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Annual investment of USD 3 billion needed to avert 45 lakh new TB cases in South-East Asia: WHO (The Tribune: 20220324)


For the first time in over a decade, the number of TB deaths increased globally in 2020

Annual investment of USD 3 billion needed to avert 45 lakh new TB cases in South-East Asia: WHO
Photo for representational purpose only.

On World Tuberculosis Day, the WHO highlighted the urgent need for national, international and global stakeholders to invest at least USD 3 billion annually in the South-East Asia region to avert nearly 45 lakh new TB cases and prevent more than 15 lakh deaths due to the disease by 2025.

For the first time in over a decade, the number of TB deaths increased globally in 2020. In the South-East Asia region, it went up by nearly 10 per cent to more than seven lakh, with the COVID-19 pandemic reversing the progress achieved over the years in providing essential tuberculosis (TB) services and putting at risk the efforts to end TB, said Dr Poonam Khetrapal Singh, Regional Director, WHO, South-East Asia.

“Our momentum to end TB must not be halted. Finding increased investments and innovative financing mechanisms in ending TB will not only avert new TB cases and deaths but also avoid more than 31 million (3.1 crore) disability-adjusted life years in the region between now and 2025,” Singh said in a statement.

The World Health Organization (WHO) continues to accelerate efforts to end TB in all the countries in the region, in line with its flagship priorities, the global End TB Strategy, the UN Political Declaration on the Fight Against TB and Sustainable Development Goal target 3.3.
Throughout the COVID-19 response, countries have made commendable efforts to maintain essential health services, including for TB. In 2020, India launched a “Jan Andolan” or a people’s movement against the disease.

“Achieving the region’s USD 3 billion annual investment target is especially important given the impact of the COVID-19 pandemic. In addition to the 10 per cent increase in TB mortality in the region in 2020, case notification dropped from 3.6 million (36 lakh) to 2.6 million (26 lakh) -- the same level as in 2015.

“After five years of growth, the region suffered an economic contraction of -5.4 per cent, pushing tens of millions of people into extreme poverty and exacerbating the social determinants of health,” Singh said.

In 2019, almost 23 per cent of the new TB cases in the South-East Asia region were attributable to undernutrition, which has since intensified among the poorest and most vulnerable, she added.

In all the countries in the region, the social and economic support for TB patients must be enhanced, they must be better integrated into social protection services and delineated into measures that are TB-specific, TB-inclusive and TB-sensitive, Singh said.

“Amid the COVID-19 response and in the recovery that will follow, it will continue to be a critical concern,” she noted.

Across the region, traditional and innovative financing mechanisms must be explored, Singh said, adding, “Our network of TB-financing agencies must be expanded. Together, we must achieve the highest attainable standards of rights-based, stigma-free, quality-assured, people-centric TB preventive, diagnostic, treatment, rehabilitative and palliative care.” The WHO called for urgent, sustained and adequate investments in ending TB to save lives and secure a more equitable and sustainable future for all.

**IVF embryo**

**Scientists can now read whole genome sequencing of IVF embryo (The Tribune: 20220324)**


In a paper, published in the journal Nature Medicine, the MyOme team described creating such scores by first sequencing the genomes of 10 pairs of parents who had already undergone IVF and had babies
In a significant breakthrough, scientists at a US-based gene analytics firm claimed that they can decode almost all the DNA of days-old embryos created via in vitro fertilisation (IVF), the Science reported.

According to MyOme, full sequence of both parents' DNA and resulting "reconstruction" of an embryo's genome with the help of the data, could make it possible to forecast risk for common diseases including heart conditions, autoimmune diseases, cancer, that can develop later in life. The advance is currently available only for adults.

In a paper, published in the journal Nature Medicine, the MyOme team described creating such scores by first sequencing the genomes of 10 pairs of parents who had already undergone IVF and had babies.

The researchers then used data collected during the IVF process: The couples' embryos, 110 in all, had undergone limited genetic testing at that time, a sort of spot sequencing of cells, called microarray measurements.

Such analysis can test for an abnormal number of chromosomes, certain genetic diseases, and rearrangements of large chunks of DNA. By combining these patchy embryo data with the more complete parental genome sequences, and applying statistical and population genomics techniques, the researchers could account for the gene shuffling that occurs during reproduction and calculate which chromosomes each parent had passed down to each embryo. In this way, they could predict much of that embryo's DNA, the report said.

The researchers collected cheek swab samples from the babies and sequenced their full genome, just as they'd done with the parents. They then compared that "true sequence" with the reconstructed genome for the embryo from which the child originated.

The comparison revealed, essentially, a match: For a 3-day-old embryo, at least 96 per cent of the reconstructed genome aligned with the inherited gene variants in the corresponding baby; for a 5-day-old embryo, it was at least 98 per cent, the report said.

Once the embryo genomes were reconstructed, the researchers turned to published data from large genomic studies of adults with or without common chronic diseases and the polygenic risk score models that were derived from that information. Then, they applied those models to the embryos, crunching polygenic risk scores for 12 diseases, including breast cancer, coronary artery disease, and Type 2 diabetes.

The team also experimented with combining the reconstructed embryo sequence of single genes, such as BRCA1 and BRCA2, that are known to dramatically raise risk of certain diseases, with an embryo's polygenic risk scores for that condition—in this case, breast cancer.

The rise of such complex genetic testing in human embryos is alarming, experts argued in a report in Nature. It is because people undergoing IVF are then offered the chance to select an embryo with a perceived low relative risk of developing such diseases. Further, such tests could trigger the unnecessary destruction of viable embryos or induce women to undergo extra cycles of ovarian stimulation to collect more oocytes.
Moderna says low-dose Covid shots work for kids under 6
18 million US children under 5 are the only age group not yet eligible for vaccination (The Tribune: 20220324)


Moderna says low-dose Covid shots work for kids under 6
Photo for representation. Reuters

Moderna’s Covid-19 vaccine works in babies, toddlers and preschoolers the company announced Wednesday—and if regulators agree it could mean a chance to finally start vaccinating the littlest kids by summer.

Moderna said in the coming weeks it would ask regulators in the US and Europe to authorise two small-dose shots for youngsters under 6. The company also is seeking to have larger-dose shots cleared for older children and teens in the US.

The nation’s 18 million children under 5 are the only age group not yet eligible for vaccination. Competitor Pfizer currently offers kid-sized doses for school-age children and full-strength shots for those 12 and older.

But parents have anxiously awaited protection for younger tots, disappointed by setbacks and confusion over which shots might work and when. Pfizer is testing even smaller doses for children under 5 but had to add a third shot to its study when two didn’t prove strong enough. Those results are expected by early April.

Vaccinating the littlest “has been somewhat of a moving target over the last couple of months,” Dr Bill Muller of Northwestern University, an investigator in Moderna’s pediatric studies, said in an interview before the company released its findings. “There’s still, I think, a lingering urgency to try to get that done as soon as possible.”

The younger the child, the smaller the dose being tested. Moderna said a quarter of the dose it uses for adults worked well for youngsters under age 6.

Moderna enrolled about 6,900 tots in a study of the 25-microgram doses. Early data showed after two shots, youngsters developed virus-fighting antibody levels just as strong as young adults getting regular-strength shots, the company said in a press release.

Moderna said the small doses were safe, and the main side effects were mild fevers like those associated with other commonly used pediatric vaccines.

Once Moderna submits the data to the FDA, regulators will debate whether to authorize emergency use of the small doses for tots. If so, the Centers for Disease Control and Prevention then will decide whether to recommend them.
While Covid-19 generally isn’t as dangerous to youngsters as to adults, some do become severely ill. The CDC says about 400 children younger than 5 have died from Covid-19 since the pandemic’s start. The omicron variant hit children especially hard, with those under 5 hospitalized at higher rates than at the peak of the previous delta surge, the CDC found.

Covid-19 vaccines in general don’t prevent infection with the omicron mutant as well as they fended off earlier variants—but they do still offer strong protection against severe illness.

Moderna reported that same trend in the trial of children under 6, conducted during the omicron surge. While there were no severe illnesses, the vaccine proved just under 44% effective at preventing any infection in babies up to age 2, and nearly 38% effective in the preschoolers.

Moderna said also said Wednesday it will ask the Food and Drug Administration to clear larger doses for older children.

While other countries already have allowed Moderna’s shots to be used in children as young as 6, the U.S. has limited its vaccine to adults. A Moderna request to expand its shots to 12- to 17-year-olds has been stalled for months.

The company said Wednesday that, armed with additional evidence, it is updating its FDA application for teen shots and requesting a green light for 6- to 11-year-olds, too.

Moderna says its original adult dose—two 100-microgram shots—is safe and effective in 12- to 17-year-olds. For elementary-age kids, it’s using half the adult dose.

But the FDA never ruled on Moderna’s application for teen shots because of concern about a very rare side effect. Heart inflammation sometimes occurs in teens and young adults, mostly males, after receiving either the Pfizer or Moderna vaccines. Moderna is getting extra scrutiny because its shots are a far higher dose than Pfizer’s.

The risk also seems linked to puberty, and regulators in Canada, Europe and elsewhere recently expanded Moderna vaccinations to kids as young as 6.

“That concern has not been seen in the younger children,” said Northwestern’s Muller. AP

Clinical trial in Ayurveda for Rheumatoid Arthritis

First of its kind clinical trial in Ayurveda for Rheumatoid Arthritis to be conducted (The Hindu:20220324)

Ayush Ministry will conduct the study which will begin in May 2022 and is expected to be completed in next two years. Ministry of Ayush is conducting the world’s first multicenter phase III clinical trial examining the efficacy of Ayurveda in the treatment of Rheumatoid Arthritis, said a release issued by the Ministry on Wednesday.

**Health Ministry**

**Health Ministry issues updated guidelines for imposing COVID-19 curbs (The Hindu:20220324)**


There is need to continue evidence-based decision on restrictions and relaxation, says Health Secretary
With the country all set to relax the COVID-19 restrictions, the Union Health Ministry on Wednesday wrote to the stakeholders, specifying how decisions should be made to identify areas where curbs need to be imposed/continued. Stating that there was need to continue evidence-based decision on restrictions and relaxation, Health Secretary Rajesh Bhushan, in a letter, said a test positivity rate of 10% or more in the last week or bed occupancy of more than 40% on either oxygen supported or ICU-beds were grounds for imposing restrictions.

The Ministry observed that as the case trajectory may vary from State to State, and there would be variation within a State, there was need to take decisions with respect to containment and restriction measures, primarily at the local/sub-national level by the State and district administration concerned.

**Disaster Management Act for COVID-19**

**No need to invoke Disaster Management Act for COVID-19 containment measures from April (The Hindu:20220324)**


After the expiry of the existing order on March 31, no further order will be issued by the Ministry of Home Affairs.
In view of the continuous dip in coronavirus cases, the Home Ministry has decided to end all COVID-19 containment measures from March 31, two years after their implementation following the outbreak of the pandemic.

However, wearing of face mask and maintaining social distancing norms will continue as earlier.

Disaster Act provisions

Disaster Act provisions lifted after 2 yrs of Covid

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

No longer treated as a disaster
The Centre will no longer treat Covid-19 as a disaster under the Disaster Management Act, the government informed states in a letter

When was Disaster Management Act invoked?
March 24, 2020: The MHA invoked sections of the Act to issue orders related to the pandemic-a procedure that was crucial since it gave Centre legal power to do so across federal lines.

This was the first time that the law, drafted after the 2004 tsunami, was used in India.

Why is this important?
The law allowed the central government to lay down rules for the entire country and for states and the Union government to enforce punitive measures. States can now enforce their own rules.

Health Ministry’s advisory on masks
In a separate letter, health ministry issued an advisory to states:
- Masks, social distancing, and hand hygiene as part of Covid-appropriate behaviour would need to be followed till WHO formally declares the pandemic to be over.
- Track trajectories and keep a close watch on case numbers.
- Review containment measures if the positivity rate breaches 10% or the number of hospital or ICU beds occupied exceeds 40% of capacity.
The Union government will no longer treat Covid-19 as a disaster under the Disaster Management Act and will discontinue the practice of issuing orders to states on containment measures, India’s home secretary said in a letter to the states on Tuesday, but added that some measures such as wearing face masks will continue.

The ministry of home affairs invoked sections of the Disaster Management Act, 2005 (DM Act) on March 24, 2020 to issue orders related to the pandemic—a procedure that was crucial since it gave the Centre legal power to do so across federal lines. The first national lockdown was announced by Prime Minister Narendra Modi on the same day.

Later on Wednesday, the health ministry sent a separate letter to states, advising them to keep a close watch on case trajectories and review containment and preparedness measures if the test positivity rate breaches 10% or the number of hospital or ICU beds occupied exceeds 40% of capacity.

This was the first time that the law, drafted in the wake of the 2004 Tsunami which hit India’s eastern coast and killed about 10,000 people, was used in the country. Among other things, it empowers the National Disaster Management Authority (NDMA) to prepare national plans for disaster management and ensure their implementation through state disaster management authorities. States and UTs are bound to follow the Union home ministry’s orders under the law.

The federal ex gratia payments to next of kin of those who died due to Covid-related complications are also being given under the provisions of the DM Act and disaster management funds were used for pandemic-related spends.

A home ministry official, who asked not to be named, said the invoking of the DM Act allowed the Centre to issue nationwide orders and gave both central and state governments powers to enforce punishment when people violated Covid-related rules. “The DM Act was invoked at the beginning of the pandemic to implement a national policy and to ensure the compliance of directions issued by the central government for disaster management at the state level. Section 38 of the Act says state governments shall take all measures specified in the guidelines laid down by the national authority, while under Section 51, national or state authorities have powers to take action against anyone refusing to comply.”

“With the revocation of DM act for Covid-19 management, states are now free to make their own guidelines based on ground situation without any mandatory provision,” this person added.

In a communication to states and Union territories (UTs) on Tuesday, home secretary Ajay Bhalla said the ministry will no longer issue guidelines or orders from next month but health and family welfare ministry’s advisories on Covid-19 containment measures, including the use of face masks and hand hygiene, will continue to guide the overall national response to the pandemic. The last Covid advisory was issued on February 25, asking states to follow a risk-based approach for the reopening of economic activities. It will expire on March 31, marking a milestone for the country in the fight against the coronavirus disease.
Bhalla sought prompt and proactive action as advised by the health ministry wherever any surge in the cases is observed. The moves comes at a time when new Covid-19 cases are at their lowest since late April 2020. A health ministry official, who asked not to be named, said the advisory to keep wearing face coverings will be followed till the World Health Organization formally declares the pandemic to be over. “Covid-appropriate behaviour, especially wearing of mask, will have to continue till WHO declares that the pandemic is over.”

In a separate letter, health secretary Rajesh Bhushan told states to set two thresholds—10% test positivity rate and 40% oxygen or ICU bed occupancy—and use them as yardsticks to tweak Covid-19 related rules. “States need to watch the trajectory of cases to ensure that areas reporting positivity rate above 10% and hospital bed occupancy more than 40% should undertake required enforcement, containment and restriction measures,” Bhushan said in the letter.

Studies on viral dynamics have shown that face masks are among the most effective tools to minimise the spread of the virus from an infected person. The virus spreads mainly via airborne droplets that are spread when an infected exhales, talks or coughs. Mandatory, universal mask policies also minimise the risk of people accidentally infecting others since people often are highly contagious before they develop any symptoms.

Bhalla said orders and guidelines under the Act for Covid-19 containment have been issued since March 24, 2020. He added the Centre has taken proactive measures to deal with the unprecedented global crisis in coordination with the state governments and UT administrations.

“...over the last 24 months, significant capabilities have been developed for various aspects of management of the pandemic, such as diagnostics, surveillance, contact tracing...the general public has a much higher level of awareness on the Covid-19 appropriate behaviour.” He lauded the states and UTs for developing capacities and systems and implementing their specific plans for managing the pandemic.

Bhalla said there has been a steep decline in the number of cases over the past seven weeks or so. He added the total caseload is now 23,913 and the daily positivity rate has declined to 0.28%. Bhalla said 1.8 billion vaccine doses have been administered. “After taking into consideration overall improvement in the situation and preparedness of the government to deal with the pandemic, NDMA has taken a decision that there may not be any further need to invoke the provisions of the DM Act for Covid-19 containment measures.”

“Lifting the DM Act is appropriate at this stage of the pandemic in India, when the threat has diminished greatly...However, some elements of Covid appropriate behaviour need to continue till we are confident that a new variant will not pose a serious challenge. This decision suggests a fine balance of confidence and prudence as the pandemic is at a low ebb in India but still causing waves in other parts of the world,” said K Srinath Reddy, senior public health expert and founder, Public Health Foundation of India.
India’s Disaster Management Act

Decoding the 1st innings of India’s Disaster Management Act (The Hindustan Times:20220324)

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

With a significant decline in Covid-19 cases across India, the Union ministry of home affairs (MHA) has said that there will be no restrictions by the Centre from March 31, and that no further orders shall be issued by it under the Disaster Management Act, 2005 for pandemic containment.

On Tuesday, Union home secretary Ajay Bhalla wrote to the chief secretaries of all states and Union territories to discontinue the orders and guidelines issued under the Disaster Management Act (DMA). Bhalla is also the chairperson of the National Executive Committee of the National Disaster Management Authority (NDMA).

The letter, however, clarified that the health and family welfare ministry’s advisories on Covid-19 containment measures, including the use of face masks and hand hygiene, will continue to guide the overall national response to the pandemic.

DMA was invoked in 2020 for the first time since the legislation came into force in 2005 following the 2004 Tsunami, which hit India’s south eastern coast and killed around 10,000 people.

During the last two years, the application of the law has highlighted several intriguing issues and questions of law that the Centre and states had to grapple with when the pandemic was raging with the actions of the executive being brought under the judicial scanner on anvil of public interest.

As the Union government revokes the Act in the wake of improvement in Covid-19 situations, here’s a quick review of the evolution of DMA.

The legislative history of the DM Act

While the concept of disaster management assumed much relevance worldwide after the coronavirus disease outbreak, natural calamities as well as occurrences of man-made disasters,
ranging from global pandemics to chemical accidents, have always magnified the need for efficient management of resources and deft allocation of responsibilities.

Before the 2005 law came into being, disaster management in India focused chiefly on a reactive, relief-centric and post-disaster approach. Originally, the Union ministry of agriculture was the designated nodal ministry for disaster management. The armed forces used to be called in during and after disasters to mitigate damage and save lives.

In 1999, Odisha suffered a devastating cyclone followed by severe floods that claimed about 10,000 lives and destroyed property worth $4.5 million. The tragedy led to the constitution of the Orissa Disaster Management Authority, the first disaster management authority established in India. The state also formed a special force to deal with disaster management immediately, besides laying down standard operating procedures (SOP).

The Bhuj earthquake of 2001, one of the most devastating in recent times, prompted the Gujarat government to become the next Indian state to set up a disaster management authority to undertake rehabilitation and reconstruction programmes in the earthquake affected areas of the state.

The trigger for a national law, however, was the Indian Ocean Tsunami of 2004, which claimed nearly 10,000 lives in India; that’s when parliament decided to legislate a single, comprehensive law to address disaster management. The Act received presidential assent in January 2006.

**Scope and salient features of DMA**

The Act sought to usher in a paradigm shift in the conventional regime of disaster management by focussing equally on preparedness as well as mitigation. Its statement of objective reads that it is “an Act to provide for the effective management of disasters and for matters connected therewith or incidental thereto”.

The law, enacted for prevention and mitigation effects of disasters and for undertaking a holistic, coordinated and prompt response to any disaster situation, is applicable to the whole of India. Through various provisions, DMA seeks to provide requisite institutional mechanisms to draw up and monitor the implementation of disaster management plans, and ensuring measures by various wings of the central and state governments.

The Act designates MHA as the nodal ministry for steering overall national disaster management.

It prescribes four entities at the national level. NDMA, which functions under the chairmanship of the Prime Minister, is tasked with laying down disaster management policies and ensuring timely and effective response mechanism across the country. It is also entrusted with drafting a national plan and laying down guidelines to be followed by the state authorities in drawing up the state plans.

The National Executive Committee consists of secretary level officers of the central government, assigned to assist NDMA. Union home secretary Bhalla is currently the chairman of this Committee.

The National Institute of Disaster Management (NIDM), which is the third entity at the national level, is an institute for training and capacity development programs for disaster management. The National Disaster Response Force (NDRF) refers to trained professional units that are called upon for specialised response to disasters.
The Act also provides for the constitution of state disaster management authorities under the chairmanship of the chief ministers and district disaster management authorities under the chairmanship of district magistrates, responsible for, among other things, drawing plans for implementation of national plans. The law prescribes that concerned ministries or departments draw up department-wise plans in accordance with the national disaster management plan.

The Act further contains the provisions for creation of funds for disaster response and the national fund for disaster mitigation and similar funds at the state and district levels.

DMA also has provisions invoking civil and criminal liabilities resulting from violation of provisions of the law, including punishment for wrongful claim of relief, assistance or any other benefit in consequence of any disaster; misappropriation of money or materials allocated for providing relief in disaster struck regions, and raising false alarms in relation to severity of any disaster and causing panic. Public officials can also face criminal prosecution for defying the orders issued under the Act or abetting other offences. The maximum punishment for committing offences as defined under DMA is two years in jail and a fine.

**Supreme Court order on ex gratia for Covid deaths and DMA**

In the wake of the threat caused by the outbreak of Covid-19, DMA was invoked by the Centre on March 24, 2020. Given the nature of the crisis, the powers of MHA were delegated to the Union ministry of health and family welfare (MoHFW) in accordance with Section 10, which prescribes monitoring the implementation of the national disaster management plan as prepared by the concerned ministry or department of the central government.

A spate of measures were announced to contain the spread of the infection. Orders issued under DMA included lockdowns; compulsory wearing of masks; regulation of supply and price of masks, medicines, and other medical devices; and warnings against circulating false information and creating mass panic.

In May 2021, advocates Gaurav Kumar Bansal and Reepak Kansal moved the Supreme Court by way of two separate public interest litigations, demanding payment of ex gratia amount of ₹4 lakh to the families of those who died of Covid-19. The lawyers banked upon the 2015 central government guidelines issued under the DMA which fixed the ex gratia amount of ₹4 lakh for deaths due to disasters.

But the government opposed the plea, arguing that the 2015 guidelines recommended financial relief against only 12 specific identified disasters on the national level — cyclone, drought, earthquake, fire, flood, tsunami, hailstorm, landslide, avalanche, cloudburst, pest attack, frost, and cold wave. It contended no ex gratia was payable under DMA since Covid-19 is not a notified disaster, and that the Finance Commission, in October 2020, also recommended against including the pandemic as a disaster for providing monetary relief. A conscious decision was taken to use the fund from NDRF and SDRF for the purpose of creating infrastructure, hospitals, testing, vaccination, ICU facilities and other allied matters, including providing food to poor/migrant labourers, and not to pay ex gratia assistance, argued the Union government.

But the top court rejected the Centre’s arguments, citing the relevant provisions of DMA. It underlined that Section 12 of the DMA casts a legal duty upon the Union government to recommend guidelines for the minimum standards of relief to be provided to persons affected by disaster and these guidelines must also include the provision for “ex gratia assistance on account of loss of life” as well as for damage to houses and for restoration of means of livelihood.
The court shot down the Centre’s contention that it was not bound to provide ex gratia payments since Covid-19 was different from “natural disasters” such as floods and earthquakes, the Disaster Management Act will have to be interpreted as a scheme under which ex gratia was only recommendatory and not mandatory.

Emphasising that the beneficial provision of the legislation must be literally construed so as to fulfil the statutory purpose, and not to frustrate it, the bench noted that once Covid-19 was notified as a “disaster” under DMA, it was mandatory to contemplate a scheme for ex gratia for loss of life.

“Not recommending any guidelines for ex gratia assistance on account of loss of life due to Covid-19 pandemic, while recommending other guidelines for the minimum standards of relief, it can be said that the national authority has failed to perform its statutory duty under Section 12 and therefore a writ of mandamus is to be issued to the national authority to recommend appropriate guidelines for ex gratia assistance,” held the bench.

Following the court verdict, NDMA, in September 2021, recommended ₹50,000 as ex gratia for the families of those who died of Covid-19, adding the amount should be distributed by the states from SDRFs. On October 4, 2021, the top court ratified the Centre’s ex gratia scheme and directed for swift disbursement of financial relief. The Supreme Court is also monitoring the implementation of its order on ex gratia and has issued a slew of directives on dissemination of its judgment and to enable people file claims for compensation without much hassle.

**What changes after revocation of DMA provisions**

The Centre’s missive clarifies that Covid-19 is no more classified as a national disaster in India. Therefore, the Union government shall not issue further directions to the states as part of the national plan under DMA to deal with the pandemic.

While the health and family welfare ministry’s advisories on Covid-19 containment measures, including the use of face masks and hand hygiene, will continue, the state governments will also be at liberty to take appropriate steps under the other provisions of the law, including the Epidemic Diseases Act, 1897 in case of a sudden outbreak or threat of an outbreak of Covid-19 yet again.

Under the Epidemic Diseases Act, states are still empowered to prescribe regulations for inspection of persons travelling from other states, or segregation in hospitals, temporary accommodation, or of persons suspected by the Inspecting Officer of being infected with any such disease.

Operation of various public institutions such as malls, gymnasiuums, cinema halls, conference halls etc. in specific regions can be regulated by state governments under this law, in their wisdom, as preventive measures to contain the infection or in situations of public health emergencies.
Healthy eating:

Healthy eating: Simple diet tips to lower cholesterol
While high levels of "good" HDL cholesterol are beneficial, too much "bad" LDL cholesterol can lead to heart conditions. (The Indian Express: 20220324)

https://indianexpress.com/article/lifestyle/health/cholesterol-free-diet-tweaks-tips-7811861/

immunity, healthy diet
Here's how you can tweak your diet (Source: Getty Images/Thinkstock)
“Cholesterol (a waxy substance that starts coating arteries and pathways of the body) is much needed by the body as the cells, membranes and nerves are made up of it. But in many cases it can tip over, leading to heart disease and other issues,” macrobiotic nutritionist Shonali Sabherwal said in an Instagram post.

Also Read | Weight loss: Are you guilty of making these diet mistakes?
While high levels of “good” HDL cholesterol are beneficial, too much “bad” LDL cholesterol can lead to heart conditions. If you have been recently diagnosed with bad cholesterol, it is important to make certain lifestyle changes, starting right from your diet.

Plant-based diet includes vegetables, fruits, legumes, nuts and whole grains, which are naturally rich in components such as soluble fibre, soy protein and plant sterols, and are often recommended for maintaining cholesterol levels.

Diet tweaks suggested by Sabherwal:

* Increase magnesium (acts like a statin, preventing more build-up)
* Drink green tea (reduce LDL cholesterol)
* Eat more fibre from whole grains (soluble fibre). “That’s why you hear a lot of people recommending psyllium husk to lower cholesterol,” said Sabherwal.
* Add vitamin K2 (reduces serum cholesterol)
* Add coconut oil (cold pressed) balances LDL to HDL ratio
* Add garlic (lowers total cholesterol)
* Add chia or flax seeds or fish oils (increases omegas)
* Stay away from trans fats, processed foods, sugar, smoking and too much alcohol
Menstrual pain

Expert shares Ayurvedic tips to manage menstrual pain, signs of a healthy period
"Strenuous activities can aggravate vata and lead to pain and bleeding problems," said ayurvedic practitioner Dr Varalakshmi Yanamandra (The Indian Express: 20220324)

https://indianexpress.com/article/lifestyle/health/manage-menstrual-pain-ayurveda-tips-7816762/

what is infertility, what causes infertility, signs and symptoms of infertility, infertility in women, signs of infertility in women, reproductive health in women, indian express newsSome women have mild periods for a few days, while others have heavy periods and terrible cramps regularly. (Photo: Getty/Thinkstock)

Many women experience nausea, bloating, cramps and pain during their period. While there are many remedies for the same, experts advise to understand the body and identify the root cause to treat it efficiently.

Also Read | Period pain: Gynecologist explains the causes and ways to manage it
Dr Varalakshmi Yanamandra recently took to Instagram and explained in detail about period pain as per Ayurveda, and also shared some handy tips to manage it.

“The menstrual phase, as per Ayurveda, is a vata dominant phase. Vata is the one that moves downward and is responsible for free flow of menstrual blood. When we do strenuous activities, it can aggravate vata and lead to pain and bleeding problems,” the Ayurvedic expert said in a post on Instagram.

According to Dr Varalakshmi, it is also important to maintain a routine and do exercises that suit the body at different phases of the monthly cycle. “If you suffer from PMS symptoms like heavy bleeding, headaches, and stress, then strenuous exercises like HIIT, and late nights during the luteal phase are the most common reason,” she shared.

Also Read | ‘Still quite unpleasant’: Lilly Singh opens up about ‘painful’ menstrual cramps
Signs of a healthy period, as per Ayurveda

*Bright red in colour
*No staining
*No foul odour

Period-exercises-pexels Light exercise during your periods may help you find relief but not too much. (Source: Pexels)
Tips that can help manage pain

* Reduce physical strain during luteal phase and period.
* Ensure you have good bowel movement.
* Sip warm water through the day.
* Make small turmeric balls with water (pea size) and have them on empty stomach on first day of period till third day.
* Take rest and eat simple food like rice congee, soups, and sautéed vegetables.

She also recommended seeking treatment if case of extreme symptoms. “These are some of the best ways to manage period pain but sometimes you need help from a practitioner who can help to bring balance back,” she said.

Yoga and Physical Fitness

How yoga changes the brain and helps you find peace
According to an expert, yogasana can help one develop and maintain a "healthy and disease-free body". (The Indian Express: 20220324)

https://indianexpress.com/article/lifestyle/health/yoga-brain-peace-body-aging-7805213/

how does yoga help the mind, how does yoga help the body, yoga for mindfulness, yoga effects on the brain, meditation, aging, process of aging, indian express news

The sensory organs and bodily responses are controlled by the central nervous system, which consists of the brain and the spinal cord. (Photo: Getty/Thinkstock)

A lot of people around the world turn to yoga for both physical health and inner peace. While its benefits on the body are visibly seen, what happens inside the brain? It is a known fact that regular practice of yoga can boost mental health, but how does it actually happen?

According to Rajesh Singh Maan, a spiritual yoga guru and sacred sciences teacher, popularly known as Acharya Advait Yogbhushan, the brain ages with the body. “The most natural cause of aging is the effect of gravity on our spinal cord. There are significant conditions that contribute to acceleration of the process like obesity or a poor immune system. Yoga practices work on the body and the mind simultaneously,” he explains.

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The founder of Swamarpan Foundation and a Himalayan Yogi Institute goes on to say that life is so much more than an amalgamated series of events and happenings — that these events are created by our actions and reactions through our body and senses.
“In a holistic approach, the unification of body, mind and soul is the ultimate stage of well-being, which is more about the awareness of these systems. As the mind and soul reside in the body, everything that it goes through creates an impact on them both.

“Yoga practices are not limited to physical practices and their benefits go beyond healing the body or mind. The very first principles of ‘Ashtanga Yoga’ lay out ‘Yama and Niyamas’ to be followed for a happy and prosperous life. They redefine and revive the core nature of a human and develop the quality of contentment within oneself,” he explains.

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The expert also says yogasana can help one develop and maintain a “healthy and disease-free body”.

“The sensory organs and bodily responses are controlled by the central nervous system, which consists of the brain and the spinal cord, and where neurons take messages through the spinal cord to the brain. Hence, the health of the spine and the spinal cord will reflect on the health of the brain and its thought process. Correct yogic practices have been effective to slow down the aging process and maintain a healthy immune system,” he says, adding that yoga’s acute and positive effects on cognitive mind have now also been assessed with MRI and CT scans.

**Vaccine (Dainik Bhasker: 20220324)**

एक सप्ताह में 12+ के करीब एक लाख बच्चों ने ली वैक्सीन की पहली डोज

दिल्ली के पैंटस काफी समय से बच्चों के वैक्सीनेशन का इंतजार कर रहे थे। बीते 16 मार्च से 12 से 14 साल के बच्चों का वैक्सीनेशन शुरू हो चुका है। पैंटस उत्साह से बच्चों के वैक्सीनेशन के लिए आगे आ रहे हैं। यहीं वजह है कि महज एक सप्ताह में ही इस आयु वर्ग के बच्चों के वैक्सीनेशन का अंकड़ा एक लाख के करीब पहुंच गया है। कोविड एंप के मुख्यमंत्री दिल्ली में इस वक्त 12 से 14 साल के कुल 99364 बच्चों को वैक्सीन की पहली डोज लग चुकी है। महज एक सप्ताह के भीतर ही यह आंकड़ा एक लाख के करीब पहुंच गया है और अगले कुछ दिनों में इसके तेजी से बढ़ने की संभावना है।

वार्ता के दौरान, 12 से 14 साल के बच्चों को हेडराबाद स्थिति बागलौजिकल-ई कंपनी को कोवैक्सस मॉड्यूल वैक्सीन ही लगाई जा रही है।

Health Care Services (Dainik Bhasker: 20220324)
https://epaper.bhaskar.com/detail/1232325/677005350453/mpcg/24032022/194/image/
भाकर क्षास • एलएनजीपी अनौपचारिक यूरो डायनामिकस प्रयोगशाला की शुरुआत

बच्चों में यूरिन इंफेक्शन की सटीक जानकारी लेने में मददगार होगा यूरो डायनामिक वीडियो सिस्टम

स्वास्थ्य मंत्री सत्येंद्र जैन ने किया इसका उदाहरण

मूल्यांकन संबंधी किसी भी समस्या में सहायक

स्वास्थ्य मंत्री जैन ने इस आयुर्विज्ञानिक यूरो डायनामिकस तैयार के तौर पर कहा कि इसकी उपयोगिता के लिए आयुर्विज्ञानिक तृप्ति में सहायक जानकारी प्राप्त होती है। इस पूरे सिस्टम को वीडियो-यूरो डायनामिक सिस्टम का नाम दिया गया है। इस प्रभावी अनुभव में मूल्यांकन की महत्वपूर्णता का अभाव है जिसे उपयोग करने के लिए उत्तम उपकरण लाने होंगे। ऐसे में इस प्रणाली अत्यधिक का जल्द पहले दौर करने में मदद करेगी। यह आयुर्विज्ञानिक प्रयोगशाला इस उपकरण में संख्यात्मक सरणी एवं उपस्थापना निन्दा की क्षमता की वर्तमान समय की सहीर लेने में भी सहायक है, जो सामीय यूरो डायनामिक परिस्थितियों के साथ संघर्ष नहीं है। उपयोग के बाद इस समस्याओं का इतिहास जटिल होता है और कई बार तो यूरो के प्रभावण की आवश्यकता भी पड़ जाती है। इस प्रणाली के आने से अब बच्चों के अंदर पता लगेगा कि वे प्रकार की मूल्यांकन संबंधी समस्या का रूप लीगर का उपयोग करने के लिए भी किया जा सकता है।