



The GRASP

E-Bulletin (March 2023)

For Private Circulation Only



Gudi Padwa Edition





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Dr. Kritika Doshi

Editorial

Hello Dear AMCites,

It has been my greatest joy and privilege to be the Editor of The GRASP.

This will be my last editorial and written communication with all of you as Editor. As I complete my tenure, I would like to share a few thoughts with you.

Are thoughts real? Do they exist physically? Do they really affect our physical being? These are questions many would call philosophical and abstract; but these are essential questions that we as medical practitioners need to address and understand.

The introduction of Yoga and Ayurveda in medical colleges is inevitable- we need to learn the basics of these sciences. Ayurveda views the 'mind' as the reflection of the body and the storehouse of impressions we carry from our experiences through our sense organs. This reflects the profound understanding of our ancestors when dealing with what we today know as the bio-psycho-social approach to diseases.

Yoga is a science which teaches and instructs us in the science of developing mind-body-soul harmony. 'Yoga' has 2 main meanings- it means to anchor/join as in mind-body harmony; it can also mean to reach the goal of samadhi. It is unfortunate that we in India associate Yoga only with the physical aspect of asanas without understanding its deeper profound understanding of human biology.

When the mind is disturbed, it causes stress- this we know but how does stress express itself physiologically? How can we overcome this stress to go from a feeling of dis-'ease' to 'ease'? Dr Ulka Natu Gadani- the Vice Chairperson of Yoga Certification Board, Ministry of AYUSH has written an excellent article to explain how to remain 'healthy'.

Dr Bharat Vatwani Ramon Magsaysay Awardee 2018 writes about mental health and his journey to help the wandering mentally-ill by admitting them to a 120 bedded exclusive psychiatric rehabilitation center in Karjat. Truly a noble cause and one that is not easy.

Dr Anjali Bhatwadekar a busy practicing teacher and Paediatrician writes about the healing effects of drawing simple designs – she is talking about drawing giving her the benefits of deep meditation!

Dr Abhay Nene a busy spine surgeon finds peace and happiness in the rugged Himalayas where one has to combat raw nature without the comforts of city living!

Friends, these are all accomplished medical practitioners who get 'happiness'/'ease'/peace by non-materialistic activities. It is time to introspect whether we are doing justice to our patients when we 'treat' them or do we need something more?

In addition, we have our regular and popular medicolegal articles by Dr Lalit Kapoor and Dr Suganthi Iyer.

It is difficult to unlearn our modern medicine and 'learn' Ayurveda and Yoga; but if you overcome the initial resistance and try to understand with an open mind, it will benefit each patient of yours in addition to changing your thoughts about 'diseases' as taught to us by the West.

It has been an honour to be here as Editor since 2017 and I have received warm feedbacks from many of you. I am truly thankful to you all and to the AMC for bestowing me with this beautiful task.

Wishing everyone good health and happiness,

Warm Regards
Dr Kritika Doshi



Dr. Nilima Vaidya Bhamare

President's Precept

Thank you very much from the very bottom of my heart, for the love given to me throughout the year.

As I end my year, my heart is filled with satisfaction that I did my best. I did, what I did, pouring my heart & soul into it. That was in my hands. Despite multiple set backs in my personal life, and road blocks created by stalwarts, I managed to see them as spring boards to achieve what I had set out to do.

Many lessons learnt this year. I have become much wiser in this year than any other year of my life. I grew as a person. I learned to ignore those who were hindering my path because of ego clashes. I learned to look beyond my own ego & give a helping hand to those who were misunderstood. I learned to say a firm NO, where I saw people were doing only things at face value. Learnt to look beyond the facades created.

A very sad way of hindering work in an association is to take up a job & not do it. Just keep procrastinating so that it cannot be handed over to another capable person who would actually do it. Learnt to delegate these jobs to other deserving people or took it up on myself to start work. A lot of time got wasted in believing in these kinds of people.

A lot of projects started with a good heart. They may not be able to be completed this year.

But the aim is for the Association to grow. I hope these projects are taken to their completion by the incoming team.

Registration of hospitals as NTROCs, FEQH accreditation to be recognised by IRDA & insurance companies, Police & Dr Cooperation in zones of Mumbai, MPCB issue, Nurses training modules, CPR Videos, Police SOPs for violence against Doctors, Fire drills in various AMC Zones etc. A lot of hard work gone into all this. Writ Petition, if needed to solve the MPCB issue is in the process of finalization.

Single window registration under the ABDM is a coveted dream. We have created the white paper and spoken to govt agencies. If I am able to deliver that It shall be a dream come true for me!

This year has seen a plethora of diverse events covering all aspects of a doctor's life. We dabbled in academics for the first time in AMC. We also hand held the peripheral hospitals doing skilled surgical work like laparoscopies & laser therapies.

Marathon, Cyclethon & Bikeathon was also done for the first time in AMC. All programs had awareness themes. Awareness on child nutrition, TB, DM, Road safety, organ & blood donation, Give way to Ambulance etc. Tree plantation for every member on his birthday was also a unique concept.

The much-awaited AMCON was held at the FM Majestic grounds on the 25th & 26th of February, after a gap of 2 yrs... It was after all the 51st year of AMC.

This was an AMCON With a difference. Fantastic venue, good food, superlative speakers, good topics, each speaker spoken to about the content, no film stars, no politicians, no judiciary..... Only & only celebration of doctors. For the first time in AMC, we stepped out of the 7-star hotel culture. Our theme was ASTITVA A MEANINGFUL LIFE. The first day was dedicated to the health & wellness of the fraternity. And the second day, to what a doctor can do productively & effectively if he is healthy himself.

We had Dr. Prakash Baba Amte & Dr. Mandakini Amte as our Chief guests and Lt General Dr. Madhuri Kanitkar as our key note speaker. She was accompanied by her husband Lt Gen Rajeew Kanitkar. Both got standing ovations after their respective speeches and they were our true heroes. Dr. Madhuri Kanitkar showed us what one woman with grit, determination & discipline can do in a short span of time. She has changed the face of the MUHS within one year of taking over as Vice Chancellor.

Dr Prakash baba spoke about his life EK ZINDAGI AISI BHI A selfless path difficult to emulate. We chose a few other deserving doctors trying to live a life beyond medicine, and felicitated them as role models. Dr Anand Parihar was the first amongst them to be felicitated. A man silently working for the overall wellbeing of cancer patients . Dr Abhay Nene cyclist mountaineer, musician.... Dr Girish Dani writer, Director, actor.... Dr Nikhil Datar Judicial activist who changed the abortion law of the land Dr Tushar Shah, stand-up comedian, shayar & teacher Dr Anil Suchak, a living example of a how productive a man can be even after 16 yrs of liver transplantWere all felicitated. We also gave recognition to the Fire Department , the Police department, the MPCB & BMC for all the help & co operation that they offered us this year.

A total of 15.5 lakh worth of donations have been made this year ... 3 lakhs for tree plantation, 1.5 for hearing aids, 7 lakhs to Prakash Baba's Anandvan, 3 lakhs to Madat Trust for cancer patient support & one lakh for the village adoption scheme. We endeavour to give more till the end of March 2023 from the program committee account.

Our year began with major setbacks when our accountant of 15 yrs suddenly left us when uncomfortable questions were asked. But we were able to bring in a new accountant who did a great job too. A lot of back log we were able to clear out. Digitization of AMC records was taken up in a major way. The working of the office and the lost camaraderie was brought back with love & care . The staff supported me completely thru the year.

When I took over as President , my main worry was the Program account . Programs can be conducted only thru that account . And I have no pharma or any other connect . But the good Lord up there must be meherban on me .

I got Academic sponsorships just because people came to know that I am taking over as President . My reputation worked for me. The partners were assured of their money being put to good use . I did not have to ask for anything from anyone . AMC is an organization to reckon with ... We are a 13 k strong body . So it was a win win situation for all . I chose the partners well too . For me , ethics is more important than the money . So not everyone who came forward , was taken on board . I rejected quite a few too . Those who came for their conviction in me , were also of my sensibilities . So it worked out well .

Secretary Dr Hemant Dugad & Treasurer Dr Vikram Khanna were staunch in support and did their best to help me realise my vision .

The TEAM AMC truly did a fabulous job this year .

A lot of huge projects taken up . Cannot be completed in a year . But I am sure the next team will take it to completion as only the loose ends have to be tied . Ground work and construction is done Only awaiting OC

Though I shall never get credit for this next year It wouldn't matter much as the AMC is bigger than any single individual

Every single President works with his or her vision for the fraternity . We have had great leaderships before who have laid the solid foundations on which the AMC stands . I did what I thought was best in the given circumstances . Hope I haven't disappointed you.

I still have one more month to go and this shall be the most productive month with the Fire drills , police & Dr partnerships , the CPR videos to be handed over , the White paper on Single window registrations , Our meeting with the insurance authorities to get the official stamp for the FEQH standards which shall enable AMC to be recognised in that sector as well ...

A lot yet left to be done Before I take your leave on the 26th of March 2023 .

Immediately post AMCON , the very next day , I met the Officer on special duty of All India Institute of Local Self Government . They were keen to add AMC nurses training modules into their curriculum for the govt recognised nurses training courses . And take AMC on board as partners . We shall then approach the BMC to recognise these nurses for our nursing home registrations & renewals .

They also have hospital administrator courses online which our members can sign up for.

This was pointed out during the panel discussion at the AMCON. They are starting from June as online courses for a duration of one year. We can try to get a concession for the courses for our members.

The AILLSG , are not the authorised agency to give us a stamp of approval for the ASNH FEQH standards but are willing to come on board as supporting partners which shall make it easier for us to get on board with the insurance companies So I am back to work again!

*You were born with potential.
You were born with goodness and trust.
You were born with ideals and dreams.
You were born with greatness.
You were born with wings.
You are not meant for crawling, so don't.
You have wings.
Learn to use them and fly*
~ Rumi ~

I found my wings & learnt to fly and take AMC along with me to reach higher goals and set an example for the next team to follow & better. I wish the very best for the incoming team. I leave with a heart full of satisfaction at having tried my best and with my head held high that I was able to live up to my own set standards.

CHALO , THODA AUR TRY KARTE HAI has always been my guru mantra and only this staunch belief has got me retrying to do things where others had given up

Hope I have upheld the stature of AMC at all times

Adios

Yours sincerely ,
Dr Nilima Vaidya Bhamare ,
President AMC .

ASSOCIATION OF MEDICAL CONSULTANTS MEMBERSHIP

13843 Total Membership of the Association

9845 Members under professional Indemnity Scheme of AMC

5143 Persons (Members & Family) under H&A Scheme

1554 Members under CBS Scheme

USEFUL LINKS

LINK TO ENROLL FOR AMC MEMBERSHIP
<https://amcmumbai.com/choose-type-of-membership/>

ONLINE LINK TO ENROLL FOR CONSULTANTS BENEVOLENT SCHEME
<https://amcmumbai.com/cbs-membership-form/>

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Dr. Hemant Dugad

Secretary Report

Dear Amcites,

Greetings of the Hindu Nav Varsha !

While writing for this last edition of Grasp, I am getting a feeling of student in the exam hall where the last 5 minutes are remaining & lot has remained to be completed. How much as a Team we could accomplish is not important but how much remains to be done is a worry.

How Others See You is not Important,

How You See Yourself means Everything!

Under the Leadership of President Dr Nilima, Team AMC 2022-23 worked with a motto of Organisation First. In a short span of 365 days, the programs conducted & issues tackled gave a True Value for Membership.

We are now 12273 members in the Mumbai MMRDA area & 1509 in Affiliate Units. President & Program Committee Chairperson (PCC) has enumerated various programs (CMEs) conducted & projects undertaken.

3rd issue of Grasp was released on 14th January as अन्त और आरंभ. In last 68 days (14/1/23 to 22/3/23) we had 7 programs & 2days Annual Conference AMCON 2022-23. We had 2 Managing Committee Meetings and 2 Office Bearer Meetings. Average attendance for CMEs or Programs was 300, definitely not good considering our strength of 13000 members. We need your feedback, input, area of interest to increase the attendance, participation & involvement.

सबका साथ, सबका विश्वास, सबका सहभाग जरूरी है ।

Then only we can grow & shine. We tried our best to work selflessly but earnestly need your positive & constructive response.

Once again,
Happy & Prosperous Hindu Nav Varsh!
One among you as usual,

Dr Hemant Dugad
Secretary AMC Mumbai
2022-23





Dr. Reena Wani

PCC Program Report 2022-23

“If I have seen further than others, it is by standing on the shoulders of Giants”
- Isaac Newton

It has been a whirlwind end of the year, and a great beginning to 2023 for TEAM AMC led by our enthusiastic President and Secretary, who ensured that we had no weekends free! We had a galaxy of stalwarts interacting with us in a wide range of events this year.

From financial freedom, academics to technology and fun, we have had a variety of activities, as seen in the table below, with participation by our members.

Sr	AMC PROGRAMS HELD	Date	Venue	Co-Ordinator	Number
1	FINCON 2	25/12/2022	ONLINE WEBINAR	Convenor: Dr. Vikram Khanna	149
2	Rejuvenating Medical Minds	22/01/2023	Shanmukhanand Hall, Sion	Dr Ashok Mehta	307
3	Kya Kare Kya Na Kare (Do's and Don't's for MTP, PCPNDT, POCSO)	26/01/2023	ONLINE WEBINAR (MLC)	Dr. Vidya Shetty	304
4	AGP World : Tape Face - India Tour (silent humor play)	29/01/2023	St Andrews Auditorium	Dr. Nilima Vaidya-Bhamare	60
5	BIKETHON	29/01/2023	Mindspace Malad to Borivali RTO	Dr. Nilima Vaidya-Bhamare	44
6	FINCON 3	05/02/2023	ONLINE WEBINAR	Ms. Nehal Mota	364
7	IT IN HEALTHCARE (upcoming)	12/02/2023	TIMSCDR, THAKUR VILLAGE, KANDIVALI	Dr. Mukesh Gupta	16
8	AMCON 2022-23	25 and 26 Feb	FM Majestic grounds, Vile Parle West	TEAM AMC	-

The program on Rejuvenating Medical Minds on the theme of PASSION & COMPASSION with RERF and IMA Mumbai West in particular was blessed by presence of Brahmakumaris and their leader Sister BK Shivani. This was in person at Shanmukhananda hall on 22nd Jan and was broadcast as a hybrid event. Our OB team got an opportunity to be blessed by BK Shivani didi. In the words of our President “Her touch is so soft, Eyes full of compassion, I can't tell you how amazing the feeling was when she held my hands when she gave me the Tulsi sapling.”

A galaxy of speakers of different specialties covered topics of self-care, meditation, emotional healing and safety, values, and Soul consciousness.

Dr Ashok Mehta, BK Dr Shubhada Neel, and others shared experiences. The questions that vex us in our day-to-day practice were addressed in KYA KARE KYA NA KARE on 26th January Republic Day webinar 10.00 am to 2.00 pm. We were focusing on truly empowering.

Women with reproductive rights freedom, after flag hoisting!

When a woman or a young girl comes to our clinic and we find out that she is a minor, or unmarried or divorcee and is pregnant, or situations which are not considered legal or straightforward. And we start thinking of what is the correct way forward to benefit the patient but not compromise on legal requirements which can pose a problem to the practitioner.

MTP, PCPNDT, POCSO were analysed by the experts like Dr Nikhil Datar, Dr Rahul Wani, Dr Rajendra Tiwari and Dr Vipin Checker with lively inputs from Dr Nilima (Herself an LLB), Dr Hemant, Dr Reena Wani and audience. National holiday saw many (over 300) attend this informative webinar on Medicolegal challenges faced by practitioners arranged by Dr Vidya Shetty.

On 28th January, we collaborated with JOSH Foundation for hearing-impaired children in their dance program and donated hearing aids from our organization as a token of support.

Our Bikethon on 29 th January with theme of awareness for road safety and giving way to ambulances was led from the front by our President herself, with more than 70 bikers taking part! The Bangur Nagar police were very happy with the way we conducted the rally. They were pleased with the disciplined way we did it and congratulated us on having done the whole show so gracefully.

Marshals in yellow tshirts, the happy faces after the medal distribution, breakfast at Subkuch with chai was part of the morning. This was well- deserved after having awoken before dawn and come for the event. We gave medallions to the ambulance-waale too for having been with us through the rally. All went home happy, including Kamlesh from office who was of great help.

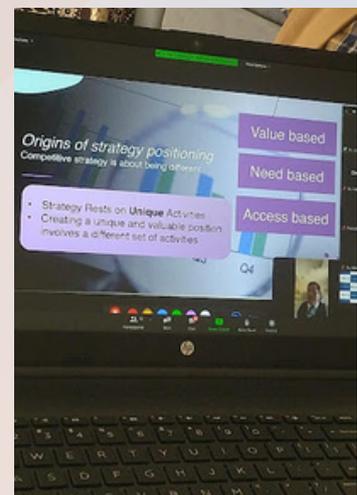
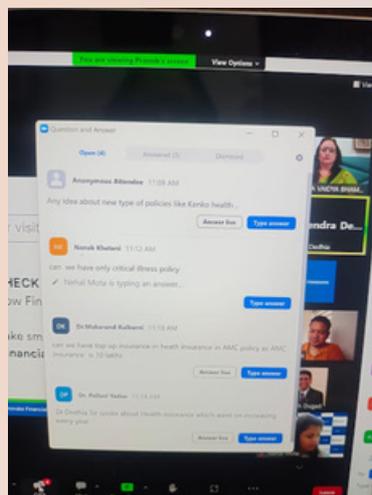
Our doctors participated in online webinars FINCON 2 & 3, with keen interest in financial fitness for fraternity. The session of 25th December 2022 had nearly 150 hard-core interested participants, despite no MMC points! Topics like Cash-flow management, MIS, Raising capital from Banks were discussed, along with an interactive panel discussion on Wealth creation, moderated by Dr Vikram Khanna and Nehal Mota from Finnovate. Our convenor Dr Narendra Dedhia, Dr Nilima, Dr Hemant and Dr Raichura participated actively. The third program in the series was held on 5th Feb with MMC Points, convened by Dr Narendra Dedhia and Nehal Mota of FINNOVATE, who also has been providing excellent AV &Tech support for our programs, with Pranob Thachanthara being in charge of the links. Special focus on Risk management, Goal & Estate planning, and Wealth creation were covered. Dr Mukesh Gupta, Dr Dilip Raichura & Mr Shailendra Dubey spoke and interacted with the 350+ participants who remained logged in till almost 2pm with our MOC Dr Rahul Rane.

AMC also collaborated with ITCON held in Thakur college on 11th February with Dr Mukesh Gupta & Dr Nilima Mhambre actively participating. Technology topics were discussed by experts. Friends, we look forward to full participation from you all in the upcoming AMCON 2023, our signature event with theme of ASTITVA, and holistic wellness. Let's celebrate this year and activities together, see you soon!




**ASSOCIATION OF MEDICAL CONSULTANTS
MUMBAI**
presents
**WEBINAR ON
KYA KARE KYA NA KARE**
1 MMC POINT GRANTED
 Thursday 26th January 2023 | 10:00 am to 01:30 pm

 Dr. Nilima Vaidya Bhamare PRESIDENT	 Dr. Hemant Dugad HON. SECRETARY	 Dr. Reena Wani PROG. COMMITTEE CHAIRPERSON	 Dr. Vidya Shetty CONVENOR
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Zonal Director's Reports

AMC Zone: Thane/Kalyan/ Dombivali
Zonal Director: Dr Vivek Dwivedi

AMC Zonal CME of Thane Kalyan Dombivali was held on Sunday, 12.06.2022 at Rotary IMA Hall Thane
Time- 9.30 AM to 1 PM

1 MMC Point Granted
1 MMC Point Granted

Topics were-

- Fire NOC
- Task Force and Violence in Hospitals
- Latest Guidelines in CPR
- Prevention of Criminal Prosecution in Medical Practice
- Journey from FIR to Court
- Landmark Judgements affecting Doctors

Speakers were

Dr Lalit Kapoor
Dr Nilima Vaidya Bhamare
Dr Santosh Kadam
Dr Alok Modi
Dr Manish Doshi
Adv. Ashish Chavan

More than 100 people attended this Zonal CME

Zonal Task Force Report - Zone A & B

The Zonal Task teams were activated thanks to the ongoing effort of President Dr Nilima Bhamare Vaidya and Hon Secretary Dr Hemant Dugad.

The 2 zones work in synergy and we have been in regular touch with our team to solve local issues Fortunately no major untoward incident took place.

We thank our team and request them to continue for the coming year

ZONE A - COLABA TO PRABAHDEVI

- | | |
|-------------------------------|----------------------------|
| 1. Dr. Shaikh Mohammed Arif | 98195 69667 Mumbai Central |
| 2. Dr. Sunil K. Bichile | 93245 56411 Parel |
| 3. Dr. Nitin Bhatnagar | 98207 07067 Worli |
| 4. Dr. Sanjay Dhundiras Damle | 98192 90919 Marine Lines |
| 5. Dr. Naresh Jain | 9664882183 Charni Road |
| 6. Dr. Pravesh Ashok Jhaveri | 98200 07893 Colaba |
| 7. Dr. Vicky Jain | 97690 89446 Girgaon |
| 8. Dr. Amit Patil | 95868 38633 Mumbai Central |
| 9. Dr. Mayur Vira | 98197 92159 Tardeo |

ZONE B - REST OF MUMBAI

- | | |
|------------------------------------|-------------------------|
| 1. Dr. Ajit Borkar | 98210 67030 Dadar |
| 2. Dr. Dnyanesh Belekar | 98200 55482 Dadar |
| 3. Dr. Nirav Chheda | 99201 96999 Chunabhatti |
| 4. Dr. Reshma Naushadhussain | 98206 94313 Mahim |
| 5. Dr. Shubhada Kandeparkar | 98210 56313 Dadar |
| 6. Dr. Meena Sabh Singh Khambay | 98200 81156 Dadar |
| 7. Dr. Vikram Krishnakumar Khanna | 98190 55857 Sion |
| 8. Dr. Ashish Shashikant Kelkar | 98206 63972 Dadar |
| 9. Dr. Anil Madan Mansukhani | 98925 96292 Matunga |
| 10. Dr. Kedar Prakash Mudkhedkar | 98814 64921 Sion |
| 11. Dr. Rohit Narvekar | 90048 94431 Sion |
| 12. Dr. Ravindra Sevantilal Parekh | 98200 44631 Sion |
| 13. Dr. Piyush Chotelal Prabhat | 98210 43763 Matunga |
| 14. Dr. Milind Phanse | 98924 38568 Dadar |



Regards,
Dr Smita Sharma
Zonal Director Colaba to Prabhadevi

Dr Suhas Shah
Zonal Director Rest of South

PS-I would like to acknowledge the efforts and contribution of Dr Suhas Shah for the forthcoming AMCON- Dr Smita

Zonal Report: Mira Road to Palghar
Zonal Director: Dr Rajendra Chahwan

Various activities were conducted between Mira road and Palghar Zone F by Dr Rajendra Chauhan with other associations in addition to AMC:

1. nurses training program conducted by Dr SN Agrawal and Other Consultants at nalasopara with Dr Venkat Goyals' Riddivinayak hospital along with a CME.
 2. At various places various places blood donation camp was conducted on 14th August mainly at Palghar railway station where member of parliament Shri Rajendra Gavitji and civil surgeon Dr Sanjay Bodade sir attended the camp.
 3. Many AMC doctors like Dr Ratnakar Mane, Dr Hament Nevge and others attended and donated blood. AMC project *Aao Gaon Chale*AMC project which was conducted in Darshet village a very remote place near Virar where 260 blankets were distributed to the poor families.
-

Social Service Cell Report- 2022-23.
Dr Ajit Desai

It gives me great pleasure in submitting Social Service Cell, AMC, report for 2022-23.

- The 1st activity of the Cell started on 14th June 2022, as a blood Donation Drive with Health Check up at Summit Business Bay- AMC's Andheri office. We, had a very good response and we collected 112 Blood bottles, did 61 ECGs and 200+ BPs were taken. AMC gave a mug with the AMC logo to each and every participant.
- The second activity was on Yoga Day, i.e. on 21st June, as an online activity. Dr. Shilpa Sabharwal, Senior International Faculty- Yoga Teacher conducted the yoga session.
- Third Blood Donation Drive was organized at Cooper Hospital, on 1st July
- Blood Donation Camp was organized on 3rd July, at Rukhmani hospital, Kalyan.
- On 31st July, AMC did webinar called 'All about Blood' Social Service Cell, AMC has agreed to sponsor the Blood Donation Drive camps and other social activities.

Affiliate Cell Reports

Dr Umesh Oza

Number of Members in various affiliate cells are increasing. Members of affiliate cells are in constant touch with the office bearers of other cells to resolve any issues related to various schemes. Dr Kishore Adhyantaya and Dr Ajit Desai have been a great support for the members.

We had a virtual meeting with the office bearers of all the AMC affiliate branches. Due to covid time, we could not arrange physical meeting at different venues but the next year it will be planned. Members of various cells were invited for the MLCON and AMCON . They also participated in the discussion during MLCON.

There are more city associations who have shown interest in starting affiliate cells with Mumbai AMC to avail the benefits of various schemes of AMC for benefits of their consultants. I am sure next year; we will be more proactive to interact with various affiliate cells. Following is the table showing number of memberships from various branches and the number of members attached to various our schemes.

I would like to thank Dr Kishore Adhyantaya and all the members of affiliate cell Mumbai for their support.

Sr	BRANCH	MEMBERS	PI	E & O	H & A	CBS
1	Pune	332	127	2	19	0
2	Nashik	119	89	9	4	5
3	Ratnagiri	60	48	4	10	6
4	Sindhudurg	50	44	14	6	0
5	Kolhapur	33	19	3	2	3
6	Goa	35	12	4	0	2
7	Udgir-Latur	42	32	2	9	12
8	Mangalore	570	339	8	85	41
9	Bangalore	117	67	4	7	3
	Total	1418	777	50	142	72



Dr Lalit Kapoor's BLOG

When Should A Doctor Retire?



In private medical practice in India there is no retirement age for doctors .There is no statutory limit of the age till which a doctor can practice nor does the NMC medical code of ethics prescribe or recommend any age limit. In other words, a doctor can practice for as long as he or she wants.

However in Government or Municipal hospitals the retirement age used to be 58 years, which was later increased to 65.

Some private tertiary Trust hospitals have now mandated a retirement age of 65 and there are many hospitals who are now formally proposing age limits for the doctors attached to their hospitals. One such leading hospital is proposing 75 years as retirement age for Consultant Physicians and 70 for surgeons with annual medical check-ups thrown in. Of course, the limit could be given a go-by for special / eminent consultants (depending upon the prestige and/or revenue accruing to the hospital from the particular consultant !), at the discretion of the management.

ADVOCATES?

Ditto as for doctors .There is no law which prohibits an advocate to practice beyond a certain age.

Famous advocate Mr. Ram Jethmalani who retired at age 96 was asked by a bench headed by Chief Justice T .S Thakur: "Mr. Ram Jethmalani, when are you going to retire?" Without batting an eyelid, the nonagenarian sought an elaboration of the question by asking, "Why is my lord asking when I am going to die?"

WHAT ABOUT JUDGES?

In India Supreme Court judges retire at 65 and High Court judges at 62. Interestingly, there is no retirement age for judges in USA. Federal judges can only be removed through impeachment by the House of Representatives and conviction in the Senate. Judges and Justices serve no fixed term — they serve until their death, retirement, or conviction by the Senate..

Supreme Court. Justice Ruth Bader Ginsburg is currently their oldest judge – she is 87 years old.

POLITICIANS?

The rule is the same as for independent professionals. Mr. Morarji Desai was Prime Minister at age 81. However Bharatiya Janata Party (BJP) , soon after coming to power in May 2014, Prime Minister Narendra Modi introduced the rule that leaders above 75 should not hold any administrative post in Central or state governments. BJP politicians were stopped from being given tickets for elections after 75. It appears 75 is the official retirement age in formal politics, at least for BJP politicians.

PILOTS

Retirement age 65 though in some airlines it is 58 (for example Indigo airlines)
Annual medical check-ups are mandatory.

Coming back to our original topic: WHEN SHOULD A DOCTOR RETIRE?

Since there are no legal restrictions, the decision to retire is usually a voluntary one based on several factors including health conditions , financial position , passion for the profession or lack of it due to stress of changing scenario of medical practice.

FACTORS WHICH PLAY A PART IN THE DECISION TO RETIRE :



- Mind-boggling advances are taking place constantly in Medicine and technology at a rapid pace Doctors are expected to keep up with the latest in the field. New drugs, treatments, and technologies are introduced every year. If they do not remain updated their abilities decline and so would the practice. Attending CMEs and Conference could negate some of this.
- Age-related declining stamina: Surgeons might find it difficult to do long –duration surgeries as they get older. Even physicians may slow down to a level where they cannot continue to work.

- Health-related : Acute or debilitating chronic illnesses which may lead to some disabilities.
- Financial independence or the lack of it is often the deciding factor.
- Medico-legal Stress syndrome (MLSS) in doctors who may have had the misfortune of having been embroiled in tortuous litigation or faced criminal prosecution often prompts the decision to retire early.
- Physician burn-out syndrome could lead to early retirement or going into non-practice jobs. I am aware of several colleagues who have done so or in the process of doing so.

REASONS FOR LATE RETIREMENT



- Concern for the well-being of their patients
- Financial obligations
- Lack of interest outside medicine.
- Fear of loss of autonomy and sense of identity.
- Absence of retirement planning and transition strategies.

Dr Terrie Brandon of the Alberta Medical Association, Canada says:

“Many physicians also struggle with the emotional aspect of retirement as their sense of self is strongly associated with the work they do and they have a strong emotional bond with their patients. Many fear that retirement will not provide the intellectual stimulation that they enjoy in their work”

PATIENT'S PERSPECTIVE

Patients of doctors who are in an advanced age sometimes start having doubts about the continued competence of their doctors and their knowledge of the latest in their field. Maltz of the American Academy of Family Physicians lists the 6 signs when a doctor should call it quits:

The physician confuses a patient he or she has been seeing for years with another patient or forgets who the patient is entirely;
The physician is unusually dismissive or impatient;
The physician responds to patients' questions with confusing or convoluted answers;
The physician forgets to complete a task he or she was expected to do, such as ordering a test, researching a question, or calling a patient;
Are there any official guidelines for pricing?
The physician refers patients to a specialist or other medical professional for every ailment; and
The physician is shaky when handling instruments or has difficulty hearing or seeing things clearly.

As mentioned by me in the beginning of this presentation, a beginning has been made by some tertiary hospitals in our country to assess physical and mental competence of their doctors above 70 before renewing their contracts. Apparently, this is part of their patient safety initiatives.

DOCTORS OF ADVANCED AGE PRACTISING



The fact of the matter, however is that many doctors continue to practice up to a very advanced age , and no one is the worse for it. Often, their wealth of experience and wisdom is valued very much and their retirement would be considered a big loss to Society, especially in a country like ours with a badly skewed doctor-patient ratio. Their contribution is invaluable and many are role models for the younger doctors. In the USA Dr Michael DeBakey, famed cardiac surgeon operated till age 90 .Guinness World Records dubbed Neurologist Dr Howard Tucker of Cleveland as the world's oldest practicing doctor at 98 years and 231 days who continues to practice into his 100th year. A feature documentary film entitled What's Next? is being made on him.

It has been wisely said: Every time a physician retires, we lose 30, 40, or 50 years of experience

An 80-year old Physician, my friend, refuses to retire. He continues to be very active, runs marathons and says he plans to die while examining a patient!

We have a number of examples of eminent surgeons in Mumbai operating in their late 70s. A top Neurologist in Mumbai continues to practice at age 90 even though in a restricted manner. But Dr Howard Tucker is ahead of him at 100 and hence he may not make it to the Guinness Book of Records !!

There are many who believe that the longer you practice beyond retirement age you will have less cognitive decline and the longer you will live!!

At the end of the day, the timing of your retirement has to be a personal decision and you should ask yourself, as you grow older, whether you should be continuing to practice. This judgment should be based on your personal circumstances and your conscience keeping in mind your interests and importantly, the interests of your patients. You have to take a call on when you should slow down your practice and when to entirely stop it.

**Most of us do the right thing at the right time by putting aside our scalpel or by hanging our stethoscope at the appropriate time by making a balanced decision.
Those who don't, do so at their own peril and that of their patients.**

RESPONSE TO THIS BLOG FROM
DR PROF ASHOK SARNAIK,
Ex Professor of Pediatrics,
Michigan Children's Hospital, Detroit



This is a great article, but I have some friendly critique better taken as coffee table discussion. I read it in entirety and some points hit close to home. You have great mastery of writing style and your writing is never boring.

1) The title is "When should a doctor retire?". There are aspects of "When a doctor should be made to retire?".

2) You describe facts including a mandatory retirement age, and conditional employment based on clinical examination. You then end by giving a gentle advice making it a personal choice.

3) While I do not think it is appropriate to legislate in this area, some common sense guidelines are necessary. Independent neuropsych evaluation is a must after the age of 65 (earlier if there are warning signs). University Tenure should be awarded only up to age 65 and then subjected to a review process based on productivity. Leaving up to the judgement of the involved individual is problematic.

4) Personally, I decided to retire at age 72 from active clinical practice when I started noticing that I was physically getting tired completing the entire day in the Pediatric ICU. I started taking some shortcuts relying more on my fellows to do things that I thought I should be doing. Getting out of bed at 2 AM to attend to a sick child was increasingly challenging. No one around me noticed it but I knew that it was time. I could have continued longer by passing any aptitude testing but I knew that my patients wouldn't get the best I could offer, even though what I could offer was better than my much younger colleagues. My analytical mind was still intact. I must confess that the threat of getting obsolete was a big concern. I did stay active in teaching and writing. I conducted Professor Rounds and gave lectures. I wrote 2 books which I always wanted to write but didn't have the time. In the last couple of years however, there has been a steady decline in my academic activities.

5) I think a doctor should continue to teach the younger generation even if there is no financial incentive. Young people appreciate their senior colleagues still being available for advice and direction. I know I did when I was younger.

6) I don't know what most doctors do with the financial fortunes they have amassed. This goes for other professions too. Most of us have earned more than what we need for the rest of our lives. We certainly cannot take any of it with us after we die. While leaving some for the children and grandchildren is certainly very satisfying, the benefit of it even to the heirs is highly questionable. All of us should explore philanthropic avenues to improve conditions in the Society from which we have all benefited from. Establishing Endowments is my advice and these could be started in one's 50's and 60's.

I found your article very interesting and thought provoking. You should continue to write. You have a gift.

1. MENS REA MEANS:

- a) Many defendants in one case
- b) Reference to a case law
- c) Guilty mind or done intentionally
- d) Offence committed without motive.

2. ADR in legal parlance is an acronym for

- a) Approved Defendant Response
- b) Alternate Dispute Redressal
- c) Anti-Defendant Reply
- d) Assistant District Registrar

3. As per CPA the maximum period during which a patient can file a complaint after the occurrence of the incident is:

- a) 3 years
- b) 2 years
- c) 1 year
- d) 5 years

4. LAW OF TORTS DEALS WITH:

- a) Criminal offences under IPC
- b) Economic Offences
- c) Civil wrongs under the Civil Law
- d) Offences of moral turpitude

5. FIDUCIARY RELATIONSHIP in legal parlance means :

- a) Involving Trust
- b) Pertaining to contractual liability
- c) Financial obligations
- d) Not legally enforceable

6. DEPOSITION MEANS :

- a) Verdict of imprisonment
- b) The giving of a sworn evidence
- c) Punishment for not appearing in court
- d) Application for adjournment

7. STATUTE means:

- a) Landmark judgment of Supreme Court
- b) A written law passed by a legislative Body
- c) A precedent in Law
- d) Obsolete law

8. PERJURY :

- a) Special jury appointed by a court
- b) Decision of a jury
- c) Wilful utterance of falsehood on oath in court
- d) Appeal to jury

9. Malfeasance in the medical setting means:

- a) Wrongful Conduct by a doctor
- b) Amount of punitive damages awarded
- c) Malpractice insurance cover
- d) Error of judgment

10. CONSENSUAL MEANS: :

- a) In accordance with your conscience
- b) By mutual agreement
- c) Enforced by legal decree
- d) Based on sensual desires.



**CHECK YOUR SCORE WITH
Dr. KAPOOR'S MEDICO-
LEGAL MCQs**

Tick one correct answer to the following MCQs. Assessment:
5 or below correct answers: Poor
6 correct answers: Fair
7-8 correct answers: Good
9-10 correct answers: Excellent

Answer Keys on Page No. 46



KNOW YOUR LAWYERS



Avadhut Madhukar Chimalker, born on 24th November 1956 have been practicing on Criminal side in Mumbai for the past 43 years in the Metropolitan Magistrate's Courts, Sessions Court as also the Bombay High Court. Initially, as a result of having successfully defended a few Medical practitioners in cases registered under 304A was approached by Medical professionals for defending them before the State Consumer Commission and also the District Forum when the Consumer Protection Act came into force sometime in the year 1987 and thereafter as a result of having appeared in these cases got acquainted with the founder members of the AMC and have actively worked with the Doctors as also handled a number of cases on their behalf. So far having successfully defended them before the various fora's.

I have been appointed by the State Government and Central Government in a number of High Profile and Sensitive Matters such as the Telgi Stamp Scam Case as also the Harshad Mehta Case. Presently, as a Special Public Prosecutor am appearing for the CBI, ATS Mumbai, DCB CID, CIU Mumbai, NCB etc I am handling various critical and sensitive matters in the Hon'ble Sessions Court Mumbai as also Hon'ble High Court.



Rajkumar Bhaskar Thakare popularly known as Raja Thakare having obtained Master's degree in Law has been practising on criminal side for the past 46 years. With humble beginning in the Magistrates Court had privilege to appear before the Hon'ble Sessions Court, Hon'ble High Court as well as the Supreme Court. Has the experience of conducting Defence as well as Prosecution with equal efficacy has been appointed as Special Counsel and Special Public Prosecutor by various investigation agencies such as Bombay Police, Pune police, Thane police, State CID, CBI, Crime branch, ATS, CIU, etc and have handled sensitive cases such as Harshad Mehta security scam, Telgi stamp scam, serial railway bomb blast cases, German bakery bomb blast case, Indian Mujahedeen terror case, Malegaon bomb blast case, Aurangabad arms haul case, etc.

Was designated as Senior Advocate by Bombay High Court in February 2020. Had successfully defended Medical Professionals in a number of cases for Criminal offence of Medical negligence under section 304A as well as defended the Doctors before various consumer fora right up to The National Consumer Disputes Redressal Commission. Was appointed by Maharashtra Medical Council while conducting enquiries related to kidney racket and also associated with Maharashtra Medical Council in amending the Maharashtra Medical Council Act.



Dr. Suganthi Iyer

Director (Legal & Medical) - Hinduja Hospitals, Mumbai

Defences against RES IPSA LOQUITUR

RES IPSA LOQUITUR means "the thing (situation) speaks for itself". This means the accident could happen only if someone (nurse or doctor) was negligent. Doctors and hospitals always strive to do their very best and adhere to current standards of medical care and institutional care. Despite the best efforts, there could be death or damage to patient due to underlying disease or complication of treatment. Very often, Complainants apply this maxim of Res Ipsa Loquitur in the event of death or any resultant damage after medical management. Hence on application of this maxim, it is for the doctor to satisfy the court that there was some other cause for the damage to the Complainant as is illustrated in the cases below.

1.II (2022) CPJ 182 (U.P.) .Tiwari & Anr VS J Hospital & Ors.

Complaint: Tiwari was sleeping in the terrace, suddenly started complaint of severe pain in stomach and chest and loss of voice and her eyes started closing. As per the Complainant there was a snake bite mark over her nose. She was shifted immediately to nearby Nursing Home where the hospital did not have necessary facilities for medical treatment. Hence she was shifted to J Hospital. As per complaint, patient was unable to speak and move, saliva collected in the mouth, pupils dilated and patient was toxic. As per the complainant, the doctors did not conduct any essential blood test and did not even ascertain snake bite but they administered medical treatment towards the line of encephalopathy despite that it was snake bite. The tests done towards snake bite was not done. Hence, the doctors have committed wrong. Despite repeated requests the hospital did not call for any experts towards treatment of Tiwari who lost her life due to this basic medical negligence as per the complainant.

Defence: As per hospital, doctors were highly qualified and well experienced. On reaching the hospital patient was assessed by a team of doctors and necessary treatment given to her. All relevant tests were performed by the hospital and which was clear from the hospital records. The patient was diagnosed with encephalopathy with respiratory failure which is a serious disease with high mortality. The patient was put on latest choice of life saving drugs with artificial respiration but despite best efforts and treatment, patient expired. The doctors adhered to duty of reasonable care and skill and settled standard medical treatment. The postmortem report did not reveal any evidence of snake bite.

Held:

- The true test for establishing negligence is whether doctor has been proved to be guilty which no doctor of ordinary skills would be guilty. No sensible doctor would intentionally commit an act of omission resulting in injury to the patient. **Simply because patient has not favorably responded to treatment, doctor cannot be held liable by applying doctrine of res ipsa loquitur.** Obvious faults such as removal of wrong limb or performing operation on wrong patient or giving a drug to which a patient is allergic or use of wrong gas during anesthesia or leaving equipment during surgery inside patients, are obvious mistakes.
- A doctors cannot be held negligent only because something has got wrong or mischance or an error of judgment.
- **Presumption of negligence is not true in every case.** In this case the doctor provided the necessary treatment. The theory of the snake bite was not proved by the complainant. If it was a snake bite she would not have survived for even 2 days. The postmortem report did not mention snake bite. Hence, it was held that the principle of res ipsa loquitur does not apply and the complaint was dismissed.

2.II (2022) CPJ 43 (Supreme Court of India) Khurana VS Singh

Complaint: Kaur was diagnosed with kidney stone in right kidney which was severely damaged and was advised to undergo surgery. The left kidney was also diagnosed with renal stone. The doctor informed the patient that both kidneys could not be operated at the same time due to severe damage. The less affected kidney i.e. left kidney to be operated first so that it would be able to function. On 9th of December, surgery was successfully performed on left kidney. The second surgery was scheduled on 16th of December. After anesthesia was given, the condition of the patient deteriorated, the blood pressure dropped and pulse became feeble. Cardio- respiratory arrest followed. The patient was put on Boyle's machine and oxygen given which was manually operated and cannot be accepted as correct treatment. Subsequently patient was put on ventilator and also shifted to Critical Care Unit. Subsequently patient died and a complaint was filed for compensation. It was alleged that the hospital and doctor did not exercise the care required.

During first operation, the doctor had recorded in the case sheet that patient had poor tolerance to anesthesia and the second operation performed within short duration upon the patient leading to such consequence. Despite the observation relating to poor tolerance to anesthesia, appropriate care was not given. Further consent for second surgery has not been taken and also cardiologist/ neurologist were not present during cardiac arrest to give proper care. Besides the physician attending the patient came in after a delay. Hence a complaint was filed stating that the hospital and doctors are negligent.

Defence: As per the hospital, high risk consent was obtained during the second operation. The observations regarding poor tolerance to anesthesia was not a major issue as such as the earlier surgery was uneventful and same dose of anesthesia had been administered. After the first surgery no one had been called for any complications related to anesthesia. It is to be noted that the patient was insisting for the second surgery. As per the medical records, appropriate medical care was given by the team of OT doctors including cardiologist and neurologist when the patient suffered a cardiac arrest. **There is no evidence available for conclusion of medical negligence.** Besides no expert evidence has been given by the complainant in this regard. Besides interrogatories were also exchanged during the hearing. **Just because the patient had not favorably responded the doctors cannot be held liable for negligence using doctrine of res ipsa loquitur.** The negligence alleged should be so glaring that the principle of res ipsa loquitur could be made applicable.

Held:

- It is not a situation that the diagnoses was wrong and both kidneys were needing operations.
- There was no shortcomings relating to infrastructure.
- Medical equipment were available at all points of time.
- Mere assumption is not sufficient without any evidence.
- Principle of res ipsa loquitur is invoked only in the negligence is obvious.
- Informed consent was taken from patient and husband including high risk consent as is present in the medical records.
- The doctors were qualified and experienced and were attended to the patient as is documented in the medical records.
- Though the patient suffered cardiac arrest during second operation adequate medical care has been given and the patient moved to CCU.

Hence, held that the principle of res ipsa loquitur does not apply and the complaint was dismissed.

Take Home Message:

To arrive at a conclusion of *res ipsa loquitur* in a given case, it has to be shown that:

- That there has been damage caused to the Complainant due to an accident.
- The thing or event which caused the accident was solely under the control or management of the Opposite Party.
- That the accident is such as in ordinary course of things the same does not happen had the Opposite Party taken proper care.
- Hence concluded that the Opposite Party has been negligent in render of services and damages have been awarded by the Court to the Complainant.

Some instances of *res ipsa loquitur* applicable are:

- Development of meningitis after spinal anaesthesia
- Rupture of ear drum after ear syringing
- Permanent brain damage after appendectomy
- Amputation of wrong limb or wrong digit or operation
- Burning of skin after strong antiseptic solution
- Injury,damage or death at a place where the attendants of patients have no access (Labor room,ICU,OT)
- Leaving swabs or surgical instruments after an operation

Dr.Suganthi Iyer can be contacted at drsiyerin@yahoo.co.in



Dr. Ulka Natu - Gadam

Road Map to Health

“Men of heart get the 'butter' and 'buttermilk' is left for the intellectuals”

- Swami Vivekananda.



The word 'Yoga' has reached the ears of millions of people today. People are practicing yoga all over the world with different aims & purpose. The real importance of Yoga was endorsed by the WHO and the whole world when 21st June was declared as international day of yoga.

On Dec 11, 2014, India's permanent representative to UN, introduced the draft resolution in UNGA. This resolution was adopted by 177 member countries and 175 co-sponsored the resolution.

Worldwide, events related to Yoga were conducted to celebrate the first world IYD on 21st June 2015.

The background work and events leading to this declaration had started much earlier. Our Prime Minister has been instrumental in propagating the true importance of yoga as a necessity for a better world tomorrow. The logo of international day of Yoga mentions Yoga - for harmony & peace.

WHAT IS YOGA?

India is a country of rich cultural heritage. Indian classical music and yoga have been greatest gift of Indian culture to world.

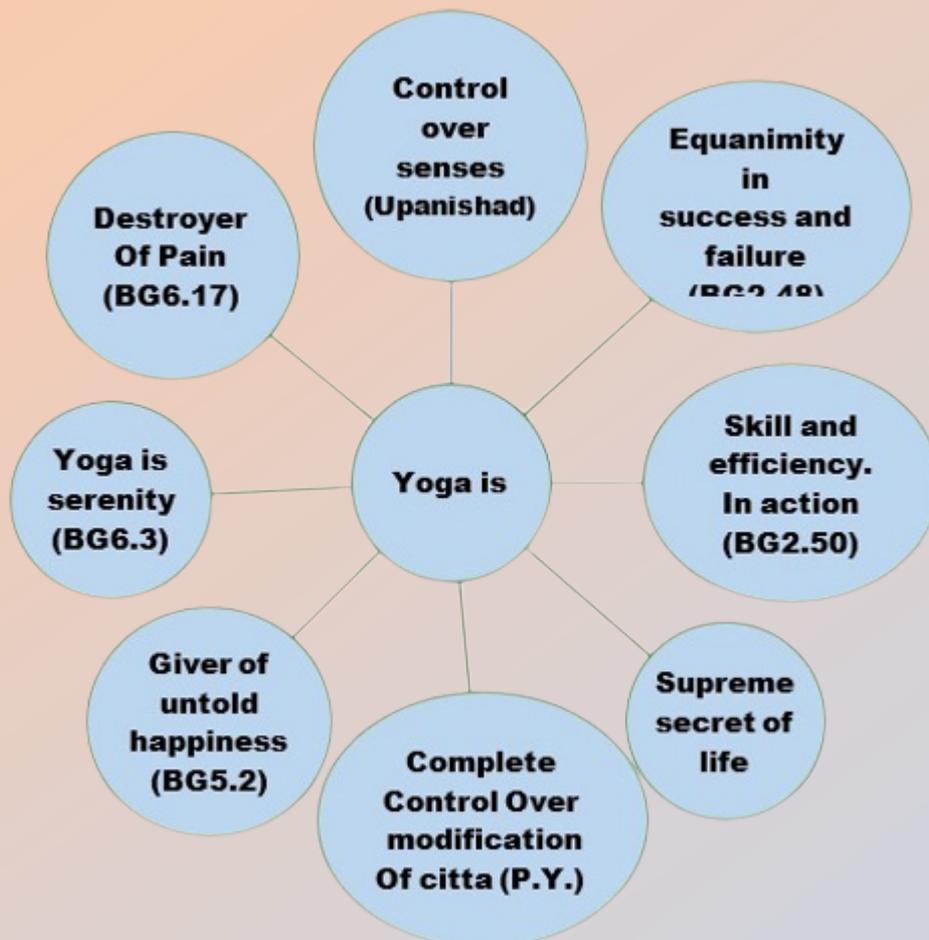
Yoga has a tradition of more than five thousand years. Unfortunately we see dilution of tradition of yoga.

The word yoga for us has only two images / impressions.

It is used synonymously with word 'yogasana'. *Yogasana* is actually one of the eight limb of *ashtang yoga*. It actually means of achieving the final goal, i. e. *Moksha or kavivalya* or freedom from 'misery'. The other impression is, yoga means total renunciation or *sanyas*. Both the images are actually misleading. Yoga is actually a methodology to live with sense and science. It is a beautiful model of synergy between materialism and spirituality. Yoga has nothing to do with religion. 'yoga is a methodized effort to self-perfection' - says *shree Aurobindo*. There are various definitions of yoga described in the *Upanishadas, Bhadgwad Geeta* and many other yogic texts.

The Yoga is nothing but a science, which teaches the art of living . Purpose of practicing yoga is atmadarshan' or a true introspection. An alert and vigilant living itself is yogasadhana. Yoga imparts the skills to get over obstacles in worldly life.

Yoga is combination of ethics, metaphysics, philosophy and psychology. It is higher perception of action with detachment to fruits of action.



WHY WE SHOULD PRACTISE YOGA SADHANA

Yoga practices aim at bringing about an integration in psychophysiological process to attain an integration between head, heart and hands.

Ideally, a healthy mind and a healthy body are considered as pre requisites to higher practices of yoga. But ironically yoga is now being practiced more by dis – eased people.

The stress and tension of modern life style has started affecting the body leading to genesis of psychosomatic diseases. We are facing the problems of greed, high levels of competition, 24/7/365 work culture, unrest, tremendous influence of social media, different - work culture and philosophy leading to disturbances at physical, mental and emotional level.

This stress is responsible for acidity, high blood pressure, cardiac problems, depression, increasing incidence of hypothyroidism and many other life style related disorders.

We need a multidimensional approach to take care of not only physical health but also mental & emotional health.

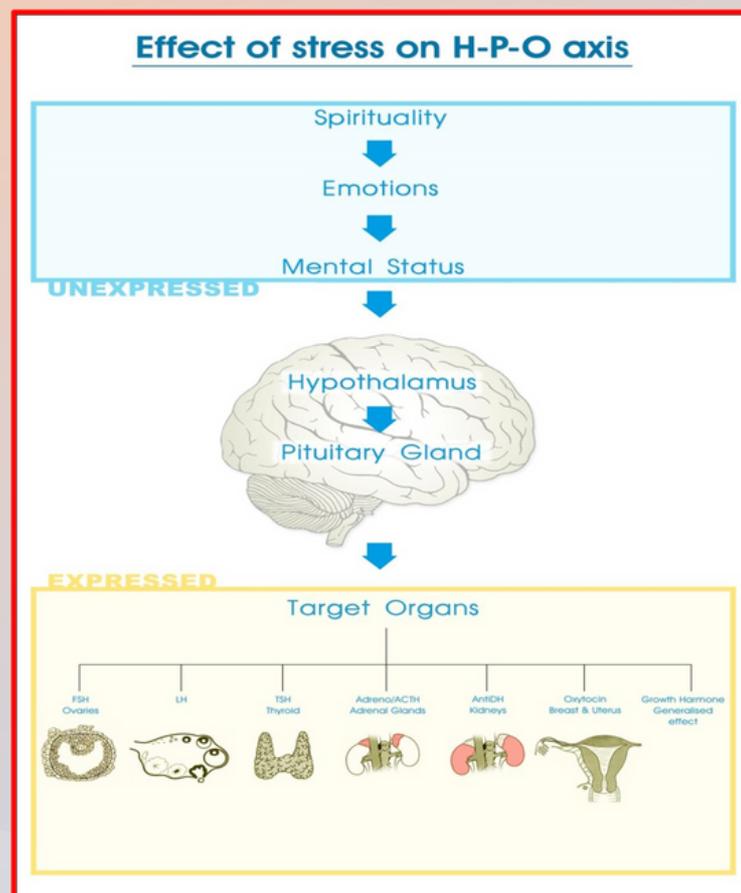
HOLISTIC YOGIC APPROACH FOR A HEALTHY LIFE STYLE INCLUDES:

- 1)Physical Practices: They are simple physical practices of asanas, kriya, and practice and mudras. This is referred to as dehasadhana.
- 2)Mental Practices: practice of breath control, referred to as prana sadhana or pranayama; breath control is for control of mind and emotions.
- 3)Practices for culturing emotions - It is referred to as Bhavasadhana. This involves chanting of mantras, Japa, songs etc.
- 4)Spiritual practices: Practice of pratyahara, dharana and dhyana.
- 5)Diet: Diet which is rich not only in nutrients but it is balanced and moderate, full of life energy.
- 6)Congenial atmosphere: Happy, healthy peaceful atmosphere at work place, at home, and within the mind.
- 7)Yogic counselling: forms the main part of yoga therapy.

IS YOGA USEFUL AS THERAPY?

It is unfortunate that a few yoga institutes have started creating the image of yoga as a 'cure all medicine'. The science of yoga has not originated as means of therapy for various types of diseases. Nowhere do we find disease wise prescription of yoga as therapy in ancient texts.

Despite this, yoga is being used as a therapy for many psychosomatic disorders. Yoga does play a role in reconditioning, training, disciplining, stabilizing, silencing & sublimating the mind. The various techniques described above bring a balance to the neuroendocrine system thus bringing the disease process under control. Yoga as therapy needs detailed discussion and is beyond the scope of this article. The following figure shows the effects of stress on our physiology:



WHAT EVERY DOCTOR SHOULD KNOW AND WHICH IS NOT LEARNT IN MEDICAL SCHOOL!

We as doctors learn anatomy physiology, pathology, medical or surgical skills to treat & manage the patients. But hardly any time is spent in understanding the mind body relationship while treating the patient. Doctors should be trained during their medical education about this ancient discipline, art & science of yoga.

Yoga is an unparalleled life style and a potent prescription for lasting mental peace. We learn to treat diseases as if it is a mathematical proposition. We try to find out the 'agent' responsible for the disease, provide appropriate antidote or provide equivalent replacement.

But now, we know and understand the multifocal origin of disease. Host, environment, agent, mind and emotions play a role in the genesis of disease. Treating 'human being' as whole is important than treating only disease and symptoms.

'A good doctor should be able to combine qualities of head, heart & hands; as, the only certainty that works in medicine is uncertainty' says Dr. B. M. Hegade. "An undergraduate today will be practicing medicine for next 50 years. He /she will find himself inadequate if he doesn't learn about yoga as patients are going to ask him about it" says Dr. Bijaling - past HOD, Physiology, AIIMS, Delhi.

Realizing the true essence: yoga sadhana.

Material science can only give worldly prosperity, while spiritual science is for eternal life. Materialism and all its miseries can never be conquered by materialism' - Swami Vivekananda.

Yoga is the master key to realize our true nature, i.e. Sat, chit, Ananda. The true realization of our inherent beautiful nature is nothing but BLISS, which is beyond happiness, comfort & joy. Unless and until we introspect, realize our own problems, faults, drawbacks of our nature, our greed, anger, jealousy, we will not be able to bring a change in our personality, in our true self. We need to treat and cure our own self before treating our patients. This is nothing but adhyatma - to go closer or near to one's ownself.

Spiritually is nothing but discovering luminosities of our own spirit, way to become a better person.

Road map of health:

"NO YOGA-NO BLISS; KNOW YOGA-KNOW BLISS; NOW YOGA-NOW BLISS"

Internal Change is needed for health; only gaining stamina will not lead to peace of mind & happiness. What we need is mental transformation.

Dealing with patients & relatives is relatively easy but dealing with 'self' is very difficult. Yoga sadhana teaches us just how to deal with our 'self'. Yoga Sadhana makes us understand why we are mentally agitated, frustrated, irritated, unhappy and cranky all the time. Most of the time we call ourselves unfortunate souls.

We do not get proper sleep, dreams do not allow us to sleep, and thoughts do not allow us to awaken to realities of life. What is the solution for our misery?

Solution is to become a perfect person - free from disease.

A person, who has realized the beauty or Ananda within, never minds or gets irritated! He learns to 'let go'; he learns to 'drop ego' and slowdown in life.

It is always possible to understand and discover ' Krishna ' within us. Let us try to explore it.

Not only scriptural knowledge, but practice of karma, Bhakti & Jnanayoga should become our life style.

Let the journey of yoga become one from information to transformation. Practice of only asanas, is like Kindergarden of yoga, says Swami ParamahansaNiranjana nanda saraswati.

Practicing yoga for its prescribed purpose and beautify our life is primary & secondary school. Making yoga a lifestyle is college education. But when principles become an inseparable part of one's behavior, he becomes a yogi.

The practice of yama, Niyama, Mantra, Japa, ajapa japa, antar mouna, trakaka, help in attaining peace and mind.

We might be practicing any medical specialty but ashtanga yoga of swami Shivanand - serve, love, give, purity, be good, do good, meditate, and realize is possible for each one and us.

Let us view yoga not only as practice of yogasanas but as a true science of transformation, as yoga vidya.

When this happens, attitude changes, psychosomatic diseases are taken care of, and we begin upward journey to become good human beings, spiritual doctors.

We start marching towards gaining true health. The meaning of health is 'His energy acquired lovingly through him'. Health is a beautiful combination of healthy body, happy mind , and Divine intellect.

This should be the culture of medicine tomorrow !!!

About the Author

Dr Ulka Natu Gadam is M.D., D.G.O.(Univ Of Mumbai), clinical embryologist (ISAR certified). She has done her Diploma in yoga education (Govt recognized), Advanced diploma in Yoga, university of Mumbai. She is the Vice president of Ghantali mitra Mandal, VICE CHAIR PERSON OF YOGA CERTIFICATION BOARD, MINISTRY OF AYUSH, GOVERNMENT OF INDIA; Chairperson, Board of studies in yoga and allied sciences, Adjunct professor Seth G S college of yoga Kaivalyadhama, Lonavala, India; Member of ethics committee, Yogamimamsa journal of scientific yoga research, Kaivalyadhama, Lonavala. She has worked as an expert on Yoga for Maternal and Child Health, Ministry of Ayush., Govt Of India.

The Indian medical association felicitated by 25th hour award for extra ordinary achievement in passion beyond profession in 25th hour of the day.





Dr. Abhay Nene

A life larger than Spine: The Hidden Mantra

The dura ripped while taking that last bite of the adherent flavum..... and that 85 year old lady with the porotic fracture you fixed to improve quality of life, is struggling on a ventilator post op....while the relatives of your patient are unhappy about the 'residual disc' reported on a post op MRI your colleague ordered for post op back pain.... ! Uh!! Spine surgery can sure be stressful !!

As chief artists of the opera, captains of the ships we lead... spine surgeons must have a big heart! Guts and dare to perform the job on hand, but yet an ice cool and stable mind...

Is this an in-born talent? Can it be an 'acquired art' ? How can we improve our composure-quotient? Are there stress busters available which will rewind our state of mind from pressure to pleasure?

I found some help in my hobbies !

A long road run at night would just spring life back into my head . The day's stresses and 'tiredness' would give way to a fresh new positive outlook to life. Slowly it became an addiction . High out put cardio exercises fast became my quick, affordable and convenient anxiety eliminator, that would always sneak into my schedule – be it at 6am before the world would wake up, or at 10pm pre dinner! Side by side, trekking fell into my lap , and soon, the Himalayas became the solution for all problems! Annual hikes in the 10000+ feet regions provided such a recharge for the rest of the year, that soon the garb of 'medical camps in the mountains' fell by the side and seeking adventure in nature became the primary objective!

And today – I can vouch for cardio workouts and adventure treks as a spine surgeon's best extra marital affair that even your family would love!

Now, almost as a rule, whenever I have a strenuous OT list – I invariably start my day with a 5/7k run. This 'Energy busting', as I call it – really makes you more energetic for the rest of the day. Sounds funny? But it's true. The endorphine stocks released by a high output cardio workout, makes you immune from physical, and more importantly mental tiredness for several hours after that. Sure your muscles may ache (you'll see me stretching often between cases) and you may be forever hungry – but it's well worth it!!
Picture: My first sub-2 hour half marathon : The Standard Chartered Mumbai Marathon 2013

Pushing you limits in a physical sport or adventure, can help you raise your own bar in your surgical endeavors.

I remember taking up the baton of a Bombay to Nasik cycle ride that my friends were planning in December 2013. It was a 188km ride thru some stiff road conditions, vehicular traffic, and 2 major Ghats to contend with – not withstanding the hash mid-noon sun that we'd have to battle for at least 3-4 hours of the ride. The practice time required was 3 months with regular 100k rides and calculated uphill hours. Most of the pack was working on that timetable – but with my schedules, it was extremely difficult to give that many hours to training. When Cyrus, our fittest team member asked me how I was planning to complete the race without training adequately told him it was going to be not by the strength of the quadriceps, but the mind!



Completing that race after 8.5 hours of non stop riding gave a special sense of achievement and conviction – clearly a strong will could push the body's physical resources.

I directly compared this to my days when I would prefer palliative decompressions for spinal tumors and how a strong will and perseverance helped me push my capabilities to move to en bloc resections now..... peculiar analogy, but it took a similar mindset !!

The Everest Base Camp (EBC) has always been in the 'Top 100 things to do before you die' across all authors. I made my mind up to do this trek last year, after my colleague, onco-surgeon Murad Lala, became the first Indian doctor to summit mount Everest. That was a high risk, high demand, time consuming (45 days) trek that needed lots of training and yet leave you with uncertainties. Though no effort is too much to scale the Everest, I told myself that I'll at least go to the base of the top of the world - a more reasonable task, given that it would be one of many in that year.

Having trekked the 'Lower himalayayas' annually – including Kedarnath, Gaumukh, Valley of flowers and even Arunachal – the EBC trek was slated to be the entry level 'Big Trek' – and that made it an exciting proposition...

I worked harder on my running – did plenty of uphill runs, and even got my personal best timing of 1h57min at the Mumbai Half Marathon 2014. Joining a gym for the first time in my life, to help strengthen my legs, and taking whey proteins also really helped me build muscle for the EBC trek. Others in the group, especially non runners – took up stair climbing – to train for the uphill battle. Some climbed 60 stories a day carrying 5kgs of weight! Reducing body weight by eating and drinking (ahem!) consciously is a part of ay training routine. My weight normally fluctuates between 72 and 74 kgs – I pulled it down to 70 just prior to the trek. We discovered that the gear required was highly specialized even for this 'non technical' (needing no climbing / gizmos) trek, and enjoyed selecting from the wide array of trekking goodies now available in our country – including light weight trekking poles with a compass, quick drying tees, multi purpose head gear, special warm night socks and some great foot wear!

Our group of 13 included 8 girls and 11 doctors... the age range being 21 to 51. The EBC trail – from the exciting landing at the Lukla airstrip (between 2 mountains and a valley- this 200 meter landing strip is inclined upwards at nearly 30 degrees to maximize deceleration on landing!), to scaling the Base Camp at 17600 feet in a blizzard, was an experience of a lifetime! Adventure enthusiasts across continents – from Japan to South America – flooded this fairly busy route. It was humbling to meet the 65 year old American lady doing her 4th EBC trek, or the 19 year old Korean who had set out all alone. Bobby, an Australian multiple sclerosis patient 'in remission' who was wheel chair bound for 5 years of his life, was making his second attempt at the base camp.

There was no competition, but an urge to exceed your own potential, every moment of the climb. Each day of the climb got tougher, with stunning mountain forests and suspension bridges across gorges giving way to the arid, snow covered, rocky, almost hostile higher Himalayas offering a spectacular view at every turn! The first glimpses of Mount Everest, from Namche Bazaar, so up-close and real, had me jumping with joy!



The final climb to the Base camp was easily the toughest as we ran into a blizzard, and it was each man for himself! Already incredibly cold and hypoxic at 17000 feet, the diminished vision and bad terrain made things really challenging, and I was overjoyed to win our little 'race to the top' well ahead of my mates, while going past some fit trekkers en route! My selfie with dear Amita's photograph, really speaks of the family support that gets overlooked at the end of such expeditions



Here's a practical tip for all you trekkers – your soul-mate's blessing is your visa to the mountains !

The trek teaches you several important lessons that are useful to remember in our routine life:

1. You are but incidental to the huge network of nature that pre-exists. However, you can make it better or worse for yourself by the effort you choose to put in
2. The human body has endless resources – you just need the mindset to push beyond the final frontier
3. Living in the most basic conditions is a great lesson in humility and adaptation – much like doing spine surgery with 'desi' instrumentation !

As surgeons of the spine – we know our life is an adventure – not a packaged tour! To live it confidently we need to train ourselves – so we have little fear of the situations that are dished out at us – and we can handle any situation with a composed mind!

Here's the mantra, then – always do what you are afraid to do! Do it without reason, do it with a plan, do it in optimum circumstances ! Exercise your body.. it'll exercise your mind! Like a workout – life never gets easier – it is you who gets stronger ! Push harder than yesterday, if you want a different tomorrow!

Road running, cycling, adventure travels ... are just some of the many options that spine surgeons can make a part of their routine to live strong!! Beware... they are addictive !!

3 Major Challenges faced by Doctors



1

Unplanned Financial Life

Despite having a lot of financial products, they are not prepared when it comes to meeting financial goals, risk, responsibilities.



2

Lack of Financial Education

Indian Equity Markets have compounded at 14-15% but most have not participated in this journey due to lack of knowledge.



3

Wrong Products been pushed

Financial products are being sold based on the commissions but not as per the needs and goals of individuals.

SOLUTION: "FINANCIAL LIFE PLANNING"

OFFERED THROUGH **FINANCIAL OPD**

WHAT IS FINANCIAL OPD ?

Cohort of doctors seeking financial freedom by creating wealth the right way, doing the right things; so that YOU can be a blessing to your family as well as our society.

HOW IT WORKS?

The answer lies in 4 simple words: **Learn. Plan. Transact. Track.**

1 **Educating you on financial Life**

LEARN

2 **Through Financial Life Planning**

PLAN

3 **Transaction Support - Helping save time**

TRANSACTION

4 **Tracking your entire financial life at one place**

TRACK

But why really work with Financial OPD ?

- > We provide **Unbiased, Holistic, Personalized** Financial Plan and Advice
- > 14+ years Experience
- > SEBI registered Investment Advisors
- > 5000+ Doctors served
- > Low Commission Products

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No emails or calls harassing you to buy any products.

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Dr. Bharat Vatwani

Founder, Shraddha Rehabilitation Foundation
Ramon Magsaysay Awardee 2018

Reflections

We live in a country where a 2020 World Economic Forum study found 36.3 crore Indians (27% of our population) below the poverty line (BPL meaning earning less than Rs 32/day in rural India and Rs 47/day in urban India), a NIMHANS report found 19.7 crore Indians having mental illness (3 crores of them having severe mental illness), the New Disabilities Act 2016 mentioned 2.7 crore as Disabled and a staggering 11 crore Indians are classified as 'Tribals'.

In one of the most stimulating passages that I have read in a long, long time is the passage from Babasaheb Ambedkar's 'The Buddha and his Dhamma'. The legendary activist and the drafter of the Constitution of India, while pleading for humanity per se has mentioned in his book that 'Men are born unequal. Some are robust, others are weaklings. Some have more capacity, more intelligence, others have less. Some are well-to-do, others are poor. All have to enter into what is called the struggle for existence. And if in this struggle for existence, inequality is recognized as the rule of the game, the weakest will always go to the wall. Should this rule of inequality be allowed to be the rule of life? Some answer in the affirmative, on the grounds that it results in the survival of the fittest. The question however is – is the fittest the best from the point of view of society. No one can give a positive answer. It is because of this doubt that religion preaches equality. For equality may help the best to survive, even though the best may not be the fittest.'

Our country is full of apparent religiosity - with multiple Gods, multiple Faiths, multiple Temples, Mosques, Churches, Gurudwaras, Synagogues, Monasteries, Agiyaris and the likes.

But how many of us Indians actually pray for the hopes and the aspirations of these underprivileged, wishing for them the dawn of a new morning? Unfortunately, a very small insignificant miniscule few.

It is paradoxical that majority of us Indians do not strive for this equality which Ambedkar has ascribed to religiosity in his book, ultimately amounting to nullifying that religiosity in itself, that same religiosity which we deep down seem to be so sure to possess and almost pride ourselves in.

Should this Rule of Inequality be allowed to be the Rule of Life??

The question arises that if we as civilized society continue with this Rule of Inequality, wherefore is justice / equality / brotherhood / mercy / empathy / compassion? Where is Love and, most importantly, where is the supposed God within all of us?

In attempting to negate this Rule of Inequality & the Inherent Injustice therein, lies the emotional hub of a decent humane thought & the genesis of True Social Work.

What is most tragic in the above grim scenario is that the category of population which should be coming forward to help the underprivileged within society is the reasonably-affluent medical consultants of this country. Irrespective of our Individual Specialities, we are taught to empathize with the patient, to ameliorate his pain and sufferings, and are maximally exposed to the underbelly of medical problems in the poverty-stricken populace who seek our help in hordes in the Govt Hospitals wherein we invariably receive our academic training.

While many of us may have pledged to help them in our graduation days, once we finish the actual academics and put our feet into the world outside, the majority of us do not come forward. The outside world becomes our real world, everything else an aberration. A woken-up from dream. Like the classic frogs in the pond, we strive to achieve more financial success and professional recognition, becoming trapped in the quagmire of self-centeredness, professional sibling rivalry, and the daily routine of OPD and indoor rounds. We do not want to let go of a single patient who could contribute to our wealth or name and fame. The occasional camps (at apparently subsidized fees) notwithstanding, the 27% of the population who are BPL fall by the wayside, in the blind spot of our psychic vision.

Amongst the psychiatrists, the 197 million having mental illness remain where they were, chronically mentally ill. Unsung, unspoken non-existents of society. The desire to actually go into the interiors into remote hinterland villages is near-zero. The time spent in such activities is considered non-productive. At a personal level, I have treated the mother of a 5-year-old kid for schizophrenia, and the kid later grew up to become a psychiatrist. While the mother followed up for all the years, the kid pushed off for greener pastures to the UK, never once volunteering for the cause which our Shradha represented, an illness which his very own mother embodied.

This is not an isolated case. Innumerable relatives of patients (psychiatric or otherwise) and innumerable down-and-outs (from the socio-economic ladder of Life) have themselves become doctors, but have moved on. Not for them the compassion or the empathy for the underprivileged, a position which they themselves had occupied, but a few years ago. The fact that the Gods and Lady Luck have smiled upon them is swept below the carpet, everything has moved into the realm of 'I deserve this'. From there to 'I deserve more...and more...and more' is just a step away. As the saying goes 'Abhimanyu, Chakravayuh me phans gaya hai Tu...'

I was blessed with a wife Dr Smitha Ganla (also a psychiatrist-colleague) who shared my sensibilities. Having lost my father at the age of 12, I had literally scrounged my way through college, to finally becoming a psychiatrist. But it was while we were in our own ruminations that a chance encounter of ours with a wandering mentally-ill, changed the direction & dimensions of our lives. Looking back, in hindsight, our hearts led us more than our brains in upholding cudgels for the cause of the wandering mentally-ill. Emotions mattered more than supposedly-logical-rationale thought.

From that single roadside destitute patient in our private small 5-bedded nursing home, to a few more, to a 20 bedded setup in Dahisar, to another chance encounter with Baba and Prakash Amte and thence to a 120 bedded psychiatric rehabilitation center exclusively for the wandering mentally-ill in Karjat, it has been a long arduous journey.

But a very gratifying one. Some of the reunions of the recovered wandering mentally-ill with their families have been so gut-wrenching, emotionally touching and redeeming that were we to pass away and meet God face-to-face and were He to ask us as to what did we do with our lives, I could point to those few moments of redemption and at least be saved from hanging my head in shame.

Having said that, whatever I or my wife or all the others (past and present) from Team Shraddha may have done for the plight of the mentally-afflicted downtrodden amounts to that proverbial drop in the ocean. My heart felt opinion was that I did not deserve the Ramon Magsaysay Award. The Population Census 2011 of India estimated that 1.8 million Indians are homeless. Studies have shown incidence of Mental Illness per se in the homeless is 50-60%. So almost 10 lakh Indians are homeless & mentally ill. All that Shraddha had done was picked up, treated, rehabilitated and reunited (post their recovery) with their families across the length and breadth of India a mere 9500 odd of them till date. A fairly paltry insignificant number given the magnitude of the problem.

But continue we have to. Not only we have to, but we hope that many of our medical fraternity pitch in. And not merely for the cause of psychiatry but for the vast swathes of people who are in dire need of medical succour in our beloved India.

Always remaining rooted to the humbling reality that 'There, but for the Grace of a God above, go I' which given a country like India with the huge, huge divide between the haves and the have-nots (in their vast numbers), is not a difficult goal to achieve.

Ending on a philosophical note, Gautama Buddha, the great searcher of Truth, had mentioned at the end of a prolonged sojourn with the dilemma of existence that 'All Life is Dukhaa (Sadness)' reflective of the commonality of emotional problems in human existence. Denoting ephemerally that we are all sailing in the same boat.

What is of importance today is whether you, me & all of us have done our duty as Medicos and as per our conscience, human values, morality & convictions. That should be the pedestal on which we stake our existence, our everything. Nothing more, nothing less. For you, me, all of us who care for human beings and humanity, who believe that we are God's creations (be they different Gods whom we worship and be they different religions that we follow), it is our moral, just and compassionate obligation to Indian society, that we focus on each other's goodness, hold on to each other's arms, and swim against the current of pain surrounding us, giving each other hope and optimism for the future.

This has to be our Plea, our Appeal, our Hope, Our Faith, Our Vision, Our Offering, Our Prayer, Our Anthem, Our Heaven, Our Nirvana, Our Dream Fulfilled.



Dr. Anjali Bhatawdekar

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My Tryst with Mandalas

I fell in love with Mandalas almost 4 years ago! It was a Thursday afternoon when I was relatively free and planning to relax when I opened a post sent by a dear friend. It was a beautiful Mandala with a title 'Another Mandala after a long time'. I instantly fell in love with it! Actually, this was not the first time that I was seeing a Mandala. I had heard about Mandalas, seen some Mandala colouring books, but never had I felt this kind of attraction towards them. Like a person possessed, I searched the net for information on Mandalas. And I think I was meant to do this research, because for the next 40-45 minutes, the wifi stayed steady and I could watch some lovely and informative videos. One particular video caught my interest, as it talked about not the completed Mandala, but the meditative process of creating a Mandala. Looking back now, I believe all these things were preparations for my Alphabetical Mandalas during Lock down. If I had not been drawing Mandalas, I would never have thought of posting something every day during the Lock down period.....and the write ups going with the Mandalas sort of evolved over time.

Before going further however, let me give you some background about myself. I am a Paediatrician, in private practice in Andheri East for more than 30 years and 2 years ago, I retired from Cooper hospital where I was working as an Honorary Paediatrician, mainly working in NICU, and teaching DNB students.

To go back to my story.....watching the videos on internet prompted me to try out a Mandala. It was a small one, not very intricate, so took me only 20 -25 minutes and I sent it to my friend. She appreciated it very much, which encouraged me to try out two more Mandalas with colour pencils, and sent them to a few groups of family and friends. Here too I received tremendous encouragement....and now I was wanting to draw a Mandala in every spare moment. I was not very happy with the colour pencils...the lines were not sharp enough, so I switched to gel pens. Here again I found 2 gel pens in the house immediately (I believe all these arrangements were indicators that I was meant to practise this art)....and then there was no stopping me! I started creating a Mandala a day! (And when I couldn't create one, I felt that something was missing!)

When my son Satyajit had been studying in a Steiner school, the students had an art subject called 'Form drawing'. I had attended one workshop on this subject and enjoyed it enormously. I had filled 2 drawing books with these repetitive and artistic forms, which I found now. Mandalas reminded me of the joy I had experienced while practising Form drawing...and now Mandala drawing gave me so much more Joy, because I was not copying anything, I was creating it!

I continued to spend every spare moment for this art....to the extent that I was carrying a pen and a drawing book or sketch pad wherever I went and drew the outlines of a Mandala when I had a free moment. So I drew Mandalas at the end of my OPD, outside the airport waiting for my son to clear his immigration, during the boring lectures at a conference....and

even when I was waiting for my turn in Tata hospital for my regular follow up! (A funny incident took place here....I was waiting for an echocardiogram and was lost to the world as I was immersed in a new Mandala...the nurse who came to check the BP thought Manoj (my husband) was the patient. I probably did not look anxious enough to be a patient to her... and she was about to tie the BP cuff on his arm !)

And now, something about the process itself....

For me, drawing a Mandala is a wonderful combination of Relaxation and Awareness! (which is what meditation is all about!) The creativity can emerge only if I am relaxed; and the actual drawing is smooth only if I am totally Aware of what I am drawing.

Personally, I don't decide the shapes or forms in a Mandala beforehand. I relax and just allow the shapes / forms to come to me. Almost all my Mandalas are freehand; only occasionally have I used instruments to draw lines or circles. (I find that using instruments hampers my creativity) Though I am basically not trained as an artist, the lines just flow through my hands...effortlessly....and I am filled with Joy and Peace as the Mandala takes its form. It is amazing how a few lines or dots can create wonders on paper. I continue to be surprised at the completed forms. It is not I who created the Mandala...it was already existing, waiting for someone to give it a physical form...and that someone just happened to be me! I am really lucky and blessed that I was chosen to be that someone! I can feel the Peace and the relaxation and the Joy flowing through me...throughout my body...touching me, caressing me, healing me!

Actually, it is very difficult to describe in words what I feel as the Mandala goes through its various stages.. from inception to completion...I can only say that," For me drawing a Mandala is as powerful as a meditation....it IS meditation for me !!"

During the initial months, I was creating a Mandala almost every day. But slowly, the frequency was reduced and I started drawing for special occasions, like Ganesh festival, Diwali, New year etc. I conducted a Mandala workshop for a large group of Senior citizens in my society, and also a few individual classes for friends and family. But as I said earlier, I was unaware that I was slowly but surely, being led to the culmination ---- the Alphabetical Mandala Series !

Once the Lockdown started in March 2020, I felt the urge to do something to spread positivity and cheerfulness in the turbulent times. So, I started drawing Alphabetical Mandalas everyday, along with a small write up about the word I had chosen. I completed a series of 26 Mandalas and write ups, one each for each alphabet (e.g. I wrote on Love for L, on Peace for P and so on); but there was no end in sight for the Pandemic. Hence, I decided to continue posting a Mandala and a positive post every day for the first 100 days of Lockdown. After that , I was writing intermittently whenever I felt strongly about some subject . From January 2023, however, I have been posting a Mandala and some write up (generally on my understanding and Insights about life in general), every day.

All my Lockdown Mandalas and Mandala Musings are available on our website <http://drbhatawdekarclinic.com/>

Let me now share my understanding about Mandalas. The word Mandala is a Sanskrit term that means circle or a discoid object. Mandala can be a schematic visual representation of the universe externally and as a guide for spiritual practices like meditation internally. Mandalas are commonly seen in Hinduism, Buddhism and also Jainism.



A Mandala is often the symbol that is used to help people focus on during meditation and achieve a sense of Oneness with the Universe. Speaking about myself, I have experienced wonderful Peace, Joy and Relaxation while drawing Mandalas. I can actually feel my tense muscles relaxing when I am drawing or even thinking of drawing a Mandala.

There are various types of Mandalas for example, Teaching Mandalas, Healing Mandalas, Sand Mandalas etc. Certain symbols occur commonly within the Mandala for example, wheel with eight spokes, bells, lotus flower and the Sun.

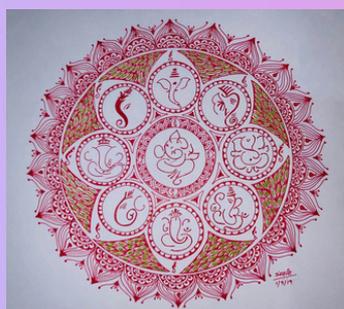
Sand Mandalas are found in traditional Tibetan Buddhism. As part of a spiritual practice, monks create intricate Mandalas with coloured sand made of crushed semiprecious stones. It can take weeks to create these Mandalas and shortly after it is completed, it is destroyed in a ritualistic manner to align with the Buddhist belief that nothing is permanent.

In Hindu and Buddhist cultures, Mandalas serve as a representation of the universe and a guide on the path to enlightenment.

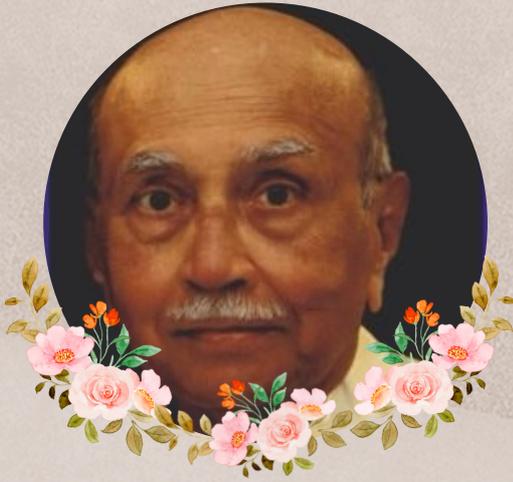
Sometimes Mandalas are associated with a symbolic Palace at the centre, surrounded by several layers of circles which have to be traversed before you can reach the Palace at the centre. I think I have used this concept subconsciously when I drew the alphabetical Mandalas, with the word written in the centre of the Mandala. If we want to reach the quality at the centre of each alphabetical Mandala, we would definitely have to work hard, introspect, understand our follies and make the necessary changes, not just in our outward behaviour, but in our innermost being !

Carl Jung, the Swiss analytical Psychologist recognised that the urge to make Mandalas emerges during moments of intense personal growth. Their appearance indicates that a profound rebalancing process is underway in the psyche. The result of the process is a more complex and better integrated personality. That's why a Mandala can correspond to the artist's emotional state at the time of drawing it.

Speaking for myself, the mesmerising journey with Mandalas has given me a lot of Joy, Peace, and Relaxation and it is a pleasure to share these with everyone.



Condolences



DR. SUDHIR S. JOSHI

ENT SURGEON
15-01-23 | DADAR



DR. MAHESH VASANJI ASHER

GYNAECOLOGIST & OBSTETRICIAN
23-01-2023 | KANDIVALI



DR. SUCHETA SUDHIR PADHYE

ANAESTHESIOLOGIST
26-02-2023 | BORIVALI



DR. ANAND NERKAR

GENERAL SURGEON
08-03-2023 | BORIVALI



DR. GAJENDRA SHANTILAL HATHI

PAEDIATRICIAN & NEONATOLOGIST
19-03-2023 | MALAD



Remembering and Celebrating Mahesh

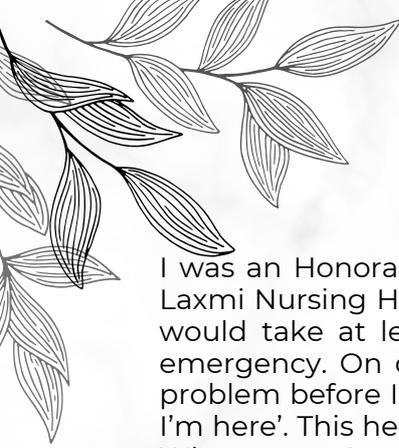
A KLSaigal song from film Dhartimata keeps on playing in my mind: 'Duniya rangrangili Baba duniya rangrangili, Ye duniya ek sunder bagiya shobha uski nyari hai, har dali par jadu chhaya har dali matwari hai...'

I believe the world is a beautiful garden created by the Divine Mother and every element – equally important and invaluable – is in the correct place at the right time: be it a flower, a bush, a thorn, a stone or a piece of dirt. All the elements are in a state of dynamic equilibrium but some elements catch the eye and stay in the memory of a person visiting the garden. The quality that attracts you could be just the color, the fragrance, the feel, the position or the placement of the element. Mahesh was one such person who made this garden glow.

I have known Mahesh since KEM days – he was one batch senior to me. The canteen and college corridor encounters turned into better acquaintance at Wadia hospital as housemen. At NWMH we were assigned to a single unit for three posts (eighteen months), unlike most hospitals where a house officer would rotate to different units every six months. Over one and a half years, you grow from a freshman to a senior resident ready to take responsibility. Since you are under the same unit head, you tend to get influenced by his thoughts, ideas, ideals and working methods. You pick up the working/ practical knowledge from your immediate seniors but conceptual knowledge comes from your bosses. If your teacher happens to be a good clinician, a leader and a veteran in his field, you unknowingly mould yourself in his image. Without even realising we start behaving like them. Mahesh was with Dr MN Parikh – a true academician, a creative mind, an innovator and a thinker who had no fear – a man ahead of his time. Many of these qualities must have rubbed onto Mahesh just by watching, assisting and interacting with Dr MNP. I'm quite sure, his passion/ preference/ craze for vaginal surgery may be traced to Dr MNP. He was always ready to learn – from colleagues, from conferences and workshops – but would never accept anything blindly. He would always question new ideas, discuss, experiment and then accept, modify or reject. After he started practice, his thirst for learning/ teaching took shape when a few friends got together and started reading / discussing certain topics once a month – this went on for almost ten years. This need for an academic discussion was felt by quite a few individuals in the suburbs which ultimately resulted in the formation of the AFG. Mahesh knew I had similar interests. It was Mahesh who introduced me to the group which became the AFG. I'm indebted to Mahesh for this.

Mahesh, from the initial days of practice, used to assist a lot of Gynaecologists and operate in different nursing homes. He did a lot of operative work then and got to know a lot of Gynaecologists who depended on him for Operative work. Once a year he would go to Kutchh and operate during a medical camp. He literally built a thriving practice at Laxmi Nursing Home with his honesty, sincerity, skills, gentle personality and ability to connect with people – in fact, the workload at Laxmi used to be like that of a municipal Hospital. Laxmi was the place where he grew, not only as a Doctor/ Surgeon, but also as a person. Laxmi was his home, and the OT his temple. It was his wish to breathe his last at Laxmi.

He narrated an incident to me once: after delivery, a woman had severe PPH. Everything possible was done – surgical methods were resorted to after medical treatment failed. The team struggled to treat and keep the patient alive for hours but in spite of all efforts could not save the mother. The family had seen Mahesh struggling to help the patient survive. At the end, the patient's mother tells Mahesh "Doctor, please sit down. I have seen you struggle to save my daughter for many hours. It is our unfortunate fate that we lost her but I know you have done your best" and offers a glass of water. I cannot think of a better reward/ recognition for a Doctor.



I was an Honorary at the Aakurli Road Maternity Home which was exactly opposite the Laxmi Nursing Home. I would meet Mahesh occasionally on my way back after rounds. It would take at least 20 – 25 minutes for me to reach the hospital even in case of an emergency. On quite a few occasions they would call Mahesh and he would solve the problem before I could reach. He would just smile and tell me 'you need not have rushed, I'm here'. This helping nature took him to a lot many nursing homes during emergencies. Wherever a Gynaecologist needed help in an emergency, Mahesh would reach without hesitation, any time of the day or night, leaving his practice. He must have saved many uteri and women in the span of his practice and, of course, Gynaecologists. His absence will create a vacuum and I'm sure he will be sorely missed, especially in emergencies.

Six months ago, Mahesh was losing weight – he had lost a few kilos in a short time. On a hunch, he literally walked into a Sonography clinic on the way simply because it was not crowded. Ultrasound showed a Pancreatic mass with liver mets. The journey began – CT, PET, biopsy and treatment. Chemotherapy started on the fifth day from diagnosis. What amazes me is his attitude. He accepted the disease/ diagnosis without protest, went to an Oncosurgeon and started chemotherapy. He didn't take 2nd and 3rd opinion, believed in his OncoSurgeon and the Medical Oncologist. This detached rational approach astounds me. No complaints, no protests, no anger, no denial, no bargaining, no self-pity, no judgements – just acceptance. I'm sure it must not have been as easy as it sounds – we are just looking at the surface. I'm not sure if I'll be able to maintain this poise and composure. This tells me a lot about the person: his maturity, his world view, his ability to see events in a broader perspective, his faith in the Life Force/ Divine Will. This kind of detachment comes only after years of contemplation and the attitude of work for work's sake. It requires a clean heart without malice, respect for life, empathy, an attitude of service, an unshakable faith, a strong belief in the Divine justice and surrender. This can happen only if you are able to see yourself as someone who is different from the body.

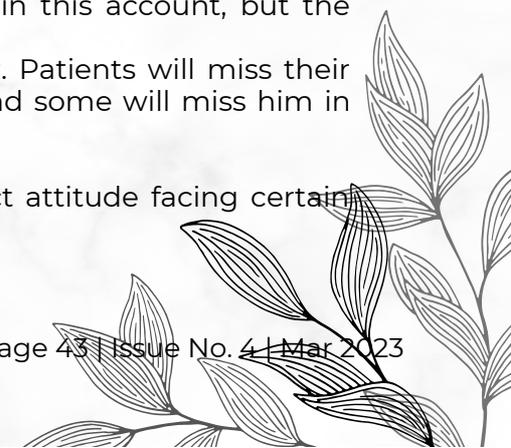
Chemotherapy continued and so did his work. After every cycle of chemotherapy Mahesh would be confined for 3 days, blood counts on the fourth day and operative work for the next four days – not just at his place but also outside. Chemotherapy did not deter him from his operative work and his patients. In fact, every time he went for a session of chemotherapy, he said jokingly 'I'm going for my weekly MVI drip'. He did not have any of the dreaded side effects. Over a period of time, the side effects (GI problems and peripheral neuritis) did come up following cumulative dose. In spite of these Mahesh kept on working. He was fully aware of the gravity of his condition but was still happy, jovial, wearing a smile on his face. Throughout the duration of his illness, I have never seen him under the weather, burdened by the disease or scared. I always found him cheerful and joking about the disease. His focus was always on his patients, practice and operative work not only at his place but outside too, promoting vaginal surgery. This kind of sincerity and dedication is rare to find. After the 9th chemo session, the liver mets disappeared, markers came down and things looked bright. Eventually, the disease came back with vengeance. He had a thromboembolic event which heralded the downfall from which he never recovered. I couldn't meet him in the last stage of the disease. Looking back, I'm glad I didn't see the pain, the suffering and dependence. I'd rather remember Mahesh as the smiling face joking about the disease and operating in the theatre, promoting vaginal surgery, innovating techniques and teaching.

This is how I saw Mahesh. A few details may not be accurate in this account, but the sentiments are true.

Family members will miss a husband, a father, a son, a brother. Patients will miss their guide. Most Gynaecologists will miss Mahesh in emergencies and some will miss him in the operation theatres.

will miss him as a person going about his duty with the correct attitude facing certain death. Let us not miss him, we'll celebrate Mahesh.

KARTIK BHAGAT



Health & Accident Scheme Cell Report 2021-2022

Chairman: Dr. Suhas Kate.

Founder: Dr. P.N. Rao

Patron: Dr. Suresh Rao

Convener: Dr. Jayesh Shah

Co-Convener: Dr. Smita Sharma

Members: Dr. Nitin Rao, Dr. Deepak Vaidya, Dr. Ajay Hariani



Greetings to all the members of AMC from H. & A. Cell.

H. & A. Policy is from Oct.1 to Sept. 30, each year.

Chemotherapy continued and so did his work. After every cycle of chemotherapy Mahesh would be confined for 3 days, blood counts on the fourth day and operative work for the next four days – not just at his place but also outside. Chemotherapy did not deter him from his operative work and his patients. In fact, every time he went for a session of chemotherapy, he said jokingly 'I'm going for my weekly MVI drip'. He did not have any of the dreaded side effects. Over a period of time, the side effects (GI problems and peripheral neuritis) did come up following cumulative dose. In spite of these Mahesh kept on working. He was fully aware of the gravity of his condition but was still happy, jovial, wearing a smile on his face. Throughout the duration of his illness, I have never seen him under the weather, burdened by the disease or scared. I always found him cheerful and joking about the disease. His focus was always on his patients, practice and operative work not only at his place but outside too, promoting vaginal surgery. This kind of sincerity and dedication is rare to find. After the 9th chemo session, the liver mets disappeared, markers came down and things looked bright. Eventually, the disease came back with vengeance. He had a thromboembolic event which heralded the downfall from which he never recovered. I couldn't meet him in the last stage of the disease. Looking back, I'm glad I didn't see the pain, the suffering and dependence. I'd rather remember Mahesh as the smiling face joking about the disease and operating in the theatre, promoting vaginal surgery, innovating techniques and teaching.

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will miss him as a person going about his duty with the correct attitude facing certain death. Let us not miss him, we'll celebrate Mahesh.

Year	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Total Membership in H.& A. Scheme	5669	5614	5851	5319	5338
AMC Members	2037	2074	2339	2036	2012
Dependents	3632	3540	3512	3283	3326
Premium Paid	70500000	71323293	7,12,23,293	9 Crore	10 Crore
Claims Settled	67331471	61310156	7,84,29,230	8.9 Crore	11.8 Crore
Claim Ratio	126%	86%	115%	98%	118%

TPA service has been continued this year with Paramount healthcare services as our TPA.



OUR NEW RESOLUTIONS FOR 2021-2022

- 1.CSI shall be reduced in chronic cases e.g. CKD, Heart ailments etc.
- 2.Co-payment of 10% above age of 55 years for all the cases excluding capping disorders/diseases shall continue.
- 3.No loading in all claims in all age groups.
- 4.Premia are suitable re organised according to age groups.
- 5.Cataract, Hysterectomy, Malignancy & Cardiac illness not covered in initial 2 years for all and 3 years for those above age of 55 years. Hysterectomy and malignancy is fully covered from 3rd years onwards provided you have joined scheme below the age of 55 years. Otherwise it will be eligible from 4th year onwards only.
- 6.Those in scheme for more than 5 years will no claims in 5 years shall have Co-Payment of 5%. Those with no claims in past 10 years, no Co-Payment is payable.
- 7.Age limit for dependents raised to 70 years from 60 years.
- 8.Completed age will be considered for insurance; instead of running age.
- 9.Minimum CSI allowed is 3 lacs.

Investigation and treatment on hospitalization for the following four conditions will be payable as per the following capping schedule:

SR. NO.	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	6 to 10 YEARS	Beyond 10 YEARS
Joint Replacement	Not Covered	Not Covered	Not Covered	50% of Cap Amount	5338	75% of CSI	75%
Chronic Renal Problem / Transplants	Not Covered	Not Covered	Not Covered	2036	50%	Full	Full
Morbid Obesity	Not Covered	Not Covered	Not Covered	3283	Not Covered	Not Covered	Full
Robotic Surgery	Not Covered	Not Covered	Not Covered	9 Crore	75% of CSI	75%	75%

- 1.No loading for all age groups.
- 2.Co-payment of 10% above age of 55 years.
- 3.Capping on certain treatments as provided down will be applicable.
- 4.All other pre-existing diseases along with hysterectomy, cataract, malignancy & cardiac ailments are not covered in initial 2 years of joining the scheme and 3 years above age of 55 years.
- 5.ENHANCED SUM INSURED IS NOT AVAILABLE FOR ANY CLAIMS IN FIRST TWO YEARS FOR PRE-EXISTING DISEASES AND THREE YEARS ABOVE AGE OF 55 YEARS.
- 6.Hysterectomy and malignancy is fully covered from 3rd year onwards provided you have join the scheme below the age of 55 years otherwise it will be eligible from 4th year onwards.
- 7.CASHLESS FACILITY HAS BEEN CONTINUED AGAIN FOR THIS YEAR.

1. Maximum three intravitreal anti VEGF injections reimbursible in one year with a cap of Rs.60000/-

Charges payable toward surgical treatments for cataracts / CABG / Angioplasty / Jt. Replacement, Robotic Surgery are being capped as below:

SUM INSURED	AMOUNT PER EYE	CABG/ ANGIOPLASTY	JT. REPLACEMENT PER ONE JOINT	Robotic Surgery
Rs.100000	Rs.25000	75000	75000	75000
Rs.200000	Rs.30000	150000	150000	150000
Rs.300000	Rs.35000	225000	225000	2250000
Rs.400000	Rs.45000	300000	300000	300000
Rs.500000	Rs.50000	375000	375000	375000
Rs.600000	Rs.55000	450000	450000	450000
Rs.700000	Rs.60000	5250000	525000	525000
Rs.800000	Rs.65000	600000	600000	600000
Rs.900000	Rs.70000	675000	675000	675000
Rs.1000000	Rs.75000	750000	750000	750000

ANSWER KEYS OF
Dr. LALIT KAPOOR'S MEDICI-LEGAL MCQs
 1 C, 2 B, 3 B, 4 C, 5 A, 6 B, 7 B, 8 C, 9 A, 10 B



AMCON 2023





AMCON 2023



SCANDINAVIAN TOUR



KASHMIR TOUR

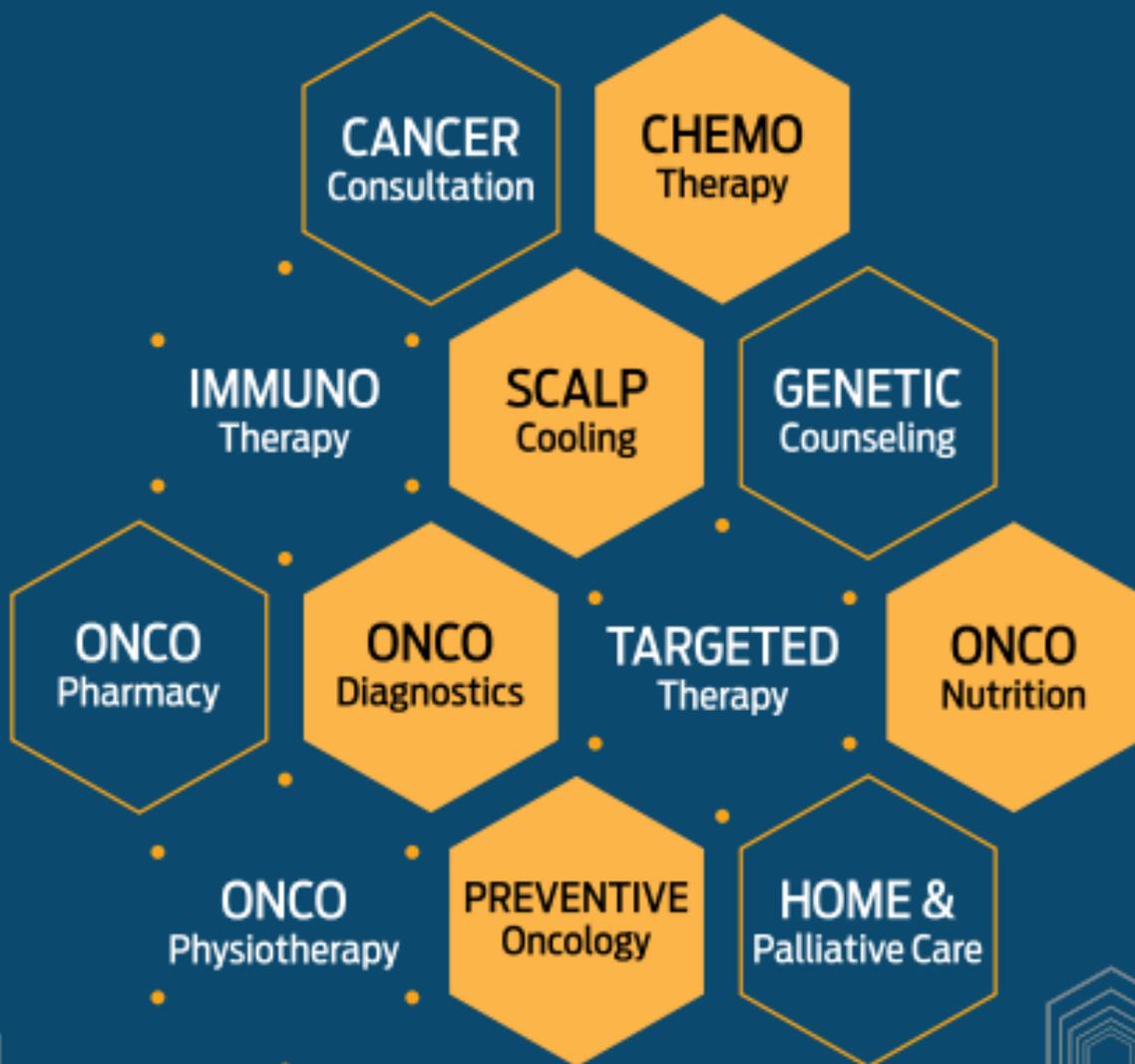




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