

India achieves breakthrough in gene therapy for haemophilia: Minister

Union Minister Dr Jitendra Singh on Thursday inspected various facilities at the BRIC-inStem facility and reviewed ongoing clinical trials in collaboration with premier medical institutes and hospitals, including the landmark first-in-human gene therapy trial for Haemophilia conducted with CMC Vellore.

Calling it a “milestone in India’s scientific journey,” the minister hailed the institute’s contributions to preventive and regenerative healthcare. During his visit, Dr Singh underscored the strategic importance of biotechnology in shaping India’s future economy and public health



infrastructure. “This is not just about science—it’s about nation-building,” he said, commending the Department of Biotechnology’s (DBT) recent successes and its emergence from relative obscurity into national relevance. India’s biotechnology

sector has seen an extraordinary leap, growing 16-fold in the past decade to reach \$165.7 billion in 2024, with a vision to touch \$300 billion by 2030. The minister credited this growth to enabling policy reforms, including the recently approved BIO-E3

Policy that aims to boost economy, employment, and environment through biotechnology. “We now have over 10,000 biotech startups compared to just 50 a decade ago,” he pointed out. He praised the creation of the Biotechnology

Research and Innovation Council (BRIC) that unified 14 autonomous institutions under one umbrella. “BRIC-inStem is at the cutting edge of fundamental and translational science,” he said, highlighting innovations like the germicidal anti-viral mask during the pandemic and the ‘Kisan Kavach’ that protects farmers from neurotoxic pesticides.

“The recent pandemic taught us that we must always be prepared. Facilities like this will help us stay a step ahead,” Dr Singh stated. The minister also praised the newly launched Centre for Research Application

and Training in Embryology (CReATE), which addresses birth defects and infertility by advancing developmental biology research. “With about 3 to 4 percent of babies born with some form of defect, this centre is vital for improving maternal and neonatal health outcomes,” he said. Calling for greater collaboration between scientific and medical institutions, he suggested that BRIC-inStem explore MD-PhD programmes, integrate more with clinical research, and enhance visibility through coordinated communication strategies.

These Are the Best and Worst States for Mental Health Care in the U.S.



Where you live may determine the kind of mental health care you can access.

For instance, if you’re in Vermont, you’re in good shape, but if you’re in Texas, not so much, according to Forbes Advisor Health Insurance, which analyzed seven data points to reveal the worst states for mental health care.

For the second year in a row, Texas tops the list of worst states due to having a large population of uninsured adults with mental illness and having significant barriers to mental health resources. Vermont ranks as the best.

Six of the top 10 worst states for mental health care are located in the South, whereas five of the top 10 best states for mental health care are in the Northeast. “Research reports that mental health care is significantly influenced by a person’s beliefs and their place of residence, with urban and northern states having more positive overall mental health,” Deborah Serani, PsyD, psychologist and professor at Adelphi University, told Healthline.

The top 5 states for the worst and best mental health-care

Below are the top rankings, according to Forbes Advisor Health Insurance.

Worst States for Mental Health Care

Texas

Georgia

Alabama

Florida

Mississippi

Best States for Mental Health Care

Vermont

Connecticut

Rhode Island

Pennsylvania

Massachusetts

The disparity between the South and the Northeast underscores the need for more investment and attention to mental health infrastructure in the most underserved states, said Jason Metz, lead insurance editor at Forbes Advisor.

“It’s a positive federal policy that health insurance plans cover mental health, but the study emphasizes significant gaps still exist when it comes to regional access to care,” he told Healthline.

Why Texas ranks the lowest for mental health care

Texas tops the list as the worst state for mental health care for the second time in two years due to a combination of factors that create significant barriers to accessing treatment, said Metz.

“The state has a high rate of uninsured adults with mental health illness, 21.4%, the second highest in the U.S. Additionally, nearly 75% of youth with depression do not receive mental health services, and 19.4% of youth with private insurance lack coverage for mental health problems,” he told Healthline.

Financial barriers also factor into the ranking, with nearly one-third of those with a mental illness unable to afford a doctor’s visit.

“Texas has a limited mental health infrastructure, ranking the third lowest in the number of treatment centers, with only 8.4 per 10,000 businesses,” said Metz. “Overall, two-thirds (62.3%) of adults with mental illness in Texas go untreated, highlighting the state’s challenges in mental health care.”

Serani noted that socio-cultural beliefs with regard to mental health care also play a part. Statistically speaking, she said people who live in the South tend to have beliefs that seeking help for mental health suggests personal weakness and would harm their reputations.

“Clinically called public stigma and self-stigma, these assumptions prevent others from getting the help they need,” she said.

Why Vermont ranks highest for mental health care

Vermont has great access to services, comprehensive insurance coverage, and strong support for mental health initiatives, said Metz.

“The state has a well-developed mental health care system, with 34 treatment centers per 10,000 businesses—only bettered by 4 states,” he said. “Vermont also has lower rates of uninsured individuals with a mental illness (6%), with more residents having health insurance that covers mental health services, reducing financial barriers to care.”

The state also has one of the lowest percentages of untreated mental illnesses (43%), demonstrating its healthcare system’s ability to meet the mental health needs of its population.

Reduced stigma around mental health may also have influence, noted Serani.

“People in the Northeast are socialized in ways that asking for help is not viewed as a vulnerability, so mental health care and treatment are accessed more,” she said.

Does stigma affect how well states treat mental health care?

Sarah Davis, senior managing editor at Forbes Health, said while the stigma traditionally associated with mental health conditions is beginning to dissipate, it still exists and can impact insurance coverage.

She pointed to a 2024 studyTrusted Source in The Lancet that found structural stigma of mental health disease refers to the “inequitable deprioritization, devaluation, and othering of mental health and substance misuse health (compared with physical health)” in healthcare systems.

“The study notes an example of this as a hospital emergency department having a patient-to-nurse ratio of 3:1 for physical health patients but a 6:1 ratio for mental health patients,” Davis told Healthline.

The 2008 Mental Health Parity and Addiction Equity Act requires certain health plans to provide physical and mental health benefits equally.

“[But] the National Alliance of Mental Health points out parity laws mean nothing if there are factors like inadequate provider network coverage in certain geographical areas, which you can see in our survey findings,” said Davis.

What to consider when choosing a mental health insurance plan

To ensure proper coverage, Metz said consider the following.

Confirm the health plan covers local mental health providers

If you have a provider in mind, it’s always best to confirm it’s in-network with the plan you’re considering.

“In-network versus out-of-network providers will make a difference on how much you pay for care,” Metz said.

‘Real Housewives’ Star Vicki Gunvalson Shares Details of Near-Fatal Health Scare Following Misdiagnosis

Real Housewives of Orange County’s Vicki Gunvalson spoke recently about a health scare that she went through earlier this month.

On an episode of My Friend, My Soulmate, My Podcast, she shakily told host Christian Gray Snow that she had nearly died.

The reality star explained that she was having her boyfriend Michael Smith join her because she had experienced amnesia and couldn’t remember all of the events that had occurred.

“Michael’s going to come in when I get blank,” she said.

Gunvalson then went on to relate how she had gotten her hair done and then went to the office on the day that it happened.

When she arrived at the office, Smith’s daughter Olivia, who worked there, was the first to notice something wasn’t right, she said.

She told the businesswoman that she was “speaking gibberish” and that an email she was typing didn’t make sense.

Luckily for Gunvalson, the client she was meeting with, who happened to be an emergency room doctor, suggested that she might be having a stroke, prompting her boyfriend’s daughter to take her to the hospital.

“And so, really, from that point on, I don’t recall much,” she said, breaking into tears. She went on to reveal that the hospital “misdiagnosed” her with a sinus infection and released her that night.

Taking over, Smith told Snow that about three weeks earlier, Gunvalson had gotten on antibiotics to treat a sinus infection that was taking longer than usual to go away.

Smith then discussed coming home and finding the star “passed out” in the bathtub, after which he put her in bed to allow her to rest.

When he woke her “about 13-14 hours later,” Smith said she was “so discombobulated” that he was afraid she was having a stroke.

This led to a quick trip to the hospital, where she was diagnosed with pneumonia

and sepsis and was given what Gunvalson recalled as a “10% to 20% [chance] of survival.”

After hospitalization and treatment with multiple antibiotics and steroids, Gunvalson is now home. However, she said that she is still low on energy. “I’m having a hard time getting it up. So that’s my biggest thing,” she said.

What is sepsis?

Dr. Steve R. Fallek, who is a board-certified plastic surgeon and Medical Advisor to the Maskad and Revivv brands, explained that sepsis is a life-threatening condition that occurs when an infection causes widespread inflammation.

“This inflammation can trigger a cascade of changes that damage multiple organ systems, leading them to fail, sometimes resulting in death,” he explained.

Fallek added that any type of infection — whether it’s bacterial, viral, fungal, or parasitic — can potentially lead to sepsis.

If a person is experiencing sepsis, the symptoms can vary, he said, but generally, people will have a combination of the following:

High fever or very low body temperature

Rapid heart rate

Rapid breathing or shortness of breath

Confusion or disorientation

Extreme pain or discomfort

Clammy or sweaty skin

How can sepsis happen?

“Sepsis can happen when an infection that is not properly managed spreads into the bloodstream or throughout the body,” said Fallek.

“This triggers an immune response that, instead of only attacking the infection, also damages healthy tissues and organs,” he said.

Among the conditions that can cause sepsis are pneumonia, urinary tract infections, abdominal infections, and blood infections.

Having a weakened immune system, chronic illnesses, recent surgery, or hospitalization, particularly in intensive care units, can also set the stage for sepsis to occur, according to Fallek.

‘Vampire Facials’ Linked to 3 HIV Cases, CDC Says: What to Know

A new investigation led by the Centers for Disease Control and Prevention (CDC) warns of potential HIV transmission through cosmetic services using needles.

The April 25 reportTrusted Source links three HIV cases in women who received so-called “vampire facials” at an unlicensed medical spa in New Mexico. The procedure involves drawing blood from a client and injecting the separated platelet-rich plasma into the face.

The transmission of HIV at “spa A” in New Mexico occurred via contaminated blood from an undetermined source, the report found. The cluster of HIV infections occurred in people with no known HIV risk factors.

“Although transmission of HIV via unsterile injection practices is a known risk, determining novel routes of HIV transmission among persons with no known HIV risk factors is important,” the report stated.

The investigation tracked current and former spa A clients who received new HIV diagnoses from 2018–2023. The report identified 59 clients considered at risk for HIV exposure (20 received vampire facials, and 39 received other injection services, such as Botox). The three HIV diagnoses were reported to the New Mexico Department of Health by clinicians.

The CDC report marks the first documented cases of

HIV transmission through nonsterile cosmetic injection procedures.

The authors of the report say clinicians ought to consider cosmetic injection procedures like vampire facials as a possible risk factor for HIV transmission. Spa facilities offering these procedures can prevent HIV transmission through adequate infection control practices, the report authors said.

“Requiring adequate infection control practices and maintenance of client records at spa facilities offering cosmetic injection services can help prevent the transmission of HIV and other bloodborne pathogens and ensure adequate trace-back and notification in the event of adverse clinical outcomes, respectively,” the authors wrote.

What is a vampire facial?

Vampire facials, or platelet-rich plasma (PRP) with micro-needling, is a simple, minimally invasive nonsurgical cosmetic procedure performed by dermatologists and cosmetic surgeons at licensed facilities and medical spas.

In many cases, vampire facials performed at medical spas may be more cost-effective than those performed at a cosmetic surgeon’s office.

A vampire facial involves drawing blood from the client and separating the platelet-rich plasma with a centrifuge before injecting the plasma back into the face with tiny needles.

Fatty, sugary diets with impaired brain function

In a significant study, researchers have linked fatty and sugary diets to impaired cognitive function.

The team from University of Sydney looked at the relationship between high-fat, high-sugar (HFHS) diets, particularly those high in refined sugar and saturated fat, and first-person spatial navigation.

Spatial navigation is the ability to learn and remember a path from one location to another, a process that can approximate the health of the brain’s hippocampus, said the study published in the International Journal of Obesity.

Dr Dominic Tran from the Faculty of Science’s School of Psychology led the research, which found HFHS diets have a detrimental effect on some aspects of cognitive function. It is likely those effects centre on the hippocampus, the brain structure important for spatial navigation



and memory formation, rather than acting across the entire brain. “The good news is we think this is an easily reversible situation,” Dr Tran said. “Dietary changes can improve the health of the hippocampus, and therefore our ability to navigate our environment, such as when we’re exploring a new city or learning a new route home.” The research team recruited 55 university students aged between 18 and 38. Each participant completed questionnaires capturing their intake of sugary and fatty foods. They also had their

working memory tested in a number recall exercise, and their body mass index (BMI) recorded. The experiment itself required participants to navigate a virtual reality maze and locate a treasure chest six times. The maze was surrounded by landmarks that participants could use to remember their route. Their starting point and the location of the treasure chest remained constant in each trial.

If participants found the treasure in less than four minutes, they continued to the next trial. If they failed to find the treasure in this time, they

were teleported to its location and given 10 seconds to familiarise themselves with that location before the next trial.

Those with lower levels of fat and sugar in their diets were able to pinpoint the location with a higher degree of accuracy than those who consumed these foods multiple times a week. “After controlling for working memory and BMI, measured separately to the experiment, participants’ sugar and fat intake was a reliable predictor of performance in that final, seventh, test,” Dr Tran said.