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FATE AND KARMA

- I.J. Bhatia

Karma literally means action, work and activity. The law of karma is postulated as follows : "As you sow, so shall you reap ". This implies man is the architect of his own future. Any action, good or bad, yields corresponding fruit. Reward and punishment are portioned out according to the nature of each person's karma.

The theory of predestination, on the other hand, states that the future is predetermined. The dictionary meaning of 'destiny' is- what happens to persons, especially things that they cannot change or avoid- planned at an earlier time especially by fate.

It is my contention that man is not a puppet in the hands of fate. All the great philosophers say- there is no such thing as pre-ordained destiny. We are our own masters. Every individual has the power to change his destiny. We can change our circumstances by changing our thought.

Napoleon once thundered : "Circumstances- what are circumstances ? I make my own circumstances." And Shakespeare says : " Men at some time are masters of their fates." Success forsakes those who always dream of fate; it favours those who preserve.

Orison Swett Marden opines : " One of the worst things that can ever happen to a person is to get into his head that he was born unlucky and that the fates are against him. There are no fates, outside of our own mentality. We are our own fates. We control our own destiny. There is

no fate or destiny which puts one man down and another up. The world belongs to him who can conquer it."

We cannot go beyond the limits we fix for ourselves. Our mental attitude fixes the limit of our development. So long as we are convinced that we are helpless victims of circumstances and environment, we will not amount to much. We must affirm with Walt Whitman, " I my self am good fortune."

Ralph Waldo Emerson says: " Destiny is the invention of the cowardly. Shallow men believe in luck, wise and strong in cause and effect."

If we believe there is a pre-ordained destiny, all the message of the Holy Vedas and the philosophy of the Bhagavad Gita is thrown to the winds. The Holy Vedas say : " One surely and inevitably gains that which one truly desire and for which one works honestly and patiently."

Someone has rightly said: " The future is not what happens to you but what you make of it." Swami Dayanand believed that hard work is the secret of success and destiny has no role to play. And Thomas Jefferson says: " I am a great believer in luck and I find the harder I work the more I have of it."

God never intended anyone to be a failure. We were made to be successful. It is our thought that makes or mars our lives. Our success or failure has nothing to do with destiny or fate.

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Govt. Schemes for Senior Citizens Associations

The Ministry of Social Justice and Empowerment, Govt. of India has revised its Schemes for 'Integrated Programme for Older Persons' with effect from 1st April, 2008. The earlier Integrated Programme had 4 Schemes - (1) Establishing and maintaining Day-Care-Centres, (2) Old Age Homes, (3) Mobile Medicare Units and (4) Conducting Non-institutional Services for older persons. The new Integrated Programme has 16 Schemes, many of which can be conducted by NGO's and Senior Citizens Association (SCAS) which are registered and are working for at least 2 years after registration. For every Programme conducted by SCA/ NGO the Govt. will provide financial assistance.

One major change that has taken place in the new Programme is that the construction grant of Rs. 30 lakhs which was available for constructing a Day-Care-Centre till 2007-08 is now available only for constructing an Old Age Home and not for a Day-Care-Centre. We have requested the Hon'ble Minister Smt. Meira Kumar that the grant should be released for Day-Care-Centres also, at least for those applications which were submitted to the MSJE during the year 2007-08, and we hope that she would graciously grant this request.

We have published the revised scheme for the benefit of all Senior Citizens Associations in the June and July 2008 issues of AISCCON NEWS from which you will find that every SCA which has its own premise or which can get a premise on rental basis (is Rs.3500/- pm) can undertake various programmes like - (1) running a Multi-service Centre, (2) a Physiotherapy Clinic for the elderly, (3) Conducting a Help-line and Counselling Centre for older persons, (4) a Volunteers Bureau for older persons and (5) formation of Vruddha Sanghas or Senior Citizens Associations. All these programmes are complimentary to the Senior Citizens movement and helpful for improving the

quality of life of Senior Citizens.

Upto 90% of the cost of these Projects is provided by the Govt. of India and the remaining is to be borne by the SCA concerned. The applications are to be submitted through the respective State Govt. to the Ministry of SJ & E, Shastri Bhawan, New Delhi -1, every year between 1st April and 30th June. You submit the application for financial support to your specific project to the District Social welfare officer who will undertake the inspection of your project and send the application with his recommendations to the Director of Social Welfare of the State who will send it to the Deptt. of Social Justice of the State Govt. Your

application with the recommendations of the State Govt. must reach the MSJE, New Delhi before 30th June. The application form and other details can be downloaded from www.socialjustice.nic.in.

This is an opportunity for our Senior Citizens Associations to serve the Senior Citizens brethren and the society more closely. AISCCON keenly desires that every Senior Citizens Association should have a Help-line, Counselling Centre and a Volunteer Bureau. So good services and sweet remembrances will grow from them. Every Municipal Corporation / Council / Panchayat is expected to give built-up premises to every Senior Citizens Association in its area. Persuade them regularly and within few months you will get a hall / room for your activities. Start the above activities from this hall / room, get financial support from Govt. and increase the activities further. This will give you great pleasure and satisfaction because you will make many people happy. And as Dideral Dennis said - Happiest are the people who give most happiness to others.

-Dr. S P Kinjawadekar

Editorial...

Practicability of Vanprasth Ashram in Modern times

-Shiv Swarup Agrawal

Secretary General, Central Chinmaya Vanprasth Sansthan

Introduction : Life style of elderly people of different culture vary from person to person. It is therefore very difficult to design a model capable of taking care of all the problems faced by this fast increasing segment of human race. There are however certain problems commonly faced by almost all the elderlies of the world irrespective of cast, creed, sex or culture. A perfect model of elderly life style must therefore, address these problems in their entirety and adequately answer the following:-

1. How to keep fit and prevent incurable diseases in old age ?
2. What to do and keep satisfyingly busy after retirement ?
3. How to have good relation with children and their spouses and neighbours ?
4. Who will take care if physically or psychologically incapacitated?
5. Where to live ? with children; and if children do not want to live with us ?
6. How to finance 25/30 years of post retirement life?
7. How to realize the ultimate goal of human birth?

Total Solution : A total solution of the problems of old age was conceived in the concept of Vanprasth Ashram in Sanatan culture of India. it finds place in the vadas and Smirti Granthas. A person after fulfilling the responsibilities of a householder, was expected to take recourse to the life of a Vanprasth for about 25 years. Prerequisites for entry into Vanprasth Ashram were :-

- * Discharging the financial debts.
- * Getting the daughters suitably married.
- * Settling the sons in life.

* Ensuring the lineage.

After fulfilling the above responsibilities, a householder usually promoted himself as a vanprasth to loosen his attachment. For this purpose, he would join some spiritual organisation for a long spell to serve the society. This preparation would help him to evolve into a Sanyasi Mahatama before laying his mortal coil.

With the introduction of Macaulay system of Missionary education in 1835 an organized effort was systematically made to look down upon every aspect of Indian culture and tradition as outdated. Education system of India which nourished its very high culture for thousands of years was slowly and steadily destroyed root and branch. A nation that had a literary rate higher than most other nations of Europe in those days even at a village level, was reduced to an illiterate nation. Brahmins who were the educators of Indian children and constantly produced for millenniums humans of such quality that could make humanity proud, came under direct attack. They were highly misabused and shown to be exploiters of Indian population.

Misinterpretations of fundamental concepts and consequences thereof:

The word "Varna" was interpreted as caste system based on births, shown to have its main aim perpetuation of Brahmanical superiority. Indian society, which was integrated socially and economically for thousands of years before British rule, divided itself between Savarna class and Shoodra class fighting with each other.

Specialization recognized as essential for faster growth was lost. Inefficient working at

every level become a common feature of Indian society leading to slavishness, miss management, mutual hatred and consequently neck deep poverty.

Similarly the word "Ashrama" was also misinterpreted. Out of the four Ashramas viz., Brahmacharya, Grihastha, Vanprasth and Sanyas, the last two Ashramas were decried as useless and not suitable for modern times. The word "Vanprasth" was interpreted to mean "going to the forests after completing 50 years of life. Sanyasis were termed as lotus eaters. Vanprasth Ashram and Sanyas Ashram have vanished from the life of an average Indian and have become frightening enough even to talk about.

These two Ashrams had provided a class of senior citizens who exercised disciplinary influence over the younger generation and ensured high level of moral character all around. Third age group (Vanprasth) freed from householder's responsibilities, was available for selfless work in spiritual and social service institutions of the society. Fourth age group (sanyasis) offered models of simple living and high thinking individuals striving to reach the ultimate goal of life. In every generation there were hundreds of realized masters serving as beacon lights around on foot from village to village.

Correcting the time tested concepts :

Varna Dharma : It implies division of the entire human race into four categories according to natural tendencies and works in the world out side. No where it is related to birth as was made out. Lord Krishna had said-

“चातुर्वर्ण्यं मया सृष्टं गुणकर्मविभागशः”

This division is cosmopolitan and not related to Hindus or India alone. The entire human race can thus be broadly classified according to गुण (Natural tendencies) and कर्म (works) in to four divisions

- * Thinker class
- * Ruler class
- * Trader class

*** Worker class**

The aim of this division of humanity is to ensure best utilization of ones capabilities. Scientific research has shown that when one works as per his aptitude, he enjoys the work, his efficiency is at the highest level and his production will also be maximum. Thus to engage in activities according to the Varna's will be for the benefit of the individuals constituting the society.

Ashram Dharma : A division of the human race according to age was attempted through Ashram Dharma. The age of human being was estimated at around 100 years and then equally divided into four Ashrams:-

- * Student life (Brahmcharya).....25 years
- * Householder life (Grihasth).....25 years
- * Selfless service life (Vanprasth).....25 years
- * Spritual life (Sanyas).....25 years

The aim of the above division based on Ashram Dharma was for the benefit of the entire society. Every individual was required to live life according to his Varna Dharma and Ashram Dharma to ensure optimum progress of the individual and the society in general.

Vanprasth Ashram in Action in Modern Times:-

If Vanprasth Ashram is interpreted to mean "going to a forest" after completing fifty years of life it will have the following consequences:-

* Benefit of life long experience of the retirees will be lost the younger generation for good.

* Householders habituated to a life of comfort and luxury will be frightened to their bones and never think of stepping into Vanprasth Ashram.

* Vanishing forests will not be able to accommodate over nine crores of senior citizens in India alone.

His Holiness Swami Chinmayananda was once interviewed on the subject. The interpretation of the concept of Vanprasth Ashram given by his holiness is an eye opener, authoritative and practical enough. Hindu Scriptuers are flexible enough on the subject.

Based on the interview with his holiness, the faculty of CCVS divided the Vanprasth Ashram in two broad stages viz:

(i) Home based Vanprasth life to be lived in two stages of about five years each.

(ii) Ashram based Vanprasth life to be in two stages of about five years each.

following steps have been recommended for living the life of a successful Vanprasth in modern times:-

Home Based Vanprasth

First stage (About five years)

- * Firmly decide that you want to step in Vanprasth life style.
- * Move to outside room
- * Separate the bed
- * Food in room
- * Start Scriptural studies and satsang
- * Study or join courses to complete cherished work or hobby
- * Cultivate friendship with other elderly people
- * Start Balavihar groups for children, yoga, counselling and personality development classes for youth
- * Discharge remaining responsibilities if any
- * Write your will

Second stage (About five years)

- * Join service associations
- * Take up responsibility for selfless work
- * Join satsang groups
- * Increase spritual practices
- * Consolidate the first stage

Ashram based vanprasth

Third stage (About five years)

- * Shift to an ashram with or without spouse
- * Engage in fulltime selfless work
- * Give up the habits of anger, criticism, lust, egoism,excessive talking, talking about your past, present and about others
- * Cultivate helpfulness, sweetness of speech, a forgiving and non- hurting nature
- * Continue Scriptural studies, meditation and other sadhanas

Fourth stage (About five years)

- * Reduce clothing, belongings and above all, food intake

- * Develop liking for being alone
- * Undertake anasthanas frequently
- * Meditate, meditate, meditate
- * Prepare for sannyasa

In essence, vanaprastha ashram in action in modern times will be spread over a period of about twenty years. The basic values to be lived will be:

- * Life of Brahmacharya
- * Daily study of scriptures
- * Spiritual practices for inner purity
- * Selfless social service & creative work
- * Simple food & clothings
- * Control of Mind & Indriyas
- * Spread scriptural teachings-
- * Friendship and kindness with all-
- * Practice art of ego killing
- * Donate daily
- * Serve the Guru- follow his teachings
- * Life of Vairagya- give up desires
- * Settle your wealth among children before death

It will be seen that the proposed life style of a vanprasth provide logical and plausible answers to all the questions raised in the introduction above.

References :

- * Bhagwat Geeta chapter 4/13
 - * Tapovan Prasad Volume 44/12
 - * Does your history book tell you this? Maanoj Rakhit
 - * Growing Divine published by CCVS
- (Paper presented at the Naionnal Seminar on Ageing held at Allahabad on 28-29 March, 2008)*

Nine ways to improve your life

- 1) Begin your day with prayer
- 2) Think positive
- 3) Always stand on firm footing.
- 4) Never lose your temper.
- 5) Treat comfort as your guest
- 6) Never ever be disappointed
- 7) Don't wait for chances.
- 8) Rest yourself to the Minimum.
- 9) Try your level best & leave the rest to God.

HELPLINES FOR THE ELDERLYS

S.S. Raichur Pune Ph. 25461804 ✉

Some time back I had read about help through elderline at Mumbai in AISCCON NEWS. From the latest publication by Maharashtra Police Dal I find a helpline for the aged was started on 2-5-2006 as 1090 Elderline. The objective is to make available immediate medical help to the elderly, counselling for lonely aged persons, help to solve many of their civic problems faced by them etc. In response to their call till April 2008, 3642 aged senior citizens had enrolled their names and addresses with the Police. For emergency help the police have enlisted support of 153 Hospitals and 394 Doctors and 1434 Volunteers so that help could reach with minimum time lag in Mumbai. In Pune also elderly helpline No 1091 is in operation since about an year as a joint effort of police Dept and International longevity Centre founded by Dr S.D.Gokhale. In both the metros the response from senior citizens specially lonely aged couples needing help is luke warm considering their numbers in lakhs

The citizens Facility centres a single window system is also working in Mumbai to help and guide the citizens in their problems. In addition, Mumbai police have opened another helpline no '103' inaugurated by the Hon.Dy.Chief Minister R.R Patil also holding Home Portfolio on 28-2-2008. Free service line 103 provides help to the ladies, children and the aged against atrocities on various counts increasing day-by-day. Specially trained staff is proposed to attend the calls and give counselling and guidance. Luke warm response so far shows that willing helping concept to help the needy citizens has not reached the staff at the groundlevel working in Police Chowkys. I am enumerating some experiences of my friends.

Couple of months back an elderly lady while returning home at about 8pm was

attacked near her compound date by a youth on Herohonda, Snatching her purse containing petty cash and keys. The police chowky was 200meters away refused to register her complaint though accompanied by her husband a retired class I officer of Maharashtra Govt. They registered the complaint only when their son-in-laws complained to higher authorities.

83 years old gentlemen unable to move out without attendant even to go to the doctor sought help of helpline 1091. As per the advice he rang up to a social worker who visited the elderly and demanded that he would register with him paying Rs 500/- deposit and then only worker with a code number would be deputed for his work on payment to be fixed. I also discussed with him so that he can be introduced in our senior citizens organisation. The non-refundable was the first stumbling block as we would be helpless if he fails to give service. Since he can't go out even to give a life certificate annually he requested State Bank to permit him to join his wife to his pension savings account. Bank has not so far obliged leave aside arranging to send his pension to his home. Many experiences can be cited.

My Suggestion

The Cental Government preferrably or the State Govt should open a District a Grievances Redressal Assitance office. The officers in charge should forward the problem of the elderly to different government and public sector bodies like Electricity Board, BSNL, Muncipal Corporation etc The complaints should be persued sincerely and the non replying officers should be reported to higher authorities for fines etc on the lines of RTI Act. Help with security and at reasonable price could be more useful.

Govt. of India
Ministry of Social Justice & Empowerment
Integrated programme for Older Persons (Contd.)
 (effective from 1-4-2008)

GUIDELINES OF THE SCHEME

Multi Service Centre

The grants in aid for a project will be restricted to 50 older persons for providing facilities for daycare, healthcare, recreation, peer interaction, entertainment, and companionship, spiritual and religious programmes. To allow flexibility in utilization of funds the organization shall be allowed to incur the expenditure on the following heads: (in Rs.)

I. Recurring Expenditure	3, 74, 000/pa
(a) Staff Honorarium	82, 800/- pa
(i) Manager/Superintendent	36, 000/- pa
(ii) Social Worker	18, 000/- pa
(iii) Care Taker	12, 000/- pa
(iv) Vocational trainer/cook	9600/- pa
(v) Sweeper	7200/- pa
(b) building (Rent/maintenance)	42, 000/-pa
(c) Health Care (Doctor, Medicine etc.)& Nutritional supplement	2, 18, 000/pa
(d) Recreation (books, magazines, Newspaper, Outings, religious and culture programmes, Games like carom, chess, cards, etc)	18, 000/- pa
(e) Miscellaneous and unforeseen (electricity, water, telephone, stationary etc)	13, 200/- pa
II Non Recurring Items(at the time of setting up of the project)	
(f) (furniture, Utensils, television, indoor games etc.)	32, 000/- pa
Total (I + II)	Rs.4,06,000

2) Physiotherapy Clinics

Grant in aid under this project is given to agencies that have shown a credible track record in running projects for the welfare of the persons for running of physiotherapy

clinics for a minimum of 50 older persons per month. Recognized charitable hospitals/ nursing homes/medical Institutions/colleges are also eligible. (in Rs.)

I Recurring Expenditure	2, 36, 000/-
01 Honorarium of Physiotherapist, doctor, technician.	
10, 000 p.m*12mnths	120, 000/-
04 Maintenance of Equipments	
20, 000 pa. lump sum	20, 000/-
05 Incidental expenses (Medicines, electricity, water, telephone etc.)	60, 000/-
06 Rent 3, 000 pm*12months	36, 000/-
II Recurring Expenditure	
07 Necessary Physiotherapy Equipments like Bone densitometer, Laser Therapy	7 lakh
equipments, Short-wave medical diathermy Interential Therapy and Ultrasound, X-ray Machine, Hydroculator, Nerve and muscle stimulator, Computer cervical and Lumber Traction Bed, shoulder wheel and pulley, Multi exercise gym, treadmill, Exercise stair case, Infra red lamp floor model, paraffin wax bath, etc.	

3 Help lines and Counseling for older Persons

The grants-in-aid is sanctioned for setting up of helplines and counselling facilities for older persons. Agencies who have shown a credible track record in running projects for the welfare of the older persons and recognized charitable hospitals/nursing homes/medical Institutions/colleges are also eligible. (in Rs.)

I Recurring Expenditure	4, 92, 000/-
i) Rent for the premises	36, 000/-
ii) Honorarium/fees for	

	Pyschologists(2)	1, 80, 000/-
iii)	Social worker	84, 000/-
iv)	Attendants(2Nos.)	96, 000/-
v)	Administrative Expenditure (Electricity, telephone bills, stationery, Publicity, postage conveyance, books/periodicals, Misc.expenditure, etc.)	96, 000/-
II	Non Recurring Expenditure (At the time of setting up of the project)(Furniture, telephone systems, fittings etc.)	80, 000/-

4. Regional Resource and Training centre

There are certain activities, which need to be organized at regional level to build the capacity of the voluntary sector. Unless this is organized into centres of excellence in ageing very little improvement is likely to be achieved.

Sr no	Head	Rate	Total Expenditure (in Rs)
I	Recurring Expenditure		6, 67, 000
1.	Human Resources		3, 00, 000
	1.Consultant	12, 000*12=144000	
	2.Coordinator	8, 000*12=84000	
	3.Support Staff(2)	6, 000*12=72, 000	
2.	Books Printing, Stationary and Postage(reader friendly material, course material, advocacy material)	50, 000	78, 000
	Telephone/Internet charges	200*12=28, 000	
3.	Rent	10, 000*12=1, 20, 000	2, 41, 000
	Hiring of vehicles	8, 000*12=96,000	
	Annual Regional level workshop	25, 000*1=25, 000	
4.	Contingencies	4, 000*12=	48, 000
II.	Non Recurring items		1, 12, 000

Office Equipments(include
computer, Printer, Telephone,
office furniture)

5. Volunteers Bureau for older persons

The grant-in-aid is sanctioned for running a volunteers Bureau. In order to utilize the

skills, talents and experiences of the elderly for the benefit of society, and to re-establish their social status, senior citizens register with this bureau and offer their valuable service to organizations hospitals schools, institutions for children with physical or mental challenges, etc. The Bureau will also conduct periodic meetings of the volunteers to review their experiences and chalk out plans of action. The efforts of the Bureau are aimed at making volunteering a people's movement and to inspire other cities to follow on the same lines.

To allow flexibility in utilization of funds the organization shall be allowed to incur the expenditure on the following heads for a minimum of 100 placements per annum in organized sector.

Recurring Items	Rs.
1. Salaries and honorarium	60, 000
2. Rent for the office	18, 000
3. Telephone, fax, postage, printing stationery and other miscellaneous expenditure	20, 000
4. Kit for Volunteers and Workshop/ Event Expences	10, 000
Non-Recurring I teams(at the time of sanction)	
5. Expenditure on office furniture, telephone, computer, etc.	36, 000

6] Formation of Vridha Sanghas/ Senior citizens Associations/Self Help groups

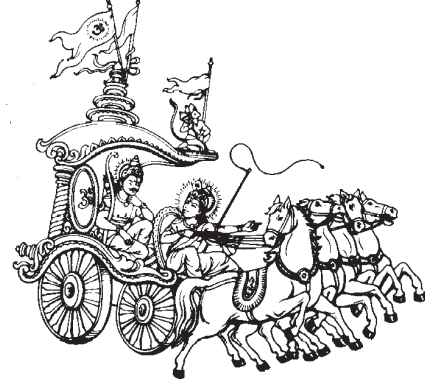
Grant in-aid is sanctioned to Senior Citizens Associations and Self Help Groups of senior citizens for formation of Vridha Sanghas/ Senior Citizen Association/Self Help Groups at the district and division levels for mobilization of the senior citizens, articulate their interests, promote and undertake programmes and activities for their well-being. Such an association division/district level should have atleast 1000/5000 senior citizens as its members and in case of state level associations; atleast 20, 000. The Government will provide financial assistance

to the Associations for a maximum period of 5 years within which they are expected to become self-sufficient through contributions and donations. The maximum amount of grant-in-aid for formation of an Association of 20, 000 senior citizens that can be sanctioned at the following rates:-

	(In Rs.)
I Recurring Items	1, 44, 000
1 Salaries & honorium	72, 000
2 Rent for the office	12, 000
3 Telephone, fax, postage, printing, purchase of books, stationary and other miscellaneous expenditure	40, 000
4 Tavel Expenses	20, 000
5 Training, Awareness promotion on policies facilities and benefits concerning older persons, Nukkad natak, group meetings (atleast one per month in each village)	
II Non-Recurring Items	
(at the time of sanction)	50, 000
6 Expenditure on the office furniture, telephone, computer, etc.	

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Guidance from Geeta



**श्रेयान्स्वधर्मो विगुणः परधर्मात्स्वनुष्ठितात् ।
स्वधर्मे निधनं श्रेयः परधर्मो भयावहः ॥**

Better is one's own duty, (dharma) though hard to perform, than other's duty perfectly performed. Better to perform one's duty and die performing it, because other's is perilous.

While telling Arjun to perform one's duty selflessly, Lord explains, here, one of its important aspects.

The word 'dharma' means duty. The work that supports our life is action. May it be the means of earning our livelihood, or our relationship with our parents, mother and daughter or pupil and teacher and others. It must be done according to the role that we have to play. But sometimes, one feels other's work, his behaviour and relationship with others are far better and more attractive than his own, and prefers to follow it. He fails to see what is good in himself and thus invites self-deception. Man gets delighted or distressed by such comparison. Therefore, Lord tells, "Our field of duty may be any, of lower quality than other's seemingly easier type to practise. But it is beneficial for us. You may die doing it, but it is preferable. But to cover for other's field of work is to invite calamities and hardships.

"Distant hills look attractive", is the saying. It has to be accepted.

Rashtriya Swasthya Bima Yojana

HIGHLIGHTS

(1) Introduction

The workers in the unorganized sector constitute about 94% of the total work force in the country. One of the major insecurities for workers in the unorganized sector is absence of health cover for such workers and their family members. Insecurity relating to absence of health cover, heavy expenditure on medical care and hospitalization and recourse to inadequate and incompetent treatment is not only a social and psychological burden borne by these workers but there are significant economic costs resulting from loss of earning and progressive deterioration of health. Thus, with a view to providing health insurance cover to Below Poverty Line (BPL) workers in the unorganized sector and their families, the Central Government has announced the "Rashtriya Swasthya Bima Yojana".

(2) Household Eligibility Criteria

2.1 Coverage under the scheme would be provided for BPL workers and their families [up to a unit of five].

2.2 Proof of the eligibility of BPL households for the purposes of the scheme will be provided by issuance of smart cards to all beneficiary households.

(3) Enrolment of beneficiaries

The enrolment of the beneficiaries will be undertaken by the Insurance company selected by the State Government and approved by the Government.

(4) Implementation Schedule

The scheme will be implemented by the State Government in a phased manner in the next five years. The entire country will be covered by 2012-13. In districts where the Scheme is introduced, it would supersede the Universal Health Insurance Scheme (UHIS).

(5) Financing for the Scheme

Financing of the scheme would be as follows:

(a) Contribution by Government of India: 75% of the estimated annual premium of Rs.750, subject to a maximum of Rs.565 per family per annum. Additionally, the cost of the smart cards will also be borne by the Central Government @ Rs.60/- per card.

(b) Contribution by the respective State Governments: 25% of the annual premium, as well as any additional premium in cases where the total premium exceeds Rs.750.

(c) The beneficiary would pay Rs.30 per annum as registration

(d) Any administrative and other related cost of administratering the scheme in each State, not otherwise included in the premium cost, shall be borne by the respective State Government.

(6) Health Services Benefit Package

6.1 The beneficiary shall be eligible for coverage of the financial costs of such inpatient health care

services as would be negotiated by the respective State Government with the insurer(s), as well as agreed daycare procedures not requiring hospitalization.

6.2 States should specify in detail the proposed package of health services to be covered under the Scheme, as well as the proposed exclusion.

7. Payment of Premium

Payment of registration fee and premium installment will be as follows:

a) The registration fee of Rs.30 by the beneficiary to the insurance company.

b) The first installment will come from the State Nodal Agency to the insurance company.

c) The second installment will be paid by the Central Government through the State Nodal Agency.

{Any amount beyond the contribution by the Central Government will be borne by the State Government.}

(8) Eligible Health Services Providers

Both public (including ESI) and private health providers which provide hospitalization and/or day care services would be eligible for inclusion under the insurance scheme, subject to such requirements for empanelment as agreed to between the State Government and insurers.

(9) District Selection by States

States would be responsible for proposing selected district(s) for inclusion in the Scheme. In proposing districts for inclusion in the Scheme, States should ascertain that districts have:

(a) An adequate network of hospitals/ health facilities which meets minimum standards for services.

(b) Adequate presence of potential intermediaries which can partner with health insurers to ensure effective outreach and grassroots supports to beneficiaries in various aspects of operation of the Scheme.

(c) Other basic infrastructure necessary to ensure successful implementation of the Scheme (e.g. electricity; roads).

Indicative List of basic Exclusions:

Common exclusions that would be expected would include:

1. Conditions that do not require hospitalization
2. Congenital external diseases.
3. Drug and Alcohol Induced illness
4. Sterilization and Fertility related procedures
5. Vaccination
6. War, Nuclear invasion
7. Suicide
8. Naturopathy, Unani, Siddha, Ayurveda.

(Complete details of the Scheme can be obtained from State / District level Nodal Agencies)

EXAMPLE OF STRENGTH EXERCISES

HOW TO IMPROVE YOUR BALANCE

Each year U.S. hospitals have 3,00,000 admissions for broken hips, and falling is often the cause of those fractures. Balance exercises can help you stay independent by helping you avoid the disability- often permanent- that may result from falling.

As you will see, there is a lot of overlap between strength and balance exercise; very often, one exercise serves both purposes.

About Strength/Balance Exercises

Any of the lower-body exercises for strength shown in the previous strength section also are balance exercises. They include plantar flexion, hip extension, knee flexion, and side leg raise. Just do your regularly scheduled strength exercises, and they will improve your balance at the same time. Also do the knee-extension exercise, which helps you keep your balance by increasing muscle strength in your upper thighs.

Safety

* Don't do more than your regularly scheduled strength exercise sessions to incorporate these balance modifications.

* Remember that doing strength exercises too often can do more harm than good.

* Simply do your strength exercises, and incorporate these balance techniques as you progress.

Progressing

These exercises can improve your balance even more if you add the following modifications: Note that these exercises instruct you to hold onto a table or chair for balance. Hold onto the table with only one hand. As you progress, try holding on with only one finger tip. Next try these exercise without holding on at all. If you are very steady on your feet, move on to doing the exercises using no hands, with your eyes

closed. Have someone stand close by if you are unsteady.

Examples of Strength/ Balance Exercises Plantar Flexion

Plantar flexion is already included in your strength exercises. When doing your strength exercises, add these modifications to plantar flexion as you progress: Hold table with one hand, then one fingertip, then do exercises with eyes closed, if steady

1. Stand straight; hold onto a table or chair for balance.

2. Slowly stand on tip toe, as high as possible.

3. Hold position for 1 second.

4. Slowly lower heels all the way back down. Pause.

5. Repeat 8 to 15 repetitions.

6. Rest; then do another set of 8 to 15 repetitions.

7. Add modifications as you progress.

*** Knee Flexion**

Do knee flexion as part of your regularly scheduled strength exercises, and add these modifications as you progress: Hold table with one hand, then one hand one fingertip, then no hands; then do exercises with eyes closed, if steady.

1. Stand straight; hold onto a table or chair for balance.

2. Slowly bend knee as far as possible, so foot lifts up behind you.

3. Hold position for 1 second.

4. Slowly lower foot all the way back down. Pause.

5. Repeat with other leg.

6. Alternate legs until you have done 8 to 15 repetitions with each leg.

7. Rest; then do another set of 8 to 15 alternating repetitions.

8. Add modifications as you progress.

* Hip flexion

Do hip flexion as part of your regularly scheduled strength exercises, and add these modifications as you progress: Hold table with one hand, then one fingertip, then no hands; then do exercise with eyes closed, if steady.

1. Stands straight; hold onto a table or chair for balance.
2. Slowly bend one knee toward chest, without bending waist or hips.
3. Hold position for 1 second.
4. Slowly lower leg all the way down. Pause.
5. Repeat with other leg.
6. Alternate legs until you have done 8 to 15 repetitions with each leg.
- 7 Rest; then do another set of 8 to 15 alternating repetitions.
8. Add modifications as you progress.

* Hip Extension

Do hip extension as part of your regularly scheduled strength exercises, and add these modifications as you progress: Hold table with one hand, then one fingertip, then no hands; then do exercises with eyes closed, if steady.

1. Stand 12 to 18 inches from a table or chair, feet slightly apart.
2. Bend forward at hips at about 45-degree angle; hold onto a table or chair for balance.
3. Slowly lift one leg straight backwards without bending your knee, pointing your toes, or bending your upper body any farther forward.
4. Hold position for 1 second.
5. Slowly lower leg. Pause.
6. Repeat with other leg.
7. Alternate legs until you have done 8 to 15 repetitions with each leg.
8. Rest; then do another set of 8 to 15 alternating repetitions.

9. Add modifications as you progress.

Side Leg Raise

Do leg raise as part of your regularly scheduled strength exercises, and add these modifications as you progress: Hold table with one hand, then one fingertip, then no hands; then do exercises with eyes closed, if steady.

1. Stand straight, directly behind table or chair, feet slightly apart.
2. Hold onto table or chair for balance.
3. Slowly lift one leg to side 6-12 inches out to side. Keep your back and both legs straight. Don't point your toes outward; keep them facing forward.
4. Hold position for 1 second.
5. Slowly lower leg all the way down. Pause.
6. Repeat with other leg.
7. Alternate legs until you have done 8 to 15 repetitions with each leg.
8. Rest; then do another set of 8 to 15 alternating repetitions.
9. Add modifications as you progress.

"Anytime, Anywhere"

Walk heel to toe Balance Exercises

These types of exercises also improve your balance. You can do them almost anytime, anywhere, and as often as you like, as long as you have something sturdy nearby to hold onto if you become unsteady.

Examples:

* Walk heel-to-toe. Position your heel just in front of the toes of the opposite foot each time you take a step. Your heel and toes should touch or almost touch.

* Stand on one foot (for example, while waiting in line at the grocery store or the bus-stop). Alternate feet.

* Stand up and sit down without using your hands.

DONATION

★ **Shri Pravin P. Sheth** from Ankleshwar (Gujarat) donated Rs.251/- on the Sixth death anniversary of his mother **Smt. Nemiben P. Sheth.** - Mg. Editor

OBITUARY

★ **Shri N.H. Patil** (80 yrs.) **AISCCON NEWS** subscriber from Pune passed away on 18/6/08. May his soul rest in peace. - Mg. Editor

Healthy Nutrition For Healthy Ageing

NUTRITION AND HEALTHY AGEING

-By Dr V S Natarajan, Dr N Lakshmiathy Ramesh

DIET FOR CONSTIPATION

Constipation is the most troublesome of disorders affecting old people. Senior citizens are always obsessed with the movements of bowels and at least fifty percent of them take laxative quite unnecessarily.

Cause

* Lack of adequate fibrous matter in the food consumed.

* Intestinal cancer or obstructions, hernia, piles and fissure in the anus, inadequate secretion of thyroid glands, excess calcium in the body (hypercalcaemia), lack of potassium (hypokalemia) and mental depression.

* Elderly persons avoid drinking adequate quantities of water for fear of passing urine frequently. This is especially true of old women.

* Drugs like iron tonics, painkillers, antacids, diuretics, anti-depressants, antihypertensives agents and sleeping tablets.

* Lack of adequate exercise.

* Old people avoid visiting the toilet frequently because of insanitary conditions in the lavatory.

Management-

Treatment of Primary Causes

If a specific cause is identified it should be corrected e.g. treating hypothyroidism, management of depression, correction of dehydration etc. If any drugs are responsible it must be stopped or dosage may be reduced.

High Fluid Intake

A high fluid intake must be maintained. An older persons should consume at least a minimum of 2 to 2.5 litres of fluids per day.

Regular Exercise

Physical activity should be encouraged. Daily exercises like walking is very essential to avoid constipation. Those who are bed ridden must do their exercises in the bed itself.

Use of abdominal massage has been shown to prevent constipation. Pelvic floor exercises along with abdominal exercises are good in preventing constipation.

Intake of Dietary Fibre

The fibre content in the diet plays an important role in prevention of constipation. Dietary fibre is the name given collectively to indigestible carbohydrates present in foods. Many older persons select diets that lack fibre content. This choice together with an inadequate fluid intake can lead to persistent constipation and often to the use of harmful laxative and mineral oils. Dietary fibres can absorb and hold water and thus are valuable bulky agents as they increase transit in the gut.

The elderly should include in their diet 40gms of dietary fibre per day.

Dietary fibre not only prevents constipation but also reduces the risk of cancer colon, reduces blood sugar and cholesterol and incidence of gall stones.

High fluid intake is essential along with the fibre food. Fibre may interfere with absorption and digestion of fat, protein, calcium and trace elements. The benefits of including fibres in the diet are likely to outweigh any drawbacks.

There is a good deal of fibrous matter in millets, wheat, ragi, horsegram and rice bran. To get relief from constipation the patient should mix two to four spoonfuls of fibre supplement in milk or water and drink.

There is plenty of roughage in greens, plantain stem, cabbage, cauliflower, drumstick, bittergourd, date, mangoes, figs, guava and wood apple. It is commonly believed that bananas are good for constipated patients but the quantity of roughage in bananas is insignificant. The starch in bananas loosens and softens the stool. There is plenty of fibrous

matter in pepper, coriander, dried chillies, omum, fenugreek and sundaikai (dry). Milk, sugar, fat, eggs, meat and fishes are devoid of soluble fibre.

The content of dietary fibre in the commonly consumed food items

**DIETARY FIBRE CONTENT OF
COMMON FOODS
(100gms) FIBRE (g)**

Ragi	3.6	Cluster beans	3.2
Rice	0.2	Cucumber	0.4
Rice bran	4.3	Double beans	4.3
Wheat (whole)	1.2	Drumstick	4.8
Wheat (flour)	1.9	Knol khol	1.5
Bengal gram	3.9	Ladies finger	1.2
Bengal gram	1.2	Sundaikai (dry)	17.6
Green gram	4.1	Ridge gourd	0.5
Horse gram	5.3	Snake gourd	0.8
Peas (dry)	4.5	Cashewnut	1.3
Red gram (dhal)	1.5	Coconut	3.6
Soyabean	3.7	Groundnut	3.1
Kuppakeerai	6.1	Walnut	2.6
Agathi	2.2	Asafoetida	4.1
Cabbage	1.0	Cardamon	20.1
Corriander leaves	1.2	Chillies	30.2
Fenugreek leaves	1.1	Chillies (green)	6.8
Mullakeerai	1.1	Cloves	9.5
Thandukeerai	1.0	Corriander	32.6
Beetroot	0.9	Fenugreek seeds	7.2
Carrot	1.2	Garlic	0.8
Colocasia	1.0	Ginger (fresh)	2.4
Onion	0.6	Pepper (dry)	14.9
Potato	0.4	Omum	21.2
Yam	1.0	Tamarind pulp	5.6
Beans	1.9	Turmeric	2.6
Bittergourd	1.7	Gooseberry	3.4
Brinjal	1.3	Apple	1.0
Broad beans	2.0	Banana (ripe)	0.4
Cauliflower	1.2	Dates (dried)	3.9

Constipation though common in the elderly, is a preventable disorder. Regular exercise, sufficient fluid intake, consumption of increased high fibre in the diet, avoiding unnecessary drugs will definitely prevent constipation. It will be a good morning if the elderly persons get regular bowel movement without any laxatives. It is no wonder the day will be a pleasant one for him.

FOR HEALTH NUTRITION

Diet to prevent stroke

* Five or more daily servings of fruits and

vegetables, which contain nutrients such as potassium, folate and antioxidants that may protect you against stroke.

* Food rich in soluble fibre, such as oatmeal and beans.

* Foods rich in calcium, a mineral found to reduce stroke risk.

* Soya products such as soya milk, can reduce your LDL cholesterol and raise your HDL cholesterol level.

LETTERS TO THE EDITOR.....

Let me congratulate Dr K R Gangadharan, Director, Heritage Hospital Hyderabad and Vice President Asia International Federation on Ageing for having accepted the responsibility to co-ordinate and advocate the cause of welfare of Senior Citizens at the newly formed National Co-ordination Committee of Senior Citizens.

Senior Citizens are spread over in Scores of state level and All India level organisations like Central and State Government. Pensioners, Insurance Employees Association, Federations of Senior Citizens Organisations, Railway Pensioners Federations, Indian Federation of Ageing etc.

AISCCON as member of NCOP has done tremendous job of bringing together elderly federations and spreading awareness regarding problems of pensioner and non pensioner aged people. The broad objectives finalised at the National Summit of Senior Citizens Federations declared at Hyderabad and signed by all and hence. "Hyderabad declaration has laudable objectives of Data base Research on ageing and to provide opportunity for creative qualities of elderly people. AISCCON as member of NCOP is already advocating the cause. So it is hoped that AISCCON as an All India level registered Federation and the National Co-ordination Committee lead by K R Ganghadgaran Vice President (Asia) would bring more results from the not-so responsive Government machinery in solving the Health and Social Security problems of elderly as majority have no pension.

-S S Raichur

Activist - Member of Senior Citizens Movement

FORUM FOR HEALTH INSURANCE OF SENIOR CITIZENS

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27th June, 2008

To: The Respected Member of Parliament

Sub: Implementation of K.S.Sastry Committee recommendations on Health Insurance for Senior Citizens-

Dear Sir/Madam,

The number of Senior Citizens(60+) in the country to day is about 90 million and with increasing life expectancy it will touch 100 million in the next five years.33% of these Senior Citizens are below poverty line another 33% a little above it. About 10% are Pensioners.Senior Citizens form 12% of total Voters and because they are sure voters their effective voting strength is 18%.

Health is one of the most important needs of these senior citizens but the health-care costs are rising so high that they are going out of reach for most of them. The National policy on Older Persons has acknowledged this and mandated that health insurance policies be developed to cater to the needs of older persons and various reliefs and concessions be given to health insurance to enlarge the base of coverage and make it affordable.

All India Senior Citizens Confederation (AISCCON), many Pensioners Association and NGOs like HelpAge, Dignity Foundation, Harmony for Silvers Foundation- all Organisations working for the aged- who have now joined hands to FORUM for Health Insurance of Senior Citizens- have been demanding from the Union Government, for about a decade, to provide a modified medical insurance scheme for Senior Citizens, with no entry and exit age bar, covering pre-existing diseases and at an affordable cost. Responding to this call, the IRDA (Insurance Regulatory and Development Authority) appointed a committee under the Chairmanship of Shri K.S Sastry to study the subject and make recommendations. The Report of the Committee was submitted to IRDA in December 2007. The Committee has examined the mechanics and economics of the issue comprehensively, and made several pragmatic recommendations.

Some of the more important recommendations are-

* All senior citizens should have access to health insurance regardless of age, health condition or claim history except in cases where the person is diagnosed with terminal or incurable illness at the time of the entry;

Chairman: Dr S P Kinjawadekar, Secretary: K.S. Samant C/o. GIC Pensioners Association,
Sterling Cinema Bldg., 65, Marzban Road, Mumbai-400 001. Mob.: 9869279034

* Senior citizens should be given guaranteed renewal of their insurance without any upper age limit;

* People should enter health insurance scheme as early as possible (at 50 years) for better distribution of risk for insurance companies and for building sufficient reserve for their long-term viability;

* At least 50 per cent of Service Tax on all health insurance premiums should be credited to the Insurance Pool to be created by IRDA to deal with high-risk insurance cases of senior citizens above 75 years;

* For smooth functioning and success of health insurance system, there should be adequate regulation of hospitals and other health-care providers.

Meanwhile the Government have also received the Report of the Sixth Pay Commission which too has recommended a revised mediclaim policy for Government employees to gradually replace the current Government Health Scheme (CGHS). This should widen the base of health insurance thus improving its viability.

Equally significant is the seminal report brought out by the Armed Forces Medical College at the instance of WHO and the ministry of Health standardizing the costs of the most of the diagnostic and surgical procedures in a variety of settings, from rural to metropolitan. This should help to discipline the service providers, given a suitable regulatory mechanism.

Recently the Supreme Court too has called the authorities to hold the directives contained in the Constitution as well as the covenants contained in various International Declarations for providing an affordable health cover for the senior citizens.

We urge you to take the lead in encouraging the insurance industry to formulate suitable schemes for implementing these mandates on the lines of recommendations of the aforesaid Sastry Committee in consultation with representative organizations of senior citizens and Pensioners' Association on the one hand and economic and medical experts on the other.

During the last 6 months we have sent a number of representations to the IRDA, Hon'ble Union Finance Ministers and Hon'ble Prime Minister to implement Sastry Committee recommendations on the Health Insurance for Senior Citizens. On 9th May 2008 when we had met Smt.M.L.Vas, Addl. Secretary, Finance (Budget & Small Savings) and Shri Tarun Bajaj, Jt. Secretary, (Insurance), Govt. of India, we were told that new chairman of IRDA will take charge shortly and we should approach him again. Accordingly we have sent a letter to the new chairman, IRDA Shri J.Harinarayan and asked for his early appointment.

Since the subject is of vital importance to millions of Senior Citizens in the Country, we request you to look into this subject and help us by speaking to the Hon'ble Finance Minister and raising question in the parliament. Kindly give us an appointment to discuss this subject with you.

Yours faithfully

Dr. S.P. Kinjawadekar
Chairman

K.S. Samant
Secretary

FORUM FOR HEALTH INSURANCE OF SENIOR CITIZENS.

(Note:- All Senior Citizens Associations are requested to get similar letter typed on their letter heads and submit it to the local MP/MPs known to them immediately.)

Andhra Pradesh

Senior Citizen's Welfare Association, Nalgonda Dist. A.P.

Elders abuse prevention day celebrated at Nalgonda: Senior Citizens Welfare Association Nalgonda A.P. celebrated the elders abuse prevention day on 15th June 08. During the Press meet arranged by the Association we have given our suggestions how to prevent the abuses on elders. Visited the oldage homes and distributed sweets, fruits to the oldage people where most of them in the home are the suffer of their children. We also falcitated Sri Vure Venkaiah, Vice President of the association who has donated his blood 31 times.

- S. Mallikarjun (President)

(a) **FAPSCO - Greater Hyderabad Municipal Corporation (GHMC)** has decided to plant 10 lakh plants during this monsoon (June - Sept.) to make Greater Hyderabad a Greener Hyderabad. Plants & tree- guards will be supplied by GHMC. All units of FAPSCO in Hyderabad city have decided to participate in this programme to make it successful.

(b) Forum for Senior Citizens of Tarnaka:

The AGB meeting was held on 29th April 2008 in which the Forum's advisor Prof. Bh. Krishna Murthy former Vice Chancellor Hydrabad Central University was falcitaled on receipt of the prestigious award ' Telugu Bharathi Puraskaram'. In return as a gesture of his appreciation of the good work of SCOTRWA Prof. Bh.krishna Murthy declared a donation of Rs 10,000/- out of a foundation established in this name.

In the same meeting Prof. GVS RK Somayajulu was also falcitaled on having received a letter of appreciation and recognition from the Director General of International Atomic Energy Agency (IAEA)

which was awarded Noyal Peace prize for 2005.

(C) Andhra Pradesh Senior Citizens Confederation:

In the meeting of the Ad-hoc Committee held on 10th June 08 at Hyderabad, the constitution of APSCCON was adopted in the morning Session In the afternoon the following subject were discussed

i) Implementation of Indira Gandhi National old Age pension scheme and 9.2 lakh 65+ BPL Senior Citizens in AP Should get a pension of Rs 400/- pm. A representation is made to the minister which will be followed up

(ii) 50% concession in APSRTC Bus fare- The APSRTC has rejected representation earlier made by Shri Mallikarjun in this regard. It was decided to mount a campaign to demand it. All constituent Associations should write immediately to the CM requesting for such concession as is being given by other progressive states. An appointment of the CM should be taken to discuss this issue.

(iii) Equitable share for Senior citizens welfare from Rs.810 Crore allocated by the state finance Minister to the Ministry for Welfare of women, Disabled and Senior Citizens:- Dr.P. Vyasamoorthy placed before the meeting a representation to the Hon Minister Smt Rajya Lakshmi asking for projects like- Old age pension, old age homes in each District, Day care Centres & Mobile medicare units.

In the General Meeting held in the evening presided by Justice Lakshman Rao, DR D. Jamuna was the chief Guest She explained in detail the work being done at the centre for Research in Ageing, Tirupati and urged the members to attend and support the International Conference being held in Tirupati during December 2008. Justice Lakshman Rao appreciated the efforts to bring all senior citizens from different parts of the state under one umbrella.



गुजरात

(१) सीनियर सिटिजन्स फेडरेशन गुजरात प्रदेश (अमदावाद)- अखिल भारतीय वरिष्ठ नागरिक महासंघ (आइस्कॉन) से संलग्न हो गया है। आइस्कॉन में उनका स्वागत है।

(२) सीनियर सिटिजन्स कौन्सिल - गांधीनगर -

(अ) आरोग्य सेवा - शहर के सिविल अस्पताल में मई २००८ में ७० रुग्णों को रु. ८३२७ की आर्थिक मदद दी गयी। अब यह राशि बढ़ाकर प्रतिमास रु. १०,०००/- तक मदद गरीब रुग्णों को दी जाएगी।

(आ) मोबाइल दवाखाना - डॉ. डी.के. पटेल, डॉ. अमृतभाई पटेल, डॉ. गोस्वामी के.सी., डॉ. गढवी आदि की सेवाओं से मई ०८ में ९८२ रुग्णों को (१२८ पुरुष, ४४६ स्त्रियां तथा ४०८ बालक) दवाइयां दी गईं। महिला और बालकों को पौष्टिक नाश्ता भी दिया गया।

(इ) रुग्णवाहिका सेवा - अमदावाद के लिये १९ और गांधीनगर के ६ कॉल पूरे किये गये।

(ई) रक्तदान शिबिर - दि. ११ मई ०८ को आंतरराष्ट्रीय पुष्टिमार्गीय वैष्णव परिषद गांधीनगर वैष्णव समाज और यमुना महिला परिषद के सहकार्यसे रक्तदान शिबिर का आयोजन किया गया जिसमें २२ भाईयोंने और ५ भगिनियोने रक्तदान किया। सुश्री जयश्रीबेन पटेल ने ३४वीं बार रक्तदान करके बहनों के सामने एक आदर्श रखा।

(उ) बालमुकुन्द सेवा - गांधीनगर और पेशापुर गाव की आंगनवाडियों में ९ और १० मई ०८ को बच्चों को पौष्टिक आहार का वितरण किया गया। सत्कर्म ट्रस्ट द्वारा रसायनरहित गुड से बनी सुखडी बनायी थी। ३० और ३१ मई को सभी आंगनवाडियों में और सिविल अस्पताल में सुखडी का वितरण किया गया।

(ऊ) महिला विभाग की ओर से प्रति गुरुवार को सिविल अस्पताल में प्रसूत बहनों को हलुवा का वितरण किया गया। बालकों के वॉर्ड में बिस्किट बाँटे गये।

(ए) योगासन वर्ग - सुश्री जशुबेन ठक्कर द्वारा सेक्टर ३० के सिंधुधाम में हर बुधवार शाम को महिलाओं के लिये नियमित रूप से योगासन वर्ग चलाए जाते हैं।

(३) सीनियर सिटिजन्स ग्रुप, गणदेवी - का सातवां स्थापना दिन समारोह दि. २९ जून ०८ को लाड-वणिक वाडी, गणदेवी में उत्साह से मनाया गया। प्रमुख अतिथि थे मे. अनुपम रसायन पांडेसरा, सचिन के श्री आनन्दभाई देसाई और श्री अश्विनभाई

देसाई और विशेष अतिथि के रूपमें श्री अजयभाई शाह, श्री अतुलभाई शाह, (मे. चोक्सी केमिकल इंडस्ट्री, नवसारी), श्री जतिनभाई नायक तथा श्री अजयभाई और श्री कीर्तिभाई देसाई (मे. देसाई इन्फ्रास्ट्रक्चर प्रा. लि., नवसारी) उपस्थित थे। केडिऑक्स फार्मा प्रा.लि. सचिन के श्री अजितभाई पीठावाला विशेष आमंत्रित थे।

समारोह में ८५% वयस्क नागरिक सदस्यों का तथा राष्ट्रीय स्तर पर सम्मान प्राप्त सदस्यों का सत्कार किया गया। सहकारी खांड उद्योग मंडल लि. गणदेवी के संचालकों का सम्मान किया गया और 'सांजुकटाणे समसंवेदन' पुस्तिका का विमोचन किया गया। सुरुचि भोजन के बाद समारोह संपन्न हुआ।

-ठाकोरभाई नायक, मंत्री

(४) सीनियर सिटिजन्स ग्रुप, अंकलेश्वर-

अंकलेश्वर - पानोली में एशियाकी सबसे बडी औद्योगिक वसाहत है। यहां प्रति वर्ष नये उद्योग स्थापित होते हैं, अनेकों को रोजगार मिलता है, राष्ट्रीय उत्पादन में वृद्धि होती है और देश के विकास में मदद होती है। लेकिन इन उद्योगों से हवा और पानी का प्रदूषण बढ़ने अपघात, रासायनिक विषयकता और इन सबसे होनेवाले मृत्यु - एक चिन्ता का विषय है। श्वास के विकार, चक्कर, बेचैनी, भ्रम, उराशूल, टीबी - कैन्सर- किडनी के विकार बढ़ रहे हैं। यद्यपि पर्यावरण रक्षणार्थ लाखों रूपये खर्च किये जाते हैं, पर्यावरणीय लोक अदालतों का आयोजन किया जाता है, परिणाम नगण्य है।

अतः दि. ५ जून ०८ के विश्व पर्यावरण दिन के उपलक्ष्य में सीनियर सिटिजन्स ग्रुप, अंकलेश्वर ने, स्थानीय प्रांत अधिकारी साहब को इस विषय पर सविस्तर पत्र लिखकर पर्यावरण रक्षणार्थ १४ उपयुक्त सूचनाएं दी हैं। चर्चा के लिये समय भी मांगा है।

-झवेरलाल के. मोदी, अध्यक्ष

महाराष्ट्र:

१. सांसद श्री आनंद परांजपे से भेंट-

ठाणे के ३ बार चुने पूर्व सांसद श्री प्रकाशजी परांजपे आइस्कॉन के समर्थक और सहायक थे। दुर्भाग्य से उनका असामाधिक निधन हो गया। उनके स्थान पर उनके सुपुत्र श्री आनंद परांजपे भारी बहुमत से चुनाव जीत गये। दि. १३ जून ०८ को आइस्कॉन के प्रतिनिधी मंडल ने, जिसमें अध्यक्ष डॉ. शं.पां. किंजवडेकर, उपाध्यक्ष श्री मधुकर कुलकर्णी, महासचिव श्री दि.ना. चापके

और नेरुल संघ के अध्यक्ष श्री रा.मु. देशपांडे शामिल थे, श्री आनंद परांजपे के कार्यालय में जाकर उनका हार्दिक अभिनन्दन किया और शुभकामनाएं दी। श्री आनंद परांजपे ने आश्वासन दिया कि अपने स्वर्गीय पिताजी के समान वो भी वरिष्ठों की समस्याओंका निराकरण करने में आइस्कॉन और फेस्कॉम को पूरा सहयोग देंगे। नेरुल में बन रहे वरिष्ठ नागरिक भवन के लिये अपने सांसद निधि से अधिकाधिक धनराशि देकर भवन पूरा करने के लिये मदद करेंगे। केंद्रीय शासन से भवन के लिये मदद प्राप्त करने की पूरी कोशिश करेंगे और किसी कारणवश इसमें सफलता न मिले तो अपने मित्रों से मदद दिलाएंगे।

प्रतिनिधि मंडल ने युवा सांसद श्री आनंज परांजपे को धन्यवाद दिया।

२. वरिष्ठ नागरिक स्वास्थ्य बीमा के लिये फोरम की सभाएं

फोरम फॉर हेल्थ इन्सुरन्स ऑफ सीनियर सिटिजन्स की नियमित रूप से सभाएं होती हैं। दि. १३ मई २००८ की सभा में - राष्ट्रीय, स्वास्थ्य बीमा योजना, जो गरीबी रेखा के नीचे नागरिकों के लिये पूरे देश में लागू होनेवाली है, के संबंध में उपलब्ध जानकारी सदस्यों को दी गयी। असंगठित क्षेत्र के कामगारों को और उनके परिवार को (कुल ५ व्यक्ति) ३० रु. वार्षिक देने पर रु. ३०,००० का स्वास्थ्य बीमा उपलब्ध होगा। ७५% बीमाशुल्क केंद्र शासन देगा और २५% राज्यशासन देगा। इस संबंध में अधिक जानकारी प्राप्त करने के लिये महाराष्ट्र के स्वास्थ्य महानिदेशक से मिलने का पुनः प्रयत्न करने का निर्णय हुआ। हैदराबाद में शास्त्री कमेटी के अध्यक्ष श्री के.एस. शास्त्री से मुलाकात हुई थी, उसके संबंध में श्री सामंत और डॉ. किंजवडेकर ने जानकारी दी। ओरियंटल इ.क.ने अपने मार्च ०८ के पत्रकानुसार बीमे का प्रीमियम कुछ कम किया है। छठैपे कमिशनने वरिष्ठ नागरिकों को स्वास्थ्य बीमा देने की शिफारिस की है, उसका सभा ने स्वागत किया।

६ जून ०८ को फोरम की अगली बैठक हार्मनी इंटरएक्टिव सेंटर, ठाकुरद्वार में हुई। स्वास्थ्य बीमा के विशेष जानकार श्री महापात्र विशेष आमंत्रित थे। श्री सामंत ने जानकारी दी कि फोरमने करीब १०० सांसदों को शास्त्री कमेटी शिफारिसों को लागू करने के संबंध में पत्र लिखे थे उनमें से केवल २ सांसदों के श्री ए.बी. वर्धन और श्री दासगुप्ता, समर्थन प्राप्त हुए हैं।

यह निर्णय हुआ कि मुंबई में करीब ३० सांसद रहते हैं। उनको पुनः पत्र भेजकर प्रत्यक्ष मिलने की कोशिश की जाय। इस पत्र में राष्ट्रीय वृद्धजन नीति, शास्त्री कमेटी, छठैपे कमिशन और सुप्रीम कोर्ट के स्वास्थ्य बीमा के संबंध में दिये आदेशों का उल्लेख कर शास्त्री कमेटी की शिफारिसों के आधार पर बीमा योजना

तुरंत बनाने की मांग की जाय।

महाराष्ट्र के स्वास्थ्य महानिदेशक डॉ. डोके से हुई. मुलाकात में राष्ट्रीय स्वास्थ्य बीमा योजना के संबंध में जो जानकारी प्राप्त हुई उसकी प्रतियां सदस्यों को वितरित की गयी। यह निर्णय हुआ कि इस योजना को गरीब लोगों तक पहुंचाने के लिये फोरम के सदस्य प्रयास करें। IRDA के नये अध्यक्ष को शास्त्री कमेटी प्रस्तावों को लागू करने के लिये फोरम की ओर से पत्र लिखने का भी निर्णय हुआ।

फोरम की अगली बैठक दि. २७ जून ०८ को हार्मनी सेंटर, ठाकुरद्वार में हुई जिसमें मीरा रोड के सामाजिक कार्यकर्ता श्री एम्.व्ही. रूपारेलिया विशेषने आमंत्रित के रूप में उपस्थित थे।

श्री बी.एम. मखीजा ने नये IRDA के अध्यक्ष श्री जे. हरिनारायण के लिये बनाये पत्र को स्वीकारा गया और यह तय किया गया कि उसी में उचित संशोधन कर के मुंबई स्थित सांसदों को एक पत्र शीघ्र भेजकर २० जुलाई ०८ के पहले उनसे मिलने के समय मांगा जाय। यह भी तय हुआ कि फोरम ने भेजे पत्र के अनुसार सभी वरिष्ठ नागरिक संगठन और पेन्शनर्स एसोसिएशन की तरफ से श्री हरिनारायण को पत्र भेजे जाय।

सांसदों को मिलने के लिये जाते समय शास्त्री कमेटी की रिपोर्ट के पहले और १२वे भाग के सारांश साथ में रखकर सांसद महोदय को प्रस्तुत किये जाये जिससे वे विषय को अच्छी तरह से समझ सकेंगे। मुंबई बाहर के अच्छे परिचित सांसदों से भी संपर्क कर इस संबंध में सदन में, सवाल उठाये जाय।

श्री रूपारेलिया ने प्रस्ताव रखा कि पुणे में सहाय्यि अस्पताल के साथ फेस्कॉम ने जो स्वास्थ्य कवच योजना चालू की है उसी प्रकार की बीमा योजना मुंबई के जसलोक, लीलावती, बॉम्बे, हिन्दुजा जैसे अस्पतालों में चालू करने के लिये इन अस्पतालों से संपर्क किया जाय। यह प्रस्ताव स्वीकार किया गया।

Jyestha Nagarik Sangh Mahdyavarti Samittee - Thane Meeting with MAYOR and Commissioner

A delegation of Jyestha Nagarik Sangh Madhyavarti Samittee - Thane led by President Shri Madhukar Deurkar met Thane Municipal Commissioner Shri Nandkumar Jantre on 19-03-2008 and Hon. Mayor Smt. Smita Indulkar on 04-04-2008 and apprised them of following needs and expectations of the Senior Citizen's.

1st October 'World's Elder Day' be celebrated by TMC in co-ordination with various Senior Citizen's organisation of Thane Municipal

Corporation Area.

A Forum for dialogue at TMC level be provided for various problems, suggestions and schemes for betterment of Senior Citizens.

Suitable office accommodations be provided to all Senior Citizen's Associations free or at nominal cost on Care taker basis.

Since the Senior Citizen's Associations are not financially strong, yearly grant / Donations be given to them to run welfare Activities.

A scheme of Medical Insurance for deserving Senior Citizens' be sanctioned and operated. Medicines be provided on concessional rates.

Foot paths be cleared of encroachment for use by Senior Citizen's.

- Jawahar Bhatt (Vice President)

Felicitations of Shri Anand Paranjape Newly elected MP from Thane

On 16th June 2008, Jyestha Nagarik Sangh Madhyavarti Samittee, Thane felicitated Newly elected MP Shri Anand Paranjape of Thane. Shri Madhukar Kulkarni President FESCOM, Shri V.K. Joshi President FESCOM (Kokan Region) and Shri Madhukar Deurkar President - J.N.S.M.S. Thane were on the Dias. Shri Paranjape was apprised of the work being done in Maharashtra State by FESCOM by Shri Madhukar Kulkarni and about the present needs of Senior Citizens'. Shri V.K. Joshi and Shri Deurkar projected the activities undertaken in the Kokan Region and Thane Municipal area. They also appealed that Senior Citizens of Thane District look to Shri Paranjape to solve the various problem faced by Senior Citizens.

Shri Anand Paranjape in his address stated that he will continue the tradition of his late father Shri Prakash Paranjape and will help the Senior Citizens to solve the difficulties being faced in Running the Senior Citizen's - Welfare activities etc.

Several other associations also presented Bouquets on the occasion to Shri Anand Paranjape and wished him the Best in his tenure as M.P. and Social life.

- Jahawar Bhatt, Vice President

ज्येष्ठ नागरिक संस्था, रेवदंडा:

जैसे कि आप जानते हैं, हमारी संस्था महाराष्ट्र के रायगड जिले के ग्रामीण क्षेत्र में ज्येष्ठों के लिये कार्य कर रही है। आपकी

जानकारी के लिये संस्था के इस साल के कुछ महत्वपूर्ण कार्यक्रमों का ब्योरा प्रस्तुत है-

(१) जाने. ०८: छत्रपति शिवाजी महाराज की राजधानी रहे किले रायगड को भेंट - ८७५ मिटर्स ऊंचाई पर रोप-वे की मदद से सिर्फ ४ मिनट में पहुँचना वरिष्ठों के लिये एक रोमांचकारी अनुभव था।

(२) फेब्रु. ०८: श्री. पेंडसे द्वारा सादर हास्यविनोदी कार्यक्रम का मज़ा कुछ और ही था।

(३) मे ०८: संस्था के ७वाँ वर्धापन दिन बडे उल्हास के मनाया गया। प्रमुख अतिथी बिर्ला कंपनी के प्रेसिडेंट श्री. जाजू और श्रीमती जाजू. वार्षिक अहवाल का प्रकाशन और पचत्तर साल उम्र के सदस्यों का सम्मान - संस्था संस्थापक प्रविण काटवी, अध्यक्ष सुभाष चिटणीस, उपाध्यक्ष मोहन पंडीत, सचिव आत्माराम आपटे, कोषाध्यक्ष वसंत पुराणिक आदि ने संस्था की प्रगति के बारे में अपने विचार व्यक्त किये। कार्यक्रम का सूत्र संचालन श्रीमती लता चिटणीस जी ने किया। विख्यात गायक मुकुंद भागवत की सुरिले महफिल का उपस्थित २०० वरिष्ठ नागरिकों ने लुत्फ उठाया। स्नेहभोजन से कार्यक्रम की समाप्ति हुई।

-सुभाष चिटणीस

ज्येष्ठ नागरिक संघों का महासंघ, महाराष्ट्र (फेस्कॉम) की २८वीं वार्षिक सर्व साधारण सभा

३० जुलाई २००८ को नाशिक में आयोजित की गई है। फेस्कॉम से संलग्न ज्येष्ठ नागरिक संघों की संख्या करीब १३०० है और कुल सदस्य संख्या साढ़े तीन लाख से अधिक है। वार्षिक सभा में महिलाओं की उपस्थिती और सहभाग उल्लेखनीय रहता है। ग्रामीण / आदिवासी / वनवासी क्षेत्र में ज्येष्ठ नागरिक संघों के प्रतिनिधी भी उपस्थित रहते हैं।

फेस्कॉम का संविधान हाल ही में संशोधित किया गया। किए गए संशोधनों की प्रमुख मुद्दे इस प्रकार हैं:

(१) फेस्कॉम का मिशन शब्दांकित किया गया।

(२) नए प्रादेशिक विभाग गठित करने के लिए कम से कम २ जिले और १०० ज्येष्ठ नागरिक संघ आवश्यक है।

(३) गवर्निंग काउंसिल और प्रादेशिक विभागीय समितियों का कार्यकाल २ वर्ष से बढ़ाकर ३ वर्ष किया गया।

(४) चुनाव लडते समय सिक्वोरिटी डिपोजिट जमा करना अनिवार्य किया गया।

- अनिल कासखेडीकर

महाराष्ट्र ज्येष्ठ नागरिक महासंघ (फेस्कॉम) और श्री निरामय ज्येष्ठ नागरिक संघ, डीजीपी नगर नासिक के संयुक्त तत्त्वावधान में नासिक शहर के ५० ज्येष्ठ नागरिक संघों के प्रतिनिधियों की कार्यशाला और स्नेह मिलन श्री अनंतराव घोलेप, उपाध्यक्ष फेस्कॉम की अध्यक्षता में संपन्न हुआ। श्री मधुकर भा. कुलकर्णी फेस्कॉम अध्यक्ष प्रमुख अतिथि थे जिन्होंने कार्यशाला का उद्घाटन किया। फेस्कॉम के मुख्य सचिव श्री अनिल कासखेडीकर विशिष्ट अतिथि थे। उन्होंने कहा कि ज्येष्ठ नागरिक संघों को समाजोपयोगी कार्यों का निर्वाह करना चाहिए। डॉ. उल्हास रत्नपारखी, नासिक का प्रवचन सुनकर श्रोता भावविभोर और मंत्रमुग्ध हो गए। प्रसिद्ध व्यंग्य चित्रकार श्री प्रभाकर झुलके का हास्य विनोद युक्त भाषण हुआ। फेस्कॉम नगर नासिक प्रादेशिक विभाग के पदाधिकारी भी उपस्थित थे। विघ्न हरण गणेश मंदिर के प्रांगण में लोकमान्य सभागृह में आयोजित इस स्नेह मिलन में करीब १५० प्रतिनिधि उपस्थित थे। श्री निरामय ज्येष्ठ नागरिक संघ के अध्यक्ष श्री दामोदर नांदगांवकर और स्थानीय नगरसेवक श्री सतीश (नाना) कुलकर्णी ने कार्यक्रम को सफल बनाने में महत्वपूर्ण भूमिका निभाई। - अनिल कासखेडीकर

फेस्कॉम, अहमदनगर- नासिक प्रादेशिक विभाग के पदाधिकारियों के प्रयत्नों के फलस्वरूप नासिक महानगर पालिका ने पहचान पत्र वितरण और तत्संबंधी कार्यों के लिए बी.डी. भालेकर हाईस्कूल का एक कमरा फेस्कॉम को आबंटित किया गया है। पदाधिकारियों का हार्दिक अभिनंदन.

Kerala

The Annual General Body Meeting of the KEFOSCA (Kerala Federation of Senior Citizens Associations) was held at the Senior Citizens Bhawan, Moovattupuzha, on 10th May 2008.

The meeting was preceded by the meeting of EC (Executive Committee) of KEFOSCA at the same venue in a different room. The EC unanimously decided to elect the President and Secretary General for the next term 2008-2010 from Thiruvananthapuram.

After the EC meeting the Annual General Body Meeting started under the Chairmanship of President Prof. K.K. John. After prayer and brief speech by the President, the Annual Report was presented by the Secretary General. Most of the

members expressed their dissatisfaction with the inadequacies in the report. After lengthy discussion in which many members participated, the report was adopted, the statement of Accounts for the years 2006-2008 were presented and passed. The President then took up the elections for the new office-bearers for the years 2008-2010. He suggested that it would be advisable if the incoming President and Secretary General were from the same place. He eloquently spoke about the advantages of moving the Head quarters of the Federation to Thiruvananthapuram. The meeting was then adjourned for lunch.

In the post-lunch session, the following office-bearers were elected unanimously.

President- Shri S.N. Nayar (Thiruvananthapuram)
Secretary General- Dr P. Madhava Kaimal

(Thiruvananthapuram)
Treasurer- Shri Premkumar (Thiruvananthapuram)

The remaining positions in the EC, VB- 3 Vice Presidents, 2 Secretaries and 10 EC members were elected unanimously. It was decided to co-opt a lady member later.

After the elections the new President and Secretary General were invited to the dias by the outgoing President and the meeting continued with Shri S N Nayar in the Chair. He spoke about his dream of a Federation functioning in an atmosphere of peace and goodwill among all members. He exhorted the members to strive hard to strengthen the Federation and expand its activities. Dr P Madhava Kaimal, the new Secretary General, Proposed a vote of thanks. The meeting came to a close with the National Anthem.

मध्य प्रदेश

प्रबुद्ध परिषद, उज्जैन-

(अ) दिनांक ५ अप्रैल २००८ को परिषद द्वारा होली मिलन समारोह मनाया गया जिसमें ६० से अधिक सदस्य उपस्थित थे। परिषद द्वारा नवागन्तुक सदस्यों का गुलाल लगाकर स्वागत किया गया। समारोह के प्रमुख अतिथि थे कावेरी शोध संस्थान के अध्यक्ष डॉ. श्यामसुन्दर निगम और अध्यक्षता डॉ. मधुकर कोठालकर ने की। डॉ. निगम का शाल-श्रीफल से सम्मान किया गया।

सचिव श्री शिवप्रसाद शर्मा ने बताया कि समर्थ स्वामी रामदास ने धर्म के साथ 'दासबोध' की रचना की। उन्होंने देश में ४००

हनुमान मंदिर बनाये। छत्रपति शिवाजी महाराज ने इन्ही की प्रेरणा से देशमें सांप्रदायिकता के विरुद्ध एकता का नारा दिया।

डॉ. श्यामसुंदर निगम ने समर्थ स्वामी रामदास जी की चतुःशताब्दि पर उनके राष्ट्र के प्रति समर्पित जीवन के बारे में उद्बोधन दिया एवं बताया कि समर्थ रामदासजी संत ही नहीं, अपितु हमारे राष्ट्रगुरु हैं।

(आ) दि. ४ मई ०८ को तुलसी भय्या के सन्त हृदयराम निवास पर आयोजित बैठक में, देशमें आतंकवाद न बढ़े तथा आतंकवाद को कहां से बढ़ावा मिल रहा है इस संबंध में सीडी दिखाई गयी। अमर ज्योति नेत्र कोष के संचालक तुलसी भय्या का उद्बोधन हुआ जिसे परिषद के सभी लोगोंने बहुत सराहा।

(इ) श्रद्धांजलि - प्रबुद्ध परिषद के संस्थापक श्री कमलाकर काले (७९) का दि. १ मई २००८ को देहांत होगया। उन्हे श्रद्धांजलि अर्पित करने हेतु एक बैठक दि. ७ मई ०८ को डॉ. परांजपे निवास पर आयोजित की गयी जिसमें ६५ सदस्य उपस्थित थे। अध्यक्ष श्री श. ना. कुलकर्णी, सिंहस्थ प्राधिकरण अध्यक्ष श्री दिवाकर नातू ने श्री काले जी के अविस्मरणीय पलों को बताते हुए अपनी श्रद्धांजलि अर्पित की। श्रीमती मालती अयाचित ने बताया कि श्री कमलाकर काले मेरे भाई ही थे और पुलिस अधीक्षक पद पर रहकर भी उन्होंने राष्ट्रियता के प्रति समर्पित भावना से कार्य किया। श्री लक्ष्मीप्रसाद गौतम, रामकिशोर गुप्ता, नवीन दवे, डॉ. रेहमान अली आदि ने अनेक संस्मरण व स्वउद्बोधन दिये। श्री मुकुन्द करंदीकर ने सुन्दर रामनाम का भजन सुनाया। सचिव शिवप्रसाद शर्मा ने उनके कार्यकाल और उनसे संबद्ध संस्थाओं के बारे में उनकी याद ताजा की। अंत में दो मिनिट मौन श्रद्धांजलि दे उनके चित्र पर सभी सदस्यों ने नमन कर फूल और मालाएं समर्पित की। **-शिवप्रसाद शर्मा**

उत्तर प्रदेश:

उत्तर प्रदेश के महामहिम राज्यपाल श्री टी.वी. राजेश्वर राव के झांसी आगमन पर वरिष्ठ नागरिक कल्याण सेवा समिति, झांसी और राज्य वरिष्ठ नागरिक परिषद, उत्तर प्रदेश के अध्यक्ष श्री बी.बी. दीक्षित के नेतृत्व में प्रतिनिधि मंडल ने वरिष्ठ नागरिकों की समस्याओं के बारे में एक ज्ञापन दिया गया। प्रतिनिधि मंडल में विधायक श्री प्रदीप जैन, श्री लक्ष्मीकांत सिन्हा, श्री बी.पी. तिवारी थे। ज्ञापन में निवेदन किया गया कि

- (१) राज्य सरकार द्वारा वरिष्ठ नागरिक नीति की घोषणा की जाए।
- (२) राज्य वरिष्ठ नागरिक आयोग का गठन किया जाय, जिसकी

हर जिले में शाखा स्थापित हो।

(३) राज्य परिवहन निगम की बसों में वरिष्ठ नागरिकों को किराए में ५०% की छूट दी जाए।

(४) सरकारी/नगर महापालिका के अस्पतालों में वरिष्ठ नागरिकों को मुफ्त चिकित्सा सेवा उपलब्ध हो।

(५) निराश्रित वृद्ध श्रमों को कम से कम रु. ८०० की मासिक पेन्शन दी जाय।

वरिष्ठ नागरिक कल्याण सेवा समिति झांसी के तत्वावधान में और पातंजली योग पीठ समिति के सहयोग से झांसी के के.के. पुरी शिवमंदिर के पास पार्क में योग अभ्यास शिबिर का आयोजन किया गया। इसमें करीब ५०० से अधिक योग साधकों ने भाग लिया। योग अभ्यास शिबिर का उद्घाटन करते समय फेस्कप अध्यक्ष श्री बी.बी. दीक्षित ने कहा कि स्वस्थ शरीर और चिंतामुक्त जीवन आवश्यक है। शिबिर का समापन पातंजली पीठ समिति के अध्यक्ष श्री जयपाल सिंह राजपूत ने किया।

वरिष्ठ नागरिक सेवा समिति, गाजियाबाद और फेस्कप के वरिष्ठ उपाध्यक्ष श्री वी.डी. शुक्ला की हृदय शल्य चिकित्सा के बाद शीघ्र स्वास्थ्य लाभ के लिए झांसी से फेस्कप अध्यक्ष श्री बी.बी. दीक्षित, सर्व श्री एम.एल. कुलश्रेष्ठ, लक्ष्मीकान्त सिन्हा आदि ने शुभकामनाएं भेजीं। आईस्कॉन समाचार भी श्री वी.डी. शुक्ला को अपनी शुभकामनाएं देता है कि वे शीघ्रता से स्वस्थ होकर वरिष्ठ नागरिकों के कल्याण कार्य में फिर से जुट जाएं।

राजस्थान

वरिष्ठ नागरिक समिति, झालावाड ने बैंको आदि में वरिष्ठ नागरिकों की सुविधा के लिए ग्राहक सेवा समिति का गठन किया। नगर पालिका आयुक्त, झालावाड से मिलकर वरिष्ठ नागरिक प्रकोष्ठ के गठन के लिए आग्रह किया गया। वृद्धजनों के लिए राष्ट्रीय और राज्य नीति की घोषणा के लिए निवेदन दिया गया।

-इंजी. के.सी. अग्रवाल

वरिष्ठ नागरिकों का सच्चा हमसफर...

AISCCON NEWS
आईस्कॉन समाचार

हमेशां पढ़िए.... जिन्दगी को जानिए...



आँख है तो जहान है



-डॉ. श्रीकृष्ण शर्मा

सारे विश्व में अंधापन एक बहुत विराट समस्या है और भारतवर्ष में तो इसने अपना विकराल रूप दिखा रखा है। दुनिया में लगभग चालीस मिलियन अर्थात् चार करोड़ लोग अंधापन से ग्रस्त हैं। भारतवर्ष में १५ मिलियन (डेढ़ करोड़) हैं। अंधापन की परिभाषा के अनुसार जिस व्यक्ति को भी नेत्र से रोशनी देखने की शक्ति ६/७० से कम होती है तो उसे अंधा कहा जाता है। इसके अलावा जिनके नेत्र की ज्योति ६/३० से ६/६० के बीच होती है उन्हें लो विजन (Low Vision) कम नेत्र ज्योति वाला कहा जाता है।

अंधापन के प्रकार एवं कारण

(१) ७० प्रतिशत लोग मोतिया बिन्द की वजह से अंधापन का शिकार हैं विशेष कर जिनकी आयु ५० वर्ष से ऊपर है। इसका उपचार केवल शल्य चिकित्सा एवं लेन्स प्रत्यारोपण से ही संभव है। अच्छे नतीजे केवल सही समय पर ही सही नेत्र चिकित्सक से चिकित्सा करवाने पर ही संभव हैं, देर होने पर व सही जगह ऑपरेशन नहीं कराने से अच्छी नेत्र रोशनी आना संभव नहीं होता व ऑपरेशन के बाद भी दिखने की समस्या बनी रहती है।

(२) दूसरा मुख्य कारण ग्लुकोमा अथवा काला पानी की बीमारी है। लगभग ६० प्रतिशत अंधे इसके कारण पीड़ित हैं। जल्दी समय पर इसका उपचार दवाओं से संभव है व देर होने पर शल्य चिकित्सा करानी होती है। इस बीमारी में हमारे नेत्र का दबाव काफी बढ़ जाता है जिसे Ocular Tension कहते हैं। इस दबाव का उपचार न कराने पर धीरे-धीरे नेत्र का परदा (Retina) खराब हो जाता है और नेत्र ज्योति हमेशा के लिये जा सकती है।

(३) सम्बन्धित ७ प्रतिशत अंधापन का कारण नेत्र ज्योति का कम होना होता है जिसका कारण हमारे अन्दर लगे हुए लेन्स का लचीलापन कम होना होता है। सही समय पर नेत्र परीक्षण कराके चश्मा लगाने से इसका उपचार संभव है।

(४) बच्चों में नौ वर्ष से १५ वर्ष तक की आयु वाले १३ प्रतिशत बच्चों की आँखें कमजोर होती हैं, जिसे Myopia कहते हैं, इसमें बच्चे को पास का तो दिखता है लेकिन दूर का नहीं दिखता। सही समय पर बच्चों का नेत्र परीक्षण नहीं करवाने व चश्मा नहीं लगाने से हमेशा के लिये आँखें खराब हो जाती हैं जिसे Ambliopia कहते हैं। इसलिये स्वयंसेवी संस्थाओं के द्वारा नेत्र विशेषज्ञ की सहायता के साथ, स्कूलों में बच्चों का नेत्र परीक्षण कर उन्हें निशुल्क चश्में देना एक

अत्यन्त महत्वपूर्ण सेवा है।

(५) नेत्र की कुछ बीमारियाँ शारीरिक अन्य रोगों के कारण होती हैं जैसे मधुमेह, रक्तचाप इत्यादि। जिनको नियंत्रित करने के लिये मधुमेह एवम रक्तचाप इत्यादि का निदान कर सही उपचार कराना अति आवश्यक है।

(६) कुछ बीमारियाँ जैसे Trachoma इत्यादि आँखों की अच्छी तरह सफाई रखने एवम धूल, धूआ से बचाव करते हुए सही कीटनाशक दवाओं (Antibiotics) का प्रयोग अत्यन्त आवश्यक है। इसी प्रकार आँखों की Alergic सम्बन्धित बीमारियाँ का Anti Alergic दवाओं से, नेत्र चिकित्सक की सलाह से उपचार कराना आवश्यक है।

(७) अन्त में, अत्यन्त महत्वपूर्ण, "नेत्र दान महा दान है" इसमें मृत्यु उपरान्त छः घण्टे के अन्दर नेत्र दान करवाना जिसमें नेत्रों का Cornia (सबसे बाहरी पारदर्शक झिल्ली) निकालकर जिसकी पारदर्शक झिल्ली (Cornia) खराब है उसे प्रत्यारोपण कर नेत्र ज्योति प्रदान करना बहुत ही महत्वपूर्ण एवं सेवा का काम है। Eye Bank Society of Rajasthan का अजमेर Chapter जिसके अध्यक्ष श्री रवि तोषनीवाल हैं और जिसकी कार्यकारिणी में इस आलेख के लेखक भी हैं आई केयर फाउन्डेशन ऑफ इण्डिया के सौजन्य से अच्छा कार्य कर रही है। पिछले वर्ष ही इस संस्था द्वारा ७२ लोगों का नेत्र प्रत्यारोपण किया गया है जो एक सराहनीय कार्य है। स्वयं नेत्रदान करें एवम दूसरों से ज्योति मित्र बनकर करवायें एवम् सेवा का लाभ उठायें। इस पुनीत कार्य में सब का योगदान अपेक्षित है।

सौजन्य: अजमेर परिपक्व नागरिक संस्थान की त्रैमासिक पत्रिका
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अच्छाई

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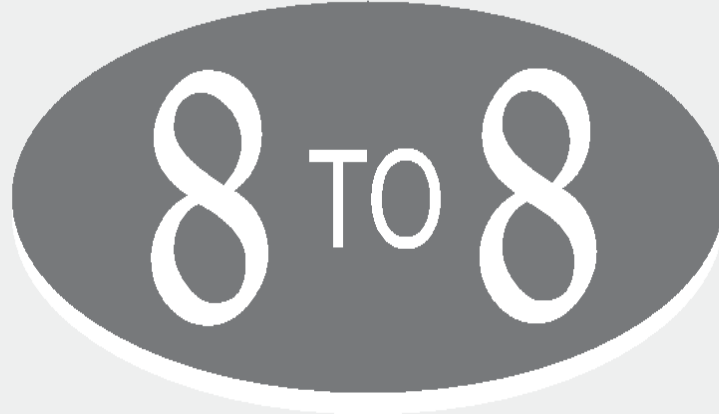
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