

January - June 2024

SYNERGY



Maulana Azad Medical College Old Students Association's Newsletter

President
Dr. Ganesh K. Mani

Secretary
Dr. Ashwini Dalmiya

Editor
Dr. Vandana Roy

Jt. Editor
Dr. Mukesh Bhatia



MAMCOS

Room 309, 3rd Floor, Main College Building, Maulana Azad Medical College,
Bahadur Shah Zafar Marg, New Delhi- 110002

Phone- 23237029,23239271-80 Extn: 355, Email: mamcos309@gmail.com, Website: www.mamcos.org



Photograph courtesy Dr. Rajan Malik (Batch 1980)

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Photographs taken by Dr. Rajan Malik

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The photographs are by Dr. Sudhir Oswal (1969), Dr. Rajan Malik (1980), Dr. Sanjay Dhawan (1983), Dr. Tyag Murti Sharma (1983)
The paintings in this issue are by Dr. Luna Dhir (Batch 1983)



Dr. Poonam Narang
M.D. (Radiology)
DEAN



Maulana Azad Medical College & Associated Hospitals:

- Govind Ballabh Pant Institute of Postgrad Medical Education and Research
- Lok Nayak Hospital
- Guru Nanak Eye Center

2, Bahadur Shah Zafar Marg,
New Delhi - 110002 (India)
Ph. : 91-11-23231478, 23231438
Email : deanmamc.2012@gmail.com



MESSAGE

Maulana Azad Medical College Old Student Association, MAMCOS is the illustrious alumni that has extensive national and global presence. Their contributions to healthcare systems are unparalleled not only due to their sheer number, but also due to their unmatched zeal and enthusiasm.

Their endeavour to teach the world what they learnt at their Alma Mater, is their true tribute to their worthy teachers. The teachers who held their hands and shaped their future, hold a special place in the hearts of each one of the 'Maulanians'. Remembering and honoring them is a beautiful expression of gratitude.

Thank you and bless you MAMCOS.


(Dr. Poonam Narang)

Teachers Day



I do consider it a privilege to pen a few lines about the wonderful Teachers of MAMC whom we are felicitating on Sunday 1st September 2024 at the MAMC Auditorium. Right from the time when we had nervously walked into the Anatomy dissection hall at the beginning of our course till when we finally cleared our Final MBBS exams, the Teachers of the various subjects had a very close relationship with almost all students. Not only during the well-prepared didactic lectures, the MAMC faculty was closely involved with us in clinics and also during evening rounds. In addition, they would be joining us in Sports and Cultural events too! For more than four and a half years we spent at MAMC, (during our MBBS course), the Teachers were indeed our foster parents and MAMC was our home!

We have kept in contact with the Senior Teachers all along and did get together with them during the annual MAMCOS day on 20th December each year. However, it was in 2023, (prompted by Co Maulanian Dr. Akhil Sangal), that we decided to celebrate it as a yearly MAMCOS event in the College Auditorium on the first Sunday of each September.

The MAMCOS Newsletter "SYNERGY" had to be temporarily suspended during Covid days and a year thereafter. It has truly been the untiring efforts of MAMCOS Editor Dr.

Vandana Roy that we have been successful in resurrecting the same with her superlative editorial skills.

I take this opportunity to thank our Vice President Dr. Richa Dewan, Secretary Dr. Ashwini Dalmia and the entire Executive Council for helping MAMCOS wholeheartedly in its many activities.

We are grateful to Dean Dr. Poonam Narang for giving us unflinching support including suggesting ways to disburse the Merit-cum-Means Scholarships to support needy MBBS students through their MBBS course. One of our MAMCOS members: Dr Arvind Taneja has graciously offered to sponsor some of these scholarships through an appropriate Trust, the modalities of which are being presently worked out.

It is my fond hope that MAMCOS - MAMC co-operation grows stronger for the benefit of Old students, Teachers and the hundreds of medical students who will be passing through MAMC in the future years.

Thank You!

Dr Ganesh K Mani
President- MAMCOS



Secretary's message

गुरु ब्रह्मा गुरु विष्णु, गुरु देवो महेश्वरा गुरु साक्षात् परब्रह्म, तस्मै श्री गुरुवे नमः

गुरु शिष्य परम्परा में गुरुओं के आदर सत्कार का अपना विशेष महत्व है, इसी परम्परा का अनुसरण करते हुए MAMCOS परिवार की तरफ से एक पहल की गई है और १ सितम्बर को मौलाना आज़ाद मेडिकल कॉलेज के ऑडिटोरियम में गुरुओं के सम्मान में एक कार्यक्रम का आयोजन किया गया है जिसकी जिम्मेदारी हमारी उपाध्यक्ष महोदया डा ऋचा दीवान जी को दी गई है जो पूरी शिद्दत के साथ इसकी सफलता का प्रयास कर रही हैं।

इस कार्यक्रम के आयोजन में जिनका भी वित्तीय योगदान रहा है, उन सभी का हृदय से आभार प्रकट करता हूँ।

इसी क्रम में इस बार का Synergy गुरुओं को समर्पित किया गया है जिसके लिये हमारी एडिटर महोदया बधाई की पात्र हैं।

कार्यक्रम की सफलता की अग्रिम बधाईयां, शुभकामनाएं !

Dr. Ashwini Dalmiya

Secretary

Editorial

The Online etymology dictionary states that the word Medicine originated from an old French word *medecinne* meaning “art of healing cure, treatment, potion” and directly from Latin *medicina* “the healing art, medicine, a remedy”.

Medicine has always been an art, with skills acquired through learning and practice. Keen observation, ability to listen, patience, Careful prescribing. These attributes in a doctor can be seen in a reading of history of medicine, especially biographies of healers of ancient medicine and modern medicine. It is also a science, requiring logical, rational thinking. Experience is a guiding force but is now increasingly being replaced by Evidence based medicine.

William Osler’s greatest influence on medicine was to insist that students learn from seeing and talking to patients and the establishment of the medical residency system. Early clinical exposure, bedside teaching with a handful of students, demonstrating what one student referred to as his method of “incomparably thorough physical examination” and reduction in didactic lectures, were a few of his contributions to medical education. He used to tell his students “Listen to your patient, he is telling you the diagnosis”.

The Indian Medical System evolved on similar lines. The medical education system and curriculum produced some brilliant minds, physicians and surgeons who have contributed immensely to public health globally. The MBBS graduate practiced as a family physician successfully. With changing demands, changes in existing curriculum were thought essential. In 2019, The Medical Council of India (now National Medical Commission) implemented a new curriculum “Competency Based Medical Education” or CBME as it is commonly called in all the medical colleges in India.

The new proposed curriculum signifies a paradigm shift in acquiring competencies, skill enhancement and attitude development among prospective medical graduates. It emphasizes the development of communication skills along with awareness of ethical issues in medical practice. The restructured course ensures that the student participates actively in the learning process and becomes competent clinically. The curriculum has certain key features such as Integration both horizontal and vertical among disciplines; Early clinical exposure in first year; Student doctor method of clinical training, where students will be involved with patient management; Electives, where students can learn newer things not there in regular curriculum; Skill development and training, with certifiable skills; Secondary hospital exposure, with emphasis on linking to the local health system including primary healthcare centers. There is a separate module on “Attitude, Ethics and Communication”. This begins in first year and goes upto final year.

The under graduate medical education program is designed with a goal to create an Indian Medical Graduate (IMG) possessing requisite knowledge, skills, attitudes, values and responsiveness, so that she or he may function appropriately and effectively as a physician of first contact of the community while being globally relevant. An IMG must be able to function in the following roles

- 1) Clinician who understands and provides preventive, promotive, curative, palliative and holistic care with compassion
- 2) Leader and member of health care team and system with capabilities to collect, analyze, synthesize and communicate health data appropriately
- 3) Communicator with patients, families, colleagues and community
- 4) Lifelong Learner committed to continuous improvement of skills and knowledge
- 5) Professional, who is committed to excellence, is ethical, responsive and accountable to patients, community and profession

Restructuring of time lines, assessment patterns has been done. While the whole purpose and efforts being put to implement CBME are laudable, there are some aspects which require consideration

Medicine is a profession requiring great foresight, insight, power of observation, fortitude, ability to empathize, maturity to handle crisis, death and birth all at the same time. All these require time to develop. Classroom teaching can help in their acquisition to only an extent. A nurturing environment where such attributes are in abundance is essential for these attributes to flower.

A student when they enter medical college are about seventeen to eighteen years of age. They have actually thought about appearing for the medical entrance examination even earlier. In some cases it may not be the student’s own choice. For about two years or more before taking admission into a medical college the student spends all the time preparing for the entrance examination. With very little time spent on looking at the world around, reading books other than text, traveling, meeting people from different backgrounds.

The student thrilled to get admission into a medical college, is exposed to a new environment, a rigorous schedule, a course which is extensive and intensive. There is little scope for missing classes even on being unwell, vacations are of short duration and with some, they may be spent on making up lost ground in academics. For some students who stay very far, the short span of vacation does not give enough time to go home, spend time there and come back.

A foundation course has been structured in at admission to introduce students to the profession of medicine. This will orient students to national health programs, community service, medical ethics, health economics, learning and communication skills, life support measures, computer learning, sociology and demographics, bio hazard safety and environmental issues. In fifteen days when a student is getting settled into an absolutely new environment, the question to think is will a orientation course covering so many subjects, many of them requiring deep discussions and readings and in most cases taken by existing medical college faculty, have any impact on the students thinking? In its present form, is it fulfilling the purpose it has been planned for?

Stress, anxiety, depression among the general population is on the rise, so it is in medical colleges. The mental health of students, faculty and staff is a cause of concern and steps to mitigate the rising problem are urgently required.

This includes looking at the whole structure of the medical curriculum beginning from the age at which a medical student enters the college. Is a formal knowledge of only Biology, Physics and Chemistry sufficient for a grounding to study medicine. Are our College campuses designed for learning and opening of minds, acquiring equanimity. *Learning is a lifelong process. True learning cannot be hurried especially if wisdom has to follow.*

Harvey Cushing said “A physician is obligated to consider more than a diseased organ, more than even the whole man, he must view the man in his world.”

Are we preparing our students to view the man in his world?

MAMCOS will be honoring our teachers, who guided us and shaped the way we think and work, on September 1st. The lamps they lit by teaching us and sharing their knowledge and wisdom has led to spread of light, illuminating and removing many dark corners of pain and disease.

I end with a sincere prayer that the Guru Shishya bond of Maulanians and their Gurus remains forever strong.

With Best Wishes,

Dr. Vandana Roy
Editor





Joint Editor's pen

I am writing to inform you that the National Medical Commission (NMC) has recently introduced significant changes to the examination question pattern for NEET/INI-CET. The questions now focus more on clinical applications, requiring students to possess a thorough understanding of basic concepts and integrate Pre & Para clinical knowledge with clinical subjects.

In essence, the examination pattern is becoming increasingly similar to the USMLE pattern. To support this shift, I strongly believe that the NMC should provide guidance and necessary resources to faculty members of all medical colleges.

Dr. Mukesh Bhatia
Joint Editor

MAMCOS Executive 2023-2024

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Dr. Ravi Meher

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Dr. Madhu Sood

Dr. N.P. Singh

Past Presidents

| Year | Name | | |
|-----------|------------------|-----------|-----------------------------------|
| | | 2001-2002 | Dr.Savita Puri |
| 1971-1972 | Dr.P.S.Saharia | 2003-2004 | Dr.V.K. Monga |
| 1972-1973 | Dr.L.D.Sota | 2005-2006 | Dr.R.K. Bakshi |
| 1987-1988 | Dr.R.P.Gupta | 2007-2008 | Dr.Usha K.Baveja |
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| 1991-1992 | Dr.Ashok Vaid | 2011-2012 | Dr.N.P. Singh |
| 1993-1994 | Dr.Vijay Agarwal | 2013-2014 | Dr.Prem Aggarwal |
| 1995-1996 | Dr.Narottam Puri | 2015-2016 | Dr.G.S. Grewal |
| 1997-1998 | Dr.Upendra Gami | 2017-2018 | Dr.Sunil K. Satr ^A wal |
| 1999-2000 | Dr.Vinay Agarwal | 2019-2022 | Dr.Sanjay Sood |

Batch Representatives

| Batch | Name | | |
|-------|--------------------|------|------------------------|
| | | 1987 | Dr.Amit Agarwal |
| 1958 | - | 1988 | - |
| 1959 | - | 1989 | Dr.S.P. Chaudhary |
| 1960 | - | 1990 | Dr.Bharat Gopal |
| 1961 | Dr.M.L. Sahdeva | 1991 | Dr.Ashwini Dalmiya |
| 1962 | - | 1992 | Dr.Ravi Meher |
| 1963 | Dr.Madhu Sood | 1993 | Dr.Nikhil Dhingra |
| 1964 | - | 1994 | Dr.Himanshu Chauhan |
| 1965 | - | 1995 | Dr.Praveen Tittal |
| 1966 | - | 1996 | Dr.Nishkarsh Gupta |
| 1967 | - | 1997 | Dr.Harsh Warrdhan |
| 1968 | Dr.Arti Sharma | 1998 | Dr.Saurabh Taneja |
| 1969 | Dr.Richa Dewan | 1999 | - |
| 1970 | Dr.S.K. Taneja | 2000 | - |
| 1971 | - | 2001 | Dr.Shabarish Dharampal |
| 1972 | - | 2002 | Dr.Deepak Kumar |
| 1973 | - | 2003 | Dr.Abhishek Bansal |
| 1974 | - | 2004 | Dr.Puneet Kaur Shah |
| 1975 | - | 2005 | - |
| 1976 | Dr.Naresh Chawla | 2006 | Dr.Anshul Gupta |
| 1977 | Dr.Rajesh Makashir | 2007 | - |
| 1978 | Dr.Mukesh Bhatia | 2008 | Dr.Sahil Batra |
| 1979 | Dr.Sanjay Sood | 2009 | - |
| 1980 | - | 2010 | Dr.Abhay Meena |
| 1981 | - | 2011 | - |
| 1982 | - | 2012 | - |
| 1983 | Dr.Vandana Roy | 2013 | - |
| 1984 | Dr.Poonam Gulati | 2014 | Dr.Raghav Dhingra |
| 1985 | - | 2015 | Dr. Sanat Kumar |
| 1986 | - | 2016 | Dr.Abhinav Bansal |

CALENDER OF EVENTS

SPORTS DAY, 17th December 2023 MAMCOS Vs MAMC Cricket Match

The excitement of the 37th Global MAMCOS Day commenced with the much-anticipated Cricket Match, held amidst the picturesque surroundings of the MAMC Cricket Ground. The prestigious Dr. Prem Kakkar's Trophy was contested between the formidable teams of MAMCOS XI and MAMC XI. MAMC XI emerged victorious, showcasing exceptional skill and determination on the field.

Dr. Poonam Narang and Dr. Narottam Puri graced the occasion as esteemed Chief Guest and Guest of Honour. As alumni and guests gathered to witness the thrilling contest, the ambience was adorned with a myriad of elements to enhance the experience. Colorful standees and banners adorned the periphery of the cricket ground, showcasing the vibrant spirit of MAMCOS and adding a festive touch to the atmosphere. Attendees were treated to a delectable spread, with breakfast and lunch offerings to tantalize their taste buds and energize them for the exciting day ahead.

A DJ set the mood with pulsating beats, creating an atmosphere of celebration and excitement. The rhythmic sounds were accompanied by the lively beats of a Dholi. A spirited game of Tug of War provided an opportunity for friendly competition

and team bonding.

The culmination of the match was marked by the presentation of awards, recognizing outstanding performances and contributions on the field. From Best Batsman to Man of the Match, accolades were bestowed upon deserving individuals. Dr. Savita Puri, a revered sports icon, was honored with the sports icon award.

The Cricket Commentator provided colorful commentary. The MC kept the audience engaged and the spirits high.

As the day unfolded amidst cheers and camaraderie, the Cricket Match served as a fitting tribute to the rich sporting heritage and unity of the MAMC community.



Dr Gagan Mohan Singh Malhotra
Organizing Chair & Silver Jubilee MAMC 94 Batch



37th Global MAMCOS Day , Wednesday, December 20th 2023

The 37th Global MAMCOS Day was hosted jointly by MAMCOS and the 1994 batch.

Set against the backdrop of the iconic Dean's Carpet and within the hallowed hall of the MAMC Auditorium, the day promised to be nothing short of spectacular. As alumni gathered in anticipation, the event unfolded with elegance and finesse, offering a diverse array of enriching experiences:

Batches Honored: The event paid homage to the distinguished alumni of MAMC, with special recognition accorded to the Golden Batch of 1973-1977, chaired by Dr. Rajiv Anand; the Ruby Batch of 1979-1983, chaired by Dr. Sanjay Sood; and the Diamond Batch of 1963-1967, chaired by Dr. Madhu Sood.

Continuing Medical Education (CME) Sessions: The morning commenced with enlightening CME sessions, offering insights from esteemed speakers across various medical disciplines.

Cardiology: Dr. Aman Makhija from Sir Ganga Ram Hospital, Dr. Vineet Malik from Agrasen Hospital. Dr. Prem Aggarwal, CEO of Sanjeevan Hospital.

Pulmonology: Dr. Vikas Maurya, Pulmonologist at Fortis Shalimar Bagh Hospital, and Dr. Amit Dhamija, Pulmonologist at Ganga Ram Hospital, both from 94 batches.

Plastic Surgery: Dr. Animesh Damani, Plastic Surgeon from Indore, And Dr. Rohini Prasad, Plastic Surgeon from Chennai.

Dermatology: Dr. Seema Oberoi Lall, Mamc 94 batch, Dermatologist at Lal Skin Science, Gurgaon.

Endocrinology: Dr. Hemi Soneja, Endocrinologist at Max Hospital, Gurgaon.

Orthopedics: Dr. Manish Bansal, Orthopedist from Jalandhar & Dr. Raju Easwaran, Orthopedist at Max Shalimar Bagh Hospital.

Gynecology: Dr. Priti Arora Dhamija, Gynecologist at Sita Ram Bhartia Hospital. & Dr. Pooja Jain, Gynecologist at Fortis Shalimar Bagh Hospital.

Oncology: Dr. VK Jain, Oncologist from Australia.

Dr. KB Singh, a Family Physician from Singapore, enriched the sessions with his Expertise in family medicine.



Practice beyond medicine was moderated by Dr Shobhit Jain and our batchmates shared their journey where they forayed into diverse non medical areas.

- Dr. Gagan Kolhi, Anesthetist from the UK spoke on travel
- Dr. Gagan Malhotra, Pediatrician and CEO of Vaccine Panda spoke on medical e commerce
- Dr. Navpreet Brar, Psychiatrist from the USA spoke on modeling, acting and music
- Dr. Sivakumaran Raman, spoke on Medical Informatics Specialist from the USA.
- Dr. Sumer Sethi, Radiologist and CEO of DAMS spoke on medical education
- Dr. Vinita Sharma, Gynecologist at Apollo Hospital, Noida spoke on pursuing a hobby.

Keynote Address: The keynote address by Dr. Ajay Swaroop Mathur, Chairman of the Board of Management at Sir Ganga Ram Hospital, added a touch of brilliance to the proceedings, enriching the collective learning experience of all participants.

Inauguration and Felicitation: Dean MAMC Dr. Poonam Narang inaugurated the program.

Guests of Honor: The following Doctors were honored: **Dr. Poonam Narang;** Dean MAMC, **Dr Anil Aggarwal,** Medical Director of G.B.Pant Hospital, **Dr Suresh Kumar,** Medical Director Lok Nayak Hospital, **Dr Kirti Singh,** Medical Director Guru Nanak Eye Centre.

Special recognition was accorded to individuals who have dedicated 25 years of service to MAMC. **Dr. V.P. Varshney (Physiology), Dr. Alpana Manchanda (Radiology), Dr. Vinod Kumar (Orthopedics)**

Shri Amitabh Kant, G20 Sherpa and former CEO of NITI Aayog, graced the event as the esteemed Chief Guest, bestowing his wisdom and vision upon the gathering. The **MAMCOS Oration was awarded to Shri Shiv Khera:** A luminary in the field of personal development and leadership, Shri Shiv Khera's oration resonated with wisdom and motivation. His words stirred hearts and minds, igniting a spark of inspiration in all who had the privilege of listening.

Attendees were treated to a sumptuous lunch.

Cultural Program: The evening started with a heartfelt tribute to our cherished lost batchmates. Dr. Navpreet Brar and Dr. Premanshu Bhushan (94 batch) crafted an emotional video that resonated with the essence of friendship, camaraderie, and enduring memories. Through poignant words and evocative imagery, they immortalized the precious moments shared with those who are no longer with us. We will miss you Harpreet Singh Vohra (Ginni), Anurag, Ashish Khattar, Vikas Madholia (Maddy).

The cultural program hosted by the esteemed batch captivated hearts and minds with its kaleidoscope of talent and creativity. From soul-stirring singing performances to mesmerizing dance routines, poignant poem recitations to lively couple and group dances, every act illuminated the stage with its brilliance. The evening resonated with laughter and joy as the batchmates presented comic acts, adding a touch of humor and camaraderie to the festivities.

The climax of the 37th Global MAMCOS Day was the Gala Night and celebration that marked the grand finale of the festivities.

Recapturing the Magic: Guests were entranced by the pulsating beats of live DJ and the mesmerizing visuals displayed on LED screen. The evening was punctuated by the presentation of personalized batch photos, each framed as a treasured memento of the exceptional achievements of our alumni. From the warm welcome at our reception desk to the delectable delights served guests were treated to unparalleled hospitality. The venue was transformed into a scene of enchantment with fairy light decor, while gas heaters provided cozy comfort, allowing guests to fully immerse themselves in the magical atmosphere.

As the curtains closed on the Gala Night, guests departed with hearts full of memories and spirits lifted by the joyous celebration that had unfolded.



Dr Gagan Mohan Singh Malhotra
Organizing Chair Midcon and Silver Jubilee MAMC
94 Batch

MIDCON 2024

The annual MIDCON function was hosted on 30th March by MAMCOS and 1996 MAMC MBBS batch. Dr Ishan Mohan, Dr Aashish Chaudhary and Dr Nishkarsh Gupta from 1996 batch were the chief organizers of the event.

The whole Dean's Carpet area, Auditorium and the Lawns were beautifully decorated and lit up for the function. The event kicked off with an informal farewell function for the interns in the Auditorium by the Junior MBBS batches. This was followed by the traditional Intern batch class photograph in the Dean's carpet area.

Everyone then assembled in the Auditorium for the Inauguration ceremony. Dr Anil Aggarwal (Director GB Pant and Acting Dean MAMC) and Dr Kirti Singh (Director GNEC) graced the occasion as the Chief Guests. Dr Ashwani Dalmiya (General Secretary MAMCOS) hosted the Inauguration ceremony and the Traditional MAMCOS awards ceremony.

Dr GK Mani (President MAMCOS) welcomed the chief guests and gave a truly inspiring speech for the outgoing intern batch. He added color to the event by an inspirational song as well. The above were followed by guest lectures by Dr Vivek Jain 1996 Batch and others from Cerebellum Academy about what it takes to achieve success and a brilliant talk by Dr Aashish Chaudhary on the journey from Internship to Entrepreneurship.

The afternoon reached a high point with the traditional MIDCON oration by Dr Uma Chaturvedi 1963 MAMC MBBS batch and Former

Director Professor and Head of Department Pathology at MAMC. Mam shared a truly insightful and inspiring talk to all in the audience.

The function now took a break for an enjoyable high tea in the Lawns. Everyone then reassembled in the Auditorium for the most fun part of the evening - The IS BAL interclass music competition. There were some mesmerizing performances by superbly talented students. Dr Narottam Puri an honored MAMCOS alumni and a renowned orator and singer honored the occasion with his presence. Shri Sreerag and Dr Avinash Kumar graced the function as expert Judges.

The IS BAL function was followed by a fun filled cultural performance by 1986 batch which included live songs and breathtaking dance performance. The evening was capped by the traditional glittering MAMC dance party at Dean's Carpet and a lavish Dinner.

The event was a huge success and enjoyed by one and all keeping the MAMCOS tradition alive.



Dr Ishan Mohan
(1996 Batch)

Chief Organizing Secretary (MIDCON 2024)

MIDCON 2024

12:30 pm onwards Interns registration
 1:00 pm - 1:30 pm Interns Group Photograph
 1:30 pm - 2:00 pm Inauguration Ceremony
 2:00 pm - 2:15 pm Guest Lecture: "What it takes" A motivational talk by Dr. Vivek Jain & Dr. Apurv Mahra, Co-founders of Cerebellum Academy
 2:15 pm - 2:30 pm Guest Lecture: "The journey of Intern to Entrepreneur" From doctor to entrepreneur by Dr. Aashish Chaudhary, Managing Director & Director - Orthopedics & Joint Replacement, Aakash Healthcare Private Limited
 2:30 pm - 3:00 pm MIDCON Oration: Dr. Uma Chaturvedi, Former Director Prof & HOD - Dept. of Pathology, MAMC
 3:00 pm - 3:45 pm Interns' Felicitation
 3:45 pm - 4:30 pm High Tea
 4:30 pm - 7:30 pm Dr. I.S. BAL Memorial Interclass Music Competition
 7:30 pm - 8:00 pm Prize Distribution
 8:00 pm - 8:30 pm Cultural Program by 1996 batch
 8:30 pm onwards Dinner

RSVP:

Dr. Ishan Mohan
Org. Secretary '96 Batch
+91 9999 743 372

Dr. Aashish Chaudhary
Org. Secretary '96 Batch
+91 9818 444 333

Dr. Nishkarsh Gupta
Org. Secretary '96 Batch
+91 9813331014

Dr. Ganesh K Mani
President MAMCOS
+91 9911 062 038

Dr. Ashwani Dalmiya
Secretary MAMCOS
+91 9811 343 055

MAMCOS AWARDS WINNERS LIST (2024)

1. **MEGHNA KRISHAN BAVEJA MEMORIAL AWARD**
25th Meghna Krishan Baveja Memorial Award for the year 2024 awarded SAANVI PURI for the best all around performance during the 1st Professional.
2. **Dr. A S PURI MEMORIAL AWARD**
23rd Dr. A S Puri Memorial Award for the year 2024 awarded to SARTHAK JOSHI for the best all around performance during the 2nd Professional.
3. **Dr. RAJIV BAJAJ MEMORIAL AWARD**
21st Dr. Rajiv Bajaj Memorial Award for the year 2024 awarded to KARTIK MEHTA. for the best all around performance during the Third Professional.
4. **Dr.DILIP KAK MEMORIAL AWARD**
20th Dr.Dilip Kak Memorial Award for the Year 2024 awarded to Dr.RISHABH TRIBHUBHAN SHAILESH for the Best Thesis in Medicine & Related field.
5. **MAMCOS SPORTS AWARD**
13th MAMCOS Sports award for the Year 2024 awarded to SOUMYA SETHI For the best sports person in MAMC.
6. **ANAND GROVER GOPAL SACHDEV MEMORIAL AWARD**
5th Anand Grover Gopal Sachdev Memorial Award for the Year 2024 awarded to Dr.Yashi Gupta for the topper in (M.D.) Ophthalmology in MAMC.

Dr. I.S.Bal Memorial Interclass Music Competition-2024 (Winners)

| Prize | Solo Song | Duet Song | Group Song |
|-----------|-----------|------------------|--|
| First | Kulshan | Kirti & Vanshita | Kulshan, Swati, Harsh,Saksham (2023 Batch) |
| Runner-up | Abhishek | Hardik & Poorna | Ayushman Goel, Udgossh Mishra, Iyiti Jain, Srijan Mittal, Tanishka Gupta, Reeva Singh, Ishita Mehta (2022 Batch) |



CAMPUS NEWS

Maulana Azad Medical College



The college is conducting the following courses: MBBS, BDS, P.G(M.D, M.S, MDS), Diploma, D.M, M.Ch. There are twenty two full time courses leading to various post graduate /diplomas and post doctoral courses.

The Cumulative MBBS students who have graduated till 31/12/2022 is 9795

The Cumulative post graduate & post doctoral students till 31/12/2022 are 5992

Maulana Azad Medical college founded in 1958 has completed 65 years(2023). The college is associated with Lok Nayak Hospital, G.B. Pant Institute of Medical Education & Research, Guru Nanak Eye Hospital and Maulana Azad Institute of Dental Sciences. It's main hospital, Lok Nayak Hospital has 2800 beds, 57 operation theatres, 7200 daily Outpatients attendance and. It caters to 290 undergraduate students, 245 post graduate and post doctoral students per year being trained by 426 faculty members, and 810 residents doctors.



Maulana Azad Medical College and ranking indices: Where we stand....

In the past decade, a number of organizations have started publishing the ranking of various institutions- medical, engineering, law, commerce and art colleges every year according to certain criteria. Among them, the National Institutional Ranking Framework (NIRF) is considered to be the most prestigious.

The National Institutional Ranking Framework (NIRF) was approved by the Ministry of Human Resources & Development (MHRD) and launched by Honourable Minister of Human Resource Development on 29th September 2015. The National Board of Accreditation (NBA) is entrusted with compilation of the data every year. This framework outlines a methodology to rank institutions across the country based upon the recommendations of a core committee of MHRD. The parameters broadly cover "Teaching, Learning and Resources," "Research and Professional Practices," "Graduation Outcomes," "Outreach and Inclusivity," and "Perception"(Table1).

Table 1: Weightage of Parameters considered in National Institutional Ranking Scoring

| S. No | Parameter | Marks | Weight-age |
|-------|------------------------------------|-------|------------|
| 1. | Teaching, Learning & Resources | 100 | 0.30 |
| 2. | Research and Professional Practice | 100 | 0.30 |
| 3. | Graduation outcomes | 100 | 0.20 |
| 4. | Outreach and inclusivity | 100 | 0.10 |
| 5. | Perception | 100 | 0.10 |

Maulana Azad Medical College has been participating in the NIRF ranking since 2019. The scores and rank over the years in the category of Medical Colleges is as follows

Table 1: MAMC's Score and Rank in NIRF since 2019

| Year | Total Score | Ranking |
|------|-------------|---------|
| 2024 | 59.6 | 24 |
| 2023 | 55.34 | 32 |
| 2022 | 55.9 | 23 |
| 2021 | 56.3 | 17 |
| 2020 | 55.3 | 17 |
| 2019 | 54.1 | 14 |

This ranking of MAMC has raised a lot of questions among the viewers.

To better understand what the scores and ranking imply, the methodology used for calculating the score is detailed below.

The four main parameters Teaching, Learning and Resources, Research and Professional Practices, Graduation Outcomes, Outreach and Inclusivity, and Perception are weighted (Table2).

Table 2: Weightage of Parameters considered in National Institutional Ranking Scoring

| S. No | Parameter | Marks | Weight-age |
|-------|------------------------------------|-------|------------|
| 1. | Teaching, Learning & Resources | 100 | 0.30 |
| 2. | Research and Professional Practice | 100 | 0.30 |
| 3. | Graduation outcomes | 100 | 0.20 |
| 4. | Outreach and inclusivity | 100 | 0.10 |
| 5. | Perception | 100 | 0.10 |

1. Teaching, Learning & Resources

This parameter is used to assess the academic and financial aspects of the organisation. It is assessed by the following indices:

a. Student Strength including Doctoral Students (SS) [Total Marks: 20]

$$SS = f(NT, NE) \times 15 + f(NP) \times 5$$

NT: Total sanctioned approved intake in the institution considering all UG and PG programs of the institution.

NE: Total number of students enrolled in the institution considering all UG and PG programs of the institution.

Np = Total number of students enrolled for the doctoral program till previous academic year

This index mandates that the courses are maintained and not discontinued in between. The UG, PG and PhD programs are evaluated for the number of admissions and passouts every year.

b. Faculty-student ratio with emphasis on permanent faculty (FSR) [Total marks: 30]

$$FSR = 30 \times [15 \times (F/N)]$$

F: Full time regular faculty in the institution in the previous year.

Regular appointment means Faculty on Full time basis.

Expected ratio is 1:15 to score maximum marks.

This index evaluates the teacher student ratio. Hence it is imperative to fill the vacant posts o a regular interval.

c. Combined metric for Faculty with PhD (or equivalent) and Experience (FQE): [Marks: 20]

F1=Fraction with Experience up to 8 years;

F2= Fraction with Experience between 8+ to 15years;

F3=Fraction with Experience > 15 years.

FE = $3\min(3F1, 1) + 3 \min(3F2, 1) + 4 \min(3F3, 1)$

Rationale: Full marks for a ratio of 1:1:1

This index determines the proportion of senior , middle level and junior faculties. It is essential to maintain equivalence between all the groups for better scores.

d. Financial Resources and their Utilisation (FRU) [Marks:30]

FRU = $7.5 \times f(BC) + 22.5 \times f(BO)$

BC: Average Annual Capital Expenditure per student for the previous three years. (Excluding expenditure on construction of new buildings)

BO: Average Annual Operational (or Recurring) Expenditure per student for the previous three years. (Excluding maintenance of hostels and allied services)

This index involves analysis of expenditure on salaries, capital investment, maintenance over the past three years. Infrastructure strengthening and improvisation of the facilities including procurement of better equipment is essential for earning good scores.

2. Research and Professional Practice

This index is a determinant of the research activities of an institution.

a. Combined metric for Publications (PU) [Total marks: 35]

PU = $35 \times f(P/FRQ)$

P is weighted number of publications as ascertained from suitable third party sources.

FRQ is the maximum of nominal number of faculty members as calculated on the basis of a required FSR of 1:15 or the available faculty in the institution.

The data is collated from internationally available Data Bases (like Scopus, Web of Science, the Indian Science Index or other suitable sources as deemed appropriate by NIRF.

b. Combined metric for Quality of Publications (QP) [Marks: 35]

QP = $20 \times f(CC/FRQ) + 15 \times f(TOP25P/P)$

Here CC is Total Citation Count over previous three years.

P is as computed for PU.

TOP25P: Number of citations in top 25 percentile averaged over the previous three years.

The institute needs to ensure that the manuscripts are communicated to journals with good impact factors. However, the mandatory requirement for article processing charges makes it difficult to publish in such journals.

c. IPR and Patents: Published and Granted (IPR) [Marks:15]

IPR = IPG + IPP IPG = $10 \times f(PG)$

PG is the number of patents granted over the previous three years. IPP = $5 \times f(PP)$

PP: No. of patents published over the previous three years.

e. Footprint of Projects and Professional Practice (FPPP) [Marks:15]

FPPP = FPR + FPC + EDP

FPR = $5 \times f(RF)$

RF is the average annual research funding earnings (amount received in rupees) at institute level in previous three years.

FPC = $5 \times f(CF)$

CF is the average annual consultancy amount (amount actually received in rupees) at institute level in previous three years.

EDP = $5 \times f(EP)$

EP = Average annual earnings from Full Time Executive Development Programs of a minimum duration of one year in previous three years.

Extramural projects are the cornerstone for this index. The number of extramural projects with the sanctioned budget over the last three years are considered.

3. Graduation outcomes

The number of courses, admissions and placements are considered for this parameter. It comprises of:

a. Metric for University Examinations (GUE) [Marks: 60]

GUE = $60 \times \min [(Ng/80), 1]$

Ng is the percentage of Students (as a fraction of the approved intake), averaged over the previous three years, passing the respective university examinations in stipulated time for the program in which enrolled.

b. Metric for Number of Ph.D. Students Graduated (GPHD) :Marks: 40

$$\text{GPHD} = 40 \times f(\text{Nphd})$$

Nphd = Average number of Ph.D students graduated (awarded Ph.D) over the previous three years

Institutes without a PhD program lose out due to loss of 40 marks.

4. Outreach and Inclusivity

This parameter assesses the social, demographic and cultural attributes of the students. It comprises of the following indices:

a. Percentage of Students from Other States/Countries (Region Diversity RD):

[Marks:30]

$\text{RD} = 25 \times \text{fraction of total students enrolled from other states} + 5 \times \text{fraction of students enrolled from other countries}$

The more diverse the demographics of the students, the better the institution fare in this index

b. Percentage of Women (Women Diversity WD)

[Marks:30]

$$\text{WD} = 15 \times (\text{NWS}/50) + 15 \times (\text{NWF}/20)$$

NWS are the percentage of Women students.
NWF are the percentage of Women Faculty including women members in senior administrative positions, such as Heads of Departments, Deans or Institute Heads.

Expectation: 50% women students and 20% women faculty. This index ensures women empowerment

c. Economically and Socially Challenged Students (ESCS) [Marks:20]

$$\text{ESCS} = 20 \times f(\text{Nesc})$$

Nesc is the percentage of UG or *PG students being provided full tuition fee reimbursement by the institution to pursue their degree programs. Availability of scholarships for socially and economically deprived sections to ensure equality is necessary for integration.

d. Facilities for Physically Challenged Students (PCS) [Marks:20]

PCS = 20 marks, if the Institute provides full facilities for physically challenged students, as outlined. Else, in proportion to facilities.

It is essential to ensure disabled friendly infrastructure and facilities in the institute.

e. Perception (PR) Ranking [Marks:100]

This is to be done through a survey conducted over a large category of Employers, Professionals from Reputed Organizations and a large category of academics to ascertain their preference for graduates of different institutions.

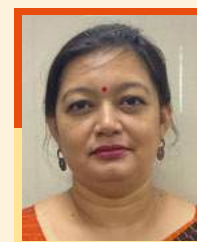
It can be seen how stringent the criteria for calculating the score is.

MAMC also participates in INDIA TODAY-MDRA ranking(MDRA: Marketing & Development Research Associates). The criteria are more or less the same as NIRF but less stringent. The questionnaire comprises of different sections ranging from accreditation & further education, student diversity, fees & funding, student selection process, faculty quality, living experience, personality development & leadership, academic progression, internship & placement as the major determinants. We perform better in this ranking and MAMC ranks among the top 5 medical colleges among India.

As Maulanians, we have to strive to improve the rankings in the coming years. NIRF ranking is an important National ranking framework. The same is going to be used for categorizing Medical institutions as Institutes of Excellence, Research Funding etc. In future students will be using this to decide which colleges to aspire for admission into.

The areas where we lack include lack of a robust PhD program, faculty vacancies which are yet to be filled by UPSC, predominance of students from Delhi NCR due to reservation of 85% of seats as per Government of India guidelines which affects the inclusivity index, lesser number of extramural projects, patents and publications which may be due to excessive workload and non availability of research infrastructure and complete dependence on government funding for infrastructure development along with bureaucratic hurdles and procedural delays.

WE all need to work hard to see that MAMC reaches the position it deserves.



Dr. Binita Goswami

Batch 1996

Professor, Biochemistry, MAMC

G B Pant Institute of Postgraduate Medical Education and Research (GB Pant Hospital) celebrates its Diamond Jubilee: Curtain raiser.

The history of GB Pant Hospital dates back to the year 1958, when the foundation of MAMC was laid down. With the commencement of primary medical education, stalwarts of MAMC had a far-sighted mindset of developing a super-specialty hospital to support the state. On 7th March 1961 after the death of Pandit Govind Ballabh Pant, the first home minister, genesis of the process of starting GB Pant super-specialty hospital occurred. Dr P Diesh and, the then principal MAMC, Dr Bhandari, envisioned a white-collar hospital for upper-middle- and upper-class families.

It was on 31st October 1961, that the foundation stone of GB Pant Super Specialty Hospital was laid by Pandit Jawahar Lal Nehru. Dr Diesh was appointed as the first MS of GB Pant Hospital. Since its inception, it has become the Mecca of super specialty courses in India. DM Cardiology was the first super specialty that started in 1970 followed by DM Neurology in 1974, MCh CTVS in 1976, MD Psychiatry in 1983, MChNeurosurgery in 1983, DM Gastro-medicine in 1983, MCh Gastro surgery in 1992 and many more. DM Cardiac and Neuro-anesthesia became the most recent edition. In addition the supporting departments run MD courses in Radiology, Pathology, Microbiology and Biochemistry. From 1964 to 2024 the institute has given to the country, about 1100 MCh., D.M. and M.D. professionals till now, with the current admission of 39 DM/MCh and 11 MD candidates per year. GB Pant is a preferred option through NEET for DM/MCh courses.

The Institute has been felicitated and honored on several fronts including 10 Padma awards, 8 Dr BC Roy awards, 3 Florence Nightingale awards, 50 State awards, and 3 Limca Book of Records. GB Pant Hospital in an attempt to provide the best possible healthcare has been adding state-of-the-art facilities to the armamentarium of the hospital including adding neurosurgery modular OT and Arrhythmia center in 2008. In 2010 when Delhi hosted the Commonwealth Games, GB Pant was designated as a chief referral center and in 2024 at the time of the G 20 event it was designated as one of the hospitals for medical care. In 2011, D block and acute coronary and stroke wing was added to serve the patients. Electron Microscopy lab and an NGS lab have also been set up.

Currently, the hospital has 758 beds, 28509 annual admissions, 713242 annual OPD patients with 2434 patients daily, 3924 annual operations, and 25256 emergency services for heart and brain attack.

GB Pant Hospital has always been an integral part of MAMC and associated hospitals with all 3 stalwarts, Pandit GB Pant, Lok Nayak Jai Prakash Narayan and Maulana Azad being conferred Bharat Ratna.

The Diamond Jubilee celebration curtain raiser event on 30th April 2024

The Diamond Jubilee celebration curtain raiser event of the GB Pant Institute on 30th April 2024 marked a significant milestone in its legacy. The event commemorated 60 years since the inauguration of the GB Pant Hospital by Pandit Jawaharlal Nehru on 30th April 1964. This occasion brought together past Directors, Medical Superintendents, retired faculty, and former Deans of Maulana Azad Medical College, creating a familial atmosphere filled with bonhomie, cheerful smiles, and affectionate greetings.

Dr M Khalilullah, Former Director (1987 to 1995) and Former HOD Cardiology, presided as Chief guest and Dr Dinesh Chandra Former Director (1997 to 1998) and Former Dean MAMC (2000 to 2001) as a Guest of Honor. Dr Poonam Narang, Dean MAMC, also graced the occasion. The event witnessed the felicitation of previous Directors, Medical Superintendents, as well as retired nursing and laboratory staff with exemplary service. The celebrations took place in the newly renovated auditorium of GB Pant Institute.

Dr Puja Sakhuja gave the welcome address, Dr Daljit Singh presented history of GB Pant Hospital with Dr. Anil Agarwal, Director GB Pant, highlighting some future plans. He informed that the hospital is planning to upgrade its services with the inclusion of Robotics, Gamma Knife radio surgery, more cath labs, improvement of lab infrastructure, computerization and digitalization of In-patient and Out-patient services. E-library was inaugurated. A year-long Diamond jubilee celebration plan also includes Super Specialty CMEs of various departments, public outreach program, souvenir and newsletter distribution,

and starting of tele-medicine facility.

The day was dedicated not only to celebrating the achievements of the GB Pant Institute but also to honoring the core values that have defined it: Dedication, Compassion, Innovation, and Excellence in superspeciality healthcare.

The event concluded with a vote of thanks by Dr Dharmendra Gupta, Medical Superintendent GB Pant, followed by the National Anthem and finally a high tea, where old friendships were renewed,

marking a fitting end to a day of reflection and celebration.

Dr Daljit Singh, Director Professor, Neurosurgery, GIPMER (Batch 1980)

Dr Puja Sakhuja, Director Professor, Pathology, GIPMER (Batch 1983)

Dr. Simranjeet Singh, Assistant Professor Neurosurgery, GIPMER

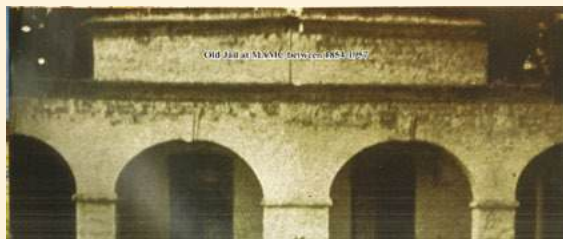


HERITAGE & LEGACY

MAMC....The Historical Land on which it stands....

In continuation of my previous article on inception of MAMC published in last issue of Synergy, it is a privilege for me to pen down another aspect of the unique legacy of the land where MAMC stands. A land of historical monuments and sites. Some have been recognised by Archaeological Society as Delhi Heritage and once such site is *Phansi Ghar* located inside MAMC Campus.

Maulana Azad Medical college (MAMC) started in 1958 from a building which was earlier a prison (Jail). The jail barracks were testimonial to deeds of criminals, thieves and thugs. At the same time it reflected the freedom struggle of India.



Delhi Jail where MAMC now stands

Pandit Govind Ballabh Pant laid the foundation of MAMC building on 24th October 1959 and in his inaugural address he mentioned that the *'dismal walls of jail have been replaced by corridors illuminated with soft rays of light, science and knowledge'*

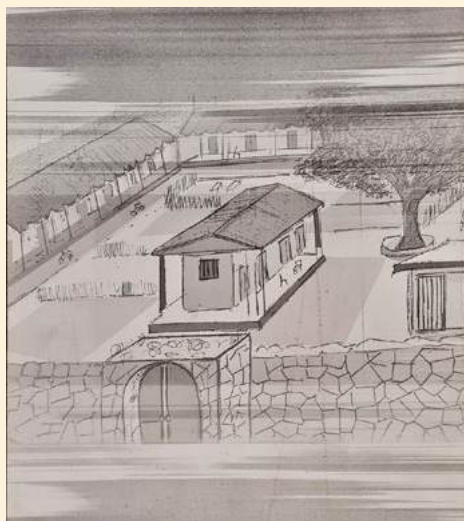
The initial batches of 1958-60s stayed in jail barracks which served as hostels. The same barracks where legendary scholars and freedom fighters had spent their days and some even lost their lives.

Some of the initial batches of MAMC students must have inhabited the same room where Mirza Azad Ullha Khan Ghalib, eminent Urdu and Persian language poet was jailed. He spent three months as a penalty imposed for a crime of gambling. Freedom fighters Bhagat Singh, Batukeshwar Dutt and several activists of Hindustan Socialist Republic Army (HSRA) spent the last few days of their life here. The Delhi jail as it was called in those days also had members of Indian National Army (Azad Hind Fauj) led by Subhash Chandra Bose, who fought against the British during the

struggle for freedom of India.

Out lay of Delhi Jail

A sketch of MAMC campus as it existed in 1958, was made by Dr Saharia from the first batch while he was staying in campus. The design of the wall drawn by him in 1958, matches with the remnants of the jail wall existing in MAMC.



Sketch of MAMC Campus in the year 1958 by Dr P.S. Saharia (first batch)

The Delhi jail was known by various other names as Mughal jail or Central Jail. Though small, it was the 2nd largest jail at that time after Shahdara jail. The exact boundaries included the Eastern wall parallel to Bahadur Shah Zafar Marg which used to be called as Mathura Road. The Western wall divided the jail from Bal Bhawan. A remnant of the wall still exists in the campus. One can visualise it while entering the college from Bal Bhawan side gate.



Remnant of wall of Delhi Jail

The other side of the Western wall has National Bal Bhawan founded in 1956 by Prime Minister Jawaharlal Nehru prior to opening of MAMC in 1958. A close look of this wall exhibits a gate which has been plugged with different bricks during building of college wall boundaries. The North wall of Jail was close to the Old Girls hostel, behind MAMC auditorium along the South side of Irwin Hospital (LN Hospital) and the South wall lay adjacent to Masjid Bhuri Bhatiari . The masjid was used by prisoners to offer prayers (Namaz) here.

Adjacent to the jail complex there exists a graveyard known as Kabristan Mehndiya where burial is still practised. Eminent shayar Maumin Khan Maumin who wrote the famous Gazal “ *wo jo hum me tum me karar thaa tumhe yaad ho ken a yaad ho* ” was buried here in 1852 before the mutiny in 1857.

In 2020, while digging in Mortuary area of MAMC, old remanent of walls was found at 20 to 30 feet. I was asked by Dr Sanjay Tyagi Director GIPMER and acting Dean MAMC to visit the site. To my delight it was exactly similar to the structure of the existing Firoz Shah Kotla. I drew a conclusion that there is a city buried underneath MAMC Campus. Firoz Shah Tughlak who ruled Delhi between 1353-1388 constructed a city known as Firozabad and these are ruins of that ancient city. Available records hint that the same was also called as ancient Delhi.



Remnant of old wall and pillars found while digging near the mortuary

Before the jail came up on this land there was a sarai at this location. The sarai hosted many travellers who would pay homage to Zama Masjid located inside Fort of Firoz Shah Kotla. It was also used as resting place for cattles, horses during the Jahangir era. Murtaza Khan also known as Farid Khan the General and treasurer of Emperor Jahangir during 1605-1627, occupied this sarai.

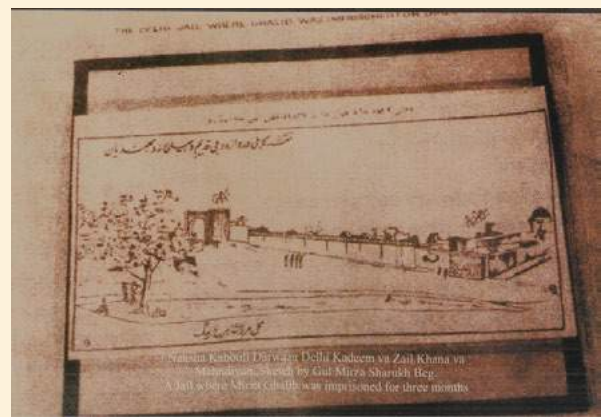
The buried, ancient city of Firozabad is mentioned in old maps of Delhi made by the British after conquering Delhi in 1857.

The site was infamous for capital punishment during the period of Mughal empire. Just outside the main gate of MAMC, Lal Darwaza or Kabuli darwaza witnessed execution of many during the reigns of Sher Shah Suri, Jahangir, Shahjahan, Aurangzeb and the British. It therefore was known as Khooni Darwaza.

Trials and Punishments

The Delhi jail had prisoners who were tried under various charges including sedition against the British Government. Knowledge of these trials is an important part of the rich legacy of this campus.

Trial of Mirza Ghalib : Mirza Azad Ullha Khan Ghalib (1797-1869) was a legendry poet of Urdu and Persian language. Born in Royal family of Turks, he lived in extremely poor conditions and had a debt of nearly Rs 40,000 an astronomical amount in those days. He therefore started playing *chusar*, a gambling game. IN 1847, a British magistrate sentenced him to six months imprisonment for gambling, along with hard labour and a fine of Rs 200. He was later released after three months for his good conduct in jail. The jail where he was kept for three months was Delhi Jail where MAMC is located.



Jail where Mirza Ghalib was imprisoned, a sketch by Gul Mirza Sharukh Beg.

The Trial of Delhi Conspiracy case or Delhi Lahore conspiracy case: The first available record of trial which led to hanging in this campus dates back to 1912 as Hardinge Bomb Case. It relates to attempt to kill Governor General of India Lord Hardinge as a revenge to transfer of Capital of India from Calcutta to Delhi in 1911. The Delhi Conspiracy case remains a significant event in India's struggle for independence, highlighting the courage and determination of those who fought against British colonial rule. Lala Hanumant Sahai, Mr Ras Bihari Bose, Master Amir Chand, Awadh Bihari, Bhai Bal Mukand faced the trial of murder and all were awarded death penalty. Lala Hanumant Sahai was sentenced to life term at Cellular jail Andaman Nicobar island. Three persons were hung on 8th May 1915. Basant Kumar Biswas was later hung in Ambala on 11th May 1915. Every year 8th May is celebrated as Shahidi Diwas by Delhi Government as a tribute to our freedom fighters at Phansi Ghar. Ras Behari Bose escaped to Japan and later founded the Azad Hind Fauj.



Monument at MAMC Shaheed park with names of patriots who were sent to gallows in campus.

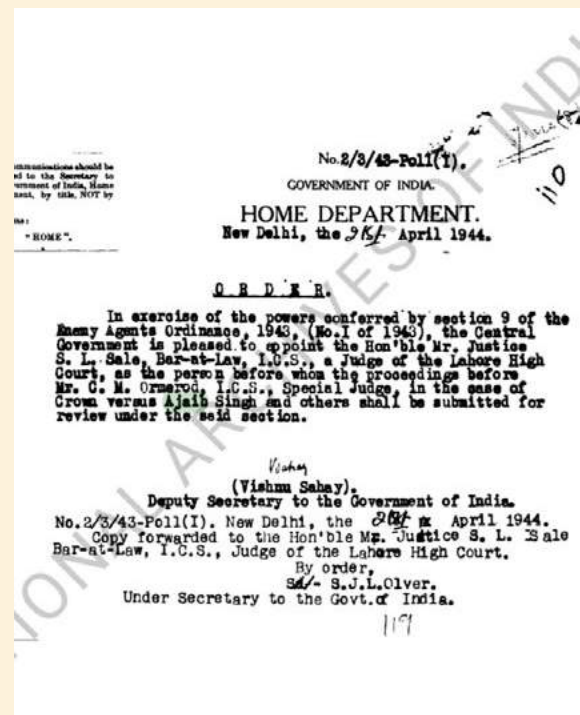
Trial under the Enemy Agent Ordinance (Act) : The British tried several members of Indian National Army (INA) as enemy of British Empire. Under this ordinance, trial was done and punishment given to those who committed offence against the Government. Largely the trial was for civilians who joined INA as war against India and supported the German or Japanese as part of their ploy to topple British rule from India. Offence tried under this ordinance were any committed before

or after 2nd September 1939 for those civilians who were not employed as member of any armed force.

Five persons were tried under this ordinance for being members of a Society which landed in West coast of India with parachutes, money, transmission sets. These were Ajaib Singh from Amritsar, Zahur Ahmad from Shekhpura Punjab, SL Majumdar from Chittagaon, Bengal and Audeshwar Rai and Shyam Lal Pandey from Gorakhpur United province. First three were awarded death sentence and last two life imprisonment.

Special Judge C M Ormerod I.C.S. in Delhi awarded death to all in this case which in appeal was confirmed by Justice S L Sale, Bar at law I.C.S. at Lahore High Court.

Ajaib Singh, Zahur Ahmad, S L Majumdar were hanged on 24th August 1944. Next day i.e. 25th August 1944 Daroga Mal was hanged as enemy agent. Under the same Ordinance Chattar Singh and Nazar Singh were hanged earlier on 29th July 1944 however details of these two could not be traced while writing this script. Kesri Chand Sharma was sent to gallows on 3rd May 1945.



Copy of the Order Dated 31.4.1944 against Ajaib Singh and others under Enemy agent ordinance. (Courtesy National Achieves)

Trial of Assembly Bomb case: Bhagat Singh was an important member of Hindustan Republic Association. In a meeting of revolutionists, he

added the word Socialist to Hindustan Republic Association and called it as HSRA . The place where HSRA began its new dimensions was located just opposite the MAMC main gate.



News clips of parliament bombing by Bhagat Singh and Batukeshwar Dutt whose plot was conceived in a house opposite MAMC main gate.

A Bhagat Singh Bus terminal existed there during 1980-84 from where University special buses used to ply to various part of Delhi. There was a small plot with a yellow coloured house. It had single room nearly 10 by 12 feet approximately. On its wall was written HSRA with black paint. Little did we know the importance at that time. Bhagat Singh and his team continued its activities from that plot. Even the daring act to bomb Parliament assembly was conceived here.

On April 8th, 1929, Bhagat Singh and Batukeshwar Dutt threw a low intensity bomb in the Central Legislative Assembly “to make the deaf hear” as their leaflet described the reason for their act. As intended, nobody was hurt by the explosion. The bomb was thrown to protest against the repressive

Public Safety Bill and Trades Dispute Bill and the arrest of 31 labour leaders in March 1929.

They were jailed in Delhi Jail (MAMC) for some time before being shifted to Central Jail Miyanwali Pakistan near Rawalpindi. They were later hanged on 23rd March 1931 at Lahore.

Records available mentions that the Delhi Jail during British rule was under the control of Punjab Province and was controlled by Punjab Civil Services. Records of names of only 14 people are available who were hanged in Delhi (MAMC) Jail. However, the mutiny in 1857 witnessed many more deaths in this area where MAMC now stands.

The land on which Maulana Azad Medical College now stands has been witness to hundreds of historical events. This history connects us with our past and infuses valour and pride in all of us.



Dr Daljit Singh
 Batch 1980

Director Professor Neurosurgery,
 G B Pant Institute of Post Graduate Medical Education
 and Research.



INTERNATIONAL FRIENDS

Maulana Azad Medical College Alumni Association of North America MAMCOANA 2024

The city of Brotherly love also known as Philadelphia was host to the annual MAMCOANA annual convention this year from August 8th to 11th, 2024.

It was a classic MAMC traditional event starting with a bus trip to the famous Akshardham Temple which is an amazing architectural work and well worth a visit for anyone on the East Coast of USA. The bus trip to and fro from the temple of course was the best part reverberating with the must do antakshari, fun mongering and jiving.

A fun filled Karaoke night was for all the ages with the classic MAMC revelry and bonhomie on full display and no holds barred singing and dancing ensued.

The next day was the gem as an annual tradition of MAMC was replicated and a limited overs cricket match was held at the famous Philadelphia Cricket grounds filled with colorful uniforms, music and intense rivalry between the 2 teams and of course being witnessed and called by none other than our own Dr Narottam Puri .

The CME activities on both days were well attended and it was great to hear from our alumni

past, present and future and filled with education pearls and learning.

The final annual banquet was when everyone donned their finest and started with a felicitation of Dr N Puri and recognizing the host of the convention Manish Garg from the 1989 batch who was the current President of MAMCOANA. What followed was a night full of dancing , music and of course great food.

It was indeed sad when it all came to an end on Sunday morning but most took solace in the fact that the next convention is only a year away and will be held in Portland, Oregon.



Dr. Saurabh Gupta
Batch 1983

Consultant, Child & Adolescent Psychiatry



26



MAMCOS Australia & New Zealand

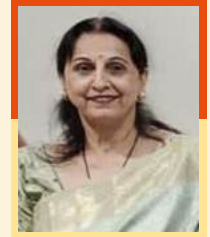
MAMCOS Australia & New Zealand has been going strong year to year. We had our 9th get together last year in October 2023 which was the biggest ever get together co hosted by Dr Archna Saraswat, Dr Renu Sikka and Dr Urvashi Tandon

It was in Hope island which is between Gold coast and Brisbane in Intercontinental Sanctuary Cove resort— 4 fantastic days with over 100 MAMCITES and their families. Fun and frolic with dinners, dances, fancy dress competition, a cruise Bingo and all.

This year in September 26th-29th 2024 we are planning our 10th annual reunion, in Maitland. This will be hosted by our founder member Dr Rajiv Ahuja.

In between the mega events this year in 2024 we had 4 dinner meetings in Brisbane one in my house, followed by others with Dr Vikram

Jain, Dr Archna and the 4th Dr Nitin Kapoor Nitin organized a MAMC quiz and Vikram organized Bingo. We had Antakshri and enjoyed Pani puri session in my house!



Dr. Urvashi Tandon

Batch 1970

Retired Emergency doctor
Residing in Brisbane Australia



Immunization in Adult & Senior Adults

Immunization is aimed to prevent vaccine preventable infectious diseases which otherwise may result in morbidity and mortality. Childhood immunization process is well established and practiced in all states of India as per the “Universal Immunization Programme” (UIP) under Ministry of Health & Family Welfare (MH & FW) Government of India.

However, adult, and senior adult immunization programme is not so well defined & established due to continuously emerging and reemerging infections, longevity of life associated with various lifestyle and other diseases, compromised immune status of host and so on. Adult and senior adult immunization is a dynamic, developing, continuously changing and evolving process/programme.

New vaccines are being developed continuously to control outbreaks of infections caused by mutating microorganisms, particularly viruses e. g. influenza

viruses; to manage outbreaks of infections caused by microorganisms of zoonotic origin and other hitherto unknown microorganisms (SARS COV 2 virus) that cause outbreaks of infectious diseases associated with high morbidity and mortality.

When we talk about adult and senior adult immunization, we presume that these individuals were immunized during childhood as per UIP of the country. We also need to ascertain the presence of any chronic diseases in these individuals that may compromise the immune status of the host as well as response of the individual to vaccines.

Childhood Immunization

The childhood immunization programme “UIP” steered by the MH & FW, GOI is given in Table 1. It is important to note that knowledge about childhood immunizations taken by an individual helps to make judicious decisions for immunization in an adult and or senior adult age/period of life of the individual.

Table 1. A snapshot of childhood vaccines provided under Universal Immunization Program, Ministry of Health & Family Welfare, Government of India

| Vaccine | Vaccine content | Age administered | Doses given | Route administered | Booster | 2 nd booster |
|-------------------|--|--|-------------|--------------------|--------------------|--|
| BCG | Bacillus Calmette Guerin | At birth | Single dose | Intradermal | Nil | Nil |
| DPT | Diphtheria and tetanus toxoids and killed Pertussis microorganisms | At 1 st , 2 nd and 3 rd weeks after birth | Three doses | Intramuscular | At 16 to 24 months | DT booster 5-6 years age Tetanus toxoid only- 10 Yrs and 16 Yrs |
| OPV | Oral Polio vaccine | At birth Also sometimes at 6 weeks and 10 weeks of life | Three doses | Oral | | Only during an outbreak in non-immunized |
| MMR | Measles, Mumps and Rubella | 9 to 12 months | Single dose | Intramuscular | Nil | Nil |
| Hepatitis B Virus | Purified virus like particles of Major capsid protein of various HBV types | At birth, 6 weeks and 10 weeks like oral polio vaccine | Three doses | intramuscular | Nil | Nil |

| | | | | | | |
|-----------------------------|---|-----------------------------------|-------------|---------------|--------------|-------|
| Japanese Encephalitis Virus | Killed JE virus | 9 moths 16 to 24 months | Two doses | Intramuscular | 16-24 months | ----- |
| HiB | As pentavalent vaccine (Hib+DPT+ Hepatitis B) | 6 weeks, 10 weeks and 6 months | Three doses | Intramuscular | 18 months | ----- |

Diseases targeted for prevention through this programme. include tuberculosis(BCG), diphtheria(DPT), whooping cough(DPT), tetanus(TT), poliomyelitis(OPV), measles, mumps, rubella(MMR), Haemophilus influenza type B infections(HiB) and Japanese encephalitis (in endemic areas).

There are some vaccines available for use in children but are not part of UIP like Rota virus vaccine (three doses given, if required), varicella vaccine (two doses 12 months and 24 months, intramuscular), meningococcal vaccine (outbreak areas) and conjugated pneumococcal vaccine (5 years old with special indications like sickle cell disease, nephrotic syndrome and others) etc. These are used in certain cases and in certain endemic and or outbreak areas based on the decision of the clinical provider.

Immunizations in Adults & Senior Adults

Adult immunization is not as straight forward as childhood immunization. Many factors need to be considered while deciding to immunize

individuals belonging to this population.

These include:

- Recommend adult immunization schedule by age.
- Determine need for additional recommended vaccinations considering the medical condition or any other specific indication like profession, endemic infection in the area and an outbreak of an infection.
- Review vaccine types available, dosing frequencies and intervals, etc.
- Review contraindications and precautions for various vaccine types.
- Consult the updated guidance of Center for Disease Control & Practices (CDC) Advisory Committee on Immunization Practices (ACIP), USA, Drugs Controller General of India (DCGI) before making immunization decisions in adults and senior adults.

Recommended Adult Immunization Schedule by Age Group (ACIP, CDC, 2024)

| Vaccine | 19–26 years | 27–49 years | 50–64 years | ≥65 year |
|--|---|-------------|-----------------|-------------|
| COVID | One or more doses of recommended COVID vaccine in all age groups | | | |
| Influenza inactivated (IIV4) or Influenza recombinant (RIV4) | One dose annually all age groups | | | |
| Tetanus, diphtheria, pertussis (Tdap or Td) | 1 dose Tdap, each pregnancy; 1 dose Td/Tdap for wound management in all age groups | | | |
| Respiratory Syncytial Virus (RSV) | Seasonal administration during pregnancy | | Not recommended | Recommended |
| Human papillomavirus (HPV) | 2 or 3 doses depending on age at initial vaccination | Recommended | Not recommended | |
| Zoster recombinant (RZV) | 2 doses for those with immunocompromising conditions | | Recommended | |
| Pneumococcal (PCV15, PCV20, PPSV23) | Recommended in young adults with underlying risk factors and in all +65 years old even without risk factors | | | |

| | | |
|------------------------------------|---|---|
| Hepatitis A (HepA) | Recommended in those with underlying risk factors (compromised immune status) | |
| Hepatitis B (HepB) | Recommended 2 to 3 doses in all who lack immunity against HBV based on serological test. Anti HBs Ag antibody titer less than 10 international units. | |
| Meningococcal A, C, W, Y (MenACWY) | One to two doses in special conditions e. g. an outbreak of meningitis and others (exposed healthcare professionals) | |
| Meningococcal B (MenB) | Recommended | 2-3 doses depending upon indication e. g. an outbreak of meningitis |
| Haemophilus influenza type b (Hib) | 1 to 3 doses depending upon indication (asplenia) and other risk factors | |
| Varicella (VAR) | Two doses in adults born after 1980 and same in all elders | |
| Monkey Pox(Pox) | Recommended in all with risk factors (outbreak, professional exposure, etc.) | |

Important Considerations for Adult & Senior Adult Immunization

The health status, type of profession, co-morbidity of the host and type of vaccine being recommended are extremely important parameters to consider while recommending immunization in adults and senior adults. This population needs to be protected from vaccine preventable diseases and at the same time no harm should be done to the individual from the vaccines being administered. These considerations are briefly discussed below.

- **Immunocompromised host:** Varicella and MMR vaccines are not recommended in host immunocompromised either due to HIV infection or any other condition. These individuals may be given the other immunizations recommended for senior adults, judiciously.
- **Pregnancy:** MMR, Varicella and HPV vaccines are not recommended.
- **Asplenia, renal disease patients undergoing dialysis, patients with heart and lung disease and diabetes:** Assess the risk of infection/exposure and age of the individual and any of the immunizations recommended for adults can be administered accordingly and as required.
- **Healthcare professionals:** Determine the exposure risk, immunization status of the individual and immunize accordingly/follow the DCGI recommendation and National guidance on the subject.

Adult Immunization Schedule for Ages 19 years or Older (2024)

- **COVID-19 vaccination: Unvaccinated:** -Immunize with 3-dose series of DCGI

approved, available COVID vaccine at 0, 4, 8 weeks the 3-dose series. **Previously vaccinated:** Immunize with 1 dose of any DCGI approved COVID vaccine. An additional dose of vaccine is recommended in immunocompromised host after two months of the last dose.

- **Hepatitis A vaccination:** 2-dose series of Hep-A are recommended in at risk seniors. Risk factors for hepatitis A virus infection include: -Chronic liver disease (e.g., persons with hepatitis B, hepatitis C, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, alanine aminotransferase [ALT] or aspartate aminotransferase [AST] level greater than twice the upper limit of normal) -HIV infection, I/V and oral drug using addicts, professionals exposed to Hep-A virus at work and in research laboratory, etc. Three dose schedules of HepA vaccine administered at 0, 7, and 21–30 days, followed by a booster dose at 12 months is recommended in at risk adults and senior adults.
- **Hepatitis B vaccination:** Risk factors for HBV infection are the same as for Hep A virus infection. HBV vaccine is a part of UIP. However, additional, 2-, 3-, or 4-dose series of immunization using DCGI approved vaccine should be administered in all at risk, non-immune adults.
- **Influenza vaccination:** All adults must receive influenza vaccine approved by DCGI, one dose, every year.
- **Meningococcal vaccination:** Adults with risk factors like functional asplenia, HIV infection, persistent complement component deficiency, use of complement inhibitor drugs, an outbreak of meningitis, etc. should receive 2-dose series of MenACWY/DCGI

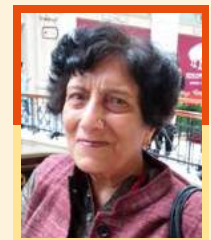
recommended meningococci vaccine, two weeks apart, followed by re vaccination every 5 years, if risk continues.

- **Pneumococcal vaccination:** Routine vaccination of all aged 65 years or older who either have not received a dose of PCV13, PCV15, or PCV20 or whose vaccination history is unknown are to be administered 1 dose PCV15 OR 1 dose PCV20. If PCV15 is used, administer 1 dose PPSV23 at least 1 year after the PCV15 vaccine dose. For guidance on determining which pneumococcal vaccines a patient needs and when, please refer to the DCGI recommendations/CDC or APIC guidelines.
- **Respiratory syncytial virus vaccination:** Adults aged 60 years or older who are at increased risk for severe RSV disease include those with chronic lung diseases (e.g. COPD and asthma), cardiovascular diseases, neurological or neuromuscular conditions, kidney disorders, liver disorders, hematologic disorders, diabetes mellitus, and immune compromised, advanced age; those living in old care homes are to be administered one dose of RSV vaccine, irrespective of age i.e. adult and/or senior adult.
- **Herpes Zoster vaccination:** 2-dose series recombinant zoster vaccine (RZV, Shingrix) 2–6 months apart to be administered in all adults and senior adults.
- **Rabies vaccine:** Follow the MH& FW, India guidelines to administer anti rabies vaccine following bite by an unknown dog in all adults and senior adults.
- **Cholera vaccine:** Not recommended unless there is an outbreak of cholera. Vaccine administered as per the guidelines issued, only in the affected population.

Whenever recommending any immunization in adults and senior adults take a detailed history of past immunizations taken, assess the current risk of infection, consult the Drugs Controller General of India(DCGI) recommendations (ACIP and CDC recommendations as and if required) on the subject matter and advise immunizations accordingly in adults and senior adults to protect this population from vaccine preventable infectious diseases. At the same time make sure no harm comes to the recipient on account of immunization.

Further Readings:

1. ACIP Shared Clinical Decision-Making Recommendations: www.cdc.gov/vaccines/acip/acip-scdm-faqs.html
2. General Best Practice Guidelines for Immunization www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
3. Use of Respiratory Syncytial Virus Vaccines in Older Adults: Recommendations of the Advisory Committee on Immunization Practices, United States, 2023. MMWR | July 21, 2023 | Vol. 72 | No. 29.
4. Use of an Additional Updated 2023–2024 COVID-19 Vaccine Dose for Adults Aged ≥65 Years: Recommendations of the Advisory Committee on Immunization Practices, United States, 2024. MMWR | April 25 2024, | Vol. 73 | No. 16.
5. Guidelines for vaccination in normal adults in India. © 2016 Indian Journal of Nephrology | Published by Wolters Kluwer - Medknow



Dr Usha K Baveja

Batch 1963

Chairman & Member NABH

Certification Committee

Former Senior Consultant and Head Microbiology,
Medanta, The Medicity, Gurugram



Painting Courtesy Dr. Luna Dhir



Challenges Faced by Elders in an Ever-Changing World

India is experiencing a rapid rise in its population of people above 60 years of age. According to the United Nations development

Program Report 2023 (26th September 2023) the share of people > 65 years will double from 10.7% to 20.8 % by the year 2050; by the end of the century, population > 60 years will constitute > 36% of India's population, and by approximately 2040-45 the population > 60 years will be higher than the population of children aged 0-14 years. The February 2024 publication by Niti Ayog- 'Position Paper on Senior Care Reforms in India' has similar figures on elder population and the challenges the elders are going to face in India.

Within this rapid rise of numbers in the older population, simultaneously happening is the phenomenon of 'feminization in aging'. Factually, females are living longer than the males. There are major socio-cultural and economic issues arising out of this phenomenon, longer period of widowhood, higher chances of dependency and abuse and neglect.

In today's rapidly evolving world, seniors are encountering a unique set of challenges that demand adaptation and resilience. As society undergoes profound transformations, older individuals must confront several issues that can impact their quality of life and well-being.

Elders are faced with a 'dual-burden' of health issues, 65-70% of elders have at least one Non Communicable Disease, like diabetes, hypertension, arthritis, chronic obstructive pulmonary disease etc. Additionally they have to face the wrath of communicable diseases, most commonly chest and urine infections.

Added to these health burden issues is the challenge that is evolving rapidly, the challenge of 'Aging-factors'. These are issues which all elders develop, in varying degrees and under different domains. Discussion or assessment of these aging factors does not form part of the routine visits to the chambers of the doctors for managing the existing diseases, therefore they tend to get neglected. The five domains or factors in aging are-

physical factors, functional ability factors, mental health factors, social and environmental factors and digital awareness/ usage factors.

Aging Factors

What is the definition of aging? Aging is the time-related deterioration of the physiological functions necessary for survival and reproduction. The phenotype changes of senescence, which is the process of growing old, is characterized by a state in which a cell ages and permanently stops dividing but does not die. Over time, large numbers of old (or senescent) cells can build up in tissues throughout the body. These affect all members of the species and are not to be confused with diseases of senescence, such as cancer and heart disease, which affect individuals.

Journey of Aging

Some people consider aging simply to be a state of mind, and others go by how the mind and body naturally change over time. In broader terms, taking both the explanations into consideration, aging can be broken down into three distinct and often related categories: biological aging, psychological aging, and social aging.

Assessment of Aging Factors

Aging factors, have been identified and placed under 5 domains or factors, these are-

- **Physical:** Frailty, loss of muscle mass, urinary incontinence, improper gait) & nutritional status (vitamins or protein deficiencies)
- **Mental Health:** Memory loss/ cognitive decline, loneliness, depression
- **Functional:** Basic, instrumental activities of daily living, exercise activity
- **Social & Environmental:** Social determinants of health & safety at home, preparation of handling emergencies, ability to plan ones long term care
- **Digital Usage:** Knowledge and ability to use digital technology for day to day living and emergency needs

These aging issues often get missed or neglected as their discussion or assessment are not part of the regular visits to Doctor's for consultation; this leads to aggravation of the complications of the existing diseases and rapid progression of the aging factors affecting quality of life of the elders.

In conclusion the challenges faced by elders in our rapidly changing world are complex and multi factorial. Addressing these issues requires a concerted effort from society, governments, and communities to ensure that older individuals can age with dignity, health, and happiness. Providing access to technology, quality healthcare, social support, and financial stability are crucial steps toward creating a more inclusive and equitable society for seniors.

All these issues can be addressed at *dedicated elder care clinics*, where assessment of aging factors is done in addition to guidance for managing existing diseases, under a care-plan, supported by services, to ensure 'aging at home' is safe comfortable and dignified.



Dr.G.S.Grewal
Batch 1970 joining
Consultant Family Medicine & Elder Care
The Elder's Clinic
Health, Care & Support Services



Photo Courtesy Dr. Rajan Malik (Batch 1980)

Is it Okay Not to Be Okay?

In a world full of stress, worries, exams and constant competition, heightened emotions are to be expected. However, it's important to remember that not every emotional struggle signifies a mental illness.

Feeling sad is a natural part of life and doesn't always indicate depression. Similarly, a certain degree of obsession or compulsive thoughts can be normal, they might even help keep us out of trouble or danger.

It's essential to stay in touch with our emotions.

As I like to say, "**Feel all the feels.**" Suppressing emotions is like suppressing the urge to eat, it only leads to cravings and binges. Therefore, understanding and processing our emotions is crucial for moving forward.

To navigate our feelings without becoming overwhelmed, we need to build emotional resilience. Think of it as a bank where we deposit positivity and happiness, which we can draw from when needed.

So, how do we create this "Okay" bank? Here are a few suggestions:

- Surround yourself with supportive family and friends.

- Stay connected to nature and get a healthy dose of sunlight (something we have in abundance in our country).
- Enjoy the little things, savour the small wins, recognize the intangibles, the tiny moments of joy and celebrate those too.

Additionally, consider these five essentials, summarized by the acronym **BEAMS**, because, let's face it, we doctors do love our acronyms:

B is for **Brain**: Keep it sharp by reading, solving puzzles, playing Sudoku or crosswords, or learning something new like a language or music. Students and resident doctors can use their commute time to enjoy music or solve a quick puzzle.

E is for **Exercise**: Engage in physical activities that you enjoy, whether it's dancing to a Bollywood playlist on YouTube, hitting the gym, skipping rope, swimming, walking, running, or playing badminton. The key is to do what you enjoy and use it as a mood and energy booster, do not see it as just another task on your to-do list.

A is for **Attentiveness** (Mindfulness): Practice mindfulness through journaling, prayer, meditation, gratitude, and affirmations. Try to be screen-free, disconnect from social media, and be present in the moment. Observe your surroundings, focus on what you're eating, or listen attentively to a patient, family member, or friend instead of being distracted. Make time for these practices daily, even if it's just five minutes of morning meditation and journaling at night. Nourishing your mind and soul is as important as feeding your body.

M is for **Maintenance**: Prioritize good nutrition and include mood-boosting foods in your diet.

S is for **Sleep**: Restful sleep is crucial for rejuvenation and healing and for restoring the circadian rhythm.

These habits contribute to a positive mindset and robust emotional health. **But what if you're still not okay?**

Mental illnesses, like physical illnesses, can be acute, chronic, or a mix of both. Mental health issues are real and multifactorial. There may not be a single identifiable factor or event that we can pinpoint as causative.

If ongoing sadness, low mood, insomnia, or anxiety is affecting you, it's time to consult a qualified mental health professional, whether a counselor, therapist, or psychiatrist. Seeking help should not be hindered by shame or hesitation. Mental health problems are not a sign of weakness.

As doctors, we must lead by example, remove the stigma from our own minds, and help patients and their families do the same. We also need to be sensitive to those around us, colleagues, friends, and family and recognize signs of distress when we see them.

As parents, teachers, and community members, we have a responsibility to build resilience in children from a young age. Rejections, failures, heartbreaks, and difficulties are part of life. No one enjoys them, but they are bound to happen sooner or later. The good news is that these challenges will pass and with the support of family, friends, or therapists, we can survive a lot of the googlies life may throw at us!

Failures in fact are some of life's greatest teachers and their value should not be underestimated.

This is also where **"the art of letting go"** becomes important. By letting go when necessary, we practice kindness towards ourselves.

Another crucial part of mental health is a **"growth mindset,"** which means believing that a person's abilities aren't fixed but can be improved through effort, learning and persistence. A growth mindset is all about the attitude with which a person faces challenges, processes failures, and adapts and evolves as a result.

By inculcating such practices, we can help build emotionally healthier and stronger communities.

In the 1996 Atlanta Olympics, gymnast Kerri Strug competed despite a badly injured ankle, secured the gold medal and was celebrated as a hero. In the Tokyo Olympics, gymnast Simone Biles withdrew after a stumble, citing her mental health as the reason, and was also hailed as a hero, times had changed !

Let us, as doctors, not be stuck in the Strug era, whether for ourselves, our friends, families, patients or residents.

While pursuing excellence with commitment, let's not glorify burnout or extreme sacrifices.

A happier workforce is a more productive workforce. Senior doctors can lead by example wherever possible.

As **Muhammad Ali** said, **"It isn't the mountains ahead to climb that wear you out; it's the pebble in your shoe."** So, we need to address the pebbles as well.

Here's the new adage then: **I know I'm not okay, and that's okay because I'm working my way towards being okay!**

And once the storm is over you won't remember how you made it through, how you managed to survive. You won't even be sure, in fact, whether the storm is really over. But one thing is certain. When you come out of the storm you won't be the same person who walked in. That's what this storm's all about."

.....**Haruki Murakami, Kafka on the Shore**



Dr Purna Kapoor
Batch 1983

Senior Physician (SGPGIMS), Lucknow

The Perennial Allure of Crime Thrillers

Let me start with a confession – I am a sucker for crime thrillers especially murder mysteries, it started with books and now includes web series as well. I have full collection of Sherlock Holmes, Agatha Christie, Inspector Wallander and many others, maybe more than 300 books. I have read most of them multiple times over the last three decades, yet do not get bored.

Why am I a sucker for these books? I am an epidemiologist by training and my job is look at data, interpret them for clues to the causes of disease or what works to treat or prevent them. I feel that epidemiologists and detectives are soulmates. I clearly identify with the detective in these novels and am solving the murder just as the fictional one does. Sometime I do it before him or her, but many times later as well. However, looking for and finding clues is what excites me. Mystery Rooms are also fun in terms of solving clues and puzzles. These are just extensions of my other passions which include solving crosswords. In fact, seeing a pattern that others do not see, fitting the pieces in a jigsaw puzzle or solving a crossword are often seen as a part of the personality of a detective.

Statistics is to epidemiologist, what forensic science is to a detective. They bring the much-needed rigor and science to detection which is also an art in itself. There are many allegories to demonstrate the link between statistics and justice system, the most well-known is the type of errors. Alpha error is considered similar to an innocent being pronounced guilty and beta error is when a guilty is pronounced innocent. Both are more concerned about avoiding the former error. Epidemiologists know that there can be many associations which are not necessarily causation, a distinction which is also critical for detectives to understand and differentiate.

I know there are many like me. Why is this genre so popular? Is it because of the vicarious

pleasure of solving crimes which are neat and clean, as in true life investigating a crime is hard and dirty work. It satisfies our thrill of solving puzzles without getting our hands dirty. A regular reader's world is clearly very far away from places where the murders are committed and we have no choice but to live this experience thorough the books only! Most writers do make efforts to place their murder in most mundane and routine places so that the readers can identify themselves with the victim and the suspects.

The psychological motivation of a killer interests many readers as they try to understand when and how does a normal motivation transition to become a reason for killing. Some like to see the functioning of the justice system (especially the lawyer-cum-detective pioneered by Perry Mason books). The pursuit of truth and the resolution of crimes provide a satisfying and cathartic experience to the reader who feels that justice has been done, at least in the book. Who can resist the urge to peek at the last page and know the suspense before the end!

A genre invented perhaps by Edgar Allen Poe but refined by Arthur Conan Doyle and Agatha Christie has more or less remained the same and has not been much affected by time. Most of these books follow a typical pattern starting with a 'classical' detective protagonist – a genius and eccentric male (Lupin, Holmes, Poirot); a troubled policeman (Wallander) though we also have a priest (Father Brown), a rake (Saint, Lupin), an inquisitive spinster (Miss Marple). Another trope is the use of detective assistant (Watson or Hastings!) who represents the typical reader with limited intelligence to explain the clues and jumps in logic. The Final dénouement when the detective assembles all the characters in a place and says "this is what happened" with the police ready to make the arrest. Another oft employed ploy is that of "red-herring" to take

the readers for a ride! Most settings especially for the British ones are castles, serene villages. The classic motives remain the same – passion or love, revenge, greed and to keep a secret hidden. There are very few women detectives, even though women authors abound. Should crime thrillers include humor? I personally love it though it should be understated as we typically see in books by British authors.

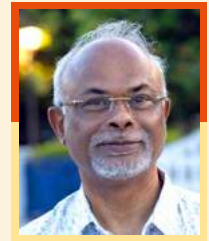
Except for a Feluda or a Byomkesh Bakshi there have not been many famous Indian detectives, though I am sure there were many writers who tried their hands on this genre. A new crop of Indian authors have also started writing crime detection books. I find these to be more gritty and grimy settings with dollops of local politics. However, Indian books and web series, in my opinion, have a lot of catching up to do. They need to tone down the histrionics, gore and focus more on the crime and detection part.

Another aspect is that these stories are about humans and therefore do not really have a shelf life. All Sherlock Homes stories despite being more than 150 years old continue to be as gripping as they were when they were written. They get adapted into plays, movies and still continue to be as loved as before. A good crime thriller is also a documentation of a social structure of its times as crime is inevitably rooted in the societal mores. Interestingly, the onset of technology has not really affected this genre, except for addition of web searches and online databases. In fact, many modern writers have started locating their detectives in the past before the onset of technology to avoid referring to it and keep the novel “pure” crime detection.

Let me end by recommending three of my current favorites. Harini Nagendra whose detective is a newly married girl in a traditional brahmin household in Bengaluru in early twentieth century who also battles social and gender prejudices in the backdrop of the Indian freedom movement. Next is the Abir Mukherjee’s novels set again in British Raj Bengal with a team of English and Indian policemen (Wyndham and Banerjee). The last is Richard Osman’s Thursday night club series, a typically British humor-

based series where residents of a posh old-age home try their hands in solving past unsolved crimes led by a formidable ex-secret female agent! Japanese and Scandinavian crime novels are also becoming increasingly popular and are definitely good reads.

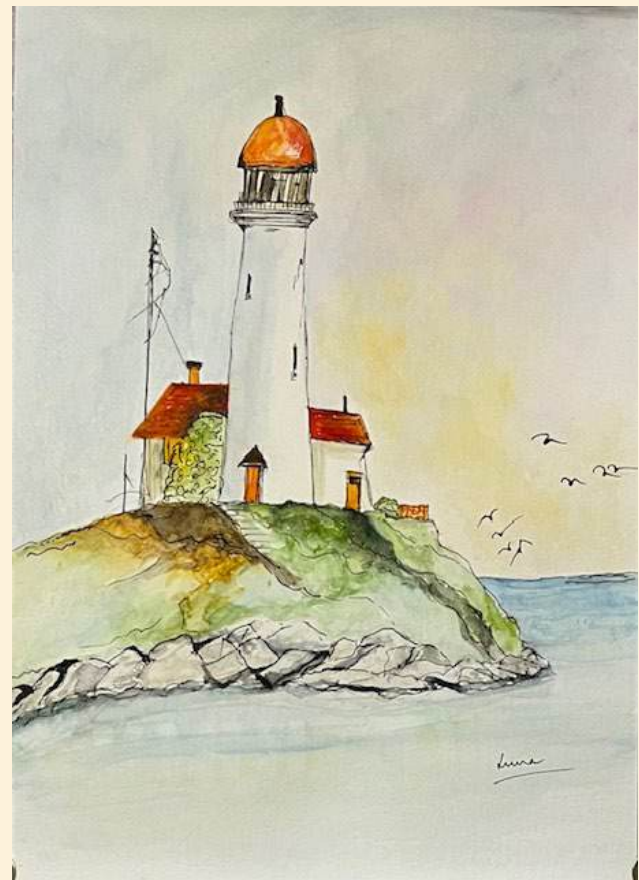
Now it is time for me to go back and finish the book I am reading. Come to think of it, maybe I should write a whodunnit of my own!



Dr. Anand Krishnan

Batch 1981

Professor, Community Medicine, AIIMS



Painting Courtesy Dr. Luna Dhir

On Histogenesis of Testicular Tumors

The goat bleated. Not once, or twice but three times. In the stunned silence that followed one could easily have heard a pin if it were dropped on the floor. We really admired Chandu's audacity. It was well known that Chandu could imitate almost any animal on earth, but to bleat like a goat and that too in the middle of a serious though soporific lecture on the pathogenesis of acute tubular necrosis needed guts. Specially so when the lecture was being taken by none other than our Head of the department. The look of unspeakable astonishment that registered on her face is still imprinted on my mind. I also remember how the astonishment soon changed to fury as she threatened to "see us". The fact that she did "see us" later in the exams is of course another story. Nonetheless the day the goat bleated was one of the many highlights that made life in college wonderful.

Who could also forget the day twenty of us walked into the lecture theatre through the front door, a full forty five minutes late. The lecture on histogenesis of testicular tumors came to a standstill, as all of us were made to recite our names and roll numbers. You see, we had stopped over at the Tibetan Dhaba on the way back from Infections Disease Hospital and naturally got late for the 12 O'clock lecture. But then between testicular tumors and Chinese food - the choice had not been too difficult.

I can still palpate the panic welling up inside me as I heard "Hey Fresher" just as I had taken my first ever step inside the gates of MAMC. Since that moment, somehow four and a half years just flew by. I equally well remember the trepidation and the nail biting tension as we gulped down cups of coffee waiting for the final MBBS results. The exultation and the relief that followed on seeing our names in the list of those who had passed, is still fresh in my mind. Welcome, Doctor Sa'ab!

Many years have gone by since then, leaving behind the rigors of internship and housejob, the labours of thesis and post-graduation and into the responsibilities of senior residency and just last month when I realized that I had to take a lecture, the cycle did seem complete. It was indeed ironical that I had to teach the male genital system

which would include the histogenesis of testicular tumors, to a class of boys and girls, probably more boisterous than we had ever been. As I stood facing the 200 pairs of eye that were fixed on me, all that I kept thinking was that in the not too distant past, I had walked into such a class forty five minutes late and somewhere at the back of my mind, I could still hear the goat bleating.



Dr. Debdatta Basu

Batch 1980

Professor, Pathology

Mahatma Gandhi Medical College &

Research Institute, Puducherry



Painting Courtesy Dr. Luna Dhir

Dr. Naturalist



In school, my class teacher asked each student to describe what they observed on the way while commuting from home to school. I told him wide ranging observations like birds calling out and feeding their babies in trees, fruit vendors, movie posters, loading of tempos and so on.

After listening to me, he commented you are a very good OBSERVER. This encouraged me to observe everything going around me more acutely. More so what Mother Nature had to offer.

From this, arose my interest “intuitive photography” that enabled me to observe, enjoy, capture and recall these periodic observations. I used to even develop and print the photographs myself. I started photography with a Agfa Box Camera, got a proper camera and Polaroid lenses as gifts on going to Maulana Azad Medical college and then won a camera by participating in “ True to life colour Photo Contest” by Fuji.



After going on African Safari in Kenya and Tanzania, my interest in Nature “ Birds and

Trees” in particular soared and I acquired a pair of Binoculars and a Camera with a powerful ultrasonic zoom lens to capture ever the small birds like warblers’ quickly and more efficiently.



Sports injury while playing competitive badminton and table tennis in the form of Acute Lumbosacral Disc Relapse grounded me totally. Thereafter I had to go for Physiotherapy for several weeks being transported in lying down posture in the car. During this journey I learnt to gaze up at the trees and birds from below upwards and in the process, discovered make interesting phenomena. When one door closes, another one opens and a whole new world of Mother Nature, birds and trees in particular, welcomed me with open arms. Every hour, every day, I was learning more. The more I learnt, the more I realized how much more I needed to learn.



In the nineties, I became one of the founder members of “Delhi Bird” and ignited interest in birds watching in public at large. I got attached as a “ Naturalist with India Habitat Centre “. I started conducting nature walks for India Habitat Centre members, their children, American School children and even lay persons.

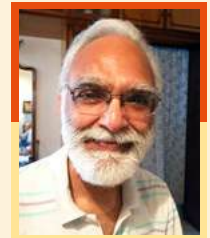


Today, we have thousands of members of “Delhi bird and many interactive WhatsApp group who are regularly going every weekend for Bird

watching, Tree Walks, Butterfly walks and many other Mother Nature related walks.

Last year on 19th February 2023, I got the “Lifetime Achievement Award” from “Delhi Bird” for spreading awareness about Biodiversity and species Conservation in India for over thirty years.

Beginning my day being with Mother Nature, gives me an opportunity to get physically & mentally charged to face the day’s work that is full of Professional challenges and responsibilities.



Dr. Sudhir Oswal
Batch 1969
Consultant Physician and Clinical Cardiologist,
Delhi Heart and Lung Institute

‘I am alive’

I am the flower bud, blossoming anew
 I am beautiful, with butter soft wings
 I am the passion flower on the wooden fence
 I am the pupa, metamorphosing as we do
 I am the jasmine, sublimely fragrant
 I am the robin in the bushes
 I am the saprophyte on the willow tree
 I am the dew-strewn spiderweb on hedges
 I am the white cloud drifting away
 I am the blushing sunset with changing hues
 I am the north star in a moonless sky
 I am the contrail of an aeroplane
 I am the dragon roaring with fire
 I am the cat curled up on a chair
 I am the seagull waiting for its mate
 I am the soft blanket, that wraps you all snug
 I am the orchid smiling on the sill
 I am the little squirrel chasing all the nuts

I am the vastness of the Universe
 I am alive, I am alive, I am alive

Dr. Luna Dhir
Batch 1983
Consultant Ophthalmologist, London, United Kingdom



Painting Courtesy Dr. Luna Dhir

Dyslexiगीत

अक्षर क्यूँ बिगड़ते हैं
क्यूँ मुँझसे ये लड़ते हैं
इन्हें पढ़ना ही तो चाहता हूँ
तो इतना क्यूँ अकड़ते हैं

मोटी मोटी किताबों में
इनकी सेनाएँ बसती हैं
छंद निबंध व्याकरण लिए
मुझ पर आक्रमण करती हैं
युद्ध में इनसे हारूँ तो
अध्यापक क्यूँ बिगड़ते हैं
क्यूँ मुँझसे ये लड़ते हैं

छोटी इ हो बड़ी ई हो
आधे पूरे अक्षर हों
भेदभाव मैं करता नहीं
बिन्दू चाँद हलंत मात्रा
क्यूँ इनका स्वर बदलते हैं
क्यूँ कनफ्यूशुण करते हैं
क्यूँ मुँझसे ये लड़ते हैं

विज्ञान का ज्ञान मुझे है
गणित का गुणबोध मुझे है
गीत संगीत नट नृत्य सभी
मुझसे दोस्ती करते हैं
लेकिन ये दुष्ट अक्षर सब
मेरा जीना दूभर करते हैं
क्यूँ मुँझसे ये लड़ते हैं

बड़ा होकर फिर आऊँगा
और अपनी कलम घुमाऊँगा
कहानी कविता गीत वाक्य
में सरपट तुम्हें नचाऊँगा
अभी तो बच्चा समझ ये
सब मेरे सर पे चड़ते हैं
क्यूँ मुँझसे ये लड़ते हैं

अक्षर क्यूँ बिगड़ते हैं
क्यूँ मुँझसे ये लड़ते हैं
इन्हें पढ़ना ही तो चाहता हूँ
तो इतना क्यूँ अकड़ते हैं



Dr. Sanjay Dhawan

Batch 1983

Ophthalmology

CEO & Director Medical Services

Indira Gandhi Eye Hospitals

बातों बातों में

बातों बातों में बात बन जाती है,
कुछ अनकही बातों से बात बिगड़ जाती है,
कहने को बहुत कुछ होता है मगर,
कुछ कही अनकही बातों से बात संवर जाती है!
कुछ बातों के अल्फ़ाज़ बदल जाते हैं,
बातों बातों में संवाद बदल जाते हैं,
बात ही बना देती है बातों को,
फिर भी कहने के अन्दाज़ से बात बदल जाती है!
बातों को इतना ना उलझाओ अल्फ़ाज़ों से,
कि सिर्फ़ अल्फ़ाज़ों से बात की औकात बदल जाती है,
बातों बातों में बात बन जाती है ..
कुछ अनकही बातों से बात बिगड़ जाती है ...



Dr. Shashi Kiran

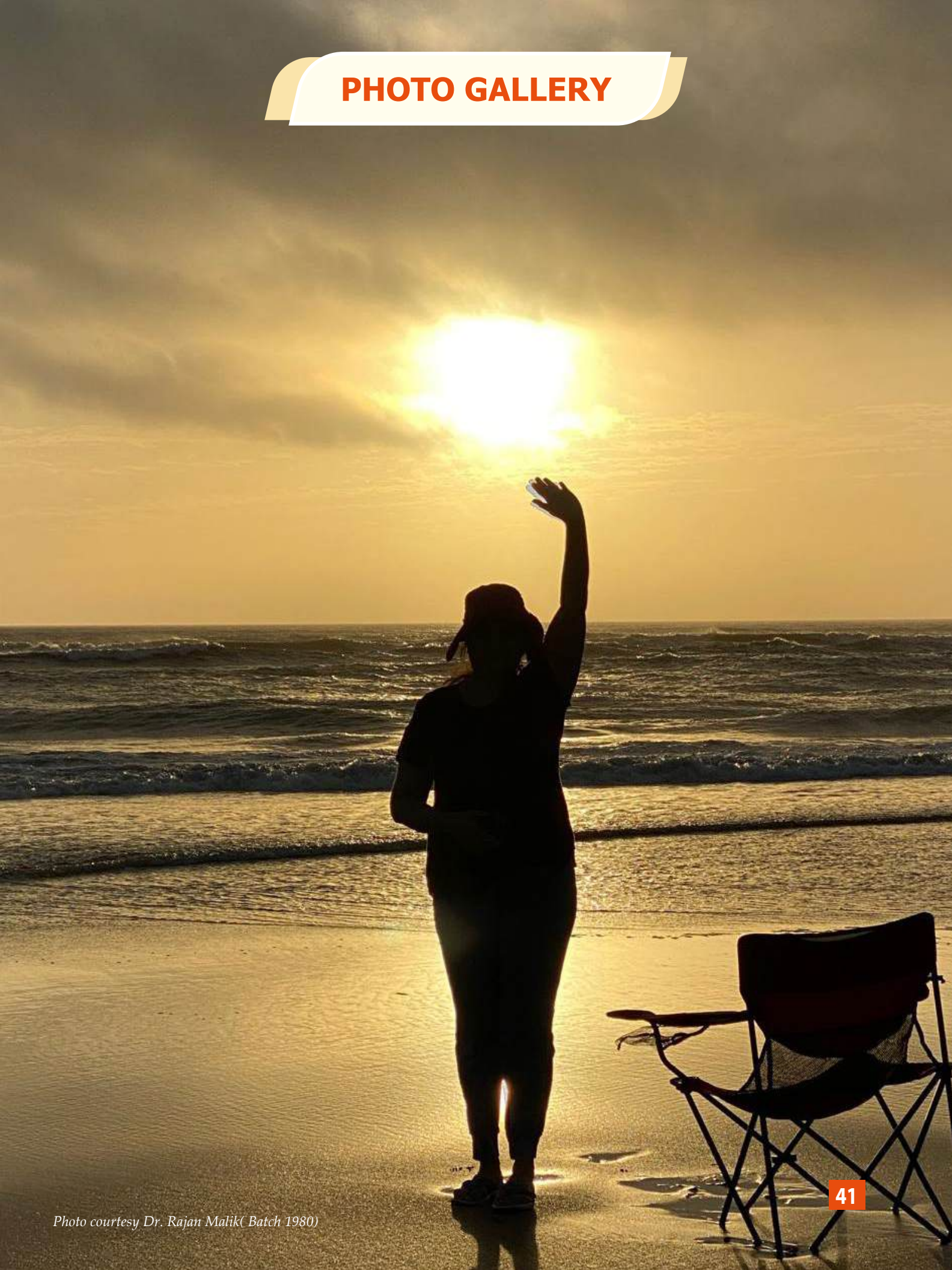
Batch 1983

General Practitioner



Photo Courtesy Dr. Rajan Malik (1980)

PHOTO GALLERY







A JOURNEY

Stairway to Heaven- My EBC Experience



Covid came in 2021 and changed the world in many ways. One felt vulnerable that life was unpredictable, and one should live in the present. We took extra care about our health and fitness; made bucket lists of things we want to do and achieve. For me fitness had always been an important part of my routine. I had been a regular at running marathons and yoga and had inculcated similar interests in my family. My husband and I had been for a couple of treks and enjoyed the experience of being away from the maddening crowd, amongst nature. But our work (both of us are Ophthalmologists) kept us away from taking long breaks.

One of my desires was to do the Everest base Camp trek, considered to be one of the most celebrated treks. The grandeur of the mountains was enticing and I motivated my family and friends...Log judte rahe , caravan badhta gaya... soon we were about fifteen friends and family from India and abroad, all raring to go. The preparation was fun with exchanges of fitness regimes, gear, doubts of whether we can make it and words of encouragement.

Every year thousands of avid trekkers attempt this trek. Getting up close to the tallest peak Mt Everest at 8848m is a once in a lifetime experience. The immense and stark beauty of the Himalayas leaves you in awe of Mother Nature. But its not just the scenic beauty that attracts trekkers for this ultimate experience, it's the challenge both physical and mental that makes you push the limits that one has imagined for oneself.

The trek starts from Lukla, taking you across the

Bagmati zone of Nepal where one gets fantastic views of four of the tallest peaks in the world. The base camp is at an elevation of 5364m. We set off on 10th May '24 for Kathmandu, where we met the organizing team for a briefing. Next day we took a flight to Lukla, considered one of the riskiest airports in the world with its short runway. We would be trekking for 11 days with 2 days for acclimatization. We were accompanied by the local guides and Sherpas, hardy people whose cheerfulness and simple way of life was endearing. Throughout the trek we put up in teahouses, with basic comforts but a warm bed and hot food was very welcome after the day's exertion. The trek took us through villages giving us a chance to get a close look at the local culture and way of life. Daal bhaat became our staple diet, along with the energizing honey lemon tea. The many prayer wheels and flags gave a festive look to the villages.

From Lukla the first stop was at Phakding, an easy couple of hours trek to a teahouse located on the riverside of the Dhood koshi river aptly named for its frothy white foam. However the next stretch to Namche Bazaar tested our fitness as it was a steep climb with numerous steps. Crossing several suspension bridges was exhilarating and the constant gurgle of the river was sweet music to our ears. We entered the Sagarmatha National Forest and got our first look at the mighty mountains.

The trek meanders across verdant forests with blooming Rhododendron trees and gradually gives way to a stark landscape with boulders and few bushes.

The day of acclimatization at Namche Bazaar we



trekked up to the iconic Everest view Hotel with an awe inspiring 360 degree view of the mountains. The statue of Tenzing Norgay and the museum dedicated to him brought to life the amazing struggles and triumphs of the Sherpa community. Namche is a bustling town with shops, cafes and much in demand massage parlors where trekkers from all over the world converge. The camaraderie one develops with other fellow trekkers is fun. The evenings at the teahouses we would sit around the fire chatting, playing cards and exchanging stories and tips.

From Namche we trekked across several small villages Deboche and Dingboche. We felt blessed to be able to visit the Tengboche Monastery, one of the most famous Buddhist monasteries located in the Khumbu region. The Buddhist monks chanting to the music of the pipes and drums was so uplifting.

On way to the last leg of our trek to Lobuche we stopped at the Thukla memorial to pay our respect to the many brave men & women who sacrificed their lives for love of the mountains. It was a poignant reminder that man is nothing in the face of nature.

Reaching Lobuche at 4800m we were filled with great anticipation, our destination was not far now. We had enjoyed the inspiring views of the mighty peaks Mt Ama Dablam , Mt Lhotse, Mt Nuptse, Mt Cho Oyu, Mt Makalu and were eager to get a glimpse of the greatest of all Mt Everest.

The challenge was the low oxygen levels at that height, even a few steps made one breathless. We were advised to hydrate well and take Diamox to ward off AMS (Acute mountain sickness). With our spirits high we set off early morning from Lobuche to Gorakshep, the final pit stop before EBC. The terrain was now rocky and we had to step carefully as the path was narrow with a steep fall on one side. We reached Gorakshep around noon and after lunch, set off with great enthusiasm and renewed energy. The 2-hour trek was definitely tougher than we expected but as we approached EBC, the encouraging words from fellow trekkers spurred us on. The beautiful view of the Himalayan range made us stop frequently to click our cameras so we could savor the memories later.

As we turned a corner, the much-photographed base camp came into view. We were jubilant that we finally made it! It had been a test of endurance as we trekked 60 km through high altitude over 8 days. Relief and joy washed over us as we posed in front of the massive boulder with EBC 5384m inked across it.

I felt a sense of accomplishment and awe as my long-cherished dream was realized. It was indeed a transformational journey, spiritually uplifting even though physically challenging. A sense of peace and gratitude to God prevailed as we made our way safely back. It was a trip of a lifetime with precious memories and I cant wait to go on my next one.



Dr Ritu Aurora
Batch 1983

Director, Vision Plus Eye Centre, Noida

Congratulations !

Dr. Savita Puri received the Atal National Award 2024 at Ujjain 25.2.24 for Sports (swimming). She received this for recognition of her performance in the International Swimming event at South Korea in May 2023 . She won Two Gold and Three silver medals there and many Gold, Silver Bronze at state level and National Levels.



Dr Savita Puri
Batch 1968
Private Practitioner

Thank You!

This issue of Synergy has been sponsored by Dr. Prem Aggarwal (Batch 1974)

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ON TEACHERS DAY

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Dr. Prem Aggarwal
MBBS, MD(MED), DNB (MED), DNB (CARD)
FELLOW PHD CARDIOLOGY



*Photograph courtesy Dr. Tyag Murti Sharma
(Batch 1983)*



Photograph courtesy Dr. Rajan Malik (Batch 1980)



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**Room 309, 3rd Floor, Main College Building, Maulana Azad Medical College,
Bahadur Shah Zafar Marg, New Delhi- 110002**

Phone- 23237029,23239271-80 Extn: 355, Email: mamcos309@gmail.com, Website: www.mamcos.org