



International Women's Week

(6th-13th March 2022)



She inspires me!

Souvenir

INTERNATIONAL WOMEN'S WEEK 2022

6th March, 2022 Sunday

● **SCIENTIFIC PROGRAMME**

Speaker

Topic

Dr. Radha Rani Ghosh

Cancer in women Importance of Screening

Dr. Anushree Chaturvedi

Menorrhagia in ITP

Prof. (Dr.) Anamika Roy

*Liberated Women
in Indian Culture*

Dr. Piyali Bhattacharya

Women in Science

● **ART EXHIBITION**

● **APPRECIATION OF YOUNG MINDS**

● **FELICITATION OF SENIOR WOMEN AMA MEMBERS**

● **CULTURAL EVENING**

8th March, 2022 Tuesday

**Woman's Day Special
Activity**

*Walking, Cycling, Zumba
Followed by Breakfast*

13th March, 2022 Sunday

**Health Camp At Village
Near Bamrauli**

PROF. RITA BAHUGUNA JOSHI

Member of Parliament (Lok Sabha)
Chairperson, Joint Committee on Salaries
& Allowances for Members of Parliament



CONVENOR

Committee of Parliament on Official
Language

MEMBER

Parliamentary Standing Committee of
Rural Development

Parliamentary Consultative Committee
of Ministry of Health & Family Welfare



Message

I am pleased to know that the 'Woman Doctors Wing of Allahabad Medical Association' is celebrating the International Women's Week starting 06th March, 2022.

The movement for women's empowerment has passed many stages since independence. From social security programmes, to women's enablement, to women's empowerment envisaging social, economic and political empowerment it has been a long journey.

To achieve the goals of equality governments world over are making constitutional provisions, strengthening laws, encouraging education of girls and women providing proper health service etc. Today in every field women are breaking glass ceiling and entering into areas considered to be male bastions for centuries.

The contribution of women in the medical field is exemplary.

With best wishes.

Regards

(Prof. Rita Bahuguna Joshi)

Allahabad Medical Association
(Branch of IMA)
29, Stanley Road, Prayagraj



इलाहाबाद विश्वविद्यालय
सीनेट हाउस, प्रयागराज (उ.प्र.)- 211 002, भारत
(संसद के अधिनियम 2005 द्वारा स्थापित केन्द्रीय विश्वविद्यालय)

University of Allahabad

Senate House, Prayagraj (U.P.)- 211 002, India

(A Central University established by an Act of Parliament in 2005)



PROFESSOR SANGITA SRIVASTAVA
Vice-Chancellor

प्रोफेसर संगीता श्रीवास्तव
कुलपति

Dated: 21st February, 2022

Message

I congratulate AMA for publishing this Souvenir on International Women's Day. The progress of a nation can be only understood in terms of how it treats its women. Women have come a long way in gaining financial independence and thus finding feet and their own voice in the society.

It is heart warming to see the lady doctors of our city at the fore-front in specialized care, government services both rural and urban. Women doctors are performing all kinds of advance surgeries. They worked relentlessly during COVID. "Woman is the full circle, within her is the power to create, nurture and transform" as quoted by Daina Mariechild.

Being the first woman Vice-Chancellor of this 134 year old University of Allahabad, I feel that the ceiling broken for all women to aim high and achieve all that they desire. Women have tasted success and there is no looking back.

To build a nation, men have been the major driving force, today women in large numbers have joined hands with men to be a contributor towards the GDP for the nation's growth.

Once again I congratulate AMA for this publication.

(Prof. Sangita Srivastava)

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DR. S.P SINGH

PRINCIPAL & DEAN FACULTY OF MEDICINE

PROFESSOR & HEAD OPHTHALMOLOGY

M.L.N MEDICAL COLLEGE, ALLAHABAD

DIRECTOR

REGIONAL INSTITUTE OF OPHTHALMOLOGY

M.D EYE HOSPITAL, ALLAHABAD

Message

International Women's Day (March 8) is a global day celebrating the academic, social, economic, cultural, and political achievements of women.

As said by Nelson Mandela "EDUCATION IS MOST POWERFUL WEAPON WHICH YOU CAN USE TO CHANGE THE WORLD"-Education is the first step for people to gain the knowledge, critical thinking, empowerment and skills they need to make this world a better place. Education is one thing no one can take away from you. If you educate a man, you educate an individual. But if you educate a woman, you educate a nation. When girls are educated, their countries become stronger and more prosperous. Health of women and girls determines the health and wellbeing of our modern world. As women represent the cornerstone of family's overall health, ensuring they have access to quality care can lead to improved health for children and families.

Women have proven themselves in every sphere of life not to mention today's women achievement in MEDICINE and MODERN SCIENCE.

Wishing all HAPPY WOMEN'S DAY specially Women doctors of our AMA. Congratulations and Best wishes for future endeavours.

Dr.(S.P.Singh)
Principal

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DR. ASHOK AGRAWAL
NATIONAL VICE PRESIDENT
IMA

Message

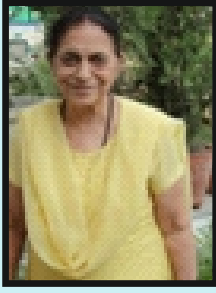
I am very happy to know that Women's Wing of IMA Allahabad Branch is organizing a International Women's Wing week Celebration on 6th March 2022 AMA Convention Center.

This year the theme for international Women's Day on 8th March 2022 "Women in leadership: Achieving an equal future in a Covid-19 World".

My heartiest congratulations to Dr. Amita Tripathi Chairperson Women's Wing, Dr. Archana Jain Vice Chairperson, Dr. Parul Mathur Secretary Women's Wing and Dr. Anubha Srivastava Scientific Secretary & Editor Souvenir for organizing a wonderful conference. I wish the programme to be a grand success.

Long Live IMA

Dr. Ashok Agrawal



PROF. RAJ BAVEJA

DGO. M.S. PH.D. FICOG,
FICMCH, FAMS, FNA SC.
SENIOR OBSTETRICIAN
AND GYNECOLOGIST

Emeritus Professor & Formerly
H.O.D. Dept. Of Ob.& Gyn.
M.L.N. Medical College
International Awards
Director, Kamala Nehru
Memorial Hospital Alld.
'Padamshree' Award

Field of Interest
Infertility, Endoscopy
HRP, Oncology

Awards
Several National & President Award
Kamala Nehru 'Life Time Achievement
Dhanwantari Award

Message

“सर्व मंगल मांगल्ये शिवे सर्वासाधिके शब्दायै त्रियम्बके गौरी नावायणि नमोस्तुते॥”

We invoke the blessing of Maa Durga to give divine vision to all the women to understand their power of divine virtues. It is a matter of great pride and honor that WDW, AMA is celebrating International women week.

Women deserve to be celebrated and acknowledged for their extraordinary contribution to the society and we must strive to reduce gender inequality.

I welcome you all on this occasion where we meet friends, seniors, juniors and pledge that henceforth we will work hard to improve women health and her social wellbeing

I wish the conference a great success.

God bless all the organizers for such a great event.

Dr. Raj Baveja

Founder Secretary, AOGS



PROF DR. KRISHNA MUKHERJEE

BC Roy Awardee
Medical Superintendent
KAMLA NEHRU MEMORIAL
HOSPITAL ALLAHABAD

It gives me great pleasure to note that the Woman Doctors Wing, branch of Indian Medical Association Allahabad is observing and celebrating International Women's week from 6th March to 13th March 2022 for women's empowerment. During this Amrit Mahotshava it is really commendable and thoughtful to organise and deliberate on various issues faced by women in modern day society by expert and distinguished speakers, on 6th March 2022.

I congratulate the Organizers for their grand effort and wish them a grand success. Best wishes to WDW AMA and the entire organising team

Prof Dr. Krishna Mukherjee



DR. RUKHSANA KHAN
NATIONAL VICE CHAIRPERSON,
IMA WOMAN DOCTORS WING

Message

It is a matter of great pleasure that Women doctors wing “WDW” of Allahabad Medical association is going to celebrate 8th march 2022 as International Women’s day . In this connection they are conducting health awareness programs as well as programs for empowering women .

We are thankful to our national IMA who have started giving the importance to women doctors wing in the progress of girls health and empowerment . It has been destined by almighty God that Adam and Eve will jointly struggle to run the human life on earth .

Most of the qawi and shayar limits the women as an item to be praised for her beauty and softness but one of the rarest poet named Kaifi Azmi has described the women as the partner of the struggle in life in the following words

“UTH MERI JAAN , MERI SAATH HI CHALNA HAI TUJHE , ZINDAGI KAI AAHINI(made of iron) SAACHAI MAI DHALNA HAI TUJHE “

My best wishes for the success of the program to be celebrated by women wing of Allahabad Medical Association .

Dr. Rukhsana Khan



DR. RENU BHAGAT
WDW SECRETARY UP STATE
PRESIDENT IMA MEERUT

Message

I am extremely delighted to know that WDW Prayagraj is taking a great initiative of celebrating International Woman's Week from 6 to 13 March.

It gives me immense pleasure that WDW is also bringing out a souvenir to commemorate this occasion.

The goal of WDW is to empower women doctor in every front whether physical or mental health or social service and WDW Prayagraj is achieving this same goal by dedicating this week for celebrating women.

I on behalf of WDW UP state appreciate and congratulate the organising committee and editorial board for their sincere and untiring efforts towards this event. I am sure this celebration will turn out to be a grand success.

I wish all the lovely ladies a very happy women's week .

Warm regards

DR. RENU BHAGAT



DR. SUJIT KUMAR SINGH
PRESIDENT AMA

Message

Dear Members It is a matter of great pride and satisfaction for me that WDW, AMA, Prayagraj is receiving laurels and achieving new heights with each passing day through its academic, social, cultural and charitable activities. My best wishes to each and every member of WDW, so that they continue to be in the forefront, be it any activity for welfare of its members or helping the better halves of society in achieving a better mental, social and physical health and thus helping in vision of a NEW INDIA, which is healthier and better place to live for coming generations

.Long Live AMA

Dr. Sujit Kumar Singh

FROM THE DESK OF HONY' SECRETARY



Dr. ASHUTOSH GUPTA
HONY' SECRETARY AMA

Message

We are celebrating International Women's Week 2022, starting from 6th March, 2022 with bunch of scientific, cultural health camps. We all trying to celebrate with theme "she inspires me" with Woman Doctor's Wing with full enthusiasm & energy. I want to share a Sukti from Sanskrit.

अतुलं तत्र तत्तेजः सर्वदेवशरीरजम्।

एकस्थं तदभून्नारी व्याप्तलोकत्रयं त्विषा॥

Means

The incomparable radiance that was born from all Gods and pervaded the 3 worlds, came to one place and took the form of a woman.

I would like to acknowledge and appreciate everyones efforts in contributing to the souvenir, Specially Dr Sujit Singh, Dr Subodh Jain, Dr. Amita Tripathi, Dr Parul Mathur, Dr. Vinita Mishra, Dr Sapan Srivastava, Editor AMA and Dr. Anubha Srivastava, Editor of our Souvenir

Long Live AMA

Dr. Ashutosh Gupta
HONY' SECRETARY AMA

FROM THE DESK OF EDITOR SOUVENIR



Prof (Dr) ANUBHA SRIVASTAVA

MBBS,MD(MED), MMSc (Endo) FInSH, FUPDA

Professor, Department of Medicine
MLN, Medical College Prayagraj UP

Dear Friends,

Wishing a Very Happy Woman's Day to strong , intelligent, talented and simply wonderful women of this world!

Diabetes increases the risk of heart disease (the most common diabetes complication) by about four times in women and only about two times in men, women also have worse outcomes after a heart attack. Women are also at higher risk of other diabetes-related complications such as blindness, kidney disease, and depression. So, all women out there take care of yourself too.

It gives me immense pleasure and privilege to be part of this unique Women's day celebration encompassing a very diligent and interesting scientific agenda with galaxy of speakers followed by the lovely art exhibit with cultural pomp and show by the women doctors themselves thus truly depicting the multifaceted and multitasking personality of us Women. We are also coming out with a SOUVENIR which will have Messages, Academic Articles, Art work to mark the International Womens Day. Their strength, patience and their ability to keep their heads up no matter what makes them so beautiful, lovable, respectable.

"Imagine a gender equal world. A world free of bias, stereotypes and discrimination. A world that's diverse, equitable, and inclusive. A world where difference is valued and celebrated.

Together we can forge women's equality. Collectively we can all #BreakTheBias"

Warm welcome to everyone to celebrate one of its kind Women's day Programme.

Long live AMA

Anubha Srivastava

Prof (dr) Anubha Srivastava
SCIENTIFIC SECRETARY AMA

From The Desk Of Social Secretary



Dr. Vinita Mishra
Social Secretary AMA

Message

I am thankful to Allahabad Medical Association Office bearers, President Dr. Sujit Singh and Hony Secretary Dr. Ashutosh Gupta for thinking about We, the Women, on such a big platform and to celebrate International Women's Week on such a grand scale .

This is my second tenure as Social Secretary AMA .During my 1st tenure, I couldn't work properly because of the pandemic. When the conditions improved, I started involving myself in different activities for AMA and WDW . I was always encouraged and supported by Elders in Office and all AMA and WDW members.

We, the women, are able to do all in our own way and almost all female members of AMA are being involved and encouraged in AMA activities . I hope all Female members can participate in all AMA activities equally as Male members (this will be real Equality)

Thanks to all elders for their encouragement and support and thanks to all my Young Men Office Bearers who always stand by my side as my younger brothers .

Long Live AMA and Long Live WDW

Dr. Vinita Mishra

From the desk of chairperson WOMAN DOCTORS WING, AMA



DR. AMITA TRIPATHI

MS, FICOG

Chairperson WDW

HON. SEC. ISOPARB PRAYAGRAJ

DIRECTOR KALAWATI WOMEN HEALTH CARE CENTRE

SHE INSPIRES ME

Dear Friends and Colleagues,

Greetings from organising team of WOMEN'S DOCTORS WING, Allahabad Medical Association.

With great pride and pleasure, we welcome you to celebrations of International women's week starting from 6th march 2022 to 13th march 2022.

We all know and realise that women are at the core of healthy society, a society of our dreams, where everyone is equal, which is free from illness, can be achieved only by restoring and ensuring women's wellbeing and health.

Our Country is celebrating 75th year of Independence 'Amrit Mahotsav' and we are standing at a juncture where our continued efforts can put our great nation at the forefront of modern developed world, and to achieve this, we have to put women health, her social and cultural issues at the helm of any policy decision, so that she has equal access to women's health services, education and economic opportunities. This celebration is to acknowledge the role and contribution of women in medical science and health care.

I again warmly welcome all the faculty, delegates, members of WDW and AMA to be part of this celebration of life and womanhood.

May Almighty bless us

Long live WDW and AMA.

Dr. Amita Tripathi

Chairperson of WDW AMA Prayagraj

From the desk of Vice Chair person, Woman Doctors Wing AMA



Dr. Archana Jain
MD(Path) Prayagraj

Message

Dear Members,

It's my proud privilege to welcome all dignitaries and delegates to CME Organized to celebrate International Women's Week.

While each and every day is an opportunity to celebrate women, one day in particular give us a window to reflect on the progress made, to call for change and celebrate acts of courage and determination by ordinary women who have played an extraordinary role.

Let's make sure women and girls shape the policies, services and infrastructure that impact all our lives.

Let's challenge biases and misconceptions in the interest of creating a more inclusive and gender – equal world.

A warm welcome to all!

Long Live AMA and WDW!

Dr. Archana Jain
Vice Chairperson
WDW, AMA Prayagraj

From The Desk Of Secretary ,Woman Doctors Wing, AMA



Dr. PARUL SAKSENA MATHUR

MBBS (Gold Medalist), MD (Path)
DR. VEENU SAKSENA PATHOLOGY
LABORATORY AND CLINIC

Message

“Women in time to come will do great things” As envisaged, this dictum has stood the test of time and holds so true now, as the Woman Doctors Wing of Allahabad Medical Association illustriously leads the way in celebrating International Women's Day 2022 shepherding in and pioneering the concept of Women's Week coalescing the multifaceted panoramic persona of the woman, showcasing her skilful craft, her brilliant academic achievement, her able administrative feats, her vivacious art with sparkling performances, infact her omnipresent, omniscient and omnipotent magnetic individuality in all walks of life.

I owe a debt of gratitude to all my charismatic colleagues in coming together to make this herculean endeavour a cheerful success.

Thanking you,
Kind regards,
Parul.



CANCER IN WOMEN



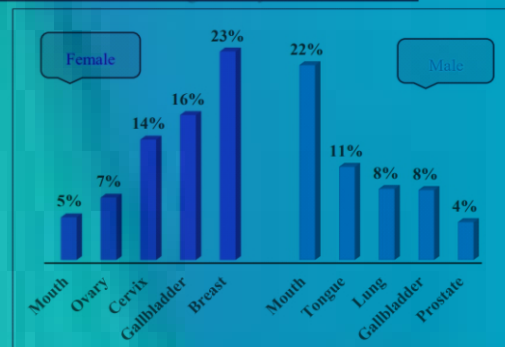
DR. RADHARANI GHOSH
SR. CONSULTANT ONCOLOGIST,
KNM HOSPITAL ALLAHABAD

Cancer ranks as a leading cause of death and an important barrier to increasing life expectancy in every country of the world. According to estimates from the World Health Organization (WHO) 2019, cancer is the first or second leading cause of death before the age of 70 years in 112 of 183 countries and ranks third or fourth in a further 23 countries

As we celebrate International Women's Day, we need to give a serious thought to Cancer in Women. Lack of awareness, lack of education and often Social taboos prevent most rural Indian women from seeking timely medical help resulting in increasing incidence of cancer in women over the last few decades. The demographic shift resulting in increased aging population, mimicking Western life style and sedentary habits coupled with mental stress and strain in urban working women has only added fuel to the existing health problems in women.

Breast cancer is still the most commonly encountered cancer in women especially in the west and India is catching up on the incidence rate fast, mostly in the metropolitan areas. Due to improved treatment options aided by early diagnosis the mortality from breast cancer is declining fast.

Graphical presentation of five leading sites by Sex is as below:-



RCC KNM Hosp Allahabad DataYr 2018-2020

With more & more women getting addicted to smoking habits, in the developed countries, Lung Cancer is becoming more common in these women. The mortality from Lung Cancer is quite high, owing to advanced stage at diagnosis coupled with aggressive nature of the disease.

In India, Cancer of the Uterine Cervix is by far the most common Cancer encountered in women. Approximately 4,70,000 new cases of Cancer Cervix is diagnosed every year world - wide. 80% of this cancer occurs in developing countries alone. In India 1,26,000 new cases are diagnosed annually out of which almost 71,000 die yearly. Cancer cervix is curable if detected early and treated adequately but the fallacy is that more than 80% patients report for treatment in advanced stages when only some palliative treatment can be offered for symptomatic relief. Cancer cervix is easily detectable by screening programme like the PAP smear. Adequate treatment in early stages, give excellent results. Strict implementation of screening programme has brought down the incidence of this cancer in most developed countries.

In Allahabad, the Regional Cancer Center registers highest number of Cancer Cervix patients followed by Breast Cancer and surprisingly Cancer of the Gall Bladder is found to be the 3rd most common cancer in this region. World-wide the incidence of Gall Bladder Cancer is found to be less than 2% where as all along the trans Gangetic belt the incidence of this cancer varies between 6-10% of all cancers.

Tobacco related Oral Cancers is another Cancer that is found commonly in Indian women. With more & more women imitating & adopting the Western life style, Lung Cancer & Breast Cancer are afflicting more Indian women especially those living in the metropolitan cities.

The tell-tale signs of Cancer are:-

1. Inter menstrual / post coital /post menopausal per vaginal bleeding.
2. Lump in breast or axilla / any discharge, especially bloody discharge per nipple.
3. Persistent cough or blood stained sputum
4. Pain during or difficulty in swallowing.
5. Non healing persistent mouth ulcers in spite of treatment
6. Unexplained weight loss & persistent anorexia
7. Blood in the wrong place like stool, urine, mouth etc.

The treatment of Cancer has come a long way in relation to Screening, Diagnosis, and treatment. Cancer is no longer considered a sinister disease now. With sophisticated diagnostic facilities that are available today, it is possible to diagnose cancer at early stages. When treated adequately most cancers in early stages are curable. Luckily the common cancers that are seen in women of third world countries are mostly curable provided they are diagnosed early. Even with advanced disease the modern day treatment options allow good palliation, good tumour control.

Cancer of the Uterine Cervix is the most commonly found cancer in Indian women. It has a long history of almost 10 to 15 years before developing into frank invasive cancer. This window period allows for detection of at risk patients with proper screening. Adequate treatment & measures taken can prevent development of frank cancer. By implementing strict Screening programme for detection of Cervical Cancer the Western countries have managed to reduce the incidence of this cancer to less than 2% . PAPs smear is an easy screening procedure that can be done in the out patients department. It is a non invasive procedure and inexpensive as well. In this test Vaginal fluid is collected in the OPD and send to the Pathologist for PAPs staining and cytological examination. WHO recommends –PAPs smear for sexually active girls from the age 18yrs onwards annually for 5 yrs, there after less frequently. In India PAPs is recommended from 35yrs of age annually for 3 yrs, there after 5 yearly. In case any abnormality is detected in the PAPs test adequate treatment can be taken and progression to malignancy can be arrested.

Cancer Cervix & some Head & Neck cancers have now been linked to a viral infection called Human Papilloma Virus or HPV. Vaccination against the malignant strains of this virus gives protection from these cancers. It is advocated that girls before sexual debut be vaccinated with 3 doses of HPV Vaccine. Presently there are two types of this vaccine available at affordable prices. Girls between 12-15 years are advised to get vaccinated and catch up vaccination in older or married women can be done till 45 years of age.

Cervical Cancer is also linked to multiparity, trauma during delivery, home delivery, multiple sexual partners, poor genital hygiene, other sexually transmitted diseases and smoking. Cancer Cervix is a curable disease in early stages where both Surgery and Radiotherapy gives equivocal results. Almost 90% patients can be cured at this stage. Radiotherapy both external and internal modalities are used to treat all stages of Cancer Cervix. In more advanced stages Radiotherapy with or without Chemotherapy is used to cure or palliate the disease.

Breast cancer is one cancer that has a familial disposition. Female members of certain families are found to be afflicted with Breast and /or Ovarian Cancers. These family members have certain genetic abnormality and these abnormal genes can now be detected by gene profiling, a blood test. Luckily only 10 % of all Breast cancers are found to be familial. 70% of Breast Cancers have no definite etiological factors. Smoking, Obesity, Diabetes, Radiation and Hormone Replacement Therapy increase risk of developing Breast Cancer.



Breast Cancer usually presents as a lump in breast or axilla. In early stages the lump is painless. Pain is generally a symptom of advanced stage when the nerves get compressed or entrapped in the lesion. Breast Cancer is again a curable cancer if diagnosed in early stages. The recent evidence shows that in early stage Breast Cancer removal of the whole breast is not required at all. Combining Radiotherapy with surgery breast conserving treatment provides the patients the benefit of psycho-social acceptance and good cosmesis. Chemotherapy, Hormone therapy and Targeted therapies are used along Surgery and Radiotherapy to treat Breast Cancer. The problem in third world countries is that due to lack of awareness women present with advanced stage cancer where disease can only be controlled.

The last few decades have seen tremendous advancement in diagnostic field. With improved diagnostic facility like, Mammography, Digital Mammography, Ultra Sound, MRI, each with their own specific indication, it is now possible to diagnose Breast Cancer at very early stages. Women are recommended to get themselves screened as early as possible. Base line Mammography is advocated to be done around 35-40 yrs of age. Self Breast Examination, followed by an examination by Clinician should be started early in life. The different Screening procedures for Breast Cancer are as follows: -**Screening For Breast**

Cancer:- Examination by Clinician, Self Breast Examination (BSE), Mammography, FNAC/ Tru-cut biopsy for confirmation in case of suspicious lump

High-Risk patients –with positive family history are recommended to undergo Early Screening Mammography – Genetic Mapping to detect abnormal genes, even though a little costly is now available even in Allahabad as well.

BSE.... Self Breast Examination (Lying down & sitting up positions)

By increasing awareness amongst women about cancer and by following stringent Screening programme it is possible now to detect cancer at early stages and with proper treatment achieve cure.

EARLY DETECTION AND PROMPT TREATMENT IS THE KEY TO CURE & Prevention is better than cure

The following are a few ways to prevent Cancer

- Healthy Diet- Green leafy vegetables and fruits are a must: '5 servings a day' = 350 – 400 gms of fruit per day. Whole grain flour is better than sifted flour (do not remove bran). Meat over-eating is not a problem in India as yet
- Healthy Habits- Exercise Controls weight and therefore cancer. Exercise helps to boost immunity and influences hormone levels in the body.Reduces risk of heart disease and diabetes .30 mins of moderate to vigorous exercise, preferably 60 mins, 5 days a week is recommended
- Right life Style
- Health Education & Awareness
- Screening

Journey of Cancer has come a long way since the recorded first cancer pt in 1500 BC by the Egyptians. Understanding of cancer has changed drastically over the years –leading to improved treatment outcome. The idea of “cancer as a sinister disease” has now been replaced by the idea of “cancer as a - more chronic disease”.

Cancer as a disease needs to be taken seriously in present day scenario, In the western countries Cancer ranks as the 2nd largest killer –next only to Ischemic Heart Diseases. In India, cancer ranks only 5th as a major killer. Risk of cancer increases with age, and as the geriatric population grows, the incidence of cancer also increases steadily. In India, the incidence of cancer patients are expected increase in the next 2 decades. According to the projected statistics and – 1 out of every 15 Indian men & 1 out of every 12 Indian women will eventually develop Cancer in their life time. It is time friends to join our hands together to fight CANCER!!!

WOMEN IN SCIENCE



PIYALI BHATTACHARYA

CONSULTANT PEDIATRICIAN
DCH, MD (PEDIATRICS,
FIAP, FRCP (LONDON)

In a country where most professionals are still dominated by men, modern medicine was no exception! until, a few names forced the world to think otherwise.

Amid all the chaos, pain and suffering, there were women doctors who not only cured patients but also moved out of their comfort zones to innovate and become pioneers.

A few trailblazers were:-

1. Anandibai Joshi- first Indian woman to obtain a degree in western medicine
2. Kadambini Ganguly- first Indian graduate and second Indian woman to practice western medicine.
3. Dr Indira Hinduja- was the pioneer in IVF and gave India it's 1st test tube baby. She also gave us a GIFT- gamete intrafallopian transfer technique
4. S I Padmavati- the first woman cardiologist of India. She returned to her motherland and established the first cardiology clinic and thereafter, the first cardiology department in an Indian Medical College. She founded India's first Heart Foundation to spread awareness on heart diseases
5. Kamini Rao- Her contribution to fertility and reproductive endocrinology is no small feat. first intra cytoplasmic sperm injection (ICSI) technology.

Holding a life in your hands and taking full responsibility is a big task!

The above mentioned women are just a few among innumerable ones who have changed the face of Indian medicine. Their undaunted resilient contribution to the field of medicine, their passion to help people live a healthier life against all odds is undoubtedly worth praise.

MENORRHAGIA IN ITP



DR. ANUSHREE CHATURVEDI

MEDICAL ONCOLOGIST AND HEMATOLOGIST
VARANASI

Immune thrombocytopenia (ITP) is an autoimmune disorder characterized by antibodies directed against platelet glycoproteins (GPs). The natural history varies in children and adults. In children, the onset is usually acute and with spontaneous resolution over a few weeks. On the other hand, adults have a more insidious onset with chronic relapsing and remitting course.

The usual presentation of ITP is asymptomatic thrombocytopenia. But an adult with ITP can present with petechiae, wet purpura, bleeding, fatigue can also be present. In females, heavy menstrual bleeding may be due to underlying bleeding disorder rather than the more common local causes. Indeed, menorrhagia may be the earliest manifestation of the disease, and on occasion its only symptom. As a complication due to menorrhagia patients can develop anemia too. It is noted that the anxiety behind the low platelet counts with fluctuations even in an asymptomatic patient is a point of concern as shown in the IWISH study.

The diagnosis of ITP remains the diagnosis of exclusion. The international working group on the standardization of terminology in ITP established a platelet count below $100 \times 10^9 /L$ as the cut-off for the diagnosis. Evaluation begins with detailed clinical history and physical examination. Laboratory evaluation includes CBC and peripheral blood smear along with HIV and HCV testing. If finding suggestive of abnormalities in other cells lines then a bone marrow test is advisable. Otherwise, bone marrow aspiration and biopsy are not required in all cases for diagnostic evaluation.

Any newly diagnosed case of ITP initial management is determined based on bleeding severity, platelet counts at the time of diagnosis, other bleeding risk factors, and any previous treatment is taken. Any patient with critical and severe bleeding needs urgent admission and upfront treatment with corticosteroid and or IVIG. The choice of steroid varies between prednisone and dexamethasone depending on the need for a faster response. The duration of corticosteroid should be less than 6 weeks and monitoring of steroid-induced side effects is a must. Any patient with platelets cut off more than $30 \times 10^9 /l$ can be kept under observation. Second -line treatment options for ITP in persistent (3 – 12 months) and chronic ITP (12 months) are TPO RA, Rituximab and splenectomy. The choice of treatment is decided by patient values and preferences. Even though the rate of splenectomy as a treatment for ITP has drastically declined over the last decade it results in durable response. TPO RA has been shown to have a comparable response with splenectomy but usually has to be taken for a prolonged duration. Romiplostim is given by subcutaneous route and requires weekly injection. While eltrombopag can be taken orally but requires dietary restrictions. Rituximab can be advised when the patient wants to avoid long-term medicine and is also not in favor to undergo surgery.

It is also important to mention that with COVID 19 vaccination new-onset or exacerbation of ITP has been noted. But no serious events are reported so far. Consequently, with the benefit outweighing the minor risk, ITP patients should undergo COVID 19 vaccination with monitoring of counts.

THE LIBERATED WOMEN OF INDIAN CULTURE



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The liberated women in Indian culture, for this Beauvoir's dictum helps us in understanding the theme that one is not born rather becomes a woman. It is a civilization as a whole that produces this creature (Beauvoir 1988-295). First of all the term Indian culture itself is misleading. Indian culture is an amalgamation and pot pourri of so many cultures, that neither one can define nor analyse it. It is not easy to talk about the liberated woman of Indian culture. What could be the parameter or criteria we are going to adapt? We cannot just pick and choose and they are not only names. For liberated women, one has to talk about her sexuality, dress ,gesture and language .The problem is if we look at the past, most of such women belong to the elite' class and this class difference makes a question mark .Whether they represent Indian society as a whole? We should look beyond the Women Question and should not take it as white man's burden. It should be defined independently. More over whatever we come to know about such women ,it is through the man's voice. The writers, poets and dramatists were males who gave these women voices and language . Against this background we are quoting and trying to sketch two prominent female characters of India's past Radha and Sita.



PROF MANJU VARMA

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Ready reckoner high risk factors of pregnancy and their management at an ANC Clinic

Complications can occur during pregnancy and affect the health and survival of the mother and A high-risk pregnancy does not necessarily mean that the pregnancy will be more difficult or challenging than low risk pregnancy, however; it might some time need to consult a specialist or MFM specialist and undergo more monitoring than in low-risk pregnancy. As suggested by **GoI** every pregnant woman must receive at least 4 check ups during pregnancy (Registration and 1st check -up within 12 weeks, 14-26 weeks, 28-32 weeks and 36 40 weeks). The health care provider should ensure that proper history is elicited and complete general physical, systemic and abdominal examinations are performed on the PW during each ANC visit. Though any case could develop complication during or after pregnancy or childbirth, but a pregnancy with a high-risk factor poses higher than normal risk for the pregnant women and the fetus.

Some common **High-Risk Conditions of pregnancy** that are not to be missed by the health care provider during an ANC check-up are as enumerated below:

- Severe Anaemia (Hb less than 7gm/dl)
- Pregnancy induced hypertension, pre -eclampsia, pre-eclampsic toxemia
- Syphilis/ HIV Positive
- Gestational Diabetes Mellitus
- Hypothyroidism
- Young primi (less than 20 years) or Elderly gravida (more than 35 years)
- Twin / Multiple pregnancy
- Malpresentation
- Previous LSCS
- Low lying placenta, Placenta previa
- Positive Bad obstetric history (History of still birth, abortion, congenital malformation, obstructed labor, premature birth etc)
- Rh negative
- Patient with History of any current systemic illness(es)/past history of illness

Warning signs to be explained to each pregnant woman using the safe motherhood booklet:

Following warning signs require immediate visit to the doctor/ health facility:

- Fever $>38.5^{\circ}\text{C}$ /for more than 24 hours.
- Headache, blurring of vision.
- Generalized swelling of the body and puffiness of face.
- Palpitations, easy fatigability and breathlessness at rest.
- Pain in abdomen.
- Vaginal bleeding / watery discharge.
- Reduced fetal movements.

Hypertensive disorders of pregnancy

Hypertensive disorders complicate around 10% of pregnancies Hypertension is defined as BP $\geq 140/90$ in two consecutive readings at any time of pregnancy.

Types of hypertensive disorders in pregnancy

- **Chronic Hypertension**- hypertension that antedates the pregnancy or present before 20 weeks of gestation. It can be complicated by pre-eclampsia.
- **Gestational hypertension**-hypertension after 20 weeks of pregnancy.
- **Pre-eclampsia**- Blood pressure is $\geq 140/90$ and/or specific signs or symptoms of significant end organ dysfunctions.
- **Severe pre-eclampsia**- Blood pressure is $\geq 160/110$ with signs of end organ dysfunction.
- **Eclampsia**-Eclampsia is the occurrence of generalized convulsion(s), usually associated with background of pre-eclampsia during pregnancy, labour or within seven days of delivery. However, it can occur even in normotensive women. **Convulsions with $\geq 140/90$ and proteinuria more than trace.**

Likely complications

Maternal; HELLP Syndrome, ARDS, Renal failure, pulmonary edema, DIC

Fetal; IUGR, IUD, Fetal distress, prematurity.

Monitoring of PIH, Severe PE, Eclampsia during ANC :

Focused ANC for rising BP and abnormal weight gain to be looked for at every visit PE profile to include CBC with peripheral smear, coagulation profile, **serum uric acid**, serum creatinine, blood urea, Hepatic enzymes, Urine; albumin and C/S. IUGR to be ruled out through clinical assessment and necessary investigations by 34 weeks.

Management

The definitive treatment is delivery but one has to wait until lung maturity and satisfactory gestational age is reached. The cornerstone would be controlling hypertension, assessing the severity, monitoring the maternal and fetal condition and preventing onset of eclampsia.

Treatment with anti-hypertensive initiated at 90-100mmHg when treated through OPD. Proper rest, high protein diet and the following drugs are recommended.

1. Labetalol 100 mg twice daily is equally effective.
2. Nifedipine 10-20 mg orally bd/tds (the second line of treatment after alpha methyl dopa).
3. Tab Alpha methyl dopa 250 mg twice or thrice daily.
4. In setting of preeclampsia, prophylactic $MgSO_4$ could be given IM. 1 gm /day of calcium in pregnancy after 1st trimester reduces risk of Pre-eclampsia by 50%. The case may be referred to a FRU for further management.

Danger signs to be told to patient: Any imminent symptom of eclampsia like headache, blurring of vision, epigastric pain or oliguria and increasing edema, rising BP, bleeding PV or absent /decreased fetal movements.

Planning delivery

Decisions to be taken on obstetric grounds and for a CEmOC center. Prolonged induction to be avoided.

Anaemia during pregnancy and in the postpartum period

Prevalence of Anaemia in pregnant women in India is 58.7%. Anaemia is defined as Hb level $< 11g/dl$ in pregnancy or immediate post-partum period.

Anemia is grouped as mild (10-10.9g/dl), moderate (7-9.9 g/dl), severe (< 7 g/dl).

Iron deficiency anemia is the commonest.

Complications due to anaemia in pregnancy:

Maternal; Cardiac failure, susceptibility to infections, preterm labour, PPH, sub-involution, failing lactation, DVT

Fetal; Prematurity, IUGR, Anemia of new-born.

Diagnosis:

- History of weakness, giddiness or breathlessness
- Assess for pallor.
- Investigations; Hb estimation using haemoglobinometer or by Standard Hb color scale. Complete blood count and examination of a thin film for cell morphology, peripheral blood smear for malaria.
- Urine for blood or pus cells and stool for occult blood/ova/cyst.

Management

- For **prophylaxis** give IFA tablet (with 100 mg elemental iron and 0.5 mg folic acid) once daily for 180 days (6 months) starting after the first trimester.
- **Mild to moderate anemia** is first investigated for type of anemia and treated by iron and folic acid tablets (100mg elemental iron + 0.5 mg folic acid) twice daily and to be continued during postpartum period. Hb level assessed monthly. Administer parenteral iron preparation if there is noncompliance /intolerance to oral iron.
- Cases of moderate and severe anemia may receive anthelmintic drugs (Tab. Mebendazole 100 mg bd for 3 days or Tab. Albendazole 400 mg single dose) especially in hookworm endemic areas during 2nd/3rd trimesters of pregnancy.
- **Cases of severe anemia** should be referred to FRU for further investigations and treatment as they might need a blood transfusion.
- Women with Hb < 7 gm% at term should deliver at FRU.
- Blood loss during delivery must be minimized by practicing AMTSL in all cases.

Indications and dose for parenteral iron therapy:

- Intolerance to oral Iron, poor absorption non-compliance of treatment, moderate to severe anaemia in late pregnancy. For Hb between 7-8 gm%
- IM iron therapy in divided doses along with oral folic acid daily if women do not have any obstetric or systemic complication; repeat Hb after 8 weeks .

Delivery of a PW with severe anaemia to be planned for a FRU with available blood transfusion services.

Twins/ Multiple pregnancy

Widespread practice of ART has resulted in increased incidence of multiple pregnancies.

Risk of Twins/ Multiple pregnancy :

Fetal risk : prematurity, IUGR/IUD, congenital anomalies, malpresentations, PROM, cord prolapse, placenta previa, placental insufficiency, twin to twin transfusion, stuck or conjoined twin.

Maternal risk: Anemia, hyperemesis, early onset PET, Acute Hydromnious, Atonic PPH, Increased risk of operative delivery.

Diagnosis:

When fundal height > POG, an USG to be done to confirm diagnosis (and assess viability, rule out congenital malformations, fetal growth, fetal position) Ultrasound in first trimester to diagnose zygosity.

Management:

Early diagnosis can improve maternal and fetal outcome. Requires more frequent visits, increased calories, protein intake, iron supplementation and appropriate rest in lateral position Refer to a FRU at 36 weeks for timely delivery.

Placenta Previa:

The implantation of the placenta wholly or partly in the lower segment of the uterus. It is an important cause of perinatal mortality mainly due to prematurity. Incidence is 4-5 per 1000 pregnancies. It is classified depending on the relation to the internal os and if it lies on the anterior or posterior wall.

Etiology: Maternal age, multiparity, uterine scar, multiple pregnancy, previous abortion.

Diagnosis:

- Painless bleeding P/V, Uterine height corresponds to period of gestation, soft non -tender uterus and fetal parts palpable, abnormal presentation, presenting part high floating,
- Placental location to be confirmed during USG.
- Warning bleeding to be taken seriously

Management

- No PV to be done
- PW to be admitted and to check Hb and blood transfusion if needed
- Routine ANC to continue till 37 weeks
- If patient goes into labour or heavy bleeding then pregnancy to be terminated

Syphilis

Government of India has taken a policy decision for universal screening of pregnant women.

Pregnant women considered to be at high risk for acquiring STIs, including Syphilis If:

- Women with current or past history of STI
 - Women with more than one sexual partner
 - Sex workers
 - Injecting drug users
- Signs and symptoms may vary depending on which of the four stages of syphilis the woman presents with.

Risk of Syphilis in pregnancy :

Fetal; LBW, perinatal deaths and congenital syphilis
Maternal; Still birth, spontaneous abortions, presence of co morbid condition like HIV

Diagnosis

All pregnant women should be tested for Syphilis in the first ANC visit itself using POC test. If facility has testing for RPR available then testing using RPR may be done. Those with high risk of syphilis or with history of adverse outcome in previous pregnancy to be screened again in the third trimester.

Testing of spouse in syphilis positive woman is important

Treatment of maternal syphilis

Although severe allergy to penicillin is rare, the provider should rule out history of allergy before administering penicillin. The emergency drugs for managing anaphylaxis should be kept ready prior to administering penicillin.

Stage of syphilis	Treatment Recommended
In the early stage (primary and secondary syphilis of <2 years duration, RPR titer < 1:8 approximately)	A single intramuscular injection of 2.4 million IU benzathine benzyl penicillin
In the late stage (tertiary > 2 years or unknown duration, RPR titer > 1:8 approximately)	Total of three intramuscular injections of 2.4 million IU benzathine benzyl penicillin once a week for 3 weeks
For Penicillin allergic women	
Early-stage syphilis	Erythromycin, 500mg orally 4 times daily for 15 days
Late-stage syphilis	Erythromycin, 500mg orally 4 times daily for 30 days
OR	
Primary Syphilis	Azithromycin, 2g orally as a single dose

Delivery:

A FRU/EmOC centre to be selected for conducting **delivery** of syphilis positive pregnant women

Hypothyroidism :

Prevalence of Hypothyroidism in pregnancy in the Indian population is 4.8-12%

Risk of Hypothyroidism in pregnancy includes :

Maternal; recurrent pregnancy loss, miscarriage, stillbirth, incidence of pre-eclampsia, incidence of Abruptio placentae.

Fetal; IUGR, preterm delivery, mental retardation.

Screening for hypothyroidism is recommended in PW with following high-risk factors:

- Residing in area of known moderate to severe iodine insufficiency
- Obesity
- History of prior thyroid dysfunction, goiter
- History of mental retardation in family/prev birth
- History of recurrent miscarriage/still birth/preterm delivery/IUD/Abruptio placentae .
- History of infertility

Diagnostic criteria in pregnancy

TSH levels during pregnancy are lower as compared to TSH levels in a non-pregnant state.

Pregnancy-specific and trimester -specific reference levels for TSH are as follows:

- **1st trimester** - 0.1-2.5mIU/l; **2nd trimester** - 0.2-3mIU/l; **3rd trimester** - 0.3-3mIU/l.
- In pregnancy, **SCH**(sub clinical hypothyroidism) is defined as a serum TSH between 2.5 and 10mIU/L with normal FT4 concentration And **OH**(overt hypothyroidism) is defined as serum TSH>2.5-3mIU/l with low FT4 levels. TSH>10mIU/l irrespective of FT4 is O H.

Management of Hypothyroidism in pregnancy :

Levothyroxine Sodium is the drug of choice to be taken empty stomach in the morning.

Dose calculation 1.6-1.7mcg per lean body weight

Kaplan guidelines

TSH level is ≤ 2.5 in 1 st trimester and < 3 in 2 nd and 3 rd trimester	No further management is required, continue routine pregnancy care
5 TSH ≤ 10	50mcg increase
10 < TSH < 20	75mcg increase
TSH ≥ 20	100mcg increase

Delivery

Uncomplicated cases may be delivered at PHC/CHC by a MO. Cases with associated complication to be delivered under supervision of an Obstetrician.

Gestational Diabetes Mellitus (GDM)

Rates of GDM in India are estimated to be 10 -14.3%.

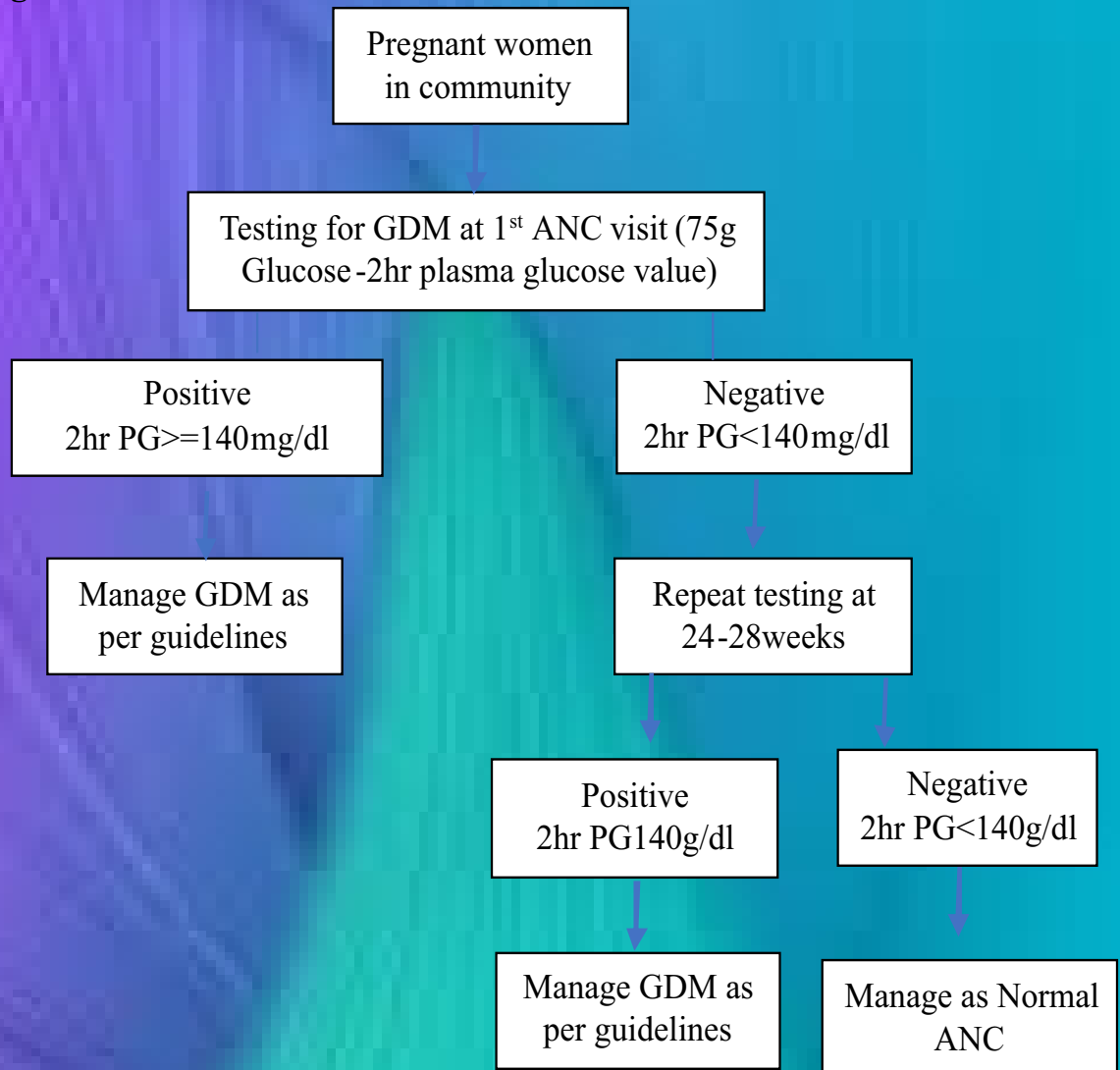
Risk of GDM in Pregnancy

Maternal; Polyhydramnios, Pre-eclampsia, Prolonged labour, Obstructed labour, Caesarean section, uterine atony, PPH, infection Fetal; Spontaneous abortion, IUD, Stillbirth, Congenital malformations, birth injuries, neonatal hypoglycaemia, IRDS.

Protocol for investigation

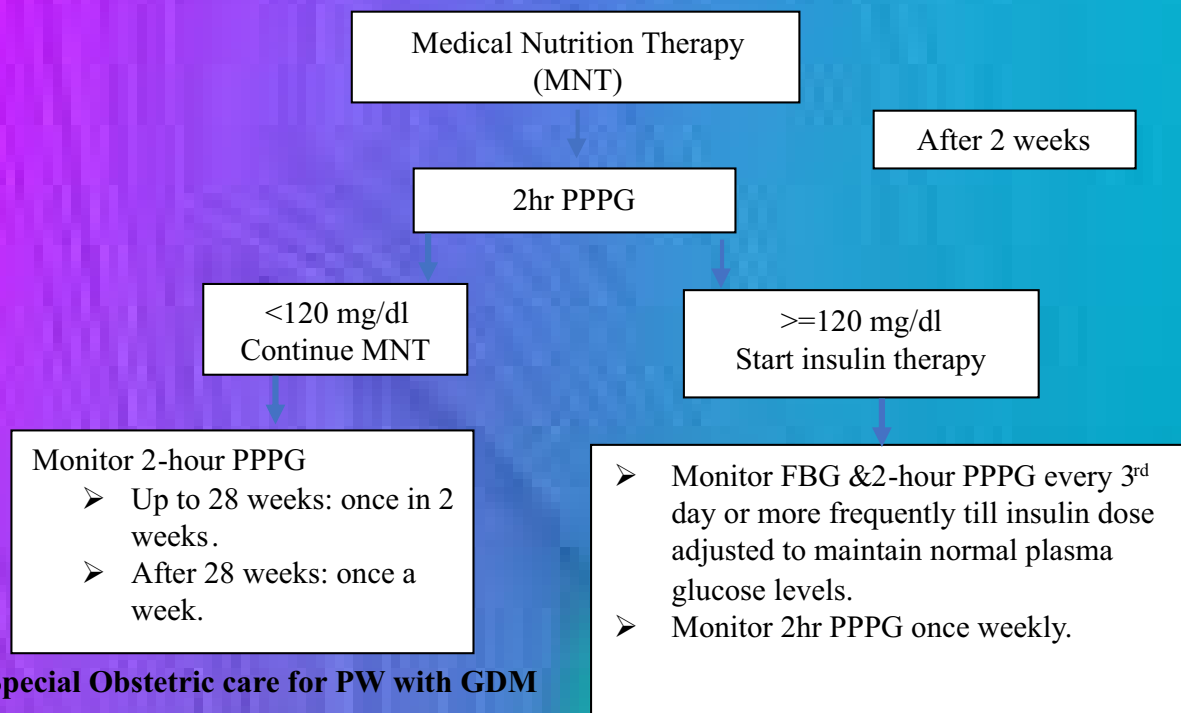
- Testing for GDM is recommended twice during ANC. The first testing should be done during first antenatal contact as early as possible in pregnancy. The second testing should be done during 24-28 weeks of pregnancy if the first test is negative.
- There should be at least 4 weeks gap between the two tests. The test is **to be conducted for all PW** even if she comes late in pregnancy for ANC at the time of first contact. If she presents beyond 28 weeks of pregnancy, only one test is to be done at the first point of contact.

Test for diagnosis:



Management of GDM

Pregnant woman with GDM



Special Obstetric care for PW with GDM

- Antenatal care of a PW with GDM should be provided by gynaecologist if available.
- In cases diagnosed before 20 weeks of pregnancy, a fetal anatomical survey by USG should be performed at 18-20 weeks.
- For all pregnancies with GDM, a fetal growth scan should be performed at 28 -30 weeks gestation & repeated at 34-36 weeks gestation. There should be at least 3 weeks gap between the two ultrasounds and it should include fetal biometry & amniotic fluid estimation. PW with GDM in whom blood glucose level is well controlled & there are no complications, should go for routine antenatal care as per GoI guidelines.
- In PW with GDM having uncontrolled blood glucose level or any other complication of pregnancy, the frequency of antenatal visits should be increased to every 2 weeks in second trimester & every week in third.
- Monitor for abnormal fetal growth (macrosomia/growth restriction) and polyhydramnios at each ANC visit
- PW with GDM to be diligently monitored for hypertension in pregnancy, proteinuria and other obstetric complications
- In PW with GDM between 24 -34 weeks of gestation and requiring early delivery, antenatal steroids should be given as per GoI guidelines. Inj. Dexamethasone 6 mg IM 12 hourly for 2 days. More vigilant monitoring of blood glucose levels should be done for next 72 hours following injection. In case of raised blood glucose levels during this period, adjustment of insulin dose should be made accordingly.

Fetal surveillance in PW with GDM:

- PW with GDM is at an increased risk for fetal death in utero and this risk is increased in PW requiring medical management. Hence vigilant fetal surveillance is required
- Fetal heart should be monitored by auscultation on each antenatal visit.
- PW should be explained about Daily Fetal Activity Assessment. One simple method is to ask her to lie down on her side after a meal and note how long it takes for the foetus to kick 10 times. If the foetus does not kick 10 times within 2 hrs, she should immediately consult a healthcare worker and if required should be referred to a higher centre for further evaluation

Pregnancy with Previous Caesareansections

About 15% of pregnancies suffer from major obstetric complications that require emergency care and nearly 10% of the total delivery cases may require CS. In the past 35 years, the rate of caesarean section has steadily increased from 5% to approximately 25%. So, pregnancy with History of previous caesarean section is prevalent in present day obstetric practice .

Risks to mother in subsequent pregnancies:

Risk to PW: Antenatal complications in a woman with history of previous caesarean section is not high but may include; Impending or Uterine rupture & placenta previa or accrete with accompanying haemorrhage, bladder discomfort, incidental morbidity can occur during pregnancy, labour & in repeat caesarean section.

In case of a repeat CS the operative complications may include; operative interference. There are more technical difficulties & increased chance of injury to the surrounding structures during repeat section. Difficulty in stitching the uterine incision due extreme thinning and post-operative complications are likely to be increased.

Risk to fetus; preterm delivery, low birth weight.

Danger signs in women with previousCS :

Scar tenderness.

Birth Planning for Woman with previous CS

The woman is to be advised to deliver at a CEMOC facility with facility for blood transfusion.

Intrauterine growth retardation (IUGR):

It is referred to birth weight below the 10th percentile for the gestational age caused by fetal, maternal or placental factors.

The fetus is healthy but small for gestational age(SGA).

Causes:Pre-eclampsia, long standing DM, placenta praevia, pre-pregnancy weight of <50 kg. Nutritional deficiency particularly protein intake.

Diagnosis:

- Accurate assessment of gestational age is crucial in diagnosis of IUGR.
- Clinical assessment of fetal growth is done by maternal weight gain and SFH (Symphysis-fundal height) measurement done by using measuring tape. After 20 weeks it is weeks of gestation \pm 2cms. IUGR is suspected if the fundal height is less than 3cms below the GA in weeks.

Maternal weight gain <500 gms per week

Assessment of fetal wellbeing by clinical and USG parameters

- Daily fetal movement count
- Serial SFH and abdominal girth measurement
- NST (Non-stress test) and BPP(Biophysical profile) where possible

Antenatal steroids

One course to be given between 24 and 34 weeks of gestation.

Timing of Delivery:

It is determined by the gestational age, severity of IUGR and fetal condition. To be conducted in centres with facility for antenatal and intrapartum fetal monitoring and NICU facility.

VOLUNTARY BLOOD DONATION BY WOMEN-A CHALLENGE TO ACCEPT



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Blood donation is a noble service to humanity. Blood is indispensable element of human life as there is no artificial substitute to it yet. The WHO recommends that for every 1000 people in any country, a target of 10 -20 donors is needed to maintain adequate blood /blood products supply.

In this era when women are excelling in every single field, there is still under representation of females when it comes to blood donation. In a developing country like India there is huge gender disparity with female contributing only 5-6% of voluntary blood donation, that too for family members. Female contribution to voluntary non remunerated blood donation is much less.

In a study by Sharma et al from Gwalior, a total number of 1, 37,767 donors donated blood during the above mentioned period, Proportion of male vs. female blood donation was found to be 1, 32,470 (96.16%) & 5,297 (3.84%) respectively and difference was statistically significant ($p < 0.00001$). It was concluded that female participation in India is significantly lower as compared to findings from developed countries. In various studies, female blood donors represented 40% of the blood donor population in Austria, 49.7% in France, 50% in Norway and 55% in Great Britain. Greece and Italy are the only European countries in which the percentage of female donors is about 33%, In Spain, 46% of the blood donors are women, in Portugal 43%, in Belgium 45.4%, in Netherlands 50%], and in Finland 55%. Previous researches have revealed a higher rate of deferral in females, primarily because of anemia and low weight. Cultural and religious issues such as women's dependence on men, the erroneous belief that men are healthier than women, that women make monthly blood donations to nature through their menstrual cycle besides other factors such as pregnancy and breastfeeding further restrict many women from donating blood. As per standard norms:-

Women are eligible to donate blood when they fulfil general blood donor criteria like

- Age: 18-65 years
- Weight: >45 kg
- Hemoglobin: >12.5 gm%
- General good health

Women are temporarily deferred from blood donation during

- Ongoing menstruation
- For 06 months after child birth or miscarriage
- Pregnancy or breast feeding

A female can donate blood every 16th week/4 months or 3 times in 1 year.

There is a need to develop an evidence based educational, cultural and religious- focused and friendly interventions that encourage females to donate blood. It is also important to educate the female population to address the negative perceptions against blood donation and promote a positive approach to the importance of safe blood donation

Proper motivation, education and counseling about voluntary blood donation should be actively done for females in masses and community especially in villages, where due to blood donation phobia, they even stop the male members from the family to donate blood.

There should be awareness program regarding significance of balanced diet and health measures to be taken to maintain adequate hemoglobin level as this is the root cause of deferral for blood donation among females.

Every year to promote blood donation awareness and to felicitate regular voluntary donors, world blood donor day is celebrated on June 14 worldwide and National blood donation day on October 1st in India. Many female donors have been felicitated on this day by our hospital

Today when the world is already facing crisis like coronavirus pandemic, it is crucial to donate blood irrespective of any gender or creed. Through this article we had tried to raise awareness and clear misconceptions regarding blood donation by females and we hope more women will be encouraged towards voluntary blood donation.



If you are a blood donor, you are an idol to someone, somewhere, who received your gracious gift of life.

WOMEN MENTAL HEALTH



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One of the greatest challenges facing the health care is the fight against mental illness. To begin with, serious conditions such as schizophrenia, bipolar disorder, depression, and anxiety are often difficult to diagnose. But perhaps the most daunting obstacle to treatment of mental health disorders is the societal stigma attached to the diseases. The reluctance of patients to seek treatment for mental health disorders disproportionately affects women, in large part because women are more susceptible than men to many common mental health conditions.

In India women have anxiety at a rate 1.4 times that of their male counterparts and 1.9 times more likely than men to be diagnosed with depression.

Women's mental health : Fact and Figures

Under-diagnosing mental illness continues to be a problem in the health care. (WHO) reports that more than half of patients who meet the criteria for a psychological illness are not identified as such by doctors. It's understandable that family and friends can fail to spot the signs of some mental illness and even if recognized family and women themselves neglect their illness and stigma associated and blaming leads to more stress and ill management by religious and quacks many times worsen the illness.

Women are twice as likely as men to be impacted by Generalized Anxiety Disorder (GAD). Women are also twice as likely as men to be diagnosed with panic disorder (PD) and with specific phobias. The prevalence of serious mental illness is almost 70% greater in women than in men. Women have a higher rate of developing PTSD after a traumatic event: 20.4% for women, compared to 8.1% for men. Women are almost 10 times more likely than men to be affected by an eating disorder. 1.9% of women will experience anorexia (excessive weight loss) each year, compared to 0.2% of men. Young women are particularly susceptible to eating disorders: between 0.5% and 1% of young women are impacted by bulimia (binge eating and purging) in the course of a year.

Stigma and issues surrounding women's mental health

Women may be less likely than men to seek treatment after experiencing symptoms of mental illness. This is due to "internalized or self-stigma" that results from their self image being formed by how others perceive them. Women tend to rely on the opinions of the outside world for their self-esteem much more than men do. As a result, they often avoid having their mental illness treated because they want to prevent others from thinking less of them, which would cause them to think less of themselves.

Researchers point that the culture often presents women as "strong and stoic," placing the needs of their loved ones above their own. Inroads are being made to combat such stigma by convincing women that seeking treatment for their mental illness will improve their ability to take care of their families.

Women's Mental Health : Conditions and Symptoms

Every patient-whether male or female, old or young, rich or poor-experiences mental illness in their own unique way. Even though there are similarities in the symptoms and impacts of specific mental health conditions, women often face different challenges than men in how they perceive and experience symptoms, and also in how strategies are devised to treat the disorder.

Women's Mental Health : Treatment and Resources

Despite the complexity of the mental health challenges women face, treatment options and resources are available to help these women lead healthy lives. Sometimes, the simplest advice is the most effective, and may begin with something as basic as not being afraid to ask for help. Mental health professionals are there to ensure afflicted women receive the treatment and attention they need to start on the road to recovery, and return to health should they ever stray.

Tips for women's mental health

Much of maintaining good mental health entails developing the skill to cope with the ups and downs of everyday life.

- **Improve your mood by exercising regularly.** Aerobic exercise releases endorphins, which are chemicals that help alleviate stress and promote calmness. Regular physical exercise also helps improve sleep habits and quality, and may also reduce the symptoms of anxiety and depression.
- **Eat a balanced diet.** Consuming healthy foods has been found to improve people's mood in addition to improving their physical health. In particular, avoid sugary foods, which can lead to tiredness and irritability when blood sugar levels drop. Researchers recommend that alcohol and coffee be consumed in moderation. Also, certain vitamins and minerals as selenium, omega-3 fatty acids, folate, vitamin B12, calcium, iron, and zinc appear to alleviate the symptoms of depression.
- **Find a job you enjoy.** Often, a woman's mental health issues can be exacerbated by her employment. A change of job can give such women a renewed sense of purpose and alleviate some of the effects of their illness. However, it can be difficult for women who suffer from mental illness to rejoin the workforce or switch jobs. Many states and mental health services offer vocational rehabilitation services, employment support, and free employment and job counseling services.

The most important is to invest in face-to-face relationships with people you trust in a friendly, engaging, and nonjudgmental manner. Other tips include staying physically active; identifying and avoiding (when possible) the stressors in your life; eating foods that are good for your brain (low in sugar, high in "healthy" fats); sleeping well; and finding a purpose in life.

Women's Mental Health : Knowledge is power

Often, the first and most important step on the road to mental health is acknowledging the need to take action. For women, taking that first step can be particularly challenging due to the societal pressures women feel to be the strong, nurturing caregiver for their families, friends, and communities. The health care industry is continuing to discover the unique needs of women affected by mental illness in terms of treatment options and support services. Destigmatizing Mental health care would also go a long way in women seeking treatment from Mental Health Experts and Counselling services. Armed with accurate, up-to-date information on the most effective strategies for overcoming mental health challenges, women can be more empowered to reclaim the fulfilling, enjoyable, and purposeful lives they so richly deserve.

OSTEOPOROSIS



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DEFINITION : a skeletal disorder characterized by compromised bone strength predisposing to an increased risk for fracture.

PREVALENCE: The prevalence of osteoporosis in Indian males above 50 yrs is estimated to be around 8.5% and in peri- and post-menopausal women is about 53%.

OUTCOMES : fractures, bone pain, height loss, and physical deformity.

Patients who suffer an osteoporotic or fragility fracture may or may not have osteoporosis by bone mineral density (BMD) criteria.

In severe osteoporosis, there is deterioration in trabecular architecture with reduced trabecular number, trabecular thinning, increased trabecular spacing, generalized cortical thinning, and increased cortical porosity.

RISK FACTORS

1. Neurological and visual disorders increase propensity of falls and trauma.
2. Drugs- Glucocorticoids, Aluminium, Anticonvulsants, SSRIs, Aromatase inhibitors, Excessive thyroxine, Proton pump inhibitors, Heparin, Lithium, Cyclosporine, Cytotoxic drugs, GnRH agonists and Thiazolidinediones.
3. Smoking produces detrimental effects on bone mass.

“Natural” and Aging-Related Bone Loss:

Males have larger bones than females. Evidence supports a positive effect of exercise and loading on bone size and mineral density. The rate of bone loss accelerates during the latter decades because of a number of factors most important in women perimenopausal and early postmenopausal years.

There are no biologic markers that can determine prior as to which women are “rapid losers.” Bone loss is slower in obese women because of higher estrogen levels production through aromatization in adipose tissue. A decline in circulating estrogen is primarily responsible for bone loss following both natural and surgical menopause, mediated primarily through upregulation of cytokines (RANKL) and a resultant increase in the number, activity, and depth of osteoclast-mediated bone resorption sites. In addition, osteoprotegerin (OPG) production is diminished, amplifying bone resorption, although estrogen replacement can restore OPG production while reducing RANKL expression and thereby help mitigate bone loss during this period.

Although bone resorption and formation do occur sequentially during this period, resorption outpaces formation because of potentiation of the former aided by the release of soluble cytokines, resulting in a significant uncoupling of bone remodeling and accelerated bone loss. Fortunately, this phase of rapid bone loss is typically limited to 5 to 7 years in most women.

Secondary factors which increase the risks are immobilization, pregnancy, lactation and many diseases like cushing’s syndrome, thyrotoxicosis, diabetes, malnutrition, malabsorption syndromes, cirrhosis, anorexia nervosa, rheumatoid arthritis and hematological disorders.

CLINICAL MANIFESTATIONS

Many vertebral fractures are clinically silent. Non-vertebral fracture events are always clinically evident. ‘Back tiredness’ is a common complaint. Low trauma or fragility fracture, typically of the vertebrae or hips is seen. Dowager’s hump or kyphotic deformity can be seen. The National Osteoporosis Foundation considers fractures of the spine, proximal femur, distal forearm, and proximal humerus “major” osteoporotic fractures, although other skeletal sites pelvis, ribs, and proximal tibia are also prone to fragility fractures. Fractures of the spine are generally from the mid-thoracic region through the lower lumbar region, with the greatest frequency at T11 through L2.

Physical examination Measured height loss, using a calibrated device ‘stadiometer’, of greater than 4 cm since young adult’s maximum height is suggestive of prior vertebral fractures. Height loss also occurs with scoliosis and aging (approximately 1/3 inch of height is lost per decade after age 50 years). A kyphotic deformity of the upper thoracic spine may be present. Spinal tenderness to palpation and percussion can occur with an acute vertebral

compression fracture. Palpable tenderness of the long bones may suggest underlying osteomalacia instead, due to periosteal expansion and nerve irritation. Reduced rib-pelvis and increased wall-occiput distances are correlated with vertebral fractures as well.

DIFFERENTIAL DIAGNOSIS-are inherited and acquired osteomalacia, pathological fracture due to malignancy.

DIAGNOSIS:

BMD by dual-energy X-ray absorptiometry (DXA) of lumbar spine, proximal femur and distal radius. Osteoporosis is diagnosed if the BMD of a postmenopausal woman or man older than 50 years is more than 2.5 SD below young average normal (T score ≤ -2.5). A T score between -1.0 and -2.5 is considered osteopenia, and a Z score (age-matched BMD) in premenopausal women and men younger than 50 years that is more than 2 SD below that of an average age-matched individual is considered low bone density for age.

In addition to DXA, other modalities include quantitative CT of the spine (QCT) and wrist and tibia (pQCT), finger DXA, and ultrasound of the calcaneus or wrist. Measurement of BMD by all of these techniques are akin to DXA. QCT and pQCT provide additional information on cortical and trabecular bone compartments but are accompanied by higher radiation exposure and poorer reproducibility.

Ultrasound is radiation free and easy to operate but is less sensitive. BMD does not take into account clinical factors that independently predict fracture. So fracture prediction models have been developed that combine BMD and risk factors to better stratify fracture risk. The best known is FRAX. FRAX is an Internet-based computer algorithm that defines a person's 10-year risk for hip and major osteoporotic fracture (<http://www.shef.ac.uk/FRAX/>).

TREATMENT : Prevention-- Calcium 1200 to 1500mg with 400 to 800IU of Vit D per day, physical activity, tobacco cessation and moderation of caffeine, carbonated beverages, and alcohol intake. Data are lacking, however, on whether these reduce overall fracture risk. Correction of visual problems and neurological disorders to reduce falls is also important. Rooms should be well lit and floors should be non-slippery to reduce falls.

Medications: Anti catabolic: Anticatabolic medications, or antiresorptive inhibit osteoclast recruitment, function, and/or survival, resulting in reductions in skeletal turnover and bone loss.

Bisphosphonates: Three oral bisphosphonates are FDA approved: alendronate (70 mg/ week), risedronate, and ibandronate. Parenteral drugs may be considered for use in patients with contraindications to oral BPs (e.g., esophageal disease, inability to sit upright and/or fast after dose). Zoledronic acid, 5 mg once yearly, and ibandronate, 3 mg quarterly, may be given.

Selective Estrogen Receptor Modulators- Raloxifene, Tamoxifen

Estrogen- 0.625 mg of conjugated equine estrogen and 1.0 mg of ethinyl estradiol

Denosumab- It is administered twice yearly as a subcutaneous injection and is unsuitable for patients on immunosuppressants.

Anabolic Agents: Teriparatide (TPTD) is a recombinant human parathyroid hormone analogue- 20 ug SC.

Other Therapies and Treatment Considerations

Nasal Calcitonin, New anticatabolic agent- Cathepsin K inhibitor (Odanacatib), New anabolic agent- Sclerostin antibody.

Glucocorticoid-induced Osteoporosis- Bisphosphonates (Alendronate, Risedronate and Zoledronate) have been FDA approved.

PROGNOSIS

Although there is no true "cure" for osteoporosis, current pharmacotherapies reduce the risk for fracture roughly by half.



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Hey !

I am Aliya , 28 year old , choreographer by profession,

I love dancing , and I lovvee Aman ; 30 year old, Doctor by profession ,he is man of my dreams to whom I am getting married soon . His family has weird demands you know inspite of asking my kundli they want me to get tested for HIV and other viral markers before marriage !

I got tested and I am HIV reactive :|

Should I disclose my HIV status to Aman ?

Will he cancel the marriage after knowing the truth ?

Or should I get fake HIV status certificate ?

No NO NO !!!!!

Only due to fear of cancellation of marriage , shame , stigma ,and discrimination related to HIV status .

I cant be so selfish

I did it !!!

I told him after all it was his basic human right to know it ...

We should all support this concept of premarital testing of HIV and other viral markers as it will not only protect those who are not yet infected with HIV from their potentially infected partners but it will also help the infected person with early detection and appropriate management , it is also hoped to reduce the number of people who engage in risky sexual behaviour by indirectly promoting either sexual abstinence before marriage or adopting safe sexual practices !!

Should Premarital HIV counselling and testing be mandatory?

HIV/AIDS is a life threatening disease, and according to the most recent '**India HIV estimates 2020**' , national adult prevalence has been estimated at 0.22% with 0.23% among males and 0.20 % among females. Though its declining from an estimated peak of 0.54% in 2000-2001, we are committed towards the 2030 Sustained Developmental Goal (SDG) of ending AIDS as a public health threat . Currently around 57.5 thousands new infections have been reported in year 2020 and an estimated 23.19 lakh adults are living with HIV?AIDS.

Heterosexual transmission is the most vital route of transmission defined in up to 80% cases that has led to the volatile debate regarding the '**Premarital HIV counselling and testing**' .

Protecting innocent spouse from getting infected out of marital sex with an infected partner is the need of the hour. Matching HIV status of the bride and groom, why not? If the societal practice focuses on bride-groom Kundali match and looking for Manglik status, awareness regarding premarital counselling and tests for HIV, HBV may be accepted if properly propagated and advertised through social media.

Marriage is a beautiful event and in any case it should not be a door to an incurable disease. Many Public Interest Litigations (PILs) have been filed in the High Courts of Goa, Karnataka, Maharashtra and Andhra Pradesh. 'National Commission for Women' has also demanded mandatory 'Premarital HIV counselling and testing' for every bride and groom. Even few of the countries have made mandatory HIV testing before marriage like UAE, Bahrain, Unan, Saudi Arabia and Ethiopia.

Some may argue about window period and false negativity, some may argue about not guarantying HIV negativity forever, , at least this premarital counselling will help them to understand the disease and accordingly he/she may decide his/her hostile behaviour in the future.

Secondly, some may talk about the human rights of HIV positive people? Wait !!! should we consider only the rights of PLWH and shun the fact that it is a human right of the uninfected and innocent spouse too to have a healthy and hearty life? Without violating the rights of people living with HIV/AIDs, we can protect the innocent partners and there is also a concept of **Serosorting**, meaning to promote marriages within HIV positive people

Thirdly, this may increase the chances of provision of **fake reports**, but then should the system stop working because of possible challenges? Obviously not !!!

Although there are many social, ethical, cultural and religious issues, all in all, the ultimate decision to opt in for premarital

URINARY INCONTINENCE: NEGLECTED DISEASE IN WOMEN



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Urinary incontinence is largely neglected problem in women. More than twice as common in women as in men, prevalence of incontinence increases with age. According to the statistical data from National Association for Incontinence 200 million people affected with UI worldwide. The prevalence in India ranges from 8-45%. Age adjusted prevalence progressively increasing from 3rd to 7th decade. It is estimated that 25-45% of women of different ages have involuntary urine loss and 9-39% of women over 60 years reports daily urinary leakage. About 40% of women attributed incontinence to a natural consequence of aging. Social embarrassment (about 25%) was possibly more important than financial constant in determining help seeking behaviour. That is the reason women neither come forward seeking medical consultation nor do they discuss about their incontinence openly, and the condition remains underestimated in the society. UI is a severe debilitating condition affecting all women causing significant impact on the physical, psychological, socio-economical and quality of life. It predisposes to perineal rashes, pressure ulcer, urinary tract infection, urosepsis, falls and fracture and it is associated with embarrassment, stigmatization, isolation, depression, anxiety, sexual dysfunction and risk for institutionalization.

Classification of UI:

❖ On the basis of etiology

1. Transient Incontinence Persist for short time & generally associated with medication. Most transient incontinence cause are outside the lower urinary tract. Causes of transient Incontinence are following: DAIPERS MNEMONIC Delirium, Infection- symptomatic UTI, Atrophic vaginitis, Pharmaceuticals, Restricted mobility, Stool impaction

2. Causes of Incontinence unrelated to the lower urinary tract (Functional Incontinence). Functional incontinence, which is often cited as a type of geriatric incontinence and attributed to deficits of cognition and mobility, implies that urinary tract function is normal.

3. Causes of established Incontinence related to the lower urinary tract.

- Detrusor overactivity with normal contractility generally causes urge incontinence and found in 2/3 of cases.
- Detrusor hyperactivity with impaired contractility causes urge incontinence, may also mimic stress or overflow incontinence.
- Urethral incontinence is rare in woman but may result from a bladder neck suspension or from urethral kinking associated with large cystocele.
- Detrusor underactivity is usually idiopathic.
- Damage to lower tract innervation can cause several types of dysfunctions. A brain lesion may cause detrusor overactivity. A spinal cord lesion can cause neurogenic bladder.

❖ On the basis of clinical presentation

1. Stress urinary incontinence (SUI)
2. Urge urinary incontinence (UII)
3. Mixed urinary incontinence (MUI)

Various obstetrical factors do contribute to UI that's the reason it is more common in women. Child bearing is an established risk factor for UI. The labour and delivery process may cause pelvic floor dysfunction as a result of nerve damage, muscular damage and direct tissue stretching and disruption. More than two children, first child bearing age of less than 18, prolonged labour, vaginal deliveries and forceps deliveries: all contribute to the occurrence of UI in later in life.

- ❖ How to approach the case of UI- For clinical evaluation of the Incontinent patient history, physical examination and investigation required.

✓ HISTORY

- Type (urge, stress, overflow, or mixed): On the basis of history, we can evaluate the type of UI; QUID questioner it is validated tool to diagnose the type of UI. It consists of 6 questioner was used to diagnose stress, urge and mixed incontinence

The Questionnaire for female Urinary Incontinence Diagnosis (QUID)-

Do you leak urine (even small drops), wet yourself, or wet your pads or undergarments	None of the time	Rarely	Once in a while	Often	Most of the time	All the time
1. when you cough or sneeze?						
2. when you bend down or lift something up?						
3. when you walk quickly, jog or exercise?						
4. while you are undressing in order to use the toilet?						
5. Do you get such a strong and uncomfortable need to urinate that you leak urine (even small drops) or wet yourself before reaching the toilet?						
6. Do you have to rush to the bathroom because you get a sudden, strong need to urinate?						

Scoring: Each item scores 0 (None of the time), 1 (Rarely), 2 (Once in a while), 3 (Often), 4 (Most of the time) or 5 (All of the time). Responses to items 1, 2 and 3 are summed for the Stress score; and responses to items 4, 5, and 6 are summed for the Urge score.

Incontinence frequency, severity, duration

Pattern (diurnal, nocturnal, or both; also, e.g., after taking medications)

Associated symptoms (staining to void, incomplete emptying, dysuria, haematuria)

Alteration in bowel habit/ sexual function (because of proximity to the bladder and shared innervation)

Other relevant factors (cancer, acute illness, neurological disease etc)

Medication

Brief assessment of cognitive and physical function

✓ PHYSICAL EXAMINATION

Identify other relevant medical conditions (e.g., congestive heart failure, peripheral oedema)

If stress incontinence suspected, determine whether leakage coincides with onset and cessation of a single or forceful cough

Palpate for bladder distention after voiding

Pelvic examination to detect atrophic vaginitis, pelvic muscle laxity, pelvic mass

Rectal examination

Neurological examination

✓ INITIAL INVESTIGATION

Bladder diary, Metabolic survey, USG KUB, Measure postvoid residual volume by USG, Urine cytology, Cystoscopy

Management of UI- Optimal therapy requires a multifactorial approach, including treatment of transient cause, underlying medical condition, functional impairment and urinary tract abnormality itself. It includes behavioural, pharmacotherapy and surgical therapy.

Behaviour therapy- It includes education, self-monitoring with a bladder diary, adjustment of the intake of fluid and caffeine, weight loss for overweight. women with stress incontinence. Various types of bladders retaining and urethral sphincter exercise eg. Progressively increasing voiding intervals, strategies to cope with urgency and pelvic muscle exercise. For stress incontinence the efficacy of behavioural therapy is superior to drugs but inferior to surgery.

Pharmacotherapy- Currently approved drugs have not proved effective for stress incontinence or overflow incontinence; for urge incontinence, however several bladder relaxants have proved modestly and equally effective. Anticholinergic (Oxybutynin, Tolterodine, Darifenacin, Solifenacin, Trospium, Fesoterodine) and beta₂ adrenergic agonist (Mirabegron) are bladder relaxants which commonly used for UI.

Surgical Procedure- Periurethral bulking injection but it does not generally restore incontinence. Urethral sling and mid urethral tape suspension procedure can cure most women for at least 5 years. Surgical intervention for urge incontinence including neuromodulation, tibial nerve stimulation and injection of onabotulinum.

So, for public health perspective, there is considerable opportunity to improve women's quality of life by increasing health education about UI & its treatment.

PEDIATRIC PERITONEAL DIALYSIS: PROCESS AND PROGRESS



DR. ANUBHA SHRIVASTAVA

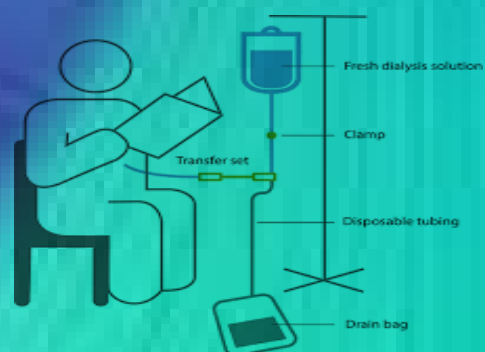
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A normal kidney has an array of secretory, regulatory, excretory and metabolic functions to maintain the internal balance of the body. Mostly, by the time patients seek nephrologist's opinion for kidney diseases, they have already reached stage 3 of chronic kidney disease (CKD); because it is during this stage that nocturia, anaemia, edema, calcium abnormalities and rising creatinine start manifesting. Apart from medical management, dialysis is an important tool to support a failing kidney's function. *Peritoneal dialysis* (PD) and *Haemodialysis* (HD) are the two modalities available for both children and adults. Of these two, PD is an effective and safe choice for dialysis in paediatric patients, especially those with CKD.



In 1922; Ganter published the first article on use of peritoneal cavity in uraemia induced in guinea pigs. PD was effective but uncomfortable and cumbersome till the advent of Tenckhoff indwelling catheters after which there was no looking back. PD allows access to dialysis in remote geographical locations, as it is simple to learn and perform and also allows for self-care dialysis even at home. With flexibility of scheduled, patient has greater independence of activities. PD is especially useful over HD in paediatrics due to greater liberty of dietary and fluid allowance. There are less chances of hemodynamic complications and better preservation of residual renal function. Although dialysis is still out of reach of majority of population in developing countries but PD alone caters to 12% and 30% of all dialysis requirements in USA and Canada respectively.



PD utilizes the simple principle of *diffusion* (for movement of urine, urea, creatinine, Vitamin B12 and phosphate from blood to dialysate and glucose and lactate from dialysate to blood) and *ultrafiltration* (for movement of water molecules). The procedure requires surgical insertion of peritoneal catheter into the peritoneal cavity and installation and removal (called *Exchange*) of dialysate at regular intervals (called *Cycles*).

allowance of leaving the dialysate in the peritoneal cavity for fixed duration (called Dwell) to permit exchange of solvent and solute between the blood and dialysate. A patient performs 4-5 exchanges per day (in case of CKD) and 25-30 exchanges per day in case of acute kidney injury(AKI).

One may encounter disadvantages like peritonitis, insufficient dialysis, hernia, back pain and hydrothorax. These can be avoided by adhering to aseptic protocols, regular monitoring and care to the methodology of procedure. Nutritional status of dialysis patient (especially in paediatric population) assumes a unique significance. Holistic care including dietician support, nutritional supplements, promotility agents, anabolic steroid (nandrolone), intraperitoneal amino acid installations are the strategies adopted for managing calorie, especially protein requirement, of chronically dialyzed patients.

Patient survival and death censored technique survival are both about 50% at 3 years of dialysis. Patient survival and adequate dialysis are dependent on residual renal function. PD does not replace all the kidney function. We still require residual renal function for clearance of water, small solutes and middle molecules and endocrine function of the kidneys. Obesity, high dietary protein intake and exposure to nephrotoxins are greatest hazards to residual renal functions. Avoiding nephrotoxins (aminoglycoside, NSAIDs, coxibs) and judicious use of ACE inhibitors and frusemide help in preserving the residual renal function.

When I initiated PD in my department the biggest roadblock was to convince the patients regarding the efficacy of the procedure, Procuring peritoneal fluid and catheter was another daunting task. Sepsis was a dreaded word for us initially. I still remember my first dialyzed patient who recovered from her renal insult after 72 cycles of PD but succumbed to infections a few days after the procedure. Adaptations were made along the learning curve. Staff nurses and residents were repeatedly trained in protocols of aseptic PD, dialysis prescription, management of complications etc. Today we have a streamlined PD procedure in place. Along our journey to reach this station, each new patient brought us new challenges and opportunity to serve and learn.

HAPPY WOMEN'S DAY to all of you.



PRECIOUS PUBERTY IN GIRLS



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Puberty is very important stage in women's life. It has been found recently that the age of onset of puberty in girls is decreased, leading to anxiety and confusion among parents and child. Precocious puberty (PP) is defined as development of breast (thelarche) or pubic hair (pubarchy) before the age of 8 years or menarche before the age of 9.5 years.

Physiology:- Puberty is regulated by GNRH (gonadotropin releasing hormone) secreted from hypothalamus which is inhibited during childhood. Pulsatile release of GnRH causes release of gonadotrophins (LH and FSH) from pituitary, while its continuous release inhibits gonadotrophins. LH causes the production of androstenedione from theca cells of ovary and FSH causes its aromatization to estrogen in granulosa cells. Estrogen thus causes breast, uterine and growth plate maturation. Although estrogen acts on growth plate to cause rapid growth but due to its effect, fusion of epiphysis occurs early, leading to short height in precocious puberty

Pointers to puberty: First sign of puberty is ovarian (internal) development followed by thelarche (first external sign). In 15 % cases pubarchy (pubic hair growth) may be first sign of puberty which is independent of GNRH regulation. Vagina converts from red and glistening to pink and pale due to exposure to estrogen. Uterus changes from tubular to pear shaped with increase in thickness of endometrium. Lipomastia in obese girls should not be confused with thelarche as on palpation breast bud is absent in them. Rapid height gain (child is tall for age initially) and appearance of body odor and acne are other pointers to puberty.

Etiology: Increased estrogen due to hypothalamic pituitary axis activation (90%) or gonadal / adrenal activation (10%) can cause PP. Causes of central precocity are idiopathic (most common), CNS lesion, Radiation and infection. In this there is high LH, FSH. Causes of peripheral precocity are ovarian cyst, hypothyroidism, McCune Albright syndrome. In this LH and FSH is low. Hypothyroidism is one condition in which child has short stature and is not tall for age.

Management :- Since most of the central precocious puberty is benign with no underlying cause, so extensive investigations are not required in them. Child should be investigated only when clinical signs are confirmed and age is less than 6 years. A short child with precocious puberty should be worked up for hypothyroidism. The main investigations to be done are LH and FSH to differentiate between central and peripheral. Then bone age is done to identify the cause and also the chances of growth if treatment is done. Bone age is retarded in case of hypothyroidism, normal in slow variant of PP and advanced in central precocious puberty. If bone age is advanced then there will be early fusion of epiphysis, leading to short stature. So, treatment is needed to halt its progression to achieve target height of parents. The main treatment is GnRH analog which is given every 3 monthly to inhibit the release gonadotrophins. This treatment is to be given till 10-11 yrs of age.

IMPACT OF RADIOLOGY IN WOMEN HEALTH



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Women face greater difficulties in obtaining healthcare and protecting their health due to gender inequalities in education, income, employment and many other areas.

Radiology plays a crucial role in primary care, as it is used for screening, diagnosis, management and treatment of many diseases. Radiology must be used correctly to reach its full potential in medicine and public health. It can reduce the morbidity and mortality hence improving the healthcare.

The use of mammography, USG and Computed Tomography (CT) help screening, diagnosis and management of 3 major health issues faced by women that are breast cancer, cervical cancer and post partum hemorrhage (PPH).

Mammography is the main imaging technology of choice which has lead to earlier diagnosis and decreased in breast cancer mortality. 61% of Breast Cancer diagnosed at a localized stage have a 5 years relative survival rate 99%. In 3rd world countries 50% of breast cancer are diagnosed in advanced stage, however countries like Sweden and Canada less than 10% of the breast cancer are detected in advance stage. Mammogram plays a defining role in diagnosing breast cancer. BIRADS imaging reporting system help in characterization of the lesion in a much better way, hence helping in management of the patient.

Many benefit USG are its low cost, portability, non ionizing radiation and ready availability. USG should be part routine prenatal care. helps accurate dating of pregnancy, indentifying fetal abnormalities, multiple gestations and Post Partum hemorrhage. Thus allowing the surgeon to appropriately manage pregnancy and improve the outcomes.

Sonography helps indentifying the post partum hemorrhage (PPH), anti partum hemorrhage (APH), surgical complications and scar dehiscence. Thus help early intervention and treatment leading decrease Maternal Mortality Rate (MMR).

Medial imaging modalities are instrumental treatment and planning processes and follow up cervical cancer patient. The use PET, MRI and CT technologies help assessment of size, spread disease and need of surgical intervention.

In addition to above mention diseases imaging technologies are quite helpful detecting accurately many others abnormalities and managing the diseases appropriately.

Access equipment the main challenge economically backward countries. Available imaging modalities like conventional Radiology, USG, Mammography and CT are helpful to detecting and managing many diseases. Hence their role managing women healthcare can't be ignored or underestimated.

ADOLESCENT ANEMIA



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One day I saw a 15 year old girl who came with her mother and complained of fatigue, was irritable and had loss of appetite. I listened to her and her mother wondering why she was like this. The girl had a habit of fidgeting and suddenly I noticed that her fingernails were nearly white.

Incidentally the next patient I got was a pregnant lady who had come with her talkative 9 year old daughter. Her mother complained of the daughter not eating any green veggies. She was wearing lots of woollens and her mother mentioned that she was always feeling cold. I looked at the pale girl and wondered what was amiss.

Then came a mother and son...the boy with dry skin and cracked lips and brittle hair.

This was more than 20 years ago when I realised what a common problem adolescent anemia is.

For the uninformed, adolescent is derived from the Latin word *adolescere*, which means to grow in to maturity. WHO defines Adolescents as individuals in the 10-19 year age group. They constitute almost one-fifth of the world's total population. Adolescence is a transition period from childhood to adulthood and is characterised by a spurt in physical, endocrinal, emotional and mental growth, with a change from complete dependence to relative independence. Dietary behaviours established in adolescence may contribute to nutrition-related problems that have consequences for long term health.

Now let us discuss what anemia is. Anemia is a condition in which the number of red blood cells or their oxygen-carrying capacity is insufficient to meet physiologic needs, which vary by age, sex, altitude, smoking, and pregnancy status. Iron deficiency is thought to be the most common cause of anemia globally, although other conditions, such as folate, vitamin B12 and vitamin A deficiencies, chronic inflammation, parasitic infections, and inherited disorders can all cause anemia. In its severe form, it is associated with fatigue, weakness, dizziness and drowsiness. Pregnant women and children are particularly vulnerable.

Cut off hemoglobin levels for diagnosis of Anemia

Age/Sex	Hb Gram/dl
Children 6 months to 6 years	11
Children 6 to 14 years	12
Adolescents 15-19 years	12
Adult male	13
Adult female	12
Adult female pregnant	11

Adolescent anemia is a global health problem. According to UNICEF, in India, 40 per cent of girls and 18 per cent of boys are anaemic. Anemia in boys and girls limits their development, learning ability, reduces concentration in daily tasks, increases their vulnerability to infection,

reduces physical fitness and work productivity. In adolescent girls, apart from meeting growth needs, sufficient iron intake is also essential before and during pregnancy.

Anaemia among adolescents adversely affects growth, resistance to infections, cognitive development and work productivity.

Adolescence provides an opportunity to correct nutritional deficiencies that may have occurred in early life and to catch-up on growth, and to establish good dietary behaviours. Few ground rules of dealing with anemia would include -

a) **Balanced diet rich in Iron**

Foods rich in iron are:

- Green vegetables and fruits
- Grains-wheat, jowar, bajra, sprouted pulses, groundnut, sesame, jaggery, dried fruits
- Liver, egg, fish, meat
- Vitamin C rich foods help in absorption of iron. Citrus fruits (oranges, lemon), Indian gooseberry (Amla), apple, pear are rich in vitamin C.

b) Iron Supplementation

In India, the poor absorption of iron and a predominantly vegetarian diet means that despite the consumption of a balanced diet, iron supplementation is required to prevent and control anemia.

Anemia among adolescents can be prevented by regular consumption of iron and folic acid tablets once a week, ideally 52 tablets in a year.

This is the basis of the WIFS programme launched by the Ministry of Health and Family Welfare - Government of India has the Weekly Iron and Folic Acid Supplementation (WIFS). This programme addresses nutritional anemia among adolescents (age group of 10-19 years).

(c) Prevention and treatment of hookworm infestation: Deworming reduces worm load and blood loss and prevents anemia.

Counselling for prevention of hookworm infestation involves

- Personal hygiene and sanitation, food hygiene
- Use of clean drinking water can help protect from various infections and diseases.
- Washing hands with soap water before cooking, consuming food, after defecation and after discarding faecal matter of a child is essential to prevent entry of germs
- Preparing and consuming hygienically treated or prepared food

(d) Additional Interventions

I. Fortification of food with iron (salt, flour, rice, biscuits etc.)

ii. Prevention of malaria: Clean surroundings, use of insecticide treated mosquito net while sleeping helps keep malaria mosquitoes away from people and greatly reduces malaria

iii. Early Identification and Referral-

Early identification and referral of suspected cases of anemia constitutes an important measure of secondary prevention of anemia.

Classification of Anemia as per WHO

Mild anaemia	11.9 gm to 10 gmHb /100 ml blood
Moderate anaemia	9.9 gm to 7gm Hb /100 ml blood
Severe anaemia	< 7 gmHb/100 ml blood
Anaemia in non-pregnant woman	<12 gmHb/100 ml blood (above 15 years of age)
Anaemia in pregnant women	<11 gmHb/100 ml blood

Remember Prevention is better than cure. So we should follow the rule of 12. Aim is to maintain Hb at 12 g/dl in all adolescent females by age of 12. Eat healthy! Stay healthy!

DIGITAL EYE STRAIN



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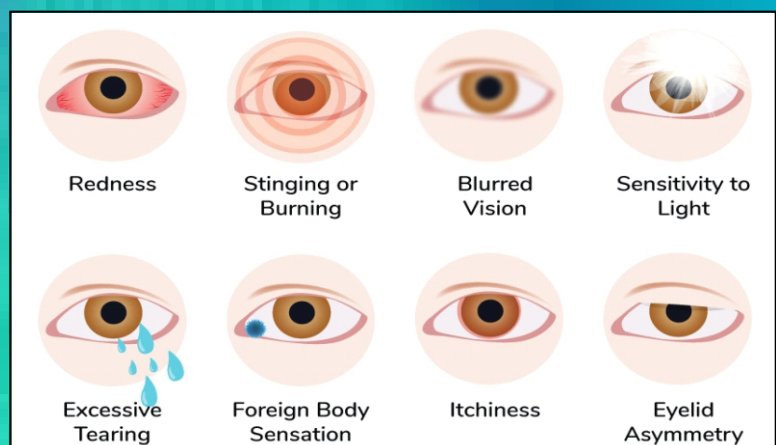
Eyestrain is a common condition. It is becoming even more frequent in this digital age. Eyestrain caused by the use of digital devices like computers, smartphones, and tablets is better known as computer vision syndrome or digital eyestrain.

Digital device usage has increased substantially in recent years across all age groups, so that extensive daily use for both social and professional purposes is now normal. Home-isolation and social distancing during the COVID-19 pandemic caused increased use of digital devices, posing a greater risk of developing digital eye strain-related symptoms.

Many of the visual symptoms experienced by users are only temporary and will decline after stopping computer work or use of the digital device. However, some individuals may experience continued reduced visual abilities, such as blurred distance vision, even after stopping work at a computer. If nothing is done to address the cause of the problem, the symptoms will continue to recur and perhaps worsen with future digital screen use.

Most common symptoms are

- Itching/ burning sensation in eyes
- Tired eyes
- Headaches
- Blurred vision
- Dry eyes
- Red eyes
- Eye rubbing
- Pain in neck & shoulders
- Frequent change in glass powers



Why screens cause eye strain

Printed alphabets have uniform colour and sharp margins where as alphabets on screen are made up of numerous small units called pixels, which are darker in centre and gradually fade to the periphery. Screen also adds contrast, flicker, and glare. This is the reason reading from a screen causes more strain than reading printed matter.

Also, screen use is usually accompanied by infrequent blinking. This results in increased evaporation and tear film break up, causing eye dryness.

Ambient dryness, like use of air conditioning, fans and heating systems adds up to cause more eye dryness.

Most display screens give off short wavelength blue light rays. These can disrupt circadian rhythms & lead to sleep cycle deregulation and interfere with sleep schedules which in turn contribute to headaches and tired eyes. Increased screen time, more near work and limited outdoor activities have resulted in increase in Myopia (minus power of glasses), specially among children. Outdoor activities and exposure to natural light are known protective factors against myopia onset and, to some extent, on myopia progression.

How can we prevent/decrease digital eye strain?

- Decrease unnecessary screen time as much as possible.
- Remember to blink frequently.
- Take frequent breaks from the screen.
- Every 20 minutes, look into the distance at least 20 feet away for at least 20 seconds.
- Rest your eyes at least 10 minutes after an hour of continuous digital device use.
- Enlarge the text on your screen or digital device.
- Place your screen about 20 to 28 inches from your eye (about one arm length)
- Get an eye check up. Use correct power glasses, where required.
- Use lubricating drops if your work requires long hours of screen use.
- Treat eye allergies, if you have them.

- Use good ambient light and reduce glare from the light sources in your environment.
- Think about using a screen glare filter.
- Place your computer screen so that the center of it is about 4 to 5 inches below eye level (about 15 to 20 degrees from the horizontal).
- Fix your chair height so your feet can rest comfortably on the floor.
Don't slump over the computer screen.

- Do Eye exercises.
- Create a more humid work environment.
- Drink more fluids (staying hydrated)

And, most importantly, increase outdoor activity...



WOMEN AND CANCER



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Indian women continue to be losers when it comes to matters of their health. From giving birth to having menstruation to culminating it with menopause, a female human body undergoes innumerable changes. With this, feeling different is not something that worries females or stops them from doing daily activities. While adapting themselves to the frequent changes in the body, women often ignore signals that trigger severe complications like cancer. This is because Indian women are not well educated about symptoms of cancer. They either simply ignore them or are not prepared to accept that they might be suffering from a potentially fatal disease.

In our practice we have noticed that a very marginal number of women go for regular screening of cancer, despite knowing that there is a considerable threat of cancer affecting them. Early detection is the difference between life and death when it comes to this disease, so don't ignore these warning signs of cancer." According to WHO, one-third of the deaths from cancer are due to five leading behavioral and dietary risk — high body mass index, low fruits and vegetable intake, lack of physical activity, tobacco use and alcohol use. Regular health check-ups can help detect cancer at an early stage and help increase the chances of beating the disease.

While the number of women infected with cancer is startling, knowing the early symptoms can evade the seriousness of this disease to a large extent. It is very important to know the trigger signs of cancer and after knowing it one should get medical assistance as soon as possible.

Some of the very common cancers women get are in breast, colorectal, cervical cancer, oral and lip and colorectal, ovarian, lung cancer. There is also evidence of cancer occurring in other body parts. Paying attention to the warning signs increases the likelihood of early detection of cancer, leading to a higher probability of cure and/or adequate control."

Symptoms women should always look out for:

- Sudden weight loss, loss of appetite, weakness or fatigue
- An oral ulcer that is not healing
- Difficulty in swallowing food and water
- Swollen neck nodes, nodes in underarms or any other abnormal swellings in the body
- Lump in the breast and unexplained nipple discharge
- Long standing cough, with or without spitting up phlegm or blood
- Sudden bloating of stomach or abdominal pain
- Heavy menstrual bleeding or intermenstrual bleeding
- Any abnormal vaginal discharge or bleeding after sexual intercourse.
- Any blood in urine or feces.

Prevention:

1 For Breast Cancer:

- Women Over the age of 40 years to go for annual breast cancer screening with Mammography
- Self-Breast Examination every month

2 For Cervical Cancer:

- Pap Smear Test
- HPV Testing and Vaccination against HPV (Age 9-26 Years 3 Doses)

3 Follow A Healthy Diet:

- Diet Consist of Plenty of Fruits and Vegetables, Avoid high Calorie diet, A diet full of colored vegetables and fruits gives you antioxidants to improve immunity and high oxidative injuries in your body.
- High Fiber Diet reduces the risk of colon cancer.

4 Regular physical Exercise, As per WHO-180 minutes of exercise in a week is reducing your risk of developing Non-Communicable diseases.

5 Avoid Tobacco, smoking and Alcohol.

6 Maintaining oral Hygiene is must to prevent oral cancer.

Visit dentist regularly.

7 Regular health check up is extremely important to go for health check up or cancer screening.

Your Life is not to be taken for granted especially with increasing incidence of cancer in women, Going for cancer screening once in year at age of 40 years is highly suggested to detect and getting treatment for this disease as an early stage.

The Importance of Documentation



By Dr Rama Misra

She does not know what the future holds but by writing and documenting about a life full of passion and hope, she created a masterpiece which unearthed horrors untold.

We are talking about a brave thirteen year old girl Anne Frank, a Dutch German Jewish girl born on 12th June 1929 who was presented a diary by her father Otto Frank on her 13th birthday as she wanted to write poems. She finally came down to writing and filling this diary of hers with events of the life that she led in the annexe, the place where she was hiding from the Gestapo (the secret police of the Nazis). She describes the frightening happenings in her writings, where she documents and describes what horrors her family experienced from 1942 to 1944 in that place of hiding.

From here she suddenly disappeared in 1944 and was probably betrayed and captured and was taken to Hitler's concentration camp in the Netherlands where she finally died with her sister due to exhaustion, hunger and ill treatment.

Her diary was found by the person who had given her shelter in the annexe who collected all the pages and stuffed them into a drawer, and years later, in 1947 gave them to her father who had survived. He mustered up great courage finally to read the diary and got it published in 1952.

The documented fact given to the world by the thirteen year old swept the world by storm and was translated into 67 languages. Overnight, Anne the unknown girl had become famous but sadly posthumously.

However, there must have been hundreds of people in that camp but only one name surfaced and that was of Anne Frank – the brave gutsy girl who had unknowingly documented a masterpiece while she was in hiding at the annexe.

In the same way, we know about other events and happenings by documentations from time immemorial especially by foreign invaders and foreign students which have helped us in knowing about our past.

Certain paintings by the great masters, tell of life in the olden days. Some paintings show how India was in the 1800s and 1900s; what Bombay Harbours and Gateway of India looked like, and some examples are there of writings by Chinese travellers who told us about Nalanda and Taxshila and how invaders plundered them and razed them to the ground; how they murdered so many Rishis and priests and finished the old education system of India. Our famous Gurukuls were gone in no time and they looted and plundered us and deprived us of wealth and education that left India gasping for breath.

All this information has reached us because we have writings from these famous travellers and this was because they had the foresight to document and publish their works. Had it been verbal communication, we would not have authentic proof of these events.

We know that for school children, it is always compulsory to write about their holidays and now-a-days on how they passed their time in Covid-19 forced confinement so that inadvertently they learnt the art of documentation and in this way, their creativity increases.

Similarly, in every field, documentation can come to ones rescue. We can give diaries to children so that from early life they can learn the art of preserving and documenting important events in life and maybe it can become their autobiography and may become part of historical happenings one day.

Homemakers, if literate, will document about expense and savings and other matters. If not literate, they can ask someone to do it for them but they need to be empowered.

In accountancy, human resources, judiciaries, engineering et al, these documentations can prove to be saving graces for the future, especially for smooth running of offices for dissipation of knowledge and for avoidance of litigations.

For instance, even teen talaq and other women batterings can be recorded and video graphed to prove their authenticity. This empowers women to stand up forcefully against the tyrannical behaviour of men.

In every field of work and research, we need to write and document our work so that it can be compared and debated with the works of other researchers to come to authentic conclusions. Documentation is of many types, but here we are concerned with medical documentation only, to help us doctors to work more efficiently keeping in mind the patient's safety and to enhance the doctor's efficiency to find out and to be able to debate about the optimum treatment which can be given to the patient. Thus, we have to maintain material that provides official information or evidence of the case in question that is being treated and this serves as a record.

The process involves classifying and annotating texts and photographs about the operations, day to day progress of the patient and charts of previous and present treatments and prescribed by whom and when. Each and every line should be documented clearly and records are to be maintained and filed or computerised till such time as the hospital rules insist for the documentation to be saved.

Documentation thesaurus is:

1. Authentication
2. Corroboration
3. Declaration
4. Evidence
5. Proof
6. Substantiation
7. Testament
8. Testimonial

All medical admission and treatment sheets should have case summaries clearly written and legibly signed by the concerned doctors. These medical records belong to the medical professionals, but patients generally have the right to review them and to demand copies when they are needed by the patient or their legal representatives. It will be obligatory on the part of the record holder to supply the details of the case, if asked for, within 72 hours.

In case of the patient's death, relatives are to be informed, the body handed over with respect, and in case of destitutes and patients leaving against medical advice, the Superintendent and Police of the hospital are to be informed. These records will have to be kept by the treating authorities till such time as the MCI directs the hospitals to do so.

For more information on the Medical Records and Issues in Negligence, please click here:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2779965/#:~:text=The%20Medical%20Council%20of%20India,from%20the%20commencement%20of%20treatment>

Whether the patient is alive or dead, these records will be confidential and will have to be kept by the treating authorities till such time as specified by the MCI rules. Destruction of the records when allowed should be total - Incineration or overwriting for soft and hard copies as per specifications of the MCI.

It is said that in all types of documentations, one thing is certain that it requires honesty and accurate dealings with thoroughness and diligence. There should be legibility; especially the signature should be legible if it is a hand written document.

All doctors are bound by the Hippocratic Oath and if a doctor is conscientious who does not tamper wilfully with the records, he or she will be saved from court proceedings and untold misery later on.

Therefore to avoid further controversies and litigations and to keep your guilt factor at bay, you will gain maximum benefit from what has been ingrained in you by your peers. Nevertheless the art of writing, printing and documenting on paper, discs or videos about your expert optimum patient care should have become a habit by now. To conclude, there is a proverb which says:

Ink, ink and only ink surpasses the storage power of the best memories. We all know of an example of documentation by our own Lord Ganesha who broke off one tooth and used it as a pen and wrote down one of the greatest epics of the world, the Mahabharata, as it was recited by sage Vyaasa and he preserved this verbal communication for times to come by his expert and continuous documentation.

You can find thoughts from others but documentation is your sole responsibility.

WOMEN IN MODERN MEDICINE – INDIAN PERSPECTIVE



Dr. Amita Tripathi

Ms, Ficog
Chairperson Wdw, Prayagraj
Hon. Sec Isoparb Prayagraj
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The field of medicine is one of the most cherished profession in India. The Medicine being once dominated by male doctors in 19th century and first half of 20th century, has witnessed a slow transformation to gradually achieving close to gender parity at entrance level of medical school in present times. However, challenges remain for women's representatives in all disciplines specialist training, leadership position, management & governance in Indian medical field.

The pioneering efforts of few women doctors paved the path for generations to come in medicine. For many decades, while it wasn't easy for these women to break into medicine and leave their mark with plenty of perseverance and hard work, they selected the long journey for more women to gain recognition in medicine. Starting from late 19th century when the prevailing view in India was that, education of woman brought nothing but shame on family, the stories of these extraordinary women weave a rich pattern depicting the struggles these women had to overcome to carve out their careers, and in the process, build a path for other women to follow.



Anandibai Joshi the first Indian woman to cross the seas and join medical school,

whose refusal to part with traditions even while asserting herself with dignity,



Kadambini Ganguli who was first have a career as Doctor, **Rukhmabai Raut** a rebel and rule breaker, **Himabai Sen** who fought every inch of her way from being a child widow, through remarriage practice medicine, **Muthulakshmi Reddy**, who not content with being a doctor, ventured to politics, become a social reformer and institution builder & **Mary Poonan Lukose**, who worked to build Kerala's public health care system which draws so much praise from all quarters today, tell story of hard work & indomitable will power to change the society. The story of these noteworthy women in Indian Medicine has travelled a long path with contribution of Dr. M. Subhadra Nair, Dr. Manjula Anagani, Dr. Kasturi Rajadhyaksha, Dr. Jerusha Jhirad & Dr. Neelam Kler, Dr. Indira Hinduja, Dr. Firaza R. Parikh, Dr. Usha Saraiya & Dr. Sushila Nayar, to name a few.

Post Independence, India has its first Health Minister, a woman **Rajkumari Amrit Kaur**, who started attending to the problems of women health.

Modern Medicine was introduced in India in eighteenth and nineteenth centuries. Medical college & schools were opened at number of places, Bombay, Calcutta, Madras and Lahore. In later half of 1800's two funds were especially established for women, to help them seek admission in Medical Colleges. Some of the important landmark colleges which opened for women were Christian Medical Colleges, Vellore opened by Dr. Ida Scudder, The Lady Dufferin Hospital in Calcutta, in 1898, The Lady Harding Medical College in Delhi in 1916. At Calcutta Medical College, there was initially stiff opposition to opening its door to women which they allowed from 1880 onwards. The early twentieth century saw an increased demand for women doctors. By 1929 more and more medical college started admitting women. Medical careers have also changed over last three to four decades. Many women doctors have taken up those fields, which probably were not possible in the past. Women have started excelling in field of research as well as in the field of teaching. Fields which has been popular amongst women doctors were obstetrics and gynecology, pediatrics, psychology, ophthalmic and paraclinical fields due to number of factors such as tradition, family commitment, child rearing duties & longer working hours in specific fields.

Gender disbalance in medicine is not only an Indian phenomenon and in last decade everyone is coming to terms, that gender equality specially in medicine has potential to lead to substantial healthy, social and economic gains. Year 2019, saw a welcome, and overdue flurry of activity around gender equality in Medicine, Publication of **Lancet's** themed issue on 'Women in science, medicine and global health' and launch of 'Time's up Healthcare.' It has been proven that more gender diversity in medicine can translate to increased productivity greater innovation, better decision making employer retention & satisfaction.

The scale of problem can sometime feel overwhelming but societal change can be achieved with series of small steps made by individual and health institutions. Hopefully with more awareness in society and positive changes in the mindset of people, we will achieve gender equality in medicine in India.

HOW TO STAY CALM IN THIS MORTAL WORLD AND BEYOND



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LIFE is a precious gift of GOD to experience love , peace and joy. Why not strive to make the best of it !!
Each of us is unique like the infinite QR codes.
Never compare yourself with others ,a root cause of misery many times.
Just ponder over few mantras for a happy and purposeful life.
Install Anti Virus for your mind.Inculcate a habit of discarding ill thoughts and stay away from people who always grumble about their lives.
MIND YOUR OWN BUSINESS : GOLDEN RULE
START YOUR DAY WITH GRATITUDE TO ALMIGHTY.
Give yourself the luxury of stepping out into the lap of nature and meet people who are there to seek nature's solace. Appreciate Nature's beauty and perfection.

AN OLD QUOTE "ALL GREAT THOUGHTS ARE CONCEIVED WHILE WALKING."
A daily walk is not only the highway to good health,it also helps you conceive great ideas.
Move yourself towards YOGA .It is not a mere exercise form where you twist and turn your body.
YOGA is manipulating your energy in a way to be in harmony with the SUPREME.
Ever observed your posture when you are angry, happy or depressed.
Notice it in future ,it will differ in all these moods. The converse of these is the science of "ASANAS ".
If we consciously get our body into different postures ,we can elevate our consciousness and experience pure bliss.
Each one of us has a passion which is left behind because of our studies, other priorities like bringing up kids or taking care of the elders.
Find time apart from your routine work and pursue hobbies like music , dancing, writing, knitting etc...
It uplifts your spirit instantly.
Accept LIFE and DEATH alike.
Reminding yourself once in a while that nothing is immortal will make you enjoy the present moment more fondly.
STAY OPTIMISTIC.
Never focus on problems, instead plan strategies to overcome them.
People work day and night like crazy to earn and save for their loved ones , hardly spending any time with them.
Quality time spent with kids, friends and parents is more valuable than the assets you may accumulate.
Moments spent with them will be a memorable souvenir when you are gone.
EARN TO LIVE & NOT LIVE TO EARN.
Our culture prohibits us from talking or even thinking of making a ' WILL'.Many of us may even hate the idea of making a ' WILL'.
Prevent an avoidable torture to your loved ones after you have achieved SALVATION.
Next weekend check if the nominee details on your savings are updated
SHARING PASSWORDS -
We all know it's a tricky job, next to impossible !!
Even siblings and spouses can't touch each other's smartphone !!
Securely e-vault all your passwords under one key which is made known to your nominee.
YOU ARE WHO YOU ARE , LOVE YOUR SELF.
Beyond this mortal life , leave behind sweet memories, valuable relationships and a safe fortune which is easily accessible by your dependents .
SO LEAD A PURPOSEFUL LIFE AND DEPART FOR THE DIVINE LIFE WELL PREPARED AND PEACEFULLY.

Hey Womania you are 40-It's time to Celebrate Life



Dr. Kachnar Varma

Professor
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Slowly I noticed the changes in me-The first gray hair appeared, the elasticity of my skin diminished and the wrinkles increased. Mid- forties was a milestone and then, a time of transition. In medical terms I was approaching "perimenopausal" age or the "menopause transition" This life stage is defined by physical, emotional and psychological changes. "Suddenly, I wasn't vibrant. My whole world dulled down a couple of notches."

Are these thoughts striking a common chord with you, let's face this fact of life together. **It's time for us to reflect, rejuvenate and reinvent ourselves and brace for a disease free future with Some essential health check-ups.**

- Consciously say goodbye to youth, the first half of life. Let go of regret, see the infinite richness of your life and the value of your experiences.
- Be grateful for what you have experienced, the good as well as the bad. Embrace your life and everything in it.
- Ask yourself what you want to do with the second half of your life. Realize that you have no time to waste.
- Consider your wishes and dreams. What do you want to experience?
- Be kind to yourself. If you have become bad-tempered and no longer recognize yourself, observe your behavior. Be aware that your hormones are going crazy.
- Do sports, eat healthy, and take care of your body. Endurance sports in particular (running, swimming, cycling) help the body to better regulate temperature fluctuations. Exercise also prevents osteoporosis and helps you maintain your weight when the body's energy needs decrease.
- You don't have to live up to expectations anymore. Listen to the wisdom of life.
- The time when you were always there for others or your job is now your time. Time for you!
- And screen for the diseases which have a higher risk at and after this age

Also let me stress on this point - Regular screening may even save your life. "When you detect a disease early you can prevent complications and improve quality of life, many of my patients have been diagnosed with breast cancer in its early stages, and were able to undergo breast-sparing surgery and have had excellent prognosis. Even if you feel fine, you should still see your health provider for regular checkups. For example, the only way to find out if you have high blood pressure is to have it checked regularly.

So what screenings should you be getting?

BLOOD PRESSURE SCREENING

- Have your blood pressure checked at least once every 2 years. If the top number (systolic number) is from 120 to 139 mm Hg, or the bottom number (diastolic number) is from 80 to 89 mm Hg, you should have it checked every year.

BREAST CANCER SCREENING

- Women may do a monthly breast self-exam or ask a health provider to do a clinical breast exam as part of your preventive exam.
- Women ages 50 to 75 should have a mammogram every 1 to 2 years, depending on their risk factors, to check for breast cancer.
- Women with a mother or sister who had breast cancer at a younger age should consider yearly mammograms. They should begin earlier than the age at which their youngest family member was diagnosed..

CERVICAL CANCER SCREENING

Cervical cancer screening should start at age 21. After the first test:

- Women ages 30 through 65 should be screened with either a Pap test every 3 years or the HPV test every 5 years.
- Women ages 65 through 70 can stop having Pap tests as long as they have had 3 normal tests within the past 10 years.
- Women who have been treated for precancer (cervical dysplasia) should continue to have Pap tests for 20 years after treatment or until age 65, whichever is longer.

CHOLESTEROL SCREENING

- Recommended starting age for cholesterol screening is age 45 for women with no known risk factors for coronary heart disease.
- Once cholesterol screening has started, your cholesterol should be checked every 5 years.
- If you have high cholesterol levels, diabetes, heart disease, kidney problems, or certain other conditions, you may need to be checked more often.

COLORECTAL CANCER SCREENING

If you are under age 45, talk to your provider about getting screened. You should be screened if you have a strong family history of colon cancer or polyps. Screening may also be considered if you have risk factors such as a history of inflammatory bowel disease or polyps.

If you are age 45 to 75, you should be screened for colorectal cancer. There are several screening tests available:

- A stool-based fecal occult blood every year
- Colonoscopy every 10 years. You may need a colonoscopy more often if you have risk factors for colorectal cancer, such as: Ulcerative colitis, family history of colorectal cancer, adenomatous polyps

DIABETES SCREENING

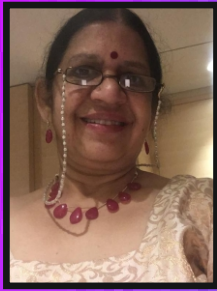
- If you are over age 44, you should be screened every 3 years.
- Having a BMI over 25 means that you are overweight. If you are overweight, you should be screened at age 35. Asian Americans should be screened if their BMI is greater than 23.
- If your blood pressure is above 130/80 mm Hg, or you have other risk factors for diabetes, your provider may test your blood sugar level for diabetes.

LUNG CANCER SCREENING

You should have an annual screening for lung cancer with low-dose computed tomography (LDCT) if all of the following are present:

- You are age 50 to 80 years AND
- You have a 20 pack-year smoking history .

Having accompanied several women physically and psychologically through this journey of middle age, I know we are all in the same boat. Especially in a society where youthfulness is considered so important, it is imperative to enrich and strengthen each other. Together we can give more meaning to values like maturity, wisdom, and inner beauty. Together we can screen for health problems which may be lurking around particularly if we have risk factors for them. May wisdom, kindness, love, good health and the pure joy of life accompany us as we celebrate this not so youthful stage of life.



स्त्री और समाज

डॉ० अभिलाषा चतुर्वेदी

भूतपूर्व अध्यक्ष

इलाहाबाद मेडिकल एसोसिएशन

आपको थोड़ा अजीब लग रहा होगा कि डॉक्टर की लेखनी से कोई स्वास्थ्य सम्बन्धित जानकारी की जगह सामाजिक विवेचना सम्बन्धित चर्चा की जा रही है।

हमने हर Whatapp ग्रुप पर एक Forwarded message देखा है जिसमें लता मंगेशकर की मृत्यु से पहले के उनके अन्तिम सन्देश के बारे में बताया गया है। चूँकि हम सभी समझते हैं कि मृत्युशैया पर इतना कुछ कहना लगभग असम्भव ही हैं। कभी आपने सोचने का प्रयास किया कि इतनी सही और सटीक बात कहने के लिये हमें किसी महान विभूति के नाम की आवश्यकता क्यों पड़ती है। कारण स्पष्ट है कि बड़े नाम के जुड़ते ही सन्देश की विश्वसनीयता बढ़ जाती है। यही बात विज्ञापन जगत पर भी लागू होती है।

इस सबका मूल कारण है, हमारे अन्दर आत्मविश्वास का अभाव, महान व्यक्ति द्वारा कही गई सामान्य सी बात भी माने रखती है, परन्तु हम अपने आपको, एक अन्य सामान्य नारी द्वारा कही गई बात के प्रति विश्वास दिलाने में असमर्थ हैं।

दुर्भाग्य से सारे विश्व की स्त्रियों के मन में लम्बे समय से यह बात अच्छी तरह से भरी गई है कि हमारी सोच को गम्भीरता से नहीं लिया जाना चाहिए।

समाज शास्त्र की भाषा में इसे social conditioning कहते हैं। अर्थात् पुरुष अथवा महान व्यक्ति की बातों को ही गम्भीरता से लेना चाहिए।

मैं अच्छी तरह से समझती हूँ कि पुरुषों के जीवन में भी उनकी अपनी विशेष चुनौतियाँ हैं, जिसमें सबसे अधिक महत्वपूर्ण है Head of family बनने का मानसिक दबाव। इसके लिये उन्हें स्त्री से श्रेष्ठ दिखने की आवश्यकता पड़ती है। उन्हें परिवार का रक्षक और पालनकर्ता और अधिक संतुलित व्यक्ति होने का दिखावा भी करना पड़ता है। इसके अलावा उन्हें सेक्स प्रक्रिया के दौरान पौरुष से भरपूर शक्तिशाली होने का तनाव भी झेलना पड़ता है और वह इसके बारे में चर्चा भी नहीं कर सकते, अन्यथा उनका आत्म विश्वास आहत होता है।

बाहरी दुनियाँ में लड़कियों की तरह sexual exploitation का शिकार लड़के भी होते हैं। सबसे बड़ी समस्या यह है कि वे इसके बारे में चर्चा भी नहीं कर सकते क्योंकि इससे उनकी मर्दानगी आहत होती है।

परन्तु दुख है कि अपनी कुण्ठाओं और अक्षमताओं की अभिव्यक्ति वह स्त्री के उपर हावी होने के रूप में करते हैं, और अधिकांश पुरुष घर परिवार की स्त्रियों को मूर्ख और अक्षम होने को सिद्ध करने में ही अपनी शारीरिक और मानसिक ऊर्जा का दुरुपयोग करते हैं।

चाहे विज्ञापन हो या फिल्म जगत, या घर घर में देखे जाने वाले टी0वी0 सीरियल, हर प्रकार के चुटकलों में भी स्त्री को मूर्ख, अनुभवहीन सुन्दरी के रूप में चित्रित किया जाता है। जैसे पत्नी को प्यार से पगली कहना, और पत्नी का अभिमान से इठला कर चल देना। तुम नहीं समझोगी, यह टेक्नीकल चीज है जैसे विशेषण अधिकतर स्त्रियों को स्वीकार्य है।

वास्तव में प्रकृति ने स्त्री को पुरुष से अधिक सुयोग्य और संतुलित बनाया है। तो कमी कहाँ है ? क्या स्त्री पुरुष से कमतर है ? ऐसे में साधारण स्त्री क्या करे ?

इन्हीं चीजों के कारण समाज में एक नारीवादियों का ऐसा वर्ग उभरा है जो पुरुष सत्तात्मक समाज के हर System में बुराई ही ढूँढता है। उनका प्रिय कार्य है पुरुषों की कमी ढूँढ कर स्त्रियों को उनके विरुद्ध भड़काना और पुरुष प्रजाति के विरुद्ध उकसाना, और इसमें वे अपनी सफलता का मंत्र पाती हैं।

ऐसे में एक साधारण स्त्री क्या करे?

हम में से अधिकतर working woman है और अपने कार्यक्षेत्र में सफल भी है। साथ ही घर परिवार को सफलता पूर्वक जोड़ने में भी सक्षम है, तो हमारा नैतिक कर्तव्य हो जाता है कि आधुनिक पीढ़ी को उनके अपने स्वयं के बारे में बनाए गये नियम को पालन करने की स्वतन्त्रता दे और याद रखें, विवाह और वंश वृद्धि ही स्त्री के जीवन का अन्तिम उद्देश्य नहीं है। सोच बदले, तभी समाज में स्त्री की स्थिति में सुधार होगा। आधुनिकता और परम्परा में शिव और शक्ति का संतुलन ही स्त्रियों की अगली पीढ़ी का भविष्य बदल सकता है।

विचार करे।

Socio cultural issues related to Women's Obstetrics health



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There are plenty of issues faced by women during her life time. Firstly, there are barriers in accessibility to healthcare from availability of trained health care providers, to lack of adequate facilities in rural areas with limited and distant access to tertiary care centers, along with financial constraints, poor referral and follow-up systems.

A woman obstetric health is highly affected by the various social and cultural factors prevalent in the society. Several factors too affect the obstetric endocrinology of the woman. In urban setting PCOS and irregular menstruation are more common whereas the leading cause is the stigma associated with Infertility.

SOCIO-CULTURAL ASPECTS OF MENARCHE:

In rural India especially, such girls are discriminated against and age-old customs prevail like not allowing the menstrual women to take part in household chores and enter temples are prevailing. Such backward views are totally obsolete and as healthcare workers it is our duty to educate people that periods are completely natural and physiological and no stigma should be attached to it.

SOCIO-CULTURAL ASPECTS OF PCOS:

The prevalence of PCOS has increased nowadays primarily due to the changes in lifestyle and dietary habits. Women with PCOS are generally younger in age, obese, have acne and hirsutism. Infertility is known to be triggered by PCOS. The social aspect regarding hirsutism is a cause for concern. The excessive hair growth especially over the face and upper lip of young women makes them lose their self-confidence and is a source of criticism among their peers. Associated menstrual irregularity has been seen to be emotionally impacting and challenging to accept.

INFERTILITY - Still a Stigma

Even though infertility is not a disease, in itself it can affect all aspects of people's lives with various psychological-emotional consequences such as turmoil, frustration, depression, anxiety, hopelessness, guilt, and feelings of worthlessness in life. The overall prevalence of psychological problems in infertile couples is estimated to be 25-60%. One of the major causes of psychological distress is the social pressure by community members.

There are self-imposed barriers for couples to disclose and discuss their difficulties even with friends and family. To reduce the stigma attached to infertility conversation needs to be encouraged and to educate and empower couples when they are facing difficulties with conceiving.

SOCIO-CULTURAL ASPECTS OF ABORTION:

Many religions prohibit abortion and regard it as a sinful act. Abortion is not allowed in many countries. Debates are on-going regarding the ethical and legal views on abortion but one should keep in mind that abortion is always advised if it hampers the condition of the mother.

As healthcare workers, abortion can always be advised to the woman on grounds like therapeutic, social, eugenic and humanitarian.

SOCIO-CULTURAL ASPECTS OF INSTITUTIONAL DELIVERY:

Institutional delivery has always been advocated especially in rural India as women are reluctant to go to healthcare setups. To combat such situations, the Govt organized many schemes like Janani Suraksha Yojana and provided incentives for institutional delivery. Due to the increasing awareness and shift to healthcare centers for delivery, the MMR has decreased which in turn has reduced deaths due to PPH, Eclampsia, PIH which were earlier difficult to manage during home delivery by dais. One more benefit is that proper immunization of child takes place and contraceptives too can be advised which helps to improve the health of woman by spacing method.

SOCIO-CULTURAL ASPECTS OF CONTRACEPTION:

In many religions and cultures, contraception is prohibited and it in turn is against the religious community's philosophy and teachings. Hence, many women are socially not allowed to use contraception which ultimately makes them more susceptible to UTI and STDs. With the aid of government programmes and the promotion of Nirodh, awareness has been created. Cafeteria approach should be explained to couples so that they can choose wisely which contraception to use. Adults should be encouraged to avoid unprotected intercourse to prevent STDs and infections.

SOCIO-CULTURAL ASPECTS OF BREASTFEEDING AND COMPLEMENTARY FEEDING:

In certain communities the colostrum is considered as impure which family members of the women are reluctant to give colostrum to the newborn. Healthcare workers should try to make them understand the importance of colostrum and its nutritive value. Emphasis on exclusive breastfeeding should always be given for 6 months. After that weaning should be done and complementary feeds should be started. The significance of giving the first feed as early as possible after birth should be explained. During the period of breastfeeding the women should be taught proper breast hygiene and position for feeding. Nowadays, in urban settings, many women are reluctant to give breast milk and prefer top feeds. They should always be advised and explained regarding its nutritive value and also emphasis of breast feeding over pump.

SOCIO-CULTURAL ASPECTS OF MENOPAUSE:

Menopause has always been perceived by society as a time of mood swings, depression and anxiety. Scientifically there are hormonal changes which produce these symptoms. Perimenopausal changes include abnormal uterine bleeding, increased BMI, decreased bone marrow density and lipid profile modifications. Women may undergo psychological stress during this phase. Hot flushes are common symptom and women are often ridiculed for it in society. Women of rural India need to be educated about menopause being a physiological change and not a disease and that it is not associated with loss of femininity. Lifestyle and dietary changes also influence the onset of early menopause.

More than just a Women



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W- Wisdom
O- Omnipresent
M- Multiple tasking
E- Electrifying
N- Nurturing

She was born premature due to some complication during her mother's pregnancy. With utmost medical care and nourishment, she successfully pulled through her infancy and was a bundle of joy in the family. Her childhood was filled with love, care and fun. She easily learnt the art of empathy which came naturally to her - caring for the siblings and watching her mother's role in household chores was something she grew up with.

In school, she was every teacher's favorite because she was academically excellent. And with a huge circle of friends, her life went off smoothly until she reached a phase of choosing her profession. Now as a teenager with all the hormonal changes that worked on her physically and emotionally, she had to make up her mind about her professional choice and work really hard to make it to the top professional college.

She graduated with flying colors and got placed in one of the prestigious organizations in a country away from hers. Now an independent girl earning on her own, she took care of the financial needs of the family, showering them and her friends with gifts on special occasions. A holiday for her meant going back home to be with the family- and having homemade food with her mother's touch was a delight.

Adulthood has its own challenges and being single is one of them. Marriage takes centerstage with pressure coming from the family, relatives and society.

Whether it's love or arranged marriage, it's the girl who shifts to the in laws and nobody can deny the enormous adaptability every woman shows as she navigates this part of her journey.

From just being a daughter and sister to overnight playing the role of a daughter in law, sister -in-law, co-sister, wife, aunt and a mother, her world expands exponentially and there are certain norms she has to observe in every relationship

If she chooses to continue with a career, there are a lot of opportunities that she has to forego to . balance her work and family life.

Motherhood is always a turning point in a woman's life. The single cell is a symbol of her love and The newly- minted mother learns to care, share, nurture, have compassion for every life she touches. In the process of bringing up the children at home, looking after their studies, provide care for the elderly at home, she's catering to all expectations for her family and extended family. In the bargain, she chooses to slow down and even take a backseat in her professional life.

The phase of empty nest where she is probably close to her menopause, she realizes that there was health - physical, mental and emotional wellbeing as all her energy was focused on the family and their happiness.

She did not realize her needs until her body sends a strong signal that she can no longer cope with the pressures on her own.

A moment of pause that creates a cause.....

The most pressing issue for everyone in midlife is physical fitness and appearance and it begins to take a toll on one's mental and emotional health.

The path one takes here can be a boon or a bane.

One can be resigned to one's fate and say nothing can change or one can take a call to care for oneself. Just as her mother cared for her or she for her children. Taking a stand for oneself is half a job done. The other part is to focus on wellness that starts from the kitchen, with the right knowledge of nutrition. Many women have transformed themselves and their entire family for good with this little understanding.

The process has to be scientific and holistic in approach and hence professional help is a must in such cases. One should not get carried away by fads and the glamour of social media is definitely a challenge.

When a baby is born, the first thing that is offered to the child is food (mother's milk) which is the greatest and the most priceless gift a child can get.

So, the nourishing attitude comes naturally to a woman, not just for her child but the entire family. Family is the smallest unit of the society and the woman is the backbone of any family.

If the family has to be healthy, the lady of the house should be healthy—so the journey begins from you, the homemaker.

From having a better survival rate to being a life giver and preserver, a woman's journey is truly amazing and in many ways a gift of God.

As generations pass, the role of a woman has fully transformed and she's not only a caregiver but a bread earner too.

While major powers across the globe take women health seriously and count it as an indicator of national development, we in India often end up ignoring women's health.

In the words of Michelle Obama, "Communities and countries and ultimately the world is only as strong as the health of their women." So, it's about time we realize the importance of our health and give it the due respect it deserves.

To create a healthier world, let's educate the women to understand the importance of nutrition through food.

Even today, the master of the kitchen is the woman (exceptions prove the rule) ...

Happy Women's Day!



WOMEN AND FITNESS

Dr. Ritu Jain

Founder, Prayagraj Pacers

Women deserve to be celebrated for their extraordinary contributions to the society. Despite gender inequalities across all sectors, they continue to thrive and beat all odds.

Micelle Obama said "Communities and countries and ultimately the world are only as strong as the HEALTH OF THEIR WOMEN"

A STRONG WOMAN MAKES A STRONG WORLD....and one of the best ways to become strong, physically and mentally is to become fit. Fitness is a lifestyle, a mantra for good health.

Being active has been shown to have many benefits like

1. EXERCISE MAKES YOU FEEL HAPPY: It improves your mood and decreases feeling of depression, anxiety and stress by increasing the brain sensitivity to serotonin and/or epinephrine. It also stimulates the production of endorphins which produces positive feelings and reduces the perception of pain.

It is noteworthy that it does not matter how intense the workout is, exercise helps in mood elevation no matter what the intensity.

2. IT HELPS IN LOWERING ANXIETY: Exercise destresses and thus helps in controlling blood pressure and depression.

3. HELPS IN MAINTAINING WEIGHT LOSS: Exercise is crucial in supporting a healthy metabolism and burning more calories per day. It prevents excessive weight gain and can help in maintaining weight loss.

Simple steps like using the stairs instead of lift and increasing the daily step count will be helpful.

4. EXERCISE IS GOOD FOR MUSCLES AND BONES: Moderate intensity exercise like walking as been shown to prevent osteoporosis by improving bone density. Exercise increases blood flow to muscles, helping them to absorb amino acids and subsequently grow and thereby decrease their breakdown.

Aging leads to decline in muscle mass function which increases risk of fall which is significantly reduced via regular exercise.

5. EXERCISE BOOSTS ENERGY LEVEL: It is commonly observed that early morning exercise raises the energy level and helps one to remain active through the day. Exercise accelerates delivery of oxygen to heart and lungs, resulting in better output, less fatigue and **better performance of day to day activities.**

6. HELPS IN SKIN HEALTH: Exercise increases the body's production of natural antioxidants and therefore delays aging. **The sweat produced during exercise helps in detoxifying the body.**

7. IMPROVES BRAIN HEALTH AND MEMORY: Exercise increases the size of hippocampus, the part of the brain responsible for memory and learning.

Reduces incidence of Alzheimer's disease and dementia.

8. EXERCISE IMPROVES SLEEP QUALITY AND REDUCES PAIN

To derive benefits from exercise we need to do a minimum of 150-300 minutes of moderate intensity aerobic exercise each week or 75 minutes of vigorous physical activity spread over a week. Moderate aerobic exercises include brisk walking, cycling, swimming etc. Vigorous aerobic activity include running, dancing, zumba etc.

Exercise can be fun..... And social too. It is a great time to bond with friends and family. We need to remember that what seems impossible today will become our warm up tomorrow. So, let's all work together for a more active, fit and productive future!!!

I WILL NOT LET AGE CHANGE ME. I WILL CHANGE THE WAY I AGE.

LET'S EMPOWER BOTH BOYS AND GIRLS



Dr. Ritu Jain

Md (pediatrics)
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Prayagraj

Imagine a scenario from future where we have successfully managed to empower our girls, making them bold, self-sufficient and self-reliant living in a world of boys who are not used to or do not know how to interact with these girls.

Boys may find it difficult to adapt to a wife who earns more than him, is more successful than him and asks him to share household chores. After all, all his childhood he has seen his mother and sisters doing all household chores never asking him to do it. So, is it fair to empower only girls and let the boys be as they are? Will it be fair to both?

It is not only necessary to empower women but also to sensitize the society towards empowered women which can then support her in all aspects.

Education begins at home and the first teacher is the mother. As a pediatrician, I can well understand the importance of teaching mothers and bringing about a change in their mindset to eventually see its impact in the society. We need to come out of our stereotypical and prejudiced practices to help in empowering both boys and girls. A few suggestions on how this can be achieved are:

- 1)**There should be no gender divisions of habits:** It is traditional in our society for boys to get outdoor chores like purchasing groceries or getting the cycle or scooter repaired and for the girls to stay back at home and do household chores. Boys and girls should be equally encouraged to participate in house cleaning, preparing meals and this should depend on the availability and interest of the child and not the gender.
- 2)**No gender bias for toys:** Why should we purchase soft toys/dolls/kitchen sets for girls only? Boys too may have a liking for such toys and mothers should be able to appreciate the liking of the child and provide for them accordingly. Racing cars/fighting games/airplanes should be as much available to girls as to the boys.
- 3)**No gender bias for sports:** Parents should be counselled to make their girls strong and teach them self defense instead of just not allowing them to go out alone. Cricket, hockey and football should be offered to girls as much as indoor sports to boys. It should be a child's individual choice and as parents they should provide support equally to both.
- 4)**No gender bias for expectations:** In our society, boys are scorned upon if they decide to open a parlor, become makeup artists or go into the fashion industry or become a chef while girls are discouraged from becoming fighter pilots, surgeons, taxi drivers or orthopedicians. Parents should tell stories of women achievers like Sarojni Naidu, Kalpana Chawla and Jhansi ki Rani as well as of Swami Vivekananda, Sardar Patel and APJ Abdul Kalam. Role models from both sexes should be highlighted.
- 5)**Sensitization towards a girl's needs:** It is considered a taboo even today to talk about menses with girls let alone a boy. Boys should be told about menses so that they are more sensitive to the pain/mood behaviors associated with it and therefore making them more responsive to a girls needs.

These small changes in the mindset of the parents will definitely be instrumental in bringing about changes in the society. The stereotypical comments like "You are crying like a girl", "Don't be shy like a girl", "Speak softly, you are a girl" or "Don't waste time on studies, learn household chores which will help you in life" need to be strongly condemned.

As women doctors, we have an added responsibility to see that this change begins in every home and only then can we truly speak of "EMPOWERING WOMEN"!!



The empowerment I read and the empowerment I know

**Ayushi Shukla
Dr. Neelam Shukla**

“At the end of the day, we can endure much more than we think we can”

-Frida Kahlo

Frida Kahlo, a Mexican painter whose art was greatly inspired by self-portraits, by the beauty of nature and the artefacts of Mexico. She was disabled by polio in her childhood, and was a promising student preparing for medical school, but the dream of becoming a doctor was shattered because of fatal injuries she suffered due to her road accident at the age of 18, which only left her with lifelong pain and medical problems.

She returned to her childhood interest of art during her recovery and went on with the idea of becoming an artist. In the following years, her interest of art not only led her way to join Mexican Communist Party in 1927, where she met her husband, but she even went on to have the glory of exhibiting her art and passion as an individual artist in 1938, New York and 1939, Paris. When I visit history and read about women who not only decided to break the glass ceiling, but also excelled in what they set their hearts to. Whether we speak about Dr. Anandi Gopalrao Joshi, the first Indian woman from erstwhile Bombay Presidency of India to graduate with a two year medical degree in western medicine, who decided to become a doctor after she lost her new-born child within 10 days due to lack of medical care or Justice Anna Chandy, the first female judge in India, who aided and advocated women's right in India, there are numerous women till date, who looked eye to an eye with the society, told them they can do it and did it.

Women empowerment might have many dictionary meanings when we look up on internet, we see women defining feminism every day, standing up for what they believe and honouring the choices they make, but my understanding of women empowerment and feminism does not comes from any dictionary meaning or from reading about the dynamic women of history, but it comes from my own family, the woman who not only fearlessly defined empowerment for me but also defined it at the time when it was unconventional and unrecognized.

Mrs Rani Tiwari, wife of Major Badri Prasad Tiwari, my maternal grandmother, who I know as the actual Iron Lady, was widowed at the age of 28 after my grandfather; an Army Officer was martyred on a military operation. She was left behind with four children and absolutely no source of income of her own with her youngest one only a year old. When I write about her, I can't even begin to imagine what emotional trauma she would have been through at a time when she had to look after what was left behind.

Your life experiences can either make you a bitter person or a person with utmost dignity, grace and immense amount of kindness, and that's what she chose to be, a kind person. Of all the people who've known my grandmother, who I've met, all I ever heard about was how she was always the kind of person who extended a helping hand to the one in need. She once saved a Sikh couple living in the locality during the 1984 Sikh Riots. And all this courage and kindness she had when she was single mother living with her four children. My grandmother never had any higher education, she was married off at a really young age of 16 and shared a very short span of time as an army officer's wife living a life of dignity, comfort and pride; and after he left, she lived that life even more fearlessly and with immense courage. She single handily raised her children with good values; she raised my mother to become a doctor, not to mention how much hard work she had to do to make that happen, and she had the heart to send her son to serve the nation, my uncle who is serving as an officer at the Border Security Force.

She left us heavenly abode in 2007, but since then, she been living in our hearts and is always blessing us in whatever we do. The value she taught her children stayed; my mother is one of the strongest and most beautiful woman I know, and she is also someone who thinks that most important thing in life is to be honest and follows that everywhere. I read somewhere and I hope it's true that a woman only carries a certain number of eggs in her ovaries in a lifetime, so in a way because my mother was a part of her mother, I am a part of my grandmother too and so will my line of descent, and of all I know about that line, is that line, really a line of strong women. And even if each one of us get a little part of courage and kindness she had, we will break the glass ceiling, no matter how high it is, or how strong the glass is, we will have the courage to break it.

WOMEN AND MULTITASKING : ASSET OR ENEMY



DR. SUMATI SAXENA.

In today's era, most women want to be self dependant, to have a professional life with success as well as good family life. To cope with demands to get success in both sides of world, she starts seeking multitasking. Keep it all together as a modern woman means multitasking. That's very appropriate ACRONYM for today's woman

W- Wisdom
O- Omnipresent
M- Multiple tasking
E- Electrifying
N- Nurturing



Even in ancient times, women were multitasking,,it is indicated by ten hands of GODESS DURGA.

Multitasking is a part of woman's everyday life. It is said for woman that she does multitasking very easily but doing so can be very damaging to her physical-mental health. Multitasking affects the quality of work, meaning thereby more mistakes in work, reduces the speed of work, reduces creativity. Multitasking causes memory loss, increases stress, increases obesity, as stress increases appetite. Multitasking affects relationship as women are so busy in their work that they are not able to make time for their family and close relationship, unable to make time for for their personal and social life which increases tension in their relationship. So what is the solution ?

SOLUTION IS TO FOLLOW THESE SIMPLE STEPS :

- Time management is best solution.
- To take help from others i.e. distribute some of the household/ office work to other family members/colleague.
- Increase stamina with the help of yoga/meditation/exercise.
- Avoid false praise-Don't try to become superwoman.
- Learn to say 'NO'.
- Take time for yourself,for your hobbies, spend time with family members, meet friends and relatives.- Anything that makes her happier is worth trying. In brief, every woman needs to be, Simple as SITA Humble as LAXMI Bold as KALI.

It is hard to be a woman as

YOU MUST THINK LIKE A MAN
ACT LIKE A LADY
LOOK LIKE A YOUNG GIRL
AND WORK LIKE A HORSE.

My tribute to hardworking women all over the world on the occasion of WOMEN'S DAY.



Dr. Sharda Sareen

Senior Obst + Gynaecologist
Prayagraj

महिलाओं को अपने स्वयं के व्यक्तिगत विकास का अधिकार देना ही महिला सशक्तिकरण है ताकि वे बे रोकटोक जीवन को अपने अनुरूप जी सकें। अपने देश में यह बहुत ही आवश्यक है। वास्तव में देखा जाए तो महिलाएँ किसी भी समस्या को पुरुषों से बेहतर ढंग से निपटने में सक्षम हैं और यदि महिलाओं को पुरुषों के बराबर महत्व व निर्णय लेने की छूट मिले तो वे समाज में बहुत कुछ बदलने की ताकत रखती हैं।

महिला सशक्तिकरण को सुदृढ़ बनाने के लिए कई बातों की भूमिका अहम है जैसे ,

1. समाज की भूमिका
2. शिक्षा का योगदान
3. रूढ़िवादी परंपराओं का महत्व
4. आर्थिक स्वतंत्रता
5. परिवार की भूमिका
6. परिवार में महिलाओं की भागीदारी व उनकी स्थिति।

महिला सशक्तिकरण की शुरुआत संयुक्त राष्ट्र संघ द्वारा 8 मार्च 1975 को अंतर्राष्ट्रीय महिला दिवस से मानी जाती है। उसके पश्चात महिला सशक्तिकरण की पहल 1985 में महिला अंतर्राष्ट्रीय सम्मेलन नैरोबी में की गई। भारत सरकार ने समाज में लिंग आधारित भिन्नताओं को दूर करने के लिए 1953 में महिला कल्याण नीति बनाई। महिला सशक्तिकरण का प्रमुख उद्देश्य उनके शोषण, उत्पीड़न को रोकना व उन्हें कानूनी सुरक्षा प्रदान करना है। इसके अभाव में अन्याय, लैंगिक पक्षपात और समाज में असमानता जैसी में कुरीतियों को समाप्त नहीं किया जा सकता। यदि महिलाएं सशक्त नहीं हैं तो वह अपनी पहचान खुद नहीं बना सकती और न ही सुदृढ़ समाज का विकास हो सकता है।

सशक्त महिला द्वारा ही सशक्त समाज व सशक्त देश का विकास संभव है।

किसी शायर ने शायद ठीक ही कहा है।

"शहर का तब्दील होना शाद रहना और उदास
रोनकें जितनी यहां हैं औरतों के दम से है।"

महिलाओं के सशक्तिकरण हेतु भारत सरकार द्वारा कई अधोलिखित महत्वपूर्ण कदम उठाए गए जैसे

1. महिला शक्ति केंद्र योजना
2. सुकन्या समृद्धि योजना
3. फ्री सिलाई मशीन योजना
4. बेटी बचाओ बेटी पढ़ाओ योजना
5. सुरक्षित मातृत्व आश्रसन योजना
6. प्रधानमंत्री उज्ज्वला योजना

इन सभी योजनाओं के माध्यम से हम अपनी भागीदारी देकर व सरकार के साथ कंधे से कंधा मिलाकर अपना योगदान भारत सरकार को दे सकते हैं वह अपने समाज व देश को सशक्त व सुदृढ़ बनाने में सहयोग कर सकते हैं।

WHAT IS A WOMAN OF SUBSTANCE



DR. RITU SINHA

Secretary, AOGS

What is a woman of substance? Are you a woman of substance? What defines you? Is it your success, achievements, passion, wealth, marriage, children? What makes you a woman? All these questions and more are important to think about.

A woman of substance is a woman of power, a woman of positive influence and a woman of meaning. She is someone whose life has meaning and purpose. She lives life with intention, love and passion.

To be branded-a woman of substance, is one of the greatest compliments one can give a woman who wants to be an "influential" female. Here follows the qualities a girl/woman should possess in order to become a "woman of substance."

Embrace your individuality and be happy the way you are

The pressure on woman in today's society is immense and any female who doesn't let the high demands and expectations get her down, is worth admiration. So being yourself and feeling happy as your self just the way you are signifies the word "beauty." Woman should run from being deluged with physical beauty and material possessions... outward beauty is a sign of an inward work.

Use your voice

" A Woman with voice is, by definition, a strong woman,"

-Melinda Gates

We are all blessed with voices to use— so use them! When it comes to standing up for what you believe in or voicing your opinions on things, never fail to make use of your voice. The world does not need another pretty woman... we need pretty intelligent woman! Woman who will take a seat at the table of change. Who will contribute their voice and energy to making this world a better place. We need more women who will not be afraid to stand up and say, " As a woman it is my responsibility to pave the way for other women."

Find your goal in life and pursue it

Follow your heart... never give up... and you can do anything! We all have the ability to do whatever it is we want to do and fulfil any cherished aspiration we want to fulfil; we just have to go and do it. When you find your passion in life, it creates a meaning in your life and gives you a purpose in the world: it generates happiness.

Live up to your morals and values, Leave no stone unturned.

Following our morals and values in life inspires us, motivates us and energizes us for doing something significant in the world. As children, we were always being told to be a person of moral and were educated to understand what our values are. But, when we grow older we seem to lose or forget about those crucial qualities. As women especially when we are young, we need to cultivate positive attitudes and habits that will help us to grow into well-rounded individuals. We have so much to offer to the world; our talents and gift should not be jeopardized by our failure to realize our potential.

To conclude I would suggest – ask yourself a question- what do you have to offer to the world? What mark are you going to leave? What do you want your legacy to be?

Be a Woman of Substance

WOMEN IN EDUCATION: A NEED TO ADDRESS GENDER DISPARITY IN STEM HIGHER EDUCATION



MRS.RANI MISRA

Despite massive strides in women's education the disparity between the genders in STEM education is a worrisome factor for all of us. Women traditionally have had to overcome many prejudices to get where they are now.

When they did get some leeway they mainly opted for subjects which were considered safe feminine topics, such as Art, Education, Health care, Languages etc. Subjects such as Maths, Physics and to a certain extent Chemistry were considered to be a male domain and by default a large number of women were automatically excluded from it. The most famous case in point is that of Marie Curie, who despite being one of the most astonishingly brilliant brains was not considered good enough for the Nobel Prize in Physics and got it only because of the relentless efforts of her husband Dr. Pierre Curie.

Sadly, even after a century the situation remains largely unchanged. Women still have a very low representation in scientific research. Less representation in research means less visibility of women in these rarefied fields and less role models for females to emulate.

To say that women are discriminated against in higher education is now not completely true. A case in point is the NEET Examination where 1.65 lakh more girl candidates have applied as compared to boys. Last years numbers show that girls outnumbered boys by about 1.44 lakh. So, the question arises, why this gender disparity only in STEM subjects? The persistence of gendered path in career choices has recently been reflected in the current Global Gender Gap report of the World Economic Forum (WEF), which states that on an average men are underrepresented in the field of Education, Health care and welfare whereas women lag behind in Engineering, Aeronautics, Space Research and pure Mathematics. female STEM graduates ,43% as compared to 41% in Switzerland,31% in France and just 35% abysmally low. Only 14% of women Scientists, technologists and Research associates are women. The problems are aplenty but the solution is not difficult to find. The following steps may help in some extent to change the scenario -

1. From a very young age the children's books should have pictures of female scientists, surgeons, astronauts and engineers. This to a large extent will help remove biases from young minds and make them more accepting of females in these roles.
2. Girl students should be nurtured in these fields. The fear of Maths and Physics being difficult and incomprehensible subjects should be removed by the teachers teaching these subjects in innovative ways and by making teaching a learning experience rather than a subject where assessment is feared.
3. Career breaks for women should be accommodated.
4. Seniority based on total years of research should be considered so that re-entry of women after a break is easier.
5. Leave should be flexible, better child care opportunities should be given to women and positions should be movable.

Hopefully by a decade or two female empowerment will get a new face by the presence of a large number of women in the Scientific workforce leading to equitable gender parity in all aspects of life.

वर्तमान समय में नारी का स्थान



डॉ प्राची त्रिपाठी

यंत्र नार्यस्तु पूज्यते रमन्ते तत्र देवता,

महिला ईश्वर की सर्वोत्कृष्ट कृति, सृष्टि का उद्गम स्रोत एवं जीवन रूपी।

दिपाद चक्रवाहिनी का एक मजबूत पहिया है प्रेम व समर्पण की पर्यायवाची विभिन्न आदर्शवादी

स्वरूपों में महिलाओं की भूमिका सदा अविस्मरणीय रही है ऐतिहासिक काल से ही महिलाओं ने अपनी विलक्षण प्रतिभा का प्रदर्शन किया है वैदिक काल में जहां अपाला, घोषा, विशवारा आदि विदुषियों ने ऋग्वेद की ऋचाओं का प्रणयन किया वही गार्गी ने याज्ञवल्क्य जैसे महर्षि को शास्त्रार्थ में पराजित कर अपनी कुशाग्र प्रतिभा दिखाई। इसी तरह आधुनिक काल में रानी लक्ष्मी बाई, मदर टेरेसा, इंदिरा गांधी, कल्पना चावला, या सोनिया गांधी, सुनीता विलियम्स, किरण बेदी और प्रतिभा पाटिल हो, हर किसी ने अपना सर्वस्व इस देश पर न्यौछावर किया और कर रही है इसीलिए आज समाज को एक-दो नहीं बल्कि लाखों-करोड़ों लक्ष्मीबाई, मदर टेरेसा और कल्पना चावला की आवश्यकता है।

प्राचीन काल से वर्तमान तक यदि महिला स्थिति की बात की जाए तो यही स्पष्ट होता है कि महिला की स्थिति में सुधार दिखाई दे रहा है। इसका कारण है कि आज महिलाएं अपने अधिकारों के प्रति सजग हो रही हैं। आज महिलाएं प्रत्येक क्षेत्र में पुरुषों से कदम से कदम मिलाकर अपनी सर्वोत्कृष्टता का परचम लहरा रही हैं।

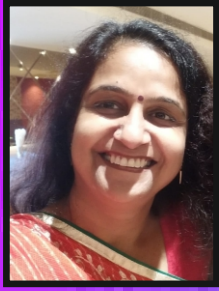
सरकार द्वारा महिलाओं के उत्थान के लिए अनेकों कार्यक्रम योजना आदि संचालित की जा रहे हैं।

लेकिन समस्या यह है कि क्या इतने मात्र से ही महिलाओं की स्थिति में सुधार हो सकता है क्योंकि हम सभी जानते हैं कि हमारा समाज पुरुष प्रधान है जहां पुरुषों का वर्चस्व चलता है। महिलाओं की बहुमुखी प्रतिभा के बावजूद हमारे पुरुषवादी समाज के मिथ्याभिमान ने उसे उचित सम्मान नहीं दिया प्रत्युत उससे हमेशा ही दोगुना दर्जे का व्यवहार किया है।

आज महिलाएं कितनी भी आगे क्यों ना बढ़ गयी हो चाहे वह ग्रामीण समाज की हो या शहरी समाज की बल्कि उसे कहीं ना कहीं अपने औरत होने की कीमत चुकानी पड़ ही जाती है। यहां हमारे पुरुष प्रधान समाज की ओछी मानसिकता की झलक दिखाई दे जाती है इसीलिए यदि वास्तव में महिलाओं को समाज में सम्मानित एवं बराबरी का दर्जा देना है तो आवश्यकता है पहले समाज और वातावरण इस परिवर्तन के अनुकूल बनाया जाये जो महिलाओं के बदलते स्वरूप को स्वीकार कर सके।

महिलाएं हमारे देश की आबादी का लगभग आधा हिस्सा है इसीलिए समाज या राष्ट्र के विकास में महिलाओं की भूमिका और योगदान को पूरी तरह और सही परिप्रेक्ष्य क्षेत्र में रखकर ही राष्ट्र निर्माण के कार्य को समझा जा सकता है एवं देश सशक्त तभी होगा जब महिला सशक्त होगी और महिला सशक्त तभी होगी जब वह शिक्षित और स्वावलम्बी होगी क्योंकि शिक्षित होने से वह अपने संवैधानिक और विधिक अधिकारों के प्रति सजग होगी और जब आर्थिक रूप से सक्षम होगी तो उससे आत्मनिर्भरता बढ़ेगी और तभी उसका आर्थिक सामाजिक और सांस्कृतिक शोषण समाप्त होगा। इस प्रकार एक महिला के जागरूक होने से ही आने वाली पीढ़ी भी शिक्षित होगी क्योंकि बच्चों में नैतिकता कर्मणता जीवन्तता का संचार उसकी माता ही करती है इसीलिए आज आवश्यकता है कि पुरुष स्त्री को आगे बढ़ाने में अपना सक्रिय योगदान से उसकी उन्नति में गर्व अनुभव करें तभी दोनों एक दूसरे के बनकर समाज को नई ऊंचाईयों पर ले जाएंगे। वर्तमान समय की नारी एक समय में विविध रूपों को अपने- अपने जीवन में पूर्ण रूप से निभाती है। वह माता, पत्नी, बेटी तथा अच्छी कार्यकर्ता के रूप में अपने को परिभाषित करती है। इस संसार में जो भी संस्कारमय, सुंदर है नारी की देन है नारी ही समाज को भावनात्मक एकात्मता के सूत्र में बांधती है नारी ही संस्कारों का सवाहन पीढ़ी दर पीढ़ी करती है नारी विहीन समाज सिर्फ एक जंगल है अतः नारी के विकास द्वारा ही देश का विकास संभव है।

Garbh Sanskar



DR. VINITA

The word is self explanatory (Garbh means the womb of mother and we start giving Sanskaar to child since the womb of mother)

Garbh Sanskaar is a scientifically proven fact now, though it was known to we Indians since the Era of Abhimanyu.

Scientifically it is known that the brain starts developing by 3rd week of gestation and by the 9th week it appears as small smooth structure, later its differentiation and growth continues throughout pregnancy and even after birth till age of 25 . Most active period of Brain Development is 2nd Trimester when 25000 neurons are created every min . Foetus start reacting to External Stimuli given and also to Hormonal Status of Mother .

The Happiness, Sorrows, Anxiety or Calm sound mind of Mother all affects Foetus.

We need to give max attention 14 week onwards but it is better if we start practicing it before conception and till 5 yrs of age of child .

Garbh Sanskaar has been a part of Hindu tradition and we have mythological stories of Abhimanyu, Ashtavakra and Prahlada .They were the examples of Sanskaar in their Mother's womb but we all know that Sanskaar of child continues till he/she living with their parents.

The practices of Garbh Sanskaar exists in different ways in different cultures.

Garbh Sanskaar activities according to Ayurveda

1- Healthy Eating habits-

Mother should have Satvik food which means freshly cooked food full of all nutrients, having all 5 tastes - Sweet ,Salty, Pungent ,Bitter and Sour .

Ayurveda recommends Parchamrut which helps in boosting immunity .It is made up of 1 spoon curd , honey, sugar and 2 spoon of ghee with 8 spoon of milk daily .Abstinance from any type of addiction .

2 -Positive thinking ,Meditation ,

Practicing yogasanas and Pranayam helps in maintaining sound body and mind even they prepare mother's body fit for Normal Vaginal Delivery

3-Prayers ,chanting mantras, shlokas and listening musics which can calm mind .

4 -Reading moral value stories and spiritual books .

5 -Channeling self creativity like pursuing your hobbies of knitting ,painting any thing which keeps mind energetic and soul happy.

I can say we all must have heard all this from our Mothers ,Grand Mothers in our home because this all is deep rooted in our culture.

Only thing is that the new generation needs to be reminded of all this and feel proud of our Scientifically Proven Ancient Culture.

BARRIERS TO WOMEN'S HEALTH



Dr Anubhuti Bhardwaj

JR- III, Internal Medicine,
M.L.N. Medical College,
Prayagraj.

Women's health has long been an neglected concept in the world, specially in a country like India- where the masses still lack access to healthcare. Social stigma in women's health results in the downplaying of symptoms, a reluctance to seek treatment or delaying treatment, shame or self-doubt, and isolation and harassment.

The consequences are devastating. There are certain diseases which are more commonly seen in women and also account to an increase of DALY (Disability adjusted life year). Malnutrition is an important determinant of health, both in childhood and beyond. Girls are far more likely than boys to have been subjected to sexual abuse. According to a WHO report, one in four girls report such abuse in the course of their lives. Women in all parts of the world face a heavy burden of ill-health linked to sexually transmitted infections, including cervical cancer.

Maternal health problems, including those resulting from unsafe abortion, are an important cause of death and disability among women, despite the fact that the interventions needed to prevent such problems are well known and cost-effective. Even maternal mortality, one of the most egregious threats to women's health in the developing world, remains poorly measured.

The priorities for action include: increasing the number of births attended by skilled birth attendants in all countries with high maternal mortality rates; ensuring that a continuum of antenatal, delivery and post-partum care is available and accessible to all pregnant women; and ensuring that all women have access to modern contraception, safe abortion services (to the fullest extent permitted by law) including post- abortion care, and screening and treatment for sexually transmitted infections, including HIV and HPV.

Equally important are strategies to prevent and respond to intimate partner violence and sexual violence, and to empower women and increase their opportunities for participating in economic activities. Thus, we should address all these issues collectively and ensure that women's healthcare is an elementary service for the masses and not a privilege for the few.

LETTER



KOMAL SACHDEVA

JUNIOR RESIDENT-2
(Obs & Gyn)
MLNMC, Prayagraj

To

Script writers of Indian television serials

Dear Sir / Mam

You sit in your grassy lawn at 42 making fireless dragons out of women for years and years and say

“INDIANS ARE NOT READY FOR PROGRESSIVE SHOWS “

In your story women are more capable of coming back to life after dying grand total of 3 times than they are of getting a life, there is always that one bad woman in the house, the story isn't over until one woman hates another. Thank you for planting that the biggest threat to woman is woman! that ways we will never stop believing that men were only made to love us.

Cameras creep into household kitchens and bedrooms but do not show the reality, most of the women I know, do not sit on the table until men are done, cannot contain their sweat through a concealer, but your women are showpieces that do not know the truth!

They reinforce the lie by showing it on screen and inspire young girls that an ultimate abusive prince is the ultimate Indian dream.

I was a pageant dreamer once too growing up watching your circus on star, imagining myself as one of your socially engineered damsels certain that there must be man who will buy me bangles, like my tea, love me more when I respect his bigoted uncles unconditionally. And now I wonder when you sit with sky rocketing viewer statistics in your lap knowing your audience love yielding women, pleading women, wears makeup to cook dinner. Does it makes you feel successful or attacked?

But this televised dystopia of submissive women has a shelf life shorter than your fame. Because one day Kusum will move on!

Kumkum will find a dream that is not love!

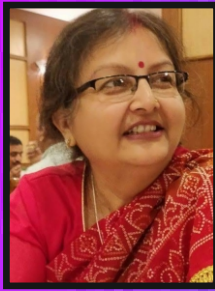
And Tulsi Virani will sit in board rooms making policies for girl child education!

It will happen in reality TV, more reality than TV

Kyunki saas bhi kabhi socially independent thi!

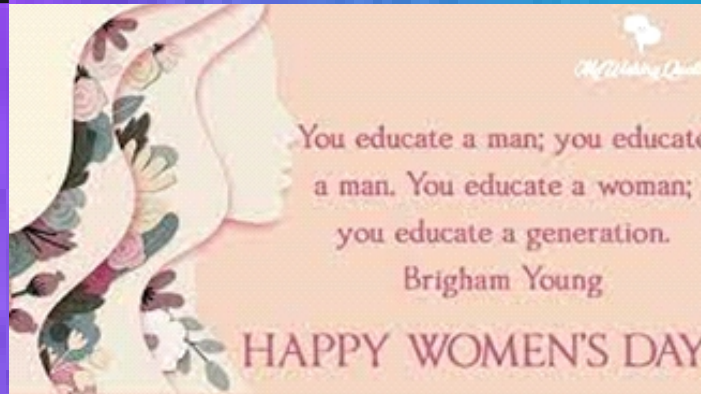
Kyunki bahu bhi kabhi education minister thi!

Dear rulers of indian television industry you should know society will raise anyways, women will raise anyway and every wedlock will stand unwavering on 2 ends of weighing scale one day!



Dr Ritu Srivastava

Mbbs Da, Ex. Mo Duffrin Hospital
Ex. Moic NUHM, George Town, Prayagraj



Women are strong, powerful and invincible. With myriads of mantras encouraging women's existence every day, a special day is indeed a necessity to celebrate women's achievements in all walks of life. Whether she's a doctor, teacher, homemaker, economist, engineer or pioneer, women have been making the world a better place with their infinite strength, determination and belief. With power enough to shatter the shackles of patriarchy, women are rising above societal hurdles every single day, making them a stronger force to reckon with, in modern times.

Every year, March 8 is celebrated as International Women's Day. This year the theme is

“Gender equality today for a sustainable tomorrow”.

Imagine a gender equal world.

- A world free of bias, stereotypes, and discrimination.
- A world that is diverse, equitable, and inclusive.
- A world where difference is valued and celebrated.
- Together we can forge women's equality.

Collectively we can all **#BreakTheBias**.

A little bit of history ...

It was during 1908 that there was an ongoing critical debate amongst women regarding their oppression and inequality. The campaign for change started to become more vocal when 15,000 women marched through New York City demanding shorter hours, better pays as well as voting rights.

In 1909, the first Women's Day was observed across the United States. In 1910, an International conference of working women was held in Copenhagen. That's where the idea was proposed by **Clara Zetkin**, a leader of the Women's Office for the Social Democratic Party in Germany. In 1911, International Women's Day was honoured for the first time in Austria, Denmark, Germany and Switzerland on 19 March. Between 1913 and 1914, women in Russia observed their first Women's Day on February 23.

Later, it was decided that March 8 can be the globally accepted day to celebrate IWD.

International Women's Day was celebrated for the first time by the United Nations in 1975.

Why is empowering girls and women so important?

Empowering women is essential to the health and social development of families, communities and countries. When women are living safe, fulfilled and productive lives, they can reach their full potential, contributing their skills to the workforce and can raise happier and healthier children. They are also able to help fuel sustainable economies and benefit societies and humanity at large.

Few great women leaders in india!



Do we still need an International Women's Day?

Yes! There's no place for complacency. According to the World Economic Forum, sadly none of us will see gender parity in our lifetimes, and nor likely will many of our children.

Gender parity will not be attained for almost a century.

There's urgent work to do and we can all play a part.

Women's Day Men's Perspective



Dr. Vinay Goyal

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W – Wonderful WIFE
O – Outstanding FRIEND
M – Marvellous DAUGHTER
A – Adorable SISTER
N – Nurturing MOTHER

International Women's day is globally celebrated annually on March 8 to commemorate the Cultural, Political and Socio economic achievements of women. Though Indian National women day is observed every year on February 13 to memorialize the Birth Anniversary of the Nightingale of India, Sarojini Naidu a Poetess who played a major role in India's struggle for freedom against British colonial rule.

International Women's day is admired across the globe as a mark of respect, acknowledge women's success and to raise Awareness against the Gender Bias.

Woman is the God's most Beautiful, Marvellous and Amazing creation. A Woman is much more than just a Human Being, she has the Power to create life, to cope with so much pain and some how end up being the strongest. In India where women have been Suppressed, Tortured, Humiliated and forced to live a second grade citizen's life for centuries, march 8 has a great significance as Anti Sexism Day or Anti Discrimination Day, also marks a call for action for accelerating Gender Parity, Significant activity is witnessed.

Female Foeticide, Honour killings, Female Illiteracy, Gender Inequality, Dowry, Domestic Violence are a blot on our male Dominated Indian Society. No modernization can take place without education and economic independence of women.

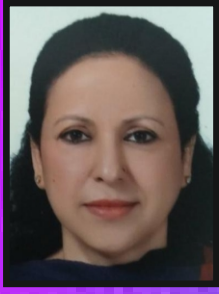
Why only one day for women is a multi dollar question. November 19 is celebrated as Men's Day. Why not celebrate rest of the days in a year as women's day who bear so much pain suffering for the family, keep fasts for children Husband and dedicates her life not for self but for others.

People say Husband and wife are two wheels of a Vehicle but I say in a four wheeler three represents wife and one represent husband. If you don't believe me, I urge all of you to see a short film "Ghar ki murgi" on you tube where family members consider women as a murgi but she comes out as Head of the family.

STRIVE FOR BETTER INDIA

STRIVE FOR A BETTER PLACE OF WOMEN IN INDIA

Education : A Lifeline to Empower Women



Dr. Anuja Saluja

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Education is the most powerful and potent weapon of social change and is the only tool which ploughs through various levels of bondage economic, social cultural and political to bring about an attitudinal change and lead to progress. It is rightly said “educate a girl empower a nation”. Education is in fact the key for women to achieve economic and social independence. It has been observed that though women in majority of countries have the right to education, equal access to education for women still remains an elusive dream.

Millions of women in both developing and developed countries are unable to complete their schooling as they are pushed (by the social fabric, their circumstances or by sheer violence) to focus on household work, caregiving and childbearing responsibilities. It is a well-known fact that various human rights charters and constitutional provisions of equality and justice are in serious contradiction to social reality about women (Srivastava 2004). Though many efforts have been made by the government for women empowerment, the scenario still remains quite gloomy.

Discrimination of women from the womb to the tomb is well known and manifests itself in all walks of life. India is a land of paradoxes. It is a land of contradictions and inexplicable contortions. It is the land where women are worshipped as goddesses, and yet year by year the number of women per thousand men, more commonly known as the sex ratio and the number of ‘missing girls’ in India continues to baffle us. It is a small wonder, then, that, in the area of education too girls are especially disadvantaged. In a country where the literacy rate is 74.37%, the female literacy rate continues to lag behind significantly at 53.7% with a gap of 21.6 points at the national level. The girl child again has to face many layers of impediments in receiving quality education, and reports suggest that some of these problems are likely to be exacerbated by the ongoing Covid 19 pandemic, with the technological divide adding another layer of discrimination against the girls. Keeping all this in mind, the single most important factor that can empower women and break them free of the shackles of poverty, helplessness and despair seems to be education.

Let us first examine the meaning of the word ‘empowerment’. Empowerment includes control over resources-physical, human, intellectual and financial, over ideology, beliefs, values, attitudes and broadly over one’s life options. Giving access to societal resources like education, employment, political power and household resources like income, property, health, nutrition and decision-making are seen as important pathways for empowerment. Clarification of the term empowerment from feminist stance also needs to be made here as it has become the current watchword of all those involved in gender education. It is a process not something that can be given to people. It does not mean the bestowal of power on disempowered people. According to relational psychology and liberation theology ‘empowerment’ refers to the relational process through which persons experience their creative, liberating power or capacity, to survive, affect

others creatively and make positive differences. As a relational process, empowerment involves mutual change and growth and not merely the granting of power as a status of privilege. (Hayward and Carter,1996:52,53) Relational power is destructive when it controls and dominates others. It is power-over others. But relational power is creative and liberating when it is channelized for the well-being of others. Then it becomes power-within as our well-being is not centered on ourselves and our happiness but it is relative- in relation to others. A woman becomes fully empowered only when she enables or facilitates another person to grow and develop.

Empowerment also means being able to make a contribution at all levels of society. From the standpoint of UNESCO's Gender Empowerment Index a person becomes empowered when she is able to make decisions for herself and for others, socially and politically, as the feminists believe that 'the personal is political.'

Clearly..."empowerment of women is the central and powerful force in the search for a safe environment, economic and social justice, adequate reallocation of resources, the survival of all species and the common goal of a healthy planet in which future generations can flourish."(Earth Summit Pledge,Rio,1992)

Time and again it has been emphasized that education at all levels is an important instrument for social transformation and empowerment. The UNESCO commission in its communication on education for the 21st-century observes that the learners have to be taught to learn – learn to know ,learn to be ,learn to do and learn to live together. This means our intellectual efforts should enable us to discover our own identity, our full potential, and empower others by learning to live together, sharing our stamina, skill and sympathy. (Delors Report 2008) So educational institutions cannot just address the intellectual needs of women but also have to meet their basic physiological, emotional and social needs, sharpen not only their intellect but also their physique ,their EQ and their social quotient and thus enable people to live together and contribute to others' welfare. This kind of education is envisaged to fully empower women to make their valuable contribution at all levels of society.

In India the national policy on education (1986) as well as the NEP (2020) have revealed education as a premium instrument for promoting equality of status and opportunity between men and women, between groups divided by class, caste and other forms of historic oppression.. It has been stressed that the national education system will play a positive, interventionist role in the empowerment of women. It would foster the development of new values, through redesigned curricular, textbooks, the training and orientation of teachers, decision-makers and administrators and active involvement of educational institutions which would be considered an act of faith and social engineering.

Initiatives and interventions aimed at men and women to transform gender relations are often understood as contributing to the empowerment of women. Engendering knowledge building, dissemination and eliminating all forms of discrimination are all processes that contribute to the ethos of empowerment of women.

Empowerment also entails struggle; it entails learning to deal with the forces of oppression; it also entails conscious and deliberate interventions and efforts to enhance the quality of life. Collective strength is necessary for building solidarity and this strength can be derived only from education.

Education is the first and the most important tool towards women empowerment as it helps to liberate. It also has the power to break down barriers and allows the privilege of choice to

women. It is education alone that has the ability to mobilize and foster independence. If women are educated they can choose a career and get financial independence which is of utmost importance for their general well-being and for taking up bigger challenges in a competent and confident manner. Widening the horizons of women and fully empowering them with education, has become a necessity in today's world, where knowledge alone opens the gateways to power and this power is possible only through education.

Michelle Obama (2014) has aptly remarked "No country can ever truly flourish, if it stifles the potential of its women and deprives itself of the contributions of half of its citizens." Thus it is imperative in the world today to provide a lifeline of education to women in order to empower them as – 'empowering women empowers humanity' (Ertharin Cousin, United Nations (2015).

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International women's day!
2022



She inspires me!





आओ सब मिल सुने

डॉ० कमलजीत सिंह

आओ सब मिल सुने
कहानी भारतीय बालाओं की
नहीं हैं अबला नारी अब ये
सजल है सबल है और है सफल
भिन्न-भिन्न प्रान्तों की बालाएं
पंजाब से कोई तो हरियाणा से है कोई
उत्तराखंड से कोई तो मिज़ोरम से है कोई
कोई उड़ीसा से तो कोई है अपने उत्तर प्रदेश की
आओ सब मिल सुने सुनायें
कहानी भारतीय बालाओं की

ये बेटियां हैं किसान दर्जी और मेकनिक की
बच्चियां हैं तांगे वाले की और है पुलिस वाले की
आओ सब मिल सुने सुनायें
कहानी भारतीय बालाओं की

जोश है सपने हैं और है जीतने की चाहत
फटे जूते हों या
घर में खाने को रहा न हो
अलार्म के लिए न रही हो घड़ी
बरसात हो या हो धूप
पेड़ की टहनी से बनी हो हाकी
मीलों पैदल चल के जाना हो
कितनी भी विघ्न बाधायें हों
दृढ़ निश्चय है और भरी है ये आत्म विश्वास की
आओ सब मिल सुने सुनाये
कहानी भारतीय बालाओं की

उदिता सविता शर्मिला
रीना मोनिका टिप ग्रेस
निशा वारिस लालरेम
नवनीत नवजोत और गुरजीत कौर
कटारिया सलीमा निक्की प्रधान और
कहानी रानी रामपाल की
आओ सब मिल सुने सुनायें
कहानी भारतीय बालाओं की

जागो जागो



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ये मेरे मन की बात समाज के उन लोगों के प्रति है जो आज भी वंचित हैं उन मूलभूत आवश्यकताओं से ,जो ज़रूरी है जीने के लिये ,और जिन्हें पाने के लिये वो आज भी दूसरों के मोहताज़ हैं/ या मोहताज़ बना कर रखा गया है/या आगे के लिए भी मोहताज़ बनाया जा रहा है।

जागो जागो अब न जगे तो, फिर न सवेरा आएगा,

काली रात के साये में तू, घुट घुट के मर जायेगा।

उसकी तरफ़ न देख ,वो रौशनी तभी तुझे दिखलाएगा,

जब उनके खुद घर के दिये में तेल खतम को आएगा।

ये न समझो उसको तुम्हारे, जीर्णोद्धार की चिंता है,

वो तो तेरे खंडे पर भी, अपना महल बनाएगा।

मुफ़्त की सांसों से कब तक तू, अपनी जान बचाएगा,

उठो चला लो तीर(वोट)लक्ष्य पर,फिर ना मौका पायेगा।

वही तुझे और तेरे जड़ को,सींचेगा पनपायेगा।

आने वाले पौधों को भी ,हरा भरा रख पायेगा।

जागो जागो अब न जगे तो, फिर न सवेरा आएगा,

काली रात के साये में तू, घुट घुट के मर जायेगा।

फीटस का अन्तर्द्वन्द



डा. राकेश चन्द्र चौरासिया

प्रोफेसर फार्माकोलाजी मोतीलाल नेहरू,
मेडिकल कालेज, इलाहाबाद

मैं गर्भ में हूँ पर पूर्णतया सुरक्षित हूँ
स्पंदने करती उसकी धड़कन
महसूस होती आत्मीय स्पर्श
वो पल-पल की आत्मीयता
जान से ज्यादा सहेजने की उत्कंठा
सपने संजोने की ललक
अजब सी कशिश और तड़प
उस पर,
स्वयं का खुली आजादी से निश्छन्द विचरण
तीनों लोकों में न्यारा,
अपना तो बृहमाण्ड ही निराला है
इस नैसर्गिक दुनिया में मैं आनन्दित हूँ
मैं माँ के गर्भ में पूर्णतया सुरक्षित हूँ।
पर जैसे-जैसे पूर्णता को अग्रसित हूँ
मन ही मन सशंकित हूँ
सुना है,
बाहरी दुनिया बस दिखावा है
खोखली है, आधारहीन है।
झूठ और फरेब के दम बुनियाद पर टिकी है
जिसका कोई ओर है, न ही छोर
दिखता कुछ और, वास्तव में है कुछ और
झगड़ा है. मारकाट है, आतंक है
छल-कपट, मक्कारी और व्यभिचार है,

जिधर देखो, बस बलात्कार ही बलात्कार है,
नेता, देश का बलात्कार
अभिनेता, समाज का बलात्कार
धर्मगुरु, आरथा का बलात्कार
शिक्षक, शिक्षा का बलात्कार
पेशेवर, पेशे का बलात्कार
आधुनिकता, मर्यादा का बलात्कार
सब बलात्कार में ही मगरूर हैं.
रिश्तों की मर्यादा तो तार-तार हैं,
बाप-बेटी का,
तो आदमी-आदमी का बलात्कारी है,
कुदरत के बलात्कार की तो मारो गोली
मासूमों,
और कोरव तक का बलात्कार,
बदस्तूर जारी है,
कोरव तो मन्दिर है,

पवित्र मन से आगाज करो,
और श्रद्धा से प्यार की ज्योति जलाओ,
पर विनम्र अनुरोध हैं,
इसे गन्दी वासना का क्रीड़ा-क्षेत्र मत बनाओ,
सोच-सोच कर चिंता से अचंभित हूँ,
झूठ और फरेब से रंगी दुनिया कैसे देखूँ.
देखू तो क्या देखूँ
क्या न देखूँ
आतंक का नंगा नाच देखूँ,
या, बच्चों को भूख से बिलखता देखूँ,
या, नारी को अपमानित होता देखूँ,
या, नेताओं की छिछोरी हरकतें देखूँ
या देश की अस्मिता को गिरवी होते देखूँ,
या शहीदों के परिवार की बेबसी देखूँ,
या, कुदरत को कुरूप होते देखूँ,
या जन्मते ही विभाजित हो जाऊँ,
कौम में,
मजहब में,
अमीर-गरीब और ऊँच-नीच में,
या, हर दृष्टि से बस बलात्कार ही देखूँ,
और बन जाऊँ हिस्सा उसी भ्रष्ट समाज का
और शान से बलात्कारी कहलाऊँ,
इसलिए,
मैं बहुत ही उधेड़विन में हूँ,
समय करीब है,
पर मन ही मन डरा हूँ,
सशंकित हूँ,
बाहर की दुनिया के भय से आतंकित हूँ,
मुझे बाहर की दुनिया मत दिखाओ,
मुझे शिद्दत से महसूस करो.
मुझे अपने से जुदा मत करो,
तुझे बस अपने गर्भ में ही रहने दो
गर्भ में ही रहने दो
गर्भ में ही रहने दो,

मैं गंगा हूँ

डा. राकेश चन्द्र चौरासिया
प्रोफेसर फार्माकोलाजी मोतीलाल नेहरू,
मेडिकल कालेज, इलाहाबाद

मैं संस्कृति हूँ, सम्भ्यता हूँ, इतिहास हूँ मैं अविरल हूँ अक्षुण हूँ
आरम्भ हूँ मैं उत्थान हूँ, आदि हूँ, अन्त हूँ,
मैं कामना हूँ, सम्मान हूँ, अनन्त हूँ
मैं कलकल हूँ, अथाह हूँ, प्रवाह हूँ,
मैं संगीत हूँ सुहाग हूँ, श्रृंगार हूँ,
मैं सत्य हूँ तपस्या हूँ, सौगन्ध हूँ
मैं सृष्टि हूँ. शक्ति हूँ. श्रृद्धा हूँ,
मैं अर्पण हूँ, तर्पण हूँ, आस्था हूँ,

मैं जीवन हूँ

मैं गंगा हूँ

मैं भगीरथी हूँ, विष्णुपदी हूँ, देवसरिता हूँ,
मैं लोकमाता हूँ, भागवती हूँ सुरसरी हूँ,
मैं अलकनन्दा हूँ, जाहन्वी हूँ, मंदाकिनी हूँ,
मैं अमृत हूँ,
मैं गंगा हूँ,

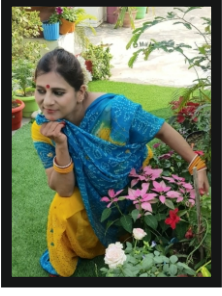
मैं श्वेतघवला, मोक्षदायिनी
पतितपावनी, मुक्तिदायिनी,
आज उदास हूँ,
अस्तित्व के लिए परेशान हूँ
रूप को विकृत किया
रंग को बदरंग किया
आँचल को मैला किया
श्रृंगार का तिरस्कार किया,
फिर भी देती हूँ मैं मोक्ष
और धोती हूँ पाप

मैं माँ हूँ

मैं गंगा हूँ..

जीवन की मधुरिम परिभाषा

डॉ अनुराधा वर्मा



नारी ने नारी को समझा
नारी ने नारी को माना
बस यही कामना करती है
नारी नारी से हारी है
अन्याय यदि देखा जग में
नारी का नारी पर देखा
नारी नारी पर भारी है
कैकयी मंथरा की घटना
युग युग से सुनते आते हैं।
सास बहू के किस्से भी
पुस्तक में पढ़ते आते हैं
नन्द और भौजाई की
चोटी भी खिंचती देखी है
जेठानी ने दौरानी की
वाणी वर्षा की झेला है
हर तरफ दिखाई देती है
नारी संघर्ष को गाया
अब नहीं दिखाई देती है
जीवन की मधुरिम परिभाषा



शिक्षा का वरदान

माँ की हो परछाई तुम,
पिता का इक ख्वाब हो तुम,
लक्ष्मी का वरदान हो तुम ,
परिवार का अभिमान हो तुम ।

पढ़ो लिखो और बनो महान,
समाज का तुम करो उत्थान
बतला दो इस दुनिया को
नारी अबला नहीं आलंबन है
पढ़ाई ही उसका स्वावलंबन है ।

बेटा बन कर इस जीवन में
माँ बाप का नाम करो
अपने पैरों पर खड़े होकर
खुद का ही आधार बनो ।

चंद पैसों की खातिर
तेरी आँखे नम ना हों
माँ की हो परछाई तुम,
पिता का इक ख्वाब हो तुम ।

व्याह रचा कर दूजे घर में
एक दिन जब तुम जाओगी
दहेज़ को जब कोई मांग करे तो
अच्छे से सबक सिखाओगी ।

Dr Chetna

कोख में पलने वाली बेटी

कोख में पलने वाली बेटी
रौंद ना डाले जालिम दुनिया
ना बेबस और लाचार बने तू
भूण हत्या ना होने पाए
तू दो धारी तलवार बने ।
प्रोढ़ शिक्षा की अलख जगा कर
परिवार नियोजन का आगाज करो
जब नन्हे मुन्ने की हो बारी
स्वच्छता का पाठ पढ़ाओ
पढ़ाई लिखाई और खेल कूद का
जीवन में उपयोग बताओ ।
संतुलित भोजन का मंत्र पढ़ाओ
पिज्जा बर्गर से दूर भगाओ
स्वयं पढ़ो और ओरो को पढ़ाओ
पढ़ लिख कर नाम करो ।
विनती मेरी यह सब से है
ना समझो बेटी को परेशानी
कोमल है पर कमज़ोर नहीं
जग को जीवन देने वाली
शक्ति का नाम ही नारी है
नये समाज की आस जगाओ
अपना देश महान बनाओ ।

नारी तेरा अस्तित्व क्या है?



डॉ. पल्लवी निगम
मदर ऑफ़ डॉ कुमकुम बधाना

पराएपन का अहसास
हर वक्त कराया जाता है
सब्र का अवलम्ब ले
कब तक निहारू शून्य में

स्व से किए तमाम प्रश्नों
से उलझ फिर स्वयं ही
सुलझने का अवसाद
किसी से कुछ न कह पाने का संत्रास

अन्तर्मन में उठे
तूफान के थपेड़ों ने
फिर उकसाया-मानवता
तजने की न सोच
फिर अन्तर्मन चीख उठा
आखिर कब तक यूं... ..

मर्यादा को बनाए रखने का बीड़ा
न जाने कितने ही दिलों का बोझ हो
यह कैसा अपनत्व है
अपनत्व की दहलीज को
सर्वस्व अपना कर भी पराई है।

कितनी भोली है तू !
इस समाज में कितनी
आसानी से ठगी
जाती है, स्वजनों और
परजनों के बीच हर रस्मों
रिवाज, हर एंशो-आराम
सौभाग्य और दुर्भाग्य
का हकदार भी तुझे बनाया जाता है

कहीं ममत्व प्रतिबन्ध लगाता है
कहीं समाज, इस सामाजिकता
ने दिया इस नारी को एकांत संघर्ष
फिर शर्मोहया का अवगुण्ठन हटा
जब आ कूदी है, सामाजिक अखाड़े में
धारण कर चण्डी का रूप
तब पुरुष प्रधान समाज के कदम डगमगाए....

क्या भूल गया यह नर
वह वात्सल्य जिसकी छाया में
रह हर मानव का मान बढ़ा
हर सपना साकार हुआ।
कितने ही सपने संजोकर
मन फिर भी क्षुब्ध है
खिलती कलियों को यूं
निःस्वार्थ मुस्कराते देखा
हवा को सरसर चलते देखा

सूखी सरिताओं में जीवन
की एक आस देखी, फिर
भी मन क्षुब्ध है।

कोई आगे बढ़ जाने की होड़ में लीन
अपनों से दूर है, ठहर एक पल
कर एक सवाल अपने आप से
ये क्षण क्या तब भी प्रतीक्षारत होंगे?

प्रदत्त निष्ठुरता में भी
आशा की ज्योति देखी
प्रश्नों के आन्दोलन से
जूझ-जूझ कर भी
उत्तर न पाया।

क्या इस अनबुझ पहेली.. ...
के हर जवाब का विधान
भी तूने पुरुष पर छोड़ा?
आखिर फिर क्यों यह कभी-
कभी नत-मस्तक होता है
उस देवी के प्रांगण में?

कभी दिलासा देती है
कभी महत्वाकांक्षी होने
की भावना से टूट जाती है
अपने परिश्रम को निरर्थक देख
अकेले ही रो लेती है
कौन बतलाएगा न जाने कब
नारी तेरा अस्तित्व क्या है?

नारी-शक्ति

डॉ.सपना अग्रवाल



तुम्हीं दुर्गा, तुम्हीं काली,
शक्ति अपरंपार हो तुम।
तुम्हीं सरस्वती, विद्या तुम्हीं,
परम ज्ञान का सार हो तुम।
तुम्हीं लक्ष्मी, तुम्हीं पार्वती,
कुल-समृद्धि का द्वार हो तुम।
कई पीढ़ी संयुक्त करे, वो
अटूट अछिन्न तार हो तुम।
कभी माता, कभी पुत्री, कभी
भार्या, पुरुष का आन बनी।
कभी बहन बन, कच्ची डोर से
भ्रातृ-कलाई का शान बनी।
फिर धरती क्यों कराह उठी
इक बेटी के बोझ से?
"उफ" निकली क्यों जन के
मुख से,
बेटी के पैदा होने से?
परिवार स्तंभ सुदृढ़ बनाओ,
लिंग-भेद हटाओ तुम।
समाज प्रगतिशील बनाओ,
बेटी को पढ़ाओ तुम।
भ्रूण-हत्या, दहेज-हिंसा,
कुरीतियों का दमन करो।
क्रांति लाओ समाज में, तुम
नारी सशक्तिकरण करो।



मिसेस अर्चना मिश्रा

हर जीवन को तूने जिया कौन कहे तू अबला है।
मां बहिन बेटी पत्नी को तूने ही तो जिया है ॥
नौ रस की तू अदभुत रचना कौन कहे तू नीरस है।
है समग्र ब्रह्माण्ड तुझमें बसी तुझमें हर छाया है।
संघर्षों से मोह कर सबका रूप संवारा है।
एक शरीर रूप अनेक तुझमें ही समाया ॥
है बसंत की बहार और सावन है तुझमें।
आधुनिकता और पौराणिक दोनों का संगम तुझमें
संगम पर दिया जला लगती किसी घर की स्वामिनी तू।
नपा तुला हिसाब तेरा श्रीनिवास की है पूरक तू।
समझ नहीं तू अपने को किसी और के पन्नों की कहानी ॥
खुद ही खुद में पूरी है तू अपने जीवन की अमिट निशानी में।

स्वीटी दीक्षिता।

HOPE



Dr Varsha Gupta

When faith starts shaking,
and positivity within starts breaking,
When what you see around are movements of 'unfair gains',
When you see expressions that feign,
Oh GOD, My Lord, The Saviour of the universe,
Rekindle the hope that has become dormant in me.
The hope to see everyone in the pink of health,
The trees green, the sea blue with the birds chirping & welcoming the crimson sun bringing with it a ray of hope.

फ़रमाइश



डॉ. गीता त्रिपाठी

एक नन्ही सी फ़रमाइश पर
हमारी उन नर्म उंगलियों में
सलाइयों और सतरंगी ऊनों का जाल
हमारा वो जज़्बा और प्यार
जो हमारे अन्तर्मन को यह रूप देता है

जिसके लिए बना वह भी उत्सुक और प्रफुल्लित
जिसने बनाया वह तो बाग़-बाग़

दोनों मिल कर कितना इठलाये थे
कई वर्षों तक इस पर
इसकी नर्म गर्माहट की ओट में
हम दोनों की कई सर्दियाँ गुज़री हैं

एक अरसा गुज़र गया है
जिसके लिए बना वह इसकी पहुँच से बहुत बड़ा हो गया है
पर हम तो आज भी बच्चे ही रह गये हैं

हर सर्दी में आज भी
इसकी नर्माहट और गर्माहट को हाथ में लेकर महसूस करते हैं
कभी कभी हम खुद इसमें
आपने आपको भी समेट लेते हैं
और उन पलों को आज भी जी लेते हैं

दिल को हमेशा ही इन्तज़ार है
इस तरह एक नन्ही सी फ़रमाइश को पूरा करने का
एक फ़रमाइश और हमारा तुरन्त हरक़त में आना
हमें आज भी जवां बनाये हुए है

YOUR LIL BIT IS LEFT WITH ME



Dr Kanchan Mishra

Though I was craving for
your descry,
I chose not to come to you,
You know why?
Coz I knew, it would take away
What is still left with me.
Your longing will fade away.

Your lil bit is left with me,
Through Which I am still
Breathing.
Through which I am still
Keeping.

Let it be with me for a while,
I don't wanna die so soon,
Let me breathe for a while.

I don't wanna be drowned
In an unknown darkness,
Let me shine for a while.

I don't wanna feel the ugly
Truth of life,
Let me dream for a while.

Your lil bit is left with me,
Through which I am still breathing.
Through which I am still keeping

अप्रकट



डॉ तरू पांडेय

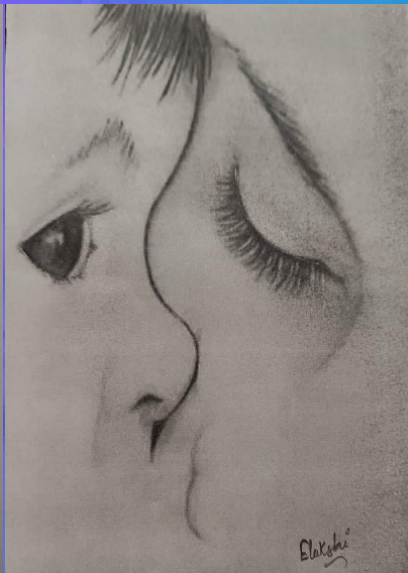
वरिष्ठ सलाहकार स्त्री रोग विशेषज्ञ
और प्रसूति रोग विशेषज्ञ

जीवन की जीवंतता का यह क्या कम प्रमाण है?
दलदल की माटी में बीज अंकुरित हो बनता कमल महान है!
रसविद्या के इस परिवर्तित रूप की क्या व्याख्या करूं,
क्या दिशाहीन यह परिणति संभव?
क्यूं मैं ऐसा विचार धरूं!
क्यूंकर एक लहू की बूंद से नवजीवन सृजन की ओर चले ;
और फिर उसी मानव शरीर को मृत्यु पर माटी कहें।
कोई ऐसी क्रिया न देखी जिसका कुछ आधार नहीं ,
नदी ,पहाड़ ,पशु पक्षी, वृक्ष, सूर्य, चंद्रमा सब नियंत्रित मानो ॐकार यहीं।
इस जग में प्रभु खोजन चले ,आंखें बंद कर चलते लोग ,
आस पास प्रभु की प्रभुता का नयनहीन न करते भोग।
खेलते हुए बाल में, लचकती हुई डाल में ,
अश्रुमिश्रित हंसी में ,लजाती सी कली में,
अंधकार की कालिमा में ,चंद्रमा की लालिमा में,
जीव की हर सांस में , दुःख की हर आंच में
ढूंढता फिरता ईश को मानस मानो हर क्षण कहीं....
ज्ञान न पाता

— "नाद ही जीवन्त हो कर नृत्य करता दिखा यहीं"।

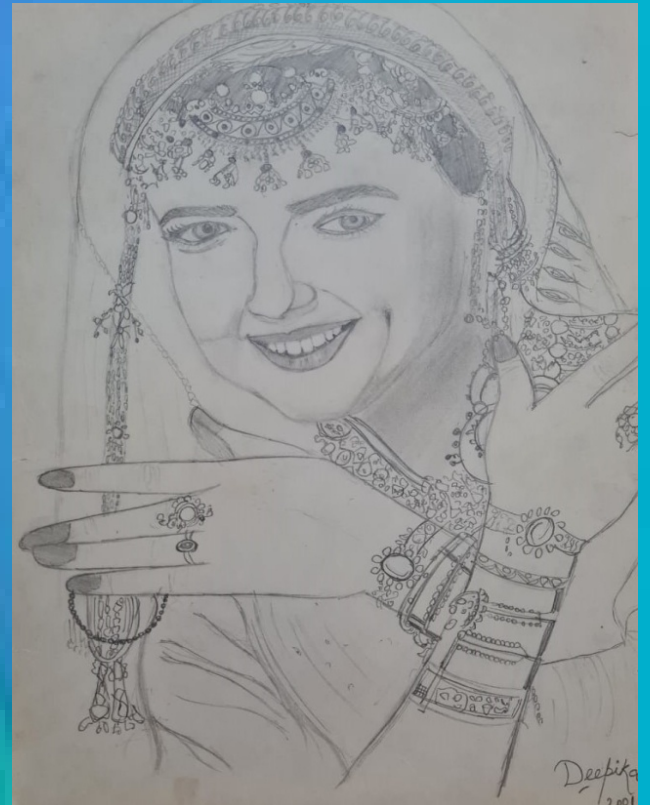
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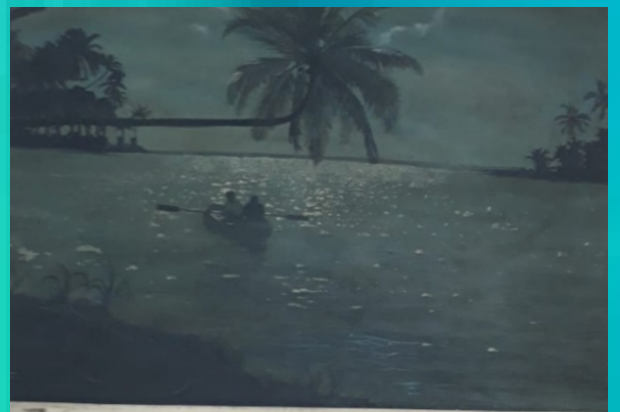
- | | |
|--|------------------------------------|
| (1) Craft by Neelam Bhushan | (18) Painting by Shail Srivastava |
| (2) Knitting by Amita Gupta | (19) Painting by Amrita Agrahari |
| (3) Painting by Harish Khanna | (20) Paint Box by Saumya Gupta |
| (4) Paintings by Punyaja Sinha | (21) Painting by Sneh Tewarson |
| (5) Paintings by Priya Pandey | (22) Knitting by Amita Tondon |
| (6) Painting & Knitting by Rama Mishra | (23) Painting by Nalini Rastogi |
| (7) Embroidery by Ranjana Srivastava | (24) Sketch by Deepika Nautiyal |
| (8) Paintings by Dr. Kavita Agarwal | (25) Painting by Amrita Chaurasiya |
| (9) Knitting by Mrs Barkha | (26) Painting by Abhilasha Kumar |
| (10) Painting by Neelam Shukla | (27) Bag by Geeta Tripathi |
| (11) Painting by Sapna Agarwal | (28) Knitting by Suman Maurya |
| (12) Craft by Archana Mishra | (29) Painting by Aditya |
| (13) Knitting by Vinita Mishra | (30) Painting by Taru Pandey |
| (14) Painting by Jayita Saran | (31) Craft by Chitra Pandey |
| (15) Painting by Dr. Shikha Maurya | (32) Knitting by Manisha Gayal |
| (16) Sketch by Dr. Sapna Agarwal | (33) Painting by Elakshi Shukla |
| (17) Painting by Anshu Verma | (34) Dr. Amrita Madnani |





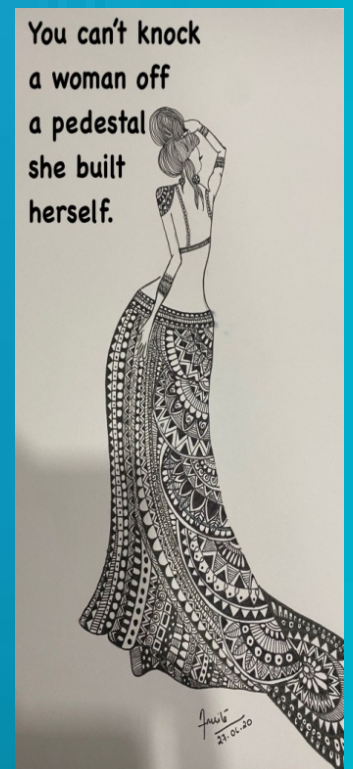
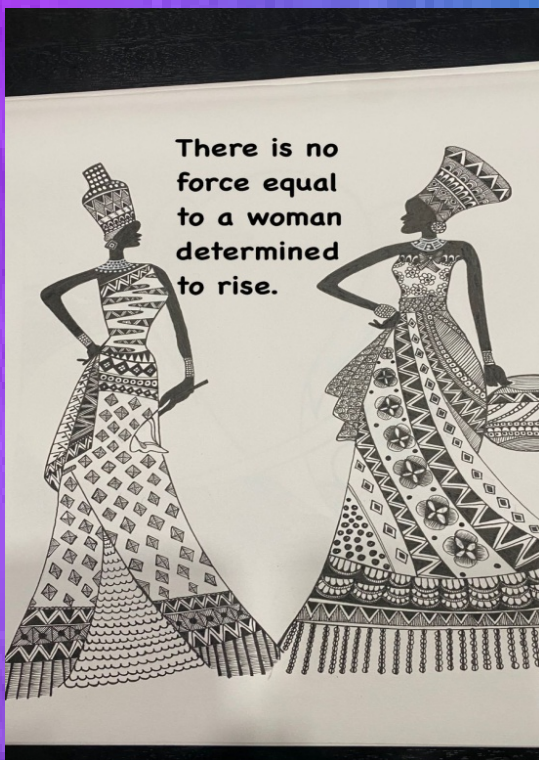








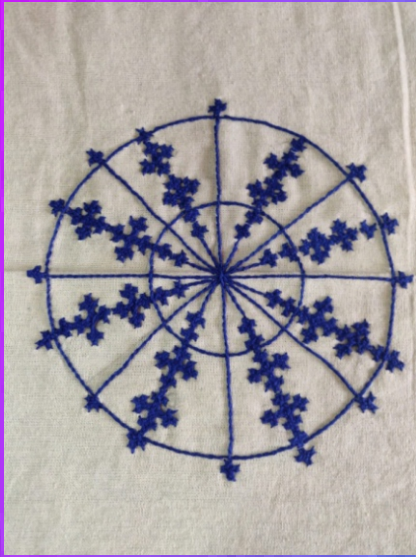














PISTA KULFI

INGREDIENTS

For 5-6 People

1. 100 ML Milk Amul Full Cream (No Need to Boil)
2. 200 ML Cream
3. 1 Cup Mithai Made or Milk Powder
4. 50 Gm Dry Fruits
5. 3 Cardamoms
6. To Taste Sugar (If You Need)

Steps

1. Add Milk in A Bowl.
2. Add Cream, Mithai Made (Or Powder Milk) Cream, Cashew Nut, Pistachio.
3. Add Cardamoms and All Mixture Then Mix Well.
4. Pour in a Small Paper Glass and Sticks, Then Refrigerate for 5-6 Hours.
5. Ready To Eat.



Handvo

Ingredients

For 8-10 People

Cooking Time: 20 Mins.

1. 1 Cup Rice
2. 1/2 Tablespoon Chana Dal
3. 1 Tablespoon Urad Dal
4. 2 Tablespoon Tuar Dal
5. To Taste Salt
6. To Taste Sugar
7. 1 Tsp Ginger Garlic Paste
8. 1/2 Tsp ENO Or Baking Soda
9. 1 Lemon
- 10.1 Cup Curd
- 11.1 Teaspoon Mustard Seeds
- 12.1 Teaspoon Cumin Seeds
- 13.1 Tsp White Til (Sesame Seeds)
- 14.4-5 Curry Leaves
- 15.1 Tablespoon Chopped Carrot
- 16.1 Tablespoon Chopped Cabbage
- 17.1 Tablespoon Peas
- 18.1 Teaspoon Turmeric Powder

Steps

1. Clean All Pulses and Rice Add Water and Leave 4-5 Hours.
2. And Then Put in Mixture Jar Add Curd and Grind.
3. Leave For Overnight.
4. Next Day Add All Veggies Ginger and Green Chilli Paste Turmeric, Salt, Sugar Add Fruit Salt.
5. Take A Pan Put Some Oil Sesame Seeds, Mustard Seeds, Cumin Curry Patta and Then Put the Mixture of Handvo.
6. Closed And Cook 3-4 Min in Medium Flame When It Comes Golden Colour Flip on Other Side and Cook Well.
7. Put The Knife If Comes Out Clean It Done.
8. Ready To Plating Enjoy Its Very Healthy and Delicious.

A Portfolio Dedicated to The Management of Male & Female Infertility.

In Oligoasthenoteratozoospermia (OAT)

CoQ LC

Tablets of Ubiquinol, L-Carnitine, Astaxanthin, Lycopene & Zinc

In Asthenozoospermia

CoQ 300

Coenzyme Q₁₀ 300 mg

In Oligoteratozoospermia & Female Infertility

CoQ FORTE

Capsules of Coenzyme Q₁₀ with Lycopene, Selenium and Omega-3 fatty acids

A Portfolio Dedicated to Women's Health

In mastalgia and fibroadenosis



PRIMOSA[®] 1000

(Evening Primrose Oil 1000 mg)

Capsules

In PMS



PRIMOSA[®] 500

(Evening Primrose Oil 500 mg)

Capsules

In PMS, Mastalgia

PRIMOSA[®] BOOST

Evening Primrose oil 500 mg Vitamin E 30 mg, Vitamin B6 2mg

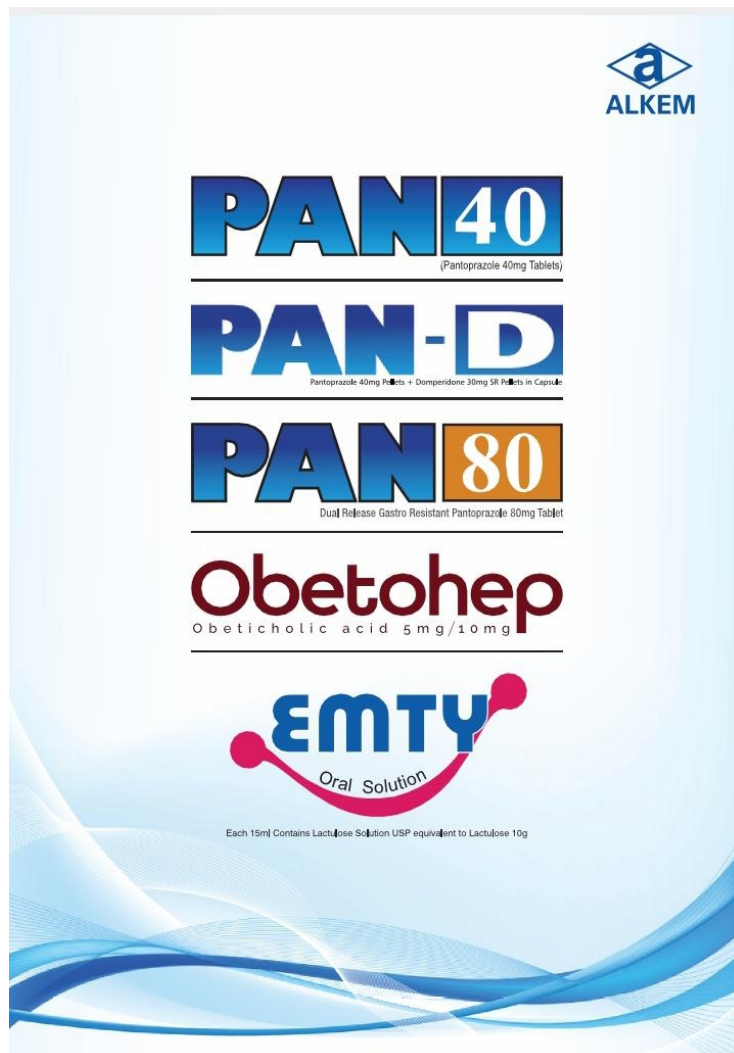
ARGIHOPE

Tablet

PLAKONTA INJECTION



Tricium-XT



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Metronidazole IP 500 mg + Ofloxacin IP 200 mg Tablets

metrogyl[®] ER

EXTENDED RELEASE Metronidazole Tablets USP 600 mg

RANTAC[®] RD

Rabeprazole 20mg +
Domperidone Sustained Release 30mg Capsules

RANTAC[®] MPS

Magaldrate IP 400 mg + Simethicone 20 mg/5 ml

Bizfer-XT[®]

Ferrous Bis-glycinate 60 mg + Folic Acid IP 1 mg + Zinc Bis-glycinate 15 mg + Methylcobalamin IP 500 mcg Tablets

metrogyl-P[®] 2%

Metronidazole IP 2% w/w + Povidone-Iodine IP 10% w/w Ointment



J.B. CHEMICALS &
PHARMACEUTICALS LTD.

Compliments

From The Makers of

Acipan[®]-DSR
CAPSULES

PANTOPRAZOLE 40 mg. + DOMPERIDONE 10 mg. I.R. + 20 mg. S.R.

incube[®]-3D
TABLETS

Calcium Citrate Malate+Vit D3+Magnesium+Zinc+Boron+Manganese+Copper

Nelik[®]
TABLETS
FOLIC ACID 5mg.

Lebiclav[™]
Amoxicillin & Clavulanic Acid

Full-Flora[™] DX
Lactic Acid Bacillus Spores 5 Billion
Doxycycline 100 mg Capsules

Utroease[™]
An Ayurvedic Formulation with Borax

N.T. RON[™]
NORETHISTERONE-5mg Tablets

Feirofer[®]
Sodium Ferredetate, Folic acid, Vit.B12 & Zinc

NEOF-F
Flavoxate 200 Mg.
Ofloxacin 200 Mg.
Tablets



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FOR MENSTRUAL DISORDERS AND
WOMEN INFERTILITY

Rx **GYNOVA**TM TABLETS &
ADV. BIO-FERMENTED LIQUID
For Fostering Female Fertility



FOR MALE INFERTILITY

Rx **SPERMON**TM SGC
From Genesis to Destination

Committed to research and development for superior healthcare naturally

• During Pregnancy • Postpartum Anaemia • Intolerance to Oral Iron Therapy

Rx **Ferose^{iv} 200/100**
(Iron Sucrose Injection USP 20mg/ml)

In the Management of Pregnancy, Lactation & Post-Menopausal Osteoporosis

Rx **Densical^{XT}**
(Calcium Carbonate IP 1250mg Eq. to Elemental Calcium 500mg + Vitamin D3 IP 2000 IU +
Methylcobalamin IP 1500mcg + L-Methylfolate Calcium 1mg + Pyridoxal 5-Phosphate 20mg Tablets)

Extra Powered Calcium for Extra Needs

In The Treatment of Abnormal Blood Loss Due to
Menorrhagia, Intra / Post-operative Haemorrhage

Rx **Cosklot[®] Plus**
(Eltamsylate 250mg + Tranexamic Acid 250mg Tablets)

Controls...Blood loss.... FASTER

In Vulvovaginal Candidiasis & Fungal Skin Infections

Rx **Costen⁷**
(Fenticonazole Nitrate 600 mg Soft Gelatin Vaginal Capsule
Fenticonazole Nitrate 2 % w/w Cream)

Cost Effective... Quality Fenticonazole



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Builds **Strength**. Brings **Convenience**.

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Myezom[™]
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