



# DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY  
Monday 20170327

## Healthcare

### Medical negligence cases rising: Study (The Times of India:20170327)

<http://epaperbeta.timesofindia.com/Article.aspx?eid=31808&articlexml=CALL-FOR-HUMANE-TOUCH-Medical-negligence-cases-rising-27032017008011>

#### Most Complaints For Wrong Treatment, Finds AIIMS Dept

Wrong treatment is the most common reason for people to complain about medical negligence, followed by lack of care, no treatment and forced discharge, a study by AIIMS forensic department has revealed.

The study involves interviews of families of 20 patients who died due to alleged negligence. While 13 cases involved private hospitals, seven were from government ones in and around south Delhi.

Dr Abhishek Yadav, who led the study, told TOI that allegations were found to be more common in age groups of children and adolescent (50%) with a declining trend with increase in age. “The super-specialty hospitals are accused of negligence in 65% cases,” he added.

The allegation against the hospitals, both private and government, is in the ratio of 1.8:1, Yadav said. “Wrong treatment procedure was the main reason (45%),” he added.

Recently, Delhi Medical Council deregistered two orthopaedic surgeons for six months for operating the wrong leg of a 24-year-old man who was admitted at Fortis Hospital in Shalimar Bagh after fracturing his right foot.

Dr Sudhir Gupta, professor and head of forensic sciences department, AIIMS, said incidence of alleged negligence has gone up significantly over the past few years. “People are more

aware about their rights. Also, recent court rulings in favour of the complainants where there is proven case of negligence has encouraged others to take up their grievances,” he said.

AIIMS has recommended that doctors working in emergency and ICUs should be trained in declaring death of the patient to the relatives or a counsellor may be appointed for it.

Doctors said lack of communication between the doctors and patient is a major cause of discontent. “Doctors should refrain from making vague promises of complete recovery and should always explain the complication or unforeseen danger associated with the treatment procedure,” said a doctor at the institute.

Dr Girish Tyagi, registrar of Delhi Medical Council, said they get 20-30 complaints of negligence every month. “The number has gone up significantly in the past few years,” he said.

As per a report published in British Medical Journal, medical error is the third leading cause of death in the US, accounting for 2.5 lakh deaths every year. But no such data is available in India. Patients often allege that doctors try to save each other even when the case is referred to medical boards for investigation.

## **Drug Addiction**

**On a high: How Delhi has become a hotbed of drug smuggling (The Indian Express:20170327)**

<http://indianexpress.com/article/cities/delhi/on-a-high-delhi-heroin-addicts-hotspots-of-drug-smuggling-national-capital-4586913/>

From struggles faced by heroin addicts to youth in the capital getting caught in the drug net, The Indian Express traces how Delhi has become a hotbed of drug smuggling

drug, drug addicts, heroin addicts, drug addicts in delhi, drug smuggling, delhi drug smuggling, Narcotics Control Bureau, delhi de-addiction centres, delhi news, latest news

A 22-year-old resident of east Delhi knows first-hand what it is like to fall into the trap at a young age. (Express Photo by Abhinav Saha)

Cut, samaan or maal — these are words that a 38-year-old real estate broker wants to forget. What started as an experiment with a pinch of heroin 14 years ago has now hijacked his life. Lodged at a south Delhi de-addiction centre for the sixth time in seven years, the father of

two is trying to get rid of a habit that has cost him family ties and his business. “I started abusing drugs when I was in Class X. The guard in my school gave it to me, saying it was ‘bhole ki booti’. I don’t remember if it was heroin, charas or ganja,” he says.

Clad in a T-shirt and jeans, he sits in a room at the de-addiction centre for a counselling session. “I am very familiar with this place; the doctors and staff know me. But this is the last time I want to come here,” he says.

Over the past three years, police sources say, the demand for drugs, especially cocaine and heroin, has been increasing in the city. While the former is out of reach for many due to its high cost, heroin — especially its adulterated version known as smack — is much more accessible.

The cost of 1 kg heroin in the international market is about Rs 4 crore. In Delhi, as all over the world, the drug is adulterated — or cut — using sugar, coffee and several compounds. One gram is sold in Delhi for about Rs 200-Rs 300 in various hotspots, which include JJ clusters and parks. Cocaine, on the other hand, is 15 to 20 times more expensive. Brown sugar or smack is very common in Delhi, mostly among youngsters. It is often mixed with various pharmaceutical drugs that are illegally sold over the counter. Addicts inhale, snort or inject the drug.

In February this year, the Delhi Police busted a gang in Shahdara’s Seemapuri area and recovered 273.45 grams of smack worth Rs 7.5 lakh in the international market. The gang would sell 2,000 packets (each containing 1 gram heroin) of the contraband in a single day. The peddlers got their

CRIME BRANCH

HEROIN

42 kg

COCAINE

1.5 kg

CHARAS

59 kg

GANJA

24,00 kg

## DRUG BUSTS OVER THE PAST 2 YEARS



SPECIAL CELL

HEROIN

145 kg

CHARAS

1.5 kg

GANJA

160 kg

NARCOTICS CONTROL BUREAU

HEROIN

43 kg

COCAINE

20.5 kg

CHARAS

97 kg

PSEUDOEPHEDRINE

190 kg

### PROBLEM AREAS

#### EASTERN DELHI —

Seelampur, Seemapuri, Shastri Park, Ghazipur, Nand Nagri, Khajoori Khas, Welcome village, Anand Vihar bus stand and railway station.

#### SOUTHEASTERN RANGE —

Mehrauli, Malviya Nagar, Neb Sarai, Okhla, Govindpuri, Jaitpur, Sarita Vihar, Nizamuddin

#### SOUTHWESTERN RANGE —

Palam village, Jafarpur Kalan, Uttam Nagar, Janakpuri, Dwarka, Inderpuri, Kirti Nagar, Mayapuri, Mangolpuri, Sultanpuri, Aman Vihar, Nangloi

**CENTRAL RANGE —** Kamla Market, Chandni Mahal, DBG Road, Karol Bagh, Burari, Timarpur, Sarai Rohilla, Sadar Bazar, Azadpur Sabzi Mandi and near ISBT bus stand

#### NORTHERN RANGE —

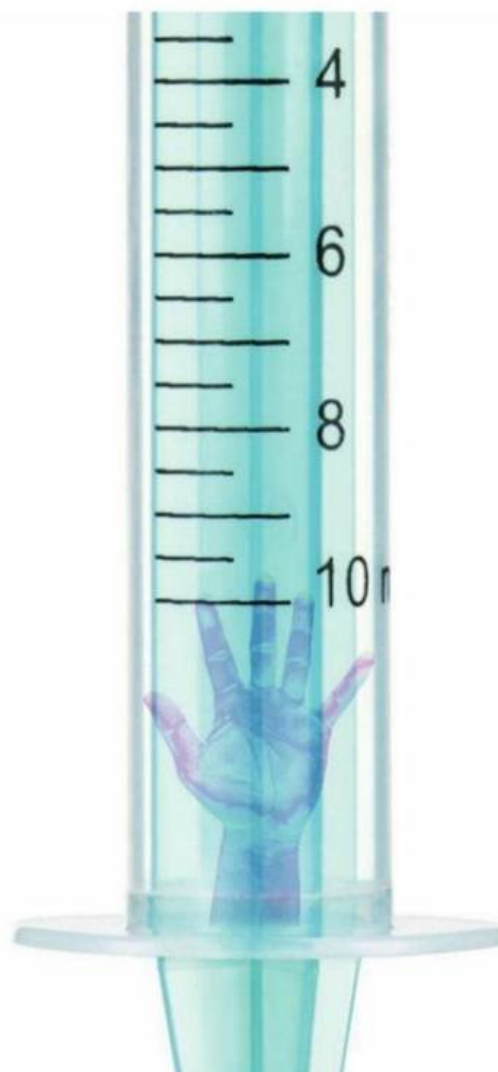
Shakur Basti, Jahangirpuri, Bhalswa Dairy, Swaroop Nagar, Alipur, Samaypur Badli

**NEW DELHI RANGE —** Near New Delhi Railway station and Paharganj



### AGENCY INITIATIVES TO CRACK DOWN ON RACKETS

- Intimated administration to take action against medical stores selling banned drugs or non-prescribed drugs
- Detection and awareness campaign with United Nations
- Maintaining check on manufacturing units of pharmaceutical companies
- Maintaining check on arrival of foreign nationals at Delhi airport
- Regular checks on borders
- Share human intelligence and inputs with other state agencies



supply of heroin from Bareilly in Uttar Pradesh. Police had claimed that the accused were selling heroin packets to almost 4,000-5,000 boys in the area. In the case, police had identified 18 boys who were addicted to heroin. Three of them were minors.

A 22-year-old resident of east Delhi knows first-hand what it is like to fall into the trap at a young age. He says he has to inject 10 ml of a mixture of heroin and anti-allergens into his veins every day, else he experiences severe withdrawal symptoms such as restlessness, aches and pains in the bones, insomnia, diarrhea, and vomiting.

“I started smoking cigarettes when I was in Class IX. I quickly moved on to beer, whisky, ganja, charas and eventually cut smack. I can buy a day’s fix in a small pouch for Rs 200. I mix it with Avil (anti-allergic medicine). Ten ml of the mixture is sufficient for me,” he says.

He, too, has been in and out of de-addiction centres. “This is my fourth time at the centre. After each three-month course, I end up in the same environment — the same friends and the same temptations. I want to get rid of this habit,” he says.

#### A transit point

Over the years, owing to accessibility and relative anonymity, Delhi has become a transit point for international drug peddlers. Police sources say that presently there are three big hubs of heroin — southwest Asia, southeast Asia and India.

Heroin is an opioid – a drug derived from opium. Cultivation of poppy for opium is allowed in some parts of India, Turkey and Australia. While countries such as Pakistan and Afghanistan have banned the cultivation, the plant is still grown extensively in some areas, police say. Opium is used to make morphine — a purified form of which is used to make a strong painkiller. Morphine is also used to make heroin.

In India, police say, heroin comes from Rajasthan’s Kota, Jhalawar, Bara, Chittorgarh, Pratapgarh and Udaipur, Madhya Pradesh’s Bhawani, Mandi, Mandsaur, Indore and Neemuch and Uttar Pradesh’s Bareilly, Barabanki and Badaun and some parts of Jharkhand. Police sources say heroin is also smuggled in from Afghanistan and Pakistan via Amritsar. Cocaine — extracted from the leaves of Coca plants — comes to Delhi from west African countries via Mumbai and Goa, police say. Police have also noticed the increasing trend of involvement of foreign nationals and women in the drug trade. According to officials at the Narcotics Control Bureau (NCB), women belonging to middle class families take to trafficking as their relatives are involved in the trade.

Director of the Delhi Zonal Unit (NCB), Madho Singh, told The Indian Express that they have identified two routes via which heroin is supplied to Delhi and other parts of India — border route and air route.

“Due to tension at the border, smuggling via this route has decreased of late. But a new trend is being noticed — drugs are being smuggled by air passengers. The carrier swallows capsules filled with the drugs. Once they land in the country, the drugs are extracted. However, our intelligence network helps us nab such carriers,” says Singh, adding that the

unit is working towards procuring a full body scanner at the Indira Gandhi International Airport.

Sources say the government has asked security agencies to create a database of persons who have been arrested in connection with drug trade. The government has also directed that information about such peddlers or rackets be shared between the agencies.

Deputy Commissioner of Police (narcotics and crime) Rajesh Deo told The Indian Express, “We are in the process of developing more human intelligence to delve deeper into the peddling racket. We are developing various mechanisms for this purpose. Low income areas are majorly affected by drug peddling and we will soon launch awareness programmes there.”

### Rise of party drugs

Besides heroin, police say the most commonly abused drugs in Delhi are ganja (marijuana), charas (cannabis), cocaine, opium, buprenorphine, nitrazepam, phenegran, diazepam, mandrax, amphetamine, morphine, pentazocin, pseudoephedrine and codine. “Use of smack and ganja gained impetus as it is cheaper than other drugs. Most of the addicts are street children, people living in shelters and adolescents from the lower classes,” says a police officer, who works in the narcotics department of Delhi Police.

In the recent past, another trend has emerged — an increase in the use of party drugs such as LSD (acid/blotter), MDMA (ecstasy/eve/lover’s speed, peace), GHB (liquid ecstasy/scoop) and mephedrone (meow meow) in the capital.

Police sources say these drugs are being used in tandem with alcohol — drugs and alcohol are taken alternatively to give a ‘high’ which lasts for several hours. “The alternative dosage of alcohol and the drug has a spiraling effect, which is further fuelled by high-pitch trance music at rave parties. Though such parties are not common in Delhi, the increase in the type and quantity of party drugs in Delhi is dangerous,” says an officer.

Another officer says the dog squad unit will soon see the addition of two new sniffer dogs, who will be trained exclusively for the purpose of detecting drugs. “The squad has dogs which are trained to detect drugs as well as explosives, but we need to train dogs to sniff out drugs exclusively,” he says.

### Going clean

According to doctors, heroin is highly addictive — using the drug a few times is all it takes for people to get addicted. Quitting is tough because of the painful withdrawal symptoms.

The real estate dealer testifies to this. “I am married and have two young children. Most people don’t understand the struggle. I don’t want to live in this drug-induced haze. Even my children have repeatedly asked me to quit this habit. It is heartbreaking. I want to lead a good life. I keep joining de-addiction centres but I cannot remain sober for long. The urge to use is too strong,” he says.

He says that he had reported to police and other agencies about the illegal sale of heroin in his area to no avail. “At least 40 per cent of youngsters in my area are addicts. Many times, I have alerted police about the trade but nothing has been done. Also, tablets and medicines (used to cut the drug) are being easily sold over the counter in medical stores,” he says.

According to a doctor at the centre, the company an addict keeps and the environment he lives in during and after treatment are important. “Once a patient completes the treatment, he should avoid coming in contact with the same circle of friends or people with whom he used to take drugs” says the doctor. He adds, “While some get over the addiction soon after the first treatment, others require multiple treatments.”

Talking about how the misuse of pharmaceutical products is on the rise in the capital, another doctor says people mix a small quantity of heroin with readily-available medicines from pharmacies.

Police, however, say misuse of pharmaceutical products comes under the Drugs and Cosmetics Act, and only the government has the power to take action. “We can only inform the administration, which we always do when such an activity comes to our notice. We can only seize, arrest and investigate the banned drugs under the NDPS (Narcotic Drugs and Psychotropic Substances) Act,” a police officer says. Under the law, a person booked under the Act may face imprisonment up to 10 years or more. The quantum of punishment is also based on the quantity of banned drugs recovered from his or her possession.

From Afghanistan to the capital

March 2017

Special Cell arrests two, recover heroin worth Rs 8 crore. According to Special Cell sources, the accused were part of an international drug ring with origins in Afghanistan and a trafficking network spanning Pakistan and several parts of India.

January 2017

Acting on information, NCB intercepts an Afghan national travelling from Herat to New Delhi via Kabul. About 90 capsules of heroin extracted from his stomach.

## Drug News

### How pharma firms influence paediatricians' body (The Times of India:20170327)

<http://epaperbeta.timesofindia.com/Article.aspx?eid=31808&articlexml=How-pharma-firms-influence-paediatricians-body-27032017013035>

A Parliament question “regarding the influence of vaccine-makers on the immunisation plan“ has raised the issue of funding of the Indian Academy of Paediatrics (IAP), the body representing over 23,000 paediatricians in India. A look at its finances shows just how dependent the IAP is on funding from the pharma industry , especially vaccine manufacturers.

Most of the industry funding comes as sponsorship for IAP's annual conference, Pedicon, and funding for the association's activities under the Presidential Action Plan.

In 2016, IAP earned Rs 5.5 crore, of which almost 30% was combined income from Pedicon (55 lakh) and the Action Plan (Rs 1.1 crore). Pedicon's share is usually much larger, touching Rs 93 lakh and Rs 94 lakh in 2013 and 2014 respectively , including the bidding charge of Rs 15 lakh that the organising branch has to pay the central IAP (CIAP).

The growing dependence on industry was raised by IAP treasurer Pravin J Mehta in the 2013 annual report when he said: “Our expenditure per year is approximately 2.77 crores. Our fixed income... is approximately 1.77 crores. That means every year we are dependent on variable income of rupees one crore...Major chunk of this variable income is from Pedicon. This means that in unforeseen circumstances of Pedicon not doing well financially , it will be difficult to match income with rising expenditure.“

The “lead sponsor“ of Pedicon 2017 held in Bengaluru in January this year was Bharat Biotech, a leading vaccine company . According to the brochure, platinum sponsorship was Rs 5 crore. So was Bharat Biotech the platinum sponsor? Dr Govindaraj M, the chief organising chair man, claims he does not know. Other vaccine companies like Wyeth and Sanofi too got prominent mention at the venue, which could mean that they were diamond (Rs 4 crore), gold (Rs 3 crore) or silver (Rs 2 crore) sponsors. Judging by the sponsorship brochure, this conference could have raked in over Rs 15 crore.

Pedicon is supposed to be an academic conference, but the discussions regarding it seem to revolve primarily around the revenue it generates and sharing of the profits between the central IAP and the organising branch in a 30:70 ratio. The profits generated by some Pedicons have been over Rs 3 crore.

IAP's 2015 annual report talks about the escalating costs of the annual conference with per delegate costs rising from Rs 10,000 for four days to over Rs 20,000 in the past three years.



Total expenses had more than doubled from about Rs 4.5 crore in 2010 to over Rs 9 crore by 2014.

The report noted that IAP had no mechanism for oversight of expenses and though the income from the conference has continued to rise, profits had remained almost static. There was a suggestion that the IAP should take complete charge of Pedicon finances. But that is being resisted.

In a critical note in the annual report, Dhananjay Shah, founder convenor of the first finance committee, wrote: “Pedicon organisers have been kindly making luxurious arrangements for the 50 odd group of newly elected EB members who are provided a five-star accommodation at a luxurious hotel for full five days during their Pedicon as an expense item of the Pedicon. The EB meeting is actually a CIAP (central IAP) function and has nothing to do with the Pedicon event.”

He also warned that the money available in IAP coffers could be an “attractive bait for those with evil designs” and that candidates were already spending sums of even Rs 50 lakh “to win the presidential crown”. IAP's academic role “will take a severe beating and thrashing”, he apprehended.

Gala cultural evenings and bar nights push up the cost of these so-called academic conferences. However these are not unique to IAP. Almost all doctors' associations organise these lavish sponsored conferences ostensibly to educate doctors. From the annual conference of national associations of specific specialties, to those organised by state or city branches, all are funded by pharma companies that shell out crores to oblige the doctors.

In 2014, the IAP alone had 27 state branches and 314 city district branches. The Cardiology Society of India has 26 state branches, not including the sub-specialty councils. Doctors insist they are never influenced by the generosity of these companies, but that begs the question of why for-profit companies would spend crores without expecting returns in the form of ‘prescription support’ from the doctors.

## **Eye Health**

### **Don't Overdo the BLUE LIGHT (The Economic Times:20170327)**

<http://epaperbeta.timesofindia.com/Article.aspx?eid=31816&articlexml=Dont-Overdo-the-BLUE-LIGHT-27032017016036>

Technology, and light from technology, have entered our living and sleeping spaces in a big way in recent years. While the benefits of electricity, in the form of bulbs, tubelights and entertainment devices, have made it easier for people to continue their work and

entertainment whenever they want, the light from gadgets has started affecting our health. A big source of concern is the 'blue light'.

Becoming gadget slaves may cost people their precious eyesight and general health.

There are ways to avoid this, writes Nishtha Sabharwal

## ARTIFICIAL IS THE CULPRIT

While we have always been exposed to blue light from the sun, experts have started to worry about an increase in exposure from electronic devices. "In present times, humans are getting exposed to many other sources of blue light such as LEDs, CFLs, tablets, televisions and computer screens. There is no doubt that the exposure of blue light is on the rise. This cumulative exposure over time has the potential to damage the photoreceptors in our retina - the light-sensitive part of the eyes - which in turn slowly leads to blindness," says Dr Santhosh Chidangil, professor and head of department of Atomic and Molecular Physics at Manipal University .

## WHAT IS BLUE LIGHT?

The light spectrum includes ultraviolet, infrared and visible rays. Blue light is a part of visible rays and has the highest energy wave length.

## WE NEED SOME OF IT

Blue light is a part of our daily requirement from sunlight that helps us stay alert, assists memory and elevates mood. Psychologists are known to prescribe 'sun therapy' to their patients for the same reason.

## BEYOND THE EYES

Not just eyesight, long-term exposure to blue light can also potentially cause other issues. "Researchers have shown that light influences humans physically by affecting hormone secretion, heart rate, alertness, sleep propensity, body temperature and even the gene expression. In certain other experiments, it has been shown that blue light can potentially elevate body temperature, heart rate and reduce sleepiness," says Chidangil.

## BLUE CAN TRAVEL DEEP

"The human eye is sensitive to the visible parts of the spectrum. Everyone knows how ultraviolet rays are harmful to the eyes and skin. Ultraviolet reaches the front part of the eye and is responsible for causing cataract. Blue light has the ability to reach and damage the back part of the eye, leading to retinal damage," adds Chidangil. High exposure to blue light can lead to vision loss similar to age-related macular degeneration.

## MOBILE BROWSING ISN'T HARMLESS

Ruchika Shah never liked watching television, but the 30-year-old had a habit of scrolling through her mobile phone before sleep. "It became a habit when I couldn't immediately go

off to sleep after turning the lights off. But after a while, it became a catch-22 situation: I was on the phone because I couldn't sleep and then I couldn't sleep because I was on my phone," Shah says. Unfortunately, that habit took a toll on Shah's eyesight, which was already weak. "After almost six years of my power not changing, my doctor told me that I now have astigmatism," she says.

## BEWARE OF UV RAYS TOO

Dr Rajesh R, who works as a consultant for vitreo and ocular oncology for Sankara Eye Hospital, Bengaluru, says that apart from blue light, one should also be aware of ultraviolet rays that have the potential to damage your eyes. "Ultraviolet light can have harmful effects on the cornea, lens and retina. It can lead to light sensitivity, progression of cataract and retinal damage," he says.

## PROTECT YOURSELF

In present times, it may be difficult to keep oneself away from devices that emit blue light, as most are required for our daily work and entertainment. However, there are ways to limit its exposure. "There are many apps on phones and protective devices for desktop and computer screens that allow you to limit your exposure to blue light. The apps remove blue light from the screen, giving it an almost sepia look. But more importantly, it is necessary for people to switch off and not use devices at least two hours before going to sleep," says Dr Janaki Chopra, a general physician practising in Hyderabad.

You don't need a black mirror 24/7

Plan your day and evening so that you can stop checking your phone at least an hour before sleeping

You can switch off mobile internet/wifi of your phone before going to sleep to avoid getting distracted by notifications

Keep your phone away from the bed. This will also help you get up when the phone alarm rings in the morning

Develop the habit for you, and people around you, to not be available online 24/7

Instead of watching TV or laptop, pick a book or any offline activity to help you wind down before sleep  
Keep television, laptop/desktop outside the bedroom

While using tech devices

There are many mobile apps that you can choose from that remove blue light from screen

Use red light for night light for the bedroom

Keep the brightness of your phone and screens to the minimum

If you're using an electronic device, follow the 20-20-20 rule: After 20 minutes, take a 20-second break and look at an object around 20 feet away

## **Doctor-patient relationship**

**Insight: Ailing doctor-patient relationship needs urgent cure (Hindustan Times:20170327)**

<http://www.hindustantimes.com/india-news/insight-ailing-doctor-patient-ties-need-urgent-cure/story-46o7iHN0DwzJNdAWTlcYON.html>

Silent protest by resident doctors at KEM hospital on the fourth day of the strike in Mumbai.

“We know stoppage of work amounts to contempt of court and violation of the oath we took upon entering the medical profession, but what can we do when violent attacks have become such a regular feature of our lives?”

This statement by a student-doctor at the medicine department of the Lokmanya Tilak Municipal General Hospital and Medical College in suburban Mumbai sums up the problem that drove Maharashtra’s 4,000-odd medical students to bunk work for six days – starting Sunday.

Since March 12, 2017, there have been six instances of patients’ kith and kin attacking doctors at public hospitals across Latur, Dhule, Nashik, Sangli and Mumbai districts. A particularly glaring incident was the assault on Dhule civil hospital doctor Rohan Mahamunkar, who was admitted to the intensive care unit after being blinded in one eye.

Doctors strike: ‘Hospitals back to 100% from Sunday’

4,500 resident doctors in Maharashtra call off 5-day strike, resume duties

The state’s resident doctors have two major demands: one, restrictions on the entry of patients’ relatives to ensure that mobs don’t gather at hospitals and, two, additional security personnel on the premises.

There’s nothing new about their demands. Though the government promised additional security and visitation curbs after several similar protests in the past, they have mostly remained on paper.

THE DELHI EXPERIMENT

Resident doctors at leading public hospitals in Delhi went on eight flash strikes over the past 18 months to demand security. After people created a ruckus in the gynaecological emergency room of the Lok Nayak Hospital, two CCTV cameras and an alarm system were installed to alert the guards and the chief medical officer.

“While I am not sure if the alarm system works, I do know that there is nobody monitoring the CCTV feed. Of what use is such security?” asked a doctor on the condition of anonymity.

Patients wait outside Sir Ganga Ram Hospital as doctors were on strike in New Delhi. (PTI Photo)

After a big strike in 2015, the Delhi government promised to depute 500 home guards at its hospitals.

“We hardly ever spot them,” said a Lok Nayak doctor. “There’s always someone who is not happy with the treatment received by their loved ones. When they’re present in large numbers, the dissatisfaction turns into violence.”

Adequate security can prevent such incidents, claimed Dr Parul Tank, a consultant psychiatrist at the Asian Heart Institute. “If there are enough guards, even an aggressive man will think twice before resorting to violence,” he said.

However, security guards are not always the solution to such issues. The Lok Nayak Hospital has private security guards, but they can do little when doctors are attacked by angry mobs. “Also, limiting the number of patients is difficult. It swells up within minutes if the patients’ health starts deteriorating,” said Tank.

## THE VULNERABLE ONES

Government hospitals in small cities are the most affected by this issue. Last week, a mob of 35-40 people assaulted doctors and a nurse at the Nasik general hospital, which had only four guards to protect the staffers from over 700 people.

“We demanded more security from the superintendent of police, but we are yet to hear from him,” said medical superintendent Dr Said P Jagdale.

## WHAT DOCTORS WANT

Increase jail term of attackers from existing three years to seven years.

No bail for accused for at least three months.

Form a medical committee to decide how serious a violation is.

Enact a strict law to prevent trespassing in hospitals.

Consider it a violation of law if a patient is accompanied by more than two relatives.

Suspend security personnel if they fail to prevent an assault on doctors

Dr Gadre said that while security guards and CCTV cameras are important, better enforcement of the Maharashtra Medicare Service Persons and Medicare Service (MMAPMS) can provide a more permanent solution.

With increased availability of information from informal channels, patients' families now desire informed participation in the treatment process.

“Earlier, unethical practices would go. But the doctor’s word is not final anymore. Relatives want to actively participate in therapeutic decisions,” said professor Sachin Divekar, an expert.

#### LACK OF PUNITIVE ACTION

Though the Indian Medical Association makes assaulting doctors a non-bailable offence punishable by imprisonment of up to seven years, nailing the guilty parties can be tricky. Dr Sagar Mundada, former president of the Maharashtra Association of Resident Doctors, said: “There hasn’t been a single conviction under the MMAPMS Act since it was enforced in 2010.”

An official with the Directorate of Medical Education and Research said police take a lot of time to book the accused under the MMAPMS Act, and fail to file the charge sheet in time. “The cases are not even heard most of the time,” he added.

Government doctors work in trying conditions. The least they need is safety

Devendra Fadnavis says enough is enough, warns of legal action against doctors if strike continues

In Delhi, the emergency department witnesses over 70% of the violence. “Everyone wants to be treated first, but we have no choice but to look at those in a more critical condition,” said Dr Harjit Singh of AIIMS.

Dr Abhay Shukla from the Jan Swasthya Abhiyan attributed the people’s frustration to lack of resources, equipment and medicine – which, in turn, are caused by a “debilitated” health budget. “In the end, it is the overworked frontline resident doctors who fall victim to physical assaults.”

## **Gallstones**

### **The pain stones (The Asian Age:20170327)**

<http://www.asianage.com/life/health/270317/the-pain-stones.html>

For gallstones, there are no visible signs, nor does it require any treatment — rather, it is the symptoms that need to be addressed.

The gallbladder itself is a small organ in the abdominal region of a human being's body, where the digestive fluid, bile, is stored.

The gallbladder itself is a small organ in the abdominal region of a human being's body, where the digestive fluid, bile, is stored.

Gallstones — stones in the gallbladder — affect about 10 to 22 per cent of the country's population, but only 80 per cent of that group develop symptoms that show or affect a person's everyday life. In fact, only two-to-three per cent of those who have gallstones ever have serious symptoms that require treatment.

What causes gallstones?

The gallbladder itself is a small organ in the abdominal region of a human being's body, where the digestive fluid, bile, is stored. Women are more likely than men to develop gallstones, but in general, those most prone to it are people who have a family history of the condition; people who are obese and/or live a sedentary lifestyle; those with high triglyceride levels in their body; and even those who lose a lot of weight rapidly, either through exercise or with bariatric surgery. This is because of the higher concentration of sludge in the gallbladder, when a person loses weight quickly.

Its implications

The mere presence of gallstones doesn't cause any visible symptoms; nor does it require treatment; rather the symptoms themselves are what need to be treated. The most common symptom is pain in the upper right quadrant of the abdomen. It is episodic and very severe, is often associated with nausea and vomiting, and happens most often at night. Fatty and greasy foods usually precipitate this symptom, and when such a pain occurs, one must visit a doctor and get themselves checked. The pain can usually be relieved with prescribed doses of painkillers.

However, if untreated, these symptoms can lead to more serious complications — Cholecystitis (inflammation of the gall bladder), cholangitis (blocking of the bile duct) and pancreatitis are the three main resulting complications.

Getting treated

The main treatment that most doctors recommend when gallstones occur is to have the gallbladder itself removed. But such a surgery is only advisable when the gallstones reach a size of at least two centimetres in diameter; when the gallbladder is not functional; when there is cirrhosis of the liver; when the patient has suffered a spinal cord injury; and when liver and kidney transplants need to be done.

There are also non-invasive procedures that can be adopted to remove the stones by crushing it, or pushing the stones back inside the gallbladder if it's blocking a duct. This can be achieved with an endoscopic procedure as well.

While gallstones are mainly unavoidable, since the condition runs in a person's genes, maintaining a balanced lipid profile within a reasonable range can help prevent or delay gallstones from being formed within the body.

Dr Hariprasad, Apollo Hospitals

The gallbladder stores and concentrates bile, which is a digestive enzyme produced by the liver. When food enters the small intestine, the gallbladder contracts and the bile is released into the small intestine. Bile helps in digestion by breaking down fats.

There are two types of gall stones

- 1 Cholesterol stones, which constitute 80 per cent of stones in the gallbladder.
- 2 Pigment stones made up of bilirubin.

## **Cholesterol**

### **What is cholesterol ratio and why is it important? (Medical News Today:20170327)**

<http://www.medicalnewstoday.com/articles/316586.php>

Working out a person's cholesterol ratio is important because it can help a doctor determine a person's risk of heart disease.

Doctors calculate an individual's cholesterol ratio by dividing their total cholesterol by their high-density lipoprotein level.

The optimal ratio is between 3.5 and 1. A higher ratio increases the risk of heart disease.

Contents of this article:

Good cholesterol ratio vs. bad cholesterol ratio



How does cholesterol affect the body?

Tips for managing cholesterol levels

Good cholesterol ratio vs. bad cholesterol ratio[doctor doing a blood test]

A doctor can determine the levels of "good" and "bad" cholesterol in the body using a blood test.

Total cholesterol levels are made up of three different types of cholesterol.

High-density lipoprotein, or HDL, is considered "good" cholesterol. It makes up 20-30 percent of a person's total cholesterol level.

Low-density lipoprotein, or LDL, is considered "bad" cholesterol and makes up 60-70 percent of the total in the body.

Finally, very-low-density lipoprotein (VLDL) is a precursor to LDL and makes up about 10-15 percent of a person's total cholesterol.

These percentages matter because when increases or decreases occur, they can affect the chances of a person developing heart disease.

When a person has a test that shows a high total cholesterol level, it may be because LDL cholesterol levels have climbed. A doctor can determine the different levels of cholesterol by focusing on HDL, LDL, and VLDL separately, in a blood test.

A good cholesterol ratio shows that the body is working properly and is healthy. It signals that someone is in good health and is probably taking care of themselves.

The Framingham Heart Study states that the following cholesterol ratios roughly signal different degrees of heart disease risk:

Men

5.0 = average risk

3.4 = half the average risk

9.6 = twice the average risk

Women

4.4 = average risk

3.3 = half the average risk

7.0 = twice the average risk

While men and women have the same blood test, their average HDL, LDL, and VLDL levels are typically different. For example, in the case of menopausal women, it is usual for them to have an increased LDL.

This does not mean that women are unaffected by bad cholesterol ratios. It simply means women have shown to be less susceptible to bad cholesterol ratios.

Women should have a recommended HDL level of 50, while a man's recommended HDL level is 40.

How does cholesterol affect the body?

Meat, dairy, and poultry products contain cholesterol - people who eat animal products may therefore have higher cholesterol levels than those who don't.

Having the correct cholesterol levels helps to maintain the right levels of vitamin D and hormones in the body, and aids digestion.

Cholesterol is found in foods such as meat, poultry, and full-fat dairy products. People who eat animal products may have more cholesterol in their bodies at any given time than those who don't.

The liver will also increase cholesterol levels when a diet is high in fat and trans fats. Having an increased amount of LDL cholesterol, caused by trans and saturated fats, increases the risk for heart disease and diabetes.

LDL cholesterol coats arteries and causes a buildup of a substance called plaque on their walls. This leads to a condition known as atherosclerosis, which is a form of heart disease.

Both the body and heart are affected when this happens. The condition slows down the blood flow to the heart muscle and can block blood from even getting to the heart. This increases a person's risk of a heart attack.

Tips for managing cholesterol levels

Cholesterol ratios, good or bad, can be maintained or altered. If a person has a cholesterol ratio that suggests a high level of LDL, there are ways to lower this level of bad cholesterol.

Some of those ways include:

**Diet:** Foods that are high in saturated fat, trans fat, and carbohydrates raise cholesterol levels, so eating less of these types of foods will help manage and reduce it.

**Weight:** Many risks are associated with being overweight or obese, including increased cholesterol levels. Keeping a healthy weight helps all factors of health as well as reducing the risk of heart disease.

Exercise: Being active for at least 30 minutes per day raises the heart rate, helps with keeping a healthy weight, and reduces LDL cholesterol levels while increasing HDL cholesterol levels.

[happy man at a spinning class]

Exercising for at least 30 minutes a day can lower LDL cholesterol levels.

In addition to these lifestyle methods, a doctor can prescribe medications to help lower a person's cholesterol levels. The two most popular medications are statins and niacin. Both are used to reduce LDL cholesterol levels.

Statins come in high, moderate and low doses, depending on an individual's needs. Studies show that statins may decrease LDL by 60 percent and can also increase HDL production.

If statins are not a useful medication because of other drugs a person may be taking, cholesterol absorption inhibitors may be a good alternative. Ezetimibe is an example of one such medication and shows a decrease in LDL cholesterol of 15-20 percent, with an accompanying increase in HDL.

The best way to maintain a normal cholesterol ratio, however, is by taking care of the body with a healthful diet and moderate exercise every day.

## **Diabetes**

### **Diet tips to improve insulin resistance (Medical News Today:20170327)**

<http://www.medicalnewstoday.com/articles/316569.php>

Insulin is a hormone that helps the body absorb glucose, keeping blood sugar levels in balance. Insulin resistance makes it harder for glucose to be absorbed.

This causes problems for muscles, fat, and the liver, as they need glucose (sugar). Over time, insulin resistance can cause high blood sugar levels and damage cells.

Insulin resistance can lead to type 2 diabetes. People with insulin resistance are often diagnosed with prediabetes. They may need extra checks to make sure they don't develop diabetes.

Diet and other lifestyle choices can increase the risks related to insulin resistance. Making diet changes can reduce insulin insensitivity. This reduces the risk of type 2 diabetes and the health problems that go with it.

Contents of this article:

Understanding insulin resistance

Diet tips

Foods to eat

Foods to avoid

Causes of insulin resistance

Understanding insulin resistance

The pancreas releases insulin to help the body absorb glucose and maintain healthy blood sugar levels.

Glucose is a vital source of energy for the body. However, many of the body's cells can't absorb glucose on their own.

The pancreas secretes insulin into the bloodstream. It joins up with glucose, and travels to the body's cells, where it attaches to insulin receptors. Insulin allows the cells to absorb glucose, making sure that:

blood sugar levels remain at a safe level

muscle, fat, liver, and other cells are able to get energy

Insulin resistance makes cells less sensitive to insulin. This means the body has to produce more insulin to keep blood sugar levels healthy.

If the pancreas is unable to keep up with the increased demand for insulin, blood sugar levels go up. When this happens, cells can't use all of the excess glucose in the blood. This leads to type 2 diabetes.

Diet tips

Following a healthful diet plan, such as the Mediterranean Diet, can improve insulin sensitivity.

This diet recommends eating lots of seasonal plant-based foods, having fruit as a dessert, and olive oil as the main source of fat. Fish, poultry, and dairy products should be eaten in moderation. It also advises people to have a very small amount of red meat and a little wine during meals.

How many calories you have each day should be based on weight loss goals and body size. Larger people need more calories, while smaller people need fewer calories. Generally, 2,000 calories per day is a healthy average to maintain weight.

The Mediterranean Diet is just one option for healthful eating. Other diet plans offer more specific ways to improve symptoms of insulin resistance.

### Glycemic index

One of the simplest ways to tackle insulin resistance is to eat foods with a low glycemic index (GI).

Low GI foods are digested slowly and don't produce as many blood sugar spikes. The difference between low GI and other foods is particularly noticeable when it comes to carbohydrates. Carbohydrates that have a high GI can cause blood sugar spikes and put more demand on the pancreas to make insulin.

As such, eating low GI foods is a good way to maintain balanced blood sugar levels.

### Foods to eat

Western diets typically lack certain nutrients, such as magnesium, calcium, fiber, and potassium.

These nutrients are especially important to maintain blood sugar levels. So, people with insulin resistance should seek out foods rich in these ingredients.

It's possible to enjoy foods from every food group even with insulin resistance. Understanding which foods increase blood sugar and which support insulin sensitivity is key.

Eating a Mediterranean diet with lean proteins and plenty of non-starchy vegetables can help reduce insulin insensitivity.

The following foods help to support insulin sensitivity:

non-starchy vegetables, such as broccoli and peppers

high-fiber foods, such as beans and whole grains

protein-rich foods, including lean meats, fish, and nuts

foods rich in omega-3 fatty acids, such as salmon

antioxidant foods, such as berries

sweet potatoes, which are lower GI than other potatoes

water, especially as a substitute for sweetened drinks

unsweetened teas

### Foods to avoid

Certain foods are more likely to raise blood sugar. These foods should be limited or avoided to help maintain a steady blood sugar level:

sweetened beverages, including fruit juices, soda, and fountain drinks

alcohol, particularly beer and grain alcohol, especially in large quantities

grains, whether refined or whole, may worsen insulin sensitivity in some people

starchy vegetables, such as potatoes, pumpkin, corn, and yams

processed snacks and boxed foods

excessive sugary sweets, such as cupcakes, ice cream, or chocolate bars

white bread, rice, pasta, and flour, which is lower in fiber than whole grain

dairy from cows, especially milk

fried foods, even if the food is otherwise healthful

foods high in saturated fats, including chocolate, butter, and salt pork

### Finding a healthful balance

It's possible to sometimes eat foods on this list and still improve insulin sensitivity. The key is to limit these foods, and to replace them with more healthful options as often as possible.

By sticking to a diet rich in fiber and plants while being low in added sugars, it's possible to steadily improve insulin sensitivity. Daily exercise is also an important factor. These lifestyle changes can reduce the risk of type 2 diabetes, cardiovascular disease, and other health conditions.

### Causes of insulin resistance

Research shows ethnic and genetic factors may increase the risk of insulin resistance. However, lifestyle factors also make a big difference.

Making positive changes to lifestyle can greatly decrease the risk of insulin resistance.

### Diet

Diet affects insulin resistance in at least two ways. Firstly, consuming too many calories whether from too much fat, sugar, or alcohol can make people gain weight. This increases the risk of insulin resistance.

Secondly, different food types affect insulin resistance. Some foods increase the risk and some foods reduce it.

### Weight

Physical activity lowers blood sugar levels by causing muscles to use the glucose consumed at mealtimes.

Being overweight makes insulin resistance much more likely. People with lots of fat around their middle, in particular, are at an even greater risk. This is because fat secretes hormones and other substances that may interfere with insulin.

Excess fat around the waist is also linked to chronic inflammation. This can trigger a wide range of health problems, including insulin resistance.

Not enough exercise

Not getting enough exercise can affect the way insulin regulates glucose. Physical activity plays an important role in keeping blood sugar levels steady. It is a great idea to do light exercise after meals because exercise causes the muscles to use up glucose and they don't need insulin. This lowers blood sugar levels.

Other lifestyle factors

A number of other lifestyle factors affect insulin resistance, including:

smoking

sleep issues

older age

use of steroids

**Diabetes: Heart attack risk due to loss of small blood vessels around the heart (Medical News Today:20170327)**

<http://www.medicalnewstoday.com/articles/316570.php>

People with diabetes have a significantly higher risk for heart attack. Now, new research suggests that diabetes damages the small blood vessels around the heart, and this might explain the link to heart attack. In a study reported in the Journal of the American College of Cardiology, the researchers also propose a solution may lie in gene therapy.

black and red image of heart

The researchers suggest that the high blood sugar that occurs in untreated diabetes damages the small blood vessels of the heart and this explains the link between diabetes and higher risk of heart attack.

Diabetes is a chronic disease that arises either because the body does not produce enough insulin (typical of type 1 diabetes) or because it cannot effectively use the insulin it produces (typical of type 2 diabetes). Around 90 percent of people with diabetes have type 2.

Insulin is a hormone that helps keep blood sugar (glucose) under control. Uncontrolled diabetes results in high blood sugar, or hyperglycemia, which, over time, damages many parts of the body, including nerves and blood vessels.

The number of people with diabetes worldwide was estimated to be 422 million in 2014, up from 108 million in 1980. The disease is a major cause of blindness, heart attack, stroke, kidney failure, and lower limb amputation

In the United States, there are now more than 29 million people with diabetes, up from 26 million in 2010.

Another 86 million people have prediabetes, a condition in which blood sugar is higher than normal but not yet in the range for type 2 diabetes.

Diabetes affects small cardiac blood vessels

Fast facts about diabetes

The global prevalence of diabetes among adults rose from 4.7 percent in 1980 to 8.5 percent in 2014.

Once a disease seen only in adults, the number of children with type 2 diabetes is increasing.

The total medical costs and lost productivity and wages associated with diabetes in the U.S. came to \$245 billion in 2012.

Learn more about diabetes

The new study - led by researchers at Technical University of Munich (TUM) in Germany - investigates the effect of diabetes on the small blood vessels, or capillaries, that surround the heart. Damage to these can affect the whole of the heart muscle.

The heart's network of veins and arteries and small offshoots into capillaries can be compared to a road traffic network. If one small minor road is blocked, it has little effect on the whole network.

However, if more and more small side roads come to a halt, the traffic on the main roads and highways becomes denser and denser, and eventually the whole system seizes up and a heart attack ensues.

The researchers suggest their findings show how diabetes can have this effect.

They compared samples of heart tissue taken from patients with and without diabetes who underwent heart transplants. The samples from patients with diabetes showed that their hearts had significantly fewer small blood vessels around them.



After running tests in the laboratory, the team also found high levels of blood sugar are linked to loss of pericytes - a type of cell that forms a protective layer around small blood vessels.

The team believes this layer stabilizes the blood vessel and causes the blood vessels to break up when damaged.

Gene therapy may reverse damage to cardiac capillaries

The researchers also studied the effect of blood vessel loss in pigs genetically engineered to develop type 1 diabetes that is like the human form. They found the same damage occurred in their hearts.

However, with the help of gene therapy, the team was able to increase production of a protein that stimulates growth of pericytes. This led to new growth of lasting and functioning small blood vessels.

It will be some time before such a treatment is available for use in humans, note the researchers, who also point out how the findings reinforce the importance of diagnosing diabetes early.

One in four people with diabetes do not know they have the disease. First author Dr. Rabea Hinkel, a cardiologist at TUM's university hospital, concludes:

"Diabetes often remains undetected in patients for years or even decades. Over that long period, massive damage can occur."

## **Breast cancer**

**Metastatic breast cancer: Symptoms, treatment, and outlook (Medical News Today:20170327)**

<http://www.medicalnewstoday.com/articles/316558.php>

Metastatic breast cancer is when the cancer has spread to other parts of the body. Also referred to as stage 4 or advanced cancer, it can occur if initial treatment for breast cancer has not been successful.

Breast cancer can spread when cancer cells do one of the following:

invade nearby healthy cells and replicate

travel throughout the body in the bloodstream

lodge in capillaries and move into nearby tissue

form new tumors in other places around the body

Contents of this article:

Symptoms

Treatment

How is it monitored?

Outlook

Symptoms

Symptoms of metastatic breast cancer depend upon where the cancer has spread to. The areas it often spreads to are the brain, bone, lungs, or liver.

Brain

Metastatic breast cancer, also known as stage 4 breast cancer, is when the cancer cells spread to other areas in the body.

Depending on where in the brain the cancer spreads to, it can cause:

headaches

seizures

changes in behavior

disturbed vision

vomiting

nausea

Bones

If cancer spreads to the bones, it can cause:

severe pain

increased chance of fractures

swelling

decreased mobility

spinal cord compression

Lungs

If cancer spreads to the lungs, it often shows no symptoms but can cause:

shortness of breath

coughing up blood

chest pain

Liver

If cancer spreads to the liver, it can cause:

pain

loss of appetite

yellowing of the skin

itchy skin or rash

vomiting and nausea

bleeding

Other symptoms

Other general symptoms of metastatic breast cancer can include:

tiredness

loss of appetite

weight loss

However, these symptoms can also be caused by medication and depression associated with the condition. It's important to identify these symptoms early and contact a doctor so the right treatment can be arranged.

Treatment

There are several ways to treat metastatic breast cancer. Treatment depends on the hormone receptor status or type of breast cancer.

Around two in three cases of breast cancer test positive for hormone receptors. These cancers are named as either:

Estrogen receptor positive (ER+): where the cancer cells have receptors for the hormone estrogen.

Progesterone receptor positive (PR+): where the cancer cells have receptors for the hormone progesterone.

A third type of breast cancer is known as HER2 positive (HER+). This is where there is a higher level of a particular protein, called human epidermal growth factor receptor 2 (HER2). It makes up around 15 to 20 percent of breast cancer cases where the cancer is likely to spread.

Another type of breast cancer is triple negative breast cancer (TNBC). This is where the cancer cells do not have receptors for estrogen, progesterone or HER2.

About 10 to 20 percent of breast cancers are TNBC. These cancers can't be treated with hormone therapy, but other treatments can be used.

A decision on treatment will be made after the hormone receptor status has been determined.

Hormone therapy treatment[white pills on a table]

Hormone therapy may be taken as a tablet or injected into a muscle.

Hormone therapy either lowers the level of estrogen or progesterone in the body, or blocks their effects on the body.

It is generally used when the breast cancer cells have ER+. In the case of metastatic breast cancer, it is used to control the cancer.

There are four main types of hormone treatment:

Tamoxifen

This treatment is usually taken as a tablet and is used when a person has:

ER+ cancer cells

not reached menopause

not previously had tamoxifen treatment

Aromatase inhibitors (AIs)

This treatment is also taken in tablet form and is used when someone has:

ER+ cancer cells

reached menopause

already had tamoxifen treatment

Fulvestrant

This treatment is injected into the muscle and is used when a person has:

ER+ cancer cells

reached menopause

already had tamoxifen or AI treatment

### Progesterone

This can be taken as a tablet or by injection. It is used if the cancer has stopped responding to tamoxifen or AIs.

### Side effects

Side effects are common in hormone therapies and vary depending on which drug is being taken.

They will generally be worse at the start of treatment and lessen as it goes on. The doctor may be able to help limit them.

The main side effects are:

hot flushes and sweating

changes to periods for pre-menopausal patients

less interest in sex

vaginal dryness or discharge

feeling sick

painful joints

mood changes

tiredness

### Chemotherapy

Chemotherapy aims to destroy cancer cells in the body. It targets both where the cancer started and where it has spread to.

Known as a systemic therapy, it affects the whole body because it is sent around via the bloodstream.

As the American Cancer Society explain, chemotherapy can stop the spread of cancer and prolong survival. However, there can also be side effects such as nerve damage and heart problems. Also, cancer cells can become resistant to chemotherapy.

### Targeted drug therapy

Unlike chemotherapy, which attacks all growing cells cancerous or not, targeted drugs just work on cancerous cells. They are designed to block the growth of these cells and stop them spreading.

As such, they can work when chemotherapy does not. They can also help improve the effects of other types of treatment.

In the case of HER2+ breast cancers, there are a number of drugs that target this protein:

[woman with cancer being comforted]

Targeted drugs only attack cancerous cells, unlike chemotherapy, which attacks all growing cells.

Trastuzumab

often used alongside chemotherapy

given into a vein

Pertuzumab

can be used with trastuzumab

given into a vein

Ado-trastuzumab emtansine

used if already treated by trastuzumab and chemotherapy

given into a vein

Lapatinib

typically used when trastuzumab is no longer working

used alongside certain chemotherapy and hormone therapy

taken as a tablet

Side effects

Trastuzumab, pertuzumab, and ado-trastuzumab emtansine can all cause heart damage. As such, patients should let their doctor know if they are experiencing:

shortness of breath

leg swelling

severe fatigue

Lapatinib can cause severe diarrhea, so patients should tell their doctor if this occurs. It can also cause hand-foot syndrome, where hands and feet become red and sore and can blister and peel.

In cases of ER+ and PR+, targeted drug therapy can be helpful alongside hormone therapy:

## Palbociclib

For patients who have reached menopause, this drug slows cancer growth. Taken as a pill, it can cause:

anemia

tiredness

nausea

mouth sores

hair loss

diarrhea

increased chance of infection

## Everolimus

For patients who have reached menopause, this can limit the growth of tumors. It also often helps hormone therapy work better. Taken as a pill, it can cause:

mouth sores

diarrhea

nausea

fatigue

low blood counts

shortness of breath

a cough

increased chance of infection

## Surgery

There is some debate about whether surgery in cases of metastatic breast cancer improves survival rates. However, due to the negative effects of surgery it is not often offered as a treatment.

## How is it monitored?

Monitoring, or follow-up care, is extremely important. This will check to see if the cancer has spread further, help to manage side effects, and monitor overall health.

The doctor will often examine the neck, chest, underarm, and breast area at check-ups. They will also check the general health of the patient.

If there are any new health problems, or changes to the treated area or other breast, then the doctor should be informed straight away.

## Outlook

Outlook depends on the type of breast cancer, where it has spread to, and how much the tumor is affecting these areas.

The average survival time is 18 to 24 months, but it can vary widely. The American Cancer Society found that 22 percent of people who have metastatic breast cancer survive for 5 years or more.

Many people can live long and productive lives with metastatic breast cancer, and treatment can control the cancer.

Survival rates will vary depending on the individual, and the best thing to do is speak to the doctor to get a better understanding of specific circumstances.

## हाई ब्लड प्रेशर

### रक्त का दबाव (Hindustan:20170327)

[http://epaper.livehindustan.com/story.aspx?id=1826781&boxid=62314740&ed\\_date=2017-03-27&ed\\_code=1&ed\\_page=12](http://epaper.livehindustan.com/story.aspx?id=1826781&boxid=62314740&ed_date=2017-03-27&ed_code=1&ed_page=12)

हाई ब्लड प्रेशर को जीवन-शैली से पैदा समस्या माना जाता है, पर सब कुछ फटाफट कर लेने की जीवन-शैली भी इसके गलत आकलन का कारण है।

तो क्या आपको लगता है कि आपकी समस्या आपका उच्च रक्तचाप यानी हाई ब्लड प्रेशर है? यदि यह लगता है, तो एक बार फिर से सोचिए। कनाडा में पिछले दिनों हाई ब्लड प्रेशर के इलाज का एक अध्ययन हुआ, तो पाया गया कि जिन लोगों का इलाज चल रहा है, उनमें 20 प्रतिशत ऐसे थे, जिन्हें यह मर्ज था ही नहीं। हमें यह बात अजीब लग सकती है, क्योंकि हाई ब्लड प्रेशर जैसे मर्ज का इलाज डॉक्टर के कहने या बताने से नहीं होता। ब्लड प्रेशर को मापने वाला बाकायदा एक यंत्र होता है, जिससे तय किया जाता है कि मरीज को यह समस्या है या नहीं? लेकिन यूनिवर्सिटी ऑफ मॉन्ट्रियल



हॉस्पिटल सेंटर ने यह पाया कि समस्या या तो उस यंत्र में होती है या फिर उससे ब्लड प्रेशर मापने के तरीके में। इस अध्ययन में पता चला कि कनाडा में ज्यादातर डॉक्टर अब भी पुराने ढंग की ब्लड प्रेशर मापने की मशीन इस्तेमाल करते हैं, जो बहुत सटीक नहीं होती। कुछ मामलों में तो उसका आकलन गलत होने की आशंका भी रहती है। उसके मुकाबले ब्लड प्रेशर मापने की जो आधुनिक और डिजिटल मशीनें आती हैं, वे ब्लड प्रेशर को ज्यादा सटीक ढंग से मापती और बताती हैं। इस मामले में जो स्थिति कनाडा की है, वही शायद भारत की भी है। डॉक्टरों के क्लिनिक ही नहीं, बड़े-बड़े अस्पतालों तक में पुराने ढंग की ब्लड प्रेशर मापने वाली मशीनें इस्तेमाल हो रही हैं। कुछ जगह तो अस्पताल कर्मचारी इस विश्वास के साथ इसका इस्तेमाल करते हैं कि पुरानी तकनीक ही ज्यादा विश्वसनीय होती है। समस्या सिर्फ पुरानी मशीनों की ही नहीं है। जब कोई व्यक्ति भागता-दौड़ता, शहर के ट्रैफिक से जूझता, पार्किंग जैसी समस्याओं से उलझता हुआ डॉक्टर के पास पहुंचता है और उस समय उसका ब्लड प्रेशर मापा जाए, तो वह ज्यादा आएगा ही। या यह हो सकता है कि उसका ब्लड प्रेशर कम हो और उसे सामान्य दर्ज किया जा रहा हो। चिकित्सा विज्ञान कहता है कि किसी व्यक्ति का ब्लड प्रेशर तभी मापा जाना चाहिए, जब एक शांत कमरे में वह 12 से 15 मिनट तक बिना किसी शारीरिक या मानसिक तनाव के बैठा रहे। ब्लड प्रेशर मापने की आदर्श स्थिति यही है। पर क्या यह हर मामले में संभव है? आजकल हम जिस तरह का जीवन जी रहे हैं, उसमें इतनी फुरसत न डॉक्टरों के पास रह गई है और न मरीजों के पास। इसी अध्ययन में यह भी पाया गया कि कनाडा में आमतौर पर डॉक्टर के क्लिनिक में जाकर वहां से बाहर आने का औसत समय इस मिनट से भी कम होता है। जाहिर है, ज्यादातर मामलों में ब्लड प्रेशर आदर्श स्थितियों में मापा ही नहीं जाता। दुनिया भर में हाई ब्लड प्रेशर को जीवन-शैली से पैदा समस्या माना जाता है, पर शोध बताता है कि सब कुछ फटाफट कर लेने की जीवन-शैली ही इसके गलत आकलन का कारण भी है। वैसे कुछ चिकित्साशास्त्री यह भी मानते हैं कि हाई ब्लड प्रेशर या अवसाद उतनी बड़ी समस्या नहीं, जितना बड़ा पिछले कुछ समय में इसे बना दिया गया है। ब्लड प्रेशर के जिस स्तर को दो दशक पहले तक सामान्य माना जाता था, अब उसे ज्यादा मानकर उसका इलाज किया जाने लगा है। कुछ लोग इसका कारण दवा कंपनियों का षडयंत्र मानते हैं, तो कुछ की राय में हर एक दौर के डॉक्टर किसी खास ढे पर काम करते हैं। आजकल का नया ढर्रा यह है कि क्लिनिक में घुसने वाले किसी भी व्यस्क का सबसे पहले ब्लड प्रेशर नापो। इसके बावजूद इसमें कोई शक नहीं है कि आधुनिक दौर के जो तनाव हैं, उनमें हाई ब्लड प्रेशर की समस्या बहुत बढ़ रही है, लेकिन यह ध्यान रखना भी जरूरी है कि इस चक्कर में किसी ऐसे शख्स का इलाज न हो, जो इसका मरीज नहीं है।

[http://epaper.livehindustan.com/story.aspx?id=1826785&boxid=84116352&ed\\_date=2017-03-27&ed\\_code=1&ed\\_page=16](http://epaper.livehindustan.com/story.aspx?id=1826785&boxid=84116352&ed_date=2017-03-27&ed_code=1&ed_page=16)

निःशुल्क दवाएं देने की योजना पर विचार कर रही है केंद्र सरकार, स्वास्थ्य मंत्री, निजी डॉक्टरों को सूचना व इलाज पर 250 और ठीक होने पर 500 रुपये का इंसेंटिव

# सरकार टीबी के डॉक्टरों और मरीजों को आर्थिक लाभ देगी

**पहल**

नई दिल्ली | एनएसपी

केन्द्र सरकार तपेदिक उन्मूलन के लिए तपेदिक के मरीजों का इलाज करने वाले निजी चिकित्सकों को इंसेंटिव और मरीजों को आर्थिक सहायता के साथ निःशुल्क दवाएं देने की योजना पर विचार कर रही है।

टीबी उन्मूलन (2017-2025) के लिए राष्ट्रीय रणनीतिक योजना

नेशनल स्ट्रेटेजिक प्लान (एनएसपी) शीघ्र ही पेश किया जाएगा, जिसमें निजी क्षेत्र के चिकित्सकों के पास जाने वाले मरीजों को 2000 रुपये की आर्थिक सहायता देने का प्रस्ताव है।

केन्द्रीय स्वास्थ्य मंत्री जे.पी. नड्डा ने शुक्रवार को विश्व टीबी दिवस के मौके पर घोषणा की थी कि एनएसपी को एक माह के भीतर अंतिम रूप दे दिया जाएगा। एनएसपी के मसौदे में कहा गया है कि तपेदिक भारत की भीषण स्वास्थ्य समस्या है और इससे अनुमानतः प्रतिदिन 1400 लोगों की

मौत हो जाती है। मसौदा में कहा गया है कि टीबी के मामलों के पंजीकरण को प्रोत्साहित करने, इलाज पूरा होना सुनिश्चित करने के लिए निजी क्षेत्र के टीबी देखभाल प्रदाताओं को इंसेंटिव दिया जाएगा। टीबी रिपोर्टिंग सॉफ्टवेयर (निक्षय) में अधिसूचना के आधार पर ही इन्हें इंसेंटिव दिया जाएगा।

मसौदे के अनुसार, निजी क्षेत्र के डॉक्टरों को टीबी के मामले की सूचना देने पर 250 रुपये प्रतिमाह, इलाज पूरा होने पर 250 और कोर्स पूरा होने पर 500 रुपये का इंसेंटिव दिया जाएगा।

## भारत में दुनिया के 24 फीसदी मरीज

दुनियाभर में बीमारियों से मौत के 10 शीर्ष कारणों में टीबी को प्रमुख बताया गया है। डब्ल्यूएचओ रिपोर्ट 2016 के मुताबिक भारत में दुनिया के 24% टीबी के मामले हैं और इससे हर साल करीब पांच लाख भारतीयों की मौत हो जाती है। इंडियन सोसायटी फॉर क्लिनिकल रिसर्च के मुताबिक भारत में एमडीआर टीबी मामलों में सफलतापूर्वक इलाज की दर 50 फीसदी से भी कम है।



## बच्चों पर असर

टीबी या क्षयरोग नाम की यह बीमारी बच्चों पर भी व्यापक प्रभाव डालती है। आंकड़ों के अनुसार वर्ष 2015 में दुनिया भर में टीबी से करीब 10 लाख बच्चे प्रभावित हुए और इनमें से करीब एक लाख 70 हजार बच्चों की मौत हो गई। भारत में टीबी के करीब 10 प्रतिशत मामले बच्चों में हैं लेकिन इसमें से केवल 6 प्रतिशत मामले ही सामने आ पाते हैं।

## एचआईवी पीड़ितों में ज्यादा खतरा

एचआईवी पीड़ित मरीजों में टीबी की संभावना सबसे अधिक होती है। ऐसे मरीजों की रोग प्रतिरोधक प्रणाली कमजोर हो जाती है। सबसे ज्यादा एचआईवी मरीजों की मौत टीबी के कारण होती है। राष्ट्रीय क्षय नियंत्रण कार्यक्रम के अंतर्गत रोगी को डॉट्स पद्धति से दवाएं खिलाई जाती हैं।

## सीजेरियन प्रसव

## सीजेरियन प्रसव की सोच (Dainik Jagran:20170327)

[http://epaper.jagran.com/ePaperArticle/27-mar-2017-edition-National-page\\_9-324-13832-262.html](http://epaper.jagran.com/ePaperArticle/27-mar-2017-edition-National-page_9-324-13832-262.html)

पुरुष पत्रकार कई बार मुझसे पूछते हैं, 'आखिर सीजेरियन प्रसव से क्या दिक्कत है?' सिर्फ पत्रकारों को ही नहीं यादातर पुरुषों को इसकी भयावहता के बारे में पता नहीं है। क्योंकि उन्होंने इसे कभी भुगता

नहीं। सीजेरियन प्रसव की भयावहता तो केवल महिलाएं ही जानती हैं, जो इसे भुगतती हैं। वास्तव में दुनिया में बढ़ते सीजेरियन प्रसव एक मेडिकल समस्या नहीं हैं, न ही इससे वैकल्पिक प्रसव के विलुप्त हो जाने का खतराभर है, यह इससे कहीं यादा खतरनाक हैं। बढ़ते सीजेरियन प्रसव वास्तव में महिलाओं का भयावह जिस्मानी शोषण हैं, यह एक किस्म से महिलाओं की आधुनिक गुलामी का प्रतीक है।

सीजेरियन प्रसव या सी-सेक्शन से महिलाओं को कई किस्म की शारीरिक समस्याएं होती हैं मसलन बहुत यादा रक्तस्राव, संक्रमण, जचे-बो को मोटापे की समस्या, एलर्जी की समस्या। चूंकि इस तरह के प्रसव में बच्चे का मां के साथ स्किन टू स्किन कनेक्शन नहीं होता। इसलिए मां और बच्चे में जरूरी लगाव विकसित नहीं हो पाता। इससे अवसाद की स्थिति पैदा हो जाती है। आमतौर पर जब सी-सेक्शन डिलीवरी के बाद डॉक्टर पेन किलर देना बंद कर देते हैं, तब बहुत अधिक दर्द और असहजता महसूस होती है। प्रसव के कुछ दिनों बाद तक मां घर के काम नहीं कर सकती और भविष्य की तमाम गतिविधियां भी रिकवरी के ऊपर निर्भर करती हैं। लेकिन मैं सी-सेक्शन से जुड़ी इन तमाम तकलीफों से कहीं यादा बड़ी तकलीफ की तरफ ध्यान खींचना चाहूंगी। इस तकलीफ के जरिये औरत के शरीर पर गैरों का कब्जा। जी, हां! सी-सेक्शन की समूची प्रक्रिया में यही होता है। मेरा मानना है कि यह शरीर मेरा है तो इसके बारे में सभी तरह के फैसले लेने का हक भी मुझे ही है। मगर सीजेरियन प्रसव के मामले में यादातर फैसले डॉक्टर लेते हैं। वह एक तरीके से हमें अपना निर्णय बताते हैं। हमारी मुहिम का मुख्य बिंदु भी यही है कि औरत के शरीर पर किसी भी फैसले का पहला हक औरत को होना चाहिए जो कि नहीं है। सवाल है ये हो कैसे? यह तभी संभव है जब एक गर्भवती महिला जब अस्पताल अपने प्रसव पूर्व चेकअप के लिए जाए तो डॉक्टर उन्हें दोनों ही तरह की डिलीवरी के बारे में ईमानदारी से सब कुछ सही-सही बताएं। इस संबंध में सही जानकारी देने के साथ ही डॉक्टर को अपने अस्पताल के सामान्य और सीजेरियन प्रसव के आंकड़े भी उपलब्ध कराए जाने चाहिए। दुनिया के यादतर देशों में यह जानकारी अस्पताल बिना मांगे उपलब्ध कराते हैं। लेकिन भारत में अस्पताल इससे कतराते हैं। अस्पतालों प्रबंधन और खुद डॉक्टरों को भी लगता है कि इससे आम आदमी को क्या फायदा होगा? हमारी समझ है अगर निजी और सरकारी अस्पताल आंकड़े उपलब्ध कराते हैं तो इससे फायदा होगा। लोगों को इससे यह समझने में आसानी होगी कि वह अस्पताल सामान्य प्रसव को प्राथमिकता देता है या सीजेरियन प्रसव को। आखिर आपके आंकड़े आपकी प्राथमिकता को उजागर करते हैं।

डॉक्टर और अस्पताल उपभोक्ता अधिकारों के दायरे में आते हैं। इसलिए आम लोगों को इस तरह के आंकड़े जानने का हक है। दरअसल, हमारी इस मामले में ऑनलाइन याचिका मुहिम का उद्देश्य यही है कि लोगों को प्रसव संबंधित आंकड़े आसानी से उपलब्ध हों, जिन्हें देखकर वह समझ सकें कि ऐसा क्यों

है? साथ ही यह वास्तव में पूरी दुनिया की समस्या है। पूरी दुनिया की महिलाएं इससे चिंतित हैं। पूरी दुनिया में इस तरह की मुहिम अलग-अलग स्तरों पर चल रही हैं। सबसे पहले इस ओर ध्यान विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) ने साल 1985 में खींचा था। हालांकि ऐसा नहीं है कि सीजेरियन प्रसव कोई अपराध है। निःसंदेह प्रसव संबंधी यह प्रक्रिया एक बहुत बड़ी मेडिकल उपलब्धि है। इसने न जाने कितनी ऐसी मांओं और जन्म लेने वाले शिशुओं की जान बचाई है। लेकिन हमें यह मालूम होना चाहिए कि बचा पैदा करना औरत की कुदरती खूबी है। इसलिए कुदरत ने उसे यह सलाहियत बरती है और यही वजह है कि यादातर महिलाएं बड़ी सहजता से प्राकृतिक तरीके से बचा पैदा कर सकती हैं। हां, कुछ महिलाओं को किसी भी वजह से इसमें दिक्कत आ सकती है लेकिन ऐसा नहीं हो सकता कि 70-80 फीसदी महिलाओं को इसमें दिक्कत होने लगे। मसलन बढ़ते सी-सेक्शन आंकड़े बताते हैं। डब्ल्यूएचओ भी सालों तक इसी बहस में उलझा रहा कि आखिर कितने फीसदी सीजेरियन प्रसव स्वाभाविक रूप से जरूरी हो सकते हैं- 10,12,15 या 20 फीसदी। हालांकि इस संबंध में कोई अंतिम गणितीय आंकड़ा तो नहीं हो सकता; लेकिन अनुमान यही है कि 10 से 15 फीसदी तक सीजेरियन प्रसव ठीक हैं। इसके बाद ये समस्या हैं। मगर बढ़ते सी-सेक्शन के लिए महज डॉक्टर दोषी नहीं हैं। अगर हम इस संबंध में डॉक्टरों को खलनायक बनाकर इस समस्या को चिह्नित करना चाहेंगे तो इससे कोई फायदा नहीं होगा। वास्तव में यह आधुनिक चिकित्सा पद्धति की एक व्यवस्थाजन्य असफलता है। इस समस्या की असली जड़ गर्भवती महिलाओं को लेकर डॉक्टरों का और आधुनिक चिकित्सा पेशे का दृष्टिकोण है। दरअसल गर्भवती महिलाएं बीमार नहीं होतीं। गर्भावस्था कोई बीमारी नहीं है, लेकिन डॉक्टर ऐसी महिलाओं मरीज की तरह ही व्यवहार करते हैं। परिजन भी इसी तरह का बर्ताव करते हैं। इसलिए डॉक्टरों से लेकर गर्भवती महिलाओं के घर के लोग तक उसकी तरफ से खुद ही निर्णय लेते रहते हैं जबकि अपने बारे में निर्णय लेने का यह अधिकार सिर्फ महिला को है।

असल में, यह मुख्य समस्या है बढ़ते हुए सीजेरियन प्रसवों की। डॉक्टर गर्भवती महिला को मरीज समझकर जल्द से जल्द उसका केस निपटा देना चाहते हैं। समस्या यह भी है कि देश में डॉक्टर कम हैं, प्रसव की संख्या बहुत यादा है, इसलिए भी सीजेरियन प्रसव बढ़ रहे हैं। दूसरे हमने प्रसव संबंधी तमाम वैकल्पिक उपायों को नष्ट कर दिया है। एक जमाने में यादातर प्रसव दाइयां निपटाया करती थीं। लेकिन आज मुहल्ले की दाइयों को हेय दृष्टि से देखा जाता है। यही वजह है कि धीरे-धीरे करके दाइयों की वैकल्पिक व्यवस्था ही खत्म हो गई है। हम लोग अपनी मुहिम में इस बात पर भी जोर दे रहे हैं कि फिर से न केवल दाई सिस्टम को पुनर्जीवित किया जाए बल्कि उन्हें सम्मान की नजर से भी देखा जाए और उनके पेशे को पेशेवर जामा पहनाया जाए। एक साथ जब हम कई मोर्चों पर पहल करेंगे तब कहीं जाकर सी-सेक्शन कम कर पाएंगे। हमें अपने अभियान में पूरे देश से सहयोग मिला है। महिला एवं

बाल-विकास मंत्री मेनका गांधी द्वारा हमारे ऑनलाइन पिटीशन अभियान को समर्थन किए जाने से हमें बल मिला है।-(इमेज रिफ्लेक्शन सेंटर)

**Aging (Dainik Jagran:20170327)**

[http://epaper.jagran.com/ePaperArticle/27-mar-2017-edition-National-page\\_14-316-14285-262.html](http://epaper.jagran.com/ePaperArticle/27-mar-2017-edition-National-page_14-316-14285-262.html)

**ऑस्ट्रेलिया की न्यू साउथ वेल्स यूनिवर्सिटी के प्रोफेसर ने किया दावा**

## बुढ़ापे को रोकेगा नया विटामिन

वैज्ञानिकों ने नए विटामिन की पहचान की है। उनका दावा है कि इससे विकसित होने वाली नई दवा से बुढ़ापे की प्रक्रिया रोकी जा सकती है। इस



विटामिन की क्षतिग्रस्त डीएनए की मरम्मत करने में अहम भूमिका होती है। शोधकर्ताओं के अनुसार, एनएडी प्लस नामक विटामिन प्राकृतिक रूप से हमारे शरीर की हर कोशिका में मौजूद रहता है। यह डीएनए को मरम्मत करने वाली प्रक्रिया को नियंत्रित करता है। शोध में विकिरण या बुढ़ापे की वजह से क्षतिग्रस्त डीएनए पर एनएडी प्लस के साथ एनएमएन नामक बूस्टर को आजमाया गया। इससे कोशिकाओं की डीएनए को मरम्मत करने की क्षमता में उल्लेखनीय वृद्धि पाई गई। ऑस्ट्रेलिया की न्यू साउथ वेल्स यूनिवर्सिटी के प्रोफेसर डेविड सिन्क्लेयर ने कहा कि महज एक सप्ताह के उपचार में ही कोशिकाएं युवाओं जैसी होने लगी। शोध के नतीजों से बुढ़ापे को रोकने के साथ ही कैंसर, अल्जाइमर जैसी बीमारियों के लिए भी नई दवा विकसित करने की राह खुल सकती है। यह दवा अंतरिक्ष अभियान पर जाने वाले अंतरिक्ष यात्रियों को विकिरण से बचाने में भी सक्षम होगी।

-आइएएनएस

### बच्चों में व्यायाम से डायबिटीज का बचाव

डायबिटीज और हृदय संबंधी समस्याओं के जोखिम वाले बच्चों के लिए व्यायाम काफी कारगर साबित हो सकता है। नए अध्ययन में



पाया गया है कि नियमित रूप से हर रोज महज दस मिनट व्यायाम करने से इन बीमारियों के खतरे को टाला जा सकता है। अमेरिकी शोधकर्ताओं ने बताया कि हल्के-फुल्के व्यायाम की जगह तेज शारीरिक गतिविधियां ज्यादा फायदेमंद हो सकती हैं। इस

आदत से न सिर्फ हृदय को फायदा होगा, बल्कि रक्त में इंसुलिन स्तर को संतुलित रखने में भी मदद मिल सकती है। यह निष्कर्ष अमेरिका, ब्राजील और कुछ यूरोपीय देशों के चार से 18 साल के 11,588 बच्चों पर किए गए अध्ययन के आधार पर निकाला गया है। इसमें डायबिटीज और हृदय रोग के खतरे को लेकर उनकी चिकित्सा स्थितियों पर गौर किया गया। अमेरिका के वेक फारेस्ट बैप्टिस्ट मेडिकल सेंटर के एसोसिएट प्रोफेसर जस्टिन बी मूरे ने कहा, 'नतीजों से जाहिर होता है कि तेज व्यायाम डायबिटीज और हृदय रोग के बचाव में कारगर हो सकता है।'

-प्रेट्र