

Triannual Newsletter-Volume 2- July-October 2019

NEURONE



GMCAAN
Newsletter



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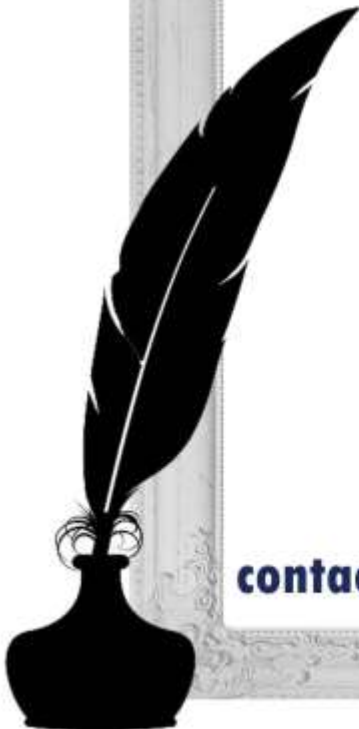
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From
The Board of Editors'
Desk

Dear friends,

I'm feeling excited to be in touch with you! You can see the dancing fountain of my transmitters, especially dopamine.

Oh, how I longed for this day! We as a body were formed years ago. Now is the time to connect. Now is the time to activate synapses. We are, at that stage of life where our next generation is out in the sky flying around on their own wings.

Memories of the past are calling ...I'm sure, our connections will have a big positive effect on each of us and our lives will be enriched. So much so that I'm ready to change my spelling to 'new'ron! Friends, let's celebrate this new union.

I'm already feeling the tingling sensation and the joy is never ending. So, keep in touch at every nerve ending !

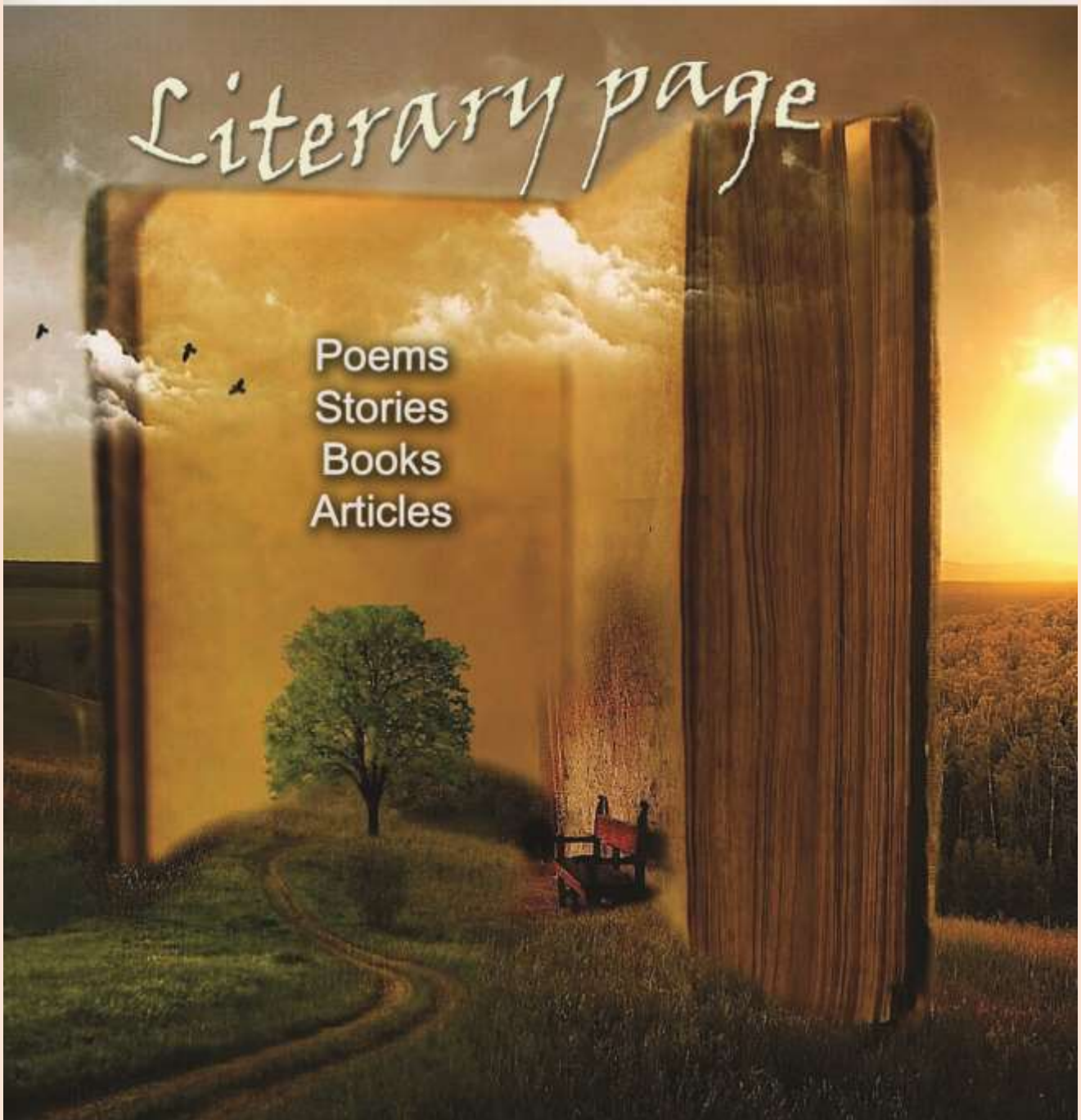
Arvind Apte

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Literary page

Poems
Stories
Books
Articles



‘स्वल्पविराम ’ डॉक्टर पेशाला...

डॉ. माया भालेराव, पुणे

इंजिनीअरिंगला असलेल्या मुलीच्या होस्टेलवर आले होते. कॅम्पस सुंदर होते. ठिकठिकाणी बहरलेली फुलं झाडं होती. अनेक फूड स्टॉल्स होती. ज्यूस.. आईसक्रीम.. साऊथ इंडियन फूड.. नार्थ इंडियन फूड...सगळीकडे खाण्याची रेलचेल होती. तिकडे काही जण उत्साहात बास्केटबॉल खेळत होती. कोणी ड्रायव्हिंग शिकत होते. तर कोणी संगीत- नृत्य अकॅडेमी मध्ये आपापल्या कलागुणांना वाव देत जीवनाचा आनंद उपभोगत होते.

नकळतच, मी ...मी 25-30 वर्षा पुर्वी होस्टेल लाईफ अनुभवलेल्या भूतकाळात हरपले. काय होते आमच्या होस्टेलला ? अगदी PG संपेपर्यंत चा काळ डोळ्यासमोर उभा राहिला. UG चा तरूणांने सळसळणारा- मंतरलेला विद्यार्थ्यांदेशेचा काळ मरमर करत रात्र -रात्र जागून अभ्यासात घालवायचा... PG झाल्यावर अहोरात्र ज्युटी करायची.. ना झोपण्याची वेळ ..ना खाण्याची वेळ...ना कोणती चंगळ....! इतकेच काय तर होस्टेलमध्ये रूमस कमी पडतात म्हणून Mortuary रूमसच्याच बाजूला असलेल्या रूम मध्ये रेसिडेंटची रहाण्याची व्यवस्था....!

" आई गं ; अशी शून्यात काय बघते आहेस ?" मी चटकन भानावर आले...."काही नाही गं. गेल्या दोन दिवसांपासून मन सुन्न झाले आहे. कोर्टने केलेल्या विधानाचे फटके जणुकाही मलाच बसले आहेत. 'त्या ' डॉक्टरला चेंदून चेंदून मारलेले घाव मलाच बसले आहेत. किती झोडपले त्याला. ही अमानुष मारहाण कूरतेचे प्रदर्शन करणारे आहे . पशूला सुध्दा इतके मारत नाही. डोळ्यात पाणी आले गं माझ्या !"....मी हतबल होऊन बोलत होते.

"एकतर हुशार आणि मार्क चांगले मिळाले की सर्वानाच वाटते डॉक्टर व्हावे म्हणून! आपणही स्वप्न रचतो डॉक्टर बनण्याची. समाजाची सेवा करता यावी ही भावना. पण आज बघ ना.. जिवाची शाश्वती नाही राहिली."

मुलगी : " हो, मला आठवते माझ्या लहानपणी, अनेकदा माझी रवानगी शेजारी किंवा हॉस्पिटलच्या मावशीकडे करायची. तू जेवण सोडून धावत पळत सिझर साठी जायची Fetal Distress म्हणत. रात्री अपरात्री जीवाची पर्वा न करता EMERGENCY ACCIDENT CASES करायची. ना फॅमिली लाईफ...ना स्वतःच्या खाण्या पिण्याची चिंता.. कसलं गं आयुष्य तुझं ते. ! "

"त्याचवेळेस मी ठरवलं ...मी डॉक्टर होणार नाही. मुळीच नाही. "

मुलगी मोठी होती ...समजदार होती. पुढे म्हणाली..."अगं ; कामच करायचं...पेशाच निवडायचा..तर मग मारहाणीला सामोरे जाणारा, सतत जीव टांगणीला लावून काम करायला लागेल असा आयुष्याचा मार्ग का स्विकारायचा ? आणि त्यात तुझी Anaesthesia Branch ! किती रिस्क? नको हे सारं " ! माझ्यातला संवेदनाशील- जबाबदार डॉक्टर म्हणाला " मी डॉक्टर आहे. मी असं करू शकत नाही. मला रिस्क घ्यावी लागते."

डॉक्टर्सचे आयुष्य काय असते ते तिने जवळून पाहिले होते. ती जरा उद्वेगानेच म्हणाली, " पण हे इतरांना कुठे कळते ? बाकीचे Profession बघ जरा...तांत्रिक बिघाड झाला तर इंजिनिअर्सला दोषी धरतात का ? त्यांच्यावर कारवाई होते का ? नगर सेवकाने रस्त्यावर सुविधा उपलब्ध केली नाही तर समाज गुद्दागुद्दी वर येतो का ? वकिलाने केस जिंकली नाही तर...सी ए चे accounts बरोबर झाले नाही ...हॉटेल सर्व्हिस चांगली दिली नाही...मंत्र्यांनी आश्वासने देऊनही कामे पूर्ण केली नाहीत म्हणून त्यांना लाथा बुक्के बसतात का? आजतागायत असंख्य डॉक्टरांनी लाखो लोकांचे जीव वाचविले आहेत त्यांना Award मिळतात का ? बस्स झालं आई तुझी डॉक्टरकी.. " आईला या अर्ध्या वयात त्रास होऊ नये म्हणून एका मुलीचे अंतःकरण हेलावून गेले होते. कारण ती म्हणजे एक सुधृढ समाजाचे प्रतीकात्मक रूप माझ्यासमोर होते. पुढची तरुण पिढीच जणू तिच्या विचारातून प्रकट होत होती.

कधी कधी वाटते आपणही डॉक्टरांच्या अस्त्र, शस्त्र आणि शास्त्र या सर्व बेड्यातून मुक्त व्हावे आणि घ्यावी भरारी दुसऱ्या पेशाकडे ! पण परत विचारांचा दोलक हलतो आणि म्हणतो 'ब्लॅकशिप' तर प्रत्येक व्यवसायात असते. मग का तो व्यवसाय वाईट ठरतो ?

पण मध्येच तिच्या एका वाक्याने मी थोडी अंतर्मुख झाले. " आई ,यात काही डॉक्टरांच्या चुका असू शकतात का गं ?" तिच्या मानसिक आंदोलनाचे, त्या घुसमटीचे रिससिटेशन करणे आवश्यक होते. कुठेतरी आई-मुलगी हे नाते येत होते म्हणून तर तिचा कल माझ्या बाजूने नव्हता नं? मला आता तिला सांगणे, अश्या प्रकारच्या शंकेचं निरसन होणे आवश्यक होते.

मी ही संधी डॉक्टर या नात्याने हक्काने घेतली. "खरंतर आम्ही जेव्हा शिकत असतो तेव्हा रुग्णाच्या आजाराबरोबर त्याच्या मानसिकतेचा, त्याच्या आर्थिक बाजूंचा, त्याच्या भावनांचा नेहमी विचार करत असतो. प्रामाणिकपणा, कष्टाळू वृत्ती, तहान -भूक, दिवस- रात्र, सणवार- समारंभ, नातेवाईक यांना दुय्यम मानतो, कारण रुग्ण हा आमच्यासाठी देव असतो. त्याच्या वेदनांवर आम्हाला फुंकर घालायची असते. त्याच्या सफरीन्स मधून त्याला मुक्त करायचे असते. त्यासाठी २४*७ काम करत असतो.

एम. बी. बी. एस. झाल्यावर पदवी प्रदान करताना आम्हाला हिपोक्रेटची शपथ दिली जाते. त्याचवेळी रुग्णासाठी आमच्यातली माणुसकी, प्रेम, जिव्हाळा, आपुलकी, आदर, योग्य निदान आणि योग्य सल्ला -उपचार याची पुनश्चः भावनिक गुंतवणूक करून सप्तपदी घेतली जाते. हे मुल्य जपण्याचा वसा आम्ही घेतो. वेळ आल्यास शुल्क न आकारता किंवा कमी शुल्कात उपचार करतो. आपल्या पेशाप्रती आणि सहयोगी डॉक्टरांप्रती आदराची भावना असते. सहकार्य आणि सहचर यावर निष्ठा ठेवतो. कारण मदत लागल्यास रुग्णाच्या भल्यासाठी, एकमेकांसाठी तत्परतेने धावून जाण्याची

आमची तयारी असते. शिवाय आम्ही सगळे म्हणजे जगातले सर्वच डॉक्टर या शपथेला - या नियमांना कटिबद्ध असतो” .

“यामुळे समाजाकडून काही गोष्टी अपेक्षित करणे रास्त नाही काय ? एखादा आजार बरा झाला नाही किंवा तो बरा न होता उलट गंभीर झाला त्यात डॉक्टरांनी योग्य उपचार केला नाही म्हणून गंभीर झाला असे असते का ? मुळीच नाही . रुग्ण, त्याचे शरीर, ते औषधे , इंजेक्शन्स यांना कसे साथ देते, ब्लड प्रेशर, मधुमेह, अस्थमा, थायरॉईड, अति लठ्ठपणा असे आधीच असणारे विविध आजार यावर अवलंबून असते. अनेकदा डॉक्टरांच्या सल्ल्यानुसार आहार, पथ्यपाणी न पाळणे, वेळोवेळी स्वतः चुका करणे आणि मग आजार बळावला की त्याचे खापर डॉक्टरांवर फोडणे हे कुठल्या पुस्तकात दिले आहे? नातेवाईक यांना झटपट जादूची कांडी फिरवल्यासारखे दुसऱ्याच डोसला रुग्ण बरा व्हावा ही अवास्तव अपेक्षा डॉक्टरांकडून असते. “ डॉक्टर, एका डोस मध्ये बरे वाटायला हवे हं!” वैद्यकीय इलाज हे एक शास्त्र आहे. त्यावर अनंत वर्षांपासून संशोधन सुरु आहे. मनुष्याला आमरण राहता आले पाहिजे म्हणून पण आजतागायत यश आले नाही. इतकेच काय वार्धक्याकडे जाण्याची वाटचाल सुद्धा थांबविता आली नाही” .

सुजाण नागरिकहो...डॉक्टरांना जीवाची हमी नसेल...समाजकंटक लोक डॉक्टरांना वेठीस धरत असतील तर येत्या काही वर्षात डॉक्टरांची संख्या कमी होईल. असंख्य आजारांवर उपचार करणारे निपुण डॉक्टर कमी होतील किंवा परदेशात स्थायिक होतील. सर्व हुशार विद्यार्थी विचार करतील मी हुशारच आहे तर कोणत्याही प्रोफेशन मध्ये यशस्वी होईल. त्यासाठी डॉक्टरच का ?

EMERGENCY सेवा देणे बंद होईल. त्रास नको म्हणून एक ऑपरेशन कदाचित दोन सर्जन मिळून करतील. भूल देण्यासाठी दोन भूलतज्ञाना बोलावतील. रुग्णाचा एका डॉक्टरांवर विश्वास नाही न, दोन तीन डॉक्टरांचे सल्ले घेणे अपरिहार्य होईल. अविश्वास दाखविल्यामुळे आवश्यकता नसतांनाही References घेणे, असे प्रकार वाढतील आणि तपासण्या- चाचण्यां यांची यादी वाढेल. साध्या साध्या आजारांवर उपचार देतांना डॉक्टर दोनदा विचार करतील. सतत दडपणाखाली वावरतील.

हल्ली दिसू लागलेली हिंसक प्रवृत्तीची बैजिक वाढ ही येणाऱ्या पिढीसाठी अतिशय घातक आहे. डॉक्टरी व्यवसायाकडे जाण्याचा कल रोडावत गेला तर भुरट्या वैदुंची टांकसाळ उद्यास येईल. ही चिंताजनक बाब समाजानेच स्वतःवर ओढवलेली असेल. बरेचदा याचे कारण सामाजिक आणि राजकीय मूल्यांचं झालेलं अधःपतन ! त्यामुळे सरकारी यंत्रणा...पॉलिटिशिअन्स...दृक्श्राव्य आणि डिजिटल माध्यमे. .यांनी गांभीर्यपूर्वक विचार करण्याची गरज आहे. लाथाबुक्क्यांनी प्रश्न सुटत नसतात. उलट त्याचे गंभीर परिणाम पुढच्या पिढ्यापिढ्यांना भोगावे लागणार आहेत.

तेव्हा समाजातील संवेदनशील मित्रांनो ...स्मार्ट शहर घडविण्यासाठी सजग- स्मार्ट विचारसरणीचा अवलंब करा आणि डॉक्टर पेशाला येऊ घातलेला ' स्वल्पविराम ' टाळा !

• घर को सजाये जाते हैं •

घर को सजाये जाते हैं पर ये ख़बर नहीं
घर और कोई चीज़ है दिवार-ओ-दर नहीं।

है नाचने की आरज़ू, हासील हनर नहीं
उड़ने की ख़वाहिशें हैं पर बालों पर नहीं।

दुनिया सजाये रख्खी है पर्वरदिगार ने
आँखें मिली नसीब से लेकिन नज़र नहीं।

पहने हुये नक्राब है इज़त मआब लोग
इन्सानियत का दूर तक उनपर असर नहीं।

मंज़िल का रहनुमा है मेरा अपना हौसला
गो कारवां भी दूर है और हमसफ़र नहीं।

तारीकियों से हरगिज़ डरना नहीं है हमको
ऐसी भी कोई रात है जिसकी सहर नहीं।

—❁— डॉ . रमेश गांधी

• मोम के पुतले •

मैडम तुसाद ने मोम के पुतले बनवाये
और लंदन के एक म्युज़ियम में लगवाये
खास व्यक्तियों का उन्होंने बढ़ाया मान
उसमें भारत का भी रहा योगदान

अमिताभ, शाहरुख को मिला यह सम्मान
और शामिल हो गये ऐश्वर्या, सलमान।
गांधीजी, टैगोर तो कोहीनूर हैं
शान बढ़ाई म्यूज़िअम की वे ऐसे नूर हैं।

देश के कुछ नेताओं ने मैडम को चाह जताई
प्रस्ताव भेजकर उनको अपनी इच्छा बतलाई।
जितना चाहो उतना पैसा हम दे सकते हैं
जैसा चाहो वैसा जुगाड़ हम कर सकते हैं।
जीते जी ही गर हमारे पुतले बन जायेंगे
दुनिया के इतिहास में हम भी अमर हो पायेंगे।

दफ़्तर से मैडम का, उनको तुरंत मिला जवाब
जिसको सुनकर नेताओंके ध्वस्त हो गये ख़वाब।
भावना की उष्मा से जो पिघल सकते हैं
केवल उनके ही पुतले मोम में ढल सकते हैं।
आप अपने पुतले पत्थर के ही बनवाओ
अपने शहर के गली मोहल्ले में लगवाओ।
वैसे भी तुम इंसानों के काम नहीं आओगे
कौवों, कबूतरों की सेवा में तो लग जाओगे।

—❁— डॉ . रमेश गांधी

माही माय

रोज माही माय माही वाट पाहये
दाढपावर किती डाय येऊन उमी राहये

मी गेलो खेयाले त् भायी निरोप गाडे
जेवाले घायी करे अन् लय कल्ला फाडे
माहय ताट वाढूनच माहयासंग खाये
रोज माही माय माही वाट पाहये

मी गेलो शायंत त् तिले मोठी धिता
मले आनासाठी करे याच्या त्याच्या मिता
दुरूनच मी दिसो त् घराम्नी जाये
रोज माही माय माही वाट पाहये

शिफासाठी मी गेलो आपल गाव सोडून
डोये तिचे सुजून गेले ई भर रडून
तोडावरून हात फेरे, साजरा तिथ राहये
रोज माही माय माही वाट पाहये

पोरग माहय डाक्टर झालं गाव भर सांगे
आणखी त्याले यस मिळो, देवाले मांगे
उपास तापास करे अन् मोठे नवस पाहये
रोज माही माय माही वाट पाहये

लगन झाल माहय त् लय खुस झाली
आभाय तिले डेंगण वाटे, डॉक्टर सुन आली
याले त्याले सांगे आता दिवस आले म्हाये
रोज माही माय माही वाट पाहये

कामासाठी गाव सोडून मोठया गावी आलो
संसारत रमून गेलो, लय धित्री झालो
अधून नधून माय वी येत जात राहये
रोज माही माय माही वाट पाहये

मी मणो माय आता म्हाया संग न्हाय
पोरं-वाळ सांभाय आन आरामात खाय
जिव इथ फोंडून जाते, गावीच वर हाये
रोज माही माय माही वाट पाहये

गावावरून निरोप आला तिले वरं माही
काम सोडून येऊ नको तर माही काही
झोपीतून उठून बसे अन् दाराकडे पाहये
रोज माही माय माही वाट पाहये

वावू येईन घरी त् पूरन पोई करीन
मातवाले येऊन सन्धा थावरात जाईन
सुनिले देऊन टाफीन दागीने गी म्हाये
रोज माही माय माही वाट पाहये

मी गेलो घरी तीचे डोये होते निटून
माय मी आलो त् पाहयल मले हासून
माहयासाठी थांबली होती उघडे होते डोये
मले वाटे माही माय माहीच वाट पाहये
अस वाटे आता मनन वावू साजरा राहये

डॉ. रमेश गांधी

चालता का वो चिन

म्या मटल बायको ले चालत का वो चिन
नेहमी सारखी थे करा लागली घिन घिन
फिरा साठी तूमाले काय चिन च् दिसला
माहीत नायी डोकश्यात तुमच्या कोन्ता किडा घूसला
म्या मटल माता, माय तूले झाल तरी काय
आता बी तशीच करत तीन लेकराची माय
चिन मंधी खाआचे लय वाखे होऊन जाते
मुंग्या अन माकोड्याची चटनी कोन खाते
पयले सारखा चिन आता अजिबात नायी
लय म्होर चाल्ला गेला आत भेटते सर्व कायी
तूले जे पायजे थे भेटन कमी पैश्यात
कोणतीच वस्तू महाग नायी चिन सारख्या देशात
तुमाले जर वाटल असान त् एकटेच जा फिराले
मुले लय काम हाए इथच घरी कराले
म्या मटल ठिक हाए मी एकटाच तिथ जाईन
भेटली कमी पैश्यात त् बायकोच दुसरी पाहीन
थे मने, तुमाले जस मायीतच नायी कायी
चिनचा माल जास्त दिवस काही चालत नायी
आता तुमी मले जास्त बोला साठी नका लावू
भारताच्याच बायका असते सुंदर,स्वस्थ,टिकावू

डॉ. रमेश गांधी



कवि-परिचय

डॉ. रमेश आँ. गांधी

एम.बी.बी.एस., डी.एम.आर.डी., एम.डी. (रेडियॉलॉजी)

जन्म : ३० जून १९५३

आर्वी, जि. वर्धा (महाराष्ट्र)

कन्सल्टंट रेडियॉलॉजिस्ट

- गांधी एक्स-रे एवं सोनोग्राफी क्लिनिक, गांधी पुवला, सेन्ट्रल एव्हेन्यू, नागपुर,
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एक्स प्रोफेसर ऑफ रेडियॉलॉजी

- जवाहरलाल नेहरू, मेडिकल कॉलेज, सावंगी, वर्धा.
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- असो. प्रोफेसर, लता मंगेशकर वैद्यकीय महाविद्यालय, नागपुर.
- पूर्व अध्यक्ष, रोटरी क्लब ऑफ नागपुर. (पूर्व)

रुचि:

- लेखन: नाटक, लघुनाटिका, लेख, निबंध, बन्हाडी कविताएँ
- देश-विदेश भ्रमण

पता:

डॉ. रमेश आँ. गांधी

श्रीपद कॉम्प्लेक्स, सेन्ट्रल एव्हेन्यू,

दारोडकर चौक, नागपुर - ४४००३२

दूरध्वनि :- ०७१२ - २७६५५६२,

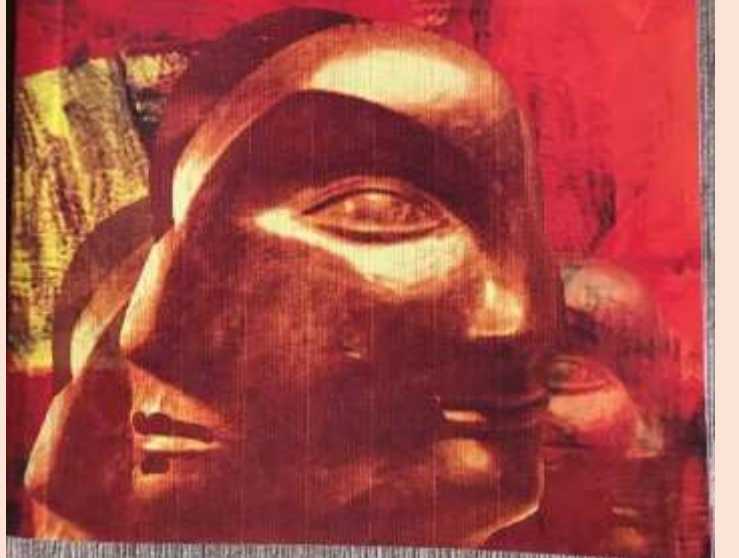
भ्रमणध्वनि: ९४२३१०३२९७

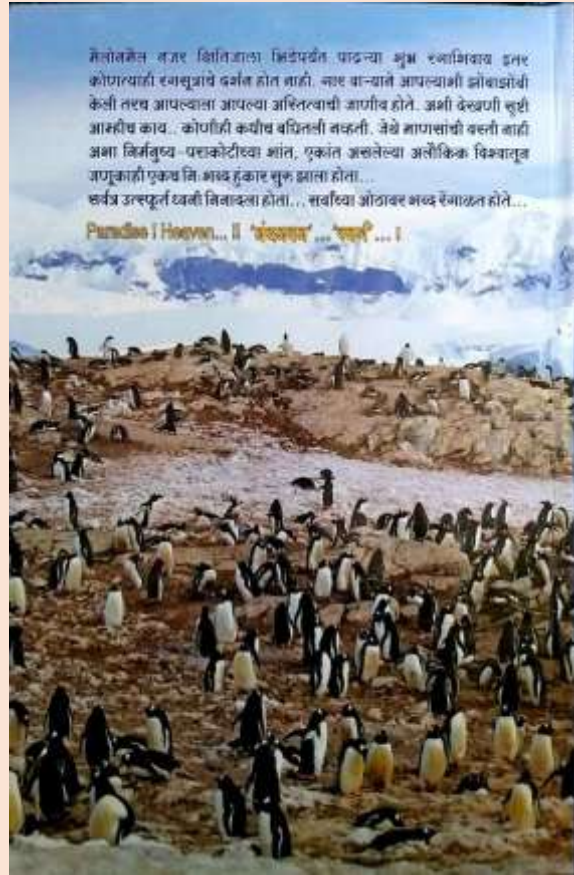
Email: drgandhiramesh@gmail.com

मोम के पुतले

(कविता-गज़ल संग्रह)

डॉ. रमेश गांधी







“CONNECTING COLLATERALS TO THE MAIN STREAM!”

Someone has rightly said if you travel just don't be traveller, be a storyteller and here we go! Dr. Maya and Dr. Sudhir Bhalerao have explored the unique places in the world and have a story to tell. Expeditions to the White continent- South Pole and adventurous journey to the North Pole have been phenomenal. She has unfolded the experience of travel in a Marathi book ' DHRUVBHRAMANTI' authored by her in 2012.

She decided to share these experiences with the visually challenged friends and got translated her book DHRUVABHRAMANTI in Marathi Braille language. The book was published in April 2019 and has 152 pages.

Just by the mere touch of finger tips running all over the Braille page, visually challenged students could imagine the picture of Arctic and Antarctica. The flow of happiness by the smile on student's face which they both have seen is priceless! In fact, this is the beauty one cannot see but can feel deep inside the heart.

Thus, they have extended the small share towards society as social responsibility and experienced the eternal satisfaction by connecting collaterals to the main stream!

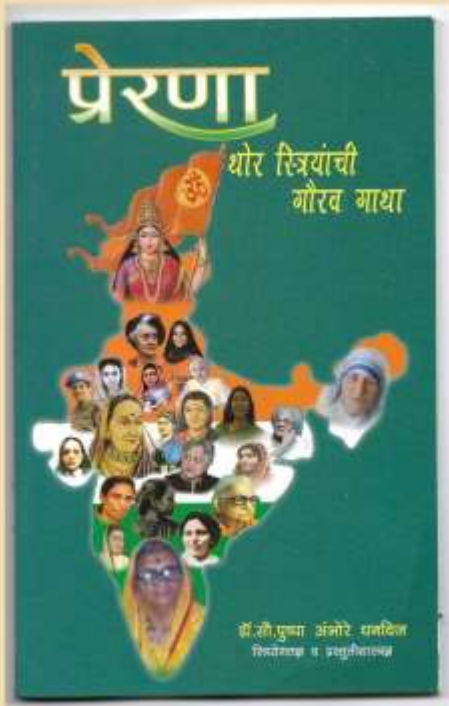
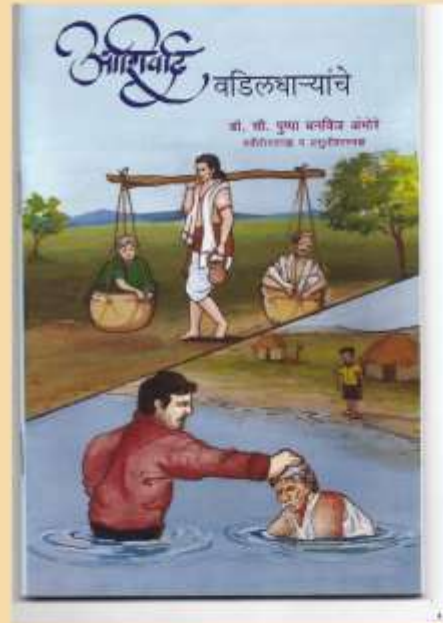
They have distributed these 'Braille Marathi DHRUVBHRAMANTI' books to 82 Blind schools all over Maharashtra. The book is available at Jagriti School for Blind Girls, Alandi, Pune.

Dr. Maya Bhalerao



लेखिका: डॉ. पुष्पा धनविज अंभोरे

(परिचय पुढील पानवर)



29



डॉ.सौ.पुष्पा अंभोरे धनविज
एम.बी.बी.एस., डी.जी.ओ., एम.डी.,
स्त्रिरोगतज्ञ व प्रसूतीशास्त्रज्ञ



अंभोरे मॅटर्निटी व नर्सिंग होम, यू ९०, नरेन्द्र नगर, नागपूर

पत्ता :- 'पुष्पा निवास', अंभोरे मॅटर्निटी होम, यू ९०, नरेन्द्र नगर, नागपूर

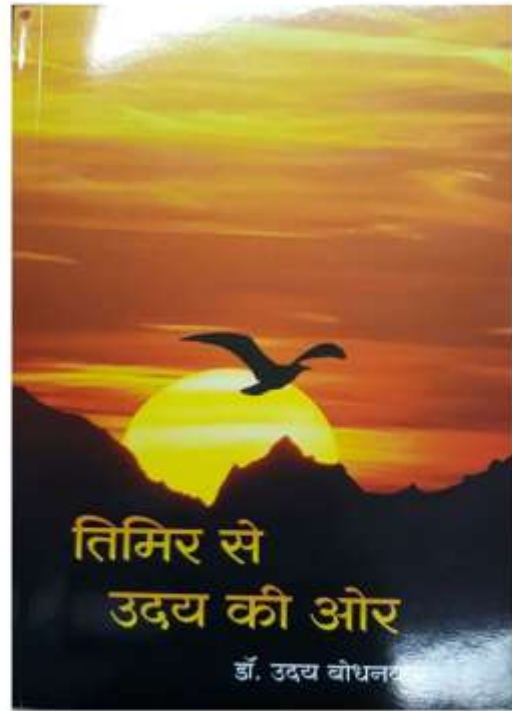
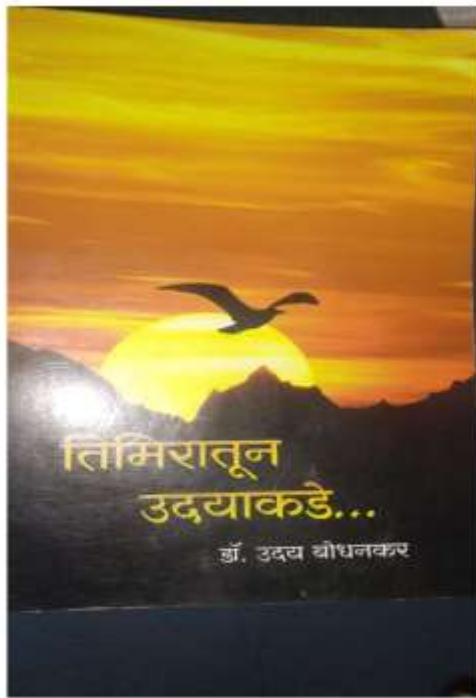
छंद :- वाचन, लिखाण, देशविदेश पर्यटन, समाजसेवा

लघुपट निर्मिती :- स्त्रियांच्या प्रश्नावर जनजागृतीसाठी 'देवा मुलगीच दे', 'एड्स अवैअरनेसवर', 'हमे भी सन्मानसे जिने दो', 'घुटक्याचे दुष्परिणाम', व 'हंडाबळी' लघुपट निर्मितीची योजना. कविता व लेख लिहीणे, विविध वृत्तपत्रात व मासिकात प्रसिद्ध, आकाशवाणीवर व शाळा कॉलेजातून स्त्रियांच्या सामाजिक व वैद्यकिय प्रश्नावर संभाषणे.

पारितोषिके :- अनेक राष्ट्रीय व अंतरराष्ट्रीय सामाजिक संस्थेमार्फत आजपर्यंत वेगवेगळे १७ पुरस्कार.

जन्म :- १९ जानेवारी वर्धा जिल्हातील चिंचोली या ४० घराच्या खेड्यात झाला. प्राथमरी शिक्षण तेथेच करून हायस्कूलचे शिक्षण चंद्रपूर जिल्ह्यातील नागभिडला झाले. शालेय जिवनात एक ह्यूशार विद्यार्थिनी, नेहमी पहिल्या क्रमांकांनी उत्तिर्ण.

प्री मेडीकल शिक्षण - इंस्टीटयुट ऑफ सायन्स नागपूर व पूणे. वैद्यकिय शिक्षण गव्हर्नमेंट मेडीकल कॉलेज, नागपूर येथे झाले. तेथेच १० वर्षे विशेषज्ञ म्हणून काम केले. विद्यार्थी जिवनापासूनच मेडीकलमध्ये येणाऱ्या गरीब व ग्रामीण भागातील रुग्णांना सतत मदत करित असत. गोरगरीब व ग्रामिण रुग्णांची सेवा करण्याची इच्छा असल्यानी स्लम एरियात जनरल प्रॅक्टिस सुरु करून गरीब रुग्णांना कमित कमी खर्चात सेवा उपलब्ध केली व अजूनही सुरुच आहे. गरीब व ग्रामीण स्त्रियांच्या सेवेसाठी आपले प्रसूतिगृह शहराच्या बाहेरील भागात सुरु केले. समाज सेवेचा बसा पुढे सुरु ठेवण्यासाठी अनेक सामाजिक संस्थेत कार्यरत आहेत. महिलांचे प्रश्न व जनजागृतीसाठी 'स्त्रि सन्मान व जनजागृती संघटना' ची स्थापना केली. व लघुपटाद्वारे विविध विषयावर स्त्रियांचे प्रश्न व अंधश्रद्धा निवारण्याचे प्रयत्न सुरु आहेत. पारधी समाजातील स्त्रिया आजही देवीचा प्रकोप टाळण्यासाठी जंगलात जातात व स्वतःच स्वतःची प्रसूती करतात. त्यांच्यासाठी चांपा या पारधी वस्तीत २ बेडचे प्रसूतिगृह बांधून दान केले व त्यांना सुरक्षित प्रसूतीचे महत्व पटवण्याचा प्रयत्न केला. शाळा, कॉलेजात, ओपडपट्टीत, अनाथाश्रमात, ग्रामीण भागात सतत आरोग्य शिबीर व वैद्यकिय सल्ला देण्याचे कार्य सुरु आहे.



Amitabh Bachchan releases Dr Uday Bodhankar's Book

■ Staff Reporter

SUPERSTAR Amitabh Bachchan recently released new edition of 'Timiratun Udayakade' a biopic book penned by noted Pediatrician of Nagpur - Dr. Uday Bodhankar at Mumbai.

This book has been written by Dr Uday Bodhankar on his life threatening experiences and miraculous recovery from near death to full functional life. It has also details about his childhood struggle and determination to become a medical professional due to the chronic illness of his beloved sister who unfortunately succumbed to her condition.

Dr Bodhankar in this book has described painful journey and struggle to lead quality life and narrated his vast personal experiences in taking relief of pain from practically all alternative medical pathies with useful information regarding each pathy. It has also guidance for living healthy and fruitful life with do's and don'ts.

Dr. Jayant Upadhye, Chief Organising Secretary and Dr. Vasant Khalatkar, Chief Organising Chairman, Pedicon 2018 Nagpur, Rajesh Yadav, CEO, ABCL, were also present during the release.



Amitabh Bachchan while releasing new edition of Dr Uday Bodhankar's book 'Timiratun Udayakade'.



‘ये गाथा है एक अतिसंवेदनशील डॉक्टर... बाल विशेषज्ञ की...’ जो अपने बाल रोगियों को दिल की अतल गहराईयों से प्रेम करता है और उसका नाम है डॉक्टर उदय बोधनकर, मशहूर विश्वविख्यात बाल रोग विशेषज्ञ। भावुक बचपन की कच्ची उम्र... बहन की मरणांतक वेदना... और मृत्यु... कभी नहीं भरी वह जख्म। बहन की बीमारी का दारुण अनुभव कभी भी जिंदगी से दूर नहीं हुआ। और इसी अध्याय ने डॉक्टर बनने की महत्वाकांक्षा को टूट... और सुदृढ़ किया।

एक सहज सरल जीवन में अनेक यशशिखरों को छुआ... स्पर्श किया...। एक के बाद दूसरा... दुसरे के बाद तिसरा... अनेक पुरस्कार... अनेक सम्मान... कर्मठता का पर्याय बने। सफलताओं के साथ बढ़ते सपने... पीछे पलटकर देखने का अवसर नहीं इतनी उँची उँची उड़ाने... डॉक्टर अल्बर्ट र्वाइट्ज़र के नाम से मिला अंतरराष्ट्रीय स्तर का सम्मानीय पुरस्कार हो या इंग्लैंड की महारानी एलिजाबेथ के दरबार में राजकीय सम्मान हो... डॉक्टर बोधनकर ने पैर जमीन से उठने नहीं दिये। अपने कर्तव्य के प्रति एकनिष्ठ और ईमानदार रहने का व्रत जिसके लिये सर्वोपरि है उसके लिये पुरस्कार और सम्मान के क्या मायने? आते जाते ही रहते है जीवन में यह सुप्रसंग...।

डॉक्टर का कार्य निरंतर चलता ही रहा और अचानक नियति का क्रूर प्रहार। एक यातना से दूसरी का आविर्भाव। रेस्पिरेटरी अरेस्ट, उसके कारण पैदा हुये अनेक खतरे... कोमा मे चले जाना... सब और बातें फैली... डॉक्टर उदय बोधनकर मरण शैया पर... जीने की संभावना... नहीं के बराबर।

परंतु यमलोक की प्रदीर्घ फेरी लगाकर वापस अपनी दुनिया में लौटे परंतु इस कुशल चिकित्सक ने परिस्थितियों के शरण में न जाते हुवे जीवन के प्रति चुनौतियाँ स्वीकारी। वो कैसे? बस इसी की कहानी है यह रोमांचकारी रोचक कथा। हमें, तुम्हें और आम जन के भीतर जीने की लालसा जिजीविषा और नव उम्मीद नव आशावाद जगाने की कहानी।



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NEURONE



Doctor in Uniform



Lt. Gen. Madhawa A. Tutakne

Esteemed Colleague Members of GMCAAN

Dr. Agarkar asked me to introduce myself to the esteemed members of the group. I am following his orders. I spent 38 years in Army and have naturally developed the habit of obeying orders. Of course in Army, the order has to fulfil many ingredients to be 'legitimate'. Coming from a colleague, who is voluntarily spending a lot of his time and energy in taking care of the News Letter of GMCAAN, I had no doubt that I have to obey. When I decided to write, I wondered 'why me'. To answer that I tried to know myself. Yes, I am the first GMCAAN to become Lieutenant General in Army Medical Corps, and probably also the first one to be a Vice Chancellor of a University. I know I am not the only one. Saibal Mukherjee also became Lt Gen a few years later. Many like Dr. Ved Prakash Mishra and Dr. Ashok Gupta have attained higher academic distinctions in Universities but subject to correction I was the first VC from GMC.

Lt. Gen. Madhawa A. Tutakne

UNIFORMED DOCTOR

Early Years

I was born in Nagpur towards the close of 1940. My father had died months earlier of typhoid so my uncle helped raise me in a small town in Chhattisgarh. The love and care given by my uncle made me believe that the world is full of good people. Even today I carry this belief. Hence, I don't understand why there is so much of mistrust in society, especially for the noble profession that we follow. My mother, who did her graduation and post-graduation as a widow, instilled human values in me and never allowed me to feel the difficulties she faced. Education in a small town and in Hindi Medium created no handicap for me to adjust to the well-known institutions: College of Science (Now Institute of Science) and GMC Nagpur.

In 1958, I was finally admitted to GMC Nagpur after waiting for a full year being underage. This turned out to be a blessing in disguise since a large number of my friends and classmates from Science College Nagpur were now my seniors. They continued to be my friends and spared me from any ragging. As a medical student my dream was to become professor of medicine at GMC. My closest friend Dr. Modi also shared this dream. Neither

of us achieved our dreams for different reasons. Chinese war of 1962 started when I was appearing for final MBBS examination.

Joining Army

When Army announced that interns can join and their internship will be exempted, I was extremely happy. Instead of Rs 125/- per month we would get a princely sum of 500 rupees. I joined Army hoping to serve for five years as Short Service Commissioned officer and come back to GMC for post-graduation. My mother did not object although I was the only child. She did not want to limit my options. Even today I keep learning from her life. Of course my family's faith in Swamy Vikasanand, my Sadguru, who guided our family through all the difficult years had a lot of contribution in this decision. The only person who opposed my joining army, was friend Modi, who showed me the famous quotation from George Bernard Shaw "I can't ever respect the soldier who can exactly take out the left foot hearing somebody shout 'left' from a distance". (From Preface of Major Barbara. I don't remember the exact words but it meant what I have written)

Incidentally, I must mention my transition from un-informed to uniformed. I had joined NCC and completed B certificate. In third year I wanted to continue but was late in approaching the Officer I/C. I was told that I could not become underofficer as the post was already filled. So I asked him the advantages of joining NCC. He said it would be useful if I joined army. I wondered if there are Uniformed Doctors and being a doctor himself, he was naturally angry. I later did meet him in service but like a good soldier he never reminded me of my ignorance. Now I know that Armed Forces is one of the best professions for doctors, proving clean and professionally satisfying jobs and doctors are needed being considered as "Morale Boosters" for the Armed Forces. In snow bound areas the soldier's face lights up when he sees the doctor. One of colleague told me that even his father never looked so pleased to see his face, as the JCO having breathing difficulty in Siachin glacier.

Grooming in the Army

I fully enjoyed AMC training center Hyderabad. We stayed in tents and had dry sanitation, but everyone was friendly. I realized that marching in step was essential because if everyone does not reach the objective (the area to be concurred after hand to hand fight) together, then the battle can't be won. Army wants their commanders to develop the leadership of such high caliber that their troops literally worship them. Is it easy to make soldiers walk in the directions from where bullets are being fired? The icing on the cake was that I topped the course. It convinced me that I have found my vocation. In medical college I had done well enough to be sure of getting seat for MD, but did not ever top the course. So I knew where I belonged.

My first job at Military Hospital Calcutta was a boon. One senior colleague, also a GMC Alumni, Late Brig P K Dhagat, gave me free boarding and lodging in his house when I got married and wanted to have honey moon in Calcutta. Later some others were also kind enough to let me use their houses during

their absence. I found officers taking care of the ladies when their husbands were out of station. This comradery is unique to Armed Forces. The meaning of 'extended family' is well and truly understood in Armed Forces. That added to my resolve to make army as my career. My wife was quite happy and I did not wait for two years to convert to permanent commission. I appeared in the examination conducted by UPSC in first year of my service and became a permanent member of Army Medical Corps.

Serving in the war zone



picture was taken 4 days after air raid. ADS was moved out within two days of air raid (1965 war)



In Jammu sector 1965

From Kolkata I was posted to Nagaland as Regimental Medical Officer of 3 Bihar. Naga insurgency was at its peak, but the medical officers were respected so much by the local population that we had no fear of going to the village to treat the sick. Red cross arm band was insurance against Naga attack. During Indo - Pak war of 1965 I was posted in Jammu sector. I was I/C of Advanced Dressing Station (ADS) managing casualties suffered in ops. Battle of Chavinda (Railway Station in Pakistan) and Battle of Phillora (Tank Battle) were the two well known operations in that sector in which we took part. After initial fear of the bullets and shells being fired all around we got used to it. We could get a rough estimate of the distance where the shell or bomb could have landed and whether we could continue our work or needed to go in the trench.

On the last day of the battle my ADS came under very heavy air attack. Four doctors were sitting in the dug-out when a rocket fell on the patient lying on the stretcher about four feet away from us. One doctor colleague was hit by a splinter. The patient hit by the rocket, was thrown about six feet away. Luckily we saved him by applying tourniquet to a severed limb and stopping the bleeding from the other limb,

while the air attack was still on. That attack had lasted for twenty minutes, one of the longest air raids. I lost two men of my unit and four others were injured.

One driver was bold enough to move an ammunition laden truck to an open area which saved many lives in the ordinance unit close to my location. War tests human personality fully. My brave body builder nursing assistant, took more than one hour to come out of shocked silence sitting in a trench after the air raid, while a Muslim sweeper and a lazy nursing assistant were the first persons to come to help me in managing the wounded after the air raid. It was an experience which convinced me that unless the bullet has your name written on it will not hit you.

Professional work

I was lucky to be selected for specialist training within four years of service and was graded as a dermatologist in 1968. Subsequently I did post-graduation from AIIMS New Delhi in 1975. As a specialist, I contributed to bring a major policy change. All leprosy patients were invalided out of service then. With change in policy, non-infectious leprosy patients were not invalided out of service. Only Lepromatous cases were discharged from service if they were still bacteriologically positive after institutional treatment for two years. My tenure as teacher of dermatology in AFMC from 1980 to '85 was the most enjoyable tenure of my service career. Most of my publications belong to this period. I also received Amirchand Award for research work in 1985. This was for fabricating THERMOSENSE, an instrument for quantitative testing of heat perception in leprosy cases. Work on this instrument was also published in "Bioengineering and Skin" by one civilian colleague working in Indian Statistical Institute Kolkata.



**Vice Chancellor of
Symbiosis International
(Deemed University)**

I got the opportunity to work in the office of DGAFMS, as DDG (Provisioning), responsible for planning and procurement of drugs and medical equipment for Armed Forces. The experience of dealing with large firms taught me a lot about the drug industry. My tenure in that appointment was longer than most of my predecessors. In 1997, I became Dean and Deputy Commandant of AFMC, and was later promoted as Commandant in the rank of Lieutenant General. After retiring in December 2001, I was lucky to be appointed as . I am still associated with Symbiosis as Advisor. Symbiosis now plans to start a medical college for women.

Honors and Awards

In addition to Amir Chand Award mentioned above I have been lucky to receive the following awards

- Fulford National Oration Award by IADVL for 1985
- Vishishta Seva Medal (VSM) by the President of India 2001
- Ati Vishishta Seva Medal (AVSM) by the President of India 2002
- Teacher Par Excellence Award by IADVL 2008
- Life time Achievement Award by Maharashtra Branch of IADVL 2010



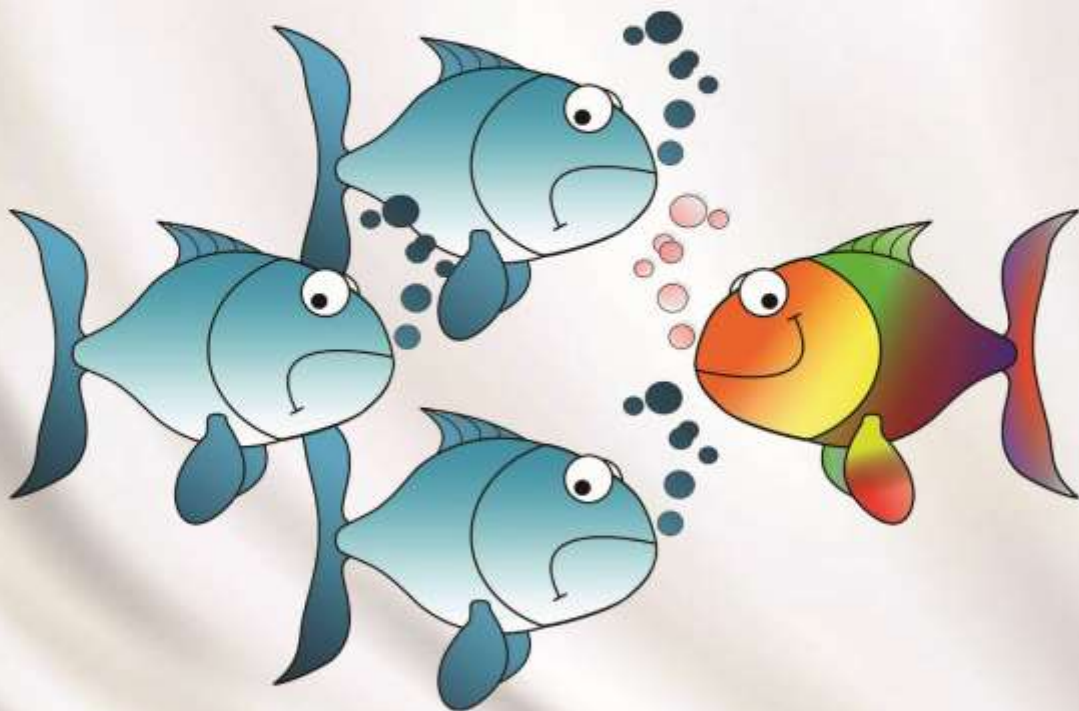
With GMC friends on corps day 2019

Family and Social Work

My wife Sadhana is the pillar of strength all along and helped me to be a happy person. My mother was the purpose of my life. When she suddenly died of Cerebral Hemorrhage in 1970, my wife gave me tremendous support to bear the loss. She was responsible for grooming of the children, who have all done well in different professions. My daughter followed my career and is a Group Captain in the Air Force. My elder son graduated from IIT Delhi and IIM Calcutta and held a very senior appointment in Accenture. My only misfortune was his loss in a road accident in Melbourne in 2016. My younger son was a scholar in Delhi School of Economics and presently works for Swiss Bank.

I chair the board of trustees of Care India, an NGO set up by an Army Officer for care of poor cancer patients. I am also a member of the managing committee of LEPRO Society, engaged in care of leprosy patients. My present area of interest is medical ethics and clinical research.

NEURONE



Dare to be Different

मागे वळून पाहताना.....

डॉ. सुनिता महात्मे

1986 साली स्थापित 'महात्मे आय बँक आय हॉस्पिटल नागपूर' आज मान्यताप्राप्त पदव्युत्तर वैद्यकीय शिक्षण संस्था म्हणून दिमाखात उभी आहे. जागतिक नेत्रतज्ञ संघटना (ICO) द्वारा फेलोशिप व परिक्षांसाठी संस्था मान्यताप्राप्त आहे. परामेडीकल अभ्यासक्रम येथे आहेत. लाखो गोरगरीब रुग्णांवर मोफत शस्त्रक्रिया येथे होत आहेत. सहयोगी संस्थांच्या रूपात मुलुंड मुंबई, अमरावती आणि आरमोरी (गडचिरोली) येथे महात्मे नेत्र-रुग्णालये सेवा देत आहेत. संस्थेचे संस्थापक व वैद्यकीय संचालक म्हणजे आजचे राज्यसभा खासदार आणि पद्मश्री पुरस्कृत डॉ. विकास महात्मे यांचा हा प्रवास अडथळ्यांचा असला तरी स्वेच्छेने पत्करलेला - म्हणूनच रडत पडत नव्हे तर आनंदाने आव्हाने स्वीकारत केलेली वाटचाल असे म्हणता येईल.

१५ ऑगस्ट १९८५. सगळा भारत स्वातंत्र्य दिन साजरा करीत होता. डॉ.महात्मेही त्या दिवशी स्वतंत्र झाले होते. पण सारा देश आनंदात असताना ते मात्र उदास होते... त्याचं मन खिन्न होतं. काल ते अचानक बेरोजगार डॉक्टर झाले होते. 1975 Batch चे डॉ.महात्मे गव्हर्नमेंट मेडिकल कॉलेजमध्ये 'लेक्चरर' म्हणून मिळणारा मान-सन्मान मिळणार पण 'सरकारी नोकरी' यावर समाधानी होते. अचानक लोकसेवा आयोगातून आलेल्या उमेदवारांमुळे ते बेरोजगार झाले होते. आता पुढे काय ? जवळ पैसा नाही, भांडवल नाही. त्यावेळी कर्ज द्यायला बँकही तयार होत नसे. पण परिस्थितीशी दोन हात करण्याचं बाळकडू आई-बाबांकडून, विशेषतः आईकडून मिळालेले. १६, सेन्ट्रल एक्साईज कॉलनी, रिंग रोडच्या घरातील एक खोली बनली... "महात्मे डोव्यांचा दवाखाना!" शहराच्या बाहेर, ओसाड रानात दवाखाना टाकतोय, हा त्यांच्या मित्रमंडळींमध्ये चेष्टेचा विषय होता. 'अरे, असा गावाच्या बाहेर बसशील तर काय प्रॅक्टीस चालेल तुझी ? मध्यवर्ती भागात बसायला हवं. 'बाप रे ! ऐकूनच पोटात गोळा यायचा त्यांच्या ! मनातल्या मनात ते म्हणत, 'अरे बाबा, मध्यवर्ती भागात बसायची ऐपत कुठे आहे माझी ?'

खरं तर सगळे करतात तशी 'प्रायव्हेट' प्रॅक्टिस करून झटपट श्रीमंत होण्याचा मार्ग खुला होता त्यांच्यासाठी. पण त्यांच्या मनात मात्र विचारांचं काहूर जमा झालेलं. "काय बरं नवीन करता येईल, जे समाजोपयोगी ठरेल?" आणि त्यांच्या लक्षात आलं की, "आय बँक" हा विषय दुर्लक्षित आहे. नेत्रदानाबाबत समाज उदासीन आहे आणि कॉर्नियामुळे हजारो लोकांना आलेलं अंधत्व बुबुळ प्रत्यारोपणाद्वारे दूर होऊ शकतं. पण आय बँक म्हटलं की, ब्लड बँक, अम्बुलन्स, अग्निशामक दलासारखे दिवसाचे 24 तास द्यावे लागणार होते. कधीही कॉल आला, तरी उपलब्ध राहावं लागणार होतं - काही दिवसांसाठी नव्हे तर संपूर्ण आयुष्यभर ! ही वचनपूर्ती करण्यासाठी मनाची तयारी होती म्हणूनच उदय झाला, एस.एम.एम. आय वेलफेअर चॅरिटेबल ट्रस्टचा आणि त्याद्वारे चालविण्यात येणाऱ्या "महात्मे आय बँक" (नेत्रपेढी) चा. अगदी सुरवातीला नेत्रदानाचा कॉल आला की, ते स्कूटरवर जायचे. त्यांच्याकडे बघून (किंवा त्यांच्या Status कडे बघून) हे डॉक्टर असतील अशी खात्री काही केल्या लोकांना पटत नसे. एखादं व्रत जिद्दीनं पुढे न्यायचं हा गुण त्यांना आईकडून मिळाला आहे, त्याचा फायदा झाला. आज मध्यभारतात नेत्रदानाचं उल्लेखनीय कार्य 'महात्मे आय बँक' करतेय, हे बघून मनाला खूप आनंद होतो.

"आय हॉस्पिटलची" सुरवातही अशीच कठीण परिस्थितीत झाली. फक्त एका खोलीचं क्लिनिक, नागपूरातीलच नव्हे तर नागपूरच्या आसपासही ज्या ज्या हॉस्पिटलमध्ये डोव्यांचे रुग्ण बघायला त्यांना बोलावत - ते गेले. स्वतःचे Instruments घेऊन फिरले, इतर जागी जाऊन शस्त्रक्रिया केल्या. स्वतःचं हॉस्पिटल काढणं झेपत नव्हतं. कसं तरी कर्ज मिळालं आणि निवासाच्या मागील बाजूस बांधकाम करून सहा खाटांचं रुग्णालय सुरु केले. असिस्टंट स्टाफ, रिसेप्शनिस्ट, असे लोक कधी ठेवणं परवडणारं नव्हतं. अशा वेळी त्यांना भावंडांची खूप

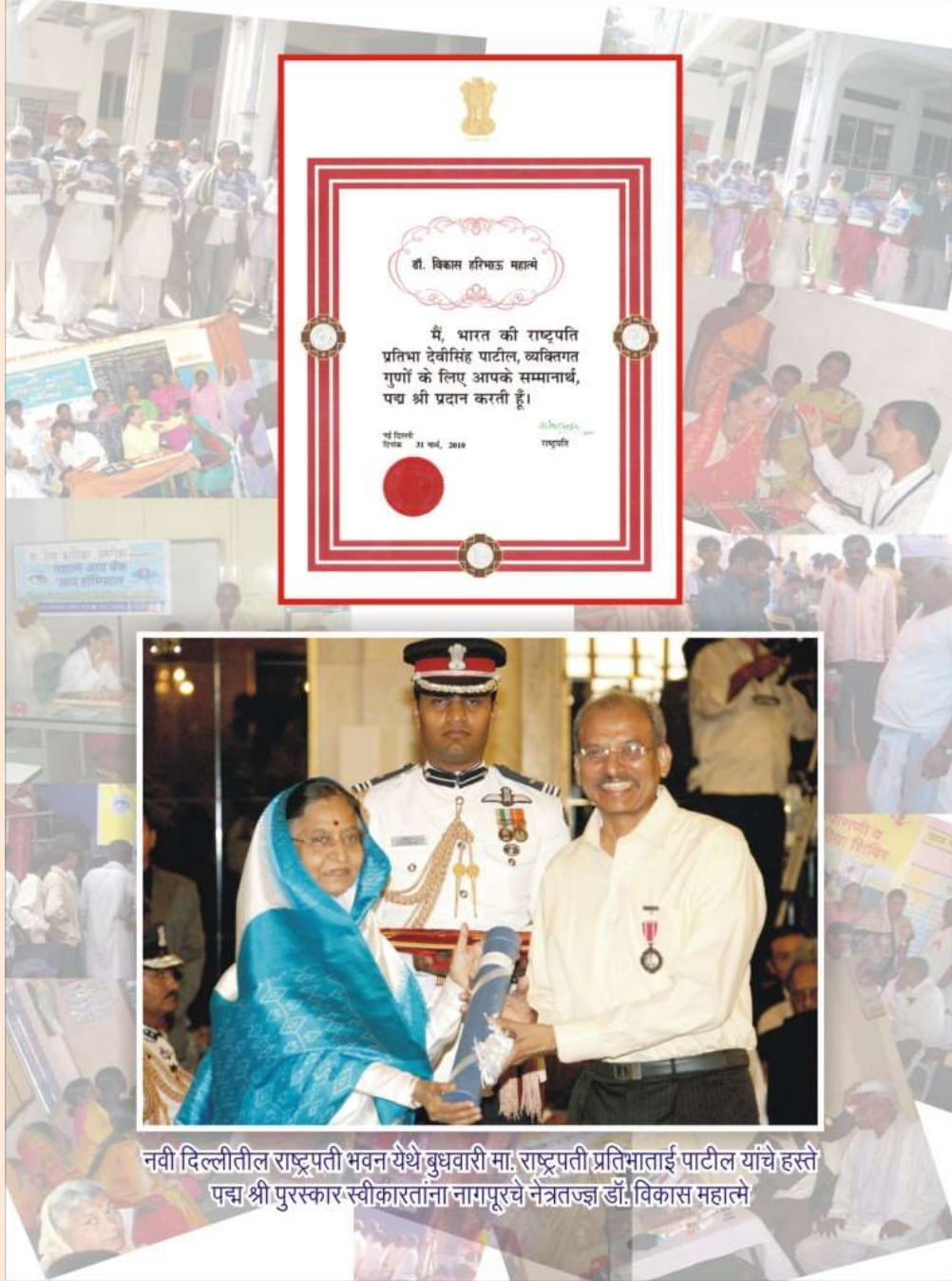
मदत झाली. गरज पडेल त्याप्रमाणे ही भावंड कधी रिसेप्शनिस्ट, तर कधी मदतनीसाची भूमिका वठवायचे. रात्री दवाखाना बंद झाला की साफसफाई - अगदी Toilets सुद्धा सगळे मिळून स्वच्छ करायचे.

रुग्णांसोबत प्रामाणिकपणा आणि सचोटी कायम राखल्यानं येणाऱ्या रुग्णांची संख्या वाढू लागली. प्रॅक्टिसमध्ये हळूहळू जम बसू लागला. नवीन उपकरणे आलीत. नेत्रदानाचं कार्य वाढलं आणि १९९२ ला आम्ही 'चतुर्भुज' म्हणजेच आम्ही दोघे विवाहबध्द झालोत. वाढती रुग्णसंख्या बघू जाता १६, सेन्ट्रल एक्साईजची जागा अपुरी पडू लागली आणि नवीन हॉस्पिटलचे स्वप्न आम्ही बघू लागलो. हे स्वप्न होतं विकास ना बाबांकडून मिळालेलं. "विकास, तू Eye Institute काढ", असं ते म्हणायचे. योगायोगानं जवळच राजीवनगर, सोमलवाडा येथे एक जागा लक्षात आली. पण त्यावेळी ती जागा घेण्याएवढे पैसे संस्थेजवळ नव्हते. खरं म्हणजे कुठलंही आर्थिक पाठबळ नसतांना ट्रस्ट चालविणं ही एक कसरतच होती. सुसमृद्ध रुग्णांकडून जी मिळकत व्हायची त्यातला काही भाग ट्रस्ट ला देऊन संस्था चालविण्याचा उपक्रम अजूनही तसाच सुरु आहे. जागा तर मिळाली. आता बांधकामाचं काय? कसा तरी पहिला मजला उभा झाला आणि त्याच अवस्थेत चिंतामणनगर, सोमलवाडा इथं संस्थेचं रुग्णालय सुरु केलं. इमारतीचे सौंदर्यीकरण, दिखाऊपणा यावर खर्च करण्याचा तर प्रश्नच नव्हता. एवढंच काय पण उदघाटन समारोहावर लाख-दोन लाख खर्च होतील म्हणून समारंभ ही टाळला.

'तेवढ्या पैश्यात एक नवं उपकरण घेता येईल की', असा त्यांचा विचार. "सगळे जण नवीन दवाखान्याचं उदघाटन किती थाटामाटात करतात" माझी कुरबुर (जी कधीच संपत नाही) ... 'अगं आपण सामान्य लोकांसाठी काम करणारी माणसं. आपल काम चांगलं आहे तर पेशंट तसेही आपल्याकडे येतीलच, उदघाटन समारोह करून नव्हे !" - हा डॉ. विकास यांचा युक्तिवाद असायचा.

S.M.M. ट्रस्ट स्थापन करतांना कमीत कमी २० टक्के रुग्णांवर मोफत उपचार करण्याचा संकल्प सोडला. सुरवातीच्या काळात रुग्णसंख्याही कमी होती आणि येणारे उत्पन्नही तोकडे होते. त्यामुळे हे शक्य नव्हते. धर्मार्थ कार्य करायलासुद्धा पैसा तर हवाच ना ? आज संस्था जवळपास ६० टक्के रुग्णांवर संपूर्ण मोफत उपचार करीत आहे. जवळपास दररोजच खेडोपाडी, आदिवासी दुर्गम क्षेत्रात आमची टीम अशा ठिकाणी जाऊन पोचते, जेथे वैद्यकीय सेवेचा मागमूसही नाही. अशा रुग्णांना आमच्या हॉस्पिटलपर्यंत आणणं, त्यांचा प्रवास, निवास, भोजन, ऑपरेशनपूर्व तपासण्या, ऑपरेशन लेन्स, औषधे, ऑपरेशननंतर डोळ्यात टाकण्याची २ महिन्याची औषधं हे सारं संपूर्णतः निःशुल्क करून, पेशंटना त्यांच्या घरी पोचवून देणं- हा सर्व भार संस्था उचलतेय हे बघून आंतरिक समाधान मिळतं. तरीही मन तृप्त होत नाही. आणखी किती रुग्णांना सेवा देऊ, आणखी चांगली कशी देऊ, नवीन उपकरणं कुठली आणू,

अत्याधुनिक वैद्यकीय तंत्रज्ञान सामान्य लोकांपर्यंत कसं पोचवू याचा सतत विचार आमच्या टीमच्या मनात सुरु असतो - किंबहुना हेच संस्थेच्या यशाचं गमक होयया समर्पित कामाचे फलित म्हणजे २०१० साली डॉ. विकास महात्मे यांना मा. राष्ट्रपतींकडून" पद्मश्री "पुरस्काराने सन्मानित केल्या गेलं.



महात्मे आय बँक आय हॉस्पिटल हि पदव्युत्तर शिक्षण संस्था आहे. M.B.B.S. नंतरचे अभ्यासक्रम DOMS व DNB (Govt. of India Recognised) येथे उपलब्ध आहेत. जागतिक नेत्रतज्ञ संघटना ICO -(International Council of Ophthalmology) ने या संस्थेस प्रशिक्षण संस्था तसेच परीक्षा केंद्र म्हणून मान्यता दिली आहे. तसेच केंद्र सरकारच्या रुग्णालयांमधील नेत्रतज्ञांसाठीही हे ट्रेनिंग सेंटर मान्यताप्राप्त आहे. त्यामुळे भारतातील नव्हे तर विदेशातील कानाकोपऱ्यातूनही प्रशिक्षण घेण्यास नेत्रतज्ञ येतात. जगाच्या नकाशावर नागपूरच्या अस्तित्वाची जाणीव 'महात्मे संस्था' करतेय, ही अभिमानाची बाब आहे.

टेलिमेडिसीन तर आहेच. शिवाय अत्याधुनिक फेको तंत्रज्ञान शिबिराच्या रूग्णांकरिता आमच्याच संस्थेने सुरु केलं. चष्मा सुटण्यासाठी लॅसिक लेझर, नासूर साठी DCR लेझर, बुबुळ प्रत्यारोपण, रेटीना, काचबिंदू (ग्लॅकोमा), रेटीना, बालकांमधील नेत्ररोग या सोई एकाच छत्राखाली आम्ही देऊ शकतोय. समाजाला या सेवा देतांना समाजासाठी एक भरीव कार्यही आम्ही करतोय - नवनवीन निष्णात नेत्रतज्ञ व नेत्रतंत्रज्ञ (Ophthalmic Technicians) देण्याचं होय. दहावी - बारावी पास विद्यार्थ्यांसाठी नागपूर विद्यापीठाशी संलग्नित OTA कोर्स उपलब्ध आहे.

इंडोनेशिया , इजिप्त , रशिया , मलेशिया , इराक , रोमानिया इत्यादी देशांमध्ये शस्त्रक्रियेचे प्रात्यक्षिक दाखविण्यासाठी डॉ .विकास महात्मे यांना आमंत्रित केले गेलेले आहे. टेन्ट्रिकु फेको द्वारा करण्यात येणाऱ्या मोतीबिंदू शस्त्रक्रियेसाठी त्यांनी विकसित केलेले 'Woodcutter' टेक्निक जगभरात प्रसिद्ध असून ते शिकण्यासाठी देश-विदेशातून नेत्रतज्ञ महात्मे आय बँक आय हॉस्पिटल ला येतात .

नागपूरच्या एखाद्या डॉक्टरने मुंबईत आपल्या दवाखान्याची शाखा उघडावी, हे सुद्धा बहुधा सर्वप्रथम आम्हीच केलं असणार. मुलुंड - मुंबईतील 'महात्मे हेल्थ अँड हॅप्पीनेस हॉस्पिटल' याशिवाय अमरावती , आरमोरी) गडचिरोली (येथेही आमच्या सहयोगी संस्था कार्यरत आहेत.

हे सगळं करतांना, समाजाभिमुख होऊन कार्य करणं आणि तरीही दर्जा ढासळू न देणं, अशी किमया पार पाडावी लागते. जीवा-भावाच्या सहकाऱ्यांमुळे ही गुणवत्ता आम्ही जोपासू शकलो, याचाही अभिमान वाटतो. हे सर्व घडताना मखमली गालीचा नव्हता. काटे होते, खाच-खळगे होते. आक्रमणं झालीत, मनःस्तापही झाला, ज्यांना परिवारातील सदस्यांप्रमाणे आपलं समजलं अशा काही सहकाऱ्यांनी विश्वासाला तडाही दिला... या सर्व कटू आठवणी विसरलेलच बरं. अनेक जण म्हणायचे, "तुम्ही एवढे चांगले सर्जन आहात, तुम्हाला एवढा खटाटोप करण्याची गरज काय आहे. तीन दिवस मुंबईला, चार दिवस नागपूरला, मध्येच अमरावतीला...तुम्हाला तर कमी वेळ काम केले, तरीही खूप पैसे मिळू शकतात..." डॉ. विकास म्हणायचे "गोष्ट खरी आहे, पण आम्हाला वाटलं की आपण जीवन जगतो - कशासाठी ? आनंदी राहण्यासाठी, होय ना ? तुम्ही म्हणाल, साधं Picnic ला गेलं, हॉटेल मध्ये जेवलो , मद्यपान केलं तरी आनंद मिळतो. होय, पण हा आनंद अल्पकाळ टिकणारा असतो. आपण कुणाच्यातरी उपयोगी पडतोय ही भावना आपल्याला चिरकाल टिकणारा आनंद देते. 'मी कुणाच्याही उपयोगी पडू शकत नाही, मी डोईजड आहे.' असं वाटण्याची परिस्थिती कुणावर येणं ही एक शोकांतिका आहे, माझं कार्य हेच माझ्यासाठी Long Term Source of Happiness आहे. अर्थपूर्ण जीवन जगून आनंदी राहावं - Happy Meaningfull Life - हेच आमचं ध्येय आहे." आणि यासाठी एक Institute of Science of happiness डॉ. महात्मंनी सुरु केली आहे . याद्वारे ' आनंदी अर्थपूर्ण जीवन stress management , Social , ' Emotional Learning इत्यादी विषयांवर कार्यशाळा घेतल्या जातात .हा विषय डॉ. महात्मेंच्या अतिशय जिद्दाव्याचा असून राज्यासभेतूनही हा विषय अनेकदा ते मांडतात .तसेच Lifeskills व भावनांचे नियमन ही शिकून घेता येणारी कौशल्ये असून त्याचा अंतर्भाव अभ्यासक्रमात करण्यात यावा यासाठी त्यांचे प्रयत्न सुरु आहेत .

अतिशय ध्येयनिष्ठ, स्पष्ट - परखड असणारी मी डॉक्टर महात्मे यांच्यासारख्या हळव्या, अबोल, सेवाव्रती माणसाच्या आयुष्यात आली आणि आता आमचे स्वप्न, ध्येय, कर्मनिष्ठा सारेच एक झाले आहे. दोन स्वतंत्र व्यक्तिमत्त्वाच्या व्यक्तींचा असा एकत्र चाललेला प्रवास आमच्या जुन्या मित्रांना अचंबित करणारा आहे. अनेकांनी तर आम्हाला चक्क वेड्यामध्ये काढले, मात्र आमची ध्येयशक्ती अविचल आहे. कामाची पद्धती पारदर्शी आहे. यात कुठेही लपवा - छपवी नाही. जसे सशुल्क पेशंटचे ऑपरेशन येथे केले जातात. तसेच निःशुल्क ऑपरेशन्सही होतात, हे सर्वश्रुत आहे.

आमच्या पाठीवरून दररोज फिरणारे गोरगरिबांचे आशीर्वादाचे हात ही आमची खरी दौलत आहे. वैद्यकीय, व्यवसायिक म्हणून महात्मे हे नाव उच्च वर्तुळात जरी खूप मोठे झाले नसले तरी ज्येष्ठ संशोधक, समाजसेवी, व्रतस्थ म्हणून आमचे नाव अनेकांच्या तोंडी आहे. यासाठीच आम्ही नेहमी म्हणतो की,

जिनकी आँखों में आसू, पैरो में छाले होंगे,

इस जहाँ में वही, हमारे चाहनेवाले होंगे....

असा हा प्रवास सुरु असताना संपूर्ण समाजासाठी काहीतरी करावे व त्यासाठी लोकांमध्ये जाण्याचा विचार डॉ. महात्मेंच्या मनात होताच. अशातच 2013 साली डॉ. विकास ज्या धनगर समाजाचे आहेत त्या समाजाचे प्रतिनिधी येऊन समाजाला न्याय मिळवून देण्यासाठी आग्रह करू लागले. जागोजागी आम्ही घेत असलेल्या नेत्र शिबिरांमुळे धनगर समाज ज्या हाल अपेष्टांमध्ये जगतो त्याची कल्पना होतीच. संविधानाने त्यांना दिलेले पण त्यांना अजूनही न मिळालेले ST आरक्षण हा प्रमुख विषय होता. धनगर समाज विकुरलेला होता त्यामुळे १.२ कोटी एवढी लोकसंख्या असूनही समाजाला कोणी विचारात नव्हते. या मार्गावर जायचे कि नाही असा विचार करायला फारसा वेळ मिळालाच नाही आणि आपोआपच आम्ही आरक्षणाच्या या लढ्यात खेचले गेलो; कारण समाजाची दुर्दशा पाहिलेली होती – यांना खरेच आरक्षणाची गरज आहे हे पटल्यामुळे डॉ. महात्मेंनी राज्यभर फिरून धनगर समाजाला संघटीत करण्यास सुरुवात केली. १९ डिसेंबर 2013 ला नागपूर येथे लाखोंच्या संख्येने 'न भूतो न भविष्यती' अश्या धनगर निर्धार मोर्चाचे नेतृत्व केले आणि एक सच्चा, उच्चाशिक्षाविभूषित, साधा, सरळमार्गी नेता म्हणून समाजाने त्यांना स्वीकारले. ST आरक्षणासाठी अजूनही सरकारकडे त्यांचे प्रयत्न सुरूच आहेत. पण तरी समाजाच्या सर्वांगीण विकासासाठी अनेक उल्लेखनीय गोष्टी त्यांनी घडवून आणल्या; जसे कि ७० वर्षात प्रथमच पुण्यश्लोक अहिल्यादेवी होळकर जयंती शासनातर्फे साजरी होऊ लागली, सोलापूर विद्यापीठाचे नाव पुण्यश्लोक अहिल्यादेवी होळकर विद्यापीठ झाले; मेंढपाळ बांधवांसाठी दोन जिल्ह्यात चराई क्षेत्र उपलब्ध झाले; राज्यभरात १०० पुण्यश्लोक अहिल्यादेवी होळकर सभागृहे बांधण्यास सुरुवात झाली; धनगरांना ST सारख्या सुविधा मिळण्यासाठी राज्य सरकारकडून 1000 कोटी चा निधी त्यांनी मंजूर करवून घेतला. हे सगळे जरी झाले तरी अजून बरीच वाटचाल बाकी आहे.

जुलै २०१६ मध्ये भाजप कडून राज्यसभा खासदार म्हणून ते निवडून आले – ७० वर्षातील पहिले धनगर खासदार! राज्यसभेत अनेक विषयांवर ते काम करतात. वैद्यकीय क्षेत्र ते सामाजिक सर्वच विषयांवर तळमळीने काम करण्याचा प्रयत्न सुरु आहे.



अशीच एक उल्लेखनीय कामगिरी म्हणजे आरक्षणावर पुनर्विचार करायला लावणारी त्यांनी विकसित केलेली 'भारित सूचीकरण प्रणाली' ओर Weighted indexing' प्रणाली. संविधानाने दिलेल्या आरक्षणाचे लाभ खरोगर गरजवंतांना व योग्य व्यक्तींना मिळावे यासाठी ही स्कोरिंग system त्यांनी बनविली आहे. त्याबाबत अधिक जाणून घेण्यासाठी खाली लिंक दिल्या आहेत.

ही सगळी वाटचाल बघताना गाण्याच्या ओळी आठवतात –

किसी की मुस्कराहटोंपे हो निसार

किसी का दर्द मिल सके तो ले उधार

किसी के वास्ते हो तेरे दिल में प्यार

जीना इसी का नाम है

THE TAGLINE IS

बाबासाहब के सपने को साकार करने का संकल्प

https://youtu.be/zxJv_2RDYdg

<http://www.youtube.com/watch?v=DLgECuzbLtU&authuser=0>

<https://youtu.be/1PY2yHXa4Qk>

SONGS & Videos for Bharit Suchikaran Pranali

LINKS TO BLOG

<https://padmshridrmahatme.blogspot.in/2018/01/blog-post.html>

<https://padmshridrmahatme.blogspot.in/2018/01/reservation-for-antyoday-to-sarvoday.html>

<http://mpvikasmahatme.wordpress.com/2018/01/02/reservation-to-right-people/>

LINK RAJYASABHA PRIVATE MEMBER RESOLUTION :

<https://youtu.be/JZmoMpJ9tXg>



Reminiscences of a Distant Alumnus

Dr. Nandkumar V. Dravid (1969 batch)

My encounter with GMC Nagpur was a life changing experience. It was one July day in 1969 when admission to the first MBBS made me enter the portals from the imposing main entrance in front of the ophthalmology department. Walking those 500 meters to Anatomy was no less than a ramp walk. A strict dress code instructed us to wear a white full sleeved shirts (tucked in), white pants, & black shoes with the apron firmly sitting on our left hand. The neck-tie with the college emblem identified us as 1st year “Zandu”. We were made to salute all seniors. It was a circus of all Tinopol white boys holding their bicycles in their left hand & saluting everyone even remotely appearing to be our senior.

The imposing building & Dean’s porch were all dangerous areas as a ragging paradise (an enjoyable experience!!) Still, we all fell in love with the whole campus at first sight.

During one such encounter with seniors, I was told to run up to the fourth floor and see the photography unit & answer their questions. It was an eye-opener. If you have not seen it --- do now. Large frames of aerial photos of the whole 196 acres area campus are on display. It impressed upon me the futuristic planning & execution of Dr. Jivaraj Mehta and Dr. Lt Col A.N. Bose, our founder Principal.

On completion of Hospital in 1952 & College complex in 1953, these were inaugurated at the hands of Babu Rajendra Prasad, President of India. The hospital spread over acres of spacious buildings upto the casualty and the OPD which has an imposing clock tower. How many have climbed up those steps to the clock tower near the Medical Records office? Revisiting the clock tower remains at the top of my bucket list. The imposing edifice inspired many to say

“May these magnificent columns of masonry symbolize hope for the sick and suffering”.

College building complex is an imposing structure covering three floors and 84000 sq ft, and a testament to the awe inspiring vision of architect D.G. Karanjgaonkar and the imposing construction of Sir Sobha Singh.

I will share a few secrets of this building. It has the uniquely magnificent auditorium on the top floor, but has anyone climbed above that to the flag mast? It has a cavernous water tank as large as a swimming pool. The false ceiling of the auditorium holds one of the largest sanctuaries for wild pigeons. We did catch them with fire crackers and mosquito nets at all outlet windows.

Seniors and ragging was a professional hazard for all of us. Trying to satisfy their whims and fancies, I discovered alternate routes of exit through mezzanine floor stairwells –more suited to loving couples as a sanctuary.

Library was one area which gave us the books, journals and one ever helpful librarian Mr. Joshirao, who typed the PG thesis. He was a reference thesaurus for many of us. Behind the library and Dean’s office were the large cavernous dissection halls, practical classes and museums. The north walls of these were glass panels for ample light and beautiful sights.

World renowned personalities graced this institute from inception, Dr. R. Nigam (Surgery) ,Dr. J. N. Berry(Medicine) , Dr. Devi (Ob & Gyn) ,Dr.N.S.Sahastrabuddhe (Anatomy) , Dr. Y.B.Mangrulkar (PSM)Dr.J.B. Shrivastava (Pathology),Dr.Keshavchar (Ophthalmology),Dr. Narendra Singh(Physiology),Dr. Rozario(FMT) and Dr. Balkrishna(Plastic surgery) to name a few.

The Pre, Para clinical and Clinical departments were uniquely staffed by full time academicians as teachers. The college was built on the strong foundation of integrity of these teachers who set the norms of hard work and dedication.

Anatomy was a vast department with Dr Sahastrabuddhe & Dr Shenolikar setting the Dissection hall and Museum of Global standards. We did play pranks in

anatomy dissections but learnt a lot under the tutelage of Dr.P. N. Dubey and Dr.D.K. Kadasane . The inscription “Mortui Vivos Docent” did teach me a life turning lesson till I mastered Pathology.

In the footsteps of Dr Nigam, teachers like Dr.Vikram Marwah,Dr.Jejurikar, Dr.N.K.Deshmukh,Dr.V.R.Johrapurkar,Dr R R Deshmukh mentored excellent Surgeons now practicing all over the world. The Dept of Plastic Surgery under Dr G L Sharma has made a mark on the world map as a super-specialty centre of reconstructive surgery.

Clinical meetings on Friday was a high point of academic medicine case based learning introduced by Dr. J.N. Berry. It was ably continued by Dr. R. D. Lele, Dr.B.J. Subhedar,Dr GS Sainani & Dr.B.S.Chaubey. Dr.&Dr.Mrs.Wechlekar, Dr.& Dr.Mrs. Shivde were the stalwarts teaching us cardiology,Hematology, Neurology. The nephrology unit was set up under the able leadership of Dr.B. S. Chaubey.

Many clinicians of repute achieved their laurels not in the world renowned hospitals but the remote Adivasi areas. Dr. Prakash &Mandakini Amte, Dr. Abhay and Rani Bang,Dr. H.S. Bavaskar(scorpion bites)follow selfless paths taught by the erudite teachers of GMC Nagpur.

Paediatrics as a speciality owes its independent status to Dr.A.M. Sur who led the child health care in central India for a good 25yrs.

Ophthalmology from Dr.Keshavchar to Dr. Ishwarchandra holds the title of centre of excellence. It instituted the reputed **MP (ophthalmology) gold medal** , our own Sir HarmindarS Dua(OBE) not only bagged it but went on to become a legend with a Dua layer named in the cornea.

Pathology department set up by Dr J B Shrivastava had excellent diagnostic facilities for the large hospital with central clinical lab and sections of Histopathology, Hematology & Immunology. Dr.B.K. Aikat, Dr.K.D.Sharma ,Dr. B.R. Solanki set a tradition of hard work and excellence in diagnostics. Path-breaking cytology services for gynecology and Oncology set up by Dr.Mrs.S.V.Grover was an ICMR centre for Cytopathology.

The Microbiology services were separated as a department under Dr Usha Hardas. She was instrumental in setting up a Virus research Laboratory of ICMR.

With the excellent academics, extracurricular activities of SAMC Elections, Ganesh festival, Annual social gathering & debating society was a year round activity. During Elections I had the onerous responsibility of painting all roads & the parapets of the central garden upto ladies hostel (1) with the names of President elects /V.P/Secretary to attract voters. Highlight was the 5th yr CR election of the “Zandu” classmate. He could get an elephant ride as a victory parade.

Election ended and we were into Ganesh festival. We still remember our music society ably guided by Dr. AbhayBang , Dr. Sachin Suryawashi, Dr. Kiran Pallikundwar, DrShashikant Khaire, DrSudhir Bhawe, DrPawade & Nashikkars. It was always a Professional 4 hours performance. The tradition still continues. Music programme of Talat Mehmood, Hemant Kumar&Sulakshana Pandit were the high points of ten days of Ganesh Pooja.

The Debating society had trilingual debaters like DrJammi Nagraj Rao, Dr HS Dua, Dr Ved Prakash Mishra and Dr. Shrikant Jichkar who bagged hundreds of trophies.

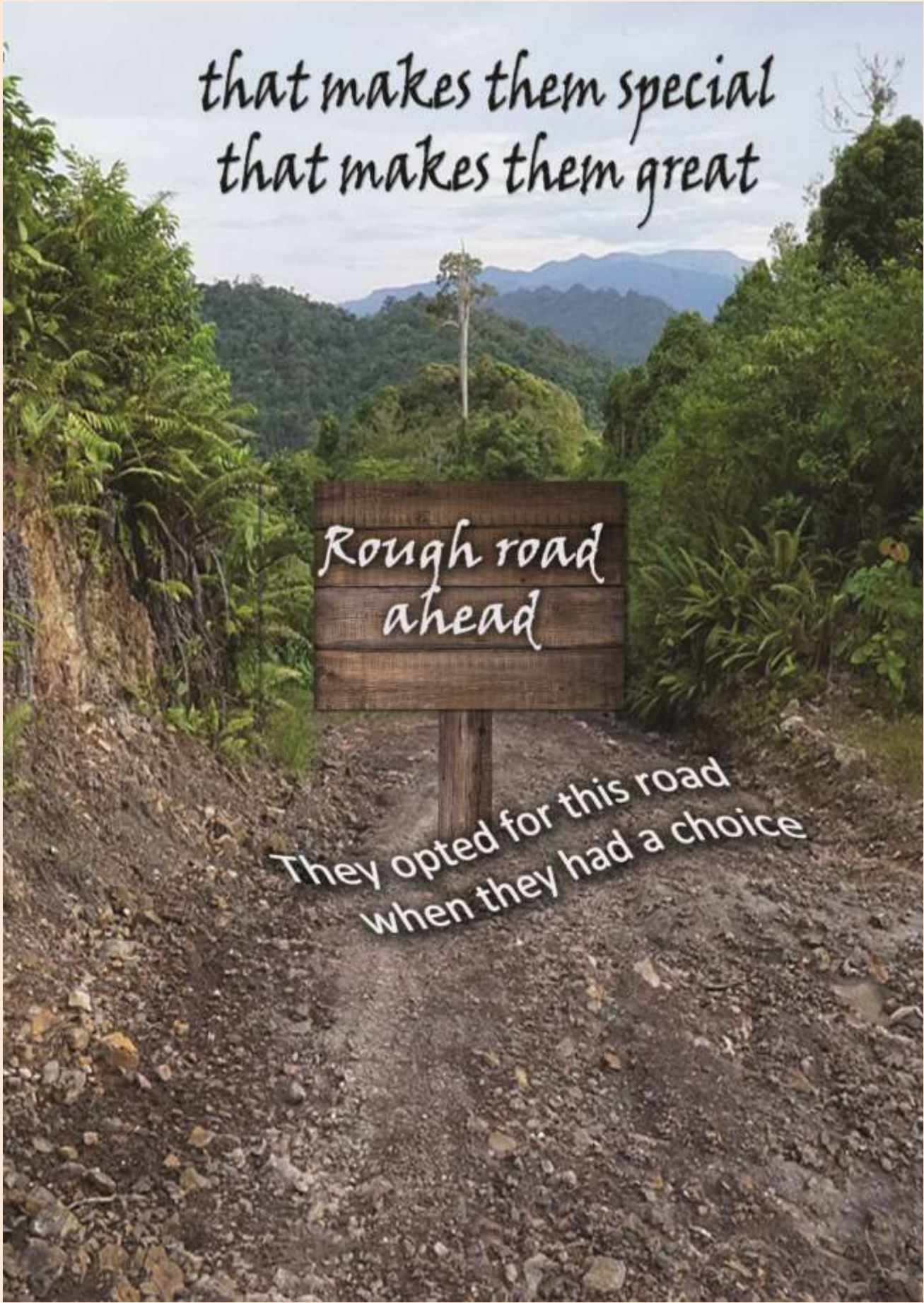
Gathering attracted all heroes, heroines and actors to the drama societies. We had Hindi and Marathi drama society performing ably under a teacher to present memorable acts like”Dhai Ak harPrem Ka”(BasantBagdi& Dalia sen), “Ulzan” in Hindi and “Vaje Paul Aple”, “Tarun Turk Mhatare Ark”, “ Bhatala dili Osari “,

My involvement started as a prompter in 1st yr under Dr. Ramesh Mehta (67 batch), ended by becoming a drama secretary in 1972.It was always a fulfilling 4 day festival with enthusiastic involvement of all batches.

Hostels were out of bounds in 1st year but in the 2nd year it was a different ball game. Hostels 2, 3, 4 (gent’s hostel then) terrace visits were for a birthday suit water shower dunking under the moonlit sky, which marked the end of our ragging & entry into the GMC fraternity of **Bosses**.

**I will speak every one's mind when I say you may leave GMCN & fly out,
But you can't remove the GMCN from a person,
It's a part of our DNA**

NEURONE



*that makes them special
that makes them great*

*Rough road
ahead*

*They opted for this road
when they had a choice*

Our experiences of Melghat:

My self Dr. Ashish Satav (M.B.B.S., M.D.) & my wife Dr. Kavita Satav (M.B.B.S., M.S.-Eye surgeon) are providing curative and preventive medical facilities to poor tribal people of Melghat. Our life has been enlightened by 12years son, Athang.

Motivation for the work / source of inspiration

I was influenced by my grandfather **Mr. Vasantrao Bombatkar** (Sarvodaya leader) since my childhood. Under his guidance, I read literature written by Mahatma Gandhi and great saint Vinoba Bhave. I was touched by Gandhian teaching that “ youths should go to the villages to serve as real India is in villages” and after 12th standard, I decided to become doctor and serve the rural part of India. After admission to Government medical college Nagpur, I started visiting various rural and tribal health projects run by **Drs. Prakash and Manda Amte, Drs. Abhay & Rani Bang, (main guide)**, Dr. Ravindra Kolhe, Dr. Sudarshan, etc. After visiting tribal areas, I realized that tribal areas need medical facilities to a great extent as compared to rural area. So during my M.D. training, I decided to start work in very difficult area of Melghat where medical facilities were very scarce.

I stood first in Wardha district (city area) in 7th class scholarship examination due to guidance of Miss Joshi (now Mrs. Deshpande). It increased my interest in study. Attending “Shram Sanskar Shibir” organised by great social worker Baba Amte during 9th standard was a real experience for future social life. I stood first in Sanskrit in 12th class in Maharashtra due to sincere guidance by Mr. Bhagwat sir.

The guidance by Dr. Ulhas Jaju, Dr. Avinash Saoji , Dr. Kalantri, Dr. Jalgaonkar and Dr. Mrs. Holey is always helpful to me.

Mahatma Gandhi & Swami Vivekananda are my real driving force (Preranasthan-Source of inspiration) for all my endeavors.

Due to very active, parental and goodfinancial support from Caring friends , Mumbai (especially Rameshuncle Kacholiya and Nimeshbhai Sumati), Kasturba Health Society, Sevagram (Late Dr. Sushila Nair & Dhirubhai Mehta), our activities got momentum and we could acheive sucess in most of our program



**To continue reading the inspirational story of
Dr. Ashish and Kavita –
Please see the Annexure of this newsletter**

MAHAN trust

MAHAN is the non- governmental organization dedicated to providing medical facilities to the tribal population of Melghat region (~ 3 lakhs). Melghat is located in a hilly forest area in the Satpuda mountain ranges, where medical facilities are grossly inadequate (Doctor-Patient ratio < one M.B.B.S. doctor per 10,000 patients). MAHAN trust was founded by Myself, Dr. Ashish Satav, MD, (47 years) and my wife Dr.(Mrs.) Kavita Satav, MS (Ophthalmology) in 1998. When even any M.B.B.S. doctor was not willing to settle down in Melghat tribal area, we at the young age of 26, decided to stay in Dharni, Melghat to serve the tribal. We have already devoted 21 years of our lives to this cause.

The Area has very high mortality rate in under 5 children and in age group (16-60 years). MAHAN has already built a critical patient, eye hospital and children hospital, saved thousands of serious patients, provided vision to thousands of poor people & changed lives of hundreds of disabled patients by plastic surgeries. Home-based childcare is being provided for treatment of childhood illnesses especially to children suffering from malnutrition. Nutrition education and training of village health workers are playing an important role in providing proper health facilities to rural and tribal families in Melghat. **MAHAN could reduce under 5 children deaths & severe malnutrition by more than 64% and deaths in age group of 16-60 years by more than 50% in 17 villages of Melghat.**

Many of our successful programs & recommendations have been adopted by the Government for all tribal areas of Maharashtra thus benefiting lakhs of tribal population. Successful de-addiction of hundreds of people changed families. MAHAN developed sustainable source of nutrition for poor tribal. Innovative counselor program has saved thousands of lives by improving 17 government hospitals. Through public interest litigation in Mumbai high court, MAHAN saved thousands of lives by changing >10 state government policies.

We have been honored with many prestigious awards (e.g. World Health Organization Public Health Champion Award) & international research publications and presentations for our research and services to the tribal. Harvard medical school USA, UNICEF and Lancet global health have acknowledged our successful community health programs.

With regards

Sincerely yours

Ashish Satav

For detail report: Please see the Annexure of this newsletter

NEURONE



*Viraj might have
thought*



**"I cannot do all the good that
the world needs
But the world needs
all the good that I can do."**



Dr. Viraj Shingade, is a Paediatric Orthopedic Surgeon and a driving force behind work of the Nagai Narayanji Memorial Foundation. As a Paediatric Orthopaedic Surgeon he has in depth understanding of various disabilities and their impact on the children and family. Practicing as a Paediatric Orthopaedician in the city of Nagpur, Dr. Viraj has corrected deformities of many disabled children through his surgical skills. In the process of becoming

renowned Paediatric Orthopedic Surgeon in the central India, he realized that there is lack of awareness in society particularly in rural areas about the treatments available for correcting deformities. He also observed the widespread nature of disability among the poorer section of the society residing in the remote areas. In fact Dr. Viraj realized that most of these children can become an independent member of the society if they get early medical intervention. Parents were not capable of providing medical treatment to their children due to lack of awareness and poverty.

As poverty being the main obstacle for getting medical intervention, Nagai Narayanji Memorial Foundation was started to extend the services to the remote areas and reaching the masses. Dr. Viraj along with his team has organized several camps in the remote parts of Central India. He screened thousands of children in the camps and performed free of cost corrective surgeries for the children needing surgical intervention in his own hospital setup. Dr. Viraj selflessly changed the lives of many children who could have never become aware about the remedial measures available in Medical Sciences and couldn't have afforded the cost of corrective surgery.

Even after working for long eight years (2006-2014), he did not realize the need of registering the organization and gain access to recognition and funds from external agencies. Increased work and urge to serve better, finally led him to get foundation registered in the year 2014. Dr. Viraj contributes major part of his earnings from medical practice to the Foundation for supporting its activities. **Out of six working days of OPD he donates four days of OPD to the foundation.**

To read more about Dr. Shingade's work :

[Please download the Annexure of this newsletter](#)

NEURONE



Can 'AUTONOMY'
unlock the
intrinsic motivation of knowledge workers ?



AUTONOMY - A SINE-QUA-NON FOR GROWTH OF GMC NAGPUR

Dr. Vedprakash Mishra
Professor of Excellence,
Professor of Eminence and Professor Emeritus

The growth and development of trained healthcare manpower in India ever since its independence if is taken as a criterion for assessment and evaluation specially in the context of generation of the same, then invariably the epicentre of the said growth would turn out to be the Govt. Medical College, Nagpur. Its consistent contribution in the domain of medical education and healthcare services ever since its inception has been phenomenal and stands tall milestones inerasable in nature and character.

It is true that glorious years of the past do not guarantee an equally noteworthy future in the life of any institution and Govt. Medical College, Nagpur cannot be said to be an exception to this axiom. Therefore it is imperative nay inevitable that there has to be an intelligent scheme, a clear blue print, a distinct action plan, specified and articulated objectives and well demarcated targets with a committed zeal on part of the doers to attain, of a glorious institution of the past, a perpetual continuation of the said Glory.

It is futile to say that Golden Age has been behind us. If that was to be true, then there is hardly any scope left for future to brighten itself to be designated as the new golden age a shade better than what it was. Precisely for this reason one has to ardently conceive for oneself and strongly believe that Golden age has to be before us rather than behind us. It is in the context of this trust that one needs to perceive the perpetuation of the Golden Age of the great iconic institution Govt. Medical College not as a matter of yester past but a continuum to carry forward the same for a better reason and a larger purpose.

There could be several ways and means which would cater to the cause of futuristic advanced profile of Govt. Medical College Nagpur; but a pre-requisite for the same in the context of academic emancipation of Govt. Medical College,

Nagpur is a core blue print which can be envisioned catering to the larger cause by it gaining the status of an 'autonomous college' under the ambit of the affiliating and examining Maharashtra University of Health Sciences University, Nashik.

It is a matter of record that Govt. medical College, Nagpur came to be affiliated to Maharashtra University of Health Sciences University, Nashik ever since the university's inception way back in the year 1998 with its headquarters at Nashik. A bare perusal of Maharashtra University Health Sciences Act, 1998 a legislative enactment passed by the State Legislatures of Maharashtra where under the said University stands created, would reveal that it provides for creation of autonomous colleges under its ambit.

The statutory scheme that is inbuilt in Maharashtra University of Health Sciences Act, 1998 (hereinafter referred to as 'Act' for the purposes of brevity) in its section 2 under the title 'Definitions' includes definition of the word 'autonomy'. It has been defined as "' autonomy " means a privilege of the University' conferred by Statutes permitting a college, institution or a University department to conduct academic programmes and examinations, develop syllabus for the respective subjects and issue certificates of passing the examinations, etc. A college, institution or a University department which has been granted autonomy shall have full academic, administrative and financial autonomy, subject to the provisions of this Act and Statutes"

A bare perusal of the said definition clearly brings out that the University, in the instant case the Maharashtra University of Health Sciences, is entitled to accord autonomy to an affiliated college or a University Department in accordance with provisions included at Section 71 of the said Act and with enabling provisions in terms of the governing statute prescribed for the said purpose. It clearly spells out that a college that would be granted autonomy shall have full academic, administrative and financial autonomy.

The word Autonomous College has also been defined under section 2 (5) of the said Act, which brings out that " autonomous college ", " autonomous institution

" or " autonomous department" means a college, institution or department to which autonomy is granted and is designated to be so by Statutes” ;

In terms of the authority vested with the Maharashtra University of Health Sciences to prescribe subordinate legislations in the form of Statutes under section 48(11) thereto, the University has prescribed a statute in respect of the norms for grant of autonomy to University departments or institutions affiliated colleges and recognised institutions, subject to the approval of the State Government’

The explicit provisions for conferment of autonomy on an affiliated college, institution or a University department by the Maharashtra University of Health Sciences are included at Section 71 and Sub Sections thereto under the Maharashtra University of Health Sciences 1998, which read as under:

(1) A University department or institution, or, affiliated college or recognised institution may apply to the University for grant of autonomous status. The Management Council on the recommendation of Academic Council may confer the autonomous status.

(2) The autonomous department or institution or college or recognised institution may constitute its authorities or bodies and exercise the powers and perform the functions and carry out the administrative, academic, financial and other activities of the University, as prescribed.

(3) The autonomous department or institution or college or recognised institution may prescribe its own courses of study, evolve its own teaching methods and hold examinations and tests for students receiving instruction in it and award degrees or certificates of its own. Autonomous department or institution or college or recognised institution shall function with the objectives of promoting academic freedom and scholarship on the part of teachers and students which are essential to the fostering and development of an intellectual climate conducive to the pursuit of scholarship and excellence.’

As is observable even by the naked eye that Govt. Medical College, Nagpur, if granted autonomous college status in terms of the provisions included in the Governing Statute prescribed by the University [vide section 48(11) read with section 71 of the Act], with the formal approval by the State Government, would be entitled to constitute its authorities or bodies and exercise the powers and perform the functions and carry out the administrative, academic, financial and other activities of the University, as prescribed, on its own and will not have to look for the same to the affiliating and examining University.

Likewise, with autonomous status accorded to it, it shall have the freedom to prescribe its own courses of study, evolve its own teaching methods and hold examinations and tests for students receiving instruction in it and award degrees or certificates of its own. It would be in a position to function with the objectives of promoting academic freedom and scholarship on the part of teachers and students which are essential to the fostering and development of an intellectual climate conducive to the pursuit of scholarship and excellence.

This can be the philosophers' stone which would accelerate further growth and profile of Govt. Medical College Nagpur being an autonomous college to begin with to be converted into an institute of national importance and out of the benchmarks of the excellence so gained and also the status of a deemed university in accordance with Section 3 of the University Grants Commission Act, 1956.

The journey along the roadmap on the said count which can be a core plan for the purposes of emancipative development in terms of its contours lies with the primary requirement of conferment of autonomous college status on it by the Maharashtra University of Health Sciences, Nashik and the Govt. of Maharashtra. An initiative on this count is feasible and if worked out can genuinely turned out to be a real gateway for the desired and optimal growth of our alma mater, so that it stands tall as always for all coming times.

Editor's Note

Dr. Vedprakash Mishra is a well-known authority on policy, planning, organisation and execution of (innovation and improvement in) medical education. He has mentioned the glorious and prestigious position enjoyed by Government Medical College Nagpur in the past and has wished that it would again rise to the same in future.

He has recommended that to achieve it GMCN should be made an autonomous institute; and also clearly and succinctly guided how it can be achieved under the present Maharashtra Health Sciences University Act and the statutes and rules formed under it.

There are 51 medical colleges with MBBS course in Maharashtra. Of these four are deemed universities and hence may be considered as autonomous. All of these are private medical colleges. The Government Medical Colleges are not autonomous. If we go by ratings of medical colleges we find that first seven ranking colleges are government and next three are private.

If we accept the hypothesis that autonomy is essential for betterment of GMCN and it will help to find its past glory then it is also equally important to find people who will achieve this autonomy. And more important to get professionals who have intelligence, knowledge, ability and will to utilize this autonomy to make this institute once again great.

All of us will agree that there is no dearth of intelligence, knowledge or ability in our profession. Let us hope that GMCN will achieve autonomy and through it its lost glory.

NEURONE



White-Coat Artist



An abstract painting with a vibrant, multi-colored palette including shades of blue, purple, yellow, and green. The composition is filled with energetic, expressive brushstrokes and splatters, creating a sense of movement and depth. The background is a light, textured wash of colors, overlaid with darker, more defined strokes and splatters.

Abstract that Attracts Attention!!

Abstract Art is to break away from traditional representation of physical objects. On a wider scale it means the art movement that embrace departures from accurate representation to vague pictorial presentation.

Abstract art explores the relationships of forms, colors, composition and tonal value. Here artists take the freedom to express his wild imagination in unrecognizable images. Artists brush strokes makes viewer to think and keeps him or her on moving tract from real natural world to imaginary unnatural world.

This beautiful colour language crafted by an artist on canvas is a unique style.

Isn't it a visual treat to perceive these paintings with inner deep sense of understanding?

Let's decode the brush lines and unwind the imaginations in the paintings done by Dr. Sheetal Amate.

Dr. Maya Bhalerao

IMAGES OF PAINTINGS WITH DETAILS:

A.

1. **Title: SOMEWHERE NEAR HOME**
2. Date: 14.04.2019
3. Size: 30 inches x 30 inches
4. Medium: Acrylic on canvas
5. Status: Unsold



B.

1. **Title: CITY AND THE BEACH**
2. Date: 18.04.2019
3. Size: 30 inches x 30 inches
4. Medium: Acrylic on canvas
5. Status: Unsold



C.

1. Title: **CITY AND THE OCEAN**
2. Date: 24.04.2019
3. Size: 30 inches x 30 inches
4. Medium: Acrylic on canvas
5. Status: Unsold



D.

1. Title: **MIYAWAKI FOREST**
2. Date: 30.03.2019
3. Size: 30 inches x 30 inches
4. Medium: Acrylic on canvas
5. Status: Unsold



E.

1. **Title: REFLECTIONS**
2. Date: 12.03.2019
3. Size: 24 inches x 24 inches
4. Medium: Acrylic on canvas
5. Status: Unsold





Artist's Biography

Profile of Dr. Sheetal Amte-Karajgi:

Sheetal is a Medical Doctor, Doctor of Science (H.C.), Disability Specialist, Environmentalist, Painter, Photographer and Social Entrepreneur. She was born in a leprosy colony in 1981. Her parents are eminent social workers in India.

Currently she is working as Chief Executive Officer and Board Member of India's leading non-profit, Maharogi Sewa Samiti (MSS), Warora, operating from one of the most backward districts of Central India. MSS has built livelihood capabilities of 2.7 Million marginalized people, especially those with disabilities like leprosy afflicted, orthopedically handicapped, vision and hearing impaired and primitive tribal populace since 1949. With her diverse educational background and experience, she is working to strengthen the most essential pillars of rural system i.e. Health, Education, Environment and Sustainable Village Development. She is also engaged in an ambitious project of making Anandwan a one of its kind 'smart village' in the country by making it smarter, technologically efficient, economically productive and environmentally sensitive.

She has set up a centre called 'Nijbal' for offering one-stop services to people with disabilities in India that offers services from prevention of disability to primary, secondary and tertiary education, vocational training and employment support, various types of counselling, sports and medical and physical rehabilitation services.

On environment front, her model of dense plantation of native trees, adopted for Indian conditions from 'Miyawaki method of afforestation', has been fully accepted by Government of Maharashtra and renamed after her contribution to the environment as 'Anandwan Dense Forest Model'. She is in a process of

building a sanctuary by planting 10,00,000 rare native jungle trees as a step towards conservation of these soon-to-be extinct species.

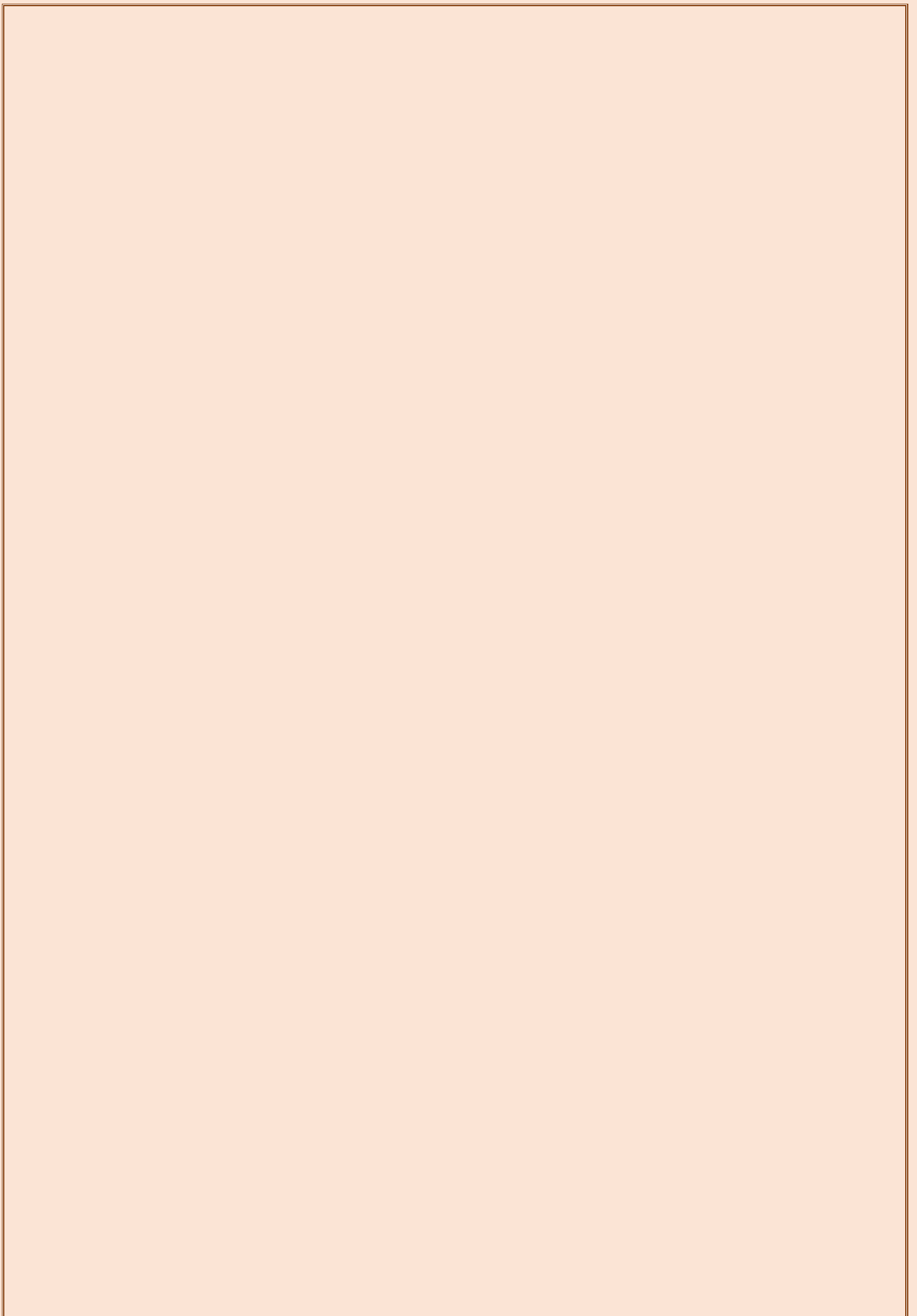
She founded 'Mashaal' and 'Chirag', two exclusive leadership training programs for motivating medical professionals across India.

In March 2016, she was selected by World Economic Forum as 'Young Global Leader 2016'. The World Economic Forum bestows this apex honour each year to recognize the distinguished leaders under the age of 40, nominated from around the world. She works as a fellow of World Innovation Organisation, an initiative of World Summit on Innovation and Entrepreneurship and United Nations. She is also a member of various policy level education, agricultural, entrepreneurship development and healthcare innovation committees that include governmental and non-governmental apex committees set up by Government of India.

Contribution to Art:

Sheetal is an amateur abstract painter. She began acrylic painting since 2017. She has never exhibited her art in the form of solo exhibitions, but few of her works have been selected by eminent personalities to display in their offices. She conducts art therapy workshops for differently-abled children and youth to unleash their hidden potential. She wants to set up an art therapy school for these children.

She is an accomplished photographer with a few international publications and helps NGOs document the work through photographs. She is a winner of few national and international photography competitions; Lancet Highlights Photography Competition, 2016 being one of them.



NEURONE



GIVING BACK

My ideas



PASS IT ON.....

PHILANTHROPY IS A RARE HUMAN EMOTION.

These are my personal musings and should not be taken in any other sense than what it is meant to be.

You start thinking of giving and/or passing it on when you have reached a summit of your achievements and earnings beyond your needs. At this stage of one's life, you can shut yourself off and live a life of selfish ends or think beyond you and your near and dear ones and start giving it away to people who need and maybe you don't know them.

My nearly 65 years of journey of life is blessed with these largesses and legacies. My parents brought me to this world and gave me the right upbringing to enable me to face this world and make my life worthwhile.

Then my teachers came into my life and right from the primary education to the highest levels of medical education all over the world made one thing clear to me that you are a student all your life and your growth stops when you stop believing this fundamental.

Writing this preamble has a reason and that is since I reached my summit of achievements I became a part of the group who believe in giving back to society in general and our fraternity in particular. Over a period of time, I have developed some convictions and that is **ONE SHOULD PASS ON WHAT ONLY ONE CAN**. This means, if I have achieved a level of academic achievements and the wisdom to apply the knowledge for the betterment of my next generation I should be teaching and guiding the students so that they can excel and become better and more proficient to replace me and when their time comes pass it on to their next generation.

As a member of GMC Alumni, I had always advocated that there should be a harmonious amalgamation of minds from Private and Public faculty. This can impact the mind and psyche of our students in a holistic way and improve the Gen Next of medical professionals which, sad to note, is declining over last few decades.

MY suggestion is once a month various specialties singly or collectively organise these brainstorming sessions to stimulate the minds of our students and ignite the spark by this contribution which only an individual has worked tirelessly all his life and collected these Pearls of Wisdom can do.

It is not Corporate Social Responsibility (CSR) it is Professional Student Responsibility (PSR) which is the largesse having long term impact. We can become mentors to desiring students who seek our guidance to excel in life.

To achieve the desired objective of passing on I suggest the following:

Create an International Collegium of various clinical Specialists having facilities and penchant for mentoring and teaching their subjects.

This should be limited to clinical science as there's a big lacuna in students' mind regarding what to do next after getting a degree.

Alumni board members are the directors and each specialty is represented by the Chairman who coordinates the placement of students anywhere in the world where GMC Alumni have centers of excellence.

Each specialty shall have representative anywhere and everywhere responsible for enrolling these centers and highlighting the facilities and training offered.

The tenure should be Short term fellowship which is for a month or long term of three months depending on the need and feasibility.

The central body of Alumni coordinates and arranges for funds and fellowship certification norms.

Participants are volunteering to enroll and benefit which can create a huge talent bank which can keep sourcing the knowledge forever.

This dream though distant is possible by interaction, dedication, and participation.

SO let us PASS IT ON

Dr. Prashant Agnihotri
Silver Jubilee Batch 1972 GMC
Consultant Vitreoretinal Surgeon
8007040900

EDITOR'S NOTE:

What Dr. Agnihotri has suggested is an excellent idea which could have far-reaching results if implemented well. To start with, it can be and is being done at an individual level too.

Dr. Chandrashekhhar Deopujari, an eminent neurosurgeon of 1971Batch has expressed his desire to start a scholarship through GMCAAN for any postgraduate interested in fellowship/ furthering his knowledge of neurosurgery anywhere in the world. This is laudable and those of us having the means should definitely do this.

On another note, in all our Ophthalmology State and National meets, nowadays we have Surgical Skill Transfer courses (SSTCs), Technical Skill Transfer courses (TSTCs) and Diagnostic Skill Transfer courses (DSTCs), wherein if e.g. I am good at and willing to be faculty for say, Contact Lens Fitting, I am enrolled in the roster and given a time slot in which I can teach, demonstrate and train 4-5 ophthalmologists. This model can be replicated in all fields. Believe me, it is very useful both for mentees and mentors.

PROF. DR. SUNAINA MALIK NEE AHUJA
SENIOR CONSULTANT OPHTHALMOLOGIST
1ST VICE-PRESIDENT, MAHARASHTRA OPHTHALMOLOGICAL
SOCIETY(MOS) 2017-2018
AURANGABAD
1970 BATCH GMC, NAGPUR
9422204627

NEURONE



News

Events & Happenings



City son Dr Dua gets prestigious CBE, Queen's Birthday Honours

■ Professor Harminder Singh Dua will take up the role as High Sheriff of Nottinghamshire, from 2021

■ By Vikas Vaidya

DR HARMINDER Singh Dua, a Nagpur-born and an alumnus of Government Medical College and Hospital (GMCH) has been awarded with Commander of the Most Excellent Order of the British Empire (CBE) during the distribution of Queen's Birthday Honours. The award was given to him for his services to eye health-care, health education and to ophthalmology.



Professor Dua is working with University of Nottingham and Nottingham University Hospitals.

In 2013, scientists from the University of Nottingham and Nottingham University Hospitals NHS Trust found a previously undetected layer in the cornea, the clear window at the front of the human eye. The breakthrough has since helped surgeons to dramatically improve outcomes for patients undergoing corneal grafts and transplants. The new layer has been dubbed the Dua's Layer after academic Professor Harminder Dua who discovered it. The Dua's Layer now has been included in medical curriculum. Dr Harminder Dua, was

(Contd on page 2)



डॉ. अनिल वोंडे यांचे मंत्रीमंडळात स्वागत करतांना मुख्यमंत्री दवेन्द्र फडणवीस



डॉ अभय वंग आणि डॉ राणी वंग यांचा महाराष्ट्र आरोग्य विद्यापीठाने
डी लिट देऊन सन्मान केला



Dr V R Joshi could not travel to Brisbane to receive his international award (APLAR Master). The award therefore was collected by IRA president, Dr Danda, and presented to Dr Joshi at Sahara Star Hotel, Mumbai on June 23, 2019.



आज मुझे बड़ी खुशी हो रही है कि आदरणीय प्रधानमंत्री @narendramodi श्री. नरेन्द्र मोदीजी से व्यक्तिगत मुलाकात का अवसर मिला. जीवनकौशल प्रशिक्षण, possibility of setting up ministry for Happy Meaningful Life & Life skills, आरक्षण के लिए भारित सूचीकरण प्रणाली, भ्रष्टाचार निर्मूलन पर प्रधानमंत्री जी की संवेदनशीलता इन विषयोंपर बात हुई. एक बात मुझे बहुत भा गई कि मा. प्रधानमंत्रीजी जब किसी से मिलते हैं तो पूरा वक्त उसी व्यक्ति को देते हैं. उसकी सारी बातें बड़े ध्यान से सुनते हैं जो कि अपने आप में एक बहुत बड़ी बात है. मैं गदगद और नतमस्तक हूँ प्रधानमंत्री जी से मिलकर. मुझे बहुत अच्छा लग रहा है

5:36 PM



Dr Uday bodhankar (1972 Batch) Executive Director of comhad uk has been honoured with the highest fellowship in the field of Pediatrics FRCPCH by Royal College of Pediatrics and Child Health RCPCH Uk in view of his outstanding academic contribution in the field of Pediatrics . This honor will be bestowed upon him during the Convocation ceremony at Cardiff UK on 4th July.

. :



**Dr. Vedprakash Mishra receiving the prestigious
Dr. B. C. Roy Award**



**Dr. Vedprakash Mishra receiving the
“Professor of Excellence” title**

Awards received by Dr. Vedprakash Mishra

- 1) Conferred with “Life Time Education Achievement Award” instituted by National and International Compendium in recognition of the extraordinary and outstanding achievements and remarkable role in the field of education on 8th March, 2019 at New Delhi.

- 2) Conferred with ‘Late Dr. B. V. Mulay Oration Award’ instituted by the Solapur Branch of Indian Medical Association, Solapur on 10th March, 2019 for the keynote oration delivered on the theme ‘Medical Council-Past, Present & Future’.

- 3) Conferred with Foundation Day Oration Award instituted by Lakshmibai National Institute of Physical Education (Deemed to be University), Gwalior for the keynote oration delivered on the theme ‘Health-Fitness and Sports Sciences’ on 15th March, 2019.

- 4) Conferred with ‘IMA Belgaum Oration Award’ instituted by Belgaum branch of Indian Medical Association, Belgaum, Karnataka on 11th May, 2019 for the oration delivered on the theme ‘Concerns and Challenges before Medical Education and way forward’.

- 5) Conferred with the title of “Professor of Excellence (Medical Education and Healthcare Management)” by Krishna Institute of Medical Sciences (Deemed to be University), Karad on 11th June, 2019 with entitlement to avail it as a lifelong prefix.

- 6) Conferred with the title of “Professor of Eminence (Medical Education and Healthcare Administration)” by Datta Meghe Institute of Medical Sciences (Deemed to be University), on 25th June, 2019 at its 10th Convocation with entitlement to avail it as a lifelong prefix.

7) Conferred with the National Doctors Day Award by Indian Medical Association at National Headquarters, New Delhi in recognition of sterling services rendered to the cause of medical education and profession for well over three decades on Doctor's Day 1st July, 2019



Dr. Pallavi Darade

Received the Award at the hands of H'ble Union Minister for Health Dr Harshavardhan and H'ble MOS Chaubey , Secretary Health Preeti Sudan , Chairperson of FSSAI Rita Tiotia !!



Happy to report that Maharashtra is the leading state in India in overall performance on various parameters of Food Safety during 1.04.2018 to 31.03.2019 . We have been awarded for the same .
Dr. Pallavi Darade

**Without positive mental health,
it will be almost impossible
to realize your full potentials.**



**GMC Nagpur is the
first Medical College
to initiate the
Positive Mental Health
Program
for Resident Doctors**



The Seminar on Positive Mental Health was organised for the resident doctors. The program was organised by the Dept. of Psychiatry, Govt. Medical College, Nagpur

This was the first CME of the Platinum Jubilee series of 75 CMEs.

It was inaugurated by Dr. Sajal Mitra Dean, GMC Nagpur on 20th July 2019





Dr. Manish Thakre



Dr. Sudhir Bhawe



Dr. Rajendra Agarkar

Organizer's note

Before the curtain was raised

On 13th June, when I was heading towards my OPD after morning ward rounds, I met Dr. Mitra, Dean, GMC. He asked me to contact Dr. Agarkar from Mumbai and discuss the details of his proposal on organizing programs on positive mental health for resident doctors and to act as coordinator for this program and keep him updated.

I had worked previously on the mental health assessment of the residents. It was more of a routine psychiatric assessment and was confined to the OPD chamber. It never really went any further.

The mental health of doctors is a topic which is very close to my heart. Hence I was quite excited after the conversation I had with the Dean Sir and was obviously anxious to know more about the proposal of Dr. Agarkar.

So I called Dr. Agarkar. And that was the beginning!

Dr. Agarkar introduced himself as a member of GMCAAN. He briefed me his plans. We discussed the plan at length. We also discussed the possibility of an online survey with PHQ 9- a screening tool for depression.

Dr. Sudhir Bhave who was also the integral part of the core team suggested that the role of communication in preventing violence against doctors should be included in the program. We all agree that this is a major stressor and the problem should be addressed.

Initially, the program was planned on 29th June 2019. It was postponed twice. Finally, the program was fixed on 20th July 2019. Dr. Agarkar and Dr. Bhave were very supportive and consented to new dates.

It was a big task to organize a program for resident doctors. Dr. Mitra wanted maximum participation from residents and senior faculties. The office of the Dean eased out most of my difficulties and I am thankful to Dr. Mitra Sir for generous help. Dr. Mitra sir personally requested senior faculties for participation. He wanted to convey the message that college administrators and teachers are equally caring for the residents. Dr. Mitra Sir also invited residents from IGGMC, Nagpur for the program.

The day of the event-

Honestly, I was sceptical about residents' participation. I had similar feelings for the participation in the online survey. However, they proved me wrong and I am happy about it. More than four hundred residents actively participated. And around 150 residents participated in the survey also.

Dr Prashant Tiple, Dr Rajesh Gosavi, Dr Ashok Madan, Dr Raj Gajbhiye, Dr Dinkar Kumbhalkar, Dr Fidvi, Dr Motghare, Dr Diwan, Dr Kamdi, Dr Gupta, Dr Ganesh Dakhale, Dr Pravin Shingade, Dr Holay, Dr Turankar, Dr Nagdive and many more senior faculty members came and sat through the program. All participated enthusiastically and were very supportive.

I talked about the negatives being portrayed in media and the situation at our institute. The analysis of the online survey was worrisome but we hope to handle it. So many young minds listened about the positivity of life from Dr. Agarkar. They belied our/my belief that residents rarely take suggestion about their lives seriously. They all listened eagerly.

Dr. Agarkar, who is always in a positive state of mind, went on to engage the audience in his characteristic witty and easy-going talk. He very aesthetically showed the difference between traditional psychology and that of positive psychology. He also suggested the paradigm shift from mental illness to mental wellness.

Dr. Sudhir Bhave was as always to the point and dwelled on stress and how we may be ignoring it. His was a classic talk on avoiding violence or better reducing the incidence of violence against doctors.

Dr. Sajal Mitra, our dean, sat throughout the program and that was very encouraging for us.

Dr. Sudhir Mahajan, my colleague helped me in organizing and spreading the message about the program. Dr. Pranjalee Bhagat, Dr. Snehal Nimbhorkar, Dr. Sneh Babhulkar, and Dr. Pankaj Patil helped me and shared the burden of my organizational task.

Finally, the program ended but the effect percolated through the targeted audience over the next few days.

Many faculty members called to compliment our effort. They suggested that such programs should be conducted regularly.

And final and most gratifying compliment came after two weeks when I was stopped by a resident. She is working in Gynaecology. She said that the

program has given her a new positive frame of mind. In her words- ‘Gone are the old dull days, now I am seeing life through a new positive way, the ‘Agarkar way’.

Dr. Manish Thakre
Associate Professor, and Alumni
Department of Psychiatry,
GMC, Nagpur

Conducting Session for Resident Doctors – A Gratifying Experience

Sometime in the last week of June, 2019, I got a telephonic call from Dr. Rajendra Agarkar stating that Dr. Sajal Mitra, the dean of GMC, Nagpur, had requested him to conduct a session on positive mental health for the junior residents at the former’s institution, and whether I would consent to be one of the resource persons. Considering the significance of this topic in the current times of stress-ridden resident doctors, and increasing violence against junior doctors, I gladly consented.

This three-hour, pre-lunch seminar, conducted on the 20th July, 2019, was a very fruitful experience. Dr. Manish Thakre and Dr. Sudhir Mahajan from the dept. of psychiatry of GMC, Nagpur, made a valuable contribution to this activity by presenting a painstakingly collected data on the stress levels and depression amongst the JRs. The data was both shocking and an eye-opener! It revealed that about twenty percent and five percent of residents were experiencing moderate and severe depression, respectively. And four percent had suicidal ideations! An alarming fact indeed! This certainly validated the need of such a seminar for them.

Dr. Agarkar, in his characteristically lucid, witty and engaging style, over two talks, “threw light on the role of positive psychology in strengthening the normal minds and its relevance to stress”. He emphasized upon some (uncommon) common sense suggestions for eradicating negativism and stress in day-to-day life. True words of wisdom with a lasting value, which, I am sure, will help the residents in their life-long quest for happiness!

I delivered two talks – one on the causes of stress that residents experience, and on dealing with angry patients and their relatives.

The seminar was attended by about four hundred residents and faculty, and was a very gratifying experience. Looking at the success and (hopefully) the long-term utility of such an activity, I hope such sessions are held all over the country.

Dr. Agarkar deserves a round of applause in his meticulous planning and execution of such a wonderful event!

Dr. Sudhir Bhave
Psychiatrist
Nagpur

Editor's Note

I have been handed the honour of suggesting how the knowledge learnt from the first GMCAAN seminar can be used to help medical students. I was amazed at the excellent participation in the seminar and the online PHQ9 survey. The high positive response, suggested various degrees of depression. So first and foremost, those who responded to the survey need to be contacted and helped to the degree possible, and to the degree they require. A depression self-help support and advocacy group could be started at GMC Nagpur. Secondly such seminars should not be one off. They should be repeated at least every semester.

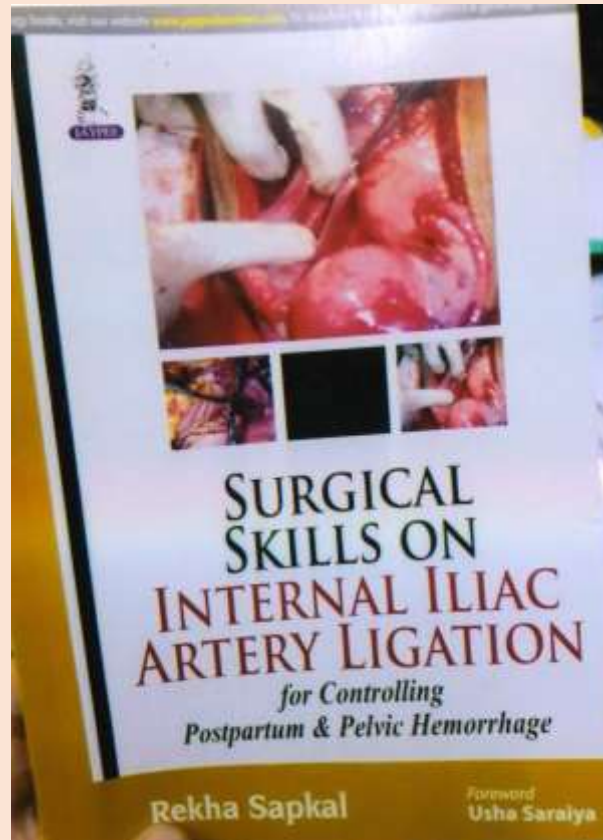
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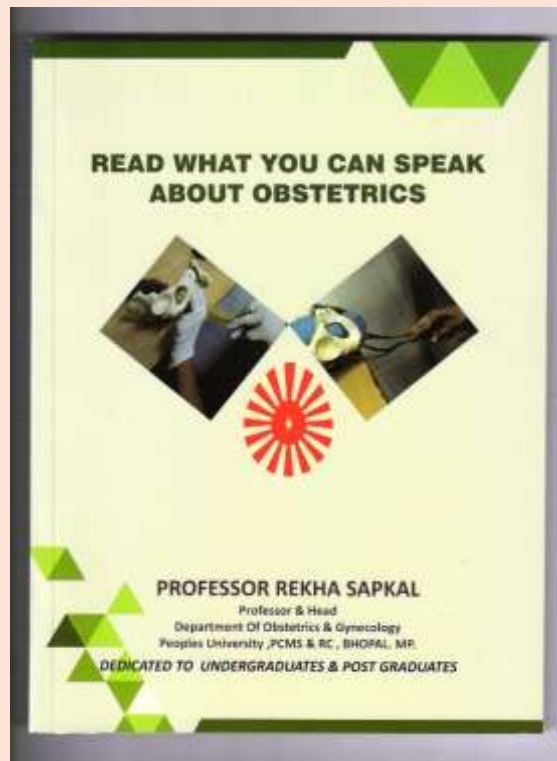




“Surgical Skills On Internal Iliac Ligation for controlling postpartum and pelvic haemorrhage “ , Jaypee edition 2015 ISBN 978-93-5025 -378-6 .

Finger dissection method for ligation of anterior division of Internal Iliac artery in emergency cases of PPH. It is last lifesaving and uterus saving surgery in PPH. Intension is new Obstetricians should get the confidence of this surgery by knowing exact anatomical status of retroperitoneal pelvic vessels. They should be able to do it independently in emergency.

In this book photographs of pelvic vessels of cadaver are taken. Along with it live surgery photographs of each step of operation to learn are documented. It is important book to be kept in Operation Theatre to identify the location of the main trunk in emergency. Clinical scenario of 29 operated cases of pelvic haemorrhage is described.



“Read what you can speak about obstetrics “J K Jain brothers Edition 2019, ISBN -9789384752545.

Intension – Students should know basics of obstetrics to learn as a future private practitioner and also as a specialist in any subject. Students should understand the pregnancy and labour first then only they can develop interest in the subject. In this book obstetrics is made easy to learn and remember for undergraduate & post graduates.

Under graduates can be the best clinicians if they learn to care the pregnant woman in their practice. Book is user friendly .All topics are in detail for theory, clinical practice and record keeping point of view. Photographs related to labour. are taken with dummy and pelvis so that students get confidence of practical examination also

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Dr Chandrashekhari Eknath Deopujari,
MS, MCh, MSc

- Professor and Head of Neurosurgery at the Bombay Hospital Institute of Medical Sciences, Mumbai (affiliated to the Maharashtra Health University.)
- Honorary Consultant to the B.J.Wadia Children's' Hospital
- Visiting Consultant, Hinduja Gamma Knife Centre, Mumbai

BOTTOMLINE

'Chromosomal Variations' by Dr Chopade released in Germany

The book deals with variations in chromosomes that are responsible for birth of abnormal babies, infertility and repeated miscarriages



LOKMAT NEWS NETWORK
NASHIK, AUG 2

A book, titled, "Chromosomal Variations", authored by Dr Dnyanesh Chopade, a Medical Geneticist and Director of Genetic Health and Research Centre, Nashik, has been published and released in the market by Scholars Press, Germany, which explains

the relationship between variations in chromosomes of married couples and their reproductive outcomes. This book is based on the PhD research work of Dr Chopade and throws light on the likely risk of bad reproductive outcomes in couples with chromosomal variations and its management. It is extensive research on 3,588 individuals, which focuses on various types of chromosomal

Problem of recurrent miscarriages

Nearly 15% of all the pregnancies lead to abortions for one or the other reason and about 50% of these are caused by the chromosomal problems in the embryos. About 3% of couples face recurrent pregnancy loss (more than two miscarriages) and nearly 25% of these couples show some form of chromosomal variation. Such couples with chromosomal variations have higher chances of further miscarriages and birth of abnormal babies. What is important is to prevent birth of the abnormal baby in such couples, if we succeed in prevention of the miscarriages in subsequent pregnancies. These couples are so tense and worried about the pregnancy losses and sometimes get hopeless, as the number of miscarriages increases. In couples where the chromosomal variation is responsible for their repeated miscarriages usually have babies subsequently, but they have high risk of having an abnormal child. If their chromosomes are tested in time, they can be counselled regarding the further management, possibilities of having a normal healthy child, chances of having an abnormal baby and prevention of the birth of an abnormal baby.

variations in couples with repeated miscarriages, in couples with a history of an abnormal child birth and in general population in India. This is highly significant in understanding the causes of bad reproductive outcomes and in providing the appropriate management. There are number of outstanding

original research findings reported in the book in this regard.

Our 23 pairs of Chromosomes preserve our blueprint and encode all the genetic information of human life in the form of DNA, that decides how life begins, how it grows, how it is arranged in our body

structure and how would it function. It is a script of our life, on which depends our whole biological nature and existence, including the stages of our life, our height, colour, intelligence, all the biological potentials and our overall longevity. Anything going wrong results in various kinds of

health problems and untreatable diseases, resulting in human misery and suffering.

In India, 1 in every 150 babies born has a chromosomal abnormality and that makes about 330 to 340 babies with chromosomal abnormality born every day in our country. The most common chromosomal abnormalities seen at birth are Trisomy 21 (Downs Syndrome), Trisomy 13 (Patau Syndrome), Trisomy 18 (Edwards's syndrome) and Sex chromosomal abnormalities like

Monosomy X (Turners syndrome) and XXY (Klinefelters syndrome).

About 10% of parents of children with chromosomal abnormality show some form of chromosomal variation, with a very high chance of having another abnormal.

Common problems associated with birth of an abnormal baby:

Nearly all the chromosomal abnormalities are associated with Mental retardation, physical developmental delays and number of other health issues. There is no cure available for these diseases, and thus life of those with the abnormality is too miserable. Families find it too tiring and depressive to deal with such situations.

Families with such babies move from place to place, doctor to doctor, hospital to hospital and even fall prey to many quacks in the hope of some relief and cure, without any conclusive results.

Such a situation not only creates complete misery for the family impacted, but it also creates a lot of burden on the health care delivery system and economy of the country.

Title of Book: "Chromosomal Variations"

Author: Prof. Dr Dnyandeo Chopade, MBBS, MS, PhD (Medical Genetics)

Edited and published By: Scholar's Press, Germany

Brief Information on the book

Variations in chromosomes are responsible for birth of abnormal babies, infertility and repeated miscarriages

A book, titled, "Chromosomal Variations", authored by Dr Dnyandeo Chopade, a Medical Geneticist and Director of Genetic Health and Research Centre, Nashik, has been published and released in market by Scholars Press, Germany on 10 July, which explains the relationship between variations in chromosomes of married couples and their reproductive outcomes. This book is based on the PhD research work of Dr Chopade and throws light on the likely risk of bad reproductive outcomes in couples with chromosomal variations and its management. It is an extensive research on 3358 individuals, which focuses on various types of chromosomal variations in couples with repeated miscarriages, in couples with a history of an abnormal child birth and in general population in India. This is highly significant in understanding the causes of bad reproductive outcomes and in providing the appropriate management. There are number of outstanding original research findings reported in the book in this regard.

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and depressive to deal with such situations. Families with such babies move from place to place, doctor to doctor, hospital to hospital and even fall prey to many quacks in the hope of some relief and cure, without any conclusive results. Such a situation not only creates complete misery for the family impacted, but it also creates a lot of burden on the health care delivery system and economy of the country. Government of India and even countries all over the world offer the possibility of prevention of birth of such babies through confirmatory diagnostic procedures during pregnancy, in the registered genetic centers. But such tests can be offered only in cases where there is an indication, where the doctor knows in advance who is at risk of having such baby. How would one come to know, who is at risk? Is a question. Not all people can be tested for chromosomal abnormalities, but at least those who are having infertility or repeated miscarriages or family history of genetic disease or those with a previous child death or earlier child with chromosomal abnormality in the family should be tested to do the correct diagnosis and prevent the birth of abnormal babies or to offer the necessary management of options. This is true not only for chromosomal abnormalities, but, for nearly all the known 6000 genetic disorders. We can provide genetic counseling and offer accurate genetic testing to parents as per their history and find out the specific risk for the birth of an abnormal baby, which can be prevented.

Problem of recurrent miscarriages:

Nearly 15% of all the pregnancies lead to abortions for one or the other reason and about 50% of these are caused by the chromosomal problems in the embryos. About 3% of couples face recurrent pregnancy loss (more than two miscarriages) and nearly 29% of these couples show some form of chromosomal variation. Such couples with chromosomal variations have higher chances of further miscarriages and birth of the abnormal babies.

What is important is to prevent birth of the abnormal baby in such couples, if we succeed in prevention of the miscarriages in subsequent pregnancies. These couples are so tense and worried about the pregnancy losses and sometimes get hopeless, as the number of miscarriages increase. In couples where the chromosomal variation is responsible for their repeated miscarriages usually have babies subsequently, but they have high risk of having an abnormal child. If their chromosomes are tested in time, they can be counselled regarding the further management, possibilities of having a normal healthy child, chances of having an abnormal baby and prevention of the birth of abnormal baby.

Notice: This title, "Chromosomal Variations" will be available in all the major book distributors and book shops in USA and Europe and will also appear in the catalogue of booksellers like amazon.com within next 4- 6 weeks. The book is available online at www.morebooks.shop