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to propagate Health Awareness in the Community**

Behind the Mask : Who Heals the Healers?



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YOUR HEALTH

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YOUR HEALTH

of the

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CONTENTS

- 04** *Editorial*
Dr. Khwaja Alim Ahmed
- 07** *From the Desk of Secretary*
Prof. (Dr.) Sankar Sengupta
- 08** *Message from Hon'ble Principal Secretary*
Narayan Swaroop Nigam (IAS)
- 09** *Doctor Patient Relationship in Private Practice*
Prof. (Dr.) Aniruddha Neogi
- 11** *Guest Editorial*
Dr. S M Rahman
- 12** Role of Yoga in Management of Diabetes
Dr. Shailendra Kumar Singh
- 15** Birth Day of Two legendary Scholars in Bengal at Doctors Day
Prof. Dr. Partha Biswas
- 16** Wholistic Orthopedics -Is It A Boon for Geriatric Orthopedic Patients?
Padma Shri Rtn.Prof.Dr John Ebnezar
- 18** Drs Be Aware
Prof. Dr. Manas Bandopadhyay
- 20** Skill development for professionals: Assessment of clinical competence
Prof. Dr. Anjan Adhikari
- 23** When Every Second Counted: Arko's Rescue as a Blueprint for Drowning Prevention
Prof. Dr. Partha Sarathi Giri
- 25** Counterfeit Drugs- Beyond Pharmacy: A Public Health Problem
Dr Sishir Naskar
- 27** Parenthood beyond cancer survival!!!
Dr. Honey Qureshi
- 28** WB Government Initiatives on Mother's Health Care
Miss. Soma Mukherjee

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Dr. Radha Gobinda Kar

Born on 23 August 1852 and died on 19 December 1918 was an Indian [physician](#) and philanthropist. [R. G. Kar Medical College and Hospital](#) in [Kolkata, West Bengal](#) is named after him.

Family

Radha Gobinda was born on 23 August 1852 at [Santragachi, West Bengal](#). His father, [Durgadas Kar](#), was a physician.

Education

After passing the entrance examination from [Hindu School](#), Radha Gobinda was admitted to [Calcutta Medical College](#) to study medicine, but he left the college in one year. In 1880, he was again admitted at the [Calcutta Medical College](#) (then under the [University of Calcutta](#)) where he studied for the next three years. He received his medical degree from the [University of Edinburgh](#) in 1883.

Early Practice

After finishing his studies, he returned to Calcutta to start his practice. Initially, he would see poor patients for free. His practice became established and people started coming from villages and far flung areas to get treated by him.

Kar observed his classmates faltering due to language problem and this inspired him to translate and write medical books in Bengali language. His first book was 'Bhishabandhu'. Published in 1871. He wrote several books and notable among them are 'Concise Physiology', 'Rogi Paricharchya', 'Vishaka Suhrid', 'Plague', 'Illustration and Brief Theory of Gynecology', 'Brief Infant and Child Medicine', 'Brief Physiology', and 'Kaviraj Doctor News'.

His friends, patients and fraternity requested him to start a college where he could share his knowledge and treat patients. The fight for freedom from the [British Raj](#) was getting intensified in those days. There were more and more reasons to start a medical school in Calcutta, that was not associated with the Raj. He gained conviction that the idea to build a school with modern outlook was the need of the hour.^[5]

Calcutta Medical School



Dr. Khwaja Alim Ahmed
Hony. Editor, Your Health

The vision to build a medical school with modern scientific knowledge was compelling and became his life goal. But, there came the problem. He was a man of limited means. No family wealth could support an audacious goal like this. He needed to buy a piece of land, construct and start a hospital. He requested his friends to loan him money. That was not proving to be enough.

He would stand outside the weddings taking place in Calcutta, where he could meet a number of well to do people. He would pitch his vision to the guests and request them to invest/give him some money. This is how he collected some seed fund. Seeing his determination, some of his doctor friends joined him in the mission.

In order to provide a facility not associated with the [British raj](#), Kar, Dr. Mahendranath Banerjee, Dr. Akshoy Kumar Dutta, Dr Bipin Behari Moitra, Dr. M.L. De, Dr. B. G. Banerjee, Dr. Kunda Bhattacharya and numerous other doctors founded the Calcutta School of Medicine on 18 October 1886. It was the first private medical college in Asia, established to ensure self-sufficiency in

medical education and services.^[7] The school changed its name to the Calcutta Medical School in August 1887, and it became The Calcutta Medical School and College of Physicians and Surgeons of Bengal after amalgamating with the College of Physicians and Surgeons of Bengal in 1904. [Dr. Bidhan Chandra Roy](#), who later became the Chief Minister of [West Bengal](#), was a Professor there.

In 1916, it was renamed Belgachia Medical College.

In 1918, a society named as "Medical Education Society of Bengal" was formed for the better management of the Institution. Suresh Prasad Sarbadhikari was the first President of the institution, and Kar was its first Secretary. On 12 May 1918, after the demise of Radha Gobinda Kar, the College was renamed as [R. G. Kar Medical College and Hospital](#).

I am proud to pass my MBBS from R. G. Kar Medical College and Hospital.



Dr. Radha Gobinda Kar

- Arrested during the CWC's unlawful assembly in August 1930.
- 4. Leadership in Local Government**
- Served as Alderman (1930-1931) and Mayor of Calcutta (1931-1933).
 - Expanded initiatives for free education, medical aid, improved infrastructure, and water supply.
 - Established a framework for grants to hospitals and charitable dispensaries.
- 5. Response to Crisis**
- In 1942, during the Japanese bombing of Rangoon, they facilitated air-raid shelters for students.
 - Provided relief for students, teachers, and employees while serving as Vice-Chancellor of the University of Calcutta.

Honours & Awards

In recognition of his remarkable contributions, he was awarded with Bharat Ratna, India's highest civilian honour, in 1961. He is remembered every year on National Doctors' day, which coincides with his birth and day of death.

Conclusion

Dr. Bidhan Chandra Roy was an extraordinary person in Indian history, serving simultaneously as a physician and a politician. Roy was born on 1 July 1882 in Patna, Bihar. Dr Roy served as the second Chief Minister of West Bengal from 1948 until his passing on July 1, 1962.

His tenure was really a whirlwind of remarkable progress in healthcare, education and infrastructure. He was instrumental in rehabilitating refugees after the Partition and promoting industrial development in the state.

His vision and dedication to public health and education are largely responsible for establishing public medicine as the bedrock of modern Indian medical practice. His contributions earned him the Bharat Ratna, India's largest civil prize, in 1961.

Today, he is remembered not only for his political achievements, but as a giant in the medical profession, as National Doctors Day is celebrated in his honour each year on his birthday of birth and death.



Bharat Ratna Dr. Bidhan Chandra Roy

Bharat Ratna Dr. Bidhan Chandra Roy: Education, Career and Legacy of Former West Bengal CM

From the Desk of Secretary

National Doctors' Day: Dr. Bidhan Chandra Roy was a renowned physician, freedom fighter, and the second Chief Minister of West Bengal. A pioneer in Indian healthcare and urban planning, he founded key cities and institutions. Honoured with the Bharat Ratna, his legacy is celebrated annually on July 1 as National Doctors' Day.

Dr. Bidhan Chandra Roy was an influential Indian doctor and politician who was born on July 1, 1882, in Patna, India. Dr. Roy became the second Chief Minister of West Bengal, serving from 1948 until he died in 1962.

He played a crucial role in state development. Under his leadership, Western Bengal became one of the main regions of the Indian subcontinent. Dr. Roy was also a respected medical professional, known for his health contributions.

He was awarded the Bharat Ratna, India's highest civilian honour, in 1961 for his exceptional service. His legacy is celebrated annually on National Doctors' Day, observed on his birth and death anniversary.

Dr. Bidhan Chandra Roy, born July 1, 1882, in Patna, was a prominent doctor and politician in India. He pursued his education at Presidency College, Calcutta, and achieved his medical degree from the University of Calcutta.

He served as the second chief minister in West Bengal from 1948 until he stepped down in 1962, and made significant advances in the health care, education and infrastructure development.

Career

Dr. Bidhan Chandra Roy made significant contributions to medical education by founding the Indian Medical Association and the Medical Council of India, serving as its first president.

As a politician, he focused on healthcare reforms, infrastructure development, and education, leaving a lasting impact as the second Chief Minister of West Bengal.

1. Early Career and Education

- Joined the Provincial Health Service upon returning to India.
- Engaged in private practice and served as a nurse



Prof. (Dr.) Sankar Sengupta
Hony. Secretary, Your Health

when needed.

- Taught at Medical College and Hospital, Kolkata; Campbell Medical School; and Carmichael Medical College.
- First president of the Cardiological Society of India (1948-1950).

2. Health and Education Advocacy

- Advocated for swaraj, emphasising the importance of health for freedom.
- Contributed to the establishment of several medical institutions:
 - Jadavpur T.B. Hospital
 - Chittaranjan Seva Sadan
 - Kamala Nehru Memorial Hospital
 - Victoria Institution
 - Chittaranjan Cancer Hospital
- Opened the Chittaranjan Seva Sadan for women and children in 1926.

3. Political Involvement

- Ran as an independent candidate in 1925, defeating Surendranath Banerjee.
- Voted with the Swaraj Party despite being an independent.
- Proposed a resolution in 1925 to study and address pollution in the Hooghly.
- Elected to the All India Congress Committee in 1928.
- Led Civil Disobedience in Bengal in 1929 and became a member of the Congress Working Committee in 1930.

Message from Hon'ble Principal Secretary

Narayan Swaroop Nigam, IAS
Principal Secretary



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No.210-Secy(HFW)/2025

Date : 15/07/2025

Dear Sir,

I am honored to be for the upcoming celebration of **Doctor's Day** on **19th July, 2025** at **IMA Khidderpore**, organized by **YOUR HEALTH** —Publication of the Indian Medical Association dedicated to the people.

This special occasion serves not only as a tribute to the tireless service and dedication of our medical fraternity but also as a valuable platform for dialogue. The presence of eminent doctors and esteemed social workers, who have made remarkable contributions in their respective fields, will undoubtedly enrich the day with this programme a grand success.

With regards,



(Narayan Swaroop Nigam)
Principal Secretary
Health & Family Welfare Department
Government of West Bengal

Doctor Patient Relationship in Private Practice

Improving the doctor–patient relationship in private practice is essential not only for patient satisfaction and outcomes, but also for the success and reputation of the medical practice and the medical practitioner. As a humble physician, I think there are some specific, actionable strategies to enhance this relationship:

Those are:

1. Effective Communication

- **Active Listening:** Let patients talk without interruption. Reflect back what they say to show understanding.
- **Plain Language:** Avoidance of medical jargon; explaining diagnoses and treatments in simple terms.
- **Non-Verbal Cues:** By maintaining eye contact, nodding to show engagement, and avoidance of looking at the computer too much during the visit.
- **Summarize and Ask:** “Does that make sense?” or “Is there anything I missed?” helps ensure mutual understanding.
- **Giving importance:** to the patients with acute illnesses ignoring his position in waiting list or queue.

2. Build Trust and Empathy

- **Personal Touch:** by remembering patients' names, significant dates, or personal details, greeting him or her and asking for sitting.
- **Empathetic Statements:** by using phrases like “I can see this is really frustrating” or “That must be difficult for you.”
- **Consistency:** Being punctual and reliable in follow-ups, test results, or referrals.
- **Meeting with Medical Service Representatives:** Keeping a separate time slot for meeting without disturbing patient care service.

3. Accessibility and Convenience

- **Clear Contact Channels:** Offering secured messages, callback systems.
- **Timely Appointments:** Reducing waiting times and offering options for same-day or virtual visits when possible.
- **Patient Portal Use:** Letting patients to access test results, prescriptions, and follow-up instructions easily.



Prof. (Dr.) Aniruddha Neogi
OSD & Special Secretary
(Medical Education)

Department of Health and Family Welfare
Government of West Bengal

4. Patient Education & Involvement

- **Shared Decision-Making:** Including patients in decisions about their treatment options.
- **Educational Materials:** Offering handouts, videos, or links that may help in improvement of condition and treatment.
- **Goal Setting:** Collaboratively setting goals (e.g., weight loss, blood pressure control) and review progress regularly.

5. Practice Culture & Staff Training

- **Training the Team:** Ensuring front desk, nurses, and assistants to be warm, helpful, and respectful.
- **Unified Messaging:** Everyone in the practice should reflect the values of care, respect, and professionalism.
- **Feedback Culture:** Encouraging a culture of feedback and openness among staff and patients.

6. Solicit and Act on Feedback

- **Patient Surveys:** Use short, anonymous surveys to get input on wait times, communication, and satisfaction.
- **Address Concerns Promptly:** Respond to complaints or issues directly and empathetically.
- **Online Reviews:** Monitoring and responding to reviews on online platforms in a professional manner.

7. Continuity of Care

- **Follow-Up:** Reaching out after appointments, especially after a new diagnosis or medication change.
- **Care Coordination:** Working closely with specialists and keeping patients informed of the updates.

8. Use Technology Wisely

- **Sharing reports:** Using screen sharing when explaining labs or x-rays so the patient feels included.
- **Don't Let Tech Distract:** Position the screen so you can type without breaking eye contact too much.

Last but not the least, we should make ourselves reliable to the patients and their relatives make them understand that we are doing our noble professional job with honesty and empathy to relieve their pain and stress. To my consideration, these will strengthen the bond between a physician and the people living around him in a society for overall improvement of the National Health as a whole.



Male Factor Infertility

Male factor infertility is one of the most common cause of infertility worldwide. But it is overlooked a lot of times where female partner is usually held responsible for infertility and treated alone. It is equally important to evaluate and treat male partner accordingly.

Incidence of male factor is rising nowadays due to environmental pollution, lifestyle, occupation etc. The male partner can be easily assessed by a simple semen analysis as per WHO criteria.

The semen sample can be collected after 3-7 days of abstinence and it is evaluated on the basis of certain parameters like sperm count, motility, morphology etc. If any abnormality is found then further evaluation (Endocrinological and Genetic) of male partner is done.

Treatment is done according to semen parameter and etiology. Treatment consists of lifestyle modification like avoiding smoking and stress, medicine, IUI, IVF-ET with ICSI.

Medicines have limited role in improving semen parameters. Medicines like antioxidants can be helpful in mild male factor infertility. Surgery has limited role. It can be helpful in cases of male infertility due to varicocele.

Parameters	WHO 2010	WHO 2021
Semen volume (ml)	1.5 (1.4–1.7)	1.4 (1.3–1.5)
Total sperm number (million per ejaculate)	39 (33–46)	39 (35–40)
Total motility (%)	40 (38–42)	42 (40–43)
Progressive motility (%)	32 (31–34)	30 (29–31)
Non-progressive motility (%)	1	1 (1–1)
Immotile sperm (%)	22	20 (19–20)
Vitality (%)	58 (55–63)	54 (50–56)
Normal forms (%)	4 (3–4)	4 (3.9–4)



Dr. S M Rahman

MD (AIIMS, New Delhi)

Founder & Director, Cradle Fertility Centre, Kolkata

IUI (Intrauterine Insemination) has important role in treatment of mild male factor and some cases of severe male factor. In this method, husband semen is processed with semen preparation media and better quality sperms are separated. This concentrated and better quality semen preparation is pushed into the uterine cavity of female partner. This method is a low cost and simple method which has a success rate of 10-15% per cycle. It is recommended for 3- 6 cycles. In case of azoospermia (absence of sperm) donor semen can be used for insemination.

IVF-ET along with ICSI has revolutionized treatment of male infertility. It is effective even for severely decreased sperm count and azoospermia. Earlier IUI with donor semen was advised for the treatment of these conditions. But with advent of ICSI, pregnancy is possible even with few viable sperms. This has made the options open for husband to use their own sperm in case of severe male factor. Even in case of azoospermia, sperms can be retrieved from the testis of the husband and this can be used for ICSI to achieve pregnancy.

Role of Yoga in Management of Diabetes

Introduction:

Yoga, an ancient practice that signifies union and balance, has emerged as a vital component in lifestyle modification for diabetes management. Yoga is not only a physical exercise but a holistic approach aiming to harmonize the body, mind, and emotions. Yoga practices act primarily on basic pathophysiological mechanisms involved in causation of diabetes, its progression and complications. It is a science of health management rather than treatment of a single disease. This article explores the therapeutic potential of yoga in managing diabetes, highlighting its mechanisms, benefits and practical applications.

Yoga: Away of Life

Yoga aims to integrate the mind, body, and spirit, cultivating balance, calm, harmony, and awareness. The ultimate goal of yoga is spiritual enlightenment, or Moksha. As a mind-body practice, yoga enhances physical health and vice versa. While yoga as therapy is a relatively new concept, it has gained worldwide acceptance as a clinically viable mode of treatment for various ailments, including diabetes.

Types of Yoga

The ancient yoga is Ashtangyog described by Patanjali. Other important yoga are hath yoga, given by Nathyogi. Other forms of yoga include Raja, Mantra, Kundalini, and Naad etc. Ashtangyog, comprising eight steps, and Hatha yoga, focusing on physical purification, are particularly notable for their health benefits.

The ideal practice of Ashtang yoga is to practice it in consecutive order as described below.

Ashtanga Yoga: The Eight Steps of yoga

- Yama (Abstinence): Ethical guidelines.
- Niyama (Behaviours): Personal observances.
- Asanas (Postures): Physical poses.
- Pranayama (Controlled Breathing): Breathing techniques.
- Pratyahara (Inward Focus): Withdraw all of senses.
- Dharana (Concentration): Focus on attention.
- Dhyana (Meditation): Deep meditation.
- Samadhi (Fusion of Mind & Body): State of union.

Hatha Yoga: Purification and Balance

Hatha yoga purifies and prepares the body for Moksha



Dr. Shailendra Kumar Singh
Associate Editor Your Health.

through Asana (postures), Bandh (body locks), Mudra (hand gestures), Pranayama (breathing), and Shatkarma (cleansing practices).

Shatkarma: Six steps of body purification

Shatkarma includes practices like Neti, Dhauti, Basti, Nauli, Kapalbhathi and Trataka, which cleanse the body and enhance organ function. Vaman Dhauti, for example, significantly reduces fasting blood glucose (FBG) and postprandial blood glucose (PPBG) levels, which signifies that it improves insulin function and glucose uptake.

Specific Yoga Practices for Diabetes

- Surya Namaskar: A brisk practice increases cellular oxygen and glucose demand, stimulating insulin production.
- Kapalbhathi: It purifies the frontal lobe of the brain. It enhances beta cell efficiency in the pancreas through abdominal pressure during exhalation.
- Shankhaprakshalana: Significantly reduces blood glucose and boosts insulin production.
- Asanas: Postures like Dhanurasana, Ardha Matsyendrasana, Halasana, Bhujangasana, and

Vajrasana improve pancreatic function and insulin secretion. Studies showed that Dhanurasana and Ardha Matsyendr asana are most effective for the management of diabetes.

Yoga practices offer significant benefits for individuals with Type 2 Diabetes Mellitus (T2DM). Various yoga Asanas (postures) and Pranayama (breathing techniques) have been shown to improve glycemic outcomes and overall metabolic health. Surya Namaskar (sun salutation), a sequence of dynamic postures, enhances insulin production through brain signaling and reduce ship circumference (8). Other Asanas such as forward bends and twists rejuvenate pancreatic cells and enhance muscle insulin receipt or expression.

Pranayama, including techniques like Kapalbhati and Anulomvilom, increases blood flow and oxygenation, improving brain function and metabolic rates. Specific breathing practices also lower blood pressure and have calming effects, beneficial for stress management in T2DM patients. The slow breathing techniques in Pranayama modulates Autonomic nervous system (ANS) and hence the positive effects on physiologic functions of body like regulation of rate and pattern of breathing, heart rate and its variability. Anulom – Vilom (alternate nostril breathing) significantly improves cardio-respiratory insurance, Flexibility and percentage of body fat. Left nostril breathing stimulates parasympathetic and Right nostril breathing stimulates sympathetic effects. The vibrations produced in Bhramari Pranayama (humming bee breathing) have soothing and calming effect on brain, thus improving mental and physical health. Bhastrika Pranayama (bellow breathing) is also known as “the breath of fire” which regulate the penial, pituitary and adrenal glands and hence metabolism. Pranav Pranayama (chanting 'Aum') in supine posture has shown significant improvements in the management of diabetes and hypertension by producing integrated relaxation response. 'Aum' mantra chanting stabilizes the brain removes the negative thoughts, increases energy and mental improvement and produces relaxation as early as within minutes of practice.

Cleansing processes like Agnisarkriya and Vamanadhauti stimulate digestive fire and cleanse the stomach, respectively, contributing to better glucose regulation. Bandhas (body locks) and mudras (hand

gestures) further aid in directing energy within the body, promoting relaxation and reducing stress. Meditative practices and mindful chanting, such as focusing on the Manipura chakra or using "Aum" chanting, improve psychological well-being, reduce stress, and enhance metabolic control. Overall, incorporating these yoga practices into daily routine can significantly benefit patients of T2DM by improving both physical and mental health parameters.

Duration and frequency of yoga practice

The recommended duration and frequency of yoga practice vary widely, ranging from 10 minutes to 90-minute sessions, performed daily or multiple times per week. Studies show beneficial effects after consistent practice for periods ranging from 15 days to 6 months, highlighting the importance of regular adherence for optimal benefits.

Mechanisms of Yoga in Diabetes Management

Yoga operates on the principle that the mind and body are interconnected, offering benefits such as improved physical fitness, relaxation, and self-awareness. This practice can effectively address life style diseases, including diabetes, with high adherence levels. Yoga enhances mindfulness regarding food and exercise, promoting healthier choices and improved quality of life. Psychological stress and negative moods have a bidirectional effect on diabetes control. Stress increases diabetes risk and severity by stimulating the hypothalamic-pituitary-adrenal (HPA) and sympathetic axes, leading to elevated cortisol, epinephrine, nor epinephrine, and other stress-related hormones. Chronic HPA activation is linked to poor diabetes control and complications like neuropathy.

Yoga effectively reduces stress, aiding diabetes control. Studies on healthy individuals show yoga increases wellness, reduces stress, depression, and anxiety, and improves physical, psychological, and social domains, enhancing overall quality of life. Abdominal stretching during yoga may regenerate pancreatic cells (16). Various postures improve β -cell sensitivity to glucose, enhancing insulin secretion and muscle glucose uptake. Yoga leads to favorable hormonal changes, reducing stress hormones and potentially influencing stem cell activity force llularre generation.

Physiological Benefits

- **Increased Insulin Sensitivity:** Yoga enhances insulin kinetics, reduces free fatty acid levels, and modulates the immune response, decreasing proinflammatory markers and increasing anti-inflammatory markers.
- **Improved Glycemic Control:** Regular yoga practice lowers fasting blood glucose (FBG), post prandial blood glucose (PPBG), HbA1c, and the requirement for anti-diabetic medications.
- **Improved Lipid Profile:** Yoga reduces LDL-C, triglycerides, and free fatty acids while increasing HDL-C (22).
- **Weight Management:** Yoga decreases body weight, body mass index (BMI), waist-hip ratio, body fat percentage, and body fat mass, while increasing lean body weight.

Psychological and Neurological Benefits

Yoga reduces oxidative stress and increases antioxidants like glutathione, vitamin C, and superoxide dismutase (SOD). It stabilizes blood pressure, enhances cardiac autonomic functions and reduces the risk of cardiovascular events (23). Additionally, yoga improves nerve conduction and cognitive function by stabilizing coagulation profile and hence reducing the risk of diabetes-related complications.

Practical Application of Yoga for Diabetes

Yoga emphasizes the synchronization of breathing and movement, involving stretching and twisting poses. Seated Asanas improve pancreatic function, forward bends massage the pancreas, and twisting poses prevent colonic stagnation.

Key Asanas for Diabetes Management

- **Dhanurasana:** Effective for improving pancreatic function.
- **Ardha Matsyendrasana:** Enhances insulin secretion.
- **Halasana:** Massages internal organs.
- **Bhujangasana:** Stimulates abdominal organs.
- **Naukasana:** Strengthens abdominal muscles.
- **Vajrasana:** Improves digestion and pancreatic function.

Pranayama: Controlled Breathing

Pranayama practices like Anulom Vilom (alternate nostril breathing), Bhramari (humming bee breath), and Bhastrika (bellows breath) regulate physiological

functions and enhance mental and physical health.

Dhyana: Meditation

Meditation offers psychological benefits, including improved reaction times, mental stability, stress reduction, better sleep, and enhanced relaxation. Visualization and concentration on the pancreas have a positive effect on blood sugar levels.

Yoga Nidra: Psychic Sleep

Yoga Nidra is a profound relaxation technique that alleviates physical, mental, and psychological tensions, contributing to better diabetes management.

Precautions

Yoga should be learned under proper guidance. Practitioner should be aware of warning signals like pain and discomfort. Yoga is generally practiced on an empty stomach, but those at risk of hypoglycemia should consume light snacks. Diabetics should avoid inverted poses as they are more prone to retinal detachment. Balancing poses should be performed with caution to prevent injuries. Practitioners should avoid sudden jerks and they should not push beyond their limits.

Conclusion

Lifestyle modifications are crucial in controlling and preventing diabetes. Yoga, while ultimately aiming for Moksha, offers much more than lifestyle modifications. Its psycho-neuro-endocrine and immune mechanisms have holistic effects on diabetes management. Parasympathetic activation and associated anti-stress mechanisms improve overall metabolic and psychological profiles, insulin sensitivity, glucose tolerance, and lipid metabolism. Numerous studies have shown that yogic practices improve glycemic control, lipid levels, body composition, reduce oxidative stress, blood pressure, enhance pulmonary and nervous system functions, improve mood, sleep, and quality of life, and reduce medication use.

Yoga stands out as a comprehensive approach to diabetes management, integrating physical, mental, and spiritual practices to promote overall well-being and enhance the quality of life for individuals with diabetes.

Birth Day of Two legendary Scholars in Bengal at Doctors Day

West Bengal is known for its rich culture heritage and historically significant, when it comes to healthcare, the state has made significant strides in improving the wellbeing of its populations over the years.

West Bengal has significantly contributed to Indian 's health care system comprising modern medical system and AYUSH system of medicine. Both modern medicine and Indian traditional systems of medicine, like Ayurveda, play significant roles in India's healthcare landscape, often working in tandem or in parallel. While modern medicine excels in emergency care, surgery, and acute conditions, traditional systems like Ayurveda offer a holistic approach, particularly in lifestyle management and chronic disease prevention. India's healthcare system is characterized by medical pluralism, where these different systems coexist and are utilized by the population. The history of West Bengal medical systems shows rich contributions over the ages by several modern medical and Ayurvedic scholar.

National Doctors' Day is a day celebrated to recognize the contributions of [physicians](#) to individual lives and [communities](#). The first Doctor's Day was celebrated in India in the year 1991, July 1st happens to be the birth and Death anniversary of the most famous physician of India Dr. Bidhan Chandra Roy a renowned physician, who dedicated his life to the service of humanity. It is hence a tribute to his contributions to the health domain in the country.

Dr. B. C Roy was an extraordinary physician who had a unique quality of diagnosing a patient by looking at him

A story mentioned about Dr. B.C Roy, the former chief minister of West Bengal and President John F. Kennedy is a well-known anecdote but it is more of a legend rather a verified fact.

On August 61, the President of the United States is only 40 -year - old F. Kennedy. And an old man standing in front of him. The age of 79 years, the Chief Minister of an Indian state of India met this for a courtesy meeting. But he knew that the meeting would be taken in history for a little while. Suddenly the old man asked if you had pain in the back. He was surprised to hear the



Prof. Dr. Partha Biswas
Principal

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Education & Research

question that the US president looked with astonished eyes and smiled, he said, "Although I see a doctor in the profession, I get a problem when I see a doctor in the profession. None of the old doctors Bidhan Chandra Roy are a prominent doctor of Bengal." John F. Kennedy, who has been standing in the White House that the wisdom, humanity and vision in the history of the history are still written in history. Yes, he has been suffering from back pain for some time. It was then that Dr. Bidhan Chandra Roy introduced his doctor and wrote the drug to the president. Not only that, if not cured within a year, then he will return to America at the expense to see Kennedy. So far, the story was wonderful. But the real surprise came. Then after the talk, Suddenly, Bidhan Chandra Roy felt astonished and said, Kennedy said how much fee you want, you said, "Taka 300 crore is shocked by Kennedy, did not understand this fee as a patient." He wants not for himself. This is a huge amount of US investment for Bengal. He wanted Kennedy for the development of his beloved Bengal country that day, with the help of the Ford Foundation, the Calcutta Metropolitan Planning Organization. The school industry was formed by the hands of this organization. Various development

contd on page 24....

Wholistic Orthopedics -Is It A Boon for Geriatric Orthopedic Patients?

Thanks to the improving life style and advancements in health care we are living longer. Orthopedic problems in geriatric Age group are on the rise. Arthritis, spondylosis, osteoporosis, degenerative discdiseases, geriatric fractures are some of the most common geriatric problems. Usually in old age more than one musculoskeletal problems co existmaking treatment very difficult and challenging. What compounds the problem is the pressure of many Co - morbid conditions like diabetes, hypertension, IHD, Obesity, COPD etc. Add to this the old age mental, emotional and psychological problems an elderly person faces the cycle of misery is complete.

Conventional methods of modern treatment have severe limitations in this age group. Drugs are not a safe option due to their many side effects, surgery becomes challenging due to increasing medical and anesthetic risks. The cost of the treatment is a big deterrentdue to the poor support by the family, Government and Insurance Agencies. We need an urgent paradigm shift in treating a geriatric orthopedic patient.

In Geriatric age group, any disease or fracture affects the person both physically, mentally, emotionally and socially. A problem like osteoarthritis, disc degeneration, osteoporosis etc not only causes physical suffering but also creates enormous mental and emotional turmoil leading to treatments becoming ineffective. In old age we need a treatment method that addresses all the aspects of human suffering. In other worlds the treatment concept has to shift from 'disease' centric to 'patient' centric. Hence the focus has to change from joints, bones etc. to the whole body. Wholistic Orthopedics, that concept of treatment which aims at overall improvement and not just bones and joints.

This concept is derived from the WHO definition of health and hence the term "Wholistic."WHO defines health as a"state of complete physical, mental, emotional, and social well being and not just an absence of a disease or infirmity."Wholistic Orthopedics is an all embracing concept of incorporating various therapeutic options and



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multiple streams of medicine to bring about overall improvement in a patient.It is an excellent concept as it involves a simple pragmatic human approach to geriatric orthopedics problems. It lays lots of emphasis on treating old people with kindness and sympathy. It involves 12 steps which when properly sequenced turns out to be a potent and safe treatment option in an elderly patient. The following are the 12 steps of Wholistic approach:

1] Talk Therapy: It is said a good doctor can cure 50% of problems merely by his good talk. Talking to a patient with love and kindness puts him at ease and elevates the in mood and confidence.

2] Touch Therapy: A touch can be magical if done in a gentle and caring manner. It helps establish an instant support with a patient who is weary of the doctor, hospital, investigations etc.

3] Hug Therapy: A firm and warm hug is therapeutic.It relieves stress and establishes a comfort Zone. It is known to reduce oxytocin and increase serotonin thereby enhancing the therapeutic value of the treatment.

4] Listen therapy: A surgeon merely by good listening can help a geriatric patient immensely and put him on the path of recovery. An old person in his twilight years has many problems on his plate. He is bogged down by physical, mental, emotional, and financial and a host of other problems. All these add to his pain and suffering due to problems like arthritis, spondylosis etc. By mere listening a surgeon can off load a great deal of burden from an elderly patient.

5] Judicious Drug Therapy: Due to the many side effects of allopathic drugs it is important that we change from "Indiscriminate" to judicious drugs therapy concept and prescribe drugs that are only essential and monitor the patient well against the side effects.⁸

6] Judicious physical therapy: Physical therapies when combined judiciously help alleviate pain and reduce the need for drugs.

7] Low Impact Exercises: Walking, slow jogging is recommended. This helps to strengthen the musculoskeletal systems and also keeps them healthy by reducing the co-morbid conditions like diabetes, hypertension, obesity etc

8] Mind Body Exercises: Yoga is a great boon for elderly patients. It is a low impact exercise, helps strengthen all the joints in the body, and improves balance, coordination, and gait. It helps in mind relaxation and emotional control. Most importantly it can be indoors, by any person. It also helps in the effective control of the co-morbid conditions.

9] Relaxation Therapy: Meditation and slow breathing techniques with awareness helps to calm down the mind by reducing the anxiety, tension, worry, and stress. This lowers the cortisol hormone levels bringing down the stress.

10] Reversal Therapy: Smoking, alcohol, poor dietary habits, sedentary life styles, stress etc are certain modifiable risk factors which play a big role both in the causation and progression of most of the geriatric orthopedic problems. Simply stopping and reversing these habits will help in the treatment of most of the problems.

11] Education Therapy: Educating elderly people about the modifications of life styles, proper postural techniques, simple self care techniques, and proper dietary habits helps them to overcome, prevent, and cope most of the old age problems effectively.

12] Surgery: Surgery is definitely reserved as the last option when all the non-operative measures have been adequately tried or if there are definite indications. The success of surgery in elderly people depends on the proper pre-operative and postoperative rehabilitation and a good control of medical and anesthetic risks. Low cost surgeries will ease the financial stress.

Thus Wholistic treatment is an effective way of treating geriatric orthopedic problems. It helps in the overall improvement of health. It is simple, cheap, easy, no side effects, no complications and can be done by anyone in any stage of life and disease. It is an all inclusive treatment and helps reduce the associated co-musculoskeletal, co-morbid and co-Mental conditions too. It is a boon to old age health problems and is certainly need of the hour.

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Drs Be Aware

Dr Bidhan Chandra Roy the great Physician, son of the soil of Bengal was also the Chief Minister of the State of West Bengal who brought revolution in healthcare and Medical Education. His birthday celebrated on 1st of July has been declared 'National Doctor's Day' to commemorate his contribution to society.

As we pay homage and obeisance to him, we as physicians must also bear in mind that a doctor's philosophy revolves around his principles, his core values and patient care.

Treating patients and curing them of their sufferings are great motivations of aspiring physicians. The 'a b c's of his learning and foundation is 'Primum non nocere' meaning 'First do no harm' if you cannot do anything good to your patient do not be the cause of his sufferings.

He learns to treat his patient as a 'whole individual', and not as a case, patiently listening to their ailments fully empathising with their conditions, with compassion and integrity executing equality in care.

He is compelled to face ethical and emotional dilemmas. He masters the art of showing empathy while handling situations like breaking sad news like 'death' to the family members. He now understands how treatment depends on affordability and that often the patients cannot afford the best treatment.

Life teaches him that a patient may refuse life-saving treatment due to personal beliefs and faith so saving a life may not be entirely in his hands. An aggressive treatment may prolong life but palliative care guarantees and ensures comfort and better quality of life.

His professional maturity tutors him to balance his personal well being and mental health while dedicating long hours to patients in his care.

Another area of concern is silently creeping into our Health life, in the form of misuse, overuse or abuse of medications and taking a heavy toll on our vitals and of the community as a whole. Drug abuse is not new and is known to cause social, legal and mental health



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issues.

Understandably anti microbial abuse appears to be the deadliest as it can lead to the failure of an otherwise treatable condition, increased Healthcare costs and more seriously to a total failure of the Healthcare system leading to Global Health crisis. This may deter the decades of medical progress.

Often Antimicrobial abuse occur while:

- Using antibiotics for viral infections and in livestock as growth promoters
- Sharing leftover antibiotics or not completing prescribed courses.
- Self-medicating without medical guidance.
- Over prescription by Health Care Personnel

These result in Antimicrobial Resistance (AMR) which is devastating as microbes evolve to resist the effects of antimicrobials. The more the microbes are exposed to antimicrobials, the more chances they have, to adapt and become resistant and once resistance develops, standard treatments no longer work. This leads to longer hospital stays, higher medical costs, and increased mortality.

If numbers are to be believed AMR is one of the top 10

threats according to WHO. An estimated 10 million deaths annually by 2050 is expected due to AMR if current trends continue.

According to a multi centric survey in India also showed more than 50% patients were on 2 or more antibiotics.

The global threat and concern is that resistant infections are spreading across borders, and new antimicrobials are not being developed fast enough. Remedies must sought fast at every level of therapeutic interference

At the Individual level antibiotics should be prescribed by a qualified health professional only if necessary and not on patient's demand. Patients must complete the full course, even if they feel better and avoid self-medication whatsoever.

Healthcare Providers are expected to follow evidence-based prescribing guidelines. Educate patients on proper antibiotic usage and promptly report resistant infections while refraining from multiple antimicrobial usages.

Institutions should insist on antibiogram and promote mandatory Anti Microbial Stewardship Programmes in Hospitals and institutions.

Government also regulates antibiotic use in humans and animals promoting surveillance, research, and public awareness. Development of new antimicrobials to be encouraged

India happens to be one of the largest consumers of antibiotics in the world, Anti Microbial Stewardship Programme (AMSP) is a critical National Initiative to combat the concern of Anti Microbial Resistance and prevention of injudicious use of antibiotics.

India launched its National Action Plan on AMR (NAP-AMR) . The Indian Council of Medical Research (ICMR) has been a key leader in formulating and promoting stewardship.

Based on the WHO AWaRe classification antibiotics may be as follows

- Access : These are of narrow spectrum of activity with a Lower chance of developing resistance and safe in terms of side-effects.
- Watch : These agents are with broader-spectrum

and used in more restricted cases with more severe infections. The causative pathogens are more likely to be resistant

- Reserve : Last-resort antibiotics, to be used only when absolutely necessary in multidrug resistant infection.

This helps restrict and monitor high-risk antibiotic use.

Prescription Audits is another important tool and is a must to monitor irrational use with feedback to ICMR to improve practices.

National AMR surveillance networks track resistance trends, and Labs follow standard protocols for microbial identification and sensitivity testing.

The ideal remedy is to Set up AMS Committees as per Government guidelines, Conduct trainings for all stakeholders, track antimicrobial usage (defined daily doses - DDD) and Conduct point prevalence surveys (PPS) for antibiotic use.

Some challenges still exist in the form of high over the counter (OTC) antibiotic availability and low awareness among prescribers and patients. Inadequate infection control is another hindrance to the effort.

Awareness and data reporting in tertiary care centers with plans to expand AMSP to secondary and primary healthcare levels along with gradual reduction in irrational antibiotic use in networked hospitals should be targeted to achieve improved patient outcomes, reduced microbial resistance and ensure a cost-effective therapy.

Sources:

1. WHO Guidelines
2. ICMR Guidelines

Skill development for professionals: Assessment of clinical competence

This month of “July” is very special for all doctors. Physicians are very much influenced by “**Dr. Bidhan Chandra Roy, Bharatratna, Ex Chief Minister of West Bengal**”, who was a complete, competent, visionary physician. The clinical expertise of Dr. Roy was beyond imagination. Modern day medical professionals may design their professional skills and upgrade themselves as holistic competent professionals.

Professions always played very important role in the society. Professionals like, doctors, pharmacists, lawyers, and accountants, etc., have played crucial role for development of the society. Professionals offer specialized knowledge and skills. Professionals impart dedication, integrity and responsibility. In order to complete tasks successfully, professionals should have knowledge, ability and competence. These qualities, known as skills, can be developed to help for acquiring expertise in a specific area. This expertise can translate into greater success in career and other areas of life.

Competency is defined as “the ability to do something successfully and efficiently,” and Competency Based Education (CBE) is an approach to ensure that the learners develop the competencies required to fulfill the patients' needs in the society. This means that teaching–learning and assessment would focus on the development of competencies and would continue till the desired competency is achieved. Competency is the ability of a health professional which can be observed. It encompasses various components such as knowledge, skills, values, and attitudes.

Assessment plays an important role in “Skill development of professionals”. It would be frequent and formative in nature, and feedback would be inbuilt in the process of training. Furthermore, each student would be assessed by a measurable standard which is objective and independent of the performance of other students. Thus, it is an approach in which the focus of teaching–learning and assessment is on real-life practice. Competency is the application of competencies in an actual setting, and an individual who is able to do so is considered competent.

The core competencies required of a medical graduate are predetermined in the curriculum and are contextual to the environment in which the medical



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graduate would eventually practice his profession. Competency, “the ability to do something successfully and efficiently,” CBME (Competency Based Medical Education) is an approach to ensure that the graduates develop the competencies required to fulfill the patients' needs in the society. It is an outcomes-based approach to the design, implementation, assessment and evaluation of medical education program using an organizing framework of competencies. It is an observable activity of a health professional, integrating multiple components like knowledge, skills, attitudes and values.

The strength of CBME is that it focuses on outcomes. It accepts that each learner is unique and learns at his/her own pace. So, better scope of teaching the “art” of medicine like- attitudinal and communication skills and values related to ethics and professionalism. It promises greater accountability because the assessments are very close to what would actually be done in real life situations. Teaching–learning and assessment would focus on the development of competencies and would continue till the desired competency is achieved. The core competencies required of a medical graduate are predetermined in

the curriculum and are contextual to the environment in which the medical graduate would eventually practice his profession.

In education, the term assessment refers to the wide variety of methods or tools that educators use to evaluate, measure, and document the academic readiness, learning progress, skill acquisition, or educational needs of students. Assessment is an important part of the educational process. It influences students' learning. Traditionally, assessment has been used to measure the achievement of students for certification or selection. However, increasing attention is being paid to using formative assessment to improve learning also. It is not possible to assess everything that learners are expected to demonstrate, so the facilitators must deliberately sample representative knowledge and skills carefully. It is true for clinical competency also. The purpose of assessment is to judge students' knowledge / performance to make decisions about progression. This is therefore 'Assessment of Learning', which is more important. A mark or grade is allocated, which allows students, educators and society to judge how well a student performed.

Assessment provides learners with opportunities to recognize their weaknesses and enables teachers to identify areas where students may need support. The formative assessment also prepares learners for the summative, decision making, assessments. Assessment strategy should be valid and reliable by ensuring sufficient and appropriate sampling. Several competencies are required for a learner to complete the work in assessment of clinical competencies—knowledge of basic science, clinical features and management strategies, as well as communication skills and the ability to perform an appropriately focused physical examination. For each competency, a sampling strategy is required. It might seem evident that one could not assess a learner on every type of patient who requires a focused physical examination, but one could sample deliberately—for example, based on the primary system involved, such as a patient presenting with a respiratory, cardiovascular, or musculoskeletal problem.

Timely & ongoing assessments, with comprehensive periodic reviews to ensure continued progress is important. Best use of multiple assessors and assessments to enable the right assessment to be

made at the right time for the right purpose, while avoiding assessor fatigue. Mechanisms to synthesize data collected through group processes to reach judgments about competence is also valuable. A wide range of assessment methods currently available include essay questions, patient management problems, modified essay questions (MEQs) checklists, OSCE, student projects, Constructed Response Questions (CRQs), MCQs, Critical reading papers, rating scales, extended matching items, tutor reports, portfolios, etc.

Competency leads to an improved quality of patient care and an increased patient satisfaction and helps therapeutics. To assess the specific level of proficiency of specific domain, the following are few tools of assessment of clinical competency-

Clinical competence is a complex construct necessitating a diverse set of assessment tools and strategies. To illustrate, competence involves knowledge, which may be best assessed with written examinations; clinical skills require direct observation, such as an objective structured clinical examination; managing patients on an inpatient unit involves use of workplace-based assessment tools, such as 360-degree feedback; and finally, assessing diagnostic reasoning skills may require multiple tools for assessment in the clinical setting using retrospective case analysis, and for rare events using computer-based case simulations.

Assessments would be frequent and formative in nature, and feedback would be inbuilt in the process of training in CBME. Each student would be assessed by a measurable standard which is objective and independent of the performance of other students. As CBME promises greater accountability, the clinical competency assessment needs to be robust and multifaceted. The conclusions drawn from the formative assessments in CBME would be important for the trainee. Key features of effective assessment in CBME are – it should be continuous and frequent, it must be criterion-based, using a developmental perspective, assessment needs to be largely work-based, direct observation and assessment of authentic clinical encounters would be an essential component of CBME, assessment tools themselves must meet certain minimum standards of quality, more qualitative approach to assessment must be incorporated.



Assessment should inform learners how they are progressing toward becoming experts, and formative feedback is an essential part of that. Best assessment practice is not only about doing well enough to pass a unit of instruction, but also providing an opportunity for formative feedback that contributes to improved performance. To be a good clinician, it is prerequisite to develop competency. Competency without proper assessment, specially the clinical skills, is of no use. Therefore assessment of clinical skills should follow the standard guideline to ensure quality medical graduates in the country

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Does	Mini CEX Direct observation, DOPS End of rotation evaluations Case log Multisource feedback Product review Patient outcomes ct observation End of rotation evaluations Case log Multisource feedback Product review Patient outcomes 360 degree evaluation Log Book Port folio
Shows how	Long case Short case Simulation OSCE Oral case presentation OSPE
Knows how	Written assignment Oral questioning Oral:Practical/VivaVoce
Knows	MCQ testing Short answer tests Learning plan 'Seen': questions are given beforehand 'Open book': students have access to text "Unseen": 'constructive response' type Selected -response assessment

When Every Second Counted: Arko's Rescue as a Blueprint for Drowning Prevention

The afternoon began like any other in Dakshin Dinajpur, a quiet village in West Bengal. Asha was preparing a meal while her four-year-old son, Arko, played nearby. Moments later, the serene domestic scene was shattered by a neighbor's scream: Arko had fallen into a pond merely 30 meters from his home.

What unfolded next was a testament to the power of community-level preparedness. Radha, a local housewife and a **trained first responder**, immediately responded. Her training in CPR and rescue techniques, acquired through a program developed by the Child in Need Institute (CINI) in partnership with the Royal National Lifeboat Institution (RNLI), proved invaluable. Upon reaching the scene, Radha found Arko's small body still and lifeless. Without hesitation, she initiated **mouth-to-mouth resuscitation**, followed by consistent **chest compressions**, precisely as she had been taught.

The ensuing seconds felt like an eternity. Then, a gasp, a cough—Arko began to breathe and opened his eyes. This was not merely a fortunate event; it was a direct outcome of **proactive training, immediate action, and the courage to intervene** in a life-or-death situation. Arko's survival underscores the critical importance of localized emergency response capabilities.

Arko's positive outcome, however, stands in stark contrast to a broader, largely unrecognized public health crisis. A groundbreaking community-based survey, collaboratively conducted by CINI and The George Institute for Global Health India, with support from Bloomberg Philanthropies, has brought to light the true scale of drowning fatalities in the region.

The study revealed that **25 individuals drown daily in West Bengal, with 12 of these being children**. This translates to over **9,000 preventable deaths annually**, a figure nearly three times higher than official estimates. The survey, which engaged over 15,000 community members and reached 18 million people across 19 districts, utilized a Community Knowledge Approach to uncover thousands of previously unreported drowning incidents.

Key Findings from the Comprehensive Survey:

- **Age Demographics:** 45% of drowning deaths



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- occurred among children aged 1–9 years, highlighting the extreme vulnerability of this age group.
- **Geographic Distribution:** A staggering 86% of incidents occurred in rural areas, frequently within 50 meters of the victim's home, indicating the pervasive environmental risk in water-rich rural landscapes.
- **Temporal Patterns:** Most incidents were concentrated between 12 PM and 2 PM, coinciding with peak periods of caregiver activity and potential distraction.
- **Intervention Rates:** Alarming, only 10% of victims received CPR, and a mere 12% sought any form of medical attention post-incident.
- **Official Reporting Discrepancy:** Only 16% of these deaths were officially registered, with many misidentified causes, obscuring the true burden of drowning.

Furthermore, the persistence of dangerous and outdated practices—such as attempting to "spin" victims or induce vomiting—continues to hinder effective emergency response. A recent BBC report on community resilience further underscored the critical

need for accurate water safety knowledge in these resource-poor, yet water-abundant, regions.

Globally, drowning has silently claimed over 3 million lives in recent decades. The World Health Organization (WHO) identifies drowning as a leading cause of death among children and young people, particularly prevalent in low- and middle-income countries. Despite its significant mortality and morbidity, drowning remains a profoundly overlooked issue within global public health agendas.

On **July 25th**, the international community will observe World Drowning Prevention Day. This year's theme, **"Your Story Can Save a Life,"** serves as a powerful imperative. The WHO emphasizes that personal narratives, like Arko's, are crucial for driving awareness, normalizing essential conversations about water safety, and inspiring life-saving actions. Such stories are not merely inspiring; they are potent instruments for prevention, offering tangible blueprints for effective intervention.

The Indispensable Role of the Medical Community

While medical professionals may not always be present at the scene of an emergency, their role in drowning prevention is nonetheless vital. The medical

community has a unique platform to **Amplify voices** and to **Integrate drowning prevention strategies** into wider public health frameworks and primary healthcare initiatives.

This Doctors' Day, it is imperative for medical professionals to extend their influence beyond clinical settings and champion preventive health measures. The most impactful interventions often emerge not from advanced medical facilities, but from trained, courageous, and committed individuals within communities.

Drowning is characterized by its rapidity, silence, and heartbreaking prevalence. Yet, its fatal outcome is not inevitable. Often, the difference between life and death rests on the timely intervention of a single individual equipped with the right knowledge and skills.

Arko's story is a compelling reminder of what is possible when communities are empowered with life-saving skills. By honoring those who act, sharing their experiences, and collaboratively fostering environments of preparedness, we can collectively transform the narrative of drowning from one of silent tragedy to one of preventable survival.

....contd from page 15

Birth Day of Two legendary Scholars in Bengal at Doctors Day

Prof. Dr. Partha Biswas

projects are surprising about Doctor Bidhan Chandra Roy.

Kaviraj Jamini Bhusan Roy was born on 1st July 1879, is an eminent Ayurvedic physician and philanthropist from Bengal. Kaviraj Roy demonstrated academic excellence, graduating high school at 14 years age. He completed his Bachelor of Medicine (M.B) degree and was awarded gold medal in western medicine in 1905. Despite of this remarkable achievement, Dr. Roy decided not to pursue a carrier in western medicine. He embraced Ayurved establishing a successful practice in Kolkata. Instead, following in his father's

footstep, he became a Kabirajor an Ayurvedic physician. Astanga Ayurved College and Hospital was established in 1916 at Kolkata by Kaviraj Jamini Bhusan Roy, presently known as J. B. Roy State Ayurvedic Medical College & Hospital. He had a great contribution emerging in modernizing the manufacturing of Ayurvedic medicines by adopting standard manufacturing practice. His indomitable spirit and passion for philanthropy are evident in setting up dispensaries for medical care across the state. This is the meticulous document his life and accomplishments, making his contribution to the history of contemporary Ayurved.

Counterfeit Drugs- Beyond Pharmacy: A Public Health Problem

History:

Counterfeit drugs have been a threat to human health since ancient times. The earliest known reference dates back to Ancient Egypt around 1500 BC, in the Ebers Papyrus, which mentions fake remedies sold in markets. The same was also found in Ancient Greece and Rome, where physicians like Dioscorides and Galen also warned against drug adulteration and emphasized standardization. There is history of regulating medicine and punishing counterfeiters during the Tang Dynasty in China and the Islamic Golden Age.

With the rise of industrial drug manufacturing in the 19th century, counterfeit medicines became widespread. Laws like the U.S. Pure Food and Drugs Act (1906) and FDCA (1938) were introduced to ensure drug safety. In the late 20th century, counterfeit drugs became a major problem in developing countries, prompting action from the World Health Organization (WHO). In the 21st century, the internet and global supply chains increased the risk of fake medicines. Initiatives like Interpol's Operation Pangea and they were created to fight this issue. The COVID-19 pandemic further exposed the dangers of counterfeit medical products worldwide.

Burden of Counterfeit Drugs:

Worldwide, counterfeit and substandard medicines are estimated to cause around 1 million deaths each year—meaning roughly 10 million deaths over the last decade.

However, the impact varies by region:

- In sub-Saharan Africa alone, approximately 500,000 deaths annually—mostly from fake antimalarials and antibiotics—have been reported between 2017 and 2021. Global estimates include additional death toll of 500000 death in other countries.
- The World Health Organization (WHO) and other agencies warn that around 200,000 deaths per year stem from counterfeit antimalarials in Africa Interpol states that more than 1 million people die each year due to fake drugs worldwide



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Estimated DALY Impact:

Precise global DALY figures haven't been formally published. Based on death data:

- 1 million deaths/year: 30 million YLL per year (assuming 30 years lost per death).
- Plus YLD—this may conservatively add another 25–50% to the total burden.

So, a rough estimate:

Global DALYs lost due to counterfeit medicines: 40 million DALYs per year. Over the past decade: 400 million DALYs.

Breaking it down:

Region	YLL	YLD
Developing World	Very high	Very high
Developed World	Lower	Moderate

DALY impact of counterfeit drugs is massive—estimated at tens of millions annually, primarily in developing regions with high death and disease rates. Developing countries bear the bulk of the burden: high YLL from infectious diseases and high YLD from complications and resistance. Developed countries experience fewer incidents, but the burden is still non-negligible especially from serialized events and complications from substandard drugs.

Impact in India:

India faces a persistent counterfeit drug crisis. Millions of substandard medicines reach consumers annually. Fatalities, especially among children via toxic syrups, have garnered global attention. Health setbacks include resistance, disease progression, and wasted resources. Reforms are underway but must overcome enforcement and capacity challenges. 3–5% of drugs tested in India have been found substandard or fake in recent years—about 3–3.5% during 2022–23, consistent with earlier years. Up to 25% of the domestic medicines market may include counterfeit or low-quality drugs, contributing to a black market estimated at US \$3 billion annually. Child fatalities from toxic cough syrup which are contaminated with diethylene glycol and ethylene glycol may lead to the deaths of children. In 2023–24, West Bengal authorities seized counterfeit anti-cancer, anti-diabetic, and other critical medications worth ₹6.60

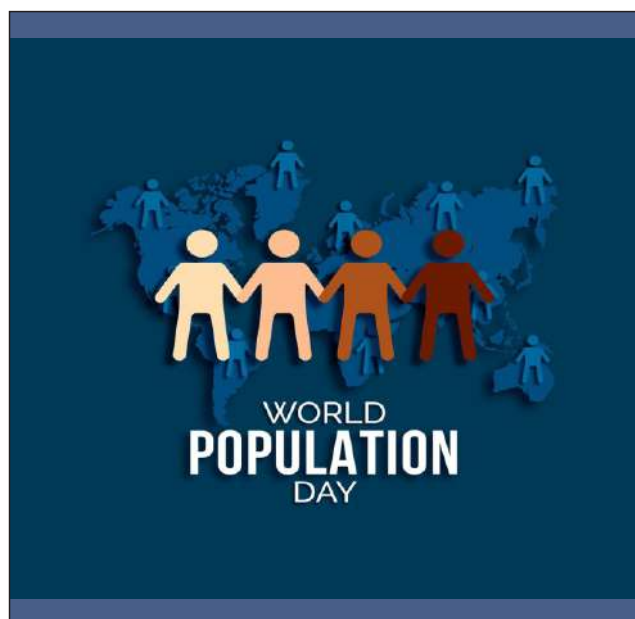
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Conclusion:

The proliferation of counterfeit and substandard medicines in India over the last decade has not only threatened public health but has also imposed a significant economic burden. With an estimated 3–5% of drugs in the market being substandard or fake, the financial cost of ineffective treatments, prolonged illnesses, hospitalizations, and premature deaths is substantial. Industry estimates suggest the counterfeit drug market in India is worth over US \$3 billion annually, draining both public resources and consumer trust. Beyond direct health expenses, the broader economic impact includes productivity losses, increased healthcare costs due to drug resistance, and damage to India's pharmaceutical reputation globally. Addressing this crisis requires stricter regulation, better enforcement, public awareness, and coordinated national efforts to safeguard both lives and the economy.

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Parenthood beyond cancer survival!!!

Being diagnosed as having cancer is very heart breaking news for anyone. Incidence of cancer is on rise but simultaneously the advancement in medical science cure the cancer and increase survival rates. Reproductive compromise may occur as a result of treatment with Goanadotoxic Anticancer drugs and radiotherapy for cancer treatment.

So now progress in assisted reproductive technology brought the hope to these women and men by making in possible to preserve their fertility by various techniques.

Fertility preservation has become a quality of life issue and standard of care for cancer survivor and non cancer patients at risk of decreased fertility like various genetic disease and immunological disorder where premature ovarian failure can occur.

A recent study estimate that 1 in 530 young adults between the ages of 20 years and 39 years is a childhood cancer survivor.

Fertility preservation to offer in any cancer where 5 yr survival rate is more then 75 percent. Beyond cancer it can be offer to those having thelasemesia, autoimmune disease, some genetic condition and in some disease like endometriosis where possibility of premature ovarian insufficiency there.

Various fertility preservation strategies

- Embryo Cryopresavation
- Oocytes Cryopresavation
- In vitro mature of oocytes
- Ovarian tissue Cryopresavation
- Pharmacological agents

Embryo Cryopresavation is easiest when there is a stable partner and it is technically easily. Controlled ovarian stimulation is done, by convention or random start protocol and after eggs pick up,embryo formed and stored.

Oocytes Cryopresavation. Here eggs are preserved by Virtification. Oocytes preservation is technically slight difficult then embryo but it gives reproductive autonomy but both require at least a two weeks window for ovarian stimulation.

Ovarian tissue Cryopersevation no longer consider as experimental now because already 8000 women has undergone these procedure and 200 babies has been



Dr. Honey Qureshi
Snr Consultant & IVF Specialist
Cradle Fertility Centre, Kolkata

from OTC globally. OTC is that only option for Prepubertal girls because their hpo Axis not active and Oavries are nave. It is efficient way of fertility preservation also because primordial follicle are least sensitive to cryo injury. In OTC either whole ovaries or cortical tissue is removed by laparoscopy. Tissue are cut in small piece say 1 mm thick and 8 to 9 mm in size. They are either freeze by slow freeze or Virtification. But is has been babies are born with slow freezing more and even spontaneous conception occurred.

These cryo stored tissue replace back after cancer treatment is complete and fertility is desired. These tissue is grafted in two way one is orthotropic where is transplanted in pelvic cavity or peritoneal folds. In heterotypic at anti abdominal wall or forearm. Ovarian become functionally active between 60 days to 240 days. Graft usually remain active till 5 to 7 years. Eggs retrieval is easy in orthotropic transplant. OTT can be done by robotics and scaffolding ovarian tissue engineering is used make graft more vascular and active. OTT also restored the endocrine function. lvm can be also be used as fertility preservation here also no stimulation required but it is technically difficult to mature oocytes in vitro.

So fertility preservation by various methods is quality care, provide hope for parenthood for cancer survivors and those at risk for reproductive compromise .

"Breaking the Taboo: A Non-Doctor Leading Healthcare"

For the past four years, I've faced a recurring question—"Are you a doctor?"

The underlying assumption is that only a doctor can run a hospital. I've even been made to feel inadequate at times, which led to moments of doubt and even depression. But over time, I've come to accept and embrace this question—not with frustration, but with a sense of purpose and, sometimes, even humor.

Let's be honest: you don't need to be a doctor to establish or run a hospital. There are countless examples where doctors, despite their medical expertise, couldn't manage their own healthcare facilities effectively. Why? Because building and running a hospital goes far beyond clinical knowledge.

To run a healthcare institution successfully, you need:

- A deep understanding of hospital administration

- Insight into housekeeping, biomedical engineering, accreditation processes, and compliance protocols

- The ability to handle finance, human resources, branding, and community outreach

- A strong grasp of daily operations and cash flow management

As an entrepreneur, I've always believed:

"When you build something, you should behave like an employee—not just the owner."

Running a hospital demands humility, learning, and hands-on engagement with every department. Whether you're a doctor or not, you must be committed to understanding the entire ecosystem—not just parts of it.

My Message to Aspiring Healthcare Leaders

A non-medical professional can absolutely become a successful healthcare leader—but only if they have:

- A clear approach



Miss. Soma Chakraborty
 Founder & Director
 Goodace Hospital

- Strong knowledge of community health needs

- Understanding of the financial structure

- Excellent leadership and communication skills

- And above all, a vision for the future

On the flip side, a doctor can also become an outstanding administrator and healthcare leader—if they take the time to acquire the necessary non-clinical skills.

It's not about your degree.

It's about your dedication, knowledge, and ability to serve and lead.

Let's move beyond labels and focus on building a better, more accessible, and more efficient healthcare system—together.



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