DIALOGUE

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EDI – TALK

"They cannot take away our self respect if we do not give it to them"
– Mahatma Gandhi.

I remember those days of post graduation; those endless days, those sleepless nights, attending emergencies without eating food for the whole day (keeping biscuit packets in apron),history taking, collecting reports for patients, presenting rounds, getting firing from seniors if you miss out on any detail, seeing heavy OPDs, staying in those dorms with bedbugs and just crashing on the bed tired without bothering to eat...and those days seemed never ending then! But the very first life you help to save... a realisation strikes, that you can make a difference in people's lives, and those days of hardship just becomes a distant memory!

Most of us start with a high sense of professionalism, with big dreams to have a successful and respectable career and with the eagerness to help and heal the sick. But somewhere along the way as our work, responsibility, and our burdens increase , we give our patients a healing touch but do we remember to give them a human touch?

Doctors have been respected and trusted forever. Being a doctor is considered as one of the noblest of professions. But these days in our country, doctors are being treated as if they are thugs of the first order. When and how did we lose this trust and respect? We need to introspect.

However, these recent attacks on doctors and the lack of action on the perpetrators by our government has made our fraternity very vulnerable and frightened at the same time. Yes, we are the bearer of good news and we are the bearer of bad news. But everytime a doctor delivers some bad news, he/she can't remain under the fear of being beaten up by relatives.

We all need to come together and compel government to make the necessary amendments to protect our fraternity and safeguard our interests. This issue of Dialogue mainly focuses on the steps we need to take in order to strengthen our unity as we see it in our articles on Hospital Board of India and Medical Union, need of the hour.

Other pearls in this issue of Dialogue are Depression in adolescents, CAD in young Indians and Euthanasia, with other literary articles by our colleagues. Also in this article, we announce the mega conference of this year "***VIBRANCE 2015***", to be held on 28th and 29th of November at Savitribai Phule auditorium,Dombivli.

I would like to sincerely thank Dr. Madhav Baitule for guiding me constantly, as this is my first experience at editing Dialogue. Hope you all have a good reading experience. All feedbacks, appreciations and criticisms, are welcome on - editordialogue.imadbl@gmail.com or a.pate1521@gmail.com .

Dr. Archana Pate.

FROM PRESIDENT'S DESK

Dear Friends,

First of all let me thank all of you for giving me opportunity to serve this esteemed organisation! Indian Medical Association, Dombivli is a big family where we all stand united. Let us all achieve new heights together.

Indian Medical Association, Dombivli is poised on the brink of changes..! There is a progressive shift in the thinking of all our members and expectation from this association is growing fast. We all with our private hospitals / nursing homes are facing new challenges in a very big way. Facing all of them is possible only if we stand together.

Sudden upsurge in rash attacks on medical fraternity has made our profession a scary place..!

We witnessed many bad incidences around us. Dombivli IMA took over the charge immediately & came out with comprehensive draft of Defence cell. The draft has taken care of all facets for your safety & we are working on activating every facet gradually. The first most important was our immediate safety. So activation of Defence Cell was executed urgently.

Now the organised defence cell is ready 24 x 7 to assist & protect all of you. So my first message as a President to all of you is **" Feel safe & Assured "** with IMA. Not a single member will be left alone ever. We will provide active assistance whenever help is required. May it be professional or legal or whichever way, we are with you in every step.

After making our boundries safe we forwarded active helping hands to our outside counterparts too. Whether it was Mumbai or outside, IMA Dombivli has reached every place where ever untoward incidences took place & we have played key role there also.

IMA Dombivli was instrumental in reaching out to top governing authorities to putforth our issues & our firm stand on it. Result of which has shown its mark on the whole fraternity around, getting a sigh of relief & our branch received appreciations everywhere for our sharp & timely helping actions.

While taking IMA Dombivli to new heights, it is necessary that everyone actively participates in all activities. Active participation, active feedbacks, compliments or criticisms, they all carry a lot of importance & will help us go long way in improving our functioning in a better way.

We all sail in the same boat. So let us not be in the mode of denial & wait till our turn comes to face an unfortunate event. **Be united, Be safe.**

There is a big row over black sheeps in our fraternity. Everywhere this is standing in our way as we are pointed, keeping all of us in one plane. It will be a very big leap if

fraternity decides to find solution on this serious issue.
A clip from one movie has focused on this issue. The demonification of our fraternity is largely due to such negative portrayal seen in this film. Of course there are black sheeps in any profession. But based on those very few, the entire lot is judged in the same way. We did our best to fight out against the said clip. While doing so we were shown mirror at many places.
It makes sense now to think about how we can free ourselves from being pointed at. So let us be wise & abide ourselves to our medical ethics. I can see a clear tomorrow where the fraternity will not spare those who make the whole flock look black.
Before I sign off, I urge all of you to give your some time for the association, give us active involvement & in return I assure you the strongest ever association for all of us.

Thank you.

Long Live IMA !!!

Dr. Mangesh Pate

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MESSAGE FROM HON. SECRETARY

Dear Friends,
It is an honour for me to be Secretary of Indian Medical Association, Dombivli. It has given me great opportunity to work with people of our fraternity closely.

IMA Dombivli with strength of 300 +, has emerged as a strong backbone support for the fraternity. We appeal everyone to increase the strength of our life members.

Recently attacks on doctors & hospitals have become very common. All of us are at risk of facing these attacks. We all were really unsafe till our organisation came in our defense. Our President Dr. Mangesh Pate formed IMA DC immediately within a month after taking over. He made great efforts to write the entire comprehensive draft. The IMA DC as mentioned in the draft is already fully functional. You all are safe now in the hands of IMA. The draft of our Dombivli branch has been appreciated & accepted by many branches & other organisations.

We raised this sensitive issue with our MP Hon. Dr. Shrikant Shinde & also with Home minister of state Hon. Dr. Ranjeet Patil. President Dr. Mangesh Pate handed them 60 pages of docket & a whole list of issues we are facing. They assured us every possible help.
We had our CME recently, focussing on Oncology. We had good talks by Dr. Anil Heroor & Dr. Tejinder Singh, both from Department of Oncology, Fortis Hospital, Mulund.
On 5th July as we celebrate Doctor's Day, we plan a Mega Blood Donation Camp. This will be the beginning of our Public Awareness Drive towards our fraternity. We display our responsibility & empathy towards society.

We have also organised felicitation of seniors & celebration of success of children of our members who have excelled in various facets on the eve of Doctor's Day.
We have planned a grand conference for which we are starting registrations soon. Variety of eminent speakers will deliver their experiences during this 2 day event. The conference hopefully will get 5 MMC credit points.

This year IMA plans an overseas tour of our branch. We look forward to all of you to book it immediately.

Lastly, I must thank our President Dr.Mangesh Pate along with Dr.Makrand Ganpule, Dr.Hemraj Ingale, Dr. Utkarsh Bhingare, Dr.Leena Lokras & Dr.Archana Pate for their support & guidance to me.

Thank all of you.

Dr.Rahul Bhirud
Hon. Secretary, IMA, Dombivli.

INDIAN MEDICAL ASSOCIATION , DOMBIVLI

VIBRANCE 2015

"TOWARDS EXCELLENCE WITH ETHICS & EMPATHY"

ANNUAL CONFERENCE OF INDIAN MEDICAL ASSOCIATION DOMBIVLI

28TH - 29TH NOVEMBER, 2015

SAVITRIBAI PHULE AUDITORIUM, DOMBIVLI

Dear Friends,

Greetings from the Organising Committee of Annual conference of Dombivli IMA - "VIBRANCE 2015". It gives us immense pleasure to invite you all for the educational & scientific feast of 2015-16.

The conference will have star faculty who will share their expertise & knowledge during lectures which will span over 2 days , panel discussion, oration, high academic level talks etc. There will be abundant take home thoughts from all brainstorming sessions. It will also highlight the current scenario in the field of medical fraternity with its growing challenges, and the focus will be on providing solutions for these challenges by eminent personalities in respective fields.

The conference will be held at 'Savitribai Phule Auditorium' which is the pride of Dombivli city with its wonderful ambience, abundance of space and vast cultural background.

Hoping to make your experience the most memorable one..see you all in "VIBRANCE 2015"...

Thank you.

Dr. Mangesh Pate
President

Dr. Makrand Ganpule
Organising Chairperson

IMA Dombivli

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Annual Membership Fees - Single : 1,500/- Couple : 2,000/-

Life Membership Fees - Single : 15,000/- Couple : 20,000/-

Associate Membership Fees - 1,000/-

Thoughts & Opinions published in this bulletin belong to the author

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WHO Day Celebration & felicitation of Fresh Medical Graduates on 7 th April 2015

Since 1990, IMA/IDA directory committee with the co operation of all 5 medical organizations of Dombivli, i.e IMA,IDA, Ayurved Vyaspeeth Dombivli, , DHRPA and NIMA under the leadership of Dr. Sunil Puntambekar is observing WHO Day on 7 th April. Fresh Medical Graduates and their parents are felicitated during this function. This concept is one of its own kind. More than 2000 FMGs are felicitated till now. The focus of current program was on awareness about food safety in tune with this year's WHO theme – ' From farm to plate make food safe'.

Guest of honour, Mr. Rajendra Bhat who is doing organic farming, elaborated on organic farming and stressed the importance of use of foodstuff from organic farm for safety.

Chief guest Vaidya Bhaskar Sathye, former dean of Poddar Ayurvedic College, spoke on 'Food safety and Ahar Sankalpana'. He narrated Ayurvedic principals of balanced diet and insisted on its implementation in our life which will take care of food safety by itself.

During this function, 36 fresh medical graduates were felicitated at the hands of the dignitaries. Of these, 17 with MBBS, 15 with BDS and 4 each with BAMS and BHMS degrees were felicitated.

IMA President Dr. Mangesh Pate, IDA President Dr. Amit Patankar, Ayurved Sammelan Vice President Dr. Janardan Deshpande, DHRPA President Dr. Sachin Khule, NIMA vice President Dr. Gayatri Kulali under the able guidance of Dr. Sunil Puntambekar were instrumental in arranging the program.

Fresh medical graduates and their parents who attended this function were very happy and expressed their gratitude towards the efforts made by organisers. This is the only function in the town where the entire medical fraternity comes together to welcome new entrants in the profession.

Following Fresh Medical graduates were felicitated during this function.

Aage Priyanka Vijay	MBBS	Feb.2015	GSMC, Mumbai
Bhagat Dilesha Chandrashekhar	BDS	Aug. 2014	DYPatil, Nerul
Bhanushali Dimple	BHMS	Oct. 2010	Mhaske, Nagar
Chauhan Rinku K.	BHMS	May. 2014	Yerala M. T.
Chavan Aishwarya Umesh	MBBS	Feb. 2015	Pravara Medical
Dama Nishita Niranjan	BAMS	Feb. 2015	DYPatil, Nerul
Deo Nikhil Narhar	MBBS	Sept. 2014	MIMER, Latur
Dhake Sayali Pradip	MBBS	Feb. 2015	MIMER, Talegaon
Dhok Sarthak Ambadas	MBBS	Feb. 2015	MIMER, Talegaon
Ershad Aliya	BDS	Mar. 2015	KBH, Nasik
Gopalkrishnan Sneha	BDS	Aug. 2014	Yerala M. T.
Gupta Priya Rambachan	MBBS	Feb. 2015	LTMMC, Mumbai
Iyer Sharanya Hariharan	BAMS	Feb. 2015	Bharati, Pune
Jain Kalpesh Shamlal	MBBS	Feb. 2015	GMC, Mumbai
Karambelkar Vivek Shrikrishna	MBBS	Feb. 2015	Hire College, Dhule
Kelkar Madhura Milind	BDS	Jun. 2013	KBH, Nasik
Khasbardar Shalmali Sunil	MBBS	Feb. 2015	GMC, Kolhapur
Krishnakumar Krithika	MBBS	Feb. 2015	DYPatil, Nerul
Kulkarni Riddhi Vinay	BDS	Jun. 2013	DYPatil, Nerul
Mhatre Pooja Babaji	BAMS	Feb. 2015	Yerala M. T.
Parulekar Abhishek	BDS	Oct. 2012	Pravara Dental
Patil Ruchita Sunil	BDS	Mar. 2015	KBH, Nasik
Patil Sanika V.	MBBS	Feb. 2015	IGMC, Nagpur
Patil Sayali Ravikant	MBBS	Feb. 2015	TNMC, Mumbai
Patil Supriya Bajirao	BAMS	Feb. 2015	DYPatil, Nerul
Pethkar Hemangi Sunil	BHMS	Oct. 2014	Alibag
Petkar Sakshi Sanjeev	BDS	Aug. 2014	Yerala M. T.
Rao Sneha Vasantha	BDS	Jun. 2013	Shetty, Mangalore
Sahastrabuddhe Shruti Rajendra	BDS	Aug. 2014	Pravara Dental
Saindre Rashmi Ganesh	BDS	Aug. 2014	Yerala M. T.
Shethia Aakash Jayesh	BDS	Mar. 2014	Yerala M. T.
Shukla Shilpa Shriram	MBBS	Feb. 2015	DYPatil, Nerul
Venkatesh Jayashree	MBBS	Feb. 2010	NDMVP, Nasik
Waghule Riddhima	BDS	Oct. 2012	Sinhgad, Pune
Yadav Manoj Virender	BHMS	Oct. 2014	Alibag
Yeolekar Shruti Vinay	MBBS	Feb. 2014	Amaravati
Patankar Anushree S.	BDS	Sept. 2013	YCMM Dental

IMA HOSPITAL BOARD OF INDIA

DR. RAVI WANKHEDKAR
MEDICAL ACTIVIST

Consulting Surgeon & Coloproctologist
Executive Council Member-Maharashtra Medical Council,Govt Of Maharashtra,Mumbai.
National Hon Secretary- IMA National Hospital Board,New Delhi
Chairman-IMA AMS .
Chairman- Nat IMA Standing Comt for trade union
Member-Govt Anti Quackery comt,Dhule
Member-board of Exams,Maharashtra University of Health Sciences,Nasik
Prof of Surgery,SBH Govt Med Clg,Dhule
President-Dhule Dist Basketball Association
Director-D S Garud District Public Library
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Dear Friends,

HOSPITAL is a **SANCTUM SANCTORUM** , like a **GABHARA** of a **TEMPLE** and our **PATIENT** is **GOD.**

"A hospital is no place to be sick", But unfortunately Govt policies are making hospitals **SICK** !! A hospital owner has to face more than 73 LAWS !!!

As you are aware, there has been no organized body so far to look after the interests of Hospitals and Nursing homes at a local, state & national level.The issues pertaining to the healthcare establishments have become increasingly complex and have aggravated in variety and intensity. These include infrastructural, legislative, administrative, financial and sheer logistics.

In view of this, an urgent need to form a Body like HBI was felt and IMA has taken the initiative. Undoubtedly, the leadership in healthcare delivery has slowly and steadily been passing into the hands of entrepreneurs of all backgrounds and the medical profession is at risk of being relegated to the sidelines.

The pre-eminent and dominant position of medical professionals in this vital sector needs to be redefined and emphasized.

Some of the objectives of HBI are :

1) To assist and equip all healthcare institutions to provide quality healthcare by various means, including Accreditation.
2) To represent and safeguard the interests of all healthcare institutions and their personnel.
3) To monitor and intervene in all legislations regarding hospitals being considered by the Parliament or State legislatures.

4) To represent and negotiate on behalf of the hospitals-issues of concern to hospitals with Governments and other appropriate local, state, national and international authorities.
5) To develop, adapt and endorse standards and protocols for hospital services.

IMA HBI is currently tackling various issues like CEA, PNDT, FIXATION OF CHARGES and many more. HBI conducted survey in 6 states on existing health facilities & on that basis submitted a White paper with recommendations on hospital standards to govt.

Initiative for starting Hospital Accreditation with NABH :

HBI has partnered with NABH to promote & facilitate accreditations of hospitals especially small & medium hospitals to enhance quality patient care.IMA HBI has recently entered into agreement with NABH to facilitate NABH accreditation through IMA HBI.

It is our great pleasure to extend to you an invitation to become a member of HBI and help fulfill the above objectives by making HBI a strong and effective Body.

Please visit our website www.imahbi.in for details

In case of any clarifications, you are welcome to contact us. With best wishes and looking forward to your early response.

Thank you.

THOUGHT

Three-quarters of the sicknesses of intelligent people come from their intelligence. They need at least a doctor who can understand this sickness.

Marcel Proust

MEDICAL UNION-NEED OF THE HOUR !!

DR. RAVI WANKHEDKAR
MEDICAL ACTIVIST

Consulting Surgeon & Coloproctologist
Executive Council Member-Maharashtra Medical Council,Govt Of Maharashtra,Mumbai.
National Hon Secretary- IMA National Hospital Board,New Delhi
Chairman-IMA AMS .
Chairman- Nat IMA Standing Comt for trade union
Member-Govt Anti Quackery comt,Dhule
Member-board of Exams,Maharashtra University of Health Sciences,Nasik
Prof of Surgery,SBH Govt Med Clg,Dhule
President-Dhule Dist Basketball Association
Director-D S Garud District Public Library
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My dear friends,

Firstly let me congratulate the whole team of IMA DOMBIVALI for doing such a wonderful job for the medical fraternity, in all respect,in a short span of time. It shows what strong unity of doctors, under able leadership, can do. I wish all the best for IMA DOMBIVALI !

Friends as you all are aware the whole medical fraternity, esp private practitioners, are going through a very bad phase.

With the advent of new QUIRKY laws enforced, sorry state of medical education, rapid commercialization, onslaught of corporate hospitals, falling image we doctors have become a favourite whipping boy of the society, government & press.

Nobody is ready to look at the issue comprehensively and address the problems considering the total scenario. Everybody tries to find a temporary quick fix solution and it is creating more & more problems.

Government & society should understand that we private practitioners & neighbourhood small hospitals are the backbone of health service in India providing AFFORDABLE 24x7 health care. These corporate hospitals, which I have labeled as FACELESS MEDICAL MALLS, are required only for 10 % of diseases. They are epitome of exploitation of patients and doctors working there. Government's shortsighted policies to promote them is going to further doom the small nursing home sector.

This current doomsday scenario is bringing a big dilemma for medical fraternity. Whether to continue private practice? Close down own small hospital? Send our kids to study medicine? Continue ethical practice? And there are no easy answers.

But working in this field in various capacities & in various sectors as medical activist, I strongly feel we can definitely overcome this current turbulent phase. All that is needed is

a STRONG MEDICAL UNION !!

We should shed our goody goody image & talk and fight for our survival by forming a strong union. Gone are the days when society used to think that we are the CREAM OF SOCIETY-unfortunately now we are painted as CRIMINALS OF SOCIETY. Govt also considers us as commercial activity. So why not do as other professionals do. Form a Trade union like association and unite all the doctors under one roof regardless of their speciality. Let speciality associations conduct conferences, CMEs while all common welfare issues & problems be dealt by this medical union. Each individual doctor is very strong but our unity is weak. If we can sink our petty differences, bury egos, shed false notions & pool our resources we can work wonders. Think that being a Doctor is my Caste, my Religion, my Class and that all doctors are my brothers & sisters then no one can dare to treat us as soft targets. All the politicians, bureaucrats, leaders need us at some time or other, why not use these relations for betterment of our fraternity?

IMA in last few years has grown leaps and bounds. It is doing all possible it can, to address this issues. But being an NGO & working traditionally in a set format has its limitations. Newer challenges need newer solutions and out of box thinking. We should be more action oriented. Use all possible ways & means at our disposal to solve all our problems.

Let us give our Time/Money/Energy to make our union strong. Help the union & those working selflessly for the betterment of fraternity in all possible ways. Atleast don't dissuade or criticize them, encourage them to work more.

Remember no political party or anyone outside will help us. We have to solve our own problems.

Hence forming a no frills medical union with a specific and only objective to solve problems will go in a long way to solve our problems.

Awaiting your feedback of Medical Union on raviwankhedkar@gmail.com

Best Luck !

DEPRESSION IN ADOLESCENTS

Dr. Paula Goel
Adolescent Physician , Fayth Clinic, Dadar.

Depression in adolescents usually presents as irritability, withdrawal from family and friends, fall in scholastic performance and decrease in social interactions. Suicidal attempt can also be an impulsive act that is part of risk taking behavior in an adolescent. The process of neurobiological maturation in an adolescent brain is completed by 23-25 yrs of age and till this age is reached , the adolescent brain is evolving with gradual maturation of the prefrontal lobe in form of pruning and myelination. Hence , the adolescent is emotionally charged , with minimal thought of consequences of current action.

Prevalence : **Prevalence** of depression in adolescents is related to age , gender and socioeconomic conditions . Early teens have lower prevalence, between 10-14 yrs - prevalence is 1 % , older teens (16-19 yrs) - it is upto 25% . Depression is equal in both sexes , till onset of puberty . However, with onset of menarche , the prevalence increases almost 2-3 times higher in girls . Depression is more common amongst lower socioeconomic class due to exposure to environmental stressors from a young age with poor coping skills .

Predisposing factors : Biological factors , endocrine factors , social factors and structural changes in the brain may predispose to increased incidence of depression .Environmental factors include socioeconomic status, neglect, abuse, family conflict, separation and divorce of parents and family history of depression also plays a significant role .

Major Depressive disorder (MDD) : With no previous psychiatric illness, MDD can be easily detected in adolescents due to its acute presentation. In adolescents with anxiety or hyperactivity, the onset can be insidious.

Presenting features : According to DSM 1V TR criteria, presence of 5 or more of the following symptoms for > 2 weeks should be present:

1. Depressed mood : feels sad , empty , bored or appears tearful , irritable mood.
2. Markedly diminished interest in almost all activities of the day, loss of interest in playing or listening to music.
3. Significant weight loss without dieting or significant weight gain (more than 5% body weight changes in a month).
4. Poor sleep/insomnia/hypersomnia.
5. Psychomotor agitation or retardation almost daily (restlessness , pacing , tapping feet or fingers, abruptly starting or stopping tasks, fidgeting fingers).

6. Excessive fatigue on a daily basis.

7. Feeling of worthlessness or inappropriate guilt.

8. Decreased concentration or focus.

9. Recurrent thoughts of death, suicidal ideation without specific plan, suicidal attempt or noting specific suicidal plans .

The symptoms may cause significant distress or impairment in action at all levels of functioning.

Symptoms may also occur after loss of loved one, but if persisting for more than 2 months with marked functional impairment, suicidal ideation , psychotic symptoms or psychomotor retardation must be assessed for depression .

Clinical features can also be classified :

- Affective: depressed mood with feelings of guilt
- Behavioural : social withdrawal and agitation ,aggression , passive aggression , restlessness, desire to leave home . School difficulties , inattention to grooming , increased sensitivity to rejection in romantic relationships.
- Cognitive: difficulty in concentration or making decisions , Poor scholastic performance , peer interaction and family relationship
- Somatic symptoms : imsomnia / hypersomnia

Somatic symptoms are common in pre pubertal children. Affective and behavioral symptoms are common in adolescents. **Highly intelligent academically strong adolescents can compensate for mood disorder with increased attention to academics.** If depression is associated with hallucinations and delusions , then psychosis should be considered .

Co-morbidities : usually associated are conduct disorder, oppositional defiant disorder , panic disorder , ADHD , disruptive disorders and substance abuse disorders . If co morbid conditions are not dealt with , recovery may be delayed .

Investigations : To R/o hypothyroid , anemia

Differential Diagnosis :

- Adjustment disorder : may occur within 3 months of a negative event in life
- ADHD: associated with inattention , hyperactivity , impulsivity
- Specific learning disability : , associated with dysphoria
- Conduct disorder : aggression , destruction to property , theft , deceitfulness , violence to animals and younger children.
- Oppositional defiant disorder : may be confused with externalizing behavior in a depressed adolescent ; hostile, negative behavior
- Substance Use disorder

Treatment :

Mild cases may be managed by primary care physicians

Severe cases associated with co morbidities must be referred to psychiatrists .

If associated with suicide ideation , hospitalization may be needed to wean patient away from impulsive self destructive behavior .

If associated with substance abuse , hospitalization would be required for de addiction .

Pharmacotherapy and psychotherapy :

Combination of SSRI (Selective Serotonin Reuptake inhibitors) and CBT (cognitive behavior therapy) .

CBT : aims to challenge the maladaptive beliefs and enhance problem solving abilities and social competence.

SSRI : Fluoxetine (10 mg), Sertraline (25 mg) , Citalopram (10 mg) , Escitalopram (10 mg) .Any of the given may be started in the corresponding doses and then gradually increased , if necessary . Duration of treatment should be minimum 6 months . Treatment may be stopped when stress levels are low and are under control and drug has to be tapered before stopping .

Recurrence of symptoms may occur up to 40 % of cases within 2 years and 70 % in another 5 years.

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THOUGHT

The good physician treats the disease; the great physician treats the patient who has the disease.

William Osler

DR SAURAB GOEL
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Introduction and magnitude of the problem - India is in the midst of an epidemic of coronary artery disease. Heart disease is the number one killer both worldwide and in India, accounting for approximately over 25% or over 3 million cardiovascular deaths in the age group of 25- 70 years in India in 2014. Cardiovascular diseases are more prevalent in urban areas , but incidence in rural areas is also increasing. Prevalence of coronary artery disease in India is approximately 12% in urban and 7% in rural areas. At present India has the highest number of cardiac patients in the world with the total number exceeding 10 crore and the numbers are steadily increasing . The affection of young Indians below age of 40 yrs by premature and advanced coronary artery disease has become a major cause of concern. India has the highest incidence of patients with premature coronary artery disease occurring approximately 10 years before western counterparts.. The mean age of first heart attack in Indians is 53, and we are now increasingly seeing young individuals in thirties and even in twenties with acute heart attacks.

Risk factors - Genetic predisposition to dyslipidemia, diabetes and hypertension and changing lifestyles with increasing obesity, stress, smoking and intake of junk food are major causes for this explosion of acute coronary cases in Indians. The metabolic syndrome of central obesity, diabetes, dyslipidemia and hypertension is well documented and the onset can be traced to lifestyle changes in teenage years and twenties. The first scientific study of these associations with coronary artery disease was carried out by Dr Enas A Enas (CADI study 1993) who documented high incidence of premature coronary artery disease amongst people from Indian subcontinent who had migrated to affluent western countries experiencing a change in life style. As the principal investigator of the landmark CADI Study, he scientifically proved a 3-4 fold high rate of coronary artery disease among immigrants from India to the United State, than the local population. The same process is now taking place in urban India with economic progress and affluence leading to changing lifestyle in the youth.

Indian coronary artery data- India has the highest incidence of patients with

premature coronary artery disease occurring approximately 10 years before western counterparts.. The mean age of first heart attack in Indians is 53, and we are now increasingly seeing young individuals in thirties with acute heart attacks.

In a study form Christian Medical College, Vellore study, significant CAD was noted in 877 subjects. Of these, 55% were < 50 years of age, 34% were < 45 years of age, and I2 % were < 40 years of age. Triple-vessel disease was more common (55%) than double-vessel disease (24%) and single-vessel disease (21 5%) combined. Multiple sites of obstruction in each vessel was a common finding. (Krishnaswami S, et al).

Reports from the All India Institute of Medical Sciences, New Delhi, have also confirmed the high prevalence of triple-vessel CAD in young Indians nearly approaching that of older patients (45% Vs 53%). (Sharma SN, Kaul U et al).

Asian Indians develop first myocardial infarction about five to ten years earlier than Caucasians. Research has shown that people of origin from Indian subcontinent have the smallest diameter of coronary arteries as compared to other ethnic groups across the world. There is a hypothesis that this could be due to genetic changes in the body size in over 400 years of starvation, famines, natural calamities , conflicts and prolonged periods of deprivation in India prior to independence. Since the vessel is small in size, a small plaque burden can cause a critical lesion and hence early clinical events in Indians compared with the large vessels of Caucasians.

Evaluation and Diagnosis - Knowledge of the above facts, means that Physicians need to be vigilant in screening young adults for possible coronary artery disease and metabolic syndrome. Those with strong family history or obesity should be screened regularly for diabetes , dyslipidemia and hypertension starting from the mid teen years. Those at risk by initial testing can be screened by exercise treadmill test at regular intervals as this is a simple cost effective way to assess functional capacity and evidence of coronary artery disease. Further evaluation for coronary lesions by tests like angiography should only be taken up if there is strong suspicion on initial functional and non invasive screening. Routine screening by CT coronary angiography is not recommended for normal asymptomatic young individuals in view of radiation and cost and sometimes detection of minor lesions can cause unnecessary confusion and anxiety in these individuals.

Treatment of established coronary lesions depend on severity, location and clinical presentation. Lifestyle modification and aggressive lowering of abnormal metabolic

parameters is the cornerstone to therapy in all such patients. Significant coronary lesions with above 70 % luminal narrowing in large vessels require treatment by revascularization. In young individuals, angioplasty is the preferred mode of therapy and with the advent of newer generation of medicated stents, the short and long term results are very encouraging.

In a few cases of advanced multivessel disease – Coronary artery bypass surgery is the only option. The surgeon then chooses total arterial grafting by using internal mammary arteries and radial artery or by the LIMA – RIMA Y graft technique, avoiding use of saphenous veins for grafting, as these techniques produce better long term results in young patients.

Getting a coronary event can be psychologically devastating in a young individual and the family. A structured program of **cardiac rehabilitation** consisting of supervised exercise, dietary and psychological counselling and monitoring of clinical and metabolic parameters for at least 3- 6 months , is a very effective way of dealing with these patients. **Lifestyle modification** and regular follow up is a continuous process that has to be continued lifelong in these young patients

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Aruna Shanbaug was connected to a ventilator and once again everyone was jolted out of their slumber only to rake up a discussion on euthanasia. On 7th March 2011, Hon. Supreme Court of India gave a judgement through a bench headed by Hon. Justice Markandey Katju and Hon. Justice Gyan Sudha Mishra on a writ Petition (Criminal) No. 115 of 2009 wherein the petitioner was Aruna Ramchandra Shanbaug and the Respondent was Union of India and others, which legalized passive euthanasia.

Passive euthanasia is usually defined as withdrawing medical treatment with a deliberate intention of causing the patient's death.

What is Euthanasia? What do you mean by mercy killing? What is DNR? What is Right to Life? What is Right to Self Determination? What is suicide? What is Culpable Homicide? What is a Murder? Do we understand the definitions of all these terms?

All I understand from a layman's perspective and from Human Rights principles and also by way of Natural Justice is that only I have a right over my life and I am solely in charge of my body. Is this true? Let me give you the definitions of the terms used above.

Euthanasia or Mercy Killing : It is the act of putting to death painlessly or allowing to die, as by withholding medical measures from a person or animal suffering from an incurable, especially a painful disease or condition.

DNR: Do Not Resuscitate is a legal order written in the hospital or on a legal form to withhold cardiopulmonary resuscitation or advanced cardiac life support in respect of the wishes of a patient in case their heart were to stop or they were to stop breathing.

Right to life: Article 21 of Indian Constitution:- Protection of life and personal liberty. No person shall be deprived of his life and personal liberty except according to procedure established by law.

Right to Self Determination: It is the patients right to decide on whether to undergo a treatment, what mode of treatment and at whose hands to accept it.

Suicide: Section 309 Of Indian Penal Code 1860 has made this an offence punishable with imprisonment of maximum one year.

Culpable homicide: Indian Penal Code has again defined this as an offence under Section 299 which says that whoever causes death by doing an act with the intention of causing death or with the intention of causing such bodily injury as is likely to cause death or with the knowledge that he is likely by such act to cause death commits the offence of culpable homicide.

Murder: Indian Penal Code has defined this under Section 300 as culpable homicide is murder if the act by which death is caused is done with the intention of causing death .....

There is a thin line between the above terms if you compare them with the different

classification of euthanasia. We cannot justify euthanasia effectively as there is no scoring system yet to define the amount of agony that a person is going through. As of today we are talking only about terminal medical ailments or incurable diseases but it will surely soon expand to include other aspects of life like poverty, loneliness, failure in business, and where and how will we control it?

Another cause of worry is that we are not the ones who infuse life so we have no right to take it as well. Also who and how can we define or predict the grade of agony and pain in any disease, its severity and length in time, whether it will subside? If science is yet to have a firm and a concrete answer to the origin of diseases like cancer and if the issue is under research yet, then how can I be sure that which is the case where I give up and which is the case where there is a chance of remittance?

Consent is a very vital part of medical treatment. The patient has a legal right of autonomy and self determination enshrined within Article 21 of The Indian Constitution. He can refuse treatment except in an emergency situation where the doctor need not get a consent. The consent obtained should be legally valid.

Euthanasia is a word derived from the Greek word meaning "good death". Eu means good and thanatos means death thus euthanasia refers to the practice of ending life in a manner which relieves pain and suffering.

Euthanasia is categorized in different ways:-

- Voluntary
- Non-voluntary or involuntary
- Active
- Passive.

Euthanasia if voluntary would mean a suicide or if involuntary may mean a murder.

Voluntary passive euthanasia means a person who is capable of deciding for himself decides that he would prefer to die and he consciously and on his own free will refuses to take life saving medicines. In India, not taking a medicine is not a crime. Whether not taking food consciously and voluntarily with the aim of ending one's life can be a crime under 309?This is a topic to be debated and legal stand is yet not clear with no specific judgements.

Non voluntary passive euthanasia is when a person is not in a position to decide for himself-for example, when he is in coma.

Thus the situation which would involve physicians is when a question arises-whether to allow a person to die who is not in a position to give his or her consent?

Who is to decide whether a particular death was considered an "easy", "painless", or "happy" one? Or whether it was a wrongful death? Commonly it is considered that a death that increased suffering is a "wrongful" death. Any deliberate death is considered as "wrongful" death. Historian Suetonius described how the Emperor Augustus, "dying quickly and without suffering in the arms of his wife, Livia, experienced the 'euthanasia' he

had wished for." Francis Bacon in the 17th century used the word euthanasia in medical context to refer to an easy, painless, happy death, during which it was a "physician's responsibility to alleviate the 'physical sufferings' of the body."

Let us understand the legal stand taken by other nations in the world.

- Netherlands has legalized Euthanasia and is regulated by the "Termination of life on Request and Assisted Suicide (Review Procedures) Act" 2002 .
- Belgium is the second country in Europe to legalize the practice of euthanasia in September 2002.
- In Switzerland, altruistic assisted suicide is legally permitted and can be performed by non physicians-however, euthanasia is illegal. Switzerland seems to be the only country in which the law limits the circumstances in which assisted suicide is a crime.
- In Holland, Active euthanasia is legal under certain circumstances.
- UK, Spain, Austria, Italy, Germany, France, in none of these countries is euthanasia or physician assisted death legal.
- In United States, active euthanasia is illegal in all states but physician assisted death is legal in the states of Oregon, Washington and Montana .
- In Canada, physician assisted suicide is illegal.
- In Japan too, it is illegal.

In India, Abetment of suicide and attempt to suicide is a crime vide section 306 and 309 of Indian Penal Code. Also, in P. Rathinam V/s Union of India in 1994, the hon. Apex court held that the Right to Life under Article 21 of the Indian Constitution does not include the Right to Die.

Also with the advent of science and technology, how can medical fraternity give up on somebody and declare that nothing can be done and this is a hopeless case?

How do we declare a person dead? Legally, it is defined as "The cessation of Life, ceasing to exist, total stoppage of circulation of blood and cessation of the animal and vital functions consequent thereon."

Section 2(d) of Transplantation of Human Organs Act 1994 defines " brainstem death " as the stage at which all functions of the brain stem have permanently and irreversibly ceased and is so certified under sub-section (6) of section 3.

There is no statutory provision in our country as to the legal procedure for withdrawing life support to a person in PVS or who is otherwise incompetent to take a decision in this connection.

The Aruna Shanbaug judgment has laid a law in this connection until parliament makes a law on this subject of euthanasia. Salient features are as follows:

1. A decision has to be taken to discontinue life support either by the parents or the spouse

or other close relatives, or in absence of them by a person or a body of persons acting as a next friend. A doctor can decide too, but it has to be a bonafide decision.

2. Such a decision requires approval from the High Court concerned.
3. Application to be filed by the near relatives or next friends or the doctors/ hospital staff praying for permission to withdraw the life support to an incompetent person.
4. On receipt of such an application, the Chief Justice of the High Court should forthwith constitute a Bench of at least two Judges who should decide to grant approval or not.
5. Before doing so, the Bench should seek the opinion of a committee of three reputed doctors - to be nominated by the Bench after consulting such medical authorities/practitioners as it may deem fit.
6. Preferably one of the three doctors should be a neurologist, one should be a psychiatrist and the third a physician.
7. For this purpose, a panel of three doctors in every city may be prepared by the High Court in consultation with the State Government/Union Territory and their fees for this purpose may be fixed.
8. The committee of three doctors should carefully examine the patient and also consult the record of the patient as well as taking the views of the hospital staff and submit its report to the High Court Bench.
9. Simultaneously, the High Court shall issue notice to the State and close relatives, eg. parents, spouse, brother, sister, etc of the patient - and in their absence, to his/her next friend and supply a copy of the report of the doctor's committee to them as soon as it is available.
10. After hearing them the High Court Bench should give its verdict.
11. The High Court shall do this speedily and give a decision assigning specific reason in accordance with the principle of 'Best interest of the patient'

THE ABOVE PROCEDURE SHOULD BE FOLLOWED ALL OVER INDIA UNTIL PARLIAMENT MAKES A LEGISLATION ON THIS SUBJECT.

Law and judiciary have cautiously taken this decision so as to not commit a judicial murder. No person has any authority to decide about other person's life except according to the procedure laid in law.

Indeed this is a sensitive issue and has too many angles to it to be resolved easily. Also, there is a contention that euthanasia once made legal, there could be applications for it from people who wish to end their life for reasons other than health issues and then again it will be a mammoth issue to tackle!

I pray, Aruna Shanbaug's soul rest in peace!

Long Live IMA

Dr. Swati A. Gadgil

John Nash, the world known mathematician and Nobel laureate, died recently in a car accident. He was first recognized for Game Theory, which seems to be applicable in every strata of human life, may be science or economics, day to day activities...may be even the game a writer plays with his reader or an orator plays with the listening audience! Another theory known as Nash Equilibrium is used in many branches of science. Still he received Nobel for Economics, [which he shared with another scientist for Game Theory] not for mathematics in 1994. He received the Abel prize which is known as equivalent to Nobel in Mathematics in last May i.e. 2015, in Norway, before his death. Unfortunate for the world of mathematics, he had an attack of schizophrenia in 1959 and was admitted in a hospital where he remained till 1971 and lost those years of creativity and research.

A Beautiful Mind, the Movie, is based on a novel of the same name by Sylvia Nasar which depicts this part of his life and puts a big question to mankind which Nash used to ask about altered thinking!!

The film opens in the year 1948, when Nash got admission in Princeton University for further studies in mathematics. (The recommendation letter written to the university by his mathematics teacher is still preserved as a unique piece of letter of appreciation in the said university.) He is a shy student and can never develop an eye contact with fellow students. He knows it well and admits that he does not like people in general. His way of study, his style of writing long mathematical equations everywhere...even on glass panels and windows, is shown in the film... which elaborates his eccentric nature aptly. In the course of his studies his extraordinary ability to break mathematical codes is discovered which grabs his genius mind slowly. He is approached by a government recruiter for enemy code breaking and the film takes a wonderful turn.

An enigmatic person, always in decent suit and hat, approaches him and talks to him, invites him to an institute (believed to be Pentagon), for further and complicated code breaking, which entangles his total interest in academics and studies. He starts visiting there more and more... believing that he is working for US Defense Dept. as against USSR and gets involved in trying to break Russian secret language codes! The scenes are developed brilliantly and the viewer gets involved in his story with utter interest as it progresses.

His love towards a fellow student, Alicia, offers him relief in this stressful period. She knows that something strange is happening

with Nash. His behavior in campus and even in lecture halls confuses his friends too.

In the mean time Nash gets a feeling of being followed by a strange person, may be a Russian secret agent, everywhere he goes. His marriage with Alicia also never helps him to come out... his hallucinations keep growing. Once in a lecture hall in Harvard, while delivering a guest lecture, he gets violent and then is admitted in a hospital being diagnosed as a paranoid - schizophrenic.

Here his life story becomes miserable as Alicia gets pregnant, delivers a baby and goes away in the fear of his increasing violence. He is in the asylum facing his own illness...thinking he is left in total control of the Russians!! He stops taking medicines, the condition worsens...

As the plot unfolds, it is very much interesting to watch the way Nash controls his mind, comes out of the asylum convincing the doctors to stop medicines. Being a real genius, he tries to know his illness, analyses his own mind and develops full control over himself. The point where he realizes this, a point of enlightenment, is a challenge to an actor to portray the character.

The film was nominated for eight Oscars. It won four – Best Film, Best Direction, Best Adapted screenplay and Best Supporting actress.

The great actor Russell Crowe was gorgeous. He portrayed Nash flesh and blood. If you compare Nash's photographs with Russell's, the look in their eyes is just parallel. It is not easy to achieve this in portraying a living character. Still he missed the Oscar!! He was loaded with many awards later but the Oscar.

Alicia, played by Jennifer Connelly was equally brilliant. Jennifer portrayed Alicia with tremendous ease and the demand of the role was met in full. She crafted the emotional graph of the character so convincingly that you can never forget her sensuality and lovely approach with Nash through the film. She was awarded the Oscar for Best Supporting Actress and many more.

Christopher Plummer, yes, the Captain G. J. von Trapp in the great musical 'The Sound of Music', was wisely chosen for the psychiatrist's role and he develops the wonderful link with the patient and with Alicia as well.

Ed Harris, while playing William Parcher, a mysterious character who always keeps a 'watch' on Nash, is just perfect and his appearance throughout the film can never be forgotten.

A Beautiful Mind is a neatly crafted Hollywood drama. They take enough

cinematic liberty in presenting a schizophrenic character of John Nash. These patients generally get audio hallucinations and not visual, as shown here. The film, being a biopic, had to be a realistic one and not imaginary. Hollywood or Bollywood never believes this. They suffered... the film was criticized as a biased portrayal of John Nash. Authentic presentation can certainly not be the only criterion when you watch a movie, a commercial one.

John Nash himself was against taking medicines. He believed that medicines are not helping him but proving to be harmful... he could not think properly or use his mathematical intellect as usual and becomes a restless, useless individual. He used to tell the doctors that I can control my illness and would be better without medicines. Finally they agreed, he was discharged and luckily for him, he could convince the university to join them again.

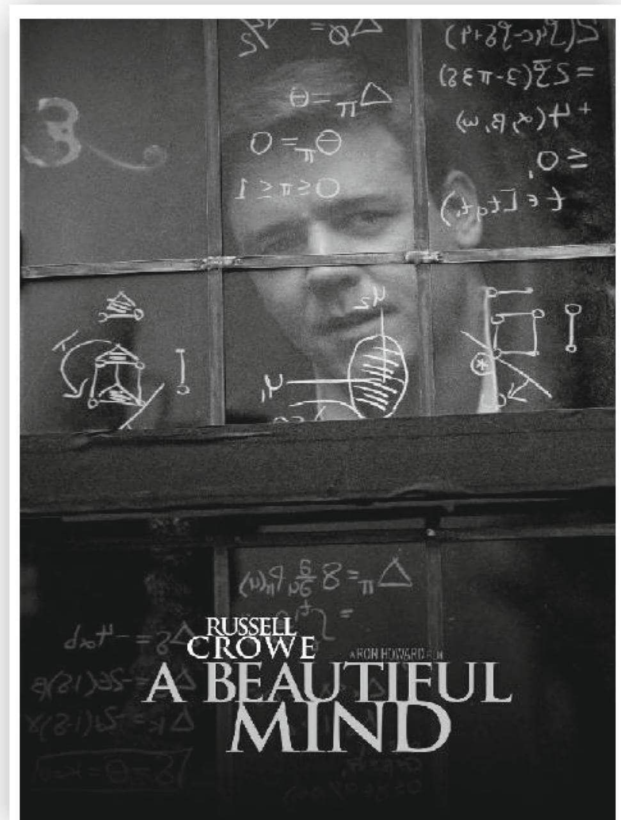
The film thus ends where he is still 'seeing' the person following him but knows that he is not real!!

John Nash used to believe that his mind is helping him to think in very different way, parallel way, because it is abnormal! A normal mind is sane but useless in this respect. Doctors could never agree. In actual practice we do come across many intelligent people who appear 'crazy' (may not be insane) to us.

The film achieves this...it poses the question before us: Is altered thinking 'rational or irrational'? What is “rational”? Does being irrational prove helpful to mankind? I think this is the greatest achievement of the film and naturally, John Nash himself.

The human mind itself is a big question, still unanswered!!! A Beautiful Mind...

- Dr. Sanjay Ranadive



The Maggi Controversy

From farm to plate, make food safe - WHO theme for the current year.

For prevention of many diseases, safety of food is the most important requirement. That's the reason this issue is rightly highlighted by WHO, declaring it as it's main area of focus this year. In today's world of increasing human population, interference of man with nature's capacity to deal with it has become the essential requirement. Use of pesticides, insecticides, use of chemicals in preservation and processing of farm products, use of additives in increasing the shelf life of processed food and food products, use of chemicals in enhancing the acceptability of processed food and many times to cut the cost of production is routinely carried out. Food and drugs Administration of the government approves these activities considering the maximum human safety.

More or less we are a huge country with no system in place as per the requirement. Every now and then it is exposed at the time of crisis. May it be a fire on high-rise building, unexpected rain or the terror attack. It will not be exaggeration to say that each one of us live here with our own destiny. Recently we are tackling the Maggi issue.

Maggi is in Indian market since long and is the favourite noodle for Indians .The high lead contents of Maggi came to light recently, that too in a most random way. It was like an accidental invention of Penicillin. States after states and then the central government banned sale of Maggi. Are they really concerned is the question to be asked.

In a country where basic sanitation is a big issue, where almost everything we eat, drink and breathe is contaminated and where government is not so serious about these issues. Why Maggi came suddenly in picture?

Vegetables are grown on waste water contaminated with human excreta, heavy metals and numerous toxic waste from chemical industries; milk is diluted with water or thickened by adding detergent; chilli powder is mixed with brick, salt or talcum; khoya, paneer is mixed with starch; coriander powder is mixed with saw dust. There is a huge market of packaged water not meeting norms. The list is never ending.

Many banned drugs from the world market find place on shelf of drug stores here.

Pesticides that are banned or severely restricted in most parts of the world are extensively used in India. We do not have a

clear cut system to ensure that they are managed in sound manner so that they pose only a limited risk to health. Carbofuran used in India; banned in US, EU, Canada is extremely toxic to birds, fish and bees and chronic exposure leads to damage to nervous and reproductive system. Atrazine, a most widely used herbicide is an endocrine disruptor leading to birth defects, delayed puberty and infertility. Phorate and monocrotophos are powerful pesticides and considered 'extremely hazardous' chemical by the WHO. They are banned in most of the countries. All these pesticides are in use in our country and there is no effective control of any governmental agency on their use. We have 3 different governmental agencies to look after these issues but the implementation of rules for this huge crowd is next to impossible.

In the past, maggots were found in Cadbury's products. The same hue and cry was created. It was later related to Cadbury's repurchase of its share from the market at lower cost and eventually Cadbury was back in the market with a big bang. Such things do happen. No one can just predict the outcome of the Maggi issue. Recently, detergent was detected in milk pouches of famous brand 'Mother's Dairy'.

So , it is difficult to depend on anybody for food safety and that is the only truth. We assume that global and multinational brands are safe and believe in whatever is printed on the product cover. With so many examples this belief of common man is shattered. One will become more aware about what he or she is purchasing to eat and that is the only positive side of this controversy.

Dr. Madhav Baitule

THOUGHT

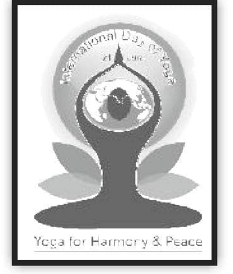
"Never be afraid to raise your voice for honesty and truth and compassion against injustice and lying and greed. If people all over the world...would do this, it would change the earth."
William Faulkner

जागतिक योगदिनाच्या निमित्ताने

दरवर्षी २१ जून हा दिवस जागतिक योग दिन म्हणून साजरा केला जाणार आहे. भारतीय संगीत आणि योग ही भारताने जगाला दिलेली देणगी आहे. दोन्हींचा मुख्य उद्देश मनाची शांतता प्रस्थापित करणे होय. आजच्या जागतिक अशांततेच्या काळात योगशास्त्राचे महत्व कित्येक पटीने वाढले आहे. विज्ञानाने असंख्य शोध लावले. जीवनांत सुखसोयी वाढल्या पण शांतता मात्र हरविली. जागतिक समस्यांकडे पाहिले तर विविध प्रदेशांत दोन देशांतील युध्द, किंवा देशांतर्गत यादवी, अराजकता याचा अनुभव आपण घेत आहोत. वैज्ञानिक शोधांमुळे वैद्यकीय क्षेत्रांत क्रांतीकारक बदल झाले. शस्त्रास्त्रांच्या क्षेत्रांत अनेक प्रकारची शस्त्रास्त्रे निर्माण झाली. रोजच्या जीवनांत असंख्य सुविधा निर्माण झाल्या. पण वैज्ञानिक प्रगतीच्या प्रमाणांत मानसिक समाधान व शांतता वाढताना दिसत नाही उलट मानसिक अशांतता मात्र प्रचंड वेगाने वाढत आहे.

अमेरिकेत मानसोपचारतज्ञ डॉ. डेव्हिड बर्न यांनी माणसांच्या वागणूकीच्या संदर्भात हजारो लोकांवर २५ वर्षे सातत्याने प्रयोग केल्यानंतर त्यांनी काढलेला निष्कर्ष धक्कादायक आहे.

डॉ. बर्न म्हणतात २००० नंतर येणाऱ्या शतकांत जगातील दोन तृतीयांश लोक तणावग्रस्त (Tension) व नैराश्याने ग्रस्त (Depression) असतील. प्रगत देशांत अगदी जपानसारख्या शांतताप्रिय देशातदेखील विद्यार्थ्यांच्या आत्महत्येचे प्रमाण सातत्याने वाढत आहे. संपूर्ण देशांत बलात्कार व स्त्रीयांवरील लैंगिक अत्याचारांचा आलेख वाढत आहे. समाजातील सर्व थरांत व्यसनाधीनतेचे प्रमाण सारखे वाढत आहे आणि त्यात नवनवीन व्यसन आणि गुन्हेगारीचे प्रमाण वाढत आहे. विवाहित जोडप्यांमध्ये वंध्यत्वाचे प्रमाण वाढत आहे. तसेच घटस्फोटाचे प्रमाण वाढत आहे. वैद्यकीय क्षेत्रांत प्रचंड प्रमाणांत संशोधन होऊन अत्यानुधिक उपचारपध्दती उपलब्ध असूनही उच्च रक्तदाब, मधुमेह, हृदयरोग इ. यामुळे होणाऱ्या मृत्यूचे प्रमाण सातत्याने वाढत आहे. मानसिक विकृतींमध्ये प्रचंड प्रमाणांत भर पडत आहे. देश कोणताही असो, धर्म कोणताही असो, राजकीय प्रणाली कोणतीही असो, सामाजिक संस्कृती कोणतीही असो, वर उल्लेख केलेल्या सामाजिक, मानसिक, वैद्यकीय समस्या सर्व देशांत थोड्याफार फरकाने व संख्येने सारख्याच आहेत. अशा परिस्थितीत योगाचे अनन्य साधारण महत्व आहे.
योग हे साधनही आहे आणि साध्यही आहे. योग ही एक जीवनप्रणाली (Lifestyle) आहे. व्यक्तीमत्वाचा विकास करण्याचे प्रभावी साधन आहे. शाश्वत मानसिक शांतता प्रस्थापित करण्याचे अत्यंत प्रभावी साधन आहे. जगातील कोणत्याही



देशांतील, धर्मातील, समाजातील कोणतीही व्यक्ती योग करुन मानसिक शांतता व आरोग्य प्राप्त करुन घेऊ शकते. योग केवळ हिंदू धर्मियांसाठी नसून जगातील सर्व मानवांसाठी आहे.

सर्वेपि सुखिनाः संतु । सर्वेसन्तु निरामय ः ।
सर्वेभद्राणि पश्यन्तु । मा कश्चित दुःखमाप्नुयात ।

जगातील सर्वांना सुखाची प्राप्ती होवो, सर्वांना निरामय (निरोगी) आयुष्य लाभो, सर्वांना सर्वत्र चांगलेच पहायला मिळो आणि कुणाही व्यक्तीला दुःखाची प्राप्ती न होवो हे योगाची अंतिम उद्दीष्ट आहे. संपूर्ण मानव जाती साठी ही प्रार्थना आहे.

इराक अमेरिकेच्या युध्दानंतर भारतातील आर्ट ऑफ लिव्हिंगचे काही साधक काही महिने युध्दामुळे उध्वस्त झालेल्या इराकमध्ये युध्दग्रस्तांचे पुनर्वसन करण्यासाठी गेले होते. तेथील वास्तव्यात त्यांनी इराकी नागरिकांना योगाचे शिक्षण दिले. त्याबद्दल इरकाच्या नागरिकांनी जगातील प्रमुख वृत्तपत्रांत आपल्या प्रतिक्रिया व्यक्त केल्या होत्या. त्यांत त्यांनी म्हटले होते की "योगामुळे आयुष्यात पहिल्यांदाच आम्ही सर्वांनी निरपेक्ष प्रेमाचा आनंद अनुभवला (we experienced first time in our life the happiness & unconditional love)
जन्माला आल्यापासून सातत्याने आम्हाला अन्य धर्मियांचा द्वेषच करायला शिकविला. आता आम्ही सुद्धा दुसऱ्यांना निरपेक्ष प्रेम देऊ व त्यांच्यात आनंद निर्माण करु." जागतिक अतिरेकी कारवायांच्या संकटावर योग ही अत्यंत प्रभावी उपचार पद्धती ठरु शकेल.

तिहारच्या तुरुंगातही अत्यंत गंभीर प्रकारचे गुन्हे केलेल्या कैद्यांवरही योगोपचार करण्यांत आले. ठाण्यातील घंटाळी मित्र मंडळाचे श्री. श्रीकृष्ण व्यवहारे यांनीही कैद्यांवर योगोपचार केले. त्याबद्दलचा शोधनिबंधही त्यांनी युरोपमधील जागतिक योग परिषदेत सादर केला - त्याबद्दल त्यांच्या शोधनिबंधाला प्रथम क्रमांकही मिळाला. त्यात निष्कर्ष काढताना त्यांनी हे सिद्ध केले की गुन्हेगारांच्या गुन्हेगारी वृत्तीत लक्षणीय व सकारात्मक बदल केवळ योगसाधनेने झाला.

डॉ. डीन ऑर्नीश यांनी हार्ट ॲटॅक आलेल्या रुग्णांवर

योगोपचार करुन त्यांना बायपास सर्जरी करण्यापासून वाचविले. आपल्या Reverting Heart Disease या पुस्तकांत याबाबत त्यांनी सविस्तर वर्णन केले आहे. विद्यार्थ्यांना योग शिकविला तर त्यांच्या आकलन व स्मरणशक्तीत तर सुधारणा होतेच पण त्यामुळे त्यांचे मानसिक संतुलन चांगले राहून अभ्यासांत व परिक्षेतील अपयशामुळे होणाऱ्या आत्महत्यांचे प्रमाणही कमी होईल. तात्पर्य योग जगातील सर्वांना अत्यंत उपयुक्त आहे. महाराष्ट्र सरकारने पोलिसांतील असंतोष व आत्महत्येच्या प्रवृत्तीचे प्रमाण कमी व्हावे त्यांची कार्यक्षमता वाढावी यासाठी तीन वर्षातून एक वेळा १५ दिवसांची भर पगारी रजा विपश्यना हा बौध्दयोग शिकण्यासाठी मंजूर केली आहे. (सध्या ही सुविधा वरीष्ठ पोलिस अधिकाऱ्यांसाठीच आहे.)

अलिकडे Valentine Day, Mother's Day, Father's Day, Teacher's Day असे दिवस केवळ एक दिवस साजरे केले जातात. वर्षभर त्याचा परिणाम म्हणावा तसा दिसत नाही ही वस्तुस्थिती आहे. पण "World's YOGA Day" हा वरीलप्रमाणे केवळ एक दिवस साजरा करुन विसरुन जाण्यासाठी नाही. प्रत्येकाने स्वतःशीच शपथ घ्यावी की "आजपासून मी योगसाधना करेन आणि ती सातत्याने शेवटच्या क्षणापर्यंत, शेवटच्या श्वासापर्यंत करेन" त्याने आपल्या वैयक्तिक आयुष्यात शारिरीक व मानसिक पातळीवरती निश्चित फरक पडेल इतकेच नव्हे तर सामाजिक स्वास्थ्यामध्येही निश्चित बदल घडेल. नाहीतर लग्नमुंजीसारख्या समारंभाच्या प्रसंगी पंगतीमध्ये जेवायला सुरुवात करण्यापूर्वी

"वदनी कवळ घेता, नाम घ्या श्रीहरिचे,
सहज हवन होते नाम घेता फुकाचे
जीवनकरी जिवित्वा अन्न हे पूर्णब्रह्म
उदर भरण नोहे जाणीजे यज्ञ कर्म"

असा श्लोक म्हणण्याची प्रथा होती. आणि प्रत्यक्ष जेवण सुरु झाल्यावर प्रत्येकजण त्या श्रीहरिला विसरतो, तसे होऊ नये. आताच निश्चय करा

" योग शिकुया, योग शिकवूया, योग आचरुया "

No YOGA	**No PEACE**
Know YOGA	**Know PEACE**
Now YOGA	**NOW PEACE**

-डॉ. व्ही. एस. धोंडे

लहानपणी कुशीत शिरतांना
सर्वस्व होती आई,
पण बायकोमुले भेटताच
ती झाली सामान्य बाई !
आणखी काही दिवसांनी
कधी "जाणार" ही बाई
याचीच आजकाल
सर्वांना होते घाई !
" किती दिवस माझ्याकडे,
किती दिवस त्याच्याकडे
ती बाई घरात येताच
उलटे दिवस मोजायला सुरवात होते !
हे 'बान्डगुळ' तिकडेच जाईल
तर बरे होईल अन्यथा
फुक्कट क्रिया कर्म करण्यात
पैसा माझाच जाईल !
घालती "पक्वानांची रास"
जीवंतपणी दिला नाही एक घास,
जीवंतपणी दिला नाही एक दूधाचा ग्लास
मेल्यानंतर मात्र घालती पक्वानांची रास !
मनी असते एकच आस - "वडीलोपार्जिताचा ध्यास"
आणि "मृतात्म्याचा तरी होवू नये त्रास!!"
आई तुझे हृदय कसे ?
प्रेयसीसाठी, तुझे काळीज काढून नेणाऱ्या बाळाला,
ठेच लागताच कळवणारी तू आई !
या सर्वांना सुद्धा माफ केल्याशिवाय राहणार नाही !

प्रेमस्वरुप आई, वात्सल्यसिंधु आई....

डॉ. आनंद वा. हर्डिकर

पाऊस आला की डॉक्टर, कवी, मोर आणि बेडूक बेहद्द खूश होतात. म्हणजे बाकीच्यांना आनंद होतच नाही असं नाही. पण तो आनंद कसा असतो तर एखादी सुंदर मुलगी आपल्याला भेटावी, आवडावी, काही दिवसांनी तिच्याशी लग्न व्हावं आणि नंतर ती समोर जरी आली तरी कपाळावरची शीर तडकावी तसा काहीसा हा आनंद असतो. हे 'प्रथम तुज पाहता वेडावला' म्हणणारे पाऊसप्रेमी सुरवातीला वयाला न शोभणाऱ्या पावसाचं स्वागत करतात. पण नंतर नंतर पाऊस आला की मात्र त्यांच्या हातात छत्री आणि कपाळावर आठी येते.

डॉक्टरांना मात्र पाऊस आला की माणसांच्या बियांमधून पेशंटचं पीक आता तरारुन येणार याची जवळजवळ खात्री असते. नवरसातील आंनददर्शक रसाला डॉक्टरलोक बहुधा 'व्हायरस' म्हणत असावेत. कारण भिजल्यावर जसा कापडाचा बोळा होतो तसा या व्हायरसात भिजलेल्या माणसांचा पेशंट होतो हे त्यांना बरोबर माहीत असतं. बरेचसे डॉक्टर बायकोचा दागिन्यांचा हट्ट 'पावसाळा आला की बघू' असं म्हणत वर्षभर टोलवत राहतात ते या व्हायरसच्या जोरावर.

कवी लोकांना तर पावसाने भलताच चेव येतो. इंद्रधनुष्य, वीज, हिरवळ, नदी वगैरे शब्द यांच्या डोक्याच्या चक्कीत पडले की पावसाळी कवितेचं पीठ भुरुभुरु बाहेर पडायला लागतं. अशा कित्येक कवितांना नंतर आठ महिने बुरशी लागलेली असते. पण पाऊस आला की या सगळया कवितांची धूळ आणि बुरशी झटकून सारे कवी पावसाळी केकारव सुरु कविता आवर' असं म्हणायला लागतात. (यांच्यातील एक उपजाती म्हणजे पाऊस पडायला लागल्यावर लेख पाडायला घेणारे माझ्यासारखे शब्दमाथाडी कामगार).

खरं तर वर्षाचे बारा महिने माणसाने 'डरावं' अशी परिस्थिती असताना बेडूक पावसाळयातच आपल्याला 'डरावं डरावं' असं का सांगतात, असा प्रश्न मला नेहमी पडायचा. पण हा 'डरावं' बेडकिणीसाठी असल्याचे 'डिस्कव्हरी' चॅनेल बघणाऱ्या बंडूने मला सांगितलं. आता या ऑर्डरनुसार बेडकांच्या माद्या घाबरतात का, हा प्रश्न वेगळा. पण माणसाच्या मादीला घाबरवायला असा एखादा मंत्र देवाने माणसाला का दिला नाही ते देवच जाणे...

पावसात मोर नाचतात, ते मात्र मोरांच्या पिल्लांना लहानपणापासून 'नाच रे मोरा' हे गाणं ऐकायला लागतं म्हणून. ही अर्थात बंडूची डिस्कव्हरी. खरंखोटं बंडू आणि ते मोर जाणोत. पण त्यामुळे मराठी गाणी ही अगदीच युसलेस नसतात ही तरी डिस्कव्हरी झाली.

पण पाऊस फक्त या चौकडीसाठीच पडत नाही. तो बिचारा या कर्तव्यभावनेने पडतो की आपण पडलो नाही तर रस्त्यावर खड्डे कसे पडतील आणि मग नगरसेवक, पुढारी यांचं कमिशनचं मिशन कसं पूर्ण होईल ! आपण धुमाकूळ घातला नाही तर ब्रेकिंग न्यूजवाले चार महिने काय फोडतील ? आपण पडलो नाही तर चिखल कसा तयार होईल आणि चिखलच नसेल तर पॅन्टवर सपाताने केलेलं स्प्रे पेटिंग कसं तयार होईल ? पावसाच्या सायकॉलॉजीची इतकीच माहिती असल्याने तो आणखी कुठल्या कारणांनी पडतो हे सांगता येणं अवघड आहे.

आणि एका बाबतीत पावसाची सायकॉलॉजी समजणं भलतचं अवघड आहे. हवामान खात्याच्या लोकांना तोंडघशी पाडण्यात त्याला कसला असुरी आनंद होतो कोण जाणे. 'उद्या पाऊस पडेल' असं या लोकांनी म्हटलं की पाऊस जे तोंड लपवतो ते त्यांनी 'उद्या ऊन पडेल' असं सांगेपर्यंत. बहुतेक आपल्या येण्याजाण्यावर सीआयडीगिरी करणाऱ्या लोकांवर त्याचा राग असावा.

(तो) पाऊस आणि (ती) छत्री यांची जोडी अगदी हीररांझासारखी अतुट आहे. पाऊस नसला तरी छत्री बिचारी दिसते आणि छत्री नसली तर पाऊस चिडखोर. बसमध्ये आणि लोकलमध्ये विसरायला छत्री इतकी सोयीस्कर अशी दुसरी कुठलीच वस्तू माणसाने अजून शोधलेली नाही. 'विसरशील खास मला' हे गाणं छत्री इतक्या आर्ततेने दुसरं कोणी म्हणणार नाही. या विसरण्यायोग्य छत्रीचा पावसात मात्र (तिच्या) काडीइतकाही उपयोग नसतो. कारण छत्रीपती आणि छत्रीडायव्होर्सी हे दोघेही पाऊस आला की सारख्याच प्रमाणात भिजतात. पाऊस आला की कच खाण्यात छत्रीचा दांडा कोणी धरु शकणार नाही. कधी ती उघडतच नाही, कधी मध्येच पटकन बंद होते आणि कधी गळेल किंवा उलटी होईल याचा तर काहीच नेम नाही. तरी लोक छत्री विकत घेतात ते बहुधा पूर्वी जपानी आणि आता चिनी लोकांची पोटं भरावीत म्हणूनच.

आपल्या देशात असलेला भ्रष्टाचार आणि काळा पैसा याचं मूळ कारण 'येरे येरे पावसा' हे गाणं असल्याचं एका संशोधकाचं म्हणणं आहे. पावसाला पैशाची लालूच दाखवणाऱ्या आणि खोटा पैसा म्हणजेच काळा पैसा दिला की पाऊस जोरात येतो असा संदेश देणाऱ्या या गीतावर बंदी घालावी असंही या महाशयांचं म्हणणं आहे. पण भ्रष्टाचार आणि काळा पैसा हा लोकशाहीला तितकाच आवश्यक आहे जितका की शेतीसाठी पाऊस. त्यामुळे कुठलाच राजकीय पक्ष या मागणीला पाठिंबा देत नाही.

आजकाल रिमिक्सचा जमाना आहे. त्यामुळे मी या पाऊसगाण्याचं रिमिक्स केलं आहे.

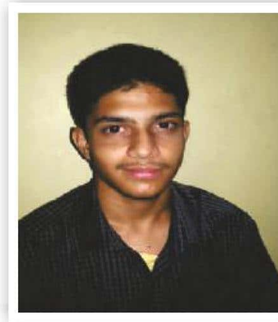
> येरे येरे पावसा तुला देतो डॉलर
> नीट पड नाहीतर, तुझी पकडू कॉलर
> येगं येगं 'सरी', सर चिडले भारी
> सर आले धावून गाणं गेलं राहून

डॉलर पडला तरी कॉलर ताठ करुन जगाला दमदाटी करण्याऱ्या अमेरिकेत राहत असणाऱ्या आपल्या मराठी बांधवांना (बांधव म्हटल्यामुळे प्रॉपर्टीत हिस्सा मिळेल का याची कायदेशीर चौकशी करायला हवी) हे रिमिक्स नक्कीच आवडेल, असा मला विश्वास वाटतोय. त्यामुळेच सॅन होजेच्या संमेलन आयोजकांकडून येऊ घातलेल्या फुकट रिर्टन तिकिटांची मी चातकासारखी वाट पाहतोय.

- डॉ. प्रमोद बेजकर

CONGRAGULATIONS 10th TOPPERS ALL THE BEST FOR FUTURE

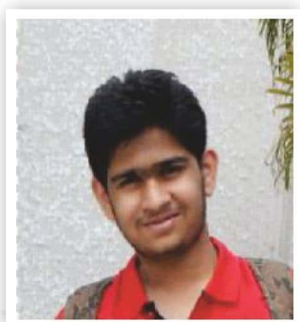
Makarand Anil Heroor
S/o Dr. Anagha and Dr. Anil Heroor
10th std (ICSE) : 96.5%



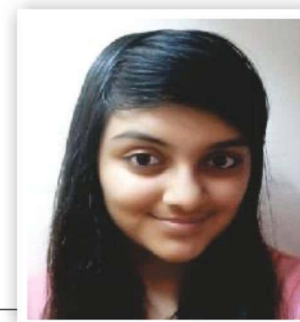
Harshad Vinay Byadgi
S/o Mrs. Vibha and Dr.Vinay Byadgi
10th std : 89.6 %
Model school

Shweta Nitin Dandekar
D/o Dr.Sangeeta and Dr. Nitin Dandekar
10th std:96%
1st in vidhya Niketan school

Mrudulata Ghanshyam Shirali
D/o Mrs. Radhika and Dr. Ghanshyam Shirali
10th std : 88.6%



Gaurang Shreesh Shukla
S/o Dr. Deepa and Mr. Shreesh Shukla
10th std (ISCE)– 95% in the best of five
Omkar international school



Saloni Rajendra Kaveri
D/o Dr. Rati and Dr. Rajendra Kaveri
10th std : 89%

CONGRAGULATIONS **12th TOPPERS** ALL THE BEST FOR FUTURE

Aniruddh Anil Heroor
S/o Dr. Anagha and Dr. Anil Heroor
HSC 91.5% MH-CET : 190/200,
Rank 102
Joined SETH G. S. Medical College

Atharv Pushkar Pradhan
S/o Dr. Harshada and Dr. Pushkar Pradhan
HSC: 88.5% MHCET: 190/200
State Merit Rank: 144 Regional rank: 82
Joined LTMC, Sion

Siddharth Sanjay Pruthi
s/o Dr. Meena and Dr.Sanjay Pruthi
12th (CBSE) : 94.2%
1st in Birla school, Kalyan

Pooja Prabhakar Shanbhag
D/o Dr. Seema and Prabhakar Shanbhag
HSC : 88.5 % MH-CET (Medical) : 187/200
State Rank : 255

Anusha Prasad Kamath
D/o Dr. Suchitra and Dr. Prasad Kamath
HSC : 82%
MHCET(Pharmacy) : 156/200

Hrishikesh Prashant Kelkar
S/o Dr. Swati and Dr. Prashant Kelkar
HSC : 87.5% MHCET : 176/200
Joined GMC, Dhule

Bhagyashree Ajit Oak
D/o Dr. Medha and Dr. Ajit Oak
HSC : 73%
MH CET 130/200, MGM CET 167/200
Secured admission in MGM medical college

Devika Amol Gadgil
D/O Dr. Swati and Dr. Amol Gadgil
HSC : 89.23 %
Mulund College of Commerce

OTHER CONGRATS ACHIEVEMENTS

Dr. Rohan Krishnakumar
S/o Mrs. Jayashree and Dr. Krishnakumar
Cleared M.S Gyenac
(June 2015)

Dr. Sandeep Kamat
S/o. Mrs. Vrinda & Dr. Sunil Kamat
Cleared M.D. (Med)
Topper in LTMC, SION Hospital

Nehal Prabhakar Shanbhag
D/o Dr. Seema and Mr.Prabhakar Shanbhag
Drawing state level Intermediate examinations
A Grade

Alhad Bhadekar
S/o Mrs. Swapna and Dr. Laxmikant Bhadekar
BE eng. from K.J. Somaiya college -
Pursuing PG in electrical & Computer eng
at Concordia Univ, Canada -
(A+ in sems, won 2 scholarships)

Rushikesh Aage
S/o. Mrs. Neelima and Dr. Vijay Aage
Passed Diploma in Business management
Blackburn college of UK - Distinction grade .

Dr. Priyanka Aage
D/o. Mrs. Neelima and Dr. Vijay Aage
Passed Final MBBS
(Seth G.S Medical College and KEMH) - February 2015

IMA DOMBIVLI - A BRIEF HISTORY

IMA Dombivli branch was formed in 1971 with Dr. K.N.Varde, as its first president. Dombivli was the sleepy town at that time with few doctors and very few hospitals. Today with more than 125 hospitals and nearly 300 plus medical practitioners, IMA is playing a very important role in its 5th decade of existence.

A brief review of various activities of IMA, Dombivli.

1.'Dialougue' – a periodical mouthpiece of IMA Dombivli

First issue of Dialogue was published on 30th November 1988 . Today we are in the 28th year of Dialogue. Dialogue not only covers various activities of the branch but also gives insight in various health and social issues. It has always remained the platform for expression of views and news for the members of IMA.

2. Publications of IMA, Dombivli for health awareness

IMA published many booklets from time to time for the benefit of the masses.Many members contributed their knowledge and experience.

3. IMA/IDA Directory

Dr.Sunil Puntambekar and his team first published this unique directory in the year 1988. Second edition was published in 1992.

4. WHO day celebration and felicitation of fresh medical graduates (FMG)

Since 1990, IMA/IDA directory committee with the co operation of all the 5 medical organizations of Dombivli and under the leadership of Dr. Sunil Puntambekar is observing WHO Day on 7th April. Fresh Medical Graduates and their parents are felicitated during this function.This concept is one of it's own kind.More than 2000 FMGs are felicitated up till now.

5.Afternoon clinical meetings and monthly CMEs

This is the regular activity of the branch since 1989.

6.Annual conference –

Since 2001 this annual event is a regular feature and getting more and more response and participation.

7. ' Aao Gaon chale'-

This activity for rural health was carried out for about 3 years in a village near Haji Malang.Many doctors and even dentists contributed their services.

8. Doctors Day celebration

Doctors day is observed on 1st July every year. Members completing 25 years of practice are felicitated during this function.

9.Welfare activities for members and their families

Many activities for the welfare of members are carried out ,which include – Annual sports and gathering, Picnics, Legal cell,Disaster management cell ,Social security scheme of IMA MS and many more.

10.IMA Defence Cell

With the increasing number of attacks on medical establishments and doctors, IMA Dombivli has set up IMA DC this year.In event of such incidence members will immediately extend support to the victim of frenzy mob.

गोष्ट १९९४ / ९५ ची आहे. आम्ही नुकतेच क.डों.म.पा. च्या 'रामचंद्र नगर' या नवीन वसाहतीत राहायला आलो होतो. १९९३ मध्ये या विभागाच्या विकासासाठी व नागरिक सुविधांसाठी आम्ही 'रामचंद्र नगर रहिवासी संघ' स्थापना केली. लोकप्रतिनिधी नव्हते त्यामुळे अश्या एन.जी. ओ. ना आवाज होता !

एक दिवशी या विभागातील 'नंद धाम' सोसायटीचे अध्यक्ष श्री. धर्माधिकारी - माझ्याकडे आले व म्हणाले 'डॉक्टर साहेब, म. पा. ने लावलेल्या झाडांच्या पिंजऱ्यांची चोरी होत आहे. झाडे तर कधीच मरुन गेली. काही पिंजरे आम्ही सोसायटीच्या आवारात आणून ठेवलेत.' जागृत नागरिकांच्या या माहितीने आम्ही त्वरीत तत्कालीन आयुक्त/ प्रशासक श्री. टी. चंद्रशेखर यांची म. पा. कर्मचाऱ्यांच्या या निश्काळजीपणाबद्दल जाब विचारण्यासाठी भेट घेतली. मात्र चंद्रशेखर साहेबांनी आमच्या डोळ्यांत अंजन घातले ! "महापालिकेने एखादी चांगली गोष्ट केल्यावर, स्थानिकांचे कर्तव्य काय आहे ? तुमची अपेक्षा आहे की सर्वच महापालिकेने करावे ?

आम्हालाही आमच्या कर्तव्याची चंद्रशेखर साहेबांनी सुयोग्य शब्दात जाणीव करुन दिली व आमचेही डोळे उघडले !

"असं पहा आम्ही वृक्षारोपण मोहिम हाती घेत आहो. तुम्ही यात भाग घ्या, कमीत कमी ६० झाडांची योजना बनवा. महापालिका सर्व सहाय्य देईल. कामगार, तांत्रिक मार्गदर्शन, झाडे वगैरे... मात्र ट्री गार्ड तुम्ही द्यायचे ! हि स्पर्धा आहे. पहिल्या नंबरला मानपत्र व रोख बक्षीसही आहे. यात भाग घ्या (व ट्री गार्डचे व झाडांचेही रक्षण करा !) आता चेंडू आमच्या अंगणात.

सर्व उत्साही कार्यकर्त्यांनी हि योजना घ्यायची ठरवली. काही नकारीही निघालेच पण होकाऱ्यांचा जोर होता व योजना स्विकारलीही ! 'लोक साथ देणार नाहीत !' एक 'नकारी' असे काम करायचे नसेल तर रहिवासी संघ हवाच कशाला ?' एकाचा तडाखा इतरांना लागू पडलाच - माझ्यासकट !

आता प्रोजेक्टची तयारी. विभागातील ३ मुख्य रस्ते आम्ही निवडले. पुरेसे रुंद, झाडे रहदारीला अडथळा ठरु नये असे. प्रश्न ट्री गार्डचा. महापालिकेने याबाबत सूचना दिल्या होत्या. स्थानिक सोसायटीना सहभागी करा. प्रत्येक ट्री गार्ड ४५०/- रुपयाला पडत होते. हा खर्च आम्हीच करायचा होता. वर "क.डों.म.पा."चे नाव. त्याखाली "रामचंद्र नगर रहिवासी संघ" आणि त्याखाली "दात्या सोसायटीचे नाव" अश्या पट्ट्या लावायच्या. झाडे कोठे-कशी लावायची यासाठी एम. इ. झालेले नगर रचना तज्ज्ञ श्री. प्रसाद लाटकर व मजूरही महापालिका देणार. आमचे काम सोपे वाटले.

सर्व कार्यकर्त्यांनी फिरून सोसायट्यांना आवाहन केले - "एक ट्री गार्ड २५०/- रुपये द्या, बाकी २००/- रुपये रहिवासी संघाचे !" सोसायटीचे नाव त्यावर येईल. आश्चर्य ! अनेक सोसायट्यांनी सहज पैसे दिले. ६० झाडांची योजना पण १२० दाते पुढे आले. पैसेही दिले ! आणखीही येते होते, पण नियोजन बिघडले असते म्हणून "थांबा !"

नंतर स्थानिक नेते व वृक्ष प्रेमी श्री. राजाभाऊ पाटकर व एक उत्साही पत्रकार श्री. गणा प्रधान यांचे हस्ते छोटा समारंभ करुन वृक्षारोपण सुरु ! नियोजित वेळेत सर्व झाडे लावण्याचे

काम पूर्ण झाले. मध्येच अडचणीही येत होत्याच पण मा. आयुक्तांच्या दणदणीत पाठींब्यामुळे (दणक्यामुळे) महापालिकेचे कर्मचारीही उत्तम सेवा देत होते ! श्री. लाटकर व भारंबे हे अधिकारी मनापासून एक आव्हान म्हणून काम करत होते ! कार्यकर्त्यांनाही आपण काही चांगले काम करतो म्हणून समाधान होते. आणि दिवस कसे गेले कळलेच नाही आणि निर्मिती झाली.

१३ ऑक्टोबर १९९५ सालच्या दसऱ्याच्या शुभमुहुर्तावर वृक्षारोपण मोहिमेची सांगता करायला स्वतः मा. श्री. चंद्रशेखर साहेब आले. ''बॅड बॉईज नाही (हा त्यावेळी एक ग्रुप होता.) आम्ही या निर्माण कार्यात सहभागी केले. (आज ते सर्व गुड बॉईज आहेत.) आयुक्तांनी सर्व कार्यकर्त्यांचे अभिनंदन करुन प्रोत्साहित केले. मात्र झाडे लावणे ही सुरुवात आहे. सर्व झाडे १००% जगली पाहिजेत अशी अपेक्षाही व्यक्त केली. ''मुलाला जन्म देणे हि सुरुवात आहे. !''

दरम्यान याच सांगता प्रसंगी एक दक्ष रहिवासी व आमचे कार्यकर्ते श्री. दशरथ देवघरे, स्वामी विराजानंद सहकारी सोसायटी हे मला सकाळीच भेटले. ''आज साहेब येत आहेत तेव्हा हा पूल मार्गी लावायला सांगा'' (सध्या अस्तित्वात असलेला रामचंद्र नगर पूल ३ दुय्यम निबंधकाकडे जाणारा स्वामी शाळेजवळील). कार्यक्रम संपताच मी साहेबांना पूल होण्याबद्दल बोललो. तत्काळ चंद्रशेखर साहेब साईटवर आलेही. त्यांना ले आऊट समोर धरुन दाखवला ''दोन्ही ॲप्रोच रोड आहेत मग पुलाला काय अडचण आहे? किती खर्च होईल ?'' सोबतच्या अभियंत्याला साहेबांनी विचारले. आधिकाऱ्यांनी साधारणतः ६ लाख (?) सांगितला.'' दोन्ही जोड रस्ते आहेत, मग पूल करुन घ्या. प्रपोजल बनवा, डन !'' आम्हाला आश्वासन दिले. देवघरे खुश ! व बोलल्याप्रमाणे हा पूल अस्तित्वात आला !!

या झाडांची नियमित देखरेखही सोसायट्यांनी केली. उन्हाळयात पाणी घालण्याचे समाधानही काहींनी घेतले. आईच्या नावे, मुलाच्या नावे अशीही काहींनी झाडे दत्तक स्विकारली. भावनिक गुंतवणूक !

स्थानिकांनी पैसे घातले म्हणून व त्यांनाही महत्व (किंमत) दिली म्हणून सर्व झाडे उत्तम वाढू लागली, डोलू लागली, सर्वांनाच लुभावू लागली ! महापालिकेकडूनही सत्कार झाला ! वृक्षारोपणात सहभाग म्हणून ! १९९४ !

पुढील वर्षी महापालिकेने सर्वेक्षण केले व ''रामचंद्र नगर रहिवासी संघ'' हा या स्पर्धेत प्रथम क्रमांकाचा विजेता ठरला. १५ ऑगस्ट १९९५ ला संघाचा महापालिकेच्या सभागृहात जाहीर सत्कार झाला. तोही स्मृतीचिन्ह व रोख ही देऊन !

सदर प्रसंगी द्वितीय पारितोषिक विजेते होते कल्याणचे दिग्गज पाठारे नर्सरीवाले ! त्यांनी शेकडो हजारात झाडे लावली तरी आम्हाला प्रथम पारितोषिक कसे ? असे मी आयुक्तांना विचारले. ते म्हणाले, " Hardikar, We have seen the quality of work ! Plantation 120 - Survival - 120 !"

मात्र आम्ही मनाशी खूणगाठ बांधली. हि झाडे मोठी होऊन जेव्हा कडक उन्हात मे- जून महिन्यांत श्रमिकांना सावली देतील - तोच खरा आमच्या समाधानाचा दिवस !

या झाडांना जळाऊ साठी तोडण्याचा प्रयत्न काही स्थानिक महिलांनी केला पण त्याला महिलांनीच विरोध केला. वेळीप्रसंगी मलाही ''धाव'' घ्यावी लागली, पण वृक्षांची कत्तल टळली, अन्यथा ''पहिला कावळा शिवला की काय होते हे आपल्याला ठाऊकच आहे ! मात्र झाडे वाचवताना तोंड देणे कठीण गेले ते म. रा. वि. मंडळाकडून झाडे वाचवताना ! एप्रिल

लायनीखाली झाडे लावली त्याचवेळी विद्युत अभियंत्यांनी कबूल केले होते की ५ वर्षांत झाडे मोठी होईपर्यंत आमच्या लायनी अंडर ग्राऊंड होतील तेव्हाच हे वृक्षारोपण केले. त्यांना आवाहन केले की "सुरक्षेसाठी ट्रीमिंग करताना, जरुर असेल तेवढेच कापा. बाळाचे केस कापा म्हटले तर माना उडवू नका." जर याच पद्धतीने काम करणार असाल तर आम्हीच सर्व झाडांचे एकदाच तुमच्याच उपस्थितीत श्राध्द घालून टाकतो ! तुम्ही ५ झाडे लावा व वाढवून दाखवा ! प्रत्येक झाड हे दिवसा कार्बनडाय ऑक्साईड (CO_2) चे विघटन करुन ऑक्सिजन निर्माण करणारा महान नैसर्गिक कारखाना आहे, हे तुम्हाला सांगायला हवे का ?" यातील चूक त्यांनी कबूल केली. अंडर ग्राऊंड वरील ट्रीमिंग थांबले व कत्तलही (काही काळ?) कमी झाली. आजही बहुतांश झाडे उत्तम वाढत आहेत. क.डों.म.पा. आयुक्त, वृक्ष खाते, रहिवासी संघ व स्थानिक यांच्या मधुर सहकार्यामुळेच हे साध्य झाले ! मात्र याच ले आऊट मधील बाग क्र. १, क.डों.म.पा. च्या ताब्यात असूनही अजून कुजतच पडली आहे याचे दुःख होते. म्हाताऱ्या झाडांचे काय हाही प्रश्न येतोय. पण आज हि झाडे पाहून कृतकृत्य झाल्यासारखे नक्की वाटते.

- डॉ. आनंद वामन हर्डीकर

' निदान '

सगळ्या तपासण्यांचे रिपोर्टस्
पडताळून पाहिल्यावर हे
जवळपास निश्चित होत आले की
मी कोणीच नाही !
नाळ कापण्यापूर्वी ते ओरडले होते,
'मुलगा ! मुलगा झाला !'
हे निदान मात्र बरोबर निघाले.
नंतर ते म्हणू लागले,
'हा खूप बोलतो, हुशार निघेल'
पण हे काही धड सिध्द होईना.
पुढे, मोठा होतांना ते म्हणाले,
'हा मोठा सुसंस्कारित होईल'.
काही दिवस तसे वाटलेही, पण
नंतर परिस्थिती बिघडतच गेली.
'मी कोण आहे ? मी कोण होणार ?'
असे मी वारंवार बडबडू लागताच
ते खूपच गंभीर झाले.
'शिक्षणानंतर आणि संसारात पडल्यावर',
'सारं काही ठीक होईल' म्हणत त्यांनी
तेही करुन पाह्यले.
हरतऱ्हेच्या उपायांनंतर, 'देशोदेशीच्या
फिरस्तीचे प्रायोजकत्व मिळवून देतो'
असे आमिषही त्यांनी दाखविले. त्यावर,
'हे गाव, गल्ल्याबोळ, ओढे-नाले, झाडे-पाने,
इथली माणसेही नीटपणे पाह्यलेली नाहीत मी'
असे म्हटल्यावर मात्र
त्यांनी हायच खाल्ली.
निर्वाणीचा तोडगा म्हणून, 'एकदा
पूर्ण आयुष्याच्या टेस्टस् करुन पाहू' म्हणत
त्यांनी अवलंबलेले शास्त्रे, पुराणे, भविष्य, कुंडली, अमानवी तंत्रे
असले केलेले तोडगेही थकले.
तरीही त्यांनी नेटाने
धर्म, श्रध्दा, राजकारण, समाजसेवा, सिध्दांत, प्रेम, अशा
रासायनिक काढ्यांचा प्रयोगही आजमावून पाह्यला.
सरतेशेवटी, मी आमूलाग्र, कोणीही नाही
हे त्यांना कळून चुकले
आणि
एक साधा, एकजिनसी माणूस होण्यापासून ते
मला वाचवू शकलेच नाहीत.

- डॉ. प्रल्हाद देशपांडे