



# AISCCON NEWS

## आइस्कॉन समाचार

MONTHLY NEWSLETTER OF ALL INDIA SENIOR CITIZENS' CONFEDERATION  
Registration No. Maha/302/03/ Thane under Societies Regn. Act 1860

Estd. 2002

Vol. 6 No. 7

May, 2008

Single Copy : Rs.10/-

## ELDER ABUSE

M.V. Ruparelia (Mob.: 09869523598)

**15th June is an Elder Abuse Prevention Day.** Let us see, what is this Abuse, where it is and let us resolve to reduce it to the extent possible.

There is a general feeling amongst Senior Citizens that children of to-day do not bother about their parents, their wishes, their happiness, their requirements etc and some children misbehave and/or beat their parents! They do not recollect that their parents had the same feelings for their children!! Not respecting parents is also termed by some as elder abuse, as parents expect that as they have brought up their children well as per their then capacity, children must accept this and feel grateful and respect them.

Expectations create problems! In our Society, we rear our children with love & devotion. We expect that our children shall look after us in our old age! While rearing children, it is seen that some times, we become harsh and beat them also for their good, for doing their lessons, preparing for exams etc. Some parents misbehave for their own problems and tensions without any fault or concern of children. Government had to legislate to ensure that children are not maltreated by parents & others! Some of us had not behaved properly with our parents in the presence of our children. All such

occasions get recorded in subconscious minds of children and such tapes get repeated by children with us! It is said that life is a series of experiences and all are slave to their experiences and social conditionings. All react helplessly to such social conditionings. This social conditioning is required to be changed consciously by all to avoid abuses & unpleasantness. Each elder should be capable to understand this. He must realize, visualize and accept the situations around him in family & society and do his best to reciprocate for services taken by him sofar from family members & society at large.

The dictionary meaning of Abuse is to take undue advantage, to betray, to misrepresent, to disrespect, to deceive, to mal-treat and to violate. Abuses are at different levels and of different magnitude. **First and Foremost Abuse in our Country is Self Abuse!!** A person retires from service, he feels he has done a lot and now deserves rest! He rests and does not remain active, resulting in deteriorating health & connected problems! He abuses himself!! He develops inertia of doing nothing; he does not participate in any functions, does not go to any Associations, and does not want to learn anything new. He feels, he need not waste his

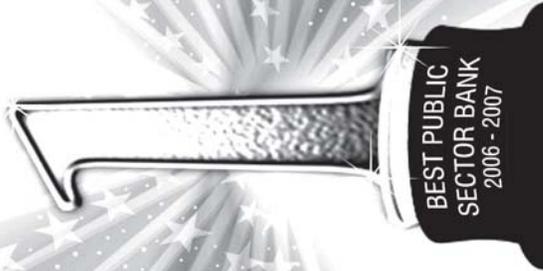
*Cont. on Pg.5*

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1 Year (12 Issues)Rs.100.00  
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## Advertisement Tariff (Monthly)

1) Front and Back Cover Rs.2500/-  
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2) Full Page (B & W) Rs.1500/-  
3) Half Page (B & W) Rs.900/-  
4) Quarter Page (B & W) Rs.500/-  
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2008

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Printed and Published by **W.R. Naik**, 6, Sunderprasad, Sane Guruji Nagar,  
Mulund (East), Mumbai - 400 081. on behalf of

**ALL INDIA SENIOR CITIZENS' CONFEDERATION,**

DTP by **BIPIN PANCHAL**: 09322518752 Mulund (West), Mumbai.

Printed at **Trimurti Enterprises**, Dr. R.P. Prasad Road, Mulund (West),  
Mumbai-400 080. and Published at C-202, Mangalya, G.V. Scheme Road No.4,  
Mulund (East), Mumbai-400 081. Editor : **Dr. S.P. Kinjawadekar**,  
B-8/602, Kaveri, Safal Complex, Sector 19A, Nerul, Navi Mumbai-400 706.

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# Recognise AISCCON as National Association of Older Persons

With the goal of well-being of older persons in India and with an aim to strengthen their legitimate place in the society the Govt. of India declared the National Policy on Older Persons (NPOP) in January 1999. Another important aim mentioned in the NPOP is to help older persons to live the last phase of their life with purpose, dignity and peace. The Policy firmly believes in the empowerment of older persons so that they can acquire better control over their lives and participate in decision making on matters which affect them as well as on other issues as equal partners in the development process.

It is agreed by all that the state alone cannot attain the objectives of the National Policy. Individuals, families, the organisations of Senior Citizens and the NGOs working for Senior Citizens, all have to join hands to make the Policy successful.

During the last 30 years there has been a gradual awakening among Senior Citizens to get organised and seek solution to their problems. With the steep rise in the number of 60+ Senior Citizens, the number of their Associations has also increased. The State of Maharashtra has been the leader in formation of a strong Federation - FESCOM- with as many as 1300 Senior Citizens Associations affiliated to it, followed by Kerala and Karnataka with about 150 organisations each. For better and focussed advocacy at the Central level, AISCCON was formed in 2001 as an All India Organisation of Senior Citizens Federation / Association, and today it has affiliated Federation and Associations from 18 states and 2 Union Territories. 6 State Federations - from Maharashtra, Andhra Pradesh, Gujarat, Madhya Pradesh, Rajasthan and Uttar Pradesh - and Associations from 12 States - Assam, Bihar, Chhattisgarh, Delhi, Goa, Haryana, Himachal Pradesh, Jammu &

Kashmir, Karnataka, Kerala, Tamil Nadu & West Bengal - and 2 Union Territories - Daman, Andaman - Nicobar are affiliated to AISCCON. Today, AISCCON is the largest, registered, representative organisation of Senior Citizens in the Country.

For spreading awareness, it publishes monthly AISCCON NEWS regularly. It has held Seven National Conferences of Senior Citizens in different parts of the Country. It has undertaken organisational tours in 15 states - thrice in some states - to understand local problems and to form Associations/ Federations.

For advocacy its Delegations have gone to Delhi on 13 occasions and met the President and Prime Minister of India, other concerned Ministers, Secretaries & MPs. Its Delegations have also gone to state capitals - Mumbai, Hyderabad, Panaji, Bhopal, Gandhinagar, Lucknow, Jaipur - for attending state problems. Thus AISCCON has been constantly working for Indian Senior Citizens. The only sources of its income are subscription from affiliated organisations, Patron membership and donations. Many programmes could not be undertaken due to financial constraints.

The NPOP states that "an autonomous registered National Association of Older Persons (NAOPS) will be established to mobilise Senior Citizens, articulate their interests, promote and undertake programmes and activities for their well-being and to advise the Govt. on all matters relating to the older persons. The Association will have National, State and District level offices and will choose its own office-bearers. The Govt. will provide financial support to establish the National and state level offices. The Govt. will also provide financial assistance to the National and state level offices to cover both

*Cont. on Pg.8*

**Editorial...**

## Elder Abuse

(Cont. from pg. 1)

energy, which requires to be preserved at this age! He forgets that we have unlimited energy and even in active life, we have used a very small % of energy. In old age also, we have unlimited energy and the Principle is **“USE IT OR LOOSE IT.”** So, plan out your life, once you retire from busy life; you have lot of time at your disposal, which you should use for self, family and society at large. American Association of Retired Persons (AARP) has identified the following symptoms and signs in respect of such Abuse:

Increased depression, timidity, anxiety, longing for death, confusion, self-neglect, vague health problems, mounting resentment, unusual fatigue, withholding of food or medicines, hostility, unresponsiveness etc.

Next abuse arises in family. In some cases, though the retired person gets pension, which is more than what he was getting while in service due to no deductions for taxes, refund of loans etc, he is not respected in the family itself, as he was respected while in service. This is perhaps due to his continuing to behave as he was behaving while in service and do not change his habits, ego, requirements and expectations! So far, he was the head of the family, now he is not! If he is not getting pension or sufficient income from investments etc, position shall be still worse and more unpleasant. In Society also, his value is not, as it was while in service. Perhaps, a Social Conditioning!

On conversation with inmates of Vrudhashrams and conversations by various Senior Citizens in discussions on this subject, the following types of cases of Abuse have also come to light. There are cases, where parents continue to stay with one of the children or say, in some cases, children continue to stay with their parents. There are no major conflicts till children get married. In cases, where accommodation belongs to children, it is alleged that parents are made (forced) to do baby-sitting,

bring children from & to schools, bring milk in early morning, grocery, vegetables etc and some parents feel offended instead of feeling happy to be useful to their busy children. Daughter in laws, having not been able to make husband's parents go away, are reported to be insulting, misbehaving as and when possible.

In some cases, daughters in law are sending her children to play boisterously, when and where Senior Citizens are resting and on beds of elders during their day sleep. They are encouraged to use T.V., Music Systems etc very loudly. They are taught to insult elders. When elders use Dining Table, T.V., Computer (even in cases these are provided at elder's cost), children are taught to insist to use these by them at that very time. If some near relative comes to meet Senior Citizens, daughters-in-law shall not come out from kitchen or bed room for a long time to say hello or give water, tea etc to the visitor. There are different types of elder abuses in different families at different times.

In some extreme cases, where mother in law is widow, she is asked, though not physically capable, to do all house hold work of cleaning the house, utensils, clothes etc, not given sufficient & proper food and not in time and that too with contempt and by throwing by some daughters in law. Speaking harshly is also a daily affair. Sons, some how see and understand only, as they are told by their wives and misbehave with parents and occasionally beat also! If father has money and property, all sons will do their best to get it as early as possible and in extreme cases, there will be frequent quarrels and sometimes beating also. There are cases of confining elders in one room, not allowing them to go out or talk to others, making them remain out of the house for the whole day, not giving medicines, not taking to doctors, not taking to social functions, taking away pension, disposing of their precious belongings, furniture etc and so on.

In one of the peculiar case, which will also indicate why such cases continue to occur, it was observed that widow mother already in

Vrudhashram is forcibly brought back & sent back 3 times on work being done by son aged 50, who has misspent his lakhs and forced his wife to abandon him along with children. He argues with the mother that it is her duty to feed him, as she has produced him! When money comes to him, he forces her to go away. Mother has only Rs.2 lakh for which she gets less than Rs.1700 p.m. interest. She, at 72, is not able to stand or walk without several orthopedic belts. She does home work and cooks and feeds the son, who beats her often mercilessly for no reasons! He takes money forcibly and spends on what some priest tells him to perform and puts pure ghee for whole day in lamps etc! If mother tells this is not good and should give up such habits, he beats her! He does not go for any work saying that no body gives him work! Our advice to son does not bring any result and our advice to mother brings only one reply she does not want to report to police & put her son in custody. This is her fate and every day happening and after crying, she just forgets the severe beatings! She was happy singing bhajans with other inmates in Vrudhashram but missing relatives and is happy with beatings and living with son also!! This is perhaps our Culture! There is large number of different types of abuses in various families but very few cases are reported to police or Help Lines provided by various Social Organizations.

In cases, where couples stay separately from children, some spouse abuse the other one less powerful to do house hold work, demand sex etc instead of sharing some responsibility.

Secretary and Working Committee Members are doing good work for Senior Citizens but some of these office bearers do nothing at all, which is an abuse of members!

Society is doing good to elders by financial help, medical camps etc but examples of Social Abuse are by not vacating seats earmarked for Senior Citizens in public transport & shouting and removing the boards for separate ques for Senior Citizens in Hospitals, Post Offices etc. Doctors do yeoman service to Elders but those

not attending them sincerely are abusing them!

Government is also doing a lot through its Legislative & Executive Machinery for Senior Citizens by laying down an extra ordinary National Policy on Older Persons 1999, and the Maintenance & Welfare of Parents & Senior Citizens Bill, 07 etc but Government Abuse of Senior Citizens is lethargy in their implementation by some Officers!

Judiciary, although empowered and instructed to expedite cases of Senior Citizens, little progress is achieved, which is an abuse!

Our most powerful 4<sup>th</sup> Estate-Media is not doing much for its 30% elder readers & viewers and do not take special steps to create respect for elders in the society and this is the abuse of Senior Citizens by Media!

Psychologists & Sociologists should analyze available cases in detail and suggest ways & means to avoid elder abuses and to create better Social Conditiong.

## ध्वनि प्रदूषण कम कैसे करें?

- १) व्यक्तिगत और सामाजिक स्तर पर जिम्मेदारी का एहसास
- २) उत्सव के दौरान ध्वनिक्षेपक का आवाज कम और मर्यादित अवधि के दौरान.
- ३) आतिषबाजी के समय सामाजिक बोध हो.
- ४) कानों में कपास का गोला रखना चाहिए.
- ५) हेड फोन, ईअरफोन का कम से कम उपयोग करें।
- ६) निवासी क्षेत्र में रात्रि के समय आवाज विशिष्ट स्तर से ऊंचा होने पर जनजागृति और परस्पर समझौते से समाधान करें।

वृद्धावस्था में श्रवणशक्ति आवश्यक है। अपने कानों की रक्षा स्वयं करें।  
-अनिल कासखेडीकर

## DONATION

★ Shri M.V. Ruparelia of Mira Road (E) has donated Rs.101/- of the occasion of Completion of 50 years happy married life. Best wishes to Mrs. & Mr. Ruparelia.

- Mg. Editor

# Handicapness due to Limb Gangrene & Amputation

## Limbs For Life – Interventions in Peripheral Vascular Disease

### 1) What Is Peripheral Vascular Disease (PVD)?

This refers to disease of blood vessels outside the heart and brain. It's often a narrowing of vessels that carry blood to the legs, arms, hand & foot. PVD can result from atherosclerosis, inflammatory processes leading to stenosis, an embolism or thrombus formation. The commonest cause of PVD is atherosclerosis, where a waxy substance forms inside of the arteries. This substance is called plaque. It is made of cholesterol, fats, calcium, and a blood-clotting material called fibrin. When enough plaque builds up on the inside of an artery, the artery becomes clogged, and blood flow is slowed or stopped. This slowed blood flow may cause "ischemia," which means that your body's cells are not getting enough oxygen.

### 2) What are the symptoms of PVD?

While clogged coronary arteries (the arteries that supply your heart with blood) may lead to a heart attack, and clogged carotid arteries (the arteries that supply your head with blood) may lead to a stroke (Brain Attack). Similarly clogged peripheral arteries of the limbs most often cause pain and cramping in the legs which may progress to gangrene.

Patients may feel pain in their calves, thighs, or buttocks, depending on where the blockage is. Usually, the amount of pain you feel is a sign of how severe the blockage is. In serious cases, your toes may turn a bluish color, your feet may be cold, and the pulse in your legs may be weak. In some cases, the tissue dies (this is called gangrene) and amputation may be needed.

Sometimes leg cramps develop when a person walks, and the leg pain usually gets worse

with increased activity. This cramping is called intermittent claudication. Like the chest pain of angina, the leg pain of intermittent claudication usually goes away with rest.

### 3) What are the diagnostic tests for PVD?

Doctors can make a diagnosis by listening to you describe your symptoms and by checking for a weak pulse in the arteries in your feet. Further tests may include Ultrasound Doppler

which is a test that uses sound waves to produce an image of blood flow through your arteries.

Angiography, which is a test that may be performed if your doctor thinks your condition, is serious enough for a transcatheter intervention

or surgery. The test uses a harmless dye that is injected into the arteries. It lets doctors see where and how serious the blockage is.

### 4) How is a blockage (PVD) treated-Role of Interventional Radiologist?

Interventional Radiologist is a physician who can diagnose and treat various vascular & non vascular conditions through a very small hole in the body using Cath lab/DSA guidance. Interventional procedures are safer & less cumbersome for patients as they involve no surgical incision, less pain & shorter hospital stay.

When the blockages in the blood vessels are not severe, this form of PVD can be controlled by losing weight, quitting smoking, and following a regular exercise program & medications that has been approved by your doctor. A transcatheter intervention (balloon angioplasty or a peripheral stenting) may be needed for a severely blocked artery that is causing pain or other symptoms. Interventional Radiologist can open these blocked or narrowed

### Dr. Sachin Dhomne

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blood vessels to regain the normal blood flow to the affected body part.

**Angioplasty** is a non-surgical procedure used to dilate (widen) narrowed or blocked peripheral arteries. A thin tube called a catheter with a deflated balloon on its tip is passed into the narrowed artery segment. The balloon is then inflated, compressing the plaque and dilating the narrowed artery so that blood can flow more easily. Then the balloon is deflated and the catheter is withdrawn.

**In Stenting** - a cylindrical, wire mesh tube (Stent) — is placed in the narrowed artery with a catheter. There the stent expands and locks open. It stays in that spot, keeping the diseased artery open.

Some time Thrombolytic therapy may be needed for clot dissolution. In this technique interventional Radiologist can insert multi side hole catheter inside the clot responsible for blockage. And via this catheter he can deliver clot dissolving lytic agents inside the thrombus in the pulse spray fashion. If the narrowing or blockage involves a long portion of an artery, surgery may be necessary to remove blockage from arteries or to bypass the blocked vessel. Vascular surgeon performs these procedures.

#### **5) How do I Know I am at risk for PVD?**

The risk factors for atherosclerosis in the peripheral arteries are the same as those for atherosclerosis in the coronary arteries. Smoking - tobacco, diabetes, high blood pressure, obesity and high cholesterol are believed to lead to the development of plaque.

A person with PVD has a six to seven times greater risk of CAD, heart attack, stroke, or transient ischemic attack (“mini stroke”) than the rest of the population. If a person has heart disease, he or she has a 1 in 3 chance of having blocked arteries in the legs. Early diagnosis and treatment of PVD, including screening high-risk individuals, are important to prevent disability and save lives. PVD treatment may stop the disease from progressing and reduce the risk of heart attack, heart disease, and stroke.

If you are having one of these precipitating

cause factors and the symptoms, you should alert yourself for PVD & consult your personal physician / Interventional Radiologist for an evaluation at the earliest. So that to avoid the consequences of PVD like gangrene & amputation of limbs. Because limbs are for life!

#### **6) Where can I get it done?**

There are very few centers all over India with Interventional Radiology facilities. We at CARE HOSPITAL NAGPUR, having this Department of Interventional Radiology for due patient care at affordable cost.

*“Limbs for Life” Save Limbs – Save Life*

If you have any queries in this context, you can contact **-Dr. Sachin Dhomne**

### **Editorial .... (Cont. from pg .4)**

recurring as well as non-recurring administrative costs for a period of 15 years and thereafter the Assn. is to be expected to be financially self- sufficient.”

Hence at Jaipur Conference last year a Resolution was adopted requesting the Central Govt. to recognise AISCCON as the NAOPS and give financial support to it to establish the National and State level offices and to form Associations and Federations in the States where they donot exist to-day. Accordingly representations have been sent to Hon. Smt. Meira Kumar, Minister of Social Justice & Empowerment to give recognition to AISCCON as NAOPS.

With due recognition and financial support from the Govt. AISCCON can discharge its duties as NAPOS conscientiously and honestly as expected by the National Policy. We appeal to the Hon. Minister to give this recognition to AISCCON.

- Dr. S.P. Kinjawadekar

### **OBITUARY**

★ **Shri K.V. Hariharan** (91 yrs.) of Mulund East expired on 3/5/2008. He was the initiator of Elders movement in Mulund East and also a former AISCCON NEWS Subscriber.

**May his soul rest in peace. - Mg. Editor**

## Government of Karnataka

No. WCD479 PHP 07

Karnataka Government Secretariat

M.S. Building, Bangalore.

Dated: 27th March 2008

### NOTIFICATION

In exercise of the powers conferred by sub section (3) of section 1 of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 (Central Act 56 of 2007) Government of Karnataka, hereby appoints the 1st day of April, 2008 as the day on which the provisions of the said Act shall come into force in the State of Karnataka.

*By Order and in the name of the  
President of India*

**(R.M. Chandramma)**

Under Secretary to Government  
Women and Child Development Department

**Appeal to President/ Secretary of  
State Senior Citizens  
Federations, Associations in State  
where there are no Federations**

*Dear Friends,*

Please approach your State Social Welfare / Justice Minister & Secretary of the Deptt. to issue Notification on enforcement of the MWPSA Act, 2007 in your State as early as possible. The States of Karnataka and Nagaland have already issued them. Please let me know the outcome of your efforts.

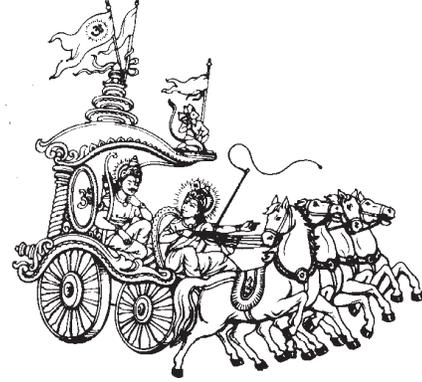
10 May 2008

*Yours Sincerely*

**D.N. Chapke**

*Secretary General, AISCCON*

## Guidance from Geeta



**न बुद्धिभेदं जनयेदज्ञानां कर्मसंगिनाम्।  
जोषयेत्सर्वकर्माणि विद्वान्युक्तः समाचरन्॥**

*Let the wise man not unsettle the mind  
of the ignorant who are attached to  
their worldly acts. On the other hand  
he should perform his yogic acts  
as usual, and make the ignorant follow him.*

Lord tells, here in this verse, there is one more theory about the social mind. Wise man should not deride the ignorant man who are already engaged in doing some or other act. They are doing something. They are not sitting idle. They may not be able to perform as efficiently as us, but for that they should not be despised and discouraged in humiliating words such as, 'Do you not know even this simple thing?' They should not be hurt. They should be shown by our own demonstration how to do it properly. We should keep our mind steady and peaceful, and go the work done by them skilfully, as we want it.

Do not goad the bullocks that are already in the stride. Ignorant people are our brothers. How to behave with them, and how not to behave with them is taught by the Geeta here. This aspect of social life viewed by the Geeta must be specially borne in mind.

*(Courtesy: Shri V.V. Chiplunkar, Aurangabad)*

**Hon'ble Dr. Y.V. Reddy**  
Governor, Reserve Bank of India  
Shahid Bhagat Singh Road  
Fort, Mumbai 400 001

**Sub: Annual Monetary Policy to be announced on 29th April, 2008**

***Respected Sir,***

In respect of above subject, we, the All India Senior Citizen's Confederation, a premier, National, Representative Organisation of Senior Citizens, present compliments to you and desire to state following few lines for your sympathetic consideration.

We are sure that in your Policy Statement you will be, with grim determination, adopting stricter measures against the heavy pressures of inflation. Sir, the inflation is most troublesome to the segment of the society which has no stream of monthly income and have to carry on their livelihood on the returns of saving's investment. The fraternity of elderly community, in utter majority, belongs to this segment. Under the present pressures of heavy inflation their plight is most miserable. It is, therefore, imperatively essential to render them financial support as enshrined in the document of National Policy on Older Persons. We, therefore ardently request you to announce following measures in your Policy Statement to redress their grievances and discomforts which have mainly arisen on the onslaught of inflationary pressures.

We request Your Honour to issue-

(1) Mandatory Advice to Banks to pay additional 2% interest to Senior Citizens (60+) on all Deposits Schemes;

(2) Declare a rise in interest rate of Savings Deposits to 5% for Senior Citizens (60+);

(3) Initiate a Scheme of Senior Citizens Welfare Bonds at 12%, tax free, for a period of 7 years.

With these measures, the Reserve Bank will be a true Guardian of Senior Citizens in their financial conditions of distress. We feel confident that you will stand to their rescue and oblige.

*Thanking you with all gratitude,*

Yours faithfully,  
**Dr. S.P. Kinjiwadekar**  
President, AISCCON

***Copy forwarded, for information, with a request for favourable action to:***

1. Manmohan Singh, Prime Minister of India, New Delhi
2. Shri P. Chidambaram, Finance Minister, Govt. Of India, New Delhi

# National Co-ordinating Committee of Pensioners

## 13-C, Feroz Shah Road, New Delhi - 110 001.

---

No. NCCP/VI CPC 2008/1

Dated:27.3.2008

To,

**All Pensioners Organization,**

*Dear friends,*

VI<sup>th</sup> CPC Report is out. Our big hopes & expectations have not been met. We have to develop a consensus amongst ourselves on the improvements or revision, in the recommendations of VI CPC, which we should raise with the Government. On 27th April'08 Pensioners Meet has been called for adoption of the constitution of Apex Level Coordinating organization for Pensioners. All Pensioners Organizations should participate in this meeting in Delhi. Serving Employees Organizations are also meeting to discuss recommendation of VI CPC & formulating their demands & program of action. Pensioners Organizations can & should Join in or atleast coordinate with them in the programs for advising their legitimate demands.

A summary of VI CPC recommendations is given below:

**1. Demand:** Full Pension @ 60% of last emoluments drawn with increase of 10% of basic Pension at 65 years of age and additional 20% of basic Pension on attaining age of 75 years.

**Recommendation:** Full pension @ 50% of last emoluments/ average of 10 months emoluments which ever is more beneficial with increase of 20% of basic pension at 80 years of age, 30% of basic pension at 85 years of age, 40% of basic pension at 90 years of age, 50% of basic pension at 95 years of age, 100% of basic pension at 100 years of age

**2. Demand:** Qualifying Service for Full Pension to be reduced to 30 years.

**Recommendation:** Qualifying Service for full pension fixed at 20 years.

**3. Demand:** Commutation up to 50% of basic pensions and Restoration after 12 years.

**Recommendation:** Commutation up to 40% of basic pension retained Restoration after 15 years also retained. Commutation Table Revised with Reduced benefits.

**4. Demand:** Leave Encashment of 360 days E.L. on retirement.

**Recommendation:** Leave Encashment of 300 days E.L. retained but Leave Encashment during service taken with L.T.C. @ 10 days E.L. (total 60 days) may not be adjusted against 300 days.

**5. Demand:** Enhanced family Pension (i.e. pension with the employee dying in harness/retirement/ would have got) upto 10 years.

**Recommendation:** Accepted in the case of employee who dies while in service.

**6. Demand:** removal of ceiling of 3.5 lakhs of D.C.R.G.

**Recommendation:** Ceiling of D.C.R.G revised to Rs.10 lakhs.

**Note:** None of the other demands regarding D.C.R.G have been accepted.

## **OTHER RECOMMENDATION**

**a. Demand:** Eligibility for family pension for son on attaining age of 28 years.

**Recommendation:** Eligibility for family pension for a son retained as 25 years.

**b. Demand:** Introduction of Constant Attendant Allowance in case of Civilian Employees with 100% disability under extra ordinary Pension Rules.

**Recommendation:** Rules for Exgratia in respect of those who die while on duty due to accident/ violence by terrorists/ Anti-Social element raised to 10 lakhs and 15 lakhs in case of those who die due to enemy action in International wars, Border skirmishes, natural disasters, extreme weather conditions while on duty in specialized high altitude or inaccessible border posts, etc.

**c. Demand:** Full parity in Pension to pre 2006 retirees with post 1/1/2006 retirees on the lines recommended by V<sup>th</sup> CPC in respect of pre 1986 retirees.

**Recommendation:** Not Accepted. It has not even dealt with.

**d. Demand:** Same fitment formula given to serving Employees.

**Recommendation:** 40% of basic Pension + 74% Dearness Relief shall be added to Basic Pension + 74% of Dearness Relief actually drawn to be 12% extra D.R. due to merger of 50% of Dearness Relief would be ignored.

## **MEDICAL AID/CARE**

**1. Demand:** Pensioners in non-CGHS area be covered under CS(MA) Rules.

**Recommendation:** Not Accepted Govt. may devise an insurance scheme for meeting OPD needs.

**2. Demand:** Fixed Medical Allowance be increased to Rs.500/-

**Recommendation:** Left for the Govt. to decide the increases in rate of FMA but this should be stopped with the introduction of above Insurance Scheme.

**3. Demand:** Expansion & strengthening of CGHS

**Recommendation:** Introduction of Health Insurance Scheme:-

Voluntary in respect of existing pensioners.

Compulsory in respect of new retirees after its

Introduction contribution of 30% of premium by

Group A retiree, 25% for group B retiree & 20%

For group C (as group D is being abolished) retiree.

**4. Demand:** CPF/SRPF retirees be given option for pension.

**Recommendation:** rejection of above demand Existing rate of exgratia payment to continue.

With greetings,

*Yours fraternally,*  
**(S.K.Vyas)**

Coordinating Secretary

# EXERCISE: HOW TO IMPROVE YOUR STRENGTH

(Contd.)

## ***How Muscles Work***

What makes your muscles look bigger when you flex them - when you “make a muscle” with your biceps, for example?

Muscle cells contain long strands of protein lying next to each other. When you want your muscles to move, your brain signals your nerves to stimulate them. A chemical reaction in your muscles follows, causing the long strands of protein to slide toward and over each other, shortening the length of your muscle cells. When you “make a muscle” and you see your muscle bunch up and bulge, you are actually watching it shorten as the protein strands slide over each other.

When you do challenging muscle-building exercises on a regular basis, the bundles of protein strands inside your muscle cells grow bigger.

## ***Practice Sitting Straight***

Sit or stand with your shoulders back, but not pinched, and hold this position while you take slow, deep breaths. You can do this anytime.

## ***Progressing***

- \* Gradually increasing the amount of weight you use is crucial for building strength.
- \* When you are able to lift a weight between 8 to 15 times, you can increase the amount of weight you use at your next session.
- \* Here is an example of how to progress gradually: Start out with a weight that you can lift only 8 times. Keep using that weight until you become strong enough to lift it 12 to 15 times. Add more weight so that, again, you can lift it only 8 times. Use this weight until you can lift it 12 to 15 times, then add more weight. Keep repeating.

## ***Fact***

*Although they might not notice it as it happens, most people lose 20 to 40 percent of their muscle tissue as they get older. Strength exercise can at least partly restore muscle and strength.*

## ***Sarcopenia: A Word You Are Likely to Hear More About***

We know that Muscle-building exercise can improve strength in most older adults, but many questions remain about muscle loss and aging. Researchers want to know, for example, if factors other than a sedentary lifestyle contribute to muscle loss. Does age itself cause changes in the muscles of older people? Is muscle loss related to changes in hormones or nutrition? The answers to these questions may lead to ways of helping us keep our strength as we age.

In this book, we use the word “frailty” to describe the loss of muscle and strength often seen in older people, because it’s a word that most people are familiar with. However, a better word to use is “sarcopenia” (pronounced sar - ko - PEEN- ya). It means not only the loss of muscle and strength but also the decreased quality of muscle tissue often seen in older adults. You are likely to hear more about sarcopenia in the future since it’s a very active area of research.



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# International Federation on Ageing Fédération internationale du vieillissement Federación internacional de la vejez

17 April 2008

Dr S.P. Kinjawadekar

All India Senior Citizens' Confederation (AISCCON)

B-8/602 Kaveri Safal Complex

Sector 19A

Nerul Navi, Mumbai, 400706

INDIA

Dear Dr Kinjawadekar

### **Membership – Year 2008/2009 - Associate Individual - ID 1007**

Thank you for your renewal of membership to the International Federation on Ageing (IFA) for 2008/2009. Receipt of \$USD75 is acknowledged and I thank you for your payment and I look forward to your continued support.

In September this year we will welcome members to the IFA's 9<sup>th</sup> Global Conference on Ageing. As part of the conference theme we will also explore the relationship between the fields of ageing and design and the impact design has on improving the quality of life of older people. Join delegates from across the globe and take part in stimulating workshops, educational opportunities and an exposition that showcases leading services, products and technologies from across the globe.

2007 was both challenging and rewarding in a period that saw the implementation of new programs, services and partnerships that establish a solid foundation for the future. In December 2007 we launched our new electronic newsletter 'IFA's eNews' which has been designed to inform readers on a monthly basis of activities and initiatives being undertaken by the IFA and our members. I look forward to reader contributions in the new year.

Policy development has continued to be a focal point over the past year with the IFA working closely with the New Government of Canada to develop and mobilize networks to influence changes to emergency preparedness policy and practice, in order to better integrate seniors' contributions and needs. This work will continue in 2008. We are also investigating opportunities for the IFA to take an active role in the WHO Age Friendly Cities initiative. Work will continue on the collection and aggregation of policy information relating to aged discrimination, active ageing and social protection with the release of information coinciding with the IFA's 9<sup>th</sup> Global Conference on Ageing in September 2008.

I look forward to further developing partner relationships, building on our achievements and enhancing the importance and relevance of the IFA to members. Thank you for your continuing support. Please review the IFA's website at [www.ifa-fiv.org](http://www.ifa-fiv.org) for the latest information on our activities, successes and [www.ageingdesignmontreal.ca](http://www.ageingdesignmontreal.ca) for our conference and exposition details. Creating a link on your own websites to the 2008 events would be greatly appreciated.

Yours sincerely

Dr Jane Barratt

Secretary General

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Dr. Manmohan Singh  
Hon'ble Prime Minister of India  
152, South Block  
New Delhi 110 011

**Sub: Problems of Senior Citizens –**

**Ref: Our request for an appointment dated 24<sup>th</sup> April, 2008 –**

Respected Sir,

On behalf of AISCCON (All India Senior Citizens Confederation) which is the largest, registered and representative organization of Senior Citizens (60+) in the country, we humbly and respectfully submit the following important problems of Senior Citizens, for your sympathetic consideration. The number of Senior Citizens in the country to-day is 90 million which is projected to reach 173 million in 2026 and 326 million in 2050 – which will be 21% of Indian population. With declining fertility and increased life expectancy, the number of Senior Citizens in India is fast increasing. About 66% of them are poor and a large number suffer from physical and mental diseases. They have a feeling that they are being ignored, though their well-being has been mandated in the Constitution of India and the National Policy on Older Persons (NPOP) assures in very clear words that they will not live unprotected, ignored or marginalized. On this background kindly consider the following issues :

**1. Full implementation of National Policy on Older Persons (NPOP) within next 5 years, with necessary Budgetary Provisions :**

The Govt. of India declared the NPOP (National Policy on Older Persons) in January 1999, which is an ideal document, but very few of its recommendations have been implemented so far, during the last 9 years. Lives of senior citizens will change only when the Policy is implemented. We request you to take a firm decision to implement the NPOP fully within the next five years with necessary Budget provisions for the programmes from the NPOP to be undertaken during the year. A good beginning is made in this year's Budget by providing Rs.3,443 crore for Indira Gandhi National Old Age Pension Scheme for the 157 lakh BPL Senior Citizens (65+), and Rs.400 crore for establishing 2 National Institutes on Ageing, 8 Regional Centres and a Geriatric Deptt. in one medical college / territory hospital in each State. We thank you for this provision and wish that more programmes with Budget provisions should be undertaken every year, to cover full implementation of NPOP.

**2. 2% higher rate of interest on Senior Citizens Savings Scheme and Bank/Post Office Savings Bank Deposits of Senior Citizens :**

Sir, the middle class senior citizens who survive on the interest of their life's savings had to suffer heavily when the interest rates on fixed deposits crashed down as a result of globalization, some years ago. Their family budget was totally upset and therefore we made a strong demand to give 2% additional interest on our Bank deposits to buffer the high inflationary pressures. When the LIC Varishtha Pension Bima Yojana and Subsequently, Senior Citizens Savings Scheme were launched, we were given 2% higher rate of interest than the prevailing rates. On our Bank deposits also we were given 0.5 to 1% higher interest rate. Presently every bank is giving 9.5% interest to Senior Citizens while some Co-operative Banks are giving 10% interest. We request that we should be given 2% higher rate of interest than the prevailing rates on our deposits with Banks or Post Office Savings Banks, and the rate of interest on Senior Citizens Savings Scheme be kindly raised to 11%, to make our life little easier.

**3. Formation and holding yearly meetings of the Central Council of Social Justice for uniform and early implementation of NPOP :**

Social Justice is the subject in the concurrent list, hence State Governments also owe a responsibility towards welfare of Senior Citizens. Unfortunately most of the State Governments are not taking interest in the welfare of Senior Citizens as is evident from the fact that out of 28 States in India only 8 States have declared their State Policy on Older Persons so far – during the last 9 years. We strongly feel that, for uniform and early implementation of NPOP all over India, a Central Council of Social Justice – on the analogy of Central Council of Health & Family Welfare – be established soon, which should be chaired by the Union Minister of Social Justice & Empowerment with Ministers of Social Justice from all States, with their Secretaries, Commissioners and Directors, as members. If yearly meetings of Central Council of Social Justice are held regularly, consensus can be reached on implementation of different programmes resulting in uniform and speedy implementation of NPOP all over the country.

**4. Implementation of IRDA K.S. Sastri Committee Report on Health Insurance for Senior Citizens without age bar and at affordable cost with pre-existing diseases :**

The NPOP assures that “the development of health insurance will be given high priority to cater to the needs of different income segments of the population and have provision for varying contributions and benefits”. The Senior Citizens to-day very badly need Health Insurance cover, without age bar and at affordable cost, in the twilight years. On our constant demand, the Insurance Regulatory and Development Authority (IRDA) had appointed K.S. Sastri Committee which has given its report to IRDA five months ago, but unfortunately no action to implement Sastri Committee recommendations is taken so far. It is our earnest request that these recommendations should be implemented immediately and provision for

Insurance Pool should be made for high risk Senior Citizens. Many Senior Citizens Associations have sent their representations on this subject to you and to the Hon'ble Prime Minister. Kindly look into this subject urgently and give us a Health Insurance without age bar, with pre-existing diseases, and at affordable cost.

**5. Implementation of Project OASIS (Old Age Social & Income Security) for 39 crore workers - future Senior Citizens - in unorganized sector;**

The NPOP recommends to expand the pension base for self employed and salaried persons in unorganized sector, with provision for employers also to contribute. This OASIS Scheme can give pension to all workers in unorganized sector, after their retirement, to help them have a dignified living. There are about 39 crore workers in the unorganized sector to-day all of whom should be covered under the OASIS Scheme. Kindly ensure speedy and smooth progress of the Scheme.

**6. Utilising the experience, skill and spare time of senior citizens in Socio-educational Projects like Adult Education, Environment Protection, AIDS Prevention, Immunisation, etc. :**

To-day's Senior Citizens, normally, upto the age of 70 are physically and mentally fit and can be very good volunteers for social transformation. Their experience, skill and spare time should be gainfully utilized in various socio-medico-educational projects like Adult Education, Environment Protection, AIDS Prevention, Immunisation, Clean City Campaign, etc.

**7. Establishing Multi-service Day-Care Centres in urban as well as rural and tribal areas, for the welfare of senior citizens and handing them over to the local Senior Citizens Association / NGO to conduct :**

It has been agreed all over the world that Multi-service Day-Care-Centres – in urban as well as rural and tribal areas – are very important for improving the quality of life of Senior Citizens. Such Centres can reduce the need of Old Age Homes and need to be promoted. For every 10,000 senior citizen population at least one Multi-service Day-Care Centre should be established in urban, rural and tribal areas and handed over for day-to-day working to the local Senior Citizen Association / NGO working for Senior Citizens. For healthy, active ageing we need a large number of Multi-service Day-Care-Centres.

**8. Recognising AISCCON as the National Association of Older Persons (NAOP) as envisaged in the NPOP :**

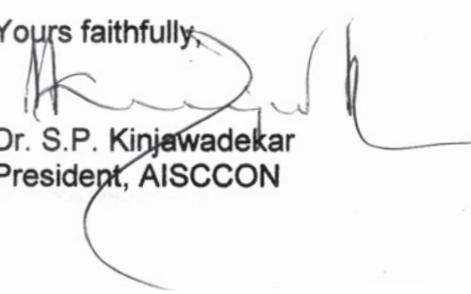
The NPOP recommends that "An autonomous, registered, National Association of Older Persons (NAOP) will be established to mobilize senior citizens, articulate their interests, promote and undertake programmes and activities for their well being and to advise the Government on all matters relating to older persons". We request that AISCCON may kindly be recognized as the National Association of Older Person as -

- 1) This is the largest organization with affiliated State Federations of Senior Citizens from six States and affiliated Associations of Senior Citizens from ten more States and two Union Territories (Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujrat, Goa, Haryana, Himachal Pradesh, Jammu & Kashmir, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Rajasthan, Tamil Nadu, Uttar Pradesh, West Bengal, Daman and Andaman-Nocobar);
- 2) AISCCON is working consistently and constantly for the last 6.1/2 years pursuing all important problems of senior citizens in the country;
- 3) It has undertaken organizational tours in 15 States (thrice in same States) to create awareness to give information to Senior Citiazens and understand their problems and to form Associations / Federations of Senior Citizens;
- 4) It has held 7 National Conferences in different States during the last 6.1/2 years and
- 5) It publishes a monthly newsletters AISCCON NEWS regularly, for creating awareness among Senior Citizens.

We earnestly hope that you will consider our requests favourably to improve the quality of life of Senior Citizens in India.

Thanking you in anticipation,

Yours faithfully,

  
Dr. S.P. Kinjawadekar  
President, AISCCON

# Healthy Nutrition For Healthy Ageing

## VITAMINS AND AGEING

-By Dr V S Natarajan, Dr N Lakshmiathy Ramesh

Food is essential for survival and health. Our ability to expand energy depends on adequate intake of protein and calories are available, nutritional deficiency disease can occur. Historically, physicians observed that a number of peculiar disease states, such as scurvy, pellagra, and beriberi, were directly related to dietary intake. These diseases were found even in the presence of adequate calorie and protein intake.

Dietary intakes, which fall below adequate levels, may account for much of the poor vitamin nutriture experienced by the elderly. Changes can also occur within the ageing gut, having an impact on vitamin absorption. As a result, total dietary vitamin requirements may need to be adjusted from the recommended levels of the general population.

The disease can be prevented or delayed, longevity can be increased. Therefore, **most people believe that they can ward off many, if not most, diseases and disabilities simply by knowing what foods to eat, what supplements to consume, and what leisure activities to pursue.** This belief is encouraged by the emphasis on preventive medicine. Millions now eat low-fat, high-fiber diets, take antioxidant supplements, drink alcohol only in moderation, stay slim and exercise.

But what is healthy-diet? Can we be sure that what we eat contains all of the essential elements necessary for health? Moreover, could increasing the content of certain essential elements in the diet even prevent disease? How do we know that we are meeting all of our nutritional needs?

There is reason for concern. Total energy

intake decreases substantially with age, by 1000 to 1200 kcal in men and by 600 to 800 kcal in women in the seventh decade. This results in concomitant declines in most nutrient intakes. Lower food intake among the elderly has been associated with lower intakes of calcium, iron, zinc, B vitamins and vitamin E. This low energy intake or low nutrient density of the diet may increase the risk of diet-related illness. Fifty percent of older adults have a vitamin and mineral intake less than the RDA, and 10% to 30% have subnormal levels of vitamins and minerals. Populations at high risk for inadequate vitamin take include elderly people, alcohol-dependent individuals, and patients with malabsorption.

### VITAMINS

**\* Vitamin A and Carotenoid Family:** The carotenoids are a diverse group of more than 600 naturally occurring pigments. Natural sources include yellow, orange and red plant compounds, such as carrots and green leafy vegetables. Humans cannot synthesize carotenoids and depend on dietary intake exclusively for these micronutrients. It is a potent antioxidant and the most significant free radical scavenger in the carotenoid family. There is no known deficiency state for carotenoids themselves, and no recommended daily intake (RDI). Beta-carotene can be converted to vitamin A, whereas lycopene cannot. All of the carotenoids are antioxidants, and approximately 50 are considered vitamins, because they have provitamin A activity. Vitamin A refers to preformed retinol and the carotenoids that are converted to retinol. Preformed vitamin A is found only in animal products, including organ meat, fish, egg yolks,

and fortified milk. More than 1500 synthetic retinoids, analogs of vitamin A, have been developed. The current RDI for vitamin A is 1500 micrograms/L (5000 IU)

\* **Thiamin:** No consistent changes in the absorption of thiamin with ageing have been shown. Any deficiency of thiamin in the elderly is most likely due to a low intake (alone or in conjunction with alcoholism).

\* **Riboflavin:** Neither a change in absorption nor a change in tissue concentration of riboflavin has been observed with age.

\* **Niacin:** Niacin requirements need not change with age. The very sick or very old could show low niacin concentration due to decreased renal function

\* **Vitamin B-6:** Serum and plasma B-6 levels tend to decrease with age in the elderly. Even moderate oral supplementation often fails to bring the activity coefficient for B-6 back to normal. The RDA for Vitamin B-6 should be considerably higher in the elderly.

\* **Vitamin B-12:** A low intake, coupled with impaired absorption, of Vitamin B-12 is responsible for lowered serum or plasma levels in the elderly. The reduced absorptive capacity can be attributed to a decreased digestive release of Vitamin B-12 from food (atrophic gastritis) or a bacterial overgrowth in the small intestine.

\* **Vitamin C:** Plays an important role in the maintenance of connective tissue and wound healing. All though there is little evidence that recommended intakes of Vitamin C need to be increased in older people, a study on healthy adults suggested that with increasing age, there is some impairment of Vitamin C absorption. The diet should, therefore, include good sources of Vitamin C, such as citrus fruits or vegetables. Further more, research on Cancer and Nutrition found that people with a higher blood levels of Vitamin C add a lower mortality from all causes, and heart diseases. Vitamin C (ascorbic acid) is a water-soluble vitamin widely found in citrus fruits, raw leafy vegetables, strawberries, melons, tomatoes, broccoli and peppers.

\* Humans cannot synthesize vitamin C, and a deficiency results in scurvy, gingivitis.

### **Vitamin D**

Vitamin D occurs naturally in animal food as the provitamin cholecalciferol.

This requires conversion in the kidneys to the metabolically active form, calcitriol.

\* Vitamin D is not a true vitamin, because humans are able to synthesize it with adequate sunlight exposure. By photo conversion, 7-dehydrocholesterol becomes previtamin D<sub>3</sub>, which is metabolized in the liver to 25-hydroxyvitamin D<sub>3</sub>, the major circulating form of vitamin D. In the kidneys, this is converted to two metabolites, the more active one being 1, 25-dihydroxy vitamin D<sub>3</sub>.

\* Elderly people may have increased requirements for vitamin D, which is necessary for absorption of calcium and is important for bone health. Many elderly have vitamin D intakes which are less than that of RDA. This is due largely to the paucity of food products which are rich in vitamin D (sea food and milk products). An important alternate source of vitamin D is through synthesis in the skin, accompanying exposure to the skin.

### **Vitamin E**

Vitamin E occurs in eight natural forms as tocopherols (alpha, beta, gamma and delta) and tocotrienols (alpha, beta, gamma and delta), all of which possess potent antioxidant properties. Gamma-tocopherol is the predominant form of vitamin E in the human diet, yet most studies have focused on alpha-tocopherol, which is the type found in most over-the-counter supplements. One reason for this is that alpha-tocopherol is biologically more active than gamma-tocopherol an impact on vitamin absorption. As a result, total dietary vitamin requirements may need to be adjusted from the recommended levels of the general population.

### **SPECIFIC DISEASE STATES**

The epidemiological data suggest a clear association between elevated homocysteine levels and higher risks of strokes and

cardiovascular disease. The risk of stroke is also higher for the people who consume fewer fruits and vegetables.

Folate levels, which are dependent on homocysteine levels, are also predictive of cardiovascular risk and lipids.

Taken together, the association between homocysteine levels is strong. An association has been shown for carotid disease coronary disease, peripheral vascular disease and aortic atherosclerotic disease. An increased risk of cardiovascular disease and high levels of homocysteine levels has been shown in various studies. A decreased risk for cardiovascular disease was also shown with high levels of folate and vitamin B6.

Antioxidant vitamin and zinc had reduced progression to advanced disease in age-related macular degeneration, but has not been demonstrated to be effective for prevention.

Vitamin D supplementation, along with calcium, has been demonstrated to reduce hip fracture rate in older persons.

#### **Clinical Relevance**

Evidence of epidemiological associations of vitamins and disease states has been found for nine vitamins. Inadequate folate status is associated with neural tube defect and some cancers. Folate and vitamin B6 and B12 are required for homocysteine metabolism, and are associated with coronary heart disease risk.

Vitamin E and lycopene may decrease the risk of prostate cancer. Vitamin D is associated with decreased occurrence of fractures when taken with calcium.

Zinc, beta-carotene, and vitamin E appear to slow the progression of macular degeneration, but do not reduce the incidence.

The people with high intake of antioxidant vitamins by regular diet or as food supplements generally have a lower risk of myocardial infarction and stroke than people who are low consumers of antioxidant vitamins.

#### **Choosing a Multivitamin: Guidelines for People + 50**

- \* Choose a product formulated for adults older than 50 years of age.
- \* Read the label to determine exactly what the product contains.
- \* The product should contain 100% of the Daily Value (DV) for vitamins B1 (thiamine), B2(riboflavin), B6, C, D, E and niacin.
- \* Avoid products that exceed 100% of the DV for nutrients, especially vitamin A, iron and vitamin B6.
- \* Look for atleast 25 mg of vitamin B12.
- \* Check with a health care professional as to whether you should take the product that contains iron.
- \* Consider taking a separate calcium supplement. Manufacturers cannot supply 100% of calcium requirements in a single tablet.
- \* Buy vitamins from a reputable manufacturer. Store brand products are often more economical than nationally advertised brands.
- \* Select chewable varieties if large tablets are difficult to swallow.
- \* Avoid products that contain herbal ingredients in addition to vitamins.
- \* Take vitamins as directed by the manufacturer, usually no more than 1 tablet daily, with food.
- \* Store vitamins in a cool, dry place. Check the expiration date; some vitamins lose potency over time.
- \* Eat a healthy diet. Remember that vitamins do not make up for poor eating.

#### ***Birthday Donation received from***

1. Shri B.Ranganathan, Mulund (E) Rs.168
2. Shri T.R. Nagarajan, Nerul Rs.100/-
3. Shri J.V. Pandharipande, Gondia Rs.175/-
4. Shri G.S. Nagarajan, Mulund (E) Rs.177/-
5. Shri Sadanand B. Kumta, Pune Rs.381/-
6. Shri L.M. Mahajan, Chembur, Rs.200/-

Thanks.

Mg. Editor

## President's Delhi Tour:

The President Dr. S P Kinjawadekar and the Secretary General Shri D N Chapke were on tour of Delhi from 4th to 10th May 2008. Smt. Kiran Maheshwari, MP (Udaypur - Rajasthan) had invited us for meetings with the Hon. Prime Minister, the Finance Minister & the Minister of Social Justice & Empowerment, hence we rushed to Delhi, leaving Mumbai on 4th May reaching Delhi on 5th May night. Unfortunately Smt. Maheshwari had to go to Jharkhand on 6th May and could not lead our delegations. However we had a hectic schedule in Delhi and had the following important meetings.

**Monday, 6th May** - In the morning we met Shri Tukaram Renge Patil, MP from Maharashtra at his residence. A copy of the Memorandum for the P.M. was presented to him. He assured to support our demands and help in organising the 8th National Conference in Delhi.

In the noon we had a meeting with Dr. Arbind Prasad, Jt. Secretary, Ministry of Social Justice & Empowerment in which a number of issues were discussed.

(i) About our demand for full implementation of NPOP within next 5 years, he said, the things are moving and you will see many new things in coming years. See the revised scheme of Integrated Programme for Older Persons. We have added many new programmes which can be taken up by your Senior Citizens Associations.

(ii) Regarding our demand for formation of Central Council of Social Justice for uniform and early implementation of NPOP he said, that the proposal will be duly considered.

(iii) Regarding recognition of AISCCON on the NAPOPs he asked us to send last year's Annual Report of AISCCON and the list of representatives from various States. "I would like to ask them to get the Notification on implementation of the MWPS Act issued in their State, as done by Karnataka and Nagaland

State Govts.

(iv) Construction grant for Multi-Service Day-Care-Centre in the Varishstha Nagarik Bhawan being constructed in Nerul, Navi Mumbai.

The Jt. Secretary said the Govt. has now decided to give construction grant upto 90% of Rs.30 lakhs only for construction of Old Age Homes and for nothing else. Hence we will not be able to give construction grant for your Day-Care-Centre at Nerul, but you will get annual grant of Rs.42,000/- as rent when you start the Centre.

### (v) Expanding the Scheme of financial assistance to Day-Care, Centre:-

The Jt. Secretary said we are giving assistance to about 500 DCCs to-day and will give recurring & non-recurring grant to all DCCs that are eligible. There is a budget provision of Rs.32 Crores for IPOP.

### (vi) On our request for introducing a Bill on National Commission for Senior Citizens, he

indicated that such Bill is being considered. He agreed that a strong regulatory authority like National Commission was necessary to look after implementation of NPOP and other related matters was necessary.

### (vii) Providing model rules to States for early implementation of the MWPS Act 2007:-

The Jt. Secretary suggested that we should first insist with the State Govt. to issue the Notification on implementation of the MWPS Act 2007. "You need not wait till the Rules are adopted by State Govts. If you have specific suggestions on Rules send them to us for consideration."

### (viii) Implementation of IRDA Sastri Committee Report on Health Insurance for Senior Citizens:-

The Jt. Secretary, said we will pursue this subject with the Finance Ministry. We want the Committee Report to be implemented.

In the evening we met Shri P. Madhu MP (Hyderabad), and handed him the copies of



letters written to the Hon. P.M., the Finance Minister and the Minister for Social Justice & Empowerment. He assured to write to the Hon. P.M., the FM and the MSJE on the subjects, and also raise questions in the Parliament on them.

#### **Tuesday, 7th May 2008**

In the morning we had a meeting with Shri Prakash Jawdekar, MP, Spokesperson of BJP, He read our demands and assured to support them. He suggested that since our problems were pending for over 9 years we should submit a Petition on them to the Petition Committee (Chairman, Shri Venkayya Naidu, MP) which may yield good results.

In the noon we had a meeting with Shri J.R. Gupta, President, Senior Citizens Council, Delhi regarding the organisation of 8th Conference in Delhi in October 2008.

In the after noon we had a meeting with Hon'ble Smt. Meira Kumar, Minister of Social Justice and Empowerment, at her office, when we submitted her a Memorandum on AISCCON's 8 demands and explained our viewpoint to her. The Minister noted down some points & assured to consider all suggestions sympathetically. We specially requested her to consider our application for construction grant for Day-Care- Centre in the Bhawan being constructed in Nerul, as it was submitted through Govt. of Maharashtra, in time, before the scheme was withdrawn. On the Secretary General's request to nominate the President, AISCCON on the NCOP, the Minister asked him to send the proposal in writing, which will be considered.

Later we tried to meet Hon. Smt. Subbulakshmi Jagadeesan, MoS, MSJE and the new Secretary, Ministry of SJE Shri Acharya, but both of them were not available. We submitted copies of Memorandum to their personal Secretaries.

#### **Wednesday, 8th May 2008**

In the morning with Shri I.P. Mullick of Citizens Alliance, Delhi we went to Prime Minister's residence and submitted the Memorandum to the PMD as the Hon'ble PM

was out of station.

In the noon we had a meeting with Shri V.B. Pachnanda, Director (Ageing), in the Ministry of Social Justice and Empowerment and had discussion on all issues in the Memorandum submitted to the Hon'ble Minister of Social Justice.

Regarding delay in implementation of NPOP he said, since the Policy is concerned with more than 20 Ministries and 28 State Govts., it takes time to arrive at a decision, but we are making constant efforts to push our programmes for implementation.

He agreed that for early & uniform implementation of NPOP, annual meeting of the Central Council of Social Justice would be helpful.

He advised AISCCON to utilize Govt. grants by adopting various Programmes under the IPOP, through affiliated Associations. He too was of the view that our State Units should get the notification issued from respective State Govts. under the MWPSA Act, 2007, which will pave the way for early passing of the Rules by the State Govts.

In the evening we attended a meeting organised by Triveni Jyeshtha Nagarik Sangh, Chirag, New Delhi which was also attended by representatives of Varishtha Nagarik Kalyan Seva Samiti, Ghaziabad to discuss the holding proposed 8th National Conference in Delhi. The Gen. Secretary of the Triveni J.N. Sangh, New Delhi submitted the application for affiliation to AISCCON and welcomed all present. Dr. S.P. Kinjawadekar explained the need and importance of holding the Conference in Delhi, before the next general elections. After discussion it was decided to hold the 8th National Conference of AISCCON in Delhi in October 2008, at FICCI auditorium, (*Probable dates: 10-11 October or 17-18 October 2008*). The Ghaziabad Association assured to extend all co-operation to Delhi Association in organising the Conference. Shri Vishnu Sinha of Triveni J.N. Sangh assured to establish as many Senior Citizens Associations in Delhi as

possible during the next two months, to make the Conference Successful. It was also decided to invite Hon. P.M. the Chief Minister, Delhi, Smt. Sheila Dixit and Union Minister of Social Justice Smt. Meira Kumar as the inaugurator & Chief Guests of the Conference.

#### **Thursday, 9th May 2008**

In the morning we had a meeting with Smt. L.M. Vas, Addl. Secretary Finance (Budget & Small Savings), when the Under Secretary, Shri M.A. Khan was also present.

(a) On our demand to declare every 60+ person as a Senior Citizen & give him all facilities & concessions she said it is not possible due to limited resources. We loose lot of revenue if we give concessions from age 60+. Railway Ministry is able to give concessions from age 60 because they are earning big profits from commercial operations.

(b) On our demand for 2% additional interest on Senior Citizens Savings Scheme and on Bank deposits she said if we raise the rate of interest, industrial growth may slow down and production cost may rise. The impact of global economy is also needed to be considered. The deposits collected is SCSS are given to the State Govts. for various development schemes. They are reluctant to pay more than 9.5% interest rate on this money. Therefore at present we are unable to increase the rate of interest - on SCSS and Bank deposits.

(c) Regarding our demand to amend DICGC (Deposit Insurance and Credit Guarantee Corporation) Act to double the insurance cover and pay 50% amount of deposit to the Senior Citizens in case of closure of the Deposit Scheme / Bank, she said that so far the amendments have not taken place.

(d) Regarding increased provision for establishment of Old Age Homes in each District she said that Rs.600 Crore have been provided for Construction of new Old Age Homes. She agreed that increase in the number of Day-Care - Centres in the country is more important and they should be given grant for construction as well. She assured that this can be considered in

the next Budget.

(e) Regarding implementation of Project OASIS (Old Age Social and Income Security) for 39 Crore workers in the unorganised sector, she informed that the scheme is pending for the last 3 years for approval of Parliament. The left Parties want assured returns on the workers' investment and without that are not prepared to get the scheme implemented.

(f) On the subject of Health Insurance for Senior Citizens she arranged our meeting with Shri Tarun Bajaj, Jt. Secretary (Insurance), Govt. of India.

On our demand to implement K.S. Sastri Committee recommendations immediately he said, various aspects of these recommendations are being examined. We have to study the feasibility of this report by considering opinions of all stakeholders. Some recommendations are non-controvertial e.g. Insurance will cover treatments under other systems of medicine like Ayurveda, Unani, Homeopathy etc. The recommendation on creation of Insurance Pool with 50% of Service Tax on all Health Insurance Premiums credited to it is a good suggestion. In this way about Rs.250 Crore will be collected in the pool. But the Govt. has to take a decision on this.

He asked for more information on FESCOM Arogya Kavach Yojana at Sahyadri Superspeciality Hospital, Pune. If it is successful in Pune why is it not replicated in Mumbai & Other cities?

He said the new Chairman of IRDA will take charge shortly. We should approach him again, with emphasis on the recommendations we want to insist upon.

he AISCCON Delegation returned to Mumbai on 10th May 08 in the morning. On it's way to Delhi the President and Secretary General were greeted and garlanded at Jhansi and Agra stations by Shri B.B. Dixit and Dr. Kulshreshtha with many friends.

**-D.N. Chapke**

*Secretary General, AISCCON*

## Gujarat

### Senior Citizens Council-Vapi

8th Annual General Meeting of the Council was held on Sunday, 27/04/2008 at Balmandir Hall, Vapi (W) in a very cordial and peaceful atmosphere. 70 members were present.

The following office bearers were elected unanimously for the year 2008-2009.

President : Shri Rameshbhai L. Kapadia

Vice President : Shri Gafurbhai Bilakhai.

2nd Vice President: Shri Barkatalibhai Khoja

Secretary : Shri Chhotubhai N. Desai

Joint Secretary : Shri Naredra S. Talekar

Treasurer: Shri Natwarlal Buhariwala

Jt. Treasurer :Shri Trilok M. Desai

The other items on Agenda were (1) Presentation of annual accounts for the year 2007-2008 which were discussed and approved. (2) Details of important activities of the Council during the year 2007-2008 were highlighted by our Secretary.

The deliberations at the meeting were very well completed in the presence of Shri Gafurbhai Bilakhai and Dr. Upendrabhai Desia.

*Chhotubhai N. Desai Secretary*

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### Senior Citizen's Council Udhana-Surat:

Office Bearers and Managing Committee members of "Senior Citizen's Council Udhana-Surat" are as under.

President: Mr.Jitendra D. Desai

Secretary: Mr. Ravindrabhai B. Desai

Treasurer: Mr. Kirtibhai B. Desai

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## Maharashtra

### ज्येष्ठ नागरिक संस्था, सहजानंद परिसर, कोथरुड, पुणे

The members of the New Working Committee from April 2008 to March 2010 is as under:

1) Shri Ramesh V Dixit - Chairman

2) Shri Govind H Saraf - Secretary

3) Shri Vinayak V. Abhyankar - Treasurer

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**महाराष्ट्र राज्य वरिष्ठ नागरिक महासंघ (फेस्कॉम) और हार्मनी फॉर सिल्वर्स, मुंबई के संयुक्त तत्वावधान में नेत्र परीक्षण शिबिर:**

महाराष्ट्र को मोती बिन्दु मुक्त प्रदेश बनाने के उद्देश्य से फेस्कॉम और हार्मनी के संयुक्त तत्वावधान में विभिन्न स्थानों में नेत्र परीक्षण शिबिर आयोजित करने की योजना बनाई गई है। इस शृंखला में हार्मनी इंटरएक्टिव सेंटर गिरगाव, मुंबई में पहला शिबिर आयोजित किया गया। फेस्कॉम अध्यक्ष श्री मधुकर कुलकर्णी ने शिबिर का उद्घाटन किया। फेस्कॉम मुंबई प्रादेशिक विभाग के सचिव श्री विजय औंधे के प्रयत्नों से यह शुभारंभ शिबिर सफल रहा। चार व्यक्तियों की आंखों में मोती बिन्दु पाया गया।

दुसरा शिबिर पुनर्वास केंद्र (मतिमंद बच्चों का विद्यालय) गोरेगाव, मुंबई में आयोजित किया गया। ८० व्यक्तियों के परीक्षण के बाद १२ व्यक्तियों की आंखों में मोती बिन्दु पाया गया। यह शिबिर सफल करने में सर्व श्री एन.बी. पवार, सतीश वागळे, देशमुख, मोजे, म्हापसेकर, राव और पंत ने सक्रिय योगदान दिया।

जिन व्यक्तियों की आंखों में मोती बिन्दु पाया गया उनकी मुफ्त शल्य चिकित्सा हार्मनी की ओर से की जाएगी। इसी प्रकार के शिबिर महाकाली, अंधेरी, मुंबई, मीरा रोड, भाईन्दर, घाटकोपर, ऐरोली में आयोजित किए जाएंगे।

दूसरे चरण में फेस्कॉम प्रादेशिक विभाग मुख्यालय के शहरों में और सभी जिला मुख्यालयों में आयोजित करने की योजना है। उसके बाद सभी तहसील नगरों में भी इसी प्रकार के शिबिर लगाए जाएंगे।

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## राजस्थान:

### प्रथम राज्यस्तरीय वरिष्ठ नागरिक सम्मेलन उदयपुर:

महाराणा प्रताप वरिष्ठ नागरिक संस्थान द्वारा दिनांक १६-०३-०८ को राजस्थान कृषि महाविद्यालय सभागार, उदयपुर में प्रथम राज्य स्तरीय वरिष्ठ नागरिक सम्मेलन आयोजित किया गया। सम्मेलन को सम्बोधित करते हुए राजस्थान के पूर्व उपमुख्यमंत्री एवं आर्थिक नीति एवं सुधार परिषद, राजस्थान के उपाध्यक्ष श्री हरिशंकर भाभडा ने कहा कि जिस देश में श्रवण कुमार जैसे लोग पैदा हुए, वहाँ वृद्धजनों को सरकार पर निर्भर होने को विवश होना पड़ रहा है। उन्होंने कहा कि सरकार की आलोचना से काम नहीं चलेगा। वृद्धजनों की मांगों पर चर्चा करते हुए भाभडा ने कहा कि वृद्धों को सरकार पर आश्रित नहीं होना चाहिए वरन् सरकारें वृद्धों पर आश्रित हों। उन्होंने बताया कि वर्तमान समय में गरीबी हटाओ का नारा बेमानी हो गया है। वरिष्ठ नागरिकों को चाहिए कि वे अपने परिवार में तालमेल से कार्य करें। महिलाएं एवं पुरुषों को बराबरी का सम्मान मिलना चाहिए। वृद्धाश्रम बनाने से वरिष्ठ जनों का कल्याण नहीं होगा, हकिकत यह है कि वृद्धाश्रम में सारी सुविधाओं के बावजूद भी वृद्ध घर पर परिवार में रहना अधिक पसन्द करता है। आवश्यकता है कि हम रिश्तों का आदर करें।

वरिष्ठ नागरिक संस्थान, राजस्थान के प्रदेशाध्यक्ष श्री कौशल किशोर जैन ने अपने उद्बोधन में कहा कि देश में वर्तमान में ९ करोड़ लोग साठ वर्ष से अधिक आयु के हैं, जिन्हे सम्मान मिलना

ही चाहिए। उन्होंने राज्य सरकार से वरिष्ठ नागरिक आयोग बनाने की मांग की। राजस्थान में ५० लाख वरिष्ठ नागरिक हैं इनकी अवहेलना करना किसी भी सरकार के लिए महंगा पड़ सकता है। उन्होंने आश्चर्य प्रकट करते हुए कहा कि राजस्थान में युवा, महिला, निराश्रित, अल्पसंख्यक, गोसेवा एवं मानव आयोग है तो ५० लाख लोगों को संवैधानिक न्याय मिले उसके लिए वरिष्ठ जन आयोग की मुख्यमंत्री की घोषणा की शीघ्र क्रियान्वित हो। उन्होंने कहा कि ६०+ के लोग अनुभवशील लोग हैं वो समाज की सेवा करना चाहते हैं, इनको आर्थिक लाभ नहीं सम्मान चाहिए, इज्जत चाहिए, इनके अनुभव के खजानों का उपयोग हो, इस दृष्टि से वृद्धाश्रम नहीं, वानप्रस्थी बना कर समाज की सेवा करना हमारा उद्देश्य है।

इस अवसर पर अखिल भारतीय वरिष्ठ नागरिक महासंघ के अध्यक्ष डा. एस. पी. किंजवडेकर ने वरिष्ठ नागरिकों के लिए मुख्य रेलवे स्टेशनों पर लिफ्ट लगाने, की रेल मंत्री की घोषणा का स्वागत किया। साथ ही विकलांगों की तरह एक छोटा सा अलग कम्पार्टमेंट हो जिससे वृद्ध व्यक्ति आसानी से रेल यात्रा कर सके, उन्होंने ८५+ के साथ एक अटेन्डेन्ट को मुफ्त में यात्रा करने व वरिष्ठजनों के लिए रियायती दर पर स्वास्थ्य बीमा योजना लागू करने की मांग की। उन्होंने राज्य की मुख्यमंत्री को पिछले अक्टूबर में वरिष्ठजन आयोग बनाने की उनकी घोषणा का याद गिलाई तथा कहा की राष्ट्रीय वृद्धजन नीति का अमल किया जाना चाहिए। उन्होंने सभी जिलों में वृद्धाश्रम की योजना क्रियान्वित करने की भी मांग की। साथ ही प्राथमिक स्वास्थ्य केन्द्रों में पर्याप्त चिकित्सा सुविधा की आवश्यकता जताई।

इस अवसर पर बोलते हुए पूर्व राज्यपाल नवरंगपाल टिवरेवाल ने सामाजिक परिस्थितियों पर चर्चा करते हुए कहा कि केन्द्र सरकार ने वरिष्ठ नागरिकों के लिए कई कानून बनाये हैं, लेकिन उनकी क्रियान्विती की आवश्यकता है। उन्होंने कहा कि गांव-गांव में इस प्रकार की संस्थाएं बनाई जानी चाहिए, जिससे कानून का लाभ पीछितों को प्राप्त हो।

विशिष्ट अतिथि नगर परिषद् के सभापति रवीन्द्र श्रीमाला ने वरिष्ठजनों को आग्रह किया कि वे समाज के सर्वांगीण विकास में अपनी अहम भागीदारी निभाकर बहुमूल्य सुझाव नगर परिषद् को दें।

संस्थान के संरक्षक एवं नगर विकास प्रन्यास के अध्यक्ष शिवकिशोर सनाढ्य ने कहा कि संस्थान इस बात पर विचार करे कि वरिष्ठजनों की ऊर्जा का लाभ समाज को मिले। उन्होंने कहा कि वानप्रस्थी मन से होना जरूरी हो गया है।

इस अवसर पर संस्थान द्वारा प्रकाशित स्मारिका का विमोचन मुख्य अतिथि श्री भाभड़ा द्वारा किया गया।

अपने अध्यक्षीय उद्बोधन में उदयपुर की सांसद श्रीमती किरण माहेश्वरी ने कहा कि भारत सरकार द्वारा वरिष्ठजनों के लिए बनाई गई नीतियों का क्रियान्वयन किया जाना चाहिए। उन्होंने भावनात्मक रूप से कहा कि ऐसे वृद्धाश्रम की क्या आवश्यकता है, जिसमें

आत्मा ही न हो? यदि वृद्धाश्रम बनाना ही पड़े तो उसके साथ अनाथालय भी बनाया जाना चाहिए। उन्होंने संस्थान पदाधिकारियों से अपील की देह दान के लिए भी संकल्प पत्र भरवाये जाएं।

प्रारम्भ में स्वागताध्यक्ष श्री हीरालाल कटारीया ने स्वागत उद्बोधन दिया। उन्होंने विश्वास व्यक्त किया कि देश के वृद्धजन समाज के समक्ष उपस्थित सभी ज्वलंत राजनैतिक आर्थिक एवं सामाजिक समस्याओं के लिए नई दिशा प्रदान करेंगे।

महासचिव भंवर शेट ने महाराणा प्रताप वरिष्ठ नागरिक संस्थान का प्रतिवेदन प्रस्तुत किया तथा इस वर्ष की विभिन्न गतिविधियों का विस्तृत जानकारी सहभागियों को दी। उन्होंने कहा कि जब राज्य सरकार ने वृद्धजनों के लिए बनी राष्ट्रीय नीति को स्वीकार कर लिया है तो उसकी उचित क्रियान्वयन के लिए राज्य, जिला व खण्ड स्तर पर आयुक्तालय की स्थापना की जानी चाहिए।

स्वागत मंत्री किरणमल सावनसुखा ने कहा कि इस सम्मेलन से संगठन को और अधिक मजबूती प्राप्त होगी।

धन्यवाद ज्ञापन संस्थान के अध्यक्ष बी. एल. गुप्ता ने किया।

कार्यक्रम का संचालन श्री ब्रजेन्द्र सेठ एवं डा. वैशाली देवपुरा ने किया गया। उद्घाटन सत्र के पश्चात् आयोजित खुले अधिवेशन में वरिष्ठ नागरिकों से सम्बन्धित विभिन्न विषयों जैसे - स्वास्थ्य बीमा, अभिभावक व वरिष्ठ नागरिकों के लिए मैन्टीनेन्स एवं वेलफेयर हेतु लोकसभा में पारित बिल, डे केयर सेन्टर, वृद्धजनों हेतु राष्ट्रीय नीति, ओल्ड एज होम, वरिष्ठ जन आयोग पर विषय विशेषज्ञों द्वारा विषय प्रस्तुतीकरण किया गया तथा सहभागियों द्वारा चर्चा की गई।

इस अवसर पर श्री सुरेन्द्रनाथ भार्गव, मुख्य न्यायाधीश, सिविकम उच्च न्यायालय ने अपने उद्बोधन में कहा कि सरकार वृद्धजनों के लिए योजनाएं लाती है, परन्तु जानकारी के अभाव में उसके लिए देय बजट लेप्स हो जाता है। अमेरिका में साढ़े तीन करोड़ वृद्धजन ए. ए. आर. पी. के सदस्य जो तय करते हैं वो सब होता है तो ऐसा हम क्यों नहीं कर सकते।

पूर्व जस्टीस श्री पानाचन्द जैन ने कहा सुरक्षा, रोटी, कपड़ा व मकान की मांग करना भीख नहीं, हमारा अधिकार है। हम सभी एक दुसरे के प्रति समता भाव रखें, अपने दायित्व को समझो तथा इस राष्ट्र को षिखार तक पहुंचाने में तत्पर हों। हम स्वयं के लाभ के लिए नहीं वरन् समाज के हित में सोचें, यही हमारा मंतव्य हो।

आइस्कान के महासचिव श्री डी.एन. चापके ने कहा कि ग्रामीण क्षेत्रों में जहां कोई नहीं पहुंचता है वहां अपने संगठन का विस्तार करें, गांव में जो वंचित वर्ग है, उनके हित के लिए कार्य करें। उन्होंने महिलाओं के लिए अलग से संघ स्थापित करने की आवश्यकता जताई।

आइस्कान के पूर्व अध्यक्ष श्री रमणभाई शाह ने वृद्धजनों के लिए केन्द्र स्तर पर बनी नीति के क्रियान्वयन के लिए शक्ति प्रदर्शन करने की आवश्यकता जताई। उन्होंने कहा कि आवश्यकता पड़ने पर दिल्ली में इस नीति के क्रियान्वयन के लिए आन्दोलन करना पड़ेगा।

इस अवसर पर वरिष्ठ नागरिक संस्थान, राजस्थान के सर्वसम्मति

से हुए चुनाव में सर्व श्री कौशलकिशोर जैन- अध्यक्ष, सत्यव्रत सामवेदी- महामंत्री व लालचन्द बेली को कोषाध्यक्ष चुना गया। चुनाव अधिकारी श्री शिवकिशोर सनाढ्य ने इनकी घोषणा की। सायंकाल आयोजित खुले सत्र में कई महत्वपूर्ण प्रस्ताव पारित किए गए।

**भंवर सेठ महासचिव**



## अजमेर

महाराष्ट्र वरिष्ठ नागरिक महासंघ के महासचिव, जो अखिल भारतीय स्तर पर संगठन का कार्य भी देख रहे हैं, श्री अनिल कासखेडीकर हाल ही अजमेर गए थे। वे डॉ. के. एम. गौड, अध्यक्ष, अजमेर परिपक्व नागरिक संस्थान से मिले। साथ में श्री शिवराज

शर्मा, संपादक, अपना सम्वाद भी थे। संस्थान ने बुजुर्गों के आरोग्य के बारे में अनेक शिबिर आयोजित किए हैं। ग्रामीण क्षेत्र में विशेष सक्रिय है। श्री कासखेडीकर ने महाराष्ट्र में वरिष्ठ नागरिकों के आन्दोलन के बारे में कई महत्वपूर्ण जानकारी दी। उन्होंने बताया कि मार्च २००८ में औरंगाबाद में केवल वरिष्ठ महिलाओं का अधिवेशन संपन्न हुआ। इसमें आदिवासी वनवासी महिलाओं ने भी भाग लिया। बाद में वे सीनियर सिटिजन सोसायटी अजमेर के महासचिव श्री के.सी. गुप्ता से भी मिले। यह संस्था बुजुर्गों के कल्याण एवं सेवार्थ कार्य कर रही है। श्री कासखेडीकर के साथ वैशालीनगर, अजमेर के श्री दर्शन बाफना भी थे।

## LETTERS TO EDITOR....

Sir,

Senior Citizens are languishing under the impact of mounting inflationary pressure. With the advancing age, their ailments are multiplying. Cost of medicines, transport and other essential commodities is escalating. Means of subsistence for a large number of Senior Citizens is interest - income from Government's Senior Citizens Deposit Scheme.

Inflationary trend has prompted the Pay Commission to concede upward revision of pay-scales of government servants and pensioners. Similarly, Ministers, MPs, MLAs and other top functionaries of this Government have sanctioned their own pay-hike and other emoluments is as high as fifty percent.

While granting higher pension to the Pensioners above the age of 80, Government

recognises the essentially of old-age health-care needs. Every pensioner is a Senior Citizen. But every Senior Citizen is not a pensioner. Government should take a considerate view in the case of non-pensioner- Senior Citizens who earn 9% Interest under Govrenment's Senior Citizens Scheme. Their 'Deposits' have since depleted. Interest- income has declined. But, the interest - rate remains stangnantly lower at 9 percent.

In order to mitigate the financial hardships of the non-pensioner Senior Citizens, it is demanded that Government should raise the interest- rate from 9 P.U. to 12 percent in respect of Government's Senior Citizens Deposit Scheme. This will increase their interest - income to face the highly inflationary trend.

- J.C. Sinha 157, Doctors' Colony, Jaipur

## राज्य वरिष्ठ नागरिक परिषद उत्तर प्रदेश (फेस्कप)

Dear Sir,

Congratulations. Growing more feathers on the cap of AISCOON. I feel pleasure to inform you that after creating our unit in the dist. of ETAH, both Mr. R.P. Gupta, President, V.N.K. Samity, Agra and I have been successful in getting an nexed with us the V.N.K. Samiti in MATHURA distt. (Uttar Pradesh) an already well established and strongly running association having 80 members at present. Mr. Vidyasagar the President and Mr. Jagdish Asthana have been comteons cooperative in adopting affiliation

to FESCUP on March 8, 2008.

Our efforts are on in the distt. of FIROZABAD (UP) as well, reaching finalisation in this week to get the V.N.K. Samiti with Mr. Ram Vilas Upadhay as President and Mr. Raja Ram Verma as the General Secretary constituted.

In Mainpuri distt. (U.P.) our negotiations for creating the V.N.K. Samiti are also in progress. We look forward to achieve the amiable results soon.

For information please with kind regards.

-Dr. M.S.L. Kulshrestha,  
Sec. Genl., Agra

# समर्थ रामदास स्वामी निर्वाण दिवस पर पावन स्मरण

विवाह का मण्डप सजा हुआ था। सभी तैयारियाँ हो चुकी थी। वरवधु वेदी के पास लाये गये। परिवार उत्साह से परिपूर्ण, महिलाएँ मंगल गीत गारही थी। उसी समय पुरोहित ने पुकारा वरवधु सावधान! वरवधु- सावधान वरवधु.... इतने में तो वर बना नारायण यकायक मण्डप छोड़ कर भागा। सब देखते ही रह गये। सब व्यवस्थाएँ धरी की धरी रह गईं। रंग भंग हो चुका था।

इस घटना के कोई १४ साल बाद तपस्वी, योगी वेस में एक जटा धारी साधु नगरों और ग्रामों में विचरण करते प्रगट हुआ। अब वही नारायण... **स्वामी रामदास** के नाम से प्रसिद्ध हुआ।

समर्थ रामदास स्वामी को एकमेव यही व्यथा सता रही थी जो उनकी वाणी से प्रगट होती थी। कहाँ बैठ कर ईश्वर भजन करूँ? कहाँ और किस सरोवर तथा नदी में स्नान करूँ? कोई भी तो पवित्र नहीं बचा है। किस देवालय और मन्दिर के दर्शन करूँ, सभी खण्डित हो चुके हैं। सतीत्व, गौ और ब्राह्मण सुरक्षित नहीं हैं क्या करूँ? कहाँ जाऊँ? विदेशियों की तलवार ने तथा घोड़ों की टापों ने सभी को पादाक्रान्त कर रखा है।

ऐसी विषम परिस्थिति में एक राम का ही आसरा मान कर चल रहे थे। एक ही घोष उनके मुख से निकल पड़ा- जय जय रघुवीर समर्थ। फिर उन्हें ध्यान में आया कि धनुर्धारी रघुवीर तो समर्थ है परन्तु वह भी उन्हीं की सहायता करेगा जो उठ खड़ा होकर अपने आप की सहायता करता है, कुछ करना चाहता है, कुछ पुरुषार्थ करता है।

फिर क्या था, उन्हें मार्ग मिल गया। अब रामदास स्वामी जहाँ भी जाते प्रत्येक स्थान पर बजरंग बली हनुमान की मूर्ति स्थापित करते, पाँच पचीस युवकों को वहाँ कीर्तन के लिए बुलाते और मारुति नन्दन बनने की प्रेरणा देते। अखाड़ा बनाकर उन्हें मल्ल युद्ध सिखाते। अब तो देखते ही देखते सारे क्षेत्र में हजारों अखाड़े और हनुमानजी के मन्दिर स्थापित हो गये। उन्होंने सारे देश में भ्रमण किया। अजमेर में उन्हीं का स्थापित बजरंग गढ़ है जो आना सागर की पहाड़ी पर है, ऐसी लोकोक्ति प्रसिद्ध है। अनेकों आश्रम और पीठ स्थापित किये।

गीता में भगवान कृष्ण ने अर्जुन के माध्यम से सारे भारत को आश्वासन दिया था कि जब भी धर्म की हानि और अधर्म का विस्तार होगा तब सज्जनों के रक्षण हेतु एवं दुष्ट जनों का विनाश करने, मैं स्वयं आऊँगा।

शिवाजी के जन्म लेने से पूर्व समर्थ रामदास स्वामी ने गाँव-गाँव में बजरंगियो और सज्जनों की संख्या बढ़ा दी जो आगे चल

कर शिवाजी के साथ विदेशियों के आक्रमणों को रोक कर चारों ओर से मुस्लिम राज्यों के बीच हिन्दवी स्वराज्य स्थापित कर सके। दिल्लीपति पृथ्वीराज चौहान के बाद से भग्न सिंहासन के ६०० वर्षों बाद रायगढ़ में जेष्ठ शुक्ल त्रयोदशी विक्रम संवत् १७३१ को शिवाजी महाराज का राज्यभिषेक हुआ और गौ ब्राह्मण प्रतिपालक **छत्रपति शिवाजी महाराज** कहलाये।

एक दिन शिवाजी की राजधानी में समर्थ रामदास स्वामी भिक्षा लेने पधारे। **जय जय रघुवीर समर्थ** का घोष सुनकर शिवाजी महाराज गुरु चरणों की ओर दौड़ पड़े। गुरुजीने झोली फेला जी। शिवाजी असमंजस में पड़ गये। क्या दूँ? तुरन्त उन्होंने एक कागज का पर्चा लिख कर डाल दिया। लिखा था “आज से ही यह सारा साम्राज्य आपका”। ऐसा था अपने गुरु के प्रति शिवाजी का समर्पण।

गुरु भी कम नहीं थे। तुरन्त बोले! शिवा... आज से ही यह साम्राज्य हमारा। तुम हमारे प्रतिनिधि के नाते राज्य का पालन करो। यह लो भगवा ध्वज। इसे दिग्गन्त में फहराओ। प्रभु तुम्हारा कल्याण करे।

शिवाजी महाराज ने अपने राज्य में अनेक सुधार किये। नई मुद्रा नवीन किले, भूमि सुधार राज व्यवहार कोष के साथ भविष्य की दृष्टि से समुद्री सेना एवं समुद्री किलो का निर्माण कराया। शासन व्यवस्था में अष्ट प्रधान नियुक्त किये। सारी जनता ने स्वराज का अनुभव किया।

समर्थ रामदास स्वामी ने स्वयं अनुभव किया और बोला कि अब कि अब सरोवर और नदियाँ पवित्र जल बहा रही हैं। अब साधुओं को ईश्वर भजन करने का अवसर प्राप्त हो रहा है। गौ और ब्राह्मण का प्रतिपालन हो रहा है। स्वराज का सुखप्राप्त हो रहा है।

आज सम्पूर्ण राष्ट्र समर्थ स्वामी रामदास जी महाराज की चतुः शताब्दी समारोह मना रहा है। इस अवसर पर उनका पावन स्मरण राष्ट्र चेतना को बढ़ाने वाला सिद्ध होगा। स्वामी जी के निर्वाण दिवस पर पावन श्रद्धान्जलि अर्पित है। फाल्गुन कृष्ण ९ (रामदास नवमी)

प्रस्तुति:  
**लालचन्द बेली,**  
शाहपुरा राजस्थान

# ध्यान में है अद्भुत शक्ति

**-यज्ञदत्त शर्मा**

डॉ. राधाकृष्णन् के शब्दों में ध्यान चेतना की वह अवस्था है, जहाँ समस्त अनुभूतियाँ एक ही अनुभूति में विलीन हो जाती हैं। विचारों में सामंजस्य आ जाता है। परिधियाँ टूट जाती हैं और भेद रेखायें टूट जाती हैं। जीवन और स्वतंत्रता की इस अखण्ड अनुभूति में ज्ञाता और ज्ञेय का भेद नहीं रहता। संकुचित जीवात्म विराट सत्ता में विलीन हो जाती है।

प्रातः जगने से लेकर रात्रि में नींद आने तक हमारे मस्तिष्क को अनेक प्रकार के विचार घेर रहे हैं। नींद के बाद भी सपनों का ताँता चलता रहता है। बहुत से विचार जीवन के लिये उपयोगी होते हैं। वे जब आते हैं तो मन में सुख और शान्ति की अनुभूति होती है, किन्तु अधिकांश विचार निरर्थक और न को दुर्बल बनाने वाले होते हैं। कभी पुरानी घटना बाद आ जाती है कि अमुक व्यक्ति ने हमारे साथ दुर्व्यवहार किया था, उसके विरुद्ध आग सुलगने लगती है और कभी घोर निराशा घेर लेती है, कभी कभी अप्रत्याशित भय बैठे-बैठे मन में आने लगता है कि अमुक व्यक्ति मिलेगा तो मैं उसे इस प्रकार डाँटूँगा, इस पर यदि वह उत्तेजित हो जायेगा तो हाथापाई की नौबत आ सकती है। कभी हम अप्रत्याशित की कामना करते हैं और कभी प्राप्त वस्तु के नाश होने का भय लगने लगता है। इन सब वृत्तियों को मन का क्लेश कहा गया है। यदि मन इनसे बचा रहे तो शक्ति का अपव्यय रुक जायेगा और संचित शक्ति का उपयोग अभीष्ट की प्राप्ति में किया जा सकेगा। ध्यान ही ऐसी शक्ति है जो इन आघातों से बचा सकती है। भावनाएँ भी ध्यान का ही रूप हैं। मैत्री-भावना द्वेष - वृद्धि दूर करती है। हृदय में शान्ति और प्रसन्नता भरती है।

अतः ध्यान योग परमात्मा की भक्ति के लिये सर्वोच्च साधन माना गया है। ध्यान योग साधना में आत्मा मनुष्य में रहते हुए परमात्मा के साथ ब्रह्मरन्ध्र में आकर ठहर जाती है। इस साधना से मोक्ष की प्राप्ति होती है। यह निष्काम प्रभु भक्ति है।

ध्यान विधि:- उपासना की तीन क्रियायें हैं - धारणा, ध्यान और प्रत्याहार।

धारणा:- किसी एक ध्येय को पकड़कर मन को रोकना धारणा कहलाती है।

ध्यान:- जब ध्याता अथवा ध्यान करने वाला अपने ध्येय में समा जाता है और अपना व अपने ध्येय का ज्ञान खो बैठता है, तो

उसे ध्यान कहते हैं।

प्रत्याहार:- ध्येय को छोड़कर जब मन किसी और दौड़ता है, और अभ्यासी उसे फिर खींच कर ध्येय में लगाने की कोशिश करता है तो उसे प्रत्याहार कहा जाता है।

इन तीन क्रियाओं द्वारा ध्यान (उपासना) योग प्रारम्भ होता है। इसमें वृत्ति अन्तर्मुखी हो जाती है। सारी चिन्ताओं से थोड़ी देर को मुक्त करके दिव्य ज्योति से अपने प्रीतम का दीदार कर सकता है।

**(स्मारिका - सीनियर सिटिजन सोसायटी, अजमेर)**

**सुधार अन्दर से होना चाहिये, बाहर से नहीं। कानूनों के जरिये सभी अच्छे काम नहीं हो सकते हैं। -गिबंस**

## दोष दर्शन

श्री रामकृष्णदेव की लीला-सहधर्मिणी श्री माँ सारदादेवी ने किसी को शांति पाने का उपाय बताते हुए कहा था 'किसी के दोष मत देखना, दोष देखना अपना' मनमें प्रश्न उठता है की यदि कोई गलती करेगा और हम उसका दोष बताएंगे, तब तो दोष देखना हो गया और नहीं बतायेगे ते इससे दुनिया कैसी चलेगी.

बात यह है कि दोष देखना भी दो प्रकार का है. एक प्रकार वह है, जिसमें दोष देखकर हम व्यक्ति की निंदा करते हैं, उस पर हस्ते हैं.

दूसरा प्रकार वह है, जिसे हम चिकित्सक की दृष्टि कहते हैं. हसने के लिए नहीं बल्कि दोष दूर करने के लिए.

उचुत और अनुचित दोष दर्शन की मोटी कसौटी यह है कि जब हम व्यक्ति का हित करनेके लिए उसके दोषो को देखते है, तो वह उचित है इसके पछे हमारा उद्देश्य यही रहता है कि वह व्यक्ति अपने को सुधारने की चेष्टा करेगा. पर जहाँ दोष दर्शन के पिछे व्यक्ति के अहित का भाव हो वह अनुचित है. ऐसे दोष दर्शन से हमे बचना चाहिए. इसलिए ही नहीं कि उससे हम व्यक्ति का अकल्याण करते है, बल्कि इसलिए भी कि ऐसा करके हम स्वयं अपना अकल्याण करते हैं. जब हम दूसरो के दोषो को इस उद्देश्य से देखते है कि उन लोगो को नीचा दिखाए, तो वस्तुतः हम दोष का रसास्वादन कर रहे होते है. ऐसा रसास्वादन हमारे अपने भीतर उन दोषो को संक्रमित करने लगता है व फलस्वरूप जिन दोषो का दोषी हम दूसरो को बनाते थे वे ही दोष हममे पैदा होते है.

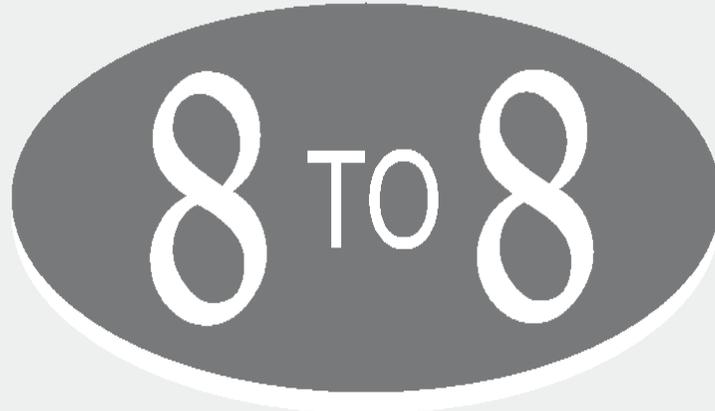
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**MAY 2008**  
Printed Monthly Magazine  
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