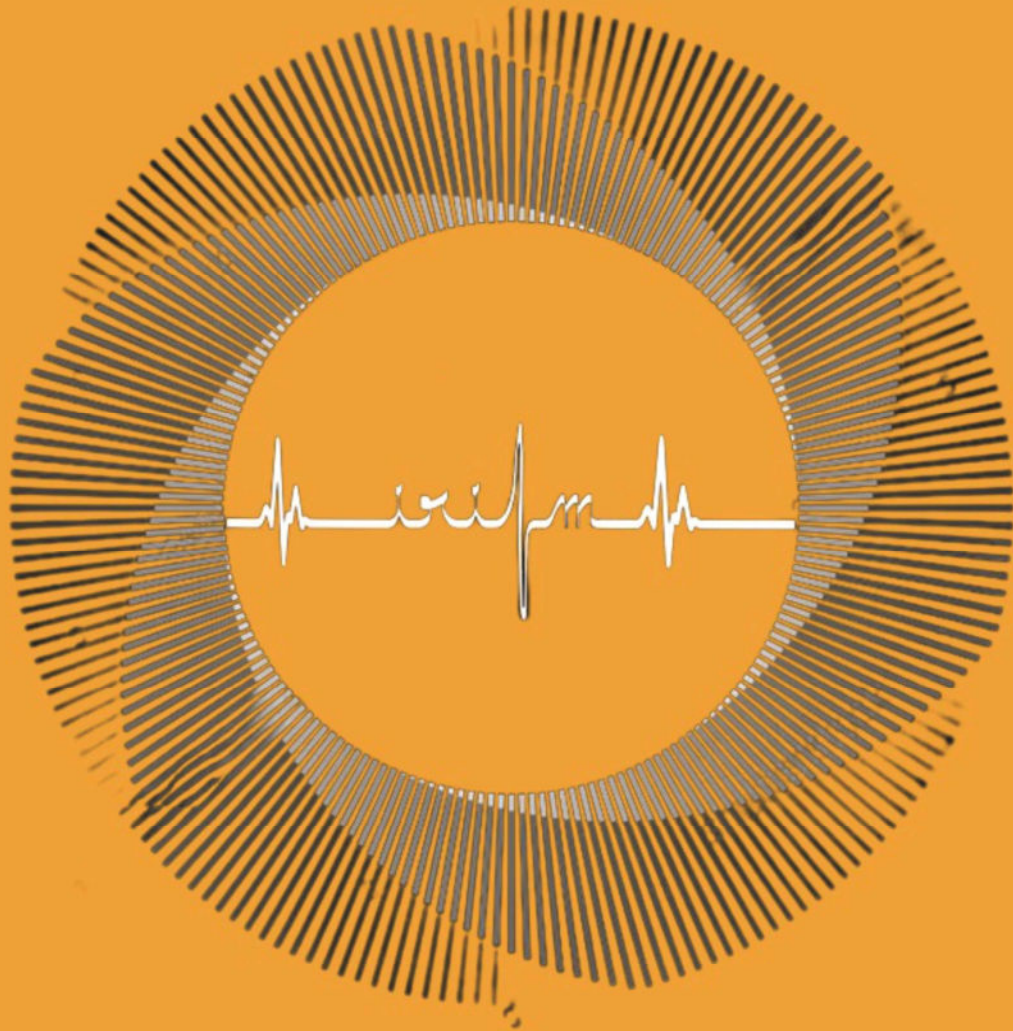




IRIFM
Inspiring Excellence...



PULSE

August 2024

Indian Railways Institute of Financial Management

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FROM THE DESK OF DG:



The tradition of having an in-house magazine or a Newsletter is an age-old practice. In IRIFM this was initiated in May 2020 with a firm belief and hope that this will be institutionalized. Associated with the training Academy meant for **IRAS officers**, it was thoughtfully called 'Journal'.

After the two online editions, we did not get to see any new issues.

Among the many things on agenda after joining here in April, revival of this creative venture was high on my priority. The canvas of IR has changed a lot between 2020 to 2024. The eight Group A services except Medical have been merged in to one IRMS. So, in effect there are

two Group A services on IR as on date-IRHS (reinvented as Health services) and Management services.

The raison d'etre of IRIFM was about to change... Time alone is a witness to these changing lines of destiny.

Behavioral-finance academics have long since established that there is a cognitive bias that causes individuals to value an owned object higher, often Irrationally, than its market value. The challenge for the Institute was to overcome something they call the endowment effect.

Revised mandate for IRIFM has been evolving and unfolding ever since.

While the transition to a uniform cadre and training was still uncertain, IRIFM got a temporary reprieve when our consent and preparedness was being sought to conduct the foundation course for doctors. It was a choice between status-quo bias versus the challenges of unknown. The strategic decision was made to tweak the training calendar, adapt to the new demands of IR and enthusiastically welcome the probationary Doctors.

Making our Officers Future ready and conducting purposeful training is the motto we abide by. The period also witnessed the launch of a new flagship course on 'Forensic Accounting, corporate and Government Accounting and finance'. This involved in depth exposure to case studies on financial frauds and mastering the advanced tools to analyze data, identifying red flags and understanding corporate financial statements. This was an astounding success and warrants a separate dedicated issue.

Several rounds of discussions followed by the visit of PED/Health culminated in the stamp of approval for the institute to serve as the training venue for IRHS recruits. Soon, thereafter the campus was pulsating with the buzz of young doctors. The corridors from Academic block to mess and hostel block were alive and throbbing. First batch of FC was completed in May-June,2024 and second batch in August,2024.

The revival issue is thus aptly titled 'PULSE'. The word has many connotations, but most important it signifies 'Life'. From poetry, reminiscence, to trivia and technical write-ups, it offers interesting insights on wide array of topics. It is largely **By** the doctors, **Of** the Doctors but **for** everyone. Abridged write-up on 'cost of healthy food index' gives interesting food for thought.

The editorial team has worked tirelessly to curate this diary of Trainee doctors.

Hope the readers find the 'Pulse' edition of IRIFM journal invigorating.

Wishing you healthy bites...

Aparna Garg
Director General, IRIFM

HIGHLIGHTS...

- **Insights and opinions :**
 - **We are not god , we are just humans**
 - **Memories to cherish**

- **Poetic musings :**
 - **Keep laughing at me...**
 - **Baby on board**

- **The spot light : cultural night& 15th August celebration**

- **Prime read :**
 - **Abridged write-up on 'cost of healthy food index'**
 - **Business Analytics tools in healthcare.**

WE ARE NOT GOD, WE ARE JUST HUMANS

Dr. Jayashankar J L

IRHS 2023

Why did you choose this profession? This question was asked by my Unit Chief during my first day of ward posting. 'Sir, I want to relieve pain which not merely includes physical but also the mental sufferings of my patients'. When I was responding I was not much aware about the mental trauma I have to undergo if I have to survive as a doctor.

As many other medical aspirants in the country, my journey too was arduous. From catching the 4.30 am bus to attend entrance class, to midnight study I had only one dream. I remember my class teacher once advising me to be mentally prepared to face the worst scenario, such was the competition for getting admission to a Medical Seat.

'When you want something, all the universe conspires in helping you to achieve it' a famous note by Paulo Coelho as Santiago reaches his treasure. Such was my feeling after getting admitted to the Prime Medical Institute in the state. Being the prime caregiver in the public sector, it has to cater to an immense number of patients which is nowhere related to the human resources available. This often leads to assault on medical professionals by patient caregivers. The worst part is that those who work sincerely will be made scape goat by the so-called 'System'. During my emergency medicine posting I was inspired by the dedication shown by my senior to save a patient who met with a road traffic accident under the influence of alcohol. He intubated the patient even when the bystanders wanted the patient to be referred to a private hospital, since he was sure that the patient needed emergency intubation unless he won't survive. After the procedure, his shirt got completely soaked in blood and vomitus. I asked him why he wanted to do that, keeping his own safety as secondary. Without any reply, he smiled and went to change his dress. Within less than a year after this incident, I heard the same resident was under criminal inquiry for not allotting a bed to an outside

intubated patient, which created a huge roar inside the state at that time. How can he give a bed when no beds are available in any ICU? No one asked.

As the news of such incidents being reported increased day by day, the concern about our own safety escalated within us. Things became more serious when one of my own senior, who once explained me regarding the protection given by law while practicing as a doctor, was himself attacked in a shocking incident in Neendakara Taluk hospital in Kerala.

My career as a doctor began when the country was under lockdown. I never imagined such a beginning. Being a Medical Officer in the State Health Service at that time was a strenuous task. Managing agitated, chaotic people who are frustrated with the imposed restrictions has become more challenging than managing the illness with fewer data. The media appreciating the hard work by front line warriors on one day followed by an attack on them the next day became a custom. Something I learned during that period is to believe in your tongue and hide your fear inside while facing such a crowd.

In the Post COVID era nothing changed, the hardships faced by the Medical Professionals continued, those who were God and Angels during the pandemic lost their special privileges given by the system through the Epidemic Bill. Unless you are God, you don't need protection.

A 23-year-old house surgeon was stabbed to death by a criminal brought by the police, inside the hospital she was working. There was a huge roar and protest regarding the safety of medical professionals for a few days. Soon everything returned to normal. 1 year later, a 31-year-old resident doctor was ruthlessly sexually assaulted and mercilessly murdered by a group in the same hospital where she was working relentlessly. The lack of initial support given by the system became evident only after the news of many of her protesting colleagues, manhandled by thousands of goons, got national attention.

To all those who believe these are unfortunate incidents, I would suggest you rethink. These are not unfortunate incidents but systemic failure. In the current scenario where, young medical professionals are migrating abroad to safeguard themselves, if you want yourself and your future generations to get high quality health care to survive in this world with new emerging illnesses, if you want a

developed country with a healthy population and self-reliant health care, you have to think seriously.

The Battle Against Drug Addiction in The Younger Generation

Dr. Suresh Kumar

Drug addiction among the youth remains a pressing concern, with its far-reaching consequences impacting individuals, families, and communities. Understanding the complexities of this issue is vital for effective prevention and intervention strategies.

The environment plays a significant role in shaping the attitudes and behaviors of young individuals towards drug use. Factors such as peer pressure, family dynamics, socioeconomic status, and exposure to trauma can all contribute to susceptibility to addiction. Peer pressure is a powerful force in adolescence, often leading individuals to experiment with drugs to fit in or feel accepted. Building resilience and assertiveness skills can help young people navigate peer pressure and make healthy choices. Family dynamics, including parental substance abuse, neglect, or

dysfunction, can increase the likelihood of drug experimentation and addiction among youth. Early intervention through family therapy and support services can mitigate these risk factors. Socioeconomic disparities can exacerbate vulnerability to drug addiction, with limited access to education, employment opportunities, and resources for healthy coping mechanisms. Addressing systemic inequalities is crucial for preventing substance abuse in marginalized communities.

Trauma and Mental Health: Many young individuals turn to drugs as a means of coping with trauma, stress, or underlying mental health issues such as anxiety and depression. Providing accessible mental health support and trauma-informed care can prevent substance abuse as a maladaptive coping mechanism.

The Role of Technology: The digital age has introduced new challenges

with the proliferation of online drug markets and social media influencing substance use behaviors. Education on digital literacy and responsible online behavior is essential in safeguarding young people from online drug-related risks.

Prevention efforts must adopt a multi-faceted approach, encompassing education, community outreach, policy reforms, and early intervention programs. Effective prevention strategies involve collaboration between schools, families, healthcare providers, law enforcement, and community organizations.

Comprehensive drug education programs should be integrated into school curricula, providing accurate information on the risks and consequences of substance abuse. Promoting critical thinking skills and resilience-building activities can empower young people to make informed decisions.

Engaging communities in prevention efforts through youth-centered initiatives, mentorship programs, and recreational activities can create supportive environments that steer youth away from drug involvement. Community-based organizations play

a vital role in providing outreach and support services.

Policy reforms are necessary to address the root causes of drug addiction, including criminal justice reform, healthcare access, and social welfare policies. Implementing evidence-based policies such as harm reduction strategies and diversion programs can reduce the negative impact of drug use on young individuals.

Early identification and intervention are crucial in addressing substance use disorders among youth. Accessible and youth-friendly treatment services, including counseling, therapy, and peer support groups, can facilitate recovery and prevent escalation to chronic addiction. Combating drug addiction in the younger generation requires a comprehensive and collaborative approach that addresses underlying risk factors, promotes protective factors, and provides accessible resources for prevention and intervention. By prioritizing education, community engagement, policy reforms, and early intervention, we can empower young people to lead healthy, drug-

free lives and build resilient
communities for the future.

Orchid, the solitaire

Dr Nithya G S

ADMO/DBRT/NFR

When every blossom on earth
cherished their presence on land and
slandered their life being in a boutonniere,
poesy and what not,

While the solitaire,
the ORCHID moved to the heights,
over the canopy,
surviving on the humid of patience and chastity, knowing that
the man who knows her worth, would climb any heights,
be it a canopy, be it a mountain,
just to cherish the vibrancy of her shades
and smell the scent of her chastity.

Euthanasia: Ethical Considerations, Pros, and Cons

Dr. Vinod Solanki

Euthanasia, often referred to as "mercy killing," is a deeply contentious issue that provokes strong emotions and raises profound ethical questions. It involves deliberately ending a person's life to relieve them of suffering, typically in cases of terminal illness or incurable pain. This practice can be voluntary, where the patient consents, or involuntary, where the decision is made by someone else if the patient is unable to consent. The ethical correctness of euthanasia is a subject of intense debate, with compelling arguments on both sides.

Ethical Considerations: The ethical debate surrounding euthanasia revolves around several key principles: autonomy, beneficence, non-maleficence, and justice.

Autonomy - is the right of individuals to make decisions about their own lives, including the choice to end their suffering through euthanasia. Proponents argue that individuals should have the autonomy to decide when their quality of life is no longer acceptable. They believe that respecting a person's decision to end their life under intolerable conditions is a form of respecting their autonomy.

Beneficence - involves acting in the best interest of the patient. Supporters of euthanasia argue that it is sometimes the most compassionate option, relieving patients from unbearable pain and suffering. They see euthanasia as an act of kindness and mercy, providing a dignified end to life.

Non-maleficence, the principle of "do no harm," is often cited by opponents. They argue that euthanasia is fundamentally harmful because it ends a life. This principle is rooted in the Hippocratic Oath, which emphasizes the physician's role in preserving life. Critics fear that legalizing euthanasia could lead to a slippery slope, where the value of human life is diminished, and vulnerable populations may be pressured into ending their lives prematurely.

Justice in the context of euthanasia refers to ensuring fair access and protecting vulnerable groups. There is concern that legalizing euthanasia might disproportionately affect the elderly, disabled, or those unable to advocate for themselves. Safeguards would need to be rigorous to prevent abuse and ensure that decisions are truly voluntary.

Pros of Euthanasia: Relief from Suffering: The most compelling argument in favor of euthanasia is the relief it offers from unbearable pain and suffering. For patients with terminal illnesses, where modern medicine cannot provide relief, euthanasia offers a way to end their agony humanely.

Respect for Autonomy: Allowing euthanasia respects the autonomy of individuals, giving them control over their own bodies and lives. It acknowledges their right to make decisions about their own death.

Dignified Death: Euthanasia provides an opportunity for a dignified death. It allows patients to avoid the indignity and loss of control that often accompanies the final stages of terminal illnesses.

Economic Considerations: Prolonging life through extensive medical treatment can be financially draining for families and healthcare systems. Euthanasia can reduce the burden on families and free up medical resources for other patients.

Psychological Comfort: Knowing that they have the option of euthanasia can provide psychological comfort to terminally ill patients. It can alleviate the fear and anxiety associated with the prospect of prolonged suffering.

Moral and Ethical Concerns: Many religious and moral frameworks consider euthanasia to be morally wrong. They argue that life is sacred and only a higher power has the right to end it. Euthanasia, from this perspective, is equated with murder.

Slippery Slope: Critics warn of a slippery slope where the legalization of euthanasia could lead to non-voluntary or involuntary euthanasia. They fear it could eventually be used to justify ending the lives of those who are not terminally ill or who cannot consent, such as the disabled or elderly.

Potential for Abuse: There is a risk that euthanasia could be abused, with vulnerable individuals being coerced or unduly influenced into choosing death. Ensuring informed consent and protecting against coercion would require robust legal frameworks and oversight.

Psychological Impact on Medical Professionals: Performing euthanasia can have a profound psychological impact on healthcare providers. It goes against the traditional role of doctors as healers and could lead to emotional and moral distress.

Alternative Solutions: Opponents argue that with advances in palliative care, pain and suffering can be managed effectively without resorting to euthanasia. They advocate for better access to palliative care as a solution to end-of-life suffering.

The ethical correctness of euthanasia is complex and multifaceted, involving a delicate balance between respect for individual autonomy and the protection of vulnerable individuals. The arguments for euthanasia highlight the importance of compassion, dignity, and autonomy in end-of-life care. However, the concerns about potential abuses, moral implications, and the slippery slope cannot be ignored.

A nuanced approach is essential, one that involves stringent safeguards, thorough ethical consideration, and robust legal frameworks. It is crucial to engage in open and honest discussions, considering the diverse perspectives and values within society. Ultimately, the decision to legalize euthanasia should be guided by a commitment to upholding human dignity,

protecting vulnerable populations, and ensuring that choices made at the end of life are truly informed and voluntary.

KEEP LAUGHING AT ME

**Dr. Jugalkishor Piprewar
ADMO/RTM/WR**

**There was a time I was among best,
I would be among top, do hell with the rest
moving like an engine, swinging like a bow
I was the performer of every show
But there came a down, there came a swamp
once a star now dimmer than a lamp
there were people who would love me and care
but no one was there when there was lot to share
the cheered me all over and threw at me
all the curses, devils were set free
I do not ask them to stop or get lost
just keep coming to dig my fort
I promise you will regret the day
coz I will have the final say
The real in me is now listening
and he will be set free
all you need, is to keep laughing at me**

TRAINS, JOURNEYS AND MYSELF...

Dr T J Kannan

ADMO/CH/WCR/ Jabalpur/MP

Announcements incisive over cacophonies
 Moved the mobs in and out
 Jaunty, lazy, loud and what not
 Sea it became of cultures myriad
 Joined as it were with trains in run
 Passing in and passing out
 Changing as it were
 At times different yet the same
 Like their destinations as it were
 Is it different or is it the same...

Steady as it were of journeys long
 Sinking in rhythms jolting along
 Of life in facades in every blink replaced
 With sips of tea spices laced
 Of songs and speech and music and beat
 Was it alike or poles apart
 Keen eyed me time and stations part...
 Laxmi Vilas, Viswamitri in memories beyond,
 Now afloat in waves of Ganges so fond
 In incense and cymbals and bells and prayers
 Of cuisines and emotions and shops in layers
 Landscape of humanity archaic hover
 Crowds move onin and out
 To a destination sublime...one of many
 Is it different or is it the same...

Fields now landscaped the window fast
 In which played kids in a carefree fun
 As worlds sleeps in to dark oblivion

Stepped I to a land far far away
 Of men and land and culture and cuisine
 Was it just me or is it different
 As the train translates into worlds afar
 Seemingly different yet the same....

Suns and skies and clouds pass by
 One finds sands and sea catching one's eye
 Roughened by waves along Coromandel
 Where language reigns alongside the gods
 Crowds move in along crossroads
 To destinations different far and near
 With edifices witnessing times bygone
 Saw myself again in a workstead new
 Where miracles of medicine saw their win
 Of witnesses remain the gods in silent din....

Suns and skies and clouds pass by
 the window where I sat with keen eye
 The train translates to worlds anew
 Out passes mounts, fields, rivers anew
 Facets of beauty of motherland shine
 Into the land where through the woods
 Anklets dance of Rewa so fresh
 As she glides through the marbles bright
 With the sun at his midday high
 With the rhythm, the jolts now familiar
 The train translates to a world anew
 Crowds run in.....in and out
 To destinations afar and never seen

Yet as one sees... thoughts are born
 As the train stops into a world anew
 As it translates to thoughts anew ...

As it translates to freshness anew...
 As it translates to joy anew...

Baby on board

Dr. Meen Morey

It was warm and sunny day in the month of May and mom says we have to go catch a train.

I wave a good bye to my father, contemplating the adventure that awaits

I jump from one berth to another and fall asleep as the dark takes over

I wake up in a new place, she ascertains its our home for a few days

She leaves at 8 and comes back at 6, with a calming smile on her face

I enjoy the newness of the place at the same time struggle to adjust

When finally I am at ease, its time to depart to another place

The train whistles and goes miles in the storm and the rains

The abrupt change is tough to face

But don't worry mummai will adjust

My tantrums are not intended to hold you

back But the separation from you makes me restless

When you return home I can read the dilemma on your face, "am I doing it (parenting) the right way,

Because You are too tiny to bear all this stress"

Yet my lit up eyes make her forget the plight as I shower kisses on her face

The time has come to make a move again

The rail awaits my presence, its cozy like meeting an old friend.

Together we are off to a new place, filled with loads of fresh experiences and distinct folks

with some I connect and with some I don't but each one leaves a lasting trail

we hang out at lovely places and savor new cuisines on her leisure days

She takes me in her arms to say you have lost so much weight

But I know I have gained much more at this tender age

(P.S- I have been travelling with my 1.5 year old baby during the field training. The poetry describes the expedition from his point of view)

Iron Horse Odyssey

Dr. Gokul S Jeev

Rhythmic pulse, a steady beat,
Carries me onward, swift and fleet.
Iron horse, a mighty steed,
Through landscapes vast, it does indeed.
A canvas painted, mile by mile,
Green fields, blue skies, a wondrous smile.
Towns and cities, a fleeting glance,
a world in motion, a rhythmic trance.
The clattering rhythm, a soothing sound,
As dreams and thoughts begin to abound.
Faces pass, stories untold,
In this carriage, where secrets unfold
The sun descends, a golden hue,
As twilight paints the evening view.
Stars emerge, a celestial show,
As the train glides on, steady and slow.
A journey's end, a station near,
with memories cherished, held so dear.
The iron horse, a faithful friend,
on this adventure, without end

Why railway service? Perhaps the circle of life!

Dr Visazo Kikhi (IRHS 2021)

MS General Surgery

ADMO/SDRH NJP/ NFR

November 2023, after I received my zonal allotment I stood there at Kamakhya railway platform (NFR) overlooking the rail track, having a flashback to 2008 where I once sat on the same rail track after a freak train accident on my very first train journey, in shock and holding the dangling flesh and crushed metatarsal bones with blood spurting out from my amputated left foot, memories came flashing and I muttered to myself "what an irony to come back to serve the railways! ".

I come from a small village on the southern edge of Nagaland, Viswema village, where 'kesorail' as we call all trains in my dialect, was just something we saw in pictures. We marvel at how boxes of iron would run along carrying passengers and goods. Even now railway is not a big part of our lifeline as is in the rest of the country. We still rely on half made, washed away bitumen roads and time trodden jungle tracks for our daily life. Development is picking up but at a slow pace due to 'various' reasons. Nearest functional railway and the only decent railway in Nagaland as of writing this article (with 3 platform and less than 10k footfall) is Dimapur railway station which is almost 80km from my village (Shukovi railway is yet to rise up). With little to no exposure about railway throughout our clan/tribe traditional history my people never looked at railway as a convenient travel partner and job opportunity.

After my injury as I laid there on my hospital bunk for nearly 4 months after my accident I developed an unknown hatred to train and even took a premature oath never to travel in trains again! Life must have laughed watching me swear that day! Train and railway never came to my thought since then.

I saw medical professionals especially surgeons, in and out of the hospital for a long time and that is when a dream to be a surgeon was manifested. I told myself one night in the midst of my depression that I will pick myself up, become a doctor one day and come back to serve patients like me. I know what it felt to be a patient and an amputee so if I could give back something from my experience and medical knowledge then that was it. I completely felt in love with the medical profession and what it stood for. The sense of calming a patient with words, understanding the dynamic beauty of a doctor-patient relationship, repairing the anatomy of a body, altering the course of a disease, seeing the relieve of a treated patient was all that excited me and I didn't look back.

Of course before I got into the medical profession, I was oblivious to the hardship of the profession itself-the journey to attain the title 'Dr' and its curvy up-down journey. With no resources to guide about medical life I was at wits end to start from scratches.

I remember those days where I would lock myself in my room and revise my notes for the exam AIPMT (All India Pre Medical Test) when friends were out enjoying. My focus was set and I knew my dreams. Wrote my exam and by Almighty grace I got through and I started my medical journey in 2013. During counselling for institutes, I told myself that I will push myself hard independently far away from home to test my limits and make peace with my physically challenged status so I choose the state of Kerala.

At Government medical college Kozhikode Kerala, on my left below knee prosthesis 3000km away from home I adapted to a new place, life, working environment, climate, culture, language, food, friends and people. I relish those moments when I use to sit with patients in the physical rehab department and share experiences of a limb loss. A medical professional with same or similar condition & experience made me a more approachable outlook as they see a patient in me too. Fast forward to 2018 I got through my MBBS. Then came catching the train of surgery course. I knew firsthand how hard it will be, to be a surgeon, mentally and physically at my physical caliber. But my heart was set. Surgical field or nothing. And also, if I took surgery, I knew it had to be at Kerala- my second home who gave me so much for life.

I got through my entrance and after 3 years of learning surgical basics & refining skills, techniques, patient approach & relationships, observing & doing countless surgeries and of course free side gift of subdue/sublime mental torture, sleepless nights, unlimited overtime duties, academic tensions, gastritis! I cleared my MS General Surgery from Government Medical College Thiruvananthapuram Kerala. Many a time I would come back after continuous 36-48hrs duty and as soon as I return to my small 2 room rent, I would have an emotionally let out session and think 'can I keep up?!'. After removing my prosthetic, I would take a long look at my sodden amputated leg stump and go back through memory lane where it all started -- My first train journey, just about to enter Kamakhya railway station on peaceful evening of February weather, gentle breeze hitting my face as I leaned over the train door, a group of elders sitting a little away from the rail track discussing perhaps about their day, children's shouting in the background amidst the train sound. Next moment I was on the track with a major turn of life. Snap back to reality I would tell myself that I have come so far and this is not where I will give up and then get a sense of why I am there at that moment. It was during a 2am usual casualty duty in my first year of surgical residency when I came across the ad for UPSC CMS. I had just cleared a jam-packed surgery casualty floor and my interns were taking a small nap on the desk by my side. As soon as I saw the ad I felt a peace over me, some sort of beckoning to somewhere. I open up the UPSC site and did my registration.

I remember getting my appointment letter through the post office, the post master gave me a big smile and congratulated me. I came out with two hangers on my mouth, joy briming knowing hard work has paid off at least for that moment. I read with pride 'The president is pleased to offer you appointment..... 'If it wasn't for that incident on that fateful February evening at Kamakhya railway station, I don't think I'll ever unlock my love for medical and surgical field in particular. That rail incident gave me a focus point to look into what I'm good at. My aim got defined and path got clearer. So, it's only fair on my part that I come back to railway to give back my service to it after all I became a doctor, a surgeon partly because of it.

My dad asked me once when I told him that I'm joining railways, 'Not afraid of train? Why railways? '.. He has a point, I smiled and told him 'Maybe after some few years of service I'll know why.'

Rail-Health...

DR. Prashant Bhingaradiya

MS ORTHO,ADMO/JRH/CH/WR

**Two giants, serving the nation's call,
One transports bodies, the other heals all,
Indian Railways, a network so grand,
Connecting lives, across this vast land.**

**The Health Department, a guardian of care,
Mending bodies, and soothing despair,
Hospitals and clinics, a refuge for all,
Healing hands, that answer life's greatest call.**

**One chugs along, with wheels and steam,
The other rushes, with ambulances' scream,
Both race against time, with different pace,
One to destinations, the other to a smiling face.**

**Railways weave, a fabric of steel,
Healthcare weaves, a tapestry to heal,
Both vital threads, in India's fabric so fine,
Interconnected, like the rhythm of a rhyme.**

**Though different paths, they tread with care,
Both serve humanity, with love and repair,
Indian Railways, and the Health Department too,
Unsung heroes, in all they do.**

A CHILDHOOD DREAM FULFILLED

Dr.Nakul .S .Jeev

Joyful laughter echoed from the hospital hall,
A contagious delight that beckoned me to all,

A pair of little hands, gentle and strong,
Awaited my arrival, where love would belong,

Filling my life with joy, from the very start,
A brotherly bond that's forever in my heart.

My big brother, with a heart so true,
Had prayed for a boy, a buddy anew,
A cricket mate to share the pitch,
A partner in mischief, a friend to enrich,

And now, with him, my dreams unfold,
A sibling bond, a story to be told.

From tiny hands cradled in his own,
To holding hands on an auto ride home,
From cycling to school, a guiding light,
To leading me forward, through life's plight,

To now, where he's shaped the path I've found,
And in his footsteps, my journey's profound.

A rare melody, a note so fine,
My brother, a role model, one of a kind,
divine,

Paving downy paths for my eager feet,
Setting lofty standards, urging me to compete,

Not just to walk, but to run with grace,
To soar on wings, and find my own pace.

Through halls of learning, from school to college gates,

And into the professional world's challenging states,

He stood as a motivator, a constant, guiding light,

A silent mentor, shaping my journey, day and night,

With every step, with every fall,

He helped me rise, through it all.

A childhood dream, long held and true,
To share a classroom, just me and you,
To explore India's wonders, side by side,
To strengthen our bond, a brotherly tide,

To laugh, to learn, to grow together,
To create memories, in every kind of weather.

A dream thought lost, like ashes cold,
Rose from the embers, young and bold,
After twenty five years of life's winding road,
Fulfilled at last, in IRIFM's abode.

God's ways are mysterious, yet divine,
Weaving a tapestry, so fine and so mine.
Though words of praise may not often flow,
And gestures of gratitude may go unseen,
know

That deep within, a love so true,
I'm grateful to be your younger sibling,
through and through.

In this moment, I'm the happiest soul,
Living my childhood dream, making it whole,

Thank you, Dr. Google, for being my guiding light,

I cherish our bond, forever and always bright.

The Age of (Dis)information: Navigating accuracy and misinformation in the digital era

Dr. Awanti Lakhote IRHS (P)2023

Lazy Sunday afternoons in 1990s India were a cherished routine, marked by the tradition of special Sunday lunches and a film that began around noon, drawing families together indoors. On one such Sunday, the film playing was none other than Manmohan Desai's celebrated epic, *Amar Akbar Anthony*. The movie's opening scene, which featured a profoundly emotional moment where the three brothers come together to donate blood through a single bag to save their ailing mother, left a lasting impact on viewers. This poignant sequence not only moved many to tears but also encapsulated the essence of compelling storytelling that resonated deeply with audiences. The scene, with its blend of drama and familial love, was a testament to the power of cinema to evoke strong emotions and capture the heart of its audience. Fast forward to today, and a scene like that might elicit skepticism or even ridicule from modern viewers. With the vast amount of information available online, audiences are now much more informed about medical practices and the realities of blood transfusion. The dramatic portrayal of brothers donating blood through a single bag to save their mother, while deeply moving in the context of 1990s cinema, might now be met with questions about its scientific accuracy.

Advances in medical knowledge and technology have raised viewers' expectations for realistic depictions in film. Consequently, the same cinematic liberties that once captivated audiences may now face scrutiny as viewers critically evaluate the feasibility of such dramatic scenes against their understanding of contemporary medical practices. The internet has transformed the world in profound ways, evolving into a vast and intricate network that continuously expands beyond our full comprehension. Its influence extends into nearly every field, including medicine. This digital revolution has significantly altered how medical information is accessed, shared, and utilized. With the vast resources available online, people can now quickly obtain information about medical conditions, treatments, and procedures. This accessibility has empowered both patients and healthcare professionals, offering new opportunities for learning, collaboration, and innovation. However, it has also introduced challenges, such as the need for discerning credible sources and navigating the complexities of rapidly changing medical knowledge. The internet's impact on the medical field is a testament to its broader role in reshaping our understanding of virtually every aspect of life.

The rapid expansion of the information highway brought about by the Internet has significantly altered many aspects of life, including health-related matters. Increasingly, people are turning to the Internet for their health information, which has led to changes in how they seek medical advice and interact with physicians. The traditional belief that "the doctor knows everything" may no longer hold as strongly in today's digital age. While some have expressed concerns about how online information might affect the doctor-patient relationship, others argue that the essence of this relationship still depends on the trust patients place in their physicians, regardless of the information they find online.

While patient empowerment can be beneficial, especially in managing chronic diseases where self-care plays a crucial role, it is important to stay aware of potential drawbacks. One major concern is that some

online information can be misleading. Patients might come across personal blogs, anecdotal stories, or subjective opinions that lack scientific validation, rather than relying on peer-reviewed research. This can lead to issues such as self-diagnosis and self-treatment, which can be risky without professional guidance. Additionally, patients who gather information online may bring more questions to their healthcare providers, potentially increasing the demand for diagnostic tests and treatments. A prime example of this phenomenon was evident during the COVID-19 pandemic. The rapid spread of misinformation concerning the virus, its treatments, and the vaccines led to widespread public confusion and skepticism. This misinformation not only contributed to a general sense of hesitation and distrust among patients but also significantly exacerbated the challenges faced by healthcare professionals. Doctors and medical staff were already under considerable strain due to the high transmission rates and severe impact of the disease. The additional burden of addressing and correcting misinformation added to their workload, complicating efforts to manage the pandemic effectively and deliver accurate, timely care. The situation underscored the critical need for reliable communication and public education in managing health crises. It's crucial for patients to critically evaluate online sources and consult healthcare professionals to ensure they are making informed and safe decisions regarding their health.

India is emerging as a major player in the global Internet landscape, largely due to its talented IT professionals. The availability of information online in various local languages has made the Internet more accessible across the country. Smartphones have played a pivotal role in bringing the Internet to even the most remote villages. Currently, over 300 million people in India use smartphones, and another 433 million are expected to acquire them within the next year. If this trend continues, nearly every Indian could be online within the next five years.

However, in a country like India, where misinformation can spread rapidly and cause significant disruption, medical disinformation poses a serious risk. The swift dissemination of inaccurate health information can have serious consequences for patients, potentially leading to harmful self-diagnosis, inappropriate treatments, and overall public health issues. Ensuring the accuracy of medical information and educating people about reliable sources is crucial to mitigating these risks.

In conclusion, while the Internet has turned us all into armchair experts on everything from cooking to quantum physics, it's also given rise to a few too many questionable health tips—like that miracle cure for everything you saw on a sketchy website. Let's face it, while Googling your symptoms might make you an expert in hypochondria, it doesn't always make you a doctor. As we continue to enjoy the benefits of online information, let's also keep a sense of humor about those wild medical claims and remember that sometimes, even in the age of information overload, it's best to consult a real-life expert. So, let's stay savvy, double-check those health tips, and not let our smartphones turn us into DIY doctors. After all, a little skepticism can go a long way in keeping us healthier and a lot less confused!

Absolutely! We can definitely savor the creative liberties in movies and enjoy them for the entertainment they're meant to provide. After all, a little cinematic magic can make for a great escape and a good laugh. Similarly, while the Internet is a fantastic resource for serious study and accessing accurate information, it's also perfectly fine to indulge in a bit of fun and fantasy online.

Balancing entertainment with reliable research is key. So, let's keep enjoying our favorite films with a pinch of salt and continue using the Internet as a valuable tool for learning and growth. With a bit of discernment, we can enjoy the best of both worlds!

SHE...

Dr. Greeshma John L

She got her green signal
Thought of doing everything
once she was not allowed to...
But she never had a clue,
That the society is going to surprise her...
She walks with grace, a gentle soul
she moves with purpose, a determined stride
she is the essence of all that is divine
she is a mystery, a story untold
she is a warrior, a fighter of destiny...
Unwanted eyes upon her shadow
making her feel like she was trapped within...
The touch that not wanted...
The words that sting...
A prisoner of expectations,
A victim of shame,

Afraid to speak out, Afraid to retrieve,
 A feeling of being preyed and hounded,
 A never ending nightmare that refuse to dim...

THE ELVES

Dr Imran Jabar

IRHS 2023

In sterile halls where silence reigns,
 Where life and death collide,
 A doctor stands with steady hands,
 A guide through the great divide.
 With knowledge vast and skill refined,
 They battle every fear,
 Yet offer more than just a cure
 A presence calm, sincere.
 They stitch the wounds that time inflicts,
 And ease the heart's despair,
 With every touch, a hope rekindled,
 In every word, a prayer.
 Through sleepless nights and endless days,
 Their courage never fades,
 For in each life they strive to save,
 A brighter future's made.
 So here's to those who heal with grace,
 Who give all they can give,
 For in their care, we find the strength
 And reason yet to live
 They, who always care!! Born with the
 name of healing,
 They're exceptional in their way of dealing.
 Hard is to earn that "Dr's" title,
 Yet then that makes him so many lives'
 vital.
 An honour to cherish,

An identity to never relinquish.
 He learns to cure,
 For he shakes hands with life to be sure.
 Sure to achieve his chosen bucket,
 Yet not everyone is able to earn that socket.
 Hours of perseverance,
 Nights of disciplined skeleton adherence.
 At the birth, he's the first to pick,
 At the death, he's the last to pick.
 India is not just a land of diversity,
 But more than that of being respect worthy.
 In double quotes is the doctor quoted,
 With a suffix of "Sahib" is he respected.
 A synonym to Lord,
 Life saver's identity makes him odd.
 So much is not there for it to shake.
 No point of break,
 They make sacrifices,
 Being blessed with the best supplies.
 Giving his own life a secondary priority,
 That white coat,
 He turns up to treat his patient with so
 much superiority.
 Peace, which carries in its throat.
 Always short and straight,
 No chance to outlook their's heart weight.
 His patient treats him as God,

He never considers him so odd.
 A man whose joys are in the patient,
 A man whose life is in the one on the chair
 seated.
 New Years, Christmas, birthdays,
 With him he celebrates all the days.
 Keeping celebrations aside.

Holidays not to be tried.
 Ever for the patients,
 For he, from them best smell, so fragrant.
 Are they so proud of themselves??
 Or do they really consider themselves are
 elves?

In Reverence of Museums: Where History, Art, and Dreams Converge

Dr Awanti Lakhote ,IRHS (P)2023

Museums are the most democratic of institutions, because they are places where everyone is welcome to learn and explore." — Richard Attenborough

As a '90s kid, my childhood weekends were often filled with trips to my cousins' house or enjoying books from my uncle's library. However, on special weekends, we would visit two memorable landmarks in my city of Nagpur: the Raman Science Museum and the Ajab Bungla (Strange Bungalow). The Raman Science Center was a thrilling explosion of scientific knowledge that captivated my young mind, while the Ajab Bungla showcased exhibits from around the world. I thought it was the best place imaginable, being able to see artifacts from across the globe right in my own city. Little did I know, this experience would open my eyes to a whole new world of museum exploration!

The term "museum" has its roots in classical antiquity. In Greek, "mouseion" referred to a "seat of the Muses," signifying a place of philosophical reflection or contemplation. In Roman times, the Latin derivative "museum" was primarily associated with philosophical discourse. During the 19th and most of the 20th centuries, the word "museum" commonly referred to a building that housed cultural artifacts accessible to the public. However, as museums evolved and adapted to the societies that created them, the focus shifted away from the physical structure itself. The core concepts of preservation and interpretation that underpin museums can be traced back to humanity's innate drive to acquire knowledge and explore. Evidence of this can be seen in Paleolithic burials containing collections of objects, as well as in cave from the same era, which reflect early efforts to understand and communicate about the world.

While my childhood perspective may have limited my view, I later discovered that my city's museum was neither the largest nor the only one in India. In fact, the first museum in India was the Indian Museum in Kolkata. Established in 1814 by the Asiatic Society of Bengal, the museum's original location was on Park Street in Kolkata. This museum holds the distinction of being not only the oldest but also the largest multipurpose museum in the Indian subcontinent, and it stands as one of the most significant in the Asia-Pacific region. The Indian Museum played a pivotal role in the cultural and scientific development of the region. Its establishment marked the beginning of an era of notable socio-

cultural and scientific advancements, bridging the gap between medieval and modern times. This museum served as a hub for knowledge, showcasing a wide range of artifacts that spanned from ancient archaeological finds to valuable art collections. Through its diverse exhibits and research initiatives, the Indian Museum contributed significantly to the understanding and preservation of India's rich cultural heritage. Its influence extended beyond the Indian subcontinent, making it a key institution in the broader Asia-Pacific region, where it continues to be a beacon of historical and cultural scholarship.

In a country as diverse as India, museums are invaluable for exploring the rich and varied cultural heritage of its cities. My travels across the country have shown me that museums offer fascinating insights and stories through their extensive collections. I have a deep appreciation for museums, whether they are traditional repositories or more interactive spaces. I consider myself fortunate to have visited some of the best museums in India. Each museum visit reveals the soul of the place and enhances my understanding of its history and culture. For instance, museums in Delhi and Mumbai and salarjung often focus on global history, while others specialize in niche topics, allowing for a deep dive into specific subjects. One museum visit that holds a special place in my heart is the Archaeological Museum in the Andaman and Nicobar Islands. It offered a profound glimpse into the lives of tribal communities that are often hidden from view and shared the chilling history of the Cellular Jail. Every museum visit leaves me awestruck and enriched, sparking my curiosity and eagerness to learn more. In an age where information is readily available online, this article might seem somewhat unconventional, but I believe that no amount of digital information can match the joy of experiencing the world through the imaginative and fulfilling lens of a museum.

Museums have significantly evolved in purpose and scope over time. Globally, they showcase a country's past, present, and future aspirations. However, in India, museums seem to have lost some of their charm and are often undervalued by both the government and the public. Despite India having around 1,000 museums for a population of approximately 1.4 billion, many of these institutions are concentrated in urban areas and often suffer from inadequate funding and maintenance. In rapidly growing cities like Bangalore, where new buildings, shopping malls, and offices are frequently constructed, there is a noticeable lack of new museums. Our own city extension, already densely populated, is seeing the rise of new buildings with few community parks, libraries, or museums. In contrast, developed countries like the United States boast a far greater number of museums, with 35,000 across the country and about 2,000 in California alone. While lack of funds is often cited as the reason for the poor state of many Indian museums, this perspective overlooks the significant economic contributions museums can make. Museums play an essential role in education by making learning engaging and are particularly valuable for children from underprivileged backgrounds. They also offer social, cultural, and economic benefits, fostering community cohesion and acting as catalysts for change and national unity.

To harness the full potential of museums, a profound shift in attitude is crucial. Museums are not merely repositories of artifacts and historical relics; they are vibrant centers of education, culture, and community engagement. Recognizing and embracing the invaluable role that museums play in our societies is essential. These institutions are instrumental in preserving our cultural heritage, fostering a sense of identity, and providing opportunities for lifelong learning.

To fully leverage their benefits, it is imperative that we support museums through meaningful collaborations between private enterprises, philanthropic organizations, and government bodies. By establishing robust partnerships and investing in these cultural assets, we can ensure that museums continue to thrive and evolve. Both the state and the general public stand to gain significantly from such investments, as they contribute to the enrichment of our collective experience and the safeguarding of our shared history for future generations.

RICE AND RASAM

Dr. Shilpa Thomas

“Ugh! Amma’s rice and rasam again!”
The twelve- year- old me grumbled
At the monotonous ritual
of every solitary noon
With both elders out working
and me back from school
served myself cold, clammy rice
and pale, dull soup
vowing never to taste it again,
until the next noon...

Decades later, the silver mirror says:
Amidst life’s charade, gracefully I’ve aged
Delicate wrinkles concealed by
the tell- tales and fame...
Best restaurant, best chef,

Best seat, best all...
Nonchalantly flipping pages
From the afternoon's menu;
Childishly hoping to find
'Amma's rice and rasam' again...

WHEN DID YOU LEARN TO CRY?

Dr. Shilpa Thomas

Remember the days I carried you in my arms...
Walking thru' the narrow, muddy path, far from the city's charms...
I focused on the way but busy were you
Gazing at the wildflowers and the tiny ladybird on a leaf shining in the morning
dew;
Talking to the squirrel and the farmer and the singing quail;
Staring at everything with a beaming smile...
A few months later, remember the days
You came home with a sullen face...
Until you found a bird that sings
Until I told you Cinderella, at last, gets married to the prince
A wide grin told me forgotten was the pain,
A smile lit up on your face again!
As years rolled by, funny questions filled your head
Doubts arose for all that people did and said;
You weighed the goodness in everything that you saw
Sometimes as a sign of disapproval, you frowned and raised a brow...
But yet of the goodness, I reminded you often;
As, at last, you shook your head in approval,
I saw the doubtful look soften.

But now let me know, what has gone wrong...
Why with the rest of the world, you are not getting along?
Why you now always cry and complain, you never said...
Why can't you get the words 'Lies, unfair and unjust' out of your head?

'A good mother', I called myself
for having taught you to see only the goodness, and smile...
I always knew you as a happy child
but Lily, when did you learn to cry?

Transition from Communicable Diseases to Non-Communicable Diseases (NCDs) in India

By Dr. Shubham
ADMO/MTJ(HU)/NCR

Introduction: India is undergoing a significant health transition characterized by a shift from communicable diseases to non-communicable diseases (NCDs). While communicable diseases like malaria, tuberculosis, and cholera have historically posed significant health challenges, the burden of NCDs such as cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases is now on the rise. There are some factors which lead to this shift.

Demographic Changes: India's population is experiencing a demographic transition with an aging population and changing lifestyle patterns. Urbanization, sedentary lifestyles, and dietary shifts towards processed foods high in fat, sugar, and salt like fast food and food full of trans-fat. This is one of the important cause of rising prevalence of NCDs.

Economic Development: Economic growth has led to improvements in living standards, increased access to healthcare, and better sanitation and hygiene practices which has reduced burden of communicable disease. However, it has also brought about lifestyle changes such as decreased physical activity, consumption of unhealthy diets, and increased tobacco and alcohol use, contributing to the NCD burden.

Epidemiological Transition: The epidemiological profile of India is shifting from infectious diseases to NCDs. Improved vaccination programs, sanitation, and healthcare have reduced the prevalence of communicable diseases, while NCDs have emerged as the leading cause of morbidity and mortality.

Globalization: Globalization has facilitated the spread of unhealthy lifestyles, including Western dietary patterns, sedentary behavior, and tobacco and alcohol consumption. Increased trade and globalization of food systems have made processed foods more accessible and affordable, contributing to the NCD burden. And in India people are accepting western dietary habits so rapidly.

IMPLICATIONS FOR PUBLIC HEALTH: Healthcare Infrastructure: The transition to NCDs requires a shift in healthcare priorities, with a greater emphasis on preventive measures, early detection, and management of chronic conditions. Strengthening primary healthcare services.

Health Promotion and Education: Public health campaigns and educational programs are essential to raise awareness about the risk factors associated with NCDs and promote healthy behaviors. This includes promoting regular physical activity, a balanced diet, tobacco and alcohol cessation, and regular health screenings. For this people should take these steps sincerely.

Policy and Health Program: In order to prevent and control major NCDs, the National Programmer for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) was launched in 2010 with focus on strengthening infrastructure, human resource development, health promotion, early diagnosis, management. This program is under NATIONAL HEALTH MISSION. In 2023 this program has been renamed as The National Programme for Prevention & Control of Non-Communicable Diseases (NP-NCD). By focusing on non-communicable diseases (NCDs) such as diabetes, cardiovascular diseases, cancer, and chronic respiratory diseases, the program strives to reduce their incidence and associated mortality rates. Through targeted interventions including awareness campaigns, early detection, lifestyle modifications, and access to affordable treatment, NP-NCD aims to mitigate the burden of these diseases on individuals and the healthcare system. With this program there is believe that we may be able to control and then reduce the burden of NCDs Conclusion: The transition from communicable diseases to NCDs represents a significant public health challenge for India. Addressing this transition requires a comprehensive approach that addresses the underlying social, economic, and environmental determinants of health. By prioritizing prevention, early detection, and management of NCDs, India can mitigate the burden of these diseases and improve the health and well-being of its population.

THE TIME

**Dr. Mohammed Farzeen P.V.
ADMO (P), IRHS-2022**

It is very effective to start with the quote of Bill Keane that “yesterday is a history, tomorrow is a mystery and today is a gift of God, which is why we call it the present”. It is a clear picture which upholds the vitality of time. The real hero in everyone’s life is ‘The Time’. It has no beginning and no end. It can neither be generated nor be demolished.

Time is the topmost valuable thing in everyone’s life. It effects from birth to growing of nails and hairs to the end of the life and even the end of the universe.

Everyone has a different clock in their lifetime. We don’t have to wait for a right time, there is just time and what you always choose to do with it in the right way is what is called a right time. By understanding the value of time, we can make better choices that lead to success in our personal and professional lives. How you use your time, shapes your future.

The time only turns in one direction. Once it is gone, we can't get it back. Every second in our life counts. It may not matter every time, but the time will make us understand it. Time is the most valuable gift one can give to another, and it is also a priceless gift to oneself. Time makes a person more generous and aware. Hence value your time. Nothing is independent of time. We all have the same 24 hours in a day, but how we utilize those hours make all the difference. How effectively one use his time will reflects his success.

Management of time is the key to one's success. All you need to do is use the available time more wisely.

Life and time are the best teachers. Life teaches us the use of time and time teaches us the value of life. Therefore, enjoy the small moments and understand and respect the value of time.

Pandemic – Beyond the Chinese great wall

Dr. Mohammad Sadique M P

Chernobyl' resounds the story of the worst nuclear disaster ever in the history of mankind. Even though the disaster was ultimately down to the flawed design, poor quality infrastructure, and operator fault, the real disaster was the disaster management that followed. Russia, at the dusk of an authoritarian regime, no one had the guts to question the system, despite the newly adopted policy of 'glasnost'. All those who questioned the mediocre system and its draconian reforms were either gagged or shot by bringing upon the mighty clutches of invisible administrative shackles. Following the disaster, the first response of the authorities concerned was to deny the disaster and repeatedly downplay the warning of experts, hence wasting precious time for rescue operations and decontamination. This chain of criminal mismanagement was evident at all levels. These rigid echelons enabled incompetent people to take crucial decisions forsaking scientific temperament. Such an incompetent system always fears the truth and its reciprocations. They erected some facades and propaganda mechanisms to feed the people with lies that could save their skin. So, whenever the truth offends, they lie and lie until people can no longer remember it is even there, but it is still there. They lied about the cause of the disaster because they could not offend the ruling class by exposing their selfishness, and arrogance. They lied about the extent of real damage to keep people in the dark so that they may not revolt. So, what was the cost of those lies? It is not that people mistake them for the truth. The real danger is that if they hear enough lies, then they may no longer recognize the truth at all. What can they do then? What else is left to abandon even the hope of truth and content themselves instead with stories and manipulated reports? Many succumbed due to the calamitous mismanagement. Does it matter anymore? Yes, it is, because we evolved and took lessons from our mistakes, and so history should not be repeated. Scientific fraternity was always there to save humanity from these

conundrums. They were always brave enough to tell a spade a spade and a lie a lie. There will always be a Dr. Li Wenliang to stand up for science and humanity. And people listen to them out of respect. Had Chinese listened to him, history would have been different. Power is often misinterpreted as a social illusion by controlling resources or by means of threat. Yet the human mind is free and has an innate affinity for truth and justice. Even a small man can cast a big shadow if he can be true to this spirit. For the Soviets, it required a glasnost to empower them. What is there for China?

Mikhail Gorbachev had acknowledged that Chernobyl was the reason for the fall of the Soviet Union. And this will be a lesson to all the autocratic regimes that tamper with truth, disrespect scientific fraternity, and consider themselves unaccountable to people, as they all will be thrown into the dustbin of history. Leaders who stood for accountability, and liberty, like Mikhail Gorbachev, despite all miseries during his tenure, will be considered a hero and reformer. What about Xi Jinping's?

सियासी अदालत

डॉ. कृतिपरमार

ADMO/SBP/ECOR

सियासी अदालत

बहुततकलीफहोतीहै...जबवोघावदिखजातेहैं....

लोगोकेदिलोंमेंआए, तनावदिखजातेहैं..

येगुस्सेकोकहाँहैइतनीसमझ,

केसुनेयाआँखेखोले...

जहाँलेजाएवहींबहजातेहैं

तम्हेलगताहैं....बीतीबसतुमपरहैं...

परजोचोटिलहैज़्यादा.... वोबेखबरहै...

झन्नायाहैंवो, उकसायाहुआहै..

आदमसियासतकेखेलमेंबरमायाहुआहै

उसेहरदिन.. एकनएदुश्मनसेमिलायाजाताहैं...

वो पूछे जब सवाल उसे डराया जाता है..
 उसे उसी की ताकत से हराया जाता है
 देखो आज वो कटघरे में है...
 कल शायद तुम भी होंगे... रहो अगर जो मौन तो शायद गुम भी होंगे...
 क्या खबर हुकुमत तुम पर ही मुक़दमा दाग दे
 फ़र्माबददारी का तुम्हारी कुछ इस तरह जवाब दे

जज़्बात एदिल

डॉ. अर्थब्रह्मभट्ट

ये तेरी बेरुखी की हमसे आदत खास टूटेगी
 कोई दरियाना ये समजे की मेरी प्यास टूटेगी
 झमाना अपनी समजे पर मुझे अपनी समजे है
 कि जिस दिन सांस छूटेगी उसी दिन आंस छूटेगी

बस्ती बस्ती घोर उदासी पर्वत पर्वत खाली पन
 मन हीरा बेमोल लूट गए घीस घीसरी तातन चंदन
 इस धरती से उस अम्बर तक दो ही चीज़ गजब की है
 एक तो तेरा भोलापन है एक मेरा दीवानापन

जिसकी धून पर दुनिया नाचे दिल ऐसा एक तारा है

जो तुमको भी प्यारा है और जो हमको भी प्यारा है
 झुमर ही है सारी दुनिया जबकि हमारे गीतों पर
 तबके हती हो प्यार हुआ है क्या एहसान तुम्हारा है

ये दिल बर्बाद करके इसमें क्यों आबाद रहे होते हो
 कोई कलकहर हाथातुम इलाहाबाद रहे होते हो
 ये कैसी मोहलते मुझको अदा कर दी मेरे भगवन
 मैं सब कुछ भूल जाता हूं मगर तुम याद रहे होते हो

The Scientific and Spiritual truth of Caduceus – The Emblem of Medicine

Dr. Paidi Amarnadh, IRHS 2019

It was a pleasant monsoon morning when I was wandering in the gardens of IRIFM (Indian Railway Institute of Financial Management) which is, a sprawling expanse of meticulously curated flora, was renowned for its unique ecosystem. The garden was a sanctuary of tranquility, but it also held hidden dangers of snakes, where my attention is spotted toward shredded skin of snakes and reminds my professor's thoughts of CADUCEUS and its scientific and spiritual conscience which I share and elaborate through this article

Caduceus (Staff of Hermes) - Emblem of modern Medicine, Carried by Greek god Hermes (Roman Mercury) called as Messenger & Herald of the Gods. Short sacred STAFF intertwined or coiled around by two SERPENTS surmounted with WINGS OF DIVINE SERPENT or WINGS OF EAGLE. The Staff in the center represents healing power belongs to Hermes or Mercury – the messenger between the Gods and the Humans. The Wings are a reference to Hermes ability to fly between the heavens and earth - One wing- Diligence (careful, persistent work & effort) & other wing- Righteousness of Doctor in society

SPIRITUALITY & CADUCEUS

The Rod of consciousness exist in our cerebrospinal system - Spear (rod) as spinal column and Head looks like mighty crown representing resplendent wings. Man with full consciousness live in the wings or crown (Head) and gets into Spinal column (Rod) for action

The Serpentine consciousness is selfish consciousness ascends as ever helping & loving consciousness as wings of the Divine Serpent or wings of Eagle. There is a threefold channel which functions in the spinal column i.e., ROD OF CONSCIOUSNESS. There is a central bore in the rod of consciousness which functions as SHUSHUMNA Naadi.

Serpents on both sides ascending upwards in spiral coils as tightened coils below and loosened coils above are two energies,

- 1) The Right Energy is PINGALA (Solar Energy),
- 2) The Left Energy is IDA (Lunar Energy).

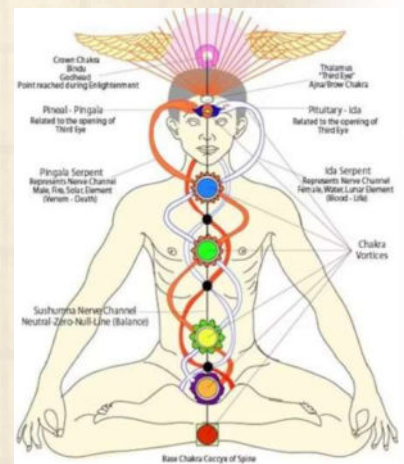
The whole body functions with these energies which exist in our spinal column ascends as Wings of the Divine Serpent -Resplendent with LIGHT & LOVE

Historically Snakes represents - Fertility or a Creative Force, Symbols of rebirth & Immortality as they shed their skin indicates transformation from mortality to immortality, healing as Snake venom heals certain diseases. In All religions -Serpents Symbolize the Wisdom, Luck & Godliness - ANATHA SESHU, VASUKI, DRAGONS

How the Son of the man – "DOCTOR" will become a healer as "GOD"?????

Desires, urges and ambitions are called Coils of serpents at start or base - called Coils of KARMA with Selfishness and Conditioning. As much as men projects into desire and selfishness so much is the conditioning (Tightness of Coil of serpent) - it's the serpent symbolizing the common doctor or common man in any field.

In this world of Matter, the selfish desires like Target of Glamour, Target of Faming, Target of Greatness rather than Goodness, Target of Competition rather than cooperation will exist. Days and years pass on pursuing these Material SELF DEVELOPMENT GOALS, later he gains knowledge of futility of pursuing material goals. He learns – Material targets are the byproducts of skilled and talented services to humanity and gets attracted to those talented surgeons working for humanity and himself recruited for such learning & slowly become a skillful surgeon or healer, to him such legends are role models & ascends and develops from status of SERPENTS to status of DIVINE HEALERS. Fame, greatness, millions of remuneration follows after higher learning and skillful work by entertaining golden thoughts of SELFLESS SERVICE. Thus, the doctor working for desires and fulfillment of aims whose conscious moves horizontally like a crawling serpent, Wants to move vertically like a winged serpent or winged eagle. Thus, the consciousness of man ascends from the serpentine nature of selfishness mainly through implicit following of thoughts of divinity and noble service - thoughts of wisdom, talents & skills useful to humanity. Acts of good will & Sympathetic service with an element of Sacrifice with love with Silence & Simplicity in Secrecy



The consciousness ascends as wings of Eagle which represent truth and its related light and love & life with power. The spirals of the serpent is symbolically spirals of KARMA (actions). The Serpentine coils are wider & loosens in the higher state of awareness. With these above noble thoughts in mind, this serpentine consciousness ascends and moves upwards in the etheric states of space as winged messenger of God. Thus the Doctor gains the state of mercury, in the sense, brings the messages from God to Men

Thus one can be transformed from the serpentine consciousness of selfishness as tight serpentine coils at base to the noble loving consciousness with love and sacrifice as wings of mercury at the top by following, the Discipline of THOUGHT, SPEECH, and ACTION.

So such is the magnanimous, noble and great theme which can transform the common Doctor to a Noble divine healer as a secret of secrets revealed by our Emblem of Medicine.

“If you want to grow vertically – Workout Horizontally”

"Whatever we wish for ourselves - It should be well done for others"

"Don't do unto others that which you don't want others to do unto you"

ALLOPATHY VS MODERN MEDICINE

Dr Ashvin S Chandran

IRHS 2023 BATCH

As medical professionals, we should proudly introduce ourselves as practitioners of modern medicine, science-based medicine, or evidence-based medicine. However, many of us still use the term “allopathy doctor,” which aligns with the general public’s perception but has a derogatory origin.

Dr. Hanemann coined the term “allopathy” to criticize the crude treatment methods of 18th-century doctors, which included bloodletting, purging, and using toxic heavy metals like arsenic. These practices were harmful and often resulted in complications worse than the diseases themselves. While the term was justified in the past, it no longer accurately represents modern medicine.

Another misnomer is “English medicine,” commonly displayed on pharmacy signs. Modern medicine is not exclusive to England or any other country; it’s the culmination of scientific advancements in fields like anatomy, biochemistry, physiology, physics, chemistry, mathematics and pharmacology over the last two centuries. It’s constantly updated and corrected based on recent discoveries.

Modern medicine is rooted in evidence-based practice, emphasizing systematic research to take patient care decisions. This shift began in the 19th and 20th centuries with the scientific method, allowing for objective evaluations of medical treatments.

Diagnostic capabilities have revolutionized patient care. Techniques like imaging, molecular diagnostics, and advanced laboratory tests enable accurate diagnoses. Therapeutic interventions have also advanced, with pharmacology leading to targeted therapies and personalized medicine. Surgical techniques have evolved from basic procedures to specialized operations using minimally invasive methods.

Let us proudly declare ourselves as practitioners of modern, evidence-based, and science-based medicine, reflecting the significant progress made in medical science and practice. By adopting accurate terminology, we can promote a better understanding of our profession and the high standards we uphold.

Memories to Cherish

Dr Mohammed Yahya PP, IRHS 2021

As I lay on my back, uncomfortable on the rexine-covered train berth, I thought of the long 24 Hours of travel ahead, scrolling through my phone. The chill of the AC in the compartment made me pull my blanket closer. Notifications from the IRIFM WhatsApp group, to which I was added a few days ago, kept popping up – mainly updates from members about their arrival at Secunderabad. My inner voice whispered... 'my train is reaching Secunderabad tomorrow morning, it's time to inform them or else I might forget as always'. I opened the group and typed my first post in the group... 'I'll be reaching Secunderabad station tomorrow morning at 10:00 AM by Falaknuma Express'. For some reason, I included the train name; perhaps I wanted to be extra vigilant or precise, I don't know.

When I packed my bags the previous night, I had no big expectations – just the thought of completing a mandatory course. Once I put the first message in the group, the private message which popped up made me realize that it is going to be different. 'Hi, we three doctors are in A1. Which coach are you in?' 'Me too in A1,' Berth?' '27, I replied.

"Hello, Hi"...a voice made me to look at the world outside my phone after a while and then it was four of us together, marking the beginning of a new journey.

The Suzuki Ertiga that picked us up from the station later carried us through the narrow road beneath the bridge to the front of the majestic IRIFM gate. We were stepping into a unique environment. The campus itself was a sanctuary – from the gate to the lush gardens, beautiful portico, well-designed building complexes, and more. From the warm smiles of the reception staff to the guidance of our mentors, every personnel who came across made this institution feel special.

We settled in quickly, and the campus soon felt like home. The aroma of biryani and the delicious dishes at campus mess perfectly showcased the rich taste of Hyderabad. The sports complex, with its facilities for almost every form of sport, helped us become multitalented all-rounders like never before. We explored its scope by playing cricket in the basketball court, trying tennis for the first time, and even becoming billiards pros. The recreation room became our favorite hangout, where we spent many evenings playing carrom and engaging in lively table tennis matches late into the night.

These moments of relaxation and friendly competition provided the perfect balance to our intense class schedules. Friendships blossomed, and we found time to connect during morning PT sessions, sports events, or group song practice sessions. The Independence Day celebration was particularly memorable. Participating in the planning and execution of the event brought us closer together and gave us an opportunity to express our patriotism in a truly special way.

As our training nears its end, it's clear that IRIFM has given us far more than just professional knowledge; it has provided us with a treasure trove of memories, deep friendships, and a sense of belonging. We'll cherish the laughter, the late-night conversations, and the memories we created together.

As we bid farewell to this beautiful campus, we'll carry the spirit of IRIFM with us, ready to face new challenges and make our mark

Celebration of cultural night...

The evening at IRIFM auditorium on 23rd August,2024

Doctors who normally dress sober and calm as their profession demands , appeared no less than blossoms of spring at its peak with its vivid colours and arrangements.

The program was beautiful and lively with music and dance performances...Doctors dancing to the tune of Stree were seen diving into the mesmerizing melodies and percussions alike to a beating heart that we strive to keep alive. It was indeed a new kind of experience living the spring of childhood in this burdened August monsoon.





SPECIAL ARTICLE:

Introduction: The National Health Policy 2017 of Government of India envisages “attainment of highest possible level of health and well being for all at all ages” through a preventive and promotive health care orientation, universal access to good quality health care services without any one having to face financial hardship as a consequence. This is in line with the sustainable development goals.

SDG’s also emphasize the need to eradicate all forms of malnutrition by 2030.

This underscores the need for healthy diet. Adoption of healthy balanced diet - its affordability and measurability thus assumes a great significance.

In this abridged version of **research work published in EPW**, a case is made for **computing cost of healthy diet** along with Consumer Price Index – Food Though, the two are co-related, CPI-F is a poor predictor of CoHD. The paper recommends computing CoHD regularly or periodically and factoring the same in social protection programmes.

CoHD calculates the “minimum” per person per day expenditure needed to purchase the daily recommended quantities of various foods prescribed by national FBDGs (Food Based Dietary Guidelines).

Abridged version: “Beyond the Consumer Food Price Index”

It is widely acknowledged that the nutritional challenges many countries in the world face go beyond addressing hunger and food security to tackling the triple burden of malnutrition – calorie inadequacy, micronutrient deficiencies, and obesity. While many factors influence the prevalence of malnutrition, the quality and quantity of food intake are the key underlying and immediate determinants of nutrition outcomes.

In India, the cost of affordability of a healthy diet have been identified as a critical constraint to achieving diet quality. It is estimated that 42% of the global population were unable to afford a healthy diet in 2021, close to one-third of whom live in India.

Indian diets deviate quite significantly from the recommended norms in ways that tend to reduce diet quality, with household spending significantly more than recommended on cereals, and significantly less on pulses, fruits, vegetables, meat, fish and eggs. An analysis of prices suggests, in 2011, healthy diets that met national food-based dietary guidelines were unaffordable to two-thirds to three-fourths of the rural Indian population. Data also suggests that the minimum-cost nutritious diet was unaffordable for 75% of households.

The premise of this paper is straight forward: if one is to direct public policy to promote healthy diets, one must first be able to track their costs and affordability. Thus far, the Indian government, both the union and states, has focused primarily on the consumer price index for food (CPI-F). The government has further justifiably

focused on tracking individual food groups that are deemed sensitive either from the perspective of trade, but that do not sufficiently reflect nutritional or health concerns. For example, tomatoes, onions, and potatoes, often referred to as “TOP”, are widely consumed as part of routine diets and the prices and prices consumers face for these commodities have often been a politically sensitive issue. More recently efforts to estimate the cost of preparing a *thali*, a composite meal, have found a place in occasional reports, representing an important step towards discussing diets rather than an abstract food basket. Yet, while the price of a *thali* bears a closer resemblance to the family of cost of a healthy diet (CoHD) indicators, the construction and cost of the *thali* do not fully address nutritional concerns, nor has this metric been reported systematically by any agency since it was first proposed.

The Cost of Healthy Diets: Concept and Measurement

The CoHD is the least-cost way of meeting national FBDGs which are a country's definition of a healthy and culturally appropriate dietary pattern. Quantitative FBDGs specify daily energy targets and quantities of various food groups; the CoHD simply converts those quantities into cost using food composition tables and available data on prices.

In India, the FBDGs are developed by the Indian Council of Medical Research (ICMR) and the National Institute of Nutrition (NIN). Guidelines and range of publicly available price data collected by government agencies can be aggregated to a national-level estimate to compute a weekly location-specific CoHD.

Applications:

From cost of affordability: The CoHD is a useful metric and assumes greater significance when compared to measures of income or wages. It might be better to present the changes, CoHD and wages, side by side. For example, Radhakrishnan and Loganathan (2023) note that the cost of a home-cooked vegetarian thali in Mumbai has increased by 65% in the last five years while the average wage earned by casual labourers and salaried workers in urban Maharashtra increased by only 37% and 28%, respectively. Further, research suggests that a reallocation of expenditures towards healthier foods could improve diet quality without requiring additional outlay.

Social protection programmes: Another potential use is to be able to cost social protection and food-based programmes. Several existing nutrition-specific programmes such as the Integrated Child Development Service (ICDS) scheme already use nutritional norms for the supplementary nutrition component and cost these accordingly. Several states also run canteens that provide affordable meals. The CoHD can also inform the setting of appropriate wages or cash transfers so that they are adequate to support healthy diets as well as non-food essential expenditures. In the context of India, with substantial diversity across regions and states in prices, incomes/wages and nutritional outcomes, local estimates of CoHD can help tailor programmes to better address nutritional security.

In Conclusion:

The goal of this paper was to make a case for going beyond the CPI-F and for routinely generating the CoHD to be able to better tract the cost of a healthy diet. The comparative analysis shows that the CoHD and CPI-F are correlated but measure different things and that the rate of change in the CoHD often outstrips that of the CPI-F. Further, CoHD and CPI-F often move in opposite directions. Collectively, these results suggest that CPI-F is not a good proxy for the CoHD. The CoHD can be calculated with little additional effort or cost using data that are available in the public domain until recently and can be presented alongside CPI-F to enable meaningful comparisons.

Several multilateral agencies have begun to systematically report the cost and affordability of healthy diets across countries. Governments in developing countries have recently embarked on systematic efforts to publish CoHD routinely. Indian already has the capacity to undertake similar effort.

It is imperative that the government takes the lead in publishing periodic reports on the costs of healthy diets, thereby offering a credible basis for understanding its key drivers and considering solutions to make it more affordable. **This would be a simple but a significant step towards attaining healthy diets.**

Dietary Recommendations from ICMR-NIN’s ‘My Plate for the Day’

| | Amount to be Consumed (g/day) | Total Energy (kCal)/day |
|---|-------------------------------|-------------------------|
| Cereals | 250 | 843 |
| Pulses | 85 | 274 |
| Milk/curd | 300 | 216 |
| Vegetables + dark green leafy vegetables (DGLV) | 400 | 174 |
| Fruits | 100 | 56 |
| Nuts and seeds | 35 | 181 |
| Fats and oils | 27 | 243 |
| Total: | 1,200 | 2,000 |

Authors: Sudha Narayanan, Kalyani Raghunathan, Anita Christopher

Prescription for IR

It is time to revisit the diets being given to in-patients in the Railway Hospitals and change the contents in line with the recommended healthy diet. The cost of such healthy diet has to be computed and revise the diet charges recoverable*.

This can be one of the important game changers for a healthy work force.

* Diet charges recovery forms a component of Sundry Earnings of Indian Railways

This article offers interesting insights, especially when Railways has already launched HMIS & UMID.

Making sense of health data

NLP offers tangible benefits for patient care

(By Vijayashree Natarajan, as published in the Financial Express)

In the realm of Indian healthcare, leveraging data stands as a fundamental driver of innovation. The implementation of AI is resulting in the creation of healthcare solutions that are more personalized and streamlined, optimising how resources are allocated and utilized. Among these advancements, the integration of **natural language processing (NLP)**, **predictive analytics** and **AI-driven chatbots** emerge as a strategic imperative, offering tangible benefits for patient care and operational efficiency within healthcare organizations.

NLP serves as a key technology in healthcare, enabling computers to comprehend, generate, and manipulate human language. In a linguistically diverse country like India, with over 1,600 languages and dialects, NLP bridges communication gaps between patients and healthcare providers. Let's look at some use cases.

Automation: NLP-powered clinical documentation systems, along with GenAI, alleviates the administrative burden on healthcare professionals by automating data entry processes, and clinical notes. Indian doctors spend up to 40% of their time on paperwork. By automating these tasks, NLP boosts workflow efficiency, enabling healthcare workers to focus more on patient care.

Predictive analytics: When combined with NLP, predictive analytics holds a big potential in revolutionizing Indian healthcare by analysing vast amounts of data to identify high-risk patients and predict disease progression. The predictive analytics market in India is projected to grow at a CAGR of 21.2% from 2020 to 2025, indicating increasing adoption by the healthcare firms here.

Rural healthcare: NLP-enabled telemedicine platforms expand access to quality healthcare in rural areas by enabling remote consultations and diagnostic support.

Public health surveillance: NLP-based surveillance systems monitor disease trends and detect outbreaks by analysing data from social media and records, enabling proactive healthcare interventions.

TheGenAI effect: Powered by advanced NLP-based models, GenAI is enhancing the quality of patient-doctor interaction. User-friendly chatbots and virtual assistants reduce administrative burdens and smoothen the procedure by handling patient inquiries, providing preliminary advice, scheduling appointments and giving reminders. In medical research, GenAI speeds up progress by summarising studies, generating hypotheses, and drafting papers, allowing researchers to focus on critical tasks. Additionally, real-time translation ensures that non-English-speaking patients receive accurate care.

As Indian healthcare undergoes digital transformation, integrating NLP, predictive analytics, and GenAI promises better patient outcomes and efficiency. Collaborative efforts among providers, policymakers, and tech partners are key in unlocking the potential of these technologies. Leveraging data, India can advance precision medicine and personalized care, leading to improved health outcomes.

Celebration of 15th August...

