

All human virtues increase and strengthen themselves by the practice and experience of them.

—Socrates

Founder : Late Shri Ramgopal Maheshwari

**EDITORIAL**

**Sabrimala Justice**

The Supreme Court of India gave justice to women against a religious injustice done to them perpetually for the last 800 years. The Court ruled that discrimination on the basis of biological characteristics such as menstruation does not pass muster of Constitutionality.

Few days back the Supreme Court judgments on triple talaq, adultery and Sabrimala entry acted as a social reform of wider ramifications. Many such reforms were obtained in past after a long time campaigning and agitations.

On the name of religion women are subjected to many injustices now the time is moving drastically and fast with the emphasis on women emancipation.

The Sabrimala judgment is path breaking decision for gender equality in religious places. The verdict held that monthly-course is a biological natural body function it cannot be the basis for gender discrimination.

The verdict will not remain confine to Sabrimala temple alone as it is not a judgment of particular place but in general principle of equality among genders. There are many temple and sufi dargahs where women are not allowed. One such

dargah is located on roadside between Bhopal and Raisen, where women are not allowed. Now this judgment will remove all such bans and bars at all the places of all religion.

The Court said ban on women violates fundamental right of a Hindu women to offer worship at a place of her choice. The Devotee of Lord Ayyappa are exclusively Hindus and do not constitute separate religious denomination. The exclusion of women of any age group cannot be regarded as part of essential practice of Hindu religion.

In the judgment the Chief Justice of India Mr.Dipak Mishra said patriarchy in religion cannot be permitted to trump of area the element of pure devotion borne out of faith and freedom to practice and profess are religion.

Mr.Justice DY Chandrachud said exclusion of women from worship is uncompatible with dignity, destructive of liberty and a denial of the equality of all human beings. These Constitutional value stand done everything else.

The priests of the Sabrimala said they would honour the judgment. Some have declared their intention of file review petition in the case.

**Start-up**

Long before few decades the Congress Government in Madhya Pradesh launched a scheme of self employment named as "Step Up". It offered interest free bank loan of Rs.5000 without any guarantee to start their own business on a small scale. Many rushed up to take it. But most of the beneficiaries neither set up their small job to become self employed and neither returned the loan. Most of such persons had not paid back loans and were not traceable.

The scheme of "Step Up" was utter

failure and crores of rupees were lost as bad loan. Now the BJP Government of Chief Minister Mr.Shivraj Singh Chouhan has launched another such scheme of "Start Up" to provide Rs.10 lakh interest free loans to promote young entrepreneurs. The scheme aimed at the start ups to set up micro, mini industrial venture to begin with and establish themselves successfully self employed.

The failure of Step Up should not be repeated in the Start Up. If it succeed it would usher industrial growth of the state.

**Ending antimicrobial resistance is the lynchpin to #endTB as well as health security**

ByS hobha Shukla

While reaffirming their commitment to end TB by 2030, the draft Political Declaration in the fight against tuberculosis by governments at the first UN High-Level Meeting on TB (#UNHLM to #endTB) acknowledges that "TB, including its drug-resistant forms, is a critical challenge and the leading infectious disease cause of death, the most common form of antimicrobial resistance (AMR) globally."

Dr Tedros Adhanom Ghebreyesus, WHO's Director General, calls AMR a global health emergency that will seriously jeopardize progress in modern medicine. It is creating superbugs that are making it impossible to treat many previously curable diseases, including TB. While the call for accelerating research and development for new treatments is rightly getting more attention, we are also losing on the efficacy of existing drugs with more and more disease causing microorganisms becoming resistant to them.

AMR already contributes to an estimated 700,000 deaths a year globally, and the figure could rise to 10 million deaths a year and \$100 trillion in lost global productivity by 2050 if nothing is done to stop its spread.

WHAT IS AMR?  
Dr Manica Balasegaram, of Global Antibiotic Research and Development Partnership (GARDP) explains that AMR happens when micro-organisms - like bacteria, virus, fungi, other parasites - undergo genetic changes making them resistant to the medicines that they responded to earlier. This is an evolutionary change but the process can be accelerated due to overuse and misuse of drugs in human, animal and agricultural use, as well as due to lack of infection control.

KEY ACTIONS TO STEM AMR

In an interview given to CNS (Citizen News Service), Dr Soumya Swaminathan, Deputy Director General for Programmes at the World Health Organization (WHO)

and a globally recognised researcher on TB and HIV, underlined the importance of infection control in all healthcare settings so that all healthcare personnel follow standard guidelines for the use of antibiotics. "Stop irrational use of antibiotics as crop promoters or for prevention of disease and use them only for treatment where needed. Also, antibiotics listed under reserved category in WHO's classification of antibiotics should be reserved for humans and not used for animals. It is also important

genetic groups that were causing a large number of drug resistant infections in the hospitals and in the communities. ICMR has 20 hospitals in its network and uses data gathered from these hospitals to guide treatment interventions. ICMR has also brought out hospital infection control policy as well as treatment guidelines which is based on ICMR data. She said that, "Our data shows that antibiotic pressure is driving a lot of drug resistance that one sees in India's hospitals. So to reduce antimicrobial resistance, overuse of antibiotics

resistance) which occurs when a patient of drug-sensitive TB is either on treatment with the wrong combination of drugs or does not take the right doses timely.

"TB bacteria are capable of developing mutation just like other bacteria if they are exposed to the drugs in the wrong dosage and/or for insufficient time. So it is very important to use them in the correct dosage (with the right companion drugs) for the correct time duration in which they need to be given", she said.

ADDRESSING AMR IN TB

Dr Mario Raviglione, former Director of WHO's Global TB Programme, blames mono-therapy to be the main reason for TB becoming resistant to drugs. He cautions that TB bacteria should never be treated by a single drug, but by a combination of 3-4 highly effective drugs. Hence it is essential to know the resistance profile of the bacteria before starting treatment.

Another mistake is adding just one extra drug to a regimen that is already failing, as there is a very high likelihood of the TB becoming resistant to that new drug also, cautions Dr Raviglione.

Acquired drug resistance is now being addressed through the recent WHO guidelines which require that every presumptive TB patient must get upfront molecular diagnostic test for drug resistance done, so that the he/she can be given the right combination of drugs. Soumya insists that not only should patients have the right diagnosis and appropriate treatment but they should also be supported by way of counselling, peer support, nutritional support to be able to complete their treatment.

Dr Mario Raviglione airs similar sentiments: "To prevent drug resistant TB we need to do good basic practice in TB care and control; provide the best possible treatment to a TB patient using the recommended drug regimen based upon the results of drug susceptibility test done upfront, and follow the patient closely through the long journey of treatment."

**Acquired drug resistance is now being addressed through the recent WHO guidelines which require that every presumptive TB patient must get upfront molecular diagnostic test for drug resistance done, so that the he/she can be given the right combination of drugs. Soumya insists that not only should patients have the right diagnosis and appropriate treatment but they should also be supported by way of counselling, peer support, nutritional support to be able to complete their treatment. Dr Mario Raviglione airs similar sentiments: "To prevent drug resistant TB we need to do good basic practice in TB care and control; provide the best possible treatment to a TB patient using the recommended drug regimen based upon the results of drug susceptibility test done upfront, and follow the patient closely through the long journey of treatment."**

to have systems in place for production and disposal facilities of antibiotics so that they do not contaminate water and soil and do not spread the resistant mutations to bacteria which are in the environment", she said.

WHAT IS INDIA DOING TO STEM AMR?

Dr Kamini Walia, a Senior Scientist at the Indian Council of Medical Research (ICMR) who is currently leading the setting up of Antimicrobial Surveillance Network in India, pointed out that ICMR started its antimicrobial resistance initiative in 2012 as no nationwide data on AMR was available in the country. Its AMR surveillance network focused on six patho-

needs to be controlled, along with reducing hospital infections, because it is the large denominator of hospital acquired infections which are giving actually rise to drug resistant infections".

DRUG RESISTANCE/AMR IN TB

The growing threat of AMR to anti-TB medicines (more commonly referred to as drug resistance) is undermining efforts to eliminate the disease by 2030. Explained Dr Soumya Swaminathan that drug resistance in TB is of two kinds. One is primary drug resistance, which one gets due to direct transmission from a drug resistant TB patient. The other is acquired drug resistance (secondary drug

**Will Ayushman India prove to be working**

However, the biggest question is whether this plan will succeed or not? The implementation of this scheme will increase the number of patients in hospitals. They will also need more doctors and nursing staff. But everyone knows that situation in government hospitals is still pathetic. There is not enough room for patients. There is a huge shortage of doctors and nursing staff. The government will have to face a lot of challenges to make the scheme work-

force. First of all, the medical services must be strengthened. Also, the special mechanism of monitoring must also be developed. Under the scheme, the Central Government will bear 60 per cent of the expenditure and 40 per cent of the burden will fall on the states.

By Kushagra Valuskar

Prime Minister Narendra Modi has just started his most ambitious Ayushman scheme. It is the world's first plan to provide health insurance up to five lakhs to 50 million people. Government will give the treatment directly to the hospitals for the treatment of people coming under the scheme. About thirteen thousand hospitals have been linked to this scheme. Further hospitals will be linked to this scheme. Under this scheme, the Government also aims to create 1.5 lakh wellness centers across the country. The family can take advantage of this plan. Whose income is wage and they are landless Such families can also take advantage of this scheme.

Apart from this, many other benefits are linked to this scheme. In the absence of public health services and in the private hospitals, unable to afford treatment, millions of poor people are unable to get treatment facilities on time. This leads to untimely death of millions of people. This plan has been implemented to get rid of this problem. But now it is necessary to

see how well this scheme really works in reality. Under this scheme, 445 districts of 29 States and Union Territories will benefit now. Six states, Delhi, Kerala, Odisha, Punjab, Telangana and West Bengal have not accepted this

says that three levels are essential for health, priority, secondary and higher. Under this, Kejriwal's government is working. According to the Kejriwal government, this scheme is the biggest drawback, this scheme is not for

**Apart from this, many other benefits are linked to this scheme. In the absence of public health services and in the private hospitals, unable to afford treatment, millions of poor people are unable to get treatment facilities on time. This leads to untimely death of millions of people. This plan has been implemented to get rid of this problem. But now it is necessary to see how well this scheme really works in reality. Under this scheme, 445 districts of 29 States and Union Territories will benefit now. Six states, Delhi, Kerala, Odisha, Punjab, Telangana and West Bengal have not accepted this plan. Delhi Chief Minister Arvind Kejriwal has taken the aim of targeting the Ayushman scheme.**

plan. Delhi Chief Minister Arvind Kejriwal has taken the aim of targeting the Ayushman scheme. According to the Aam Aadmi Party, in the Modi government's scheme, primary care was not given due consideration, which is the most important. The Kejriwal government

everyone. Only people living below the poverty line will be eligible for this scheme. At the same time, according to the Delhi Government, only the patients admitted in the hospital will get the cover. While the Delhi Government is currently offering free medicines, tests and operations to

every patient, whether it is recruited or not.

However, the biggest question is whether this plan will succeed or not? The implementation of this scheme will increase the number of patients in hospitals. They will also need more doctors and nursing staff. But everyone knows that situation in government hospitals is still pathetic. There is not enough room for patients. There is a huge shortage of doctors and nursing staff. The government will have to face a lot of challenges to make the scheme workforce. First of all, the medical services must be strengthened. Also, the special mechanism of monitoring must also be developed. Under the scheme, the Central Government will bear 60 per cent of the expenditure and 40 per cent of the burden will fall on the states.

There are two opinions that many states do not even raise money. There will also be panic in scams in this scheme. The BJP government will have to pay special attention to this. Varna will get another issue to cover the BJP before the upcoming assembly and Lok Sabha elections

**Department of Post should restart issue of definitive series of stamps simultaneously for all denominations**

By Madhu Agrawal

Department of Posts used to issue definitive series of postal-stamps n earlier years simultaneously in different denominations covering one single aspect but with different designs for different denominations.

Department should restore the practice by issuing a complete new definitive series of postal stamps and stationary every year based on a particular theme but with different

designs for stamps of different denominations. Such a series can be issued on beginning of new fiscal-

year i.e. First April so as to accommodate any postal tariff-revision in the Union Budget presented in February. However colour of stamps in different denominations should be same for every year for easy distinction. This will

provide newness to system making postal-services popular in competition to private couriers.

Postal-tariffs should be rationalised with minimum tariff of rupee one for items like post-cards and registered newspapers. Outdated Inland-Letter-Cards should be abolished. All other tariffs should be in multiples of rupees ten with ordinary

mail tariff rationalised to rupees 10 per 50 gms or part instead of present rupees five for every 20 gms or part. Even Speed Post tariffs should be rationalised for every 50 gms or part rather than present haphazard one where at times, articles made through Speed Post are economical than ordinary mail.

**Opinion**

Please send your letters and articles to chroniclebpl@gmail.com