



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Friday 20190927

प्लास्टिक का इस्तेमाल

सिंगल यूज प्लास्टिक का उपयोग करें बंद, पर्यावरण की रक्षा करने में बनें मददगार (Dainik Jagran: 20190927)

<https://www.jagran.com/editorial/apnibaat-stop-using-single-use-plastic-be-helpful-in-protecting-environment-19617234.html>

डॉ. सूर्यकांत। प्रधानमंत्री नरेंद्र मोदी की ओर से सिंगल यूज यानी एक बार प्रयोग में लाए जाने वाले प्लास्टिक का उपयोग बंद करने का आह्वान किए जाने के बाद से देश में उसके खिलाफ माहौल बनना शुरू हुआ है। आगामी दो अक्टूबर से सिंगल यूज प्लास्टिक का इस्तेमाल बंद करने की तैयारी की जा रही है। आंकड़ों के अनुसार आज भारत में औसत व्यक्ति प्रतिवर्ष 11 किलो प्लास्टिक की वस्तुओं का उपयोग किया जा रहा है, जबकि विश्व में यह 28 किलो प्रति व्यक्ति प्रतिवर्ष है। इसके बावजूद प्लास्टिक का उपयोग इसलिए चिंताजनक है, क्योंकि हमारे यहां उसके निस्तारण की सही व्यवस्था नहीं बन सकी है।

एक प्लास्टिक बैग अपने वजन से कई गुना ज्यादा वजन उठा सकता है। इसके कारण बहुत से लोग जब कुछ खरीदने जाते हैं तो कपड़े या जूट का थैला नहीं लेकर जाते। सामान बेचने वाले विक्रेता उन्हें पॉलीथिन के थैले में सामान दे देते हैं। इसके कारण ही सिंगल यूज प्लास्टिक का उपयोग बहुत बढ़ गया है। इससे ऐसे जहरीले पदार्थ निकलते हैं जो मानव स्वास्थ्य को खराब कर रहे हैं।

जल प्रदूषण का कारण बना प्लास्टिक

प्लास्टिक आज जल प्रदूषण का बड़ा कारण बन रहा है, इसकी वजह इस पर बढ़ती हमारी निर्भरता है। जैसे पानी पीने की बोतल, प्लास्टिक के चम्मच, टूथब्रश, थाली, कप, गिलास, बैग आदि। एक समय इनमें से अनेक वस्तुएं प्लास्टिक की नहीं होती थीं। दरअसल सहूलियत के कारण प्लास्टिक का अधिक उपयोग बढ़ा है। आज तमाम वस्तुओं की पैकिंग के लिए भी प्लास्टिक का उपयोग किया जाता है। यहां तक कि बच्चों के खेलने के लिए भी प्लास्टिक के खिलौने बनाए जाने लगे हैं।

प्लास्टिक की ज्यादातर वस्तुएं एक बार में काम में लेने के बाद फेंक दी जाती हैं। ये इधर-उधर जमा होती रहती हैं और जब बारिश होती है तो ये पानी के साथ बहकर नदियों और नालों में चली जाती हैं। उसके बाद समुद्र में चली जाती हैं। कई बार तो इन प्लास्टिक की थैलियों के कारण नदी-नालों का बहाव रुक जाता है। प्लास्टिक की वस्तुएं हजारों वर्षों तक समुद्र में पड़ी रहती हैं। इनसे धीरे-धीरे जहरीले पदार्थ निकलते हैं, जो जल को प्रदूषित करते रहते हैं। कई बार समुद्री जीव प्लास्टिक को खाना समझकर खा लेते हैं। इसके कारण उनके फेफड़ों या फिर श्वास नली में यह प्लास्टिक फंस जाता है और उनकी मृत्यु हो जाती है। यूनेस्को के अनुसार दुनिया में प्लास्टिक के दुष्प्रभाव से लगभग 10 करोड़ समुद्री जीव-जंतु प्रति वर्ष मर रहे हैं।

प्लास्टिक की विघटन प्रक्रिया में 400 से ज्यादा साल लग जाते हैं। इस दौरान वे जहरीली गैसों छोड़ते रहते हैं, जिसके कारण भूमि बंजर हो जाती है। प्लास्टिक के कचरे को सही तरह निस्तारित करने के बजाय कई लोग उसे जला देते हैं। लोग समझते हैं कि जलाने से उसे नष्ट किया जा सकता है और प्रदूषण से भी बचा जा सकता है, लेकिन होता बिल्कुल उलट है। जब प्लास्टिक बनाया जाता है तो उसमें बहुत सारे घातक रसायनों का इस्तेमाल किया जाता है। जब उसे जलाया जाता है तो ये सारे रसायन हवा में फैल जाते हैं और वायु प्रदूषण का कारण बनते हैं।

पूरा जीवन प्लास्टिक से घिरा हुआ

प्लास्टिक को जलाए जाने के कारण जो धुआं उत्पन्न होता है उसमें ज्यादा देर तक सांस ली जाए तो कई बीमारियां हो सकती हैं। चूंकि प्लास्टिक का उपयोग दैनिक जीवन में खूब होने लगा है इसलिए लोगों पर उसका दुष्प्रभाव भी बढ़ रहा है। कहा जाता है कि मानव अपने पूरे जीवन में सबसे ज्यादा प्लास्टिक से ही घिरा रहता है और उसी का सबसे ज्यादा उपयोग करता है। लोगों को दैनिक जीवन में जिन वस्तुओं की आवश्यकता पड़ती है उन सभी में प्लास्टिक जहर घोल देता है। इसके चलते अनेक भयंकर बीमारियां उत्पन्न हो रही हैं।

प्लास्टिक की बजाय स्टील की बोतल का करें इस्तेमाल

मानव के अतिरिक्त पशु, पक्षी एवं वातावरण को भी इससे भयानक नुकसान हो रहा है। प्लास्टिक के दुष्प्रभाव को रोकने के लिए इससे बनी वस्तुओं का बहिष्कार आवश्यक है। दुनिया के अनेक देशों में ऐसा पहले से ही हो रहा है। बतौर उदाहरण कई लोग प्लास्टिक से बने टूथब्रश का इस्तेमाल छोड़ रहे हैं और पीने के पानी के लिए प्लास्टिक के बजाय स्टील की बोतल का इस्तेमाल कर रहे हैं। कई लोग इस्तेमाल योग्य प्लास्टिक के बैग और बोतल तब तक प्रयोग कर रहे हैं जब तक वे खराब नहीं हो जाते। इसी तरह प्लास्टिक से बनी हुई ऐसी वस्तुओं के इस्तेमाल से बच रहे हैं जिनका एक बार इस्तेमाल करने के बाद फेंक दिया जाता है।

प्लास्टिक वस्तुओं के इस्तेमाल से बचना चाहिए

यह अच्छी बात है कि प्लास्टिक के दुष्प्रभाव का प्रचार-प्रसार शुरू हो गया है, लेकिन आवश्यकता इसकी है कि प्लास्टिक की उन वस्तुओं के विकल्प तलाशे जाएं जिनका इस्तेमाल बड़े पैमाने पर होता है। कुछ वस्तुओं के विकल्प तो उपलब्ध हैं या फिर आसानी से उपलब्ध हो सकते हैं, लेकिन प्लास्टिक की सभी वस्तुओं का विकल्प खोजने में समय लग सकता है। जब तक ऐसा नहीं होता तब तक आम लोगों को यथासंभव प्लास्टिक की वस्तुओं के इस्तेमाल से बचना चाहिए। प्लास्टिक के नुकसान से छात्रों को भी परिचित कराया जाना चाहिए ताकि वे बचपन से ही प्लास्टिक दुष्प्रभाव के बारे में जानें।

प्लास्टिक के जरिए सड़क बनाने की तकनीक

प्लास्टिक के उचित निस्तारण के तरीके भी खोजे जाने चाहिए। इस सिलसिले में प्रो. राजगोपालन वासुदेवन ने प्लास्टिक की समस्या का बहुत ही लाजवाब हल निकाला है। उन्होंने प्लास्टिक के जरिये सड़क बनाने की तकनीक की खोज की है। उनके शोध से पता चला है कि एक मजबूत सड़क बनाने में यह बहुत मददगार है। इस कार्य के लिए उन्हें पद्मश्री से भी नवाजा जा चुका है। कई देशों ने इस तकनीक को अपनाना भी शुरू कर दिया है। इसमें ब्रिटेन एवं नीदरलैंड सबसे ऊपर हैं।

पर्यावरण की रक्षा करने में बनें मददगार

इससे निजात पाने के लिए कुछ देशों ने प्लास्टिक बैग पर आंशिक तो कुछ देशों ने पूर्ण प्रतिबंध लगाया है। कुछ देश ऐसे प्लास्टिक की खोज के प्रयासों को बढ़ावा दे रहे हैं जिसका क्षरण जल्द हो जाए और जो इस प्रक्रिया में जल, जमीन या हवा को नुकसान न पहुंचाए। जब तक ऐसा प्लास्टिक नहीं मिलता तब तक सिंगल यूज प्लास्टिक का उपयोग बंद कर हम न केवल पर्यावरण की रक्षा करने में मददगार बनेंगे, बल्कि स्वस्थ समाज की दिशा में भी आगे बढ़ेंगे।

http://epaper.livehindustan.com/imageview_275185_96701896_4_1_27-09-2019_19_i_1_sf.html

सर्वे: सबसे बड़े दूध उत्पादक जिले में आधे बच्चे कुपोषित

बनासकांठा | स्कन्द विवेक धर

उत्तरी गुजरात के बनासकांठा जिले को एशिया का सबसे बड़ा दुग्ध उत्पादक देश होने का गौरव प्राप्त है। यहां के किसान रोजाना 60 लाख लीटर से अधिक दूध का उत्पादन करते हैं। विडंबना यह है कि राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण-4 के मुताबिक, बनासकांठा में पांच वर्ष तक के 45 फीसदी बच्चे कुपोषित हैं।

आमदनी में अक्वल, पोषण में पीछे
: बनासकांठा डिस्ट्रिक्ट कोआपरेटिव मिल्क प्रोड्यूसर यूनियन लिमिटेड-बनास डेयरी देश ही नहीं दुनिया में सहकारिता और दूध कारोबार में सफलता का दूसरा नाम माना जाता है। अमूल ब्रांड के तहत बिकने वाले हर

किसानों की आमदनी का मुख्य स्रोत दूध

बनास डेयरी के जोनल हेड धरम चौधरी कहते हैं कि बीते कुछ दशकों से खेती की आमदनी न के बराबर हो गई है। ऐसे में किसानों की आमदनी का मुख्य स्रोत दूध है। इसलिए किसान ज्यादा से ज्यादा दूध बेचना चाहते हैं। ऐसे में बच्चों को किसी भी प्रकार का पोषण नहीं मिलता और वे कुपोषण का शिकार हो जाते हैं। हम अब किसानों को इस बात के लिए तैयार कर रहे हैं कि वे बच्चों के लिए दूध रखने के बाद ही बचा दूध हमें दें।

तीन में से एक उत्पाद बनास डेयरी में बनता है। बनासकांठा जिले के साढ़े चार लाख लोग इस को-आपरेटिव के सदस्य हैं और रोजाना 60 लाख लीटर से अधिक दूध इस डेयरी को बेचते हैं। सालभर में 7000 करोड़ से अधिक का नकद भुगतान किसानों को दूध के लिए किया जाता है। देश के अन्य हिस्सों में

जहां किसानों की मासिक आमदनी 6000 रुपये के करीब है। वहीं बनासकांठा के किसानों की औसत आमदनी सिर्फ दूध से ही 16 से 20 रुपये महीना है। इसके बावजूद इस जिले के 45 फीसदी बच्चे कुपोषित हैं।

यूनिसेफ कुपोषण के खिलाफ अभियान चला रहा : यूनिसेफ गुजरात

लोगों को भी समझ आने लगी समस्या

बनासकांठा में कुपोषण कितना कम होगा, यह तो आने वाला सर्वेक्षण बताएगा। लेकिन गांव में लोगों को इसका अहसास होने लगा है कि बच्चों में कुपोषण आगे चलकर उनके लिए ही परेशानी का कारण बनेगा। पुंजपुर गांव की दूध सोसायटी के अध्यक्ष सचिव नूर मोहम्मद किनइया ने हिन्दुस्तान से बातचीत में कहा कि हमें यह समझ आ गया है कि हमारे बच्चे स्वस्थ होंगे, तो ही हमारा भविष्य उज्वल होगा।

के कंसल्टेंट हार्दिक शाह के मुताबिक, खानपान की परंपरागत कमियां और पैसों के लालच में पूरा दूध डेयरी को बेच देना इस समस्या का मुख्य कारण है। यूनिसेफ पिछले आठ महीने से गुजरात सरकार और बनास डेयरी के साथ मिलकर कुपोषण के खिलाफ अभियान चला रहा है।

भारत में इंटरनेट का इस्तेमाल करने वालों में 15 प्रतिशत बच्चे साढ़े छह करोड़ बच्चे करते हैं इंटरनेट का इस्तेमाल

रिपोर्ट

नई दिल्ली | एजेसी

देश में 5 से 11 साल के करीब 6.6 करोड़ बच्चे इंटरनेट का इस्तेमाल करते हैं। यह देश में इंटरनेट का इस्तेमाल करने वालों की संख्या का 15 प्रतिशत है। बच्चे अपने परिजनों के मोबाइल, लैपटॉप आदि के जरिये इंटरनेट का इस्तेमाल करते हैं।

इंटरनेट एंड मोबाइल एसोसिएशन आफ इंडिया (आईएएमआई) की रिपोर्ट भारत इंटरनेट 2019 में यह जानकारी दी गई है। रिपोर्ट के अनुसार, मार्च अंत तक देश में कुल इंटरनेट उपभोक्ताओं की कुल संख्या 45.1 करोड़ थी। ऐसे में भारत में इंटरनेट पहुंच का स्तर सिर्फ 36 प्रतिशत है। इस हिसाब से सिर्फ चीन ही भारत से आगे है। सक्रिय 45.1 करोड़ इंटरनेट यूजरों में 38.5 करोड़ 12 साल से अधिक की उम्र के हैं। वहीं



ग्रामीण भी पीछे नहीं

शहरों में 13.9 करोड़ इंटरनेट प्रयोगकर्ता रोजाना इंटरनेट का इस्तेमाल करते हैं। ग्रामीण क्षेत्रों में 10.9 करोड़ इंटरनेट प्रयोगकर्ता प्रतिदिन इंटरनेट का इस्तेमाल करते हैं। शहरों में एक तिहाई प्रयोगकर्ता रोजाना एक घंटे से अधिक इंटरनेट से जुड़े रहते हैं। गांव में एक-तिहाई प्रयोगकर्ता 15 से 30 मिनट तक इंटरनेट का इस्तेमाल करते हैं।

10 लाख से ज्यादा सब्सक्राइबर वाली 120 महिला यूट्यूबर



यूट्यूब ने गुरुवार को बताया कि भारत में 10 लाख से ज्यादा सब्सक्राइबर वाली महिला यूट्यूबर की संख्या तीन साल में 120 से अधिक हो गई है। वहीं पूरे देश में 1200 से अधिक ऐसे यूट्यूब चैनल हैं, जिनके दस लाख से अधिक सब्सक्राइबर हैं। भारत में यूट्यूब के निर्देशक सत्य राघवन ने बताया कि वर्ष 2015 में 10 लाख से अधिक सब्सक्राइबर वाली एक भी महिला यूट्यूबर नहीं थी। वहीं 2016 में यह संख्या एक हुई, 2017 में तीन और इस साल यह संख्या 120 से अधिक हो गई है।

6.6 करोड़ इंटरनेट प्रयोगकर्ता 11 साल से कम उम्र के हैं।

दिल्ली इंटरनेट प्रयोग में दूसरे नंबर पर : मुंबई में इंटरनेट यूजर सबसे अधिक 1.17 करोड़ हैं।

दिल्ली 1.12 करोड़ के साथ दूसरे नंबर पर है। बेंगलुरु और कोलकाता में इंटरनेट यूजर 61-61 लाख है। शहरों में 19.2 करोड़ लोग इंटरनेट का प्रयोग करते हैं।

मलेरिया

2030 तक देश को मलेरिया मुक्त करने का संकल्प (Dainik Jagran: 20190927)

<https://epaper.jagran.com/epaper/27-sep-2019-4-delhi-city-edition-delhi-city-page-12.html#>

जेएनयू के स्पेशल सेंटर फॉर मॉलिक्यूलर मेडिसिन ने तीन दिवसीय वैश्विक सम्मेलन का किया आयोजन

जवाहरलाल नेहरू विश्वविद्यालय (जेएनयू) के कंवेशन सेंटर में गुरुवार से मलेरिया पर तीन दिवसीय वैश्विक सम्मलेन शुरू हो गया है। जेएनयू के स्पेशल सेंटर फॉर मॉलिक्यूलर मेडिसिन (एससीएमएम) ने इंडियन सोसायटी ऑफ पैरासाइटोलॉजी (आइएसपी) के साथ मिलकर इसका आयोजन किया है। इसमें देश-विदेश के विशेषज्ञ जुटे हैं। इसमें संकल्प लिया गया कि देश से वर्ष 2030 तक मलेरिया को पूरी तरह से खत्म कर दिया जाएगा। सम्मेलन में परजीवी विज्ञान पर चर्चा हुई और विशेषज्ञों ने शोध पत्र भी पेश किए।

सम्मेलन का उद्घाटन जेएनयू के कुलपति प्रो. एम जगदीश कुमार, आइएसपी की अध्यक्ष सुखबीर कौर, सन फॉर्मा के वरिष्ठ स्वास्थ्य सलाहकार अलताफ लाल, आइएसपी के सचिव डॉ. जे के सक्सेना, एससीएमएम की अध्यक्ष प्रो. सुमन कुमार धर और आयोजक एसोसिएट प्रोफेसर शैलजा सिंह ने किया। इसमें फूड एंड ड्रग एडमिनिस्ट्रेशन (एफडीए) के प्रतिनिधि डॉ. हीरा नखाशी और डॉ. संजल कुमार ने भी वक्तव्य दिए। शैलजा सिंह ने कहा कि अब समय आ गया है कि मलेरिया को देश से पूरी तरह से खत्म कर दिया जाए। हमें ऐसी बीमारी से लड़ने के लिए दुनिया भर के स्वास्थ्य और शिक्षण संस्थानों में कार्य कर रहे शोधकर्ताओं और विशेषज्ञों को साथ लाना होगा। इससे हम नए शोध पर काम कर सकेंगे।

एससीएमएम के छात्रों को मिल चुका है सम्मान, अब शुरू करेंगे स्टार्टअप: शैलजा सिंह के साथ एससीएमएम के पीएचडी के छात्र और शिव नादर विश्वविद्यालय के प्रोफेसरों ने मलेरिया की एक दवाई पर शोध किया था। इसके लिए पीएचडी के दो छात्रों को इसी वर्ष उपराष्ट्रपति वेंकैया नायडू ने गांधियन यंग टेक्नोलॉजिकल इनोवेशन अवार्ड दिया था। शैलजा ने बताया कि हमने मलेरिया के लिए उपयोगी दवा आर्टिमिसिनीन के रिस्ट्रक्चर (पुनर्गठन) पर शोध किया था। शोध के दौरान दवाई की क्षमता को दस गुना तक बढ़ा दिया गया। इससे मलेरिया बीमारी जल्द खत्म हो सकेगी।

यह शोध अंतरराष्ट्रीय शोध पत्रिका लैंसेट जर्नल में भी प्रकाशित हो चुका है। इसमें एससीएमएम की पीएचडी छात्र प्रीति यादव, दीपिका कन्नन, स्वाति गर्ग शामिल रहीं। इसी के लिए पुरस्कार मिला है। कार्य को आगे बढ़ाने के लिए सरकार हमें 30 लाख रुपये देगी, जिससे हम स्टार्टअप शुरू करेंगे। इसमें मलेरिया की और भी ज्यादा उपयोगी दवाइयां बनाने पर शोध किया जाएगा। स्टार्टअप को जेएनयू के इंक्यूबेशन सेंटर में भी स्थापित करेंगे।

किताब का अनावरण करते हुए सन फॉर्मा के वरिष्ठ स्वास्थ्य सलाहकार अलताफ लाल, जेएनयू के रेक्टर-3 राणा प्रताप सिंह, जेएनयू के कुलपति प्रो एम.जगदीश कुमार, आइएसपी की अध्यक्ष सुखबीर कौर (बाएं से दाएं) ' जागरण

डॉ. मदन प्रधान '

जागरूकता फैलाना जरूरी

ओडिशा के दुर्गम इलाकों में मलेरिया की रोकथाम के लिए प्रोजेक्ट दमन शुरू करने वाले डॉ. मदन मोहन प्रधान भी सम्मेलन में शिरकत कर रहे हैं। वह ओडिशा के स्वास्थ्य विभाग में उपनिदेशक के पद पर कार्यरत हैं। डॉ. मदन मोहन ने कहा कि मच्छर से होने वाली बीमारियों को रोकने के लिए लोगों को जागरूक करना जरूरी है। देश के कई दुर्गम इलाकों में इस बीमारी को रोकने के लिए लोगों के पास सुविधाएं भी पहुंचाने की जरूरत है।

डीएनए पर मलेरिया के विभिन्न प्रकार के असर का करेंगे अध्ययन

शैलजा सिंह ने कहा कि हर क्षेत्र की परिस्थितियां अलग होती हैं। हर इंसान में बीमारी से लड़ने की अलग-अलग प्रतिरोधक क्षमता होती है। हर शरीर में दवाइयां अलग तरह से काम करती हैं। एससीएमएम शरीर के डीएनए में मलेरिया के विभिन्न तरह के असर पर अध्ययन करेगा।

आयुष्मान भारत योजना

आयुष्मान भारत योजना के तहत अब मिलेगा हर तरह के कैंसर का इलाज (Amar Ujala: 20190927)

<https://www.amarujala.com/india-news/treatment-of-every-type-of-cancer-will-be-available-under-ayushman-bharat-yojana>

सरकार की महत्वाकांक्षी स्वास्थ्य योजना आयुष्मान भारत के तहत अब अब हर तरह के कैंसर के मरीजों का भी इलाज हो पाएगा। राष्ट्रीय स्वास्थ्य प्राधिकरण (एनएचए) ने गुरुवार को प्रधानमंत्री जनआरोग्य योजना के तहत चल रहे उपचार पैकेज की कीमतों में भी 10 से 60 फीसदी तक की बढ़ोतरी कर दी है।

आयुष्मान भारत योजना के तहत अभी तक कुछ ही प्रकार के कैंसर का उपचार संभव था, लेकिन पिछले एक वर्ष से चल रहे मंथन के बाद सरकार ने स्तन, गर्भाशय, प्रोस्टेट, आंत, पेट इत्यादि के कैंसर को भी अब पैकेज में शामिल कर लिया है।

स्वास्थ्य लाभ पैकेज में हुई बढ़ोतरी

भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर), स्वास्थ्य अनुसंधान विभाग (डीएचआर) और टाटा मेमोरियल अस्पताल के विशेषज्ञों की सिफारिशों के आधार पर स्वास्थ्य लाभ पैकेज (एचबीपी) में बढ़ोतरी कर दी गई है।

एनएचए के अनुसार, इसके तहत मिलने वाले 270 तरह के उपचारों की कीमतों में बढ़ोतरी के अलावा 237 तरह के नए उपचार पैकेज भी इसमें जोड़े गए हैं। 554 पैकेज की पुनरावृत्ति होने के चलते इस योजना से उन्हें हटा दिया गया है।

एनएचए ने बताया कि 469 पैकेज की कीमतों में कोई बदलाव नहीं हुआ है, जबकि 43 तरह के उपचार को विभिन्न हिस्सों में बांटा गया है। प्राधिकरण ने 57 तरह के उपचार पैकेजों की कीमतों में कमी भी की गई है।

उपचार पैकेज 1393 से 1076 किए

एनएचए के ही अनुसार, आयुष्मान भारत योजना के तहत उपचार पैकेज की संख्या भी 1393 से घटाकर 1076 कर दी गई है। लाभार्थियों को पहले मिलने वाले 1393 पैकेज में 1083 सर्जिकल और 309 मेडिकल के पैकेज थे। एक पैकेज में अन्य पैकेज के तहत नहीं आने वाली बीमारियों का इलाज मिलता था। लेकिन अब नई सूची में इसमें बदलाव देखने को मिलेगा।

हालांकि प्राधिकरण के सीईओ डॉ. इंदुभूषण ने कहा कि पैकेज में कमी या बढ़ोत्तरी से लाभार्थियों पर कोई असर नहीं पड़ेगा। सरकार का मकसद कम पैकेज में ज्यादा उपचार सुविधा देना है। देश के 50 करोड़ से भी ज्यादा लोगों को सालाना पांच लाख रुपये का स्वास्थ्य बीमा मिल रहा है।

आईसीएचआई सिस्टम से जुड़ी योजना

इसके अलावा पहली बार स्वास्थ्य बीमा योजना में हर बीमारी को एक खास कोड देने के लिए इंटरनेटशनल क्लासिफिकेशन ऑफ हेल्थ इन्टरवैन्शन (आईसीएचआई) सिस्टम को जोड़ा गया है। इस सिस्टम को विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) ने चिकित्सीय प्रक्रिया को एक खास कोड देने के लिए बनाया था।

इलाज की दरें 200% तक बढ़ीं, स्वास्थ्य मंत्री हर्षवर्धन बोले- ज्यादा प्राइवेट अस्पताल जुड़ेंगे (Dainik Bhaskar: 20190927)

https://www.bhaskar.com/national/news/ayushman-bharat-treatment-rates-go-up-by-200-01651185.html?utm_exp=YYfY3_SZRPiFZGHcA1W9Bw.0&utm_referrer=https%3A%2F%2Fwww.bhaskar.com%2Fnational%2F2

दरें बढ़ने से मरीज पर कोई असर नहीं पड़ेगा, सारी रकम इंश्योरेंस कंपनी या सरकार देती है

18,092 अस्पताल इस प्रधानमंत्री जन आरोग्य योजना में अभी तक शामिल हैं

नई दिल्ली. प्रधानमंत्री जन आरोग्य योजना (पीएम-जय) यानी आयुष्मान भारत में इलाज के पैकेज की दरें बढ़ गई हैं। इजाफा 10 से 200% तक है। हालांकि, इस फैसले से मरीजों पर कोई असर नहीं पड़ेगा। इस योजना में पांच लाख रुपए तक का इलाज कैशलेस है। खर्च इंश्योरेंस कंपनी या सरकार

देती है। केंद्रीय स्वास्थ्य मंत्री हर्षवर्धन ने बताया कि पैकेज रेट रिवाइज करने से याेजना में और ज्यादा प्राइवेट अस्पताल शामिल होंगे।

उल्लेखनीय है कि ज्यादातर अस्पताल पैकेज रेट बढ़ाने की मांग कर रहे थे। सरकार ने 270 तरह की सर्जरी और जांचों की कीमत बढ़ाई है। बाईपास सर्जरी, घुटना-कूल्हा प्रत्यारोपण, अपेंडिक्स, गाल ब्लैडर में पथरी, ब्रेस्ट कैंसर की सर्जरी पेसमेकर-स्टेंट लगवाने की दरें बढ़ाई हैं। ब्रेस्ट कैंसर में सर्जरी के बाद द्े के बजाय अब सात कीमोथैरेपी दी जाएंगी। डायलिसिस भी सस्ता हुआ है। एक सिटिंग की दर 2000 के बजाय 1500 रुपए हाेगी। इन बदलावाेें पर नेशनल हेल्थ अथॉरिटी (एनएचए) का गवर्निंग बोर्ड मुहर लगा चुका है।

554 तरह के पैकेज हटाए, 237 नए पैकेज जाेड़े

वर्तमान में लागू 1392 तरह की जांच, प्राेसीजर और सर्जरी में से 554 काे हटाया गया है। 237 नई जांच, प्रोसीजर और सर्जरी जोड़ी गई हैं। 57 से ज्यादा जांच, प्रोसीजर और सर्जरी की कीमतें घटाई गई हैं। 469 तरह के पैकेज में काेई बदलाव नहीं है। नए फैसलाेें के बाद पैकेज की संख्या करीब 900 हो जाएगी। अधिकारियों के अनुसार पैकेज के अंदर सब-पैकेज बनाए गए हैं। इनकी कुल संख्या करीब दो हजार होगी।

इनके इलाज का पैकेज बढ़ाया (आंकड़े रुपए में)

सर्जरी/प्रोसीजर माैजूदा दर नया पैकेज

बाईपास सर्जरी 90 हजार 1.25 लाख

कूल्हा प्रत्यारोपण 75 हजार 90 हजार

घुटना प्रत्यारोपण 80 हजार 90 हजार

अपेंडिक्स 12 हजार 15 हजार

अस्थायी पेस मेकर 5 हजार 15 हजार

46,40,000 से ज्यादा लाेगाेें काे लाभ मिला

10,48,65,190 परिवाराेें को ई-कार्ड सौंपा गया

62% मरीजों का इलाज निजी अस्पताल में हुआ

7500 करोड़ रुपए अभी तक मरीजों के इलाज पर खर्च

Ayushman Bharat Health Benefit packages revised: 237 new packages added, rates of 270 rise (Financial Express: 20190927)

<https://www.financialexpress.com/lifestyle/health/ayushman-bharat-health-benefit-packages-revised-237-new-packages-added-rates-of-270-rise-details-here/1718735/>

Ayushman Bharat Health Benefit packages: National Health Authority (NHA), the nodal agency for implementation of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) said on Thursday that Health Benefit Packages (HBP) of the scheme have been revised.

Ayushman Bharat Health Benefit packages: National Health Authority (NHA), the nodal agency for implementation of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) said on Thursday that Health Benefit Packages (HBP) of the scheme have been revised. There has been an increase in the rate of 270 packages, addition of 237 new packages, adoption of 43 stratified packages; and there is no change to the rate of 469 packages. In an official statement, NHA also said that revision of packages will not affect the range of treatment offered under the scheme. “Without compromising the range of treatment covered under PM-JAY, 554 packages will be discontinued, and there is a reduction in the rate of 57 packages,” NHA said.

It is expected that the revision would reduce the abuse of packages by fraudsters at different levels and motivate more private players to join the scheme.

“A conscious attempt has been made to keep the price of abuse-prone packages at the minimum level to minimize incentives for abuse,” said NHA.

Commenting on the revision of packages, Dr. Harsh Vardhan, Union Minister of Health and Family Welfare, said, “We are confident that with the revision in the Health Benefit Packages of Ayushman Bharat PMJAY, many new private hospitals will get empanelled with the scheme. This will help improve the access to good quality healthcare, and lakhs of vulnerable families will receive free treatment”.

Packages under Ayushman Bharat

PMJAY offers 1,393 treatment packages, out of which 1,083 are surgical, 309 medical and one unspecified package. The package includes the cost of diagnostics up-to 3 days before hospitalization, and medicines up to 15 days post-hospitalization. Since the launch of the

scheme, NHA said it had been receiving feedback on various aspects of the scheme including existing HBP and their rates.

Dr. Indu Bhushan, CEO NHA said, “In the spirit of cooperative federalism, before finalizing the changes, feedback was also taken from the States and Union Territories. Their feedback was examined by the review committee”.

“States/UTs which are using insurance model or a combination of Trust and insurance model shall have autonomy to either continue using existing package master till their current contract period ends or shift to the new version after making suitable amendments in their contract,” he added.

Cancer care revamp

The revised oncology packages will revamp cancer care for the beneficiaries and are aligned to reflect the current best practices in the country, NHA said. Dr. Harsh Vardhan said, “These revised rates are expected to further augment cancer care in the country, along with drastic reduction in the catastrophic expenses associated with it. Oncology packages have been split, to include multiple regimens of surgical and medical oncology, complemented by radiotherapy regimens.”

NHA further said that a conscious attempt has been made to standardize the nomenclature and definitions of the packages. NHA, in collaboration with World Health Organization (WHO), has initiated the process of aligning the HBP with International Classification of Health Interventions (ICHI) and International Classification of Diseases (ICD) coding of the WHO. When completed, India may become the first country to use ICHI in its HBP list.

Ayushman Bharat: Addressing price movement

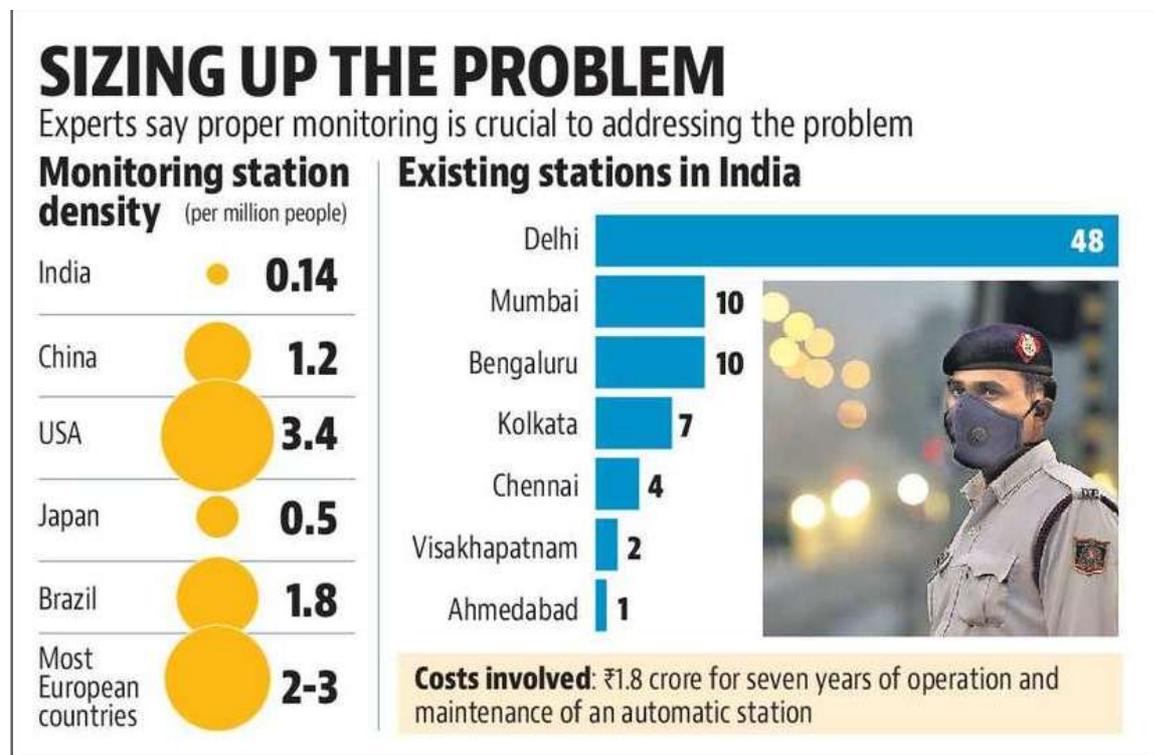
NHA said that in preparation for the future, it is planning to configure the cost of implants / high-end consumables in its IT system separately at the backend. This will be useful whenever there is a movement in the price of these significant components of a package cost.

Air Pollution

As bad air season nears, India lags behind on AQI monitoring (Hindustan Times: 20190927)

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

New Delhi : India has one air quality monitoring station for every 7 million people while China has over eight times that number, according to top environmental scientists who believe that the scale of the air pollution problem affecting Indians may be more severe than understood due to lack of adequate monitoring.



India will need at least 1,600 more monitoring stations to make up for the shortfall, according to a projection by a team made up of scientists from Indian Institute of Technology (IIT) Delhi, IIT Kanpur and Indian pollution research group UrbanEmissions.info, and Canadian academicians.

“What we cannot monitor we cannot maintain — be it health, economy or air quality. At present the number of air quality monitoring stations is inadequate in India and therefore it is very difficult to get a proper picture,” said SN Tripathi, head of the civil engineering department at IIT-Kanpur and one of the scientists involved in the report.

Much of north India, especially the Indo-Gangetic plains, reels under hazardous levels of pollution for most of the winter months. The air pollution in the national capital of Delhi,

where the crisis triggered closure of schools and advisories to avoid the outdoors in recent years, has been linked to shorter life spans by several studies.

The condition in other cities may also be alarming.

“Only about 5% of our census towns are monitored now. Alternative methods such as satellite monitoring and low-cost monitoring can help us do better mapping of pollution and exposure to inform action. But cities will still need some reference regulatory monitors to assess trend and compliance with clean air targets,” said Anumita Roy Chowdhury, executive director (research and advocacy), of Centre for Science and Environment.

At present, India has a little less than 1,000 monitoring stations across 339 cities. The Union government has drawn up a National Clean Air Programme (NCAP), setting 2024 as the year by which pollution levels must be cut by 20-30% in 102 cities that were found to be highly polluted in 2017. But the scientists indicated that the lack of proper data would militate against achieving this goal.

A new automated air quality monitoring system will require approximately ₹1.8 crore to set up and run for seven years, according to an official of the Central Pollution Control Board (CPCB), who asked not to be named.

“We compared the density of India’s monitoring network with that of comparator countries and find large differences. To address these gaps... India will require 1,600-4,000 monitors (1.2 to 3 monitors per million people),” said Sagnik Dey, an associate professor of IIT Delhi’s Centre for Atmospheric Sciences and the coordinator of Centre of Excellence for Research on Clean Air (CERCA).

According to the analysis, the density of air quality monitoring stations in India (between 2010 and 2016) was around 0.14 monitors per million people. Most European countries have 2-3 monitors per million people; China, which also faces the challenge of bad air and high population density, has 1.2; Brazil has 1.8 monitors per million people; and USA has around 3.4 monitors per million people, said the report.

The report has been published in *Atmospheric Environment*, a peer-reviewed scientific journal of the Elsevier Group.

In order to make the expansion financially easier, the experts suggested using a mix of high-end and low-cost sensors, satellite monitoring and modelling to attain the clearer picture it needs of the issue.

China, for instance, has deployed 10,000 low-cost sensors and London uses at least 100 of them. “Same goes with California where a hybrid system of monitoring is being deployed to have a better understanding of the air quality and the pollution sources,” said Tripathi.

The senior CPCB official quoted above said that the agency has proposed that there is one monitor deployed for every million people, but suggested that simply increasing numbers may not be the answer. “In most developed countries like the USA and in Europe, authorities

first try to get an idea of vulnerable pollution. Monitoring stations are then deployed accordingly,” this person said.

Odd-even 1.0 cut pollution: DTU study (Hindustan Times: 20190927)

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

New Delhi : The first phase of the odd-even vehicle rationing scheme in January 2016 brought down the level of particulate matter (PM) in the city’s air by 4.7 to 5.7%, a study by the Delhi Technological University has found.

The study titled ‘The effect of odd-even driving scheme on PM2.5 and PM1.0 emission’ — which was conducted by a team of researchers from the department of environment engineering at DTU, led by assistant professor Rajeev Kumar Mishra — was carried out in three traffic heavy stretches, Pitampura (Madhuban Chowk), Panchkuian Road and Najafgarh Road in January 2016.

After the first round, the Aam Aadmi Party (AAP) government in Delhi had introduced another round of vehicle rationing scheme in April. Chief minister Arvind Kejriwal has announced that the odd-even scheme will be implemented for a third time in Delhi between November 4 and November 15, as a measure of controlling the pollution levels in winter.

The peer reviewed study found that in the 15 days when the vehicle rationing plan was in place in Delhi, PM 2.5 levels reduced by 5.73%, while the PM1 levels in the ambient air around these corridors came down by 4.70%. The scientists in DTU measured the fine PM1 levels by specialised instruments.

“During the study, it was found that the reduction of PM 2.5 is higher than that of PM 1 during the implementation of odd-even scheme. Since PM2.5 includes finer particles, this is a sign that the reduction of vehicles on the road contributed in bringing down the pollution levels,” said Mishra.

He added that this, though small, was a “significant” impact towards the fight against the alarming pollution levels in the national capital.

PM10 is the coarse dust that mainly comes from road sides and construction sites. The primary source of PM 2.5 is combustion, including vehicular emissions and garbage burning. PM 1, on the other hand, is among the finest particles that can reach the blood stream and percolate the organs. These fine particles are nearly 50 to 70 times finer than human hair.

Earlier studies assessing the impact of the odd-even scheme showed only a minor drop in pollution levels during the period.

A study done by a team of scientists from IIT-Delhi, IIT-Kanpur, IITM-Pune CSIR and TERI showed that the first round of the odd-even plan in January brought down pollution levels by just around 2-3%.

Experts from Centre for Science and Environment (CSE), however, suggested the arrangement as an effective “emergency measure” that could prevent pollution levels from getting worse.

Tuberculosis

Telling Numbers: Rise in notified Tuberculosis cases— breakup by state, age, gender (The Indian Express: 20190927)

<https://indianexpress.com/article/explained/telling-numbers-rise-in-notified-tb-cases-breakup-by-state-age-gender-6032152/>

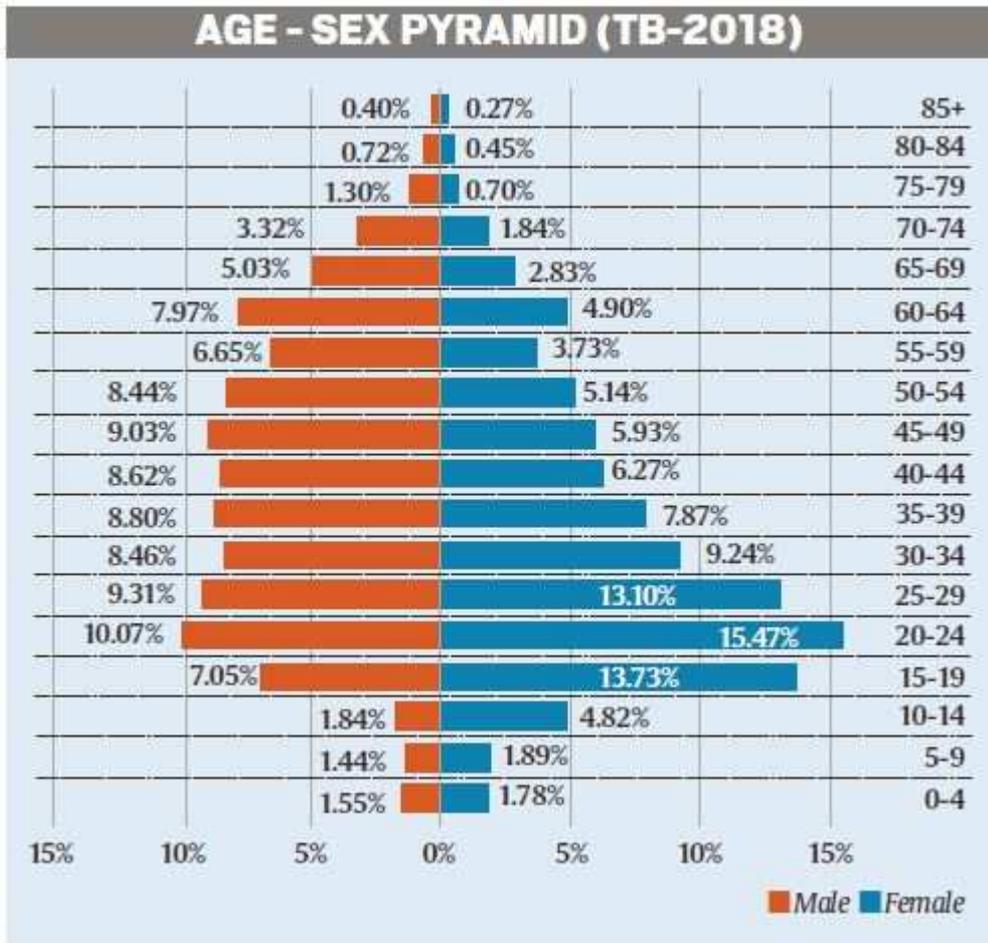
Among the notified, treatment was initiated for about 19.1 lakh cases (90%) across both public and private sectors. The majority of the affected individuals (89%) were in the age group 15-69 (see chart).

Rise in notified TB cases: breakup by state, age, gender

The report said 21.5 lakh TB cases were notified to the Revised National Tuberculosis Control Programme (RNTCP) in 2018; India accounted for a quarter of the Global TB burden with an estimated 27 lakh new cases in the year. (Source: Representational/File)

On Wednesday, the Centre released the India TB Report 2019, which showed a 16% increase in the number of cases in 2018 as compared to the previous year. The report said 21.5 lakh TB cases were notified to the Revised National Tuberculosis Control Programme (RNTCP) in 2018; India accounted for a quarter of the Global TB burden with an estimated 27 lakh new cases in the year.

Of the total notifications, 25% (5.4 lakh) cases were from the private sector; a 40% increase over last year. Among the notified, treatment was initiated for about 19.1 lakh cases (90%) across both public and private sectors. The majority of the affected individuals (89%) were in the age group 15-69.



State by state

Uttar Pradesh, with 17% of the population of the country, reported 4.2 lakh cases, accounting for 20% of all notifications (187 cases/lakh population).

Between 2017 and 2018, Haryana saw a large increase in the number of cases, data from the report show (see table). Cases increased significantly in Rajasthan and UP, as well as Delhi.

On the other hand, Odisha witnessed a decline in the number of notified cases from over 67,000 in 2017 to 50,244 in 2018, or about 25%. Odisha was the only such state; the Union Territories of Lakshadweep and Andaman & Nicobar Islands too witnessed a drop.

The two UTs of Delhi and Chandigarh had the highest number of notified patients per lakh population, at 417 and 468, respectively. Their rates of notification are higher because people from many other parts of India get notified from these UTs, the report said.

Source: India TB Report 2019

TB & HIV

TB is the leading cause of morbidity and mortality among people living with HIV, and HIV co-infection rates among incident TB patients is estimated to be 3% — 86,000 HIV-associated TB patients are emerging annually. The mortality in this group is very high, and 11,000 people with HIV die every year due to TB, the report said.

India is the third highest HIV-burden country in the world, with an adult prevalence of 0.22%. The report said people living with HIV are at 21 times higher risk of developing TB. Nearly 25% of all deaths among people living with HIV are estimated to be due to TB.—with PTI

Child Survival

Report Card on Child Survival: World is getting better... in India there are gaps, says Bill Gates (The Indian Express: 20190927)

<https://indianexpress.com/article/lifestyle/health/report-card-on-child-survival-world-is-getting-better-in-india-there-are-gaps-says-bill-gates-6032493/>

This was cited by Microsoft co-founder and philanthropist Bill Gates — with data from National Family Health Survey 4 — as he presented the report card on child survival at the annual Goalkeepers event on Wednesday.

Vellore in Tamil Nadu, with 100 per cent institutional deliveries and “98 of 100 children likely to see their fifth birthday”, and Badaun in UP with 58.1 per cent institutional births represent two extremes of the developing world.

This was cited by Microsoft co-founder and philanthropist Bill Gates — with data from National Family Health Survey 4 — as he presented the report card on child survival at the annual Goalkeepers event on Wednesday.

“(Statistics show) in 99% districts the situation has improved, the world is getting better even in the toughest places for child survival... in India, which is the world’s biggest developing country, there are gaps. In Vellore, the education and child survival figures are the same as in a rich country with 98 of 100 children likely to see their fifth birthday and most of them likely to get a high school education. (On the other hand) is Badaun in Uttar Pradesh, where 10% children born do not live beyond their fifth birthday and many of them do not get an education past primary school. India is not on track to achieve SDGs but Vellore will achieve them 10 years in advance,” he said.

Goalkeepers is the Bill and Melinda Gates Foundation's campaign to accelerate progress towards the SDGs. By sharing stories and data behind Global Goals, the foundation hopes to inspire a new generation of leaders, who raise awareness of progress, hold leaders accountable and drive action to achieve the Global Goals.

On Tuesday, Prime Minister Narendra Modi received the Global Goalkeeper award for the Swacch Bharat Mission.

Drug News

M.P. panel to probe AYUSH doctors practising allopathy (The Hindu: 20190927)

<https://www.thehindu.com/news/national/other-states/mp-panel-to-probe-ayush-doctors-practising-allopathy/article29524133.ece>

Report to be submitted in a month; State hasn't permitted AYUSH practitioners to prescribe modern drugs

The Madhya Pradesh government has constituted a team to look into AYUSH doctors taking up modern medicine and prescribing allopathic drugs at private hospitals.

"The services of AYUSH doctors are being used for night duty at most of the hospitals in the private sector," reads an order dated September 13 on the constitution of the team. "In reality what is going on, the department has no information regarding this."

According to the rules, says the order, ayurveda, yoga and naturopathy, unani, siddha and homoeopathy (AYUSH) doctors can't prescribe allopathic drugs.

Though allopathy hospitals can employ AYUSH doctors, they cannot be allowed to prescribe drugs, State AYUSH Department Additional Chief Secretary Shikha Dubey told The Hindu. "At present, we don't know how many such doctors are there, and for how long have they been prescribing allopathic drugs. The team will submit a report within a month," she said.

Unlike many States, Madhya Pradesh hasn't yet permitted AYUSH doctors to practice modern medicine, but they could prescribe 72 drugs at integrated dispensaries in rural areas, only after passing a six-month course.

States like Maharashtra, Tamil Nadu, Gujarat, Punjab, Uttar Pradesh, Bihar and Uttarakhand have allowed the practice dwelling upon Rule 2 (ee) (iii) of the Drugs and Cosmetics Rules,

1945, after the Supreme Court in the 1987 case of Dr. Mukhtiar Chand allowed it by the means of State orders.

‘Clear fraud’

“You could have called it negligence if it was by an allopathy doctor. This is clear fraud; it is criminal,” said Anand Rai, who last year exposed several AYUSH doctors at private hospitals in Indore deputed at intensive care units to attend to emergency cases and perform surgeries. “At private hospitals, patients are fleeced on an hourly basis. Just to make more money, they employ AYUSH doctors,” said Dr. Rai, the Vyapam scam whistle-blower. “How do you expect someone practising herbal medicine to perform complicated procedures on patients?”

Santanu Sen, Indian Medical Association national president, said it was in principle against allowing the practice and Section 32 of the National Medical Commission Act, 2019, which “promoted quackery”.

When told many IMA-affiliated hospitals had employed AYUSH doctors in the past, Dr. Sen clarified: “We are an organisation of around four lakh doctors. If anyone violates the IMA’s stand, that’s just an individual agenda.”

Highlighting lack of AYUSH infrastructure, Ramavtar Chaudhary, national general secretary, AYUSH Medical Association said, “The government, whose institutions are allopathy-centric, pushes our doctors to take it up just to show it meets the WHO doctor-population ratio.”

Still, there is one doctor for 16,996 people in Madhya Pradesh, according to the National Health Profile 2018, against the World Health Organization’s prescribed ratio of 1 for 1,000. The NITI Aayog in May had said the country was expected to reach the norm by 2024.

In colleges itself, he added, students were told they could switch to allopathy later. “What else will they practice in the absence of adequate number of AYUSH colleges and facilities at every level of healthcare? The Centre should be clear on allowing medical integration across the country.”

Tobacco Quitline

4,300 quit tobacco a year after calling South India helpline (The Hindu: 20190927)

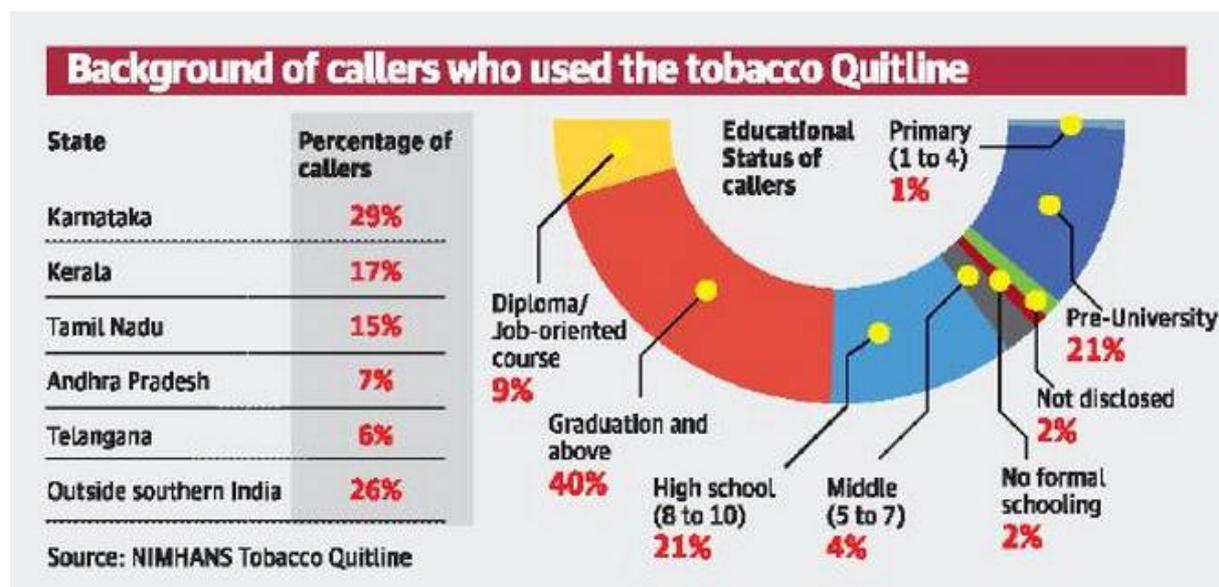
<https://www.thehindu.com/news/cities/bangalore/4300-quit-tobacco-a-year-after-calling-south-india-helpline/article29523394.ece>

Quitline counsellors could only attend to 69,000 of the 5 lakh calls

Since its inception on September 11, 2018, the Union government's tobacco Quitline, for counselling in south Indian languages, has received more than 5 lakh calls. It is monitored by National Institute of Mental Health and Neurosciences (NIMHANS). The response came as a surprise to the team, who were able to attend to only 69,000 calls since there are only 18-20 dedicated counsellors on the line.

Of the 69,000 callers the counsellors spoke to, 19,000 registered to quit tobacco within a targeted period. From all the southern states, Karnataka saw the maximum number of callers get through to a counsellor, at 29%.

Prathima Murthy, principal investigator, Quitline, and Head of the Psychiatry Department at NIMHANS, told The Hindu that 11,000 of those who had committed to kicking the habit checked in with the helpline themselves or were followed up with by counsellors. "4,300 of these tobacco users have successfully quit to date. They comprise almost 40% of those who were followed up with," said Dr. Murthy. Nearly 99% of all callers were males, with an average age of 27. The data suggests that young working adults are more inclined to quit tobacco.



Among the callers, 41% were smokers (cigarettes, cigars, beedis) of which 3% reported cannabis usage; 47% were addicted to smokeless tobacco products, such as gutka, and 12% reported both being addicted to smoke and smokeless forms of tobacco.

“Those who were unable to kick the habit only with the help of Quitline, were referred to the nearest Tobacco Cessation Clinic (TCC),” said Dr. Murthy.

“Penetration in rural areas is the next plan. We are working on publicising it, especially among a section of the population who cannot read. Until now the only publicity was on tobacco packs, as we could handle few calls. We have requested the MTNL not to divert calls of North India to the south cell, as we have to concentrate more on South.”

As many as 96% of the callers reported that they learned about Quitline through tobacco packets.

A Quitline counsellor, H.J Subhash said that non-chain smokers, especially teenagers, were hesitant about approaching de-addiction centres for help as they felt that they were not addicts. “Quitline helps them simply by calling, keeping them away from such anxieties,” he said.

The helpline 1800-11-2356 — started by the Union Health Ministry in April last year — is displayed on all tobacco products. Subsequently, the south Indian regional languages cell, NIMHANS Tobacco Quitline was started on September 11.

Call for help

All tobacco products today have message: ‘QUIT TODAY - CALL 1800-11-2356’. A user comfortable with Kannada, Malayalam, Telugu and Tamil, is diverted to the southern cell, runs by NIMHANS in Bengaluru.

Text messaging

The Centre’s ‘mCessation’ Programme to quit tobacco is a text messaging programme for mobile phone users. A person looking to quit tobacco can give a missed call to 011-22901701 after which, they will be sent a series of messages over several months.

In a 2018 report published by the peer-reviewed online journal BMJ Innovations it was reported that the ‘mCessation’ programme in India had seen a 19% quit rate (estimated as not used any tobacco in the past 30 days).

Child Health

Childhoods lost in a troubled paradise (The Hindu: 20190927)

<https://www.thehindu.com/opinion/lead/childhoods-lost-in-a-troubled-paradise/article29522893.ece>

A Kashmiri girl whose right eye was hit by a marble ball shot in August.

Kashmir's children grow up traumatised by conflict and live in perpetual fear of being picked up by the state

Every third child in Shopian district, Jammu and Kashmir (J&K), has a clinically diagnosable mental disorder, said a survey published in the Community Mental Health Journal earlier this year. Around 1.8 million adults in Kashmir Valley — 45% of its population — showed symptoms of mental illness in 2015, according to Doctors Without Borders. Thus, even prior to the incidents of August 5, the disastrous results of a history of violence, illegal detentions and torture in the Valley were visible on the region's children.

The horror has since continued and got magnified, as chronicled in many reports. Media has reported illegal detention of scores of children, many of them whisked away at midnight by law enforcement officers with no record of their arrests, making it difficult to trace them. A report by economist Jean Dreze in August detailed illegal detention and torture of boys. A recent report by the Indian Federation of Indian Women and other organisations gave a first-hand account of the haunting spectre of mothers standing at their doorsteps in the desperate hope of their children's return, not knowing where they are. These disappearances are in clear breach of the Supreme Court's directions in the D.K. Basu case, where the court said that the next of kin have to be informed of every such arrest and the reasons thereof.

Pawns in a political game

Kashmir's children have become pawns in a political game where the government wants to punish those protesting against its authority. Between 1990 and 2005, a total of 46 schools were occupied by the armed forces and more than 400 schools gutted between 1990 and 2005, according to a 2006 report of the Public Commission on Human Rights. Such destruction of educational infrastructure, in addition to the unlawful detentions, leaves a lifelong impact on children, perpetuating a cycle of trauma, fear and bitterness.

A report by the UN High Commissioner for Human Rights earlier this year found that children in Kashmir, many of whose ages were wrongly recorded, were being detained and mistreated for several days in police lock-up, without any charge, mostly under the Public Safety Act (PSA), which allows preventive detention for up to two years without any trial. The report found that the Armed Forces Special Powers Act remained a key obstacle to accountability.

In 2018, the Jammu & Kashmir Coalition of Civil Society (JKCCS) found through Right to Information applications that hundreds of children had been detained under the PSA between 1990 and 2013. In many of these cases, the police/magistrates had no procedure to verify the age of the detainees and minors were kept in custody along with adult criminals and released only after judicial intervention. About 80% of these detentions were held illegal by courts.

Such treatment of children is undoubtedly in violation of multiple laws and conventions. To begin with, all of them violate Article 14(4) of the International Convention on Civil & Political rights which states that “all proceedings against juveniles shall take into account their age and the desirability of promoting their rehabilitation.” The UN Convention on the Rights of the Child, ratified by India, provides that the arrest/detention of a child shall be in conformity with the law and used only as a last resort and for the shortest appropriate period. The guidelines of the National Commission for Protection of Child Rights clearly state that a blanket characterisation of adolescent boys as security threats during civil unrest should be avoided and authorities should investigate and take action against personnel involved in arbitrary detentions, mistreatment or torture of children.

A sledgehammer treatment

In 2003, the Madras High Court in *Prabhakaran v. State of Tamil Nadu* held that the Juvenile Justice Act is a comprehensive law and overrides preventive detention laws enacted for national security. Earlier, in 1982, the Supreme Court had in the *Jaya Mala* case condemned the preventive detention of a student and observed that young people, even if their acts are misguided, cannot be punished with a sledgehammer.

However, none of these laws and directives seem to be followed in Kashmir. Parents are now too scared to send their children to school, lest they be picked up by authorities or get caught in a crossfire. When such disappearances take place in a conflict-torn region, who does the aggrieved party complain to? Courts seem to be the only forums offering some promise of redressal. However, state actions since August 5, when J&K’s special status was abrogated, have taken away even this limited option from Kashmiris. Following the arrest of presidents of the J&K High Court and District Bar Associations and senior lawyers under PSA, most of Kashmir’s 1,050 lawyers have been on strike. Over 200 habeas corpus petitions have been filed till now. However, since most post offices are closed, lawyers are unable to serve notices on the respondents.

On August 5, all 31 cases shown in the ‘orders list’ of the Srinagar Bench of the J&K High Court were adjourned “due to restrictions on movement of traffic” as advocates could not be present. Weeks later, on September 24, out of the 78 uploaded cases, advocates were present for both parties in just 11, none appeared in nine cases, petitioner’s counsel alone in nine cases and only the government counsel in 47 cases.

Anticipating such contingencies, our Constitution provided for the protection of the citizens’ fundamental rights by empowering them to approach the Supreme Court directly in case the rights were violated. The right to constitutional remedies is by itself a fundamental right. Quite conscious of its obligations to protect the right to life of Kashmiris, the apex court has

thus taken upon itself the task of inquiring into the allegations of state violence against children.

The observations made by the Inter American Court of Human Rights had observed in a 2005 case, concerning Colombia's Mapiripán Massacre, are instructive here: "One does not combat terror with terror, but rather within the framework of the law. Those who resort to the use of brute force brutalise themselves, creating a spiral of widespread violence that ends up turning the innocent, including children, into victims."

Noting that the terror sown among the surviving inhabitants caused their forced displacement, the court observed that the omissions, tolerance and collaboration by the state and the general population amounted to aggravated human rights violations in the name of 'war on terror'.

Caged and disturbed

Children in Kashmir grow up caged and under the shadow of a gun. As the parents of many of them go missing, they are also forced to assume the responsibility of caregivers for their siblings. The strain on social structures due to the loss of family environment, safe spaces and education and health facilities severely traumatises many of them and snatches their childhood away. Gowhar Geelani, in his recent book *Kashmir Rage and Reason* says children in Kashmir learn terms like "custody killing"; "catch and kill"; "torture"; "interrogation"; "detention"; and "disappearance" — internalising a vocabulary they should not be privy to otherwise.

What kind of world can such children look forward to if they have to live in constant fear of being picked up for an unknown crime and taken to an unknown destination? Surely, this is not the firdous (heaven) on earth that many visualise Kashmir to be?

No curbs on democratic rights on the promise of development can justify inhumane treatment of children. We need to speak out for the children of Kashmir or we will also be complicit in the 'aggravated crime' by the state apparatus. The preventive arrests should be stopped lest the children of Kashmir go missing forever.

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=13834295>

'Plastic teabags release harmful microparticles in your drinks'

Toronto: Plastic tea bags may release millions of micro- and nano-sized particles into your brewed beverage, a study claims. Possible health effects of ingesting these particles are currently unknown, the study published in the journal *Environmental Science & Technology* noted.

Over time, plastic breaks down into tiny microplastics and even smaller nanoplastics, the latter being less than 100 nanometers (nm) in size.

For comparison, a human hair has a diameter of about 75,000 nm. Researchers from McGill University in Canada have detected the microscopic particles in the environment, aquatic organisms and the food supply, but they don't know yet whether they are harmful to humans.

Nathalie Tufenkji and colleagues wondered whether some plastic teabags could be releasing micro- and nanoplastics into the beverage during brewing. — *PTI*

Cancer

GSK recalls Ranitidine after cancer causing substance detected (The Hindu: 20190927)

<https://www.thehindu.com/business/gsk-recalls-ranitidine-after-cancer-causing-substance-detected/article29522803.ece>

Precautionary action pending outcome of ongoing tests

GlaxoSmithKline Pharmaceuticals Ltd. (GSK) on Thursday said it had voluntarily recalled Ranitidine hydrochloride tablets produced in India following alleged detection of genotoxic nitrosamine NDMA by global and Indian regulatory authorities. It is a global recall including in India.

“GSK has been contacted by regulatory authorities regarding the detection of genotoxic nitrosamine NDMA in ranitidine products. Based on the information received and correspondence with regulatory authorities, GSK made the decision to suspend the release, distribution and supply of all dose forms of ranitidine hydrochloride products to all markets, including India,” GSK said in a statement.

“The recall is a precautionary action pending the outcome of ongoing tests and investigations,” it said.

The raw material used in the tablets were supplied by Saraca Laboratories Ltd. Thus, the European Directorate for the Quality of Medicines (EDQM) has suspended its certificate of suitability for ranitidine hydrochloride issued to Saraca with immediate effect.

GSK manufactures Ranitidine Hydrochloride IP Tablets 150 mg and 300 mg (Zinetac) using API from Saraca and SMS Lifesciences India Ltd., for supply to Indian market.

“As a precautionary action, GSK has made the decision to initiate a voluntary recall [pharmacy/retail level recall] of Zinetac Tablets 150 mg and 300 mg products manufactured in India using API sourced from Saraca,” GSK said. The product manufactured using API from SMS will not be recalled. However, all such products will remain on hold while the test results are awaited.

‘Patient safety’

“GSK is continuing with investigations into the potential source of the NDMA. These investigations include continued engagement with our API suppliers. Patient safety remains our utmost priority and we are taking this issue very seriously,” it added. The market for Ranitidine anti-acidity product is worth ₹700 crore, including ₹200 crore of GSK. It is learnt that other manufacturers are still selling the tablets under different brands.

Alzheimer's disease

New approach may save brain cells in neurodegenerative diseases (Medical News Today: 20190927)

<https://www.medicalnewstoday.com/articles/326477.php>

Neurodegenerative diseases, such as Alzheimer's and Huntington's, share a mechanism of brain cell damage that could offer a new target for treatment, according to new research in human cells and mice.

A newly discovered mechanism of brain cell damage could hold the key to treating several neurodegenerative conditions.

A recent Nature Neuroscience study describes how researchers uncovered the mechanism and how it leads to death of neurons, or nerve cells.

"We've identified a potential new way to reduce nerve cell death in a number of diseases characterized by such losses," says senior study author Daria Mochly-Rosen, Ph.D., a professor of chemical and systems biology at Stanford University School of Medicine, in California.

The mechanism involves microglia and astrocytes, two types of cell that normally help to protect neurons, or nerve cells.

Microglia and astrocytes are glial cells, a type of cell that scientists once regarded as the "glue of the nervous system."

That is no longer the case, however, as researchers are increasingly discovering that glial cells play vital roles in brain development and function.

Among the many jobs that astrocytes fulfill is to determine the number and locations of the connections that neurons make with each other. These glial cells also release various chemicals, such as growth factors and substances essential for metabolism.

Meanwhile, microglia keep a lookout for signs of tissue injury and clear away agents that might cause it, including disease pathogens and fragments or debris from neurons.

Glial cells and neurodegenerative disease

The buildup of toxic proteins inside brain cells is now a well-known hallmark of neurodegenerative diseases, such as Alzheimer's, Huntington's, and amyotrophic lateral sclerosis (ALS).

The toxic protein buildup stops nerve cells from working properly and eventually triggers their death.

Alzheimer's: Death of key brain cells causes daytime sleepiness

A study reveals that people with Alzheimer's lose a lot of cells in areas of the brain responsible for wakefulness.

In their study paper, the authors also describe another, less well-known, feature of neurodegenerative diseases. This feature is the activation of glial cells "to a state that triggers an increased secretion of proinflammatory factors."

This activation of glial cells, in turn, leads to a series of processes that also damage neurons. Scientists term this collection of mechanisms "neuroinflammation."

Researchers have supposed that the trigger for neuroinflammation by glial cells was the presence of debris from neurons.

Animal studies, for example, have shown that, following brain injury, microglia can activate astrocytes into a state called A1 and cause further damage and death to neurons.

However, the trigger for this mechanism was unclear, as was whether there are compounds that can stop astrocytes from entering the hyperactive A1 state. These are the questions that the new study sought to address.

Mitochondria and their unexpected behavior

In examining microglia, the researchers showed that the damaging, vicious cycle of inflammation can also develop when there are no bits of neuron to clear away. So, they went in search of a trigger. They found it in a curious form of mitochondrial behavior.

Mitochondria are tiny powerhouses inside cells that produce energy for the cells to make proteins and carry out their various functions. A typical cell can contain thousands of mitochondria.

What the team discovered, to their surprise, was that these tiny cell components appear able to send death signals between cells.

Mitochondria are in a continual dynamic state of changing size, shape, and location within cells. They fragment and reassemble in a process of constant fission and fusion, and the balance between these two processes can determine how well mitochondria function inside cells.

Too much fusion causes mitochondria to lose their nimbleness; too much fission, and they become too fragmented to function.

It appears that the toxic proteins behind neurodegenerative disease can spur hyperactivity in Drp1, an enzyme that is necessary for maintaining fission-fusion balance in mitochondria.

In earlier studies, Mochly-Rosen and her team found that treatment with the peptide, or small protein, P110, can reduce mitochondrial fission and the consequent cell damage that hyperactive Drp1 induces.

Reduced inflammation and neuron death

In the new study, the researchers found that treating mice over several months with P110 reduced microglia and astrocyte activity and inflammation in the animals' brains.

In further experiments using cultured cells, the team found that both microglia and astrocytes can expel damaged mitochondria into their surroundings and that these can damage and kill neurons. These experiments also showed that P110 can block this.

Recent studies have shown that healthy cells can also expel mitochondria, and that this does not cause harm. However, the inflamed microglia and astrocytes were expelling damaged mitochondria, which were deadly for nearby neurons.

The team found that P110 was able to block the fragmentation of mitochondria inside microglia and astrocytes enough to significantly reduce the death of neurons.

The researchers are now continuing their investigations to find out exactly how damaged mitochondria expelled from glial cells trigger death of neurons.