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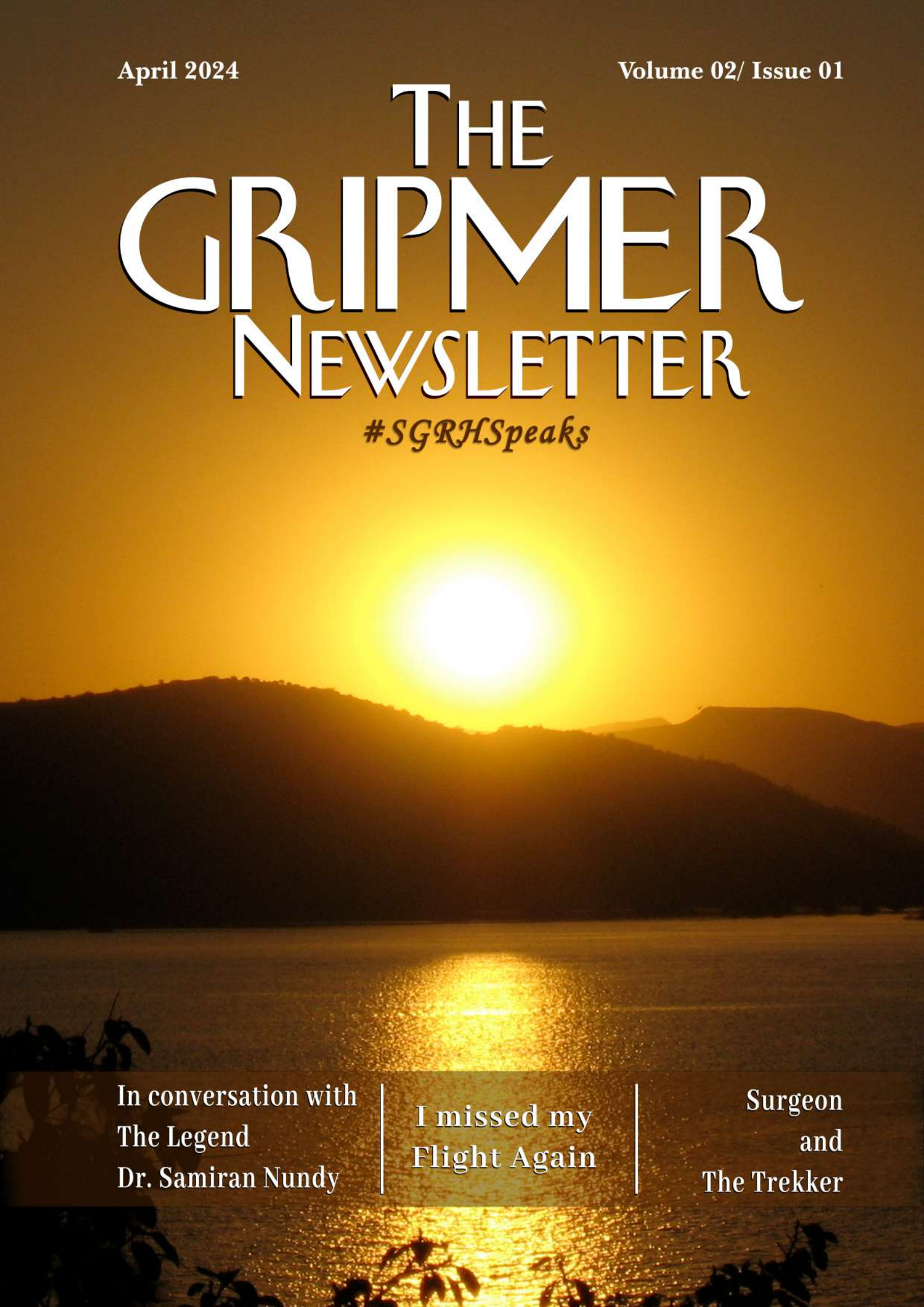
THE GRIPMER NEWSLETTER

#SGRHSpeaks



In conversation with
The Legend
Dr. Samiran Nundy

I missed my
Flight Again

Surgeon
and
The Trekker

EDUCATE . ENTERTAIN . ENLIGHTEN

The logo for the GRIPMER Newsletter ingeniously captures the essence of both Ikigai and the core ethos of the GRIPMER institution, forming a cohesive and powerful representation that embodies purpose, excellence, and unity.At the heart of the logo, the iconic GRIPMER emblem takes center stage. This symbol represents the institution's legacy, expertise, and commitment to healthcare and education.

This circle is divided into sections representing the key components of Ikigai: what you love, what you are good at, what the world needs, and what you can be rewarded for. The saffron and maroon combination is used as a dedication to GRIPMER and it evokes a sense of tradition, sophistication, and vibrancy. Saffron is a bright and warm color often associated with energy, enthusiasm, and spiritual significance, while maroon is a deep, rich color that exudes a sense of class, strength, and tradition. When used together they create a focal point and a feeling of authority and timelessness.

The seamless integration of the GRIPMER emblem with the Ikigai circle signifies the institution's alignment of purpose with the principles of Ikigai. This emblematic logo encapsulates the institution's commitment to holistic growth, excellence, and the harmonious balance of personal and professional fulfillment.

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A Mystique Evening
Picture taken by Dr. Sanjay Manchanda, Chairman and Senior Consultant, Sleep Medicine

Gold floating in lake Pichola. Sunrise and Sunsets at some time of the day look similar.
But the myriad of colours and palette thrown in Sunset is unique to the day and evening

This picture is taken from my forthcoming book "THOUSAND COLORS OF THE SKY"

Editorial

It is a matter of much satisfaction for the Editorial team to see the result of its efforts as we release the 3rd issue of the GRIPMER Newsletter. All regular features of the newsletter have been retained..

In the interview section we are featuring the interview with an iconic personality, Prof Samiran Nundy. In this interview our mic wielding Editorial members Shrihari and Veronica get candid with Dr Nundy to know lesser known facets of this iconic figure of Gangaram family. His journey is both inspiring and revealing. His life, lived in the corridors of ORs, is an example of passion, hard work and a restless obsession with doing and testing different things. Dr Nundy sees things from different perspectives and it is in his ability to think and see things differently that his creativity manifests. He is an exemplar of how multifaceted a person can be! Maybe many of his associates know these attributes but knowing what influenced him, what motivated him to become the person he has, is what this interview does with aplomb. Besides being a path breaking surgeon, he is an avid observer of issues concerning medical education, medical practice, ethics and patient rights. Founding of SGE in AIIMS, SGRH, creating GRIPMER and CMRP and being President of AIIMS Rishikesh adorn his many feathered cap . This interview gives a ringside view of his journey as seen from his perspective with incisive and probing questioning by Shrihari and Veronica. Enjoy the transcript, but for the real stuff listen in to the full video.

CMRP is the pride jewel of GRIPMER. The Journal is being published for the past 13 years without any delay, which is a feat in itself. In this issue of Newsletter we are carrying a write up on the Journal. Consider it an invitation to submit your manuscripts to this Journal, which will be lasting testament to your sojourn through the portals of SGRH.

Our active social media savvy member, Veronica has written an insightful page on Leveraging Social Media in expanding medical practice. This is an area where every step has to be in accordance with the existing regulations by NMC. This is an evolving topic, we are going to see much churning. We shall keep you updated about the changes through these columns in our future issues.

In the section on campus byte, Anita and Swati have captured the spirit of Dangal 2023 in a very lively manner. It was indeed a magical event that helped provide a much needed bonding and relaxation to the Resident Doctors. The Cultural evening that followed the sporting events will forever remain etched in the minds' eyes. Well done Team Dangal 2.0, your benchmarks will inspire the Team that takes over from you!

In the section Life beyond Surgery, Ashish Dey writes about trekking in the hills and compares many highs and lows of treacherous treks with mastering new techniques in performing complex surgeries. How interest in one transforms perspective about the other, is the central theme of his write up. There's a message in it for young and not so young, that is to pursue other interests not only makes the drudgery of repeated professional work bearable but in fact it also helps complement and elevate our experience and makes our minds more sensitive to our surroundings.

Our perceptive contributor Seema Bhargava writes about the feelings of ICU patient. In a very poignant manner she has portrayed the emotions of a patient in the ICU. How a person becomes a case; and how he feels helpless over loss of power on smallest of his functions: how he sees loss of dignity when he opens his eyes even if he can't verbalise. She has portrayed such helplessness with warmth and feeling. A must read for all lest we forget that a patient even when lying on ICU bed is human and deserving of all gentle caring even if he can't complain!

Vineet Dhawan has reviewed a very significant work of Chimamanda Nagozi Adiche, a story of human emotions in the backdrop of conflict. The ongoing wars that pockmark the world diminish humanity, let's hope our own sensibilities will not be affected by the aberration that war brings about.

His review will surely turn many to follow author's other books on history and his perspective on war and history.

Our multi-talented Sanjay Manchanda has given us an enchanting picture of the evening sky, in the accompanying piece he has written about the emotions the picture stirred in his mind. When picture becomes indistinguishable from painting it becomes a masterpiece. Here is one!

One of the stated aim of the Newsletter is to provide creative space for expression to our Resident doctors community and young faculty. Jayati's article on difficulty in accessing health services in hills just reinforces the fact that healthcare is still a challenge and more innovative approaches should be adopted to achieve this goal. Anmol has not only improved the submissions in this section but has also helped us enlarge our contributor base.

This issue coincides with the Founders day celebrations, I take this opportunity to greet all members of the SGRH fraternity and hope and pray that our great institution will continue scaling greater heights in the times ahead. Some of you will be receiving GRIPMER awards, our congratulations to you, may you inspire your colleagues to aspire for them next season. Thank you Laxmikant for your painstaking efforts to compile the list of awardees.

I hope you will enjoy our offering!

Dr. V. K. Malik
Dean GRIPMER,
Chairman Dept of Laparoscopic
Laser and General Surgery,
Editor - GRIPMER Newsletter

Letter to Editor is welcome on this email id: gripmernewsletter@gmail.com

CMRP : The Official Journal of SGRH

Our Journal 'Current Medicine Research & Practice'

Current Medicine Research & Practice (CMRP), formerly known as The Ganga Ram Journal has been publishing successfully for 13 consecutive years. This has been a source of stimulation for academicians and clinicians both at SGRH as well as in other institutions. Additionally, it has enabled them to publish their clinical research. Hopefully, this will lead to evidence based clinical practices and improved patient care. Under the aegis of the Ganga Ram Institute of Postgraduate Medical Education and Research (GRIPMER), the journal editorial committee includes Dr. Samiran Nundy (Emeritus Editor), Dr. Satish Saluja (Editor-in-Chief) and Dr. Atul Kakar (Editor). A distinguished Editorial Board and Editorial Working Group comprised of physicians and surgeons oversee the journal.

Decades of Scholarly Publication

Our bi-monthly journal has witnessed over a decade of uninterrupted publication, a testament to our commitment to timeliness and academic rigor. As of March 2024, we are proud to have delivered 79 issues to our readers, fostering a culture of continuous learning and research dissemination.

Indexation, Impact and Recognition

Our journal is listed in major databases that researchers trust and use regularly. These include UGC Care, Embase, Google Scholar, CROSSREF, and DOAJ, ensuring that our work is easily accessible and read worldwide. Hopefully, we will be able to index it on PubMed and PMC in the near future, which shall be of great benefit to our authors and readers.

The impact factor of CMRP stands proudly at 5.81, as appraised by the Scientific Journal of Indexing (SJIF).

Submissions

The journal has published research articles from all over India and other countries. The articles are submitted online and go through a robust peer review process. The process for submission, double-blind peer-review is being performed online by Journal on Web (JoW) software with an editorial manager website at https://review.jow.medknow.com/cmrp. The author's instructions are available on our website at https://journals.lww.com/cmre/pages/default.aspx. In 2023, we have published 61 articles out of which 40 are from other institutions.

Article Type

The journal accepts original articles on clinical and laboratory research in the field of medicine, and review articles on topics of current interest. In addition, the Journal features articles of educational value to postgraduate students such as "Research Methods" and "Technology Updates". The students are encouraged to submit original articles, Case reports, Letter to Editors, etc.

Open Access, Downloads, visibility and improved citations

During 2022-23, the visibility of the journal improved significantly as the journal is now Open-Access and according to reports from journal's website https://-journals.lww.com/cmre/pages/default.aspx, the visibility has seen a rise of more than 60% as compared to previous years, in terms of number of views and/or full article downloads from around the globe. Total 18,487 viewed or downloaded our articles. The number of citations has also improved from 24 to 28.

International Editorial Board

In our pursuit of international excellence, CMRP's Editorial Board has expanded to include distinguished medical authorities from the USA, Brazil, the UK, Germany, Pakistan, Nepal, and India.. Our journal is enhanced by the contributions of thought leaders from around the globe who contribute diverse perspectives and a thorough understanding of medical advances.

Double blinded Peer Review Process

All the articles that publish in our journal are peer-reviewed within and outside the hospital to improve the quality of the articles. The process for submission, double-blind peer-review is being performed online by Journal on Web (JoW) software with an editorial manager website at https://review.jow.med-know.com/cmrp. This journal operates a double blind review process.

ISSN No.

The journal has been registered with the International Standard Serial Number and has a print ISSN No. 2352- 0817 and e-print ISSN No. 2352-0825.

E-mail campaign

The Editorial Working Committee has started an email campaign to invite articles from outside. We will be able to generate more articles and this activity will help up to improve the quality of the journal.

Distribution

We print around 700 copies of our journal. Of these, 210 copies are given to the consultants at our hospital for free, and 426 copies are sent to major health institutions across India. This distribution includes 308 medical colleges, 112 top hospitals, and 6 medical libraries, helping us reach a wide network of medical professionals.

Way Forward

Our top priority is to be recognized by MEDLINE, a mark of distinction in medical publishing. Additionally, we are looking to appoint a student editor soon, to engage and inspire the next generation of medical professionals. These efforts aim to raise the standard of our journal even higher.

Dr. Vaibhav Tiwari
Associate Consultant
Nephrologist,
Sir Ganga Ram Hospital

Dr. Satish Saluja
Senior Consultant
Neonatology,
Sir Ganga Ram Hospital

In Conversation with the Legendary Surgeon- Prof. Dr. Samiran Nundy

Hello everyone, We welcome you back to our GRIPMER series of interviews. Today we have with us none other than Professor Nundy, the legendary surgeon from the field of GI surgery in India. We all know Professor Nundy, but do we know enough?

Let's talk to Professor Nundy himself to understand more about this man.

Dr. Shrihari: So, Professor Nundy, you were born in Burma, if I'm right. So tell us more about your childhood.
You had a very influential father, as I know of him.

Prof Dr. Nundy: I was the only son to a very illustrious father and mother. My father was a surgeon in the Indian Medical Service. He became a Colonel and Professor of Surgery in Rangoon. He used to work terribly hard. They once sent a plane for him to go to Hawaii to get the honorary degree. But he came from a poor family. My mother, from a richer family, always wanted me to be a diplomat. But then I thought that I'd done everything for my mother so I will do something for my father. Also I remember in school, I went to St Paul's Darjeeling, where headmaster used to say that 'you people are privileged, you should do something for people who are less privileged than you'. And that has stuck with me throughout my life and ever since then I have been more interested in helping people than making money.

Dr. Shrihari: Sir, tell us about your educational journey in the UK.

Prof Dr. Nundy: I went to Cambridge, to a very good medical college, Gonville and Caius. I did very well. If I may boast, I got the gold medal in medicine, so I could get any job I wanted in the UK. But I wanted always to come back to India although I had no idea what India was like because I was educated in a very posh boarding school in Darjeeling and later I was in England. I did the MRCP first, because I'd done well as an undergraduate, so I passed quickly. And then I did surgery and I got a job with Lord Brock, who was a Cardiothoracic Surgeon. After that I went and taught anatomy in Cambridge University, and then I was a registrar with Sir Roy Calne in Cambridge and I then became a senior registrar at Hammersmith Hospital, the Royal Postgraduate Medical School, at the age of 29, which was very young, probably the youngest. But I always wanted to come back to India. and tried

Figure 1. Bellagio meeting participants, 1995. Front row, from left: Tom Mboya Okeyo (Kenya), Iain Chalmers (UK), Alejandro Goic (Chile), Samiran Nundy (India), Gabor Kapocs (Hungary), Robert Fletcher (US), Saveli Bachtchinski (Russia), Daniel

very hard. Once the Head of surgery at AIIMS, Delhi, came to a UK Surgical Research Society meeting in London and he was put on the top table by my boss, Professor Welbourn, who said, if you can't get a job in India now, you never will. The AIIMS Professor said, OK, I'll give you assistant professor job. So I waited and waited for the appointment. I even resigned from the Hammersmith but the job never came up and he did not contact me again.

My wife was Indian and she was very keen on coming back to India and she was then at the London School of Economics. A month later I gave a talk at the UK Surgical Research Society on some research Iresearch I had been doing. And after my talk, someone came up to me and he said that I heard that you wanted to go back to India from Professor Welbourn, who was sitting next to me, and you can't get a job.My name is Gerald Austen and I am Professor of Surgery at the Massachusetts General Hospital in Boston andwe'd like you to join the faculty. So they got me a green card within three months. After six months I first hated the Harvard system which placed so much stress on

research and publication but then I gradually came to like it. However my wife didn't want to stay in America. When she came to India for her research she began to see all my important contacts and relatives asking them to use influence and get me a job, I applied and my Harvard bosses got very angry, saying that we've done all this for you and you now want to go back to India. You had better go and see the place. I came back and stayed with a friend of mine who was in the foreign service, who was Press Advisor to Mrs. Indira Gandhi. I came down the stairs the next morning and he was ringing up everyone on the AIIMS interview committee saying, 'I am press secretary to Mrs. Gandhi. And a friend of mine is applying for an assistant professor job in All India Institute. and I would be grateful that you could see that justice is done'.

And that's how I got the job, not through merit but through influence. When I was shocked he said that's how India works. If I had not rung you would never have been given it.

So I came back and joined the All India Institute of Medical Sciences in Delhi at Rs. 900 a month from $130,000 a year in the Mass General.

Dr. Shrihari: Your transition from a system which was so well developed in the UK and the US, and then suddenly coming to India and working in a public sector hospital like AIIMS, what was the difference? Were there any difficulties you faced? Was it an easy transition?

Prof Dr. Nundy: It was terrible! Although the work was very interesting and satisfying – the patients were very poor, very grateful. But the politics and the political interference in AIIMS was rampant and very bad. I was very unhappy. My wife (who had started the Spastics Society school in Delhi, in Gulmohar park, a huge place) was on a tour of England and she went to Cambridge and saw a teacher of mine who was Sir John Butterfield, who later became Lord Butterfield. When he asked about me she said my husband is not happy. He said that, don't worry, I'll give you three air tickets and we'll have him on the faculty of Cambridge whenever you want. And that really changed my life. I thought I was very secure then, and Lord Butterfield, possibly because I'd done well as a student and returned to a poor country, helped me all my life. He gave me, on behalf of Cambridge University, magnifying glasses that I still wear for operating after all these years. I'm eternally grateful to him.

Dr. Shrihari: Were you always this great surgeon the moment you entered the field of surgery at AIIMS

Prof Dr. Nundy: No, I was a terrible surgeon! I had great experience of operating on monkeys, rats and dogs, but had not much experience of operating on human beings. One day I was in the foyer of the All India Institute and Dr. B.N Tandon, who was Professor of Gastroenterology, said to me, we've got a patient with portal hypertension and we don't have a surgeon. We'd like you to operate. I didn't know what to do. I was scared. I didn't know whether I should operate at all, but I'd assisted the great Robert Linton and Ronald Malt at the Mass General, but I never done any such operations on my own. I couldn't sleep. But then I operated, but it wasn't too bad. The patient's name was Vishnu and he had non cirrhotic portal fibrosis. I entered all the details in a blue proforma which they still have. April 1975. Vishnu survived. But after that they started sending me emergency variceal bleeds and I used to do this Crile's procedure - through a thoracoabdominal incision transfix the varices through the oesophagus. Out of the first eleven operations, seven patients died. And they all started saying 'this fellow, he doesn't know how to operate. He should have an L plate on his back. He should go back to America. We don't want him here'. But I persisted. And in the elective operations for the first 47, none died. This was not because I was a good surgeon, but because, unlike America where the patients were middle aged cirrhotics with compromised liver function our patients were young and had extrahepatic portal venous obstruction and their liver function was well preserved. Since then I have always remembered that you should never give up, you should persist and you should not worry about criticism from others.

Dr. Shrihari: You started the first GI surgery department in India, in AIIMS. What was the idea behind starting a dedicated branch for GI surgery?

Prof Dr. Nundy: About 50% of people who went general medical OPDs have GI problems. And out of these a certain number need surgery. And general surgeons can't really do very complicated surgery. It was also shown that the more you do of a specialised operation, the better you become at it. And I tried and tried, but everyone, especially general surgeons,

opposed the creation of a separate department. Then I got fed up and I got an offer of a job in Canada in 1984. And the director Sneh Bhargava said, what can we do to keep you here? So I said, give me a GI surgery department. So they gave a GI surgery department which was a unit in 1985 and in 1989 it became full department. We were the first major GI surgery department in the country.

Dr. Shrihari: Had you ever envisioned that GI surgery would grow by leaps and bounds and reach the place where it is here right now?

Prof Dr. Nundy: No, I never thought that it would be so successful. And I've written so many histories of GI surgery and I realized that for DNB candidates it is the most popular choice. Last year, there are about 2400 applicants - higher than Surgical Oncology and Urology..GI surgery is the most popular.

Dr. Shrihari: You were also very instrumental in designing and setting up the 1994 Organ Transplant Act in India. What was the story behind it?

Prof Dr. Nundy: In 1988 there were 500,000 deaths a year from organ failure and there was widespread buying and selling of kidneys. Very, very rich Indians used to go to western countries, had to wait six months for a liver, get a 'marginal' liver that was not used in a locals and die. There was no liver transplantation here. And having watched the success of liver transplants in England and in America, I thought that we should have liver transplants here.

But there were a lot of problems. We didn't have a law to recognise brain death only cardiorespiratory death. There was trading in human organs. There was no expertise, everyone was abroad and the cost would be huge. So we went all over the country, Madras, Bombay, Delhi and Calcutta, everywhere, and gave lectures to politicians, doctors and society leaders about the need to change the law to recognise brain death and stop this trading in human organs. The Government then set up the L.M. Singhvi committee of which I was a member with three other people. We drafted the law. I remember going to Dr. Singhvi's house with my son, who was about four or five years old, until three in the morning when we drafted the bill. It went through the Rajya Sabha. After that I was summoned to the Lok Sabha five times to wait for the bill to come up. Suddenly they said that the bill is going to come up. It was passed very quickly,. and Dr. Venugopal, my friend, did a heart transplant and changed the transplant scene in India.

Dr. Shrihari: So as far as the transplant program stands today, where more than 90% of the liver transplants in India are still living donor transplants. Was this what you actually wanted in the beginning or you had envisaged more of deceased donor transplants?

Prof Dr. Nundy: No, we used to have weekly meetings at the All India Institute, which I used to chair at 04:00 on Fridays about what we should do. And we envisaged that it would be whole liver transplants in public hospitals from brain dead donors. What is being done is partial liver transplants in private hospitals

Dr. Shrihari: Sir you had a very successful career at AIIMS. When did you start thinking of shifting to a private hospital? When did you think of coming over to Ganga Ram Hospital?

Prof Dr. Nundy: I never wanted to go to the private sector. I used to tell the residents, I'll never go to the private sector. I'm quite happy as I am. But then after being here for so many years, my wife, who was a great Sai Baba Bhakt said that we should earn some money. We had zero money and we couldn't even afford a new tyre for the car. We had to get a retread tyre all the time. And we used to go by bus everywhere. I used to go to the 'World this Week in Dr. NDTV' in a 3-wheeler and I thought that was a great thing because they used to pay for it. But then my wife told me that I had had a very posh education and should give my children the same. We didn't have a house in Delhi although

I had a house in Calcutta. But nobody wanted to go to Calcutta after 20 years in Delhi. So that's why when Dr. Sama came to my place and said we wanted to start GI surgery in Ganga Ram and we want you I agreed. But I took two years to come. And finally I came. I'm very happy I did.

Dr. Shrihari: Shifting from a public hospital to a private hospital. A private hospital with all its nuances was it easy? Was this transition easy?

Prof Dr. Nundy: No. But Ganga Ram is very like a public hospital in that I found that in all these years, 27 years I've been here, I don't think we've done anything which was primarily for profit and not for the patient. I think that a doctor should be there to help a patient and not help himself or herself by making more money. And I think that you have to be academic and there must be ethics. And everything I found were in Ganga Ram. I've been very happy here.

Dr. Shrihari: Working in a big private hospital, we have seen you perform the most complex of surgeries. Does the outcome ever trouble you that you might go wrong sometime?

Prof Dr. Nundy: Yes, the outcome always troubles me. But what I have, my strength, is that, having been educated in England and America, that I have kept very good medical records. And right from the start in Ganga Ram, I've got records from 1996 of all the 19000 patients that I've operated upon. So I know there's no point in as soon as thing is successful, you think, oh, you're a great surgeon. As soon as something fails, you think, you're useless surgeon. But if you have records, it keeps you grounded. It gives you perspective.

Dr. Shrihari: Sir, you have been a mentor to nearly the entire galaxy of liver transplant surgeons in this country.

Prof Dr. Nundy: No, 50%.

Dr. Shrihari: Maybe more than that. You are being generous in that! So isn't it very difficult that working in a private hospital and just be such a great mentor, whereas you could have earned all the benefits out of doing the surgeries yourself and getting a great name and fame for yourself.

Prof Dr. Nundy: I was not interested in that. I've always been a goody goody person, and I've always tried to do what is right. I'm not interested in becoming a great person.

Dr. Shrihari: You've always believed in academics and publications. So why are publications important for doctors in today's era?

Prof Dr. Nundy: I always give an anecdote that in AIIMS, there was a young doctor from Andhra Pradesh called Prasad, who came as a house surgeon, and he said he couldn't pass any postgraduate exams. He said, what should I do? So I said, go to England, and I will write to McMaster to give you a job. And he went, but he couldn't pass the PLAB. But he had done research on portal hypertension and it was published inAnnals of Surgery. When he went to America and was given an interview at the famous Memorial Sloan-Kettering Cancer Center, and all they asked him was about this paper. He was selected and now, he is number two in cardiothoracic surgery, department. So I think that in America, especially, research and paper writing is very important. But why is it important to research for us? Because I don't believe in evidence-based results. Because the evidence base is all generated in western countries. And I always say, think global, but act local.

Dr. Shrihari: After AIIMS, you have been a part of Ganga Ram for so many years now, and you never look back. Do you see that Ganga Ram is different from other hospitals? And what made you stick here for all these years

Prof Dr. Nundy: I've often been offered lucrative jobs elsewhere. I would never leave Ganga Ram because I remember when my wife was very sick and I used to stay with her at night. She was incontinent. And I had to change the sheets in the All India Institute. And they didn't have sheets at night. 03:00 a.m. In Ganga Ram they were so wonderful to her that I'll never leave Ganga Ram.

Dr. Shrihari: So if Dr. Nundy is to be reborn again, what would he be?

Prof Dr. Nundy: A doctor in India. And I think that being a doctor in India, I've said many times, is the best job in the world. Why? Because the patients are very grateful. The problems are generally easy to solve if you work hard and you can do research on things that other people haven't done. So that many times I've been invited all over the world, not because I've been good, but because I know about developing countries. And having been so long and been educated in a developed country, I know I am as good as them. So I speak on equal terms with them.

Dr. Shrihari: Sir what is your advice to the newer generation of budding doctors who are coming up. Now the situation is more complicated. So much of competition, so much of corporate hospitals in the play. There's so much of saturation. So, what is your advice? How should a doctor do well in his career?

Prof Dr. Nundy: Do what you think is right. Focus on doing what is correct for the patient.

Never neglect academics, and always do some research throughout your life.

Dr. Shrihari Anikhindi
Associate Consultant
Gastroenterologist,
Sir Ganga Ram Hospital

On a Lighter Note with Prof . Nundy

Ladies and gentlemen, welcome to a fun filled segment of this interview, where we make you meet the legendary surgeon whose surgical skills are as sharp as his sense of humour. So brace yourself for a fun filled time with none other than one and only professor Nundy Sir.

Dr. Veronica: Welcome, sir, to this little bit of fun round. So I'm going to tell you the rules about it. I'll be asking you a question, and whose answer needs to be 100% rapid, 100% fire and very honest like you are. So we start. The first question is what role do you think you have been the best at in your life? As the HOD of the gastrosurgery department? As the Dean of GRIPMER or as a Surgeon?

Prof Dr. Nundy: As the Dean of GRIPMER. Because it influenced a lot of people at once. Because doing surgery and all that is a small group. But being a Dean, you try and influence the whole hospital.

Dr. Veronica: What do you think you have that the current generations of surgeons don't?

Prof Dr. Nundy: Nothing. I think that they have more skill than I have, but I have more kind of dedication, I think, to academics generally.

Dr. Veronica: Okay, so you have to tell me three things. What are the things that you love, hate and tolerate about Gangaram?

Prof Dr. Nundy: I love the fact that Gangaram is like a family, that we all work together for the good of the hospital and for the good of patients. What I hate about Gangaram is that I am told that it's inefficient and it doesn't treat patients well. And there's general difficulty in getting admission and beds. And what's the last one? What do you tolerate about it?
I tolerate. I think that there's nothing to tolerate because I think that I'm so happy here and
I would feel disloyal to criticize too much.

Dr. Veronica: So if you could take one thing from one thing or a quality from the following people, what would it be? Dr. Kusam Verma.

Prof Dr. Nundy: I think she's dedicated to her work as a cytologist.

Dr. Veronica: Dr. Rana sir?

Prof Dr. Nundy: I think he has achieved a lot. And he was a student or resident when I was assistant professor in All India institute. And he's been able to establish renal transplant in the private sector. Renal failure treatment in the private sector and now risen to a very important job which is the chairman of the trust. He has also established GRIPMER.

Dr. Veronica: And from your daughter?

Prof Dr. Nundy: My daughter, I think she is one of last year's Time Magazine's one hundred most influential people in the world. But she's very dedicated to the protection of women's rights. So I get into trouble with her. So someone, a friend of mine from England came and she said, how was he? So I said, he's an old woman. He's so boring. So I said, she said was very angry. Why don't you say he's an old man and he's boring?

Dr. Veronica: If your life would have been made into a book, what would be the title of the book?

Prof Dr. Nundy: He tried hard, didn't succeed. But at least he tried.

Dr. Veronica: I think no one has succeeded more than you. Everyone talks a lot about how you are still so young and fit and performing surgery. So what is the secret behind the stamina and passion?

Prof Dr. Nundy: Because I have no hobbies. I used to play the guitar, classical guitar. I love the classical guitar but now that I have become deaf I can't play the guitar but I have no hobbies and I love my work. And I've recently been on holiday in Goa and when I came back I realized how much happier I was working than being in Goa and looking at the sea.

Dr. Veronica: So everyone talks about the relationship between a surgeon and anaesthetist.
So one advice you want to give the anesthetists of the world.

Prof Dr. Nundy: I dare not give advice to anesthetist. Yeah, I think many of them are my friends.

Dr. Veronica: So if not Gangaram, which is the other hospital you think you may be working at?

Prof Dr. Nundy: I was wondering whether I should go

to a missionary hospital which is free. But I think that I'm against all this Christian business. Although I went to Christian school, I'm against pushing Christianity down people. Hindus generally, Ramakrishna mission and all that?

I think apparently the swamiji's interfere a lot. Yeah, I'm not sure. And I don't need the money.

Dr. Veronica: If you were to be a fly on a wall of any celebrity so who would it be?

Prof Dr. Nundy: I think Prakash Amte. Recently, I got a doctorate of science degree honorary in ILBS and the people there were Prakash Amte and a person from the Jaipur foot . Of course I have this impostor syndrome and I always think that whatever I get I don't deserve. But Prakash Amte gave me his book which I read and is fantastic that being a doctor, what he did for the Gond tribals in Gadchiroli and he also did for animals and I think that he is one of the greatest people. Baba Amte's son.

Dr. Veronica: Okay sir, so one of your penultimate questions is that you said you would not be answering but you witnessed, I think Gangaram for the past two, three decades. So how you've seen the progress of most departments here. So rank these departments in order of their progress according to you. And we'll just put four Cardiology, Nephrology, Surgery and Gastroenterology.

Prof Dr. Nundy: Gastroenterology, that's the best for you? Yeah. Why? I have to also say that because they are friends of mine and I work very closely with them. Yes. Okay. And the head of Gastroenterology I taught. Yeah.

Dr. Veronica: And he's my father, so I think this works. Now, your final question.

Prof Dr. Nundy: I'm very proud of him.

Dr. Veronica: So the final question, sir, for you is that what is one skill that is most important for a surgeon?

Prof Dr. Nundy: For a surgeon? Compassion.

Dr. Veronica: Absolutely. So, on that note, we congratulate ourselves to be able to talk to you. Thank you.

Scan For Full Interview

Dr. Veronica Arora
Associate Consultant
Department of Medical Genetics,
Sir Ganga Ram Hospital

The Social Stethoscope: Doctors' Journey to Digital Engagement

In the modern era, the landscape of healthcare is continu--ously evolving, with digital advancements significantly altering the way medical professionals engage with their patients and the wider community. Among these digital tools, social media has emerged as a powerful platform for doctors to enhance their clinical practice, foster patient education, and build professional networks. The strategic use of social media by healthcare professionals can not only improve patient outcomes but also extend the reach of their medical expertise beyond the confines of traditional practice settings.

Social media offers an unparalleled opportunity for doctors to educate the public on health issues, preventative measures, and medical advancements. Platforms such as Twitter, Facebook, Instagram, and YouTube enable healthcare providers to share authoritative health information, debunk medical myths, and offer guidance on widespread health concerns. By doing so, doctors can play a crucial role in promoting public health literacy and empowering patients to make informed decisions about their health.

Moreover, social media allows for two-way communication between doctors and patients, fostering a more engaged and informed patient community. Through interactive posts, live Q&A sessions, and informative videos, doctors can address common concerns, clarify doubts, and provide a more personalized touch to patient education. This direct engagement not only enhances patient trust and satisfaction but also encourages adherence to medical advice and treatment plans.

Social media platforms are not just tools for patient engagement; they also serve as vibrant forums for professional development and collaboration among healthcare providers. Doctors can leverage social media to connect with peers, share clinical experiences, and discuss the latest research findings and medical innovations. Professional networking sites like LinkedIn and specialized forums such as ResearchGate or Doximity offer spaces for medical professionals to exchange knowledge, seek advice, and collaborate on research projects.

These connections can lead to multidisciplinary collaborations, facilitating a comprehensive approach to patient care and fostering a culture of continuous learning and improvement among medical professionals.

For doctors operating private practices or looking to build their professional reputation, social media is an effective marketing tool. By showcasing their expertise, sharing patient testimonials (with consent), and highlighting the services they offer, healthcare providers can attract new patients and retain existing ones. A well-maintained social media presence can enhance a doctor's visibility online, making it easier for potential patients to find and choose their services over competitors.

While the benefits are clear, leveraging social media in clinical practice comes with its set of challenges. Ensuring patient privacy and confidentiality is paramount; doctors must navigate the complexities of HIPAA compliance and other regulatory guidelines when sharing information online. Moreover, maintaining professionalism and avoiding the dissemination of unverified information are crucial to uphold the integrity of the medical profession and protect public health.

Social media holds significant potential for doctors to enhance their clinical practice, patient education, and professional development. By engaging with these platforms thoughtfully and responsibly, healthcare providers can extend their impact far beyond the clinic or hospital, playing an integral role in shaping a more informed, healthy, and connected society. As the digital landscape continues to evolve, the integration of social media into healthcare promises to open new avenues for patient care and professional growth, marking an exciting chapter in the future of medicine.

Dr. Veronica Arora
Associate Consultant
Department of Medical Genetics,
Sir Ganga Ram Hospital

Innovations In IVF

OUR EXPERIENCE WITH PGT-M

Preimplantation genetic testing (PGT) is a procedure which involves taking biopsy from an embryo & analysing it for numerical or structural abnormality of chromosomes.

However, PGT-M is utilized for known diagnosed genetic disorder in either or both parents posing risk of transmission to offspring, thereby eliminating disease in the unborn.

PGT can be classified into 3 types:

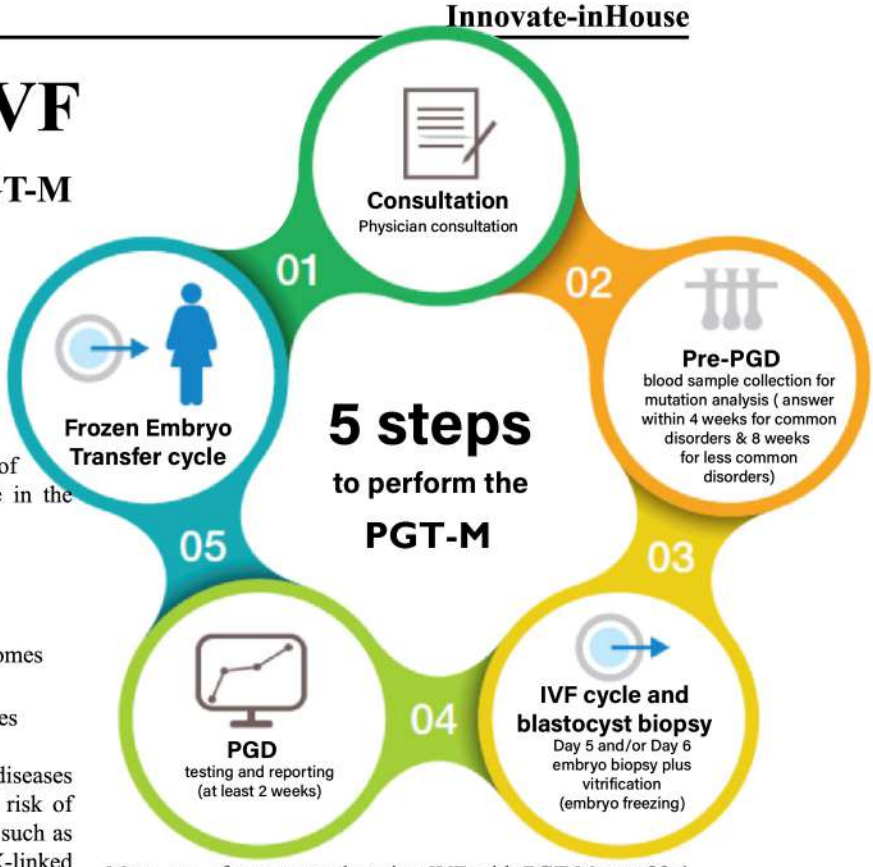
1. PGT-M for monogenic disorders
2. PGT-SR for structural rearrangements in chromosomes causing miscarriages or fetal abnormalities
3. PGT-A for numerical abnormalities in chromosomes

Preimplantation genetic testing for monogenic diseases (PGT-M) is a powerful tool for patients with high risk of transmitting a genetic abnormality to their children, such as autosomal recessive, autosomal dominant and X-linked disorders. PGT-M is considered an early prenatal diagnosis for monogenic conditions with the advantage of avoiding or limiting the decisions of termination of pregnancy as only genetically normal embryos are transferred to the uterus1.This technology is used during IVF cycle to detect genetic traits in embryo biopsies, allowing selection and transfer of embryos without transferring the genetic disease. Recommendations for preimplantation genetic testing for monogenic conditions (PGT-M) are to use linked markers to allow a more confident determination of genetic status in preimplantation embryos2. Patients pursuing PGT-M often do not have pre-existing fertility issues and therefore may have uncertain expectations of successful outcomes. Before pursuing PGT-M, patients require evidence-based counseling regarding the probability of having a healthy child.

Outcomes from in vitro fertilization (IVF)/Intracytoplasmic sperm injection (ICSI) cycles for patients who underwent preimplantation genetic testing for monogenic/single gene (PGT-M) were reviewed. This article presents retrospective analysis of 300 blastocyst which were biopsied and screened in 44 PGT patients who underwent 72 IVF cycles. Embryo results and pregnancy outcomes were analyzed.

RESULTS

No of patients who underwent PGT-M	44
No of IVF cycles required	72
No of blastocyst biopsied	300
No of normal embryos	98(32.6%)
No of carrier embryos	93(31%)
No of abnormal embryos	99(33%)
No of embryos with no DNA and non-informative	10(3.3%)



Mean age of women undergoing IVF with PGT-M was 32.4 years. 22 (50 %) out of 44 women were able to attain sufficient embryos in first cycle of IVF, whereas 50% of females had to undergo more than 1 cycle of stimulation.

While the indications of PGT-M were vast, the most common genetic disorder diagnosed using PGT-M was thalassemia.

ANALYSIS OF PGT-M OUTCOMES

44 Patients	300 Embryos Biopsied
No. of Transferrable Embryos (Normal+Carrier)	191(93+98)
No. of Non Transferrable Embryos	119
Live Birth Rate (1st Fet)	23/44=52.2%
Live Birth Rate (Normal Embryos)	18/33=54%
Live Birth Rate (Carrier)	5/9=55.5%
Biochemical Loss Rate	4/44=9.09%
Missed Abortion Rate	8/18=18.18%
Cumulative Live Birth Rate (After 2 fets)	26/44=59%

DISCUSSION

In order to enter IVF PGT-M cycle, patients need to be counselled regarding feasibility of genetic diagnosis and the reliability of the diagnosis is high. Cost involved along with need for multiple cycles of IVF need to be discussed. Feasibility of procedure should be discussed in patients with low ovarian reserve. If there are financial constraints or low ovarian reserve, option of natural conception with pre-natal diagnostic testing (Chorionic villus sampling/amniocentesis) can be offered to fertile couples.

CONCLUSION

Centre of IVF and Human Reproduction at Sir Gangaram Hospital is a leading center for genetic testing procedures like PGT-M which need a highly efficient embryology setup and a high volume load of patient & specialized embryology team. the team needs to be competent and certified to perform IVF & embryo biopsy according to local or national regulations. All personnel undertaking genetic testing are trained adequately as required in a genetic laboratory and follow written standard operating procedures (SOPs). Center of IVF was able to provide a healthy baby to almost 60% of the couples at the same time eliminating the disease.

It is very important to work hand in hand with reproductive medicine unit along with genetic, pediatric hematology & oncology unit. Having widespread knowledge, awareness, appropriate counselling can help families in achieving this goal.

This information can supplement the existing data in the literature to counsel new patients in terms of realistic expectations of success following PGT-M. However, such couple should be counselled that even though PGT- M offers a chance for disease elimination, antenatal screening should be done as per standard protocols.

Dr. Shweta Mittal Gupta
Co-director and Senior Consultant,
Center of IVF and Human Reproduction,
Sir Ganga Ram Hospital

Dr. Tanu Sharma
FNB Trainee,
Center of IVF and Human Reproduction,
Sir Ganga Ram Hospital

First Patent of SGRH

Dr. Manish K Gupta, Senior Consultant in the Department of Laparoscopic, Laser & General Surgery, Sir Ganga Ram Hospital Delhi has secured a Patent from The Patent Office, Government of India, By providing complete visibility during trocar placement, this innovative tool enhances surgical safety and efficiency, enabling swift access to the hernial site with nearly imperceptible scars and less pain.

Dr. Gupta has also showcased his technique at prominent international hernia conferences, garnering acclaim and recognition. With over 600 successful hernia repairs performed using the "Manish Technique" Dr. Gupta's contributions have solidified his position as a leader in surgical innovation. He was honoured with the "Best Paper Award for Innovation" at HSICON 2020. His dedication to advancing patient care and improving surgical outcomes continues to inspire and shape the future of hernia surgery.

Dr. Manish Kumar Gupta
Senior Consultant,
Laparoscopic, Laser & General Surgery
Sir Ganga Ram Hospital

Surgeon and the Trekker : Two situations, same story

It is said "Truth is like Surgery- It hurts but cures" (unknown). Metaphorically, isn't that what Life is too? Or even Trekking for that matter. Only someone who had undertaken the pain to walk the difficult mountainous terrains on foot would know what that means. While trekking, this idea came to my mind that the two processes were so similar. In this article I would like to impress upon you how I felt that the two are so interconnected.


Vishnusar lake, KGL

I have been a surgeon practicing for the last two decades. So, you may know that I am not that old😎And for all my surgical life, no surgery has held so much passion and interests as fixing a Hernia. One might say, 'Big deal, it's just another hernia'. But for the dedicated Hernia surgeons of the Abdominal Wall Reconstruction (AWR) community, only they know what it entails. So, writing an article for the newsletter of our prestigious organisation, is something I'll hold close to my heart. Dissecting the fascial layers, meticulously and painstakingly, through the long hours, and then reaching the point where the tissues come together without effort, like finishing a piece of exquisite embroidered art, gives a kind of high that nothing else can give. All except one thing maybe- Trekking! One might wonder, "C'mon, how is Hernia surgery and Trekking similar?" Let me attempt to justify just that.


View of the twin lakes from Gadsar Pass, Kashmir Great Lakes(KGL)


Camping near Satsar lakes, KGL

A decade ago, I never thought trekking would become so close to my heart. I had always hated gyms and lifting weights. I liked to run, because running in open air is like dope for me. I used to run marathons, but I was slowly getting tired of it. So, the void needed to be filled. Then trekking happened, almost like destiny. When I announced that I was going to do my first trek, I was faced with many similar sounding questions from my family - Why? Why do you need to climb the high risky difficult mountains, when you can always travel comfortably anyday? Well, I didn't have an answer then, but I do have now!

In the following years, the following treks happened in my life, though not in the same order. Chopta Chandrashila, Valley of flowers, Hemkunt Sahib, Brahmtaal, Dayara Bugyal, Bhrigu Lake, Kashmir Great Lakes (KGL) and a few others happened. They were spread out in the North Indian states of Himachal Pradesh, Jammu and Kashmir and Uttarakhand. Also thrown in were a few easy ones with my now 13 year old daughter (She adores the memories!)

Let us try and understanding what Trekking actually entails. Trekking is exploring the rugged steep difficult wilderness on foot. Its much like running a marathon, or for that matter, a long surgery for a complex hernia repair. It involves lots of steep strenuous winding trails, rough ledges overlooking mile-deep ridges and occasionally gentle slopey meadows, in sometimes relatively unpredictable weather, just akin to surgery. Because in surgery too, it involves a lot of prepara -tions, planning and discipline for its smooth completion. Like in a complex hernia repair, which entails a lot of planning, preoperative optimisation and Imaging. Then follows planning for ideal port positions, long tiring hours of standing and difficult positioning of the body, intense concentration and the occasional inevitable adrenaline rushes. But being the Surgeon in the Operating Theatre he is always in charge, just like the Captain of the ship or the Conductor of an orchestra, who keeps the whole house in order no matter how tired he may be. Because the job at hand needs to be completed to fruition.


Meadows (called Bugyal in native language), Dayara Bugyal

Every turn of the trek reveals the majestic beauty of nature. The forest sounds, chirping birds, flowing streams and beautiful flora amidst the mighty view of snow-capped peaks. Here one may tend to get a little philosophical sometimes. The ample 'me' time and the quietness of the surroundings makes one both introspect life and feel grateful at the same time. As they say 'The world reveals itself to those who travel on foot' (Werner Herzog).


View of Kishansar, KGL

Trekking of course, is never easy. There are often long, arduous and grinding. When one feels completely drained and out of breath, with a long exhausting climb ahead, just putting one foot in front of the other requires a huge conscious willpower. The hard part is to go on through the biting pain and cold feet in white snow-treks! You even ask

yourself "Why am I here? What am I proving? Who am I proving to?". When on the verge of quitting, the mind screams "no" but the body pushes through the pain. It's the same in life. And its the same in surgery. Only after a long painstaking Transverse Abdominal wall Reconstruction

Nandkol lake, KGL

surgery (for a Complex ventral Hernia), does the tissues come together in what otherwise seemed an absolutely impossible repair. That is when we know that the human body actually has in itself, a hidden resilience, that we don't even realise existed. During the trek too, when every sinew and muscle is strained to its extreme and the lungs screams to give up, the inner voice inside just pushes one to go on. In times like these, one might ask - 'Why do we need to trek? Why push boundaries?' As a surgeon one may ask- 'Why do those difficult complex surgeries at all?"

Because, in these lies our validation of life. Of who we truly are and what mettle are we made of. And of what can be achieved. But it also teaches us to be humble. It's good to be reminded by the towering mountains that we are so small. Mountains are so special; they are so majestic. There is a saying among mountaineers that 'You don't climb moun-

The Zaj pass, KGL

tains, they let you climb them'. Werealise when the mountains tower above us, we feel so small and powerless in front of nature which is actually all-powerful. Mountains, apart from testing the grit and tenacity, also teaches us gratitude and humility. They have a certain magic which kills all our egos. 'Its not the mountain we conquer, but ourselves' said an unknown climber. We are minuscule in front of the giant mountains which has stood there since time immemorial. In surgery too, we replicate what the Masters have learnt through their lifetime of hard work and failures. They have shown us the way ahead. "If I have seen further, it is by standing on the shoulders of giants" said the genius, Isaac Newton. It is as important to reconnect with nature in the mountains as it is important to connect with our inner selves. They teach us to be humble and grateful and to 'look within'. The realisation that we are only here for a short time; that they were there before us and will remain well after we have long been forgotten.

Metaphorically like a difficult trek, every complex surgery we surgeons perform, comes with a different challenge. Just like every climb gives us a different level of resistance and experience. Just like we plan and prepare for the worst in a trek, its the same in our practice of surgery too. Just as we anticipate the steps where things can get difficult, we try to optimise and troubleshoot beforehand, so that there are no unexpected surprises. Even then, in the middle of the journey, we still might have to face stoppages, obstacles and

The mandatory pic after the 'huddle', just before the trek starts

unexpected situations that needs to be dealt with and overcome toreach the destination.

Also important is to 'unburden'. That is why we all need a surgical 'team' to fall back upon and take collective decisions, when there is a crisis. There is no better emotional cushion for a surgeon than his 'team'. While trekking too, in a group, we develop new friendships, comradeship and team work and help each other along the way so that everyone reaches the destination. Because at the end, there are no 'winners' in a trek. Everyone who finishes is a winner and it doesn't matter who reached first. Here, in the middle of nowhere and the wilderness, we really understand what camaraderie and companionship is all about.

Then when it is finally over, it is important to celebrate. And pat ourselves in the back. And let ourselves gloat a little and enjoy the sunshine. But what is most important is that, while attempting to reach the destination, we should enjoy the 'journey of life' to the full.

Dr. Ashish Dey
Senior Consultant,
Department of Surgery,
Sir Ganga Ram Hospital

Healing Through Sound

Everything in the universe is in a state of vibration. Resonance is the frequency at which an object vibrates most naturally. Everything has a resonant frequency, its own unique sound, whether it is audible or not. Even our cells, organs, bones and tissues have their own unique frequency. Together they make up a composite frequency, which is unique to every individual.

In the state of health, every organ, every part of the body, has a resonant frequency that is in harmony with the rest of the body like an orchestra. When disease or emotional trauma sets in, a different sound pattern is established which is not vibrating harmoniously with the rest of the body.

Through the principle of resonance, sound can be used to change disharmonious frequencies of the body back to their normal, healthful vibrations'
-JONATHAN GOLDMAN

Sound is an ancient healing modality that has retained its potency throughout modern times. While the use of sound and music for healing is ancient and can be found in many spiritual and sacred traditions, 'Sound Healing' itself is a relatively new modality in the traditional (allopathic) and complementary healing arts. The current field of Sound Healing is enormous in its scope. Sound encompasses virtually all aspects of the auditory phenomenon-from music to nature sounds to electronic sounds to vocal sounds. Practitioners who use sound may likewise use anything that falls within this scope; from classical music to drumming and chanting to electronically synthesized sounds to acoustic instruments.

Ancient wisdom complements new technologies to impart a deeper understanding of molecular reactions, neurological benefits,

Healing through sound can be found in many spiritual and sacred traditions:

- 'The best doctors heal with the divine sound'- Ayurveda Acharya Vedeve Dutt, 3 BC
- 'Sarv rog ka aukhad naam' ('Sound is the medicine for all ailments'- The Holy Guru Granth Sahib)
- 'Every ailment is a musical problem and the cure lies in musical solution' (18th Century Mystic Novalis)
- 'The world is sound'- ancient mystics
- 'And the Lord said, "Let there be light!"'- in Genesis (Old Testament)
- Ancient Egyptians believed that the god 'Thot' created the world by his voice alone.

and the emotional effects of sound in healing. Psychoacoustics, the study of the effect of music and sound on the human nervous system, forms the foundation upon which the emerging field of sound works.

Sound Healing, as the name implies, is the use of sound to create balance and alignment in the physical body, the energy centres called 'Chakras', and/or the Etheric fields. The sound may be applied by an instrument or by the human voice.

Sound Healing is a vibrational therapy and can be understood as being 'Energy Medicine'.

Perhaps the greatest instrument of healing - one that is natural, cost-effective and does not require batteries or electrical outlets - is the human voice.

HISTORY

The use of sound as a healing modality dates back to prehistoric times when shamans chanted and drummed to heal people. In the ancient mystery schools of Egypt, India, Greece and other centres of knowledge, the use of sound and music for healing was a highly developed sacred science. Sonic vibration was known to be the

According to Jonathan Goldman, "Sound Healing" sessions may include:

Music Imagery: Specific music with Imagery.
Vibro-Acoustic Beds, Chairs, etc.: Specially designed beds and chairs project music into the body.
Tuning Forks: Receiving frequencies from specially designed tuning forks for balancing and relaxation.
Mantric Chanting: Sound-specific mantras to balance and align the ethic field.
Hemi-Sync: Synthesized sounds to balance the hemispheres of the brain.
Bio-Acoustics: Missing frequencies are found and played.
Harmonic Resonance: Using kinesiology and frequencies from synthesized sounds.
Toning and Overtoning: Vocally created sounds.
Electronic Ear: Specific filtered music via headphones for dyslexia and emotional issues.
Tapes: Customized sound frequencies created for persons.
Cymatic Therapy: Specific frequencies are introduced for individuals.
Music Therapy: Songs and music for behavioral modification.

fundamental creative force in the universe.

Vedic civilization is one of the oldest in the history of mankind and so is Indian classical music, which is one of the most evolved and effective music. There are different ragas for different times of the day, seasons, feelings and moods. Ragas also involve the production of emotional effects in the performer and listener; these effects are known as rasa.

In the state of health, every organ, every part of the body, has a resonant frequency that is in harmony with the rest of the body like an orchestra. When disease or emotional trauma sets in, a different sound pattern is established which is not vibrating harmoniously with the rest of the body.

Rasa has been referred to as 'aesthetic delight', free from the limitations of personal feelings. It is the delight in which the higher consciousness is involved in the experience of universal affection.

Some pioneers in the field of Sound Healing created through instrumentation include: Peter Guy Manners, MD, from England, whose Cymatic Instrument projects specifically tabulated frequencies in the body; Alfred A. Tomatis, MD, from France whose Electronic Ear uses sound to treat many learning disabilities and emotional problems; and Robert Monroe who discovered how to use sound waves to synchronize the hemispheres of the brain and cause accelerated consciousness.

In modern times, Cymatic experiments of a Swiss medical doctor, Hans Jenny, demonstrated how various substances such as plastics, liquids and sand would take on different shapes (starfish, human cells and microscopic life) depending upon the different frequencies they were subjected to thus showing the ability of sound to affect and change the molecular structure.

Since the body is 75% water, it is easy to understand how sound can create change in the body. Since sound can potentially rearrange molecular structure, the possible healing applications of sound are limitless.

Therapeutic effects of meditation and relaxation include lowered heart rate, respiration and brainwave activity which seems to alleviate many different medical problems, including heart disease, stroke, and imbalances of the immunological systems.

Sound can affect us on all levels—physical, emotional, mental and spiritual. Beneficial sounds for us are often sounds we consider sacred—AUM, ALLAH, and AMEN.

The first effects of mass meditation and prayer became noticeable when the number of people participating in an event was greater than 1% of the population. Crimes and terrorist activities dropped to zero in the area during the time of mass meditation and prayer' - GREGG BRADEN

Role of chanting or collective healing:

- It is important for people to be in an environment of cooperation, not competition.
- This seems to happen when people chant together you cannot compete and make a sound together.
- This is particularly true for drumming and chanting together in groups.
- There can be many positive and beneficial results, i.e. feeling of camaraderie and friendship, positive feeling and improved self-esteem.
- Harmonics can be an extraordinary tool for enhanced meditation and relaxation, which naturally helps in reducing stress, one of the primary causes of imbalances and disease.

Creation of Harmonic Sounds

- Based upon vowel sound.
- Singing and elongation of these vowel sounds is found in most of the major chanting in the world, from Hindu and Tibetan Mantras to Sufis and Kabalistic practices.
- 'AAAAUUUUMMMM', 'AAAMMMEEEN', 'AAAALLAAAAAH', 'YAAAAH WAAAAAY'
- Through this form of 'toning', extraordinary resonance of the physical body and brains occur.
- When the reciter of these sounds focuses an intention of being one with the sacred sound, the results are extraordinary. Recitation of these sacred names regularly is called mantras.

Various types and aspects of music are being used to study and improve various areas like:			
Heart rate	Breathing	Intensive care surroundings	Communication problems
Autism	Child development--learning disorders	Psychiatry-mood swings, sadness, anger, etc.	Psychotherapy
Schizophrenia	Rehabilitation	Dementia	Coronary care
Pain management	Sleep disorders		

Meditators are able to create a much greater field of consciousness than the space they are in, e.g. creating ripples by throwing a pebble into a lake.

The primary question in Sound Healing is: What are the correct resonant frequencies of the body? The answer to this has not yet been fully verified. In terms of vibrational medicine, another major question arises: Do all people vibrate at the same frequency? The answer to this is unknown. It may be that the frequencies of different people vary. This could be an explanation as to why different instruments with different frequencies all seem to have success. Whether they work for everyone is another issue.

Benefits, limitations, contraindications

Since sound can potentially rearrange molecular structure, the possible healing applications of sound are limitless. Stories exist of terminal or incurable diseases that have been healed through sound. However, while such miraculous experiences may occur, it is also possible for a person to receive no seeming benefit from Sound Healing.

Flipside

When dealing with the plethora of instrumentation and sound devices currently available on the market, it is conceivable that a person receiving the sound from an instrument may not resonate with a particular frequency and could potentially have an adverse effect with sound. While this would be rare, it is possible.

Music can also bring about:

- Clarity and balance
- Relaxation
- Improved memory and concentration
- Improved sleep (both in quality and quantity)
- A stronger immune system
- Improved creativity
- Heightened awareness, both of the self and the environment

Sound and Music in Medicine

Dr. Alfred Tomatis, a French doctor, has spent many years researching the sacred sounds of the world. In particular, he has examined much sacred chanting, including Gregorian and Tibetan. Dr. Tomatis has found that many of the sacred sounds on the planet are rich in high frequency sounds, called harmonics or overtones. He believes that these sounds charge the cortex of the brain and stimulate health and wellness.

The OM/AUM is an ancient Sanskrit mantra, considered to be the original, primordial sound, 'The Mantra of Creation', the 'Word' that was 'In the beginning'. Of all the sacred sounds on this planet, the one that is most often chanted is the OM/AUM. It is chanted as a three-syllable word AUM (and pronounced as AH–OH–MMM) to resonate the heart, the throat and the crown chakras. As we begin, the AH vibrates and resonates in the centre of the heart. This is the centre of love and compassion. As we continue with the sound, we resonate the OH in the throat centre, the chakra of communication. We conclude this sound with the MMM resonating in our crown chakra (at the top of the head). These head centres ultimately lead to our connection with the divine.

In our endeavour to find scientific answers to all the illness, we should not forget the experiential aspects because logic is but a limitation of our knowledge which is incomplete and possibly will remain so. Also the healing powers of body, mind and nature should not be underestimated and should find a synergistic space in our medicine.

'If you want to find the secrets of the universe, think in terms of energy, frequency and vibration' - NIKOLA TESLA

Dr. Sanjay Manchanda
Senior Consultant,
Chairman, Department of Sleep Medicine
Sir Ganga Ram Hospital

I Missed My Flight Again – A Patient's Perspective

I lay on the bed with a myriad of tubes and wires attached to me. There were a set of two tubes - one for each nostril - which were probably connected to an oxygen generator. These were very irritating, scratching the inner membrane of my nostrils. I tried removing them but then there was a mask covering my nose and mouth. Was that attached to the same oxygen generator? I wasn't sure. It seemed not. It seemed to be attached to some smaller equipment lying on the side table – I faintly heard the mention of "Bi-PAP". Was that the name of this small box-like apparatus? Anyway, I wanted to pull the mask off my face – I felt suffocated! But I didn't have the strength. Then there were several wires emanating from my upper body connected to something behind my head and a regular insistent beeping apparently sounding from somewhere there – probably an ECG monitor. That was my memory from my previous admissions to hospital granting me some recognition and awareness of a few things around me. I felt I must be in the intensive care unit (ICU) of a hospital – like last time. I wondered why I was there though.

There were no familiar faces – just a sea of humanity buzzing around mechanically performing pre-ordained tasks. It was such an indignity, lying on an unfamiliar bed in a semi-uncovered state and amongst unfamiliar people who seemed to be performing some tasks on you. One was checking the monitor behind my head and saying "The heart is fine". Another checked the blood pressure and oximeter and declared all well. Yet another checked the catheter and the attached bag and said "Output 650 ml". Why did I have a catheter – I couldn't remember. No-one looked me in the eye and asked me how I felt. It was as though I didn't exist as a human being, just an animate object lying on a hospital bed. Even while at home, I had been restricted to bed for several years now, walking very slowly and laboriously from bed to dining table – a distance of about 20 feet – in about 10 minutes despite the walker I used and the 24-hour attendant who helped me. Where was Pramod, my attendant? Maybe he wasn't allowed inside the ICU.

Suddenly my wife's face emerged close to my bedside on the left – what a relief it was to see her - Sudha. The lady who had been with me through thick and thin for the last 63 years of our married life. The one person in the world who knew me and understood me best. The one person I could always count on to be by my side and to know what I wanted without my saying it. She reassuringly held my hand, smiled at me and smoothed my brow. Oh, what a relief it was to have her close! And then we started chatting. Or at least I wanted to! But I couldn't talk with that contraption over my nose and mouth. She saw my frustration and the question in my eyes - "Why am I here?"

She said "You suddenly were very breathless and lost consciousness". There were so many more questions I wanted to ask. Thankfully a nurse came on my right. I caught her hand and indicated to have the mask removed from my face. The nurse checked my oxygen pressure which was now showing 98%, and lifted the mask with the promise that she would be back to replace it in 5 minutes.

I wanted to talk but my throat was parched and diction seemed impossible! Had I forgotten how to speak, had I lost the ability or did I just not have the strength - these alarming thoughts passed through my mind in a split second while my wife brought a small cup of water to my lips. After a sip of water, I seemed to be able to formulate a sentence.

And, not with standing the depressing circumstances, that sure was a relief.

"How long have I been here? I thought I just had some vomiting. So why the ICU?" I was confused. Sudha repeated her earlier explanation and added "You have been in the ICU for 24 hours now; the doctors want to keep you under constant surveillance".

"But why?" the scientist in me could never accept things without an appropriate explanation and the family was used to being blunt and direct and factual. So Sudha again sat by my side and described the previous day's events as they had occurred. I had lost consciousness for some time and they had to revive me from a near-death situation. "But hadn't we discussed last time I was in hospital that 'no resuscitation' was my wish?" "Yes, but the doctors and nurses had already gone through the processes before we knew what was happening. And then, don't you want to meet your son and grandson and his wife? Remember they are on their way already? Remember we talked to them the day after you were admitted?" I remembered, albeit a bit vaguely as all timelines seemed warped. My son lived in America and my grandson lived in UK with his wife. At least, I surmised, my memory was not failing me yet! "Meanwhile, Sunayna and I have already

signed the requisite forms to indicate that you do not want to be put on a ventilator". Sunayna, my daughter, was a doctor who lived 40 minutes away but had been with us (24 x 7) since my admission in hospital 3 days ago, or so Sudha assured me. Not that I was aware of that, because I didn't remember seeing her! Often, she blended in with the other white-coat-donned doctors and intensivists in the ICU!

Sudha was recounting to me how Sunayna had talked to the doctors attending to me in the ICU about her brother and her son and daughter-in-law being on their way, and that they were arriving the next morning (it was already afternoon). There was an unspoken plea in her eyes when she spoke to the treating doctors – pleading to them to keep me alive till then! The previous night, she had sat her mother down, held her hands and asked her – "Do you really want him to live like this? I know we will all miss him but can you watch him suffer thus? Are you ready to let go, if any dire event occurs while he is in the ICU?" With tears in her eyes, and a sob in her voice, Sudha said "I understand the circumstances and I am ready to say goodbye – in case of any such event repeating itself". They sat there outside the ICU, holding hands and not knowing what to expect.

Morning happened and hope surged as they had not been called into the ICU, which meant that things had been under control and the night uneventful.

Meanwhile, I lay on the ICU bed unhappily, willing them to let me go, or let my family in. It was the worst place to be in as I was conscious and fully alert, and watched the nurses and attendants dealing with all the other patients so automatically without a kind word or a gentle hand – they were so used to patients in the ICU being incommunicado! It seemed heartless – the way they just whizzed around performing chores without interacting with the patients. This was my third visit to the ICU of this hospital. I didn't want to be subjected to any more visits and I wanted to be taken out of here. But my out-station family were on their way to see me and I really did want to meet them, maybe one last time.

So here I was – being kept alive to meet family! What had my life been reduced to! Suddenly, there was darkness all around me. A faint light was visible somewhere far away. It seemed to be approaching and, as it reached me, I saw my ancestral home in front of me and my childhood starting playing in front of me like a movie!

Suddenly I felt a jerk as though my whole body had been thumped hard – and my eyes opened to a weird scene – 5 faces peering over me and one pair of hands poised just above my chest holding some handled funny-looking squarish metal plaques! I looked for Sudha – and sure enough, there she was just beyond this circle of five people. As I turned my face and looked around, they stepped back to let her through and she came and held my hand reassuringly. "Another near-terminal event" she informed me.

I just wanted to meet the family and then get out of the ICU – come what may! And, luckily for me, my family understood and respected my wishes. "I have lived a good life and am ready to go. Don't keep me in the ICU, even though that can mean the end – I'm ready and so should all of you be". They all nodded consent and my grandson (also a doctor) quickly walked out of the ICU and vehemently spoke to Sunayna – "Mom, just get him out of the ICU – he doesn't deserve to be in such a morbid place! He will be happier and more peaceful in a room". And that is exactly what was done. Luckily or unluckily, there were no more dire events and I soon came home. Sunayna and I had a peculiar father-daughter bond and understanding. As I entered my home, she was there in front of me. And I said with a smirk "I missed my flight again". Strangely enough, she was the only one who understood that comment!

Dr. Seema Bhargava
Senior Consultant,
Biochemistry Department
Sir Ganga Ram Hospital

जीवन की दौड़

छोटा बड़ा करे जा रहे हैं,
हम इस भीड़ में दबे जा रहे हैं |
कौन है जो देगा इसे अंजाम,
जिस लड़ाई को हम एक दूसरे से लड़े जा रहे हैं ||

एक की जीत है दूसरे का डर,
किसी ने काटे किसी और के पर |
कहानियों को हम जिए जा रहे हैं,
दूसरे की हार पर क्यों लोग जश्न मना रहे हैं ||

वो भी एक वक़्त था जब अर्जुन लड़े दुर्योधन से,
कहते थे धर्म के नाम पर सब किये जा रहे हैं |
आज देखो, तरक्की से इतना आगे आ कर भी,
हम उन्ही उलझनों में फँसे जा रहे हैं ||

तुम और मैं, क्या है फर्क शब्दों के सिवा ?
चाहे तो एक ; पर फासले अनेक खुद ही करे जा रहे हैं |
इस दुनिया का दस्तूर कैसे बदलें, ऐ दोस्त !
जीवन के नाम पर पल पल सब मरे जा रहे हैं ||

Dr. Tanvi Batra
Associate consultant
Department of Internal Medicine
Sir Ganga Ram Hospital

मैं आम आदमी

इस भरी भीड़ का हिस्सा हूँ
एक सुना हुआ सा किस्सा हूँ
जीवन की इस भाग दौड़ में
सपनें बुनता मैं होड़ में
और फिर इन सपनों कि खातिर
कुछ पल होता मैं शातिर
पर जीने का है मार्ग यही
जाने गलत हूँ या सही
जलते सूरज को ताप रहा
मैं भी रस्ते नाप रहा
कभी जीत तो कभी हार
कभी नफरत तो कभी प्यार
भावनाओं के इस बंधन मे
मैं भी खुद को बांध रहा
तृप्ति और मुक्ति के इस भवंर से
असंमजस की इस डगर से
नियति को देखकर दगा
हे ईश्वर मुझको पार लगा।
हे ईश्वर मुझको पर लगा ।

Dr. Prasoon Gupta
Associate Consultant
Institute of Critical Care Medicine
Sir Ganga Ram Hospital

Dangal 2.0. "The SGRH SAGA"

The impeccably organised sports meet unfolded as a testament to meticulous planning and seamless execution by GRIPMER Board for the residents of SGRH". This wonderful event extended over 4 days as a celebration of both athleticism and camaraderie, featuring a diverse array of games.

From intense basketball and cricket matchups to strategic chess competitions and lots of others sports, residents and whole SGRH fraternity showcased their skills beyond the medical practice. The spirit of healthy competition prevailed throughout, fostering a sense of unity among the SGRH family. The spirit of sportsmanship reverberated through the crowd, creating an electrifying atmosphere as participants pushed their limits to achieve personal and team goals.

Silhouettes of players on the soaky winter afternoon, the tap of the cricket ball on the ground, the silence till the batsman hit, the dribble of the basketball, the double tap of table tennis ball and all of this overdone by the hurray of the wicket, and the high-fives of the goals. There was music in every sweat failing off the head, the sleeves roll, the lace tie, the socks pulled up or the duffle bag picked. Wrapped in the colours of Dangal T shirts, flaunting the caps on their head, there was abundance of excitement in the air.

From working in the same OT and rushing on the same OT floors, from answering questions on the rounds, to playing with senior consultants as opposing team in the major cricket match, there was immense honour, courtesy, integrity, perseverance, self-control and courage. The hours spent in preparation, interacting with numerous sponsers for the event, the continuous budget calculations, and months filled with calls and meetings - all lay the groundwork. No amount of words can encapsulate the essence of those four days of DANGAL 2.0.

After the captivating sports fixtures, the event seamlessly transitioned into a dynamic cultural program on December 3rd. This program featured a medley of performances, encompassing dance, music, a ramp walk, and the jubilant presentation of medals and trophies to the winners and runners-up. Around 50 participants glamoured the stage and performed. As curtains fell over the Stage of Bal Bharti School, on the breezy winter eve of 3rd December, and all the students, consultants, winners and participants, seniors and juniors stood in together and cheered. The atmosphere on this enchanting night was infused with a sense of unity, sportsmanship, and boundless enjoyment, creating a magical experience filled with emotions.


Behind the scenes of the exhilarating Dangal 2.0, the success of the event can be attributed, to the guidance and expertise of Esteemed Chief Advisor Group [Dr. Ajay Swaroop, Dr. S. Byotra, Dr. J Sood, Dr. A.K. Bhalla, Dr. V.K. Malik, Dr. S Saluja],

Faculty Advisors: (Dr. Atul Gogia, Dr. Manish Munjal, Dr. Mrinal Pahwa, Dr. Arun Soni, Dr. Anmol Ahuja, Dr. Anita Ganger, Dr. Veronica Arora, Dr. Vaibhav Tiwari, Dr. Shrihari Anikhindi and Dr. Laxmikant Tomar). Their wealth of experience and passion brought a unique perspective to the planning and execution of the event.

Last but not the least to mention the diligent and strenuous efforts done by Event Convenor (Dr. Swati Bhayana), Treasurer (Dr. Sainadh Guntur) and General Secretary (Dr. Gaurav Biswas).

Rumi said, 'Wear gratitude like a cloak, and it will feed every corner of your life". Going back through all the events of Dangal 2.0

Going back through all the events of Dangal 2.0 there's just pure gratitude in our heart for everyone who was part of this beautiful event.

Certainly! "May DANGAL evolve into a tradition marked by better, more beautiful, and bigger successes every year."

Dr. Anita Ganger
Associate Consultant,
Department of Ophthalmology,
Associate Professor (GRIPMER)
Sir Ganga Ram Hospital

Dr. Swati Bhayana
Former Clinical assistant
Sir Ganga Ram Hospital
Currently Consultant at Pediatric Hematology Oncology
Fortis Hospital, Gurgaon

Maternal Care in the Hills - A Sociogeographical Health Challenge

It is well known in the medical fraternity that maternal and child care indices are the most important health care indicators of a country. In the past few decades, we have been successful in reducing the maternal mortality ratio to a significant extent. However, there is a lot more left to do, especially in the peripheral areas where access to good quality health services still remains a luxury for many.

Before starting my residency in Delhi, I worked as a medical officer in Uttarakhand State Govt Health Services. I joined fresh after completing MBBS and worked at a primary health center (PHC) in one of the border districts of the state. After the first few months, I was made in-charge of the PHC. My initial target was to complete my mandatory bond period, not knowing that these three years at the PHC would completely change my future perspective.

Unlike many of the PHCs in peripheral areas, this PHC worked very well in terms of the services provided. Five subcenters were attached to our PHC, with very hardworking ANMs. Antenatal check-ups were regularly being done by the ANMs as well as at the PHC.

I would like to highlight the challenges to maternal health in the hills by sharing a true story.

I would like to highlight the challenges to maternal health in the hills by sharing a true story. It was heavily raining in the month of August with landslides occurring every few hours. At around 2 AM in the morning, a 108 ambulance brought a 26-year-old second gravida female in labor. My colleague, a medical officer, told me that he would handle the case and I need not come. After around 40 minutes, he informed me that a normal child had been delivered but the mother was having postpartum hemorrhage. I immediately rushed to the labor room. The lady was bleeding continuously. We tried all the resuscitative measures, but could not stop the bleeding. Meanwhile, I called the ambulance staff to come swiftly and shift the patient to a higher center. The ambulance driver told me that due to a landslide, the road to the district hospital was blocked with no chances of opening till tomorrow morning. We contacted the PWD officer for clearing the road; he replied that he was sending the bulldozer but it would take at least 2-3 hours to reach. In the meantime, the patient's blood pressure started falling, she became drowsy. In spite of all the measures, she succumbed.

Another story is of a 35-year-old 4th gravida female in the 5th trimester. She was diagnosed with anemia and was given iron folic acid tablets by the ANM. There was poor compliance with treatment. One day, she came to the OPD for a general check-up. I counseled her about the need for iron supplementation in pregnancy. She said that she had to take care of three kids at home, most of the money was used for the children's expenses and she didn't get to eat well. Moreover, her village was not connected by road. She had to walk 3 kilometers through hilly tracks to reach the PHC for a checkup. As she was busy with household chores, she forgot to take iron supplements. After about a month, I got a call from the district CMO that unfortunately, some lady had died in a nearby village and I was asked to go and find out the details. I enquired about the same from the concerned ASHA and ANM. It was found that the patient had antepartum hemorrhage, went to a local dai. Ultimately, due to excessive bleeding, she died.

From the above two incidents, I would like to highlight a few issues specifically related to maternal health services in the peripheral hills. Firstly, the issue of difficult terrain. Many villages are still not connected by motorable roads, owing to policies, local factors, and engineering feasibility issues. Due to low income, people usually prefer to go to work and earn, rather than climb up a hill and go to the health center. Even if they are willing to come, it is a humongous task. Motor connectivity is a very important part in hilly areas. These areas are heavily reliant on government machinery. The private sector does not take much interest due to the lack of paying capacity of the citizens in peripheral areas. The 108 ambulance service has helped a lot, however, it can reach only motorable villages. It is sad that after seven decades of independence, we are still not connected to the remote parts of the country.

Harsh weather and difficult terrain are natural conditions that are not under man's control. However, the onus is on public health officers and family physicians to find a way forward. A multi-departmental approach is needed for handling such emergencies, including the Public Works Department. A quick response protocol must be followed. This will help in swift transport of the patient to a higher center. Apart from solving acute emergencies, better road connectivity will also improve the daily footfall to the health center.

Providing quality healthcare in the peripheral hills remains a challenging task. Apart from all the countrywide issues, socio-geographical difficulties also arise in the mountains.

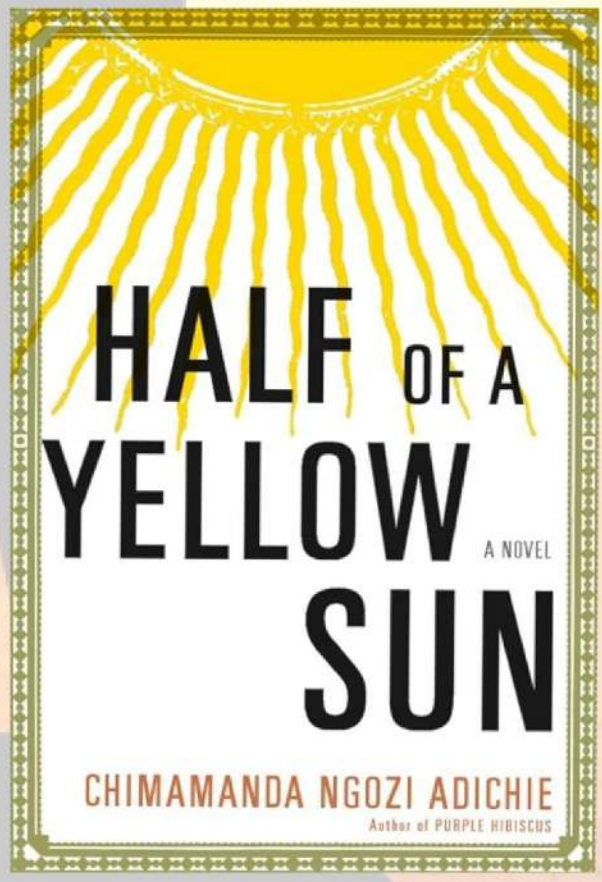
Being solution oriented is the key to moving forward!

Dr. Jayjit Guha
DNB Trainee (Family Medicine),
Sir Ganga Ram Hospital

Half of a Yellow Sun by Chimamanda Ngozi Adichie

Human being are a deracinating specie, having gained foothold and ultimately conquered the planet by supplanting other species. "Sapiens," a book by Yuval Noah Harari, beautifully chronicles the tale of human beings supplanting other species to populate Earth, including earlier human species. It then goes on to recount the history of human greed and carnage (for land, power, and money) that has led to man massacring man. The list of books recounting the horrific tales of such massacres and genocides is endless.

This is one such book about a somewhat lesser-known annihilation of a country called Biafra, which attempted secession from Nigeria. The story is narrated against the backdrop of the futile quest for Biafra's secession from Nigeria. The title represents the half-yellow sun, supposedly present in the Biafran flag. The Republic of Biafra was a partially recognized country constituting the eastern region of Nigeria, predominantly inhabited by the Igbo ethnic group. The country declared its independence from Nigeria in 1967, following Nigerian independence from British rule in 1960. After three years of the Nigerian civil war and the loss of about 2 million Igbo lives, Biafra surrendered to Nigerian forces.



This is the story of five individuals, all belonging to the Igbo ethnic group: Professor Odenigbo, a mathematics professor and a Biafran quasi-revolutionary; Olanna, his wife, who is the daughter of a rich Igbo industrialist and politician; Olanna's twin sister, Kainene, her husband Richard, and Oguwu, who is Odenigbo and Olanna's houseboy. The book starts with Oguwu being mesmerized by city life when he's brought to Odenigbo's residence, depicting the relationships and philandering of its characters. It then progresses to the outbreak of the Nigerian civil war and how it affects each character. Odenigbo joins the Biafran revolution as a leader but later flees to refugee camps. Olanna accepts Odenigbo's love child and stays with him instead of fleeing to London with her parents. The suffering and struggles of refugee camps, food shortages, and the constant paranoia of air raids are portrayed, along with the preferential treatment given to Olanna and her family due to her influential background. Olanna's sister, Kainene, initially hailed as the prodigal business daughter, runs a refugee camp but later flees the country, never to return. Oguwu, truly symbolic of the actual poor Igbo community, accompanies his master's family to the refugee camp but is forcefully conscripted into the revolutionary forces, where he witnesses and participates in gruesome battles and war crimes. He later authors a book about his war experience and trauma, regretting the war crimes. The book not only illustrates the play of emotions and the human psyche according to social stratification and prevailing conditions but also the persistent cultural and financial impact of imperialism on colonies, even after their independence. This is exemplified by the quote, "The real tragedy of our post-colonial world is not that the majority of people had no say in whether or not they wanted this new world; rather, it is that the majority have not been given the tools to negotiate this new world."

Prior to reading this book, I was only aware of the stories of the partition of 1947. This book opened my eyes to the essence of human existence, which is nothing but conflict and dominion. Not only is the history of humankind rife with numerous massacres and genocides, but the current geopolitical scenario also still reverberates these basic tenets of human existence. The ongoing wars, conflicts, and crises in Israel–Palestine, Russia–Ukraine, Afghanistan, Taiwan, Azerbaijan offensive, Haiti, Congo, Sudan, the African region of Sahel, Tibet, Pakistan, etc., all draw parallels with ancient and historical wars and genocides, reiterating the repetition of human history of avariciousness and dominion. The book, besides being a revelation of human bearing in warfare, also speaks to the most basic human doctrine of combat and carnage.

Dr. Vineet Dhawan
Associate Consultant,
Department of Anaesthesiology,
Pain and Perioperative Medicine

Awards & Publications

GRIPMER Awards

Dr. (Col) Jyoti Kotwal (HOD, Department of Haematology& Clinical Pathology)

- Dr. KC Mahajan Award for **"Best Academician"** for the year 2023.

Dr. Sudha Kohli (Consultant, Department of Institute of Medical Genetics & Genomics)

- GRIPMER **"Best Published Research Paper"** for the year 2023, Title: "*The Molecular Landscape of Oculocutaneous Albinism in India and Its Therapeutic Implications.*"

Dr. Garvita Singh (DrNB Resident, Department of Paediatric Surgery)

- GRIPMER **"Best Thesis Award"** for the Year 2023, Title: "*To study the Diagnostic accuracy of Voiding Cystourethrography for the Detection of Residual Valves after Endoscopic Ablation of Posterior Urethral Valves.*"

Dr. Harish Kanuri (DNB Resident, Department of General & Laparoscopic Surgery)

- CMRP **"Best Paper Award"** for the Year 2023, Title: "*Intraperitoneal Onlay Mesh Versus Laparoscopy-Assisted Ventral Hernia Patch Mesh Repair in Small Primary Ventral Hernias: A Randomised Control Trial.*"

Dr. Darshan Thumaamr (DrNB Resident Department of Interventional Radiology)

- Ravi K. Jerath Award for the **"Best DrNB Resident"** for the Year 2023 (Super Specialities).

Dr. Garvita Singh (DrNB Resident, Department of Paediatric Surgery)

- Ravi K. Jerath Award for the **"Best DrNB Resident"** for the Year 2023 (Fellowship and Direct Six Year Courses).

Dr. Rahul Kumar (DNB Resident, Department of Medicine)

- Ravi K. Jerath Award for the **"Best DNB Resident"** for the Year 2023 (Broad Specialities).

Conferences Awards (National & International)

Senior Residents

Dr. Priyanka Moule (DrNB Senior Resident, Department of Haematology)

- 1st Prize for "Oral Presentation" at "Indian Myeloma Congress (IMC) Annual Conference", 2024, held at Pune.

Dr. Darshan Thummar (DrNB Senior Resident, Department of Intervention Radiology)

- 1st Prize in "Oral Presentation" at "National Conference of Indian Society of Vascular and Interventional Radiology (ISVIR) Conference", 2024, held at Jaipur.
- 2nd Prize in "Global Junior Games" at "Pan Arab Interventional Radiology Society Conference (PAIRS) Conference", 2024, held at Dubai.
- 4th Prize in "National IR Quiz" at "Indian Society of Vascular and Interventional Radiology (ISVIR) Conference", 2024, held at Jaipur.

Dr. Vineeth KM (DrNB Senior Resident, Department of Intervention Radiology)

- 2nd Prize in "Oral Presentation" at "Indian Society of Vascular and Interventional Radiology (ISVIR) Conference", 2024, held at Jaipur.
- 3rd Prize in "E-Poster Presentation" at "Indian Society of Vascular and Interventional Radiology (ISVIR) Conference", 2024, held at Jaipur.
- 4th Prize in "National IR Quiz" at "Indian Society of Vascular and Interventional Radiology (ISVIR) Conference", 2024, held at Jaipur.

Consultants

Dr. Anita Ganger (Associate Consultant, Department of Ophthalmology)

- Awarded as "Surgical Skills Award" at "Woman Ophthalmology Society (WOS) Annual Conference", 2023, held at Varanasi.

Dr. Anjali Gera (Consultant, Department of Anaesthesiology, Pain & Perioperative Medicine)

- Awarded as 1st prize in "E-Poster" at "18th World congress of Anaesthesiologist (WCA) Conference", 2024, Singapore

Dr. Sakshi Nayar (Associate Consultant, Center of IVF and Human Reproduction)

- Awarded as "Exchange Prize Winner" at "British Fertility Society" and "Indian Fertility Society", 2024, held at Edinburg (UK).

Dr. Nikhil Jhunjhunwala (Associate Consultant, Department of Plastic and Cosmetic Surgery)

- Awarded as 2nd Prize in "Super Microsurgery Challenge" at "6th Congress of Asian Pacific Federation of Societies for Reconstructive Microsurgery (APFSRM) Conference", 2024, held at New Delhi.

Dr. Veronica Arora (Associate Consultant, Institute of Medical Genetics & Genomics)

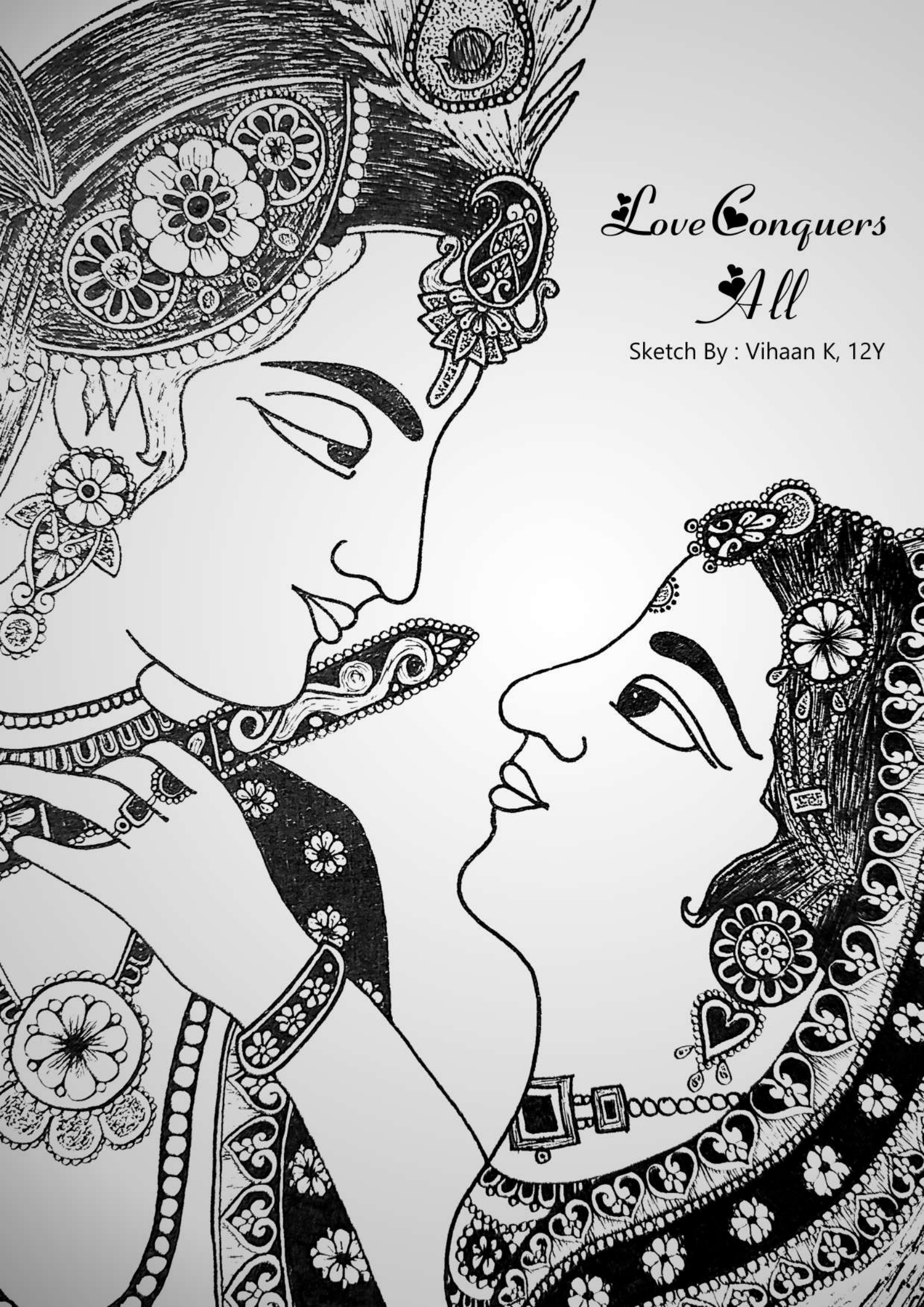
- 1st prize for "Oral Presentation" at the National Conference of Society of Indian Academy of Medical Genetics.

Dr. Shivam Khare (Associate Consultant, Gastroenterology)

- Won "Best Endoscopy Video Presentation" award in ISGCON in Dec 2023, held in Bengaluru, India.

Publications

1. Gupta D, Moule P, Aggarwal C, Kotwal J, Langer S, Saraf A, Gupta N. Improved Outcome of Primary Plasma Cell Leukaemia in the Current Era with the Use of Novel Agents and Autologous Bone Marrow Transplants - A Single Centre Experience. Indian Journal Haematology and Blood Transfusion. (2024). https://doi.org/10.1007/s12288-023-01731-5
2. Moule P, Langer S, Gupta N, Kotwal J. Mono-dysplasia Score Based on Automated Cell Counter (Sysmex) – A Novel Parameter for Differentiating Reactive Monocytosis from Haematological Malignancies. Journal of Applied Haematology. 2023;14:187-93.
3. Hari AB, Chawla K, Dessai R, Langer S, Gulati S. The man who petted sandflies: A rare case of visceral leishmaniasis with panhypopituitarism. Current Medicine Research and Practice. 2024;14:30-3.
4. Jangid A, Kumar R, Batra T, Kakar A. Diagnostic dilemma: Drug reaction with eosinophilia and systemic symptoms or erythema multiforme? Current Medicine Research and Practice. 2024;14:44-5.



Love Conquers All

Sketch By : Vihaan K, 12Y