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Transforming Lives  
for the Better



**The GRASP**  
E-Bulletin  
(January 2024)

*For Private Circulation Only*

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**Dr. Kritika Doshi**  
Editorial

## **TRANSFORMATION: IF YOU DON'T CHANGE, YOU WILL BE REMOVED FROM THE COMPETITION**

There is a gradual and slow change happening in Indian healthcare policy-making with the contribution of allopathic doctors who are the primary caregivers, diagnosticians, and specialists slowly reducing. This reduced the role of allopathic doctors in Indian healthcare. Policy-making reflects an evolving recognition of the multidimensional nature of healthcare needs.

The classical texts of Ayurveda delineate various principles relevant to the present-day public health practice. Ayurveda is widely used in India as a system of primary health care, and interest in it is growing worldwide as well. The global trend of public health problems has got a paradigm shift to chronic lifestyle disorders from its previous focus on infectious diseases and Ayurveda is undoubtedly a boon to redress these problems with its age-old principles.

The advantage Allopathy had, will be replaced by the growing trend of holistic wellbeing through Ayurveda and Yoga. The adoption of Yoga worldwide and the Ayurveda definition of health is a sign of future times and we need to be abreast of our traditional healing methods to remain relevant. Changing our thought processes involves a dynamic and transformative journey where we should consciously engage in reevaluating, restructuring, and reshaping the cognitive frameworks, perspectives, and mental habits we have built over time.

For us, it should mean a move from a purely symptom-based approach to a holistic, patient centered perspective. This entails recognizing and challenging ingrained beliefs, biases, and assumptions while fostering openness to new ideas and diverse viewpoints and incorporating different 'paths' in the treatment plan.

In this issue, we have a new perspective on monitoring Diabetic patients, cycling for health, and an awareness of persistent pain. We also have an insight into the self-test for HIV in India. We also have an article on the need to change the nursing home cultural environment.

If you have transformed your practice and would like to tell us, please send in your write-ups to [editorgrasp@amcmumbai.org](mailto:editorgrasp@amcmumbai.org)

Happy reading and I welcome your feedback.

Warm Regards,  
Dr Kritika Doshi







## **Dr. Ashok Shukla** President

Greetings of the day

Hope everyone is doing great and are ready to welcome 2024. Both international tours had stupendous response and are practically full.

On 18th October 2023, a conference was organised by General Insurance Company along with many other insurance related organisations at Orchid hotel. Dr. Ashok Shukla and Dr. Sudhir Naik attended it. It was national level conference. Attended by most insurance companies, representatives of many associations etc. It is vision of the govt. of India to have insurance for every citizen of India by 2047. That is 100 years of independence. There will be an unique identification number to all, which will carry entire medical history of that person. In initial phase insurance portability will due soon AMC members will be kept updated from time to time regarding these meetings and progress of this plan. On 19th October 23 Maharashtra Nursing home association with assistant municipal commissioner of health, held a conference, it was attended by President Dr. Ashok Shukla and Hon. Sec. Dr. Vikrant Desai Main issues discussed were display of charges and setting up of grievance committee. As part of patient charter and their rights patient can not be held back for non- payment. This is same issue as clinical establishment act. And case regarding this is pending in high court a time has come to revisit this issue now.

This year my vision is DDD – Developing dimensioning in Doctor - we are going to have AMCON programmes topics on that spirituality, Stock market investments, Medicolegal issues and many more. in all zones on various topics on this along with our other social activities etc. AMCON would be held on 04.02.2024 TAJ LANDS END BANDRA 9 5pm. Registration has already been started would request all to register and make it a grand success.

Other important on-going issues like MPCB issue, fire issue, Maharashtra Nursing homes rules 2021, violence against medical establishment have been tackled in best possible way by us through our various PI Cell NoAH Cell.

Details of various programs & Doctor Day celebration is there in the PCC report.

Dear Colleagues, there is much more store for you throughout the year.

[president@amcmumbai.org](mailto:president@amcmumbai.org)





**Dr. Vikrant Desai**  
Hon. Secretary

My dear AMCites,

Season's greetings,

As we come to the end of a very happening and lively 2023 and enter into 2024 with lots of zeal and enthusiasm, I wish you all a very happy new year!

We are out with the new year Grasp edition and would congratulate our Grasp editor Dr. Kritika Doshi and the entire team for the same.

Our association is growing each day with new members joining and making us stronger! We had activities like Cyclothon - Beat Diabetes and organ donation awareness drive, webinar on pancreatic Carcinoma and many more in pipeline. Meticulous planning of the upcoming flagship event of AMCON to be held on 4th February at Taj Land ends Bandra has taken the centre stage.

Thanking you for your support and cooperation.

Dr. Vikrant Desai  
Hon. Secretary





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**EARLY BIRD REGISTRATION  
RS. 1500/-**

**Medicolegal  
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**Spiritual  
Talk**

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**DATE: 4TH FEB  TAJ LANDS END**



**9 AM TO 5 PM**

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## **Dr. Lalit Kapoor**

ADVISOR - MEDICOLEGAL CELL,  
PRESIDENT - FAMC, DIRECTOR - AMC INDIA

### **DOS AND DONTs**

## **MEDICO-LEGAL IMPLICATIONS OF NOSOCOMIAL INFECTIONS**

Most of us believe that infections occurring in patients post-operatively or post-admission infections occurring in patients admitted to hospital for medical treatment, can be labeled as complications and need not be a matter of concern medico-legally. However, this is not true.

This is a subject that has been discussed inadequately and we ought to analyze it's possible implications to obtain a proper perspective .This would perhaps; prompt us to adopt heightened preventive measures.

Nosocomial infections, also called "hospital-acquired infections", are infections acquired during hospital care which were not present or incubating at admission. Infections occurring more than 48 hours after admission are generally considered nosocomial. Definitions to identify nosocomial infections have been developed for specific sites e.g. urinary, respiratory and surgical site infections.

Let us consider an example of an easily diagnosed and dramatic category of hospital acquired infection.

An Ophthalmologist in a private nursing home posted 5 cases of cataract surgery on a particular day. Post-operatively, 3 of these cases developed infection and the patients lost their vision .The patients were all retired school teachers. A lot of media coverage followed and the Govt even appointed an expert committee which inspected the operating facilities, etc. The findings of the committee indicated negligent practice by the surgeon leading to hospital acquired infection as a result of which the patients had lost their eyesight.

A Consumer organization helped the patients file a complaint before the Consumers Redressal Forum . Our medico-legal cell considered this case to be 'indefensible' and an out-of court settlement was negotiated and concluded.

Hospital acquired infections (HAI) are an important cause of mortality and morbidity. It is estimated that in the USA, nosocomial infections account for 2 million infections, 90000 deaths and 4.5 billion dollars in excess healthcare costs every year.

Alarmed at these figures and pressurized by the public, 15 States in the USA have through legislative action mandated public reporting of hospital acquired infections. Many other countries have put in place legislations and protocols for dealing with HAI which is considered to be in the domain of public health legislation.



A case in a leading Mumbai tertiary care hospital raises a number of issues, many of which, to my mind, are still unresolved.

A patient was operated for vaginal hysterectomy. **Though a whole lot of pre-operative investigations had been carried out, HCV test was not done.** Post-op the patient made an uneventful recovery and was discharged. Though 2 Units of blood had been reserved for her, no transfusion had been necessary. A month later, the patient developed jaundice. On subsequent investigations advised by a Physician, she tested positive for HCV. On learning of its long-term implications, the patient filed a complaint in the Consumer Forum claiming that she had acquired the infection during her hospital stay on account of the negligence of the doctors and hospital and she deserved to be compensated for the same. Irreparable and grave harm had been caused to her by this negligence resulting in an incurable disease. A sum of Rs. 25 lakhs was claimed as compensation.

The following points were raised by the complainant:

1. Patient had been thoroughly investigated pre-operatively and had been certified free of all diseases.
2. Two physicians had clearly told her that HIV C could only have been contracted during surgery or in the subsequent hospital stay.
3. She had never received any blood transfusion in the past. The only reason she contracted HCV was due to use of contaminated instruments, syringes, and etc. while in hospital.
4. All doctors, nurses, assistants and technicians ought to be periodically screened to ensure that they were free of all viruses and infections which they could transmit to the patients whom they dealt with. There is no evidence that the hospital had any such system in place.

The Surgeon contended that surgery had been uneventful and no blood transfusion had been necessary. Her surgery was done under complete aseptic precautions and disposable equipment including gloves, syringes, etc had been used. Instruments had been sterilized as per standard hospital protocol and no unsterile instrument had been used. He further stated that he was submitting his own HCV report which was negative. However, it was a fact that patient's pre-operative HCV status was not known.

The case is still pending in the Consumer Forum and the outcome is awaited. Meanwhile, we have in it enough food for thought as far as implications of hospital acquired infections are concerned.

- Firstly, most of us routinely do HBsAg, HIV and other routine tests pre-operatively. But often HCV is omitted.
- However, despite HCV being negative, what if the patient was in the window period, and tests positive subsequently? The same would apply to HIV as well.
- What about nursing staff and attending doctors being periodically screened for a host of infections? What about pre-employment screening? Should it be done and is it a normal price?
- Can a nurse or doctor who tests positive for any infection be debarred from handling patients, conducting operations? A surgeon in a leading Cancer hospital who tested positive for HIV was prohibited from conducting any surgery. Aggrieved by this decision, he filed a petition in the Bombay High Court. The Court, in its order upheld the decision of the hospital and asked the hospital to assign him administrative duties.



- Can a patient demand to know the infection status of the treating doctor?
- In the event of alleged hospital acquired infection, following legal provisions could be invoked by the patient:

- (1) Medical negligence–claim for compensation as damages under the Law of Torts
- (2) complaint under criminal law under various sections of IPC e.g. causing grievous hurt, or Section 304 A in case of mortality
- (3) complaint to Medical Council for violating code of ethics.

- Can doctrine of res ipsa loquiter be applied in case of HAI? In one court case it was ruled that HAI cannot come under this doctrine because infection could have occurred in the absence of someone's negligence.
- From hospital or doctor's perspective, what kind of documentation would be helpful to disown HAI?

These issues need to be analyzed specifically and we propose to do this in the next issue of GRASP. Meanwhile, readers are requested to respond with inputs.





## **Dr. Asha Hegde**

Director-South Asia, PATH & Kannan  
Mariyappan, Senior Program  
Officer-South Asia, PATH

### **HIV SELF-TESTING, AN EFFECTIVE TOOL TO ELIMINATE THE AIDS EPIDEMIC IN INDIA**

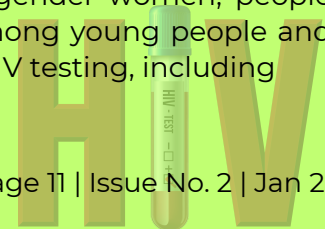
HIV/AIDS remains a significant public health challenge. The country has made significant progress in the fight against HIV/AIDS over the past decades. However, challenges remain, with HIV prevalence varying across regions and populations. To address these challenges, innovative approaches are needed to increase testing rates, particularly among vulnerable and hard-to-reach populations. Timely, effective testing and diagnosis are essential for the control and prevention of the disease.

The latest report of UNAIDS on the global AIDS response presents a grim picture of missed opportunities on the road towards the goal of elimination of AIDS by 2030. The World Health Organization (WHO) guidelines 2016 recommended that HIV-self testing (HIVST) be offered as an approach to complement existing HIV testing approaches (WHO, 2016).

A key intervention for providing treatment services is testing. An individual's knowledge of their and their partner's HIV status is essential to the HIV response as it helps in prevention of the disease. Therefore, HIV testing plays an important role in ensuring that people are aware of their HIV status. HIV testing is the gateway to access the world of HIV prevention, care, and treatment. The UNAIDS 95-95-95 targets to end the HIV epidemic by 2025 called for 95% of all people living with HIV to know their HIV status, 95% of all people with diagnosed HIV infection to receive antiretroviral therapy and 95% of all people receiving antiretroviral therapy to have viral suppression. However, these targets have not been met. Despite significant progress, the world is far behind in preventing new HIV infections.

As per the recently released, India HIV Estimation 2019 report, overall, the estimated adult (15–49 years) HIV prevalence has been declining since the epidemic's peak in the year. 2000. However, despite a low prevalence of 0.22% (NACO, India HIV Estimates Report, 2019) India has the third largest HIV burden in the world, with 2.1 million people living with HIV. According to Sankalak report 2021, in India, 78% of people living with HIV (PLHIV) were aware of their status and of these 83% were on Anti-Retroviral Treatment (ART), and 87% of virally suppressed (NACO, Sankalak: Status of National AIDS Response., Third edition, 2021) . Despite the benefits of HIV testing, approximately 22 per cent of people with HIV remained unaware of their status.

HIV self-testing offers people— first time or infrequent HIV testers from underserved populations—a tool to know their HIV status. With HIVST, individuals can collect their own specimen (oral fluid or blood), perform an HIV test, and interpret the result, in a setting of their choosing. Especially in areas where the HIV epidemic is concentrated among key populations—such as men who have sex with men (MSM), transgender women, people who inject drugs (PWID), and female sex workers (FSW)—and among young people and men. HIVST helps users overcome the barriers to provider-based HIV testing, including





stigma and discrimination. HIVST provides a quick and confidential testing option and promote increased access to health care tools as part of self-care. Based on WHO recommendation and introduction, the use HIVST has been scaling up rapidly across the globe. The scaling-up of innovative HIVST programs have also accelerated new HIV case detection and linkages to antiretroviral therapy (ART) as well as increased uptake of pre-exposure prophylaxis (PrEP). However, access to HIV self-testing services in India is still limited.

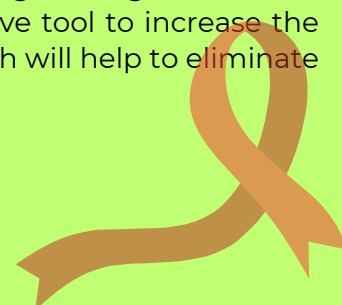
Introduction of the WHO guidelines on HIVST and WHO prequalification of the first HIVST product for self-testing in 2017, have particularly helped create greater certainty in terms of regulatory and policy pathways. These guidelines have also resulted in a surge in the number of countries with policies supportive of HIVST and have helped facilitate increase in planned procurement. Based on the evidence generated across the countries and India is on a right pathway to consider HIVST in the testing guidelines. The in-country evidence has been generated by PATH with the support from National AIDS Control Organisation (NACO), State AIDS Control Societies (SACS), The U.S. President & Emergency Plan for AIDS Relief (PEPFAR), Centers for Disease Control and Prevention(CDC) and The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)implementation partners, Indian Council of Medical Research (ICMR) institutions and community leaders and networks. The STAR III Initiative implemented across 14 states of India from September 2021 to June 2023. The purpose of the study was to demonstrate the feasibility and acceptability of HIVST across specific populations. The study showed positive results for acceptability for future use, usability, and willingness to pay for the HIV self-testing. The study has ensured participation of community at all levels and implemented the pilot through more than 250 community-based organisations/non-governmental organisations who are working with key population and other vulnerable populations in the selected states at the field level(PATH, 2022) .

HIV self-testing has the potential to play a pivotal role in country's efforts to combat HIV/AIDS. It can contribute significantly to reducing the burden of HIV/AIDS and improving public health outcomes in the country.

HIV self-testing could provide an increased testing rates, early detection and treatment,privacy, and confidentiality, reaching vulnerable populations, reducing transmission, empowering individuals, complementing existing services, rural and remote access, policy, and programmatic implications.

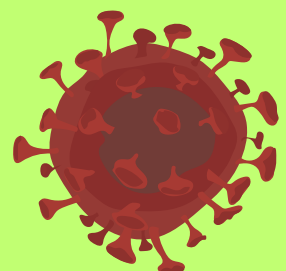
The HIVST in India will require product innovation, transparent regulatory pathways, guidelines at the country level, and awareness generation campaigns.Governments, donors,and development partners must continue to work together to ensure the availability, accessibility, and affordability of HIVST products.

India is committed to achieving the UNAIDS 95-95-95 by 2024 towards achieving the Sustainable Development Goal of Ending the AIDS epidemic by 2030. Central to this goal will be accelerating the implementation of innovative HIV testing strategies so more individuals can know their HIV status. HIV self-testing is an effective tool to increase the uptake of HIV testing services and increase testing frequency, which will help to eliminate the AIDS epidemic in India.



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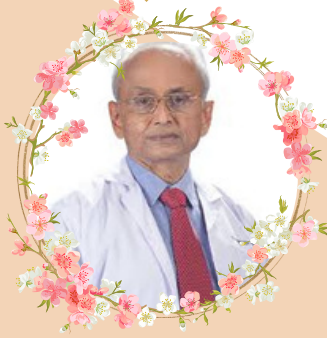
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# Condolences



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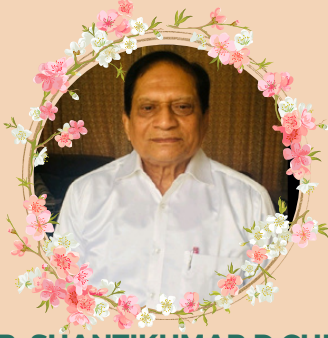
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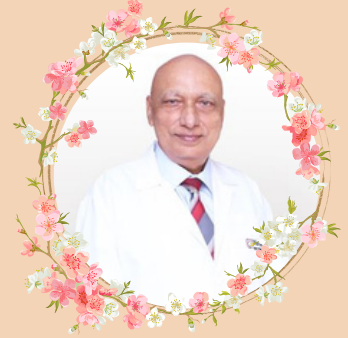
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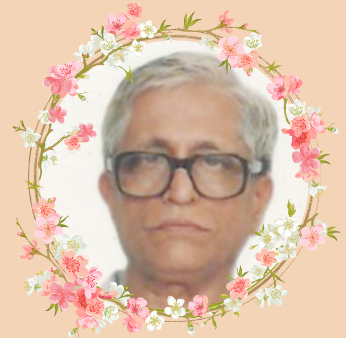
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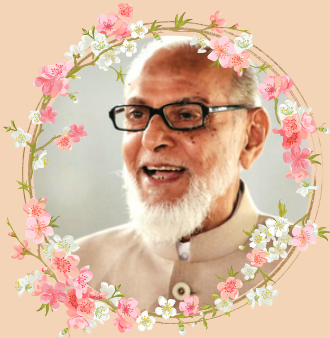
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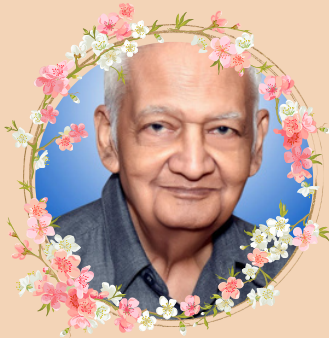
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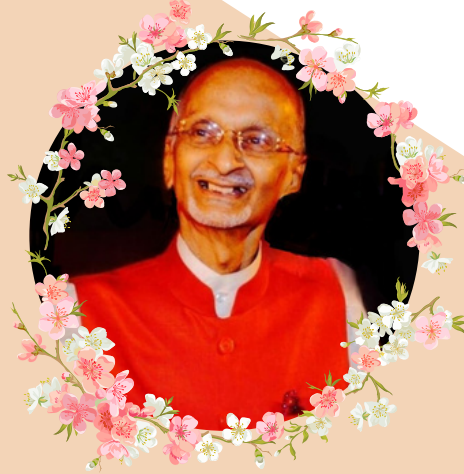
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## **Dr. P.N. Rao**

08.01.2024

AMC lost a stalwart member & past President Dr. Prabhakar N. Rao, on 8th January 2024; due to age related ailments.

He was a renowned Obstetrician & Gynaecologist from Andheri. His academic credentials were superb.

He was indeed a far sighted visionary. With pioneering spirit, he established Health & Accident Cell and Consultants Benevolent Scheme for members of AMC. With amazing hard work, he further consolidated these to robust services; which benefited several members.

He was a highly principled, skillful, innovative, helpful & kind gentleman. His command over English helped him to be a very forceful orator. His subtle sense of humour was indeed appreciated by one & all. His actively helpful nature was legendary.

This loss of AMC is probably irreplaceable.

We offer our heartfelt condolences to his family.

We pray, may his soul achieve Moksha.







## Prakash Gadgil

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### TRANSFORMING NURSING HOME CULTURE FOR A PROMISING FUTURE

In recent times, the owners of Nursing Homes (NH) in India have found themselves grappling with an array of challenges that range from increased legal compliance and demanding patients to a scarcity of qualified staff and aging infrastructure. Adding to the complexity is the shifting tide of patients towards corporate hospitals. The amalgamation of staff from various hospitals, each bringing their unique work culture and experience, poses a significant challenge for NH owners. The crux of their struggle lies in unifying this diverse workforce to cultivate a consistent and effective organizational culture.

#### The Need for Cultural Transformation:

A key indicator of the necessity for a change in organizational culture is the existence of a gap between the perceived and actual implementation of practices. Take, for instance, a scenario where a doctor emphasizes the importance of obtaining proper consent, but the staff may lack awareness of the correct procedures. This discrepancy highlights the pressing need for a tailored work culture specific to the nursing home.

#### Strategies for Introducing an Open Work Culture:

##### 1. Define Dynamic Goals:

The foundational step towards cultivating a unified work culture involves setting clear and dynamic goals. These goals should span various dimensions such as performance excellence, legal compliance, patient safety, employee satisfaction, process standardization, and financial sustainability. An incremental approach is recommended, starting with achievable goals and progressively elevating the standards. For instance, initial patient safety goals could include achieving zero falls, ensuring proper patient identification, and safe medication administration. As these milestones are accomplished, goals can evolve to address more complex issues like reducing hospital stay or readmissions.

##### 2. Listen and Learn:

An invaluable tool for improvement is feedback, and in contemporary times, emphasis is shifting towards overall experience. Some hospitals take innovative approaches, like admitting foster patients to gather first-hand experiences. Another strategy involves calling helplines during unconventional hours to observe and evaluate response times. By actively listening to employees and patients, nursing home owners gain insights into areas that require improvement.



### **3. Regular Meetings for Continuous Improvement:**

Monthly meetings serve as a platform for discussing achievements, identifying areas for improvement, suggesting training programs, and acknowledging shortfalls. These meetings can also be used to celebrate employee birthdays and anniversaries, fostering a positive and supportive atmosphere. To ensure maximum participation, it is advisable to circulate the meeting agenda at least two days in advance.

### **4. Positive Hiring Practices:**

The workforce plays a pivotal role in shaping organizational culture. Therefore, it is imperative to hire individuals with a positive mindset. Positive minds contribute to positive outcomes, fostering a healthy work environment. It is crucial to distinguish between genuine positivity and mere flattery, ensuring a genuine and conducive work atmosphere.

### **5. Standardize Processes and Induction Programs:**

To establish consistency in procedures, it is essential to freeze forms, formats, registers, and key processes in consultation with staff. A comprehensive and structured induction program for new employees ensures that they are well-versed in the correct procedures from the outset.

### **6. Embrace Technological Advancements:**

In the modern healthcare landscape, patients often seek information from various social media platforms and AI-driven services like Chat GPT or Google. Rather than resisting this trend, nursing homes should embrace it with an open mind. Explaining patient problems calmly and informatively, without displaying hostility, enhances the patient experience.

### **7. Corporate Facilities for Insurance Patients:**

With the expectation of corporate facilities, nursing homes can bridge the gap in knowledge and infrastructure using technology. Apps like Swiggy, Denzo, and Zomato can be effectively utilized to provide services at a level comparable to corporate hospitals. This requires thinking outside the box and adopting an innovative and proactive approach.

### **8. Enhancing Patient Safety through Clear Communication:**

Communication is pivotal in healthcare, and to enhance patient safety, it is crucial that doctors communicate effectively with nursing staff. This involves writing legibly, specifying administration routes, explaining likely reactions, and providing countermeasures. Clear instructions, especially regarding test doses, are imperative. It is essential to recognize that staff may not always interpret handwriting or intentions accurately.

### **9. Embracing the Future:**

The evolving landscape of healthcare, marked by the influence of Artificial Intelligence products/services, the Internet of Medical Things (IoMT), availability of low-cost wearable devices, telemedicine, and home care, offers strategic opportunities for nursing homes. By devising strategic plans, nursing homes can not only survive but thrive as the preferred choice of patients.

## 10. The Final Advice:

In conclusion, the success of cultural transformation hinges on the actions of leadership. Staff tends to follow actions more than words, making it imperative for leaders to be role models. The future of nursing homes is undeniably promising, provided the leadership embraces change, fosters a positive work environment, and remains committed to continuous improvement. The onus is on the nursing home owners to shape a future where nursing homes not only stay relevant but flourish in the evolving healthcare landscape.

### Summary:

The importance of developing a strong work culture in Nursing Home cannot be overstated. A positive work environment promotes collaboration and teamwork, leading to improved patient care and outcomes. It also fosters employee engagement and satisfaction, resulting in increased productivity and reduced turnover rates.

The readers can scan the code to reach to the various videos explaining the Good Nursing Home Practices.



The readers can scan the code to reach to the various videos explaining the Good Nursing Home Practices.



## LAUNCH OF MIDAS TOUCH

“Midas Touch”, a Coffee Table Book was launched on 19 th Nov. 23 at The Bombay Presidency Golf Club by Padmashree Shri Kumar Ketkar along with Dignitaries Dr. Lalit Kapoor, Dr. Ketan Parikh, Dr Madhuri and Dr. Anant Gore and Mr. Pralhad Pai of Jeevan Vidya Mission (son of Late Shri Vaman rao Pai).

The book written by Mrs. Shubhanjali Gadgil chronicles her journey with her husband Mr. Prakash Gadgil in their quest to make Accreditation of Health facilities, an established norm. Dr. Snehlata Deshmukh, Dr. Lalit Kapoor and Shri Kumar Ketkar have given the Foreword on the Landscape of Quality Healthcare presented.

The book gives in detail the Concept, Challenges and the milestones achieved It is a sort of “Checklist Manifesto” to be monitored by not only the Doctors and staff but also the patients seeking services.

The Concept entitled “Accreditation” precisely addresses the issues involving the Patients, Doctors and Hospital Management. The journey undertaken two decades ago when no Standards were available for Quality of Healthcare services led to National Standards NABH, which has become a Nation- wide movement.

The era when Standardization was not heard or known, has now became a common term in the 21 st century and all Doctors have thought of getting their facility accredited.

An attempt and ways to bring about improvement is put forth.

A touch to help Hospitals heal thysel with a Patient centric approach has resulted in Transformation of Healthcare Services. A Mission with Passion has given Safety to Patients, Doctors and all Healthcare workers.

### Comments by Readers present at the Launch:

By Physiotherapist, Milka Vivek

A must read for every Medical Professional who genuinely feels proud of being in this field. The book portrays the efforts put by the writer and her husband to foray in the field of Accreditation of healthcare services reassuring any ordinary person seeking medical help.

By Shobha Chawda, a Chemist with a Pharmaceutical.

“Midas Touch” authored by Shubhanjali Gadgil is a fascinating Coffee Table Book in the field of Healthcare. The contents take you through the tough, long and enlightening journey of the couple. It is the success story of bringing Transformation in the Quality of health services. A must read book for all associated in the field.

By FEQH





**Dr. Kritika Doshi**

## LACK OF AWARENESS OF CHRONIC PAIN

Persistent pain affects millions of people worldwide (population-based estimates of chronic pain among U.S. adults range from 11% to 40%) across the lifespan and is a global cause of disability in the developed and developing world alike. This is the most common complain seen in the OPDs today.

Chronic persistent pain negatively impacts multiple aspects of patient health, including sleep, cognitive processes and brain function, mood/mental health, cardiovascular health, sexual function, and overall quality of life.

Unfortunately, neither policymakers, nor caregivers, nor system administrators, nor the public understand pain and its impact. Poorly managed pain is costly not only for the affected individuals and their families but also for governments and taxpayers.

The field of pain management is a crucial yet often overlooked aspect of healthcare. The lack of awareness surrounding pain management encompasses various dimensions, from the general public understanding of pain to healthcare professionals training and societal perceptions of pain. This lack of awareness leads to undertreatment, unnecessary suffering, and inadequate support for individuals experiencing pain. Back pain, Diabetics with neuropathic pain, musculoskeletal pains, headaches, abdominal discomfort etc are common examples of chronic pains left unaddressed by many consultants.

### Biopsychosocial model of pain



At its core, the lack of awareness begins with the understanding of pain itself. Pain is a complex and subjective experience influenced by biological, psychological, and social factors. This is the biopsychosocial model of chronic pain disease.

However, there's a widespread misconception that pain is purely a physical sensation resulting from injury or illness. This oversimplification fails to acknowledge the intricate nature of pain and its impact on an individual's life.

For many, pain is often seen as an inconvenience rather than a medical concern that requires attention. This misconception can lead individuals to either downplay their pain or avoid seeking appropriate medical help. Some may hesitate to report their pain to healthcare providers due to fear, stigma, or the belief that nothing substantial can be done to alleviate it.



Ineffective pain management in the very young to the very old is linked to inadequate pain education. Medical curricula often provide limited education on pain assessment, treatment modalities, and the multidisciplinary approach necessary for effective pain management. As a result, healthcare providers might not have the necessary tools or knowledge to address pain adequately. This gap in education can lead to suboptimal pain management practices such as overreliance on medications or underutilization of alternative therapies.

The opioid epidemic in the US is a result of inadequate awareness on management of pain as a result, there was a tendency to prioritize pain relief without fully understanding the risks of long-term opioid use. This resulted in overprescribing, leading to addiction, misuse, and devastating consequences for individuals and communities. In India, our patients are more stoic and opioids are still controlled by stringent laws which has been a blessing in preventing an opioid crisis.

We have a rich heritage of traditional healing methods of Ayurveda, Yoga and naturopathy in addition to other non-pharmacological approaches to pain management. The medicinal use of plants, phytotherapy, has been used since mankind has existed and has been recorded in the writings of many ancient cultures for at least five thousand years. Ayurveda has listed many medicinal plants and we should harness the healing effects of these to benefit our patients. In addition, therapies such as acupuncture, physical therapy, mindfulness, and cognitive-behavioural techniques are extremely beneficial treatments for musculoskeletal pains.

Today, there are Pain Clinics in every NABH accredited hospital and patients can benefit from them. There is a need for every consultant to understand how chronic pain can destroy the quality of life and prevent progression of such pain.



# Classified Ads

1000 carpet, Running Nursing Home, Prime location, **Andheri, West**, Recently Renewed Commercial Complex. **Available on Rent.** Suitable for IVF, Hair Care, Cosmetology, Endoscopic Gastroenterology & Day Care Surgeries Centre.  
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## Dr. V. Iyer

Neurosurgeon and  
Bicycle Mayor of Mumbai

### CYCLING-PANACEA FOR HEALTH AND SUSTAINABILITY ISSUES

***“When the spirits are low, when the day appears dark, when work becomes monotonous, when hope hardly seems worth having, just mount a bicycle and go out for a spin down the road, without thought on anything but the ride you are taking.”-Sir Arthur Conan Doyle***

#### Why should we cycle?

Cycling is a unique activity with benefits to you and the environment. It is convenient, efficient, reliable and gives you freedom. Cycling is a particularly good alternative for short trips. 25% of car trips are under 3 km and 50 % are under 7 km. These distances can be cycled in 15-20 minutes.

Cycling can have great benefits on fitness. The benefits of cycling include reduced risk of developing lifestyle disease like high blood pressure, diabetes and heart disease and also reduced risk of colon and breast cancer. Parallel benefits include weight control, build and maintain healthy bones, muscles and joints.

One of the most important determinants of health and well-being is regular physical activity. Coronary artery disease, diabetes, depression, dementia and many chronic pain conditions improve with exercise. People who exercise regularly live longer and have better health.

#### Why invest in cycling?

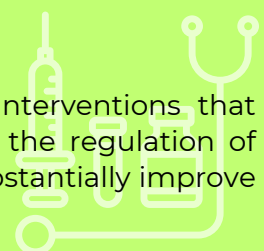
In choosing to cycle, people can make a choice that benefit themselves and the environment.

Cycling contributes to every one of the five goals set out in the transport strategy

#### **“Towards a Sustainable Transport System: Supporting Economic Growth in a Low Carbon World”:**

- competitiveness and productivity
- climate change
- health, security and safety
- quality of life
- equality of opportunity

The medical profession has regularly advocated for public health interventions that improve health and safety, such as the restriction of pesticides and the regulation of indoor cigarette smoking. By advocating for cycling, physicians can substantially improve the health of all our patients.



## How to find time?

Cycling for transportation is an easy way to fit exercise into our busy lives and improve health. A study in Denmark found that cycling to work decreases the risk of dying by more than 25% per year. In a cohort study of more than 250000 UK commuters, those who cycled to work had a 41% reduction in all-cause mortality, a 46% lower risk of cardiovascular disease, and a 45% lower risk of developing cancer compared with commuters who did not cycle.

Cycling for just over 20 minutes a day can reduce the risk of Type 2 diabetes, cardiovascular disease, some cancers, dementia, depression and all-cause mortality by up to 30%. Sedentary lifestyle is one of the ten leading causes of death and disability in the world, according to World Health Organization (WHO).

Weight gain or obesity can also increase your chances of getting cardiovascular diseases. Cycling can help in improving heart health and overall blood circulation thus reducing the severity of heart disease.

Regular cycling reduces unwanted fat and bad cholesterol normalizes blood pressure levels and helps to keep blood sugar levels under control.

## What does cycling do for mental health?

Cycling is a great stress-buster and mood-booster and the benefits include:

- decreased stress and anxiety levels
- triggers the release of 'feel good' chemicals in the brain that make you feel happy
- decreased risk of depression
- better sleep
- boosted creativity and productivity.

Studies have shown direct mental benefits of cycling:

- **Executive functioning.** It is a term that describes a number of higher-level brain functions, including working memory capacity, selective attention, task switching and inhibition of prepotent (dominant) responses.
- **IQ.** A study on young Swedish men concluded that cardiovascular fitness had a positive effect on intelligence.
- **Anxiety.** Another study, this one examining exercise training as a stress-management method, found evidence of a positive effect on reducing anxiety.
- **Brain growth.** A number of studies have indicated that exercise promotes brain cell growth, finding that the incorporation of a regular aerobic exercise routine not only prevents age-related degeneration in the brain, but can also increase the size of the hippocampus, the part of the brain most associated with learning and memory.

## What are the economic implications?

The economic cost of illnesses caused by inactivity is predicted to reach half a trillion dollars globally by 2030, highlighting the urgent need for interventions.

European countries with the lowest levels of inactivity have a strong correlation with places where it is easiest to ride a bike, such as the Netherlands, Denmark, Sweden, Finland, and Spain.





In a new intervention plan made in 2022, UK doctors will start prescribing walking and cycling to patients in 11 local council areas as part of a government trial. The councils will fund adult cycling training, free bike loans and walking groups. Over the next three years the pilots will evaluate the impact of cycling and walking on an individual's health.

### **What is the air pollution benefits?**

As modes of transport go, they don't come much 'greener' than cycling. Whether you cycle to work, school, the shops, or simply to keep fit – every turn of the pedal helps protect our planet in one way or another.

Air pollution is the small particles, chemicals and gases released into the air, often from things like the burning of fossil fuels, transportation, and wildfires.

Driving motorised vehicles, like cars, is one of the biggest contributors to air pollution. Car fuels, in particular, include gases like carbon dioxide (CO<sub>2</sub>) and nitrogen dioxide, which are seriously harmful to the environment when released in large volumes.

On the other hand, cycling has an enormous environmental advantage. Shorter journeys, in particular, are where you are most likely to notice the biggest environmental benefits of cycling.

### **What are the noise pollution benefits?**

Noise pollution is usually classed as any unwanted or disturbing sounds that affect humans and animals' health and wellbeing in that particular area.

However, if there's less noise from vehicles, traffic queues and the like, animals are more likely to stay and allow surrounding nature to thrive.

### **What are the sustainability benefits?**

By its simplest definition, biodiversity refers to the variety of life on Earth. But, more specifically, biodiversity is the number and types of plants and animals existing in a particular area or space.

A healthy ecosystem means good quality and variety when it comes to things like food, water and air.

Improving biodiversity is another important environmental benefit of cycling. As cycling generates less noise and air pollution and emits fewer gases that contribute to global warming, it also protects green spaces and the wildlife that exists within them.

### **Forget the big stuff! What are the personal benefits?**

Aside from being a great way to get around, riding a bike is fun. Do you remember your childhood? The freedom of riding a bike! *Every time you miss your childhood, ride on a bicycle!*

#### **Riding is convenient because it:**

- Offers door-to-door service-you can park a bicycle closer to destinations than cars.
- is often quicker than driving a car when travelling short distances up to 5km.
- travel time by bicycle is more predictable than by motor vehicle as traffic is rarely a problem.



### **What are the personal economic benefits?**

- The cost of buying and maintaining a bike is around 1% of the cost of buying and maintaining a car.
- Riding a bicycle 10km each way to work each day will save about \$1,700 per year in transport costs (including all running costs and depreciation). Also, bicycle parking is usually free, easily accessible and more convenient than car parking.

### **What are the Social Benefits?**

- Bike riding provides affordable and independent travel for those who might otherwise have restricted travel options.
- Bicycles offer increased mobility to many groups of the population with low rates of car ownership, such as low-income earners, unemployed people, seniors and those under 18 years of age.
- More people riding and walking provides additional opportunity for social interaction on the streets which can greatly enhance a sense of community and connection, improving mental wellbeing.
- More bicycle riding in a neighborhood means fewer cars which can lead to a safer road environment. Children can take advantage of slower and less dangerous traffic to ride bicycles as well.
- When people walk or ride a bike as transport, they are more likely to use local businesses for their shopping.

In March 2022, the 193 members of the UN General Assembly adopted a **resolution promoting cycling to combat global warming**. The resolution recommends that all member states integrate bikes into public transport methods in urban and rural settings and take action to improve road safety and promote the use of cycling as a method of transport.

And, as any cyclist in the world will tell you, biking is a great way to get your heart pumping and your spirits soaring. So, ride on!

***Credits: I have borrowed from articles published on cycling, fitness, environment and sustainability.***



## Dr. Alok Modi

MD FISH(India) FACP(USA)

Consultant physician and  
diabetologist and intensivist

## MAKING A DIFFERENCE TO LIVES OF PATIENTS WITH DIABETES WITH TECHNOLOGY

A 47-year-old male presented with diabetes for more than 10 years; his HbA1C=7.8%.

He was on basal insulin 36 units once a day, prandial insulin 24 units before lunch, 20 units before dinner; 2 g/day metformin and glimepiride of 3 mg/day.

He was experiencing hypoglycaemic episodes and weight gain.

Traditionally, blood glucose monitoring has been approached by doing lab tests (venous blood) or by doing a fingerstick (capillary blood) through a glucometer.


The drawback of doing HbA1C or conventional methods is that the fluctuations of blood glucose (hypoglycaemia which can occur for a short span of time or can occur 3 to 4 times or even multiple times) over 24hrs are missed. This is known as glycaemic variability. It is established that hypoglycaemia is more dangerous than hyperglycaemia and the complication data of hypoglycaemia are higher than hyperglycaemia.

This has been overcome by CGM or continuous glucose monitoring wherein a tissue sample is analysed. CGM is a technology that tracks a person's glucose levels in real-time.



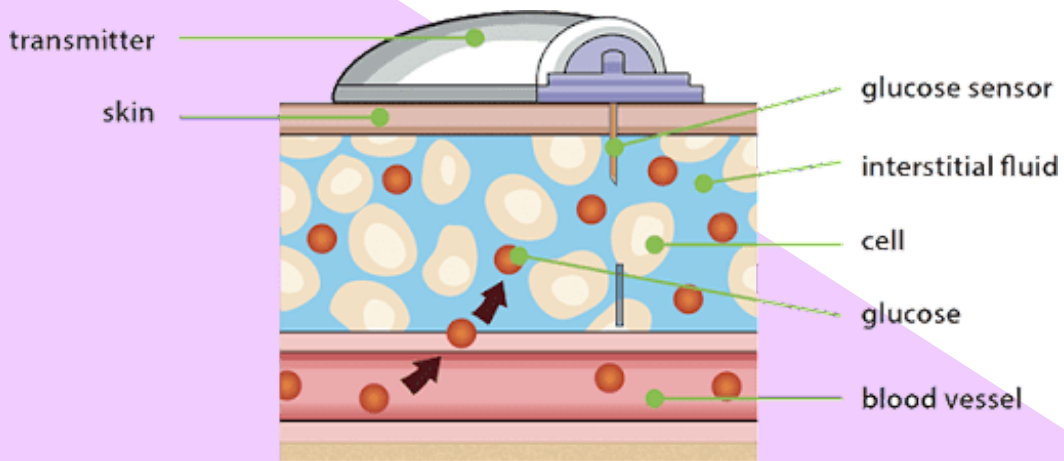
This system consists of a subcutaneous sensor that continuously measures glucose levels in the interstitial fluid. This information is then sent to a receiver, which is used to monitor and alert the user of changes in glucose levels.

### How Does Continuous Glucose Monitor (CGM) Work?



- ▶ CGMs utilize a one-time insertion of a tiny sensor wire below the skin surface
- ▶ Following this, it is secured in place with the help of an adhesive patch
- ▶ Sensor helps record blood glucose levels seamlessly
- ▶ Recordings are transmitted to either a smart device, insulin pump, or electronic receiver

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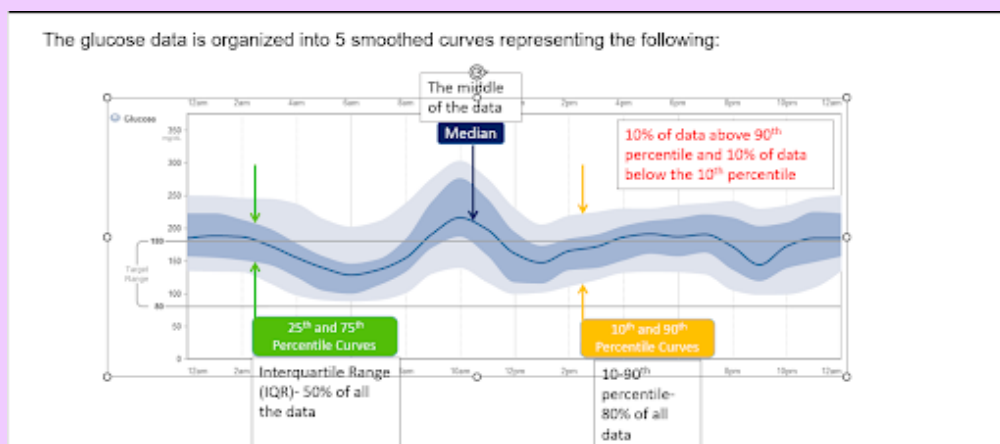
CGM is a very helpful tool in managing diabetes as it allows the user to be more aware of their glucose levels and react accordingly. This technology can help the user anticipate and prevent hypoglycemia and hyperglycemia. It also helps the user identify patterns in their blood sugar and make necessary adjustments to their diet, activity, and medication as needed.

There are several types of CGM systems available, with varying features and capabilities. Traditional CGM systems, such as the Dexcom G5 and the Abbott Freestyle Libre, require the user to manually scan the sensor with a receiver.

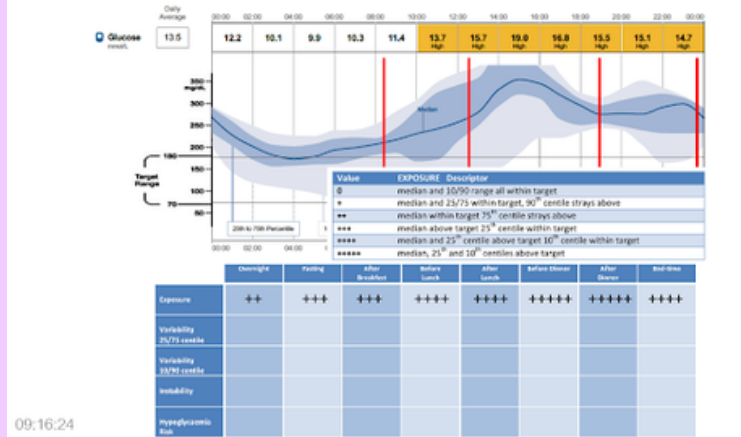
The two things that a CGM helps tremendously are in

1. Glycaemic variability
2. Hypoglycaemia

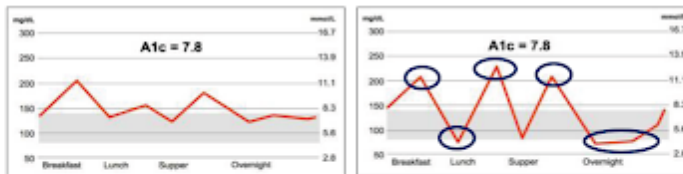
A CGM like Libre pro measures sugars every 15 mins over 14 days, gives 1344 readings which are sent & analysed for their trends, percentiles and mean by a software. This kind of analysis is not possible with any glucometer or lab readings or HbA1c .Thus, we can pick up glycaemic variability early which is the 4 th dimension in the pathogenesis of diabetes complications.



## “Scoring” the AGP (Ambulatory glucose profile)



- People with diabetes having the same HbA1c values can still experience different fluctuations in BG levels....**Glycemic variability.**



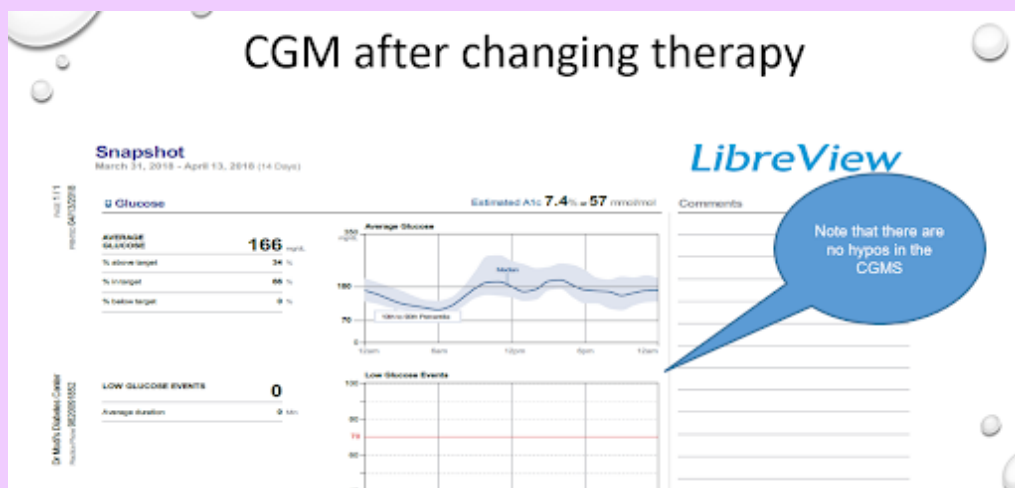
- These **Glycemic** fluctuations have more deleterious effects on Endothelial function & Oxidative stress, compared to constant high blood glucose, thereby leading to CV complications<sup>1,2,3</sup>

Focusing on HbA1c alone may not reveal the complete spectrum of risk for people with diabetes<sup>4,5,6</sup>

The patient mentioned above was asked to undergo CGM. After the readings, he was advised GLP1A, his prandial insulin was reduced and his blood sugars stabilised. He did not have hypoglycaemia episodes as well as there was no weight gain.

This is his CGM after changing and reducing therapy:

Another example: A 70-year-old lady doing well on glimepiride 2 mg once daily, Metformin 1.5 gm at bedtime, degludec insulin 14 u sc once daily. She was monitoring her fasting and post prandial sugars once a month. These are her sugar values:



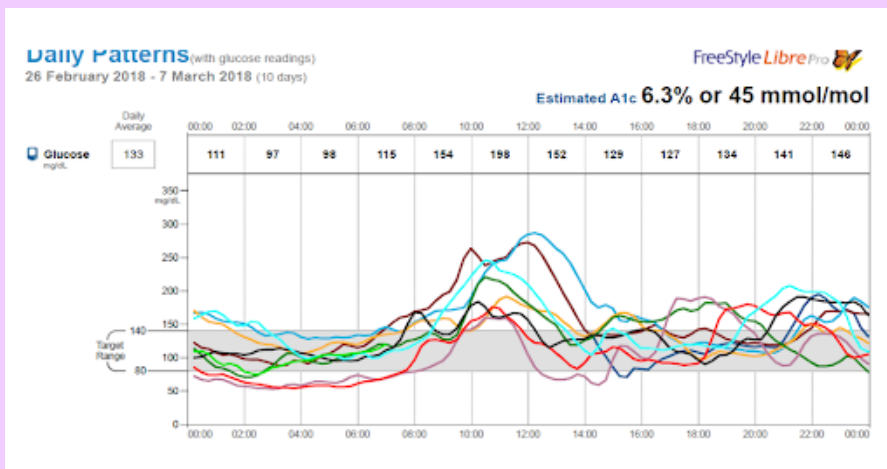


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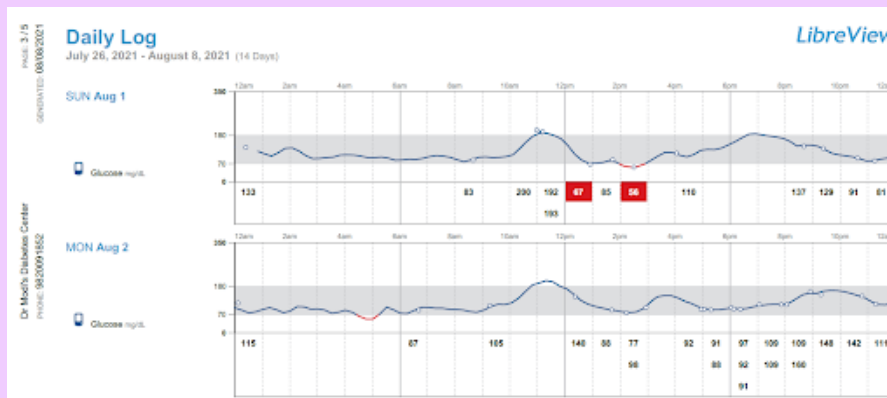
Date	Fasting	POST PRANDIAL
21/1	114	187
16/2	122	162
20/3	156	156
18/4	112	152

The levels look good, but see her CGM analysis:

Her HbA1c over past 9 months was 7.2%, 6.9%, 7.1%, 6.8%. She had started developing watering of eyes on reading and watching television, ophthal exam showed early fundal edema with mild retinopathy.

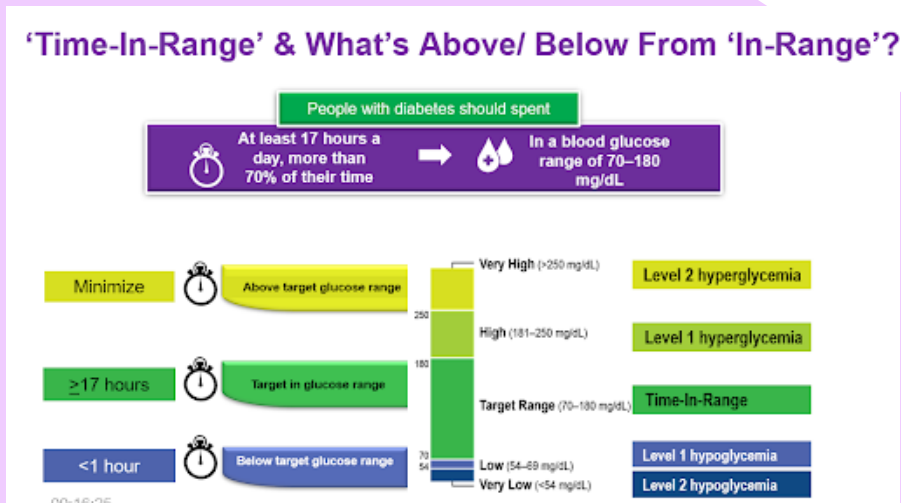


Post CGM and modified treatment, her CGM pattern after 3 years :



CGM brings in a new concept of TIR or time in range. It is now the gold standard of glycaemic metrics and included in the latest guidelines by ADA.

Rather than look for HbA1c as an average of sugar in 3 months, we look at how much time patient stays in range in 24 hours as TIR (time in range) TAR (time above range) and TBR (time below range for hypoglycaemia ) For all type 2 diabetics keeping TIR to at least 70% decreases risk of end organ Damage like MACE, retinopathy, nephropathy etc.



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**Dr. Suganthi Iyer**  
Director (Legal & Medical)  
Hinduja Hospital

## PATIENT SAFETY AND THE LAW

Medical Negligence regarding a healthcare organisation could be due to the negligent acts on behalf of the doctors resulting in vicarious liability of the hospital as hospital is responsible for the acts of commission and omission of the doctors and staff. However, it may occasionally also be due to direct administrative lapses by the hospital.

Though specialists and superspecialists advise medications and conduct procedures, during administration of medication, close monitoring is mandatory to prevent/ minimize adverse reactions or watch out for early complications. Lack of adequate monitoring when indicated would cause damage to the patient and would be medical negligence.

### 1) III (2023) CPJ 453 (NC)---P Dalal Vs. Santosh Hospital Complaint:

Kapali Patne was admitted for LSCS on 16 th April. The same was conducted under GA After induction within 10 minutes, the patient was went into shock and the condition of the patient became very critical and patient shifted her into ICU. Resuscitation was done but patient declared dead an hour later along with her unborn child. The husband of the patient alleged that his wife died in the OT itself. In order to cover their negligence, the doctors have tried to show it as shifted to ICU. Hence, the ICU monitors showed zero readings which confirmed that the patient and the unborn child were already expired in the OT prior to shifting to ICU. The cause of death as per intimation note given to the police was "cardio respiratory arrest seconding to acute anaphylaxis reaction". Post-mortem was performed on 17 th April and the

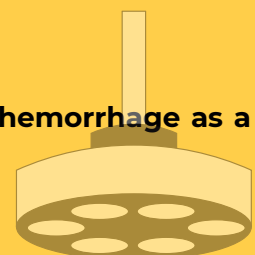
**Preliminary PM Report** finding was:

- Fracture of the left sacroiliac joint and plenty of clots into muscles in front of the joint.
- Peritoneal cavity contained 1500 gms of clot and 200 ml of fluid blood
- The mesentery (mesocolon), transverse and left mesocolon were contused. The HPE report showed mesenteric, mesocolon hemorrhages and sever congestion. The FSL report revealed the anesthetic drug was not present in detectable limits. As per the

#### **Final PM report:**

- The fracture was ante mortem and not post mortem
- A fall from the height of 3 to 4 ft. was probable cause of the fracture of the sacroiliac joint
- The fracture site is one of the primary sources of the blood loss.

**In the Final PM Report,** the **cause of death** was given as "**shock and hemorrhage as a result of the injury to the pelvis sustained**".



**Held:** The doctors submitted that after intubation, 100% oxygen was given. Immediately patient developed severe rashes, bradycardia and hypotension. Hydrocortisone and other medicines was administered but patient deteriorated. The strong possibility of anaphylaxis due to anesthesia was considered.

All experts gave opinion based on PM report that death was on account of “shock and hemorrhages as a result of the injury to the pelvis sustained”. It was also noted by experts that they have never come across a case of anaphylaxis to lead to fracture of SI joint and such massive internal bleeding.

Also the reports of Central Forensic Science Laboratory Hyderabad established that the Hospital deleted the readings of OT monitor, ICU monitor and the digital copy of USG, in an attempt to destroy evidence which was unethical practice and that the medical records were fabricated with numerous over writings and insertions and thus inconsistencies.

As per Jacob Mathew’s case, “failure of medical practitioner to exercise certain acts or omission which discharging duties is negligence”

As per Savita Garg vs The Director National “health Institute, once and allegation is made an evidence produced that death was due to lack of proper care, then the burden lies on the hospital to justify that there was no negligence on part of the treating doctor or hospital”.

In Maharaja Agrasen Hospital and Master Rishabh Sharma and Ors., it is established that “the hospital is vicariously liable for the acts of negligence committed by the doctors”.

It was held that the hospital and the doctors failed to prove the theory of death due to anaphylaxis. It was confirmed that **it was the traumatic injury to the SI joint of the pregnant woman inside the OT which was the cause of death and the same was confirmed by the PM report.**

**FALL FROM OT TABLE IS NEGLIGENCE** and hence Compensation of 1.6 crores was granted.

## 2) III(2016)CPJ 421(NC)—Yashoda Hospital Vs Devi & Ors.

**Complaint** :Mr. Reddy was admitted to Yashoda Hospital as he was suffering from jaundice. During ERCP, **anaesthesia was administered and the patient developed sudden cardiac arrest.** Hence the procedure of ERCP was abandoned. Mr.Reddy was brought out of OT in a comatose state. He finally became brain dead and expired after a long struggle two and half years later. A case of medical negligence was filed with allegations as to whether ERCP was performed as per standard guidelines and whether the dose of anaesthesia was correct.

**Held:** As per standard of care, the **administration and monitoring of propofol administration** for such complex endoscopic procedures should be **the responsibility of a dedicated and appropriately trained anaesthetist** to ensure that the potential complications of sedation and anaesthesia are appropriately managed.

The anaesthetist ought to have taken due care and justification before administration of the said drug. Carelessness on part of anesthesiologist landed the patient in a state of coma. The medical record establishes clear lacuna that there is **no recording maintained between 3.30 to 3.50 pm** on the date of the incident.



Thus it was evident that Propofol was administered without monitoring and caution. Monitoring and recording of patient's vital signs before and during procedure should be done. Blood pressure, oxygen saturation and pulse rate should be monitored and noted. In this case, there were **no records** of patient's vitals during ERCP procedure **leading to adverse inference**. In addition, timely intubation was not done for the patient and hence no recording between 3.30 to 3.50 pm. Cardiac arrest was also not managed properly leading to coma.

**Anaesthesiologists are like aeroplane pilots. Essentially 99% of the time they are in "watchful mode." It is the monitoring of the patient and the ability of the anaesthesiologist to promptly act with available equipment that makes the difference between life and death. Though the doctors were qualified, they failed in their duty of care during ERCP procedure. Forty seven lakhs were awarded.**

Michael Jackson and Joan Rivers both lost their lives due to anaesthetic agent : Propofol

Take Home Messages:

- Close monitoring during sedation/anaesthesia and in the recovery room till shifting out to the wards/ICU.
- Periodic frequent monitoring in ICU/wards depending upon need of the patient.
- Establishing clinical guidelines and score sheets for monitoring.
- Necessary corrective action to be initiated as per manifestation.
- Periodic maintenance of the infrastructure and equipment is to be done so that the same are in working condition. Do keep standby for important equipment
- Safety of patients is responsibility of hospital. Facility and infrastructure e.g. engineering, housekeeping, infection control, medication safety, etc. to be maintained properly
- Adequate qualified manpower to ensure safe administration of treatment to the patient needs addressing.
- Adequate operation excellence to be exercised in the management of support and ancillary services like Materials, Stores, Medical Records, Pharmacy, CSSD, Operation Theatre, etc. to ensure that protocols and processes are formulated and adherence to the same.
- Calibration of equipments
- Preventive and maintenance breakdown tracker of the equipments
- Trained personnel to operate equipment
- Adequate monitoring of the patient all throughout and documentation of the same
- Sterilisation of equipment and linen to be ensured
- Maintenance of hygienic environment in the OR and adherence to infection control protocols.
- Records of consumables, drugs and medical devices to be maintained. Records could be useful in defence and need to be produced in a court of law if need be.
- Close monitoring while administration of High Risk medications as look-alike drugs, sound-alike drugs, low therapeutic window, controlled substances, psychotherapy medications, concentrated electrolytes, narcotic and psychotropic drugs, chemotherapy, etc. as they carry a heightened risk for adverse outcomes and catastrophic harm whenever there is an error.
- Avoid talking to or reprimand of personnel in OR as much as possible since patients are all ears to the remarks made. Any adverse remark made and registered by the patient may be used against the doctors and hospital staff later on especially if the outcome is adverse.

Dr. Suganthi Iyer can be contacted at [drsiyerin@yahoo.co.in](mailto:drsiyerin@yahoo.co.in)





# How To Plan Your Finances In 2024

With 2024 around the corner, it is the perfect opportunity to focus on something that impacts our daily lives and future aspirations - our finances fitness.

Whether you are a seasoned investor or just starting to navigate the complexities of personal finance, the beginning of every year is like a blank canvas - you have the power to paint your financial future by planning your finances with discipline and patience.

In this article, we will look at some strategies that you can use to plan your financial fitness better in 2024.

## Conduct a Financial Health Checkup

To prepare for the future, one must take a thorough look at the past and learn from mistakes.

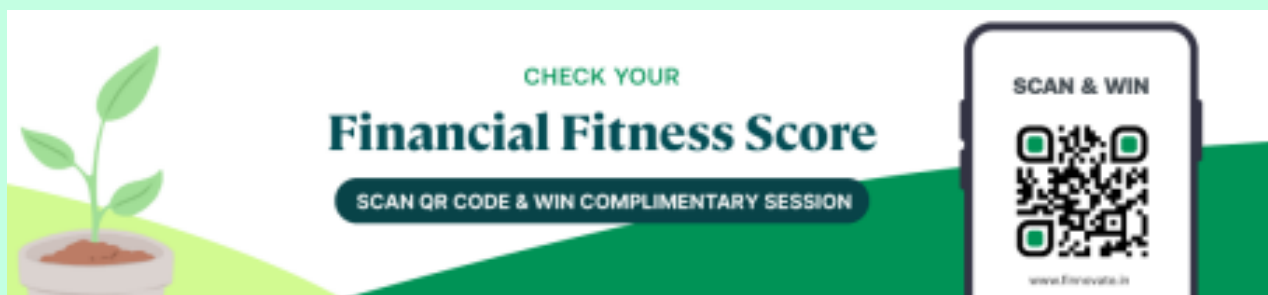
When it comes to your finances, you should conduct a complete review of your finances. Assess your income streams, regular expenses, investments, and any outstanding debts.

This analysis will provide a clear picture of your financial health and help identify areas for improvement.

Now, you can create a new budget for 2024 - you should always update your budget with changing financial goals and circumstances.

If you're anticipating significant life changes in 2024, such as starting a family or planning a large celebration, you should incorporate them into your budget.

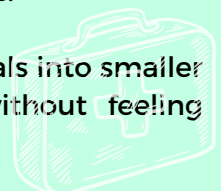
Visit: [www.bit.ly/AMCFIT](http://www.bit.ly/AMCFIT) or scan the QR code to check your financial fitness today.



## Set Clear Financial Goals

Start by identifying your short-term, mid-term and long-term financial objectives. Whether it is saving for a house, a dream vacation, or saving up for retirement, having well-defined goals will help provide direction and motivation to work towards these goals.

If achieving these goals seems overwhelming, you can break down your goals into smaller milestones with realistic timelines - this will keep you motivated without feeling overwhelmed.



## **Plan for Retirement**

While retirement may seem like a distant reality, the earlier you start planning, the more robust your financial cushion will be in your golden years.

And while you make your retirement plan, remember - it doesn't need to be a document written in stone. The plan should be a living document that adapts to changes in your life. You should regularly review and adjust your retirement contributions and investment choices.

You can engage with a financial advisor to help you make a personalised retirement plan that aligns with your goals and risk appetite.

## **Build an Emergency Fund**

An emergency fund, as the name suggests, is a fund that you should build over time - this fund acts as a financial safety net to help during uncertainties of life (like sudden medical emergencies or income loss).

It is recommended to have at least six to twelve months of your living expenses stashed away in your emergency fund.

## **Clear High-Interest Debts**

High-interest debt, particularly from credit cards or personal loans, can significantly hamper your financial growth in the long run. Consider repaying all your debts as soon as you can, to avoid paying compound interest over a long time.

If managing multiple debts becomes overwhelming, you can seek guidance from a qualified advisor for a structured debt management plan.

## **Evaluate Insurance Policies**

Health is wealth. Period.

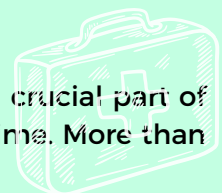
The rising costs of healthcare in India makes it important to have insurance coverage - you should secure yourself and your loved ones with adequate health coverage.

If you already have health insurance cover, you should evaluate your current health insurance policy - consider factors like coverage limits, exclusions, and premium charges. If you own a property and automobiles, you should also consider getting property insurance and vehicle insurance.

Whether it's life, health, home or automobile insurance, each policy contributes to helping you stay financially fit.

## **Evaluate Your Investment Portfolio**

Financial planning is not just about savings and expenses. Investing is also a crucial part of it. If done in the right way, investing can help you accumulate wealth over time. More than the end product, getting the asset allocation right is of utmost significance.



From traditional avenues like fixed deposits and gold to more dynamic options like equities and mutual funds, understanding the pros and cons of each & the right asset mix is essential to make smart investing decisions.

You should regularly assess your portfolio and analyse which investments are doing well, and which are not. You can then rebalance your portfolio to maintain a healthy mix of stocks, bonds and other asset classes. Remember Rome was not built in a day & so staying invested in the right asset class for a long period of time while tiding through market uncertainties is critical to long term financial fitness.

Remember, ARC Formula i.e., Asset Allocation, Regular Investing and Power of Compounding help you create wealth over long run.

### **Plan your taxes**

Planning your taxes is not just about saving money; it's about optimising your resources and ensuring that you make the most of deductions and exemptions.

You can explore tax-saving schemes like the EPF/PPF, National Pension Scheme. Carefully choose if the old or new regime, what helps you bring down your overall tax outgo.

With careful planning and smart investments, you can not only reduce your tax liability but also grow wealth over time.

### **Aim for a Balanced Lifestyle**

Financial Fitness is more than just numbers; it's about achieving a balanced lifestyle. While you should try and optimize your income, you should also allocate funds for activities that make you happy.

Whether it's a hobby, travel, or other leisure activities, having a budget for enjoyment activities can motivate you to maintain your financial discipline in other important areas. While you're planning your financial goals, you should also prioritise your mental health. Stress and anxiety can lead to poor decision-making and reduce overall happiness.

You can consider including activities like meditation, regular exercise, and hobbies in your regular routine to strike a healthy work-life balance.

After all, a healthy mind contributes to clearer financial decisions and resilience in the face of challenges.

As we wrap up the essential strategies of financial planning for 2024, remember that this isn't just about managing numbers in a bank account. It's about crafting a lifestyle that aligns with your values, and long-term goals.

**Here's to a prosperous, balanced, and fulfilling 2024 - a year where your financial goals aren't just dreams, but achievable realities!**





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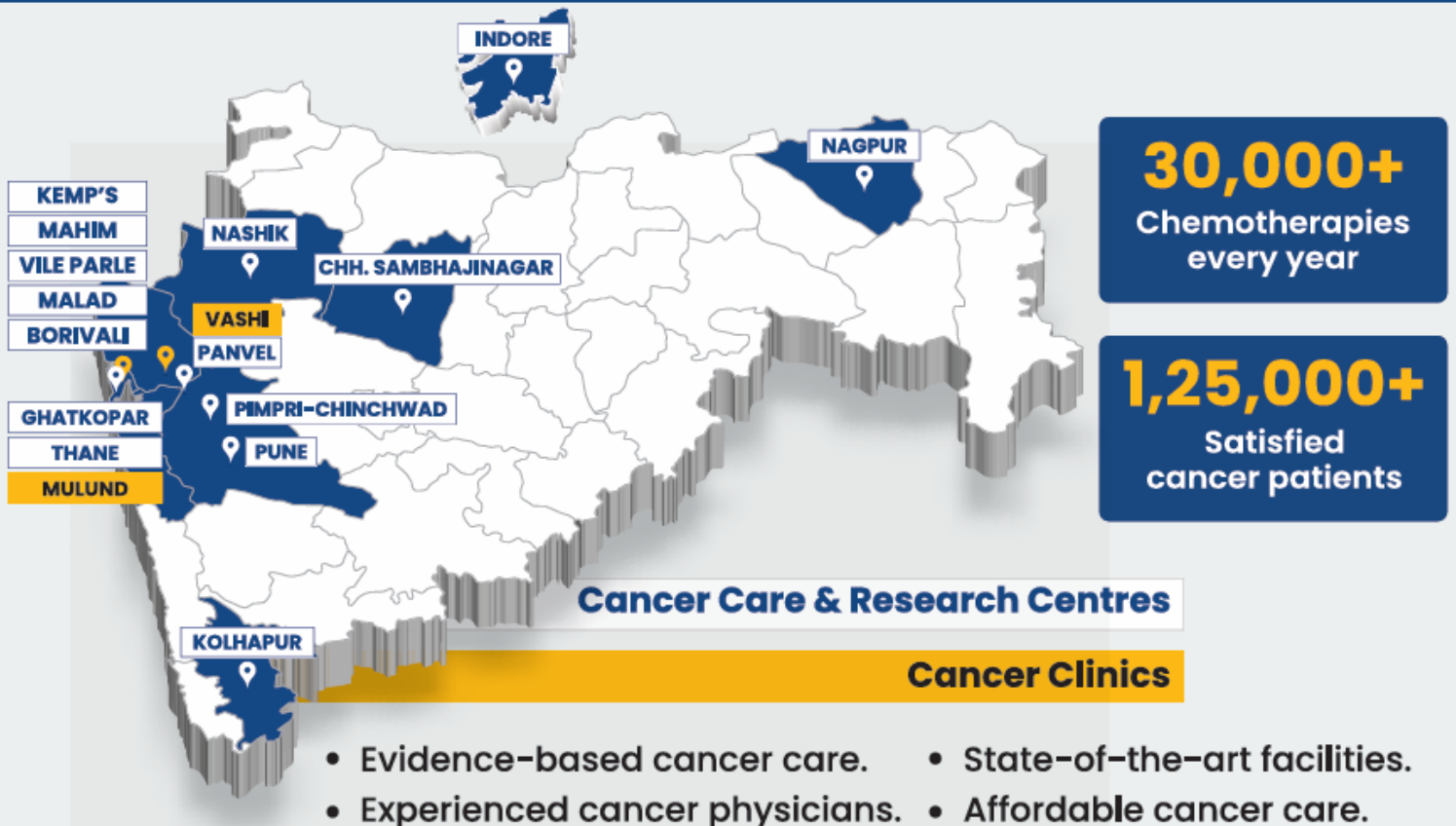
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