



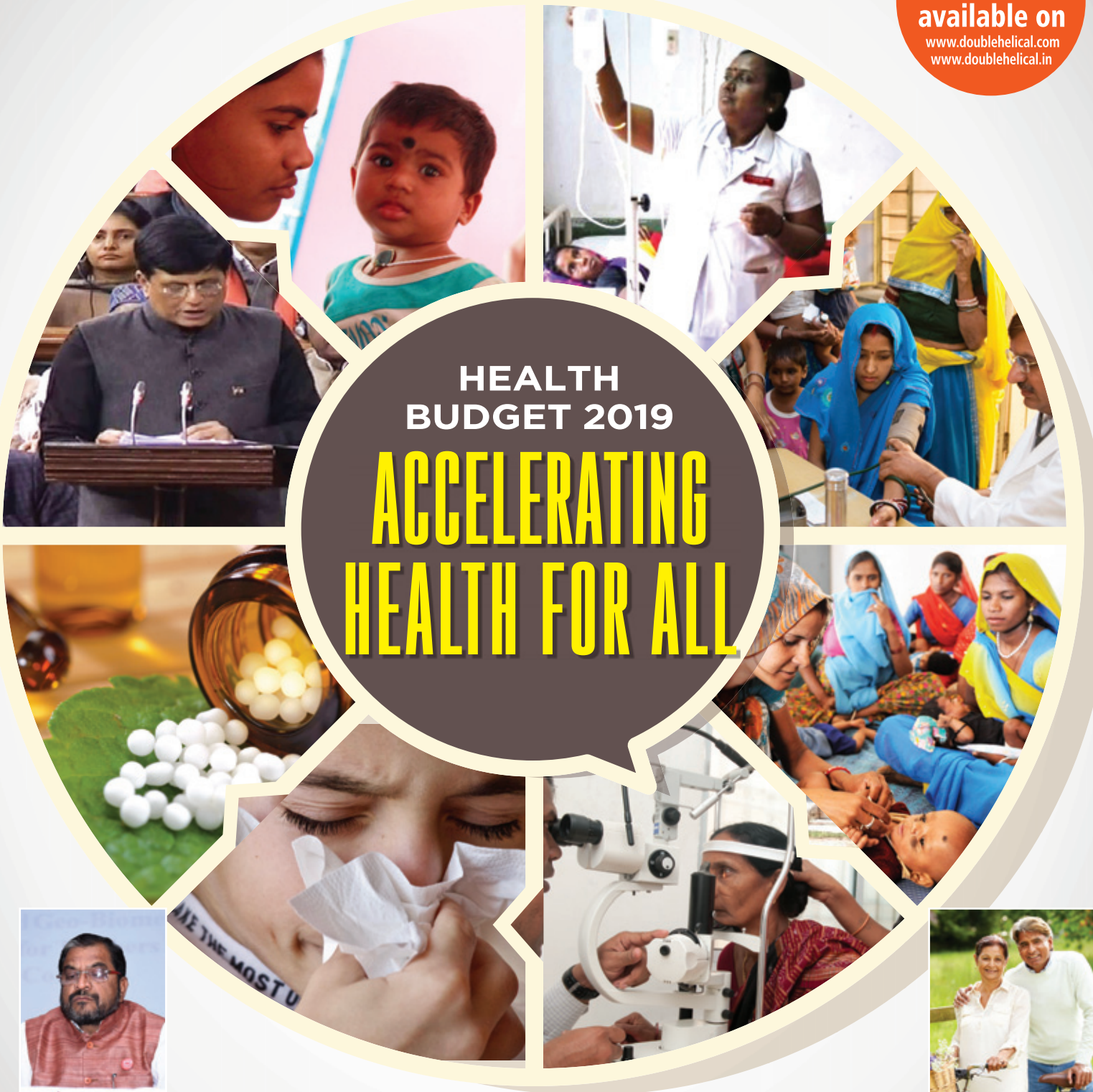
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FEBRUARY - 2019

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HEALTH BUDGET 2019 ACCELERATING HEALTH FOR ALL



Raju Shetty
Member of Parliament and President,
National Federation of Homoeopathic Medical Colleges



Sex Post-Fifty

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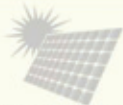
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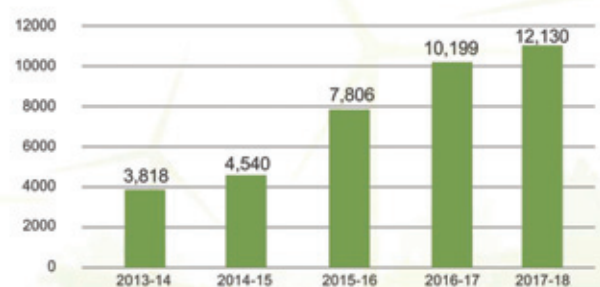


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A COMPLETE HEALTH
MAGAZINE

Volume V Issue III
FEBRUARY - 2019

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A Giant Leap for Affordable Healthcare

Dear readers!

Thank you for your continuous support. With your blessings your favourite magazine, Double Helical is growing by leaps and bounds to serve you a veritable feast of health news, views, research and development month after month.

In the current issue, we focus on Interim Union Health Budget 2019. Although it is said that it can certainly pave the way for providing health for all, the medical fraternity believes that the Modi government's ambitious healthcare policy will become a reality only if the allocation for the health sector rises considerably from the current 1.15% of the GDP to 2.5 percent.

The spotlight of the recently announced health budget is Ayushman Bharat, an ambitious unique affordable healthcare scheme, which provides health cover to 10 crore families. But this scheme should not become a victim of poor governance. A lot of thought process is required to go into its implementation. A robust system should be developed where resources available with both the public and the private sector are pooled, utilised and managed to achieve the desired goals.

In India, the existing primary healthcare model is limited in scope. Even where there is a well-functioning public primary health centre, only services related to pregnancy care, limited childcare and certain services related to national health programmes are provided, which represent only 15 per cent of all morbidities for which people seek care.

Niti Aayog believes that the battle against non-communicable diseases can only be won through a primary health system that ensures that chronic diseases are not only detected early, but also that preventive action is taken to ensure improved lifestyles. The Aayog termed the decision to launch the PMJAY under the Ayushman Bharat a path breaking step towards Universal Health Coverage (UHC).

As Special Story of this issue, we focus on the National Commission for Homoeopathy Bill 2019 proposed by the Niti Aayog and approved by the cabinet. It has come in for criticism by the Homoeopathic Medical Association of India, one of the largest Associations of homoeopaths across the country.

The Central Council of Homoeopathy maintains the Central Register of Homoeopathy and regulates the education in homoeopathy in India besides other things. The council has been constituted by the Union Government, under the Act of

Parliament namely the Homoeopathy Central Council Act, 1973. It is learnt that the Government with the help of Niti Aayog is contemplating to repeal Homoeopathy Central Council Act, 1973 and bring National Commission for Homoeopathy Bill which will provide all Chairmen, Presidents and members nominated by the Government but only 4 members to be elected in states from homoeopathy.

The Homoeopathic Medical Association of India believes that the Central Government through the Ministry of AYUSH had promulgated the Homoeopathy Central Council Ordinance on 18th May, 2018 which later on got passed as a Bill and enacted as an Act by which it superseded the elected President, Vice President and members and replaced them with a Board of six Governors. The provision of only 4 members to be elected in states will keep elected members in minority when any policies are to be decided by voting.

Our another story deals with influenza which might cause severe illness or death especially in people among high risk groups such as pregnant women, children under 59 months, elderly, and individuals with chronic medical conditions. As we know that seasonal influenza is a respiratory viral infection with seasonal occurrences every year. Till 3rd Feb 2019, total 6701 cases and 226 deaths from influenza have been reported in the country. Majority of cases have been reported from 11 states (and majority of deaths have been reported from Rajasthan, Gujarat and Punjab). Deaths have been seen more in persons having co-morbidities like diabetes, hypertension etc. MOHFW deputed a Public Health Team to states to assess the situation and assist them in strengthening response to the increase in cases.

You will find many more informative stories based on deep analysis and ground reporting which provide unique insight. So, happy reading to all of you.

Amresh K Tiwary,
Editor-in-Chief



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Health Ministry Releases Communication Campaign On First Aid

Ashwini Kumar Choubey, Minister of State for Health and Family Welfare, released communication material comprising First Aid Module for Community, Handbook on Prevention of Accidents and Awareness of First Aid, and a documentary film on the occasion of '30th Road Safety Week' held recently. Speaking at the function, Choubey emphasized on the need for giving medical trauma care to the injured during the first hour of the accident, known as the golden hour for saving the lives of the injured persons. Preeti Sudan, Secretary (Health) and Dr S. Venkatesh, DGHS, and Sanjeeva Kumar (AS), were also present at the event.

Choubey stated that road traffic injuries are a growing public health issue, affecting vulnerable groups of road users, including the poor. Road traffic injuries place a huge strain on healthcare services in terms of financial resources, bed occupancy, and demand of health services. He further stated that care of injuries after a crash is of utmost importance, as delays of minutes in delivering care can make a difference between life and death.


He said that in order to tackle this growing menace, Ministry of Health and Family Welfare (MoH&FW) is

implementing 'National Programme for Trauma Care' with a focus on improving pre-hospital, hospital and rehabilitative services for injury victims. Under the Programme, Trauma Care Facilities are being strengthened in the existing Government Hospitals, near the State and National Highway. During 2017, the total number of road accidents were reported to be 4, 64,910 causing injuries to 4, 70,975 persons and claiming 1, 47,913 lives in the country. This would translate, on an average, into 53 accidents and 16 deaths every hour, Choubey said.

Choubey said that 116 Government Hospitals were identified during 11th FYP for establishing trauma care facilities (L-I=1, L-II= 57 and L-III= 58), out of these, 100 trauma care facilities are fully-functional as reported by the states. During the 12th FYP 85 Government Hospitals have been identified for strengthening trauma care facilities (L-I=5, L-II=20, L-III= 60) and are in various stages of completion. The Government is taking all the initiatives to provide training to doctors, nurses, paramedics and even to the by-standers on first aid and management of injuries, he stated.

Choubey further said that more than 500 Pre-Hospital Trauma Technicians

have been trained in the three Central Government Hospitals (Dr. RML Hospital, Safdarjung Hospital and Lady Hardinge Medical College) of Delhi. In addition, Advanced Trauma Life Support and Basic Life Support trainings are being imparted for doctors and nurses under the Programme. First Aid training Programmes are also been provided to general public. Around 250 firefighters and airport rescue staff have been trained at IGI Airport, New Delhi. 800 Medical Officers were also provided First Aid training under the Programme in preparation of the Ardh Kumbh Mela, 2019, he added.

The 30th 'Road Safety Week' is observed from 4th to 10th February, 2019 by Directorate General of Health Services, Ministry of Health and Family Welfare (MoH&FW) by organizing various activities. The purpose of the 'Road Safety Week' is to raise awareness about road safety and to encourage common citizen to take action to prevent casualties and make roads safer. One of the pillars of road safety is delivering post-crash care, and make the citizens aware of the basic First Aid to be provided to the accident victims. In this regard, one-day First Aid training programmes were held at Safdarjung Hospital for 5 days. 



DPSRU organises Body, Mind & Soul Event

Indian Pharmaceutical Congress is a place where discussions & developments related to the field of healthcare, pharmacy, pharmaceutical sciences, pharmaceutical industry & new developments in these fields get talked about under one roof. Delegates from across India working in the field of pharmaceuticals visit this congress for the quest of knowledge in their field.

The 70th Indian Pharmaceutical Congress at Amity University, Noida had all this in its agenda, in keeping with all other earlier congresses. But there was something that was very different. One event that caught everyone's attention was the Body, Mind & Soul Walk held on the last day of the congress.

The culmination of the joining of a healthy body, mind & soul is a healthy individual. This event of Body, Mind & Soul walk celebrated health in an individual, society, nation & the world. The event celebrated health through a beautiful manifestation of healthy body.

This event was organized under the esteemed leadership of Dr Harvinder Popli, Dean DPSRU (Delhi Pharmaceutical Sciences & Research University), New Delhi & President, SPER (Society of Pharmaceutical Education & Research) - Women's Forum. SPER Women's Forum

encourages women to explore & fulfill their potential through pursuit of R&D & enhance their capabilities to provide productive & supportive services in the field of pharmacy profession.

The event had fashion walks of children emulating their sports idols & thus promoting the healthy habits of healthy eating & making exercise as a part of the daily routine. The children's event was received with thunderous rounds of applause by the audience.

There were fashion walks by students from DPSRU, Jamia Hamdard University & Amity University. This was followed by impressive ramp walks to promote health by the torchbearers of Pharmacy profession, Dr Harvinder Popli, Dean DPSRU; Dr Raman Dang, Registrar DPSRU; Dr Kanchan Kohli, HOD, Department of Pharmaceutics, Jamia Hamdard University & the eminent professors from Amity University, DPSRU, Jamia Hamdard etc.

A troupe called Dance out of Poverty enthralled the audience with their impressive performance. Dance out of Poverty is an initiative to give free-of-cost dance education to those underprivileged children who aspire to become dancers, but don't have enough money to get higher education. This troupe got this wonderful platform of the esteemed audience of

IPC to showcase their performance.

The faculty & students had trained tirelessly after completing their professional & academic commitments, day after day, so that this beautiful event could be sewn together. Mridula Khatri, M.K. Fashions put in her dedicated efforts to create such confident fashion walkers, out of the Pharmacy professionals.

Glammon Femina Miss India Shreya Chopra & actor Mehul Surana were the showstoppers for the Women's & Men's walk respectively.

The event was very well received by the audience & they thoroughly enjoyed this innovative way of promoting health through fashion. The entire show could not have been possible without the motivating leadership of DPSRU & President Women's Forum whose interesting ideas have so often created wonderful events.

Few months back, DPSRU organized an innovative event in the university along with the collaboration of Lufthansa where faculty & students of DPSRU, SSCBS, Delhi and Dr Ambedkar University were imparted Design Thinking by the trainers from Team Lufthansa. Two teams from DPSRU won the award for presenting most innovative ideas in the ideation challenge. 



India stands committed to increase its overall health allocations to 2.5% of its GDP: J P Nadda

The country has set an example globally by increasing its domestic financial allocations for health. India stands committed to increase its overall health allocations to 2.5% of its GDP as enunciated in the National Health Policy, 2017.

During the inauguration of 'India Showcase Event' as part of the Preparatory Meeting of the Sixth Global Fund Replenishment, J P Nadda, Union Minister of Health and Family Welfare, said, "This milestone meeting is in tandem with the vision of the Hon'ble Prime Minister who has given the clarion call to eliminate HIV/AIDS, TB and Malaria. "Under his guidance,



we have continued our impactful strategies alongside path-breaking innovations to ensure high-impact programmes that improve health indicators and other determinants of wellness."

Ashwini Kumar Choubey, Minister of State (HFW), Dr. Vinod K Paul, Member, NITI Aayog, Preeti Sudan, Secretary (Health), Dr. Soumya Swaminathan, Deputy Director General of Programmes, WHO, Peter Sands, Executive Director, The Global Fund and Dr. Bilali Camara, Country Director, UNAIDS and delegations and representatives from several countries

were also present.

The Union Health Minister further said that India is prioritising resource allocations for tuberculosis with more than 2 billion USD, being invested in the implementation of the National Strategic Plan to End TB by 2017-2025. "This amount is separate from the additional amount of 100 million USD, being invested for nutritional support to TB patients under the Nikshay Poshan Yojana. As resolved by the Prime Minister at the End TB Summit, 2018 in New Delhi, the country is galvanising all efforts to End TB by 2025, five years ahead of the SDG target.

Nadda also highlighted the initiatives and achievements of the Government in HIV/AIDS and Malaria. He stated that the country has launched the National Strategic Plan on HIV/AIDS and Sexually Transmitted Infections (STI), 2017-24. "By 2024, the target is

to ensure that 95% of HIV positive people in the country know their status, 95% of those who know their status are on treatment and 95% of those who are on treatment experience effective viral load suppression. Steps have been taken to ensure that there is no shortage of funds, drugs and testing kits," he elaborated.

He further said that WHO World Malaria Report singled out India for its impressive gains against malaria. "Among the high burden countries, only India showed a substantial decline in disease burden, with a 24% drop in cases. India is on course to meet the goal of ending malaria by 2030," he said.

The Union Health Minister said that PM Jan Aarogya Yojana (PMJAY), a National Health Protection Scheme envisions health assurance of Rs 5 lakh per family per year, benefiting over 50 crore people. "I am happy to share that since the roll-out of 'Modicare', in merely 135 days nearly 1.1 million people have already availed of the benefits worth RS. 15 Billion under the scheme," he added.

गेल (इंडिया) लिमिटेड



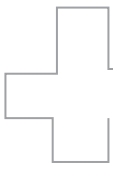
लाएं ताज़गी भरा बदलाव

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- प्रदूषण-मुक्त वातावरण बनाएं



#HawaBadlo





OFFERING A WEALTH OF NUTRITION

Shree Rathnam restaurant is helping the people lead healthier and more energetic lives by offering its choicest range of cuisine that abounds in taste as well as nutrition.

BY ABHIGYAN / ABHINAV

Located at Metro Station Commercial Complex, Kaushambi, Ghaziabad, Uttar Pradesh, Shree Rathnam is the standalone pure vegetarian restaurant that is contributing to the general health and wellbeing of people by offering finest and freshest, authentic South Indian food. The brand launched its first outlet at Paschim Vihar in 2012 and now its extensive menu also includes North Indian and Chinese cuisine for people from all walks of life on quick serve basis, at an exceptionally reasonable price.

Ramesh Bangera, Senior Manager, says, “Pure food contributes to a healthy body with a healthy and pure mind and that is what the brand is delivering since its inception. The brand was awarded with “Times Food award for best South Indian Cuisine” in 2013 and since then it has



never looked back. It proudly boasts of 44 successful operational outlets in India with few in the pipeline within a short period of time.

Shree Rathnam was launched as a one-of-its-kind restaurant with a common view to excel in India and abroad with the finest quality and cost effective pure vegetarian food in a cool and modern ambience supported by experienced and courteous staff.

Ramesh Bangera adds, “We are committed to provide our patrons the most delicious, finest & freshest authentic South Indian food all made with the finest ingredients along with a mix of North Indian and Chinese cuisine. People from all regions of India can truly enjoy the gala dining experience at exceptionally reasonable price in an environment that soothes the frayed nerves, is cozy and comfortable.” The restaurant offers multi cuisine and an extensive menu on quick serve basis that caters to human palate a wide range of tastes. It wants the taste, flavour and aroma to linger on for a longer period at least in the mind if not in the mouth of the guest. Therefore, it wishes to make the dining experience of its customers a physically, mentally and spiritually satisfying one.

“We definitely provide value for money and strive hard to live up to the expectations of our customers. We wish to ensure customer satisfaction with a missionary zeal. Customer review is always welcome,” Bangera quips.

Rajesh Talwar, who works in MNC, said, “Idli, dosa, sambhar, vadas and rasam are things that every person who loves South Indian food will go looking for at all the restaurants in Delhi. Thankfully, we have a couple of restaurants dedicated simply to South Indian cuisines. Out of all the South Indian restaurants in Delhi-NCR, the one that you might come across often is Shree Rathnam, Kaushambi (Ghaziabad). This budget-friendly vegetarian restaurant has



gained popularity across the capital city and there is a lot that it has to offer to people who love quality food. The restaurant gradually has made its presence felt across Delhi-NCR as a popular restaurant where people from not just middle-class families but also other walks of life come to get a taste of the best of delicacies.


The restaurant has an extensive menu at an exceptionally reasonable price. It’s quickly becoming the first choice for people who are looking to dine in at a South Indian restaurant.

SHREE RATHNAM MENU

The popularity of the restaurant stems from the fact that it has a wide range of cuisines to offer. You can pick from their categories even other than their authentic South Indian menu. Other than their extensive South Indian varieties, they also have their signature Veg Fixed Thali,

Uthapams, Soups, Salad Bar, Chinese, North Indian and plenty of dessert options, sweets, ice creams, and much more.

Kavita Bhutani who lives in Shipra Society at Indrapuram, says, “Shree Rathnam is a pretty decent option if you wanna have some good South Indian food. The food here tastes yummy and gives you a nice South Indian feel. I love their Masala Dosa which is my all-time favourite dish here. The dosa here is very crispy and stuffed with quality ingredients.”

Rupesh Dadlani, a resident of Design Arc, Vaishali, says, “The quality of food is so good. Ideal place for your food cravings. I really like the varieties of dosa they serve, amazing taste and fresh crispy. I like butter roasted dosa, spring roll dosa and masala dosa. Also, butter masala dosa and chili garlic noodles are so tasty”. 



MP ON A MISSION

The much-talked-about MP from Madhepura has a humane side to his political life – he has dedicated himself to providing free healthcare services to the suffering humanity

BY TEAM DOUBLE HELICAL





Rajesh Ranjan, popularly known as Pappu Yadav, has a different facet to his personality — he has made it his life’s mission to provide free health services to the needy. Currently, Member of Parliament from Madhepura, he is founder and leader of Jan Adhikar Party. His wife Ranjeet Ranjan, an MP from Supaul, is a Congress leader.

Pappu Yadav was born on 24 December 1967 in a landlord family in Khurda Karveli village, Purnia district, Bihar. He did his schooling from Anand Marg, School, Anand Palli in Supoul. He completed graduation in Political Science from B N Mandal University, Madhepura. He did Diploma in Disaster Management and Human Rights from IGNOU. His real name is Rajesh Ranjan but he was nicknamed as Pappu by his grandfather in his childhood.

Madhepura is the popular place of Gope (Yadav). There is a popular phrase is popular in his constituency—“Rome Pope ka, Madhepura Gope (Yadav) Ka”. He was elected to the Bihar Legislative Assembly from Singheshwarsthan, Madhepura in 1990 as an independent candidate, and in 1991 he contested and was elected to the 10th Lok Sabha from Purnia.

Renu (name changed), 61, who suffers from partial paralysis, was rushed to the Patna Medical College and Hospital (PMCH), following the death of her husband recently. She had plunged into a serious condition due the lack of proper nutrition and medical care. Pappu Yadav met her family members and gave them cash money for her treatment and directed the hospital officials to take proper care of the woman whose son and other family members had left their native place Barbigaha (Bihar) for Gujarat in search of employment.

Yadav believes that the BJP-supported Nitish Kumar government



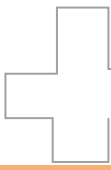
adequate healthcare in the state. He does not want the people should become so helpless that they die whether in Bihar or in in Delhi. In New Delhi, MP Pappu Yadav and his wife MP Ranjeet Ranjan, have named their official residence as ‘Sevashram’ and

has been destroying healthcare system in Bihar through its misguided policies and his personal ambitions at the cost of development in the state. The healthcare delivery has collapsed across the state. There are few doctors and insufficient number of medicines available for patients. The pathetic condition prevails starting from smaller hospitals and health centres in villages to PMCH. Places where the government had earlier appointed doctors are also devoid of doctors and medicines and there have been reports of widespread irregularities in the purchase of medicines.

According to Pappu Yadav, the state government is hardly bothered whether people are able to avail

started serving patients there. Hundreds of patients and their families are able to avail this service. Their lodging is done free of cost. There are patients who come here from all over the country. Pappu Yadav and his wife have set the example for all the MPs of the country today.

Pappu Yadav thinks doctors need to be a lot more responsive towards patients. Of course, they have tremendous work load, but they must treat all patients with more care and compassion. Whenever they get complaints from the patients in hospitals, they should immediately reach the hospital and attend to them. His party often takes to the streets demanding more responsible



and prompt care on the part of doctors in his home town as well as in the city of Delhi.

The residence of the couple at Kasturba Gandhi Marg, 11 A, Balwant Roy Mehta Lane in Delhi has turned into 'Sevashram' for hundreds of patients from Bihar and other states who receive free medical care as well as arrangements for food and lodging. Pappu Yadav and his wife themselves supervise all these arrangements so that no patient has any problem.

A dedicated staff of three deployed at the 'Sevashram' helps patients visit hospitals, meet doctors, conduct tests, and, in some cases, arrange for alternate free options. A kitchen serves them food two times a day, and over 70 kg of rice, along with rotis, dal and vegetables, is cooked every day. The doors of their official

residence are open to patients for 24 hours. Pappu Yadav and his entire family have dedicated themselves for the care of patients. Given the growing dengue and chikungunya cases in Delhi, he has also opened his residence for the service of these patients. He often visits healthcare institutions like AIIMS, Lok Nayak Jaiprakash Narayan Hospital and Ram Manohar Lohia Hospital in Delhi to know about the conditions of patients. According to him, the state of healthcare services in the country is very bad. The government is not discharging its duties in a responsible manner. The patients are often forced to buy medicine from the outside.

Pappu Yadav says that you will not believe that patients from different families have to share the same bed. This is anarchy of the system. In such a situation, people are suffering the most. All government claims are hollow. Delhi CM Arvind Kejriwal is not living up to his commitment to serve the aam admi or the common man. The ordinary people are suffering the most whereas rich people go to five-star hospitals for expensive treatment. Seeing such pathetic conditions, he decided to come forward to help the sick and the

needy. His team of volunteers ensures that complete hygienic conditions are provided for patients and their attendants.

In Sevashram, most of the patients suffer from ailments like cancer, kidney and liver disease. Apart from free food arrangements for all, they receive special care. Financial help is also given to them as per the requirement. Ramji Lal, who arrived from Patna, said that if there was no such service, he would not be in this world today. People were languishing in hospitals. But now they have got a new life. For such patients, Pappu Yadav and his wife laid the foundation of the Sevashram and today thousands of people have benefitted from it.

Pappu Yadav wants doctors to be dedicated to the service of humanity. Sometimes many in their profession are insensitive to problems of the common man. The MP from Madhepura has given a new lease of life to many people. For example when Mahendra was diagnosed with a heart valve disease, he bore the news as a death sentence. The labourer from the Purnia district had no money for his expensive treatment, while queues outside government hospitals were too long. Mahendra then came to know about Pappu Yadav, who has been helping the needy since 1998. He immediately came to Delhi and with the MP's help, received Rs one lakh from the Pradhan Mantri Rahat Kosh. The remaining Rs 25,000 required for the surgery were given by the party of Pappu Yadav. His valve was successfully replaced.

Pappu Yadav says, "Powerful people have been deceiving the common man for long. I just want them to reach out, go and talk to the common people, instead of harping on issues of temples and reservations. We should take care of people's basic needs first. I am trying to help as much as I can. It is also for my own peace of mind and conscience."

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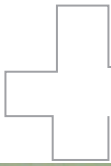
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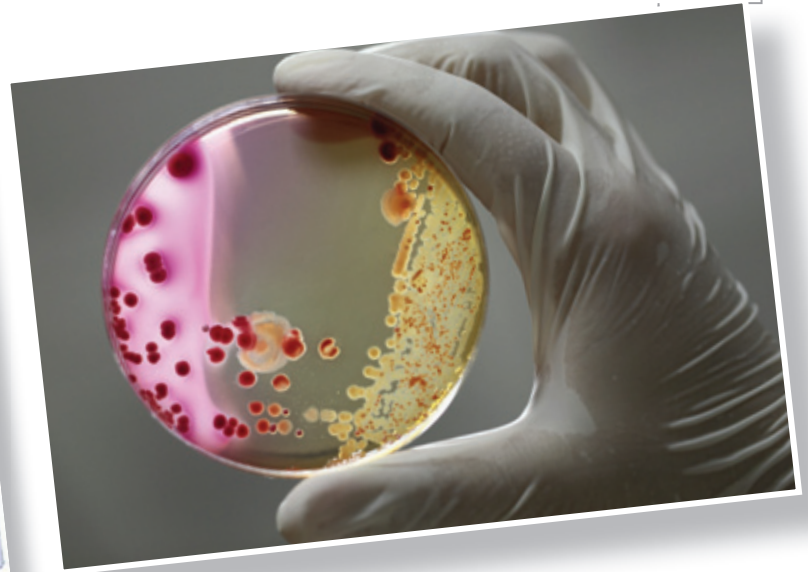
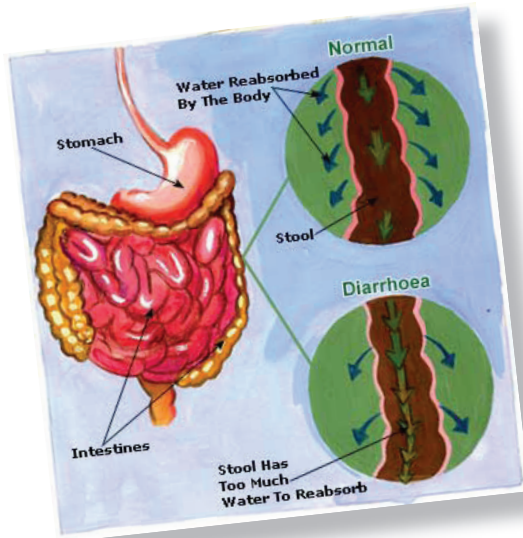
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Drive Against Diarrhoea

Diarrhoea is a leading killer of children despite the availability of simple effective treatment. The Union Health Ministry has launched intensified efforts to reduce child deaths due to diarrhoea, by promoting hygiene and a combination of ORS solution and Zinc therapy...

BY DR MANISHA YADAV



Diarrhoea is the third leading cause of childhood mortality in India, and is responsible for 13 percent of all deaths every year in children under 5 years of age. There is a need for more awareness about information on diarrheal diseases, their causes, preventive and control strategies for better planning and organisation of health services.

About 1.2 lakh children under the age of five succumb to diarrhoea every year in the country. This translates to 328 diarrhoea deaths every day and 13 every hour. A look at the current pneumonia and

diarrhoea-related mortality the world over illustrates the startling divide between those being reached and the abundant number of children left behind, which threatens sustainable development for the world's poorest nations.

The Union Health Ministry has launched intensified efforts to reduce child deaths due to diarrhoea, making it a national priority to bring health outcomes among children to a level equitable with the rest of the world.

For most children around the world, pneumonia and diarrhoea are easily prevented and managed illnesses with simple and effective



INTENSIFIED EFFORTS TO REDUCE CHILD DEATHS DUE TO DIARRHOEA

The Ministry of Health and Family Welfare has taken the initiative to mobilise health personnel, state governments and other stakeholders to prioritize investment in control of diarrhoea, one of the most common childhood illnesses. It aims to create mass awareness about the most effective and low-cost diarrhoea treatment — a combination of Oral Rehydration Salt (ORS) solution and Zinc tablets.

Intensified community awareness campaigns on hygiene and promotion of ORS and Zinc therapy will be conducted at state, district and village levels. Nearly 12 crore under 5-children will be covered during the programme across the country.

Almost all the deaths due to diarrhoea can be averted by preventing and treating dehydration by use of ORS, administration of Zinc tablets along with adequate nutritional intake by the child. Diarrhoea can be prevented with safe drinking water, sanitation, breastfeeding/appropriate nutrition and hand-washing.

ASHA workers undertake distribution of ORS packets to households with under-five children in their village. ORS-Zinc Corners are set-up at healthcare facilities and non-health facilities such as schools and Anganwadi centres. Frontline workers hold demonstration of ORS preparation, along with counselling on feeding during diarrhoea and hygiene and sanitation. The activities are also being supported by other ministries of the Government of India, especially the Education, Panchayati Raj Institutions, Women and Child Development, and Water and Sanitation.

India has realized impressive gains in child survival over the last two decades. There has been a consistent decline in Infant Mortality Rate (IMR) and Under-Five Mortality Rate (U5MR). Increased access to immunization and child healthcare services during this period have greatly contributed to this decline. Yet, millions of children die each year in India, including approximately 1.1 lakh deaths due to diarrhoea.

A range of preventive and promotive interventions are already being implemented such as Vitamin A supplementation, promoting early initiation of breastfeeding, exclusive breastfeeding up to 6 months and appropriate complementary feeding apart from capacity building and service provision of staff for management of childhood diarrhoea in all government health facilities. Besides this, introduction of Rotavirus vaccine under UIP will also help in reducing diarrhoea mortality due to rotavirus disease.



interventions that are rarely life threatening. However, not all children are so fortunate.

Many children's lives can be saved with correct management of childhood diarrhoea. Often children do not receive adequate care for diarrhoea in high-burden sub-Saharan African countries, even among those seen in health facilities. Redoubling efforts to increase care and improve quality of care for childhood diarrhoea in both health facilities and at community level is an urgent priority.

According to Health Ministry officials, Union Health and Family Welfare Minister J P Nadda has instructed them to reach out to the under-five children, more so in the ongoing monsoon season. The ministry sees to it that ORS and Zinc tablets are administered to children who are in need of these during diarrhoea. With a sharpened focus on demand generation, an important component of the Intensified Diarrhoea Control Fortnight (IDCF) includes IEC activities that not only create awareness but also generate demand. The Health Ministry ensures that the intensified community awareness campaigns on hygiene and promotion of ORS and Zinc therapy are conducted at the state, district and village levels.


According to doctors, although

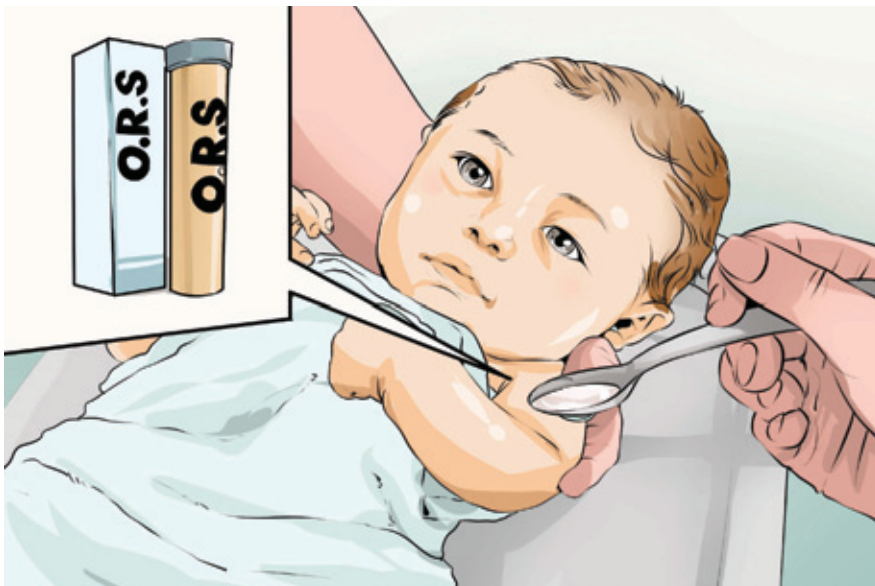


The Ministry of Health and Family Welfare aims to create mass awareness about the most effective and low-cost diarrhoea treatment – a combination of Oral Rehydration Salt (ORS) solution and Zinc tablets.

weeks. Studies have shown that the incidence of acute diarrhoeal diseases was as low as 1 episode/child/year in some urban areas.

Young age, low socio-economic status, poor maternal literacy, presence of under-five sibling in the family, low birth weight, inadequate breastfeeding, malnutrition, poor sanitation and hygiene practices of the mother are associated with a higher incidence of diarrheal diseases in young children. Children belonging to poor socio-economic status had a higher diarrheal incidence than the better socio-economic group. Educational status of the mother showed a positive correlation with the incidence of diarrheal diseases. Studies have shown that families with more than one child had an attack rate for diarrheal diseases that was 22-70% higher than in houses with just one child less than 5 years old. Though the nutritional status of children is a well-known determinant of diarrhoea, frequency of diarrhoea was not significantly greater in those who were underweight or stunted compared with well-nourished children in a few studies.

Incidence of diarrheal diseases was observed to be maximum during the summer months followed by rainy or winter months. Poor sanitation and unhygienic conditions are important risk factors for diarrhoea. Mode of water transportation, and poor handling of water at the household level, presence of wastewater in the street, refuse storage, collection and disposal, domestic water reservoir conditions, faeces disposal and presence of vectors predispose the under-five children to diarrhoea. Indiscriminate stool disposal by the mothers, lack of hand-washing before feeding their children and hand-washing without soap were associated with increased risk. 



various virus, bacteria and protozoa like rotavirus, E.Coli amongst others cause diarrhoea, the main reasons for diarrhoeal attacks amongst children are contaminated water, malnutrition, inadequate sanitation, poor hygiene and lack of immunization. As per an estimate, out of around 10 crore children below five years of age across the country, about 6.3 crore children were reached thanks to the interventions carried out as part of IDCF last year.

In order to expand the cover, the target is to cover all the under-5 children. Globally, four billion episodes of diarrhoea were estimated to occur

each year, with greater than 90% occurring in developing countries. Diarrhoeal disease is a major public health problem among under-five children in developing countries. Total diarrheal deaths in India among children aged 0-6 years were estimated to be 158,209 and proportionate mortality due to diarrhoea in this age-group was 9.1%. Average estimated incidence of diarrhoea in children aged 0-6 years was 1.71 and 1.09 episodes/person/year in rural and urban areas.

According to National Family Health Survey-3 (NFHS-3) report, 9% of all under-five children were reported to be suffering from diarrhoea in last 2

(The author is associated with Sir Ganga Ram Hospital, New Delhi)





The Interim Budget for 2019-20 has provided increased outlay for Ayushman Bharat and healthcare sector, in general. It can certainly pave the way for providing health for all. But the medical fraternity believes that the Modi government's ambitious healthcare policy will become a reality only if the allocation for the health sector rises considerably from the current 1.15 % of the GDP ...

BY AMRESH K TIWARY

**ACCELERATING
HEALTH FOR ALL**

Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) has been allocated Rs 6,400 crore, while Rs 61,398 crore outlay has been made for the health sector in the interim Union Budget 2019-20. The allocation for the National Health Mission (NHM) for 2019-20 was raised to Rs 31,745 crore from the last budget's allocation of Rs 30,129.61 crore. The government, in the interim budget, has allocated Rs 64 crore for upgrading and strengthening nursing services, Rs 5 crore for upgrading pharmacy schools and colleges, Rs 800 crore for upgrading district hospitals and state government medical colleges (post-graduate seats). It allocated Rs 1,361 crore for strengthening government medical colleges (undergraduate seats) and central government health institutions, Rs 2,000 crore for establishing new medical colleges, Rs 20 crore for setting up State Institutions of Paramedical Sciences in the states and for setting up colleges of paramedical education.

Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana scheme aims at providing a cover of Rs 5 lakh per family annually and is aimed at benefitting more than 10 crore poor families across the country. In the previous budget, Rs 250 crore had been allocated for setting up Ayushman Bharat Health and Wellness Centres under the National Urban Health Mission to provide comprehensive and quality primary care close to the community.

The National Programme for Health Care for the elderly saw an increase in allocation from Rs 80 crore to Rs 105 crore while the National Mental Health Programme saw a hike from Rs 5.50 crore to Rs 40 crore. The budgetary allocation for the National



Programme for prevention and control of Cancer, Diabetes, Cardiovascular Disease and Stroke was increased to Rs 175 crore from Rs 100.50 crore. Allocation to the Tobacco Control Programme and Drug Deaddiction Programme was kept at Rs 65 crores, a decline by Rs 2 crore.

In India, the existing primary health care model is limited in scope. Even where there is a well-functioning public primary health centre, only services related to pregnancy care, limited childcare and certain services related to national health programmes are provided, which represent only 15 per cent of all morbidities for which people seek care.

Niti Aayog believes that the battle

against non-communicable diseases can only be won through a primary health system that ensures that chronic diseases are not only detected early, but also that preventive action is taken to ensure improved lifestyles. The Aayog termed the decision to launch the PMJAY under the Ayushman Bharat a path breaking step towards Universal Health Coverage (UHC). It noted that public funding of health has been consistently low in India (approximately 1.3 per cent of GDP). As a result, out-of-pocket expenditure (OOPE) is 62 per cent of the total expenditure on health.

The Aayog also pitched for ensuring access to drugs and medical devices at affordable prices as it was an essential ingredient of UHC. It



observed that citizens have to incur high out-of-pocket expenditure on primary health care, of which the largest expenditure is on drugs. The Aayog recommended providing greater autonomy to public hospitals to use claims money generated under the PM-JAY to improve facilities, purchase the necessary drugs or tests and provide performance-based incentives to the staff.

It suggested strengthening district hospitals to conform to the Indian Public Health Standards and institutionalize ranking of district hospitals based on their performance on health indicators to foster competition and nudge them towards quality improvement.

It also called for strengthening health research capacity by setting up research consortia for diseases of high priority including neglected tropical diseases and emerging infections along the lines of the India TB Research and Development Corporation.

The Aayog called for covering the entire country with a network of viral

research and diagnostic laboratories with a testing capacity of more than 15 lakh samples per year, identify key research areas in traditional medicine and facilitate collaborative research with modern systems of medicine.

For successful implementation of the PM JAY, the Niti Aayog pitched for developing a robust, scalable and interoperable IT platform as per standards formulated by the National Digital Health Authority to enable paperless and cashless transactions under the scheme.

It also stressed putting in place mechanisms for fraud prevention, detection and control as well as for grievance redressal. The Aayog suggested designing a comprehensive media and outreach strategy to increase awareness of the scheme among intended beneficiaries and other stakeholders and institutionalizing health technology assessment at the central and state levels to determine the service packages to be covered under the PM-JAY in the future.

Provision for ASHA Benefit package has been increased by 92.44 per cent over previous year. Additional Rs 692.40 crore has been allocated in 2019-20 against 2018-19 for Health System Strengthening under NRHM for improvement of health infrastructural facilities and to upscale free drugs and diagnostics," a health ministry document stated.

Allocation for the National Mental Health Programme saw a decline from Rs 50 crore to Rs 40 crore while the budgetary outlay for the National Programme for prevention and control of Cancer, Diabetes, Cardiovascular Disease and Stroke was reduced to Rs 175 crore from Rs 295 crore.

The total budgetary allocation for the tertiary care programmes saw a dip of Rs 200 crore, from Rs 750 crore in 2018-19 to Rs 550 crore for the upcoming fiscal. The budgetary





allocation for 2019-20 of North Eastern Institutes increased by 77.12 per cent over previous year.

The government, in the interim Budget, has allocated Rs 64 crore for upgrading and strengthening nursing services, Rs 5 crore for upgrading pharmacy schools and colleges, Rs 800 crore for upgrading district hospitals and state government medical colleges (post-graduate seats).

It allocated Rs 1,361 crore for strengthening government medical colleges (undergraduate seats) and central government health institutions, Rs 2,000 crore for establishing new medical colleges and Rs 20 crore for setting up state institutions of paramedical sciences in the states and for setting up colleges of para-medical education.

The elections looming ahead, healthcare was expected to receive priority attention in Budget 2019. And it did hit the sweet spot within 29 minutes of the Budget speech. In the last five years, we have seen a massive improvement in healthcare services with the launch of the world's largest healthcare scheme Ayushman Bharat. Lakhs of poor and middle class have benefited from cheap medicines now available.

Ayushman Bharat allowed more than 10 lakh poor and vulnerable Indians to avail free treatment; 4,900 Jan Aushadhi Centres, dispensing over 700 medicines at low cost, had opened in more than 600 districts under the "Pradhan Mantri Bharatiya Jan Aushadhi Pariyojana"; that, reduction in the cost of cardiac stents and knee replacement along with free dialysis resulted in an annual saving of more than Rs 8,100 crore; that, for a premium of just Re 1 a month under the "Pradhan Mantri Suraksha Bima Yojana" and 90 paise a day under the "Pradhan Mantri Jeevan Jyoti Bima Yojana.

According to **Dr Ravi Wankhedkar, Past National President, IMA and President, SAARC Medical**



Association, the budget is disappointing for health sector in many ways like no increase in outlay for health that remains at a meagre 1% of GDP. The IMA persistently has demanded to increase it to minimum 2.5% of GDP. Announcing new AIIMS without necessary financial support is a gimmick; the poor conditions of previously announced AIIMS is a testimony to it. Figures of beneficiaries under Ayushman Bharat are misleading - mainly they are of government hospitals where already free treatment was given, or figures

adopted from existing state schemes. There has been no announcement on reducing drug prices by adopting the long standing demand of IMA of One Company-One Drug-One Price Policy. No relief for small & medium hospitals, who are one of the largest employment providers, especially for women, neither in form of single window clearance or incentives for opening hospitals in rural & difficult areas.

Dr A K Agarwal, Medical Director (Innovation) Apollo Hospital and Ex-Dean, Maulana Azad Medical College, New Delhi,





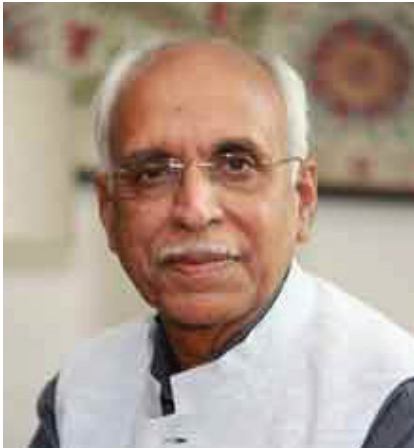
said, “The government should make some significant changes in the health insurance segment to realize India’s ambition of ‘healthcare for all’. The government must address the ill-health and the ensuing poverty of people caused by the huge out-of-pocket medical treatments. The government must launch awareness campaigns to educate people. National level campaigns and events should be held by government associations to make people understand the value of health insurance and preventive care. The focus should be on monetary benefits to correct the existing mindset where it’s seen as a waste of money.”



Dr Girdhar Gyani, Director General, Association of Healthcare Providers (India), said, “We welcome the increase in the budget made for Ayushman Bharat Scheme but we feel that for the kind of efforts which are required to run the health and wellness centres, this provision is negligible.. Even if you provide more budget for running Ayushman Bharat, you have to focus on providing sufficient resources to open new hospitals in tier 2 and tier 3 cities. You have to put more effort in producing doctors, super specialist doctors and more importantly allied health workers. Unless you mobilise resources and efforts on these things, any amount of money invested in Ayushman Bharat will not yield results”.

SOME CONCERNS...

- ✓ The Ministry of Health and Family Welfare (MOHFW) has received an allocation of Rs 63,298 crore in the budget, an increase of little more than Rs 7,000 crore compared to the previous years. As much as 55% of this increment in allocation is, however, devoted to PMJAY. It is a government-funded scheme to cover secondary and tertiary-level inpatient expenses for poor families. While this is a whopping 167% increase in a single year for a single scheme, unprecedented in the health sector, critics argue that PMJAY essentially incentivizes private investment in healthcare through assured market share, as well as subsidies in the form of viability gap funding under the banner of free hospitalization for the poor.
- ✓ It is one of India’s biggest public-private partnerships. However, some experts think that such segmented insurance schemes are ineffective in providing free care, rather than reducing, they increase “out-of-pocket expenditure,” and that they are associated with inappropriate and unnecessary care.
- ✓ When insurance is scaled up in a context where there is a huge inadequacy and inequity in access, and an almost complete absence of regulation, it might result largely in the transfer of public funds into private hands without any matching health outcomes or financial protection. Allocations towards reproductive and child health (RCH), which includes schemes like Janani Suraksha Yojana (JSY), immunisation programmes and various key disease control programmes, have experienced a cut of around Rs 4,200 crore compared to the expenditure in 2017-18. The allocations for the Pradhan Mantri Matritva Vandana Yojana (PMMVY), a scheme for maternity entitlement and wage compensation for women, was cut to half in the previous year’s (from Rs 2,400 crore in 2018-19 budgeted estimate to Rs 1,200 crore), and in this budget, an additional Rs 1,000 crore over 2018-19 budgeted estimate have been allocated. These allocations are, however, much lower compared to the requirements.
- ✓ As for the front line workers, the budget speech mentions a 50% hike in the honorariums of the accredited social health activists (ASHAs) and anganwadi workers, which is far less than the long-standing demand for minimum wages (not less than Rs18,000 per month), along with social security, including monthly pensions of not less than Rs 3,000.
- ✓ The Ayushman Bharat scheme is facing delays and uncertainty in some states. Why, when and how it will roll out in West Bengal, Kerala, Meghalaya, Puducherry, Punjab or Rajasthan?
- ✓ The 21 AIIMS operating or being established, as mentioned by the FM, sounds good, but very few hospitals have been constructed. Some have received paltry portions of the sums promised, while some have just managed to build their boundary walls.



Dr Vijay Agarwal, President of Consortium of Accredited Healthcare Organisations (CAHO) said, “A slight increase in the funds allocated to the healthcare is a welcome step. But personally I don’t find anything to be happy about this unless or until the government increases substantially as promised over many years. Secondly, the government should have enough money to be paid to the hospitals for the services which they have been already rendered. It should just not be the money on paper. The budget does not provide sufficient funds to pull the medical facilities out of bad shape”.



improves India’s march towards a Swasth Bharat has to be done collaboratively through value-based scientific costing driving sustainable pricing, and supported by improved ecosystem efficiency. The recently announced Interim Budget 2019-20 seems to be comprehensive, wide ranging and balanced, with many positives for the health sector. However, the government needs to revisit the unfinished agenda like priority sector’ status to healthcare.”

Dr Suneela Garg, HOD, Department of Community Medicine, Maulana Azad Medical College, New Delhi, said, “With very good amount allocated in Ayushman Bharat, outpatient care and diagnostics would receive great impetus. It will empower the poor and the needy, a movement that can potentially change the healthcare in India. A scheme of this magnitude would be very challenging and



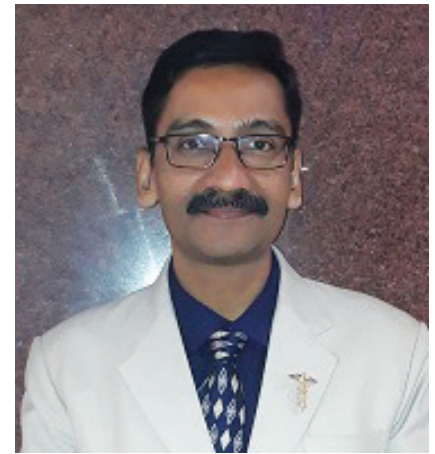
Dr Vinay Aggarwal, Past National President, Indian Medical Association, said, “I welcome the scaling up plans for the Ayushman Bharat. The government’s focus on universal health coverage that



certainly a herculean task to implement. With proper implementation, there would be the need to build an enormous infrastructure, healthcare personnel and finances. The government has allocated some additional funds for this but all this will require a much larger allocation in the future.”




as this focus will help augment and strengthen health access across India.”



Dr Sachin Bhargav, Senior Child Specialist, Vaishali (Ghaziabad), said, “With the constant rise in medical inflation and the instances of both communicable and non-communicable ailments, like cancer, heart issues, dengue, malaria, etc., it is very important for us to provide access to right healthcare to people. Here, health insurance can play a pivotal role. Therefore, the government should lower GST rates on health insurance policies from 18% to 12% to make it affordable for the common man.

While the Indian economy is showing tremendous growth potential, thanks to the government’s modern and inclusive outlook, it still struggle with a large population that does not have adequate access to healthcare. Even among emerging markets, India is one of the least insured countries with only 20% of people having any kind of health insurance.”

The government should increase its spending on public health system and primary care. The National Health Policy, 2017 talks about increasing public spending to 2.5% of the GDP by 2025, but this would remain a far cry if the Union government’s allocations towards health are not increased considerably every year by at least 30%. 



Dr K K Kalra, Ex CEO, NABH, said, “Definitely there is need to increase government spending on healthcare from current 1 percent to minimum 2.5 percent at the earliest. And the government need to strengthen public facility without which the goal of health for all cannot be achieved. We need to improve healthcare facilities across the country.”



Dr H P Singh, Senior Child Specialist, Vaishali Mother and Child Clinic, said, “In my view, there is no beneficiary scheme for the local manufacturers of medical devices, whereas the government wants to reduce healthcare cost in India. The Interim Budget 2019 spelled out the central government’s scale-up in healthcare initiatives over the past few years. This is quite encouraging



POINTS TO PONDER



**RAJU SHETTY, MEMBER OF PARLIAMENT AND PRESIDENT,
NATIONAL FEDERATION OF HOMOEOPATHIC MEDICAL COLLEGES**





The Homoeopathic Medical Association of India, one of the largest Association of Homoeopaths across the country, which includes All the Homoeopathic Medical Colleges, Management Committees, Teaching Staff, Students both UG & PG, and Homoeopathic Practitioners, has strongly objected to discrepancies in the National Commission for Homoeopathy Bill 2019 proposed by the Niti Aayog and approved by the cabinet.....

BY AMRESH K TIWARY

The Central Government under the Act of Parliament namely The Homoeopathy Central Council Act, 1973, has constituted the Central Council of Homoeopathy, which maintains the Central Register of Homoeopathy and regulates the education in homoeopathy in India besides other things.

According to Member of Parliament and President, National Federation of Homoeopathic Medical Colleges, the Bill - preamble to provide for a medical education system that improves access to quality and affordable medical education, ensures availability of adequate and high quality homoeopathy medical professionals in all parts of the country; that promotes equitable and universal healthcare that encourages community health perspective and makes services of homoeopathy medical professionals accessible to all the citizens; that promotes national health goals; that encourages homoeopathy medical professionals to adopt latest medical research in their work and to contribute to research; that has an objective periodic and transparent assessment of medical institutions and facilitates maintenance of a homoeopathy medical register for India and enforces high ethical standards in all aspects of medical services.



Ramjee Singh, Past National President, the Homoeopathic Medical Association of India (HMAI), said, “The Central Government through the Ministry of AYUSH promulgated the Homoeopathy Central Council Ordinance on 18.5.2018 which later on got passed as a Bill and enacted as an Act by which it superseded the elected President, Vice President and members and replaced them with a Board of six Governors. Now the Government with the help of Niti Aayog is contemplating to repeal Homoeopathy Central Council Act, 1973. It intends to bring National Commission for Homoeopathy Bill which will provide all Chairmen, Presidents and members nominated by the Government but only 4 members to be elected in states from homoeopathy which will be keeping elected members in minority when any policies are to be decided by voting.”

“There is only one National Institute of Homoeopathy at Kolkata and even this institute does not reach above 60% of the minimum standards and regulations for a Homoeopathic Medical College. There are 26-state run homoeopathic medical colleges in

different states in the country and all these government colleges are not up to the mark. For the last 16-17 years it is the Central Govt. which is permitting the homoeopathy colleges every year to make admission of students in place of the said Council. In between for 5 years, the Central Govt. on its own granted amnesty and did not allow the Central Council to implement regulations,” Dr Ramjee Singh, added.

Dr Arun Bhasme, Secretary General (HMAI), said, “What is the guarantee that the National Commission as proposed now by the Central Government will be able to improve the standards of education in homoeopathy. Instead the Central Government can amend the existing HCC Act 1973 as proposed by the Central Council many times. We would like to highlight the contradicting issue of proposed bill to protect the democratic aspect of the existing Central Council of Homoeopathy.”


According to Dr Arun Bhasme, following are some of the issues which homoeopathic fraternity would like to oppose with regard to the National Commission for Homoeopathy Bill 2019:

1. Though there are 30 states and

44 universities where BHMS and post-graduation in homoeopathy courses is conducted, how can only 4 elected persons represent the whole of India. The Central Council of Homoeopathy which is still existing has 55 elected members (though removed); how can only 4 members substitute them?

2. The Central Council of Homoeopathy is maintaining the Central Register in 2 parts i.e. Part I and Part II, now the National Commission for Homoeopathy Bill 2019 has only one Register that means all Part II practitioners will get converted into Part I?
3. The Government of India while trying to fit itself into the ambit of Niti Aayog, is challenging its own creation – The Central Council of Homoeopathy and Central Council for Research in Homoeopathy. The New National Commission for Homoeopathy Bill 2019 says that it will take up the research work, then what will happen to the existing Council?
4. This National Commission for Homoeopathy Bill 2019 will totally demolish the previously existing democratic process by



5. building a new autocratic process. Today Niti ayog is saying affordable education – does it mean that all these years homoeopathic education was not affordable? (Even earlier to 1973, homoeopathic education was affordable).
6. Homeopathic Central Council Act 1973 introduced by Government of India is regularizing and bring uniformity in homoeopathic education across the country, now, what is it that Niti Aayog by introducing The National Commission for Homoeopathy Bill 2019 trying to say? It can very well say the same thing by amending the existing HCC Act?
7. Under Section 3(3) the Head office of the National Commission for Homoeopathy will be at Delhi. Does it mean that there are possibilities of opening more offices/ Branches?
8. Under Section 4 (4) (B), the National Commission for Homoeopathy Bill 2019 says that the term of office is not more than 2 years, but, the Section 6(1) says not extending 4 years - look at the inconsistencies present in the National Commission for Homoeopathy Bill 2019 which is going to be introduced? In the Proviso, it says no members elected or nominated should have any family member or connection with any private or non-governmental institutions - here why only private, it should also include government, so that partiality do not exist?
9. The National Commission for Homoeopathy Bill 2019 says he chairman should have outstanding qualifications with 25 years of administrative experience - What qualification will make a person outstanding and from where can we find such extraordinary person?
10. The Section 5(2) of The National Commission for Homoeopathy Bill 2019 talks about filling of the vacancies arising due to various reasons within 3 months of the date, similar section existed in HCC Act but the Central Government failed to do so despite repeated reminder sent from Central Council of Homoeopathy to the Ministry of AYUSH, will it do it now?
11. The National Commission for Homoeopathy Bill 2019 is introducing a National Exit Exam for the under-graduates of homoeopathy – BHMS – it is not clear whether final exams will be conducted by a University at the end of four and half years of course or whether Exit Exam will be conducted by the Commission after award of degree but before grant of registration. The National Commission for Homoeopathy Bill 2019 appears to challenge the examination of the University, if conducted and if the candidate fails, then what happens to the degree issued by the University?
12. Even if the government. of India thinks of bringing the National Commission for Homoeopathy Bill 2019, it will be the same people sitting at the helm of affairs in homeopathy. Like this many more issue are contradictory in the proposed National Commission for Homoeopathy Bill 2019, all these things need to be addressed before thinking of introducing the Bill. 



A CLOSE LOOK AT THE NATIONAL COMMISSION FOR HOMOEOPATHY BILL, 2019

Sl. No.	The National Commission for Homoeopathy Bill 2019	Points for Challenging the Bill
1.	<i>The Preamble to the Bill: - preamble to provide for a medical education system that improves access to quality and affordable medical education, ensures availability of adequate and high quality homoeopathy medical professionals in all parts of the country; that promotes equitable and universal healthcare that encourages community health perspective and makes services of homoeopathy medical professionals accessible to all the citizens; that promotes national health goals; that encourages homoeopathy medical professionals to adopt latest medical research in their work and to contribute to research; that has an objective periodic and transparent assessment of medical institutions and facilitates maintenance of a homoeopathy medical register for India and enforces high ethical standards in all aspects of medical services; that is flexible to adapt to the changing needs and has an effective grievance redressal mechanism and for matters connected therewith or incidental thereto.</i>	<i>The existence and functioning of Central Council of Homoeopathy constituted under the HCC Act 1973(as amended from time to time) by stating that NCH is being proposed to provide affordable education means homoeopathy education has not been affordable all these years, which is not correct. The fee structure invariably in homoeopathic colleges is regulated by the Central and State Govt. constituted Committees, and the same happened to be quite reasonable. The NCH bill is talking about regulation of research and latest development in homoeopathy which means it is denying the functioning and existence of its own creation CCRH where they have been spending/investing crores of rupees on research in homoeopathy. Niti Aayog is talking about change - indeed we see the change is only to constitute the National Commission for Homoeopathy by the passage of Bill which has lots of flaws within and contraindications within itself. Niti Aayog is clearly denying that Homoeopathy was not global. Please note that India is accepted to be the global leader in homoeopathy. Passage of HCC Act, to regulate education and practice of homoeopathy was appreciated by one and all in the profession. In case some flaws exist then the same can be rectified by further amending the said Act of 1973, which was suggested on many occasions by the Central Council of Homoeopathy in the past.</i>
2.	<i>Under Section 2(j) “medical institution” means any institution within or outside India which, grants degrees, diplomas or licenses in homoeopathy and includes affiliated colleges and deemed to be Universities;</i>	<i>Medical institutions including affiliated institutions do not grant degrees,</i>
3.	<i>Under Section 3 (3), the head office of the Commission shall be at New Delhi.</i>	<i>Which means are they going to open more branches/offices, if so in which states or state wise?</i>



4.	<p><i>Under Section 4, Sub Section (4) (b) - five Members to be appointed on rotational basis from amongst the nominees of the States and Union territories in the Advisory Council for a term of two years in such manner as may be prescribed. Read it along with Section 6(1) The Chairperson and Members (other than ex officio members) and Members appointed under clause (b) of sub-section (4) of section 4 shall hold office for a term not exceeding four years and shall not be eligible for any extension or re-appointment:</i></p> <p><i>Provided that no Member shall either himself or through any of his family members, directly or indirectly, own or be associated with or have any dealings with the managing body of a private or non-government medical institution which is regulated under this Act.</i></p>	<p><i>Contradicting each other - the earlier section says limit is 2 years and Section 6(1) says not exceeding 4 years.</i></p> <p><i>This filter is against the Constitution of India, why include only private colleges not government institutions?</i></p>
5	<p><i>Under Section 5(1) (b) - two experts, possessing outstanding qualifications and experience of not less than twenty-five years in the field of Homoeopathy, to be nominated by the Central Government—Members;</i></p>	<p><i>Here the outstanding person's qualification not prescribed - Which outstanding qualification?</i></p>
6.	<p><i>Under Section 5 (3) the Search Committee shall recommend a panel of at least three names for every vacancy referred to it.</i></p>	<p><i>No time frame is mentioned, this clause must have a clear cut recommendation.</i></p>
7.	<p><i>Under Section 5 (6) - Subject to the provisions of sub-sections (2) to (5), the Search Committee may regulate its own procedure.</i></p>	<p><i>Why this method, you must put a time bound working pattern, otherwise it will lead to a blind administration.</i></p>
8,	<p><i>Under Section 8 (1), there shall be a Secretariat for the Commission to be headed by a Secretary, to be appointed by the Central Government in accordance with the provisions of section 5.</i></p>	<p><i>The Secretary has to be a homoeopath with proven admin capacity.</i></p>
9.	<p><i>Under Section 9(6) a person who is aggrieved by any decision of the Commission may prefer an appeal to the Central Government against such decision within thirty days of the communication of such decision.</i></p>	<p><i>The period given is very small, at least it has to be 60 days.</i></p>
10.	<p><i>Under Section 10 (b) – to read along with Section 12(2)-10(b) - lay down policies for regulating medical institutions, medical researches and medical professionals and make necessary regulations in this behalf; and 12(2)- The Council shall advise the Commission on measures to determine and maintain, and to coordinate maintenance of the minimum standards in all matters relating to medical education, training and research.</i></p>	<p><i>It is for the very purpose for which CCRH is constituted, the main motto of CCRH is to conduct research in homoeopathy for which thousands of crores of rupees are spent every year.</i></p>

<p>11.</p>	<p><i>Under Section 10(d) along with Section 10 (f) - frame guidelines and lay down policies by making such regulations as may be necessary for the proper functioning of the Commission, the Autonomous Boards and the State Medical Councils of Homoeopathy; Section 10(f) - take such measures, as may be necessary, to ensure compliance by the State Medical Councils of Homoeopathy of the guidelines framed and regulations made under this Act for their effective functioning under this Act;</i></p>	<p><i>How a National Commission can regulate State Board or Council of Homoeopathy, because it is made on respective independent State Act. Neither any grants are given nor any appointment is made by Central Govt.,</i></p>
<p>11.</p>	<p><i>Under Section 11 (c) - one Member, to represent each State, who is the Vice-Chancellor of a University in that State, to be nominated by that State Government, and one Member to represent each Union territory, who is the Vice-Chancellor of a University in that Union territory, to be nominated by the Ministry of Home Affairs in the Government of India:</i></p> <p><i>Provided that the State Government or the Ministry of Home Affairs in the Government of India, as the case may be, shall nominate the Vice-Chancellor of the University in that State or Union territory which has the largest number of colleges for Homoeopathy affiliated to it;</i></p> <p><i>Under Section 11(d) four Members to be nominated by the Central Government from amongst persons holding the post of Director in the Indian Institutes of Technology, Indian Institutes of Management and the Indian Institute of Science.</i></p>	<p><i>NCH will have an Advisory Council, which will comprise of members (one each to be nominated by every state govt. who is a vice Chancellor of a University having largest no. of homoeopathy colleges affiliated) and the number of members nominated will be in addition to seven to be nominated by Ministry of Home Affairs... Please see the ratio of members in NAC who may be homoeopaths and may be committed for the cause of homoeopathy.</i></p> <p><i>In NCH, there may be 7 members (all nominated) and 18 part time members including 9 part time members from homoeopathy thus even 50% of total members will not be homoeopaths. How this proposed body will watch the interests of homoeopathy and homoeopaths?</i></p>
<p>12.</p>	<p><i>Under Section 15 (1) - A common final year undergraduate medical examination, to be known as the National Exit Test, shall be held for granting licence to practice as medical practitioner of homoeopathy and for enrolment in the State Register or National Register, as the case may be.</i></p>	<p><i>National Exit Exam - a Common examination shall be held for granting license, whether it is the final exam of BHMS course or an additional for registration. If yes, will this exam be conducted by the University or will the university wash their hands and leave it to NCH to conduct the Final Exam- which is the Exit exam- which will cause utter confusion in the minds of the students. If student fails in the exam after obtaining the degree certificate what happens?</i></p>
<p>13.</p>	<p><i>Under Section 29 (2), for the purpose of obtaining permission under sub-section (1), a person may submit a scheme to the Medical Assessment and Rating Board for Homoeopathy in such form, containing such particulars, accompanied by such fee, and in such manner, as may be specified by regulations.</i></p>	<p><i>Provision for Central Govt. College should consist of an appeal to NCH for a new college</i></p>
<p>14.</p>	<p><i>Under Section 29(7), the Medical Assessment and Rating Board for Homoeopathy may conduct evaluation and assessment of any University or medical institution at any time, either directly or through any other expert, without any prior notice and assess and evaluate the performance, standards and benchmarks of such University or medical institution.</i></p>	<p><i>How can a Commission evaluate a University for which the UGC is there, no University will like this-Conflict, the language needs a change- it should be restricted to the examination conducted by such university, not assessing the University functional at large.</i></p>



15.	<p><i>Under Section 32 (1)- Any person who has a recognized medical qualification in homoeopathy under this Act and qualifies the National Exit Test held under section 15 shall have a license to practice homoeopathy and shall have his name and qualifications enrolled in the National Register or a State Register, as the case may be:</i></p>	<p><i>If the Exit exam is approved then only this section is applicable or considered. However, in HCC Act 1973 it has Part 1 & 2, but here there is no Part- that means whether Part 2 will be considered as Part 1? So, there needs to be a separate list even in the NCH Bill 2019.</i></p>
16.	<p><i>Under Section 33(2)- Any person who acts in contravention of the provisions of this section shall be punished with imprisonment for a term which may extend to one year, or with fine which may extend to five lakh rupees, or with both.</i></p>	<p><i>As of now it is only 1000/- but all of a sudden it has been increased to Rs five lakh.</i></p>
17.	<p><i>Under Section 33(3)- Nothing contained in sub-section (2) shall affect,— (a) the right of a person enrolled on a State Register as practitioner of Homoeopathy to practice in any State merely on the ground that he does not possess, as on the date of commencement of this Act, a recognized medical qualification in Homoeopathy; (b) the right of a person who has been practicing homoeopathy for not less than five years in a State, to continue to practice in that State in which a State Register of Homoeopathy is not maintained as on the date of commencement of this Act.</i></p>	<p><i>Why you want to keep this section that means you are giving a window for Part 2 Practitioners without qualifications?</i></p> <p><i>This should not be allowed</i></p> <p><i>This is not there in Allopathy or Ayurveda</i></p>
17.	<p><i>Under Section 57 (3)- On the dissolution of the Central Council of Homoeopathy, the person appointed as the Chairman of that Council and every other person appointed as the Member and any officer and other employees of the Council and holding office as such immediately before such dissolution shall vacate their respective offices and such Chairman and other Members shall be entitled to claim compensation not exceeding three months' pay and allowances for the premature termination of term of their office or of any contract of service.</i></p>	<p><i>This is a grave injustice, putting persons into depression spoiling their family life.</i></p>



CARRIERS OF CONTAGION





Airborne and waterborne diseases are widespread, common occurrences. Though their prevention is difficult, there are ways to reduce exposure to the pathogens that cause them.....

BY DR MANISHA YADAV

Seasonality is a long-recognized attribute of many viral infections of humans, but the mechanisms underlying seasonality, particularly for person-to-person communicable diseases, remain poorly understood. Better understanding of drivers of seasonality could provide insights into the relationship between the physical environment and infection risk, which is particularly important in the context of global ecological change in general, and climate change in particular.

First we start with airborne disease. Many airborne diseases affect humans. Understanding diseases that spread through the air, and how to prevent and avoid them, is important. There are several treatment options as well, which people

need to know if they catch an airborne disease. Simple measures, such as staying home when sick, reducing contact with people who are sick, and other prevention methods, are also looked.

Airborne diseases are commonly spread by sneezing and coughing, making the diseases difficult to control. Airborne diseases are illnesses spread by tiny pathogens in the air. These can be bacteria, fungi, or viruses, but they are all transmitted through airborne contact. In most cases, an airborne disease is contracted when someone breathes in infected air. And a person also spreads the disease through their breath, particularly by sneezing and coughing, and through phlegm. There are frequent outbreaks of common cold and cough which also need timely attention. Due to intense humidity, skin and scalp infections are common. Often, asthma and arthritis also get aggravated.

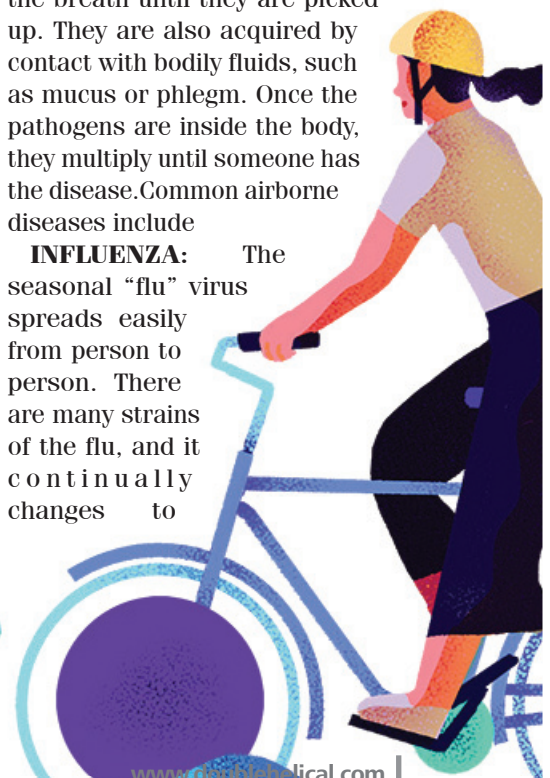
These illnesses, including colds and flu, are transmitted through the air.

Many airborne diseases are common and can have mild or severe symptoms. Prevention tips include good ventilation to swap indoor and outdoor air. Ventilation methods, such as opening a window or using fans, help to exchange dirty air. Treatment for less serious airborne diseases includes rest and fluids.

COMMON AIRBORNE DISEASES

Particles that cause airborne diseases are small enough to cling to the air. They hang on dust particles, moisture droplets, or on the breath until they are picked up. They are also acquired by contact with bodily fluids, such as mucus or phlegm. Once the pathogens are inside the body, they multiply until someone has the disease. Common airborne diseases include

INFLUENZA: The seasonal “flu” virus spreads easily from person to person. There are many strains of the flu, and it continually changes to



adapt to the human immune system.

THE COMMON COLD: The condition called “a cold” is usually caused by a rhinovirus. There are many rhinoviruses, and the strains change to make it easier to infect humans.

VARICELLA ZOSTER: This virus causes chickenpox and spreads easily among young children. The rash is typically widespread on the body and made up of small red spots that turn into itchy blisters, which scab over in time. Chickenpox is spread for about 48 hours before a rash shows, which is how it infects others so successfully. It is usually spread through the air or by touching the rash.

MUMPS: This virus affects the glands just below the ears, causing swelling and, in some cases, loss of hearing. Vaccination is considered important to prevent the disease.

MEASLES: This illness is caused by contact with a person who has the measles virus, or by inhaling particles from their sneezes or cough. As with mumps, vaccination is essential for preventing the spread of this disease.

WHOOPING COUGH (PERTUSSIS): This is a contagious, bacterial illness that causes the airways to swell. The hacking cough that results is persistent and generally treated with antibiotics early on to prevent damage.

UNCOMMON AIRBORNE DISEASES INCLUDE:

ANTHRAX: This is a bacterial disease that infects the body when a person inhales anthrax spores. It causes nausea and flu symptoms. Inhaled anthrax is difficult to diagnose because it resembles other diseases such as flu. Anthrax is treated with antibiotics to stop it worsening.

DIPHtherIA: A rare bacterial disease, diphtheria damages the respiratory system and attacks the heart, kidneys, and nerves. Its rarity may be due to widespread



vaccination. Diphtheria can be treated with antibiotics.

MENINGITIS: Meningitis swells the membranes around the brain and spinal cord. It is a bacterial or viral infection, but is also caused by an injury or fungal infection. Common symptoms include a persistent headache, fever, and skin rash.

The length of an illness caused by a common airborne disease can vary from a few days to weeks, but it is usually dealt with easily. Uncommon airborne diseases may require additional treatment.

SYMPTOMS

Many airborne diseases have

symptoms similar to the common cold or influenza. They include coughchill, muscle and body aches, fatigue, congestion, sneezing, runny or stuffy nose, sore throat, slight body aches or headaches, and sinus pressure. Some people also experience a low fever or general sluggishness with these symptoms.

TREATMENT AND OUTLOOK

Airborne diseases are widespread and easily treatable, in most cases. Complete prevention is difficult, but there are some ways to reduce exposure to the pathogens that cause them. Regular hand-washing and other good sanitary habits will help



prevent the spread of airborne diseases. Wearing a hospital mask in public, and covering sneezes and coughs with an elbow or tissue, are some of the good habits that are recommended. Regular hand-washing can also help lower the spread of bodily fluids that may contain disease-causing germs. In an unventilated area, pathogens, pollutants, and moisture can build up to unsafe levels. Cleaning the air with a filter is another part of keeping an area as free of pollutants and pathogens as possible.

It is important for people to talk to a doctor as soon as they experience symptoms to avoid any complications and to begin treatment. Symptoms of the common cold can be treated, but the illness tends to go away without treatment. The flu runs its course over a few days before someone starts to recover. In the case of chickenpox, the immune system usually deals with the virus on its own. While airborne diseases are common, serious complications are much rarer and normal vaccinations reduce the risk, substantially.

WATER BORNE DISEASE

According to World Health Organization [WHO], every year more than 3.4 million people die as a result of water-related diseases, Most of the victims are young children. Common symptoms include high fever, nausea and vomiting which can become life threatening if ignored.

The onset of monsoon brings relief from the scorching heat of summer but it also makes one susceptible to a host of waterborne diseases.

The most common waterborne diseases associated with monsoon are Malaria, Jaundice (Hepatitis) and Gastro-intestinal infections such as Typhoid and Cholera. Apart from many biological reasons why these diseases flourish in monsoon, there are some other reasons you should be careful about: overflowing drains, sewage pipe bursts and mix-ups with municipal drinking water lines which contaminate your drinking water.

It is rightly said that prevention is better than cure. If one follows preventive measures then such potentially life threatening waterborne diseases can be kept at bay.

1. Avoid wading in rainwater or going out during a heavy downpour.

If you must, remember to wash the area of contact with soap and water as soon as possible.

2. Personal hygiene can be intensified during this period. One thing is to keep skin clean and dry. Washing hands often throughout the day can spell the difference between prevention and disease.


3. Stagnant water is a breeding ground for mosquitoes. Check your living space for any hotspots of contamination e.g. air conditioning trays, flowerpots and vases, and choked drains. If there's a pond near your premises, then breed Gambia fish as they reduce the chances of mosquito breeding. Alternately, call the municipal authorities for fumigation.

4. Use effective mosquito repellent while going out and cover windows with mosquito nets.

5. Our digestive system becomes weak during this season so one should avoid eating spicy, fried and junk food as these have heated thermal effect on our bodies and make us feel lethargic and sluggish.

6. Keep food covered. Flies look harmless but are carriers of serious waterborne diseases such as Typhoid and Cholera.

7. Drink warm water and strictly avoid untreated water, or water/ice from unknown sources.

8. Make that important decision about investing in a home water purifier for the safety of your loved ones; during the monsoon and every day. Consider a water treatment option based on your water quality. UV technology is an excellent disinfection technology and is ideal for municipal treated and supplied water. When the water is from underground sources such as bore wells and is high in salts/TDS, making it hard and unpalatable, consider RO technology. 

(The author is a Child Practitioner and associated with Sir Ganga Ram Hospital, New Delhi)

FIGHTING FATAL FLU

Influenza can cause severe illness or death especially in people among high risk groups such as pregnant women, children under 59 months, elderly, and individuals with chronic medical conditions.

BY ABHIGYAN/ABHINAV

Seasonality is a long-recognized attribute of many viral infections of humans, but the mechanisms underlying seasonality, particularly for person-to-person communicable diseases, remain poorly understood. Better understanding of drivers of seasonality could provide insights into the relationship between the physical environment and infection risk, which is particularly important in the context of global ecological change in general, and climate change in particular.

Seasonal influenza is a respiratory viral infection with seasonal occurrences every year. In 2019 (till date 03.02.2019), total 6701 cases and 226 deaths from influenza have been reported in the country. Majority

of cases have been reported from 11 states (and majority of deaths have been reported from Rajasthan, Gujarat and Punjab). Deaths have been seen more in persons having morbidities like diabetes, hypertension etc. MOHFW deputed a Public Health Team to states to assess the situation and assist them in strengthening response to the increase in cases. The Secretary has directed additional teams to Gujarat and Punjab to assist the states in response to the outbreak.

The effects of seasonal influenza (H1N1) epidemics in developing countries are not fully known, but research estimates that 99% of deaths in children under 5 years of age with influenza-related lower respiratory tract infections are found in developing countries even in India.

In case of seasonal influenza, patients that are not from a high risk group should be managed with symptomatic treatment and are advised, if symptomatic, to stay home in order to minimize the risk of infecting others in the community. Treatment focuses on relieving symptoms of influenza such as fever. Patients should monitor themselves to detect if their condition deteriorates and seek medical attention. Patients that are known to develop severe or complicated illness, should be treated with antiviral medicines in addition to symptomatic treatment as soon as possible.

STRICT MONITORING OF INFLUENZA PREPAREDNESS BY THE HEALTH MINISTRY



According to Dr Arvind Garg, Senior Child Specialist, Associate with Apollo Hospital, Noida, seasonal influenza is characterized by a sudden onset of fever, cough (usually dry), headache, muscle and joint pain, severe malaise (feeling unwell), sore throat and a runny nose. The cough can be severe and can last 2 or more weeks. Most people recover from fever and other symptoms within a week without requiring medical attention. But influenza can cause severe illness or death especially in people among high risk groups. Illnesses ranges from mild to severe and even death. Worldwide, these annual epidemics are estimated to result in about 3 to 5 million cases of severe illness, and about 290000 to 650000 respiratory deaths.



Dr Anup Mohta, Medical Director, Lady Hardinge Medical College, New Delhi, said, "In industrialized countries, most deaths associated with influenza occur among people aged 65 or older. Epidemics can result in high levels of worker/school absenteeism and productivity losses. Clinics and hospitals can be overwhelmed during peak illness periods. People at greater risk of severe disease or complications when infected are: pregnant women, children under 59 months, the elderly, individuals with chronic medical conditions (such as chronic cardiac, pulmonary, renal, metabolic, neuro developmental, liver or hematologic diseases) and individuals with immunosuppressive conditions (like HIV/AIDS, receiving chemotherapy or steroids, or malignancy)."

INFLUENZA A (H1N1) How to Protect Yourself and Others



Cover your nose and mouth with a disposable tissue when coughing and sneezing



Dispose of used tissues properly immediately after use



Regularly wash hands with soap and water



If you have flu-like symptoms, seek medical advice immediately



If you have flu-like symptoms, keep a distance of at least 1 meter from other people



If you have flu-like symptoms, stay home from work, school or crowded places



Avoid hugging, kissing and shaking hands when greeting



Avoid touching eyes, nose or mouth with unwashed hands

The Union Health Ministry (MoHFW), claims that regular review is being done on daily basis at the highest level and preparedness and response measures. These have been at the level of HFM, Secretary (Health), DGHS, AS (Health) JS (Public Health) and Director NCDC in 2018-2019. Regular video conferences are being held to monitor the situation. States have been advised to involve district collectors in enhancing public awareness and outbreak response.

In a high powered meeting with senior officers of the Health Ministry, Preeti Sudan, Secretary (HFW) reviewed the state of preparedness and action taken to deal with H1N1 influenza cases, recently. Additional Secretary (Health) Sanjeeva Kumar, DCGI Dr S Reddy, Directors and Senior Officials from NCDC and

representatives from EMR were also present in the meeting.

Advisory for preparedness to seasonal influenza A (H1N1) was issued from DGHS, JS (Public Health), and Director NCDC in 2018-2019. Integrated Disease Surveillance Programme (IDSP) and its state units have enhanced the surveillance for Influenza like Illness (ILI) and Severe Acute Respiratory Infections (SARI).

IDSP assisted lab network of 12 laboratories a providing laboratory support in terms of testing, quality assurance, guidance, providing viral transport mediums and diagnostic reagents. The laboratory network of ICMR (41 labs), MoHFW, and states also have identified state government and private laboratories for testing clinical samples of seasonal influenza A (H1N1). In addition, NCDC is providing diagnostic kits and Viral



Transport Medium kits to states as per identified need to be used in laboratories/ hospitals identified by state governments.

The states have been asked to follow the MoHFW guidelines (Risk categorization, clinical management protocol, use of masks for healthcare workers, guidelines for vaccination with influenza vaccine and providing home care) of seasonal influenza available at NCDC website (<https://ncdc.gov.in/> or <https://mohfw.gov.in/media/disease-alerts/Seasonal-Influenza/technical-guidelines>).

WHO RECOMMENDATIONS

Oseltamivir, the drug recommended by WHO, is made available through the Public Health System free of cost for H1N1. Oseltamivir was also made available under Schedule H1 by Govt. of India so that the drugs are readily available to the patients. Drug Controller General of India has been asked to coordinate with drug manufacturers and monitor the drug availability in various states.

All the states have been advised to complete the procurement of required logistics for managing H1N1 from state budget. However, during crisis in states, Govt. of India is supplying logistics (drugs, PPE kits,

N-95 face masks). Currently in 2019, Govt. of India has been supplied the logistics to Bihar, Haryana, Himachal Pradesh, Uttar Pradesh, Jammu (J&K), Himachal Pradesh, Delhi, and Punjab.


MoHFW has recommended vaccination for healthcare workers and other priority groups. The guidelines for influenza vaccination have been shared with all states. The details of manufactures of vaccine (as per recommendation of Govt. of India) provided from DCGI, have been shared with all states. Communication material for preventive measures has also been shared with all the states.

There are 4 types of seasonal influenza viruses, types A, B, C and D. Influenza A and B viruses circulate and cause seasonal epidemics of disease.

Influenza A viruses are further classified into subtypes according to the combinations of the hemagglutinin (HA) and the neuraminidase (NA), the proteins on the surface of the virus. Currently circulating in humans are subtype A (H1N1) and A (H3N2) influenza viruses. The A (H1N1) is also written as A (H1N1) pdm09 as it caused the pandemic in 2009 and subsequently replaced the seasonal influenza A (H1N1) virus which had circulated prior to 2009. Only influenza type A viruses are known to have caused pandemics.

Influenza B viruses are not classified into subtypes, but can be broken down into lineages. Currently, circulating influenza type B viruses belong to either B/Yamagata or B/Victoria lineage.

Influenza C virus is detected less frequently and usually causes mild infections, thus it does not pose tough challenges.

Influenza D viruses primarily affect cattle and are not known to infect or cause illness in people. 



Dr Suneela Garg, HOD, Department of Community Medicine, Maulana Azad Medical College, New Delhi, said, "In terms of transmission, seasonal influenza spreads easily, with rapid transmission in crowded areas including schools and nursing homes. When an infected person coughs or sneezes, droplets containing viruses (infectious droplets) are dispersed into the air and can spread up to one meter, and infect persons in close proximity who breathe these droplets in. The virus can also be spread by hands contaminated with influenza viruses. To prevent transmission, people should cover their mouth and nose with a tissue when coughing, and wash their hands regularly."



Battling the Blues

Depression is not simply feeling low, but serious illness caused by changes in brain chemistry. This disorder of the brain affects men and women of every age, educational level, and social and economic background. The disease, though quite complex, is very much treatable...

BY TEAM DOUBLE HELICAL





Depression is a common but serious illness. Most who experience depression need treatment to get better. The feelings like sadness, hopelessness, guilt, moodiness, angry outbursts, loss of interest in friends, family and favourite activities including sex drive point to the presence of depression. This also affects your thoughts, behaviour and your overall physical and mental health.


During the treatment of depression, it is found that other illnesses may come on before depression, cause it, or be a consequence of it. But depression and other illnesses interact differently in different people. In any case, co-occurring illnesses need to be diagnosed and treated.

The most common behaviour patterns are withdrawing from people, substance abuse, missing work, school or other commitments and attempts to harm yourself. The persons who are under depression may face physical problems like tiredness or lack of energy, unexplained aches and pains, changes in appetite, weight loss and gain, changes in sleep – sleeping too little or too much and sexual problems.

Depression is believed to be caused by an imbalance in the neurotransmitters which are involved in mood regulation. Neurotransmitters are chemical substances which help different areas of the brain communicate with each other. When certain neurotransmitters are in short supply, this may lead to the symptoms we recognize as clinical depression.

It has been widely documented that women suffer from major depression about twice as often as men. Because the incidence of depressive disorders peaks during women's reproductive years, it is believed that hormonal risk factors may be to blame. Women are especially prone to depressive disorders during times when their hormones are in flux, such as around


FACTS ABOUT DEPRESSION AND TEENAGERS




Girls are three times as likely to have issues with depression than boys

More than 1 in 10 adolescents struggle with depression at some point.


It's possible to overcome and live happily with depression through therapeutic methods.




7 SIGNS & SYMPTOMS OF DEPRESSION




FEELINGS OF SADNESS, EMPTINESS AND HOPELESSNESS
It seems as if nothing will ever improve. You can see no light at the end of the tunnel.




CHANGES IN YOUR SLEEP PATTERN
Insomnia or oversleeping, you're either not able to sleep or you're sleeping significant hours of your life away.




APATHY TOWARDS OR A DIMINISHED PLEASURE IN LIFE ACTIVITIES
You've lost interest in things you used to enjoy. You don't care anymore.




INCREASED ANGER OR IRRITABILITY
Your tolerance level is low and your temper is short. Everyone and everything is getting on your nerves.



SIGNIFICANT CHANGES IN APPETITE AND BODY WEIGHT
You've experienced either a marked weight gain or weight loss over a short period of time.



FATIGUE OR A LOSS OF ENERGY
You always feel exhausted and even simple everyday tasks take everything out of you.



FEELINGS OF SELF-LOATHING, WORTHLESSNESS OR GUILT
You've become extremely critical of and disappointed with yourself, perhaps even to the point of suicidal thoughts.



the time of their menstrual period, childbirth, and perimenopause. In addition, a woman's depression risk declines after she goes through menopause.

It's estimated that 10 to 15 percent of the general population will experience clinical depression in their lifetime. And the World Health Organization (WHO) estimates 5 percent of men and 9 percent of women experience depressive disorders in any given year.

The mind and the body are clearly linked. If you are experiencing a physical health problem you may discover changes in your mental health as well.

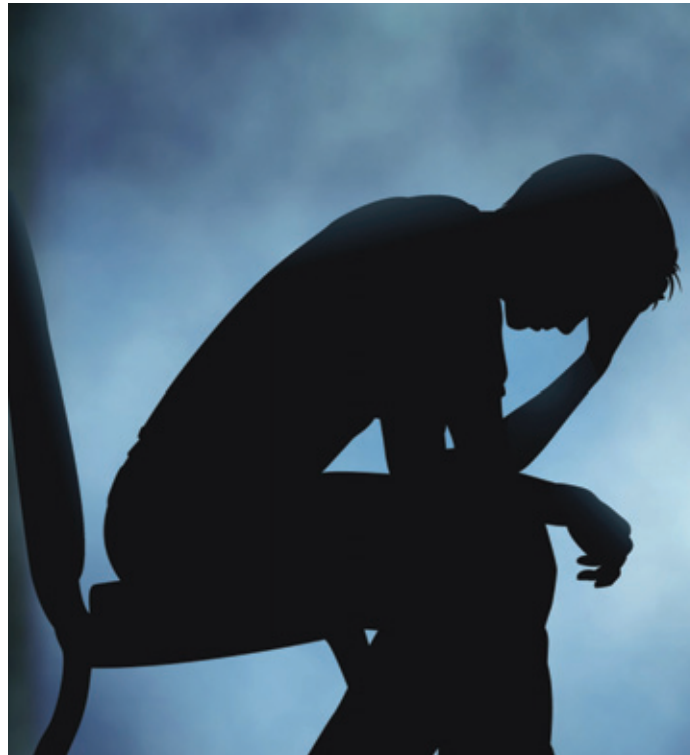
Illness is related to depression in two ways. The stress of having a chronic illness may trigger an episode of major depression. In addition, certain illnesses, such as thyroid disorders, Addison's disease and liver disease, can cause depression symptoms. Drugs and alcohol can contribute to depressive disorders. But, even some prescription drugs have been linked to depression.

Some drugs that have been found to be associated with depression include anticonvulsants, statins, stimulants, benzodiazepines, corticosteroids, and beta-blockers. It is important to review any medications that you've been prescribed and to speak with your physician if you are feeling depressed.

Stressful life events, which overwhelm a person's ability to cope, may be a cause of depression. Researchers suspect high levels of the hormone cortisol, which are secreted during periods of stress, may affect the neurotransmitter serotonin and contribute to depression.

Following the loss of a loved one, grieving individuals experience many of the same symptoms of depression. Trouble sleeping, poor appetite, and a loss of pleasure or interest in activities are a normal response to loss.

The symptoms of grief are expected



to subside over time. But when symptoms get worse, grief may turn into depression.

According to Prof (Dr) Nimesh G Desai, Professor of Psychiatry and Director, Institute of Human Behaviour and Allied Sciences (IHBAS), Delhi, alcohol and other substance abuse or dependence may also co-exist with depression. Research shows that mood disorders and substance abuse commonly occur together. Depression also may occur with other serious medical illnesses such as heart disease, stroke, cancer, HIV/AIDS, diabetes, and Parkinson's disease. People who have depression



along with another medical illness tend to have more severe symptoms of both depression and the medical illness, more difficulty adapting to their medical condition, and more medical costs than those who do not have co-existing depression. Treating the depression can also help improve the outcome of treating the co-occurring illness.

"Most likely, depression is caused by a combination of genetic, biological, environmental, and psychological factors. Depressive illnesses are disorders of the brain. Longstanding theories about depression suggest that important neurotransmitters — chemicals that brain cells use to communicate — are out of balance in depression. But it has been difficult to prove this," Prof (Dr) Desai, adds.

Brain-imaging technologies, such as magnetic resonance imaging (MRI), have shown that the brains of people who have depression look different than those of people without depression. The parts of the brain involved in mood, thinking, sleep, appetite, and behaviour appear



treatment. Researchers continue to study the relationship between complicated grief and major depression.

Older adults also may have more medical conditions such as heart disease, stroke, or cancer, which may cause depressive symptoms. Or they may be taking medications with side effects that contribute to depression. Some older adults may experience what doctors call vascular depression, also called arteriosclerotic depression or subcortical ischemic depression. Vascular depression may result when blood vessels become less flexible and harden over time, becoming constricted. Such hardening of vessels prevents normal blood flow to the body's organs, including the brain. Those with vascular depression may have, or be at risk for, co-existing heart disease or stroke.

Older adults with depression improve when they receive treatment with an antidepressant, psychotherapy, or a combination of both. Research has shown that medication alone and combination treatment are both effective in reducing depression in older adults. Psychotherapy alone also can be effective in helping older adults stay free of depression, especially among those with minor depression. Psychotherapy is particularly useful for those who are unable or unwilling to take antidepressant medication.

Children who develop depression often continue to have episodes as they enter adulthood. Children who have depression also are more likely to have other more severe illnesses in adulthood.

Childhood depression often persists, recurs, and continues into adulthood, especially if left untreated. A child with depression may pretend to be sick, refuse to go to school, cling to a parent, or worry that a parent may die." Older children may sulk, get into trouble at school, be negative and irritable, and feel misunderstood. Because these signs may be viewed as normal mood



swings typical of children as they move through developmental stages, it may be difficult to accurately diagnose a young person with depression.

Children who have depression also are more likely to have other more severe illnesses in adulthood. Before puberty, boys and girls are equally likely to develop depression. By the age of 15, however, girls are twice as likely as boys to have had a major depressive episode.

Depression during the teen years comes at a time of great personal change—when boys and girls are forming an identity apart from their parents, grappling with gender issues and emerging sexuality, and making independent decisions for the first time in their lives. Depression in adolescence frequently co-occurs with other disorders such as anxiety, eating disorders, or substance abuse.

It can also lead to increased risk for suicide.

Depression, even the most severe cases, can be effectively treated. The earlier that treatment can begin, the more effective it is. The first step to getting appropriate treatment is to visit a doctor or mental health specialist. Certain medications, and some medical conditions such as viruses or a thyroid disorder, can cause the same symptoms as depression.

A doctor can rule out these possibilities by doing a physical exam, interview, and lab tests. If the doctor can find no medical condition that may be causing the depression, the next step is a psychological evaluation.

Once diagnosed, a person with depression can be treated in several ways. The most common treatments are medication and psychotherapy.

In medical terms, depression is a real illness that impacts the brain. Anyone suffering from depression will tell you, it's not imaginary or all in your head, depression is more than just feeling down



According to Dr N P Singh, all of us can expect to experience one or more of these symptoms on occasions. An occurrence of any one of these symptoms on its own does not constitute depression. When we suspect depression, we commonly look for clusters of these symptoms occurring regularly for two weeks or

longer, and impacting functional aspects of the person's life.

In medical terms, depression is a real illness that impacts the brain. Anyone suffering from depression will tell you, it's not imaginary or all in your head, depression is more than just feeling down. It is a serious illness caused by changes in brain chemistry. Research tells us that other factors contribute to the onset of depression, including genetics, changes in hormone levels, certain medical conditions, stress, grief or difficult life circumstances. Any of these factors alone or in combination can precipitate changes in brain chemistry that lead to depression's many symptoms.

Dr Vinay Agarwal, former President, Indian Medical Association and Founder Chairman, Max Super Speciality Hospital, Vaishali, said, "Depression is a serious condition. It's also, unfortunately, a common one. The World Health Organization (WHO) characterizes depression as one of the most disabling disorders in the world, affecting roughly one in five women and one in ten men at some point in their lifetime. Men and women of every age, educational level, and social and economic background suffer from depression."


Dr Vinay Agarwal, adds, "There is no area of life that does not get affected when depression is present. Marriage, parenting, friendships, careers, finances – every aspect of daily living is compromised by this disease. Once an episode of depression occurs, it is also quite likely that it will recur. And the impact of depression can be even more severe when it occurs in combination with other medical illnesses such as diabetes, stroke, or cardiovascular disease, or with related disorders such as anxiety or substance abuse."

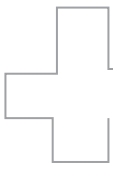
Says Dr Suneela Garg, Director Professor, Department of Community Medicines, Maulana Azad Medical College, New Delhi,



"The problems caused by depression are made worse by the fact that most people suffering from the disease are never diagnosed, let alone treated. The good news is that when depression is promptly identified and treated, its symptoms are manageable and there are many effective strategies for living with the disease."

"Many factors may contribute to the onset of depression, including genetic characteristics, changes in hormone levels, certain medical illnesses, stress, grief, or substance abuse. Any of these factors alone or in combination can bring about the specific changes in brain chemistry that lead to the many symptoms of depression, bipolar disorder and related conditions, Lifestyle changes, including improvements in sleeping and eating habits, physical activity and stress reduction have also proven very helpful in managing symptoms of depression," adds Dr Suneela Garg.

Dr Vinay Agarwal elaborates, "There are several strategies for treating depression. Depending upon each individual's characteristics and symptoms, healthcare professionals may employ one or more types of psychotherapy that rely upon a sequence of interpersonal treatment sessions with a trained professional. In addition, clinicians may suggest that a patient try one of a number of different medications." 

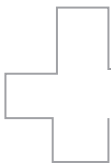




Mind Your Health, Men!

Men must find time for themselves and not neglect health issues peculiar to them. They must get their health check-ups and diagnostic tests done on a regular basis.....

BY TEAM DOUBLE HELICAL



General health is a topic that most men usually ignore. In today's fast paced life, they don't take time out for themselves and often become careless about their health. Mentioned below are some signals that the body shows which no one should ignore.

EXCESSIVE THIRST: The repeated feeling of being thirsty is a typical symptom of Type 2 diabetes. According to a recent data, approximately 33 million men are suffering from diabetes in India. And out of that, a good percentage has undiagnosed diabetes. So, if you observe that you are constantly feeling thirsty along with other symptoms like blurred vision, frequent urge to go to washroom, sudden weight loss and slow healing of any injury or cuts or wounds, visit a doctor for a blood sugar test. Also, if you are above 45 and have a family history of diabetes or if you are overweight, getting your blood sugar tested once in a year is very important.

FEELING TIRED AND RESTLESS ALL THE TIME: Increased work pressure often makes one feel tired. But, if this problem extends for long time even after having a good night sleep, it is an indication of some latent disease like heart disease, diabetes or depression.

PERSISTENT CONSTIPATION: Constipation is a very common problem faced equally by both men and women everywhere. But if this problem doesn't get cleared after few days, consulting a doctor is very important. Continued constipation can be signal of colon cancer if accompanied by dark colored urine or rectal bleeding.

PAIN WHILE URINATING: Generally, this symptom is associated with urine infection but it can also be a sign of enlarged prostate or prostate






Constipation is a very common problem faced equally by both men and women everywhere. But if this problem doesn't get cleared after few days, consulting a doctor is very important. Continued constipation can be signal of colon cancer if accompanied by dark colored urine or rectal bleeding

cancer. Other symptoms highlighting the possibility of this problem are swollen prostate leading to frequent urge to urinate, trouble in urinating or emptying your bladder or unusual smell from urine.

SNORING: Snoring isn't just a sign of lack of rest but also, of sleep apnea which is found more in men as compared to women. Those men who snore regularly should visit a specialist.

FEELING OUT OF BREATH WHILE CLIMBING STAIRS: This is a classic signal of any cardiovascular (heart) disease. Heart diseases accounts for maximum number of deaths in men. So, if you feel breathless after doing any normal physical activity, make sure to get your blood pressure and cholesterol levels checked. Besides, few other symptoms like chest pain, light headedness, cold sweat are few other signals that no one especially men should never ignore.

INDIGESTION OR HEARTBURN: Irregular indigestion or the problem of acidity is normal. But if a man has the problem of chronic indigestion on a regular basis, it can lead to esophageal ulcers or esophageal cancer. 



Sex Post-Fifty

Mid-life often brings agonizing times for you and your partner. Don't think that your love life is over; it can still be romantic, exciting and amorous as it was in the prime of your youth...

BY TEAM DOUBLE HELICAL



Mid-life is the time of life when men often suffer from problems like premature ejaculation, erectile dysfunction, and delayed ejaculation. Women too have to face low sex drive, lack of desire, and problems with orgasms. Hundreds of men and women begin to experience the first signs of a more mature life: getting tired more easily; the surprise when a man's erection did not spring to attention when his partner kissed him; the bewilderment when an erection disappeared during intercourse or oral sex, a form of intimacy that would once have had a man groaning with pleasure; the distressing realisation that it might be time to reach for a bottle of lube because things somehow are not as juicy as they need to be for pleasurable lovemaking; the sudden realization that your partner is actually avoiding sex with you, or even turning you down when you suggest it.

A woman might notice her clitoris and labia are not swelling up in the way that they used to during sex; she might notice that intercourse is uncomfortable because her vagina seems to be much more sensitive to thrusting and may even tear slightly during intercourse.

A man might notice that his erection doesn't stand up as high as it did, or

that his ejaculation has much less force. Or he might suddenly find that he can't get another erection for several hours or even days after an ejaculation. And that can be something that shakes him to the core, especially if he has always regarded his sexuality as a crucial part of who he is.

According to a report, women are slightly better off, because there is a lot of information available which helps them prepare for the major life-change of the menopause, as well as online support groups which help them deal with the emotional and practical consequences of this period.

If you are a woman, and your male partner is refusing to talk about sex, how on earth would you even know what to do? You want the loving, sexual connection you once had. But every time you raise the subject of sex, he brushes you off and avoids the subject.

Well, there are things that you can do to show him that his sexuality is still powerful and attractive, to restore his confidence. You can tell him, through some simple actions, that you still want those blessed moments of intimacy with him. He'll respond to you with love.

If you are a man and your partner has lost interest in sex, how on earth do you ever get her to want to make love again? Or suppose your partner has gone through the menopause and now every time you try to make love, she complains intercourse is painful, or her vagina doesn't lubricate, or she always fails to have an orgasm.

Would you know what to do or say to her, not just to reassure her, but to actually turn your sex life into something that's passionate and exciting? Would you know how to help her become fully sexual once again, so you can enjoy the pleasures of intercourse, just as you always have?

The sexologists believe that most people don't know the answers to these questions. They believe the majority of people need a way to deal with middle-aged sexuality, a formula that restores intimacy and love, a set





of techniques and tools that reverses the physical changes taking place (or provides a way of working around them - for both partners).

In particular, if your sex drive is dropping and your motivation to have sex is lower, it's all too easy to avoid having sex altogether. But once you start avoiding sex that becomes an established pattern. Why? Because it's much easier to avoid sex than take the risk of losing your erection or experiencing vaginal dryness or having painful intercourse or not being able to ejaculate or reach orgasm.

If you are a woman going through the menopause, you may be very confused about hormone replacement therapy or low sex drive. You might need to solve the problem of lack of lubrication, or the thinning of the vaginal wall that results in uncomfortable sex. You might want to know how to cope with changes in the way you feel about your body as you see it maturing.

There are probably many questions that you want to ask about how to carry on being sexual, being orgasmic. If you're feeling adventurous, you might want to know how best to explore new sexual techniques with your partner. Or you might just want

The common body issues of midlife are related to how do you cope with all the changes that midlife can bring - drooping, sagging, losing elasticity. Women and men want to stay on good terms with their bodies so they can enjoy sex at least as much as before... perhaps even more than before.....

to know how to carry on as before.

As a woman, you might want to know how to support your man as he goes through changes in his sexual desire and libido, as he experiences a lessening of his staying power and his masculine strength, as he finds his erections and ejaculations changing, and as these things impact on his mood, self-image, and confidence.

As a man, you might be desperate to know how to reassure your partner that she's still attractive to you, and how much you still want sex. Or you might be struggling to understand why you don't want sex any more. All of these things are possible; all these challenges can be overcome.

If you are a man around 50, you may be scared about losing potency, or frightened by the signs that your sexual power is lessening. You might be experiencing challenges around your role in life, about exactly how you've spent your life up till now, or how you're going to spend the years ahead of you.

You might be experiencing real discomfort at the threat of losing your sexuality, particularly if your sex drive is lower or your erections are less reliable, or your ejaculations are not as powerful. And of course, there is a lot more to the male midlife experience of sex and love than simple physical changes.

Midlife produces issues about purpose and power, about your role as a man, about how you see yourself as your sexuality evolves. Whereas you once expected instant erections as rigid as a pole, you might now need a very different kind of stimulation to become erect, just as you might need a different approach to intercourse to satisfy your partner's needs.

If you have seen your sexual capacity as an expression of your love for your partner, or as an expression of your masculinity, then you'll certainly be challenged by the changes you experience as you pass 50 years of age and enter the years beyond.

Sometimes Viagra is a solution for erectile issues. Sometimes hormone replacement therapy is needed to overcome depression or a lack of sex drive, or to counteract the changes in your body. You might also want to know how to keep a loving relationship with your partner going, how to improve it, and how to reach a place where you enjoy better sex than ever before. Forget your pre conceptions; forget what you have been told in the

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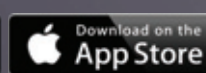


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past. Sex is great, for both genders at 50 and far beyond.

An experienced sex therapist shares about his sexual habit after fifty from experience:

First and foremost, if you are facing some of the challenges that can come with sex after 50 years of age, don't despair! Almost every problem that affects lovers at this time in their lives can be solved.

Low sexual desire in men and women can sometimes stop a couple having sex altogether, but there are plenty of ways to keep romance alive and your sex life on the boil. Indeed, you can have the most passionate and enjoyable sex of your life after 50. You just need to know how dealing effectively with the symptoms of the female menopause, including low sex drive, hot flashes, natural changes in your body in response to sexual stimulation, unpredictable mood swings...and the rest, including the dilemma around hormone replacement therapy, problems with vaginal lubrication, and painful intercourse. beating the symptoms of the male andropause - (that's the word for all the changes in a man's body around the age of 45 to 55) such as loss of sex drive and sexual desire.

Some symptoms like changes in your body's response to sexual stimulation, especially less reliable erections and weaker ejaculations, and perhaps not even being able to get an erection, physical changes which might include penile and testicular shrinkage, aches and pains, muscle wasting, and more ... all can be dealt with very effectively if you know how.

Male mid-life crisis is a stage of life sometimes treated like a joke, which in fact is anything but funny, involving as it does a lack of motivation, depression, loss of confidence, lack of purpose, feelings of hopelessness, despair, a sense of grief at aging, irritability, anger, and more.

Difficulties with sexual intercourse - whether these are caused by physical issues which make sex difficult, like vaginal dryness and loss of erection,

A man might notice that his erection doesn't stand up as high as it did, or that his ejaculation has much less force. Or he might suddenly find that he can't get another erection for several hours or even days after an ejaculation. And that can be something that shakes him to the core, especially if he has always regarded his sexuality as a crucial part of who he is.....

or by relationship difficulties that stop it happening, or even a puzzling dwindling away of intercourse for no obvious reason, you can find out here how to revitalize your sex life and enjoy some of the best sex you have ever had.

Erectile dysfunction or erection problems can range from once in a while failure to complete loss of erection, no matter what form they take, these problems can be devastating to a man's confidence. And yet, given the right treatment approach, all these issues can be resolved, your confidence restored - together with your erection - and your enjoyment of sex renewed.


The common body issues of midlife are related to how do you cope with all the changes that midlife can bring - drooping, sagging, losing elasticity. Women and men want to stay on good terms with their bodies so they can enjoy sex at least as much as before... perhaps even more than before.

For women, the menopause is a crucial time, signaling the loss of

fertility and the end of the possibility of getting pregnant. For some women, this heralds a new dawn of sexual freedom (no worries now about contraception) and sparks an era of new desire and passionate sex. For others, it seems like the loss of an essential part of themselves. For men, too, there can be a sense of losing the male power and vitality which has fuelled so much of their adult life. For everyone, it's a time of change. Yet in the natural order of things, women and men grow into a mature sexuality at this time of life that's just as rewarding as anything you ever experienced before.

Relationship difficulties - many couples find that when their sex drive falls, or the children leave home, there doesn't seem to be much keeping their relationship together. Yet really good sex definitely acts as the glue that keeps a couple together, no matter how old they are. It promotes affection, intimacy, bonding and mutual love. A couple can remain lovers, in every sense of that word - spiritually, physically, emotionally, and practically - with some simple, easy techniques that can transform your relationship. This is essential information if you feel that you're drifting away - possibly through a lack of sex - from your lover, partner or spouse.

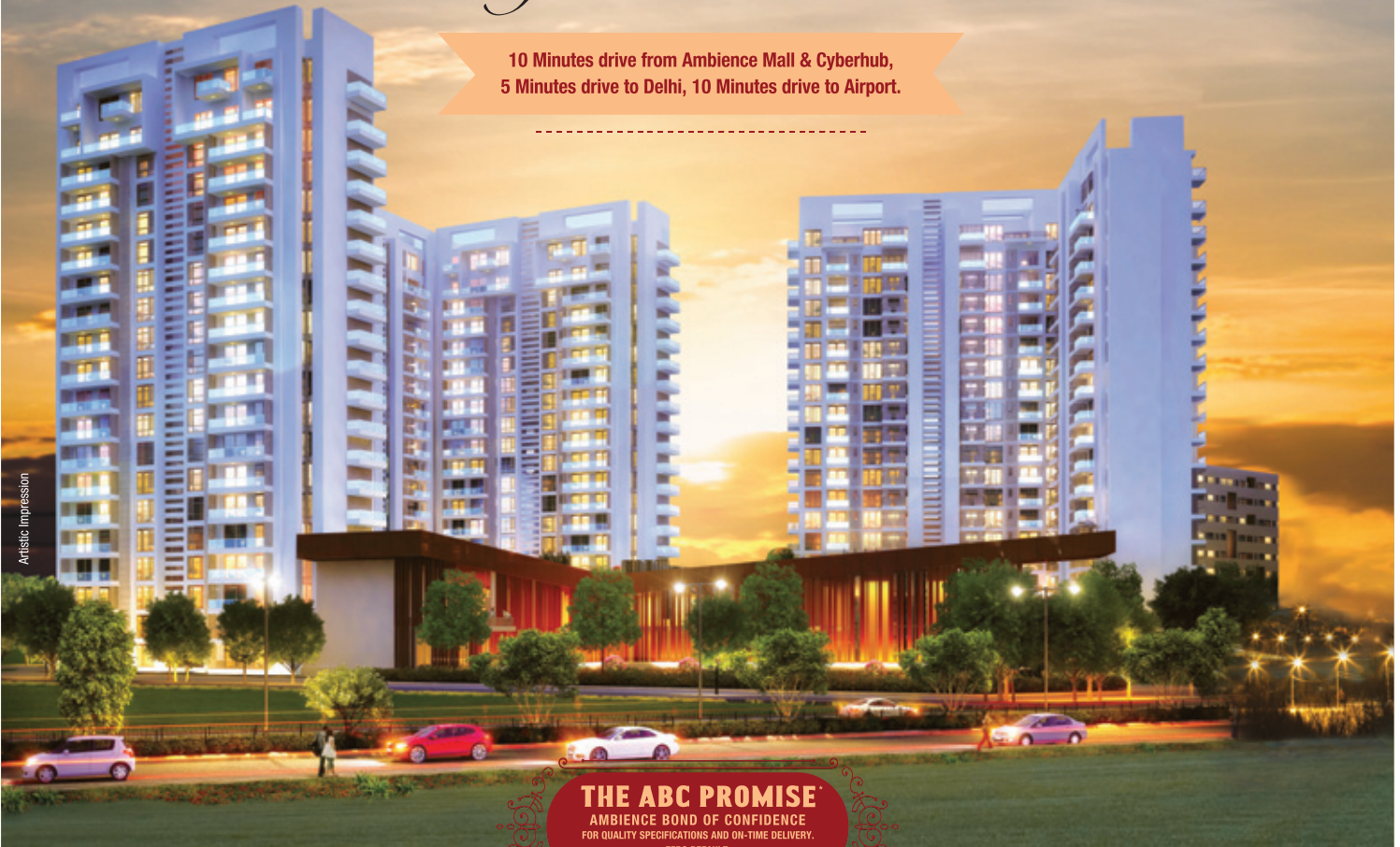
Is growing into your mature sexuality more than the sum of all the things above? Yes, probably...it's also about evolving emotionally, accepting that things aren't what they were, they are different, probably better. You should know powerful techniques to help you move to a place of psychological power, no matter how you may think about life after 50 at the moment.

The fact is, your sexual organs really do stay younger longer, the more you use them. And to prevent hardening of the arteries, as well as hardening of the attitudes, there is nothing like regular sex! You need to know all the sexual tips, tricks and techniques to ensure that your sexual desire remains high and your orgasms are powerful - no matter how old you are. 

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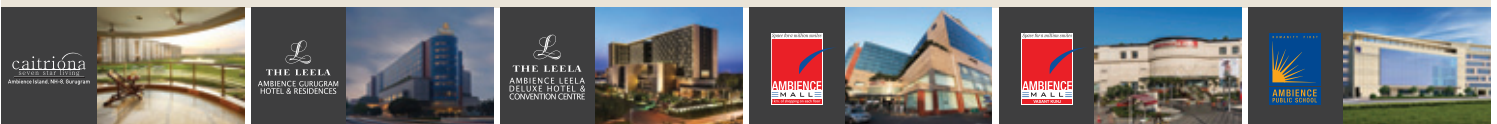
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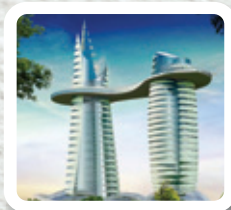
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