

DIALOGUE



INDIAN MEDICAL ASSOCIATION
DOMBIVLI BRANCH
VOLUME 33, ISSUE 1



CELEBRATING HEALTHCARE AND HUMANITY



SALUTE TO THE
COVID-19
WARRIORS

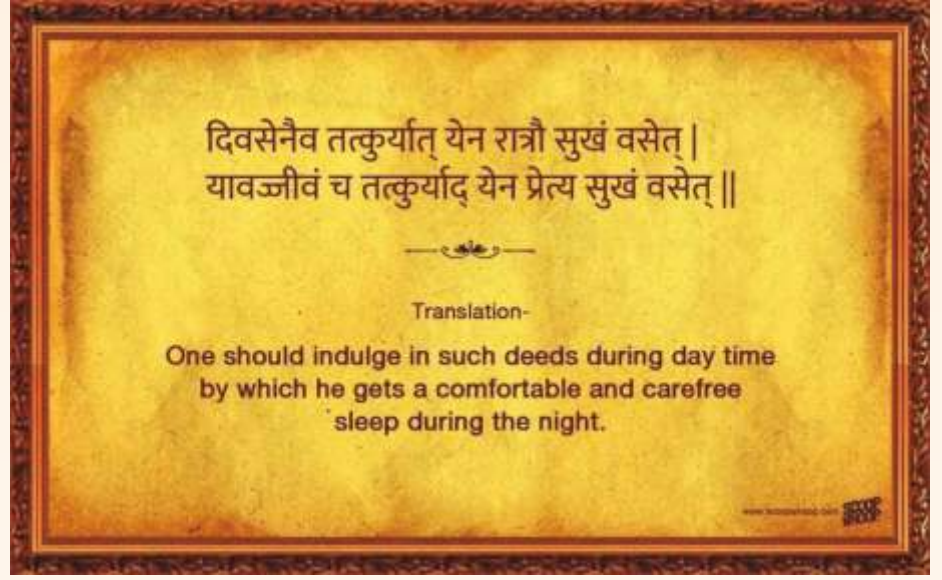


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Dr. Anjali Vaidya



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EDITORIAL

Dr. Suchitra Kamath



The outgoing Pandemic of Covid 19 has exposed our human healthcare system and shown how unprepared we are to face a crises.

Restrict : Measures like Social Distancing, Lockdown, Early Detection, Contact tracing and Isolation were efficient actions to control the diseases spread. Those countries who have effectively brought out these measures were able to record lower numbers of cases. At places where there was breakdown of healthcare systems, saw record surge in number of cases.

Replan: Covid 19 has called for an introspection of our healthcare systems and our preparedness to handle a pandemic. It has shown that in spite of claims we make about the scientific results and achievements, we were deeply unprepared to handle any such pandemic. It has issued a warning bell and shook our healthcare systems which claims to have a near complete knowledge of handling major killers like Heart Diseases, Cancer, Diabetes, AIDS etc. We need to look at our 'Crises Management' segment, where we need to focus on initiating an Action plan in shortest time, create Infrastructure like Isolation or critical care units. Here both government and private sector should coordinate and function together like a Team.

Repair: India needs to take 'Swach Bharat' mission more seriously. It should find a mechanism to maintain hygiene and cleanliness. Here not only the government machinery, but the society needs to understand and actively participate in this mission. Pollution of air and water, destruction of forests and encroachment of land in name of economic progress and gains needs serious review.

UN Environment Chief Inger Anderson stated "Our continued erosion of wild space has brought us uncomfortably close to animal and plants that harbor diseases that can jump to humans. If we do not take care of nature, we cannot take care of humans, she warned. We need to seriously recognize the relationship between animals, wildlife forests and human beings. A multidisciplinary team of Medical professional, veterinary doctors, environmental health care professional need to work closely to chart out a plan to limit such new infections outbreak.

Remove : There is need to remove bottlenecks in our Research and development sector and strengthen these programs so that they can prepare diagnostic kits, import life saving drugs, vaccine at great speed. Strengthening the pharma segment is the need of the hour.

Reassure and Reach : The government needs to identify and have a Backup plan for such untoward crises for supporting mainly the working class people of the country. These people are the ones who are hard hit by economic ups and downs. The daily laborers are the ones who are pushed towards poverty due to loss of their livelihood .A plan where in their wellbeing and needs are met till crises resolves is necessary.

To summarize, there is a serious need for all of us to **Rethink** our thoughts ,actions and their consequences. Nature has given u a chance to **Reboot**. Let us spend some time to **Realise** the Relationship of humans and nature. Let us **React** as Human race and try to **Recover** from this pandemic crises.

John F Kennedy said," The Chinese use two brush strokes to write the word 'Crises' .One brush stroke stands for Danger, the other for opportunity. In a crises, be aware of the danger, but **Recognise** the opportunity".

Dr. Suchitra Kamath

• • •

IMA celebrates Doctor's Day on July 1st every year to commemorate the birth anniversary of Dr. B. C. Roy, an Illustraious Doctor, at the same an an astute politician and social worker and the second Chief Minister of West Bengal. Doctors are always appreciated for their skills as Surgeon and judgement as Physician, but there are doctors who have gone beyond the call of medicine and excelled on other arts like Mythology, History, Literature and Environment. We celebrate such Doctors in this issue of Dialogue.

PRESIDENT'S ADDRESS

Dr. Vandana Dhaktode



It is an honour and privilege to become the Branch President in this Golden Jubilee year.

The Theme in the GOLDEN JUBILEE YEAR is

“Celebrating Healthcare & Humanity.”

GOLDEN STAR is our Symbol.

This Golden Star will bring us LUCK and keep us all Safe.

I remember a famous Turkish proverb

“Life is what you are busy planning and what happens to you is what destiny has in mind”. It is challenging to become President and be a part of the Task Force in the Pandemic situation. I have mixed feelings of fear and courage to fight this pandemic with our colleagues as Front line workers.

The Epidemic Act and Disaster Management Act was invoked by the Centre in March .

We had a good start when our IPP, Dr Meena Pruthi had 25 volunteers to join us as COVID warriors. We all started attending the Respiratory OPD in Shastrinagar hospital at the bequest of KDMC authorities appealing for assistance.

The Corona virus had brought a change in public mind set regarding Doctors, It changed the image they were looking at Doctors with respect again. The front-line workers were appreciated by clapping all over India. Many illustrations featuring Doctors as Soldiers and fighters protecting People from the virus were seen.

There were some incidences of violence, our IMA National Team had an ordinance passed against violence. Also, when Doctors were evicted from hostels, IMA had meetings with Authorities and resolved it. IMA at all levels (National and State) were in constant meetings with Health ministers.

IMA MS also Brought our Hospitals and Nursing Homes under MSME.

As the Government prepared for the surge of Covid, Shastrinagar Hospital was converted overnight into a Covid centre. KDMC sent official letters for gathering data of our private hospitals, their Staff, RMO's, Ward boys and Ventilators. They were preparing for contingency of a surge in Covid cases in times to come.

As a step to control the spread of coronavirus in the community and protect our doctors from being quarantined and our nursing homes being sealed; Community clinics / Fever OPDs were started. (conceptualised by IMA Dombivli Task Force team Chairperson Dr Archana Pate)

Dr Meena Pruthi Co - Chair Task Force and Dr Neeti Upasani Convenor Task Force were constantly on their toes in this Dynamic situation.

IMA DOMBIVLI was approached and our members started giving their services. There were training sessions by Dr Archana Pate, all our members enthusiastically attending OPDs, which are still ongoing. Dr. Koparde, Dr Bakul Patil and Dr. Bahekar volunteered (though exempted as senior citizens.) Dr. Neelima Date and Dr. Alka Gadgil have been diligently helping our Hon. Secretary Dr. Hemant Patil and Hon. Treasurer Dr. Vijay Chinchole in this work.

The Task Force was constantly on its toes trying to coordinate, last minute changes, unavailability of PPE, making reports, informing Hon. Commissioner. There were lot of appreciation of our branch on Facebook, Instagram, Twitter, E-news etc.

Task Force procured PPE, Sanitizers, N95, HCQS, Hypochlorite Cans as all were in shortage and we had to liaise with state authorities for bulk orders.

We received Donations from Dr. Archana Pate & Dr. Mangesh Pate of infra-red thermometers, Pulse Oximeter each for 4 Community OPDs. They also donated PPEs and N 95 masks.

Many of our members have promptly paid the branch Annual Maintenance Charges.

Generous Donations were given to the COVID FUND by our members.

- Dr. Umesh Date
- Dr. Subhash Gadgil
- Dr. Dilip Joshi
- Dr. Sheetal Sagade
- Dr. Jayant Gokhale
- Dr. Satish Varde
- Dr. Dadasaheb Dhadas
- Dr. Mahendra Kamat
- Dr. Seema Shaanbaag
- Dr. Ramanathan Iyer
- Dr. Susheela Aravindan
- Dr. Aruna Naik Desai

Innerwheel Club of Dombivli East

- Dr. Anasuya Gopal and Dr Anjana Parashar
- Lata Mhaispurkar
- Mrs Usha Acharya via Dr Anasuya Gopal

Dr Vijayalaxmi Shinde as a Microbiologist was invited by KDMC and has drafted SOP for Housing Societies and Establishments in KDMC .

As, Governments next step, Hon. Commissioner informed that KDMC will be making RR HOSPITAL as DCHC. The Task Force Was very apprehensive to actually send our doctors and work in a Covid set up.

In lieu with that Dr. Archana, Myself, Dr Meena, Dr Neeti were given an official letter to visit Kasturba hospital to learn. I remember the day when we 4 all tense, our families more tense, as we felt that we are going into a lion's den. All 4 of us carried PPE scared that we will come back infected. We reached Kasturba. We expected all to be in PPE SUITS, But it was actually a normal Atmosphere, where PPE was a **SIMPLE MASK**. We saw the Triage areas, the Suspects And positive wards, the PCR LAB, Use of PPE understood the concepts OF HIC and Central Guidelines. We became a bit relaxed.

When already many health workers in big hospitals of Mumbai were becoming corona positive, Kasturba had almost 1 percent transmission to health workers. We understood the importance of HIC, PPE and Protocols laid down by the Center It took us almost 3 weeks, but we made the KDMC implement it in RR HOSPITAL (Gap Analysis by Dr Archana Pate) whether it be the Ventilation expert for AHU and air changes cycle in ICU (foresight of Dr Mangesh Pate) or Dr. Supriya Amey, HIC expert. (Invited by KDMC on Behest and insistence of Dr Archana Pate) Task force had innumerable meetings in person/ on zoom, with only 1 intention, our members will go in only if it is safe. We made 2 groups for RR and Shastri Nagar to help keep track of things. For 3 weeks The Task force put in its absolutely untiringly best efforts to make the Covid Hospitals safe for our Doctors!

Soon, WhatsApp groups of specialities were made by Physicians and Anaesthesiologist. The meetings were held, they were briefed and they started their Honorary ROTA duties. The Anaesthesiologist started Rota only when ICU was ready with HIC and Ventilation assessment and quality control measures.

There were lots of reports daily of lacunae from both hospitals reported by our Doctors. The Task force was on its toes trying to keep up with filling these lacunae, may it be the availability of ECG machines, good pathology backup with TAT as per guidelines or PPEs. The Anaesthesiologist have been facing the most dangerous procedure of intubating critically ill patients in ICU and the Respectable branch Physicians are managing almost 50-55 patients daily. They make our branch proud !!

I would Like to especially Appreciate all Doctors, as they Continued with the Non- Covid work constantly Treating and Guiding Patients. The Doctors against all Odds with staff at 30 percent attendance had Kept their Hospitals open. The Senior Practitioners continued to help Patients by Telemedicine.

Dr Sudhir Mestry and Dr Pallavi Mestry , Dr Karwa suffered from Corona and successfully Recovered .

Dr Sudhir Mestry And Dr Pallavi Mestry have resumed their Practise.

All our Doctors are contributing to Covid and Non-Covid work Morally and Ethically. They have Responsibility of Patients, Society, their own Staff and Family. Our Members are Taking care of Physical and Mental Health of Patients and Society.

Corona has taken our endurance to a next level. It has caused a lot of stress, professional, economic, health, family stress with fear of catching the infection which will be a major disruption and disaster to our family.

All said and done; It was a cherishable moment when the first batch of Covid patients treated and Cured were discharged from both the hospitals.

Shastri Nagar Hospital, Dombivli West was our biggest challenge: Here, our own IMA member Dr. Deepa Shukla was of great help. We could introduce the concept of Infection Control Practises, Doffing, Donning areas, green zone etc. But still to bring it upto the mark, the positive ward was vacated for a week and changes were made to make it safe for our doctors and other healthcare workers working there.

As more specificities will be involved, we have formed a co-morbidity Committee comprising of 4 senior Physicians, 1 senior Anaesthesiologist and 1 senior Orthopaedic Surgeon to help us with the exemption criterias thereby safeguarding our Colleagues who may be at high risk if inadvertently exposed.

MOU was Drafted by COVID TASK FORCE CHAIRPERSON DR Archana Pate. This MOU was signed with MOH wherein we have included points of Treatment of our doctor members if he / she unfortunately contracts the virus becomes positive, when attending to the patients at KDMC run OPD & IPD Covid centres in Dombivli their insurance, security, medicolegal liability etc...

As the Cases Surge, the Government is making the Doctors Scapegoats, and look bad. There are daily news about: Clinics being Shut, Exorbitant hospital Bills, Patients being turned away, Capping of Charges for Hospitals and Threatening Doctors under Various Acts

It is time that IMA and KDMC bring a resolution to the Problems at hand. Blaming Doctors for the failure of Government Health Infrastructure and the Press giving us negative publicity is not in anyways helping treat and cure Patients.

Dr. Mangesh Pate, our branch Patron and National Leader has helped the Task force Navigate in Stormy waters. He has been applauded for his many interviews on Mirror now with Faye Dsouza.

I have Past Presidents as a guiding force with their knowledge and experience. Dr. Niti Upasani, Dr Archana Pate, Dr Meena Pruthi in consecutive years brought Innovations and took us to new heights. Inspired by them and with their guidance, we will continue marching forward.

I have my Hon. Secretary Dr Hemant Patil and Hon. Treasurer Dr. Vijay Chinchole who have put in 100 percent all the time.

Vice President Dr. Sunit Upasani and President Elect Dr. Bhakti Lote and Dr. Vijayalaxmi Shinde have been my STEADY support, Helping with the Social Media News.

I SALUTE ALL IMA DOMBIVLI MEMBERS WHO ARE COVID WARRIORS .

They are wonderfully Handling Community Clinics And Covid Hospitals in this on going Pandemic.

Dr Archana Pate, Our Chairperson of Scientific Committee has Achieved a Great Success in Golden Jubilee year.

With great joy and pride on this Doctor's day, Dr Archana Pate has launched *SERO STUDY FOR HEALTHCARE WORKERS OF IMA DOMBIVLI* in association with ICMR - NIIH.

The study will be for SARS CoV 2 IgG antibodies by Covid Kavach Elisa Test. The study will be carried out by ICMR - NIIH (Indian Council of Medical Research - National Institute of Immunohematology)

The study has been approved by ICMR, Principal secretary Health - Government of Maharashtra and Hon. Commissioner, KDMC.

With this Note, our Warriors, Please continue the fight with due care

Regards

Dr Vandana Dhaktode

President

IMA DOMBIVLI

• • •

BEAUTIFUL EXPRESSION OF CURRENT SCENARIO BY SOMEONE

To my doctor friends

It is not T20, neither ODI. We are engaged in a test match on an uneven, bouncy track. It is wet with a green top. Wind is strong. And it is early morning session. What we are supposed to do now is watch every delivery and survive for the next.

Otherwise the top order would fall quickly leaving for the lower order the responsibility to hold it together. How long the inning will survive ? It seems the pitch will turn viciously later on. So let us play watchfully. Now run does not matter. A single here and there would do. Survive and occupy the crease as long as possible. We will fight with the best strategy and good spirit. We are here to accept the challenge and win the match.

Further keep in mind, the crowd on the stands is hostile, the commentators are unsympathetic. Cannot expect the umpires to be considerate. And the board and the selectors are just there to jeopardize your career.

Again I would insist, don't let the wickets fall playing ambitious, careless shots. Go on with caution and determination.

SECRETARY SPEAKS...



Dr. Hemant Patil

IMA DOMBIVLI COVID REPORT

Name of the Local Branch	IMA DOMBIVLI
Report for the Month of	MARCH, APRIL, MAY 2020
IMA COVID -19 TASK FORCE TEAM	Dr Mangesh Pate (National and State Covid Task force) Dr Vandana Dhaktode (President IMA Dombivli) Dr Hemant Patil (Hon. Secretary IMA Dombivli) Dr Vijay Chinchole (Hon. Treasurer IMA Dombivli) Dr Archana Pate (Chairperson, IMA Dombivli Task force) Dr Meena Pruthi (Co-Chairperson) Dr Niti Upasani (Convenor) Dr Bhakti Lote (President Elect IMA Dombivli) Dr Sunit Upasani (Vice President IMA Dombivli) Dr Vijayalakshmi Shinde (Member Task force team)
Branch Email	imadbl2010@gmail.com
Membership Strength (In reporting Month)	392

India reported first case of COVID -19 at Kerala in month of January.

IMA headquarter immediately responded and formed a national task force. Under the guidance of Patron Dr Mangesh Pate National task force, IMA Dombivli covid task force was formed and work was started at warfront level.

RESPIRATORY OPD AT SHASTRINAGAR HOSPITAL

CONCEPT - Screening the patients with respiratory elements to notify suspects of covid -19

PLANNING -

- IMA DOMBIVLI COVID TASK FORCE formed a group of IMA doctors who volunteered for respiratory opd at Shastrinagar hospital of KDMC.
- From 23rd March every day team of IMA doctors took responsibility of screening patients coming to Shastrinagar OPD with respiratory ailments to diagnose suspects and referring them for further management
- Records of referred patient was kept and given to KDMC officials for tracing.

DOCTORS	PATIENTS SEEN	NOTIFIED
18	377	21



IMA COMMUNITY FEVER CLINICS

- TO SAFEGUARD ALL THE HOSPITALS IMA DOMBIVLI SUGGESTED CONCEPT OF FEVER CLINIC
- RESPONDING TO THIS KDMC DESIGNATED 4 HEALTH POSTS IN DOMBIVLI AS FEVER CLINICS
- AND RELEASED NOTIFICATION THAT ALL PATIENTS WITH FEVER AND RESPIRATORY AILMENTS MUST BE REFERRED TO THESE FEVER CLINICS
- IMA DOMBIVLI TASK FORCE IMMEDIATELY FORMED A ROTA OF MEMBERS AND STARTED PROVIDING SERVICES AT THESE HEALTH POSTS FROM 5TH OF APRIL
- EVERY DAY 4 IMA DOCTORS ATTEND THESE FEVER CLINICS AND SCREEN THE PATIENTS AND SEND THE SUSPECTS FOR SWAB TESTS WITH RECORD
- RECORDS ARE SENT TO KDMC AUTHORITY .

IMA DOMBIVLI TASK FORCE ARRANGED LECTURE FOR DOCTORS GOING FOR FEVER CLINICS

TRAINING PPT PREPARED BY TASK FORCE HAS BEEN ROLE MODEL FOR OPD CLINICS ALL OVER STATE

OPD S CONDUCTED	DOCTORS	PATIENTS SEEN	REFERRED
260	150	>3000	>500

MANAGEMENT OF COVID FACILITY

- KDMC AUTHORITIES DECLARED SHASTRINAGAR HOSPITAL AS DEDICATED COVID HEALTH CENTRE
- R R HOSPITAL AS DEDICATED COVID HOSPITAL
- IMA DOMBIVLI TASK FORCE VISITED BOTH THE FACILITIES AND VERY DETAILED GAP ANALYSIS WAS PREPARED FOR BOTH THE FACILITIES.
- SOLUTIONS ARE PROVIDED WITH SAME TO AUTHORITIES
- TEAM FROM TASK FORCE VISITED KASTURBA HOSPITAL MUMBAI TO STUDY THE FUNCTIONING OF COVID FACILITY





- **HOSPITAL INFECTION CONTROL PRACTICES WERE ESTABLISHED BY RESPECTED HIC SPECIALIST AND MICROBIOLOGIST**
- **FREQUENT VISITS TO FACILITIES TO ASESSS AND SPEED UP THE WORK WAS DONE.**



TO EXTEND THE SUPPORT LOCAL HONORABLE M.L.A. WERE GIVEN LETTERS OF DEMANDS FOR IMA DOCTORS WORKING IN COVID FACILITY. WITH RESPONSE TO THESE MEETINGS THESE DEMANDS WERE FORWARDED TO CABINET MINISTERS.



COVID FACILITIES IPD SERVICES

CONCEPT- TEAM OF PHYSICIANS, INTENSIVISTS AND CHEST PHYSICIANS WILL BE THE CORE FORCE IN IPD FACILITY.

OTHER FACULTIES WILL BE PROVIDING BACK UP WHENEVER CALLED FOR.

PLANNING -

AS PER THE GUIDELINES FORCE OF PHYSICIANS, ANAESTHETISTS, CHEST PHYSICIANS AND INTENSIVISTS FROM IMA AND NON IMA WAS FORMED.

THEIR ROTA OF DUTIES WERE DECIDED AND FROM 21 ST OF APRIL THEY STARTED GIVING THEIR SERVICES AT BOTH SHASTRINAGAR HOSPITAL AND RR HOSPITAL.

IMA TASK FORCE IS CONTINUOUSLY COORDINATING BETWEEN KDMC AND DOCTORS

ON BATTLEFIELD TO PROVIDE SAFE ENVIRONMENT FOR WORKING DOCTORS.

SHASTRINAGAR HOSPITAL AND RR HOSPITAL IPD FACILITY IS WELL TAKEN CARE BY PHYSICIANS AS PER ROTA.

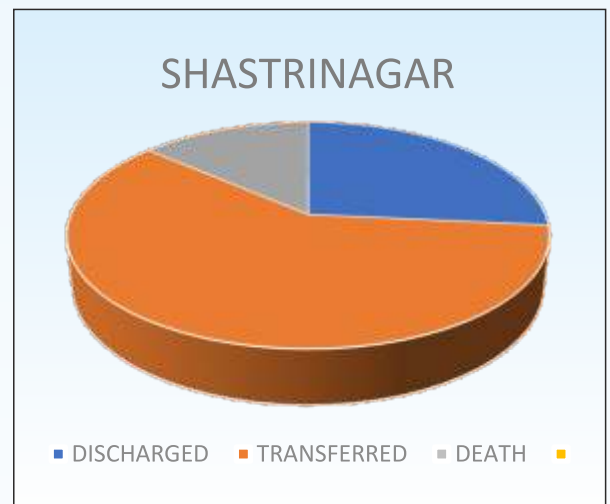
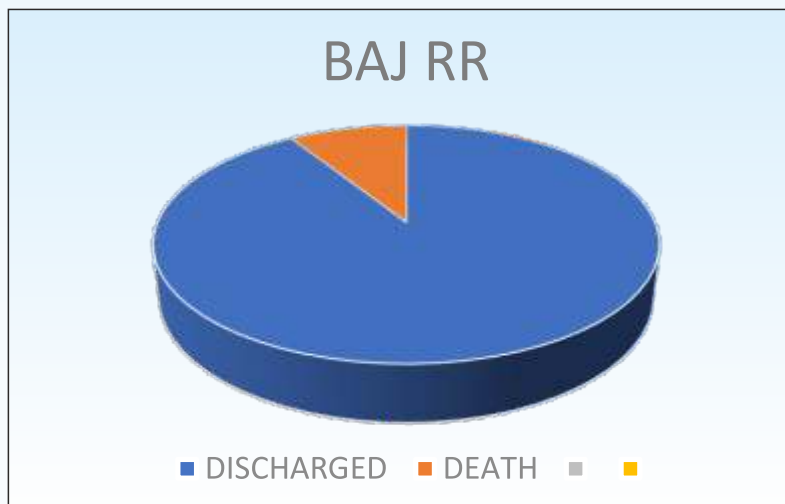
TEAMS OF OTHER SPECIALITIES HAVE BEEN FORMED AND ARE ALREADY PROVIDING SPECIAL CONSULTATION SERVICES.

VARIOUS WHATS APP GROUPS ARE FORMED FOR OPTIMUM COMMUNICATION AND COORDINATION.

VIGILANCE TEAM IS FORMED TO MONITOR AND AUDIT THE ONGOING WORK.

ICU HAS STARTED FUNCTIONING FROM 6TH MAY AT RR HOSPITAL

HOSPITAL	ADMISSION	DISCHARGED	TRANSFERRED	DEATHS
BAJ RR	260	182	NIL	18
SHASTRINAGAR	182	39	88	20





RAISING AWARENESS
AMONGST MEDIA AND
GENERAL POPULATION

DOCTORS BEING CENTRE OF
PROFESSIONAL HEALTHCARE
DELIVERY SYSTEM HAVE THE
RESPONSIBILITY OF RAISING
SOCIAL AWARENESS AND
UPDATING POPULATION.



NATIONAL LEADER AND PATRON DR MANGESH PATE HAS BEEN CONTINUOUSLY PROVIDING GROUND LEVEL SOLUTIONS ON MEDIA REPEATEDLY TO MAKE GENERAL POPULATION AWARE OF EFFORTS OF HEALTHCARE WORKERS .

IMA DOMBIVLI IS UNITED AND STANDING STRONG AND TALL TO FIGHT THE DEADLIEST PANDEMIC OF OUR GENERATION.

WE WILL FIGHT AND WIN THIS BATTLE TOGETHER.

FROM MEDICINE TO MYTHOLOGY

Dr. Devdutt Pattnaik

An Indian Mythologist, Speaker, Illustrator and Author. He is known for his prolific writing on sacred lore, legends, folklore, fables and parables



After taking MBBS from Grant Medical College, I decided to let it go as I realized it was not my calling. I did well in my final examinations in 1993. At which point, I made what Indian society (with its coaching-class fixation for vocational respectability) would regard as a disastrous decision. I dropped out of clinical medicine. I knew I was throwing away my professional training.

While I liked medicine as a subject I did not want to practise it. I could have lectured in medical colleges but decided against it. I also got through the civil services exams but rejected it. It was one of the most intellectually stimulating exams I've done. The idea of dealing with politicians all my life put me off.

My parents were rather unhappy. But they had to go through it. They wanted me to be something that I could not be. I took up strange and various freelance writing assignments in that period. But it was important for me to cast off the heavy garland of expectations placed around my neck.

I was far happier when I was making connections among the world's treasuries of legend and folklore. Tracing cultural patterns, speculating on the diffusion of icons and rituals. Like everybody else, I read the Amar Chitra Kathas. Then I moved on to the fascinating realms of Greek, Egyptian and Assyrio-Babylonian antiquity. Long before I had heard of mythology as a serious scholastic activity, I had begun to collect stories. I began to re-tell them and notice their recurrent motifs.

Though I have worked with majors like Apollo Health Street, Sanofi Aventis and E&Y, I was always interested in reading and writing about mythology. I focused on drawing insights on business, leadership and management from mythology. Appreciation of my work led me to being featured in shows like "Business Sutra" on CNBC and "Devlok" on Epic channel. I was the Chief Belief Officer of Future Group. I consulted Reliance Group and Star TV on matters related to culture and

mythology. My journey as a writer has seen me write over 50 books. I continue to write columns for The Economic Times, Mid-day, Mumbai, Mirror, The Times of India and The Hindu.

The poet, Randhir Khare, was an influence. Another influence was a friend of mine, a behavioral scientist called Dr Girishankar. He showed me how I could turn my obsession into a discipline. Medical training taught me the art of breaking down the complex maze of stories, symbols and rituals into clear systems. A methodical approach that has resulted in the creation of flow charts and tables, like in my books "Myth=Mithya" and "Business Sutra". You could say that my medical training helped me figure out the anatomy and physiology of mythology and its relevance in a society more incisively.

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THE STORY OF THE EIGHTEENTH CENTURY



Dr. Uday S. Kulkarni

Surgeon, and an alumnus of Armed Forces Medical College. He served in the Indian Navy and retired in the rank of Surgeon Commander. He has been Consultant at KEM Hospital Pune and a post-graduate teacher for Diplomate of the National Board. He has written four books on 18th century history so far.

The story of the eighteenth century has for long been dismissed as a period of the fall of the Mughal Empire and the rise of the British Empire. This is an oversimplification of the time and completely overlooks the Maratha Empire that began in the mid seventeenth century and continued to be a viable power until 1818. Of this nearly 165-year period, the Marathas were the paramount power in India for nearly seventy to eighty years. However, historians of the raj have consistently been taken in by the illusory power of the Mughals and tend to anticipate the rise of the British nearly five decades before it actually happened.

After several centuries of Mughal-Afghan- Turkic rule, an indigenous Empire that stretched from Attock to Arcot and Gujarat to Odisha arose from Maharashtra. Indeed, this Empire is important to establish that we had broken the chains of foreign rule and did have a period of freedom before we once again fell into bondage under the British. The Mughals, to their credit, did stay on in India and made it their home, however, there are features that classify them as a foreign Empire. The language of the Empire was Persian and the nobles with Iranian or Turkic ancestry consistently were favoured for important appointments. The treatment to the indigenous peoples was at the best of times, one of 'tolerance' rather than a grant of equal status before the king. The oppression in the seventeenth century, specially during the rule of Aurangzeb was decidedly based on religious grounds.

It was against these constraints that Chhatrapati Shivaji gave a clarion call for swarajya. The word swarajya was used one more time in Indian when Lokmanya Tilak declared it to be his birthright. The challenge before Shivaji raja was monumental. The kingdom of Bijapur, the Mughals, the Siddi of Janjira and the Portuguese were his enemies. With tremendous discipline and valour, these challenges were met and a Maratha Chhatrapati was crowned at Raigad fort in 1674. The Empire

was taken to the south all the way to the bank of the Cauvery river, before in 1681, Aurangzeb came down to the south and ravaged the Deccan, extinguishing the kingdoms of Bijapur and Golkonda before taking away all of the Maratha kingdom. From here, a prolonged war was waged by the Maratha nation so that the Emperor could never leave Maharashtra and finally died here.

From 1707 onwards, the second innings of the Marathas began. Under Shahu, the Peshwas stabilised the kingdom and under the great Baji rao Peshwa, from 1720 to 1740, a kingdom was converted into an Empire. From a rule over a few districts, the Marathas were lords of Malwa, Bundelkhand, Gujarat, Varhad, western Maharashtra and the Konkan. The Maratha armies went down and captured Trichinopoly in 1740, and defeated the Nawab of Bengal forcing him to pay them a tribute and concede the province of Odisha. The period of Nanasahab Peshwa, with Scindia and Holkar in the north, saw the Maratha horse cross the Indus and reach Peshawar. Delhi was captured and Mahadji Scindia became the protector of the Emperor. The Maratha flag fluttered in Delhi until 1803 along with extensive parts of India.

For too long has the history of the eighteenth century been taught as a binary of British and Mughal rule. The contribution of the Marathas has been devalued and deleted from our books and our schools no longer teach the stirring deeds of men from this land. It was not just a Maratha Empire, it liberated vast areas of India from tyranny and it remains the first and the last indigenous Empire that spread through India in the last thousand years.

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शब्दांची आनंदवाट !



डॉ. ऋजुता हाडये
(डॉ. विजू म्हसे)

हुशार मुलांनी डॉक्टर किंवा इजिनिअर व्हायचे हा माझ्या लहानपणी अलिखित नियम होता. वैद्यकीय पेशाबद्दल प्रेम, आदर आणि आकर्षण वाटावे असेच ते दिवस होते. त्यातून माझ्या नात्यागोत्यात, जवळपास, पंचक्रोशीत डॉक्टर वगैरे सोडाच, मुलींनी शिकणे हेही नवलाईचे होते. सरस्वती शाळेतून आणि मो. ह. विद्यालयातून पहिली येणारी मुलगी डॉक्टर होऊ न पाहती तरच नवल. या स्वप्नासाठी अथक मेहनत आणि खूप सारे आशीर्वाद पाठी होते.

माझा जन्म रायगड जिल्ह्यातील बीड गावी झाला. डोंगराच्या कुशीत खंडाळा घाटाच्या अलीकडे हे छोटेसे गाव आहे. शाळेच्या दिवसातील सुट्या इथेच व्यतीत होत.

गावात मंदिर होते. पहाटे काकड आरती, संध्याकाळी हरिपाठ. वारकरी संप्रदायाचा प्रभाव असल्याने अभंग कीर्तन हा सर्वांच्या दैनंदिन जीवनाचा भाग होता.

आयुष्याची पहिली पंचवीस वर्षे ठाण्यात गेली. ठाणे सांस्कृतिक दृष्ट्या संपन्न होते. व्याख्यानमाला, कीर्तने, निरूपणे, सार्वजनिक व्यासपीठांवर उत्तमोत्तम कलाकार, वक्ते ऐकायला मिळत.

घरी तुकारामाची गाथा होती. वडील शिकलेले नसले तरी तुकाराम त्यांच्या मुखी असत. घरात हरिविजय, भक्तिविजय होते. घरी शब्दांची श्रीमंती होती. आईकडे म्हणींचे भांडार होते. शाळेत व्याकरण शुद्ध प्रमाण मराठी तर घरी व गावी मायबोलीचा गोडवा अशी माझी भाषा घडत गेली. शाळेत शिक्षकांनी साहित्याचा परिचय करून दिला. क्रमिक पुस्तकांच्या बाहेर जावून नामवंत कवी व लेखक वाचनात आले. वक्तृत्व वादविवाद स्पर्धांच्या तयारीबरोबर वैचारिक बैठक पक्की होत गेली.

आदरणीय नाटककार कै. श्री.श्यामकाका फडके यांनी आम्हा विद्यार्थ्यांसाठी साहित्यिकांच्या गाठीभेटी घडवून आणल्या. माझी पहिली वहिली कविताही त्यांनीच बालसाहित्यास वाहिलेल्या भिक्तीपत्रकावर छापून आणली.

मराठी भाषेची गोडी अशी निर्माण होत असताना विज्ञानही प्रिय होते व डॉक्टर होऊन समाजाच्या उपयोगी पडावे अशी मनात प्रबळ इच्छा होती. त्यामुळे झटून अभ्यास करून वैद्यकीय शाखेत प्रवेश मिळवला. शिक्षण शिष्यवृत्ती मिळवून घेणे भाग होते. अभ्यासात कसूर करण्याचा प्रश्नच नव्हता. इथेही शिक्षक उत्तमच मिळाले. पण फॉर्मलिन ची तीव्र अलर्जी येवू लागली. श्वासासाठी झगडावे लागू लागले. औषध गोळ्यांचे दुष्परिणाम जाणवत. निराश वाटण्यासारखे प्रसंग येत.

पूर्वीसारखं मराठी पुस्तकांत, साहित्यात बुडून जाणे आता शक्य नव्हते. आमच्या लोकमान्य टिळक वैद्यकीय महाविद्यालयात मराठी उपक्रम चालत. अधून मधून मराठी वाड् मय मंडळाचे कार्यक्रम होत. एक भिक्तीपत्रसुद्धा होते.

अभ्यास भरपूर असला तरी मी वक्तृत्व स्पर्धांना जायला परत सुरुवात केली. लेख कविता लिहिणे चालू ठेवले. भिक्तीपत्राचे नाव होते 'झपूझा' ! संपादक म्हणून झपूझाची सूत्रे हातात घेतल्यावर प्रथम झपूझा कविता व तिचे रसग्रहण लिहिले. तोपर्यंत अनेकांना या शब्दाचा अर्थच माहीत नव्हता. हा लेख वाचल्यावर अनेकांनी भेटून प्रतिक्रिया दिल्या व त्यांची उत्सुकता वाढली. मग मी नियमित लेख व कविता लिहिणे व मित्र मैत्रीणींना लिहायला प्रवृत्त करून त्यांच्याकडून लिहून घेणे असा दुहेरी उद्योग सुरू केला. यात मला खूप आनंद मिळू लागला. तिथे मांडलेल्या विचारांवर, मतांवर कॉलेजमध्ये चर्चा होत. प्रतिक्रिया येत. मैत्र जोडले जाई. विचारांना व लिखाणाला चालना मिळे. पाच वर्षे मी झपूझाचे संपादन केले. माझे कॉलेज जीवन त्यामुळे खूपच आनंददायी झाले.

या काळात डॉ. नीला पाटील या आमच्या प्राध्यापिका, ज्या स्वतः उत्तम लेखिका व संपादिका होत्या, त्या आरोग्य कालनिर्णय चे संपादन करीत असत. माझे पदव्युत्तर शिक्षण रोगप्रतिबंधक व सामाजिक वैद्यक शास्त्रात झाले असल्याने त्यांनी मला माझ्या विषयाशी संबंधित लेख लिहिण्यास सांगितले. 'इडा पीडा टळो' हा लेख आरोग्य कालनिर्णय साठी लिहिला. नंतर वेगवेगळ्या आरोग्य दिनांसंबंधी याच प्रकाशनासाठी लिहिणे झाले. पुढे 2019 मध्ये कालनिर्णयसाठी आरोग्य संस्कृती संबंधी लेख लिहिला.

महाविद्यालयीन काळानंतर माझे स्वतःसाठी लिहिणे जवळ जवळ थांबले. लेखन व्हायचे ते फक्त आरोग्य शिक्षणाकरिता. कधी आरोग्य ज्ञानेश्वरी, कधी आपली श्रद्धा, एखादा लेख पुढारी तर एकदा लोकसत्ता. मात्र कॉलेजमध्ये वेगवेगळ्या कार्यक्रमांचे निवेदन करणे चालू राहिले. वैद्यकीय शिक्षक म्हणून काम करीत असताना मराठी वाङ्मय मंडळ चालवायला घेतले. त्याचा दुहेरी फायदा झाला. साहित्य कलांशी नाते टिकून राहिले, व्यासपीठावर प्रयोग करता आले व विद्यार्थ्यांशी एक वेगळे नाते प्रस्थापित झाले. सायन रुग्णालयाच्या व्यासपीठावरून नटवर्य प्रभाकर पणशीकर यांची घेतलेली मुलाखत, पंडित यशवंत देवांचे गाणे, कविवर्य मंगेश पाडगावकर, शंकर वैद्य, अरुण म्हात्रे, अशोक बागवे, अशोक नायगावकर अशा दिग्गज कवींचे कविता सादरीकरण, चक्री व्याख्यान, विविध कल्पक स्पर्धा, रिमझिम हा दरवर्षी होणारा

मराठी गाण्यांचा कार्यक्रम या साऱ्यांनी माझे जीवन समृद्ध होत गेले.

मग आला आमच्या रुग्णालयाचा सुवर्ण महोत्सव. आमच्या खूप उत्साही वैद्यकीय समाज सेविका उषा धर्माधिकारी यांनी यावर्षी पुस्तक करायची कल्पना मांडली. या पुस्तकासाठी आर्थिक मदत मिळणार नाही या अटीवर त्यांना परवानगी मिळाली. आम्ही दोघींनी या पुस्तकाचे संपादन केले. हॉस्पिटल स्थापन झाले त्यावेळचे पाहिले अधीक्षक डॉ. श्रीकृष्ण जोगळेकर यांच्यापासून ते अगदी आमच्या शव वाहिकेच्या चालकापर्यंत अनेकांना भेटून, मुलाखती घेवून किंवा लेख लिहून घेवून ते समाविष्ट केले. मराठी व इंग्रजी अशा दोन्ही भाषेतील लेख असलेले हे द्विभाषिक पुस्तक ' आर्द्र - A portrayal of life at LTMG hospital ' या नावाने प्रसिद्ध झाले. ग्रंथाली या प्रतिष्ठित प्रकाशनाने त्याचे वितरण केले. या पुस्तकामुळे श्री. दिनकर गांगल यांच्यासारख्या ज्येष्ठ व जाणकार, व साक्षेपी संपादकाचे मार्गदर्शन व प्रोत्साहन मिळाले. हे पुस्तक वाचकांना आवडले.

त्यानंतर दहा वर्षांनी हीरक महोत्सवानिमित्त ' जनमान्य-लोकमान्य ' हे दुसरे पुस्तक ग्रंथालीबरोबरच केले. मग गांगल सर म्हणाले, आता हॉस्पिटल बाहेर पडा आणि लिहायला लागा. ते पटले पण जमले नाही.

माझा संसार आणि नोकरी यांत मी गुरफटून गेले.

2009 साली आयुष्यात एक नवे वळण आले. मी सेठ जी.एस. मेडिकल कॉलेज व के ई एम रुग्णालयात दाखल झाले. एक वर्ष स्वाईन फ्लू व मलेरियाच्या कहरात गेले. डॉ. संजय ओक हे माझे स्नेही आता अधिष्ठाता व संचालक होते. त्यांनाही लेखन साहित्याची आवड व व्यासंग असल्याने विवेक साप्ताहिकाने हाती घेतलेल्या शिल्पकार चरित्र कोशाच्या वैद्यकीय खंडाचे काम के ई एम कडे आले. ओक सरांनी त्यात मला सामील करून घेतले.

याच काळात मराठी साहित्यात एम ए करण्याची इच्छा पूर्ण करता आली. माझे व्यावसायिक काम, मुलाचा अभ्यास, सर्व व्यवधाने सांभाळून मुंबई विद्यापीठातून दूरशिक्षण केंद्राच्या माध्यमातून प्रथम वर्ग मिळवून एम ए करणे शक्य झाले ते भाषेचा पाया भक्कम असल्यानेच. ही गोष्ट 2013 सालची. औपचारिकरीत्या भाषाशास्त्र, समीक्षा शिकल्याने एक नवी दृष्टी प्राप्त झाली.

मधल्या वर्षात अनेक कारणांनी चरित्रकोशाच्या कामात खंड पडत गेला. अधिष्ठाता बदलत गेले. पण 2016-17 दरम्यान पुन्हा या कामाने जोर धरला. हा विवेक, महाराष्ट्र आरोग्य विद्यापीठ व के ई एम यांचा संयुक्त उपक्रम होता. गेल्या दोनशे अडीचशे वर्षात आधुनिक वैद्यक शास्त्राच्या विकासात भर घालणाऱ्या डॉक्टर्स ची अल्पचरित्रे त्यात समाविष्ट होती. माहितीची सत्यता, त्यांतील चरित्रनायक निश्चित करणे, त्यांची संमती मिळवणे, योग्य लेखक शोधणे, स्वतः लिहिणे , संपादन

करणे, विवेकच्या संपादन मंडळाबरोबर समन्वय ठेवणे अशा अनेक बाबी त्यात समाविष्ट होत्या. अतिशय उत्साही व मेहनती असे श्री. महेश पोहनेरकर या उपक्रमाचे प्रमुख होते. माझ्या वैद्यकीय कामापासून कोसो दूर असलेले हे काम. या कोशासाठी मी एक प्रदीर्घ प्रस्तावना लिहिली. वैद्यकीय व्यक्तीबद्दलचा मराठी भाषेतला हा पहिला कोश. यात आयुर्वेद व होमिओपॅथी तज्ज्ञांसाठी स्वतंत्र विभाग ठेवला. तिन्ही मिळून 2018 मध्ये हा संयुक्त कोश पूर्णत्वास गेला. या कोशाच्या कामामुळे कोश वाड्मय या साहित्य प्रकाराशी परिचय झाला. एक नवे दालन खुले झाले. याचे विमोचनसुद्धा रखडले. पण एके दिवशी मला थेट मराठी विश्वकोशातून दूरध्वनी आला. श्री. दिलीप करंबेळकर, अध्यक्ष, मराठी विश्वकोश यांनी विश्वकोशासाठी काम करण्याबद्दल विचारणा केली. आणि आधुनिक वैद्यक या विषयाच्या पालकत्वाची जबाबदारी माझ्यावर सोपवण्यात आली. तत्संबंधी जी आर (शासन निर्णय) निघाला. अधिष्ठाता डॉ. हेमंत देशमुख यांनी संस्था पालक म्हणून संमती व प्रोत्साहन दिले. विश्वकोश हा महाराष्ट्र शासनाचा उपक्रम. स्वर्गीय यशवंतराव चव्हाण यांनी स्वतंत्र महाराष्ट्राचा मंगल कलश आणला आणि तर्कतीर्थ लक्ष्मणशास्त्री जोशी यांच्या समर्थ व व्युत्पन्न नेतृत्वाखाली कोशाचे खंड तयार झाले. 2015 साली या उपक्रमाचे पुनरुज्जीवन झाले. पण यात वैद्यक विषयांचा समावेश नव्हता. मार्च 2019 माझी नेमणूक झाली. मे मध्ये करार झाला. त्यानंतर संभाव्य लेखकांच्या कार्यशाळा घेतल्या. पण विश्वकोशाच्या शिस्तित लिहिणे हे वेगळेच कौशल्य असल्याचे लक्षात आले. नोंदी लिहिणे सुरू केले. या कामामुळे डॉ. बाळ फोंडके, डॉ. हेमचंद्र प्रधान अशा अनेक महनीय व्यक्तींबरोबर विचार विमर्श करण्याची संधी मिळाली. काम सुरू होता होता कोविडने आक्रमण केले व सारे जीवनच बदलून टाकले. आता हे युद्ध संपले की पुन्हा लेखणी सरसावायची.

विद्यार्थी दशेपासून प्राध्यापकीपर्यंतचा प्रवास व त्याला समांतर माझ्या लेखनाचा असा हा प्रवास. एक चिरंतन आनंदवाट!

1994 ते 2000 या काळात डॉंबिवलीत वास्तव्य होते. या काळात आय एम ए , डॉंबिवली शाखेत सक्रिय सहभाग घेण्याचा योग आला, तो प्रामुख्याने डॉ. श्याम घोटीकर यांच्यामुळे. डायलॉग या आय एम ए च्या बुलेटिन मध्ये मी सातत्याने लिहिले, संपादक मंडळाची सदस्य म्हणून काम केले तेव्हा डॉ. घोटीकर, डॉ. माधव बैतुले, डॉ. कानविंदे, डॉ. सावंत असे अनेक उत्तम लिहिणारे डॉक्टर्स जवळून पाहता आले. प्रत्येक अनुभव काहीतरी देत गेला, समृद्ध करीत गेला. आज सुचित्राने लिहावयास सांगितले तेव्हा सारा पट डोळ्यांसमोर उलगाडला. डॉक्टर्स डे क्या निमित्ताने डॉंबिवली आय एम ए ने आठवण काढली यानेच मन भरून आले. आयुष्यात कमाई ती अजून कुठली? डॉक्टर्स डे च्या खूप शुभेच्छा! मनः पूर्वक धन्यवाद!

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SUSTAINABLE LIVING - MY GREEN SAPTAPADI



Dr Pratima Kamath

I am retired doctor and was practicing in field of Anaesthesia in south Mumbai till 2008 before I decided to shift to Dubai. Real change in my life was introduced by few friends who were following zero waste lifestyle. Today I am passionate about zero waste which insist on Rethinking about every aspect of your life and refusing to buy something which will result in trash after use. I have created my own "Waste Zero kit" which I carry every where I go to avoid plastic and disposable material.

“The earth is the only world known so far to harbor life. There is nowhere else at least in near future, to which our species could migrate” – Carl Sagan, 1990 when NASA released first image of earth by Voyager I.

Our present rate of consumption is 157%. This is due to over population and industrial revolution which transformed the way we live. This means we will soon need 1 and ½ earth for survival of our species.

The rate of over consumption is due to Linear Economy model where in we use a product only once. In this we mine the raw material from earth, process this into a product, then use it once and then throw away. This leads to a heap of waste and depletion of all resources at a faster rate. This covers all disposable, single use products like straws, styroform / plastic plates/spoons, packing material etc.

“It’s just one straw said 1 billion people”

In contrast to this, the sustainable option is using the “Circular Economy Model”. In this we close the cycle of all the raw materials. We use as much few resources as possible and keep resources in circulation as much as possible. After extracting maximum value from them we recover and regenerate the raw material at end of service life. A typical example is a cotton shirt or saree. Use till you don’t want it any more, then make it into

smaller quilts, then convert it to wipes, then cotton wicks to light a lamp and then the ashes can go back in soil.

An important aspect of Circular economy model is to use renewable energy, ensure elimination of use of toxic chemicals which impairs reuse of material and return to biosphere, elimination of waste through use of superior and innovative designs of materials, products and business models. In this model, we use biological sources for consumable products and non biological sources for reusable products like steel plates, glass containers etc.

The effort is to make everyone aware of impact of human activities on planet earth and its resources. For this we need to take 7 vows (SAPTAPADI) together very similar to the vows we take for a happy married life, we need to take vows for happy, long and sustainable life with our Planet.

¹–Sapatapadi is the most important ritual in hindu marriage. These are seven steps taken by the newly wed couple around the holy fire. Along with these there are seven vows – to nourish each other, preserve our wealth, share our joys and sorrows, grow together in strength, care for children and parents, be together for ever, and remain friends lifelong.

We have to be more mindful of our consumption and relationship with things and earth.

Saptapadi for a green sustainable earth



NOURISH

- **EAT ORGANIC, WHOLE FOOD, LOCAL AND SEASONAL FOODS**

This taste Better, Reduces Carbon Foot, Supports Local Farmers, and more nutritious.

- **EAT COLOURFUL NATURAL FOODS**

This ensures a good mix of antioxidants, vitamins and minerals.

SAY NO TO PROCESSED FOODS like fast food hydrogenated Trans fats.



PRESERVE

- **SAVE WATER**
Low flow showerheads, rainwater harvesting, bucket bath, recycling wastewater for garden.
- **REUSE**
Reuse Containers, Bottles, Cutlery and Dishes.
- **USE RECYCLED PRODUCTS**
Use recycled furniture's, toys, and books.



SHARE

- **REDUCE ENERGY CONSUMPTION**
Increase AC temp by 1o and save 3% in cost, Wash clothes in cold water and Use 5 appliances.
- **USE PUBLIC TRANSPORT**
Carpooling, Buses and Trains.
- **USE NATURAL SOURCES**
Use solar cooking, hand dry clothes and use blankets for warming up



GROW TOGETHER

- **VOLUNTEER AND DONATE**
Support petition sites and donate for good cause
- **WORK FOR CONSERVATION CAUSE**
Support green cause, wildlife habitat protection and protection of wetland
- **USE SOCIAL MEDIA FOR SPREADING AWARENESS**
Spread awareness on environment, green living and animal welfare.



CARE FOR FAMILY

- **CARE FOR YOUR HOUSE**
Replace toxic chemicals from kitchen and use alternative bio disinfectants like vinegar, baking soda etc.
- **BUILD HOME GARDENS**
Grow plants, vegetables which are natural and without pesticides or Buy organic
- **CARE FOR YOUR NEIGHBOURHOOD**
Recycle waste including composting, Teach and motivate neighbors to follow and contribute



TOGETHER FOR EVER

- **BUY CAREFULLY AND TOGETHER IN BULK**
Buy what you need, share if in excess and use secondhand
- **COMMUNITY SUPPORTED AGRICULTURE (CSA)**
Buy from local farmers, support your neighbor in his business if it is related and rain water harvesting in community
- **SELL TOGETHER (LOCAL ENTERPRISE)**
Yard sale, barter system, each one prepares one cleaning product and shares with each other, and buy from your friend entrepreneur in reusable containers .



REMAIN FRIENDS LIFELONG

- **COMMUNITY CELEBRATIONS**
Celebrate festivals in an ecofriendly manner with natural disposable plates, eco-friendly candles and organic food.
- **DECORATE TOGETHER**
Use natural flowers, fruits, mud for decorations and with eco-friendly rangolis.
- **GIFT**
Donate cash, distribute paperless or recycled paper invitations, and use seed paper invites.

DOCTOR'S DAY

Dr. Nayana Chaudhari
Anaesthesiologist



At the outset, I would like to wish all our members a happy Doctor's Day. This day is celebrated in India on 1st July every year. This day is the birth as well as death anniversary of Bharatratna Dr. Bidhan Chandra Roy, who was a physician and the Chief Minister of West Bengal. In order to emphasize the role of doctors in the society, to pay respect to them, the government of India in 1991, declared that 1st July be celebrated every year as Doctor's Day.

Today, the role of doctors has definitely come to the forefront with the COVID pandemic. Doctors and paramedics, keeping their ethics and morals in mind, have risen to the challenge. They are working round the clock, risking their own as well their loved ones' lives. This pandemic has also

again brought forth the inadequacy of the public healthcare system.

Here's hoping that at least this proves to be a wakeup call for the authorities, to invest more into the healthcare system. We want not claps, we want not floral showers. All we want is a better infrastructure, better laws for us to practice his noble profession for which we took an oath.

Last, but not the least, I extend my respect to our COVID warriors and practitioners who lost their lives and to the ones who are battling for their lives due to the pandemic. May the lost lives be the flag bearer of the selfless service of the doctors !

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DOCTOR-PATIENT RELATIONSHIP - THEN & NOW

शरीरे जर्जरीभूते व्याधिग्रस्ते कलेबरे ।
औषधं जाह्नवीतोयं वैद्यो नारायणो हरिः ॥

From time immemorial, in Indian culture, a doctor is considered equivalent to God. Hari or Vishnu is considered to be the protector of life. His incarnation, Lord Dhanvantari has been worshiped over generations for health and wellness. So the doctor and patient relationship was pious. But unfortunately this relationship could not stand the test of time. Over a period, the doctor failed to live upto his Godly image. He was part of a society with gradually deteriorating morals. He could not be any different than other humans. A few black sheep among doctors brought disgrace to the entire profession. But society failed to accept the fact that their God was a mere human. Then came CPA. Clinics and hospitals were labeled as shops, patients as consumers and doctors as service providers who were answerable to law. And thus evolved the present doctor-patient relationship. Today a doctor is considered as God when a serious patient is brought in, an angel when the patient is recovering and a devil when the bill is presented. A patient meets the doctor in times which are trying

for him. So it is important to look at the doctor patient relationship from the patient's perspective. He feels entirely at the mercy of the medical system. At such times, proper and empathetic communication by the treating doctor with the patient and relatives goes a long way in putting them at ease. But unfortunately, this aspect is ignored in medical curriculum. Patients today get a feeling that each specialist is looking at only a particular organ of his body, and the responsibility of putting pieces together is left to his comprehension.

This is also because the whole breed of family physicians, who treated generations of a family, was part of the family and who took complete responsibility of the patient is fast becoming extinct. Doctors sometimes fail to take care of this psycho-dimension of the treatment and thus, though the patient is cured, healing does not take place. On this Doctor's Day, let us pledge to take the doctor-patient relationship beyond the parameters of the illness, so that the patient is healed & not just cured.

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CHILD SEXUAL ABUSE - A GRUESOME FACT



Dr. Mrs. Ashwini C. Pandit

(B.A.M.S., PG Diploma in Child and Family Counseling)

One morning I had just completed my session of Safe and Unsafe touch on std.4th. Post session usually many students ask their queries. One boy was standing in the corner with a very tensed face. He came last to talk to me. He was not able to control himself and started sobbing bitterly. I gave him support by patting on his shoulders. After his emotional catharsis he told me that he was subjected to sexual abuse as I had explained in my session. The senior students were abusing him in school premises since 3 months. He was so nervous and horrified by the incident that he could share the facts neither with his mother nor teacher. This incident had created a tremendous negative impact on his mind. He was facing problem to concentrate in his studies, was unable to sleep, had lost his appetite. He was getting severely stressed at the thought of coming to school. He had found the solution on this to quit the school. I made him realize that this option was not rational for his growth. And whatever situation he is in is not his fault. He is not guilty that those boys are harassing him. I approached his teacher and Principal madam and explained the situation. Realizing the gravity of the situation School promptly took strict action against those students.

This was a case of Child Sexual Abuse (CSA).

While working through REFLECTIONS - A Counseling Firm started by myself along with my colleagues we came across so many such cases. Along with other workshops like Study Skills, Adolescents - Love attraction and friendship, de-addiction, personality development, career guidance, individual counseling, aptitude testing we regularly conduct the safe and unsafe touch workshops.

Till date, we have covered 750 schools and about 400000 (four lakh) students in Pune Municipal Corporation (PMC) and Pimpri Chinchwad Municipal Corporation (PCMC) area. After completing the urban section have started with Pune rural areas.

CSA includes verbal, virtual, physical harassment.

In **Verbal Abuse** child is subjected to abusive words or inappropriate words related with private body parts consistently.

Physical Abuse includes direct touch to the private body parts by a known or unknown person. Sometimes they are asked to touch the private body parts of the person.

In **Virtual Abuse** children are forced to watch the age inappropriate videos [porn videos]. They are made to behave as per video etc.

In these cases many a times children are bribed, emotionally blackmailed, threatened to allow to touch their private body parts.

Facts :

- 1) 80% to 85% cases of CSA occur through known person.
- 2) Many a times a child subjected to CSA can't speak about this with their parents.
- 3) Both girls and boys are harassed in this manner.
- 4) CSA is observed in all socio economic strata's of our society.

Role of Parents:

- 1) Parents can't accept the reality of CSA. They have taboo about this subject. They are not ready to listen to their child.
- 2) Parents should listen to their children and accept them wholeheartedly.
- 3) They should support their child against the person even if he belongs to their family or friends. Many a times it is seen that if person is an outsider then family speaks against that person. But within relatives they avoid doing that. This ignorance doesn't end the harassment which the child is facing but makes him/her more vulnerable to it. The person when understands that no one is questioning

him for his behavior makes him more dangerous for the child.

- 4) They should keep a very healthy conversation with their children. This will create a healthy relationship between parents and child. For this parents will have to create a faith in child's mind for themselves. They would have to make child realize that they are always there for them in positive and negative situations.
- 5) Parents should observe their child keenly and if any deviation from normal behavior or attitude is seen then they should go to the root cause of the problem and solve it. Though not all behavioral problems are due to CSA. But this should be ruled out while dealing with such issues. In the above case I have mentioned the types of changes that a child can show. So they may be physical, mental or behavioral changes. We just have to locate them, address them and make our child safe and happy.
- 6) Parents should monitor the online activities of their child on devices viz. cell phones, tablets, laptops etc. Also, they themselves should use the electronic gadgets wisely.

Steps to be taken for CSA:

Government is aware of the gravity of these cases and it's impact on child's mental health. Govt. has

passed a law named POCSO (Protection Of Children against Sexual Offences) to safeguard the child. This law is child friendly. The person arrested under this law may suffer imprisonment.

There are three important points to be done in such cases:

First : Child should be taught to say 'NO' to the person who is harassing him or her. He or she should shout and ask for help.

Second : Child has to inform parents immediately after he is abused. Teachers also help in these cases.

Third : The parents can seek help of police in such cases. FIR can be written against such person. There is government helpline called Childline [1098]. They help the child to full extent when they are called. After conducting awareness program in PMC and PCMC area for 2 yrs. through our firm 'REFLECTIONS' we observed tremendous increase in calls to the concerned helpline.

Last but not the least, children should be made aware about safe and unsafe touch in proper way. So that they are capable to identify the unsafe touch and take proper steps towards their self-protection.

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We deeply mourn the sad demise of **Mr. Milind Vairagi**,
esteemed member of IMA Dombivli
We convey our heart felt condolences and prayers to the family.
We stand with them in this hour of grief.

IMA Dombivli family is poorer by the loss.

SHOW MUST GO ON....



Dr Vijay Chinchole
(Psychiatrist, Sexologist & Counsellor)

Recently Sushant Singh Rajput's Death due to ?? Suicide has added to Psychological, Emotional Disturbance to already disturbed people due to Covid 19 Scenario.

Just imagine, if sudden breaks are put to car speeding fast, what will happen ?? It can result in disaster. Similar things May happen due to Covid Situation & sudden imposed Lockdown, people rushing and running with life tied to Clock are forced to sit at home. We are social animals, like to mingle around and that's why when forced to be isolated feel devastated. Remember friends this is temporary pause & definitely not Fullstop. After this Covid Pandemic we have to again resume life with double enthusiasm, till that time we have to conserve energy by keeping ourselves physically & Mentally fit.

But Many people are disturbed due to Financial problems, fear of unemployment, negative thoughts like if I am unable to pay EMI ?? If unable to again regain my routine and most important many are disturbed with thought of if they or their family members contract disease and forced to be quarantined then what ?? How I am going to live alone ?? Fear of Death rather Fear of losing everything earned is Mainly disturbing many people. Because of this those who are already suffering from Depression, Anxiety are more disturbed & even those without these disorders are too disturbed & feeling anxious and sad.

To cope up with this situation, many are adopting wrong strategies like Alcohol, Tobacco consumption. This is ultimately going to increase Substance Addiction problem and burden over Society. Many are spending more and more time in watching

Movies, Playing Games, Excessively using Social Media. So friends it won't be exaggeration if we see raised problem of **Internet & Smart phone Addiction**, specially in children. Also in children, after this pandemic is over and normal schooling starts, we may see more incidence of Behavioural Problems, Separation Anxiety, School phobia & School refusal due to such a long pause.

Let's talk something about Anxiety – Panic Attack, Depression & Suicide (most severe psychological problems in this Covid 19 pandemic)....

Many people are feeling anxious, restless, sudden ghabrahat, raised heartbeats, suffocation or feeling of chestpain / tightness, tremulousness, sweating, dryness of mouth. Remember if all relevant tests are normal and still symptoms persists or recurring in between its mostly anxiety Or Panic attack. Need to be treated may be with just counselling & Yoga, if Mild Or with Medication for short term if Severe.

Let Me tell you one thing about Suicide....Everyone is Susceptible.



SUICIDE CONTINUAM

CAN SUICIDE BE PREVENTED?

- **YES!!!**
- Suicide is not an event , it's a process



Dr Vijay Chinchole

It's Myth that Strong People Never Commit Suicide Or Those who Commit Suicide are Weak Minded People . Fact is that it require Lot Of Courage to Jump from 15 th Storey Building (Don't take it other way) . It's totally Normal to feel Sad, irritable, annoyed & even Cry. But Due to so called Strong Public Image , Many people find it difficult to express their feelings & seek professional help ultimately surrendering to negative emotions & We lose prestigious life . Every year Approximately 8,00,000 People die because of Suicide Globally And India Ranks 1 in South East Asia region.

Suicide is not one day event it Happens Over the period of time starting with just occasional thought of helplessness, Hopelessness , worthlessness and Suicidal ideation progressing to unsuccessful attempt and finally succeeding to end their lives , if appropriate measures are not taken at appropriate time.

Another Big Myth is that asking a depressed person about Suicidal thought means inserting Suicidal thought in his mind. Fact is that Many suicidal attempts are call for attention or sometimes impulsive reaction to frustrations and unbearable stress. So rather asking about Suicidal thought in depressed person, we may save a Life !!!

Depression....Most common & preventable cause of Suicide.

We loosely use term depression in our day to day life but what is depression exactly ?? When we can level it as depression ??

If 5 out of Following 9 Symptoms are present AND one Symptom must be either Sadness Or Apathy. Also these symptoms must be present for at least 2 Weeks AND if due to these symptoms that person's social/ Family / occupational / Academic activities are disturbed, then Only we can label it as Depression. These Symptoms are.....

- 1) Feeling Sad Most of time of day
- 2) Loss of interest in daily activities (Apathy)
- 3) Sudden Appetite Changes / weight changes
- 4) Changes in sleep pattern (Specially Early morning awakening & then can't sleep and thoughts starts racing)
- 5) Always feeling fatigued / Drained out
- 6) Executive Dysfunction like Memory disturbances (Pseudo Dementia) , Difficulty in focussing & maintaining attention, difficulty in decision making
- 7) Inappropriate Guilt feeling, Feeling of Helplessness / Hopelessness / Worthlessness
- 8) Psychomotor Agitation, Irritability Or Psychomotor retardation
(Withdrawal from daily activities)
- 9) Suicidal Thoughts.

During this Pandemic Psychologically Most affected Population is Healthcare Workers. Lots of Negative emotions are being developed in them.

Like

- **GUILT** – It's ok if I get Infected, but because of me, my Family members, specially elderly parents, children will be infected and I will be the culprit who did this Sin (Self Blame)
- **Anxiety** – Insecurity about Future , And due to ongoing professional stress, Family discord may add to it.
- **Hopeless/ Helpless feeling** – As Covid situation is sudden unexpected, illness is new and due to Dynamic changing pattern of illness we may feel hopeless & Helpless about situation.
- **Anger** – Anger Towards Society due to double standard behaviour towards Doctors , Anger Towards Govt due to their changing , sometimes illogical strategies, implementation of Epidemic Act.
- **Sadness / Loneliness** – Due to Quarentine , it can be self imposed during Covid duties, feeling of isolation

- **Frustration** – why only we have to work and suffer, other people are sitting at home , working from home . It's medical emergency so we have to work. By worrying about it we can't avoid it, let's accept and fight with Covid.

Few Stressors to add on to problem may be

- Financial Stress (EMI, Debt, Pay Salaries of employees, reduced patient flow, increased expenditure of PPE, Sanitizer, Sanitization process etc)
- Elderly Parents with Comorbidities at Home
- Self Comorbidities, suffering from Physical illness
- Disturbed Family Life / Marital Dysharmony / Single Parent
- Addiction Problem
- Disturbed Sleep
- Over exhausted (Due to increased burden of work)
- Previous or ongoing Psychiatric Illness, if any

Please Remember, **Immunity is decreased in Stressed out Individuals. And Immunity is the most important weapon to fight with this Covid Pandemic.** So we should manage this stress effectively to be mentally fit.

Few Step to Manage Stress in this Pandemic....

1. **Rational Thinking (Positive Thinking)** : Unconditional Acceptance of Self , others and of Situation. Accept things that we can't Change (Covid Situation, our increased workload), Fight to change what we can (Spread of Covid by extensive Infection Control Practices, hand hygiene, Mask , PPE, Social Distancing), Altering irrational thoughts with rational Like Replacing Anger with irritability, replacing Guilt with repent, replacing Depressive feeling with Sadness but hopeful, replacing Anxious feeling with Concern.
2. **Avoid watching news Channel**, Social Media, internet excessively to get update every now & then

3. **Express Emotions/ Feelings** : Please understand that every pressure cooker is having Lid WHY ?? To release pressure what if it doesn't have ?? There will be explosion so we need to release our Pressure / Steam of negative emotions in between. Just ventilating feelings is some times enough to relieve stress. It's totally normal to feel Sad and talk about it, even crying is normal. It doesn't mean weakness of mind, Don't be in Supreme image of false strength. Develop **Buddy System**, to talk and express at workplace. Due to Lockdown we are having lot of time, utilize it, talk with relatives, friends with whom you might haven't talked since long.

Remember WE are expected to follow SOCIAL DISTANCING NOT EMOTIONAL DISTANCING.

If it's overwhelming, please talk to professional.

4. **Time Management** : Due to lockdown we are having enough time. Make list of pending work, pending hobbies. Indulge in that, spend time with family

5. **Work Management** : In many Societies , house maids, workers not allowed so there is increased household work, distribute it among all family members so that only one person won't be burdened. Make children involve in small household work, they will learn power of team work.

6. **Stress Busters** : Reading, writing, composing poems, watching drama, movies, gardening, playing instrument, listening music, songs, playing games, exercise etc

7. **Yoga & Meditation** : Indulge in Yoga specially

Breathing Exercise (Pranayam), Shavasan, Progressive Muscular Relaxation, Self Hypnosis. Positive Mental imagery. Practicing Prayer

8. **Regular Physical Exercise**

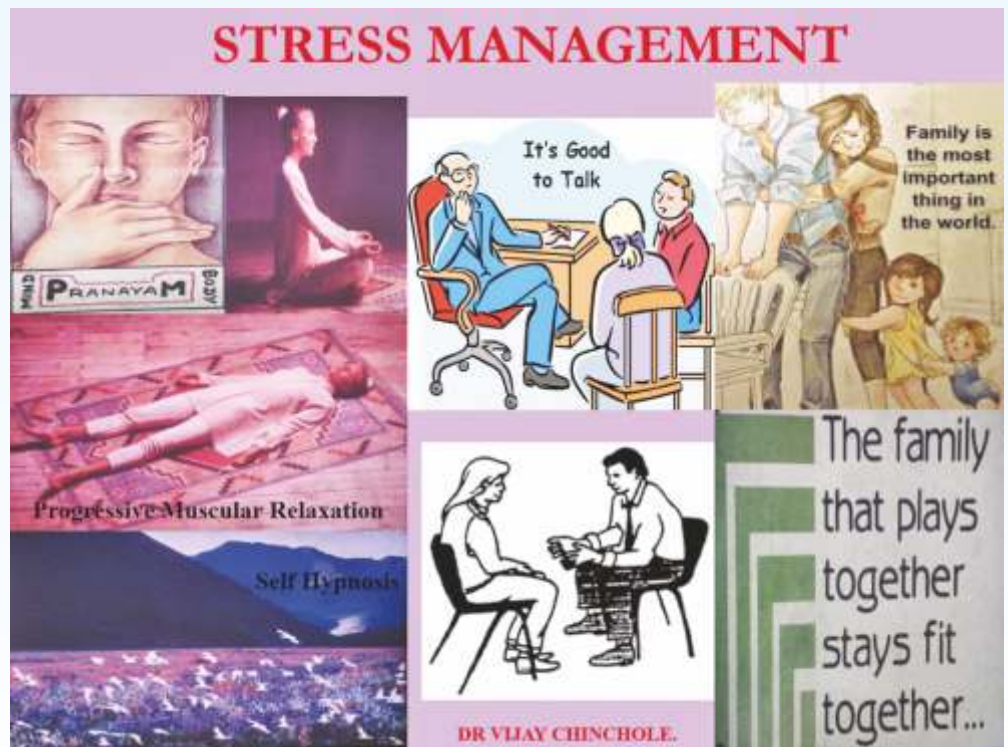
9. **Adequate Sleep**

10. **Balanced Diet**

Important thing to Remember by Health Care Worker, **FIRST TAKE CARE OF YOURSELF.** Remember Instruction in Aeroplane – **FIRST SECURE YOUR OWN OXYGEN MASK, BEFORE HELPING OTHERS.** Stay Strong, Healthy Physically & Mentally then only you can help others.

Many Covid Warriors contracted illness, Some succumbed to this deadly illness during fight with Corona. This might have demoralised some of us But friends we have to fight with this Corona and **when we will defeat this Covid Pandemic with Victory of Mankind , that will be real Tribute to our Martyr Covid Warriors ...SHOW MUST GO ON ..!!!**

• • •



ईशावास्योपनिषद्

डॉ. (सौ.) अंजली वैद्य



आपले वैदिक वाङ्मय अतिशय विशाल व महान आहे. त्याचा मनःपूर्वक अभ्यास केल्यास ते आपल्या समग्र जीवनाला स्पर्श करत आपल्याला अशाश्वततेतून शाश्वततेकडे, अंधारातून प्रकाशाकडे व सान्ताकडून अनंताकडे घेऊन जाते.

वैदिक वाङ्मयाचे चार विभाग आहेत.

१) ऋग्वेद, यजुर्वेद, सामवेद व अथर्ववेद हे चार वेद म्हणजेच संहिता ग्रंथ.

२) ब्राह्मण ग्रंथ : यात यज्ञविधी व त्यासंबंधीचे मंत्र असतात.

३) आरण्यक : म्हणजे ब्राम्हण ग्रंथाचा शेवटचा भाग

४) उपनिषद् : वरील सर्व ग्रंथातील तत्त्वज्ञानाचे विवरण करणारा भाग आज आपण 'ईशावास्योपनिषद्' या उपनिषदातील पहिल्या मंत्राचा अर्थ समजून घेण्याचा प्रयत्न करणार आहोत. हे उपनिषद लहान म्हणजे फक्त १८ मंत्रांचे असूनही अतिशय महत्वाचे आहे. कारण ते वेदांचे सारच आहे. या उपनिषदाचा प्रारंभ 'ईशावास्य' या शब्दाने होतो. हा शब्द अत्यंत महत्वाचा असल्याने या उपनिषदास 'ईशावास्योपनिषद्' असे म्हणतात.

मानवी जीवनाचे मूळ स्वरूप, प्रधानमुल्ये, ध्येये, चिरंजीव प्रश्न युगानुयुगे तीच राहतात. विज्ञानाच्या प्रगतीमुळे माणसाच्या देहाला कमालीच्या सुखसोयी मिळाल्या असल्यातरी त्याच्या मनाची व आत्म्याची उपासमार झाली आहे. समाधान, आनंद, शांती व प्रेम हे तृप्त व प्रसन्न मनाचे गुण सध्या अत्यंत दुर्मिळ झाले आहेत.

यजुर्वेदातील वाजसनेयी संहितेचा ४०वा अध्याय म्हणजे 'ईशावास्योपनिषद्'.

मंत्र : ईशावास्यमिदं सर्वं यत्किंच जगत्यां जगत् ।

तेन व्यक्तेन भुञ्जीथाः मा गृधः कस्यस्विद् धनम् ॥

अर्थ : या अखिल ब्रह्मांडात जे काही जड, चेतनरूप जग आहे ते सर्व ईश्वराने आच्छादिलेले, व्यापलेले आहे. म्हणून या ईश्वराचे स्मरण करीत त्यागपूर्वक त्याचा उपभोग घे. त्यात आसक्त होऊ नको. धन म्हणजेच हे भोग्य पदार्थ कोणाचे आहेत ? अर्थात कोणाचे नाहीत तर ईश्वराचे आहेत. म्हणून कोणाच्याही धनाबद्दल आसक्ती ठेवू नको.

विवरण : ही सारी सृष्टी ईश्वराने आच्छादिलेली आहे. त्यात तो रहात आहे. म्हणून सृष्टीकडे भोगदृष्टीने पाहू नको. सारी जड सृष्टी व प्राणी सृष्टी नियामक ईश्वराच्या नैसर्गिक नियमांनी बद्ध आहे. त्या नैसर्गिक प्रेरणेनेच

त्यांचे व्यवहार चालतात. उदा. सूर्य पूर्वेलाच उगवतो, पश्चिमेलाच मावळतो. प्राणी भूक लागली की शिकार करून खातात पण पोट भरताच शिकार उरली तरी निघून जातात इ.

मनुष्य मात्र त्याला काही प्रमाणात मिळालेल्या बुद्धी, स्मृती व कर्मस्वातंत्र्याच्या जोरावर उपजत नैसर्गिक प्रेरणेचे, नियंत्रण, उदात्तीकरण वा विकृतीकरण करू शकतो. त्यासाठी शिक्षण, संस्कार व विवेक यांना महत्त्व आहे. ही सारी सृष्टी ईश्वर व त्यातील मीही ईश्वर. या साऱ्याचा नियामक ईश्वर म्हणजेच सृष्टी व मी स्वतंत्र नाही, पण परतंत्रही नाही तर ईश्वरतंत्र आहोत.

विषय, विकारही ईश्वरानेच आपल्यासाठी निर्माण केले. पण आपण त्यांचे आधाशासारखे सेवन न करता आधी त्यांचे उदात्तीकरण व मग विभूतीकरण करून त्यांचा उपभोग घेतला पाहिजे. त्यासाठी सृष्टीशी असलेला भोगसंबंध, भावसंबंधात व भक्तिसंबंधात बदलला पाहिजे. उदा. बागेत फुललेल्या मोगऱ्याच्या फुलांचे किती रुपये मिळतील ? हा भोगसंबंध. भगवंताने माझ्यासाठी ही सुंदर सुगंधी फुले निर्माण केली हा भावसंबंध. या फुलांच्या रूपात, गंधात ईश्वराचे रूप, प्रेम अनुभवणे हा भक्तिसंबंध.

भोगाला भगवंताचा प्रसाद मानला की अहंभावाच्या मालकी हक्काचा त्याग होतो व निर्भेळ आनंद मिळतो. नाहीतरी श्रीमंत माणसे त्यांच्या मालकीच्या किती वस्तूंचा प्रत्यक्षात उपभोग घेतात ? कारण माणसाच्या इंद्रियांची भोग भोगण्याची क्षमता मर्यादितच असते. पण माणसाला सुख असते ते वस्तूंच्या मालकी हक्काचे.

आपण ईश्वरतंत्र असल्यामुळे जीवनात आपल्या वाट्यास येणारे सुखदुःखाचे प्रसंग ईश्वराच्या इच्छेनेच येतात. आपल्या कल्याणाचाच त्यात हेतू असतो. हा विश्वास धरून निमित्तमात्र झालेल्या वस्तू व व्यक्तीविषयी मनात राग, द्वेष, मत्सर न धरता व्यवहारात योग्य असणाऱ्या मार्गांनी तिचा उत्तम प्रतिकार करावा.

'तेन व्यक्तेन भुञ्जीथाः' याचे अनेक अर्थ आहेत व प्रत्येक अर्थ मानवाला पथदर्शी आहे.

१) अहंभावाच्या मालकी हक्काचा त्याग करून भोग भोगण्यात निर्भेळ व दैवी आनंद मिळतो.

२) सृष्टी माणसाची गुरुही आहे व सेवकही आहे हा भाव मनात ठेवून त्यागून भोग घ्यावा.

३) फलत्यागाच्या भावनेने कर्माचा आनंद भोग. म्हणजे फळ फेकून दे

असे नव्हे. तर ईश्वर फळ देणारा, तो देईल ते फळ प्रसाद समजून आनंदाने मान्य करणे. या श्रद्धेमुळे कर्माची पकड ढिली होणार नाही. जीवनात समाधान, सात्विक आनंद मिळून चित्त शुद्ध होईल.

- ४) तू जे भोग भोगतोस त्यामध्ये भाग ठेव. कुणासाठी ? तर आपले कुटुंबीय, प्राणी, समाज इत्यादींसाठी. पण ज्याच्यासाठी भाग काढून ठेवण्याचे निश्चित केले असेल त्यांचा भाग अगोदर बाजूला ठेऊन मग भोग भोग. आधी भोग भोगून उरले तर भाग म्हणून ठेवू नको.
- ५) तेन म्हणजे ईश्वराने, त्यक्तेन म्हणजे दिलेले, म्हणजे ईश्वराने दिलेले भोग भोग व त्यात समाधान मान. त्यामुळे ही माझी कमाई असा अहंकार माणसाला होत नाही. शिवाय माणूस निर्भय होतो. वैभवात तो उन्मत्त होत नाही किंवा गरिबीत लाचार होत नाही.
- ६) देहधारणेपुरताच वस्तुंचा उपयोग कर. जीवन चालविण्यासाठी जितकी गरज आहे त्यापेक्षा अधिक घेणे म्हणजे भोग. हा विचार सतत मनात राहिला पाहिजे. म्हणून आवश्यक तेवढेच मिळविले पाहिजे किंवा जास्त मिळेल त्याचे दान केले पाहिजे. संग्रहामुळे अनर्थ ओढवतात.

‘मा गृधः कस्य स्विद् धनम्’ म्हणजे कुणाच्या धनाची इच्छा ठेऊ नकोस. कोणाचे द्रव्य फुकट घेऊ नकोस. इथे विचारले आहे, ‘हे धन कोणाचे ?’ तर हे धन ‘ईश्वराचे’, मेहनत माणसाची. धन शब्दात शरीराचा ही समावेश होतो. शरीर माझ्याजवळ आहे पण त्यावर ईश्वराची सत्ता आहे. आपण त्याचे मालक नाही. ईश्वराच्या कार्यासाठी मी हे शरीर वापरीन व शरीर टिकविण्यासाठी आवश्यक तेवढेच भोग उपभोगीन.

अशा प्रकारे या मंत्रात उच्च प्रतीचे तत्वज्ञान, अर्थशास्त्र व मानसशास्त्र यांचा सुयोग्य संगम आहे. थोडक्यात जगाला जड व सूक्ष्म अशी दोन अंगे असतात. जड अंग हे दृश्य पण अपूर्ण असते. सूक्ष्म अंग अदृश्य पण पूर्ण व चैतन्यमय असते. ज्याला आपण ईश्वर, भगवंत इत्यादी अनेक नावे देतो – जी एक शक्ती आहे – जी सारे विश्व अनुशासित करते, नियमित करते.

आजच्या या विज्ञानयुगातही हे शाश्वत तत्वज्ञान अनुसरल्यास आपल्या सर्वच जागतिक, सामाजिक, कौटुंबिक, व्यक्तिगत प्रश्नांना सुयोग्य उत्तरे मिळतात. उदा. (१) पर्यावरण न्हास थांबवून समतोल साधणे (२) समाजातील चोऱ्या, दरोडे, खून इत्यादी गुन्ह्यांपासून, दहशतवादी कारवाया, राष्ट्रा राष्ट्रातील युद्ध, धर्माच्या नावाखाली चालणारे रक्तपात थांबवून जगात शांतता, समता, बंधुभाव नांदणे.

• • •

I don't know d artist. But What a creativity...!!!



MY COVID JOURNEY

Dr. Sudhir B. Mestry



Dear Friends,

I had a very life changing experience in month of May. I had on 5th May sudden abdominal pain with myalgia esp. in thigh muscle and one loose motion. I started having dry cough too. In the evening i had mild fever (100 degree F) which Subsided with dolo 650.

Next day I was much better. Just had mild dry cough But still my wife Dr. Pallavi and I decided to get COVID 19 test done. By evening I was much better with mild cough in my mind I was sure that my test would come negative. A big unpleasant surprise for me on 7th may my test came positive. I immediately informed Dr. (Mrs.) Vandana Dhaktode who inturn informed KDMC.

My wife also got herself tested. Reports awaited..

With KDMC Commissioner's permission it was decided to home quarantine me.

But again a very unpleasant shock. Two of our building members objected to this. By that time Pallavi's report also came positive. So it was decided to get ourselves admitted to RR hospital.

After admission all my vitals were normal. I was aferile, O2 97% no cough. Suddenly I had one vomitting severe bout of cough and within 5 seconds my O2 level dropped down to 84 %. I was shifted to ICU and was put on O2. My X-RAY chest also showed lot of changes of COVID infection. X-RAY taken 2 days prior was normal.

With consultation with attending Physician, Dr (Mrs.) Vandana Dhaktode, Dr Mangesh Pate, Dr. (Mrs.) Archana Pate, Dr. Wanve, it was decided to shift me to Horizon Prime Hospital, Thane. By this time I was beyond any understanding of this situation.

IMA doctors helped us in this. Only problem was getting bed in any Hospital. Dr. Mangesh Pate arranged ICU ambulance immediately and after 3 hrs I was shifted to Horizon Prime Hospital Thane ICU. I was started on IV steroids antibiotics antivirals and supportive treatment. Next day i was better but day after i again started deteriorating. I was given Tocilizumab and this turned out to be

miracle drug for me. Same day I was stared on LMWH. with only one inj. my cough and breathlessness practically disappeared and I was normal next day. I was off O2 on 3rd day and discharged on 7th day.

I had a great help from so many doctors of IMA, my wife Pallavi, my friends. I have seen the best possible and worst possible side of people, This war against CORONA is not only a medical war but you have to fight physically, emotionally mentally and socio-economically as well..

In this whole episode I have learned that

1. Doctors should not ever neglect their own symptoms and illnesses and fitness.
2. Don't hesitate to ask for help.
3. Prioritize the important things in your life.
4. Give time to your family (which we hardly do).
5. Be digital.

I am extremely grateful to my wife Dr. Pallavi who inspite of being Covid positive though asymptomatic fought for me on all fronts, All IMA doctors who helped me, All my friends and all my well wishers.

...



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YOGA NIDRA FOR STRESS MANAGEMENT

तनाव मुक्ती के लिए योग निद्रा

Prasanna E. Lapalika

Yoga Teacher



Yoga Nidra is a yogic way of relaxation. Yoga Nidra is for internal changes, Self-control, developing right habits for mind.

Yog Nidra doesn't mean Yogic Sleep. It is a stage between awakened and dormant mind. Very easy as well as very effective.

There is no specific mention in any ancient texts and only 2 shlokas about the process are mentioned in Tarawalli text of HathYoga. In fact, Yoga Nidra was first explained by Late Swami Satyanand Saraswati, Founder of Bihar School of Yoga.

Yoga Nidra process -

- Shavaasan, then relaxation, followed by deep breathing.
- Decide to remain awake while performing Yoga Nidra.
- Make a resolution, Eg for internal change, change in temperament, practicing specific habit. Resolution should be in small sentence of 5 – 6 words, a positive affirmative statement.
- Repetition of resolution 3 times during the Yoga Nidra. Stay focused on one resolution at a time till you achieve it.
- Avyav Dhyam(Relaxing body parts)- All body parts are to be visualized in mind and then gradually relaxed one by one. Example, right side of body first, starting from right hand, arms, shoulders, right leg, ankle, knees, thighs, entire right side, and then entire left side of our body. Every time we practice, the sequence should be same.
- Conscious breathing, slow breathing counting from 27 to 1 (Reverse order) to further slow down breathing. Reverse counting done purposely to remain awake during entire Yoga Nidra.
- Reduced feeling of physical state- body heavy, body light, mind completely relaxed.
- Visualization - create emotional visualization scene and then remove those scenes. Example bright sunrise, beautiful greenery, pleasant cool breeze.
- Repeat resolution statement, tell to your mind 2 times.

- Awaking the body components gradually, slowly in reverse order followed by movements of legs, hands and then leave shavaasan, come back in sitting position.

Pre-Preparation of Yoga Nidra

- Quiet room, clean airy space with mat on floor. Moderate light with fresh air, silent environment, light thin cloth sheet to cover body, no music or noise.
- Remove any gears- watch, specks, belt.
- Before performing Yoga Nidra, practice with some aasanas, sun salutations.
- Take sufficient sleep before practicing Yoga Nidra.

Precaution

- Avoid getting up suddenly after Yoga Nidra.
- Remember to do relaxation of whole body as per instruction.
- Yoga Nidra can be performed in supervision of an expert or with help of an audio clip.

Benefits and Outcomes

- Reduces stress and strain- Mental stress and physical strain.
- Helps to handle emotional stress.
- Physical strain due to hard work, physical activity, mental stress due to professional work, personal matters, past incidences, future worries.
- Mind is influenced to engage in positive thoughts.

Difference between Omkar Chanting, Shavasana and Yoga Nidra

- Omkar chanting is for concentration, Shavaasan is done to relax our body, ShavaasanamShramharanam. Yoga Nidra is for a meaningful positive change for self.

Types of Yoga Nidra:

- The most commonly practiced is, Yoga Nidra for stress management, but there are different types, specifically for post chronic illness, post surgery, stressful health condition, children's behavior and some others.

• • •

RHAPSODY

अमृतातेही पैजासि जिंकणारी
गीताज्ञान बहुजनांत पोहोचवणारी
स्वराज्य संकल्पना प्रथमच रूजवणारी
माझी माय मराठी!

वर्हाडी, खानदेशी, अहिराणी
पुणेरी, सातारी, मालवणी
गोडी वाढविती सगळ्याजणी
अशी माझी माय मराठी!

विसं, विंदा, कुसुमाग्रज, भालचंद्र ही ज्ञानपीठे
केशवसुत, बालकवी, ग्रेस गिरीशार्दीची काव्यपीठे
गडकरी, खाडिलकर, कानेटकरार्दीची नाट्यपीठे
दया पवार, ढसाळ, लक्ष्मणद्वयींची क्रांतीपीठे
दुर्गा, विद्या, विजया, गौरी, इरावतींची स्त्रीशक्तीपीठे
जिच्या मंदिरी वसती, अत्रे, पुलं जयाचे सुवर्ण कळस असती
तिच माझी माय मराठी

नासी रंगविती शृंगारात
अत्रे डुबविती हास्यरसात
पुलंच्या हास्यरसाला करुणेची झालर
सावरकर, नासं, गोनि, पुरंदरे करिती वीररसाचा जागर
गदिमा, मंगेश, वसंत जयंतांचे साहित्य
नवरसांचे लयबद्ध लालित्य!
अशी रसरशीत अलंकारांनी सजली असे
माझी माय मराठी
आहे ती राजभाषा
अनेकांची जरी मातृभाषा
व्हावी सर्वांची ही ज्ञानभाषा
मावशी जगावी, मायही जगावी
असावी कृतीशील इच्छा मग
बहरेल मराठी, माझी माय मराठी
डॉ. अद्वैत पाध्ये

THE IMPORTANCE OF GURU

When Swami Vivekananda first visited Ramakrishna Paramahansa he asked 'I have read the Bhagavad Gita and other scriptures several times, I lecture and give discourses on the Gita and Ramayana. Do I still need harbor of a saint; do I still need a guru?'

Ramakrishna didn't reply to Vivekananda's question.

After a few days Ramakrishna called upon Vivekananda and handed him a parcel to be delivered at a nearby village a few hours away by the sea route.

Early morning the boat and sailor would be ready and all he needed to do was to go to the village and deliver the parcel to the designated person.

Vivekananda agreed and decided to start early. He found the boat and the sailor ready to put out to sea.

Suddenly, upon sitting in the boat, Vivekananda realized that he didn't know the road to the village. He inquired of the sailor who had no clue, either.

Vivekananda decided to go back to his guru to ask him the shortest way to the village.

Upon this Ramakrishna said, 'Narendra, this is my reply to the question you asked me when we met the first time:

Today, you have the medium (the boat),

you have the resource (the sailor),

you have the road (the sea),

you know what to do (deliver the parcel) and

you also know where to go but you don't know the way.

Likewise you have read all the scriptures, and you can conduct wonderful discourses on them.

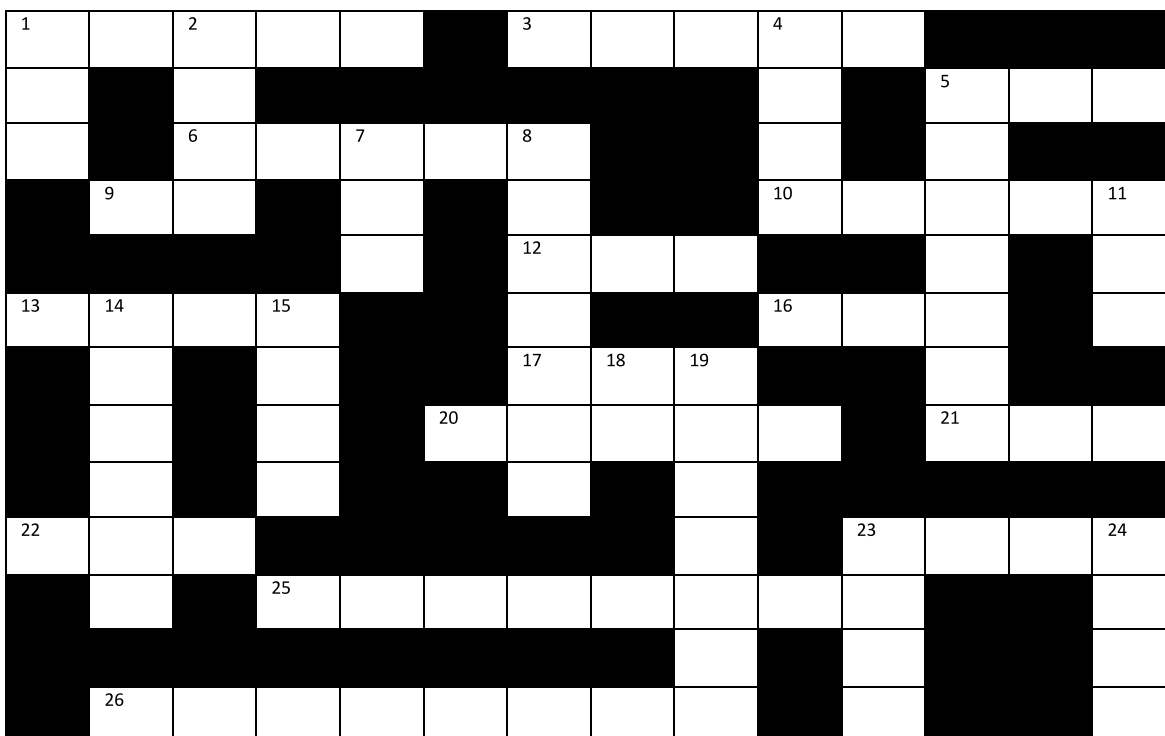
However, to realize the wisdom of scriptures one needs a guru, someone who has already traversed that path so that he can guide you through the journey and encourage you to not give up.'

Choose a Guru(Mentor/Advisor) wisely and stay blessed forever.

Happy Gurupurnima

CROSSWORD

Dr. Ashwini Dharmadhikari



Across

1. Area of 1st case of COVID19
3. Type of nucleic acid amplification testing (NAAT) *
5. Genomic sequence of this animal is incorporated in nCoV19
6. 1st COVID case reported in this country
9. Bedside method to detect platelet function *
10. This ventilation is initiated when PaO₂ /FiO₂ < 120
12. Genetic material of nCoV *
13. N₁₀₀ Respirator (USA) equivalent to this respirator in Europe*
16. Drug which acts as Pulmonary Vasodilator*
17. Corona is derived from this word
20. Disease caused by nCoV
21. nCoV acts on this receptor*
22. Airway is secured with this instrument*
23. Filter with both humidification & Filtration property*
25. This chemical is attributed to storm in ARDS
26. Ritonavir inhibits this enzyme.

Down

1. International Health Body with Headquarter in Geneva
2. Radiological diagnostic modality in COVID-19 patients*
4. Critical care protocol for improving oxygenation
5. nCoV subgroup
7. Tocilizumab inhibits this inflammatory cytokine*
8. These are generated by intubation & bronchoscopy in COVID19 patients
11. Aetiology of Infectious Mononucleosis
14. Mode of transmission of nCoV
15. Material of face masks
18. Mode of sterilising N95 masks for 30 minutes*
19. Recommended material of gloves in PPE
23. This Filter has highest Viral Filtration Efficiency*
24. Moments of hand hygiene recommended by WHO

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*indicates Abbreviations



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In neonates and infants

Steomin-P

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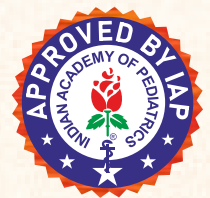
Calcium : Phosphorous **2:1**

Calcium : Magnesium **4:1**

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