Oxford COVID-19 vaccine

Oxford COVID-19 vaccine may become the first to get Indian regulator’s nod for emergency use (The Tribune: 20201228)


Indian regulator waiting for UK to give emergency authorisation of ‘Covishield’

Oxford COVID-19 vaccine may become the first to get Indian regulator’s nod for emergency use

With preparations underway for a possible vaccine-rollout by January, the Indian drug regulator is looking at the UK, which sources believe may give its nod to the Oxford COVID-19 vaccine next week, before deciding on giving emergency use authorisation to the Serum Institute that is manufacturing the shots here.

Once the UK drug regulator gives its approval to the Oxford vaccine, the expert committee on COVID-19 at the CDSCO will hold its meeting and thoroughly review the safety and immunogenicity data from the clinical evaluations conducted abroad and in India before granting any emergency authorisation for the vaccine here, official sources said.

The process of granting emergency use approval for Bharat Biotech’s COVID-19 vaccine ‘Covaxin’ may take time as its phase 3 trials are still underway, while Pfizer is yet to make a presentation.

“Going by this, Oxford vaccine ‘Covishield’ is likely to be the first to be rolled out in India,” a source said.

Serum Institute of India (SII) last week also had submitted some additional data required by the Drug Controller General of India (DCGI), the sources said.
Amid fears about the mutated variant of SARS-CoV-2 detected in the UK, government officials recently said that it will have no impact on the potential of emerging vaccines that are being developed in India and other countries.

Bharat Biotech, Serum Institute of India (SII) and Pfizer had applied to the Drugs Controller General of India (DCGI) seeking emergency use authorisation for their COVID-19 vaccines early this month.

The subject expert committee (SEC) on COVID-19 of the Central Drugs Standard Control Organisation (CDSCO) on December 9 had sought additional safety and efficacy data for COVID-19 vaccines of SII and Bharat Biotech after deliberating upon their applications.

The application by the Indian arm of US pharmaceutical firm Pfizer was not taken up for deliberation as the company had sought more time for making a presentation before the committee.

The Pfizer vaccine has already been approved by several countries including the UK, the US, and Bahrain.

While considering SII’s application, the SEC had recommended that the firm should submit an updated safety data of phase 2 and 3 clinical trials in the country, immunogenicity data from the clinical trial in the UK and India, along with the outcome of the assessment of the UK Medicines and Healthcare products Regulatory Agency (MHRA) for grant of EUA.

As for Hyderabad-based Bharat Biotech, “after detailed deliberation, the committee recommended that the firm should present the safety and efficacy data from the ongoing phase 3 clinical trial in the country for further consideration”, the SEC had said.

The Pune-based SII, the world’s largest vaccine manufacturer, has made a collaboration with the University of Oxford and AstraZeneca to manufacture the vaccine.

The SII has already manufactured 40 million doses of the vaccine, under the at-risk manufacturing and stockpiling licence from the DCGI, officials recently had said. --- PTI

Food and Nutrition

Britain to restrict promotion of unhealthy food from April 2022
Britain will ban "buy one get one free" promotions for food high in fat, sugar or salt (The Tribune: 20201228)


Britain to restrict promotion of unhealthy food from April 2022
Britain will ban "buy one get one free" promotions for food high in fat, sugar or salt
Britain will ban "buy one get one free" promotions for food high in fat, sugar or salt and free refills of sugary soft drinks in restaurants from April 2022, the government said on Monday, its latest step in its plan to tackle obesity and improve public health.

The government says obesity is one of Britain's biggest long-term public health problems with almost two-thirds of adults in England overweight and one in three children leaving primary school overweight or obese.

The measures will also restrict where in a store promotions on such products can be advertised, and unhealthy promotions will not be allowed at checkouts, shop entrances or at the ends of aisles.

"We are restricting promotions and introducing a range of measures to make sure the healthy choice is the easy choice.

Creating an environment which helps everyone eat healthier foods more regularly is crucial to improving the health of the nation," public health minister Jo Churchill said.

Britain first proposed restricting "buy one get one free" deals on junk food in July, and also announced measures such as banning TV and online adverts for junk food before 9.00 p.m.

Last month the government went further and proposed a total ban on online advertising of unhealthy food.

Being overweight has been shown to increase the risk of serious illness or death from COVID-19 - a fact highlighted by Prime Minister Boris Johnson who has publicly talked about his own need to lose weight since being hospitalised with the disease.—Reuters

**Oxford-AstraZeneca vaccine**

**Oxford-AstraZeneca vaccine should be effective against new variant: Report Vaccine also has a tie-up with Serum Institute of India (Tribune: 20201228)**


Oxford-AstraZeneca vaccine should be effective against new variant: Report Vials with a sticker reading, "COVID-19 / Coronavirus vaccine / Injection only" and a medical syringe are seen in front of a displayed AstraZeneca logo in this illustration. Reuters

The coronavirus vaccine developed by Oxford University and AstraZeneca “should be” effective against the highly transmissible new strain of the virus, a UK media report said on Sunday.
The Oxford vaccine, which also has a tie-up with the Serum Institute of India, is expected to win approval in the UK before Thursday, speeding up the provision of the jab to the most vulnerable groups.

“The first priority is to vaccinate the 12 to 15 million people who would need hospitalisation if they caught COVID. Approval for the AstraZeneca vaccine would mean we are well on course to do that by the spring,” a senior government official was quoted by The Sunday Times as saying.

The source warned that the new strain of COVID-19 had overtaken the old and was “running rampant” in the UK.

“The latest figures are not good, but the guidance is the MHRA [the Medicines and Healthcare Products Regulatory Agency] will give the Oxford vaccine the go-ahead by midweek,” the source said.

AstraZeneca’s chief executive, Pascal Soriot, said new data will show the vaccine is as effective as the Pfizer and Moderna jabs that have already been approved, protecting 95 per cent of patients, and is “100 per cent effective” in preventing severe illness requiring hospital treatment.

He said it “should be” effective against the new highly transmissible variant of the deadly virus, which put England under complete lockdown again after its rapid spread was detected.

In the first trials of the Oxford vaccine, it was found to be 62 per cent effective overall, though one group accidentally given a half-dose first was 90 per cent protected.

“We think we have figured out the winning formula and how to get efficacy that, after two doses, is up there with everybody else,” Soriot told the newspaper.

“I can’t tell you more because we will publish at some point,” he said.

The UK government has always regarded the Oxford vaccine as the one that would transform the battle against COVID-19, since it can be stored in a fridge and costs as little as 2 pounds a shot. The Pfizer drug has to be kept at temperatures of minus 70 degrees Celsius and costs 15 pounds a dose.

The news of a new vaccine deployment by early in the New Year comes as most of the UK remains under tough lockdown conditions with a continued spike in the number of infections.

But news that the Oxford vaccine may be available soon will come as a boost, with the UK government having ordered 100 million doses of the vaccine, with around 40 million expected to be available by the end of March.

Mass vaccination centres, including stadiums and conference venues, are being prepared for launch in early January once the regulator approves the Oxford-AstraZeneca vaccine.

The only way to receive the jab in the UK is through the state-funded National Health Service (NHS) established networks, even as there have been reports that private clinics are receiving daily requests from patients attempting to jump the queue.
Despite offering thousands of pounds, all patients will currently have to wait their turn to receive one of the doses pre-ordered by the government based on a defined risk-based criteria.

**Mental health**

**AI-designed serotonin sensor helpful in studying sleep, mental health: Study**

Preclinical experiments, primarily in mice, showed that the sensor could detect subtle, real-time changes in brain serotonin levels during sleep, fear, and social interactions

*(Tribune: 20201228)*


AI-designed serotonin sensor helpful in studying sleep, mental health: Study

Photo for representation.

Researchers have described how they used advanced genetic engineering techniques to transform a bacterial protein into a new research tool that may help monitor serotonin transmission with greater fidelity than current methods.

In an article in Cell, National Institutes of Health-funded researchers described how they used advanced genetic engineering techniques to transform a bacterial protein into a new research tool that may help monitor serotonin transmission with greater fidelity than current methods.

Preclinical experiments, primarily in mice, showed that the sensor could detect subtle, real-time changes in brain serotonin levels during sleep, fear, and social interactions, as well as test the effectiveness of new psychoactive drugs.

The study was funded, in part, by the NIH’s Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative which aims to revolutionise our understanding of the brain under healthy and disease conditions.

The study was led by researchers in the lab of Lin Tian, PhD, principal investigator at the University of California Davis School of Medicine.

Current methods can only detect broad changes in serotonin signalling. In this study, the researchers transformed a nutrient-grabbing, Venus flytrap-shaped bacterial protein into a highly sensitive sensor that fluorescently lights up when it captures serotonin.

Previously, scientists in the lab of Loren L Looger, PhD, Howard Hughes Medical Institute Janelia Research Campus, Ashburn, Virginia, used traditional genetic engineering techniques to convert the bacterial protein into a sensor of the neurotransmitter acetylcholine. The protein, called OpuBC, normally snags the nutrient choline, which has a similar shape to acetylcholine.
For this study, the Tian lab worked with Dr Looger’s team and the lab of Viviana Gradinaru, PhD, Caltech, Pasadena, California, to show that they needed the added help of artificial intelligence to completely redesign OpuBC as a serotonin catcher.

The researchers used machine learning algorithms to help a computer ‘think up’ 2,50,000 new designs.

After three rounds of testing, the scientists settled on one. Initial experiments suggested that the new sensor reliably detected serotonin at different levels in the brain while having little or no reaction to other neurotransmitters or similarly shaped drugs.

Experiments in mouse brain slices showed that the sensor responded to serotonin signals sent between neurons at synaptic communications points.

Meanwhile, experiments on cells in Petri dishes suggested that the sensor could effectively monitor changes in these signals caused by drugs, including cocaine, MDMA (also known as ecstasy), and several commonly used antidepressants.

Finally, experiments in mice showed that the sensor could help scientists study serotonin neurotransmission under more natural conditions. For instance, the researchers witnessed an expected rise in serotonin levels when mice were awake and a fall as mice fell asleep.

They also spotted a greater drop when the mice eventually entered the deeper, REM sleep states. Traditional serotonin monitoring methods would have missed these changes.

In addition, the scientists saw serotonin levels rise differently in two separate brain fear circuits when mice were warned of a foot shock by a ringing bell. In one circuit — the medial prefrontal cortex — the bell triggered serotonin levels to rise fast and high whereas in the other — the basolateral amygdala — the transmitter crept up to slightly lower levels. In the spirit of the BRAIN Initiative, the researchers plan to make the sensor readily available to other scientists.

They hope that it will help researchers gain a better understanding of the critical role serotonin plays in our daily lives and in many psychiatric conditions. (ANI)

Fatalities

India’s daily cases, deaths hit lowest level in half a year (Hindustan Times: Tribune: 20201228)

https://epaper.hindustantimes.com/Home/ArticleView
New Delhi: The rate of daily deaths due to the coronavirus disease (Covid-19) in India has dropped to the lowest level in over 200 days, or since early June, while the rate of new infections is at the lowest since early July, shows data analysed by HT.

These statistics indicate a slowing of the outbreak in the country, and come at a time when states have scaled up efforts to trace if a new and more transmissible virus variant from the UK has reached Indian shores.
In the past week, India has, on average, reported 299 new Covid-19 deaths a day, and 21,785
new infections daily. The last time India’s daily death rate was below this mark was on June 9,
or 201 days ago, while the last time the case rate was this low was on July 6, or 173 days ago,
according to HT’s Covid-19 dashboard.

India’s infection rate peaked in the middle of September, with the seven-day average of daily
cases touching 93,617. This means that currently the case rate has dropped over 76% from the
peak level.

This drop in the spread becomes particularly apparent when seen with new cases and deaths
reported on Saturday – 18,595 new cases and 284 new deaths were reported. On Sunday,
20,346 new cases were reported in the country, while 276 new fatalities were lodged, according
to HT’s Covid-19 dashboard.

While the last two days’ figures may be attributed to lower-than-usual testing levels on account
of the Christmas holiday and the weekend, the larger trend cannot be explained by a drop in
testing. India is conducting more than four times the number of daily tests than it was doing in
the first week of July, when cases were this low previously – in the past week, over 986,352
samples were tested for Covid-19 on average in the country, while this was 228,920 tests a day
for the week ending July 6.

Daily recoveries, meanwhile, have outnumbered new infections every day over the past month,
data shows. The last time daily cases were more than daily recoveries was on November 27.
On Sunday, 21,117 patients recovered across the country.

The total number of cases in India on Sunday stood at 10,208,712, the death toll at 147,953,
according to the data.

“The exponential rise in recoveries in tandem with lower daily new cases has resulted in
consistent decline in the active cases and low mortality… India’s cumulative recoveries are
highest in the world” the health ministry said on Sunday.

Meanwhile, states across the country are tracing travellers from the UK who have entered India
in the last few weeks to test them for Covid-19 and carry out genome sequencing to determine
if anyone has been infected with the new viral strain that is believed to be more infectious.

India has imposed a temporary halt on flights from and to the UK from December 23 till
December 31 following the detection of the new virus strain.

The government has kicked off a massive exercise to track all UK passengers who have arrived
in India in the past four weeks. All samples of passengers who arrive in India from the UK that
test positive are being re-tested through a spike gene-based reverse transcription polymerase
chain reaction (RT-PCR) test over the past week to look for the new virus variant, according
to the Union health ministry.

While a combined official figure of the number of passengers from the UK and have tested
positive was not released as of Sunday night, several states have identified such infections and
have reported numbers – 21 people who recently returned from the UK tested positive in Delhi,
18 infections were detected among UK returnees in Telangana, 16 in Maharashtra, 13 in Tamil
Nadu, four in Andhra Pradesh and three in Karnataka, based on data released by the states.

On Saturday, the Union health ministry said that at least 50 samples were undergoing genome
sequencing to check for the new variant in several laboratories across the country; none have
so far tested positive.
“As part of the strategy put in place ... 5% of positive cases of Covid-19 from all states and UTs will be tested for Whole Genome Sequencing (WGS),” the health ministry said on Saturday after a meeting of the National Task Force (NTF) on the issue.

Covid-19: What you need to know today (Tribune: 20201228)

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

The number of countries that now have Covid-19 cases where the infection is caused by the new variant first spotted in the UK in September has increased. In addition to the UK, and assuming the variant in South Africa is entirely different, the list now includes Japan, France, Spain, Sweden, Canada, Germany, Singapore and Denmark. Once India tightened its screening process for passengers flying in from the UK, it identified a bunch of positive cases — one of whom jumped into a train after testing positive and was finally apprehended in Rajamundhry, Andhra Pradesh — but the genome sequencing of these cases was still underway on Sunday as this article was being written.

There is growing evidence that the new variant is more infectious than the older version of the Sars-CoV-2 virus. Last week, scientists, including some from the London School of Hygiene and Tropical Medicine published a study (under the aegis of the institute’s Center for Mathematical Modeling of Infectious Diseases; the study is yet to be peer reviewed) that showed the new variant to be 56% more infective. But there is still no evidence of it causing more severe Covid-19 cases, or resulting in more deaths.

To repeat something I wrote last week, given that most of the coronavirus disease cases in the UK are now being caused by the new variant, and given that there have been around 70 flights a week between India and the UK since May — they were temporarily halted last week, and will not resume before the end of the year — it is very likely that the variant is already here.

This columnist learns that India may have made the mistake of going slow on sequencing viral genomes over the past four months, with a majority of the whole viral genomes sequenced in the country dating back to earlier in the pandemic’s run. That will now change with India deciding that at least 5% of all positive cases from every state and Union territory will undergo genome sequencing. And much like the UK, India has finally formed a consortium of several Indian Council of Medical Research (ICMR) laboratories and institutions and the National Centre for Disease Control, called Insacog, and put it in charge of the country’s genomic surveillance efforts. A country with over 10 million cases of the coronavirus disease should have sequenced more than the few thousand cases India has, although, as Dispatch 232 pointed out on December 24, India isn’t the only laggard when it comes to this — the US, with close to 20 million cases is also one.

Now that India has addressed the question of genome sequencing — it still has to follow up: a previous ICMR guideline, on weekly antibody tests across each of India’s 700-plus districts
has been ignored — it should also turn its attention to other questions related to the pandemic’s run in the country.

Primary among these is one on India’s unique trajectory of Covid-19 infections. To date, it is among the only countries to have seen a significant number of cases, to not witness a second wave of the pandemic. Interestingly, even large gatherings in India in recent months have not turned into superspreader events of the sort seen in the US and Europe. And October, November, and December have been the coldest in years, even decades, in North and Northwest India (in the northern hemisphere, cases were expected to surge as winter set in, and that was what happened in the US and Europe). Understanding why this hasn’t happened in India is just as important as celebrating the fact that it hasn’t. And it may just provide some insights on managing the pandemic in the months ahead as India embarks on its vaccination drive.

It’s been clear for a long time that more science, not less, is needed to address the coronavirus pandemic.

**COVID-19 vaccination drive**

**Essential dry run: On COVID-19 vaccination drive (The Hindu: 20201228)**


Constant, long-term monitoring of adverse events after vaccination is essential
In the next couple of weeks, Phase-3 data of two COVID-19 vaccines tested by Indian manufacturers are expected to be submitted for emergency use approval. If even one of the vaccines gets the approval, a countrywide rollout to immunise the four high-risk groups starting with healthcare workers will begin soon thereafter. India has been vaccinating millions of young children with a variety of vaccines each year and hence has the entire system in place to roll out any new vaccine under the universal immunisation programme. But this is the first time a vaccine to be administered outside the programme and specifically for adults is to be rolled out. Since several aspects of the COVID-19 vaccination programme are new — vaccinating millions of adults belonging to specific groups, administering two doses of the vaccine a few weeks apart, and the process of enrolling the recipients and rolling out the immunisation programme — the government has rightly decided to undertake a dry run for vaccine administration. The dry run is expected to be initiated this week in four States — Andhra Pradesh, Assam, Gujarat, and Punjab. It will allow the administrators to test the vaccination process and check the usage of the Co-WIN IT platform for management of the entire vaccination process including data entry, allocation of date and time and a drill of session sites with test beneficiaries. The linkages between planning, implementation and reporting mechanisms will also be tested.

Since four high-risk groups have been prioritised to receive the vaccine, the first task is to register the recipients on the Co-WIN platform. Unlike vaccinating children under the universal immunisation programme, the COVID-19 vaccine will be administered to 100 adults at each designated site on a pre-defined date and time. Prior to vaccination, the bona fide of the registered adults are to be determined. The IT platform has to generate the date and time when
people can receive the second dose. When more than one vaccine becomes available, it is essential to ensure that people receive the same vaccine twice. Checking and reporting of all adverse events immediately and days after the vaccination is essential, all the more as no COVID-19 vaccine has undergone long-term follow-up for safety during the trial. Both the vaccines that are at an advanced stage of testing in India do not require ultra-low temperature for delivery and storage. Hence, the existing facilities of the universal immunisation programme in most districts can be used for storing the vaccines. As the plan is to vaccinate 300 million people in the four high-risk groups, 600 million doses will be required. This exercise should therefore look at creating additional storage capacity at these facilities to store millions of COVID-19 vaccines, as facilities for vaccine storage cannot be dedicated to a single vaccine.

Bowel diseases

Study discovers new measures to predict risk of bowel diseases (The Hindu: 20201228)


: Mount Sinai researchers claim to have discovered new measures to predict risk for inflammatory bowel diseases (IBD) including Crohn's disease and ulcerative colitis.

The study published in the research journal Gastroenterology shows that the polygenic risk scores, built using association data from multiple populations in Mount Sinai's multi-ethnic BioMe Biobank, maximized IBD predictions for every population in the biobank.

BioMe is a system-wide effort at Mount Sinai that is revolutionizing diagnosis and classification of diseases according to the patient's molecular profile.

The study showed that risk scores calculated from integrating data significantly improved predictions among individuals with European, Ashkenazi Jewish, and Hispanic ancestry in BioMe, as well as European individuals in the UK Biobank, which contains biological and medical data on half a million people between ages 40 and 69 living in the UK.

Predictive power was lower for patients with African ancestry, likely due to substantially smaller reference datasets and substantially greater genetic diversity within populations of African descent.

"The ability to accurately predict genetic disease risk in individuals across ancestries is a critical avenue that may positively affect patient outcomes, as early interventions and even preventive measures are being considered and developed," said the study's senior author Judy H. Cho, MD, Dean of Translational Genetics and Director of The Charles Bronfman Institute for Personalized Medicine at the Icahn School of Medicine at Mount Sinai.
"These findings support a need for greater genetic diversity, including more data on African American populations, to enhance disease risk predictions and reduce health disparities for all populations," added Cho. These polygenic risk scores—representing an estimate of overall risk based on the sum of an individual's many, most common, genetic variants—were calculated using IBD association data from cohorts with European, African American, and Ashkenazi Jewish backgrounds.

Additionally, researchers assessed rare variants in genes associated with very-early-onset IBD within each population and found that African American carriers of uncommon LRBA variants showed reduced expression of both proteins LRBA and CTLA-4.

LRBA deficiency increases susceptibility to IBD and results in lower CTLA-4 expression, which can be reversed with the commonly prescribed antimalarial drug chloroquine. Future studies by the Cho Laboratory will focus on predicting which subsets of patients might benefit from targeting this pathway.

"Since lowered LRBA and CTLA-4 expression can lead to IBD, it's encouraging that chloroquine is able to partially recover expression," said the study's first author Kyle Gettler, PhD, a postdoctoral fellow in the Department of Genetics and Genomic Sciences at the Icahn School of Medicine at Mount Sinai.

**SARS-CoV-2-infection**

**Pregnant women, infants more prone to severe risks of SARS-CoV-2-infection (New Kerala: 20201228)**


Research led by investigators at Massachusetts General Hospital (MGH) indicated the severe risk of COVID-19 followed SARS-CoV-2 infection into pregnant women and newborns.

The study published in the journal Cell reveals lower than the expected transfer of protective SARS-CoV-2 antibodies via the placenta from mothers who are infected in the third trimester. The cause may be alterations to these antibodies after they're produced—a process called glycosylation.

The results expand on the team's recent findings published in JAMA Network Open that pregnant women with COVID-19 pass no SARS-CoV-2 virus, but also relatively low levels of antibodies against it, to newborns.

For this latest study, the scientists compared maternal antibodies against the flu (influenza), whooping cough (pertussis), and SARS-CoV-2, and how these antibodies transferred across the placenta. Influenza- and pertussis-specific antibodies were actively transferred in a
relatively normal fashion. In contrast, transfer of SARS-CoV-2-specific antibodies to the baby was not only significantly reduced, but the antibodies transferred were less functional than the antibodies against influenza. The reduced transfer was only observed in third-trimester infection.

The scientists found that altered attachments of carbohydrates to the SARS-CoV-2-specific antibodies -- a process called glycosylation -- may be to blame for this reduced transfer from mother to fetus in the third trimester.

The carbohydrate attachments on SARS-CoV-2-specific antibodies in maternal blood were different than those seen on influenza- and pertussis-specific antibodies. This carbohydrate pattern may cause the COVID-specific antibodies to be "stuck" in the maternal circulation, rather than transferred across the placenta via placental antibody receptors.

Infection-induced increases in total maternal antibodies, as well as higher placental expression of an antibody receptor that attracts the carbohydrate pattern on the SARS-CoV-2-specific antibodies, helped to partially overcome the problem and facilitate the transfer of some functional antibodies from mother to fetus.

Interestingly, some of the antibodies that transferred the best were also the most functional, activating natural killer cells that could help the newborn fight the virus if exposed.

The findings have implications for the design of vaccines against SARS-CoV-2 for pregnant women. "Vaccine regimens able to drive high levels of the COVID-specific antibodies with glycosylation patterns favoured by the placenta for selective transfer to the fetus may lead to better neonatal and infant protection," said co-senior author Andrea Edlow, MD, MSc, a maternal-fetal medicine specialist at MGH and an assistant professor of Obstetrics, Gynecology, and Reproductive Biology at Harvard Medical School.

"We are beginning to define the rules of placental antibody transfer of SARS-CoV-2 for the very first time -- catalyzing our ability to rationally design vaccines to protect pregnant women and their newborns," Co-senior author and Core Member at the Ragon Institute of MGH, MIT and Harvard, Galit Alter, PhD, said.

In addition, understanding how antibody transfer varies by trimester may point to critical windows in pregnancy that may be most desirable for vaccination to optimize protection for both the mother and her infant.

**Crucial viral protein**

**COVID-19 severity is affected by proportion of antibodies targeting crucial viral protein**

(New Kerala: 20201228)

Coronavirus antibodies wane significantly within several months of infection and preferentially target a different part of the virus in mild cases than in comparison to severe ones, suggest the findings of a new study.

The findings which were published in Science Immunology identifies new links between the course of the disease and a patient's immune response to it. They also raise concerns about whether people can be re-infected, whether antibody tests to detect prior infection may underestimate the breadth of the pandemic and whether vaccinations may need to be repeated at regular intervals to maintain a protective immune response.

"This is one of the most comprehensive studies to date of the antibody immune response to SARS-CoV-2 in people across the entire spectrum of disease severity, from asymptomatic to fatal," said Scott Boyd, MD, Ph.D., associate professor of pathology. "We assessed multiple time points and sample types, and also analyzed levels of viral RNA in patient nasopharyngeal swabs and blood samples. It's one of the first big-picture looks at this illness."

The study found that people with severe COVID-19 have low proportions of antibodies targeting the spike protein used by the virus to enter human cells compared with the number of antibodies targeting proteins of the virus's inner shell.

Boyd is a senior author of the study, which was published Dec. 7 in Science Immunology. Other senior authors are Benjamin Pinsky, MD, Ph.D., associate professor of pathology, and Peter Kim, Ph.D., the Virginia and D. K. Ludwig Professor of Biochemistry. The lead authors are research scientist Katharina Roltgen, Ph.D.; postdoctoral scholars Abigail Powell, Ph.D., and Oliver Wirz, Ph.D.; and clinical instructor Bryan Stevens, MD.

The virus binds to the ACE2 receptor

The researchers studied 254 people with asymptomatic, mild, or severe COVID-19 who were identified either through routine testing or occupational health screening at Stanford Health Care or who came to a Stanford Health Care clinic with symptoms of COVID-19. Of the people with symptoms, 25 were treated as outpatients, 42 were hospitalized outside the intensive care unit and 37 were treated in the intensive care unit. Twenty-five people in the study died of the disease.

SARS-CoV-2 binds to human cells via a structure on its surface called the spike protein. This protein binds to a receptor on human cells called ACE2. The binding allows the virus to enter and infect the cell. Once inside, the virus sheds its outer coat to reveal an inner shell encasing its genetic material. Soon, the virus co-opts the cell's protein-making machinery to churn out more viral particles, which are then released to infect other cells.

Antibodies that recognize and bind to the spike protein block its ability to bind to ACE2, preventing the virus from infecting the cells, whereas antibodies that recognize other viral components are unlikely to prevent viral spread. Current vaccine candidates use portions of the spike protein to stimulate an immune response.

Boyd and his colleagues analyzed the levels of three types of antibodies -- IgG, IgM, and IgA -- and the proportions that targeted the viral spike protein or the virus's inner shell as the disease progressed and patients either recovered or grew sicker. They also measured the levels of viral...
genetic material in nasopharyngeal samples and blood from the patients. Finally, they assessed the effectiveness of the antibodies in preventing the spike protein from binding to ACE2 in a laboratory dish.

"Although previous studies have assessed the overall antibody response to infection, we compared the viral proteins targeted by these antibodies," Boyd said. "We found that the severity of the illness correlates with the ratio of antibodies recognizing domains of the spike protein compared with other nonprotective viral targets. Those people with mild illness tended to have a higher proportion of anti-spike antibodies, and those who died from their disease had more antibodies that recognized other parts of the virus."

Substantial variability in the immune response

The researchers caution, however, that although the study identified trends among a group of patients, there is still substantial variability in the immune response mounted by individual patients, particularly those with severe disease.

"Antibody responses are not likely to be the sole determinant of someone's outcome," Boyd said.

"Among people with severe disease, some die, and some recover. Some of these patients mount a vigorous immune response, and others have a more moderate response. So, there are a lot of other things going on. There are also other branches of the immune system involved. It's important to note that our results identify correlations but don't prove causation."

As in other studies, the researchers found that people with asymptomatic and mild illness had lower levels of antibodies overall than did those with severe disease. After recovery, the levels of IgM and IgA decreased steadily to low or undetectable levels in most patients over a period of about one to four months after symptom onset or estimated infection date, and IgG levels dropped significantly.

"This is quite consistent with what has been seen with other coronaviruses that regularly circulate in our communities to cause the common cold," Boyd said. "It's not uncommon for someone to get re-infected within a year or sometimes sooner. It remains to be seen whether the immune response to SARS-CoV-2 vaccination is stronger, or persists longer than that caused by natural infection. It's quite possible it could be better. But there are a lot of questions that still need to be answered."

Boyd is a co-chair of the National Cancer Institute's SeroNet Serological Sciences Network, one of the nation's largest coordinated research efforts to study the immune response to COVID-19. He is the principal investigator of the Centre of Excellence in SeroNet at Stanford, which is tackling critical questions about the mechanisms and duration of immunity to SARS-CoV-2.

"For example, if someone has already been infected, should they get the vaccine? If so, how should they be prioritized?" Boyd said. "How can we adapt seroprevalence studies in vaccinated populations? How will immunity from vaccination differ from that caused by a natural infection? And how long might a vaccine be protective? These are all very interesting, important questions."
Casual smoking

Casual smoking can lead to nicotine addiction, says study (New Kerala: 20201228)


According to diagnostic criteria, even those who consider themselves to be casual smokers might be addicted to cigarettes.

According to findings published in the American Journal of Preventive Medicine, researchers at Penn State College of Medicine and Duke University found that many light smokers -- those who smoke one to four cigarettes per day or fewer -- meet the criteria for nicotine addiction and should therefore be considered for treatment.

"In the past, some considered that only patients who smoke around 10 cigarettes per day or more were addicted, and I still hear that sometimes," said Jonathan Foulds, professor of public health sciences and psychiatry and behavioral health, Penn State. "But this study demonstrates that many lighter smokers, even those who do not smoke every day, can be addicted to cigarettes. It also suggests that we need to be more precise when we ask about cigarette smoking frequency."

According to Jason Oliver, assistant professor of psychiatry and behavioral sciences, Duke University, when assessing nicotine addiction -- clinically referred to as 'tobacco use disorder' -- clinicians are encouraged to fully assess the 11 criteria listed in the 5th edition of the Diagnostic and Statistical Manual (DSM-5). As a shortcut, he said, clinicians more typically ask smokers how many cigarettes they smoke per day.

"Lighter smoking is correctly perceived as less harmful than heavy smoking, but it still carries significant health risks," Oliver said. "Medical providers sometimes perceive lighter smokers as not addicted and, therefore, not in need of treatment, but this study suggests many of them may have significant difficulty quitting without assistance."

The researchers examined an existing data set from the National Institutes of Health, including more than 6,700 smokers who had been fully assessed to find out if they met the DSM-5 criteria for tobacco use disorder. They found that 85% of the daily cigarette smokers were addicted to some extent -- either mild, moderate, or severe addiction.

"Surprisingly, almost two-thirds of those smoking only one to four cigarettes per day were addicted, and around a quarter of those smoking less than weekly were addicted," Foulds said.

The researchers found that the severity of cigarette addiction, as indicated by the number of criteria met, increased with the frequency of smoking, with 35% of those smoking one-to-four cigarettes per day and 74% of those smoking 21 cigarettes or more per day being moderately or severely addicted.
The findings appeared on December 22 in the American Journal of Preventive Medicine.

"This was the first time that severity of cigarette addiction has been described across the full range of cigarette use frequency," said Foulds, a Penn State Cancer Institute researcher.

Oliver added that the study highlights the high prevalence of tobacco use disorder even among those considered to be light smokers and provides a basis from which treatment can begin to target this population.

"Previous research has found that non-daily smokers are more likely than daily smokers to make a quit attempt," Oliver said. "Clinicians should ask about all smoking behavior, including non-daily smoking, as such smokers may still require treatment to successfully quit smoking. Yet, it is unclear the extent to which existing interventions are effective for light smokers. Continued efforts to identify optimal cessation approaches for this population remain an important direction for future research."

कोरोना वैक्सीन

ऑसफोड की कोरोना वैक्सीन को भारत में इस समाह मिल सकती है इस्तेमाल की मंजूरी (Hindustan: 20201228)

https://www.livehindustan.com/national/story-expert-panel-may-convene-this-week-to-examine-oxford-vaccine-emergency-use-authorisation-3710213.html

कोरोना वैक्सीन की वैश्विक दिशा में तेजी से भारत आगे बढ़ रहा है। हालांकि अभी तक किसी भी कंपनी को इसके इस्तेमाल की मंजूरी नहीं मिली है। खबरों का अनुसार, वैक्सीन का आपातकालीन इस्तेमाल के लिए एक एंटी-कोरोनावायरस (कोरोना वैक्सीन) के लिए 'क्राउथर' I (MHRA) भी ऑसफोड-एडिभेनेका कोरोनावायरस के लिए EUA के लिए एक अतिरिक्त उपचार दे सकती है।

यह संभावना है कि ऑसफोड-एडिभेनेका कोरोना वैक्सीन भारत में आपातकालिन उपयोग की मंजूरी पाने वाली पहली वैक्सीन हो सकती है।

Pfizer को भारत में आपात्तकालिन उपयोग के लिए भारतीय स्वास्थ्य सर्वेक्षण की मंजूरी की हुई है।
में परीक्षण नहीं किया है, इसलिए कंपनी को पहले ऐसा करने के लिए कहा जा सकता है। उन्हें परीक्षणों से छूट भी मिल सकती है।

Vaccine

दिल्ली में हर दिन एक लाख लोगों को लगेगा कोरोना का टीका, तैयारियां पूरी (Hindustan: 20201228)


राजधानी दिल्ली में रोजाना एक लाख लोगों को कोरोना का टीका लगाया जाएगा। इसके लिए सरकार ने तैयारी पूरी कर ली है। टीकाकरण के लिए 1000 बूथ बनाए गए और हर दिन रोजाना 100 लोगों को टीका दिया जाएगा। स्वास्थ्य विभाग ने यह जानकारी दी।

स्वास्थ्य विभाग के अनुसार, वह लाख दिनों में भी पूरा हो सकता है लेकिन सुरक्षा की ध्यान में रखते हुए पांच दिनों का लक्ष्य तय किया गया है।

603 जगहों पर चयन सरकार की कोशिश है कि हर क्षेत्र में आबादी के हिसाब से केंद्र बने लाए जाएं ताकि किसी को परेशानी न हो इसीलिए एक हजार केंद्र बनाए जा रहे हैं। अभी तक 603 जगहों का चयन कर लिया गया है। बाकी के लिए सरकार का काम जारी है। राजधानी विभाग डिप्टी, अस्पताल, निजी क्लिनिक और मोहल्ला क्लिनिक की तरजीह दे रहै है क्योंकि यहां कॉल्ड चेन को बनाए रखना अन्य जगहों की तुलना में आसान होगा।

केंद्रों पर 3500 स्वास्थ्यकर्मी तैनात किए जाएंगे। टीकाकरण में चयन सरकार ने स्वास्थ्य अपराध मंत्री डॉ. बाबूलाल वाजपेयी के अनुसार वर्ष पूरा हो जाएगा। इससे सरकारी सेवाओं के कर्मचारियों के अलावा 100 निजी अस्पतालों के 600 स्वास्थ्यकर्मी भी होंगे।

लोगों को विशिष्ट लागू करने के लिए सरकार मदद पहचान पत्र के साथ आरोपी सेटू एप की भी मदद ले रही है। इसके अलावा सरकार ने प्रति दिन 100 लाख लोगों को कोरोना का टीका लगाया जाएगा।

कोरोना वायरस

कोरोना वायरस के नये रूप (स्ट्रेन) के चयन के लिए हर माह यहां 3500 वायकम चयन कर लाए जाएंगे। इससे सरकार की योजना में 3500 वायकम के लिए अलावा 600 में से 100 चयन के लिए अवस्थित हों।

कनाडा में कोरोना के नये रूप (स्ट्रेन) एक और मामले आए हैं। इसके अलावा सरकार ने अपने अन्य 3500 वायकम कोरोना का टीका लगाया जाएगा।

कनाडा के ओंटारियो में कोरोना वायरस के उत्पन्न नये रूप (स्ट्रेन) के एक और मामले का शिकार हुआ है जिसका फ्रांस में हाल में पता चला है। इससे पहले यहां एक दंपति के इस बीमारी से पीड़ित होने का करार मामला सामने आया था। सरकार ने संयुक्त मुद्दे स्वास्थ्य विभाग अधिकारी डॉ. वार्डन याफे के मुताबिक डरों वाला फाइल के मुताबिक डरों वाला फाइल के अस्थायी दंपती के कोरोना के नये स्ट्रेन से संक्रमित होने की पूरी हुई है और वे दोनों अभी मेडिकल रोटोकाल के तहत 'सेफ-आइसोलेशन में' हैं।
स्वास्थ्य अधिकारियों ने बताया कि इस तरह का तीसरा मामला सामने आया है जिसमें ओटावा निवासी एक व्यक्ति के संक्रमित होने की पुष्टि हुई है। पौजड़ित व्यक्ति हाल ही में डिइट्रियन की यात्रा कर लौटा था और वह अभी 'सेल्फ-आइसोलेशन' में है।

इस पर, भारत में कोरोना का रूपांतर भरते ही प्रीमी हो गई हो लेकिन वायरस का खतरा अब भी कम नहीं हुआ है। पिछले 24 घंटों में भारत के अंदर कोरोना के 20,021 नए मामले सामने आए हैं। दुनियाभर में कोरोना के नए स्ट्रेंज से हाहाकार मचा हुआ है लेकिन भारत में अब भी लोग कोरोनामामला का कहर हो रहे हैं। वर्तमान में देश के अंदर कोरोना के कुल 1,02,07,871 मामले हैं।

स्वास्थ्य मंत्रालय के मुताबिक पिछले 24 घंटों में 279 लोग कोरोना से अपनी जान गंवाए चुके हैं जिसके बाद से देश में कोरोना से मरने वालों की कुल संख्या 1,47,901 तक पहुंच गई है। वहीं अगर देश के एक्टिव मामलों का बाँट कर तो भारत का एकतर रेट पिछले दिनों में काफी बढ़ा है।

**Pendimic**
‘पैसा फेंककर महामारी से निपटने का तरीका अदृश्य’ (Hindustan: 202021228)

विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) के महामारिदेशक डी टेडम एडनम ग्रेसस का कहना है कि कोरोना महामारी के निपटने के लिए पैसा फेंकना का तरीका बहुत ही अदृश्य और खतरनाक है। डी टेडम ने रिचार्ड आर्डरिश को मान कर जारी करते हुए कहा कि अगली महामारी से बचने की बिना कुछ तैयारी किये मौजूद महामारी से निपटने के लिए पैसा फेंकना का तरीका अदृश्य है। उन्होंने कहा, “बहुत समय तक हम या तो संकट से यहां रहे हैं या हमें उसे नजरअंदाज किया है। हम महामारी से निपटने के लिए पैसी के तहत चाहते हैं और जैसे ही वह संकट खत्ते हो जाता है, हम उसे भूल जाते हैं और अगली महामारी से बचने के लिए कुछ भी तैयारी नहीं करते हैं। यह तीनों न सिफर अदृश्य और खतरनाक है बल्कि समझ से भी पर है।”

उन्होंने कहा कि कोरोना वायरस के कारण उपर का संकट कोई आखिरी संकट नहीं है और अगर जलवायु परिवर्तन तथा पशुओं के कल्याण से संबंधित समस्याओं से नहीं निपटा गया तो मानव स्वास्थ्य को बेहतर बनाने की ही कोशिश नकारात्मक होगी। डब्ल्यूएचओ प्रभाव ने कहा कि यह समय कोरोना महामारी से सबक लेने का है। इसलिए हमें बताता है कि महामारियों जीवन का हिस्सा है। महामारियों ने मानव, पशु और प्राण के स्वास्थ्य के बीच के अंतरसंधां उपलब्ध कर दिया है। उन्होंने कहा कि पिछले 12 माह के दौरान पूरी दुनिया उपलब्ध हो गई है। महामारी का असर सिफर बिस्मिल्लाह तक सीमित नहीं रहता है बल्कि इसका समाज और अर्थव्यवस्था पर गहरा प्रभाव पड़ता है। डी.टेडम ने कहा कि सभी देशों को सभी जीवन की आपूर्ति वित्तीय की पहचान, बचाव और रोकथाम के लिए अपनी तैयारी की क्षमता बढ़ाने की विद्युतिक तथा प्राथमिक स्वास्थ्य सुविधाओं को मजबूत करना चाहिए। उन्होंने कहा, “जनस्वास्थ्य में निवेश करने हमें सुनिश्चित कर सकते हैं कि हमारे बच्चों और उनके बच्चों को एक सुरक्षित और चिकित्साधार वृत्तिया दुनिया मिलेगी।”

**Virus**

प्रकृति से कृत्ता की देश वायरस संकट (Dainik Tribue: 20201228)
मनुष्य जल्द के तक संभवत अधिक बनावट खतरा इस पकड़े पूरा वायरस रसचर अमेरिका अिधक गए। वैज्ञानिकों ने उन कारणों को पहचानने की कोशिश की है, जिनकी बजह से ये वायरस जानवरों से मनुष्य में पहुँचता है। वैज्ञानिकों ने उन कारणों को पहचानने की कोशिश की है, जिनकी बजह से ये वायरस जानवरों से मनुष्य में पहुँचता है।

अथवा मं यह इसका बताना आए गया है। वायरस मनुष्यों से वापस जानवरों में भी पहुँच सकता है। संभवत जानवर पुनः इस वायरस से मनुष्यों को संभवत कर सकता है। डेमार्क एंचुल संभवत विधि (फरीदावाल स्नान जानवर) से वायरस के पुनः मनुष्यों में पहुँचने के बाद वहाँ की वस्तु दो कोरोना संभवत झूठ हुई दुःख्याता रहे। उनमें वायरस के बजह से ये वापस जानवरों में संभवत खतरा उत्पन्न हो जाता है।

अथवा मं यह इसका बताना आए गया है। वायरस मनुष्यों से वापस जानवरों में भी पहुँच सकता है। संभवत जानवर पुनः इस वायरस से मनुष्यों को संभवत कर सकता है। डेमार्क एंचुल संभवत विधि (फरीदावाल स्नान जानवर) से वायरस के पुनः मनुष्यों में पहुँचने के बाद वहाँ अचानक अवसर वायरस से भी बनावट करने को मानता है। उनका अतिरिक्त कारण जानवरों में गए। वायरस मनुष्यों से इस रहस्य में वायरस से भी हमें सजन रहना होगा।

जानवरों से मनुष्य के बीच पहुँचते वाली बीमारियों एकांतरिया, पैरीजिया, फसूली और वायरस द्वारा फैलाव जा सकती है। जानवरों द्वारा उत्पन्न बुखार बीमारियाँ आसानी के साथ मनुष्यों में पहुँच सकती है। क्योंकि स्नान जानवरों की बीमारी बाद में मनुष्यों में होती है। यदि मनुष्य और जानवर काफी लंबे समय तक साथ रहते हैं तो उनमें रोग का हस्तांतरण ज्वाइका आसानी करता है।

मनुष्य अक्सर जीवों और वनस्पतियों से फैलने वाली बीमारियों का शिकार हो जाता है। इसका एक बड़ा कारण यह है कि मनुष्य अपनी भीतरी संबंधित जंतुओं को पूरा करने के लिए सप्तरीति से इन जानवरों को पाल रहा है। मनुष्यों में वायरस हस्तांतरण के मुख्य स्रोत चॉर्जाबेड़ और स्नपनारी जीवों हो सकते हैं, क्योंकि वह शरीर बाद में मनुष्यों में संभवत वायरस कारण जानवरों में पेश करने के लिए स्क्रीन रहती है। जब इस जानवर को उनके कुटी में से एकांतरिया करते हैं तो उन्हें भागी ताबत का सामना करना पड़ता है। ऐसी विधि में वे ज्वाइका वायरस हस्तांतरण करते हैं। वायरस की संख्या के अधिक होने का नत्य है कि शरीर में वायरस का परिसरण भी अधिक मात्रा में होगा। अय: एक वेखा गया, मानव आवाजियों की वायरस से एकांतरिया करते हैं। इससे उन्हें जूतांतर वायरसों और प्रजीव पर विचरण वाले उनके मेजबान स्नान जानवरों का अधिन रखिया। इससे लागू गया, उन्होंने 2004 से 2013 तक के डेटा का अध्ययन किया।

उन्होंने जिन 142 वायरसों का अध्ययन किया, उनमें 139 वायरसों के मेजबान स्नान जानवरों की जीव थे। कुछ-विविधताओं, मरीजों, गोश्विनों और भेड़ों जैसे पालतू लाइफर जीवों में कम के कम 50 प्रतिशत वायरस ऐसे हैं जो मनुष्यों में हस्तांतरत हो सकते हैं।

एक बात ज्वाइका वायरस का बहुत हुद्ध है जो लुपरेय जानवरों की त्रूती में लाया गया है। इसकी कारण मनुष्यों में लूपरेय जानवरों की त्रूती में मानव लाया गया है। इसकी कारण मनुष्यों में लूपरेय जानवरों की त्रूती में मानव लाया गया है। इसकी कारण मनुष्यों में लूपरेय जानवरों की त्रूती में मानव लाया गया है। इसकी कारण मनुष्यों में लूपरेय जानवरों की त्रूती में मानव लाया गया है। इसकी कारण मनुष्यों में लूपरेय जानवरों की त्रूती में मानव लाया गया है। इसकी कारण मनुष्यों में लूपरेय जानवरों की त्रूती में मानव लाया गया है।
स्तनपायी जीवों की कम से कम 90 प्रतिशत प्रजातियों के वायरसों के बारे में समुचित जानकारी नहीं होने से समस्या ज्ञान विकसित हो गई है।

जानकारों से मुन्यों में जंग करने वाले वायरसों के उदाहरण में नीचे वायरस उल्लेखनीय है जो चमगादड़ (फ्रूट बैट्स) से फैला था। विश्व यूनायटेड नेशंस में शासन ने छुपा मामला के बाद से कहा है कि एक वायरस संक्रामक होने से पहले भी उनका स्वभाव था। इस वायरस के बारे में हमने पहले जिक्र किया था।


c

रूसी मनुय उसके महानदेशक नामक संमण से हमें इनकार बिताया है। हरी प्रकृति के बाद से हमें चिंता होती है कि वायरस संभवतः एक और दूसरे वायरस से जुड़े हमें कहना जुड़े है।


c

भविष्य में बायरसों से होने वाली बीमारियों को रोकने के लिए हमें अपने स्वास्थ्य के साथ-साथ अपने पर्यावरण के स्वास्थ्य का भी ध्यान रखना पड़ेगा। हमें प्रकृति और वन जीवन के प्रति अपना रखना बदलना पड़ेगा। कई वाइमेडिकल पृथ्वी इंटरनेशनल के महानेत्र अक्षर लेमेट्रीनी का कहना है कि हमें तत्काल प्रकृति के निवास और मनुय के स्वास्थ्य से जुड़े कारणों को पहचानना पड़ेगा।

यदि हमने ऐसा नहीं किया तो कोविड-19 जैसी महामारियां समय-समय पर प्रकट होती रहेंगी।

**Health**

हमेशा बैंडर भरा हुआ लगता है, तो इसके पीछे हो सकते हैं ये 10 स्वास्थ्य संबंधी कारण (Hindustan: 20201228)


यदि आप ये मन रहते हैं कि अधिक पेशाब का मतलब बेहतर स्विट्च है, तो हम बता दें कि ऐसा नहीं है। क्योंकि लगातार पेशाब करना कई छिपी है स्वास्थ्य समस्याओं का संकेत भी हो सकता है। वास्तव में, कई बार दिनियत हमें गंभीर हो सकती है, कि यह आप यूरोपीय बैंडर पर निकटता को देते हैं।

व्यायाम और कॉफी के कुछ ही केवल ही तरीके के लिए हमें अपने स्वास्थ्य के साथ-साथ अपने पर्यावरण के स्वास्थ्य का भी ध्यान रखना पड़ेगा। हमें प्रकृति और वन जीवन के प्रति अपना रखना बदलना पड़ेगा। कई वाइमेडिकल पृथ्वी इंटरनेशनल के महानेत्र अक्षर लेमेट्रीनी का कहना है कि हमें तत्काल प्रकृति के निवास और मनुय के स्वास्थ्य से जुड़े कारणों को पहचानना पड़ेगा।

यदि हमने ऐसा नहीं किया तो कोविड-19 जैसी महामारियां समय-समय पर प्रकट होती रहेंगी।

1. आप को यूरोपीय से संक्रमण बुझाने के लिए अच्छी तरह से दिखाई दें।

*यूरोपीय जानी वूर्नी ट्रे कंसेम्प्लांस लगातार पेशाब आने के समय सामान्य कारणों में से एक है। यह वायरस में शामिल महंगी महंगी में बचा जा सकता है।* सुलान बूथ सूर्यविश्विक बंडर में एक अध्ययन रहा, जिसमें 60 प्रतिशत महंगीय यूरोपीय से संक्रमण होता है, और इस वजह से उन्हें अन्य पेशाब आना है।

2. आप को यूरोपीय से बायरसी या बायरसी ट्राइट पेशाब चुराना करते हैं।

*कोई भी चीज या रोटी जो यूरोपीय चट्टानों को पता लगा है, उसके साथ-साथ अधिक पेशाब करते हुए भी बिना पता लगा है।* आपको अधिक से अधिक पेशाब करना गैर अच्छा है, और यह आपके मूल इंटरनेशनल के कारणों के साथ-साथ आपके लिए दुर्लक्ष है।
3. आप तनावग्रस्त या चिंतित हैं
विशेषज्ञों के अनुसार, तनाव होना आपके मूर्ताशय के लिए अच्छा नहीं है। यही कारण है कि यह अधिक पेशाव करने के लिए ट्रिगर हो जाता है। इसके कारण आप बार-बार पेशाव करते हैं।
4. यदि आप गर्भवती हैं, तो कच्चे के कारण मूर्ताशय पर दबाव पड़ रहा है
गर्भवती होने के दौरान पेशाव लीक होना बहुत आम है, और लगभग हर महिला इससे गुजरती है। असल में, जब भूण बढ़ने लगता है, तो यह आपके मूर्ताशय पर अतिरिक्त दबाव डालता है। इसलिए, जैसे ही आप अपने गले से कुछ नीचे उतरते हैं, आपके कच्चे द्वारा डाली गई दबाव आपको पेशाव करने पर मजबूर करता है।
इंयूरिनल जर्नल ऑफ़ यूरिनल साइंस में प्रकाशित एक समीक्षा भी बताती है कि गर्भवती महिलाओं में मूर्त असंयम अधिक आम है।
5. आपको मधुमेह हो सकता है
अधिकांश मधुमेह रोगी एक लक्षण के रूप में अत्यधिक प्यास रिपोर्ट करते हैं। इसके कारण, वे अधिक तल्ल पदार्थों का सेवन करते हैं, और नहीं कारण है कि वे बहुत बार पेशाव करते हैं। तो, अगर आप भी अक्सर पेशाव कर रहे हैं, तो अपने बल्ड शूगर की जांच कराएं।
6. आपका मूर्ताशय ओवरएट कर सकता है
ओवरएटेड लैडर या OAB एक ऐसी स्थिति है, जब आपके मूर्ताशय की मांसपेशियां अत्यधिक संबंध व्याप्त हो जाती हैं।
इस विकार में, आप अधिक बार पेशाव करने का आग्रह करते हैं। ऐसे लोग रात में भी, दो से अधिक बार पेशाव करने के लिए उड़ते हैं।
7. आपको बेजाइनिटिस हो सकता है
खैरी हो या बैक्टीरिया कोई फर्क नहीं पड़ता - अगर आपको बोन में संक्रमण है, तो यह बार-बार पेशाव करने का कारण बन सकता है। संक्रमण से निपटने के लिए ऑप जो गोलियां ले रहे हैं वह भी बार-बार पेशाव आने का कारण हो सकता है।
8. आपकी पेशाव बार-बार बनाने के कारण है।
यहां तक कि बिशेषज्ञों का मानना है कि कमजोर पेशाव फ्लोर की मांसपेशियां से भी मूर्त असंयम हो सकता है। मूत रूप से, कमजोर पेशाव मांसपेशियों के लिए लंबे समय तक मूर्त को कंट्रोल करना मुश्किल होता है। इससे आपको तकनीक पेशाव करने की आवश्यकता होती है।
9. आपको कच्चे हो सकता है
यदि आप की अंख सफ होंगे, तो आपके मूर्ताशय पर अतिरिक्त दबाव पड़ेगा। पिरास्मक स्वरूप आपको अधिक बार टॉयलेट का उपयोग करने की आवश्यकता होगी। साथ ही, कच्चे के पिरास्मक स्वरूप आपकी पेशाव फ्लोर की मांसपेशियां कमजोर हो सकती है।
10. आपको नींद न आने की बीमारी हो सकती है
जब आप गहरी नींद में होते हैं, तो आपका शरीर आपके मस्तिष्क को ADH नामक हामीन जारी करने का निर्देश देता है।
यह हामीन आपके शरीर को उस मूर्त पर प्रस्तर बनाने का निर्देश देता है, जब तक आप उड़ते नहीं हैं। लेकिन अगर आप नींद न आने की बीमारी तो स्लीप एप्प्लिकेशन में पीड़ित हैं, तो यह हामीन आपके शरीर द्वारा जारी नहीं किया जाएगा।
इसके कारण आपके शरीर में ऑक्सीजन का स्तर भी कम हो जाता है और आपकी किडनी को पानी छोड़ना पड़ता है। इससे आपको पेशाव लगाती है।
तो हां, यह फ्रेंड्र आप आप जानती हैं कि बार-बार पेशाव आना वास्तव में आपके समय स्वास्थ्य के बारे में संकेत कर रहा है।
इसलिए, आप जब वीर्य उपयोग का उपयोग कर रहे हैं तो उसकी संख्या पर ध्यान रखें, क्योंकि यदि यह एक दिन में छह से आठ बार हो, तो यह ठीक है। यदि यह अधिक है, तो तुरंत अपने डॉक्टर से सम्पर्क करें।
Healthy Food
बीते साल में इन 5 फूड्स को रख लीजिए अपने पास, नहीं पड़ेगी बीमार (Hindustan: 20201228)

https://www.livehindustan.com/lifestyle/story-add-these-5-foods-in-your-diet-for-a-healthy-winter-3710198.html
5. ग्रीन टी
सधियों में ग्रीन टी न सिर्फ आपको रोगों से बचाती है, बल्कि यह आपके शरीर को गर्म बनाए रखने में भी मदद करती है। ग्रीन टी पीने से आप अपने शरीर की बीमारियों से लड़ने की क्षमता को बेहतर बना सकते हैं। क्योंकि इसमें मुख्य रूप से एंटी-ऑक्सीडेंट गुण मौजूद होते हैं, जो हमारे सिस्टम को मुख्त कणों से लड़ने में मदद करता है। इसमें थोड़ी मात्र में कैफीन भी होता है, जो आपको ठंड के मौसम में होने वाली सुती को मात्र देने में मदद कर सकता है।