Health, Education Departments

Health, Education Departments in Nawanshahr on tenterhooks (The Tribune: 20210812)


Health, Education Departments in Nawanshahr on tenterhooks

Photo for representational purpose only. File photo

The district had reported zero case for the last 10 days before two students of a government school at Saroya tested positive here on Tuesday.

This has surely become a matter of concern for the Education and Health Departments and has brought back the memories of February when 28 students from one school in the district had tested positive and then scores of them were found positive creating panic among the parents.

However, the students who were found positive are asymptomatic. But, higher education officials have stated that there is negligence on the part of the students. So, DEO Jagjit Singh has said that he will be conducting surprise checking in schools and will send a show-cause notice to the school authorities if students or school employees are found flouting the Covid-19 norms.

The Health Department has now accelerated the sampling process so that all the 655 schools in the district could be covered at the earliest and the infected students identified and isolated.

Nawanshahr Civil Surgeon Dr Gurinderbir Kaur said, “We have set a target of sampling 1,000 teachers, students and other staff members on a daily basis because we want to cover all 655 government, government-aided and private schools in Nawanshahr.” The Civil Surgeon said it would now be preferred that RT-PCR of the students is conducted rather than RAT.”
She said it had been advised that even if any family member of either a student or a teacher was unwell, the teacher or the student could take leave from the school so that the infection does not spread to others.

“Even if a single student tests positive during random sampling, we will close the school. Otherwise, the instructions have already been sent where proper ventilation and cleanliness in the schools has been advised. The schools have also been asked to invite students on a rotation basis in case of less space,” the Civil Surgeon further said.

Today, there are four more active cases in the district, including two students, out of which two are under home isolation.

District reports four fresh cases of covid, no casualty

A total of four fresh cases were reported in the district today, with which the district tally went up to 63,162 (two of these belong to other districts). The toll remained at 1,490 as district reported no Covid death today. As many as 61,611 persons have recovered from Covid in the district while the number of active cases in Jalandhar is 61.

4 test +ve in Kapurthala

Four fresh cases of Covid were reported in Kapurthala today as the Covid tally increased to 17,775. No death was reported in the district today.

6 students +ve in Hoshiarpur

As many as seven persons tested positive for Covid in the district on Wednesday. Among them are six students of a government school in Tanda block. For precaution sake, the school has been closed till further orders. With the fresh cases reported today, the district tally has increased to 30,674. The number of active cases in the district is 23 whereas 29,673 have recovered.

Helpline numbers for Covid patients

Ambulance helpline: 108

Emergency helpline: 104

Jalandhar Helpline for Covid or other medical queries: 0181-2224848
58% children in Punjab have antibodies, finds sero survey (The Tribune: 20210812)

Photo for representational purpose only.

In Punjab, around 58 per cent of children aged between six and 17 years have developed antibodies against Covid-19, as per the initial data of the paediatric sero survey conducted by the state Health Department last week.

The results of the survey is a positive sign as the third wave is said to be potentially detrimental to children.

The data revealed 897 of 1,577 children had developed antibodies. Around 92 blood samples were collected from each district. Of these, 46 samples were collected from rural areas. However, a couple of districts in the state have not completed the process and will test the samples in a day or two.

92 samples taken from each district

Around 92 blood samples were collected from each district, of which 46 were taken from rural areas

In Moga, around 82% of children showed antibodies, while the figure was 16% in Patiala district

A couple of districts have not completed the process and will test the samples in a day or two

Meanwhile, the survey process is said to have been hit by the doctors’ protest over the NPA issue. Health officials said it was the initial data and the final report would be compiled in a couple of days.

The highest prevalence of Covid among children was found in Moga district, where around 82 per cent of children showed antibodies. Meanwhile, only 16 per cent of the children, who were sampled for the survey, showed antibodies for the virus in Patiala district.

Dr Rajesh Bhasker, nodal officer, said they had already directed the districts to set up dedicated paediatric Covid wards and increase the number of beds as a precaution against the possible third wave.
Dr GB Singh, Director, Punjab Health Department, said, “It is a good sign that around 58 per cent of children have antibodies because it will help them fight the third wave of Covid and reduce the severity of the infection.” He said they would develop a strategy for the possible third wave after receiving survey reports from all districts.
Vax supply

Centre orders 25% increase in vax supply to Punjab(The Tribune: 20210812)


Move after CM Capt Amarinder raised issue with Union Health Minister Mansukh Mandaviya

The Health Ministry on Wednesday directed 25 per cent increase in Covid vaccine supply to Punjab after Chief Minister Capt Amarinder Singh flagged the need for additional doses in the wake of the forthcoming festive season and 26 lakh people in waiting for the second Covishield shot.

The CM raised the demands in a meeting with Union Health Minister Mansukh Mandaviya who ordered immediate increase in Punjab’s allocation by 25 per cent.

Punjab sought supply of 55 lakh doses of vaccines on priority with Mandaviya assuring ease of supply from the next month.

“The Health Minister said he would fulfil the state’s requirement by October 31 and ordered the department to immediately increase Punjab’s allocation to meet its urgent requirement,” a CMO statement said. The CM said the state could arrange to vaccinate five to seven lakh people daily with enhanced supplies.

He said allocation of vaccine for Punjab for August stood at 20,47,060 doses of Covishield, while 26 lakh doses were needed just for those whose second dose was overdue.

Citing data, the CM said Punjab has had relatively less allocation of vaccines (and hence low per capita vaccination) as compared to other states and needed to be increase to cover more population and catch

Poverty

India needs to talk about 2nd-gen steps against poverty (20210812)

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

By Roshan Kishore

There are no official statistics on the number of poor in India after 2011-12. Leaked findings of the Consumption Expenditure Survey (CES) of 2017-18, which would have given the latest numbers on poverty, showed a fall in average monthly per capita
expenditure (MPCE) for the first time and triggered a political storm. Since the Indian economy has suffered its highest ever contraction of 7.3% in 2020-21 and the post-pandemic recovery is biased in favour of profits (in the wage-profit binary) and the formal sector (in the formal-informal binary), an increase in poverty is almost certain now. India’s largest ever economic contraction in 2020-21, followed by the second Covid wave’s disruption, has made restoration of growth the focal point of economic commentary at the moment. While growth is a necessary condition for poverty reduction, it is not a sufficient condition, as the post-pandemic economy can put itself in a trajectory with higher levels of inequality, and, therefore, poverty. The situation calls for reopening the debate on anti-poverty programmes, which were popular at the time when the United Progressive Alliance (UPA) assumed office in 2004. Whether or not such programmes are adopted, is not, as is often believed, merely a function of the fiscal headroom. There are deeper political economy processes at play behind such decisions.
1 The difference between asset-generating programmes and anti-poverty programmes

Whether or not a person is poor is not a function of their asset endowments, but income. India calculates its poverty by deciding on an MPCE level below which a person is deemed to be poor. This also means one-time asset generating programmes – the mainstay of the current government’s welfare push – are not anti-poverty programmes. The government could have given money to a household to build a toilet or even a house, and it could provide LPG cylinders and piped water supply to their houses, but none of these guarantee that the household in question will continue to earn enough to stay above the designated poverty line.

The only income enhancement programme that the Narendra Modi-led government has started is the PM-Kisan scheme, which offers ₹6,000 a year to farmers. Other examples of anti-poverty programmes would be Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) and the Public Distribution System (PDS), or the PMGKY, which was discussed above.

<table>
<thead>
<tr>
<th>Expenditure under Asset-Generating and Anti-Poverty Programmes in India</th>
</tr>
</thead>
</table>
| **Food subsidy**  
(anti-poverty) | **242,836** |
| MGNREGS  
(anti-poverty) | **73,000** |
| PM-Kisan  
(anti-poverty) | **65,000** |
| Jal Jeevan Mission  
(asset enhancing) | **50,011** |
| LPG subsidy  
(anti-poverty) | **14,073** |
| Mid-day meal scheme  
(anti-poverty) | **11,500** |
| Swachh Bharat Mission - Rural  
(asset enhancing) | **9,994** |
| Pradhan Mantri Awas Yojna  
(asset enhancing) | **8,000** |
| Pradhan Mantri Swasthya Suraksha Yojna  
(anti-poverty) | **7,000** |
| Swachh Bharat Mission - Urban  
(asset enhancing) | **2,300** |

Source: 2021-22 Budget

2 PDS and MGNREGS have been game changers in the fight against poverty

Food items have a 39% share in India’s Consumer Price Index (CPI) basket. Cereals alone have a share of almost 10%. This statistic makes it clear why the subsidised provisioning of rice and wheat through PDS matters in fighting poverty in India. India’s PDS in its current avatar offers almost free food to at least two-thirds of the population. Interestingly, PDS first contracted and then expanded in scope during the post-reform period in India. This is because the universal PDS was first made into a targeted PDS in 1997. Its scope was first expanded under the Atal Bihari Vajpayee-led government, which launched the Antyodaya Anna Yojna in 2000, reducing issue price of cereals to the really poor. A 2013 EPW paper by Himanshu and Abhijit Sen shows how PDS’s reach first fell and then expanded during the reform period. The National Food Security Act (NFSA) of 2013 further expanded the reach of PDS in India. The expansion in coverage was especially high among poorer households.

MGNREGS is essentially a counter-cyclical demand driven cushion for unskilled workers in rural areas. Wages under it are generally lower than market wages, and payments are often delayed. Despite this, MGNREGS has been a game changer in India’s rural political-economy landscape. This is because, the unskilled rural workforce, the most vulnerable among India’s workers, now has a backup while bargaining for wages in the open market. In other words, the rural employer cannot wield the threat of work or starve (PDS has helped here as well) to the rural labourer. This is best seen from the fact that rural wages have increased in the post-MGNREGS phase in India.

**Average Rural Wages in India**

<table>
<thead>
<tr>
<th>(in ₹)</th>
</tr>
</thead>
<tbody>
<tr>
<td>400</td>
</tr>
<tr>
<td>1350</td>
</tr>
<tr>
<td>1325</td>
</tr>
</tbody>
</table>
Population control measures

**Why coercive population control measures are a bad idea (The Indian Express: 20210812)**

https://indianexpress.com/article/opinion/coercive-population-control-india-up-7449449/

The number of missing girls at birth has increased from 35 lakh in 1987-96 to 55 lakh in 2007-16. Such laws might worsen the sex ratio in states where sex-selective abortion is still practised.

... given UP's large population and geography, family planning and fertility should be targeted. (Express photo)

**Written by Shriya Bajaj and Sandeep Pandey**

Recently, population control measures are being discussed by the states of Assam and Uttar Pradesh. Many other states like Rajasthan, Madhya Pradesh, Telangana and Andhra Pradesh, Gujarat, Maharashtra, Uttarakhand, Karnataka and Odisha have been following a two-child norm for local body elections for a while.

The bill proposed by the Uttar Pradesh law commission suggests that those with one or two children be made eligible for benefits in terms of increment in job promotions, monetary benefits, health coverage benefits and many more perks. More than two children might involve penalties such as being debarred from government jobs and local body elections, and limiting...
ration cards to four people. The logic being offered is that a dip in population will allow UP to reach sustainable development goals and an equitable distribution of resources.

The population of India exploded between 1930 and 1980, with decadal growth of 11 per cent in the 1931 census increasing to around 25 per cent in the 1981 census. Since 1981, the population growth has seen declining trends, and in the 2011 census, India saw a 17.1 per cent decadal growth rate. Table 1 shows that UP has started showing a declining trend in the last decade, which is a positive sign towards population stabilization. A Lancet study in 2020 has projected that India’s population will peak around 2048 to 160 crores and thereafter it will see a decline and reach around 109 crores around 2100.

Table 1: Trends in Population Growth (1961-2011)

<table>
<thead>
<tr>
<th>Year</th>
<th>Population Growth Rate (in percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>India</td>
</tr>
<tr>
<td>2011</td>
<td>17.64</td>
</tr>
<tr>
<td>2001</td>
<td>21.54</td>
</tr>
<tr>
<td>1991</td>
<td>23.87</td>
</tr>
<tr>
<td>1981</td>
<td>24.66</td>
</tr>
<tr>
<td>1971</td>
<td>24.80</td>
</tr>
<tr>
<td>1961</td>
<td>21.64</td>
</tr>
</tbody>
</table>

Source: Census of India (Census, 2011)

The Total Fertility Rate at the national level is 2.2 births per woman according to NFHS- 4, 2015-16 (NFHS, 2015-16). The TFR is projected to decline to 1.24 by 2020. Several states already have a TFR lower than the national average. Uttar Pradesh, too, has seen a decline in TFR from 4.8 children per woman in 1992 to 2.7 children per woman in 2016 (Table: 2). This is in spite of a fall in child mortality rate from 83 in 2000 to 43 in 2016 (Health and Family Welfare Department, U.P., 2021).
The present contraceptive use of any method for India is 53.5 per cent. Studies suggest that the sex composition of children is associated with contraceptive use in India. Couples with four or more children are more likely to use modern contraceptives, when they have at least one son and one daughter. They are less likely to use contraceptives when they have all daughters and no sons. For states like UP, the contraceptive uses of any method have been below the national average and unmet needs are quite high, around 18 per cent (Table 4). In such cases, the state should focus on providing a basket of choices to the family.

Table 2: Trend in Total fertility rate (1992-2016)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Fertility Rate (Births per woman)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>India</td>
</tr>
<tr>
<td>2015-16 (NFHS:4)</td>
<td>2.2</td>
</tr>
<tr>
<td>2005-06 (NFHS:3)</td>
<td>2.7</td>
</tr>
<tr>
<td>1998-99 (NFHS:2)</td>
<td>2.9</td>
</tr>
<tr>
<td>1992-93 (NFHS:1)</td>
<td>3.4</td>
</tr>
</tbody>
</table>

Source: National Family Health Survey
We also see that there is a reduction in the TFR for both the national level and UP, with the years of schooling. Also, states like Kerala and Punjab with a TFR of 1.6 indicate the same. From Table 5 it’s clear, the woman with no schooling has a high TFR of 3.07 for India and 3.5
for UP. As education levels increase, the TFR decreases up to 1.71 for India and 1.9 for UP for more than 12 more years of schooling. Studies have also indicated the same in the case of UP. Higher fertility was concentrated in districts with low levels of women’s education, predominantly in the north-central UP.

**Table 5: Fertility and Education (2015-16)**

<table>
<thead>
<tr>
<th>Years of Schooling</th>
<th>Total Fertility Rate (Children per woman)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>India</td>
</tr>
<tr>
<td>No schooling</td>
<td>3.07</td>
</tr>
<tr>
<td>&lt; 5 years of schooling</td>
<td>2.43</td>
</tr>
<tr>
<td>5-9 years complete</td>
<td>2.3</td>
</tr>
<tr>
<td>10-11 years complete</td>
<td>1.99</td>
</tr>
<tr>
<td>12 or more years complete</td>
<td>1.71</td>
</tr>
</tbody>
</table>

In India, the number of missing girls at birth has increased from 35 lakhs in 1987-96 to 55 lakhs in 2007-16. Bringing any such population control bill will worsen in states where sex-selective abortion is still practiced. Whereas there has been an overall improvement in sex ratio from 898 women per 1,000 men in 2001 to 912 in 2011, the child sex ratio (0-6 years) has seen a fall from 916 to 902 in the same period in UP. This should be a cause of concern as any coercive measure is likely to worsen this ratio against girls. Given UP’s large population and geography, family planning and fertility should be targeted. Bringing educational reforms and giving choices for family planning would work more appropriately. This would lead to an overall improvement in the fertility outcome of the state as well as at the national level.
Low carb diet for weight loss, diabetes

Low carb diet for weight loss, diabetes: Know all about it ((The Indian Express: 20210812)


Low carb diets have been a mainstay of diabetes management for long, and have been recommended for diabetics as the diet has less of an impact on one’s blood sugar levels, said nutritionist Vibhuti Jain.

Low carb diets have been a weight loss strategy, and the dietary approach continues to be an interest of many even today. You must have heard a lot about cutting down on carbs for weight loss, but for many, such a diet might also help optimise their health and even manage metabolic diseases,” said Vibhuti Jain, lead nutritionist and head of research and development, Lo! Foods.

What is the low carb diet?

Low carb diet involves limiting foods high in carbohydrates such as bread, pasta, sugar, etc and replacing them with low-carb foods like spinach, cauliflower, and other fibrous vegetables and foods that contain a higher percentage of protein and fat such as cheese, eggs, meat, poultry, fish, nuts and seeds.

“Low carb diets are generally recommended and found effective for people who are trying to lose weight, are overweight/obese, diabetic, pre-diabetic, as well as for those who want to optimise their metabolism, heart health, cholesterol, and triglyceride levels. A low carb diet has also been found to improve the quality of life in advanced or metastatic cancers,” she told indianexpress.com.

The nutritionist explained that low carb diets have increasingly been used to help people with obesity and related metabolic conditions like diabetes. “Severely obese people with a high prevalence of diabetes or metabolic syndrome lost more weight and saw significant improvement in insulin sensitivity and triglyceride levels while on a carb-restricted diet compared to a calorie-and fat-restricted diet,” she said.

preventive healthcare Here’s what to know about low carb diet for diabetes. (Source: Getty Images/Thinkstock)
Low carb diet and diabetes

Low carb diets have been a mainstay of diabetes management for long, and have been recommended for diabetics as the diet has less of an impact on one’s blood sugar levels, said Jain.

“Low carb approaches stem from the hypothesis that reducing insulin – the hormone that creates an anabolic, fat-storing state — induces weight loss and improves cardiometabolic function. Low carb diets are less stressful on the pancreas and insulin production compared to high-carb diets. If the body runs out of stored carbs, the liver produces ketones, a type of fat that can be converted into energy,” she explained.

Low carb diet and triglyceride levels

Similar to added sugar, extra carbs in one’s diet can get converted into triglycerides and get stored in fat cells. Restricting carbs has been associated with low blood triglyceride levels. Individuals who adhered to a low-carb diet were found to have a greater drop in blood triglyceride levels compared to those who followed a high-carb diet, said Jain.

“Women with obesity and metabolic problems saw improvements hormonally while on a low carb diet. Reducing carb load was found to lower circulating insulin levels, improve hormonal imbalance and resume ovulation to improve pregnancy rates compared to the regular diet. Most low carb diets have only about 10 per cent of calories coming from carbohydrates. A typical low carb diet might include only 50-100 grams of carbs per day,” she said.

Ayurvedic home remedies

Say goodbye to body acne with these Ayurvedic home remedies ((The Indian Express: 20210812)

https://indianexpress.com/article/lifestyle/life-style/body-acne-ayurveda-home-remedies-tips-7448528/

"Body acne is caused by the same factors can trigger face acne: overactive oil glands, excess dead skin cells, and a proliferation of acne-causing bacteria," said Ayurvedic practitioner Dr Shyam VL

ayurveda, back acne ayurveda, tips to deal with back acne as per ayurveda, ayurveda tips to deal with back acne, indianexpress.com, back acne home remedies, what to do for acne, Caused by the accumulation of dead cells and oil, body acne is often associated with increased sweating and friction from clothing. (Soiyrce: Getty Images/Thinkstock)
Acne is a common skin issue that many experience. But is it not just on the face, acne can occur anywhere on the body, including the back and chest. This type of acne, hence, is called body acne.

What are the causes?

According to ayurvedic practitioner Dr Shyam VL, body acne is caused by the same factors that trigger acne on the face: “overactive oil glands, excess dead skin cells, and a proliferation of acne-causing bacteria”. Additionally, it can also be a result of increased sweating and friction from clothing.

“As the bacteria multiply in a clogged pore, the pore becomes inflamed. An acne cyst forms when inflammation reaches deep into the skin. Cysts can be very painful. People often see permanent scarring after this type of acne heals,” he wrote on Instagram.

However, if it is not chronic, here are some easy home remedies that the ayurvedic practitioner suggested.

*Favour fresh whole organic cooked food, leafy green vegetables, sweet juicy fruits, legume soups and olive oil.

*Make a paste by mixing three tablespoons of honey and 1 teaspoon of cinnamon powder. Apply this paste on the pimples and wash it next morning.

*Apply a mixture with crushed coriander seed and honey.

ALSO READ |Got an acne? Here’s what could be happening inside your body

*Gently rub fresh cut garlic/onion on and around pimples.

*Apply a paste of green gram powder and kasthoori haldi (a type of turmeric) in equal quantity mixed with adequate quantity milk to fade the pimple marks.

**Food and Nutrition**

**Nutritionist suggests ‘fuss-free’ method to lose weight without counting calories ((The Indian Express: 20210812)**

https://indianexpress.com/article/lifestyle/fitness/lose-weight-portion-control-calorie-counting-tips-7442808/

"This method works because you are able to control the amount of portion you eat at every meal. It’s a fuss free way and provides convenience and variety,” said nutritionist Nancy Dehra
In an attempt to lose weight, many people skip meals to avoid consuming calories. However, it must be noted that consuming a good and enriching diet forms a major component of the weight loss journey. So instead of dieting, one must practice portion control, say experts. But if you are confused about what and how much to eat, we’ve got you covered.

Here’s your guide from nutritionist Nancy Dehra who recommends a “fuss-free” method that will make you feel satiated while limiting the portion you eat at every meal.

ALSO READ | Healthy food swaps for effective weight loss

*Use the one-bowl method — While two-third of your bowl should have salad and protein, rest one-third should be your “favourite carbs”, said Dehra adding that one should always “eat the salad first”.

“This method works because you are able to control the amount of portion you eat at every meal. It’s a fuss-free way and provides convenience and variety,” she captioned her post.

What’s the math?

Salads and vegetables have high fibre and nutrients and fill you up quickly.

Protein is high on satiety, hence keeps you full for long.

She explained that when eating in a plate and bowl system, most of us tend to feed on carbs first (since they are the tastiest macronutrient). While carbs are not bad for you, every meal should have optimal protein and fats as well, she said. “This method will help you in keeping your portion in control and eat less unintentionally,” said Dehra.

ALSO READ | Quantified nutrition: A simple yet sustainable way to shed those extra kilos

PG Medical Education Regulations 2021

Building consent: On PG Medical Education Regulations 2021 (The Hindu: 20210812)

A consensus on the Postgraduate Medical Education Regulations 2021 is a must

The Indian Medical Association (IMA), the largest organisation of doctors in

**Vaccines**

**Undermining justice: On vacancies in courts, tribunals (The Hindu: 20210812)**


The Government must explain the unusual delay in filling up vacancies in courts, tribunals

It was only a matter of time before the controversy over the Union

**Ophthalmologists flag sharp rise in myopia among children (The Hindu: 20210812)**


They advise limiting the use of gadgets, prescribe more playtime in the sun

Ophthalmologists have reported a sharp rise in myopia in children in the past year. Some doctors report as much as 25% rise in onset and 100% progression in
**Covaxin**

**WHO decision on Covaxin EUA in September (The Hindu: 20210812)**


A top vaccines official at the World Health Organization says the agency expects to make a decision in September on an emergency use authorisation for the

**Civishield- Covaxin Mix Study (The Asian Age: 20210812)**

Health a key priority in battling climate change

Patralekha Chatterjee
Dev 360

Is climate change the biggest health threat of the 21st century? A 2009 joint report by Lancet and University College London's Institute for Global Health thought so. Prof. Anthony Costello, the lead author of Managing the Health Effects of Climate Change, presciently noted the big message: "Climate change is an issue affecting billions of people, not just an environmental issue about polar bears and deforestation."

"The impacts will not just be in the UK, but worldwide — and not just in some distant future but in our lifetimes and those of our children," he had said.

Many Indian scientists in and out of government have contributed to these findings.

What will be the impact on health, nutrition, food security, water and sanitation? "Climate change enhances the transmission season and expands the geographical distribution of vector-borne diseases (like dengue, malaria) as warmer temperatures and humidity favour the breeding of insect vectors and also alters the geographical distribution of existing vectors," says the National Health Portal of India.

Warmer average temperatures, it points out, can mean longer and hotter summers, earlier spring frost conditions and milder winters. These conditions favour carriers of many vector-borne diseases.

But infectious diseases aren't the only challenge. We are likely to have more and stronger heatwaves, which will get worse in cities due to all the concrete around.

Construction workers and others who must work outdoors are at greater risk of heatstroke. Over 6,000 people have died between 2010 and 2017 in India due to heatwaves. Andhra Pradesh was among the worst-hit in 2013.

A recent paper by the country's leading meteorologists said around 17,000 people have died due to heatwaves in the last 50 years. This will get worse.

Some Indian cities are better prepared than others to cope. Ahmedabad, which suffered a horrific heatwave in 2010, recorded a temperature of 47°C, leading to over 1,000 deaths, was the first to come up with a heat action plan. Around 30 cities in about a dozen states are weather. But that won't be enough. Experts say Indian cities will need to find ways to cool down — creating more green spaces in cities is the best medicine.

India has a coastline of over 7,500 km. A large percentage of our population lives along the coasts. All are being hit. Salt water brought by the rising sea poisons all drinking water sources up to a kilometre inland in some places. The Indian Ocean is the world's fastest-warming ocean; the situation is worse for us than for others. Only some can afford water purification machines or drink bottled water all the time.

Most have to drink the increasingly salty water that can aggravate health problems like hypertension.

There aren't many studies in India on this large scale impact, on heatwaves, diseases and infections caused by regular bathing in contaminated pond water. Researchers Swaminathan Sridhar and Palani Santhosh have written about the health impact of salt contamination on the Guwahati coast. Their study was published in the SN Applied Science journal earlier this year. The condition of these pressure, inflammation, intestinal ailments and many other diseases.

There is a study from Dacope in Bangladesh's Khulna district which revealed a large segment of the population was consuming 5-16 grams of sodium (common salt is sodium chloride) per day, far exceeding WHO's recommended limit of two grams per day. The average sodium level in urine in a sample of healthy pregnant women was 3.4 grams per day and in some women as high as 7.7 grams per day. Equally worrying was the higher percentage of women diagnosed with hypertension and pre-eclampsia in the dry season. These dangerous conditions can become fatal during pregnancy.

Climate change will have its greatest impact on the poorest. It will deepen inequities. What can poor communities in the developing world do? For starters, there should be more awareness campaigns about the health impacts. For this, the health effects of extreme weather on Indians need to be much more rigorously documented.

Once people are aware of the problem, they do try to find solutions. In a fisher's village on the outskirts of Visakhapatnam, they were told they had really cut down on the salt to be added during cooking because they had to use so salty anyway. Making pregnant women aware of such risks can cut risk.

It is not just the coast. We are seeing an erratic monsoon all over India now — many days without rain, then heavy rainfalls causing floods and landslides, killing people and destroying livelihoods. The IPCC says the monsoon variability will get worse.

Its disturbing authors who are from the Indian Institute of Tropical Meteorology emphasised this point.

When it rains more heavily, water flows down faster. This means less rainwater will percolate underground, ponds and wells will dry up earlier each year.

What can we do? Rainwater harvesting must become more than a slogan. If we want water, all of us must hold whatever rainwater we get. Rising temperatures and variable rainfall hit agriculture. In turn, that hits nutrition. Governments at the Centre and states must ramp up their nutrition programmes.

Climate change impacts are not abstract, not in the future. They are here and now; the biggest impacts are on our health. Health must be at the centre of the climate change policy discussion.

The writer focuses on development issues in India.

The Indian Ocean is the world’s fastest-warming ocean; the situation is worse for us than for others. Only some can afford water purification machines or drink bottled water all the time.
National Education Policy (The Asian Age: 20210812)


Health Benefitters in Nature (The Asian Age: 20210812)

Out in the nature to heal

Health benefits of spending time in nature are real, assert experts

With a lack of alternatives for leisure activities during the pandemic, many people discovered walking. Now that the lifting of COVID restrictions has made more activities possible again, it’s still worth seeking as much peace and quiet in nature as possible. “Studies have shown that one can feel a positive effect after 20 minutes,” says professor and physician Andreas Michelsen. “The pulse slows down, blood pressure and stress levels drop and the immune system is stimulated. The parts of the brain responsible for relaxation and calm are supplied with blood.”

NATURE MAKES YOU FEEL ALIVE

Psychologist Anja Goeritz tells us that the stress-reducing and vitalising effect of nature has been proven by more than 100 studies. “It’s proven that being in nature has a positive effect,” says the professor of business psychology. “Alongside the physical effects, psychological issues such as anxiety and depression are also reduced.”

The best part is that it doesn’t always have to be the perfect forest environment or an hour-long hike. Michelsen explains further, “It’s about getting involved with nature with our senses. For me, that means experiencing nature.”

Experiencing nature could also include lying on the grass.
राष्ट्रीय होम्योपैथी आयोग संशोधन विधेयक को मंजूरी

नई दिल्ली। राज्यसभा ने कांग्रेस सहित विपक्ष के कई दलों के सदस्यों की अनुपस्थिति में बुधवार को राष्ट्रीय होम्योपैथी आयोग (संशोधन) विधेयक, 2021 को मंजूरी दी। उच्च सदन ने संक्षिप्त चर्चा के बाद विधेयक को ध्वनिमत से मंजूरी प्रदान कर दी। लोकसभा से पहले ही पारित हो चुका है।

चर्चा में होम्योपैथी को बढ़ावा दिए जाने की जरूरत पर बल दिया। आयुष मंत्री सर्वांनंद सोनेवाल ने कहा कि यह साधारण बीमा कारोबार विधेयक को मंजूरी

राज्यसभा ने बुधवार को भारी हंगामे के बीच साधारण बीमा कारोबार संशोधन विधेयक, 2021 को मंजूरी दी। इससे सार्वजनिक क्षेत्र की बीमा कंपनियों में अधिक निजी भागीदारी को सुगम बनाने का मार्ग प्रशस्त होगा।

विधेयक देश में होम्योपैथी चिकित्सा पद्धति को बढ़ावा देने के लिए अहम है।
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