Bumpy Roads
Glimpses in the Meadows of Memory

Dr. Ibrahim Masoodi
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Dedicated
to
Humanity and Global Peace
Abstract

Essentially a travelogue, but also a travelogue through life itself, containing what I hope are universal messages for all readers. The real life experiences of a doctor from life in medical school to practice of Medicine. Healthy life style tips are at the end.

I wrote all words present in this book with love. There are messages directly from my heart to your heart for there are no walls in between.
Publisher’s Note

The writings of Dr Ibrahim Masoodi are universal in its appeal. He is a writer of rare genre, sensitive for humanity. Bumpy Roads is an appealing collection of short real life experiences, more of a travelogue of personal life which is both thought provoking, motivating and enlightening.

Dr. Masoodi tends to write on emotions and what is good for mankind. His writings are a product of his heart and mind, a prolific writer with a universal message for the readers.

We hope that you will find this book useful, resourceful and very meaningful in today’s stressful environment.

Happy Reading!
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Preface

This book is my view of the many and diverse happenings in my life so far, recorded as accurately as my memories will allow. A while back, I started posting these short excerpts on Facebook. Soon a good number of my friends prompted me to compile them in the form a book. The music of ink in this book reflects eventful periods of my life. I do not claim to be a reputed author as I am but a humble physician from an average middle class family. Playing with the strings of my heart, I have tried to compose tunes to resonate with yours. It is essentially a travelogue, but also a travelogue through life itself, containing what I hope are universal messages for all readers. I have taken the reader on a tour of all the three divisions of Jammu, Kashmir and Ladakh trying at the same time to highlight the glorious history, culture and natural beauty of these regions. For this reason, there are notes in each chapter, explaining and expanding on what I have written in it. One of the stories in this book “A Narrow escape” highlights how I survived in blast injury. Having lived through the wonderful way in which my friends rallied round to help me after this terrible experience, irrespective of their religion, origin or cast, the warmth of their friendship and kindness melted all the masks and barriers in my mind. I don’t feel any race is superior or any color is inferior, and I certainly don’t believe in regionalism or the nasty caste system. I only believe in humanity and that we are all precious creation of God Almighty. Hence I dedicate this work to Global Peace and to the Love of
Humanity. And I pray that you enjoy reading this book reaping some benefits from it and also learning some of the lessons it contains, with one goal, the “Love of Humanity”. Friends, we are all mortal and spend a very short time in this world. Every one of us plays some role here and finally becomes part of the dust. Let us all try to make world a beautiful and better place by our good deeds and contribute towards global peace.

I express my sincere gratitude to all my friends and relatives who have been instrumental in the successful completion of this work. I am indebted to my parents Mr. and Mrs. Ghulam Ahmad Masoodi for their continuous love and support since my birth. Sincere thanks are due to my wife Dr. Shabnum Qurashi for her co-operation, care and love, and to my daughter Fatimah, whose smile always brings a special joy to my heart. Further thanks are due to my brother Mr. Manzoor Ahmad, my sister Muneera Ahmad and their families. This work has been created slowly over a period of time and many people have provided their sincere inputs and healthy criticism. I have tried to follow their advice where possible, and I put on record my sincere thanks to all of them.

I express my sincere gratitude to Mr Showkat Shafi Dy. Director Internal Quality Assurance Directorate University of Kashmir for his editing input. I also express my sincere gratitude to UK-based Mrs. Annette Herholdt, professional writer and editor, for her wonderful editing despite of her busy schedule.

I express my sincere thanks to Dr. Atta Mohammad, Mr. Khan Farooq Ahmad, Dr Hikmat Qurashi, Dr. Farooq Qurashi, Dr. Shaima for their constant guidance & encouragement during the process of writing this book. I also put on record my sincere thanks to Dr Irshad Sirwal, Dr Hammad Tufail Chowdry, Mr Farooq Ahamad Ganai my colleagues in Taif Saudi Arabia for their valuable advice. I express my sincere thanks to my friends Mr Ahsanul Haq, Mr Azad Wani, Mr Ayoob Haji, Mr Naseer Dar, Dr Ishtiyaq, Dr Javeed Dar, Dr Riyaz Sofi, Mr Farooq Kirmani, Mr. Mubashir Qadri and Prof Syed Habib
for their thoughtful considerations and valuable input.

I also take this opportunity to express my sincere gratitude to all my teachers during my schooling, at Govt. Medical college srinagar, at SKIMS sgr. and then at PGIMER Chandigarh. All my teachers have inspired my soul, ignited my imagination. May God bless all of them.

I hereby take the opportunity to offer you my free educational service via my online educational service on the Facebook, Gastroenterology consultation desk. There I post the latest health news, guidelines and clinical cases. I am there, and you can count on me being with you whenever you need me. You can provide your valuable feedback on my page or email me at ibrahimmasoodi@hotmail.com. Last but not the least my sincere thanks are to Mr Arvinder Singh, director of SanBun Publishers for his guidance and publication of this book. I remember SAHIB and his family while I complete this book.

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It was month of August I boarded a bus from the general bus stand Batmaloo Srinagar Kashmir. From what I remember, the bus stand used to have ample space for passengers, but now hawkers have encroached on this space in such a way that it has become difficult to walk there. Amidst this bus stand, turned into busy market, I managed to make my way to the bus. I finally found a seat in the bus. Soon a hawker entered, and started displaying his product. “Janabe Aali!! (Sir) May all of you reach your respective destinations safe and sound and may God help you. Look at this 10 rupee note, so clean and shiny. Now I apply this” and he took a bottle from his pocket and applied some fluid to this ten rupee note. The ten-rupee note turned jet black. “Jenab (sir), this is how your teeth become dirty over a period of time. Try water to get back the shine of this ten rupee note, but it won’t help;” He demonstrated this by pouring some water over the note. “Now try this unique medicine,” and he took out some white powdered medicine and applied it gently all over the note. I continued to watch with lot of interest and curiosity. To my surprise, the ten-rupee note started glistening and all its black color was gone. “Jenab this medication is only for Rs 20, which is much less than its market price. It is sold here to promote the preparation; it is tax free, please don’t miss this opportunity, just grab it! I am sure you will pray for me. This medicine has wonderful combination of powerful drugs, derived from lot of herbs .it is going to take care of your teeth completely. Let it be gingivitis, dental caries, bleeding gums and so on.”
While describing his product he pointed towards his audience in the bus “Yes I am coming” he said. I looked behind me, no one was calling him but this was just to magnify his advertisement. He then moved through the bus from seat to seat, and to my surprise he sold 18 packets. I was counting meticulously.

Later a few more hawkers came into the bus and sold a few of their products, but the art of the first hawker was unique. He was enthusiastic and dynamic.

Finally, the bus started at a snail’s pace on its journey to Sopore!

The driver started the cassette recorder and Bollywood famous song started “Jab Hum Jawan houngay ———— ” (When we will grow, we will remember thee—) The sweet lyrics and the wonderful music of this song seemed to play with the strings of my heart and freshened me up as if someone had thrown open the windows of my memory lane.

The bus conductor continued to invite the waiting passengers to our bus “.... Sopore, Sopore till Qamar Wari chowk (few miles away from the bus stand)”. I noticed he would come out of the bus from the front door and allow the passenger to board the bus. He would command the driver “nair Sa hay” (start driving) only to catch the running bus and re board it from the back door, He was being intelligent enough to avoid making his way through the crush of passengers in the middle of the bus. Every time he would push forward the incoming passengers into the crowd crying, “jenab (sir) there’s a lot of space in the bus! Please move forward”

One after another melodious song could be heard in the bus. I continued to enjoy it all more than words could describe.

At Narbal near the junction of Gulmarg road, the bus stopped and lot of roasted maize cob selling hawkers approached it. “Taza mall “ (fresh commodity) only for rupees 10. I remember there used to be only a few people who would sell such things, but now there was a row of hawkers, most of
them young. I asked myself whether it was the growing state of unemployment in the region or a vanishing zeal for education that has led these young people to leave their school bags. What I feel we need is to look beyond the mirror and strive hard so that these young students restart their education. A few passengers purchased these maize cobs and the bus started again. The bus stopped yet again near Hokersar, this time to pick up stranded passengers waiting on the road side. The other passengers started being irritated by these frequent stops. “Will you please drive your bus faster” yelled one of them. I stayed calm and happy, enjoying the beautiful songs being played on the cassette recorder, feeling it was better to accept the things I couldn’t change. Only after few kilometers the bus stopped again at Mirgund. Another stop!! The passengers groaned. “Is this a Tonga (a light two wheeled horse drawn vehicle) or a bus?” one of the passengers in the bus joked and we all laughed. The beautiful mulberry farms here stretch across several miles and are one of the most priceless assets in Kashmir. I ask myself how it can be that after eating its way steadily though many pounds of leaves from these stunted trees, the silkworm secretes raw silk from its salivary glands secretions to weave its cocoons. Who kindles its tiny mind to do so and why? I’ve never really understood it. Even the history of the discovery of silk in 27th century BC is interesting. It is said that the curious Chinese empress Leizu unrolled the thread from the cocoon that had accidentally fallen into her hot tea cup while she was sipping tea under a shady mulberry tree, found it soft and pliable and ordered it to be woven into a fabric. Few more stranded passengers boarded and the bus started again.

Our next stop was Pattan, where there was an enormous traffic jam. While the bus waited to disentangle itself from the chaos, we could see the ruins of the old Panadou temples known as pandaw lari in Kashmiri. I wondered how it was that in 500 BC architects could have planned, and engineers could
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have executed their wonderfully symmetrical geometric stone configuration. It speaks volumes about their intelligence and hard work. In Pattan a few new passengers boarded the bus, and one of them proved to be very humorous. As it was starting to get darker, the driver started driving the bus a bit faster, anxious to get to his destination. “Wasta (driver)! This is not a bus anymore; better to call it an aircraft, may God save you from an evil eye, you are driving so fast!” this passenger called out, and everyone in the bus laughed. The driver didn’t say anything to him but I could see him staring hard at this passenger through his front mirror.

Our next stop was at Hygham. This place is known for high quality apples. Only few miles to the right of the highway is the famed wetland known as “Hygham Rakh”. This wetland attracts migratory birds right round the year. Fresh air laden with the wonderful aroma of delicious apple trees bathed the bus, as no passengers were standing in the middle row. Then a few laborers got into the bus. One of them sat next to me as the seat was vacant. The clothes of this young man smelt strongly of insecticides. “Do you use protective gowns and glasses when you spray the insecticides?” I inquired. “Ha! Ha! Jenab! (sir)what gowns are you talking about? We hardly wash our hands before taking food when we’ve been spraying insecticides in these apple orchards”, he replied. He seemed to be ignorant, like most of the people in the valley, about the potential damage that can be caused by these agents to our bodies. They enter our systems through our skin and through our breath. Unfortunately, they seem to now be in our food chain. Pesticides like this have been linked to neural damage and Alzheimer’s disease. Natural Biological control (method of controlling pests such as insects, mites and weeds using other organisms) has been proved to be an excellent option and needs to be implemented on a large scale all over the world. Pesticides must be used with lot of precautions and in minimum possible amounts.
Unfortunately, in addition to pesticides, various hormones are now used in order to ripen the fruit faster and enhance their beauty but their effect on our bodies can be deleterious. Using these harmful substances makes the crop more acceptable to buyers and brings these to market sooner. Alas! we are trapped in a mad race of accumulation of wealth and we leave no stone unturned to hoard it in the shortest possible time, irrespective of ways of earning.

Finally, the bus reached Sopore, I looked at my watch only to note that more than 2 hours had passed since I had boarded the bus. It was already evening. We had hardly covered a distance of 50 miles, but the travel was quite enjoyable.

"Courage is the first of human qualities because it is the quality which guarantees all others."

– Winston Churchill

Notes:
1. Kashmir is gorgeously beautiful valley located between the Karakoram and the Pir Panchal range the group of mountains in the inner Himalayan regions. Srinagar the summer capital of Jammu and Kashmir lies on the banks of the Jhelum River, a tributary of the Indus, Dal and Anchar lakes. The city is famous for its gardens, waterfronts and houseboats. It is also known for traditional Kashmiri handicrafts and dry fruit. Also famous for its nine old bridges, connecting the two parts of the city spread on the banks of river Jhelum. There are various sofi shrines, Masjids, temples and Gurdawara, symbolizing unparallel communal harmony in the region.

2. Hokersar spread over 13.75 km2 is a wetland and thousands of migratory birds come here from Siberia and other regions in the winter season between September and October and again around spring. These wetlands play a vital role in sustaining a large population of wintering, staging and breeding birds. Birds found in Hokersar—Migratory ducks and geese which include brahminy duck, common merganser, northern pintail, ferruginous pochard, red-crested pochard, ruddy shel duck etc.

2. Memorable Photo Session

Years back I needed few photographs for an application form. It was the month of January, and in chilly cold I went to the photographic studio situated nearly half a kilometer away from my home. The said studio was considered to be the best in the town.

“Enter the studio”, said the photographer.

While waiting for him in the studio I had a bird’s eye view of this studio. Though small, the studio looked very interesting. On one wall of the studio was a large picture of the Red Fort New Delhi and on the other was the Taj Mahal of Agra. It was clear that he could take a picture with the background of these monuments, and so save the customer the expense of travel. After all, as the saying goes, money saved is money earned. There was a comb and a beautiful mirror in one of the corners, together with a black coat and a few neck ties. There were many fancy dresses, and a few caps and hats and some instruments. The most notable costume, however, was a sleeveless shirt with a small front portion and a white collar with a beautifully knotted red tie. Possibly its unique design was a great comfort to the customer; put on the so-called shirt, or better call it “the collar” without removing your own shirt and have your hassle-free photograph taken while appearing to wear this branded white shirt and tie.

“Would you like to put on coat and tie?” inquired the photographer.

“No, I want a picture in my own dress.” I replied.
“OK, sit on this armless chair, and look straight at me without bending your neck. Please don’t blink.”

With these commands, the photographer moved back to take my picture from a distance of around 4 feet in front of me. He started focusing on my face through his camera, I guess it was a Yashiqa, the famous brand in those days.

After around 2-3 minutes of fiddling around with the focus, he stopped, saying, “Your hair seems unkempt and your photograph may not come out well. Put on some hair oil and comb it properly. I will be back in a jiffy,” and with these words he switched on the main light of the studio and left.

I found a bottle of “Dabar Amla” hair oil on the wooden dressing table. Reluctantly I applied some oil from this bottle to my hair and started combing it in order to have a better hair style, feeling as if Dilip Kumar was getting ready for his film shot.

After 5- 6 minutes the photographer re-entered the studio to take my photograph. “Did you comb your hair?”, and I replied, yes, I had.

“Perfect! Let me take your picture now” he exclaimed.

“Look straight at me without tilting your neck”- and again he went to focus the camera.

He was focusing on me very carefully with his camera which was quite stable on its tripod, unlike my neck. “Tilt your neck ... yes, slightly to the left, yes, yes.

“Oh no! You are turning your neck too much”, and he stopped and approached me.

“Please keep your neck like this”, and with a little pressure he aligned my neck with his hands and went back to repeat the process.

In the Photoshop of my teenage mind, the photographer now walked to his focusing spot as a policeman dressed in a new uniform, albeit without a stick, of course.

Now I kept my neck stiff and remained vigilant even about physiological blinking.
“Ready! Smile, one, two and three” and there was the click of the camera, which sounded great to my ears, the flashing of lights on my face at last ending the whole saga of my black and white photograph.

What a relief! Now I could move my neck in any direction and even blink any number of times!

“Come on Monday as the studio will be closed on Sunday and if there is any problem with electricity it may not be ready. Sorry for that but such things are beyond my control”, the photographer said. I paid half of the bill and walked out of his show room now as a different man with a new experience.

Luckily, apart from its routine 6 hours of power cut there was no major electricity shut down in the valley over that weekend. My hopes of having my photograph ready for collection on Monday blossomed.

On Monday morning I collected the photograph and looked at it carefully. The collar of my shirt was little tilted, but who cared as the eyes were wide open and hairstyle was perfect. Thanks to Dabar Amla, that wonderful prickly comb, and of course to the advice of Mr. Perfect.

I pasted the photos in the spaces given on the application form. Unfortunately, one of the squares in the application form had been over looked, so I needed one more photograph. Well, the negative of this black and white photo was with me, hence there were no worries. I went next morning to the photographic studio and requested the photographer to develop few extra copies.

“It is winter and the drying of the photo film takes lot of time. Come tomorrow at 4 pm to collect your pictures.” Said the photographer.

Next day at 4 pm I collected the partially dried photos and pasted them on the application form. I was all set to post my application form the next day.

I got up early in the morning and was delighted to see the white blanket of snow which had covered all ups and down in a beautifully even manner. This overnight snowfall in the valley
had made weather less chilly. It had already stopped snowing and I left my home at 9.30 am to go to the General Post Office (GPO).

The atmosphere seemed serene and calm. It was quite enjoyable to walk on the snow covered bridge which was so calm. While walking on the snow, the only sound I could hear was the sound of my own steps, it sounded like that of plural rub, to which in patients with pleurisy we medicos often listen with the help of a stethoscope.

I crossed the bridge and after I had progressed only a few yards, a snow ball hit my left ear like a jet. I noticed some boys were throwing snow balls at one other, and were playing with snow balls (sheen Jung). In another corner some were busy building snowmen.

I started feeling rather nervous. “What if they chase me with these snow balls from any direction?” I thought to myself fearfully. I took a deep breath and reminded myself that nothing could go wrong. However, I grasped the application form firmly in my hand, and speeded up my pace towards the post office.

I reached the GPO and saw that a few other people were waiting in front of the gate. At 10:30 am the door of the building was opened and we all climbed up the steep wooden stairs and entered the GPO which was situated on the first floor of the building.

The peon of the post office was busy in bringing red hot coal in iron ovens in order to keep the staff warm.

The postmaster was sitting in the center. He had a big table in front of him, a lot of files were on his desk together with a telephone, undoubtedly with an unreliable connectivity. In another corner the telegraph machine was sounding, tic-tic TAC, TAC! There were also a lot of huge bags all around.

“Please come one by one.” commanded the front desk post office clerk after he had warmed his hands on the nearby stove. He opened the small black trunk and picked out some postal stamps.
“Do you want to send your letter by registered post?” he inquired.

“Yes, by registered post”, I replied.

He looked at the address on the envelope through his thick glasses nodded his head, avoiding eye contact. I paid the charges and he handed over the receipt for my precious application form. The receipt had a circular stamp in black ink and with some extra concentration one could read the date of dispatch. This marked the start of the journey of my application form.

In the evening I anxiously listened to the famous news at 7.30 pm aired from Radio Kashmir Srinagar. However, my focus that evening was not on the political stories, but on the weather forecast and the status of the Srinagar- Jammu highway. I was concerned about my application form, and worried about it getting stuck in transit as a result of the inclement weather.

Days passed, and finally, a few weeks later, the acknowledgment card confirming the safe delivery of my application form was delivered by the postman. A great satisfaction indeed!

In the era of the selfie, it was a difficult experience though.

“Life is 10% what happens to us and 90% how we react to it.”

– Dennis P. Kimbro

“To love means loving the unlovable.
To forgive means pardoning the unpardonable.
Faith means believing the unbelievable.
Hope means hoping when everything seems hopeless.”

– Gilbert K. Chesterton
3. Visit to My Friend’s House

Years back, one of my friends invited me and another friend to his home. The friend belonged to one of the richest families of our town. We went directly from our school to their home. I entered the beautiful lawns, the leaves of the weeping willows near the gate almost touched my face, as if the willow was standing there to welcome us. As I walked up to their big house, the wonderful fragrance of roses seemed to freshen us up. A servant opened the main door of the house. Our friend took us to the guest room. I was initially reluctant to enter with my shoes on but when everyone else proceeded to do so, so did I.

The room was elegantly wide and nicely decorated. It had very beautiful walnut sofas and there was red carpet in the center. A very good painting was on one of the walls and the windows were large, touching the floor. In one corner there was the hearth, and the design of red bricks over that was simply awesome.

Few minutes later a servant entered and threw open the window. Butterflies could be seen dancing from flower to flower in the front lawn; it seemed as if we had been transported away from urban dust to “Watlab”. (The Watlab Park used to be a favorite picnic destination of our time.) Then, another servant came with tea and started pouring it into the cups. Each cup had a saucer. This was the first time I had ever seen that a cup should have a saucer too!

My friend poured little tea on the saucer, and started sipping
from it. I liked the style of drinking, but was little scared lest
the tea should spill, hence I continued to sip from the cup.
After a few minutes, father of my friend entered the guest
room. He was wearing a blue suit and a glistening red tie on
his sky blue shirt. I still remember his clean shaven face,
ornamented with a wide smile. He warmly greeted us and
chatted with us. After a few minutes he left the room. The
visit was very pleasant indeed.
“İbrahim, we want to visit your home” my friends said to
me few weeks later.
Elegant cups with saucers, a red carpet and that beautiful
lawn – amalgam of all this started haunting me, as our home
was no way comparable. Hesitantly I fixed the date of their
visit to our home.
“Let them come! It should not be a problem at all!” my
grandfather glanced into the eyes of my grandmother, who
was sitting nearby and said. “But our home was so different to
theirs! Said I. The train of ideas in that sweet couple was vivid
on the wrinkles of their faces. Both of them just smiled, as it
was beyond their imagination. I don’t feel it out of place to
mention that the sweetness of their married life would trickle
even during their arguments, they would rarely make. They
had learnt to overcome shortness of each other with the virtues
of either. They never blamed each other and lived as happily,
as one could wish, the graceful and a simple life.
Coming back to my friends visit, I started getting anxious.
My first goal was to find some cups with saucers. I started to
look in the crockery shops in Choota Bazaar (local market)
and around. Even though sunlight would rarely visit and
sparkle on the shops in that market, its shops used to be full
of charm. Finally, near Dr. Shanker Naath’s clinic, I found a
crockery shop where I purchased 6 cups and saucers. The elegant
cups were available but grapes were sour!
“Ibrahim, I won’t be able to come to your home” my friend
said to me a few days later. “But why?” I inquired, disappointed.
“Papa intends to conduct my test in the coming week, and I need to be up to the mark.” It sounded strange to me. Papa setting him an exam!

He elaborated “Before my final exam, I have to do a trial run like the final exam itself, and Papa evaluates me. He then tells me how to score better, doing it to help me improve. This is the way I get state level positions. I revise all my subjects many times and I take exams very seriously” he concluded.

“Hats off to your sir!” I now say to my friend’s father today. I salute your wonderful vigilant attitude and the way you have taken care of the education of your son.

Friends: Fathers in modern times need to be very vigilant regarding the education of their children, as a massive cultural invasion is going on. My belief is that when all fathers remain vigilant about the education and development of their children; education will improve and education is the only tool that shapes societies in a better way.

Fathers should not lose themselves in a world of their own. They must also spend time and not just money on the education of their children. In this Global Village, anyone, even though they may be thousands of miles away, can enter your child’s study room without knocking at the main gate of your house and remember a vigilant father means successful child.

“The real opportunity for success lies within the person and not in the job.”

– Zig Ziglar

Notes:

1. Watlab is tourist destination 11 miles away from Sopore town. Here, high on a hilltop is the shrine of a Muslim mystic, Baba Shukurddin. From here, the Wular Lake stretches away as far as the eye can see, edged by picturesque villages around terraced breeze-rippled fields of paddy, in a riotous burst of color. At Watlab there is a Forest Rest House amidst sprawling apple orchards. One can rest here to enjoy the sheer grandeur of the spectacular countryside at leisure.
4. Easy Steps to Successful Study

And my suggestion to all my friends who are in the process of developing their careers is that unless you are one among millions like Einstein or Newton, you need to take examinations, very seriously - this is the only measuring rod and the only way you can get ahead. Master the art of taking an examination. Even though an examination is not always a sure test of one’s ability, but who cares! I present few steps to successful study:

Most of times students lose focus. A friend of mine said that he sometimes daydreams while he’s in the middle of reading something important, and won’t remember what he read and doesn’t retain the information. Now, I don’t claim to be a master at studying, but I do suggest to follow these guidelines and they certainly enhance your ability to study and retain information. I hope these steps will guide you to study more effectively!

1. **Golden Rule of 3 R’s (Read, Revise & Recall):** Know your capability & stay calm: Unless you fully understand the subject it is not possible to retain it in your brain. You may be the kind of person who has to go over the material a few times before it sticks in your brain; so be patient. Just know yourself, and if it takes three passes to learn the material, then take three passes. Brain storm yourself with questions, why this, how this etc. and then read, you will retain better. That way you will not hammer instead you will discover what is to be known. The golden principle is Read the study material, revise
it and recall. Visualize the concept, make a pneumonic to remember it or associate it with some other idea. Write it after you have read. Try to quiz yourself on the old material by recalling the subject you have read. Teach it to your friends. If you find yourself reading the same paragraph over and over at least 20 times, do NOT get frustrated! This will only make it harder to study. It’s important to keep a positive attitude, take a deep breath, and learn it. You can discuss with your friends and utilize a team based learning approach. Team based learning is considered to be the best approach especially when it becomes difficult to remember. When you stay calm and read something for entertainment because you enjoy it, you remember it much better. Enjoy what you study. If it’s not something you enjoy, focus on staying calm. Don’t pressure yourself.

2. **Self-control/discipline:** Catch yourself when you see you’re straying away from studying, and correct this behavior. The difficult part is recognizing when you are daydreaming or losing focus and getting yourself back in check. I tend to lose focus a lot, but I constantly work on regaining my concentration. There is no fun to continue studying if you are not able to understand it or if you are not able to maintain focus. Do not thrust knowledge on your mind instead make it enjoying experience.

3. **Take short break in between studies:** It is difficult to maintain concentration when you find subject is difficult to understand, take a short break. Tell yourself that you’ll do a certain amount of work, and then take a break. If you are unable to practice self-control, you need to find something outside of yourself to keep you under control. Set the timer for about an hour, get a good solid hour of studying in, and after the timer is up, take a break.

4. **Planning:** Make a schedule of what you’re going to study and when, and do your best to stick with it. This will help you practice self-control, because you’ve scheduled the time in for
yourself. You no longer have to make time to study, all you have to do is follow your calendar. Be sure you make a schedule and don’t waste time in reframing it always.

5. Dynamic fluidity or in other words, go with the flow! Sometimes you don’t get all the studying done that you’ve planned out to accomplish in a day. All I can say is: 1. Be patient and 2. Stay calm. Those are the two most important rules to follow. If your day doesn’t go the way you planned, it’s okay. There are too many variables that can alter your schedule. Just augment your schedule, and make a new plan of action. Of course, if what is preventing you from studying is in your control, do something to change it. And make sure the changes will lead you to a positive outcome. Remember to set realistic goals for yourself, otherwise you may become easily frustrated.

6. A Sound Mind is in a Sound Body: Mind and body are hugely related. When it comes to studying you need to pay attention to how closely connected your mind and body are. Don’t dismiss it as being trite and insignificant… this is seriously a big key to success that can amplify your study time!

Take a balanced Diet: Along with staying active physically and mentally, make sure you’re eating a balanced diet of proteins, carbs and fats. But there are some essential fats that you should incorporate into your diet, like omega 3’s. My favorite way to get the fats I need are from fish.

Have adequate Sleep neither less nor more. Surprisingly many people don’t realize this. How do you expect to focus when you’re tired? I saw this a lot when I was an undergraduate; people staying up the night before the test. But when it came time to take the test, they couldn’t focus, and would invariably do poorly. As for me, I made sure to sleep well before each test except on one occasion when due to anxiety I could not sleep at all but next day the test went well. Just to inform you that at times you may face similar situation, don’t be under stress. When tired take a nap instead of studying and you will wake
up completely rejuvenated to tackle several more hours of studying. And those several hours are usually the most productive. If you’re sacrificing sleep, then you should have already maximized your daily studying.

**Activity:** It is especially important to maintain focus. Do things that challenge you physically or mentally. Go to the gym. Go running. Play a sport. It doesn’t have to be every day, but an hour every other day won’t hurt you. You’ll feel better. Along with exercising physically, make sure to maintain your mental exercises. Studying is important, but do another brain activity, something completely unrelated. Breathing exercises are good like yoga etc.

**Meditate:** That’s a mental exercise within itself. Other activities, like cooking or playing an instrument are good, too. This goes along with taking a break; make sure to combine therapeutic activities with breaks. Prayers are the best form of meditation. It will increase your focus and concentration.

**Enjoy life:** Look at the world around you and take in all the beauty. Remember to smile. Make it a point to go out and enjoy yourself, and don’t think about what you have to get done later. Worrying about something else while you’re trying to have fun is NOT fun. Enjoy the moment! There will be time later to focus on what you need to accomplish.

**7. Technique of examination:** Learn the art of taking an examination. Browse how to answer multiple choice questions. At times one loses the focus and commits, mistakes during examination, be careful. Practice before you appear in examination. Keep a timer and solve a set of multiple choice questions. Adjust your pace accordingly. On the day of examination take your routine diet at home and reach examination hall early. After the examination close that subject and don’t have hang over, of previous subject instead prepare your next subject. Hangover of previous subject will affect your performance in the forthcoming subject. Once all examination is over just chill and relax till results are declared.
and then analyze where things went wrong and rectify your mistakes. As the saying goes if at first you don’t succeed try again, remember perseverance, is the key to success.

“Be like the sun for grace and mercy.
Be like the night to cover others’ faults.
Be like running water for generosity.
Be like death for rage and anger.
Be like the Earth for modesty.
Appear as you are. Be as you appear.”

– Moulana Rumi
5. Medical School Life

Enthusiasm within quickly defeated the December chill, many years back, at the moment of the commencement of my MBBS in the Government Medical College, Srinagar Kashmir. The Principal and Dean of the College, Prof. Girjha Dhar, warmly welcomed us with her usual blend of style and high quality professionalism. “Remember that all human beings have 206 bones, and that the circulating blood is bright red among all races, irrespective of religion, region or race,” she reminded us. “And this profession demands dedication and sincerity. You must all work hard, and then devote yourselves to the service of humanity, irrespective of cast, color or creed,” she went on. Her commendable sermon is still fresh in the meadows of my memory, although years have passed since I heard it.

Once her speech was over, we all stood up and solemnly repeated the Hippocratic Oath which was read out to us by the Qatar-based heart surgeon Dr. Javed Khan, then CASS union president of the College. The function concluded with a cup of Saffron Qahwa, then we left the College’s elegant Anatomy Hall to begin our new lives.

No sooner we were out of the hall than a few esteemed seniors surrounded us.

“Follow in a straight line!” one ordered us. “Take them to the Leprosy garden straightaway!” commanded yet another from behind.

“Leprosy garden” – what could that be? The name sounded scary, but we were soon all relieved to see that it was just the
intervening garden between the college and the SMHS (associated hospital within college campus) hospital. Reluctantly obeying orders, but to the delight of all the seniors, we started the fresher’s march-past. At 4 pm we headed to “Bemina Boys hostel”. In the College, the ragging went on for only a few days, but in the hostel the process continued, and we would only get to our rooms late in the evening.

“At sunset you must go to the dining hall without delay, have your dinner and wait and see what happens next,” advised one of the hostel seniors. We all followed his advice; it proved to be apt.

Just imagine the stress of the anatomy hall, bio lectures and physio lectures, and then, in the evenings, groups of sirs waiting for us in the hostel. In short, all new students were sandwiched between the two, between the devil and the deep blue sea. I would often look across the Bemina Hostel grounds through the window of my room on the ground floor of B block, and envy the passengers travelling in the passing bus which I would take from time to time. Not only this, but I would often count the days right from Monday until I could visit home on Saturday. One day I decided to prepare for the Anatomy Stage (a class test) well away from the hostel and its distractions. I headed towards the SKIMS hospital, where my cousin was doing his residency. Unfortunately, he had already gone home. In desperation, I booked a room in the nearby hotel and started reading. At around 9pm I enjoyed a tranquil dinner in the dining hall of the hotel. The weather was chilly and some of the dining hall customers were to be found warming their hands around the coal stove. I joined in their chat for few minutes, and left again soon after to continue my reading.

The next day, the stage (my class test) went very well. No sooner had I stepped out of the hostel bus that evening, then I froze in my tracks, as the person to whom I had been talking very frankly to the previous night in the hotel was my senior. It seemed that seniors were everywhere; there was no way of
escaping from them! I tried my best to prevent eye contact with him but his eagle eyes sought me out.

“Follow me,” he commanded and he took me to his room. My heart started racing, and now I was sweating in the chill of December.

“Where were you yesterday? Washing dishes in the hotel?” “Sir, I had Anatomy stage and I was preparing for that.” “Stage!!!” the other senior sarcastically exclaimed.

“It has not started as yet! Go on, you will see!” he further exclaimed.

“Don’t waste your father’s money. Next time something like this happens, don’t even think of staying in the hotel,” he said more gently. “You can come to us and prepare here instead,” he went on.

“OK sir, thank you very much,” I replied gratefully.

The next day, while washing my face I noticed that I was looking a bit miserable. “Ibu! meri Jan: things are difficult here, and it feels as if it will be impossible to complete the MBBS” whispered my heart.” After that, however, things changed steadily and some seniors started becoming friends.

After a few months, the Government Medical College CASS union election campaign started. It was all state of the art, and our group of freshers was an important focus of attention of all the candidates. Suddenly, they were all requesting our votes. Seniors were coming to our rooms in droves. What a great feeling of importance! The election campaign was interesting, being full of innovative ideas, posters, etc. and eventually the CASS union was duly elected. Months passed and things changed steadily. All the seniors became friends and wonderful guides. One could almost say we grew up together in that great hostel. Years have passed since then, but there is still great respect for all of them.

Oh! I forgot to mention this: a new batch of freshers joined us a year later. Our batch had conveniently forgotten the stress and difficulty of being a fresher, and in turn, we inflicted the
same behavior on our juniors. Only then did I realize that all this was an endlessly repeating cycle of initiation.

Various functions were organized by the CASS union during the following year. I recall taking part in one of the plays “Mafroor” (The Fugitive) staged in the Tagore Hall in Srinagar. The hall was packed with students and faculty. I and eight other students, all dressed in white costumes, were supposed to be having a discussion in a café. No sooner had our seating arrangements on the stage been set up by the organizers than the curtains opened, and we were bathed in the fierce light of the stage lights like rabbits in headlights. We started delivering our respective dialogues perfectly, while pretending to sip coffee from small earthen cups placed on the table in front of us. Quite honestly most of us had rather mugged up the highly philosophical theme of the play as nothing had actually traversed beneath the bones of our skull. Suddenly a shower of tomatoes started coming towards the stage; tomatoes were crossing like jets in front of our eyes. One of these burst near the corner of my mouth. Predictably, it was very ripe, and the juice spilt all over my white costume, as if I had suddenly laughed while taking tomato juice. In the midst of this rain of tomatoes, Yunis Shah came running from the left corner of the stage, followed by the late Khushal Paul Singh soon after, who came running on after him. Yes - the “conscience” of the person was trying to catch the “self”. They played a sort of hide and seek on the stage for couple of minutes and finally the “conscience” (Khushal Paul) caught hold of the “self” (Yunis shah), and a confrontation between the two started. “Why do you suppress me so much? roared Khushal Paul (“conscience”). “Why do you pretend to be what you are not?” he went on. “I have a family, and I am not the only one in this whole wide world” replied Yunis shah (“self”). The audience was immediately gripped by this exchange, and stopped throwing tomatoes. Everyone became engrossed in the heated exchange between “self” and “conscience”. Finally, “self” agreed not to
kill “conscience” and the curtains started closing. We got up from our chairs and all walked off the stage in a single line while raising the slogans “storm in a cup of tea and tea in a storm” (chai mein toofan and toofan mein chai).

“Well done, guys!” the director of the play said as we walked into another room backstage. He was puffing deeply on the cigarette in his mouth. “This was really just the dress rehearsal. Tomorrow is the actual day of the performance, as the VIP show is then. I hope you will do equally well”, he added. “And I certainly hope there will be no shower of tomatoes”, I said smilingly, while still wiping the stains of tomato juice off my face. We changed out of our costumes and joined the rest of the audience in the hall. The curtains swept open again, there was a roll of drums and the orchestra started playing. Anil Ganjoo came on from one corner, and Sandeep Kaur from the other, and when they met in the middle of the stage they started singing, “Janey Kahan mera jigar gaya ji ——— (Where did my heart go ……?)”, the famous Bollywood duet by Kishore Kumar and Lata Mangeshkar. While constantly stamping his right foot in time to the music, Mr. Anil was at times shaking his shoulders as well, entertaining everyone in the hall. Inderjit Singh was wonderfully moving his head while rolling the drum. They were lucky - no tomatoes were thrown at them! Instead, the hall resounded with clapping, and the audience even sang with them. Both the singers started acknowledging the claps of the audience, by means of the movements of their heads until they finally completed the duet. Various other interesting cultural items followed. The next day, all the items were repeated in the VIP show, including our play. All events proceeded smoothly, much to the delight of all.

Another CASS Union function used to be “The Sports Week” at Bhakshi Stadium. As I recall, the winner of the musical chair among the faculty would always be the stalwart, usually an ex-professor, the award used to be as a mark of respect and love for him or her. In short, the Sports Week was a practical
demonstration of team spirit and professional respect. After 18 months we had to sit the first professional exam. The preparation was an uphill task and examination itself was quite tiring. “Listen Ibrahim, I have a friend in Lolab. It will be a nice break to visit him there. What do you think?”, said Sheikh Nissar Ahmad, my friend and batch mate. It was the month of September when we boarded a bus in Sopore. It moved at a snail’s pace, but as it moved, fresh currents of air filled the bus to Lolab. The driver went on intermittently picking up stranded passengers on the way. After Sogam, however, the road was rough, and if any bus came from the opposite direction, the dust thus swept up would enter our bus, forcing us to lower the window shields. This we did quite unwillingly for the area is gorgeous, like a bride, and the wonderful panoramas unfolding along the way constantly engage the imagination of the traveler, making it very interesting journey. After almost four hours on the bus, we reached Warnav, a small village in valley Lolab, famous for Moulana Anwar shah Kashmiri, the famous Kashmiri Islamic scholar of international repute. The view of the lush green valley was quite mesmerizing. Once we arrived, we were warmly welcomed by my friend’s father, who was sitting in the compound of his home. The compound was very large, and interesting too. In the corner of the compound a cow was tied to a small wooden peg. I imagined that she had just been milked, and now her beautiful little calf, which was brown, mottled with few white spots, was drinking thirstily from its mother’s udder. It was making wonderful little to and for jerky movements during this process, and the cow had turned her face towards the calf, the better to lick her baby affectionately. What a beautiful display of “unconditional love” it was – and alas, rarely seen among human beings.

Their house, though old, had a unique charm. There were multiple loops of red chilies and other vegetables hanging on one wall to dry, in preparation for the harsh winters in the area when fresh vegetables could become scarce. A wrinkled
old lady could be seen sitting on a mat woven from dry gross (called Patuj in Kashmiri), holding a long stick. She was safeguarding the paddy, which had been spread on the mat to dry, from marauding birds. My friend’s father led us upstairs up a partially lit wooden staircase. As we walked up it, up our steps produced a characteristic chrick, chrick sound. As our host opened the door of their guest room, the friend arrived and he, too, warmly welcomed us. He threw open the windows and wonderful fresh mountain air filled the room. After a refreshing drink of tea, the friends took us around to give us a bird’s eye view of this beautiful area. In the evening it was quite interesting to listen to the friend’s father. “My dear sons,” he would address us, “never consider other person inferior to you. Your position in life is part of God’s great plan. See it simply as a test of your character. Conceit or pride will take you nowhere in life; remember that an overinflated ego can destroy a person. Remember never to boast of things you own or of your achievements in life.” He had no formal degree, but he was a man who seemed to have learned about life’s great truths from nature. Alas we can say that in modern times literacy may have increased, but education in its real sense has decreased, with values all over the globe changing. It took me years to understand just how fragile and vulnerable human beings are, and that there is nothing one should be proud of! Over many years of practicing medicine, I have observed how an individual’s pride can be dashed to the ground as a result of relatively small alterations in chemical reactions in a human body in a diseased state. For example, after a small bleed or the formation of a thin clot in the parietal lobe of the brain, a billionaire doesn’t recognize his own face, as his or her memory gets washed away forever and he becomes completely dependent on others for his every need. I could cite innumerable medical examples like this, all of which serve to remind us that a person should refrain from pride and conceit. Coming back to our stay in their home, I am reminded that after a
delicious dinner had been served, we slept like logs under our warm blankets. The crowing of a cock woke us up at the break of dawn - cock-a-doodle -doo – I awoke with a yawn, and soon - chrick, chrick – I became aware of the same sound of the wooden staircase I had noticed when coming upstairs the evening before. It appeared that the family had got up for morning prayers, and had wanted to do so without disturbing us. What makes the cock crow, and who sets its biological clock and why? I wondered sleepily. I went on thinking about this until I turned over and fell fast asleep again. What a wonderful order exists in nature. I am sure that you will agree that the disorder, if any, seen in the world, is crafted by none other than human beings, the supreme creation of God Almighty.

Soon after breakfast we again set off on a brief tour of the sub-valley where they lived. By the afternoon we were all set for our return journey. Our friend – for now he was my friend too - and his father accompanied us to the bus stop. After a short wait of about half an hour, a bus arrived from the nearby village. They bid us a warm goodbye and a few hours later we were back home again.

A few days after we returned, the results of our exams were made known. I had passed! The next step for us was to start our clinical postings. The third year of MBBS study really gives the feeling of becoming a doctor; you wear a white coat and a stethoscope round your neck, while visiting various hospitals. The clinical rounds in the associated hospitals of our college used to be of the highest quality. Every morning, the patients’ attendants would be removed from the wards by the paramedical staff, and then the team of doctor and us students would start the clinical round, led by the Professor. The attendants would remain waiting outside the gate and the gatekeeper would often be seen struggling to keep the door closed; at times he would be seen lashing out at misbehaving attendants.

In those days there was a lot of emphasis on clinical
medicine. The professor would listen carefully to the case history recounted by a house officer or a postgraduate student, then he would lower his glasses and finally start examining the patient himself. This would invariably set the presenter’s heart racing. The professor would almost always find something unusual in the patient, which had been missed by the house officer or the postgraduate presenting the case. One day while we were busy on our clinical rounds, we heard the cry of a woman patient who had recently been admitted to the ward. “Have you admitted a patient with meningitis (the inflammation of covering of the brain)?” interrupted the professor, while he was listening to the case history and examining the patient in front of us.

“Yes sir, in fact we did admit one patient with meningitis yesterday evening,” replied the admitting registrar, looking up sharply with look of surprise on his face. “That is a meningitic cry!” replied the great professor.

Those great teachers would share their irreplaceable experience with us, and not just theory, as many of them were accustomed to making diagnoses without the many methods of investigational support we have nowadays. Their clinical decisions would be spot-on, and at times when the patient was poor, they would opt for a therapeutic trial. I remember the patients calling them “saints”. They used to be full of respect for these great doctors, and, in turn our teachers were full of empathy and sympathy for them. “He trains what lies between the ear pieces of your stethoscope; respect him as he is your teacher, whereas I simply demonstrate”, said one of our professors while we were examining a patient with a heart murmur (an abnormal sound heard on listening to the heart, usually through a stethoscope, produced by the blood passing through deformed heart valves) in the presence of one of these great professors. The discussion on the genesis of heart murmurs used to be very interesting. Each consultant would provide arguments in support of his / her diagnosis. The patients would
patiently submit to the elaborate auscultation process. Days later, echocardiography would prove most of the diagnoses to be correct. They had a passion for teaching and sharing their knowledge.

One day one of the professors brought an old patient of his to his outpatient clinic in order to discuss the case with the students. “Just examine his heart, but don’t talk to him” he instructed us, pointing towards the patient on the examination couch, waiting for the students to examine his heart. One after the other we used our stethoscopes on him, but no one could locate his heart sounds. When it was my turn, the patient pointed with his finger towards right side of chest but still said nothing. I placed my stethoscope on his right side and found wonderful heart sounds in that location. Yes, he had dextrocardia. “So: what is your diagnosis?” the professor asked the students. “Sir, dextrocardia” I replied, but despite my efforts, the smile on my face indicated that I could have received a clue from the patient. “Sir,” I explained, “I didn’t talk directly to the patient, but he pointed towards the right side of his chest”. Everyone in the group laughed. Well, I have never come across another such case in my career to date, and had that great Professor with his passion for medical education not brought that interesting patient along, it would have remained a theory in our minds.

I recall a middle-aged male person who would often be seen moving around on a wheel chair as his both limbs had been amputated following Buerger’s disease. It is also known as thrombo-angiitis obliteran, and is caused due to heavy smoking. The hospital had given him some small job so that he could survive. One day it happened that we were in the middle of the clinical round led by Professor and leaving the ward. The legless patient was coming towards the ward on his wheel chair. “He is the living example of disastrous effects of smoking. I can only advise you to never smoke yourself and, during your career, advise all your patients to quit smoking.” the great
professor advised. I often see this patient in my mind’s eye when I do just this!

Another interesting and often seen person was a middle-aged well-built man who was a little mentally challenged. You could ask him the time at any time of the day or night, and he would flip his arm and look at his wrist (which never had a watch on it) and he would tell you the time, accurate within a minute or two. I witnessed this myself a number of times, and I could never understand how he did it. Extra-sensory power (ESP) and what science doesn’t or cannot explain in full can kindles many thoughts in a sensitive mind.

The general environment was a very favourable one for clinical teaching. After their hectic schedule of the day, all postgraduates would go from one ward to another in the evenings as well in order to examine cases with findings and discuss these amongst themselves. I would often visit my esteemed seniors Dr. Shariq Masoodi and Dr. Fayaz Kanjwal to examine the cases admitted to their respective wards. One day I went to ward 3 of SMHS hospital to see some case. “Ibrahim, examine the patient admitted on bed 3 in the main ward. I will be joining you,” said Dr. Fayaz Kanjwal, while he was preparing the discharge summary of an admitted patient in the house officer’s room of the unit. I went to examine the patient and found a heart murmur but could not time it at all. When he got there, he said: “Ibrahim, let’s put our stethoscopes on him together and when I hear the murmur I will raise my finger. Then you start timing it.” I did exactly that, and only then I could understand that murmur. It was an excellent example of “peer teaching” as is described in modern medical education. On many occasions our immediate seniors and postgraduates would teach us on the ward, and demonstrate the clinical findings.

“Friends, I saw classical case of Pancost tumor with Horner’s syndrome\textsuperscript{5} in the Chest disease hospital in Srinagar”, one of our group mates told us after his clinical rotation in the said
hospital. Going to that hospital used to be all fun and games, and when we were there, we would visit Dal Lake and at sometimes go on a trip to Shankar Achariya hill. That evening, a group of students went to see that interesting patient, and later we had a tour of Dal Lake. As there were no internet or mobile facilities, we would often communicate in this manner about interesting cases admitted to the associated hospitals of the college. For what modern medical education now describes as “self-study” our self-study was of course self-study with limited resources but many practical examples.

During our medical training the most fascinating posting used to be the “Maternity posting” month at Lala Ded Hospital in Srinagar. A group of 16 students used to stay for 24x7 hours in the hospital for the whole month. As I recall, no sooner were we allotted the few rooms in the vicinity of the labor room, we dropped our bags and headed towards the stage-1 labor room. The clinical round led by the Registrar on duty was in progress, and we joined her round.

“Bring the Doppler to check the fetal heart of this patient’s baby”, said the house officer to one of the maternity students. The patient was tossing and turning with her labor pains and intermittently squeezing the hand of her nearby mother. She was prescribed medication to ease her pain and fasten the progress of her delivery.

“We will give her a trial of medication and in the event that her labor doesn’t progress well, or there is some emergency, she will be operated” said the registrar on duty to her anxious mother.

“Doctor, please do something to relieve me of this terrible pain!” the patient kept on begging, with tears in her eyes. “I will never ever get pregnant again”, she added. From time to time we could hear her screaming with pain. Hours later she was transferred to the room for the 2nd stage of labor, and the midwife started to try and boost her morale, knitting her eye brows in between her pains, and finally, in the dead of the
night she delivered a baby. The cry of her newborn baby helped her to forget her pain – suddenly she was a mother! She could not keep her eyes off her newborn baby, even though they were falling closed with extreme tiredness after the birth. In the meantime, the baby’s birth was being celebrated by the family.

The days went by, and slowly we were all learning the art of delivery and its management. One day, having gone out to buy some groceries, we saw an ambulance arriving in the hospital compound. Its windowpanes were smeared with dust. The driver jumped down from his seat and pulled the back door of the ambulance open, while extinguishing his cigarette with his left hand. We saw a pregnant woman lying on a stretcher, comatose, connected to an oxygen cylinder. She was accompanied by five or six anxious attendants, and was hurriedly rushed to emergency room of the hospital. After a quick examination in the emergency room, the house officer quickly shifted her to the eclampsia room.

“Monitor her blood pressure, and also the fetal heart”, ordered the consultant on duty. Two maternity students were allotted the job, and we made a chart. Her blood pressure was quite high, and she was bloated. The clinical diagnosis of pre-eclampsia was reached, and the necessary treatment was started in the room, which was kept only partially illuminated, lest the dazzling light should trigger convulsions in the patient, a feared complication of the disease.

Next day at sunset I found I could not detect the beating of the fetal heart with the Doppler. I immediately rushed off to find the nearby Intern on duty. She came immediately, and almost tripped on her heels on the way, but neither could she hear the fetal heartbeat in the patient’s womb.

“Ama (mother), I’m so sorry, but the fetal heart has stopped. It seems that the angel of death has kissed the baby in the womb. We need to take it out of the mother. I’m so sorry we could not save the child, but let us try and help the mother of
the baby now”, said the registrar on duty to patient’s mother. The tears started falling in the mother of the patient as she gave consent for labor to be induced in her unconscious daughter. A dead baby was delivered hours later. The patient’s condition started improving, and gradually she reached consciousness again. We were all happy that she had come out of her coma but sad about the death of her baby.

The next morning the patient wanted to know when she had been hospitalized and where her baby was. Yes, the mother was in search of her child, and unfortunately none of us in the team knew what to say – we were speechless. The consultant on call during the morning rounds glanced at her and affectionately touched her forehead. “Shift her to the ward in the afternoon,” she said. “I am late for the operating theater; the list is long and I need to go” the consultant said, and she asked the registrar to continue the rest of the round.

On another occasion during this posting, Mr. Iqbal Fatekhan our batchmate was singing in his melodic voice very famous Kashmiri song in the restroom” —Gachhi nai saaf dil, detie laaf saasa .....(unless your heart gets cleaned whatever you boost of, it is all meaningless). Another friend had brought a big tape recorder of around 2 feet long which must have been 7-8kgs in weight, and the session was being recorded. While this was going on, someone knocked on the door. We all stopped singing, and some students slipped under their blankets. A few even pretended to be snoring. One of the students opened the door, and yes, the intern on duty was standing there. “I need two of you accompany a patient to the operating theater as I need to have a discussion with the anesthetist on call. One of the ladies has to undergo an emergency cesarean section due to fetal distress,” she explained and then left, the door behind her closing with a bang. At around 2 am the patient was operated on, and her newborn was sent for observation to the pediatric intensive care department in the adjacent Children’s Hospital. I was asked to monitor the mother’s vitals in the recovery room.
“Doc, please tell me where my baby is,” she mumbled while I was tying a blood pressure cuff on her arm in order to measure her blood pressure.

“Your baby is in the pediatric hospital next door for observation. Otherwise she’s fine,” said I.

Oh no Doc – another girl child! How will I go home with a third daughter in row?” and she burst into tears, her voice breaking, and a stream of tears starting from her eyes.

“But it is not your fault at all,” I tried to explain to her. “You have no control over the gender of any of your children. In fact, it is the Y chromosome of the father, your husband, that determines whether the newborn is male or female, and not you.” I tried my best to explain this to her, but without success.

Unfortunately, dear Reader, human history has witnessed many gross injustices done to females through the ages. In the olden days in the Arab world when girls were born, they would be silenced soon after their first cry, till the Prophet Muhammad peace be upon him put an end to this menace. On the Indian subcontinent, until Raja Ram Monohar Roy and others put an end to it, the unfortunate custom known as “Sati” which demanded that women cast themselves onto their husband’s funeral pyre, persisted for centuries. Nowadays so-called civilized and advanced man has gone still farther, and has been choking female fetuses while still in the womb, “the female feticide”. It must have affected millions of girl babies so far, and has naturally created serious gender imbalances in many parts of the world. The contribution of women to the world has been and is still enormous, and is wonderfully summed by William Ross Wallace in his poem ‘What Rules the World’, when he said that the hand that rocks the cradle is the hand that rules the world. It illustrates the influence a mother has on her child and, in the long run, on society itself. From it we understand that by yielding to her natural maternal instinct to nurture and teach her child, a woman explicitly makes the
world a much better place. This puts a great responsibility on the medical fraternity to stop female feticide, which is nothing short of murder. An antipathy against female children in any society would soon disappear when women are enabled to become strong citizens on a par with men. This is possible only by means of education for girls, in every sense of the word. They should be taught self-defense as well, so that devil’s evil eye remains at bay. A step further towards this goal will be made when society simplifies its customs and offers equal opportunities to all. Only then will this unfortunate male-imposed gender inferiority of women disappear from our planet. Destruction of this wonderful creation of Almighty would then become a thing of the past.

Coming back to our maternity posting, the days continued to melt and the same group of students lived together for virtually the entire month. We would often study together, and of course we would also often discuss the process of labor. It was a perfect example of that wonderful model now called “team based learning” in modern medical education. We would eat together, crack many jokes and in general also had lot of fun. All of us enjoyed the posting and the month flew by. Although each one’s experience of it was a little different, we left that hospital having learnt many things. A posting like this shows how much trust patients, better call them saints, bestow on a budding doctor. I remember this period with great affection, and to this day we all honor this great hospital and its great name. It has served many patients tirelessly for many decades now.

Friends, while the maternity posting offers a wonderful opportunity for a budding doctor to hone his medical skills, it also makes one stop and think about, and understand, one’s love for your mother. A mother sacrifices herself for her children right from conception and through the 9 months of gestation, and then finally she faces the terrible pain of labor. Witnessing this should remind us how much we owe to our mothers. It
should make us stop to think also of womanhood in general, and in particular the unfortunate social structures which still exist today. After this posting we joined our classes again and after few months we went for a picnic to Pahalgham. During our medical school days, we would often go for picnics to Gulmarg and Phalgham.

One summer I had a chance to go trekking with Dr Shariq, Dr Mehraj and Dr Rafiq. They had already completed their training, and were then working in their various house jobs. Early one morning on a lovely sunny day in August, we boarded a bus from Srinagar to Shopian in order to trek to Kausar Nag. By noon we had reached Ahrabal, which was also our bus’ terminus. Beyond this there was no public transport, and the whole area is ideal for trekking. Ahrabal is famous for a very big waterfall. After lunch in a restaurant, we started our trek in the surrounding thick forest, carrying heavy rucksacks on our backs. The site itself is breathtakingly beautiful, and despite our growing fatigue, we admired every aspect of it. That evening, hardly able to move, we camped near the banks of the Kausar Nag lake. Dusk had fallen and the night was upon us, and the moon was waxing as we started preparing our outdoor dinner on a kerosene stove. The sky was a huge dome above our heads. The breeze made lighting the stove somewhat problematic, making the flame flicker and waver, but finally we surrounded it and in this way stabilized its flame so that our dinner could be cooked. The stars twinkled brightly, and the reflection of the moonlight on the still waters of the lake made it seem as if the moon was looking at its radiant face in that huge mirror. There was no sound or trace of any other human beings - it was just us four souls under the vast roof of that beautiful sky. It was mesmerizing to look up in the sky with its vast galaxies of innumerable stars. Who lit these lamps and why? When simple parts of a watch cannot assemble all of a sudden, how can this vast big unimaginable universe do so? Normally one never gets a chance to think
much about these things but life in the open air and this trekking started my thoughts off in this direction. We were all very tired after our trip and all the fresh air we had had, so we retired soon after we had eaten, sleeping like logs in those beautiful blue tents. As soon as the sun started coming up, the tents got lighter and lighter, and it was as if nature itself was knocking from all sides, and nudging us to get up, which we then reluctantly did. We washed our faces in the cold water of Kounsarnag, and had our breakfast in the sunshine. What a wonderful huge ball of fire and energy the sun is! Yes, I thought to myself, it is behind all activities on this earth, and for billions of years it has been tirelessly performing its duty. It seems to set only to our earthly eyes, but in reality it never sets, instead it shines unceasingly. While priests of science postulate the mechanisms of the way it produced its heat and light but why it does do this? These questions go round and round, kindling many more questions and random thoughts in an inquisitive mind. But back to our trek! After having a wondering time out in the fresh air for several days, we started our return journey. We stopped at Koungwatan, where we camped for the night. The clouds were racing and moonlight was hiding behind them periodically, but luckily it didn’t rain during the night. After breakfast the next morning we started our walk and after a few miles, a light drizzle started and the path become rather slippery. The uphill trek had made us all sweat a lot. In fact, it felt as if we were running a marathon, and now, due to the rain, the sweat from our foreheads was running into our eyes, producing lot of discomfort. Luckily we spotted a few huts in the heart of the dense forest and we headed towards them. We knocked gently on the door of one of the huts, and an old man stepped out. He welcomed us warmly and we entered his low hut, made of stones and wood. We introduced ourselves as medicos. “Would you like some tea, and then, would you mind seeing a few of our patients?” he asked politely. “It will be our pleasure”, we replied warmly. He sent his son to spread the
news of our arrival in the area. He was carrying a large black half-broken umbrella as it was raining lightly. As the saying goes, “hunger is the best sauce”, and we really enjoyed maize corn bread and Kashmiri tea we were given in their home. Dr. Shariq had brought quite a lot of medicine along, and he examined a group of patients. As a student, I was more of an observer.

A young boy around 4 feet tall entered the room, and Dr. Shariq examined him. “Squeeze your shoulders together” ordered Dr. Shariq. The boy smiled broadly while doing so, his movement surprising me greatly while I watched. “Ibrahim! Just look at this! It’s cleftocranial diastosis, or the absence of clavicles (collar bones) from birth. I have to confess that I have never seen such an interesting case later in life! After an hour or so, the rain had stopped and we started footslogging again. We carefully chose some long sticks in the jungle to help prevent us from slipping during the trek. We talked, laughed and cracked jokes on our way. When we finally reached home, we did so with refreshing memories and a feeling of great satisfaction. The cramps in legs did not disappear for a few days, but what a great message and motivation this trekking carried with it! As a medic you can be helpful with very little extra support at any place in the world where humans are living and your books or study materials are present even in jungles.

The years passed, one after another we passed various exams which were all tough experiences. They used to play with the adrenal system and virtually exhaust the adrenal hormones! During these various examination periods everyone used to be tense and tired. Talking about these medical college examinations with one of the college’s gold medalists, he said to me, “The impression you give when you are in medical college starts right from first stage (class test). That, in fact, forms the basis of your final test. But one can be better than the best”, he added. And “Make a 3-dimensional image of the
subject in your mind and try to understand the subject well. Only then it will stay longer in your mind.” These were pearls from another gold medalist in our college. I remember one of our Professors often saying, “All of you are intelligent, but your hard work will determine how far you will go in your career. Remember that if you stop at any level, you will be stuck there”, he would often add.

“On which side does this bone belong, and what are its attachments?”, asked the Professor while handing over a fibula to me in my final MBBS exam. I was initially stuck, as it was something I had crammed up for in the first MBBS passed four years earlier, but luckily I recollected the TEEP muscles mnemonic - tibialis anterior, extensor digitorum superficialis, extensor hallucis longus and peroneus tertius - and remembered that they all start from the fibula and are supplied by the deep peroneal nerve. “What is the nerve supply?” Prof. lowered his glasses and asked me further. “The deep peroneal nerve, Sir”, I replied confidently. Thanks to the mnemonic I could reply to this question but unfortunately the Professor felt that I knew everything there is to know about osteology, and handed over another bone, this time a rib. I had no mnemonic in my head about this rib, so I could remember nothing about it. Of course mnemonics are very good aids to memory, but at times we students would only remember the mnemonics themselves and not what they represented. No sooner had I stepped out of the examination room than I asked myself “Why did Prof. ask me a First MBBS question in the final MBBS?” However, years later I realized how important it is to have basic scientific knowledge as well as extensive experience in clinical practice all along in your career. In most of other branches of endeavour, people tend to forget things after they have completed their courses, but as a medical student, one needs to refresh your knowledge every now and then and then and carry all subjects safely in your memory. There are many things one only understands
slowly, and it is true that some things you only really learn after you have finished your course. The key thing is though, that your thirst for knowledge must never die. One must go on endlessly enriching it and adding to it.

All of us were thrilled when we passed our final MBBS exams, and to join our profession as interns. However, with the passage of time, we came to know that we were somewhere near the shore of a great ocean of knowledge. Nowadays, the emphasis is to know more and more about less and less, in other words, to specialize more and more narrowly. Doctors tend to go for super specialization now, but over the years I have observed that some doctors are delivering better patient care, even without specialization, and vice versa. All branches in medicine have potential and scope, for it is the person practicing it and not the profession that matters. It is a job that requires a passion for knowledge and devoted care of their patients.

While recounting these tales of my life as a medical student, I relive our happy salad days like many of the people in my GMC batch. All of us are proud of this great institution, its hospitals and its faculty. Over the years I have observed that despite cultural and language differences, all patients demand love and care. Patients are the saints of humanity and I love my work as a physician. Giving people hope, consoling them when necessary, and providing them with optimism all help a great deal in the management of patients. Furthermore, I believe our work demands very good communication skills, and the ability to work in a team. We must have due respect for our seniors, and love for our juniors. Sincerity, and the latest knowledge at all levels both count a lot in the management of patients, and these are our tools.

I don’t feel it out of place to mention that patients also need to remember that doctors are human beings too, and not angels. They hold dreams in their hearts as well, and they too have personal lives. Patients should not expect miracles. All
diseases are not curable, and in some diseases even doctors cannot help.

“The journey of a thousand miles begins with one step.”
– Lao Tzu

Notes:
1. Govt. Medical college Srinagar was established in the year 1959 with few rooms at banks of Jhelum near current Lalla Ded (LD) hospital and two years later, the college was shifted to the present day location at Karan Nagar. On 25 August 1961 GMC was formally inaugurated and Col. G V S Murthy took charge as the first Principal. The college ranked among the top five Medical Colleges of India for many decades. Offers MBBS, MD and various paramedical courses. The college has seven associated hospitals with total bed strength of more than 2,150 and has 22 departments functioning. More than 3000 people visit daily in outpatient clinics of associated hospitals.
2. CASS union is the name of Medical college Srinagar students union and it stands for Cultural, Academic, Social welfare and Sports
3. The Lolab Valley is a Himalayan sub-valley around 15 miles long and 2 miles wide around 5.6 miles north of Kupwara, 114km from Srinagar boarded by Kashmir valley to south and the Neelam valley to the north and is separated by Nag Marg meadows from Bandipora and is home to many ancient springs, dense forests of pine. It is known as fruit bowel of Kashmir as it is rich in cherry, apricot, walnut and apples.
4. Dextrocardia is a rare condition in which, instead of being in the left side of chest, the heart is located in the right side. Dextrocardia is congenital, meaning that person is born with this abnormality. Less than one percent of the general population is born with dextrocardia.
5. Pancoast tumors form at the very top of either lung. Pancoast tumors are a subset of non-small cell lung cancers that invade the top of the chest. Because of their location, they invade adjoining tissue and gives rise to drooping of eye lids (Ptosis) constriction of pupil of eye (miosis) and inability to sweat on one side of face (anhydrosis) the syndrome complex is called Horner’s syndrome
6. The present Shankaracharya Temple is built by King Latiyadatiya in 7th century on the edge of the central part of the Zabarwan range above 1000 feet. The Zabarwan Range borders the central part of the Kashmir Valley in the east. Literally it is the mountain range between Sind Valley and Lidder Valley on the north and south, and between the Zanskar Range and Jhelum Valley on the east and west, respectively. Specifically the range is known to be what overlooks the Dal Lake and holds the Mughal gardens of Srinagar. On the
northern slopes of the central part of the range there are three Mughal gardens built by Emperor Shah Jahan. These include Chashma Shahi, Nishat Bagh and Shalimar Garden alongside the Parimahal (the fairy palace).

7. Dal Lake is known to originate from the remnants of a post-glacial lake, which has undergone drastic changes in size over the years. Since Mughal rule it is known as “Jewel in the crown of Kashmir” and covers an area of 18 square kilometers situated at an average elevation of 5,194 ft. having a depth of 2 meters in Gagribal area and 6 meters in Nagin lake. An island on Dal Lake where four Chinar (Platanus orientalis) trees stand, named “Char Chinar” is popular visitor attraction via a beautiful boat ride amidst of lovely house boats and floating gardens. The fishing industry on Dal Lake is the second largest industry in the region after carp fish species were introduced into the lake in 1957.

8. Pre-eclampsia occurs after 20 weeks of gestation. It is defined as systolic blood pressure more than 140 or diastolic blood pressure more than 90mm, and proteins more than 0.3gm in 24 hr urine specimen. Ladies with age more than 40 years, who are obese and have any chronic disease like hypertension, diabetes or renal disease are prone to get this complication. When patient gets convulsions it is known as Eclampsia. According to WHO worldwide this condition kills 14% pregnant ladies.

9. Pahalgam world famous hill station of Kashmir (45 km. from Anantnag) is located on the banks of Lidder River at an altitude of 7200 ft. from sea level. Lidder river hosts trout fish and it originates from valley glacier called Kolahoi glacier situated 26 kilometers north from Pahalgam, at an average elevation of 15,400 ft. In Pahalgam the fragrance of pine trees amidst of dense forests is refreshing and in the morning one can hear chirping of rare species of birds, both resident and migratory. Deep in the forest are very rare species like hangul, musk deer, brown bear, Leopard, grey langur etc. The annual Amarnath Yatra starts in July to August from Chandanwari (16Kms from Pahalgam) the trek to the road from here becomes steeper and is accessible on foot or by pony. After 11kms from here is the mountain lake Shesnag (3574m) and the last stop is Panchtarni 13kms away. The holy Amaranath cave is 6Km from there.

10. Kausarnag, is a high-altitude oligotrophic lake located in the Pir Panjal Range in the Kulgam District of J&K. The lake is roughly 2 miles long and half a mile at the widest point. The trek to Kausarnag is via the famous waterfall of Aharbal. The lake is located in a valley that is surrounded by peaks on all sides with elevation in excess of 4000 metres above sea level.
6. A Narrow Escape

Many years ago I, along with my friends, decided to be at famed Shakti sweets shop in Residency Road Srinagar to have tea. When we were about to step in, the customers already inside the shop started rushing out helter-skelter. We followed the suit, least knowing what was happening. The sound of a blast struck our ears as we were fleeing. Only seconds later. I felt something hit my head from behind. A minute or so after that, there was another high pitched deafening sound, much higher in intensity than the earlier one.

The blast had given rise to a shower of splinters and one of those had hit my head. Blood started trickling from my head like red tear drops and I was rushed by my friends to the government owned SMHS hospital Srinagar. My scalp was stitched and a splinter was removed from my gluteal region. It was my good luck that the injury was not very deep and I remained conscious. The evening was growing and was stretching before me like a road, I was sad and thinking deeply on that hospital bed. It seemed to me that my soul is lost and tossed like a ship unruddered in a shoreless sea.

“Baitay! (My son) It is only as a precautionary measure, but we want to shift you to Sheri Kashmir institute of medical sciences hospital (SKIMS), as you have some minor head injury. We don't want to take any chances” informed Prof Girjha Dhar Dean Medical college Srinagar who had come to see me at the hospital.

Night had set in and I was being transported in the trolley
by my friends Charanjit Singh, Sujeet Raina, Nissar Ahmed, Neyaz Ahmad Intiyaz Wani, Abdul Rouf Malik, Ashraf Ganie and Shah Abdul Rashid. Soon the ambulance was full of my friends and many of them who were intending to accompany me, were left behind.

“Prolonged wear and tear in that great ambulance had rendered it little noisy, but amidst of that khat-khat noise I could clearly hear the sound produced by two Hero honda motorcycles on my way to Soura institute. My brain under the injured scalp was interpreting quite accurately that Mr. Manohar Lal and Mr. Subash, my batch mates, brothers from Jammu, were following the ambulance in order to be of help at SKIMS hospital. Yes – I caught sight of them, along with Gopal Dutt and Suresh Kumar, in the emergency department of SKIMS. “Yaar (dear friend) all will be OK, they warmly said. My friends stayed with me overnight and they were trying their best to make me feel relaxed. Fearing the consequences of a head injury, the doctors had avoided prescribing sleeping pills, so I remained awake the whole night. It was a long, dark night, stretching on and on. Intermittently I would bite my own lips when the pain from my raw wounds became too bad to endure. Constantly, a single thought came into my mind. What if no one knew about the bomb before it exploded, or had the head injury been deep surely I would have been dead, in pieces along with so many other people on that day. Oh! can I ever forget the episode?

All my family members, friends, relatives and our wonderful neighbors at Sopore were left in a state of panic by my blast injury. The next morning, my father and my grandfather came to see me in ward 2A of SKIMS hospital where I had been admitted to bed 8. My grandfather hugged me, but he could not speak at all. Instead, a stream of tears started flowing noiselessly from his old eyes.

“Come on! I am alright! Don’t go by this large bandage on my head!” I tried my best to control his emotions but failed to
do so. For he had a dream to see me in a white coat with a stethoscope round my neck. He asked me to lift my hands, which I did. He spread his hands over the blanket to ensure that both my limbs were intact underneath - the same neurological examination which I learnt years later. All my classmates, seniors and juniors came to see me in hospital, and it seemed that I was a member of a single large family. A few days later I was discharged and sent home.

Friends, having described my own painful experience, I have no words to express how the parents or families of those who are killed in such episodes must feel, no matter anywhere in the world or of any faith. People console them for few days, but then they are left with wounds which will never completely heal, and scars which are left forever.

Well, I have remained perfectly fine ever since, but nevertheless, since then, any sudden loud sounds send tremors down my spine, and whenever there is disturbance of such kind anywhere in the world, my heart bleeds and those horrible sounds start echoing in my mind.

Having seen how my friends helped me, irrespective of religion, region or cast, the warmth of friendship has melted all the masks and all barriers in my mind. I don’t feel any race is superior or any color is inferior, I don’t believe in regionalism or the nasty caste system. I only believe in humanity and that we are all the precious creation of Almighty God.

Friends, we cannot tackle all natural calamities and their resulting human loss of life, but man-made disasters are completely preventable.

Alas! there is such a scarcity of sincere leaders and good politicians all over the world. The fulcrum of sincerity has gone. Instead we have countless bad politicians and office bearers all over the world. There is only lust for power. Such people will do anything to retain or regain their power; after all, power is an intoxication and it becomes an addiction too. They use the cards of religion, nationality, caste, color or creed
to divide people in order to rule, whereas the majority of people anywhere in the world having any faith want to live and let live. In these crafty games, innocent people get killed or crippled. One wrong does not justify another wrong; after all, how long is human life and how big we are in this wide universe? Let us play our positive roles and prevent man-made disasters all over the world.

They say the world is a global village. I say let us make it a global family instead.

“Christian, Jew, Muslim, shaman, Zoroastrian, stone, ground, mountain, river, each has a secret way of being with the mystery, unique and not to be judged”?

– Moulana Rumi
7. Nostalgia of Simple Life

Our small L-shaped compound at Mohalla Hati shah in Sopore was shared by 12 families. It was situated on the bank of river Jehlum which flows like a stream of glass and fresh air currents from the river would bathe our homes. The compound had common gate, which was closed by 9 or 10 pm, as everyone was supposed to be back home. The compound was unique. It had a tap in one corner which would occasionally fetch water and a large grinding stone vessel ("The Kunz" in Kashmiri) on the other. The compound used to be full of activities round the year. The hustle bustle would start early in the morning, when an old man would come at 8 am and recite Kashmiri folk songs. He would then sip few cups of Kashmiri tea\(^1\) brewed in Samavour\(^2\) and leave. People from different walks of life would come to our compound daily to meet our elders. We had three tailor masters in the compound who would pass the day busily re-stitching mostly old clothes. Their relationship with their customers was beyond tailoring. The customers would come and chat with them and discuss various social issues and seek at times guidance. The skill of our tailor masters was such that measurements would be taken with a "no touch" technique. All the customer had to do was to stand in front of the tailor master and his measurement was done. The final stitched clothes would be perfect, only a few inches long perhaps, but never too short.

The elders would often chat in the compound, discussing affairs of the day, laughing and cracking jokes, till Salah prayers,
which used to be a default activity missed by no-one. Those
days, one hardly ever saw any evidence of depression. but
now psychosomatic symptoms (Physical disorder caused by or
notably influenced by emotional factors) lead us to so many
clinics. Sedatives were hardly used, and now they are
commonplace. Desires were possibly modest. Life was simple,
and people were not envious of their neighbors. Similar life
styles could be seen in most of the areas across valley of
Kashmir.

In those days, winters used to be very cold in Kashmir and
the snow falls were very heavy. Nowadays, due to deforestation,
the winter snow is decreasing in the valley, and a time may
come when it may become a distant memory. The preparation
for the winter would start in September. A tall woodcutter
would often come to cut firewood, as wood was the principle
source of heat for cooking and keeping warm. In those days,
there was no cooking gas facility. Most of families would get
a share of this firewood, and as children we would take small
blocks of firewood up to the attics of our respective homes
The tall woodcutter, even though old, was full of energy and
fun. He would sometimes entertain us with wonderful Kashmiri
songs, full of wisdom. Every winter Kashmiri pundit’s friends
would get delicious wet walnuts, on the day of their festival
Shivratri (called Hariath in Kashmiri language). The communal
harmony had a unique fragrance.

Almost all the families in the area had cows, ours included.
All families had their own milk. In the early morning, our
cows would join the great herd of cows coming from other
homes to spend the day grazing in the nearby green pasture
called “Noorgaah “ till 5 pm, when they slowly made their
way back to their own homes. How these cows would return
to their respective homes at 5 pm without any guidance used
to be a great query in my mind.

The compound would also host chickens and hens. Well in
the middle of “crook, crook.... we would play small games; at
times the children would be seen busy in the “march past” led by one of my cousins Aijaz in that great compound. What a golden era! Believe me, while writing these lines I am overcome by a fresh breeze of nostalgia for these wonderful days.

Nowadays, no one likes keeping cows and other pet animals at home. We feel proud in importing goods and boast about progress. Dare I say it, but in no way does it seem like progress to me. Let us all remind ourselves that economic freedom is the prerequisite of real progress. When the outdated and unfit-for-purpose Jawahar Tunnel at Bani haal Kashmir is closed in the winter, our lives in the valley are choked off from supplies, and we remain at the mercy of business men who set sky high prices for essential commodities in the valley.

We need to change. Local production must increase. Kitchen gardens must become order of the day. Having a kitchen garden is essential to safeguard our health and save us from the adulterated products sold in the market. Science and technology must be used to increase the production. The government must boost such activities, and should encourage small scale industries. Let us try to become exporters rather than importers – so becoming at least more self-sufficient.

We had a cricket team in our area. I would invariably be a spectator as I was poor at any kind of sports I remember the team going to Noor Gah, a local green pasture, at 5 pm to play cricket soon after having evening tea at home. Players would go in a group to the area. At times they would stop at a particular shop in order to purchase freshly prepared fried fish for a rupee or two. Despite its questionable hygiene, it used to be very tasty!

The team would choose a place in the fully occupied ground for themselves, usually a corner where nobody could interfere with them. True sportsmanship was the hallmark of our team and invariably the team would avoid playing against other teams of the area. Whatever the game, it was played with utmost discipline and joy. Despite its uneven surface, with many
humps and bumps, all on the pitch was serene; the simple pleasure of the game was unparalleled. Players would play till dusk and would come back again in a group. On the way back the players would discuss various shots and players’ individual performances, crack jokes and laugh. Unimaginable ecstasy indeed! To take care of costs, I remember the indigenous preparation of a LEG GUARD. An old cotton cloth was wrapped around an old torn Leg guard which was further fortified (with old clothes) till the brother on whom it was being tested gave the green light for its safety ......

When I think of the football games in my Valley, my heart swells with happy memories. For me, it was a great joy to watch football matches in the serene college grounds of Sopore (Subhan Stadium). With a wonderful twist of his body, Mr. Abdullah from Srinagar would dribble the ball skilfully down the center of the field and blow on his whistle. At this signal, the players would charge down the football field as if it was the war of 1812, and play their hearts out until his final whistle signaled the end of the game.

Both teams would play awesomely well in these games, and of course one team would come out victorious at their end, unlike in war, where no nation ever really wins.

I think of some of players of that time and the image of Mr. Farooq Ahmad (Farooqi) of the Road Transport Corporation’s team comes into my mind. He would kick the ball so forcefully and with such accuracy all the way from the center of the field, so that that it would either only require a short kick to reach the goal; sometimes it would land directly in the goal. The quick reflexes of Mr. Ghulam Hassan Anim and Abdul Majeed Kakroo (Police Department football team) would make them the team treasure.

Some players had unique nick names which wonderfully summarized their talent. The famous trio of Mr. Ghulam Haasan Kar, Dr Atta Mohammad & Mr. Bashir Ahmad Kanna were known as Trishul (trident) because of their fast reflexes
and excellently timed coordination. They would not just play the game, but instead let us spectators reflect that they could compose fine tunes with it. Making short passes, they would keep maneuvering the ball to the defensive side. We knew that unless Mr. Ghulam Rasool (Lassa waza) of the Food and Supplies Department team or Mr. Siraju-din from Baramulla football team were playing on the opposing side, a goal would invariably be made. We were privileged to see Mr. Noor Mohd Bisati, Mr. D. Dar of Wular Sports, Mr. Ghulam Qadir Kachroo, Mr. Habibullah Ganie, Mr. Wali Mohd. Anim, and Mr. Abdul Gani (Baramulla) running like gazelles in their games. After getting a short pass somewhere near the goalpost, the late Mr. Ghulam Hassan Dar would leap like salmon and with a single head shot flying past him, the goal keeper would stand watching the football gliding deep inside his goal. Similarly, after getting a pass near the corner of the field, the late Mr. Abdul Ghani Miskeen (poet and player) would arch his body miraculously and appear almost to float in air at an angle for a while before and kicking the ball impeccably deep into the goal.

The game used to be played with the utmost discipline and professionalism. No sooner did the sharp eyes of the late Mr. Abdul Subhan Janwari, the football legend, catch sight of any misconduct during the game than his forceful blast on the whistle would almost cause the steps of the defaulter to freeze on the spot.

The linesmen, Mr. Mahraj Kishan (Kakaji) on the one side, and Mr. Abdul Rashid Khan on the other, could often be seen to be running faster than the players themselves. At times they would be seen hopping like kangaroos, raising the flag immediately after a default, stopping the defaulter in his tracks. Their nonverbal communication would be something to behold and often amazed us. If Mr. Abdul Khaliq Dar was performing his duties at the goal post, he would suddenly roll like a barrel and clasp the ball as if it was about to go down the drain off the field.
These men had a huge passion for this game and there were lot of others, people like Mr. Abdul Subhan Janwari, Mr. Ghulam Nabi Khan, Mr Mohd. Amin Ganie - forgive me readers if I have left out any names - who would be behind the skill and beauty of these wonderful games, day in and day out.

To my physician’s eyes, games such as these are not only important for exercising muscles of the players in order that they remain fit, but they do help in distracting young people away from so many bad things in the world we live in today. I think especially of drug abuse, an ever growing menace all over the world. We must save our youth from drug abuse and encourage games all over the world. Alas things have changed since my early youth in the valley. I ask myself what has become of all this talent in the Valley. Where did it go? It seems that now my Valley is bleeding and drowning in its own tears. Who is it who has fixed it with an evil eye, and why, I sadly ask myself.

“Luck is a dividend of sweat.
The more you sweat, the luckier you get.”

– Ray Kroc

Notes:

1. Kashmiri salted tea (Noon chai) is prepared by boiling special tea leaves, milk, salt and various dry fruit,. A pinch of baking soda helps to give it pronounced pink color.

2. Samovar is a traditional Kashmiri kettle used to brew, boil and serve Kashmiri salted tea and kahwa made of copper with engraved or embossed calligraphic motifs. Inside it there is a fire-container in which charcoal and live coals are placed.

3. The Kashmiri Pundits are Brahmin community. Mughal emperor Akbar conquered Kashmir in 1587 AD. It was he, who, pleased with their intelligence, gave them the surname Pundit (Scholars)

4. Jawahar Tunnel is a road tunnel in Jammu and Kashmir, 2.85 km long at an elevation of 7,198 ft with one lane road in either direction. It was constructed for round-the-year surface transport by Alfred Kunz and C. Barsel (both were German) between 1954 and 1960. Operational since 22 December 1956.
8. Affectionate Letters

“Dear, expect least from anyone in order to save yourself from getting hurt” advised, Dr Muzaffar Ahmad, my cousin, friend, philosopher and guide, as we sat down together for a lunch one day, at our home in the countryside. “True happiness in your heart will boost your concentration; you will find that you are able to study better. Also bear in mind that study needs sacrifice and should be the ultimate focus of your attention.” These were still my student days, and who could have been a better guide to me than Dr. Muzaffar, who was widely respected throughout our family for his sweetness, humility, wit and humane approach to life and other matters.

Years back, we would impatiently await Dr. Muzaffar’s (Dr. Sahib’s) arrival at our home every Sunday. While he was studying medicine, he would visit our home on weekends. As soon as he arrived, I would come to him with my school bag, open my books, and on the advice of my Dad, the class test would start. I remember Dr. Sahib would religiously observe my academic progress and teach me many things. He continued to do so as I grew older. He would tell me fascinating stories about Medical College. I certainly absorbed my interest in the medical profession from him and, eventually, I too studied medicine. After his house job, Dr. Sahib was posted at Gurez. At that time, getting to Gurez was a Herculean task. To travel there, you had to book a seat on an old military vehicle called a “One ton” 10-15 days before traveling. The journey itself was fraught with dangers and difficulties. There were the high
speed winds blowing at Razdan top (high mountain pass at 11,600ft above sea level), to contend with, rough snow—covered roads, and day-long travel in the said vehicle itself, which was always packed with passengers and foodstuffs. It was a long, tiring journey. Dr. Sahib happily joined the Primary Health Center Dawar, the central township in Gurez having population of around 30,000 scattered among 15 villages. In those days there were very few telephone lines in Kashmir and booking a trunk call would take hours, hence making such a phone call used to be an almost impossible dream. The only reasonably reliable way of communication used to be letters sent by post. Dr. Sahib regularly wrote from Gurez. In the summer time, the postman would bring a letter from him every 6 to 8 weeks. However, we would count ourselves lucky if a letter written in the winter reached us in the spring or summer of the same year! His letter would bring immense joy to all the family. Each one was always full of advice and wisdom. It was my task to read the letter, first in English, and then to translate it for other family members. Months later, when at last he came home, we would hang on his lips as he told us one story after another about his travels.

“Ibrahim! The travel to Gurez is challenging, especially in winters. At Razdan top, the wind howls, but once you reach Gurez, the beauty of the countryside mesmerizes you”, he told me. “Walking along the banks of the Kishanganga is especially enjoyable, and it is amazing to see how the trout fish skims like umber shades through the undulating weeds,” he continued. But I must tell you a story. One day it so happened that at around 5 pm, after my duty hours, someone knocked at the door of my wooden quarters. I immediately lowered the flame of the kerosene stove to reduce its noise, as I was preparing tea, and I came out. A young man dressed in woolen phiran (a loose upper garment loosely gathered at the sleeves which tend to be wide, made of either wool or jamewar which is a mixture of wool and cotton) stood there. “Doc!” he said, “my
father is ill and he is not in a position to come here. Would you mind paying a visit to our home?” he asked politely.”

“I immediately packed my clinic bag and informed the pharmacist where I was going. I headed to their home on foot with the young boy. Making our way with some difficulty through the dense forest, the fragrance of the pine trees was refreshing, and after an hour or so, we reached their home. It was quite some distance away, somewhere near Baktur, the lush green area in the outskirts of Dawar. At the entrance of their home, I carefully bent my head to avoid banging it on the low door and entered their wooden home. They welcomed me warmly. I examined his father and found a deep bed sore on his body. Apparently he had suffered a stroke (Problems with circulation of the brain that lead to weakness of any side of body and making a person unable to move) few months ago and had been bedridden since then. I dressed his wound and explained the necessary precautions to them. Soon, to my surprise, several more patients came pouring into the room to seek my advice. Dusk had come and gone, and it was starting to get dark. An old graceful man with a forward stoop entered the room where I was sitting, “Doc! I am the brother of your patient, and it will be an honor to host you tonight in our home, for it is too late for you to go home now”, said he. Ibrahim, I was immensely touched by his words, and I decided to stay for the night,” said Dr. Sahib. “At dinner they brought fragrant rice, large beans which were quite a lot larger than the ordinary beans that we usually take, and tasted superb, and pieces of delicious roast lamb. It was indeed a wonderful dinner. A single electric light bulb hanging from the low line roof was struggling at its best to provide enough shine but one could very well see its zigzag coils. However, the affection of the family was overwhelming, as if we all were having the standard candle light dinner. No sooner had we had dinner, then the meagre electricity supply went off and they lit the kerosene lantern. (Lalteen in Kashmiri language. The wick
imbibes kerosene from a pot beneath and on burning it emits light) After an enjoyable hour or so of chat with the family, it was time to sleep. There was perfect silence and the only sound one could hear in the distance was that of the flowing water of the Kishanganga, as if some expert musician was playing the santoor (Trapezoid shaped musical instrument). It was very soothing and with this sound in the background, I soon fell asleep and slept like a log. In the early morning I was awakened by the enchanting songs of birds, and soon after a breakfast of maize cornbread, butter and Kashmiri tea, I was ready to leave. One of the patient’s younger brothers accompanied me back.” Dr. Sahib continued his tale. “Doc! Look at the Habba Khatoon³ mountain! It still tells tales of pure love. All you need is to have a sincere heart and a set of pure ears.” The young man said. He went on: Doc! You know that emperors like Yousuf shah Chak (ruler of Kashmir between 1579 to 1586 AD) were mesmerized by the beauty and poetry of a poor girl, with no aristocratic lineage” and he went on to relate yet another interesting story.

Ibrahim! I can’t tell you how much I enjoyed his company on way back! He seemed to have acquired an education from nature rather than from school masters. In his company, I was struck again by the words of the poet Wordsworth, when he says that nature is the best teacher and guide. It seemed that in no time I was back at the hospital again, where patients had flocked in in my absence. I was all set to start my routine again.

Gurez is beautiful, but alas it has poor facilities. There was a scarcity of essential food items, and water. Let me tell you Ibrahim, on many occasions I had to walk long distances from one place to another in order to treat a patient. Occasionally, during the winter, I would go on horseback” he went on. 

He told me many things about his tough times at Gurez, all the while praising the natural beauty of this lovely valley. The hardships he described send shivers down my spine even
now when I think about them again, but his positive approach to life had made it a rich experience for him.

In those days Iran used to hire doctors, and while Dr. Sahib was on vacation, he received a selection letter from Iran. He accepted the offer and moved to Iran to take up his new assignment. In Iran he met his dream girl. As the saying goes, “Marriages are settled in heaven and celebrated on earth.” Anyway, Dr. Sahib married Dr. Shohreh Shakeri, who is Iranian. It was as if the Iranian job offer had contained a concealed love letter as well! This marriage has been a blending together of two human souls, despite differences of language and origin. Their marriage has demonstrated the force of goodness in the basic human character, and also the force of love, where unique human feelings overcome all barriers.

Our correspondence continued from Lahijan, Sanadaj and Tehran, the beautiful cities of Iran. I have preserved all his letters, which are full of wisdom and guidance. You may laugh, but initially I would copy each of my letters sent to him for my records, but later I started using carbon paper to do so. Life is not a bed of roses and smooth. The music of the ink in those wonderful letters from him sing of rhythms of pleasure, as well as sadness, and relate eventful periods in our lives. All those letters could be said to be inscribed on the walls of my heart. To safeguard those precious letters, I have preserved the hard copies for more than two decades now. One summer while on his annual vacation, he narrated a very interesting incident that he had experienced in Iran.

Ibrahim! “I had been provided with a beautiful villa by our hospital while I was working in Lahidjaan. The area was known to be inhabited with non-poisonous snakes called “Kar Mar”(deaf snakes) in the local language. Security personal on campus were vigilant about them. One day it so happened that, while sipping tea with my family, I caught a glimpse of a snake attacking a mouse. Within a fraction of a second, the mouse’s head was in the snake’s mouth. But the snake seemed
to be smaller, weaker and younger. Then suddenly another rather stronger, better-fed and more experienced-looking snake appeared on the scene. It snatched the struggling mouse from the first snake, who quickly slithered away. The poor mouse’s struggles ceased almost at once. While the snake was enjoying its stolen meal in a leisurely manner, the security personnel reached the spot. The half-eaten mouse fell out his mouth. A single stroke of an iron bar on its head put an end to the snake’s meal and its life and it lay there, completely still.”

Dr. Muzaffar went on thoughtfully. “Ibrahim! You cannot imagine what an important lesson I learnt from this incident. I still think about it from time to time. Even though the weak snake lost its prey he ultimately escaped from the fate meted out by the security guard’s iron bar. It made me realize that although life may seem hard at times, it’s quite possible that God wants to preserve you for something special. What one thinks is good may in reality be bad and vice versa. Yes, it’s true that all that glitters is not always gold. In addition, it made me think that we observed how a helpless being seem tyrannical to another, who in his way, is equally helpless. Just as every creature in creation is helpless before God, which is what Moulana Rumi described centuries ago. Ibrahim, let me tell you, selfishness is one of the worst and dangerous traits one can ever have! Never be selfish in life,” he concluded. It was as if he was reading pages from the book of nature.

Dr. Sahib restarted his medical education after a gap of more than 15 years and went to the Kasturba Medical College in Manipal in the southern Indian state of Karnataka. He successfully completed his MD in Medicine. All his friends and relatives suggested that he should join some hospital in Saudi Arabia or somewhere like that and settle down. Dr. Sahib paid the highest degree of polite attention to all the “unwanted advice”, but it was difficult to get him under control for he had firmly fixed his mind on becoming “The Neurologist”. He consequently joined the neurology program of the Sir Ganga
Ram Hospital in New Delhi. Dr. Shohreh left her Iranian job and came down to live in prickly heat of New Delhi. Education was the goal of that whole charming family. All the options for earning a lot of money and living a luxurious life were available to them but they preferred to carry on educating themselves. In the end, long term goals like these are infinitely superior to projects which lead to short term benefits. It is not secret that education is an important tool for ultimately attaining success.

In 2001 I had the great pleasure of joining Dr. Sahib at the Sir Ganga Ram hospital in New Delhi when I joined the said hospital as senior resident in Gastroenterology. I was privileged to observe his professional life there. I stayed in their home at Rajindhar Nagar New Delhi for more than two months, while I waited for my own hospital accommodation. Dr. Shohreh, his wife, despite her elegant background, left no stone unturned to make me feel at home. She was very nice and caring. The wonderful thing about her personality is that she never says what she doesn’t mean, a rare thing nowadays. Her truthfulness is unparalleled. Every day at 5 pm we would return together from the hospital, and soon after we had taken tea at home, everyone (Dr. Sahib, his children and I) would start reading. It was the perfect library environment. Often, pushing his thick glasses onto his forehead and looking straight at me, he would advise me. “Ibrahim!” he would say, “make books your friends and enjoy reading them, absorbing as much as you can of their content. Clarify your thoughts and concepts, and always work very hard.”

One day, as we were on our way home from the hospital, passing through the posh Rajinder Nagar Delhi streets Dr. Sahib said to me, “Ibrahim, here’s another thought for you. Live a simple life and never compare yourself to or be envious of others. It’s always possible that the person to whom you are comparing yourself may not be as prosperous as you are, and may actually have less than what you have. You know about
the “mirage effect” - what the eye perceives as a shimmering pond of water at a distance in a desert, is actually nothing more than light reflections on the horizon. Life is a game and struggle is the prize; be thankful to the Creator and never go on nagging. This universe is an unfathomable secret, and no one can understand it fully.” So we continued talking and walking till we reached the gate of home.

On weekends, we would often catch the overcrowded Delhi Transport Corporation bus No 410 /429 in order to visit Hazrat Nizamuddin’s Dargah (shrine). One day it happened so that good number of passengers had got off the overcrowded bus and we found ourselves two seats. “Ibrahim - remember this! Always carry a book with you, wherever you go. When you are lucky like this, and get a seat, you can open the book and start reading. Remember, time is a precious gift. Never waste it.” he said. “Instead of cursing your luck for the want of your own vehicle, acknowledge that in the bus you get an opportunity to read. That is the way to think about it.”

After prayers in the Masjid, we would have a meal in the restaurant next door. The warmth of our friendship had by this time melted all reserve, and we would keep up the conversation over our meal, enjoying our time together. Working with quite junior doctors in a very demanding hospital environment spoke volumes about Dr. Sahib’s zest for knowledge. During his tenure at the Sir Ganga Ram Hospital he was reputed to be very good clinician, a highly cooperative team member and a well-read doctor, also one with great empathy and sympathy for his patients.

I was preparing for my D.M entrance in those days and study took up a lot of my time. Unfortunately, during that summer I just could not make it, and I was dropped from the list. My confidence was shattered, and for days on end I was unable to sleep at all. I must have looked dreadful, because I certainly felt terrible.

“İbrahim, just think about it. This is not the way to react,
failure will not overtake you permanently if your determination is strong. Just accept it as a challenge. It appears that either you had not mastered the subject properly, or perhaps you don’t have good exam technique. Both are possible. This is not the end of the world,” he said gently.

“Come on now - let us have a break.” And with that, he took me to a posh restaurant in Connaught Place in New Delhi. While we were sipping our coffee, he took out a piece of paper and started writing. “Listen,” he said, “Giving in to depression will take you nowhere. What you should do now is try to analyze what mistakes you committed in your previous test, and write those down. First focus on the subject itself, and on the topics you are finding difficult. Read those topics carefully, and go on revising them with your friends in the hospital. Then, think about your exam technique. I suggest you find a good article on the topic, read it very carefully, and apply what you have read there in your next test. I can’t help you, because in our time these MCQs were not used” he laughed. “Your coffee is getting cold”, I politely interrupted. He laughed again, quite loudly, and his laughter proved so infectious that I laughed too. The words he uttered to me that day made a great impression on me, and I could feel that his heartbeats were resonating with his tongue, so sincere was he. We ordered another cup of coffee. In between sips, he continued to talk and write simultaneously. After some time, we left the restaurant. It was pleasant to walk across Connaught Place as the sun had started setting and the prickly heat of the day was lessening in intensity. As we walked towards the place to catch the bus, he said, “Condition your brain to understand a given topic and make notes on it. Revise those notes near the time for the exam. At the end of the day, after work, take a break and have a nap at home in order to refresh yourself. Only then start reading up, always to a fixed schedule. Be regular in your study. Get up early in the morning in order to be at the hospital in time. If you get there early, you will find that you
are able to perform your work there much better.

And remember there is no substitute for hard work! Remember what APJ Kalam said, “If you want to shine like the sun, first burn like the sun.” A bus stopped, we boarded it, and soon we were back home. His pearls of wisdom proved to be true. Having followed his sound advice, the next winter I was selected for DM in Gastroenterology at PGI Chandigarh.

One summer I had the privilege of travelling with him from Delhi to Srinagar. Once again, I enjoyed listening to him talk about his experiences. “Ibrahim!” he said, “never do anything in life that will make you feel guilty later. Remember, you cannot fool too many people for too much of the time. Ultimately people will see the man behind your mask, and, believe me, if that happens, you will not be able to look at your own face in the mirror,” he cautioned. We went on talking in this vein, laughing and cracking jokes continually during our day-long voyage until the early hours of the evening when the bus reached Jammu. It seemed to me that the tedious distance from Delhi to Jammu had shrunk and that day had turned into an enjoyable one. At Jammu we stayed in a pocket friendly hotel for the night and the next day at first light we continued our journey to Srinagar in a taxi. On the way, he recommenced his stories and his wise advice – what I call his “pearls”. “Ibrahim,” he said, “do what you are supposed to do and take virtue as its own reward. At times you may be disappointed at the way in which people, one after another, behave towards you, but remember, one wrong does not justify another wrong. People may turn to you with their selfish faces; never let it disturb you. God will be with you.” He quoted Moulana Rumi, who said, “O’ Allah if you are with me let the rest of world be against me, I am never alone” and “If O’ Allah you are not with me, even if whole world is with me, I will still be lonely.”

At lunch time the taxi stopped near a restaurant on the Jammu-Srinagar highway and we went into the restaurant. A
young boy with a partially wet towel on his shoulders came and cleaned our table in the corner of the restaurant. We ordered beans and rice, the famous recipe of highway restaurants. The boy jotted down our order on a chit. In a jiffy he had brought us two plates of rice and beans. The fragrant rice was still hot and steaming. While we were waiting for it to cool down, he said to me “Ibrahim, life leaves little time for experiments. If, on any occasion, you realize that someone has deceived you, never let the person feel that you know what he has done. Be kind to him, as ultimately he is the loser and not you, because the greatest accountant is none but God. However, a word of caution must be given here. Allowing yourself to be cheated more than once becomes your mistake. Wise men have said, “Cheat me once, shame on you, but if you cheat me twice, shame on me!””. After our delicious lunch, we continued our journey. Pointing to the picturesque Jammu -Srinagar highway he said, “Look Ibrahim, life is short and we are all sentenced to death. Every day we move closer to the grave. So enjoy every genuine and good aspect of life, for instance, this journey we are making together, this moment of pleasure in each other’s company, while life goes on melting away. It is one’s approach to life that matters and nothing else,” he further elaborated. His company had made the journey seem shorter and indeed wonderful. In the early evening both of us reached home.

Dr. Sahib has been a constant source of inspiration to me - a very good mentor indeed. After his neurology training in Delhi he finally moved to the United Kingdom and is now Fellow of Royal College of Physicians United Kingdom (FRCP). He is working as a consultant neurologist in one of the prestigious hospitals of the National health services (NHS) at Birmingham. I found him to be an excellent example of perseverance and dedication. He is an inspiration, and a wonderful human being too!

Having described his tough times and his unfailing zest for education, you will agree that education can be restarted
at any age. Although financial security is one of the most important factors in one’s life, one should earn your living in an honest way. Do not let your peace of mind wander in search of wealth. Let wealth follow you rather than you follow wealth. This is possible only if you have talent, but if you do not use that talent it is an even greater sin. It is important to learn and appreciate the skill of time management and to work hard. Hard work doesn’t necessarily mean working day and night. Good work reflects your productivity and focus. It is the perfect practice that will make you perfect. It is very important that one realizes the importance of time, and the right decisions at the right times carry a lot of meaning and impact in one’s life. Experience is a comb which nature gives you when you have no hair, so learn from your own mistakes but don’t go on doing mistakes endlessly. In the beginning of your career, you may not be able to see your path clearly, so learn from people who have made it. Take advantage of a sincere person, your mentor, whom you trust. Utilize his experience to tread carefully on bumpy roads. Your mentor should be able to tell you bitter truths about yourself and the world, but simultaneously, he should not decrease your morale and confidence.

Never stop educating yourselves at any age, Friends! Overcome all hurdles to its completion. Remember: people like Bill Gates who dropped out of Harvard and yet achieved amazing things, are extremely rare. Common people need to have a formal education. However, your own psychology fuels your daring and your ambition. Enrich your thoughts with optimism, plan your career properly, and work for it meticulously. Inspiration alone is not enough!

Learning is a continuous process, and it is known to be very good for the health of the brain. It is the only way to prevent dementia, the disease where age-related changes in the brain bring with them terrible consequences. Empower yourself with positive thinking and avoid negative people and negative thinking. As the old saying goes, it is better to be
alone than in bad company. Negative people will never allow you to dream big, and dreaming big is a stepping stone for higher actions in life. Neuroscientists have estimated that thousands of thoughts creep into one’s mind daily. Of these, negative thoughts have a greater impact on your psyche than the positive ones. Negative thinking is the enemy within. When there is a problem, analyze the given situation intelligently and look for solutions. Discuss your problem with intelligent and sincere friends and try to come up with options to solve it. If there are options for change, go ahead. In the event that there is nothing to be done, let your life go on peacefully. It is unwise to saw the sawdust. Pray to God thus: “Almighty bless and give me the serenity to accept the things I cannot change, the courage to change the things I can and the wisdom to understand the difference.”

“When you go through a hard period,
When everything seems to oppose you,
... When you feel you cannot even bear one more minute,
NEVER GIVE UP! Because it is the time and place that the course will divert!”

– Moulana Rumi, The Essential Rumi

Notes:
1. Gurez, is a valley located in the high Himalayas, about 123 kilometers from Srinagar in northern Kashmir and southern Gilgit-Baltistan. At about 8,000 feet above sea level, the valley is surrounded by snow-capped mountains. It has diverse fauna and wildlife including the Himalayan brown bear and the snow leopard. Due to heavy snowfall in winter, the valley remains cut off for six months of the year.
2. The Neelam River (Kishanganga) originates from Krishansar Lake in the vicinity of Sonamarg and runs northwards to Badoab village where it meets a tributary from the Dras side and runs westwards along the Line of Control in Jammu and Kashmir. It is fed by many glacial tributary streams on its way. It enters Gurez sector and then runs west until it meets the Jhelum River in Muzaffarabad. The Neelum River is 245 kilometers long, it covers 50 kilometers in Jammu and Kashmir.
3. Gurez most formidable peak is Habba Khatoon. This pyramid shaped peak was named after the Kashmiri poetess Habba Khatoon, called nightingale of Kashmir. She was the daughter of a peasant, The emperor of Kashmir, Yousuf Shah Chak, was entranced by her beauty, intelligence and poetry and married her. According to the story, Yousuf Shah Chak was imprisoned by his rival King Akbar, Habba Khatoon used to wander near the peak that now bears her name to look for her lover. After her husband’s death, she wandered the banks of river Jhelum in mourning. She died twenty years later, and was buried in Athawajan.

4. Hazrat Nizamuddin, was a famous Sufi saint of the Chishti Order in the Indian Subcontinent (1238 – 3 April 1325), an order that believed in drawing close to God through service to humanity. Nizamuddin Auliya, like his predecessors, stressed love as a means of realizing God. For him his love of God implied a love of humanity. His vision of the world was marked by a highly evolved sense of secularity and kindness.
9. The Radio Era

Listening to Radio Kashmir Srinagar “ was one of my favorite activities when I was a child. Some of the programs aired from this station were quite unique and fantastic. In the mornings before leaving for school I loved listening to the feature program “Zoona Dabi“ at 7.45 am. Even though it only lasted for 15 -20 minutes, this program was truly admirable for the way it would highlight most of the local issues. “Mama”, the writer and director of this program played the role of a servant in this feature, and in his guise of servant, he would provide excellent information in a wonderfully humorous way. Agaa sahib, Mr. Nazir and other characters in this program were equally great artists.

Radios of that era even were unique machines. One of our uncles Mr. Rafi Ahmad owned the best quality radio from the Zeenat company, which was, at that time, a highly reputed company. The Radio was gracefully big and was truly unique. (I write “Radio” with a capital letter to denote its importance in our lives!) It had a beautiful teak-colored outer wooden box. I guess it would have been 2.5 feet long, 1 ft. in height and 1.5 ft. in breadth and it must have weighed approximately 12-14 kg.

The Radio was kept on a high shelf to keep it safe from children and any untoward accidents, and from this position the news would be transmitted uniformly around the room, where at least 6-8 uncles would assemble to listen to it. The radio had a built-in antenna, so there was no need to position
it in a specific direction in order to catch the voice better, unlike other radios of that time. Listening to the BBC (British Broadcasting Service) Urdu service at 8.30 pm was always an important evening activity for our uncles. All of them would assemble in the great old house after dinner for this purpose. The old house was unique, and even though most of its walls were slightly wonky, peace of mind could be found there. In fact, one could say the atmosphere was one of unparalleled serenity which none of our modern houses can ever replicate. Unless something urgent had happened, nobody present would miss the BBC news, and the discussion following it. Everyone would analyze world politics, joke, laugh, etc. Indeed, these were times of wonderful socialization; scientists now say that that activities like these are an important way to prevent early dementia. The said Radio needed proper voltage for smooth functioning and any little voltage fluctuation during the BBC news would affect the quality of the sound and thus the voice of the newsreader, much to the annoyance of all the listeners in the room. Once switched on, yellow lights would light up immediately and just 4-5 minutes later a green light indicator would start blinking and finally stabilize - marking the start of the radio transmission. The evening routine was: have your dinner, finish all your work, settle down and be comfy, cozy but patient; put on the Radio, wait, and then enjoy the news and any other programs aired from it.

“Pra Gaash” was another informative program. It would focus on world history. Late every Saturday evening at 9.30 pm a Kashmiri play - The Drama – would be broadcast. Of these, I remember “Sind Baad Machama”, which is one of the most famous award-winning dramas any great artist could ever produce, being aired by Radio Kashmir Srinagar.

Besides these, there used to be wonderful programs on education, health, art and literature. Indeed, Kashmir has been blessed with producing and nurturing great poets, literary figures and other visionary minds. For example, Radio Kashmir
has always nurtured the poetry of Lala Ded\(^2\) the mystic poet of ancient Kashmir. The central theme of her poetry has been the love of God and of humanity. In a spirit of ecstatic love of God, she is known to have said “Whatever work I did was an act of worship of God, whatever words I uttered became a prayer, and that illuminated my path to God”. There used to be regular programs about the poetry of Sheikh Noor ud Din walli\(^3\) another sofi saint of great imminence in Kashmir. One of his most famous and often quoted couplets is “Ann poshi teli yeli wann poshi” meaning Food will last as long as forests last, how concise and scientific saying centuries ago. The great inspirational teachings of these saints illuminate the heart. These saints believed that we are all precious creations of the Almighty and that service to humanity, irrespective of cast, color or creed is the way to the understanding of God and ultimate salvation.

It was the month of October and we were all completely absorbed in the great folk tale Akanandun\(^4\) which was in the process of being broadcast from radio Kashmir. Its climax had arrived, when the saint returned after 12 years, demanding the return of their son. The distraught parents of the child had kneeled down in front of the saint and imploring him to save their son. Mr. Ghulam Mohammad dar was singing “Fulfill your promise! The saint was commanding the couple” in his melodious voice. Suddenly, the weather outside became windy, thunder rumbled and the quality of his voice deteriorated. The Radio was very sensitive to climatic changes. The windy weather disturbed the quality of a broadcast, and it was certainly advisable to switch The Radio off should there be lightning and thunder. Thus the broadcast of the great folk tale, Akanandun (The Only Son), the outstanding blend of art and mysticism of Samad Mir (1894-1959) was summarily ended and reluctantly we switched off The Radio. I remember everyone in the room was very sorry about this state of affairs. The weather settled finally but, for us listeners, the tale had ended.
The love of a mother for her child was the central universal theme of this folk tale, and it was a very emotive story. I often saw my mother getting quite emotional when it was broadcast. What a unique way of bringing truth to societies the radio was; this tale was seen as a symbol of communal harmony-
kashmiriyat (centuries-old indigenous secularism of Kashmir, characterized by religious and cultural harmony, patriotism and pride for their mountainous homeland of Kashmir) in the region.

Way back in the 18th century when John Keats was composing melancholy poems in memory of his goddess of love Fenny Browne, “Where beauty cannot keep her lustrous eyes, or new Love pine at them beyond tomorrow”, the Kashmiri poet Rasoul Mir was shedding tears in memory of his beloved Poosh Maal and composed “faces that are lovely don’t keep their faiths, how long will Rasoul Mir bear amorous tranny”. The melodious voices of Kashmiri singers aired from Radio Kashmir unraveled the similarities between the two iconic poets, and Rasoul Mir from Duru Shahabad of Anantnag became known as the John Keats of Kashmir. His popular songs echo in the lush green fields of Kashmir during paddy harvesting, marriages, etc. Love of humanity has been the hallmark of these great people. “In darkness, the pearl seller told me the straight truth, the real pearls lie hidden in a stone (Kashmiri Anigatte Vaninam Nanne Kathai aem Laal faroshan, Kani Manz Neraan Jawharai Baal Maraayo), another great lyric sung by Shameema Dev, was often aired by Radio Kashmir. Of the modern poets, the poet par excellence has been Rasa Javedani from district Baderwah who through his poetry has spread a message of love and communal harmony. He has been described as poet of humanity. His verses compiled in “Kulyati-Rasa”. are in Urdu as well as in Kashmiri. His Kashmiri verses became popular in the valley when they were sung by Ghulam Nabi Doolwal, from Kistawar, Raj Begum and Sufi Ghulam Hassan. One would greatly enjoy listening to The Radio from morning
to night as a variety of very informative programs were aired from this station, in particular the poetry of these great saints - it used to be literally living with The Radio.

Years back, one day, the Football World Cup final match was on, and all of us had assembled to listen to the commentary from The Radio. As the commentator was saying, “Ball goes to A, he made a short pass to B and the ball has reached D and .... While listening, one of my cousins suddenly kicked involuntarily, as he was so absorbed in the match that he felt himself there, and he had to avail himself of the opportunity to score the goal, as if he was one of the players actually competing in the game. For days afterwards, we were all amused at this big joke.

One day The Radio suddenly stopped and smoke started to come out through its side holes. We immediately summoned a local radio mechanic to examine it. “Give me your hand,” he said, and he guided my hand over the wooden top of the radio. It felt hot to me. He then opened the back of The Radio and a lot of smoke smelling of burning plastic came pouring out of it. The Radio had overheated, and had consequently stopped functioning. “Why don’t you take care of this precious machine?” he asked us with knitted eyebrows, lowering his glasses and startling all of us present in the room. He then explained “The Radio heats up after a few hours’ continuous use and then needs to be switched off. The sides should be kept free to allow for an adequate flow of air so that the heat produced during a broadcast would not affect its inside wires, etc. etc. …” He advised many precautionary measures to all persons present in the room. “Well, get it to my show room tomorrow and if there is no electric shut down, it will be ready four days after, since there is a lot of work still pending in the shop,” the radio mechanic said. Next day, I remember seeing two people carrying it very carefully from the shelf to his shop. After four days The Radio was brought back from his shop, and finally placed back on its own shelf. The whole
operation was carried out in a very meticulous manner. Listening to broadcasts was later timed carefully in order to avoid any further damage to the precious machine.

As I recall, there were many instructions for its use, which had to be followed meticulously before one could safely use it. In nutshell, I feel the designer should have thought of a refresher course for listeners, followed by a brief multiple choice examination (MCQs) and then provided the license “Fit to use this Radio”. That would have safeguarded it from anything untoward during its use!

Oh! I forgot to mention that The Radio had an inter-calm as an additional facility, which was too amazing. Friends: The Radio era was great and in those days in most homes the radio was not just any old machine, but an esteemed family member!

“Be not afraid of life. Believe that life is worth living, and your belief will help create the fact.”
– William James

Notes:
1. “Zoon Dab” was the feature program written and directed by literary giant Pushkar Bhan (1926-2008) who also played the role of the servant “mama” in this daily program. This program was aired for more than nineteen years from the Radio Kashmir station(established in 1948) and received lot of public attention besides getting some national awards.
2. Lalleshwari or LalaDed (1320-1392) was a mystic of the Kashmiri Shaivite sect. Her mystic poetry is called vatsun or Vakhs, literally “speech” (Voice). Known as Lal Vakhs, her verses are the earliest compositions in the Kashmiri literature. Her poems have been translated into English by Richard Temple and Jaylal Kaul.
3. Sheikh Noordin (1377-1440 CE) Nund Rishi was born in a village called Qaimoh He felt disgusted with the ways of the world, and, deciding upon renunciation, retired to caves for meditation at the age of thirty. It is said that he lived for twelve years in the wilderness with minimal food intake .The actual cave of contemplation is shown in a village called “kaimuh” and is about 10 feet deep. His sofi poetry has been compiled in a book called Noornama.
4. Akanundun the folk tale is about a couple who had seven daughters and no son. A saint promises them that a son will be born provided at the age of 12, they return him back. Couple promises and the saint disappears. The saint appears after 12 years and orders them to kill their beloved son. With much reluctance couple follow the orders of the saint. But no sooner they fulfill their promise the saint smiles and asks them to call back their son. To the delight of all the son returns back and the Saint disappears forever. This theme has been dealt by six poets of Kashmir: Ref. Folk tales of India by J.L. Handu.

5. Baderwah valley is located in the foothills of the Himalayan Mountains, 80 km from Batote a link road from the national highway. 5000 feet above sea level. Apart from having picture-perfect scenic beauty due to beautiful forests, the town contains many small streams flowing through its various parts.

6. Kistwar has multiple hydroelectric power projects producing the highest per capita wattage production in the world for such a small area. Kashmir sapphire and gypsum are mined here. The famous Synthan and Margan tops are high motorable road passes. National Park here has a large number of peaks and glaciers & is endowed with dense forests of deodar, pine and fir. Mountain between 20,000 feet to 21,000 feet like Nun Kun, Burmah and Barnag are beautiful destinations for mountaineers.
10. Medico in Green Pastures

“I am pleased to be here and to see you all. I have come to live among you, as rhizobium lives with legumes as a symbiont and not as a parasite”, with these words I started my job as Medical Officer at the Faculty of Agriculture in Wadura\textsuperscript{1} Sopore, Kashmir nearly 60 miles to north of Srinagar. It was a happy coincidence that on that same day, the students were celebrating their fresher’s day and by addressing them thus, I was given the opportunity to share my emotions about the enormity of the task facing me. While acknowledging their applause, I was acutely aware of the lack of medical facilities at my disposal. For years the faculty had had no Medical Officer, and I could feel the weight of my responsibilities on my shoulders.

“Doc! You are most welcome”, said the tall, well-built senior pharmacist Mr. Bashir Ahmad Nanda, as he took me around the College’s medical unit, which is situated on one corner of the lush green campus of the College. I made a quick assessment of available medical facilities, and together we started compiling a list of essential missing medicines, instruments etc. which would be needed for the unit.

That very week I was allotted accommodation in the staff quarters, which came together with a young boy, Mr. Ghulam Nabi Bhat from a village near Kupwara, who was to look after me. The faculty apartments were in the heart of a pear orchard. Although there was more staff housing available on that lush green campus, only two units were occupied, one by the late Dr. Nirmal Singh, the Dean, and another where I had started
to live. Invariably, we would meet in the evenings after out
day’s work. Dr. Nirmal Singh was a very dynamic administrator
and he had a very good sense of humor.

During the spring season one could take very pleasant walks
amongst the soothing white flowers. The Faculty is situated in
more than 250 acres with beautiful lawns, and a large variety
of flowers and fruit trees all providing a unique fragrance to
the passerby. The Hurmukh range of mountains seem to
safeguard the serenity of the campus. A small river called the
Phoru flows calmly along the exterior boundaries of the
campus, and a population of a few thousands souls lives happily
on its banks.

Well dear reader, from a hectic doctor -patient -doctor
relationship, I had chosen a place where as a doctor I had
very little or no work at all to do. However, with the passage
of time I started realizing that being a doctor does not mean
being a prescribing machine only. I therefore, in addition to
my official assignments, extended the remit of my services to
this adjacent Wadura village.

I would often come to collect post from the administrative
section of the college from Mr. Ghualm Mohamad dar, Qibla,
as I would often call him, as that used to be the only way I
remained connected in that internet-less era. One day I met
the late Prof J.D. Safaya while collecting the post and he took
me to his office. He lit a cigarette and in between puffs he
gave me some peerless advice like any disciple should, and my
only negative thought was that his smoking habit was both
worrying and annoying me a lot. I felt it was too premature to
counsel him directly at that juncture but I made up my mind
to do so, albeit indirectly; consequently I undertook my first
study on high risk smokers and associated risk factors of atherosclerosis on the campus. A series of lectures on preventive medicine followed.

One day a young boy was brought to our clinic with pain in his abdomen. He was writhing with pain, and a clinical examination displayed the possibility of a worm colic, a very common problem in Kashmir. “Doc,” his mother asked me innocently “he has not taken anything since yesterday morning. Will it be possible for you to give him glucose (IV-fluids)?”. Her innocent request made us start thinking harder about upgrading our medical unit. “Doc! Why don’t we de-worm all children in the village”, senior pharmacist suggested. “To the best of my knowledge, worm infestation is quite prevalent here. You probably know most of children miss some of their classes due to pain in the abdomen caused by worms,” he went on. The senior pharmacist who came from Baramulla had been living in the Wadura village for years together, and would visit his home on weekends. The loud sounds of his old Yazidi motor bicycle every Monday morning would mark his arrival back at the faculty. He had very good experience of the clinical problems found in the village, as he would practice there after hours. I found him a very co-operative team member during my tenure in the faculty. Finally, one fine day we conducted a mass de-worming program in one of the schools of the village. Tab. Pyrantal Pamote was given on the spot to all the school children, followed by health education, with an emphasis on personal hygiene. The drug was well tolerated by all and we did not observe any untoward side effects in any of the children who received it. Intestinal helminth infections are prevalent in most developing communities, and school-age children harbor some of the most serious infections, which can produce adverse effects on health, growth, and school performance. A while later, a smiling senior pharmacist told me “Doc! This morning on my way to college I met the principal of another school. They too have requested a camp like this in
their school.” He was feeling satisfied with the results of the previous camp. Consequently, under the auspices of the National Service Scheme (NSS), all local schools were finally included, and the late Prof G.M. Wani, who was then Director Extension Education of Sheri Kashmir University of Agriculture Sciences & Technology (SKAUST), was crucially helpful. Our medical unit carried out a series of medical camps in Wadura village and also in Bomai, another village, again under the auspices of the NSS. It set a trend among the local population. Suddenly, all parents were de-worming their children every six months without any fear of untoward side effects of the de-worming tablet. We didn’t study any impact of de-worming, but the number of students coming to us for treatment with worm colics decreased drastically following the mass de-worming programs in the locality. Well-designed studies treating school-age children with anti-helminthic drugs have shown that mass de-worming results in improved growth and nutritional status. There is enough data to suggest that after de-worming the children also have higher scores in tests of cognitive function as well.

Our next milestone was the establishment of a small clinical laboratory, as the whole area was devoid of any laboratory facility, and patients needed to go miles away in order to get a simple investigation done. There were the myriad administrative hurdles found anywhere in cases like these, for instance, the creation of a post for a new technician, purchase of lab equipment, etc. While the proposal was under the blanket of red tape, awaiting official sanction, I suddenly had an idea. “Why don’t you learn basic lab investigations?”, I suggested to the senior pharmacist. He happily agreed and he was duly officially deputed to the sub-district hospital in Sopore where he was taught to do basic lab investigations. No sooner was his laboratory training complete, than we were able to start the budding clinical laboratory in the medical unit. Basic investigations such as hemograms, urine examinations, ESR,
etc. were all done free of cost to students and on a “No Profit No Loss” basis for Faculty employees and local villagers. In this way, our laboratory was soon paying for itself, without any financial burden on the Faculty. The influx of patients from the nearby village increased rapidly, and soon our medical unit felt like a small busy hospital.

There is an increasing emphasis all over the world nowadays on preventive medicine programs, because such programs are cost effective and have been shown to yield better results. For instance, a Tetanus toxoid immunization program has been recommended by American College of Surgeons for agricultural workers and researchers, because their close contact with soil that harbors tetanus spores makes them particularly vulnerable to tetanus. We decided to undertake a mass tetanus immunization program in the campus. Trying to immunize healthy students against tetanus was an uphill task. “Doc, I am really afraid no one will attend our program” one of the staff members in the medical unit said. We decided to organize an orientation program, and during my “chalk talk” I emphasized the importance of preventive medicine in the form of vaccination.

“Friends, if you wish to participate, tell us more about your health in the past, whether you have any allergies or any chronic illnesses, complete this pro forma and submit it to the medical unit tomorrow.” “We’ll have a fun fair later,” I went on. “You can make cartoons, play musical chairs, sing, etc. tomorrow, and have some fun.” “But,” I cautioned, “you can make any cartoon of me, but please refrain from making cartoons about your teachers and your colleagues.” Soon after the orientation program had ended, all the students were seen boarding the college bus and leaving the campus. “No one will come tomorrow, Doc. They all have left,” said another employee of the medical unit gloomily.

“Well,” I said, “we will wait from 9am to 2pm for them and that is all we can and must do.” The next day the weather
was very nice and I came out quite early in the morning from my accommodation in the staff quarters. It was a pleasant walk through the pear orchard, and even more pleasant listening to the chirping and singing of the birds. At 9am, to our great surprise, we saw the students thronging in great numbers in their green coats, their official uniform, to the medical unit. They started showing us the most wonderful cartoons. Our idea of drawing and displaying cartoons had certainly unleashed their creativity! It became clear to all of us why the students had boarded the bus the day before. Yes, you guessed it – it was to get material from the local market in Sopore, as no such market was available on the campus or in the nearby village. It was amazing to see how the students had depicted their problems concerning campus water, electricity, boring hostel life, etc. in a very creative manner. The funniest cartoons were about me, and with their permission I have preserved them for the last so many years now. I still feel that those were the best gifts depicting his patient-doctor relationships that any doctor could ever receive. The funfair cum vaccination and blood grouping program went very nicely, and no efforts were required to inject students with the further two doses required in order to complete the program. Data from those proformas formed the basis of a useful database, as they revealed that there were 18 students who were allergic to sulfa drugs, a number to penicillin and that some had family histories of diabetes etc.

The next milestone for the medical unit was the establishment of a Well Baby Clinic cum Vaccination Centre to cater for the needs of the populations of adjacent villages. Universal immunization vaccines were made available on the campus in collaboration with the Health Department of Kashmir. Most of the local people were completely ignorant about these vaccination programs. Accordingly, a campaign in the form of posters displayed all over the area was launched, and prominent citizens, religious leaders, school teachers etc.
were mobilized to increase the awareness of vaccination programs among residents in these villages. The Government of India launched the Pulse Polio Immunization (PPI) campaign, with the first National Immunization Day (NID) observed in December 1995. Since then, a drastic reduction in the number of polio cases has been observed in the country as a whole. India accounts for more than 50% of cases of Poliomyelitis reported globally, but the strategy of conducting successive rounds of NIDs and sub-NIDs over the years has brought India close to achieving the complete elimination of polio. A campaign was launched to make the vaccination drive successful. The medical unit of the Faculty distributed posters, and lectures were delivered in religious places by the senior pharmacist so that this national program, including our part in it, became a great success. We ourselves observed encouraging results and hundreds of babies (aged 0-5 years) hailing from different villages were vaccinated in the faculty medical unit.

Another winter had set in and now I tried to analyze the annual data on the various health-related problems of the Faculty students, and quickly observed a high frequency of gastrointestinal upsets and pharyngitis. These could possibly be due to the unhygienic conditions of the mess. That very day I had a meeting with the Dean of the college, the late Dr. Nirmal Singh and presented him with our data. “Sir, it appears that hygienic conditions of the hostel mess need to be improved,” I explained to the dean. “Fine, Doc. Please give me a written proposal as to how we can encourage the development of better facilities,” the dean said. This way, a six-point program for improving hostel hygiene came into existence and under the chairmanship of Prof S. D. Masoodi recommendations were implemented. Mr. Peer Sharief ud din and student’s welfare officer Dr. Saifuddin played a very crucial role in improving hostel life of students. Another interesting observation emerging from my study of our data was that a good number of students would come to us with psychosomatic symptoms like fatigue,
insomnia, headaches, etc. to the medical unit. It seemed to me that a lack of interesting recreational facilities for students on the campus could possibly be responsible for such symptoms. The campus, though very beautiful, was located far from the main town, had minimal transport facilities and very limited recreational facilities. I proposed that active research-oriented activities, cultural programs, seminars, workshops, etc. be organized so that students would start liking the place. Accordingly, the medical unit organized a seminar on organophosphorus poisoning and medical management which was sponsored by Rallis India (Agriculture division) and was possible due to wonderful efforts of Mr Bashir Ahmad Janwari & Mr. Mohd. Ashraf Janwari, both graced the occasion. The programme was attended by progressive farmers, students and various other district officials. The students showed lot of enthusiasm for this project, and Prof Z.A. Baba, Prof B. A Khanday Prof. Ali Mohammad Wani, Prof Ahangar and other speakers actively participated in the program. Coming back to my earlier observation, it was interesting to note that the frequency of runny nose (rhinitis) and excessive sneezing appeared to have a linear relationship with the spring season, possibly due to pollen allergies, as the campus was lavishly planted with flowers.

On the subject of campus water supplies, I said to the Dean one day, “Sir, I think we should analyze the water supply. It doesn’t sound good to me but without testing it, I really cannot be sure about this”.

“Well Doc,” he replied, “I will be travelling to Srinagar this coming week. We could go together, taking along with us a water sample. We could then get it investigated properly while we are there”. Early one morning during the next week we collected the sample from the tank and headed towards the S.P. College Hydrobiology Laboratory in Srinagar.

A few days later I showed him the report. “Good, Doc!” he said. Please now prepare a report as to how the campus water
can be improved”. Unlike our modern “connected” times, when everything is available at the touch of a button or the click of a mouse, I hurriedly rushed to my college library, then consulted one of my professors, and together we drafted a plan for the improvement of the campus water. Based on our plan, all the overhead tanks were cleaned, a lot of mud was removed and a filtration motor was installed. The mud was so copious that it filled nearly eight trucks. The campus water became markedly better. “Please regularly and adequately use bleaching powder. The water coming to my apartment must smell of chlorine,” I instructed the officers working with the water treatment plant on the campus. They meticulously heeded my instructions, and the water supplies soon became better which led to great satisfaction on everybody’s part. The quality of life of the students living on improved, as did everyone’s general mood.

Invariably, in the month of July, we would often head toward Gulmarg for a picnic.

The campus had a wonderful dairy farm, and there were lot of cows. We would get excellent quality creamy yellow-colored milk flowing thickly from the container, owing to its superior quality, at a discounted price. However, from time to time, employees from the dairy farm would come to the medical unit with vague complaints like low back ache, fatigue, etc.

“Could they be harboring zoonotic diseases (diseases that are primarily present in animals and are contracted by humans), or perhaps even tuberculosis?” my heart whispered. I prepared a proposal for screening all elderly and symptomatic employees of the faculty for tuberculosis, and selected groups for Brucellosis, in collaboration with Health Department of the Valley. Dr. Nadroo chief of the Diary division proved very helpful in the screening process. Two cases turned out to be positive for tuberculosis, one was working as a cook in the boys’ hostel and another was in an another section. Based on my recommendations, the next morning Mr. Mohd Sayed Usmani, the Sectional Officer in the Dean’s office was seen
dictating the transfer order to his junior clerk, who was typing it on an old-fashioned typewriter and the cook was transferred to a different section. Invariably the sound of their typewriter used to be clearly audible in the corridor, yards away from their office. In the end, the cook successfully completed his tuberculosis treatment course, but of course while working away from the hostel mess. Three other employees working on the dairy farm turned out to be positive for brucellosis and they, too, improved remarkably after treatment.

One day, an old farmer came to our medical unit, having walked through heavy rain to reach us. “Doc,” he complained, “my foot is hurting me badly.” He had come from a nearby village. His foot was causing him so much pain that he had made the effort to come to us, despite the rain. When I examined him, I was confronted with an angry-looking abscess. We had no facilities to drain it safely, and regretfully we referred him to the higher center in that torrential rain.

“Next time we should be able to tackle such cases, Doc”, said the senior pharmacist. And indeed, a few months later we finally succeeded in establishing a minor operation theatre facility in the medical unit. One room of the medical unit was utilized for proper sterilization like autoclaving, and adequate instruments, dressing materials, etc. were procured. Patients from local villages were treated under all aseptic precautions free of cost. Small procedures like abscess drainage, wound dressings, removal of cysts or ganglions, the management of burns etc. were carried out in our basic operating theatre. It was not possible to carry out major procedures there, but even doing simple procedures would give us all immense satisfaction. Pain relief is one of the most important duties of a doctor. All our efforts should be focused in providing tender loving care to our patients and taking virtue as its own reward.

With the passage of time we realized that short term ailments like diarrhea, gastritis, colic, profuse vomiting etc. needed an in-patient service, so with this idea in mind we developed a
two-bed short stay facility on the campus so that patients could be shifted to tertiary care hospitals after proper stabilization.

One-day the Dean’s driver came to the medical unit. He was complaining of abnormal movements of his limbs. I examined him and it looked possible to me that he was suffering from Myoclonic jerks and needed a specialist opinion. The nature of his illness and his driving job demanded that he be transferred to different duties. I humbly explained to him that while driving, your involuntary movements can lead to an accident hence it is important to work in a different unit of the faculty. I referred him to the Sheri Kashmir Institute of Medical Sciences (SKIMS) Hospital in Srinagar for a neurological consultation. I was forced to divulge this professional secret in my heart as the person could potentially endanger the lives of both students and staff, hence I informed the Dean of my suspicions about his condition. “Please explain to me what could happen while he is driving, due to his illness, Doc,” he asked. “Sir, it is possible that he could suddenly apply the brake or inadvertently press the accelerator, either of which could prove fatal while he is doing his job on a driver’s seat”. The Dean kept his hand on my shoulder and said: “That’s interesting, Doc, because one day, as we were travelling together in the jeep, he suddenly applied the brakes. I thought it was simply a narrow escape. I need your written proposal, and I will post him to a different section,” he said. The next morning, I brought the letter, and he was posted in a different section. Unfortunately, he had only been working on a temporary contract in the Faculty and one of the officers in the administration questioned his fitness to continue his employment there.

Next thing, the driver came to speak to me. “Doc! Help me! My employment is in danger”, he said as he burst into tears. I felt terribly sad and I immediately rushed to the Dean’s office.

“Sir,” I explained, very concerned, “I never intended to
harm him, but simply intended getting him moved to work on a different section which did not involve driving and where his myoclonic jerks wouldn’t endanger anyone.” Finally, Mr. Bashir Ahmad Bhat, our capable Assistant Registrar, observed the spirit of the rules and changed the order. I was very relieved when I spotted the erstwhile driver working happily in another section of the faculty a few days later.

It was month of June, dawn was still breaking and the campus was yet to come out of the blanket of dark night. Mr. Ghulam Nabi, my attendant knocked at my door. “Doc! Come quickly! There is noise outside, and bright lights are flashing,” he called. I quickly put on a jacket, took out my employee identity card, and left my quarters. The “bright lights” at the distant end of the campus, were caused by a fire in the main college building. The whole village had gathered together near faculty quarters. The flames were very high. I felt very sad that the great institution was being burnt down by an unfortunate fire.

“Doc, take care! The whole area has been cordoned off, so please don’t go there, it is risky,” the villagers insisted. But it was difficult to resist trying to help, even though there was nothing I could do actively. I therefore headed towards the main building which was enveloped in flames. As I approached, a torch was shone on on my face, and I turned it a little. “Hands up!” yelled one of the ambushing security persons, whom I had not spotted in that darkness. “I am the campus doctor”, I explained, hands raised above my head. “Could you please take me to your officer,” I humbly requested him. Having thoroughly frisked me, he messaged the officer and I was permitted to proceed. The building was burning fiercely and was completely engulfed in flames. Glassware in the laboratories could be heard bursting, as if children were playing with crackers. It was indeed very sad for me to witness the whole scene. Firemen and army personnel were trying their best to overcome the flames. “Sir, would you mind getting our
Dean? He lives few miles away,” I requested the commanding officer. While we were discussing this, one of the walls collapsed with a loud bang, and an army officer blew a whistle. Everyone present collected in front of the building, but two people were found to be missing. Minutes later the building had been carefully searched by the firemen and two security staff were carefully brought out. Unfortunately, neither could be resuscitated. Hours later firemen finally managed to extinguish the flames, but the main college building, including laboratories, etc. was completely destroyed. The campus looked sad for months until the renovations started to rebuild its charm, but it never returned to its full former charm. The smell of smoke would often remind everyone of that unfortunate fire and for a long time it would overpower even the fragrance of the roses on the campus.

Months later, I needed to go to Srinagar for my personal work so I was away from the campus overnight. There had been security search operation in the Faculty quarters. Unfortunately, an incident had taken place during the search operation and one of the employees who was on night duty in the medical unit, Mr. Bashir Ahmad Bhat, died in the cross fire between the militants and the security forces. I came back the next morning and it was hard to behold the faces of his old father, his small children and his sad wife. I am not sure what would have happened had I been that night within the campus. A few other employees advised me rather to commute to my work there, and not to live there anymore. In fact, it was very scary to stay on the campus, as all faculty quarters remained vacant in that huge space. I reluctantly stopped living there for a while. However, as the saying goes, time is the best healer and the fear slowly diminished and a few months later, the Dean of the faculty started to live there again and so did I.

Months later there was administrative reshuffle and Dr. Sunder Singh took over as the new dean of the faculty. He was also very cooperative with our medical unit activities. “The
Students have to go on educational tour to Ladakh, Doc. Could you accompany them?”, the Dr. Sunder Singh dean inquired one day. I immediately replied in the affirmative as I had never explored that region. Prof Bashir Ahmad Khanday and I were asked to accompany students to Leh. The month of August was in its youth and one morning early, we boarded the State Road Transport Corporation’s twenty-seater mini bus which set off from the Tourist Reception Center in Srinagar towards Kargil. I had packed up some essential drugs, first aid materials, etc. to take with me in order to be of help to the needy while travelling. The picturesque sights on both sides of the road were enchanting, and we had very good lunch at Sonamarg. Soon our bus started to negotiate the twisting, rough hill road towards Kargil and we gained height progressively. Looking out of the bus window to the valley below was rather scary. The road happens to be very narrow and rough, and has no sidewalks. Only a few miles before Zojila, it started to drizzle, and as the road became wetter, so our fear of slipping and sliding became greater. Thoughts of what could happen if the rain increased and rocks started sliding onto the road, perhaps even onto the bus itself, in the middle of the journey, were in everyone’s minds. When the driver was negotiating sharp turns, tremors would go down our spines, and at times everyone would scream with terror. The driver seemed to be quite experienced; he went on driving quite nonchalantly, and in between times, boosting our morale as well! After an hour or so the rain stopped and we all heaved a sigh of relief. After we had covered what seemed like only a few miles, some vehicles on the other side of the road came into sight. The driver of our minibus started reversing inch by inch under the guidance of the bus conductor, who had come down to guide his master on that muddy road. We must have reversed for nearly half a mile by the time the driver had succeeded in creating a space for the oncoming vehicles to pass us. It was quite terrifying to contemplate that any small degree of alteration in the angle of the reverse direction of our bus could throw us deep down
thousands of feet into the mountain pass, and no one would be recognizable later. The driver finally restarted his onward journey towards Kargil. Night had started falling, and we reached Dras (located at an average elevation of 10,764 feet, Drass river flows in this beautiful valley). We all opened our luggage and took out our sweaters and blankets as the cold air was making us shiver. Dras is the second coldest area in the world (after Siberia) where temperatures go below -50°C even. At around 9pm we reached Kargil. We spent the night in a hotel and had a bird’s eye view of the town next day. The most wonderful attraction in Kargil was the sight of the short-legged Pashmina goat, the backbone of pashmina industry in Kashmir. We restarted our journey towards Leh on the next sunny day. From Kargil onwards the road was wider and in much better condition and travel seemed a wonderful experience in the partially desert-like mountains, as no fauna or flora exists at such high altitudes. At Leh we were received by one of the officers of the Leh division and suitable accommodation was provided for all of us. The long tiring journey had exhausted us, and partly due to mountain sickness, everyone was complaining of muscle cramps. The shortest walk would cause cramps in our legs due to the low oxygen levels, and most of us preferred not to exert ourselves for the first two days so that our bodies could acclimatize to the high altitude. A few students had minor epistaxis but two days later, we had all adapted to the altitude. We had a tour of fashionable markets in Leh and witnessed its beautiful fauna and flora, as well as its rich cultural heritage. Leh is indeed one of the most beautiful cities in the country. One of the fascinating spots was the Masjid Shai in Leh, which spoke volumes about how Hazrat Shahi Hamdan had travelled, and his exemplary missionary trait. One fine night it was wonderful to have dinner at the home of Head of the Division. There was a fine mix of Muslim and Buddhist culture to be seen in his home as his mother had been Buddhist. The elegant guest room contained wonderful paintings, wooden art and paper art. “Well Doc,” he proudly
said while we were having a delicious dinner, “here we have been living for ages in untainted brotherhood and communal harmony.” We certainly retained wonderful memories of our stay at Leh, and finally, after a week, one evening we set off on our journey back to Srinagar in a different minibus. I happened to meet the driver of the bus before we set off. To my horror, a strong smell of alcohol was on his breath. It made me very much fearful of his driving. The fear of that awful dangerous road was fresh in my mind, and anxious thoughts churned in my mind while our journey carried on. A few hours later, the whole bus was asleep and some were even snoring, but I did not close my eyes for the whole journey. Every time the driver negotiated a curve, my heart would sink. Finally, the scary night ended and so did the horrible travel on that difficult road. No sooner had we descended completely from that rough mountain road, than everyone clapped and I clapped longer and louder than anyone! “Doc, it seems that you were more scared than any of us,” said one of the students. I smiled and told them that the driver had been drunk, which I had not disclosed earlier. Unfortunately, the world over, accidents occur when drivers are in a drunken state. However, in the end, it was wonderful trip indeed, and we offered our Friday prayers at Jamia Masjid in Srinagar.

After having had a wonderful time with the students at Leh, the Medical Unit organized a medical camp in the Govt. Higher Secondary School at Bomai under the National Social Service Scheme. The medical team was warmly welcomed by the principal Mr. Ghulam Nabi Masoodi and staff of the school. During my clinical examinations, I observed that a good number of students had signs of goiter (enlargement of the thyroid gland) which has been found in various studies to be endemic in Kashmir. Unlike many scourges of mankind, endemic goiter is an entity whose features and cure were recorded almost simultaneously. Shortly after 2838 B.C., the Chinese Emperor Shen-Nung mentioned seaweed as an effective remedy for goiter. In the early 19th century the active ingredient in seaweed was
identified as iodine. Since then the thyroid’s critical need for
this element has become firmly established. Despite this
knowledge, and the fact that iodization costs less than 10 cents
a year per person, iodine deficiency still affects almost 1 billion
people across the globe. The Medical Unit started a campaign
on the campus and in the adjoining villages about iodine
deficiency disorder awareness and undertook a study in
collaboration with the Sheri Kashmir Institute of Medical
Sciences. The unit emphasized importance of intake of iodized
salt and our senior pharmacist spoke in religious places about
the use of iodized salt, and to our delight, all this had a dramatic
impact.

Iodine deficiency is crippling, and has devastating effects
on society. It affects children right from conception to adulthood,
for it has a role in thyroid hormone synthesis, and the thyroid
hormone is critical for brain development. Iodine deficiency
persists in many countries that are among the wealthiest and
most technologically advanced in the world. There are many
reasons for this, but one may be that goiter, the visible
manifestation of iodine deficiency, detracts from an appreciation
of the more serious consequences of iodine deficiency.
Predominant among these are the impairment of mental and
neuromuscular function that develops in infants of iodine-
deficient mothers.

The term Iodine Deficiency Disorder (IDD) refers to all the
ill-effects of iodine deficiency in a population that can be
prevented by ensuring that the population has an adequate
intake of iodine. Brain damage and irreversible mental
retardation are the most important disorders induced by iodine
deficiency. In 1990 it was estimated that among the 1572 million
people in the world exposed to iodine deficiency (28.9% of the
world population), 11.2 million were affected by overt cretinism,
the most extreme form of mental impairment due to the
deficiency and that another 43 million people were affected
by some degree of mental impairment. Iodine deficiency is
thus a leading global cause of preventable mental impairment.
and other neuro-cognitive disorders. Supplementing iodine in table salt is a cheap and effective way of curbing this deficiency.

After the study I explained the need for iodine intake in the form of iodized salt to the faculty members, students etc. with the idea that all of them would act as missionaries in their respective homes and areas so that the message of iodized salt intake would spread in our community as these disorders affect the society and nation on the whole.

On another occasion I spoke to the students like this: “Let me test how dynamic you are?” I said, and while I was explaining the importance of being dynamic in life, the Medical Unit employees were distributing the Pro forma in the hall, and we conducted this study among students and faculty in a double blind manner. We drew a very interesting conclusion based on that Pro forma. The students seemed more effective in public dealing than the employees! The data showed that only 5% of the participations had “effective and dynamic public dealing”; about 60% have “good public dealing” and the rest need to be more “dynamic in public dealing”. Public dealing is a huge challenge among workers, and many a time an intelligent answer can avoid many confrontations and save energy. It is very important to have the capability to accept a challenge in life. We observed that 80% of the participants have the ability to accept a challenge and accomplish things in life as a result of being good analysts of a given situation. The purpose of such study I believed is that a doctor ought to observe health, as W.H.O. puts it - “a state of complete physical, mental and social wellbeing”.

It was month of October I was selected for post-graduation in Medicine at the SK Institute of Medical Sciences in Srinagar, Kashmir. Down the track of memories, I feel the fragrance of those sweet memories of the start of my medical career in that Institute. I thank from the bottom of my heart the worthy Vice Chancellor and Director Ext. Education Cum N.S.S. Coordinator, Associate Dean, Cum Chief Scientist, all the scientists of the Faculty of Agriculture, then administration, and last, but not
least, the staff members of the Medical Unit because all this would have not been possible without their cooperation. My good wishes shall always remain with this institution. In the healing meadows of memory, my stay in this faculty remains one of the sweetest memories I have.

“Speak less than you know; have more than you show.”
– William Shakespeare

“Every truth passes through three stages before it is recognized. In the first, it is ridiculed. In the second, it is opposed. In the third, it is regarded as self evident.”
– Arthur Schopenhauer

Notes:
1. Faculty of Agriculture is one of the faculties of SK University of Agriculture sciences and technology Kashmir. More than 500 students study B.Sc. Agriculture and around 300 employees work. Medical unit designed to take care of simple ailments of students and had four paramedical staff, Pharmacist Mr. Bashir Ahmad Nanda, Mr. Abdul Rashid, Mr. Bashir Ahmad Bhat, Mr. Ghulam Nabi Bhat.
2. Mount Harmukh is a mountain with a peak elevation of 16,870 ft is part of the Himalaya Range, and is located between Nallah Sindh in the south and Kishanganga Neelum River in the north, rising above Gangabal Lake. It is mostly climbed from the northwestern side of Arin Bandipora which is considered the easiest route.
3. Pohru rivers originates at Kupwara when all above cited canals or rivers meet together. It is at an altitude of 1554 meters from sea level. It is an important source of irrigation from Kupwara to sopore and also provides water to Lal khul.
4. The results of our study: of 40 smokers 13 were high risk smokers in the faculty, while screening other associated risk factors of atherosclerosis we observed that there were four Hypertensives, one Diabetics, two dyslipidemia patients.
5. Baramulla (varmul) is a town on the banks of river Jhelum and before 1947 was known as gateway of Kashmir founded by Raja Bhimsina in 2306 BCE. From the beginning, Baramulla has had religious importance. Hindu Teertha and Buddhist Vihars made the
city sacred to Hindus and Buddhists. During the 15th century the city became important to Muslims also. Syed Janbaz Wali, who visited the valley with his companions in 1421, chose Baramulla as the centre of his mission and lived his life there. His shrine attracts pilgrims from throughout the valley. In 1620 the sixth Sikh Guru, Shri Hargobind ji visited the city. In Baramulla Hindus, Muslims, Buddhists and Sikhs always lived in harmony and contributed to its rich culture.


7. 10 year Tetanus toxoid immunization program consists of 3-Doses at 0 day, second after one month and third dose after 6-12 moths. Then every 10 years single booster dose.

8. Gulmarg ("meadow of flowers" named by Yusuf Shah Chak) lies in a cup shaped valley in the Pir Panjal Range of the Himalayas, at an altitude of 8,694 ft, 56 km from Srinagar. Skiing and other winter sports in Gulmarg are carried out on the slopes of Apherwat peak at a height of 4,267 m. Many points on Apharwat peak and Khilanmarg offer a panoramic view of Nanga Parbat and Harmukh mountains. One of the three golf courses is at an altitude of 8,690 ft is the highest golf course in the world. Gulmarg Gondola is one of the highest in the world reaching 3,979 metres. The two-stage ropeway ferries about 600 people per hour to and from Gulmarg to a shoulder of nearby Mt. Apherwat Summit 13,780 ft. The first stage transfers from Gulmarg at 2,600 m to Kongdoori at 3,080 m. The second stage which has 36 cabins and 18 towers, takes passengers to a height of 12,959 ft on the Apherwat Peak. A chair lift system connects Kongdoori with Mary’s shoulder for taking skiers to higher altitude.

9. Myoclonic jerks or seizures are usually caused by sudden muscle contractions (positive myoclonus) or brief lapses of contraction (negative myoclonus). The most common circumstance under which they occur is while falling asleep (hypnic jerk). Myoclonic jerks occur in healthy persons and are experienced occasionally by everyone. However, when they appear with more persistence and become more widespread they can be a sign of various neurological disorders.

10. Sonamarg, an alpine valley is situated at the bank of Nallah Sindh,(2800 meters above sea level) 87 km north-east from Srinagar, opens in late April for road transport. From here trekking routes
lead to the Himalayan lakes of Vishansar Lake, Krishansar Lake, Gangabal Lake and Gadsar Lake, stocked with Snow trout and Brown trout. It is also famous for river rafting tournaments. It was a gateway on ancient Silk Road along with Gilgit connecting Kashmir with China and other Gulf countries.

11. Zoji La is a high mountain pass in Kashmir, located between Srinagar and Leh in the western section of the Himalayan mountain range. Zoji La provides a vital link between Ladakh and Kashmir. It runs at an elevation of approximately 11,575 ft, and is the second highest pass after Fotu La on the Srinagar-Leh National Highway. Heavy snowfall (for example in 2008 snow fall was 18m here) at highest passes blocks traffic, cutting Leh from Srinagar for some six months each year. During springtime, the Border Roads Organisation (BRO) plows snow and repairs damages caused by landslides.

12. Kargil is located 60 km from Dras and 204 km from Srinagar to the west, 234 km from Leh to the east at an altitude of 2676 meters along the banks of Indus river. Summers are hot with cool nights while as winters are long and chilly. Temperature can go down as low as \(-48^\circ\) C.

13. Leh city is at an altitude of 11,562 ft, and connects via National Highway to Srinagar in the southwest and to Manali in the south via the Leh-Manali Highway. Leh was an important stopover on trade routes along the Indus Valley between Tibet to the east, Kashmir to the west and also between India and China for centuries. The main goods carried were salt, grain, pashmina or kashmiri wool

14. Jamia Masjid at Nowhatta sgr. was built by Sultan Sikandar in 1400 AD under the order by Mir Mohmmad Hamadani son of Shah hamdan. It include beautiful Indo-Saracenic architecture, a magnificent courtyard and 370 wooden pillars. Another feature of the mosque is the peace and tranquility inside it, standing out against the hustle of the old bazaars around it. The area of Jamia Masjid extends up to an area of 384 feet by 381 feet. This spacious mosque holds a capacity to accommodate more than 33,000 people offering prayer at a time.
II. Going to the Secretariat

“Secure your job first,” the head of the Dept. of Gastroenterology at Sir Ganga Ram Hospital New Delhi said. At the time, several years ago, I was pursuing D.N.B Gastroenterology in that hospital. I had been served final notification by state health services and was directed to respond within 15 days. One month’s leave without pay was requested from the hospital, in order to allow me to follow my case in Kashmir.

I reported back to them within the stipulated time period in the hope that the leave without pay would be sanctioned and that I would be able to join my course again.

It was the month of September, which is a lovely time in Kashmir as it is neither too cold nor too hot. I joined the long queue of people waiting outside the secretariat gate. The weather was little windy as I waited, and light breezes were playing with the leaves of tall poplar trees guarding the secretariat wall, producing wonderful sounds, as if someone was whispering very sweetly. Those soothing sounds were intermittently interrupted by the shouts of the security guards at the gate. They seemed to be more loyal than their respective kings. They would hardly respect their own vocal cards while shouting at the people approaching them with slips to enter the premises, trying to bypass our queue. Even so, some people with slips could be seen sneaking their way in. I continued to watch the scene while standing in that long queue for I had no other choice. Finally, after having endured a security frisking thrice, I entered secretariat by way of their beautiful lawns.
Once inside, I met two other friends. They also had come to follow their respective cases.

“Doc! how do you expect me to process your joining and then your relieving simultaneously?” the sectional officer asked.

“Sir, I want to secure my job. Allow me to continue my education by giving me leave “without pay”, I had already applied for this before joining the course” I humbly requested him.

“I can process only one case at a time” and while speaking to me, he threw the file on the table and shouted, “look what this qualified doctor wants me do! “ Through the slit between his thick glasses and the orbit, he looked at me and said, “I will post you somewhere or else leave your services and join back in New Delhi”. I listened quietly to his unwelcome threats without arguing for fear that the anger in his mind would flow through his pen.

However, I had an unshakable firmness in my mind and I continued to pursue my case. I met all the people involved, and left virtually no stone unturned. With the passage of time I had learnt that on Fridays employees prepare for their prayers at least 90 minutes before, and you are lucky if they resume their duties 60 minutes later, hence I preferred not to visit the secretariat on Fridays. This gave me 4 days a week to devote to the success of my cause.

Not many days later, one of my friends helped me to get a gate pass. Life became altogether different. Now I would enter at 10 am like the employees of the secretariat and soon my face became familiar.

“Which department have you joined in the secretariat? the manager of the cafeteria one day said. “I am following my case on regular basis and I am not an employee in the secretariat”. I replied with a stolen smile.

“Come after 10 days, I have submitted your file for orders “ said another officer in the bureaucratic chain. Time was going by quickly, and I had managed, with a great deal of difficulty, to extend my unpaid leave from New Delhi for another month.
Keeping in view Darbar Move\textsuperscript{1}, it was very difficult to wait for 10 days before returning to the secretariat, hence I did so only 3 days later. While walking towards the health department, I saw the same officer of whom I was so scared. Believe me, the adrenaline leached out from my body glands and I could feel the racing of my heart. I immediately entered the nearby washroom in order to avoid any eye contact with him. However, a few minutes later I composed myself, and I put all my stress behind me. I washed my face, gathered courage and reminded myself that I am not asking for any undue favor from them, why should I be scared. I shrugged my shoulders, took a deep breath, and peeped quietly through the wooden door till I was sure that the officer must have entered his office and I safely walked out.

I could see my yellow colored file which had to be placed few yards on the desk of the next officer, an arm’s length away from me. I humbly requested the record keeper to put up my file.

“Don’t you see how much busy I am?” he said, “but please go, I will do it myself. And how come you are you here before the visiting hours,” he asked.

I left his office, and was happy to see my friend in the corridor. We would often chat when we met between our respective follow ups. While having a warm hand shake with him, he showed his order over to me and said,”Ibrahim! My good wishes are with you; my job has been done “. My face fell, and the firmness of our handshake slowly lessened. It was clear to me that things were beyond my reach. The ecstasy of the gate pass had evaporated. I was now sure that even if I started to follow my file right from 7 am in the morning every single day, it would never generate enough momentum for my file to get anywhere. Something else counted more than my perseverance.

A week later there was turmoil in the valley, and all government offices remained closed for days on end. When
the offices re-opened I headed towards the secretariat again, of course with heavy legs and a heavy heart. I saw a number of trucks on the secretariat lawn. Every office was busy packing up files, preparing for the “Darbar move”. I had no courage to ask anyone about my file, as everyone was speaking about their own.

“Come to Jammu after November 15th” one of the officers said, and I left the secretariat.

Days later my hopes further dashed when I learnt about the official reshuffle of the cabinet in a news announcement at 7.30pm aired from Radio Kashmir Srinagar. A new commissioner had been recruited for the health and medical education departments.

Early in the morning I boarded a sumo in Lal chowk Srinagar and after a daylong travel on Srinagar-Jammu high\(^2\) way I reached Jammu\(^3\) in early evening hours. The weather was lovely and I quickly took out my long jacket and extra sweater. After a thorough search in the market, I finally succeeded in booking a pocket-friendly hotel room. The day long Sumo travel on the wavy Srinagar -Jammu road had left me very tired and I was soon in the lap of deep sleep. A few hours later I got up and left the hotel for a walk at around 9 p.m. To my surprise I met lot of Kashmiris, mostly employees, on the Residency Road. It felt as if I was walking on the Residency Road in Srinagar instead, except for chilly cold.

“Who would be looking after the official responsibilities of these employees in Kashmir? I started thinking that the same things must be happening to Jammu local residents when the offices are in Srinagar. Minutes later I cursed myself as I went on thinking about the work days lost in both the regions by this “Darbar move”. Finally, I shook my head and came out of these fantasy calculations. I was very happy to meet one of my old friends a long time ago on the Residency Road. We entered a nearby restaurant and ordered coffee. It was wonderful to chat with him.
“I am leaving tomorrow; why don’t you book my room in the same hotel?

Ibrahim! you can have “Noon chai” (Kashmiri tea) daily and it is economical as well” my friend said. “Who knows how long you may have to stay in Jammu”, he further elaborated. No sooner he said this my coffee cup stopped halfway between my hand and lips. “Should I move to his hotel or not?” - the thought chased me. Honestly, I was not driven by the thought of “Noonchai” but what if I needed to stay for a long time? - this thought came to my mind again and again and continued to stay there hours after. I thanked him as he had relaxed my nerves enough to bear the saga of the secretariat the next morning but I didn’t move to his hotel immediately, although I never ruled out that option.

The next morning, I headed towards the secretariat once again. Fortunately, the magic of the gate pass worked, and I was ready to follow my case. Despite a lot of apprehension about the effects of the official reshuffle, I was not bothered about my ability to tell my story afresh to the new team. I had explained it to so many officials in the immediate past, and by now I had become unaffected by any kind of behavior on the part of the officials as well. I don’t feel it out of place to mention that most of the Bureaucrats and ministers never feel part of the division of labor. Instead they develop conceit and arrogance on those chairs, yes, the chairs which are faithful to none. I remember Kashmiri couplets of great Kashmiri saint and poet Wahab Khar who said in 18th century. “So Many Solomons (Powerful Kings) visited this earth, so did Haatim Taai (Hatim of the Tayy tribe and an Icon to Arabs). With might they strode this world but vanished finally (In Kashmiri language Kum Suleimanaa Aayee MatyoKatyaa Haatim Taai Doraah Karithh Yeti Draayee Matyo Jaayee Katyoe Chhaaiy.)

“Look doc! If you join the health services again and for leave without pay, we will submit your file to the Minister. If there is approval from that office I will have no objection” the
commissioner health said. All my apprehension melted as things seemed quite transparent for the first time. He sounded very commanding, he was dynamic, his words were emitting the fragrance of honesty, like an Arabian Oud. I could now see my file hopping from one desk to another, and the order was handed over to me just before the weekend. It appeared as if the sanction from the secretary had arrived like a jet and I was posted to the Sub-district hospital at Bandipora Kashmir. Early morning, I boarded a Taxi near tourist reception center Jammu at around 6 am and started my journey to Srinagar. Now I was in a good mood and enjoyed the travel and the picturesque national high way. It was amazing to see how people live on hill tops. I was lost how they were carrying essential commodities to hill tops, remembered John Milton who said the mind is its own place, and in itself can make a heaven of a hell, a hell of heaven. The taxi stopped at Kud and I purchased two boxes of freshly prepared sweets for home. The sunset had started as we reached Pampore. It was amazing to view panorama of Saffron slopes in Pampore as if the sun rays were bathing the slopes with gold, indeed awesome. Early hours of evening I reached home. I happily joined the new place after few days.

Days later the postman brought a letter from Sir Ganga Ram Hospital (SGRH). I hurriedly opened it to find “Dear ............since you have exceeded the maximum time to report back and as per the hospital policy vide ———, your admission to the DNB Gastroenterology has been cancelled “ The letter felt heavier than its actual weight, and I closed it forever. To my sorrow, I had had to relinquish my DNB seat at Sir Ganga Ram Hospital. However, I didn’t give up I started preparing for the entrance again and after two winters I was selected for DM in Gastroenterology at PGI, Chandigarh

Dear reader, having presented you with this anecdote, you will agree that generalization is wrong. There are good administrators, there are helpful people, there are casual people
and there are corrupt people too. We all come into contact with them. My message to you is “Have perseverance in achieving your genuine goal and never be scared of the official hurdles”. I feel strongly that we need to redraft rules and make clear directions for procedures in all official matters. Every case need not be referred to more and more higher authorities, and bureaucratic steps should be greatly reduced in order to save time. It wastes lot of working days, in a bidirectional pattern. Unnecessary rush and a huge load of files taxes the officer and uses up his or her energy unnecessarily. Once any employee gets trapped in this red tape it unfortunately translates into the suffering of the whole of society. There should be channel A (cases where higher cadres need to be consulted) and Channel B cases, which can be solved by respective heads of departments. There is no need to subject people to unnecessary torture and delay, since justice delayed is justice denied. Respective head of departments should be leaders and not bosses. They should be competent and good, for goodness without ability is lame. Likewise, “ability” without goodness is a disaster.

The rules are for guidance and comfort, not for torture. It is true that driving along any side is safe but in a country with right hand drive if you start driving on the left side, you will not only endanger yourself but others as well, hence the “rules of the road” need to be observed in the letter and the spirit. We should identify the type of rule and see whether the rule demands letter and spirit or spirit alone. There is a thin line of difference between the two subsets of rules, but the benefit to society is enormous. Believe me, official red tape has spoiled many careers, the world over.

Finally, leadership qualities, transparency, honesty on the part of any head of an institution or department can shape the whole department or institution. This makes me think of what Napoleon summarized long back as “if 100 lions are led by a dog they all will be killed, instead, if one lion leads 100 dogs, all will fight like 100 lions”!
“An obstacle is often a stepping stone.”
– Prescott

“Live each day as if your life had just begun.”
– Johann Wolfgang Von Goethe

Notes:
1. Darbarmove marks mass exodus of around one lakh Civil secretariat government employees from Srinagar to Jammu in winter and vice versa in Summer. The semi-annual exodus was introduced 90 years ago by the reformist Dogra ruler of the state, Partap Singh, to escape the Kashmir winter which was not only severe but, in those days, also completely cut the valley off from the outside world and number of employees at that time used to be less than hundred. Now this puts an additional burden of more than Rs. 5 crore on the state exchequer.
2. The beautiful Srinagar-Jammu National highway starts from Lal Chowk, Srinagar and then passes through Pulwama district, Anantnag district, Kulgam district, Ramban district, Udhampur district and ends in Jammu city. First 68 km up to Qazigund are in Kashmir valley and then passes through series of Mountains up to Jammu. The highway is famous for Patnitop Hill station, Jawahar Tunnel, Sweets of Kud and Tea of Sarmuli. The highway is often closed during winter days due to heavy snowfall in Kashmir valley and district Ramban. Many landslides and avalanches in the mountainous region leads to closure of highway during winters.
3. Jammu is the winter capital of J&K located at height of 1073ft and has been founded by Raja Jambulochan (14 century BC) as a city of peace. Its name changed from Jambupur to Jammu The beautiful city is surrounded by Shivalik hills. The city spreads around Tawi river. Following the hot season, the monsoon lashes the city with heavy downpours along with thunderstorms. Forts and temples are well known sites of visit. Vaishno Devi shrine, is located at the Trikuta. Mountains and more than 10 million pilgrims visit this shrine every year.
4. Kud is located at an average elevation of 1855 metres (6085 feet). It is a part of the Lower Himalayan Range. the river Chenab flows in close proximity. 100 k.m from Jammu and 34 k.m from Udhampur city, it is just short of the tourist spot of Patnitop while driving to Patni top from Udhampur. After Patnitop is the adjoining town of Batote.
12. Along the Banks of Lake Wular

It was month of July, I joined as Physician specialist at sub District hospital in Bandipora, Kashmir, some 50 kilometers northwest of Srinagar, in beautiful and calm surroundings. This was my first time at the Bandipora hospital and it was very nice to meet other friends working in the hospital. The buses from my hometown Sopore stop several times to drop and pick up passengers, some of whom wait up to one hour, along the way from Sopore to Bandipora. This makes the 30-kilometer trip from Sopore two hours long, but not boring. The hilly road along the banks of Lake Wular, the largest freshwater lake in Jammu and Kashmir, provides picturesque views. Historic sites and scenic panoramas along the Hurmukh mountain chain engage the traveler’s imagination. However, after few weeks I finally started to live in the town at Mr. Mushtaq Ahmad Lone’s home. The family was caring and life became very easy as the hospital was at a walking distance from their home. With the passage of time I realized that the people of Bandipora are educated and well-mannered. Most of the residents are of average socio-economic status. People from adjacent villages, however, are poor. The people residing on hillocks in the medical block of Bandipora are ignorant about basic health measures and continue to follow traditional way of life. The prevalence of infections and infestations among them remains high. There were at least 50 admissions per month in this hospital due to worm colics and biliary ascariasis, and a good number of patients were referred to tertiary care.
hospitals for intestinal obstruction management and other similar treatments. I was fortunate to be member of already existing very good team of doctors Dr Malik Bashir Ahmad, Dr Syed Rehman, Dr Mushtaq, Dr Nisar-ul Hassan, Dr Muneeb Iqbal, Dr Qazi Haroon, Dr Ajaz, Dr Afshan, Dr Imtiyaz, Dr Ishfaq and Dr Shahid. All of them are competent physicians and very good team members.

“Doc! Let us conduct one-day medical camp in each school and teach students principles of basic hygiene and hope it will help to decrease number of admissions due to worm colics in the hospital,” said Dr. Malik Bashir Ahmad then block medical officer Bandipora. Studies have shown that schools are important institutions through which health education can be taught to a particular community and accordingly I along with Dr. Nissarul Hassan, another physician specialist in the hospital went to Iqbal Memorial institute, one of the biggest schools in the town.

“You are the future and healthy child means healthy nation” spoke Dr. Nissar-ul Hassan to the august gathering of teachers and students in the school and comprehensive school health program was thus launched. Enthusiasm of the students and teachers was overwhelming. The utility of the program was emphasized to the teachers, and their participation was solicited. Later we examined ailing students and distributed anti helminthic tablets and multivitamin tablets among students.

“Doc! I was thrilled to see my son educating his mother at home about personal hygiene”, said one of the paramedical staffs of the hospital, the very next day after the camp. This reinforced the drive of comprehensive school health program in the block and all paramedical staff provided a wonderful support to the program. Later one-day medical camps were organized in various schools of the district under the supervision of assistant surgeons of the hospital and every week ambulance of the hospital would be seen leaving along...
with a doctor and medicines to visit the school. Not only doctors working in the hospital but other doctors who were working in different primary health centers of the block (Dr Khalid Parvez and Dr Fida Kanjwal) provided wonderful support as well. It was their enthusiasm and zeal that in addition to the schools of Bandipora, schools in other places in the district with limited transport facilities, such as Chuntimulla and Zurimanz, were also involved in the program. In each medical camp the students were clinically examined, and ailing students were treated. Over the period of time basic health education was given to thousands of students in these one day medical camps. This translated into a similar number of families in the district. Emphasis was placed on personal hygiene, use of boiled water, iodized salt intake, vaccination etc. All the schools were supplied with basic first aid medications. Anemia prophylaxis, mass deworming, and booster tetanus toxoid immunization programs were carried out in these schools. In our clinical screening, a high prevalence of anemia and vitamin deficiencies, as reflected clinically by cheilosis, Bitot’s spots, and dermatitis were observed and treated. Mass deworming programs were carried out to decrease the worm load and to introduce a concept of regular deworming and emphasis on personal hygiene. We joined the ongoing project of research at Sheri Kashmir institute of medical sciences (SKIMS) on predictors of intestinal parasitosis in Kashmir valley. Dr. Charanjeet Singh then postgraduate student in medicine at Sheri Kashmir institute of medical sciences (SKIMS) coordinated the research and stool samples were taken from one of the schools to detect the prevalence of ascariasis and to know the worm load in the area. The results of this study\(^3\) showed ascariasis to be highly prevalent among school children and our comprehensive program went a long way to curb this menace as the admissions due to worm-colics decreased drastically in the hospital. Kashmir valley has been declared an iodine deficiency belt\(^4\). We observed in these medical camps
that there were good number of students who had squint and congenital deafness, probably due to maternal hypothyroidism. Most of the villagers continue to use un-iodized salt. At our urging, local administration banned the sale of un-iodized salt in the block. Further, the use of iodinated injections during pregnancy was proposed as a measure to tackle the disastrous effect on newborns.

Our next milestone was detection of tuberculosis cases in far of villages and accordingly under the auspices of national tuberculosis control program paramedical officials in remote villages collected sputum samples from patients. Local village-level committees supported the drive. Six open cases of tuberculosis were registered, and treatment was started.

One fine day we decided to hold a diabetic screening camp in the hospital. After advertising on the radio station, individuals with a family history of diabetes and symptoms suggestive of diabetes, such as excessive urination (polyuria) and excessive thirst (polydipsia) and obesity, were screened for diabetes and clinically examined for hypertension.

Studies have shown that widespread screening via the use of random blood glucose levels could aid detection of unrecognized glucose intolerance to permit early initiation of preventive management. On the day of camp hundreds of fasting patients thronged in the hospital compound to check their blood sugars and team of doctors working in the hospital went on tirelessly examining these patients. There are two large very beautiful chinar trees (Platanus orientalis) in the hospital compound. Autumn had turned their leaves golden yellow as if some goldsmith had painted their leaves with gold quite lavishly. Weather was very nice on the day of camp and all of us enjoyed our work whole day. Twelve new diabetics were detected in this camp and sixteen known diabetics were found to have secondary oral hypoglycemic agent failure and were referred to the Department of Endocrinology of SKIMS. The prevalence of hypertension and obesity was found to be very
high in our study. The hypertensives were treated and were advised about the use of medications, regular exercise, and diet therapy. This again reflects the need of health awareness among the population and an emphasis on primary prevention.

It was month of May, I was selected as registrar in Medicine at Govt. Medical college Srinagar, Kashmir and I joined my new assignment. Looking back, I find the fragrance of blooming days and the refreshing breeze of Lake Wular buzzing in my heart. I express my gratitude to all the medical and paramedical staff of the hospital for their cooperation during my stay there, and I wish them all prosperity and good health.

Dear reader, primary health care in developing countries continues to lack ample resources in providers, equipment, and infrastructure to offer effective and efficient care. People in villages continue to live in poor conditions with minimal healthcare facilities. Doctors usually fear that rural postings distance them geographically from their families, professional colleagues and academic environment, and lower their professional standing. Unsatisfactory working conditions, lack of adequate staff and equipment, and primitive living conditions add to the list of factors that distract doctors from practicing medicine in rural locations. With a proper attitude; however, doctors can contribute in multiple ways, even in such settings while striving for better centers simultaneously. I must conclude with what Moulana Rumi said centuries ago “Wherever you are, and whatever you do, be in love.”

“They say there is a doorway from heart to heart,
but what is the use of a door when there are no walls?”

— Moulana Rumi

Notes:
1. District Hospital Bandipora serves more than 200,000 people, equipped with a basic laboratory; X-ray, ultrasonography, and electrocardiography facilities; a 25-bed inpatient facility; an operating theater; and a well-trained medical and paramedical staff who created a cordial work environment.
13. My Stay in the Hotel

On a lovely sunny day in July I, along with a few friends (Showkat, Irshad and Istiyaq) headed towards a health resort. We travelled by bus and after two hours we reached our destination. Every fresh breeze gave an impression of a welcome break from the urban life. The weather was soothing as the clouds had humbled, the otherwise piercing rays of the sun. We were delighted to be there at last, and with great enthusiasm we booked a room in the hotel. The hotel looked wonderful from the outside and with great enthusiasm we stepped into the hotel.

“Only one room is vacant,” the hotel manager said. He ordered the hotel attendant to escort us to the room.

“Sir, this is the best room: Look you can see the beautiful calm view from this window”, the attendant said. The room looked OK.

“Well, it’s only a matter of one night” said Irshad and we all agreed to stay in the hotel. We dropped our bags and left for sightseeing. We enjoyed to the hilt till evening. We returned tired and soon after dinner we were in the lap of deep sleep.

Suddenly, at around 2 am, my sleep got disturbed and I woke up. I rubbed my eyes and while yawning started scratching my legs. I couldn’t sleep at all. Quietly, I opened the window and looked out. “No noise”, instead an eerie silence was prevailing as if the whole area was dreaming, every one calm and cool but me. Intermittently the barking of dogs could be heard distantly from some far off place. The moon was in
its youth and its reflections were showering and painting the whole area silver. It was calm and indeed mesmerizing. Minutes later, everyone else in the room woke up. Now we switched on the main light, and everyone was seen scratching his legs. My God! We saw an army of bedbugs marching in a line over the pillow, here and there, everywhere. It seemed as if their commander had sent a common text to all of them, “Go and hunt!”

The bed bug alert disturbed our sleep completely. Now! What to do? We made fun of it all, talked and joked together. We were faced with the alternatives of no sleep or facing rows of hungry bed bugs! Mr. Showkat got an idea. “Guys! necessity is the mother of invention, you can do the same thing”, he said while putting on his socks and sealing his trousers letting nothing to enter. He also put on his jacket, and headed towards the balcony of the room, and minutes later he was asleep. He managed few hours of sleep but rest of us were awake, trying to get comfortable, but all in vain. The murky night finally ended and as the sun was rising we were busy packing our bags for the return journey home.

“East or west home is the best, friends let us go home now,” said Ishtiyaq. I am afraid lest some bed bugs accompany us to our homes, he further added. “Ha, ha !!” all of us laughed and we came down towards the reception of the hotel. Sleep deprivation was clearly evident on our faces, and we paid the bill. While bidding good bye to the manager we could hardly smile our thanks!

Why all this happened? I dived deep in my thoughts and tried to find the reason. Well, it seemed to me that the owner of the hotel had built the project wonderfully, but had failed to maintain it. Had the staff of the hotel been sincere enough with their organization, the small intervention of few rupees could have destroyed the army of those bedbugs along with their hideouts. All of us would have enjoyed the stay and even recommended the hotel in future. It seemed that sincerity was
missing somewhere in the loop that spoiled our trip. Why had the sincerity of employees gone? Possibly the owner or management had not treated his staff like a family. No sooner does the organization fail to address the needs of their employees honestly and genuinely, then the attitude of staff becomes very casual, and that breaks the fulcrum of sincerity. The organizations even collapse. The successful entrepreneurs never overlook even small things, and consequently their projects progress by leaps and bounds.

This phenomenon holds good for all national and international organizations, whether governmental or in the private sector. The smart entrepreneurs never let the fulcrum of sincerity break. When the companies treat their employees like a family, then sky becomes the limit for their success.

“Be a lamp, or a lifeboat, or a ladder. Help someone’s soul heal. Walk out of your house like a shepherd?”

– Moulana Rumi
Kashmir, the land of fruits and nuts is also famous for its well-known and flavorsome cuisine, known as ‘Wazwaan’\(^1\) and consists of mostly non-vegetarian dishes. I share my experience at a Wazwan held to celebrate a wedding in Kashmir.

It was month of September, the Chief chef (vasta waza) arrived along with his team exactly at 6 pm to the place where they were to prepare a wazwan to be served next day. The team brought with them their set of huge cooking pots, bowls and utensils and everything that could be needed for the preparation of the wazwan. During wazwan, the whole night various dishes are prepared on the spot and firewood is used as a source of heat for cooking.

The Chief chef had a final meeting with head of the family, Abajan, regarding the menu and the number of dishes to be served, etc. Amaji, wife of Abajan, had recently had lunch in the neighborhood and she insisted on having some extra dishes as well. “The party should be peerless and no one should get a chance to criticize!” she exclaimed. She wanted the addition of shami kabab (small patty of minced mutton with ground chickpeas, egg and spices), hindi rogan josh (an aromatic lamb dish) and few more dishes to the standard wazwan.

“What will people say if our wazwan is substandard?” whispered Auntie. She strengthened Amaji’s determination, and Abajan continued to listen. I don’t think it will be out of place to mention that the sentence “What will people say?” is one of the most unfortunate sentences in our culture. It seems most of us live for others, whatever the circumstances.
Abajan scratched his head and finally nodded his head in affirmation. “Go ahead guys, add more dishes, as they say.”

The technical issues involved in the addition of these dishes were numerous, for example, meat from legs of lamb, but the meat left over could be used in making other dishes “ the Chief chef explained. It appears that for every kilogram of meat he prepared, the charges would be adjusted accordingly. It was surely his day!

Dozen of chairs were arranged near site of the wazwan, and many well –wisher, friends, family and neighbors poured in. Beautiful discussions regarding international and national politics started amidst the “ thup, thup, thup “ sound produced by the manual grinding of meat at the wazwan site. The manual grinding of meat and mixing of spices constitute the initial steps in the preparation of Kabab (Prepared by roasting grinded meat mixed with spices on fire), Ristas (minced meat rolled into a small ball) and the great Gostaba, (rounded grinded meat ball prepared in curd velvety textured in white yogurt gravy) the favorite dish of Pt Jawahar Lal Nehru, the first Prime minister of India. The weather was a little windy, with clouds playing hide and seek. Everyone seemed worried lest it should rain. Amaji with her Izbandh posh seemed “busy in being busy “ and she was praying “Ya Allah! take care of weather. It will be messy otherwise.” Everyone now suggested changing the current tent into one of waterproof tent (Pandal). Thanks to mobile technology, Sahabji the tent owner arrived no sooner had received the message.

“Jenab, (sir) it is not an issue at all. We have beautiful waterproof tents, and I assure you even if it rains cats and dogs, your guests won’t be disturbed at all. The charges will be only Rs 54000 extra, after all, you have been our customers for many years. “Abajan seemed to be at the receiving end of this on-going discussion. He again scratched his head and eventually said with a sigh “Please change it. Let us not take a chance .

The tent was changed.

On the Sunday morning the chief chef requested us to please go and get the vegetables. We went to the market in a
The Sunday market seemed to have further narrowed the narrow lanes of the town, and soon we were trapped in a traffic jam at a crossing. Hawkers were everywhere. There are no traffic lights and no policemen. The rule seemed to be keep to the right or the left; the choice is yours!

There was no option but to wait. “Anil Kapoor, Noor hi Noor Bata hay Bata. a young boy was pulling the ends of chapels demonstrating the strength of his chapel stock. He was advertising at the top of his voice without a care for the state of his vocal cords. What an enthusiastic approach! I was watching the show from our stranded car. However, Spectators like me seemed to be greater in number than real customers in front of him.

Since ages our roads have been like this, and the volume of traffic has increased over time. Widening of the roads needs a mega masterplan and achieving this seems to be like asking for the moon. To tackle this crisis, we either need to adopt the Singaporean philosophy of vehicle sharing, so that number of vehicles on the roads at any given time decreases, or else another reasonably good option could be enforcing the use of bicycles for local travel. Riding a bicycle is in no way below the dignity of any one in the society; after all it is the approach that matters. The mayor of London rides a bicycle! Everything seems red and rosy when we look through a red glass...and cycling could help in shedding extra fat, which is a growing menace around the globe. Anyway, in the middle of this traffic jam, one of the boys got out of his own vehicle. He proceeded to guide the stranded vehicles as if he had just completed a course in traffic policing. Finally, we too could make our way to the market, nearly half an hour after getting stranded in the traffic jam. We purchased the vegetables. During this time, we received at least 4 mobile phone calls from home, as if chief chef had no other unfinished assignment there.

Eventually – “All set and done!” the Chief chef declared at 2 pm, “you can start the function. “Luckily it didn’t rain.

“We will be winners if the guests arrive even by 3 pm,” one of the organizers exclaimed. I entered the tent and met Kashmiri cuisine, “Wazwan”
some old friends. We recollected wonderful days we had spent in the past. The party managers would enter the water proof tent again and again. Some would count the number of guests, and some would just enter and go. Finally, the sound of Tash and nari (the portable wash basin made of copper) brought delight to one and all. It was 5.30 pm when we started eating. Whether to call it lunch, brunch or early dinner it is difficult to say. People were served in a traditional way with mouthwatering dishes, one after another. The good things that have evolved in the Kashmiri wazwan over last decade are things like the introduction of bottled water instead of the common source drinking water that had been the practice when I was a child. It is certainly a good practice. Secondly, the distribution of envelopes with a beautiful thermal covering inside to carry the meat preparations home is yet another good practice in the wazwan. The high lipid load in a wazwan meal gets shared and the meat is not wasted. Contrary to these positive changes, the vegetable salads, though my favorites at home, seem to be prepared with questionable hygiene. It is better to avoid eating these in a wazwan since they are considered to be vehicles of infection, often leading to the diarrhea too often seen after a wazwan. Finally, “Goshtaba” was served. Its thick creamy white curry marked the end of this heavy but delicious feast. Again, a few young people entered the tent bearing heavy copper tash naris in their hands. They went from one person to another, pouring water from their respective tash naris while the seated guests washed their hands at their respective places after the function. The person who came to us poured warm water from his Tash Nari. As he was serving us in a forward stooping position, he remembered what he had to do, and suddenly corrected his posture and smiled. He didn’t complain of the fatigue but his face could not conceal his tiredness. Portable hand wash services like this are quite tiring to carry, particularly at large functions where there are many guests. I think it would be much better if the companies associated with such functions could provide temporary arrangements for hand washing, and guests should go for self-service after the feast.
Abajan smiled lavishly when the uncle responsible for collecting gifts (called vaartav in Kashmiri), approached him with a handsome sum. This is a very good custom of our marriage parties, and at least Abajan will be in a position to pay off some of the expenditure incurred in the course of providing this lavish marriage party. The other side of the coin is that this custom has crossed its limits and has defeated its basic aim. Extravagance involved in this custom has virtually made it a menace and sometimes people don’t attend such parties for this very reason. Yet another aspect of throwing a lavish party like this is that so many young people who cannot afford such parties have to keep postponing their marriages. Some even dispose of their assets to try and pay for them. It is not unheard of for brides to pass their reproductive years before there is deemed to be sufficient money to pay for the wedding party. All our efforts in life should be focused on living a simple life and refraining from creating wrong customs in society, even if one can afford to do so. The ultimate wisdom is to reduce one’s self to a minimum of desire and will. The less the will is excited, the less we suffer.

“Look at the sparrows; they do not know what they will do in the next moment. Let us literally live from moment to moment.”

– Mahatma Gandhi

Notes:
1. Wazwan (from Sanskrit VyaJjana, meaning “cooking”, and waan, meaning “shop”) is a multi-course meal in Kashmiri cuisine, the preparation of which is considered an art. It is popular throughout Kashmir, besides being served in India at major hotels and restaurants. Wazwan is also served internationally at Kashmiri food festivals and reunions.
2. Beautifully designed copper vessel on which dried capsules of Esphand (Peganum harmala) are placed onto red hot charcoal when they explode with little popping noises releasing fragrant smoke, known to save from evil eye.
15. Going to the Theater

Well, it used to be Herculean task to find an excuse to watch a movie in the theater. The home people used to be rather strict about it, and never allowed us to visit the cinema. We would often see the advertisement board covered in beautifully drafted ads created by “Hasmie brothers “in their 4x10 feet, small, but graceful showroom, situated in the nearby nook of the Samad talkies Sopore Kashmir. Every week, a new advertisement would mark the arrival of the new movie, and as children we would see the posters and the advertisement board: however, the movie itself used to remain a mystery.

But one fine day I succeeded in providing a plausible excuse for going to the movies to my home people, and on the dot of 4 pm, straight after school I headed for the theater, along with my cousin, Mr Showkat shafi, to watch the 2nd show of my first ever movie in the cinema “Hum kisi say kum nahie”. I remember the rush of people in front of the ticket counter. The ticket touts were leaving no stone unturned to get tickets by climbing over the shoulders of people to get to the kiosk where the tickets were being sold. They would hardly respect anybody’s shoulder, neck or head, including their own, in order to obtain tickets from that pigeon hole of the booking counter. They would then sell these tickets at double or triple the price, depending upon the popularity of the movie. “Ibrahim! getting ourselves tickets in this rush seems out of the question”, said Showkat shafi and you know film makers must be spending millions in making this movie, no harm paying few rupees
extra, he further added. I quickly agreed and we were all set to purchase tickets from a ticket tout. Choosing from among balcony, dress circle, stalls and lower class, we purchased two lower class tickets at double the price, as only those were remotely pocket friendly. With those ragged margin tickets in hand we entered the pitch dark hall. One of the theater employees, holding a torch escorted us to our seats. Unfortunately for us, only first row seats were still available, as the house was already full. I enjoyed watching the movie even though my neck was hurting a lot in that cushionless wooden chair of the lower stalls. I was lost in the movie, as if far away; after one and half hour the screen play stopped and main lights of the hall were put on to the background of fine music “......chasmi baad doour....” the melodious song by the late Mohd Rafi, marking the interval. Now I had the bird’s eye view of the hall into which I had entered while it was pitch dark. It was amazing to see that even though people had entered through the second or third floor of the dress circle /balcony of the theatre, all were watching the same screen but of course the chairs there were far better than the one I was sitting on! After a few minutes the movie started again but I began to feel anxious as I was missing my evening tuition. Strange thoughts were creeping in....what will I tell my home people about coming in late and what would I say if the tuition teacher inquired as to my whereabouts the next day, etc ...?

No sooner was the movie over when we rushed home. As luck would have it, there was a marriage ceremony going on in the Mohalla. The bridegroom had been near Hatishah Sahib’s shrine reciting Fatiha (prayers offered for the deceased), a ritual in our culture, and I joined the crowd, as if after my tuition, I had come out of my home to see the bridegroom. As soon as the Fatiha was finished I went home.

“Where were you and why are you so late?” my beloved grandfather inquired.

“I went to see the bridegroom” I confidently replied - and
the cinema visit remained confidential.

A few months later I wanted to see another movie called “Apnapan” because of its melodious theme song “Aadmi musafir hay Aaata hay jaata hay ...” (Men are just travelers to this world: they come and go) Unfortunately, this time all my efforts to find a genuine excuse either to skip classes in the school or evening tuition, failed dismally.

I remember I was very sad to see the theater employees changing the advertisement for “Apnapan” on the board on the front balcony of the Pandith building, and “Hashimie brothers” writing a new advertisement on the wall. Well, the movie remained unseen, but I liked the music of this song and now its lyrics too!

Dear Reader: While sharing this anecdote I never intend to advocate watching movies in cinema. All I want to emphasize is that the cinema has an impact on society. I remember most of our friends, including me, had a Sajan hair style no sooner then Sanjay Dutt’s Sajan was released. Later the hair style changed to a crew cut, following the fashion set by another movie and so on. One can quote so many examples in support of my argument that cinema has an impact on society. Who wears “Bell bottom” trousers nowadays, after what used to be a huge fashion once upon a time?

Actually it is one of the most powerful media affecting our modern society. Fashions follow it, and many evil things get transmitted to society by means of their depiction in the films people see. Unfortunately, as a means of making huge sums of money, the film producers provide all this nonsense to their huge audiences who follow them blindly.

Crucial time is going on in the world. Film makers all over the world and the cinema needs to play a mega role in educating their huge audience. Movies must focus on communal harmony and highlight the importance of peace towards progress. Similarly, all types of media must play their positive roles and all their efforts must be to educate people of all
faiths peace and communal harmony. Communal harmony is under constant threat due to the tricky and selfish attitudes of some bad politicians. The common man with any religious faith wants basic needs, a livelihood, food to eat and clothes to wear. After all we are all born to die, and every one of us must play his positive role, otherwise history will never pardon us. Film directors do not need to show erotic movies and films containing violence.

The cinema can help in health education as well. Films can highlight the bad effects of alcohol and cigarette smoking, revealing the type I carcinogens known. These poisons have crippled many in our society and the death rates due to these evils are preventable only if proper health education takes place. The film industry cannot isolate itself from the society in which it operates, and do whatever benefits it alone. Had this been possible then Bollywood megastar Amitab Bachan would have not contracted Hepatitis B from a substandard hospital year back. Similarly, Yashchopra the famous director would have not succumbed to Dengue fever, the mosquito transmitted disease, prevalent in poor environments.

Mega changes are needed in this powerful medium for the greater benefits of the world. Yes, initially the film companies won’t have such huge incomes, but later the influence will become the order of the day.

“Challenges are what make life interesting and overcoming them is what makes life meaningful.”
– Joshua J. Marine
16. Apple Town

O my Sopore¹! my Sweet Sopore!
Narrow lanes of Hati shah², bumpy roads of Muslim peer
Peaceful is your lap, O my Sopore!
Walking was so sweet on
the narrow lanes of Khush Haal matoo,
Sangrampora³, so was on Jamia qadeem,
Heart would sing and brain would enjoy
in your Samad talkies O my Sopore!
Mystic fragrance is in your Khaniqah⁴ so is in Ashpeer!
Great people have tread on your lanes O my Sopore
were you reflecting love of Shams Tabrez⁵,
oh my “Ahad BAB⁶” of Sopore,
Were you playing Rumi⁷’s “Santoor⁸
“oh Raheem⁹ Saab of my Sopore,
Did Tagore¹⁰ revisit, in your lore
oh “Vasdev Reh¹¹” of my Sopore.
Did Sahir, rewrite his verses ...oh “Gowhar¹²” of my Sopore
Your lap is peaceful, land is fertile,
O’ apple town of my Sopore.
You cradle the lake Wular¹³, the Asia’s jewel and it’s breeze.
The air currents from your Jhelum¹⁴ are unique o my Sopore!
those play with the strings of my heart
and refresh my soul O’my Sopore
Alas! World never paid heed to you,
you were burnt, your sons killed
despite you kept your head high,
May God bless you O’ my Sopore!
“Be a lamp, or a lifeboat, or a ladder.
Help someone’s soul heal.
Walk out of your house like a shepherd.”
– Moulana Rumi

Notes:

1. Sopore, popularly known as apple town, well known for its high quality apples, was founded by Utpala engineer and irrigation minister Suyya during the reign of King Avantivarman in 880 CE. As such the name of the town is Suyya-pur, which has been shortened to Sopore. The main town of sopore is a large area consisting of residential area and market places and lies on both sides of the Jhelum river which consists of localities described such as Hatishah, Ashpeer, sangrampora Batpora, Jamia Qadeem, etc. Most of the localities are named after sofi saints, great scholars, people who taught brotherhood and humanity. The population of the town is around 61000 as per 2011 census. The place is known for great scholars, educationists and professionals all over the valley and abroad.

2. Hatishah: The locality is named after a sofi saint “Hatishah sahib”. The legend has it that Hatishah sahib used to travel on elephant (hati in urdu) back from one place to another and finally settled at this place and taught humanity and brotherhood. The locality is well known for its cultural heritage and brotherhood. People living are simple and all live like a single family.

3. Sangrampora & Jamia qadeem: These localities were inhabited by Kashmiri Pandiths before their migration. We had great teachers, scholars, technocrats from that community. There is a Gurdawara, towards main market and sikh families are living there. Places of worship Temples and Masjid are seen on both banks of river Jehlum - peerless communal harmony

4. Khanaqah: “Hazrat Shahi Hamdan” (1314-1384) has visited this area and a masjid Khanaqah is after his name. It is situated on the bank of river Jhelum. He was a Sufi of the Kubrawi order who preached Islam in Kashmir.

5. “Shams-i-Tabrezi” (1185–1248) was an Iranian Muslim who is credited as the spiritual instructor of Moulana Jalaluad-Din Muhammad Rumi and is referenced with great reverence in Rumi’s poetic collection, in particular Diwan-i Shams-i Tabrezi Tradition holds that Shams taught Rumi in seclusion in Konya for a period of forty days, before fleeing for Damascus.
6. “Ahad Bab” (1930-2010) was a great sofi saint, the symbol of purity and selflessness. He never directed attention of others to himself instead helped one to appreciate and admire the inner self. He was as transparent as glass and what Shams Tabrizi described such people let the light of God pass through them- the real spiritual master. The devotees thronged his ancestral residence from all over the valley and abroad.

7. Rumi, (1207-1273) the great Sufi poet from Koniya, Turki, well known for his great poetry.

8. The Indian santoor is a trapezoid shaped hammered dulcimer or string musical instrument made of walnut, with seventy two strings, native to Jammu and Kashmir, with ancient history.

9. Rahim Saab (1775-1850) the sofi poet is known for his highest order sofi poetry in Kashmiri language. Main focus love of God and love of humanity without barriers.

10. Rabindra Nath Tagore (1861-1941) the Noble laureate who wrote elegant prose and magical poetry.

11. Vasudev Reh (1926) Born blind but his zest for music and poetry was matchless. His visual images are faultless and his poetry in Kashmiri, Urdu and English represents deep understanding of life. Winner of multiple awards.

12. Ghulam Nabi Gowhar Poet and novelist (1934-) Noted novels from this legend are Torch bearer in dark circles, Union, Virtue and sin. The artist is well known for his wonderful creation of art. The comparison in these verse is made to famous lyricist Sahir Ludhianavi, the legendary poet of Indian cinema.

13. Wular is one of the largest fresh water lakes in Asia, few miles from this town. The lake basin was formed as a result of tectonic activity and is fed by the Jhelum River. The lake's size varies seasonally from 30 to 260 square kilometers. Boating, water sports and water ski have recently been launched.

14. River Jhelum originates from Verinag approximately 80 kilometers from Srinagar at an elevation of 6,155 ft. It is believed that the eponymous Verinag spring is the chief source of the river Jhelum. The river flows from Srinagar through Sopore. The town is situated on the banks of this river.
17. Astronaut Calling!

“Billions were disbursed for my selfie on the moon
millions remain unclad, cover them!
and then send me on the moon!
Millions are starving, feed them
and then send me on the moon!
TB, malaria and dengue lynch millions help them
and then send me on the moon!
Insecurity, injustice and corruption dance everywhere:
fix all and then send me on the moon!

“Now that we have learned to fly in the air
like birds and dive in the sea like fish,
Only one thing remains - to learn to live
on earth like humans”

– George Bernard Shaw
O “my SMHS¹
Painful to see how floods² disfigured your beauty.
Your wards have been full of wisdom and sense of duty
O’ my SMHS
pleasure was to tread on those lanes,
so was in those busy corridors.
the hustle and bustle of patients and too many attendants
Some carrying the files stamped with “Confidential “
and some with tiffin s struggling to enter.
O’ my SMHS
The saints visiting you presented the real medicine
And the wonderful professors taught us that medicine
O’ my SMHS
We learnt the mid diastolic murmur of mitral stenosis³
From your guests who could not afford the in time medicine.
the disease licked their joints and bit their heart
and in decades their disease progressed on!
Giving birth to that wonderful murmur,
That murmur we often used to time and discuss.
those saints then taught us the signs of left ventricular failure,
For their disease continued to lurk on.
O’ my SMHS
Those angels sleeping on your white beds mottled by rust
all of them used to be full of respect and blind trust.
O’ my SMHS
now you seem to be silent
We understand your silence
and we love your attitude.
Now is our turn to restore you
no stone will be left unturned to restore you

“Keep away from people who try to belittle your ambitions. Small people always do that, but the really great makes you feel that you, too, can become great.”

– Mark Twain

Notes:
1. SMHS is the associated hospital of Govt. medical college Srinagar founded in 1931 by Shri Maharajha Hari Singh then emperor of Kashmir.
2. The Jammu and Kashmir state and adjoining areas received heavy rainfall from 2 September 2014 onwards, during last stage of monsoon in India. This triggered flooding and landslides in Kashmir. The rivers flooded into the streets causing heavy casualties and loss of property. In Srinagar, most of the city areas including medical college and SMHS hospital were submerged under water. 50 bridges were reported to have been damaged across the state. There was a total estimated loss of 1 trillion to Kashmir division. The worst ever floods in the history of Kashmir.
3. The theme of this poem revolves around Rheumatic heart disease (RHD) and its complications. RHD is a complication of rheumatic fever affecting children between 5-15 years of age caused by group A “streptococcal pharyngitis”. The disease affects heart and joints in the body and years after values of the heart get finally damaged. This produces an abnormal sound heard by stethoscope referred as mid diastolic murmur above. Unless repaired the damaged value leads to congestion in lungs and patient presents with breathlessness referred as left ventricular failure above. The different signs are heard on auscultation. The scenario reflects poverty of the patient and poor health care present in developing countries.
19. Two Crossing Guards

Our crossing guard would firmly lift his left arm, stop the traffic on left side of the road: at the same time, with his right hand he would keep on inviting the vehicles towards the hospital gate. While moving his right hand inwards he was moving his body backwards in the same way. The co-ordination of his hands and feet was perfect. It was as if he was rowing a boat, without the sound produced by the movement of an oar while rowing a boat. He would tilt his neck little bit, greeting the in-coming employees wordlessly, and without disturbing his assignment. I always found him enthusiastic, cheerful and well dressed. His determination to stand near the gate was matchless and no extreme conditions of weather would ever disturb him. In the bright sun he wore lovely sunglasses and no sooner would the clouds hover a bit more, he would be seen in a raincoat.

I greatly appreciated the way he carried out his morning duties. One fine day I met him. He shook my hand firmly and I could see his shining teeth all the time while he conversed with me in a warm manner. Unfortunately, I never told him how much I admired his enthusiasm. It is said that people who shake hands firmly are often warm and enthusiastic. The litmus test was certainly positive in this case. He was living with zest, and that was the secret of his happiness and not the income!

The story was quite different when I joined another hospital. The crossing guard there would often lift his body slowly from his extra-large chair. He would be too miserly in his gestures.
The belt he wore could be seen hanging from his obese belly over his untidy uniform. His eyes looked heavy and he would often yawn, reflecting his complete lack of enthusiasm.

Dear reader, having presented before you the story of two crossing guards, you will agree that it is the person and not the profession what matters. Be proud of any job you do, but don’t develop conceit and feel inferior to none. All jobs are important and sharing them amongst human beings is simply the division of labor during your short stay in this world. One gets to know the importance of any job or profession as soon as people in that particular job stop working. Enthusiasm of employees is crucial in the progress of any society. Know your job well, perform it well, and be dutiful. Play your role and create the work culture. Focus on today’s work, as yesterday is a dream and tomorrow a vision. It is only today that can create a nice yesterday and a hopeful tomorrow, wise men have said.

Stress at home or at work is unavoidable, but the clever things is to maintain that thin demarcation between the two. One must never bring work stress home and vice versa. Even though it is more easily said than done, maintaining that thin line is the art of living, and it can be observed that successful people often do this.

Further, you will always come across negative people at any work place. They are like hot potatoes, so keep away from them as much as is possible. Do your job sincerely and with dedication?

“Honor and shame from no condition rise. Act well your part, there all the honor lies,” I conclude with what Alexander Pope wrote in the 18th century CE.

“I have never in my life learned anything from any man who agreed with me.”

– Dudley Field Malone

“You may find the worst enemy or best friend in yourself.”

– English Proverb
20. Going to a Conference!

“Sir, one of my friends will receive you at the airport and I will be there the next day” my friend, the medical representative sponsoring my conference, said.

With a lot of effort, I prepared a paper in order to present it in the said conference. No sooner had I disembarked from the aircraft than I started thinking “What if no one comes to pick me up? “However, I was delighted to see one of the people at arrivals waiting with a cardboard bearing my name. “Welcome sir “ he said as he opened the door of the cab. I stepped into the air-conditioned cab in a hassle-free manner, without the usual stress of bargaining over the price with the taxi driver.

I sat in the corner of the cab diagonally opposite the driver’s seat. I tried to remain calm. I pulled out a scientific article and started looking at it. Well, my eyes were on the article but my mind was somewhere else. I unwillingly maintained my mood and my silence (perfect bureaucratic style) until I entered the premises and saw the beautiful lawns of the hotel. It was extremely gracious, and the room was magnificent too - much higher than what I was accustomed to.

“I’m afraid I don’t have membership of your health club. What is the procedure if I wish to use it?” I asked the receptionist when I called only to ensure that the wonderful health club was included in the package.

“Sir, you need not be a member. Please feel free to use it when you wish,” the receptionist replied.
I was thrilled and asked him to book a slot for me at 8 pm as if it had been my routine activity....

After dinner I fell asleep, but I could not sleep properly. I woke up 3 or 4 times during the night as I was very much worried about my presentation which was to be delivered the next day. What if they ask me this? and what if they ask me that? , many questions like these raced through my mind all night.

Finally, at 5 am I decided to get up and get ready even though my presentation was only at 2.30 pm. I again ironed my new suit. After 2 or 3 attempts I finally succeeded in making a beautiful knot in my special red tie which I had worn on the day of my marriage, and came down from my room.

There was a big mirror in the hotel lobby and I went close to see myself, remembered Amitab Bachan while approximating neck tie a little more. “Ibrahim looking smart! kahien nazar na lag jayaie” (God save you from evil eye) whispered my heart and I headed towards the conference venue. The time came and my name was announced ....and while walking to the podium my heart rate went up, and I could feel it racing. I was still worried about questions! However, no sooner had I concentrated on the audience than my heart rate settled down. A few delegates were in the front row, most of them yawning, and in the corner a few delegates were busy chatting, and believe me when I say that in the central rows, the beautiful chairs were seen shining emptily. After my presentation which was attended by only a few people, most of them asleep and having had no discussion at all afterwards, I was rather annoyed and disgusted.

I quickly removed my tie and attended some lectures. That evening I left for some sight-seeing. “Is this true for all conferences that attendance is more in malls than in lecture halls?” I asked one of my seniors. “It is usual”...he sarcastically laughed!

On the second day of the conference I attended mostly
exhibition stalls and poster sessions. But at 12.30pm I was surprised to see lot of delegates pouring into the conference venue, Yes, they were there to attend the pre-lunch sessions, but only to partake of the delicious food minutes later. All of them had registered to get the CME (Continuous Medical Education) hours needed in the process of their renewal of registration. They had come to collect their certificates.

Anyway, during lunch time, with the help of a friend I managed to have a photograph with a stalwart of Gastroenterology taken, as if I had been called to decide an important guideline in the conference.

One of the most fascinating things at the conference was the conference badge worn by organizers and I made a wish, yes, it was to organize one conference at least. It was when I was back at work with wonderful memories, of course.

Days later my friend, the medical representative called. “Sir, please take care to prescribe our products today.” Yes, it was my OPD clinic. I went on writing prescriptions for the medications I felt were indicated for his brand because after all he was the man behind that great conference. Initially I was irritated by his calls, but later I realized that both of us (the medical representative and me) were dancing to the tune of the boss of the company sitting miles away from us. It was certainly not his fault. Sales were the main goal, of the company and he too had pressure from his boss.

Who sponsored my conference? I asked myself. It was soon very clear to me that it was not the company itself, but indirectly the patients!

Millions are spent on conferences every year by companies. At most of them, nothing new is discussed and taught. The sad thing is that the attendance at the presentations remains very poor. Looking other way round, we can learn much more and get better information through Telemedicine facilities or regular CME at a local level. Is this expenditure really worth it? I peeped into my heart further.
When “Deccan Airway” decided to cut down on food items etc. during their flights, the results were dramatic. Air travel became pocket-friendly for one and all. Their trend was followed by number of other airlines later. Why can’t drug companies divert the billions spent on conferences towards making drugs cheaper for patients? It would help a lot of people and no one would be trapped in the race for sales like me and my representative friend were.

Conferences should be sponsored by hospitals and not by drug companies. They are an important part of professional development.

Yes, CME hours should be obtained from Medscape like materials. Such CME hours are much more genuine than CME obtained from conferences.

However, friends, after few winters I too got a chance to become the organizing secretary of a conference. Yes, my wish to wear that yellow conference badge and once more the navy blue suit and the red tie came true! Well without elaborating my experience as organizing secretary, I just want to sum up as I am afraid the chapter will become too long.

To put it in a nutshell, if you intend to be organizing secretary of a conference in near future, be ready to abandon things at home for at least two months before and one month after the show. You will have to start cancelling appointments for your procedures and your clinics, unless you are lucky enough to have good number of faculty members, and they are ready to share your work. It is a Herculean task to arrange funding, and everyone will expect your budget to be huge, which is rarely the case. In order to ensure that all goes flawlessly, you require an extremely dedicated and hard-working team. If your team is slow and irresponsible then only God can save you. One word of caution, however: please don’t involve students, interns or postgraduates in the process as it is a pure waste of their precious time. It is simply exploitation. They need to know the basics of medicine, and such experiences are irrelevant for
their careers. If, on the day of the show, someone doesn’t get a proper bag or food in time your efforts are wasted as no one will think of crediting you for the excellence of the scientific material presented. Please be assured, I don’t intend to discourage you, but remember “no job is too big and no pup is too small.”

“Do not go where the path may lead,
go instead where there is no path and leave a trail.”

– Ralph Waldo Emerson
One day, a middle-aged man presented himself to our clinic at the Sheri Kashmir Institute of Medical Sciences Srinagar (SKIMS) hospital where I was pursuing my post-graduation in Internal medicine years back. “Doc,” he said, no sooner do I feel a headache, than I become pretty sure that my blood pressure must have hiked up. I immediately take the medicine to bring it back to normal. I have been doing exactly this for many years now”, he went on. On taking it, I noticed that his blood pressure was very high. I then examined the back of his eyes with the help of a funduscope and saw that the thin blood vessels were tearing as a result of the damage caused by prolonged high blood pressure. It was obvious to me that his high blood pressure was causing similar damage to other blood vessels in his body, a fact of which he seemed to be completely ignorant. “Uncle, I said, “it seems that you are not taking your medicines regularly. Taking medicines once in a blue moon, the way you have been doing, will inevitably cause damage to all organs in your body” I explained to him further. “In addition, not only the table salt needs to be restricted but in consultation with our dietician, please understand the hidden sources of salt in your diet, and restrict those too” I said. He watched me carefully, while intermittently nodding his head as well to show he understood me. I went on. “In addition, to try and lose some of your excess weight I suggest you to go for a brisk walk at least five times a week in case your busy schedule doesn’t permit you to do so I advise getting a treadmill and using it.” Having listened to these words, he left the clinic. My next
clinical encounter with him was in a few months’ time. The
blood tests at that time showed some kidney impairment. “Uncle,
the tests on your kidney function show that we need to be
careful about further damage to the kidneys. Kindly don’t
underestimate your high blood pressure. It is a silent killer,” I
carefully explained to him. It seemed that the cruel arms of
hypertension had damaged his vessels everywhere and
consequently damaged the organs in his body. His wife was
with him and told me “He never takes his daily dose of
medicine, Doc!”, while glaring at him.

When I saw him again in the clinic several months later,
I felt very sad. He had lost his healthy facial sheen, and an
ultrasound of his kidneys showed that both had shrunk, due
to his persistent and uncontrolled high blood pressure. “Doc!”
he complained, “I am tired all the time, and it is now starting
to affect my business,” he went on. “I’ve never felt so weak in
my life before,” as he turned his head and glanced down. Blood
tests had revealed that his hemoglobin levels were low, and on
further evaluation there was no obvious source of blood loss,
the low hemoglobin level was clearly a symptom of the
progressive kidney disease. He was started on injection
Erythropoietin the blood-producing hormone, which his diseased
kidneys were refusing to produce. Unfortunately, the patient
had no insurance cover and was forced to purchase lot of
medicines from the open market, thus adding to his increasingly
precarious financial situation.

One day, in the dead of night, he was brought to emergency
room in a drowsy state. His anxious wife explained that despite
a high intake of fluids, he was unable to urinate properly. Once
we examined him, we found that he was suffering from fluid
retention and consequently his kidneys were unable to flush
off his blood and needed an artificial support dialysis2.

“Dialysis!” said his wife, striving to understand what the
implication of this was. “Doc, does it mean that his kidneys
have failed?” “Unfortunately, you are right. He has kidney
failure,” I explained to her. “Oh no, Doc! Is it a single kidney
or both of them? his son whispered from the corner of his bed. “Unfortunately it is both,” I replied in a sad voice. We immediately connected him to a hemodialysis machine and the dialysis was started. Hours later, he was feeling much better and started talking again, and after few days he was discharged.

On his next follow up visit to our clinic he remarked to me “Doc! my son is now looking after the business as I don’t sleep properly, and my capacity to work is severely impaired as I get tired so easily I never wanted him to interrupt his studies, please believe me,” and with this he burst into tears. His renal disease was killing him inch by inch, and one day our head of dept. talked to him and his family. He explained that if the patient could have a kidney transplant, his fatigue and his quality of life would be improved, but that it was a very expensive procedure. “Doc! we will sell everything we have to help him come out of this misery. Please save this ring, which is very dear to me. I value it very highly and have had it for 30 years, in fact since the day we became engaged. But Doc, it may not fetch enough money …” his tearful wife said. While speaking her voice broke, and she wept bitterly. “Take my kidney sir! I am ready,” she said. “All his life has been spent in building us a good home and in the education of our children, Doc. He is my darling and I cannot imagine life without him”. It was decided that his wife would donate kidney to try and save her husband. The patient’s face flushed with happiness, and a new ray of hope emerged in his family. He was registered for the operation, and the preliminary work up for his kidney transplant was started in the couple. Kidney transplant seemed to end the misery and rejuvenate their yesteryears. They happily sold their house and started collecting money and getting ready for the transplant. With the family full of the hope for the good outcome of the renal transplant, he was brought to our Emergency room one day with severe chest pain. He closed his fist and rubbed his closed fist over the breast bone, saying, “Doc, I am having terrible chest pain here”. The blood tests and ECG showed that he was having a heart attack. “Auntie,
we need to send him for cardiac catheterization as he has unfortunately developed a heart attack,” we gently told her. “Doc! I have always regarded him as a brave person. He has never had any heart problem in all the time that we have been married,” she said. “His vessels had become hard and the blood supply to all his organs has been affected. With kidney disease as well, the damage has quickly got worse,” we explained. The patient underwent coronary angiography which opened the vessels of the heart. In this manner, his chest pain was relieved and he was discharged home again a few days later. During his stay in hospital, his blood sugars were found to be elevated on repeated occasions, and as he was a prospective renal transplant patient, he was started on Insulin. With addition of three more drugs, the family’s monthly drug bill inflated further. Keeping in view this episode of the heart attack, the renal transplant was postponed. He was put on blood thinners to prevent further blood clotting in the vessels of the heart. Over the period of time I knew the family, I observed that the financial strain was draining them, and that the son, being inexperienced, was unable to handle the business as effectively as he should. He would always accompany his father for dialysis, which was done thrice week. One day my patient was brought in with a history of black stools, suggesting blood loss from the gut. An endoscopic examination was done, and we observed that he was bleeding from his stomach. We quickly realized that this was probably due to blood thinners he was taking, which had been prescribed with the intention of preventing the clogging of the vessels in his heart. These medications had eroded his stomach, and caused the passage of altered blood with the stools (melena). The situation was akin to that of being between the devil and the deep blue sea. He was given a blood transfusion and other necessary treatment. The carry bag of the family’s medicines was progressively increasing, and so were their hospital visits. The family had become familiar to everyone in the hospital as they were visiting every week for dialysis as well as for appointments
in other two departments. Our patient’s chubby face was becoming gaunt and pale and his wrinkles were getting prominent. One fine day several months later he was brought in in a deep coma. His son and his wife were carrying him on a trolley. He was in a deep unarousable sleep. “Doc!” exclaimed his wife in despair, “he is now taking his medicine regularly, so why he is getting complication after complication?” I had no answer to her question. I sidetracked and started calling the radiology dept. for a quick appointment for a CT scan of his head. The scan revealed a massive hemorrhage which was not amenable to any surgical intervention, and which was causing the coma. He was started on conservative treatment and the poor prognosis was explained to the family. “Doc, please explain to us whether we could have helped him before the rupture of his brain vessels leading to his deep coma,” his son very innocently inquired. The uncontrolled hypertension had mercilessly damaged his blood vessels everywhere in the body. The nasty game had started way back, I explained to his anxious son. “But Doc, he was taking his medication regularly and we were taking every precaution to keep him going” said his son. I kept my hand on his shoulders, and I gently remarked “My dear, it was all too late.” The blood leak due to the damaged vessels in the brain was in the vital centers of his brain. He was breathing but not responding to any painful stimulus, verbal commands etc

Even though every effort was made to resuscitate him, one day as the morning was growing, the angel of death kissed him and his soul flew back to God. He could never have his kidney transplant, and the dream of the family was devastated. They carried his body back to their tenanted accommodation.

Dear reader this gentle man left on his heavenly abode and left some messages. Never underestimate hypertension. Headache due to hypertension occurs only when it is very high, otherwise it is a silent killer and doesn’t cause symptoms before organ damage. It badly devastates blood vessels all over the body. It can affect the heart, the kidneys, the brain and
other organs, so it is very important to know the cause of the hypertension and to manage it properly. After diagnosis is made it is very important to regularly take medication, control weight and salt restriction. It also requires proper follow up of complications, and regular treatment. The index case I have described in this story had features of metabolic syndrome. Metabolic syndrome is defined as the co-occurrence of metabolic risk factors for both type 2 diabetes and cardiovascular disease (CVD). According to the National cholesterol control program and Adult treatment panel III, any three of the following can be called metabolic syndrome; central abdominal obesity, hyperglycemia, dyslipidemia, and hypertension (Blood pressure more than 130/85mm of mercury). It is an important risk factor for the subsequent development of type 2 diabetes and/or cardiovascular disease. Thus, the key clinical implication of a diagnosis of metabolic syndrome is the identification of a patient who needs aggressive lifestyle modification focused on weight reduction and increased physical activity. Reduction of risk factors for heart disease includes treatment of hypertension, cessation of smoking, glycemic control in patients with diabetes, and lowering of serum cholesterol according to recommended guidelines.

“Sorrow prepares you for joy. It violently sweeps everything out of your house, so that new joy can find space to enter. It shakes the yellow leaves from the bough of your heart, so that fresh, green leaves can grow in their place. It pulls up the rotten roots, so that new roots hidden beneath have room to grow. Whatever sorrow shakes from your heart, far better things will take their place.”

– Moulana Rumi

Notes:

1. Funduscope is a device with a light source to study the inner of an eye and thin vessels of the eye can be seen with its help and damage due to hypertension can be assessed.

2. Dialysis is to clear blood of its toxic substances artificially using an external machine when kidneys don’t function properly.
22. The Tell-tale Eyes

“Doc! She would make a wonderful queen and my heart just couldn’t accept her hands with anyone else, hence I resorted to boozing - goblet after goblet” the nicely-clad young man at PGI Chandigarh Hospital, where I was working as a physician several years ago, said to me. Well, I didn’t want to question him further, in case of a breach of the boundaries of the patient-doctor relationship. Over the past few days, this young man’s eyes had turned deep yellow and he was clearly sick. A golden yellow color in the eyes sends frightening signals to the treating physician’s mind. Yes, it means that either the liver is endangered by obstruction of its outlets, or it has been affected by disease or poison. Soon our team of physicians were treating him with great sympathy and empathy. An ultrasound of the abdomen was performed. This ruled out any blockage in the pathway of liver. Any hindrance in the pathway of the liver is to be treated as an emergency and could be life threatening. Blood samples were sent to peep into the severity of his liver damage. In the silliest hour of the day the laboratory reports were ready for our interpretation.

I touched the patient’s forehead. His forehead felt moist to my hands, as if dew drops were on his rose-like innocent face. However, he looked very ill. His anxious eyes were deeply tainted yellow.

“Doc! When will I be alright? he mumbled. “We will do our best to help you”, said I.

Explaining to his mother what was going on was the most
challenging next part of this clinical encounter for me. His blood tests revealed that the damage to the liver due to his over-indulgence in wine was serious. The clotting ability of his blood was in shambles and even a minor injury could have resulted in torrential bleeding. It seemed that the wine in his veins had stabbed his liver!

“Mom! There is no obstruction in the pathways of his liver but unfortunately the wine has marred his liver and our fingers are crossed. However, we will try our best, for the rest only God knows, what all is in store for him.” With utmost care I explained the unfortunate blood results to his worried mother.

“Doc! do something and help him out, he is too dear to me”, she replied. Well, even though medicine has progressed by leaps and bounds over the past decades, we are still miles far away from a definitive cure for so many diseases, including severe alcoholic hepatitis as was the case with this young man.

Unfortunately, he showed very little improvement, and his case record file went on growing thicker.

Days later he showed signs of abdominal distension, due to his progressive liver cell failure. “The ascites” an unwanted fluid in the abdomen.

“Mama! there is water surrounding his tummy and it is mandatory to draw this water out and evaluate it, lest it should harbor any germs” said Dr Nikhil my friend and batch mate at PGI Chandigarh who was with treating team of the patient.

“Doc! What fluid are you talking of and where has it come from? Please don’t pierce his tummy, he had lot of potatoes last night and it is simply the gas in his tummy” she said while stroking his abdomen affectionately.

Finally, the father of the patient gave us his consent for the procedure, and no sooner had we pricked his abdomen, than straw colored fluid gushed out, The analysis of the fluid showed features of severe infection, (spontaneous bacterial peritonitis, SBP), which was yet another sign that the liver was losing its battle day by day. We started the patient on
antibiotics but that was simply whipping the tired horse. Drugs don’t help unless your own body machinery is fit.

A cascade of complications, all well known in liver failure, started one after another, despite of our best efforts to help him. Progressively he became unresponsive.

“Doc trust me; he will get up soon from his sleep” his mother said.

“One day when he was tiny, it so happened that he slept for such a long time in the cradle and that day doc everyone except me was scared. I was confident that he was alright and even now I am equally so”. She further elaborated. The cradle story seemed as fresh in her mind as if she was recounting a story that was only few weeks old. It seems to be true of all mothers, that the mother never feels her child has grown more mature at any stage of one’s life.

Contrary to her belief, we were confident that his liver was failing further as he was showing signs of being unable to detoxify nasty ammonia from his gut. The poisonous ammonia was suppressing and sedating his brain (hepatic encephalopathy) from which trauma only a new liver could arouse him

Who would donate his liver and who will be the daring surgeon to operate upon her beloved son? Where in such conditions could that 14-hour long surgery (Liver transplantation) be carried out, at the expense of millions of dollars? You felt correctly it was asking for the moon and simply absurd.

The next day the treating team decided to shift him to the intensive care unit (ICU) of the hospital. A feeding tube was inserted into his stomach in order to safeguard his lungs, while swallowing, as he had lost control of normal swallowing process, which is highly coordinated in a healthy individual.

The monsoon (seasonal torrential rains) was in its youth and heavy rains were thrashing doors and windows everywhere in the beautiful city of Chandigarh. His mother, partially soaked in rain, arrived from a nearby tenanted accommodation with
some homemade preparation in her hand for her handsome son.

“Doc! what is this pipe in his nose? She shook his body, “Look son! Look what I have prepared, your favorite dish”. Her son had become as deaf as a stone., He was breathing, but not responding at all. Streams of tears started from her eyes, as if the outward torrential rains had found their outlet through her brain into her eyes. She was seen to be desperate for the first time during the 19 day-long stay in hospital of her sick son.

In ICU, despite our best efforts and all available treatment, he never woke up from that deep sleep. One fine day our team was on its rounds in ICU and suddenly the alarm from his monitor alerted one and all. The ECG monitor was showing disturbed lines, indicating that heart had deceived his ailing body. Cardiopulmonary resuscitation (CPR) was done but the angel of death kissed his face and his soul quietly flew back to God. It was routine for his mother to wait outside the ICU gate in order to learn about his daily progress. On that day, she hurriedly approached us as usual, and, for us, breaking this bad news to her was an uphill task. With steel hearts we shared the news of his departure to her. She was speechless with grief. The spring of her tears had dried up, and she couldn’t even cry! Later, his family carried his body in its heavy coffin back to their home. For parents, their children’s coffins are the heaviest of all!

**Dear Reader:** That young man left for ever, but with a message for the living world, which is “Never ever destroy yourself with alcohol. It is a poison.”

Alcoholism has destroyed millions and devastated billions all over the world. Planners feel that the money added to the exchequer from the tax on this poison is attractive but that is simply their illusion. It is actually a social evil, and it must have destroyed billions of families all over the world since its first use by mankind thousands of years ago.
Behind most traffic accidents all over the world, this is the one most easily preventable cause.

Never ever touch this poison, once it catches you it is hard to get rid of its cruel arms. It spares no organ in the precious machinery of the Almighty, and no dose is safe. Let us vow to teach everyone about its harmful effects and to help all those who are in its cruel lap.

“Don’t worry about failures, worry about the chances you miss when you don’t even try.”
– Jack Canfield

“Many of life’s failures are experienced by people who did not realize how close they were to success when they gave up.”
– Thomas Edison

Notes:
1. The Postgraduate Institute of Medical Education and Research (or PGIMER) is a medical and research institution located in Chandigarh, India. It has educational, medical research and training facilities for its students. The Institute was established in 1962 and declared as an Institute of National Importance by an Act of Parliament in April 1967. PGIMER publishes 400 research articles in national and international journals every year and is known all over the world for carrying out the highest number of autopsies those prove to be eye openers for practicing doctors & trainee doctors. The institute has excellent dedicated faculty.
23. Top Ten Tips for Weight Loss

All over the world, obesity is on the increase. It is a major risk factor for heart, liver, and nervous system diseases, as well as musculo-skeletal disorders. The best ways to control obesity are simple and effective: eat less and take moderate but regular exercise. The old saying “Eat food like medicine, otherwise you may end up eating medicine like food” holds true even in modern times. Here are some tips for weight loss:

1. **The will to lose weight**: Focus on nourishing your body, instead of depriving it. Weight loss should follow as a natural side effect. The first step towards weight loss is to have “the will” to do it, and an understanding of how to set about it. One has to have enough determination and it must become a lifestyle habit. Embarking on a “diet” is not always the answer. One of the biggest problems with “diets” is that they almost never work in the long term, and finally people end up heavier than they were previously.

2. **Keep healthier food choices close** can help prevent you from eating something unhealthy once you become excessively hungry. In fact, allowing yourself to become ravenously hungry is a mistake! A few snacks that are easily portable and simple to prepare which you could have on hand to satisfy sudden pangs of hunger include whole fruits, a handful of nuts, baby carrots, plain yogurt and even a hardboiled egg (or two).

3. **Eat on small plates** Some studies have shown that eating off a smaller plate could help people to eat less and thus automatically reduce their calorie intake. It sounds like a weird trick, but it seems to work.
4. Chew slowly. It can take a while for the brain to register that you’ve had enough to eat. Some studies show that chewing more slowly can help you eat fewer calories and increase the production of hormones linked to weight loss.

5. Have a good breakfast. Eating a good breakfast will help reduce the temptation to eat more later in the day. Studies show that replacing grain-based breakfast with eggs can help you eat fewer calories for the next 36 hours, and lose more weight and more body fat. If you can’t eat eggs for some reason, then that’s fine. Any source of quality protein for breakfast should do the trick. Protein is the single most important nutrient when it comes to losing weight. Eating a high protein diet has been shown to boost metabolism by 80 to 100 calories per day, while helping you feel so satiated that you eat up to 441 fewer calories per day. Protein reduces obsessive thoughts about food.

6. Drink plenty of water. A high enough intake of water prevents dehydration and removes waste from your body. Dehydration is one of the primary causes of fatigue. It is often claimed that drinking water can help with weight loss, and this is true, because it makes you feel full and stomach sends signals of satiety to brain leading to reduced hunger. Drinking water can boost your metabolism by 24-30% over a period of 1-1.5 hours, helping you burn off a few more calories. One study showed that drinking a half liter of water about a half an hour before meals helped dieters eat fewer calories and lose 44% more weight.

7. Eat lots of fruit and vegetables. These have several properties that make them effective for weight loss. They contain few calories, but a lot of fiber. They are also rich in water, which gives them a low energy density. They also take a while to chew, and are very filling. Studies show that people who eat plenty of vegetables and fruits tend to weigh less. These foods are also super healthy and nutritious. Fiber is often recommended for the purpose of weight loss. Although the evidence is mixed, some studies show that fiber can increase satiety and help you control your weight over the long term.
8. **Avoid eating too much carbohydrate.** Refined carbohydrates are usually sugar, or grains that have been stripped of their fibrous, nutritious parts (and this includes white bread and pasta). Studies show that refined carbs can spike blood sugar rapidly, leading to hunger, cravings and increased food intake only a few hours later. Eating refined carbs is strongly linked to obesity. If you’re going to eat carbs, make sure to eat them with their natural fiber. Avoid excess of sugar, fruit juice, soda etc. Green tea is considered to promote weight loss. The best cooking oil has been found to be coconut oil which has large amounts of medium chain triglycerides and has been found to be better than vegetable or mustard oils.

9. **Take regular exercise.** Doing aerobic exercise (cardio) is an excellent way to burn calories and improve your physical and mental health. It appears to be particularly effective to lose belly fat, the unhealthy fat that tends to build up around your organs and cause metabolic disease. One of the worst side effects of dieting, is that it tends to cause muscle loss and metabolic slowdown, often referred to as starvation mode. The best way to prevent this from happening is to do some sort of resistance exercise, like lifting weights. Studies show that weight lifting can help keep your metabolism high, and prevent you from losing precious muscle mass. Sedentary life predisposes to lot of complications. Exercise should be regular, and can also include brisk walking, cycling, running or any outdoor game. One must exercise five times a week at least. In a work place, use the stairs rather than the lift. If you can, walk, or cycle short distances for local shopping, etc. rather than take the car.

10. **Get enough sleep and learn to relax.** Sleep is as important as eating healthy and exercising. Studies show that poor sleep is one of the strongest risk factors for obesity, being linked to an 89% increased risk of obesity in children, and 55% in adults. An average of 6-8 hours’ sleep is enough for an adult. Create a good sleeping environment for yourself. Sleep
may be disturbed by a poor sleeping environment, anxiety or any chronic pain. Analyze your needs and consult your doctor if you think you are suffering from anxiety which is disturbing your sleep. Try to sleep well, as the exhausted brain cannot think and concentrate properly.

**Learn to relax:** It is very important to relax your nerves. Have positive approach towards problems in life! An attitude like this is full of benefits when you have to face any difficulty, and it energizes a person to face the day to day hardships of life. When there is a problem, analyze the given situation and chalk out a plausible solution, and work according to those lines calmly. Good relaxation helps you to concentrate better and consequently your quality of life improves. If you’re wondering how to relax, try the following:

a) **Prayers:** Prayers keep your mind calm and cool and help you relax your nerves resulting in a much better productive life. Our universe has not come about by mere coincidence; consider that the simple parts of a watch do not assemble themselves without some effort on the part of someone. Surrender yourself to the Almighty and do good wherever you can, taking virtue as its own reward. By doing good, you end up helping yourself. The most as positive thoughts fill your mind and your own work capacity increases dramatically.

b) **Go for exercise, join a gym or go for cycling or brisk walking.**

c) **Read a good book**

d) **Meet a good inspiring friend.** Share your problems with a wise person whom you trust and follow his advice.

Lastly weight loss is a continuous process and needs extreme motivation and self-control and it is worth to maintain an ideal weight.

**11. Use spices in your diet on regular basis:** Spices have lot of health benefits as these agents’ boost metabolism. We must use these agents on regular basis. Some commonly used spices and their medicinal values are outlined as under:
a) Cinnamon: Cinnamon contains large amounts of highly potent polyphenol antioxidants. It reduces total cholesterol, LDL and triglyceride levels, making it an excellent spice for protection against heart disease. Two compounds found in cinnamon appear to inhibit the buildup of a protein called tau in the brain, which is one of the hallmarks of Alzheimer’s disease. It has antibacterial and antifungal properties and can help fight tooth decay and bad breath.

b) Ginger: Ginger is high in gingerol, a substance with powerful anti-inflammatory and antioxidant properties. Ginger appears to be effective at reducing the day-to-day progression of muscle pain, and may reduce exercise-induced muscle soreness. It also helps to reduce symptoms of osteoarthritis, which is a very common health problem. Ginger has been shown to lower blood sugar levels and to improve various heart disease risk factors in patients with type 2 diabetes.

   Ginger appears to be very effective against menstrual pain when taken at the beginning of the menstrual period. Studies suggest that ginger can protect against age-related damage to the brain. It can also improve brain function in elderly women. It is very effective against the oral bacteria linked to inflammatory diseases in the gums, such as gingivitis and periodontitis.

c) Turmeric: The curcumin present in Turmeric is known to have powerful anti-inflammatory and antioxidant properties. It not only neutralizes free radicals but induces antioxidant enzymes in the body. This makes it very useful in combatting arthritis. There is also some evidence that curcumin can boost the brain neurotransmitters serotonin and dopamine. Improved levels of these neurotransmitters have been shown to help for depression. Studies have shown that curcumin present in Turmeric helps in aging
d) **Garlic**: Garlic is a plant of the onion family, grown for its cooking properties and health effects. It is high in a sulfur compound called Allicin, which is believed to bring most of the health benefits. Garlic is low in calories and very rich in Vitamin C, Vitamin B6 and Manganese. It also contains trace amounts of various other nutrients. Garlic supplementation help to prevent and reduce the severity of common illnesses like flu and the common cold$^6$. High doses of garlic appear to improve blood pressure in those with known high blood pressure$^7$ (hypertension). In some instances, supplementation can be as effective as regular medication. Garlic supplementation seems to reduce total and LDL cholesterol, particularly in those who have high cholesterol. HDL cholesterol and triglycerides do not seem to be affected. This makes garlic excellent for prevention of heart disease.

e) **Lemons**: They are an excellent source of vitamin C, soluble fibers and plant compounds, all of which can provide health benefits. Intake of fruits high in vitamin C is linked to reduction in cardiovascular disease. Low levels of vitamin C in the blood are also linked to increased risk of stroke, especially among those who are overweight or have high blood pressure. The citric acid in lemons can increase urine volume, which may help prevent the formation of kidney stones. Keep lemon juice cubes ready to use in your refrigerator. Crush 8-10 lemons and put that lemon juice in the cubes without water, store in the freezer of your refrigerator to make lemon tea or take lemon water and just chill it. Please avoid adding sugar. And of course, avoid the commercial lemon preparations and soft drinks, etc. Lemon juice prepared at home from fresh lemons is far superior.
“Health is the greatest gift, contentment the greatest wealth, faithfulness the best relationship.”

– Lord Buddha

Notes:
1. The chapter has been adapted from https://authoritynutrition.com. An evidence based approach.
24. Nip the Evil in the Bud!

People go to the doctor when they have pain somewhere in the body or some disability has manifested itself. However, often the disorders which are later indicated by outward symptoms start quite early in a painless fashion. For this reason, it is better to subject yourself to regular screening. For example, heart attacks, strokes or visual disturbances are only some of the catastrophic illnesses that start with certain risk factors but without pain, and only regular investigations can unravel these hidden snakes. It is thus very important to investigate yourself periodically. Diabetes, smoking, high lipid levels in the blood, as well as hypertension, are all major risk factors as well as indications for the development of atherosclerosis. Atherosclerosis, or the hardening of blood vessels, affects all systems in the body and manifests itself with heart attacks, strokes and kidney diseases. The only way to curb the disastrous effects of atherosclerosis, is to subject yourself to periodic investigation. This type of screening is very important for those people who have a family history of this type of chronic disorder.

Further, no sooner than a person has been diagnosed with any chronic illness like hypertension and diabetes, it is very important for both patients and medical staff to study, record and maintain complete information about that particular patient’s disease. Chronic diseases need regular follow up in a hospital in order to detect complications at an early stage. Various interventions can only be undertaken in order to modify
or alter the course of an illness, e.g. when proteinuria is detected at an early stage in a diabetic patient, medication like Angiotensin converting enzyme inhibitors can be given in order to retard the development of advanced renal disease in these patients. It is beyond the scope of this book to elaborate on the management of all chronic illnesses, however, I want to briefly write few lines about Diabetes mellitus, bearing in mind its increasing prevalence all over the globe. For more details, you are recommended to visit www.American Diabetes Assoaciation.com

**Diabetes Mellitus**

Diabetes mellitus is increasing all over the world. It can present with classical symptoms of excessive thirst (polydipsia), excessive urination (polyuria) and excessive craving for food (polyphagia), or else it may present with complications like problems with vision (retinopathy) or kidney diseases (nephropathy) or problems with nerves (neuropathy). Meticulous control of a patient’s blood sugar is mandatory in order to prevent long term complications. It is therefore necessary for diabetic patients to learn how to monitor their blood sugar themselves, and to be meticulous in attending their regular checkups.

Who should get screened for diabetes mellitus? According to the American Diabetes Association, all patients should be screened for diabetes at three-year intervals, beginning at the age of 45, especially people who are overweight or obese. If multiple risk factors are present, screening should be done at an earlier age and more frequently. The U.S. preventive services Task Force recommends that adults with high blood pressure or high cholesterol should be regularly screened for type 2 diabetes (insulin resistant diabetes) in an effort to reduce the incidence of cardio vascular disease.

Various risk factors for the development of diabetes include

- People with a family history of diabetes (parents or siblings with diabetes)
• People who are overweight (with a body mass index equal to or greater than 25)
• Those who are habitually physically inactive
• Race/ethnicity (including African-Americans, Hispanic-Americans, Native Americans, Asian-Americans, and Pacific Islanders)
• History of impaired fasting glucose (IFG) or impaired glucose tolerance (IGT)
• High blood pressure (equal to or greater than 140/90 in adults)
• Abnormal lipid levels: HDL cholesterol equal to or less than 35 mg/dL and/or a triglyceride level equal to or greater than 250 mg/dL
• Patients with a history of gestational diabetes or having delivered a baby weighing more than nine pounds
• Patients with polycystic ovary syndrome

The diagnostic criteria outlined by the American Diabetes Association (ADA) include the following:
• A fasting plasma glucose (FPG) level of 126 mg/dL or higher, or
• A 2-hour plasma glucose level of 200 mg/dL or higher during a 75-g oral glucose tolerance test (OGTT), or
• A random plasma glucose of 200 mg/dL or higher in a patient with classic symptoms of hyperglycemia or hyperglycemic crisis

If the screening test for diabetes is negative, patients should continue to have follow-up screening tests every three years or as recommended by their doctor. In addition, you can lower your chances of getting diabetes by losing weight, keeping your blood pressure and lipids at normal levels, and exercising regularly.

A positive diagnosis for diabetes may feel shocking to you and your family at first, and one passes through various stages,
the stage of denial being the first stage when the person believes that the test is wrong or the doctor’s advice is incorrect. Millions of people are suffering from this disorder the world over but now, with the availability of better drugs, the complication rates have decreased. Insulin used only to be available for those diabetic patients who could afford it, but with modern technology it is now freely available. The best approach to this disease is to accept the diagnosis, and start educating yourself about it while regularly consulting your doctor, starting your medication, and according to the following guidelines:

a) Target your Hemoglobin A1C (HbA1C) below 7, gives an idea about blood sugar control over 3 months’ period.

b) Estimate lipids and consult your doctor in case your lipid profile results are unsatisfactory.

c) Have an annual eye examination to rule out retinopathy and follow the advice of your doctor closely.

d) Have analysis of urinary proteins in a 24hr collection of urine at the time of diagnosis and yearly after. Consult your doctor if urinary protein levels are more than 30mg in 24hr collection. Doctor may prescribe some medication to retard the process of kidney disease.

e) Do not avoid fruit entirely. Diabetics should avoid those few fruits containing high levels of sugars like mangoes etc. but can still eat a variety of fruit in multiple servings.

f) Oil and rice must be taken in minimum possible amounts.

g) Regular exercise is crucial for diabetics. Exercise has an insulin sparing effect, as glucose enters exercising muscles without insulin. Before exercise it is necessary to ensure that a diabetic patient has taken adequate amounts of recommended food.

**Screening for Cancer**

Checking for cancer (or for conditions that may become cancer)
in people who have no symptoms is called screening. Screening can help doctors find and treat several types of cancer early. Early detection is important because when abnormal tissue or cancer is found early, it may be easier to treat. By the time symptoms appear, cancer may have begun to spread and it becomes an uphill task for the patient, relations and the treating physician. Several screening tests have been shown to detect cancer early and to reduce the chance of dying from that cancer. The results of screening have been found dramatic. In a report published by the National Cancer Institute in the USA, the estimates of the premature deaths that could have been avoided through screening vary from 3% to 35%, depending on a variety of assumptions. Beyond the potential for avoiding death, screening may reduce cancer morbidity since treatment for earlier-stage cancers is often less aggressive than that for more advanced-stage cancers. There are seven warning signs of cancer described in the literature, based on published reports and various studies.¹

1. Changes in bowel or bladder habits
2. A sore that doesn’t heal
3. Unusual bleeding or discharge
4. Lumps or thickened areas in the breast, testicles, or elsewhere
5. Indigestion or difficulty swallowing
6. A change in the size, color, shape, or thickness of a wart, mole, or mouth sore
7. Cough or hoarseness that doesn’t go away

The following symptoms may also signal some types of cancer:

- Persistent headaches
- Unexplained loss of weight or loss of appetite
- Chronic pain in bones or any other areas of the body
- Persistent fatigue, nausea or vomiting.
- Persistent low-grade fever, either constant or intermittent
- Repeated infection
Always consult your doctor in the event that the above symptoms are present and follow their advice. The doctor may advise you certain tests depending upon his clinical suspicion and the test may vary as follows

a) Direct or assisted visual observation is the most widely available examination for the detection of cancer. It is useful in identifying suspicious lesions in the skin, retina, lip, mouth, larynx, external genitalia, and cervix.

b) The second most available detection procedure is palpation to detect lumps, nodules, or tumors in the breast, mouth, salivary glands, thyroid, subcutaneous tissues, anus, rectum, prostate, testes, ovaries, and uterus and enlarged lymph nodes in the neck, axilla, or groin.

c) Internal cancers require procedures and tests such as endoscopy, x-rays, MRI, or ultrasound. Laboratory tests, such as the Pap smear or the Fecal occult blood test have been employed for detection of specific cancers.

Studies have shown that some people have a higher risk of cancer development and they need to be extra cautious. One of these indications is when the patient has a strong family history of cancer (in two or more first-degree relatives); increasingly, as genetic mutations and polymorphisms are found to be associated with specific cancers, high-risk individuals can be identified through genetic testing.

Amongst common cancers, colon cancer screening has been found to be a very important factor in affecting the prognosis and survival. A joint guideline developed by the American Cancer Society and the American College of Radiology recommends that screening for colorectal cancer and adenomatous polyps should start at the age of 50 in asymptomatic men and women. In addition, individuals with any of the following colorectal cancer risk factors should undergo colonoscopy at an earlier age, and more frequently than average risk individuals:
1. Those with a family history of colorectal cancer or polyps
2. Those with a family history of a hereditary colorectal cancer syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colon cancer (HNPCC)
3. Those with a personal history of chronic inflammatory bowel disease (ulcerative colitis or Crohn disease). The patients with ulcerative colitis are prone develop malignancy and it depends upon the extent and duration of the disease. The patient must have regular colonoscopy for the early detection of these cancers.

**Vaccination**

Vaccination has prevented lot of communicable diseases in children, and then, of course, the adults they grow up to be. Consult your doctor about which vaccinations they should have and keep them up to date. However, we must make sure that we have our children vaccinated in places where there are proper facilities for vaccine storage. Vaccines lose their potency unless they are stored at a constant temperature.

Vaccination against Hepatitis B prevents the development of chronic liver disease and subsequent liver cancer. (In addition to this, of course, it is necessary to avoid unnecessary exposure to drugs, injections, or unsafe sexual practices in order to avoid liver damage.)

“The difference between a successful person and others is not lack of strength not a lack of knowledge but rather a lack of will.”

– Vince Lombardi

**Notes:**
25. Be Aware of Health Hazards

The human body is the precious and matchless machinery created by the Almighty and we must try never to damage it; instead we should take care of it, utilize it properly for the betterment of humanity so that the world is a better place when we leave it. In this chapter I am discussing the Health hazards of Smoking, alcohol and Drug abuse in accordance with guidelines laid by National Institute of Drug Abuse USA.¹

1. Health Hazards of Smoking

Smoking is a major risk factor for heart disease and it accounts for about one-fifth of all deaths from heart disease in the United States. Compared with non-smokers, smokers have a two- to fourfold higher rate of coronary artery disease, and about a 70 percent higher death rate from coronary artery disease. It accounts for millions of deaths, all over the world, which could potentially be prevented.

Smoking causes atherosclerosis — the buildup of fatty substances in the arteries which occurs when the normal lining of the arteries deteriorates and thickens. These deposits of fat and plaque block the flow of blood through the arteries and affect various organs in the body. In coronary artery disease, the arteries that supply blood to the heart become severely narrowed, thus decreasing the supply of oxygen-rich blood to the heart, especially during times of increased activity. Extra strain on the heart may result in chest pain (angina pectoris) and other symptoms. When one or more of the coronary arteries
are completely blocked, a heart attack (injury to the heart muscle) may occur.

Smoking also decreases the exercise tolerance in an individual. Lack of sufficient exercise is another way of increasing the risk of the development of coronary artery disease and potential heart attacks. In peripheral artery disease, atherosclerosis can affect the arteries that carry blood to the arms and legs. As a result, the patient may experience painful cramping of the leg muscles when walking (a condition called intermittent claudication). Peripheral artery disease also increases the risk of stroke.

Cigarettes contain multiple poisons, including addictive nicotine, carbon monoxide, “tars” and hydrogen cyanide. 4,000 other chemicals of varying toxicity can be present as well, including 43 known cancer causing chemicals. Smokers have an increased risk of developing lung cancer, throat cancer, chronic asthma, chronic bronchitis and emphysema.

Cigarette smoke does not just affect smokers. When you smoke, the people around you are also at risk of developing health problems, especially children. Environmental tobacco smoke (also called passive smoke or second-hand smoke) affects people who are frequently around smokers. Second-hand smoke can cause chronic respiratory conditions, cancer and heart disease.

The American Heart Association estimates that each year, about 37,000 to 40,000 people die from heart and blood vessel disease caused by other people’s smoke.

Now that you know how smoking can be harmful to your health and the health of those around you, here’s how quitting smoking can be helpful. If you quit smoking, you will:

1. Prolong your life. According to the American Heart Association, smokers who quit between ages 35-39 add an average of 6-9 years to their lives. Smokers who quit between ages 65-69 increase their life expectancy by 1-4 years.
2. Reduce your risk of cardiovascular disease. Quitting smoking reduces the risk of repeat heart attacks and death from heart disease by 50 percent or more. Quitting smoking also reduces your risk of high blood pressure, peripheral artery disease and stroke.

3. Reduce your risk of developing a variety of other conditions including lung cancer, throat cancer, emphysema, chronic bronchitis, chronic asthma, ulcers, gum disease and many other conditions.

4. Feel healthier. After quitting, you won’t cough as much, have as many sore throats and you will be more energetic. Quitting can help you prevent face wrinkles, get rid of stained teeth, improve your skin and even get rid of the stale smell in your clothes and hair. It also improves your sense of taste and smell, and can save you a lot of money! Now you agree to quit smoking. Great!!!

**How can you quit smoking?**

There’s no one way that works for everyone. To quit smoking, you must **be ready emotionally and mentally**. You must also want to quit smoking for yourself, and not to please your friends or family. Plan ahead. All you need is will power. Many people have quit smoking after years of being addicted, without any problems in life.

1. When you decide to quit, get rid of all cigarettes and put away all smoking-related objects, such as ashtrays.
2. If you live with a smoker, ask that person not to smoke in your presence. Better yet, convince them to quit with you.
3. Don’t focus on your cravings. Reinforce your will to quit smoking.
4. Write down when you smoke, why you smoke and what you are doing when you smoke, in order to learn what your smoking “triggers” are. When you get the urge to
smoke, take a deep breath. Hold it for ten seconds and release it slowly. Repeat this several times until the urge to smoke is gone.
5. Stop smoking in certain situations (such as at your work break or after dinner) before actually quitting.
6. Make a list of activities you can do instead of smoking.
7. Visualize yourself as a nonsmoker.
8. Tell your family and friends about your plans to quit and ask them for their support. Ask your family members who smoke to quit with you.
9. Keep yourself busy! Review your list of activities which can be undertaken instead of smoking.
10. Change activities that were connected to smoking. Take a walk or read a book instead of taking a cigarette break.
11. Whenever you can, avoid places, people and situations associated with smoking. Hang out with non-smokers or go to places that don’t allow smoking, such as the movies, museums, shops or libraries.
12. Don’t substitute food or sugar-based products for cigarettes. Eat low-calorie, healthful foods (such as carrot or celery sticks, sugar-free hard candies) or chew gum when the urge to smoke strikes so that you can avoid weight gain.
13. Exercise regularly. Exercising has many benefits and will help you relax.

You may be asking yourself – “How will I feel if I quit?” You may crave cigarettes, be irritable, feel very hungry, cough often, get headaches, or have difficulty concentrating and perhaps experience constipation. These symptoms of withdrawal occur because your body is used to nicotine, the active addiction agent within cigarettes.

When withdrawal symptoms occur within the first two weeks after quitting, stay in control. Think about your reasons for quitting. Remind yourself that these are signs that your
body is healing and getting used to being without cigarettes. Remember: these withdrawal symptoms are only temporary. They are strongest when you first quit but will go away within 10 to 14 days. Remember also that withdrawal symptoms are far easier to treat than the major diseases that smoking can cause. Don’t yield and boost your motivation.

Here are some interesting observations of what happens after you have given up smoking.

- After 20 minutes: You stop polluting the air
- After 8 hours: The carbon monoxide level in your blood returns to normal
- Oxygen levels in your blood increase
- After 24 hours: Your risk of heart attack decreases
- After 48 hours: Nerve endings adjust to the absence of nicotine
- Your ability to taste and smell begin to return
- After 2 weeks to 3 months: Your circulation improves
- Your exercise tolerance improves
- After 1 – 9 months: Coughing, sinus congestion, fatigue and shortness of breath decrease, and your overall energy level increases
- After 1 year: Your risk of heart disease decreases to half that of a current smoker
- After 5 – 15 years: Your risk of stroke is reduced to that of people who have never smoked
- After 10 years: Your risk of dying from lung cancer drops to almost the same rate as a lifelong non-smoker
- You decrease the incidence of other cancers — of the mouth, larynx, esophagus, bladder, kidney and pancreas
- After 15 years: Your risk of heart disease is reduced to that of people who have never smoked

If you start smoking again (called a relapse) do not lose hope. Seventy-five percent of those who quit relapse. If you relapse, don’t give up! Review the reasons why you wanted to become a nonsmoker and try hard to develop within yourself
the will to quit smoking again. Plan ahead and think about what you will do next time you get the urge to smoke.

2. Health Hazards of Alcohol
Fermented grain, fruit juice and honey have been used to make alcohol (ethyl alcohol or ethanol) for thousands of years. Alcohol is a health hazard because it can be the direct cause of many health problems, and indirectly due to the state of drunkenness. Certain cancers, including breast cancer and cancers of the mouth, pharynx, larynx and esophagus have all been found to be more frequent in alcoholics. The latest dietary guidelines make it clear that no one should begin drinking, or drink more frequently on the basis of potential health benefits. So don’t feel pressured to drink alcohol.

The absorption of alcohol starts as soon as it reaches the stomach (20%) and (80%) via small vessels of small intestine. Within minutes of drinking alcohol, it travels from the stomach to the brain, where it quickly produces its adverse effects, slowing the action of nerve cells. It is a central nervous system (CNS) depressant. Imagine a person with depressed nervous system driving; he becomes a threat not only to himself but to others on the road as well. The world over, the majority of the road accidents that occur, occur when the driver is drunk.

Alcohol is also carried by the bloodstream to the liver, which eliminates the alcohol from the blood by means of metabolism and converts it to a nontoxic substance. However, the liver can only metabolize a certain amount at a time, leaving the excess circulating throughout the body. Thus the intensity of the effect on the body is directly related to the amount consumed. When the amount of alcohol in the blood exceeds a certain level, it depresses the respiratory (breathing) system markedly, and can cause coma or death, because oxygen no longer reaches the brain.

Furthermore, alcohol kills more teenagers than all other drugs combined. It is a factor in the three leading causes of
death among 15- to 24-year-olds: accidents, homicides and suicides. Today, an estimated 15 million Americans suffer from alcoholism and 40% of all car accident deaths in the US involve alcohol. Alcoholism predisposes people to other illegal drugs as well. It has been estimated that young people who drink are 7.5 times more likely to use other illegal drugs and fifty times more likely to use cocaine than young people who never drink. A US Department of Justice study found that as many as 40% of violent crimes occur when the perpetrators are under the influence of alcohol. According to one study, of the 490 million people in the European Union, more than 23 million are dependent on alcohol. In Europe, alcohol contributes to nearly one in ten of all cases of illness and premature deaths each year. Depending on how much is taken, and the physical condition of the individual, alcohol can cause:

1. Slurred speech, drowsiness, vomiting
2. Headaches, breathing difficulties, distorted vision and hearing
3. Impaired judgment, decreased perception and coordination, unconsciousness and even coma

The long term effects of alcohol can be any of, or a combination of, the following, especially where as binge drinking and continued use in excessive amounts are concerned. (Binge drinking is defined as four or more drinks within two hours for women and five or more drinks within two hours for men.)

- Unintentional injuries such as car crashes, falls, burns, drowning
- Intentional injuries such as firearm injuries, sexual assault, domestic violence (Alcohol spoils domestic life and is one the major causes of broken relationships.)
- Liver disease, nerve damage, sexual problems
- Permanent damage to the brain
- Cancer of the mouth and throat

Females are particularly susceptible to the bad effects of alcohol because of differences in their metabolism. Alcohol
affects most of the organs in the body. Its intake can cause pancreatitis and can be even be life threatening. People with pre-existent cardiovascular disease are prone to sudden death. Heart muscle damage (alcoholic cardiomyopathy) leading to heart failure and progressive shortness of breath can also occur.

Other deleterious effects of excessive alcohol consumption, are:

- Liver disease: Alcohol causes fatty deposits in the liver and the spectrum of fatty liver turns into cirrhosis over a period of time. Once cirrhosis develops, only a liver transplant can prevent further complications.
- Brain damage and other problems in an unborn child: Pregnant women who consume alcohol can damage the brains of their unborn children and cause other congenital problems.

It has cruel arms and once a person falls into its trap, it is difficult to escape, and the person becomes dependent on alcohol.

Alcohol dependence (alcoholism) consists of four symptoms:
1. Craving: a strong need, or compulsion, to drink.
2. Loss of control: the inability to limit one’s drinking on any given occasion.
3. Physical dependence: When alcohol use is stopped after a period of heavy drinking, withdrawal symptoms, such as nausea, sweating and anxiety, occur. Serious dependence can lead to life-threatening withdrawal symptoms including convulsions, starting eight to twelve hours after the last drink. The person can even become agitated and develop hallucinations. The phenomenon is called delirium tremens (D.T.’s). It begins three to four days later.
4. Tolerance: With the passage of time, the person develops a need to drink ever increasing amounts of alcohol in order to get high.
Alcohol withdrawal syndrome is a potentially life-threatening condition that can occur in people who have been drinking heavily for weeks, months, or years and then either stop or significantly reduce their alcohol consumption. The symptoms can begin as early as two hours after the last drink, persist for weeks, and range from mild anxiety and shakiness to severe complications, such as seizures and delirium tremens (also called DTs). The death rate from DTs — which are characterized by confusion, rapid heartbeat, and fever — is estimated to range from 1% to 5%.

Because alcohol withdrawal symptoms can rapidly worsen, it’s important to seek medical attention even if symptoms are seemingly mild. Appropriate alcohol withdrawal treatments can reduce the risk of developing withdrawal seizures or DTs.

It’s especially important to see a doctor if you’ve experienced previous alcohol withdrawal episodes or if you have other health conditions such as infections, heart disease, lung disease, or a history of seizures. Severe alcohol withdrawal symptoms are a medical emergency. If seizures, fever, severe confusion, hallucinations, or irregular heartbeats occur, either take the patient to an emergency room.

**Causes of Alcohol Withdrawal Syndrome**

Heavy, prolonged drinking — especially excessive daily drinking — disrupts the brain’s neurotransmitters, the brain chemicals that transmit messages. For example, alcohol initially enhances the effect of GABA, the neurotransmitter which produces feelings of relaxation and calm. But chronic alcohol consumption eventually suppresses GABA activity, so that more and more alcohol is required to produce the desired effects, a phenomenon known as tolerance.

Chronic alcohol consumption also suppresses the activity of glutamate, the neurotransmitter which produces feelings of excitability. To maintain equilibrium, the glutamate system...
responds by functioning at a far higher level than it does in moderate drinkers and nondrinkers.

When heavy drinkers suddenly stop or significantly reduce their alcohol consumption, the neurotransmitters previously suppressed by alcohol are no longer suppressed. They rebound, resulting in a phenomenon known as brain hyperexcitability. So, the effects associated with alcohol withdrawal — anxiety, irritability, agitation, tremors, seizures, and DTs — are the opposite of those associated with alcohol consumption.

If you have mild to moderate withdrawal symptoms, your doctor may prefer to treat you in an outpatient setting, especially if you have supportive family and friends. Outpatient detoxification is safe, effective, and less costly than inpatient detoxification at a hospital or other facility. However, you may require inpatient treatment if you don’t have a reliable social network, are pregnant, or have a history of any of the following:

- Severe withdrawal symptoms
- Withdrawal seizures or DTs
- Multiple previous detoxifications
- Certain medical or psychiatric illnesses

The goals of treatment are threefold: reducing immediate withdrawal symptoms, preventing complications, and beginning long-term therapy to promote alcohol abstinence.

Prescription drugs of choice include benzodiazepines, such as diazepam (Valium), chlordiazepoxide (Librium), lorazepam (Ativan), and oxazepam (Serax). Such medications can help control the shakiness, anxiety, and confusion associated with alcohol withdrawal and reduce the risk of withdrawal seizures and DTs. In patients with mild to moderate symptoms, the anticonvulsant drug carbamazepine (Tegretol) may be an effective alternative to benzodiazepines, because it is not sedating and has low potential for abuse.

To help manage withdrawal complications, your doctor may consider adding other drugs to a benzodiazepine regimen. These may include:
An antipsychotic drug, which can help relieve agitation and hallucinations.

A beta-blocker, which may help curb a fast heart rate and elevated blood pressure related to withdrawal and reduce the strain of alcohol withdrawal in people with coronary artery disease.

Relatively brief outpatient interventions can be effective for alcohol abuse, but more intensive therapy may be required for alcohol dependence. If you have alcohol dependence, your doctor may prescribe other medications to help you stop drinking. He or she also may recommend joining a 12-step group — such as Alcoholics Anonymous and Narcotics Anonymous — or staying at a comprehensive treatment facility that offers a combination of a 12-step model, cognitive-behavioral therapy, and family therapy.

3. Drug Abuse

Substance abuse is defined as a pattern of harmful use of any substance for mood-altering purposes. “Substances” in this sense includes things such as inhalants and solvents having no medicinal value, or those having medicinal value, which, when taken in excessive doses, such as anabolic steroids, can cause altered psychological states such as mood swings. Generally, when people talk about substance abuse, they are referring to the use of illegal drugs. Those drugs got to be illegal in the first place because they are potentially addictive or can cause severe negative health effects, affect not only their abusers, but society as a whole. When it comes to illegal substances, society has determined that their use is harmful, and has placed legal prohibitions on their use in order to protect the individual and to protect society from the costs involved in the use of healthcare resources, lost productivity, the spread of diseases, crime and social problems like homelessness. Studies have made it clear that drug education and prevention aimed at children and adolescents offers the best chance to curb abuse nationally.
The toll of this abuse can be seen in our hospitals and emergency departments through the evidence of direct damage to health by substance abuse, and its link to physical trauma. Jail and prison populations attest to the strong connection between crime and drug dependence and abuse.

I am discussing here commonly used substances of abuse.

**1. Marijuana:** Marijuana (also known as grass, weed, herb) comes from the plant Cannabis sativa, is the most commonly used illegal drug in the United States. The plant produces delta-9-tetrahydrocannabinol (THC), the active ingredient associated with intoxication. Marijuana resin, called hashish, contains an even higher concentration of THC. In 2012, there were 18.9 million Americans age 12 and over who reported using marijuana in the past month, up from 14.4 million (5.8 percent) in 2007. The drug is usually smoked, but it can also be eaten as well. Its smoke irritates your lungs more, and contains more cancer-causing chemicals than tobacco smoke does. Common effects of marijuana use include feelings of pleasure and relaxation, but also impaired coordination and memory. When smoked, it begins to effect users almost immediately, and the effects can last for one to three hours. Users claim that smoking marijuana is not harmful, but scientific evidence proves otherwise. Recent research has shown that marijuana may have even more harmful physical, mental, and psychomotor effects than first believed, and the National Institute on Drug Abuse reports that marijuana users can become psychologically dependent, and therefore addicted. Numerous studies have found a link between smoking weed and problems with regions in the brain that control learning and memory, appetite, coordination, and pleasure. One 2014 study found that, compared to non-smokers, even the casual use of marijuana can change the size, shape and density of two regions of the brain that are involved in emotion, motivation and decision-making. Invariably, people using this substance consume alcohol as well, thus adding to the negative effects that each has on
the brain. In addition, smoking marijuana can affect the lungs as well. Research shows that if you smoke marijuana regularly, you can develop many of the same breathing and lung problems that tobacco smokers often develop. These include a chronic cough and a greater risk of developing lung infections like pneumonia. Marijuana smoke does contain many of the same toxic chemicals, and more, as does cigarette smoke. Well people can and do become addicted to marijuana. About 9% of people who smoke weed end up becoming dependent on it. For those who begin smoking marijuana at an early age, about 16% become dependent, meaning that they continue to smoke in spite of negative consequences. They experience withdrawal symptoms when they quit, and they experience cravings for the drug if they try to abstain.

2. **Cocaine and Crack Cocaine**: Derived from the coca plant of South America, cocaine can be smoked, injected, snorted, or swallowed. The intensity and duration of the drug’s effects depends on how you take it. Cocaine is a powerfully addictive stimulant that directly affects the brain. Snorting, or intranasal administration, is the process of inhaling cocaine powder through the nostrils, where it is absorbed into the bloodstream through the nasal tissues. The drug also can be rubbed onto mucous tissues. Injecting, or intravenous use, releases the drug directly into the bloodstream and heightens the intensity of its effects. Smoking involves inhaling cocaine vapor or smoke into the lungs, where its absorption into the bloodstream is as rapid as by injection. This is what causes the initial euphoria commonly reported by cocaine abusers.

Cocaine is a powerfully addictive drug. Thus, it is unlikely that an individual will be able to reliably predict or control the extent to which he or she will continue to want or use the drug. And, if addiction takes hold, the risk of relapse is high even following long periods of abstinence. Recent studies have shown that during periods of abstinence, the memory of the cocaine experience or exposure to cues associated with drug
use can trigger tremendous cravings in users with consequent reversion to use. Different routes of cocaine administration can produce different adverse effects. Regularly snorting cocaine, for example, can lead to a loss of the sense of smell; nosebleeds; problems with swallowing; hoarseness; and an overall irritation of the nasal septum, which could result in a chronically inflamed, runny nose. Ingested cocaine can cause a reduction in the blood flow to the gut. Persons who inject cocaine have puncture marks called “tracks,” most commonly on their forearms, and may experience allergic reactions, either to the drug or to some additive in street cocaine, which in severe cases can result in death. Many chronic cocaine users lose their appetite and experience significant weight loss and malnourishment.

3. **Heroin (also known as smack, horse).** Heroin use continues to increase among adolescents. According to the National Survey on Drug Use and Health (NSDUH), in 2012 about 669,000 Americans reported having used heroin in the past year, a figure that has been on the rise since 2007. The biggest increases are to be found among users aged 18 to 25.

Effects of heroin intoxication include drowsiness, pleasure, and slowed breathing. Withdrawal can be intense and can include vomiting, abdominal cramps, diarrhea, confusion, aches, and sweating. An overdose may result in death from respiratory arrest (stopping breathing) or drowning in one’s own vomit. Because heroin is usually injected, often with dirty needles, use of the drug can trigger other health complications including destruction of your heart valves, HIV/AIDS, infections, tetanus, and botulism.

4. **Methamphetamine** (also known as meth, crank, ice, speed, crystal): Use of this drug also has increased, especially in the West. Methamphetamine is a powerful stimulant that increases alertness, decreases appetite, and gives a sensation of pleasure. The drug can be injected, snorted, smoked, or eaten. It shares many of the same toxic effects as cocaine, potentially leading
to heart attacks, dangerously high blood pressure, and stroke. Withdrawal often causes depression, abdominal cramps, and increased appetite. Other long-term effects include paranoia, hallucinations, weight loss, destruction of teeth, and heart damage.

5. “Club drugs”: The club scene and rave parties have popularized an assortment of other drugs. Many young people believe these drugs are harmless or even healthy. These are the more popular club drugs.

- Ecstasy (also called MDMA, Adam, STP). This is a stimulant and hallucinogen and is most commonly used to improve mood and to maintain energy, often for all-night dance parties. Long-term use may cause damage to the brain’s ability to regulate body temperature, sleep, pain, memory, and emotions.

- GHB (also called Liquid XTC, G, blue nitro). Once sold at health food stores, GHB’s effects are related to dose. Effects range from mild relaxation to coma or death. It is tasteless, colorless, and acts as a powerful sedative.

- LSD (also called acid, microdot) and mushrooms (also called shrooms, magic mushrooms, peyote, buttons). Popular in the 1960s, LSD has been revived in the club scene. LSD and hallucinogenic mushrooms can cause hallucinations, numbness, nausea, and increased heart rate. Long-term effects include unwanted “flashbacks” and psychosis (hallucinations, delusions, paranoia, and mood disturbances).

- PCP (also known as angel dust, hog, love boat). PCP is a powerful anesthetic used in veterinary medicine. Its effects are similar to those of ketamine but often stronger. The anesthetic effects are so strong that you can break your arm but not feel any pain. Usually, tobacco or marijuana cigarettes are dipped into PCP and then smoked. To conclude according to National institute of drug abuse Drug abuse and addiction have
been inextricably linked with HIV (human immunodeficiency virus) since the beginning of the epidemic. No vaccine yet exists to protect a person from getting HIV, and there is no cure. This virus severely damages the immune system and causes acquired immune deficiency syndrome, or AIDS, a condition that defeats the body’s ability to protect itself against disease. A person becomes more prone to illnesses and common infections. Millions are infected with HIV all over the globe and AIDS kills people mercilessly. It shatters the economy of countries and the only way is to prevent oneself from HIV and help to curtail its transmission. Drug abuse treatment fosters both of these goals. Avoidance of drugs and safe sexual practices are the important ways to safeguard oneself from HIV and AIDS. Hence all our efforts should be to increase awareness of disastrous effects of drug abuse. Refrain from drug abuse and save yourself and humanity.

“The best revenge is massive success.”
– Frank Sinatra

“Do not let what you cannot do interfere with what you can do.”
– John Wooden

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Bumpy Roads
“I am sure this book will inspire, instruct and amuse its readers. Dr. Ibrahim Masoodi’s stories of medical school life are particularly endearing, and should encourage those who are battling through their training, and bring back many memories to those who completed it.”

Annette de Villiers, Author and Editor, London

“Writing a memoire is not easy, finding ways to strike the right balance between personal memories and the lessons learned from them. Dr. Ibrahim Masoodi has managed to strike just the right balance in this one. His personal beliefs and generous philosophy of life shine through on every page.”

Catherine Bates, author of Memories of Girlhood, and The Story of a Bridge

Dr. Ibrahim Masoodi graduated from Govt. Medical College Srinagar, Kashmir and pursued D.M in Gastroenterology at Postgraduate institute of medical education and Research Chandigarh. He is currently working as Consultant Gastroenterologist and Associate Professor of Gastroenterology at Taif university school of Medicine Taif, KSA

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By fanning the flames of love I light here, together we can burn and bury the thorns of cast, colour and creed so that all kinds of flowers blossom in the Garden of humanity- healthily, wealthily and wisely

Highlights of this book are:
- Real life experiences with universal messages
- Easy steps to successful study for students
- Medical school life
- Top tips for weight loss
- How to quit smoking
- Save yourself &society from alcohol & drug abuse.
- Healthy life style