# Govt mulls ban on film promotions in educational institutions

**New set of rules in the offing to curb untoward incidents for students' safety**

Hans News Service
Hyderabad



TAKING serious note of educational institutions deviating from their core purpose, such as organising film promotions, the state government is mulling a ban on such events across educational institutions in Telangana.

According to government sources, a recent incident of stage collapse resulting in death of a student and several injured at an event forced the state government to take serious note of such events and to take steps to prevent reoccurrence of the same.

The core purpose of the educational institutions has to pave way for the bright future of the students. However, some management is exploiting students to serve its own political or personal interests. "This has not only led to various untoward incidents but, in some instances, has even resulted in the loss of students' lives."

A senior government official told The Hans India, "Recent developments in certain educational institutions have sparked concern among the government, parents, and the academic community. The arbitrary declaration of holidays by educational institution managements, coupled with the hosting of large-scale events without adequate safety precautions—which has even led to the loss of students' lives—has caused deep concern among parents."

Against this backdrop, government authorities have directed officials from the Education Department to conduct a comprehensive study on what types of events educational institutions may legally host on their campuses, and which ones should be prohibited.

Following the study, the government has concluded that educational institution premises should, in principle, be used exclusively for academic and sports-related activities; they should not be used for film screenings or other commercial events.

As part of the proposed steps for large-scale academic or sports events, institutions must notify local Education Department officials and the police in advance. This includes details such as the expected number of attendees, stage construction, entry and exit arrangements, and fire safety measures.

The government does not intend to intervene in smaller-scale events—such as those focused on sports, culture, or the arts—designed to showcase and encourage student talent, he added. However, for events involving hundreds of participants, educational institutions must take appropriate precautions and strictly adhere to government guidelines. The government's evaluation and the creation of a new set of rules are intended to enable students in Telangana to excel in job creation, startups, and innovation.

Over the past three years, the government has launched initiatives such as the Young India Skills University, Advanced Technology Centres, 'Google for Startups,' an AI Innovation Hub, and the Telangana Innovation Startup Challenge.

Meanwhile, the management of certain educational institutions took a different approach by mandating that students watch specific films—even declaring holidays for this purpose—which drew sharp criticism from parents and educationists. The government has also taken this matter seriously.

# EXPERTS QUESTION MEDICAL PG SEAT INCREASE WITHOUT INFRA

- **12 of 14 new radio diagnosis seats lack MRI facilities**
- **Doctors flag faculty shortages and inadequate clinical exposure**
- **FAIMA warns against compromising education standards**
- **TJUDA says quality must come before quantity**
- **HRDA questions PG training without basic equipment**

K Chandrasekhar
Hyderabad



Representational image

HEALTHCARE experts have raised concerns over the sanctioning of new postgraduate (PG) medical seats in the State without providing the necessary infrastructure. They have warned that excellence in postgraduate education cannot be achieved amid inadequate facilities and faculty shortages.

According to government figures, there are approximately 1,456 to 1,504 PG seats in the government sector, while the private sector accounts for over 2,450 seats. In an alleged attempt to increase opportunities for local students, the government has been increasing PG seats without ensuring the availability of the required infrastructure.

Citing an example, doctors said 14 new MD Radiodiagnosis seats had been sanctioned, of which 12 were in colleges lacking basic radiology equipment, including MRI machines. They questioned how postgraduate students could receive adequate training without access to essential equipment required for hands-on experience.

National President of the Federation of All India Medical Associations (FAIMA) Dr D Srinath said college administrations were taking pride in securing new PG seats despite being fully aware of the ground realities and limitations of their existing infrastructure.

He said institutions knew that excellence in postgraduate medical education could not be achieved with inadequate facilities and faculty shortages. Yet, under pressure and in the race to compete with other medical colleges, they continued to prioritise increasing seats over improving educational standards.

"This unhealthy competition is turning medical education in Telangana into a joke. Quality medical education should be the priority, not merely the number of PG seats," he said. Dr Chandrakanth Reddy Narahari of the Telangana Junior Doctors Association (TJDA) said college administrations could not simply celebrate obtaining additional PG seats while ignoring the ground realities of their institutions.

"We strongly condemn this unhealthy approach of prioritising PG and UG seat expansion over the basic standards of medical education," he said.

He pointed out that PG seats were not trophies to be collected or achievements to be celebrated at the cost of educational standards. The responsibility of an institution was not merely to secure more seats but to ensure that every postgraduate student received the necessary infrastructure, faculty support, clinical exposure and academic environment to become a competent specialist.

Medical education was a responsibility and not a race for statistics, he said, stressing that quality must come before quantity.

Healthcare Reforms Doctors Association president Dr N Karthik said taking pride in increasing MD/MS PG seats without providing the necessary infrastructure was like opening an engineering college without laboratories, appointing surgeons without operation theatres or establishing a flight training academy without aircraft.

"Seats alone do not create specialists; infrastructure, clinical exposure and hands-on training do. How can we expect MD Radiodiagnosis students to acquire the required competencies when their teaching institutions do not even have basic diagnostic facilities like MRI machines?" he questioned.

# TG land re-survey crossed 1K-village mark so far, says Minister Ponguleti

Venkateshwarlu Kolishetty
Hyderabad



REVENUE, Housing, and Information and Public Relations Minister Ponguleti Srinivasa Reddy directed officials to conduct the comprehensive land re-survey across Telangana with utmost transparency, scientific accuracy, and attention to detail while prioritizing landowners interests. The Minister announced that the re-survey has covered more than 1,000 villages, with the process completed in 416 villages so far. The initiative aims to resolve long-pending land disputes, establish clear ownership rights, and ensure accurate boundaries for every landowner.

On Tuesday, Ponguleti held a review meeting with senior Revenue Department officials at the Secretariat to assess statewide progress. He discussed field-level challenges, farmers feedback, technical issues, and difficulties faced by survey personnel while speaking directly with field staff to understand ground problems. The Minister stated that Telangana contains 10,954 revenue villages. In the first phase, 70 villages were selected from each of 32 districts, excluding Hyderabad. Including villages where land maps were previously unavailable, the re-survey is currently underway across 2,720 villages.

Describing the initiative as a historic exercise undertaken after nearly 125 years, Ponguleti affirmed that the government, led by Chief Minister A Revanth Reddy, remains committed to providing permanent solutions to land-related problems. He instructed officials to accelerate work without compromising quality, transparency, or accuracy. Officials were directed to thoroughly examine existing revenue records, including land extent, ownership details, and boundaries, before starting field surveys. Upon completion, formal notices must be issued to respective landowners, allowing sufficient time to verify recorded details and raise objections, which must be examined and resolved according to established rules.

Emphasizing public awareness, the Minister stressed that farmers must be educated regarding survey procedures, objection submission processes, and grievance resolution mechanisms. He insisted that the exercise leave no room for confusion or doubt, noting that success should not be measured merely by updating land records but by permanently resolving generational land disputes and safeguarding public trust across rural Telangana.

# Alwal TIMS to be ready by Janaury

HYDERABAD: Health Minister C Damodar Raja Narasimha on Tuesday announced that construction of the Alwal Telangana Institute of Medical Sciences (TIMS) Hospital would be completed by the end of December and the facility would become operational in January next year.

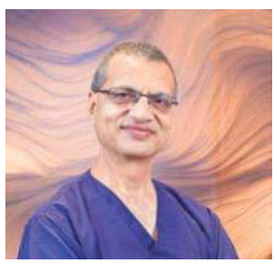
The Minister inspected the hospital site to review the progress of construction, infrastructure development and installation of medical equipment.

The Alwal TIMS facility is being developed as a Centre of Excellence for Neuro and Genetic Sciences, with a focus on providing advanced medical services and promoting research in these specialised fields.

The centre will bring various super-speciality medical services under one roof, including dedicated departments of Neurology and Neurosurgery, enabling patients to access advanced treatment facilities.

Health IS wealth

# Diabetic foot ulcers: Treat the cause, not just the wound



Dr P C Gupta, renowned Vascular and Endovascular Surgeon, Clinical Director and HOD – Vascular and Endovascular Surgery, Vascular IR & Podiatric Surgery, CARE Hospitals, Banjara Hills, Hyderaba.




A small wound on the foot may seem harmless, but for someone living with diabetes, it can develop into a serious medical problem. Many patients believe that applying ointments, taking antibiotics or undergoing regular dressings will eventually heal the wound. While these treatments are important when appropriately prescribed, they may not be sufficient if the underlying cause remains untreated. One of the most overlooked reasons diabetic foot ulcers fail to heal is poor blood circulation. Without adequate blood supply, even proper wound care may not produce the expected results. As we observe World Diabetes Day on November 14, it is important to understand why treating a diabetic foot ulcer requires looking beyond the visible wound.

**Why Diabetic Foot Ulcers Develop**

Diabetes can damage both the nerves and blood vessels supplying the feet. Prolonged high blood sugar levels may cause diabetic neuropathy, a condition that reduces the ability to feel pain, pressure or temperature changes. As a result, a person may not notice a small cut, blister or injury caused by poorly fitting footwear. Continued walking places pressure on the affected area, allowing a minor injury to develop into an ulcer.

At the same time, diabetes increases the risk of narrowing of the arteries, reducing blood flow to the feet. When nerve damage and poor circulation occur together, the risk of serious complications increases. Importantly, patients may not experience pain even when the wound is becoming deeper or infected.

**Why Some Wounds Refuse to Heal**

Wound healing requires adequate oxygen, nutrients and blood circulation. When arteries supplying the legs become narrowed or blocked, the affected tissues may not receive sufficient blood to repair themselves. This condition, known as Peripheral Artery Disease (PAD), is more common among people with diabetes, particularly those with high blood pressure, elevated cholesterol, kidney disease or a history of smoking.

Some patients undergo repeated wound dressings for weeks without significant improvement. While dressings protect the wound and support healing, they cannot correct severely restricted blood flow. Similarly, antibiotics may treat an infection but cannot restore circulation through blocked arteries. Therefore, a non-healing ulcer should prompt an assessment of underlying vascular disease, infection and other factors delaying recovery.

**The Hidden Danger of Poor Blood Circulation**

Reduced blood flow does not always produce obvious symptoms. Some patients experience calf pain while walking that improves with rest, while others notice cold feet, changes in skin colour or slow-healing wounds. However, people with diabetic neuropathy may not experience typical pain even when circulation is significantly compromised.

In advanced cases, severely restricted blood flow can lead to chronic limb-threatening ischaemia, a condition associated with rest pain, non-healing ulcers or gangrene. When poor circulation is accompanied by infection, tissue damage can progress rapidly, increasing the risk of amputation. Recognising these warning signs early is essential for limb preservation.

**Why Vascular Assessment Matters**

A comprehensive diabetic foot examination should evaluate the wound, blood circulation, nerve function and signs of infection. Doctors examine foot pulses, skin temperature, colour and tissue condition. Doppler ultrasound helps assess blood flow, while the Ankle-Brachial Index (ABI) compares blood pressure at the ankle and arm to identify circulation problems.

In some patients with diabetes, arterial calcification can make ABI readings unreliable. Additional investigations, including toe pressure measurements or vascular imaging, may be required. When significant arterial blockages are suspected, MR or CT angiography can help determine their location and severity, allowing specialists to plan appropriate treatment.

Modern Vascular Treatments Can Help Save Limbs

Advances in vascular and endovascular surgery have expanded treatment options for patients with diabetic foot ulcers complicated by poor circulation. In selected cases, balloon angioplasty can widen narrowed or blocked arteries using a minimally invasive catheter-based technique. Depending on the condition of the artery, a stent may be placed to maintain blood flow.

For extensive or complex blockages, vascular bypass surgery may be considered to create an alternative pathway for blood circulation. These procedures aim to improve blood supply, support wound healing and reduce the risk of limb loss. However, not every diabetic foot ulcer requires vascular intervention. Treatment depends on the severity of arterial disease, infection, tissue damage and the patient's overall health.

**Why a Team Approach Is Essential**

Successful diabetic foot management often requires coordination between vascular surgeons, diabetologists, wound care specialists and reconstructive surgeons. While vascular specialists address circulation problems, other specialists help control blood sugar, manage infection and provide appropriate wound care.

Removing damaged tissue, controlling infection and reducing pressure on the affected foot are important components of treatment. In selected cases, reconstructive procedures may help cover tissue defects. Addressing these factors together improves the chances of healing and reduces the risk of further complications.

**Early Action Can Prevent Serious Complications**

People with diabetes should seek medical attention promptly if they notice a foot wound, particularly when accompanied by swelling, redness, discharge, foul smell or skin discolouration. Blackening of the toes, fever or rapidly spreading infection requires urgent medical evaluation. Patients should avoid treating deep wounds with home remedies or attempting to remove calluses themselves.

Prevention begins with daily foot inspection, proper footwear, good hygiene and effective blood sugar control. Managing blood pressure and cholesterol, avoiding tobacco and following prescribed treatment are equally important. A comprehensive foot examination is recommended at diagnosis and at least annually thereafter, with more frequent assessments for high-risk individuals.

**Look Beyond the Visible Wound**

A diabetic foot ulcer is not always just a skin problem. It may indicate underlying nerve damage, poor circulation, infection or excessive pressure on the foot. Treating the wound without identifying these factors can delay healing and increase the risk of complications.

On World Diabetes Day, the message is clear: early detection, comprehensive foot assessment and timely specialist care are essential. A dressing may protect a wound, but identifying and treating the underlying cause is often what makes healing possible. Looking beyond the wound can help preserve mobility, prevent complications and reduce avoidable amputations.

# 'Silent heart disease can strike without warning'



Dr Manoj Kumar, Agarawala, senior consultant cardiologist Apollo Hospitals, Jubilee Hills

HYDERABAD: Heart disease can remain undetected for years without showing obvious symptoms and may eventually lead to serious complications such as heart attacks and strokes, said Dr Manoj Kumar Agarwala, Senior Consultant Cardiologist, Apollo Hospitals, Jubilee Hills.

He cautioned that heart disease does not always present with severe chest pain and that seemingly minor symptoms such as unexplained fatigue, breathlessness, dizziness and palpitations should not be ignored. "Heart health should not be addressed only after a problem develops. Prevention has to begin much earlier. High blood pressure, diabetes, high cholesterol, obesity, smoking, physical inactivity, unhealthy eating habits, chronic stress and inadequate sleep can gradually damage the heart and blood vessels," he said.

Dr Agarwala emphasised the importance of regularly monitoring blood pressure, blood sugar and cholesterol levels, particularly among people with a family history of cardiovascular disease or other risk factors. He recommended regular physical activity, a balanced diet comprising vegetables, fruits, whole grains and adequate protein, maintaining a healthy weight, avoiding tobacco and limiting alcohol consumption to reduce the risk of heart disease.

The cardiologist also warned against overlooking unusual symptoms such as chest discomfort or pressure, excessive sweating, breathlessness, unexplained tiredness and pain radiating to the arms, shoulders, back, neck or jaw, particularly during physical activity.

"Time is critical during a cardiac emergency. If symptoms suggestive of a heart attack appear, people should not wait for them to disappear or resort to self-medication. They must seek emergency medical attention immediately," he advised. He encouraged families to incorporate simple lifestyle changes, including daily walking, using stairs instead of lifts, reducing processed and high-salt foods, managing stress and ensuring adequate sleep.

"Every heartbeat matters. Prevention is the best approach to tackling heart disease. Recognising warning signs, controlling risk factors and making healthy choices every day can go a long way in protecting heart health," Dr Agarwala said.