तो हम उन्हें इसके बदले पूरा खर्च भी दे रहे हैं। उन्होंने कहा कि इस बैठक में सभी अस्पतालों ने अच्छे संकेत दिए हैं। हमने उन्हें साफ कह दिया है कि किसी भी प्रकार का गैर जिम्मेदाराना व्यवहार बर्दाश्त नहीं किया जा सकता है। हम सख्त कार्रवाई करने से हिचकेंगे नहीं। अस्पताल का लाइसेंस भी कैसल कर सकते हैं। केजरीवाल ने बताया कि दिल्ली सरकार पिछले साल फरवरी में यह स्कीम लेकर आई थी। इसमें देश भर के किसी भी शास्त्र का दिल्ली की इलाके में सड़क पर एक्सिडेंट होने, एसिड अटैक, बर्न की स्थिति में तुरंत इलाज जरूरी है। मुख्यमंत्री ने कहा कि अगर घटना के एक घंटे के अंदर इलाज मिल जाए तो बचने की संभावना बढ़ जाती है। मार्च 2019 के तक 2501 लोगों को इस स्कीम में इलाज मिल चुका है।

बहुत दिलदार हैं दिल्लीवाले

मुख्यमंत्री ने कहा कि स्कीम के साथ हमने व्यवस्था की थी कि एक्सिडेंट के शिकार लोगों को अस्पताल पहुंचाने वाले को 2000 रुपये मिलेंगे। अब तक ढाई हजार में से सिर्फ 100 लोगों ने ही पुरस्कार लिया और बाकी लोगों ने यह कहकर पुरस्कार लेने से इंकार कर दिया कि यह काम उन्होंने पैसे के लिए नहीं, बल्कि अपना फर्ज समझ कर किया है।



डेडबॉडी देने से इनकार करनेवाले अस्पतालों के लिए आएं गैरलाइसेंस

■ प्रस, नई दिल्ली : प्राइवेट अस्पतालों द्वारा इलाज में मनमानी पर जल्द लगाम लगने वाला है। इलाज को लेकर गैरलाइसेंस तैयार है, सरकार इसे लागू करने की तैयारी में है।

दिल्ली सरकार के स्वास्थ्य मंत्री सत्येंद्र जैन ने कहा कि इसमें कुछ अड़चनें थीं, जिसे दूर कर लिया गया है। मंत्री ने कहा कि इलाज के लिए गैरलाइसेंस पूरी तरह से तैयार है, इसमें कुछ तकनीकी खामियां थीं और कुछ केंद्र सरकार से जुड़े मुद्दे थे, अब सब सॉल्व हो गया है। हम जल्द इसे लागू कर देंगे। गैरलाइसेंस लागू होने के बाद प्राइवेट अस्पतालों में इलाज के दौरान मनमानी

बिल पर लगाम लगने वाली है। सूत्रों की मानें तो इस गैरलाइसेंस में बिल पेंडिंग होने के बावजूद भी अस्पतालों को डेडबॉडी परिजनों को सौंपनी होगी। अस्पताल बिल का बहाना बनाकर डेडबॉडी देने से इनकार नहीं कर पाएंगे। अस्पताल में मरीज की बीमारी से संबंधित इलाज की सुविधा नहीं होने की स्थिति में दूसरे अस्पताल में रेफर करने पर अब उन्हें एंबुलेंस की सुविधा भी देनी होगी। कुछ ऐसी शर्तों के साथ नई गैरलाइसेंस तैयार की गई है, ताकि दिल्ली में प्राइवेट अस्पतालों की मनमानी पर लगाम लगाई जा सके।

यहां बता दें कि दो साल पहले गुडगांव के फोर्टिस अस्पताल में डेंगू के मरीज से 16 लाख के बिल लिए जाने के बाद हर तरफ प्राइवेट अस्पतालों की बिलिंग पर सवाल उठने लगे थे। इसे देखते हुए हुए दिल्ली सरकार ने नौ मैबर्स की एक कमिटी बनाई थी।

इस कमिटी में इंडियन मेडिकल असोसिएशन, दिल्ली मेडिकल काउंसिल सहित कई और स्टेकहोल्डर को शामिल किया गया था। इन सभी ने अपनी रिपोर्ट तैयार कर डीजीएचएस को सौंप दी थी। बाद में यह मसला ठंडे बस्ते में चला गया था। लेकिन मंगलवार को स्वास्थ्य मंत्री ने एक सवाल के जवाब में कहा कि वो बहुत जल्द इसे लागू करने जा रहे हैं।

प्राइवेट अस्पतालों की मनमानी पर लागेगी रोक

Cancer (Navbharat Times: 20190731)

<http://epaper.navbharattimes.com/details/49717-70621-1.html>

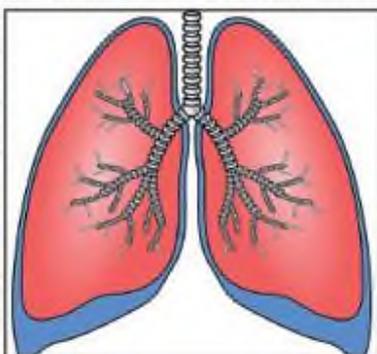
नॉन स्मोकर को 28 की उम्र में फेफड़ों का कैंसर

डॉक्टर भी हैरान, वायु प्रदूषण को बताया वजह

■ प्रस, नई दिल्ली : वायु प्रदूषण की वजह से कैंसर जैसी बीमारी होने का दावा तो पहले से किया जा रहा है, लेकिन अब डॉक्टरों के सामने एक ऐसा ही मामला सामने आया है, जिसमें एक 28 साल की युवती को लंग्स कैंसर हुआ है। डॉक्टर का कहना है कि एक नॉन स्मोकर को 30 साल से कम उम्र में कैंसर होना कहीं न कहीं वायु प्रदूषण की वजह से है। गंगाराम अस्पताल के लंग्स सर्जन डॉक्टर अरविंद कुमार का कहना है कि 30 साल से कम उम्र में एक नॉन स्मोकर में लंग्स कैंसर का यह एक तरह से पहला मामला है, युवती लंग्स कैंसर के स्टेज फोर में पहुंच चुकी है। उन्होंने कहा कि हर महीने कम से कम दो ऐसे मरीज देख रहे हैं जो नॉन स्मोकर हैं और उन्हें लंग्स कैंसर की बीमारी हो रही है।

डॉक्टर अरविंद कुमार ने बताया कि पिछले हफ्ते उनकी ही ओपीडी में एक एमएनसी में काम करने वाली 28 साल की युवती इलाज के लिए पहुंची। वह शुरुआत में करीब 6 साल तक परिवार के साथ गाजीपुर इलाके में रही थी, बाद में सपरिवार वेस्ट दिल्ली में आकर रहने लगी।

उसके परिवार में कोई भी स्मोकिंग नहीं करता, लेकिन जब हमने जांच किया तो युवती फेफड़ों के कैंसर के स्टेज फोर में पहुंच चुकी थी। उसका पूरा परिवार यह मानने को तैयार ही नहीं था कि उसे लंग्स कैंसर हो सकता है। डॉक्टर ने कहा कि मैं खुद आश्चर्यचकित था।



डॉक्टर के मुताबिक, इस कैंसर की वजह दिल्ली का वायु प्रदूषण कहा जा सकता है। क्योंकि सिगरेट में 70 ऐसे केमिकल होते हैं जिससे कैंसर होता है। वही सारे केमिकल दिल्ली की हवा में भी हैं, ऐसे में जब एक इंसान हर रोज 10 हजार लीटर हवा सांस के जरिए लेगा तो उसके लंग्स कैसे बच सकते हैं। कहीं न कहीं यह प्रदूषण की वजह

से ही है। सरकार इस पर रिसर्च करा सकती है। लेकिन अब कोई कहे कि इसे कैसे साबित किया जाए, तो यह संभव नहीं। क्योंकि प्रदूषण का असर एक दशक के बाद होता है। यह कोई डेंगू नहीं है कि मच्छर काटते ही तुरंत असर करने लगे। उन्होंने कहा कि हमें और समाज को सोचना होगा कि हम किस तरह की जिंदगी जी रहे हैं और आने वाले बच्चों को किस तरह का भविष्य दे रहे हैं।

Malaria (Navbharat Times: 20190731)

<http://epaper.navbharattimes.com/details/49706-57392-1.html>

साउथ एमसीडी ने श्रेणी बदलने को दिल्ली सरकार को लिखा पत्र

मलेरिया भी अब खतरनाक बीमारी

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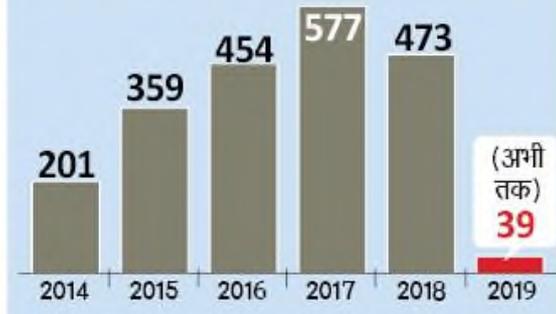
■ **नई दिल्ली** : जिस तरह से टीबी, टायफाइड, डेंगू खतरनाक बीमारियों की श्रेणी में रखी गई है, अब मलेरिया भी इसी श्रेणी में रखी जाएगी। इस बीमारी को खतरनाक घोषित करने के लिए साउथ एमसीडी अफसरों ने दिल्ली सरकार को पत्र भी लिखा है। अफसरों का कहना है कि केंद्र सरकार ने दिल्ली में मलेरिया उन्मूलन की डेडलाइन साल 2022 घोषित की है। लेकिन यह तभी संभव है जब इस बीमारी को खतरनाक की श्रेणी में रखा जाए। ताकि एक-एक केस की जानकारी एमसीडी को मिले और उस पर निगरानी रखा जा सके।

साउथ एमसीडी के एक सीनियर अफसर के अनुसार, केंद्र सरकार ने यह घोषणा की है कि दिल्ली में साल 2022 तक मलेरिया पूरी तरह से खत्म होना चाहिए। इस घोषणा के बाद ही एमसीडी ने अब मलेरिया को खतरनाक बीमारियों के श्रेणी में रखने का फैसला किया है, ताकि जागरूकता फैले और बचाव के लिए बेहतर उपाय किए जा सकें।

इसके लिए जो नोटिफिकेशन जारी किया जाएगा, उसमें डीएमसी एक्ट-271 के प्रावधानों को भी शामिल किया जाएगा, ताकि किसी भी निजी या सरकारी अस्पताल में मलेरिया के मरीज आए, तो इसकी सूचना एमसीडी को दी जाए। पिछले पांच सालों के दौरान दिल्ली में मलेरिया के 2064 मामले सामने आए हैं। इस साल अभी तक इस बीमारी से पीड़ित मरीजों की संख्या 39 रही है।

साउथ एमसीडी अफसरों का कहना है कि मलेरिया को खतरनाक बीमारियों की श्रेणी में रखने के लिए एमसीडी ने पहल की है। लेकिन, एमसीडी के नोटिफिकेशन जारी करने से केवल साउथ एमसीडी एरिया में ही इसका प्रभाव रहेगा।

साल 2022 तक मलेरिया को दिल्ली से खत्म करने का प्लान



अफसरों का कहना है कि अगर दिल्ली सरकार मलेरिया को खतरनाक घोषित कर नोटिफिकेशन जारी करती है, तो पूरी दिल्ली इस अधिसूचना के तहत कवर होगी और मच्छर जनित इस बीमारी के होने पर सभी लोगों के खिलाफ कार्रवाई हो सकती है।

Surgery ((Navbharat Times: 20190731)

<http://epaper.navbharattimes.com/details/49711-54015-1.html>

सर्जरी से खतरा ऑपरेशन थियेटर में कम, रिकवरी के दौरान ज्यादा

■ **एनबीटी:** हाल ही में किए गए एक अध्ययन में कहा गया है कि दिल की सर्जरी को छोड़कर बाकी तरह की सर्जरी में मरीजों को खतरा ऑपरेशन थियेटर में नहीं बल्कि रिकवरी के दौरान होता है। कनैडियन मेडिकल असोसिएशन जर्नल में प्रकाशित रिपोर्ट में कहा गया है कि ऐसी सर्जरी वाले ज्यादातर मरीजों की मौतें अस्पताल से डिस्चार्ज किए जाने के बाद रिकवरी के दौरान हुई हैं। इस रिपोर्ट में कहा गया है कि सिर्फ 0.7 फीसदी मौतें ही ऑपरेशन



थियेटर में हुई हैं जबकि 29 फीसदी मौतें रिकवरी के दौरान हुईं। इस अध्ययन में 14 देशों के 28 केंद्रों के मरीजों को शामिल किया गया था। इसमें 40004 मरीजों को, जिनकी उम्र 45 या उससे ज्यादा थी, शामिल किया गया था। इनमें ज्यादातर उत्तरी और दक्षिणी अमेरिका, एशिया, यूरोप, अफ्रीका और ऑस्ट्रेलिया के मरीज थे। इनकी सर्जरी 2007 और 2013 में हुई थी। इनमें से 1.8 फीसदी मौतें सर्जरी के 30 दिनों के भीतर हो गई थीं।

Music (Hindustan: 20190731)

http://epaper.livehindustan.com/imageview_164833_97938598_4_1_31-07-2019_i_22.pagezoomsinwindows.php

ऑपरेशन से पहले का तनाव घटाता है संगीत

शोध

वाशिंगटन | एनईसी

ऑपरेशन थियेटर में जाने से पहले ज्यादातर लोगों को घबराहट और तनाव बहुत अधिक होता है। हालांकि, यह एक आम समस्या है। इसे दूर करने के लिए अक्सर मरीजों को सीडेटिव यानी दर्द कम करने वाली दवा दी जाती है। लेकिन इस दवा के कई साइड इफेक्ट होते हैं।

एक हालिया शोध में पता चला है कि सीडेटिव की जगह संगीत सुनने से मरीजों की घबराहट और चिंता खत्म हो सकती है। ऑपरेशन से पहले होने वाला तनाव मरीज के ठीक होने की संभावनाओं को कम कर देता है और इससे चोट भरने की क्षमता भी प्रभावित होती है।

एक नए क्लिनिकल ट्रायल में शोधकर्ताओं ने 157 वयस्क प्रतिभागियों को दो ग्रुप में बांट दिया। एक को बेंजोडायजेपाइंस की सुई लगाई गई। दूसरे को एक पूर्वनिर्धारित संगीत हेडफोन पर सुनने के लिए दिया गया। यह एनेस्थीसिया देने से सिर्फ 3



खास तरह की होती है आराम देने वाली धुन

विशेषज्ञों का मानना है कि आराम देने वाला संगीत खास तरह का होता है। सर्जन मेडिकल जर्नल रिसर्च के अनुसार एक ऐसी धुन जिसमें कोई बोल न हो और जिसके रिदम में ज्यादा ऊपर नीचे के नोट न हों, मरीजों को तनाव दूर करने में ज्यादा मददगार साबित हो सकती है।

सीडेटिव का विकल्प है संगीत

ज्यादातर ऑपरेशन से पहले मरीजों को बेंजोडायजेपाइंस नामक दवा दी जाती है जो सीडेटिव की तरह काम करती है और एनेस्थीसिया लेने से पहले तनाव को कम करती है। लेकिन, बेंजोडायजेपाइंस से कई तरह के साइड इफेक्ट होते हैं। इससे सांस लेने में दिक्कत होती है, रक्त प्रवाह में बाधा आती है और मूड भी खराब होता है। साथ ही प्रशिक्षित पेशेवरों को हर समय मरीजों की मॉनिटरिंग करते रहना पड़ता है। पत्रिका रीजनल एनेस्थीसिया और पेन मेडिसिन में प्रकाशित शोध में सीडेटिव का विकल्प संगीत को बताया है।

मिनट पहले किया गया। जिसने संगीत का इस्तेमाल किया उसे ब्रिटिश बैंड मारकोनी यूनियन ने आवाज थेरेपिस्ट से मिलकर बनाया था।

संगीत से पहले और इसके बाद घबराहट के स्तर को सटीक तरीके से मापने के लिए शोधकर्ताओं ने एक स्वीकृत एंग्जाइटी स्केल का इस्तेमाल किया। इस स्केल में छह सामान्य

स्टेटमेंट होते हैं जिसमें प्रतिभागी एक से चार के स्केल में स्कोर करते हैं।

ये मिला परिणाम : परिणामों से पता चला कि ऑपरेशन से पहले होने वाले तनाव को दूर करने में दोनों ही तरीके समान रूप से कारगर सिद्ध हुए। डॉक्टरों ने मरीजों में समान संतुष्टि का स्तर देखा। कुछ में संतुष्टि का स्तर कम देखा गया।