Early, exact, easy detection key to cancer prevention, cure: Dr Jitendra

■ STATE TIMES NEWS

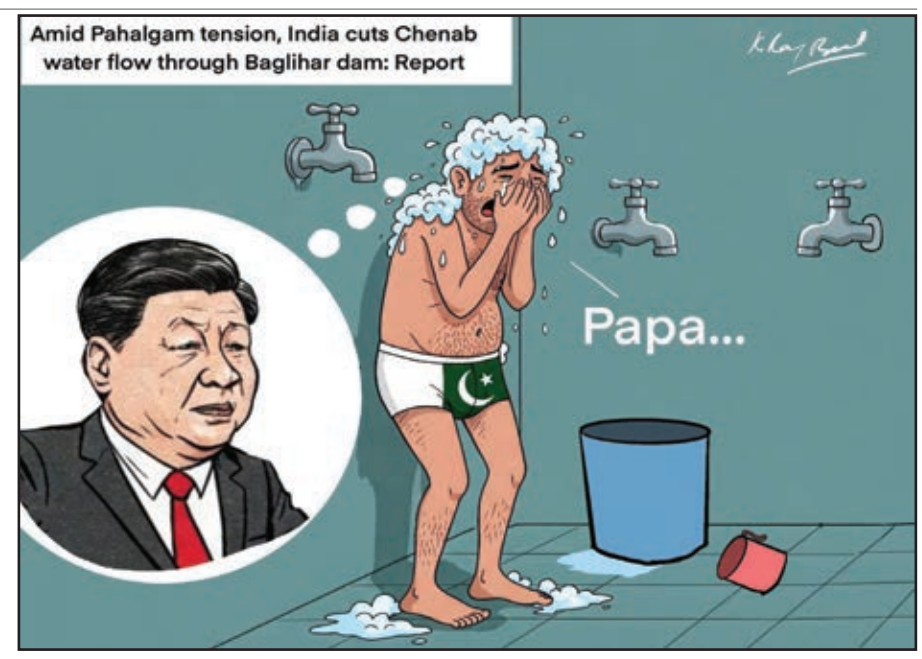
GURUGRAM: "Early, exact and easy detection is the key to prevention and cure of Cancer" was the Mantra coined by Union Minister, Dr. Jitendra Singh while inaugurating one of the first of its kind, latest diagnostic facility, 128-slice Digital PET-CT scanner with AI (Artificial Intelligence) driven integrated investigative set up at Mahajan Imaging & Labs, Gurugram, marking a major step forward in early cancer detection and screening.

Union Minister Dr. Jitendra Singh going around after inaugurating one of the first of its kind, latest diagnostic facility, 128-slice Digital PET-CT scanner with AI (Artificial Intelligence) driven integrated investigative set up at Gurugram on Sunday.

Dr Jitendra-a noted senior medical professional himself-emphasised the critical role of early and accurate diagnosis in transforming India's cancer care landscape. "This advancement is more than just a technological leap-it represents how innovation can be harnessed with empathy to ensure better health outcomes for all," he said. The facility, featuring AI (Artificial Intelligence) powered technology and advanced pathology labs, is aimed at improving accessibility to precision oncology services in the region.

Referring to Prime Minister Narendra Modi's repeated emphasis on fitness, weight control, Yoga and wellness, Dr Jitendra Singh highlighted the government's efforts in this area and added that 200 Day Care Cancer Centres are being set up in district hospitals this year. Alongside full customs duty exemption on 36 life-saving medicines used in treating cancer and other chronic diseases, he added. The 128-slice Digital PET-CT scanner-Omni Legend by GE HealthCare-offers a spatial resolution of 1.4 mm, 60% lower radiation exposure, and AI-enhanced lesion detection. Such innovations are key to detecting cancer at earlier stages, when treatment is more effective, survival rates significantly improve and many of the cases absolutely curable. Dr Jitendra also made a strong pitch for mass cancer screening, urging private healthcare providers to partner with the government in expanding affordable diagnostic solutions. "More than 70% of cancer cases in India are detected at late stages. We need a preventive, community-based approach that leverages both public and private innovation. I appeal to the healthcare fraternity to come together in this national mission for a cancer-free India," he said. Dr. Singh, drawing on his unique perspective as both a medical professional and a policymaker, emphasized the human dimension behind the technology. "This is not just about machines and diagnostics; it's about families who wait with hope, about lives that can be changed with timely intervention," he said. Reflecting on the emotional weight of a cancer diagnosis, he added, "I have seen the anxiety on the faces of patients and their families. The sooner we detect, the better we treat. Technology like this brings healing not just through medicine, but through reassurance and timely action." Stressing the moral imperative of equitable access, the Minister said, "It is not acceptable that someone's chances of survival should depend on their pin code." He urged the medical community and the private sector to view innovations not merely as advancements, but as responsibilities. "We are at a point in India's medical journey where innovation must go hand in hand with inclusion," he said, calling for a national movement towards cancer awareness, prevention, and early detection.

Dr Jitendra concluded by saying that integrated diagnostics, community awareness, and collaborative innovation are the cornerstones of India's fight against cancer. "If government and private sector work together, we could aim at not just treating cancer better, but also preventing it before it strikes."



AIIMS Jammu signs MoU with BMVSS Jaipur to establish Jaipur Foot Centre for Divyangs

AIIMS Jammu and BMVSS representatives signing MoU.

■ STATE TIMES NEWS

JAMMU: AIIMS Jammu has signed a Memorandum of Understanding (MoU) with Bhagwan Mahaveer Viklang Sahayata Samiti (BMVSS), Jaipur - a leading organization known for providing artificial limbs and assistive devices free of cost. The collaboration aims to establish a permanent Jaipur Foot Centre at AIIMS Jammu to serve persons with locomotor disabilities, particularly from the Jammu region.

The MoU was signed today in the presence of Prof. (Dr.) Shakti Kumar Gupta, ED & CEO, AIIMS Jammu, Ambassador Satish Mehta, President, BMVSS, and other senior officials and faculty members from both institutions.

Dr. Devendra Raj Mehta, Founder and Chief Patron of Bhagwan Mahaveer Viklang Sahayata Samiti (BMVSS) and a Padma Bhushan awardee, conceptualized and established BMVSS in 1975.

Under his leadership, it became the world's largest provider of free prosthetic limbs, including the iconic Jaipur Foot. His global humanitarian efforts have also benefited differentlyabled individuals in 44 countries across Africa, Asia and Latin America.

BMVSS is known for the Jaipur Foot - an affordable and highly functional artificial limb that has transformed the lives of over 2.4 million individuals across India and several other countries since 1975. These aids are provided completely free of cost, empowering persons with disabilities to regain mobility, independence, and dignity.

The proposed Jaipur Foot Centre at AIIMS Jammu will function as a specialized facility where artificial limbs and orthotic aids, like calipers and mechanical hands, will be manufactured and fitted onsite. Using time-tested designs and innovative technology, the centre will provide sameday or quick-turnaround fittings, especially for lower limb prosthetics. Its services will be given entirely free of charge to beneficiaries.

The centre will particularly benefit individuals in the Jammu region, where access to high-quality prosthetic care is limited. As per Census 2011, over 58,000 people in Jammu & Kashmir were reported with movement disabilities - a number likely to have increased since.

Under the MoU, AIIMS Jammu will provide space that is easily accessible to persons with disabilities along with essential facilities and medical support. BMVSS will install the necessary equipment, materials, and trained technicians to operate the centre, provide all materials and manage its day-to-day functioning.

Speaking on the occasion, Prof. (Dr.) Shakti Kumar Gupta emphasized, "At AIIMS Jammu, we are committed to providing inclusive and equitable healthcare services to all. This partnership with BMVSS will fill a crucial gap in assistive care in the Jammu region and ensure that no Divyang is left behind due to lack of access or affordability. This Jaipur Foot Centre will be a symbol of dignity, mobility and hope."

Ambassador Satish Mehta expressed appreciation for the collaboration and reaffirmed BMVSS's commitment to delivering rehabilitation support free of cost.

The centre is expected to become operational shortly after the completion of formalities, adding a new dimension to AIIMS Jammu's mission of providing compassionate and comprehensive healthcare.

Silent Crisis-the growing burden of heart disease in rural India: Dr Sushil

■ STATE TIMES NEWS

JAMMU: To make people aware about cardiovascular diseases and cardiac ailments in rural areas Head Department of Cardiology GMCH Jammu Dr Sushil Sharma held a day long cardiac awareness cum health check up camp at Village Pandori Brahmana block Bishnah Jammu where people from all walks of life were educated to follow cardiac friendly lifestyle and adopt environmental friendly approach to decrease the morbidity and mortality and improve quality of life.

HoD Cardiology GMCH Jammu Dr Sushil Sharma with team examining patients.

While interacting with the people, Dr Sushil Stated that worsening cardiovascular health in rural India is a silent epidemic demanding urgent attention.

It reflects not just a medical issue but a deep socio-economic imbalance. If the rural heart continues to falter, the entire nation's health and productivity are at risk. To preserve the vitality of India's villages, healthcare must be reimagined-not just in terms of infrastructure. India, a nation characterized by vibrant cultures and sprawling landscapes, is undergoing a rapid epidemiological transition.

Once dominated by communicable diseases, the country now grapples with a growing burden of non-communicable diseases (NCDs), particularly cardiovascular diseases (CVDs). While urban areas have long been the focus of healthcare interventions, rural India-home to nearly 65% of the population-is now witnessing a silent and deadly shift.

He elaborated that historically, rural India had lower rates of CVDs, owing largely to active lifestyles and traditional diets. However, this advantage is eroding fast. Studies now reveal that rural populations are catching up with, and in some cases surpassing, urban areas in CVD prevalence. The reasons are multifaceted: dietary transitions involving high-fat, high-sugar processed foods; decreasing physical activity due to mechanization; increasing tobacco and alcohol use; and rising stress levels due to changing economic and social dynamics. Compounding the problem is the lack of awareness about cardiovascular health. Many rural residents do not recognize symptoms of heart disease or understand the importance of regular health check-ups. Preventive care is almost nonexistent, and the first sign of a heart condition is often a fatal event.

He added that Poverty, illiteracy, and cultural beliefs further hinder effective cardiovascular care in rural regions. Many people prioritize immediate economic survival over long-term health. For instance, men, often the primary breadwinners, may delay or avoid seeking medical attention for symptoms of heart disease. Women, on the other hand, are frequently under diagnosed or ignored due to gender biases in healthcare access. Traditional beliefs also play a role. Home remedies or consultations with local healers are still common, and while they hold cultural significance, they often delay timely medical intervention. Addressing the cardiovascular crisis in rural India requires a multi-pronged approach. First, there must be a concerted effort to strengthen rural healthcare infrastructure through government investment and public-private partnerships. Mobile clinics, telemedicine, and community health workers can play vital roles in expanding access.Second, widespread awareness campaigns in local languages are essential to educate the rural population about risk factors, symptoms, and the importance of early detection. School-based interventions and village health committees can be effective in spreading information and encouraging lifestyle changes. Third, policies must be tailored to ensure affordability and accessibility of medicines and treatments for chronic conditions like hypertension and diabetes, he said.

Management Committee of the Brahman Mahasabha Rakesh Pant, Tarsem Sharma, Amandeep Bhagat, Rakesh Sharma, Balwinder Sharma, Dev Raj Sharma and Arjun Sharma appreciated the efforts of Dr Sushil and his team for accepting their request and conduct cardiac awareness cum health check up in their area and shows their heartfelt gratitude.

Others who were part of this camp includes Dr Venkatesh Yellupu and Dr Dhaneshwer Kapoor. Paramedics and volunteers includes Raghav Rajput, Ranjeet Singh, Raj Kumar , Shubham Sharma, Vikas Kumar, Maninder Singh, Arun Singh, Rohit Nayyar , Makhan Sharma , Rajinder Singh, Paramveer Singh, Kartik Sharma and Nirvair Singh Bali.

Need is for reviewing status of existing District Administrative Units & only then take to Reorganisation of Divisions in UT of J&K

After 1947 Distant/ Backward areas & People of J&K have not been given fair nearness to Segments in Administration

Even after 1947 Distant/ Backward areas & People of J&K have not been given fair nearness to Segments in Administration

People of Distant & Backward Areas lacking due Political & Adm. Empowerment keep falling back in Growth

A Look through the Mist
Part-II

■ DAYA SAGAR

In a democratic republic like India District administrative unit (District) is in general taken into consideration forever all broader prospective planning and allocation of plan finds. It will not be wrong to say that keeping 'plan allocation & related deeds' in view the areas falling in Jammu Division of J&K would surely have possibly remained under more of disadvantage. Just for an idea sake it would be appropriate to quote here that including the areas illegally occupied by Pakistan in 1947/48 the then Jammu province had 5district administrative units (Jammu, Kathua, Udhampur, Reasi, Mirpur) and two Jagirs (Poonch, almost like the level of a district, and of Chenani) where as the Kashmir province (excluding Ladakh & frontier areas Gilgit /Baltistan) had only 3 District Administrative units.(Anantnag, Baramulla, Muzaffarabad). After 1947, for active administration, the unoccupied areas of J&K excluding Mirpur District of Jammu province & a very small part of Poonch jagir were reorganized into 6 six District Administrative units of Jammu Division (Jammu, Kathua, Udhampur, Doda, Rajouri and Poonch) ; the 2 remaining districts of Anantnag &Baramulla werereoganised as only 3 districts of Anantnag, Srinagar & Baramulla in Kashmir Division and ofcourse Ladakh too was a district of Kashmir Division. So upto 1978 there were 6 districts in Jammu Division and in Kashmir Division there were only 3 Districts of Kashmir Valley in Kashmir Division.

But the reorganizations of district administrative units as were done by National Conference Government in 1979 (SRO 306 of 6/6/1979) and Congress -PDP Government in 2006-07 ((SRO 185 of 22 May 2007) which would fail any independent logical test since 3 districts of Kashmir valley in Kashmir Division had been in 1979 increased to 6 and then again in 2007 from 6 to 10 where as the then 6 existing districts of Jammu Division had not been increased further in 1979 and it was only in 2007 that districts were increased and that too only from 6 to10.

Table-A

Sr No.	Existing District	New possible Districts out of tehsils existing before issue of order SRO No. Rev(s)169 of 18-07-2014 when (i)Shopian was there with only 1 Tehsil and area of Just 315 sq Km or so (ii) Ganderbal with area of 258 sq km (iii) Bandipora with 345 sq km (iv) Kulgan with area of 410 sq km	
		Possible new district	Possible new district
1.	Doda 2625sqkm	Doda plus part of Thathri,	Some part of Thathri, Bhaderwah and Gandoh Tehsilsor Like
2.	Udhampur 2637 sq km	Udhampur Chenani Tehsils 1200 – 1300 sq km	Ramnagar Majalta. (Dudu Basantgarh) Tehsils or like
3.	Rajouri 2630 sq km	Sunderbani, Nawshera, Kalakote Tehsils,	Large part Rajouri, Buddal, Some of Darhal, Some part of Thanamandi Tehsil orlike
4.	Kathua 2502 sq km	Billawar , Bani, and some part of Basohli tehsils,	Kathua, Hiranagar some part Basohli Tehsils sq km orlike
5.	Jammu 2342 sq km	Akhnoor, some small parts of Jammu, Rajouri and Reasi Tehsils 1150-1250 sq km	Jammu, Bishnah, RS Pura Tehsils or like 1150 -1200 sq km
6.	Reasi 1719 sq Km	Reasi (borders Rajouri, Udhampur, Jammu Tehsils) and Gool Gulabgarh(Borders Rajouri , Poonch ,Kulgam Ramban)	may have to also examine
7.	Poonch (Punch) 1674 sq km	Haveli , Mandi, part Mendar part Surankot Tehsils	Small Part Surankot, Part Mendar small Part of Rajouri small Part Darhal small Part Thanamandi Tehsil orLike
8.	Kishtwar 7737 sqkm	[1]Marwah , Chatru[4]. Kishtwar[3], [2]Atholi Tehsils	may have to also examine in view of terrain of Marwah, Chatru tehsils
9	Ramban 1329 sq km	Ramban, Banihal Tehsils	
10.	Samba 904sq Km Census	Samba	

To have a rational view of the need that emerged after 2007 for carving out more new districts in the state of Jammu &Kashmir for correcting the wrongs done by the SRO 185 of 22 May 2007 wherein a district like Rajouri with 7 Tehsils was not split in more districts where as in Kashmir Division a new district like that of Shopian with only one Tehsil was carved out.

In this regard for adopting a fair approach to apply corrections now worth satisfying the people of the areas that feel neglected it would be better toalso see the number of Tehsils and Niyabats that were there in the 10 Districts of Kashmir Valley and 10 districts of Jammu Division before the issue of order No. Rev(s)169 of 18-07-2014 for creating more Tehsils. In 2006-07 for instance Rajouri District of Jammu Region already had 7 Tehsils spread over 2630 sq km(Census 2011 data) but this district was not split in more districts where as in Kashmir valley districts like i. Ganderbal with 3 tehsils and 258 sq km area (2011 census) ii. Shupian with only 1 tehsil and just an area of *312 sq Km (Census 2011 data) (iii) Bandipora with 3 tehsils and area of just 345 sq km (iv) Kulgam with 3 tehsils and are of just 410 sq km (census 2011) were created. (* different areas have been mentioned at different times / in different reports/ sites and actual area may be different but surely not much.

There seems enough scope for raising the number of districts in Jammu Division from 10 to 15 or so but keeping only 10 in Kashmir Division taking leads from the size & status of existing districts in Kashmir Valley. It was expected in 2015 that BJP-PDP popular / elected Government would apply the corrections but no any step was taken in that direction.

Irrational reorganizations of District Administrative Units had been done in erstwhile state of J&K by 'elected governments' in 1979 (1979 (SRO 306 of 6/6/1979) and 2007 (SRO 185 of 22 May 2007). Now in 2025 also is there elected Government in J&K (though a UT now) so corrections could be applied by appointing a high power Reorganisation Commission (with some private members also) by Omar Abdullah Government before more Divisions are created to settle the demands backward /demanding areas so as to bring the administration more near to the common man in areas of Bani/Basohli/ Billawar, Nowshera/ Sunderbani/ Kalakot, Akhnoor ; Rajouri, Buddal/ Mendhar; Mohore/Gool, Ramnagar; Bhaderwah / Thathri/ Gandoh, Gulabgarh/Paddar, Hiranagar, R.S.Pura; Ramban, Doda, Kishtwar , Bani, Basoli and the like as was done in 2007((SRO 185 of 22 May 2007) for Kashmir Division . By doing so the administrative bottlenecks would be surely dismantled to great extent and people in the neglected areas would surely feel empowered worth making their demands well represented. Indicators for likely possible final status do reflect from the Table -A given here in.

LG Sh. Manoj Sinha too would surely support any logical proposal to correct the wrongs in reorganizations done as regards District Administrative units well taking leads also from Wazir Commission which had recommended in 1984 to increase the six districts of Kashmir valley from 6to7 and that in Jammu Division from 6to 9 and so erroneously the PDP-Congress government had increased the districts from 6 to 10 in Kashmir Valley as against from 6to 7 recommended by Wazir Commission in 1984.

(The writer is a Sr Journalist & analyst of J&K Affairs)