



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
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Healthcare

Avoid taking income certificates by EWS: Delhi Govt advisory to private hospitals (The Indian Express:20170323)

<http://indianexpress.com/article/cities/delhi/avoid-taking-income-certificates-by-ews-delhi-govt-advisory-to-private-hospitals/>

Under the existing rules, the income levels are linked with minimum wages of unskilled labour.

Advertisement An EWS patient at a private hospital in Delhi. Express Archive

THE AAP government has issued an advisory to private hospitals “to avoid accepting income certificates” furnished by the economically weaker section (EWS) to avail of free medical treatment as directed by the Delhi High Court in 2007.

The move comes even as the Delhi government recently announced free medical tests for low income group residents of the city at 21 private laboratories and 30 surgeries “free of cost” at 41 private hospitals for patients referred by government hospitals.

The Directorate General of the Health Services, in its advisory, has asked the nodal officers of private hospitals to “avoid accepting income certificates”, sources said. Under the rules framed by the Delhi government for free treatment for EWS patients – those patients “who do not have proof of income such as BPL cards or income certificates can give undertaking regarding their income status and that is more than sufficient”. However, a communication dated February 22 by the Directorate of Health Services, states that private hospitals should “avoid accepting income certificate as far as possible since these are based on affidavit filed by the individual and not based on inquiry conducted by SDM on his side”.

In its defence, the department has said that “complaints are pouring in that rich people have got free treatment based on income certificates”. Under the EWS scheme, the Delhi High Court has directed to provide free treatment that is — 10 per cent of total in-patient department beds and 25 per cent of out-patient department services. Incidentally, it was on February 22 that Delhi Health Minister Satyendra Jain had announced that residents of Delhi will be able to undergo medical tests such as MRI (Magnetic resonance imaging), PET (positron emission tomography) and CT scan free of cost at 21 private laboratories across the city.

Sources said the advisory issued by the government is in non-compliance with the Delhi High Court guidelines. “The EWS patients fill the performa provided by the hospital, which is an income affidavit as prescribed by the court. If false details are furnished, it is contempt of court and recovery can be made. But one cannot avoid accepting income certificates,” said Advocate Ashok Aggarwal, a member of monitoring committee for EWS treatment in Delhi.

“When EWS patients are rushed to emergency, in such situations, not every patient will have an income certificate. If hospitals cannot accept the affidavit, where will the poor patients go in cases of emergency?” Aggarwal asked.

Under the existing rules, the income levels are linked with minimum wages of unskilled labour. At present the minimum wage for unskilled labour stands at Rs 9,568 and the number will be revised to Rs 13,350 from April 1.

However, the advisory states that only PR-S category (those who are entitled to 1kg of rice/member ; 6 kg sugar/card and 4 kg wheat/member) and those who have Antyodaya Anna Yojana (AAY) (the poorest of poor) are the “EWS families” eligible for free treatment. The order, however, does not mention, the minimum wages as mandated by the court.

“The order is creating confusion. It has mentioned only two categories of people who are entitled under the food security act. While it does not exclude the eligibility under the minimum wages, its absence in the order, has led to private hospitals not accepting those patients who don’t have national food security (NFS) cards,” sources said.

Aggarwal said, “Yes, the order has created confusion and there is an increase in the number of complaints from private hospitals. It is unfortunate that many private hospitals are sending back patients because the advisory does not mention that free treatment is linked to minimum wages. As per existing norms, the eligibility is linked with minimum wages of unskilled labour.”

The Changes

What the old order states: EWS patients who do not have proof of income can give undertaking regarding their income status and that it is “more than sufficient”.

What the new order states: “Avoid” accepting income certificates “as far as possible”, since they are not based on inquiry by SDM or DM.

National Health Policy

A half cure (The Indian Express:20170323)

<http://indianexpress.com/article/opinion/columns/national-health-policy-2017-a-half-cure-medical-council-of-india-ayush-doctors-sterilisation-4581110/>

New National Health Policy checks some boxes but sidesteps basic concerns. It leaves too much to the states on maintaining standards

National Health Policy, Health policy 2017, public healthcare India, India health sector, India healthcare, GDP health expenditure, Make in India health, infant mortality rate India, life expectancy india, health news, India news

The fourth good idea is piggy-backing medical and paramedical education on service delivery.

The National Health Policy 2017 was notified last week. Coming 15 years after its predecessor, it presented an opportunity to do things differently. First, the recognition that strong state intervention is needed to control the surge of diabetes, heart and respiratory diseases hasn't come a day too soon. With early screening and diagnosis becoming a public responsibility, the lives of millions of Indians could be saved from debilitating illness and premature death. This shift in emphasis is noteworthy.

Second, establishing a professionally-managed state public healthcare cadre makes eminent sense. A dedicated cadre of healthcare professionals can detect state-specific health hazards and contain them before they spread. The inclusion of professionals from sociology, economics, anthropology, nursing, hospital management and communication is a recognition of a multi-disciplinary approach and an acknowledgment that cultural attitudes must be understood if public health strategies are to gain community acceptance.

The third takeaway is the goal of pushing up male sterilisation "by 30 per cent and, if possible, much higher". After Sanjay Gandhi's blighted nasbandi programme, even the mention of male sterilisation made political parties, particularly in North India, squirm. Even after four decades, no politician was prepared to listen, leave alone act. Putting male sterilisation upfront also exhibits concern for the plight of women, who, after dealing with unwanted pregnancies and repeated childbirths, also undergo harrowing tubectomies. Thailand successfully made vasectomies into a routine affair more than 25 years ago. If six Indian states that account for almost half of India's population and its annual growth, can incentivise (not coerce) men to limit family size by sterilisation, it could be a game changer.

The fourth good idea is piggy-backing medical and paramedical education on service delivery. Generations of health

planners have been telling the Medical Council of India to factor in the ground realities that reduce the relevance of even the best medical curriculum. Indeed, students and patients would gain vastly if such facility-based training gets implemented.

The fifth half-positive takeaway is the recognition that AYUSH needs to be integrated into the research, teaching and therapeutic components of health systems; stressing that traditional systems need to back their claims with evidence is equally positive. But by repeating the unsuccessful strategy of appointing contractual AYUSH doctors in primary health facilities, the policy goes into reverse gear. AYUSH practitioners posted in PHCs do precious little traditional medicine and simply function as spare wheels or substitutes for allopathic doctors. That pads up manpower shortfalls but devalues the strength of AYUSH. Had the policy supported recognition of approved district specialty AYUSH centers for a host of chronic problems, lakhs of patients in search of reliable AYUSH treatment could have benefited.

The policy has neatly sidestepped some basic concerns. The Clinical Establishments Act 2010 was passed by Parliament with the aim of regulating clinical standards, both in the private and public health sector, and ending quackery. It has received scant backing from the state governments and was rejected by the Indian Medical Association. Instead of emphasising the importance of oversight of all medical establishments, the policy has soft-peddled by recommending mere “advocacy”. That leaves a hapless public at the receiving end of much care, malpractice and exorbitant treatment costs with no protection. Leaving health regulation up in the air with talk of yet another standard-setting organisation will not insulate consumers from exploitation.

The policy is also hazy about generating resources. One wonders whether the reference to medical tourism earnings and “a high degree of associated hospitality arrangements” implies a desire to tax hospitals that offer frills. This sounds egalitarian but could drive away the relative advantages that Indian medical tourism presents.

The policy places enormous reliance on the eighth standard-pass female volunteer, ASHA — the lynchpin of the National Rural Health Mission. But it does not even allude to how the poor, both in rural and urban areas, are driven by a desperation to overcome acute illnesses (that result in a loss of wages) to seek medical treatment from quacks, RMPs or self-styled doctors with no medical qualifications. Fluff about upgrading sub-centres or providing additional multipurpose workers does not confront the pervasiveness of RMPs or jhola chaap doctors who administer IV fluids, antibiotics and steroid injections with impunity. The policy shows no recognition of the magnitude of what is happening on the ground, even when a WHO report shows that unqualified medical practitioners constitute more than half the “doctors” in India. The WHO’s report is based on data provided by the Census office and the erstwhile Planning Commission. Recognising that they cannot be wished away, the West Bengal government has even embarked on training quacks “to cause less harm”. This problem is too pervasive to be ignored. The policy should have confronted it.

The policy has rightly explained why the time is not ripe to make health into a justiciable right. It is good that symbolism hasn’t held sway as it did with the impractical Right to

Education Act. What is more important, however, is for the states to accept the policy and implement the law. It is time that registration, accreditation and regulation of clinical establishments and standards is put in the Constitution's concurrent list in much the same way as drugs, food and medical education. Too much is at stake to be left to the states that often look the other way when it comes to maintaining critical health standards — this is something that ought to be non-negotiable.

The challenge now is to translate the policy's stated noble intentions into schemes and programmes supported by the requisite financial backing. It is accountability that needs early deliverance.

The writer is former secretary, Department of AYUSH, government of India, and former chief secretary, government of Delhi

Breathing life into health care in India (The Hindu:20170323)

<http://www.thehindu.com/opinion/op-ed/breathing-life-into-health-care/article17588395.ece>

The new National Health Policy is promising, but it needs stronger Centre-State coordination

The new National Health Policy (2017) released last week presents a clear vision of how India's sluggish health system can be galvanised to deliver health and well-being to all by 2030, to meet the Sustainable Development Goal on health. The real challenge lies in its operational amplification and effective implementation which call for cementing consensus, catalysing commitment and channelling close coordination for steering Centre and the States together to deliver on this vision.

After a gestation period of over two years, that saw extensive public comment and sharp debate within the government, the policy has finally emerged as a well-crafted document that lays the path for Universal Health Coverage (UHC). Though the right to health proposed in the earlier draft has been disappointingly deleted, effective implementation of the various measures proposed in the NHP should place us on the path towards the realisation of that right. While espousing a strong public health approach and commitment to strengthening the public sector, the policy aims to draw upon the diverse systems of medicine and the different sectors of health-care providers that characterise our mixed health system, for providing much-needed health services across India.

A rise in spending

The policy acknowledges the need for increasing the level of public financing for health, stating that the government must spend 2.5% of GDP by 2025. While this is sub-optimal and projects a farther date than public health advocates had hoped for, the promise to double public financing over next eight years is still welcome, given that government funding was virtually stagnant for several decades. However, Central budgets from now on must reflect a steady rise annually, to give credence to this promise. It also remains to be seen how States will conform to the recommendation that spending on health must rise above 8% of their budgets by 2020. Primary health care is rightly prioritised for two-thirds or more of all public funding. Free drugs, diagnostic and emergency services would be provided to all in public hospitals.

Framing the right prescription for health expenditure

There is an assurance of primary health services which are needed for comprehensive care and promotion of well-being. These are to be available anywhere in the country on the basis of a family card, which also connects them to a 'health and wellness centre' that provides basic services, referral linkages and performs a gatekeeper function for advanced care. AYUSH systems would be mainstreamed. The much-delayed National Urban Health Mission is to be imparted speed and scale to address the unmet needs of urban primary health care while reaching out to the urban poor.

Secondary and tertiary health care will be provided through strengthened public services, with gap filling through strategic purchasing of services from private providers. While a 'capitation' fee model — of fixed annual payment for full health care of a person — has been proposed for primary health care, a 'fee for service' system has been proposed for secondary and tertiary care. It remains to be seen how these will gel in an integrated model.

Strengthening health care

District hospitals are to be strengthened, to provide several elements of tertiary care alongside secondary care. Sub-district hospitals too would be upgraded. A National Healthcare Standards Organisation is proposed to be established to develop evidence-based standard management guidelines. A National Health Information Network also would be established by 2025. A National Digital Health Authority would be set up to develop, deploy and regulate digital health across the continuum of care.

National health policy 2017: A road map for health

Expanded institutional capacity as well as new courses and cadres are proposed to overcome the shortages of skilled human resources in the health system. Public Health Management cadres are to be created in all States. BSc in Community Health and MD in Family Medicine are marked for scale-up and a variety of specialised nursing and paramedical courses are proposed, even as Accredited Social Health Activists (ASHAs) can career-track to become auxiliary nurse midwives.

A variety of disease control measures and targets have been proposed to tackle challenges ranging from HIV-TB co-infection to trauma and screening for chronic conditions such as

hypertension, diabetes and common cancers. Control of indoor and outdoor air pollution has been accorded high priority with water, sanitation and nutrition, while multi-sectoral action will be aided by analytic capacity for health impact assessment.

All of these augur well for moving the health agenda forward. However, the real challenges lie in how quickly the government can strengthen the public sector, how well it can regulate the partnering private sector, how effectively it can ramp up the health workforce to reach all sections of the population and how efficiently the Central and State governments can team up. Fingers crossed!

Osteoporosis

Osteoporosis bringing Capital to its knees, say doctors (The Hindu:20170323)

<http://www.thehindu.com/news/cities/Delhi/osteoporosis-bringing-capital-to-its-knees-say-doctors/article17592169.ece>

India among the worst hit; doctors highlight importance of a healthy diet and adequate exercise in keeping the disease at bay

Two silent epidemics — osteoporosis and vitamin D deficiency — are taking over the Capital.

It is estimated that 1 out of 3 women and 1 out of 8 men and in India suffer from osteoporosis, making the country among the worst-hit in the world.

Milk and sunlight

The good news is that you can keep yourself safe by drinking enough milk and getting adequate exposure to sunlight, say doctors.

“Drinking less milk and avoiding the sun are among the reasons behind the rise of these new epidemics. These days, most young professionals remain confined to their workplace with practically no exposure to sunlight. This is especially true for medical residents,” said a note released by Indian Medical Association (IMA) national president Dr. K.K. Aggarwal.

Silent disease

According to the IMA, osteoporosis — also called ‘the silent disease’ — often goes unnoticed. Doctors say it is important to identify risk factors and bring these to a physician’s

notice, especially if you've had a fracture, have specific diseases, or take medicines that may affect bone health.

"Take medicines for osteoporosis, if needed. Treatment will help improve bone density and reduce risk of fractures," city doctors advise.

"A healthy diet that includes proteins and calories, as well as calcium and vitamin D, is important when it comes to maintaining proper bone formation and density. Also, controlling intake of caffeine, alcohol and salt helps prevent bone damage. It is important to exercise for at least 30 minutes thrice a week to strengthen the skeletal system and improve bone density," said Dr. K. K. Aggarwal.

Vitamin D, also called the sunshine vitamin, is essential for women as it helps them maintain the immune system by regulating absorption of calcium and phosphorous. Besides helping building bones, it also blocks the release of parathyroid hormone, which reabsorbs bone tissue, making them brittle.

Human progress index

India 131st on human progress index (The Tribune:20170323)

<http://www.tribuneindia.com/news/nation/india-131st-on-human-progress-index/381092.html>

Gauging well-being

63% satisfied with living standard

69% feel safe where they live

72% females have freedom of choice

69% trust Union government

74% have trust in judiciary

68.3 yrs life expectancy at birth

India has ranked a lowly 131 among the 188 countries surveyed for human development, a new UN report has said, bracketing the third-largest Asian economy alongside its South Asian neighbours like Pakistan, Bhutan and Nepal. India has made no improvement in its

ranking over the previous year, despite the Human Development Report for 2015 noting that foreign direct investment favours countries such as China and India.

India's Human Development Index rank in 2014 was also 131. However, 63 per cent Indians were "satisfied" with their standard of living in 2014-15, the latest report found. The report, released annually by the UN Development Programme, said India's rank of 131 puts it in the "medium human development" bracket, which also includes nations like Bangladesh, Bhutan, Pakistan, Kenya, Myanmar and Nepal. India's HDI rank value in 2015 stood at 0.624, which had increased from 0.580 in 2010. Its life expectancy at birth stood at 68.3 years in 2015 and the Gross National Income (GNI) per capita USD 5,663, the report said.

On the perception of feeling safe, 69 per cent answered "yes", while on freedom of choice, 72 per cent female responders answered they were "satisfied" as compared to 78 per cent for male.

India's score for overall life satisfaction was 4.3 on a scale of 1-10, according to the report. On perceptions about government, 69 per cent said they had trust in the national government for the 2014-15 period while 74 per cent said they had confidence in the judicial system. It lauded measures like the National Rural Employment Guarantee Programme taken in India to generate employment. — PTI

Drug News

Rules eased for HIV, Hep B & C combo drugs (The Times of India:20170323)

<http://epaperbeta.timesofindia.com/Article.aspx?eid=31808&articlexml=Rules-eased-for-HIV-Hep-B-C-combo-23032017011029>

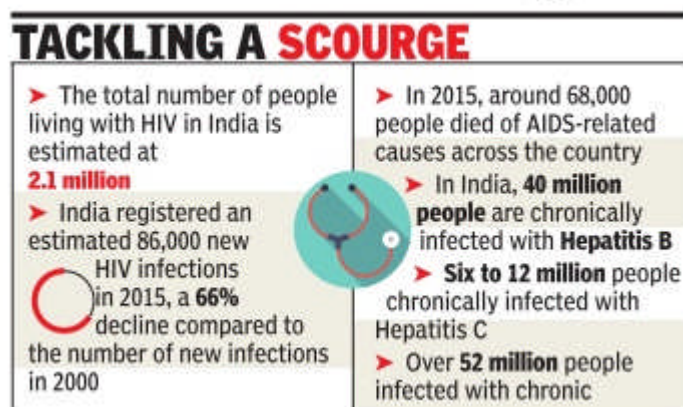
With an aim to make new combination drugs for HIV and Hepatitis B & C available to patients at the earliest, the government has decided to waive some of the regulatory processes to fasttrack approvals.

India's top drug regulator has said in a new order that companies manufacturing combination drugs for HIV and Hepatitis B & C can seek early approval with a WHO recommendation, even if internationally the medicines have not been approved as a combination. However, the drugs have to be relevant for India. "Many of these combination products, recommended in WHO guidelines for concomitant use, may not have been approved internationally in combination but may have been approved individually. However, given the risk-benefit

(analysis) and recommendations by WHO the requirement of generated data may be waived based on the fact that the product has been recommended for concomitant use by WHO,” the notice, issued by G N Singh, the Drugs Controller General of India (DCGI), said. The move is expected to benefit millions (see graphic) suffering from HIV and hepatitis in India.

The DCGI has also allowed manufacturers leeway with regard to conducting clinical trials or bio-equivalence studies in India. These studies are conducted to test new drugs on local patients, and take a long time and hence often delays launches in the country . The new norms allow companies to apply for such studies and product approvals simultaneously , while usually data from trials is needed before seeking approval. In fact, in urgent cases, the DCGI has also suggested waiving clinical trials.

Though India has demonstrated a 57% reduction in the annual number of new HIV cases, it continues to have the third-highest number of HIV patients in the world. Similarly, chronic hepatitis is placing a huge disease, social and economic burden on affected families as well as the health system. Early approvals here are also likely to benefit people around the world as India is a major supplier of generic medicines, mainly ARV ones.



Cancer

Breast implants can cause cancer: Report (The Times of India:20170323)

<http://epaperbeta.timesofindia.com/Article.aspx?eid=31808&articlexml=Breast-implants-can-cause-cancer-Report-23032017019041>

US FDA Finds Link With 9 Deaths, Australia And France Report Rare Lymphoma Cases Too

A rare cancer first linked to breast implants in 2011 has now been associated with nine deaths in the US, the nation's Food and Drug Administration (FDA) said on Tuesday.

As of February 1, the agency had received 359 reports of the cancer associated with the implants. The deaths were not caused by breast cancer, the agency said, but by a rare malignancy in the immune system, anaplastic large-cell lymphoma (ALCL).

In cases linked to implants, this rare form of cancer grows in the breast, usually in the capsule of scar tissue that forms around an implant. It is usually treatable and not often fatal.

The problem is more likely to occur with textured implants, which have a pebbly surface, than with smooth implants, the agency said.

Of the 359 reported cases, 231 included information about the implant surface: 203 were textured, 28 smooth.

The contents of the implants appeared much less important: Of 312 cases where the contents were known, 186 were filled with silicone gel, and 126 with saline. Cases generally come to light when symptoms develop, like lumps, pain, fluid buildup and swelling. The FDA said it was impossible to say how many cases existed, because of limited reporting of problems and a lack of worldwide sales data on implants. But in December, Australia's Therapeutic Goods Administration reported 46 confirmed cases of breast implant-associated ALCL, including three deaths. France's national cancer institute warned two years ago that there was a "clearly established link" between ALCL and silicone implants, noting 18 cases since 2011. In many cases when the lymphoma occurs, just removing the implant and the tissue around it eliminates the disease. But some women may need chemotherapy and radiation.

The FDA said that if a woman with implants had no breast problems, there was no reason to remove them, emphasizing that the lymphoma seemed to be very rare. But women receiving implants should be aware of the potential problem, the FDA added.

Pill 'cuts' cancer risk for 30 years

Women who have taken contraceptive pills get protection from some types of cancer for as long as 30 years, a new study claims. The results of the "world's longest study" into the

effects of the pill showed that women who had ever used it were less likely to have colorectal, endometrial or ovarian cancer than those who never had. The results of the study, conducted by the University of Aberdeen in the UK, showed that using the pill during reproductive years did not produce new cancer risks later in life, when more cancers occur. The findings relate to 46,000 women, followed for up to 44 years. “Because the study has been going (on) for such a long time we are able to look at the very long-term effects, if there are any, associated with the pill,” said Dr Lisa Iversen of the University of Aberdeen. “The protective benefits from using the pill during their reproductive years are lasting for at least 30 years after women have stopped using the pill.” PTI

HIV

HIV lesions: Pictures and treatments (Medical News Today:20170323)

<http://www.medicalnewstoday.com/articles/316512.php>

Lesions are abnormal growths on the skin. Skin lesions are common in people who have HIV.

According to the American Society of Dermatological Surgery, a skin lesion may appear as a bump, a discolored area, or an ulcer on the skin.

People with HIV may be prone to skin lesions for a number of different reasons.

HIV can reduce the immune system's ability to fight infection.

A person who has a weakened immune system is more likely to develop a variety of skin infections, which may be fungal, viral, or bacterial. They may also develop certain skin cancers.

Contents of this article:

How does HIV affect the skin?

List of common HIV skin lesions

Diagnosis

Prevention and outlook

How does HIV affect the skin?

According to the Centers for Disease Control and Prevention (CDC), as of 2013, about 1.2 million people were living with HIV in the United States.

HIV does not directly affect the skin. However, as HIV affects the body's ability to fight infection, people with HIV have an increased chance of developing certain health problems, including skin conditions.

People with HIV may be more prone to skin lesions such as bullous impetigo (pictured here) because they have a weakened immune system.

Skin infections in people with HIV are often called opportunistic infections. Certain viruses and bacteria that may not cause illness in a person with a healthy immune system may be able to infect a person with a weakened immune system.

Skin lesions and rashes may also develop as a side effect of HIV medication.

The severity of skin lesions can vary. In some cases, only a small area of the skin is affected. In other instances, dozens or more skin lesions can develop.

Lymphocytes are white blood cells that help fight infection. CD4 is a blood test that measures the number of lymphocytes in your body.

The lower a person's CD4 count is, the more likely it is that they will develop certain skin lesions. The higher the levels of CD4 a person with HIV has the better they can fight infections, including those that affect the skin.

It's also important to understand that people who do not have HIV can also develop a variety of skin lesions. Having certain skin lesions does not necessarily mean that a person has HIV.

List of common HIV skin lesions

Several different skin lesions commonly develop in people who have HIV. These conditions include:

Bullous impetigo

Bullous impetigo involves small, blister-like lesions that may burst and leave a yellow crust. They can appear anywhere on the body, but they are most common on the arms, legs, and torso.

In most cases, bullous impetigo lesions do not penetrate the deeper layers of the skin. Infection from Staphylococci bacteria is one of the most common causes of bullous impetigo in people with HIV.

Treatment

Treatment for mild infections may involve applying an antibiotic ointment. More severe infections may require oral antibiotics.

Washing the area daily with a benzoyl peroxide agent may help dry and remove lesions once they have crusted over.

Human papillomavirus (HPV) warts

HPV warts are small, fleshy skin-colored bumps. They can also develop in people who have HPV but do not have HIV. The condition can become more severe in people with HIV who have a very low CD4 count.

Treatment

Treatment involves liquid nitrogen cryotherapy, which freezes warts.

This treatment is the same in people who have healthy immune system function and those who have HIV. However, treatment may not be as successful in people with a weakened immune system and warts may reappear.

Kaposi's sarcoma[kaposi's sarcoma hiv lesions credit OpenStax College, Anatomy & Physiology wikicommons]

The presence of Kaposi's sarcoma usually indicates that a person has developed AIDS.

Image credit: OpenStax College, Anatomy & Physiology, Connexion web site, Jun 19, 2013.

Kaposi's sarcoma is a type of cancer that causes skin lesions that may appear red, brown, or purple. The lesions usually appear as patches or nodules.

In addition to the skin, Kaposi's sarcoma can also affect other parts of the body, such as the liver and the lungs. In most instances, the condition develops when the CD4 cell count is low, which indicates the immune system is significantly weakened.

If a diagnosis of Kaposi's sarcoma is made, this usually means that a person with HIV has developed AIDS.

Treatment

According to the American Cancer Society, treatment for Kaposi's sarcoma may involve local therapy, which treats individual skin lesions. Treatment may include surgery, liquid nitrogen to freeze the lesions, and topical retinoid treatment.

Additional therapy to treat multiple lesions or Kaposi's sarcoma that has affected other organs may include chemotherapy, radiation therapy, and immunotherapy.

Herpes simplex lesions

Skin lesions caused by the herpes simplex virus often appear as small blisters that may burst and crust over. The blisters may take 7 to 10 days to heal.

In some cases, the lesions can be painful. People who have HIV may find that the herpes simplex lesions keep coming back.

Treatment

Treatment for herpes simplex lesions is usually the same whether a person has HIV or not. Treatment usually includes acyclovir, which is a medication taken by mouth.

Molluscum contagiosum

Molluscum contagiosum is characterized by smooth, flesh-colored or pink bumps on the skin. The condition is caused by a viral infection.

When an outbreak of molluscum contagiosum occurs in someone with HIV or AIDS, the infection can cause more than 100 bumps. Although the skin lesions are not typically painful, treatment may still be recommended.

The virus is spread by skin-to-skin contact with someone who has the infection or by touching the same object.

Treatment

Molluscum contagiosum lesions are not usually painful, but an outbreak can cause more than 100 bumps.

Treatment may include applying a medication to the bumps on the skin. Another option involves freezing the bumps with liquid nitrogen or using a laser for removal.

Depending on the number of bumps a person has, treatment procedures may need to be repeated.

Prurigo nodularis

Prurigo nodularis is a skin disease that causes crusty, hard lesions on the skin. The lesions on the skin are usually very itchy.

Although prurigo nodularis can occur in anyone, it's much more common in people who have a weakened immune system. Due to the intense itching, some people may scratch the sores, which can cause the skin to become painful and inflamed.

Treatment

Treatment for prurigo nodularis may include topical steroids to decrease inflammation. In some instances, cryotherapy to freeze the lesions may be effective.

Diagnosis

After taking a medical history and examining the lesion, a dermatologist can often make a diagnosis.

In some instances, a skin biopsy may be performed. A skin biopsy involves scraping the skin lesion and examining the cells under a microscope. The biopsy does not treat the skin lesion, but it can identify the cause so that appropriate treatment can be recommended.

A person who has HIV and develops a skin lesion should consider seeing their doctor.

Some lesions may not go away without treatment. Also, lesions can increase in severity making them harder to treat.

Prevention and outlook

Although it may vary, treatment for skin lesions is often the same whether a person has HIV or not.

The length of time it takes for skin lesions to heal may vary according to the cause. Skin infections that develop in people with HIV may take longer to heal or require longer treatment, but this depends on how weakened their immune system is.

It may not be possible to prevent all skin lesions that can develop in people who have HIV, but there are things that can decrease the chances of developing them. Many of the infections that cause skin lesions are opportunistic, so keeping the immune system as strong as possible can help.

Taking antiviral medication may increase a person's CD4 cells, which helps protect them from infection. Eating well, getting enough rest, and exercising regularly can also play a role in keeping the immune system healthy.

Lung Cancer

Lung cancer complications: Signs, treatment, and outlook (Medical News Today:20170323)

<http://www.medicalnewstoday.com/articles/316503.php>

Cancer is a disease caused by unhealthy cells inside the body growing out of control. Lung cancer is the uncontrolled growth of abnormal cells that start off in one or both lungs.

In the United States, lung cancer is the second most diagnosed form of cancer. It is also the most common cause of cancer death in the U.S.

Contents of this article:

Complications of lung cancer

Treatments

Outlook

Complications of lung cancer

Lung cancer can cause a number of complications in the lungs and in other parts of the body. Here are some of the most common complications:

Complications in the lungs

Some of the more common lung cancer symptoms are caused by complications in the lungs.

According to LungCancer.org, these complications can lead to the following symptoms:

Pneumonia is a possible symptom of complications in the lungs caused by cancer.

coughing

shoulder, chest, or back pain that is not linked to persistent coughing

shortness of breath

a harsh sound with each breath

bronchitis

pneumonia

coughing up phlegm or mucus

coughing up blood

changes in the voice

Neuropathy

Neuropathy is numbness and tingling feelings in the hands and feet due to damaged nerve tissue. It can be a complication of lung cancer.

Neuropathy is caused by tumors that grow near the nerves in the arm or shoulder. A tumor compresses the nerves leading to pain and weakness.

Pleural effusion

This is the buildup of fluid in the membrane that covers the lungs. The fluid can then press against the lungs causing breathlessness.

Heart complications

Lung cancers can sometimes affect the heart when they develop near it or close to major blood vessels. This can cause fluid to press against the heart, which may lead to a number of issues.

These issues include:

swelling in the neck, chest, and face

issues with vision

headaches and dizziness

general fatigue

Blocking airways[older man coughing into fist against a white backdrop]

Depending on its location, a tumor may block a person's airways or food pipe.

A tumor may grow into an airway in the lung and block it. This may lead to other issues, such as pneumonia or shortness of breath.

Issues with the food pipe

Lung cancers that grow near a person's food pipe can cause complications, making it difficult for the person to swallow.

Cancers near a foodpipe may lead to a person feeling pain when food passes through to their stomach.

Spreading cancer to other parts of the body

Another serious complication of lung cancer is that it may spread to other parts of the body. Some lung cancer cells can travel through the lymphatic system or through the bloodstream.

If this happens, the cells can become lodged somewhere else in the body. Cancerous cells can then grow in these new locations, causing further cancers.

According to Cancer Research UK, lung cancer is most likely to spread to:

lymph nodes, in the chest, abdomen, neck, or armpit

liver

bones

brain

adrenal glands

Treatments

There are a number of ways to treat all of these different complications. The choice of treatment will vary depending on a number of factors, which include the type of complication, the age, and the general health of the patient.

Here are different treatments for the variety of complications listed above:

Neuropathy

Numbness and tingling in the hands or feet may be treated with medication.

Neuropathy as a complication of lung cancer can lead to discomfort. There are many ways to treat the symptoms of neuropathy, including:

pain relief medication

antidepressants

anti-seizure medication

Pleural effusion

Pleural effusion can be treated by slowly draining away the fluid. In order to do this, a tube is inserted into the chest through a small cut.

A person may spend a few days in hospital after this treatment. If the fluid builds up again, they may need to have it drained a further time.

A person with pleural effusion may also have one of the following procedures:

Pleurodesis: a process to remove the space where the fluid can build up.

Medical thoracoscopy: a procedure to investigate the complications and diagnose further treatment.

Heart complications

Heart complications can occur if fluid presses against blood vessels because of a tumor. This can be treated in the following ways:

Pericardiocentesis is a procedure where the fluid is drained using a needle. The needle is placed into the space that surrounds the heart. An ultrasound of the heart is often used to guide the needle.

Creating a pericardial window to prevent a buildup of fluid in the future. A piece of the sac around the heart is removed in surgery. This allows any fluid that builds up to drain into the chest or abdomen.

Blocked airways

There are a number of procedures to treat lung cancer if it blocks a person's airways. These include the following:

Photodynamic therapy (PTD): a procedure where a light-activated drug is injected. A few days later a tube with a laser on it is passed down the throat and into the lung. The laser is then aimed at the tumor. The laser activates the drug, killing the cancerous cells.

Laser therapy: lasers can be used to treat small tumors causing blockages in airways. These lasers can also be used to open up blocked airways to help improve breathing.

Stent placement: a hard silicone or metal tube, called a stent, is placed into the airway. The stent is designed to hold the airway open to improve a person's breathing.

Outlook

Complications caused by lung cancer can occur over time. They tend to appear as the disease develops.

If a person's lung cancer is detected early, then they have a much higher chance of surviving the disease. It's important for a person to understand the symptoms so that they can get an early diagnosis.

Unfortunately, most cases of lung cancer are diagnosed in the later stages. This is because many of the symptoms or complications of the disease tend not to occur until the cancer is advanced.

Therefore, the individual outlook depends on a number of factors including the type of cancer, how far it has developed, and the person's age and general health.

Alzheimer's disease

Alzheimer's linked to unsaturated fatty acids in the brain (Medical News Today:20170323)

<http://www.medicalnewstoday.com/articles/316500.php>

While it is not yet clear what causes Alzheimer's disease, researchers are examining a variety of genetic, environmental, and lifestyle causes. New research examines some of the key brain regions involved in the development of Alzheimer's and finds several fatty acids to be associated with this form of dementia.

New research examines the levels of fatty acids in brain regions vulnerable to Alzheimer's disease.

The Alzheimer's Association estimate that every 66 seconds, an adult in the United States develops Alzheimer's disease (AD). Alzheimer's-related mortality has increased by as much as 89 percent since the year 2000.

Researchers are hard at work trying to understand what causes AD. It is estimated that the disease affects 1 in 3 older adults in the U.S., and understanding why Alzheimer's tends to strike seniors, in particular, is at the heart of the medical community's research efforts.

Researchers are studying late-onset Alzheimer's in the context of age-related brain changes. A new study - published in the journal PLOS Medicine - looks at how fatty acid metabolites in the brain tissue of healthy seniors behave and affect the participants' cognitive abilities.

The international research team - led by Cristina Legido-Quigley of King's College London in the United Kingdom, and Madhav Thambisetty of the National Institute on Aging in the U.S. - conducted a nontargeted metabolite profiling study that analyzed the concentration of 100 different fatty acid metabolites in the brain tissues of seniors who participated in the Baltimore Longitudinal Study of Aging.

The participants were assessed cognitively in the year prior to their deaths, and their brain tissue was tested for neuropathologies during autopsy.

Legido-Quigley and her colleagues divided the participants into three groups: 14 participants had healthy brains, 15 had a neuropathological buildup of the tau protein or a buildup of amyloid plaque, but no memory problems, and a final group of 14 participants had AD.

Amyloid plaques and tau tangles are abnormal clusters of protein and bundles of fiber, respectively, which are considered to be the main features of AD.

Six unsaturated fatty acids linked to AD

The researchers measured the metabolite levels of the brain regions commonly associated with Alzheimer's: the middle frontal gyrus and the inferior temporal gyrus. They also examined metabolite levels in a brain area that is not normally affected by Alzheimer's pathology - the cerebellum.

The study revealed that six unsaturated fatty acids (UFAs) found in the middle frontal and inferior temporal gyri correlated with AD.

Fatty acids are essential nutrients that provide the human body with energy. Fats are made of fatty acids, which can be saturated or unsaturated. Dietary saturated fats can raise the levels of the "bad" type of cholesterol - namely, the low-density lipoprotein cholesterol - while unsaturated ones can lower it.

The fatty acids shown to correlate with AD in this study were: docosahexaenoic acid, linoleic acid, arachidonic acid, linolenic acid, eicosapentaenoic acid, and oleic acid.

Cristina Legido-Quigley and colleagues explain the significance of the study:

"[This] work suggests that dysregulation of UFA's metabolism plays a role in driving AD pathology and that these results provide further evidence for the metabolic basis of AD pathogenesis."

The authors also concede some of the study's limitations. Due to its observational nature, the research cannot explain causality, so it could not be established whether the UFA dysregulation causes AD or whether it is the other way around.

Additionally, the authors note that larger studies are needed to replicate and confirm the findings. Their study sample was small, as there are not many studies available that examined tissue samples together with cognitive evaluations. Furthermore, the nature of nontargeted metabolomic studies is quite limited, as not all metabolites can be identified at once, so further studies are needed to locate other metabolites.

Cardiovascular

'Spray painting' shows promise as minimally invasive way to patch up the heart (Medical News Today:20170323)

<http://www.medicalnewstoday.com/articles/316517.php>

Animal studies suggest that applying a cardiac patch made of a regenerative polymer scaffold onto the surface of the heart could be an effective way to preserve heart function after a heart attack. However, such a procedure would most likely require open-chest surgery, which is traumatic and presents a major barrier to it being used in human patients. Now, new research on mice suggests that "spray painting" biomaterials onto the heart using a minimally invasive procedure could be less risky, less costly, but just as effective.

Researchers say their study shows that spray painting biomaterials onto the heart offers a promising strategy for cardiac repair after heart attack and would not require major surgery or sutures.

The new study - led by the University of North Carolina at Chapel Hill - is published in the journal Tissue Engineering Part C: Methods.

Heart attack, or myocardial infarction, is a major cause of death worldwide. It occurs when heart muscle does not receive enough oxygen-rich blood. The longer the heart muscle is starved of the blood it needs, the greater the damage.

Heart attack results in loss of heart muscle cells (cardiomyocytes) accompanied by changes to the structure and shape of the heart, as well as impaired function. These can eventually result in heart failure.

In their study paper, the researchers say that current treatments - including medications and heart pumps (ventricular assist devices) - only delay progression of disease.

This limitation, together with a shortage of heart donors, means that there is an urgent need for new therapies that focus on regenerating damaged hearts to improve outcomes for patients.

'Inspired by spray painting in the construction industry'

In recent years, biomaterials have been showing some promising results in tissue engineering studies to repair cardiac tissue.

Fast facts about heart attack

Every year in the United States, around 735,000 people have a heart attack

One out of 5 heart attacks is silent - people are not aware of it, but the damage is done

Coronary artery disease is the main cause of heart attack.

For example, cardiac patches - regenerative polymer scaffolds that are layered onto the surface of the heart - have proven effective in preserving heart function after heart attack in rodents.

However, applying a cardiac patch by layering onto the heart would probably require open-chest surgery - a risky and traumatic procedure for patients who have had heart attacks.

The researchers therefore looked for a way in which regenerative biomaterials might be applied in a less invasive manner, as they note:

"Inspired by the practice of spray painting used by [the] construction industry, we hypothesize that in situ polymerizable biomaterials can be spray painted onto the surface of the heart to form a uniform layer of cardiac patch."

The team decided to base their "spray paint" on platelet fibrin gel, as this biomaterial is known to help clot formation and has already been tested in various animal studies.

Spray painting platelet fibrin gel onto the heart

The gel has two ingredients that are carried in a "double-barreled" syringe. The two ingredients come together at the syringe tip - together with a tube carrying carbon dioxide under pressure - to form the gel as it is sprayed onto the target.

In the case of this study, the researchers tested the effectiveness of the gel on cultured cells and on the hearts of live mice via a small incision in the side of the chest.

The results showed that the sprayed-on biomaterial was nontoxic to heart muscle, stuck to the surface of the heart, and degraded over time.

Also, because the gel contains "interconnected pores," it could also be used to release substances such as growth factors to promote the repair of heart muscle.

The researchers conclude that spray painting biomaterials is feasible as a way to place a cardiac patch without the need for invasive surgery and sutures, and offers a promising strategy for cardiac repair after heart attack.

"The spray painting method, as described in this manuscript, is an excellent example of how tissue engineering has evolved since the 1990s. The described delivery method is easy to apply in clinics and shows significant potential for patient treatment."

Methods co-editor-in-chief Prof. John A. Jansen, Radboud University Medical Center, the Netherlands



RESEARCHES HAVE LISTED THE FOLLOWING BENEFITS OF HAVING FERMENTED RICE GRUEL

Researches have listed the following benefits of having fermented rice gruel

1 PREVENTS FATIGUE: Fermented brown rice produces a considerable amount of vitamin B12, which helps prevent fatigue. Remember, people who take fermented rice used to perform physically strenuous jobs in the past.

2 CURES ULCER: Fermented rice gruel is rich in Vitamin B. The vitamin prevents acidity in the body, and offers a very simple remedy for ulcer. The other micro organisms that are produced during fermentation help balance the PH level in the stomach. It also places healthy bacteria in the gut.

3 SECRETES BREAST MILK IN LACTATING MOTHERS: Lactation is important for new babies and many of feeding women have the problem of low milk secretion. Fermented rice is a good source of lactic acid which helps secrete more milk.

4 HELPS RELIEVE CONSTIPATION: Fermented rice gruel is a natural laxative. It has healthy bacteria that help the bowel movement without side-effects.

5 BEAUTY CARE PRODUCT: Fermented rice is considered a beauty secret of Asia. It helps in the production of collagen, which is necessary to maintain elasticity of the skin.

6 REDUCED BLOOD PRESSURE: Fermented rice is a rich source of potassium. Researches show high intake of potassium reduces blood pressure. Consuming the rice as breakfast will also keep the body light and energetic.

THE PROBIOTIC WAY TO BREAKING FAST

Fermented rice gruel, a traditional breakfast in south India, is being rediscovered for its nutritional content

Last year, Americans discovered the many benefits of consuming coconut oil, which came as no surprise to us Indians. Knowingly or unknowingly we have been brought up with these little nuggets of wisdom deeply ingrained into our lives. Now, the Americans are catching up on another quintessentially Indian recommendation — fermented rice gruel, or *pazhankanji* as you may know it. For a generation that demands scientific proof for everything, here's another reason to believe that our forefathers were geniuses.

It was not necessary in those good old days to prepare a hot morning breakfast. Instead, fermented rice gruel, prepared by soaking previous day's rice in water overnight, was used as a traditional breakfast in Kerala and Tamil Nadu. The gruel would be consumed with nutritious side dishes such as butter-milk or chilly chutney.

SOUL FOOD

NYDIN POULIN

What happens when cooked rice is soaked in water overnight? It is found that the bacteria generated in the rice during fermentation produce lactic acid, which breaks down the anti-nutritional factors in rice. This process results in improved bioavailability of micro nutrients and minerals such as iron, potassium and calcium. For example, the availability of iron in 100 gm of boiled rice increases from 3.4 mg to 73.91 mg after 12 hours of fermentation.

Fermented brown rice is rich in magnesium and selenium which help strengthen the bones and to a certain extent prevent the occurrence of degenerative diseases such as arthritis and cancer.

The writer is senior dietician, Medical Trust Hospital, Kochi



MAKING A BUSINESS OF IT

Pappadavada, a swanky restaurant in Kochi, has made fermented rice gruel, *pazhankanji* in Malayalam, a dish of choice for the gourmet. The restaurant follows the traditional ways of preparing the dish but pepper it with a small serving of all-time favourite tapioca along with coconut chutney, small onion, pickle, curd and green chilly.

"We start serving it by 11 am and it will be over in two to three hours," said Minu Pauline, its proprietor. "I have noticed office-goers come regularly for it. Those who travel by bike also prefer it for its rehydrating effect." Her two restaurants in the city sell about 50 bowls a day. "My Facebook post on *pazhankanji* has become a hit and there are non-resident Keralaites who are on vacation come specifically asking for it. And they go back thoroughly disappointed if we had done for the day." Perhaps an element of nostalgia, too!

Women Empowerment

Gender equality: Stand united to bring change (The Asian Age:20170323)

<http://www.asianage.com/life/more-features/230317/gender-equality-stand-united-to-bring-change.html>

Men must take charge to change the position of women in the society.

A student signs a poster to raise the issue of violence against women on the occasion of International Women's Day at the University of Jammu. (Photo: PTI)

A student signs a poster to raise the issue of violence against women on the occasion of International Women's Day at the University of Jammu. (Photo: PTI)

Breaking the shackles of patriarchal system has been a battle women have been fighting since more than a decade. While there are voices heard and concerns raised, it's yet to witness any desired results. It wouldn't be exaggerating to say that the women in traditional days received much more freedom, liberty and respect. Take a look at the Hindu mythology; female goddesses are the epitome of power — defence (Maa Kaali), education (Saraswati) and finance and prosperity (Lakshmi). Unfortunately in spite of the mortals having these facets, the condition of a majority of women in our country today is far from being equal to men in various aspects.

With the passing time, along with globalisation, modern India seems to be changing drastically where now women are regarded as the fairer sex or the weaker sex. The number of incidents of gangrape, acid attack and other kinds of violence against women are happening in every part of India. Every woman related news is extensively discussed and debated but still the topic of women empowerment just becomes more of a fashion and less of substantial news.

Education is one of the most important steps towards women empowerment. The effort to achieve equal opportunity in every sector including economic and social status is a farfetched dream even in the 21st century. The low rate of education among women in India is one of the main reasons which hurdles the social, demographic, political and economic development of India. Women education is the only way that can bring improvement in their circumstance.

Even when it comes to choosing a profession, women are still not allowed to choose a career of their choice. There is always some kind of pre-conceived notion attached. Women should always do a kind of dignified job which includes not working till late night, wearing covered attire, not going for any parties or business trips. Whether a woman is working or not, the household chores is the duty of a woman, while nobody cares if the same is expected from a man or not. The issue of gender disparity in work is also not something that we can avoid. Research shows that women are paid less than men in 90 per cent of the sectors. According to

these reports the main reason for the gender pay gap is due to the preferences of male employees than female employees due to parenthood responsibility and other engagement into various house related work. We need to create a strong message that clearly states equal opportunities for both men and women who are key contributors in the job.

Indian society with its patriarchal system along with religious caste rigidities has relegated women to marginalised and disadvantaged positions with little say in economic, social and political decisions of life with few exceptions of few strong women who stood up to societal discriminations and disabilities. Women empowerment is the progression towards treating women with same status with that of men in various fields of the society. In India, it is still a distant dream.

The 21st century has brought in a new trail and great hopes for women, where striking changes in role of a woman has been seen in last few decades. All these times women were only playing the roles of wives and mothers but now with the changing time, they are not under the shadow of husbands, fathers or sons anymore. With the new entity, women are now establishing their new individual identity. In spite of such progressive approach unfortunately it is now that women are under constantly under the scrutiny and feels more insecure than our predecessor.

Well, there is one day in the year celebrated as International Women's Day. While I don't understand the logic behind a day dedicated to women, it would be a good thought if men celebrate this day more than the women and this year we did see few men including celebrities come out and talk about the women who have influenced their lives. These initiatives can certainly bring a radical change to in the mindset of the society. Women celebrating women's day seldom bring any change; there is no point in converting the converted.

I believe that men must take charge to change the position of women in the society. It is about time the men realise the strength of the women and not the weakness. Men should join hands with women and lead the condemnation of any abuse or violence against women. Men need to shame men. I believe that this should be incorporated everywhere. Instead of taking videos on their mobile when a woman is harassed on the road, and then putting up a moral posts on social networking sites they should actually go and help them.

Most recently, Amitabh Bachchan took a brilliant step towards gender equality by dividing his assets equally between his son and daughter. Despite all the laws towards gender equality, daughters are written out of the will most of the time as she is considered part of her husband's family lineage.

The recent case of CBFC not approving the movie Lipstick Under My Burkha is an example of hypocritical patriarchal Indian society which does not allow a woman to have control over her fantasies. I have not watched the movie, but all I can comprehend is the movie revolves around the protagonist ladies and their fantasy above life. All cultural excuses that the Censor Board gave signify nothing. A movie is a work of art and it has full liberty to express the

view of the art-maker. These kinds of incidents are still a result of how Indian women are portrayed in the society.

Also, the recent news about political upheaval in the educational institutes are responsible for the socio-cultural development of our country. Education must be devoid of any religion. Once you bring religion into it, education takes a backseat, and is lost in the humdrum of what is happening. Whether it is a Hindu, Muslim or Christian or anyone, I think education is the basic foundation for any child. These kind of marches etc are used by politicians for their own benefit, specially for the election in that particular area. They forget the larger interest of the community and the country. Women voicing their opinion are toned down with cheap trolls and rape threats. Women are just mere numbers in the protest rallies and are overpowered by men surrounding them. The choice of languages is very restricted. The character of a woman is always in question whenever she tries to do something that is not ordinary for the patriarchal society. Women should not be just mere numbers anymore but should be a voice without being judged.

Men and women have to come together to change the world and stop gender inequality. It is not something that would change overnight; people have to change their perceptions. The only way words take the meaning is through actions; we have to stand together to change the world and make it a better place to live.

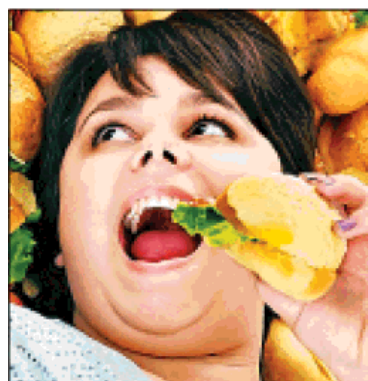
The writer, a Padma Shri awardee, is well recognised in the country's medical and research community. Currently, she is medical director of Milann.

http://epaper.jagran.com/ePaperArticle/23-mar-2017-edition-National-page_14-260-13502-262.html

इजरायली शोधकर्ताओं ने अध्ययन में किया दावा

इंसुलिन प्रतिरोधकता दिमाग के लिए हानिकारक

शरीर में इंसुलिन प्रतिरोधकता को लेकर चौंकाने वाली बात सामने आई है। ताजा शोध के मुताबिक, इंसुलिन प्रतिरोधकता से दिमाग पर प्रतिकूल प्रभाव



पड़ता है और व्यक्ति की समझने की शक्ति तेजी से घटती है। इंसुलिन प्रतिरोधकता वह स्थिति है जब कोशिकाएं शरीर में बनने वाले इंसुलिन के प्रति सहज नहीं रह जाती हैं। ऐसा मोटापे और निष्क्रिय बैठे रहने से होता है। इससे मांसपेशियां, वसा और लिवर कोशिकाएं आसानी से ग्लूकोज का अवशोषण नहीं कर पातीं और कमजोर होने लगती हैं। इजरायल की तेल अवीव यूनिवर्सिटी के शोधकर्ता डेविड ताने ने कहा, 'इस शोध की मदद से ऐसे लोगों की पहचान करना संभव हो सकता है, जिन्हें बड़ी उम्र में अल्जाइमर और दिमागी समझ से जुड़ी अन्य बीमारियों का खतरा होता है।' शोधकर्ताओं का कहना है कि जीवनशैली और खानपान में सुधार से इंसुलिन प्रतिरोधकता की स्थिति से बचा जा सकता है।

-आइएनएस

शराब में एनर्जी ड्रिंक मिलाना खतरनाक

शराब यूं तो सेहत के लिए हानिकारक है ही, लेकिन किसी एनर्जी ड्रिंक के साथ मिलाकर पीना इसे और जानलेवा बना सकता है। कैफीन युक्त एनर्जी ड्रिंक एल्कोहल के साथ मिलकर कई गुना



ज्यादा खतरनाक हो जाता है। कनाडा स्थित यूनिवर्सिटी ऑफ विक्टोरिया के शोधकर्ताओं ने इस अध्ययन को अंजाम दिया। शोधकर्ता ऑड्रा रोमर ने बताया कि

कैफीन में उत्तेजित करने का गुण होता है और यही गुण शराब के असर को ज्यादा खतरनाक बना देता है। शराब को एनर्जी ड्रिंक में मिलाकर पीने से व्यक्ति ज्यादा लड़खड़ाकर गिरने लगता है। इसके अलावा उसमें लोगों से झगड़ने की उत्तेजना भी बढ़ जाती है। रोमर ने कहा, 'आमतौर पर शराब पीने के बाद व्यक्ति थककर आराम करना चाहता है। लेकिन एनर्जी ड्रिंक इस असर को ढक देते हैं। व्यक्ति को यह अनुमान नहीं हो पाता कि उसकी वास्तविक स्थिति क्या है। इसी कारण शराब से उसके व्यवहार पर पड़ने वाले दुष्प्रभाव ज्यादा हावी हो जाते हैं।'

-आइएनएस