



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Thursday 20220310

कोवोवैक्स

कोविड-19: देश में 12 से 17 वर्षीय बच्चों के लिए कोवोवैक्स टीके को मिली मंजूरी (Hindustan: 20220310)

<https://www.livehindustan.com/lifestyle/story-covid19-covovax-vaccine-approved-for-12-to-17-year-old-children-in-the-country-5995960.html>

भारतीय दवा नियामक ने सीरम इंस्टीट्यूट ऑफ इंडिया (एसआईआई) के कोविड-19 रोधी टीके 'कोवोवैक्स' के सीमित आपातकालीन इस्तेमाल की मंजूरी दे दी है। सूत्रों ने बुधवार को बताया कि टीके को 12 से 17 वर्षीय बच्चों के लिए विकसित किया गया है।

देश में 18 साल से कम उम्र के बच्चों के लिए उपलब्ध यह कोरोना रोधी चौथा टीका होगा। भारतीय औषधि महानियंत्रक (डीसीजीआई) ने कोविड-19 से संबंधित विषय विशेषज्ञ समिति की सिफारिश के आधार पर कोवोवैक्स के आपातकालीन इस्तेमाल की मंजूरी दी।

सरकार ने अभी तक 15 साल से कम उम्र के बच्चों को टीका लगाने पर कोई फैसला नहीं लिया है।

डीसीजीआई को दिये गए आवेदन में 21 फरवरी को सीरम इंस्टीट्यूट के निदेशक (सरकारी और नियामक मामले) प्रकाश कुमार सिंह ने कहा कि 12 से 17 साल के लगभग 2707 बच्चों पर दो अध्ययनों से पता चलता है कि कोवोवैक्स ज्यादा असरदार व ज्यादा प्रतिरोधक क्षमता उत्पन्न करने वाला एक सुरक्षित टीका है। इस उम्र वर्ग के बच्चे इस टीके को अच्छी तरह बर्दाश्त कर सकते हैं।

एक आधिकारिक सूत्र के मुताबिक, आवेदन में सिंह की ओर से कहा गया कि यह मंजूरी न केवल हमारे देश के लिए फायदेमंद होगी, बल्कि इससे पूरा विश्व लाभान्वित होगा। यह हमारे प्रधानमंत्री के 'मेक इन इंडिया फॉर द वर्ल्ड' दृष्टिकोण के अनुरूप है।

डीसीजीआई ने पहले ही 28 दिसंबर को वयस्कों में आपातकालीन स्थिति में सीमित उपयोग के लिए कोवोवैक्स को मंजूरी दे दी थी। हालांकि इसे अभी तक देश के टीकाकरण अभियान में शामिल नहीं किया गया है।

कोरोना

कोरोना की चेन टूटी है लेकिन खतरा बरकरार है इसलिए टीका जरूर लगवाएं (Dainik Jagran: 20220310)

<https://www.jagran.com/uttar-pradesh/aligarh-city-the-chain-of-corona-is-broken-but-the-danger-remains-so-definitely-get-the-vaccine-22532390.html>

जिले में करीब 50 लाख से अधिक टीके लगाए जा चुके हैं।

कोरोना की चेन कमजोर हुई है लेकिन खतरा अभी भी बरकरार है। इसलिए प्रशासन ने सभी से अनुरोध किया है कि टीका जरूर लगवाएं। अब स्पाट रजिस्ट्रेशन से भी टीकाकरण हो रहा है। इसके अलावा डोर टू डोर टीम जा रही है।

अलीगढ़, जागरण संवाददाता । जिले में करीब 50 लाख से अधिक टीके लगाए जा चुके हैं। अब भी काफी लोग पहला या दूसरा टीका लगवाने के लिए पहुंच रहे हैं। काफी लोग टीके नहीं लगवा रहे। जिन लोगों ने अभी तक कोई टीका नहीं लगवाया है। वे नजदीकी शिविर में जाकर टीका लगवा लें। बुधवार को 90 टीमें टीकाकरण के लिए जुटेंगी।

टीकाकरण अभियान में ज्यादा से ज्यादा लोग करें भागीदारी

जिला प्रतिरक्षण अधिकारी डा. एमके माथुर ने बताया कि कोविड-19 टीकाकरण अभियान में ज्यादा से ज्यादा लोगों को अपनी भागीदारी सुनिश्चित करने और आगे बढ़कर अधिक से अधिक संख्या में टीके लगवाने चाहिए। दूसरी डोज व प्रिकाशन डोज भी समय से लगवाना अनिवार्य है। चौथी लहर की फिर से आहट होने लगी है। ऐसे में टीकाकरण से ही जिंदगी बचेगी। कोई लापरवाही न बरतें। केंद्रों पर पहुंचकर टीका लगवाएं।

एनोटामी की पढ़ाई के लिए मृत देह अनिवार्य

अलीगढ़। देहदान कर्तव्य संस्था के पदाधिकारियों ने बुधवार को राजकीय होम्योपैथिक मेडिकल कालेज, छेरत के एनोटामी डिपार्टमेंट में पहुंची। प्राचार्य डा. योगेंद्र सिंह माहुर ने उन्हें डिपार्टमेंट का अवलोकन कराया। संस्थाध्यक्ष डा. एसके गौड़ ने बताया कि सरकार ने आयुष चिकित्सकों को भी सर्जरी करने व सर्जन लिखने की संस्तुति प्रदान की है। इसलिए जरूरी है कि प्रथम वर्ष में एनोटामी की पढ़ाई के लिए मृत देह अनिवार्य है। प्राचार्य से इस संबंध में बात की गई तो वे देह लेने के लिए तैयार हो गए। सचिव डा. जयंत शर्मा ने कहा कि यह कालेज हमारे उद्देश्य के अनुकूल है। उपाध्यक्ष डा. आलोक कुलश्रेष्ठ, कोषाध्यक्ष हितेश छाबड़ा, सदस्य भुवनेश आधुनिक ने कहा कि देहदान कर्तव्य संस्था मेडिकल कालेज के अलावा एक आयुर्वेदिक विद्यालय को मृत्योपरांत मानव देह उपलब्ध करा चुकी है, ताकि छात्रों को पढ़ाई में मदद मिले। प्राचार्य ने पदाधिकारियों की सराहना की।

किडनी बीमारी

World Kidney Day 2022: डायबिटीज़ के मरीज़ हैं, तो इन तौर-तरीकों से रखें अपनी किडनी का ख्याल (Dainik Jagran: 20220310)

<https://www.jagran.com/lifestyle/health-world-kidney-day-2022-diabetes-patients-can-keep-kidney-healthy-by-adopting-these-methods-22532257.html>

World Kidney Day 2022 डायबिटीज़ के मरीज़ों के लिए बहुत ज्यादा जरूरी है किडनी का ख्याल रखना। तो इसके लिए क्या जरूरी सावधानियां बरतनी चाहिए और लाइफस्टाइल अपनाना चाहिए आइए जानते हैं इसे बारे में और ज्यादा विस्तार से।

नई दिल्ली, लाइफस्टाइल डेस्क। World Kidney Day 2022: डायबिटीज सिर से लेकर पैर तक हमारे शरीर के कई अंगों को प्रभावित कर सकती है। ब्लड में शुगर की मात्रा बढ़ जाने पर उसे फिल्टर करने में किडनी को बहुत ज्यादा मेहनत करनी पड़ती है। ज्यादा प्रेशर की वजह से किडनी को गंभीर नुकसान पहुंचता है। हालांकि कुछ स्वस्थ आदतें अपनाकर शुगर के मरीज अपनी किडनी को सुरक्षित रख सकते हैं। जानें, किस तरह की आदतों की हो रही है यहां बात।

खानपान का रखें खास ध्यान

ब्लड शुगर हाई होने की वजह से किडनी को होने वाले नुकसान से बचाने के लिए खानपान में एतिहात बरतना बेहद जरूरी है। डायबिटीज के मरीजों को खाने में ज्यादा चीनी के साथ-साथ ज्यादा कैलोरी वाली चीजों से भी दूर रहना चाहिए। डाइट में ताजा फलों, साबुत अनाज, सब्जियों को शामिल करने से शरीर को जरूरी मात्रा में पोषक-तत्व मिलते हैं और कैलोरी इनटेक भी कम होता है।

World Kidney Day 2022: किडनी के मरीज हैं तो रोजाना एक्सरसाइज करना कितना जरूरी है?

छोड़ दें स्मोकिंग

स्मोकिंग का फेफड़ों के साथ किडनी पर भी बुरा असर पड़ता है। तो अगर आप डायबिटीज के मरीज हैं तब ये और ज्यादा खतरनाक है। इस आदत को जितना जल्द हो सके छोड़ दें वरना किडनी के खराब होने की पूरी-पूरी संभावना रहती है।

ब्लड प्रेशर को रखें कंट्रोल

ब्लड शुगर लेवल की जांच करके तथा डॉक्टर की सलाह के अनुसार दवाइयों के सेवन, सही खानपान और व्यायाम को अपनी दिनचर्या का हिस्सा बनाकर ब्लड प्रेशर को कंट्रोल में रख सकते हैं।

रोजाना एक्सरसाइज है जरूरी

डायबिटीज के मरीज के लिए योग या एक्सरसाइज किसी वरदान से कम नहीं है। ये व्यायाम किसी भी तरह का हो सकता है जैसे- दौड़ना, तेज चलना, स्विमिंग आदि। एक्सरसाइज करने से शुगर लेवल कंट्रोल में रहता है।

जरूरी दवाइयों का सेवन

ब्लड शुगर लेवल के मरीज को डॉक्टर द्वारा दी गई सभी दवाइयों का नियमित रूप से सेवन करना चाहिए। इसमें किसी भी तरह की ढिलाई स्थिति को खराब कर सकती है। अगर एक भी दिन दवाई छूटी

तो इसका प्रभाव आगे अलग ढंग से दिखने लगता है। किडनी जैसे शरीर के दूसरे अंग इससे प्रभावित होने लगते हैं।

World Kidney Day : लंबे समय तक दर्द निवारक के प्रयोग से डैमेज होती है किडनी (Dainik Jagran: 20220310)

<https://www.jagran.com/uttar-pradesh/aligarh-city-world-kidney-day-long-term-use-of-pain-relievers-causes-kidney-damage-22532426.html>

किडनी शरीर से विशाक्त पदार्थों को बाहर निकालने का काम करती है।

छोटी मोटी बीमारी होने पर स्वयं चिकित्सक न बनें। यदि आप चिकित्सक की सलाह लेंगे तो जल्द ठीक होंगे। ज्यादा समय तक दर्द निवारक लेने से किडनी पर असर पड़ता है। किडनी खराब होने की दशा में विषाक्त पदार्थों का ठीक से फिल्टर नहीं हो पाता।

अलीगढ़, जागरण संवाददाता। किडनी शरीर से विशाक्त पदार्थों को बाहर निकालने का काम करती है। दरअसल, किडनी इन पदार्थों को ब्लैडर में भेजती है, जहां से ये यूरिन के जरिए शरीर से बाहर निकल जाते हैं। किडनी खराब होने की दशा में विषाक्त पदार्थों का ठीक से फिल्टर नहीं हो पाते। शरीर विशाक्त पदार्थों से भर जाता है। जिससे किडनी फेल हो जाता है। शुगर, दिल, लिवर की बीमारी, प्रदूषण, दर्द निवारक आदि किडनी खराब होने के प्रमुख कारण हैं। इसलिए किडनी की देखभाल बहुत जरूरी है। आइए, वर्ल्ड किडनी डे पर इसकी देखभाल से जुड़ी बातों को जानें...

हर वर्ष मार्च के दूसरे गुरुवार को मनाया जाता है वर्ल्ड किडनी डे

आल इंडिया कौंसिल फार प्रोडक्टिव एजुकेशन रिसर्च एंड ट्रेनिंग के अध्यक्ष डा. मोहम्मद वसी बेग ने बताया कि हर वर्ष मार्च के दूसरे गुरुवार को वर्ल्ड किडनी डे मनाया जाता है। यह हमारे स्वास्थ्य के लिए गुर्दे के महत्व के बारे में जागरूकता बढ़ाने और दुनिया भर में गुर्दे की बीमारी और इससे जुड़ी स्वास्थ्य समस्याओं के प्रभाव को कम करने के लिए वैश्विक जागरूकता अभियान है। विश्व स्तर पर 10 में से एक व्यक्ति गुर्दे की बीमारी से प्रभावित है। इस बार का विषय 'सभी के लिए गुर्दा स्वास्थ्य - बेहतर गुर्दे

की देखभाल के लिए ज्ञान की खाई को पाटना' है। गुर्दे की विफलता जीवन के लिए खतरा हो सकती है और जीवन को बनाए रखने के लिए डायलिसिस या गुर्दा प्रत्यारोपण उपचार की आवश्यकता होती है।

बिना सलाह दर्द निवारक व एंटीबायोटिक न खाएं

वरिष्ठ फिजिशियन डा. जीएम राठी ने बताया कि आजकल लोग स्वयं ही खुद के डाक्टर बन गए हैं। सिरदर्द, बदनदर्द हो या वायरल, बिनी किसी सलाह के दर्द निवारक, एंटीबायोटिक व अन्य दवा का सेवन करने लग जाते हैं। जबकि, दर्द निवारक ऐसे हैं, जिनका लंबे समय तक बार-बार इस्तेमाल करना, किडनी को डैमेज करना है। एंटीबायोटिक के साथ भी यही है। इसलिए किडनी को सुरक्षित रखने के लिए जरूरी है कि खूब पानी का सेवन करें। दूसरी बीमारियों की भी अनदेखी न करें।

Kidney stones: Know all about the causes, preventive measures, and treatment options (The Indian Express: 20220310)

<https://indianexpress.com/article/lifestyle/health/kidney-stones-causes-preventive-measures-treatment-options-7812854/>

World Kidney Day 2022: "Although it is impossible to eradicate the risk completely, a few simple but important modifications can surely decrease the possibility of kidney stones," says Dr Deepak Reddy Ragoori

Kidney stones is a concerning problem that is on the rise among people of all age groups and ethnicities across the globe. Stones in the kidney, says Dr Deepak Reddy Ragoori, MS, M.Ch. (Uro), Consultant Urologist, Asian Institute of Nephrology & Urology, are the result of hard deposits that are made up of calcium, oxalates and other minerals excreted in the urine. "These stones can be in different sizes, shapes and densities. While the smaller ones (<5mm) can come out through the urinary tract spontaneously with/without visiting a doctor, the larger ones will need a urologist's advice," he adds.

In certain cases, these stones can become bigger and even block the urinary tract leading to swelling up of the kidney, causing severe pain and at times kidney damage as well. He further explains that in most cases, these stones crystalize, stick together and do not let urine flow properly. "In such a situation, it may even cause infection in the kidney along with other complications. According to a report of National Center for Biotechnology Information (NCBI), over 12% of the total population in India suffers from the problem of kidney stones," the expert says.

Causes

Though there is no exact cause for kidney stones, in majority of the cases, these are formed due to the high concentration of minerals in the urine. Apart from that, other factors like food habits, decreased intake of water and medication can also be the cause of stone formation. Some of the other main causes of kidney stones include:

*Medical conditions like Type 2 diabetes, renal tubular acidosis, gout and hyperparathyroidism and genetic kidney problems like medullary sponge kidney can also cause kidney stones

*A few antibiotics, HIV and blood pressure medications can also cause formation of stones as they have a high concentration of minerals.

*There is a familial tendency in kidney stone formation.

weight management, weight and kidney health It has been seen that the risk of kidney stones gets doubled if a person is dealing with obesity, says the expert.

Preventive measures

In today's time and age, most people have adopted a sedentary lifestyle that impacts the overall health including kidneys. Hence, it is crucial to start taking steps from the early stage in life to prevent the risk of kidney stones. Although it is impossible to eradicate the risk completely, a few simple but important modifications can surely decrease the possibility of kidney stones. Some of the ways to prevent them are as follows, according to Dr Ragoori:

Weight management – It has been seen that the risk of kidney stones gets doubled if a person is dealing with obesity. Therefore, it is very important to manage a healthy body mass index (BMI). Having some form of physical workout for at least 30 minutes every day will help to keep the weight under control.

Drink water – To dilute the formation of minerals in the urine, one needs to drink enough water. Drinking at least 10 cups of water (2500 – 3000 ml) daily keeps the kidneys healthy. At the same time, one must also drink adequate citrus drink like lemon or orange juice as they are high in citrate.

Diet – What we eat plays a direct role in determining formation of kidney stones. In majority of the cases, these stones are formed due to the accumulation of calcium with oxalate. Therefore, one must always consult a doctor for determining a balanced diet to ensure balanced calcium intake, especially if they already have suffered with kidney stone problems in the past. Restrict the amount of salt intake and food with added preservatives.

When to see a doctor?

If there is any problem with kidney function it most likely will impact the overall wellbeing. One of the biggest challenges is that in the majority of the patients, there are few symptoms

of kidney stones at an early stage. Hence, it is important to watch out for the warning signs that can be an indication of stone formation. Some of the major warning signs include:

Severe back / loin pain

Blood in urine

Burning sensation while urinating

Constant fever with chills

Nausea and Vomiting

Treatment Options

Medication: Once diagnosed with kidney stones, doctors generally prescribe a few medications depending upon the stone location and size to ensure that the stone passes without any problem.

Surgeries: In case, the stone is too large in size and medication cannot help, endoscopic surgeries are done which usually involve small or no incisions (cuts).

Dilation Device and Access Sheaths: This small device provides ureteral dilation and working channel for the introduction of ureteroscopes and devices during ureteroscopy procedures.

Stone Retrieval Basket: When removing complex stones of varying size and composition in challenging locations, every detail matters. These retrieval baskets allow for close stone proximity for successful retrieval of calyceal calculi.

Lithotripsy products: These medical devices provide a comprehensive solution and deliver an evolving portfolio of high-performance lasers, fibres, lithotripsy devices and accessories to make kidney stone removal effective and affordable.

While there are a lot of stone management options available, it is best if people follow prevention.

स्तन कैंसर

स्तन कैंसर के क्या हैं शुरुआती लक्षण, इसको जानना है बेहद जरूरी, डाक्टर की राय देखिए... (Dainik Jagran: 20220310)

<https://www.jagran.com/jharkhand/ranchi-what-is-symptoms-of-breast-cancer-see-doctors-opinion-details-22532405.html>

स्तन कैंसर खतरनाक बीमारी है। ऐसे में स्तन कैंसर के शुरुआती लक्षण क्या हैं इसको जानना बेहद जरूरी है। महिला सशक्तिकरण विषय पर चर्चा के एक आयोजन में स्तन कैंसर से संबंधित जागरूकता विषय पर रांची के कैंसर सर्जन की राय देखिए...

रांची, जासं। Breast Cancer दी इंस्टीट्यूट आफ चार्टर्ड एकाउंटेंट्स आफ इंडिया (The Institute of Chartered Accountants of India) की रांची शाखा ने महिला सशक्तिकरण विषय एक चर्चा का आयोजन किया। इस चर्चा में महिलाओं में स्तन कैंसर से संबंधित जागरूकता विषय पर रांची के कैंसर सर्जन डा नम्रता महनसरिया ने अपने वक्तव्य दिए। उन्होंने उपस्थित महिला सीए से कहा कि स्तन कैंसर खतरनाक बीमारी है। महिलाएं यदि इसके लक्षण दिखते ही डॉक्टर से संपर्क करें तो इस बीमारी के कारण होने वाली बहुत से मौतों को रोकी जा सकती है। इसके शुरुआती लक्षणों को बताते हुए कहा कि यदि कोई भी महिला की स्तन में गांठ या मास्सा दिखाई दे, स्तन या स्तन के किसी हिस्से में सूजन हो, स्तन की त्वचा में बदलाव दिखे, निप्पल में बदलाव हो या अंडर आर्म में गांठ हो तो तुरंत ही डॉक्टर से संपर्क करें। ये सभी स्तन कैंसर के शुरुआती लक्षण हो सकते हैं।

महिला सशक्तिकरण विषय एक चर्चा का आयोजन

हम अपनी सशक्तिकरण का मना रहे जश्न

इंस्टीट्यूट की सेंट्रल इंडिया रिजनल काउंसिल की सदस्य सीए मनीषा बियानी ने कहा कि सभी महिला एक प्रोफेशनल के रूप में सफल हैं। इसलिए यह नहीं कह सकते कि इस कार्यक्रम के द्वारा हम महिला सशक्त हो रहे हैं। इस कार्यक्रम के द्वारा हम अपनी सशक्तिकरण का जश्न मना रहे हैं। रांची स्मार्ट सिटी प्रोजेक्ट के चीफ फाइनेंस अफसर सीए ज्योति पुष्पा ने कहा कि उनकी सफलता में उनके पति का सहयोग रहा। रांची में रॉलिक आइसक्रीम फैक्ट्री से जुड़ी सीए स्नेहा नारसरिया ने कहा कि उन्हें एक

व्यवसायी महिला बनने में हमेशा घर के पुरुषों का सहयोग और प्रोत्साहन प्राप्त हुआ। हर महिला को अपने कुछ समय सामाजिक कार्यों के लिए निकालना चाहिए।

शादी के 22 साल बाद हुई सीए उत्तीर्ण

शादी के 22 साल बाद सीए उत्तीर्ण करने वाली रांची की सीमा मारु ने कहा कि शादी के कारण बीच में सीए कोर्स छोड़ने के बाद फिर से अपने घरेलु दायित्वों का निर्वहन करते हुए 22 वर्षों के बाद सीए पास किया। कार्यक्रम में रांची की दिवंगत सीए अंजलि जैन और सीए अर्चना को याद किया गया। साथ ही उन्हें भावभीनी श्रद्धांजलि दी गई। रांची शाखा की सीपीडू कमेटी की अध्यक्ष सीए श्रद्धा बगला ने कहा आज हम महिलाएं अपनी मेहनत और कौशल से हर जगह पहचान बना रहे हैं। कार्यक्रम को सीए हर्षदीप कौर, सीए विनय विभाकर और इंस्टीट्यूट के रांची शाखा के उपाध्यक्ष सीए पंकज मक्कड़ ने भी संबोधित किया।

ग्लूकोमा

कोरोना काल में बढ़े ग्लूकोमा के मरीज, स्टेरॉयड युक्त दवा और आई ड्रॉप को बताया खतरनाक (Dainik Jagran: 20220310)

<https://www.jagran.com/madhya-pradesh/bhopal-glaucoma-patients-increased-during-the-corona-period-told-the-steroid-medicine-and-eye-drops-to-be-dangerous-22532386.html>

इंदौर में कोरोना काल में बढ़े ग्लूकोमा के रोगी

कोरोना काल में स्टेरॉयड का अत्यधिक सेवन लंबे समय तक स्टेरॉयड युक्त दवाएं आंखों में डालने की वजह से ग्लूकोमा का खतरा बढ़ गया है। ग्लूकोमा के प्रति लोगों को जागरूक करने के लिए 6 से 12 मार्च तक विश्व ग्लूकोमा सप्ताह मनाया जा रहा है।

इंदौर, जेएनएन। एक शोध से पता चला है कि ग्लूकोमा (ग्लूकोमा), जहां पहले भारत में 55 साल से अधिक उम्र के लोग 35 साल के युवाओं में देखे जाते थे। 40 वर्ष से अधिक उम्र के चार में से एक व्यक्ति को ग्लूकोमा होने का खतरा होता है। शहर में कोरोना काल में ग्लूकोमा के करीब चार फीसदी मरीज बढ़े हैं। इसका कारण वंशानुगत समस्याएं, अस्वास्थ्यकर जीवनशैली और स्टेरॉयड का अत्यधिक सेवन या

लंबे समय तक स्टेरॉयड युक्त दवाएं आंखों में डालना है। समय पर इसकी जांच न करने पर अंधापन भी हो सकता है। लोगों को ग्लूकोमा के प्रति जागरूक करने के लिए 6 से 12 मार्च तक विश्व ग्लूकोमा सप्ताह मनाया जा रहा है।

जिला कार्यक्रम प्रबंधन अंधत्व निवारण समिति के डॉ. प्रदीप गोयल ने बताया कि कोरोना काल में ग्लूकोमा के मरीजों की संख्या तीन से चार प्रतिशत बढ़ी है। इसका कारण संक्रमण की चपेट में आने वाले लोगों द्वारा स्टेरॉयड का अत्यधिक सेवन बताया जा रहा है। वर्तमान में आंखों से संबंधित समस्याओं से पीड़ित करीब पांच प्रतिशत मरीज ग्लूकोमा के हैं। आज भी हमारे देश में इसे लेकर जानकारी का अभाव है जिसकी वजह से इसके मामले कम नहीं हो रहे हैं।

बिना डाक्टरी सलाह के आंखों में न डालें आई ड्रॉप

नेत्र रोग विशेषज्ञ डाक्टर किशन वर्मा के मुताबिक जहां पहले ग्लूकोमा के मामले 55 साल की उम्र के बाद आते थे, वहीं पिछले कुछ सालों में 35 साल के आसपास के मरीज मिल रहे हैं। कोरोना संक्रमण से पीड़ित कई मरीजों को स्टेरॉयड दिए गए। ऐसे में जिन लोगों को पहले से ही आंखों की समस्या है या जिनके परिवार में किसी को पहले से ग्लूकोमा है, उन्हें इसका खतरा ज्यादा होता है। बहुत अधिक आई ड्रॉप स्टेरॉयड के सेवन से अधिक नुकसान पहुंचा सकता है। इसलिए बिना डॉक्टरी सलाह के आई ड्रॉप लगाना भी नुकसानदायक है।

भारत में ग्लूकोमा के अधिक रोगी

एमवाय हास्पिटल के ऑपथल्मोलॉजी विभाग की प्रोफेसर डाक्टर श्वेता वालिया के अनुसार, भारत में ग्लूकोमा के रोगियों की संख्या अधिक है। इसका मुख्य कारण जानकारी का अभाव और अनियमित जीवनशैली है। 40 की उम्र के बाद हर चार में से एक को यह बीमारी होने का खतरा होता है, इसलिए साल में एक बार आंखों की जांच जरूर कराएं। यह भारत में अंधपन के मुख्य कारणों में से एक है। प्रारंभिक अवस्था में कोई लक्षण नहीं होते हैं। आंखों की देखभाल के सामान्य तरीके अपनाकर भी इससे बचा जा सकता है।

इन बातों का रखें ध्यान-

- सिर और आंखों में तेज दर्द।

-जी मचलाना और उल्टी जैसा लगना।

-आंखों का लाल होना या देखने में परेशानी होना।

- रोशनी के आसपास रंगीन छल्ले।
- जिन्हें पहले से ही आंखों से जुड़ी समस्या हो।
- जिनके परिवार में पहले ग्लूकोमा हो चुका है।
- मधुमेह या उच्च रक्तचाप होना।
- अधिक नंबर का चश्मा लगाना।
- आयु 40 वर्ष से अधिक।
- अस्थमा, गठिया आदि की दवा में लंबे समय से स्टेरॉयड ले रहे हैं।
- आंख में चोट या सर्जरी हुई हो।

WHO Global Centre for Traditional Medicine

Cabinet nod for setting up WHO Global Centre for Traditional Medicine (The Hindu: 20220310)

<https://www.thehindu.com/news/national/other-states/government-gives-nod-for-who-global-centre-for-traditional-medicine-in-gujarat/article65207178.ece?homepage=true>

It is to be established under Ministry of Ayush in Jamnagar

The Union Cabinet, chaired by Prime Minister Narendra Modi, on Wednesday approved the establishment of a WHO (World Health Organization) Global Centre for Traditional Medicine (WHO GCTM) at Jamnagar in Gujarat. An agreement was signed by the Government of India with the world body in this regard.

The WHO GCTM, to be established under the Ministry of AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa and Homoeopathy), will be the first and only global outposted centre (office) for traditional medicines.

“The move will help to position AYUSH systems across the globe, provide leadership on global health matters pertaining to traditional medicine, ensure quality, safety and efficacy, accessibility and rational use of traditional medicine while developing specific capacity building and training programmes in the areas of relevance to the objectives and conduct

training programmes in campus, residential, or web-based, and through partnerships with the WHO Academy and other strategic partners,” a government release said.

The move would help develop norms, standards, and guidelines in relevant technical areas, tools and methodologies for collecting data undertaking analytics, and assess impact.

Other MoUs

The other decisions the Cabinet was appraised of included a memorandum of understanding (MoU) signed between the Indian Council of Medical Research (ICMR) and Deutsche Forschungsgemeinschaft e.V. (DFG), Germany; MoU signed by the ICMR with the National Institute of Allergy and Infectious Diseases (NIAID), the National Institute of Health of Department of Health and Human Services, U.S.; and the Council’s MoU with Oxford University, U.K.

The objective of the MoU with Oxford University includes capacity-building for Indian scientists and researchers, collection of data compliant with international standards and regulatory requirements, development of India towards becoming a regional hub for capacity development using its own funds and following the principles of equity and sovereignty, and building partnership in and beyond data and skill-sharing with equity and transparency.

Oral Cancer

The role Fusobacterium plays in oral cancer patients in India (The Hindu: 20220310)

<https://www.thehindu.com/sci-tech/health/the-role-fusobacterium-plays-in-oral-cancer-patients-in-india/article65192892.ece?homepage=true>

A study identified the presence of a bacteria, Fusobacterium nucleatum, in oral tumours at a significantly higher burden than in the oral cavity of healthy individuals.

Screening for Fusobacterium in a population, in habitual tobacco chewers, could be a worthy exercise

Since the beginning of the 20th Century, it is known that infections could play a role in cancer, with 18-20% of cancers associated with infectious agents. This could be relatively higher in developing countries like India. Our team at ACTREC-Tata Memorial Centre developed a highly sensitive and specific automated computational tool HPVDetector to quantify the presence of human papillomavirus (HPV). This was done by subtracting human

sequences from the cancer genome and comparing the rest with the HPV genome to identify the presence of HPV sequence trace and determine the range of all co-infecting HPV strains in the same individual.

The analysis revealed significant occurrence of HPV 16, 18, and 31, among others, in cervical cancer. But a surprising finding was that Indian patients with oral tumours showing a distinct tobacco usage gene signature were devoid of HPV infection. This was in sharp contrast to the oral tumours among Caucasian patients, wherein tobacco genetic signature is not common but is marked by a significant presence of HPV. Several groups have corroborated this finding, and it is well established that oral tumours among Indian patients are not driven by HPV infection.

In this study published on Mar 4, in NAR Cancer, Sanket Desai, the lead researcher from the group, developed another advanced automated computational tool — Infectious Pathogen Detector (IPD). Beyond HPV, IPD can detect the presence of 1,058 pathogens in the human cancer genome from datasets generated from any Next Generation Sequencing platform. This tool is publicly available for download from the ACTREC- TMC website. Using IPD, the DNA and RNA sequence from 1,407 cancer samples of oral, breast, cervical, gall bladder, lung and colorectal tumours derived from Indians were analysed and compared with Caucasian patients.

Map of microbes

This has led to establishing the most detailed map of the abundance of 1,058 microbes present across Indian cancer patients. Rigorous statistical measures were adopted to distinguish the commensal microbes present as normal flora in a healthy individual compared with the diseased state. Systematic analysis of the data helped the group identify the presence of a bacteria, *Fusobacterium nucleatum*, in the oral tumours at a significantly higher burden than in the oral cavity of healthy individuals.

Interestingly, *Fusobacterium nucleatum* is known to play a vital role in colorectal cancer, wherein its presence affects the spread of the disease and the patient's response to chemotherapy. However, a similar role of *Fusobacterium* in oral cancer was not known earlier. The presence of the bacteria was found in Indian and Caucasian oral cancer patients, with a much higher incidence among the Indian patients. Moreover, oral cancer patients positive for *Fusobacterium* were found to be negative for HPV infection, suggesting they are present in a mutually exclusive way.

The finding underlines that while oral tumours in the West are more likely to be driven by HPV infection with a lower abundance of *Fusobacterium* infection, the oral cancer incidences in India are caused more by *Fusobacterium* infection. The tumours in oral cancer patients infected with the bacterium were found to spread to lymph nodes in the head and neck region or other distant organs. This sub-class of the tumour was also found to have higher levels of genes responsible for inflammation and pro-cancer immunological response.

Consistent with this finding, infection with virus or bacteria causing chronic inflammation leading to cancer has been known across multiple cancer types, such as HPV in cervical cancer, HBV and HCV in liver cancer, H. pylori in gastric cancer, etc. This study also identified three novel small non-coding miRNA molecules among tumours infected with the bacteria. The discovery of these miRNAs allows the investigators to understand the biological pathway targeted by the Fusobacteria, when it infects the oral cells, and its detailed characterisation. The study continues in collaboration with IIT Bombay, where the researchers grow the oral cancer cells in the presence and absence of the bacterium.

Preventing cancer through immunisation against infectious agents such as HPV vaccination has been known to be effective in up to 90% of HPV-related cancers. Similarly, a significant reduction was observed in the incidence of gastric cancer across multiple studies when the patients infected with the bacteria, Helicobacterium pylori, were treated with antibiotics specific to the bacterium. The findings from the study carried out at ACTREC- Tata Memorial Centre opens an opportunity to treat oral cancer patients positive for Fusobacterium, occurring predominantly among Indian patients, with a Fusobacterium-specific antibiotic for selectively targeting the tumours. The study emphasises the impact of Fusobacterium infection on modulating conventional chemotherapy treatment or recurrence of the disease as frequently observed in oral cancer patients, similar to its role in colorectal cancer. The utility of community screening for the presence of Fusobacterium in the oral cavity in a population or among habitual tobacco chewers remains to be explored — though it could be a worthy exercise considering the alarming increase in tobacco-associated oral cancer in India.

Medical education

What ails medical education in India (The Indian Express: 20220310)

<https://indianexpress.com/article/opinion/columns/what-ails-medical-education-in-india-7812232/>

Anand Krishnan writes: The efforts to scale up, which are most welcome, must be re-envisioned to focus on quality and societal needs along with commercial viability.

An Indian student studying in Ukraine who fled the conflict hugs his relatives after arriving at Indira Gandhi International Airport in New Delhi, Wednesday, March 2, 2022.

India's medical education system has attracted a lot of adverse attention due to the crisis in Ukraine and the resultant need for evacuating medical students, delay in post-graduate counselling because of reservation-related litigation and Tamil Nadu legislating to opt out of

NEET. I take a look at what ails the system based on my close encounters with it, as a member of the faculty at a medical college and as a father whose daughters went through this process in the last decade.

There is a serious demand-supply mismatch as well as inadequate seats in terms of population norms. In private colleges, these seats are priced between Rs 15-30 lakh per year (not including hostel expenses and study material). This is way more than what most Indians can afford. It is difficult to comment on quality as nobody measures it. However, from personal experience, I can say that it is highly variable and poor in most medical colleges, irrespective of the private-public divide.

The MBBS degree continues to be an attractive option. However, unlike in the past, a substantial section of the middle class no longer feels that this is a good return of investment. Students opting for a medical career, with some exceptions, are of two types: Those who see this as a path to social and economic mobility. The second category is that of children of doctors, especially in the private sector, whose parents want them to continue their legacy. The first group is highly price-sensitive while the second is not.

The government's initiative to open new medical colleges has run into a serious faculty crunch. Except at the lowest level, where new entrants come, all that the new colleges have done is poach faculty from a current medical college. Academic quality continues to be a serious concern. The Medical Council of India (MCI) did try to address many of the earlier loopholes of ghost faculty and corruption. It introduced the requirement of publications for promotions to improve the academic rigour of faculty. But this has resulted in the mushrooming of journals of dubious quality. The point is that the faculty and medical colleges will learn to game the system. Faculty salaries in many state government-run and private colleges are low and private practice is common. This ruins the academic atmosphere.

Another distinct feature of the medical education system in India is its complete disregard for students' welfare. Only the top 0.25 per cent of the applicants get a seat in a decent government medical college. In times of scarcity, social justice takes a backseat. Most parents simply lack the wherewithal to weigh the pros and cons of individual medical colleges. The counselling process is very complicated to negotiate, even for a person like me. After my experience of reporting to a college at 9 am and leaving at 5 am the next day with scarcely any arrangement or hospitality in peak summer, I vowed not to send my daughter to an institution that has scant respect for its future students and their parents. The system is designed for non-resident and other wealthy Indians to capture the seats left unfilled due to their high prices. This is engineered by using a percentile system for defining eligibility — and not per cent — so that students with money and low scores can get through.

What do you do if you and your family have invested money and emotion in making you a doctor and you do not get enough marks to qualify for a government medical college? Many such students used to settle for a Bachelor in Dental Surgery degree. This led to a mushrooming of dental colleges of dubious quality and India produced far more dental

surgeons than were in demand. Subsequently, several of these colleges shut down. The only option then is to do MBBS in a country that one can afford.

A situation of high demand coupled with a student-unfriendly system is designed for the entry of middlemen. As soon as you register with a coaching agency or the NEET results are out, you are bombarded with offers from agencies ensuring seats in Nepal, Mauritius, Ukraine, Russia, China and so on. Parents are lured into spending their hard-earned savings by middlemen who paint a rosy picture of the scenario in these countries. Even after this, these students often fail to clear the foreign medical graduate examination — this has a pass rate of 15 per cent. Caught between parental pressure and an unfriendly system, the students have nowhere to go.

We cannot discount the impact of the corporatisation of the health sector and the increasing need for specialisation in medical education. If the health sector is treated like a service industry with a profit motive, medical education provides human resources — like business managers. Universal need and information asymmetry are among the many reasons often cited to make the case for the exclusion of market forces in health services and medical education. The increasing need for specialisation, with students having to prove their worth at every level or pay through their noses, is becoming a scourge for the new entrants to the system. This explains the decline in attraction for the MBBS among a section of students.

So, what needs to be done? There are many who propose a rapid scale-up of seats by converting district hospitals into medical colleges using a private-public partnership model. The NITI Aayog seems to be moving in this direction. This is a dangerous idea without the government putting in place two things — a functional regulatory framework, and a good public-private model that serves the needs of the private sector as well as the country. We have so far failed miserably in both, largely due to the political-private sector nexus. Recent efforts by the National Medical Council (NMC) to regulate college fees are being resisted by medical colleges. The government should seriously consider subsidising medical education, even in the private sector, or look at alternative ways of financing medical education for disadvantaged students. Quality assessments of medical colleges should be regularly conducted, and reports should be available in the public domain. The NMC is proposing a common exit exam for all medical undergraduates as a quality control measure. This is loaded against students. I hope that the current scaling up efforts, which are most welcome, are re-envisaged to focus on quality and societal needs along with commercial viability.

Covid-19 vaccination

Delhi: Covid-19 vaccination slows down further, only 30,000 doses administered Wednesday (The Indian Express: 20220310)

<https://indianexpress.com/article/cities/delhi/delhi-covid-19-vaccination-slows-down-further-only-30000-doses-administered-wednesday-7812889/>

An average of 36,400 shots was administered over the three days this week as compared to 35,200 on average each day last week, barring Sunday.

The numbers have been sliding since February, with over 98,000 doses being given just a month ago.

Covid-19 vaccination pace in Delhi has slowed down further with just over 30,000 doses administered on Wednesday. An average of 36,400 shots was administered over the three days this week as compared to 35,200 on average each day last week, barring Sunday.

The numbers have been sliding since February, with over 98,000 doses being given just a month ago. The officials have attributed this to Delhi reaching a saturation point, with fewer people remaining to take their second dose and not many turning up for their third or the precaution dose.

“We have already immunised almost all of the population, now those who remain are the ones who were hesitant, to begin with, so it will take time to convince them. Meanwhile, we are focusing on special groups, we have immunised over 1,800 old persons who couldn’t travel to the vaccination centres at their homes. We are also focusing on the transgender population,” said a senior official from Delhi’s health department.

So far, 4,36,685 people have received the precaution dose in the city. There are around 2,40,000 healthcare workers, 3,50,000 frontline workers, and an estimated 3,80,000 people over the age of 60 years with co-morbidities who are eligible for the precaution dose in Delhi.

The trend of more children between the ages of 15 to 17 years being vaccinated during the second week of February has also reversed, with more people from the age group 18-45 years getting vaccinated. There were 20,810 shots given on average every day in the age group of 18 to 45 during the three days this week compared to 8,632 shots being given to those between the ages of 15 and 17 years.

The number of children getting immunised had picked up in January end and February first week because they had become eligible for the second dose. According to government officials, all the eligible children have received their first dose but only about half have received the second dose. But the pace of the second dose is not as fast as the first dose owing to approaching final exams.

Gender Equality

Inadequate responses from the health system to sexual and gender-based violence (Hindustan Times: 20220310)

<https://www.hindustantimes.com/ht-insight/gender-equality/inadequate-responses-from-the-health-system-to-sexual-and-gender-based-violence-101646729829884.html>

Efforts to introduce special procedures for survivors of child sexual abuse and laws to prevent sexual harassment at the workplace have taken shape.(Pixabay)

Sexual violence is back in the headlines. The debate in the Delhi High court on the need to recognise sexual violence by an intimate partner (marital rape) as a crime is a step in the right direction. This progress is not standalone. In the last decade, rape or what we now refer to as sexual assault has been re-defined to include different acts and all forms of penetration. Efforts to introduce special procedures for survivors of child sexual abuse and laws to prevent sexual harassment at the workplace have taken shape. Reforms have been hard-fought by the women's movement and survivors triggered by the Mathura custodial rape case in the 1970s; Bhanwari Devi's battle for justice against her sexual assault by upper-caste men at her workplace in the 1990s and the Nirbhaya case in New Delhi in 2012.

Yet, despite the progress in recognising all forms of sexual violence and reforming the Indian Penal Code, survivors face immense barriers to receiving the medical services and psychological support they need. Sexual Gender-Based Violence (SGBV) has a lifelong impact on the mental health of survivors. The link between violence and mental health is direct, and its scale in India qualifies it as a public health crisis.

Twenty years ago, there were no readily available services for the sexual violence I faced while returning home from college. The incident remains etched in my mind. I still see women not receiving free and quality psychological support for their violence-related trauma, just like I, as a young college student, could not.

Following the 2012 Delhi gang-rape case, one-stop crisis centres were set up in the public health system aiming to provide women facing sexual violence a single point of contact for support, including medical and psychological aid. Progress has been glacially slow, and the crisis centres in the public health system lack a survivor-centric approach and languish due to under-utilisation of funding and training.

Few humanitarian medical organisations like Medecins Sans Frontieres have also set up a sexual and gender-based violence (SGBV) clinic, to fulfil the existing gaps and provide medical and psychological support to survivors through a community-based clinic in Jahangirpuri northwest Delhi. But they face an uphill task.

The ministry of health's 2014 guidelines on medico-legal care applicable to health care facilities are a progressive step but require careful implementation in the one-stop crisis centres. They recognise situations when survivors of sexual violence may approach a crisis centre or health provider only for treatment and psychological support.

However, the legal requirement that medical practitioners mandatorily inform the police even in cases where the survivor is clearly reluctant and does not consent to the disclosure to authorities can have unintended consequences. Health organisations point out mandatory reporting laws in health settings can have a chilling effect on survivors coming forward to access much-needed medical care and support.

My work in public health and HIV highlights that prevention and treatment interventions in community settings work when we respect a patient's confidentiality, autonomy, and agency. Fear of being 'outed' is deep-rooted, lead to stigmatisation and discrimination within families and communities and needs to be addressed. When communities lack trust, survivors do not come forward to access health services.

The fear of disclosure can discourage women and young people from seeking first aid, psychological treatment, HIV and STI medication, vaccinations and emergency contraception they desperately need in the aftermath of sexual violence. Health care professionals are also reluctant to provide much-needed services to survivors as they are constantly in conflict with the need to comply with mandatory reporting against their ethical duty of maintaining confidentiality.

The decision to report to law enforcement agencies should be determined in healthcare settings based on informed consent and dialogue with the survivor and accompanied with legal aid.

The ministry of health guidelines allows recording of the survivor's informed refusal if they decide against reporting the sexual violence. Still, these need to be supported by corresponding legal amendments and quality one-stop crisis centres that maximise the accessibility of medical and mental health services to survivors.

Women's Day Special: Poor health system responses to gender-based violence (Hindustan Times: 20220310)

<https://www.hindustantimes.com/ht-insight/gender-equality/poor-health-system-responses-to-gender-based-violence-putting-lives-at-risk-101646717953073.html>

Inadequate responses from the health system to sexual and gender-based violence are putting survivors' health at risk(PTI)

Sexual violence is back in the headlines. The debate in the Delhi High court on the need to recognise sexual violence by an intimate partner (marital rape) as a crime is a step in the right direction. This progress is not standalone. In the last decade, rape or what we now refer to as sexual assault has been re-defined to include different acts and all forms of penetration. Efforts to introduce special procedures for survivors of child sexual abuse and laws to prevent sexual harassment at the workplace have taken shape. Reforms have been hard-fought by the women's movement and survivors triggered by the Mathura custodial rape case in the 1970s; Bhanwari Devi's battle for justice against her sexual assault by upper-caste men at her workplace in the 1990s and the Nirbhaya case in New Delhi in 2012.

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Public Health

Focus on policies to encourage made in India drugs against rare diseases (Hindustan Times: 20220310)

<https://www.hindustantimes.com/ht-insight/public-health/focus-on-policies-to-encourage-made-in-india-drugs-against-rare-diseases-101646814609846.html>

In India, nearly 70-90 million people suffer from RDs; which is expected to be an under-reported figure; the actual number could be higher.(Twitter/This_Life_Mag)

The Covid-19 pandemic has underscored the need to be more cautious with health and take a critical look at the pre-existing healthcare systems worldwide. Considerable reforms were also witnessed in the national healthcare services in India during times of emergency caused due to the pandemic. For example, rapid approval processes and emergency authorisation of Covid-19 vaccines eventually turned out to be a highly effective recourse; this not only helped the distribution of vaccines to every nook and corner of this country within record-breaking time but also ensured the vaccination of our citizens and protection from the virus. The treatment of patients with rare diseases (RDs) in India also deserves that kind of attention.

In India, nearly 70-90 million people suffer from RDs; which is expected to be an under-reported figure; the actual number could be higher. Although each of these RDs could be impacting a relatively small percentage of the Indian population, together they affect the lives of millions. Moreover, the direct and indirect costs associated with these diseases are higher in comparison to others. This is largely because (i) most of these RDs are chronic and degenerative in nature, causing disabilities to rise in the patients as they grow old; (ii) lack of adequate or proper screening and diagnosis of RDs patients, especially in the remote areas of the country; (iii) lack of availability of treatments and therapies for almost 95% of RDs; for some others, the treatments have to be administered lifelong by the patients and (iv) most importantly, a huge dependency on imported drugs required for the treatment of RDs in India which escalates the cost of such treatments; making them exorbitantly expensive, and highly unaffordable. In the absence of appropriate insurance coverage or adequate financial support, this adds to the financial burden of the patients and their families.

The revised National Policy for Rare Diseases (2021) makes a mention of the need for promotion of local development of drugs for RDs by pharmaceutical companies. The Policy states, “Department of Pharmaceuticals, Department for Promotion of Industry and Internal Trade will be requested to promote local development and manufacture of drugs for rare diseases by public and private sector pharmaceutical companies at affordable prices and take legal/legislative measures for creating conducive environment for indigenous manufacturing of drugs for rare diseases at affordable prices. PSUs could also be encouraged for local manufacturing of drugs for rare diseases.” While this is a welcome recommendation, the

implementation deadlines, processes and approaches, methodology of implementing this strategy, etc have been kept outside the purview of the new policy. It is almost a year since its release and the patients with RDs are still hoping to get some respite from the financial burden. The need of the hour is to ensure that the policy gets implemented without any delay. There is an urgent need to get the domestic manufacturing of drugs for RDs kickstarted in India.

Forecasts reveal that the sales of drugs for the treatment of RDs are expected to total \$262 billion in 2024. So, from an industry's point of view, there certainly lies the demand, potential and opportunity to capitalise on this market share. Several countries across the globe have introduced RDs legislation, comprehensive regulations and laws for RDs in the early stages of the formulation of national healthcare policies. The laws in most of these economies encourage the local discovery and development of drugs for RDs besides the promotion of investments in research and development of diagnosis, screening, etc. of RDs. For example, the United States introduced the 'Orphan' Drug Act as early as 1983 and offers regulatory fee waivers, 50% as a tax credit of the cost of conducting clinical trials, seven-year market exclusivity to sponsors of approved 'orphan' drugs and financial grants for clinical research and/or diagnosis of RDs. Asia Pacific Economic Cooperation (APEC) countries have also taken a lot of initiatives in this direction. In Australia, the Orphan Drugs Policy was introduced in 1997. The country offers benefits like regulatory fee waivers, 5-year market exclusivity, etc. Similarly in Japan, financial subsidies upto 50% expenses for clinical and non-clinical research, 10 years' exclusive marketing rights, 15% tax credits, user fee waivers, etc to encourage domestic R&D on RDs and local production of RDs' drugs. South Korea and Taiwan have also introduced Orphan Drugs Guidelines and RDs Control & Orphan Drug Act, respectively in the early years of the millennium decade. Besides, they offer exclusive marketing rights, financial subsidies, medical reimbursements to patients to encourage the local production, R&D and accessibility to these drugs.

Another inter-related aspect that requires concerted attention in the Indian context is a functional national registry for RDs which does not exist at the moment. Understanding the epidemiology and the burden of disease is extremely important to evaluate the nature of required treatments and drugs to cure RDs. The national policy for RDs also states that the government will have a hospital-based registry at the Indian Council of Medical Research (ICMR) to create a database of various RDs, yield information on the data and disease burden. According to the national policy, ICMR has taken steps in this direction. The need, however, is to strengthen mechanisms to have a comprehensive and functional national RDs registry in India.

In this respect, it is interesting to note the initiatives taken by the APEC world. In 2018, APEC economies ratified the APEC Rare Disease Action Plan; one of the primary areas of the Plan being to manage the pooling and usage of patient data securely and effectively; besides the plan also advocates better use of technology to enhance the purposeful use of data in clinical decision making, among others. Bearing this in mind, the researchers in Australia have conceptualised the framework of a digital Rare Disease Registry and Analytics Platform (RD-RAP) for providing baseline disease data and innovative analytics – including data

analysis, design, diagnostics, therapeutics, health economics, etc. - for informed health services planning and care. This involves leveraging necessary partnerships with industry, academia, clinicians, patient organisations, etc to pool data as well as to create an enabling environment for patient data sharing; ensuring full consent of patients/ families, strict ethical guidelines and data protection laws with respect to the usage of data. Such a framework could be studied extensively and explored in the Indian context.

The patients with rare diseases undergo tremendous stress and experience various socio-economic challenges in their day-to-day lives. It is high time that RDs is considered an integral part of the Universal Healthcare Coverage (UHC) agenda in India. This could enable equitable access to healthcare for RDs patients and enable their greater care. 'Cure for All' must be the mantra of our national policy and the regulatory framework governing RDs. This policy must be implemented in letter and spirit with a priority focus on domestic manufacturing of drugs for RDs, a functional RD registry and enhanced investments in R&D on RDs. The patients with rare diseases are normal people living extraordinary lives. They have an equal right to avail the healthcare services of India as you and I.