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**LORD KILCLOONEY**  
**AND KAMALA**

NOVEMBER 29, 2020

# THEWEEK



THE WEEK-HANSA RESEARCH SURVEY 2020

# BEST HOSPITALS OF INDIA

Leadership during the pandemic

**PLUS**

**THE POST-COVID CHALLENGE: DR RANDEEP GULERIA, DIRECTOR, AIIMS**  
**THE WEEK INSIDE THE COVID WARD: FIGHTING THE FOG WITH DEDICATION**  
**WHAT MY HOSPITAL LEARNED: DR JAME ABRAHAM, CLEVELAND CLINIC**

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WHAT IS WORSE than being at death's door? Undoubtedly, it is to watch a loved one being there. It is the feeling of utter helplessness that crushes you like a ton of bricks.

I have seen people beg God for one boon. Just one. A kiss of life, please, for a loved one. At that moment it does not matter to them whether they are asking it in a temple, mosque, gurdwara, fire temple or church.

It is against this backdrop that your favourite newsweekly brings you the annual health care special issue, backed by THE WEEK-Hansa Research Survey of India's best hospitals.

packed with learning and unlearning. We try to find out the wisdom gathered by the Class of 2020.

In the lead story, Special Correspondent Namita Kohli talked to several top doctors to collate their personal learnings. Deputy Photo Editor Bhanu Prakash Chandra spent time in Apollo Hospital, Chennai, to show you life in a Covid-19 ward.

Even among medical professionals there were special forces. While their colleagues and friends put in their papers and took cover, these women and men waded into battle, refusing to cede ground.

This year we are taking the survey a step further with an online awards ceremony and webinar on November 23, from 11am to 1pm. Do register and listen to the top medical minds in the country.

As the year draws to a close in less than 45 days, I feel that we have all earned a medal each. For being survivors in a pandemic like no other.



Register for THE WEEK Best Hospitals Survey Awards 2020 webinar. November 23 | 11am to 1pm

Philip Mathew



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READY TO SAVE  
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### PLUS

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- ◆ How Indian hospitals answered the questions the pandemic posed
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COVER PHOTO **BHANU PRAKASH CHANDRA**

COVER DESIGN **BINESH SREEDHARAN**

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**India is far better**

Your cover story on the US election was interesting ('Vote of no confidence', November 15). It is quite astonishing that the majority of Republicans and their followers have still not accepted Joe Biden as the president elect of the US.

The prestige of the world's only superpower is badly affected today. First, the manner in which it handled the pandemic. Second, the election result and the confusion thereafter. The US has become a laughing stock among the world's functioning democracies.

Politicians of rural India will accept electoral verdicts more sportingly.

**V.H. Subramoney,  
Bengaluru.**

It is obvious that Biden's campaign to restore the soul of America resonated well with the electorate. His pledge to be a president who seeks not to divide but to unify, and his assurance to work hard to win the confidence of

the people of the US, will assuage the feelings of the marginalised and the underprivileged sections of society in that country. One hopes that Biden will live up to the hope and expectations of millions of his countrymen in

transforming the US into a diligent, dutiful and responsible superpower, thereby ushering in a new era.

On his part, Trump should stop playing the role of a sore loser; he should accept defeat with dignity and grace, and extend his constructive cooperation by ensuring a smooth transition of power.

**B. Suresh Kumar,  
On email.**

Trump not conceding defeat is an aberration. There is no doubt that by January 20, 2021, the matter will be sorted out, and there will not be any uncertainty about the new president taking the oath that day, as Americans are not likely to allow any erosion in their democratic value systems.

But, the damage, I guess, is already done. These developments have created an indelible blot on the country which boasts superiority in so many spheres.

**K.K. Cherian,  
On email.**

I fail to fathom why a developed country like the US has to sit and count its votes in paper. Why can-

not they count the votes without a person having to sit there? This is such a tedious process and takes a lot of time.

The US should learn from India and use electronic voting machines. The people who sit and count these votes could be affiliated to one of those parties there, and they could be biased. And, hence, there is a good chance of polls getting rigged. Trump, in this case, is not exaggerating.

**Kuldeep Tyagi,  
On email.**

The result was as expected. The deepened chasm in the American civil society has become disquietingly glaring during the run up to the election, and how best it can be mended is going to be the acid test of Biden's presidency.

Biden's docile but matter-of-fact personality is in sharp contrast to the wayward brat persona of Trump.

Kamala Harris, a thoughtfully selected running mate, would hopefully prove to be an ideal partner-in-progress in Biden's scheme of things.

**Raveendranath A.,  
On email.**

**HOW TO REACH US**

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- ▶ **ISO** : International Organization for Standardization

**Certifications**

- ▶ **RNTCP** : Revised National Tuberculosis Control Program
- ▶ **PCPNDT** : Preconception and Prenatal Diagnostic Techniques
- ▶ **CRISIL** : Credit Rating Information Services of India Limited
- ▶ **NGSP** : National Glycohemoglobin Standardization Program
- ▶ **Bio-Rad EQAS**: Bio-Rad External Quality Assurance Services

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The results of the polls will be a major blow to Trump's political career. Biden has proved his credibility and won the hearts of the people. He is backed by Harris, and together they will prove their political prowess.

**Arathi Raghuvver,  
Mysuru, Karnataka.**

The BJP leaders in India, including the prime minister, will miss Trump in the days to come. It is a fact that the BJP favours a Republican president rather than a Democratic president. Trump did a lot for India, and he silently supported India on crucial matters.

Though Biden would continue to promote ties with India like all US presidents in the past, he will not be as supportive as Trump on issues like Kashmir.

**Tapesh Nagpal,  
On email.**

**Felt good**

I was relieved to see the photographs of Y. Mangayamma and her twins in your magazine. They look so happy and are being taken care of well ('Raising hope', November 15).

I did not know that Mangayamma lost her husband recently. I hope all the media coverage and publicity will help their twins as they grow. The whole world spoke against Mangayamma and her husband on becoming parents at an old age, but I feel it was their personal choice and they had every

right to do that.

It felt good to know that young women in the village who aspire to have children through IVF approach Mangayamma for blessings.

**Vismay Mathur,  
On email.**

**It suits them**

The trust deficit between the CBI and state governments is here to stay ('Bureau of bitterness', November 8). Just as the state police are used by a state government for its own ends, the CBI is used by the Central government to weaken opposition leaders. All political parties, in this case, would want status quo, as it suits them.

Even the apex court in the past has observed that the CBI is a caged parrot.

**Tigin Thomas,  
On email.**

**Sad state**

Democracy, without discussions and debates, turns out to be a tyranny. In recent times there have been instances of laws being passed in Parliament without much deliberation. There are also instances of speakers from opposition parties not being allowed to express their views on certain matters ('Manifesto', October 11).

If Parliament functions in this manner, how can India's education system promote and encourage healthy debates, which lead to mutuality and sharing of ideas?

**Rajendra Tete,  
Hazaribag, Jharkhand.**

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**LIFE IN THE TIME OF CORONA: HITTING THE PAUSE BUTTON...**

The current pandemic has taught mankind many lessons. The humans who were in the 'skies' have been suddenly grounded. Not being a frontline health-worker of COVID 19, I was homebound during the initial lockdown and attempted to provide my specialty expertise through Tele-medicine & WhatsApp. During this prolonged work abstinence, I got significant time to explore myself and around and those reflections are mentioned here.

**Work-life balance**

The year 2020 marks the 15th year of my medical practice after acquiring a super-speciality degree. Through these years I have been working in a private academic institution with little bit of additional clinical practice in the afterhours. The premature greying and the wrinkles on my face may be a follow through of my over-commitment at work. In terms of family life, I was a late starter after acquiring all academic degrees. My kids are still in the primary grades, and I realized that apart from their gadgets, they are looking up to you as a playmate, a friend, a guardian and a protector. This Covid lockdown, I was able to provide them with constructive time, which I was never able to do in the past. A fact that I realised and that every clinician should be aware is that 'the work will go on even in your absence, but your kids need more of you till they reach a sustainable age'. A work life balance is essential for a doctor and should be strictly followed in the post Covid era too.

**Health matters...**

The laryngo pharyngeal reflux disease that used to choke me at odd hours of midnight seems to have now disappeared, mostly due to the timely eating habits at home during the lockdown period. Reflux disease is a companion of most

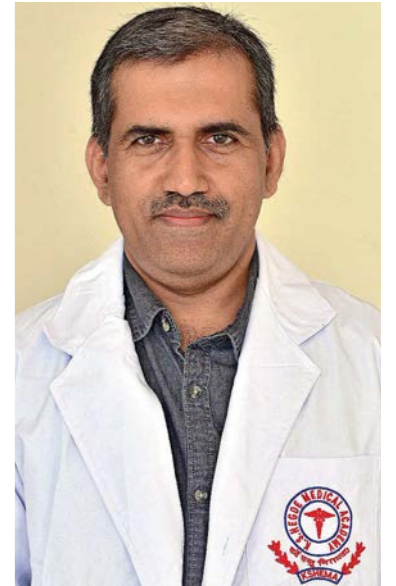
of my colleagues, potentially influenced by their erratic eating pattern amidst the long working hours that the profession demands. On introspection, I realized the irregularity of my exercise schedules in the past and utilized this spare time for regular physical activities. Lack of adequate sleep is common among medical practitioners and this rejuvenating time helped regain its rhythm. This combined with regular sexual activity, in my opinion, reinvigorates a healthy life style. In addition, adequate sun exposure should be given a top priority to boost the circadian rhythms and to reboot our system.

**Respecting 'Nature'**

With the alarming news of COVID 19 spread along with its deaths, the current times also bring positive news on lesser air pollution, clean waters running in rivers as well as nature reclaiming its lost territories. This infused a forgotten thought in human minds that nature belongs to every being and not humans alone. Is nature more concerned by the "virocity" of humans or by the humanity of the virus? Nature remained as calm as before, birds flying as usual, butterflies fluttering as before, trees stood tall and shadowy as usual; only human beings terrified as never before.

**The role of Government**

The directives and decisiveness of government machinery in people's lives is amazing. The ministries, the bureaucrats and the essential service departments have been working tirelessly in tandem to contain the pandemic. Their vision, their outreach and their ability to foresee things need appreciation. The role of community health science and family medicine practices has to be reinforced. As a super-specialist in a surgical department, I feel my role seems very limited in the society and the lessons that I



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learnt years back from 'Parks textbook of Preventive and Social medicine' has more value in the current scenario. Also, the realisation that a high technology advanced surgery I perform can alter only a person's life and what is needed today are visionaries who can change the life of an entire society.

I feel during this period of uncertainty, when we are shrinking within ourselves physically but exploding through the social media globally, is a unique time in our entire life. Though each day is shadowed with frightening thoughts and threats to humanity, it is also the time for introspection and self-realisation. The future of mankind in the post Covid era is going to be a struggle, but can be overcome if we learn to co-exist, giving due respect to nature.





■ **APERITIF** ■  
THE BIG PICTURE

## **GLOW OF HOPE**

A colony in Mumbai lit up for Diwali. The city's slums were once the hotspot of Covid-19, but are now on the path to recovery. As per the Tata Institute of Fundamental Research in Colaba, Mumbai is expected to reach herd immunity by January 2021, with almost 80 per cent of the slum population being exposed to the virus.

PHOTO BY VISHNU V. NAIR



## POINT BLANK



We would never accept that out of our own kids behaving that way if they lost, right? I mean, if my daughters accused the other side of cheating when they lost, when there was no evidence of it, we would scold them.

**Barack Obama**, former US president, on Donald Trump's claims of election fraud

We are as good Congressmen as any of the others. Our credentials as Congressmen cannot be doubted.... If you stop listening to others, you will have no conversation. And in the absence of a conversation we cannot succeed in taking forward our agendas.

**Kapil Sibal**, Congress leader



Mamata Banerjee often accuses of us trying to turn West Bengal into Gujarat. Yes, absolutely. We shall convert Bengal into Gujarat so that our children get jobs here and don't have to go to Gujarat.

**Dilip Ghosh**, BJP MP

The day ballot paper elections come back, the BJP will know its place. Some magicians of the EVM had also approached us during the election. They offered to give us victory on all 28 seats [in Madhya Pradesh]. But we, being from Gandhiji's party, don't want to grab power by deceiving people or using force.

**Sajjan Singh Verma**, Congress leader

We are artists. What is the difference between us and a male actor or director? They are made into heroes and women are made into conniving witches. It makes me nauseous and sick. And it's even stranger that some women [in Bollywood] are pushing this narrative forward.

**Sonam Kapoor**, actor

## WORD PLAY

In August, the Chinese government issued warnings about **mukbang** videos to discourage food wastage. Mukbang is a video or live-stream in which the host eats large quantities of food to entertain the viewers. The trend began in South Korea in 2010, and now has a global following. The word mukbang is a blend of the Korean words muk-ja (let's eat) and bang-song (broadcast). The word was recently added to the Collins Dictionary.

## MILESTONES

### INSPIRING TEEN

Sadat Rahman, 17, from Bangladesh, won the International Children's Peace Prize for his efforts to educate youngsters about cyberbullying. Rahman created a mobile app to tackle online abuse after hearing about the suicide of a 15-year-old victim of cyberbullying.



### BILLION VIEWS BABY

On November 16, 'Rowdy Baby' from the film *Maari 2* became the first south Indian song to touch 1 billion views on YouTube. Dhanush and Sai Pallavi shared the screen in this song composed by Yuvan Shankar Raja.



### IMPACTFUL RESEARCH

Researchers at the Indian Institute of Technology, Guwahati, have developed "pincer catalysts" that can convert large amounts of industrial waste such as glycerol and ethanol into useful compounds like lactic acid and butanol respectively. The research will have a global impact on the commercial production of lactic acid and biofuels.



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# Banking on rivers

Except during some monsoons, the Sarayu is a gentle tributary of the Ganga. But, for the next two years, the river known for its most-famous town, Ayodhya, will be the focus of hectic construction activity. It is not just the grand Ram Temple which will be the jewel of the river, but Chief Minister Yogi Adityanath has also claimed the river to be his own for dazzling development.

If the Sabarmati in Ahmedabad and the Ganga in Varanasi are developed as big riverfronts because of Prime Minister Narendra Modi's initiative, Adityanath is focusing on the Sarayu to leave his imprint. It is not just the lakhs of lamps lit during Diwali that would make the Sarayu sparkle, but the plans include a 500-acre theme park, the world's tallest statue of Ram and green walkways. Each year, Adityanath is increasing the number of lamps as the length of the riverfront grows. The government has committed over ₹1,000 crore for the riverfront land reclamation and beautification.



Urban river landscapes have caught the imagination of not just town planners but politicians as well. Adityanath found that the Gomti riverfront in Lucknow had been lavished attention by both Mayawati and Akhilesh Yadav as chief ministers, with the latter developing new green lungs on a 17km stretch on either bank of the Gomti. Yadav's government spent ₹1,500 crore on the development.

Even the less flamboyant Bihar Chief Minister Nitish Kumar has invested in the development of a 6km stretch of the Ganga, which is the lifeline of Patna, with 16 embankment ghats already built and more planned. According to the plan, thousands of visitors would be able to have fun on the riverfront and watch dolphins in the mighty river every day. Already ₹150 crore has been spent and more is intended. In Assam, BJP Chief Minister Sarbanan-

da Sonowal has even bigger dreams for the wider Brahmaputra that flows through Guwahati.

It is not just state governments that are taking up waterfront projects. The Nanded municipal corporation in Maharashtra has finalised a Godavari waterfront scheme for the famous Sikh pilgrim centre. Downstream, MNS leader Raj Thackeray had big dreams of developing the Godavari riverfront in the Kumbh Mela city of Nashik when his party controlled the corporation. But the project is embroiled in controversies and the BJP now controls the civic body.

The biggest dreamboat of all has been the 22km Yamuna riverfront in Delhi, which has thousands of acres of vacant floodplains. As an urban development minister in the Atal Bihari Vajpayee government, jurist Ram Jethmalani had drawn plans for modelling it after the Thames in London or the Seine in Paris. Then, in 2009, chief minister Sheila Dikshit had a plan to develop recreational and ecological parks along it. Now, the Delhi develop-

ment authority under Modi wants to replicate the Sabarmati model. But the Supreme Court and the Delhi High Court have remained vigilant guardians of the open spaces lining the filthiest river in the country, which has ironically become greener on its banks owing to non-development.

Environmental activists are crying that the spate of riverfront projects would mean putting millions of cubic feet of concrete into the rivers and their embankments, affecting water flow and handing over floodplains for real estate and recreation. But waterfront enthusiasts are jogging on, arguing that planned development actually rejuvenates the river. And in case of chief ministers like Adityanath, it could mean a spike in popularity, too!



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## THE SCIENCE OF POLITICS

Biplab Deb is known for his 'out-of-the-box' thinking that often borders on the bizarre. Recently, while addressing students at a school in Amarpur, the Tripura chief minister explained why they should not think of political science as a difficult subject. "If you mix history and geography, it becomes political science. In life, everyone studies history. So why do you feel political science is a tough subject?" he asked. Several Union ministers have degrees in political science, but even they might find it tough to answer Deb's question.

ILLUSTRATIONS JAIRAJ T.G.

### SUPERSTAR TURNS SUPER-SPREADER?

Telugu actor Chiranjeevi recently sparked a row when he announced that he had tested positive for Covid-19. A day earlier, he had met Telangana Chief Minister K. Chandrashekar Rao and interacted with him without wearing a mask. Critics flayed Chiranjeevi for his cavalier attitude that

exposed others to the virus.

A few days after the announcement, though, Chiranjeevi declared that the earlier test result was wrong, and that a later test had shown him to be negative. Despite the conflicting reports, he threw caution to the winds and broke quarantine rules to meet an elderly film director, attracting a fresh wave of brickbats.



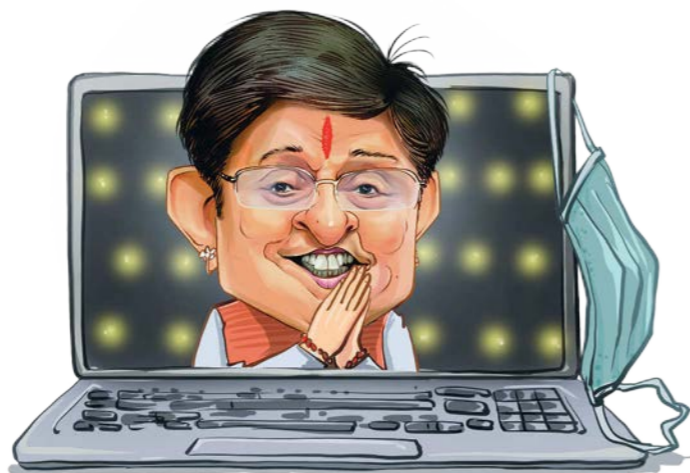
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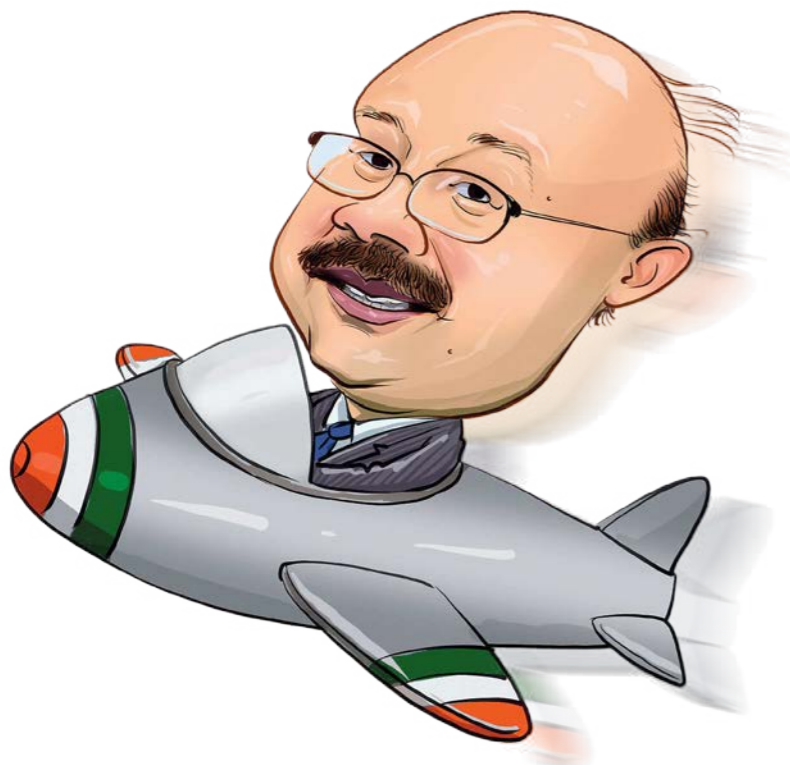
**RHYTHM DIVINE**

Puducherry Lieutenant Governor Kiran Bedi had a unique, virtual Diwali celebration at the Raj Nivas. Chief Secretary Ashwini Kumar, and officials and staff at Bedi's official residence sang devotional songs, as invitees in and outside the Union territory participated virtually in the event. Bedi led all participants in singing a song dedicated to goddess Lakshmi.



**NO TAKERS FOR THIS PROMISE**

K. Surendran, president of the BJP's Kerala unit, recently said he would transform Thiruvananthapuram on the lines of Varanasi if the BJP came to power in the state. The online supporters of the Congress and the CPI(M) soon gave a response he did not expect. They began posting slickly shot pictures of Kerala's capital juxtaposed with photos showing the narrow, dark bylanes of Varanasi. Moral of the story: Think twice before making developmental promises in Kerala.



**A NEW HIGH-FLIER**

If Prime Minister Narendra Modi had notched phenomenal frequent flier miles during his first term, his international travels have ground to a halt because of the pandemic. He has not made a single international visit this year.

Foreign secretary Harsh Vardhan Shringla has instead become the face of Indian diplomacy. He made his first post-lockdown tour to Bangladesh and subsequently visited the UK, France, Germany and Myanmar. He will also visit Nepal in a few days.

External Affairs Minister S. Jaishankar made two foreign trips—to Moscow for the Shanghai Cooperation Organisation summit and to Tokyo for the Quad meeting. Defence Minister Rajnath Singh visited Moscow twice—once for the SCO summit and the other for the 75<sup>th</sup> Victory Day parade.

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# Left in a muddle

Even as the Pinarayi Vijayan government is engaged in a battle of political survival against half a dozen Central agencies, critics say extreme concentration of authority in the CM's office caused the present crisis

BY CITHARA PAUL AND NAMRATA BIJI AHUJA

**B**eing a communist, Kerala Chief Minister Pinarayi Vijayan may not believe in good times and bad times. But he will certainly approve of the famous quote by Russian revolutionary Leon Trotsky that “everything is relative in this world, where change alone endures”. For Vijayan and the Left Democratic Front (LDF) government, the past few months have been more than enough proof of Trotsky’s concept of change.

The slide in the political fortunes of the LDF government has been dramatic. Not so long ago, it was winning accolades from everywhere, even internationally, for the effective handling of the Covid-19 pandemic and for the social welfare measures it launched during the lockdown.

A survey held in July by a television channel had predicted that the LDF could even break Kerala’s 40-year-old record of voting out the incumbent government. Nearly 86 per cent of the respondents wanted Vijayan to be chief minister again.

But all that changed on July 5 with the seizure of 30kg gold from a diplomatic consignment addressed to the United Arab Emirates consulate in Thiruvananthapuram. The smuggling case took a political turn once it was revealed that the main accused, Swapna Suresh, had a close relationship with Vijayan’s all powerful principal secretary M. Sivasankar. Though Sivasankar was removed from the post the very next day, the damage was done.

The National Investigation Agency (NIA) is now probing the case and

**MAN UNDER FIRE**  
Kerala Chief Minister Pinarayi Vijayan

other Central agencies like the Enforcement Directorate, the customs department and the CBI are also involved, with a special focus on the chief minister’s office.

Disowning Sivasankar was not an easy task for Vijayan. The chief minister had earlier defended him when he was blamed for signing a data-handling contract with a US-based firm called Sprinklr without following due procedure. Even the CPI, the second major constituent in the LDF, had come out against the contract, but Vijayan said Sivasankar just made an “error in judgement” under pressure from the rising Covid-19 numbers. “The chief minister trusted Sivasankar absolutely as he had been a major asset to the government. The fact that both are very much result-oriented brought them closer,” said a source who had interacted with both closely.

A former chief secretary said Vijayan was an efficient administrator with attention to minute details. “It is unbelievable that he failed to notice such a huge mistake happening right under his nose. It is certainly his failure as an administrator,” he said. The former bureaucrat could be right as the opposition continues to target Sivasankar to get to Vijayan. “The chief minister is trying to escape by blaming everything on a government official. Who is more tainted, the administration or the party, that is the only dispute,” said opposition leader Ramesh Chennithala.

The Enforcement Directorate said Sivasankar had shared confidential information pertaining to major government projects and had intervened to clear the baggage containing the smuggled gold. Sivasankar’s case, however, seems to be just the beginning of the woes in store for the Vijayan government. Higher Education Minister K.T. Jaleel, who has been assigned the task of capturing the Muslim vote bank, is now a “person of interest” in cases of illegal

import of food material and religious texts through diplomatic cargo sent to the UAE consulate without prior permission from the Union government—violating the Customs Act, the Foreign Contribution Regulation Act (FCRA) and the Prevention of Money Laundering Act (PMLA). The opposition says some of the packets Jaleel received contained gold. The NIA, the ED and the customs department have questioned him and investigations are still on.

The biggest setback for the Vijayan government has come, perhaps, in the LIFE Mission case. The Livelihood Inclusion and Financial Empowerment Mission, popularly known as LIFE Mission, is one of the flagship projects of the government, which is aimed at providing low cost housing to the homeless. According to the ED, Suresh, who was then officially affiliated with the UAE consulate, received a commission of ₹4.48 crore from a construction company called Unitac Builders for a project to construct 140 flats in Thrissur district and a share of it went to Sivasankar. The flats were sponsored by the Emirates Red Crescent, a humanitarian organisation under the UAE government.

The ED arrested Sivasankar after it found material and digital evidence that showed that he had assisted Suresh in money laundering. ED officials said there was corroborative evidence to show that Sivasankar introduced Suresh to his chartered accountant, and asked him to help her with her finances. According to investigators, the chartered accountant and Suresh opened a joint locker at a State Bank of India branch in Thiruvananthapuram. Each time money was deposited or withdrawn, Sivasankar was informed about the transactions. An ED official said Sivasankar, who was holding an important position in the government, did not ask for the source. “This implies that he helped Suresh

MANOJ CHEMANCHERI



in laundering money which was the proceeds of crime,” said the official.

Another allegation against Sivasankar is that he leaked confidential information of prospective bidders in the LIFE Mission project to Suresh, who allegedly used it to swing deals. The ED accessed hundreds of WhatsApp chats between Sivasankar and Suresh from April 2018 to July this year, which showed that Sivasankar allegedly shared information of prospective bidders and quotations under the project. It was found that 26 of 36 projects went to those whose names were mentioned by Sivasankar even before the tender was opened. “There is corroborative evidence of kickbacks received by Suresh. The Unitac CEO has also admitted that payment was made to Suresh and she has confessed to receiving it,” said an investigator. The ED is likely to examine all major government projects overseen by Sivasankar.

Adding to the woes of the chief minister, the ED has issued summons to his additional private secretary C.M. Raveendran. Chenithala said Vijayan was worried as the probe had almost reached him. But an undaunted chief minister hit back saying the summons by an agency did not make Raveendran a culprit. Meanwhile, Raveendran has informed the ED that he has tested positive for Covid-19 and the agency has asked him to report after he is medically fit.

The CPI(M) believes there is a political understanding between the BJP and the Congress to malign the LDF. “It took only a day for the Narendra Modi government to order a CBI inquiry into the LIFE Mission project, which has built thousands of homes for the poor,” said former MP and CPI(M) state committee member M.B. Rajesh.

The state government has de-

# Son-set boulevard

BY CITHARA PAUL

**ONE OF THE** more circulated photos on social media these days in Kerala shows Bineesh Kodyeri, the younger son of former CPI(M) state secretary Kodyeri Balakrishnan, standing at the entrance of AKG Centre, the party’s state headquarters. With the image of the

party symbol—hammer, sickle and star—right above his head, Bineesh exuded power and confidence.

But Bineesh is no longer in Kerala. Nor is he free. He was arrested by the Enforcement Directorate on October 28 in a money-laundering case linked to a Bengaluru-based

drug trafficking racket, which was busted by the Narcotics Control Bureau (NCB). Mohammed Anoop, who was arrested by the NCB, said Bineesh used to finance his businesses. The ED believes that Anoop is Bineesh’s *benami* partner and said it found cash deposits worth more than ₹5 crore in Bineesh’s three bank accounts in the last seven years against his total declared income of ₹1.2 crore. Under pressure, Kodyeri has already stepped down from the party secretary’s post, citing health reasons.

Bineesh, 36, has always been a flamboyant character. He buys fancy numbers for his cars. He bought two established cricket clubs in his cricket-obsessed hometown Thalassery and named those after him. Always eager to flaunt the power of their surname,

Bineesh and his elder brother Binoy have frequently courted controversies. When his father was home minister of Kerala, Bineesh ventured into the real estate business, and his name got linked to many shady deals. Bineesh also acted in small roles in Malayalam movies. Though his roles were insignificant, he was close to industry bigwigs. Bineesh is also part of the cricket administration in Kerala.

While the CPI(M) said Bineesh should be punished if he was found guilty, his wife, Renita, said the BJP was using the ED to settle political scores. “The allegations that Bineesh is a don and that he has huge assets are lies. He owns a hotel, which was bought by pawning my mother’s land,” she said.

The BJP, however, said the ED would prove that Bineesh was into drugs and illegal businesses. “He

roamed free till now because of the unethical arrangement between the UDF and the LDF,” said BJP state president K. Surendran.

The CPI(M), which has clear guidelines even on how the family members of its cadre should live, is feeling the heat. “The problem is that a certain image has been created in the media about Bineesh that anyone can raise allegations against him and people will believe it,” said a young state committee member of the CPI(M).

Veteran journalist B.R.P. Bhaskar said Bineesh was morally bound to behave in a more responsible manner as the son of a left party secretary. “I am sure that Kodyeri was aware of the perception about his sons,” he said. “If he did not do anything to correct them or he failed in doing so, he is also at fault.”



VIDHURAJ M.T.

**TROUBLED CHILD**  
CPI(M) leader Kodyeri Balakrishnan with son Bineesh Kodyeri

cided to take on the Central government over what it feels is vindictive targeting of the only left government in India. It has revoked the general consent given to the CBI to take up any case in the state without prior permission. An LDF MLA moved a privilege motion alleging that the ED’s inquiry halted the state government’s project to provide free housing for the poor. The ED said it had the legal authority to ask for the files related to the project as the financial transactions were suspicious. A senior ED official said section 23 of the PMLA gave the ED the mandate to probe the LIFE Mission project and related monetary transactions. “Investigation into the alleged kickbacks does not stall the project and the state government should not try to impede the probe,” said an official in New Delhi.

The ED is racing to file its prosecution complaint against Sivasankar

**It is so shameful to say that the son of a senior party leader has been arrested for benami transactions.**

**-Mullappally Ramachandran, Congress president, Kerala**

as it is required to file a chargesheet within 60 days from the date of arrest under PMLA. The NIA, too, is likely to file its chargesheet in December since the Unlawful Activities (Prevention) Act (UAPA), mandates the agency to file a chargesheet within six months of registering a

first information report. This is the first time UAPA has been invoked to investigate a gold smuggling operation, deeming it to be detrimental to economic stability. The NIA has so far arrested 21 persons out of 35 public and private individuals who are under investigation, while 12 persons are on bail.

Critics of the Vijayan government blame the extreme centralisation of power under the chief minister for the crisis. “Whenever a left government is in power, the CPI(M) has always had the upper hand in all matters. But this time, the party and the government are under Vijayan’s tight fist. All these lapses happened because of that,” said political observer Joseph C. Mathew. “Earlier, the personal secretary of the chief minister would invariably be a senior party leader. But Vijayan wanted a professional for reasons better known to him and the results are



# Tragedy of errors

BY CITHARA PAUL

**M. SIVASANKAR WAS** clad in a crumpled blue T-shirt with red and white stripes when he was brought to the Enforcement Directorate office in Kochi on October 29, the same dress he was wearing when he was arrested from a hospital in Thiruvananthapuram the previous day. Looking dishevelled, he was a far cry from the dapper, all powerful principal secretary of Chief Minister Pinarayi Vijayan.

Sivasankar is currently in the ED's custody in the gold smuggling case. The agency believes that he intervened to clear the diplomatic baggage containing smuggled gold at the Thiruvananthapuram international airport on behalf of Swapna Suresh, an accused in the smuggling case. Sivasankar had earlier appointed her in a key post in a project under the information technology department, although she did not have the required qualifications. The ED said Sivasankar shared confidential government information pertaining to major projects such as the LIFE Mission project with Suresh, which was used to swing deals.

Sivasankar, who joined the state service as a deputy collector, was conferred with IAS in 1995. He was handpicked by Vijayan when he became chief minister in 2016. As the chief minister's principal secretary, Sivasankar wielded immense power and he ran many of the flagship projects of the government, much to the displeasure of some senior IAS officers. "The IAS power centres never treated him as an

equal as he was a 'conferred one'. So when he got power, he used it to the hilt," said an officer in the state secretariat.

A retired revenue secretary said Sivasankar was a very able officer who left his mark in all posts he held. "I have worked very closely with him and I have never sensed any issues," he said.

Even opposition politicians do not question Sivasankar's efficiency.

"The Sivasankar I know is a brilliant officer. He was a man of action and was good at clearing bottlenecks," said P.K. Abdu Rabb, who was education minister in the previous United Democratic Front government. Former electricity minister Aryadan Muhammed, too, shared a similar opinion.

Sivasankar was not a stickler for rules. A retired IAS officer said he ignored procedures and was bothered only about results. And, he loved his drink. "It has been his weakness from the time he joined. He preferred to drink with his junior staff rather than with fellow IAS officers," said a source.

"What is happening with Sivasankar reminds one of Shakespeare's dramas," said a former chief secretary. "It is so dramatic and tragic." ❏

**IN THE DOCK**  
 M. Sivasankar (in blue shirt) being taken to a special court in Kochi



## THE GOLD SMUGGLING CASE

First registered by the Commissionerate of Customs (Preventive), Cochin; relating to the seizure of **30kg gold** worth **₹14.82 crore** at Trivandrum International Airport

M. Sivasankar, former principal secretary to the Kerala chief minister, was arrested by the ED on Oct 28 for his role in laundering the profits from smuggling. His bail plea was rejected on Nov 17

The NIA found that the proceeds of smuggling could have been used for terror funding. It says that the accused tried to "damage the monetary stability of India"

## THE LIFE MISSION CASE

The ED alleged that Swapna Suresh, the prime accused in the gold smuggling case, and associates got kickbacks from a builder with links to the LIFE Mission project. Sivasankar is accused of complicity

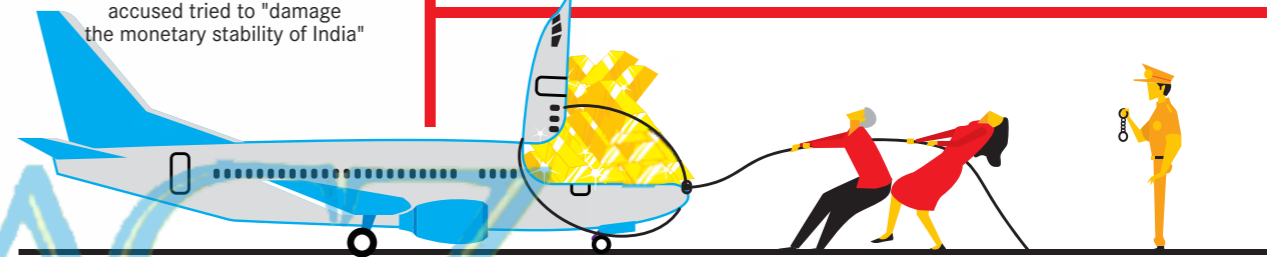
LIFE Mission, aimed at providing low-cost housing to the homeless, is one of the major projects of the Kerala government

Kerala Chief Minister Pinarayi Vijayan has hit back saying the investigations by Central agencies in his state are an attempt to destabilise his government

## MONEY LAUNDERING CASE

The ED also arrested Bineesh Kodyeri, son of Kerala CPI(M) leader Kodyeri Balakrishnan, in a money laundering case linked to a drug seizure in Karnataka

The evidence includes unaccounted funds, financial trails associated with layering of money linked to sale and purchase of narcotics drugs between Bineesh and an alleged drug dealer, Mohammed Anoop. Bineesh was taken into NCB custody on Nov 17



GRAPHICS SREEMANIKANDAN S./RESEARCH NAMRATA BIJI AHUJA

there for everyone to see."

Senior journalist B.R.P. Bhaskar, too, said Vijayan's centralisation tendencies led to the present crisis. "We all know that Vijayan took all the decisions related to the government and the party," he said. "That may have made the system more efficient for a short period, but on the whole, it has led to huge flaws."

Even more devastating for the government was the arrest of Bineesh Kodyeri, younger son of CPI(M) state secretary Kodyeri Balakrishnan. Bineesh was arrested by the ED in Bengaluru after his name came up in a Narcotics Control Bureau investigation. It forced Kodyeri to step down from the post of party secretary, although he cited health reasons for the unprecedented step.

State Congress president Mulla Ramachandran said the government had lost the moral right to continue. "It is so shameful to say that the son of a senior party leader has been arrested for *benami* transactions," he said. Kerala BJP spokesperson Sandeep Warriar said the

people had realised that the LDF government was just as bad as the Congress-led United Democratic Front government.

The sudden change in the fortunes of the LDF government is something hard to miss. "Unfortunately for the LDF, all these controversies have happened at a time when a second term was almost certain. Now the government and the CPI(M) are under a thick cloud of suspicion," said political commentator Jacob George.

The controversies have raised a question mark about the "left character" of the Vijayan government, according to some left sympathisers. "I have heard many comrades saying that the allegations were nothing compared with what UDF governments had to face in the past. But they forget that it is the moral correctness that makes the left stand apart," said Mathew. "The left should do some serious introspection. If not, a plight worse than what they experienced in Bengal and Tripura awaits them." ❏



FORTHWRITE

MEENAKSHI LEKHI



# Why stop the CBI?

The Central Bureau of Investigation (CBI) has always been perceived as an extremely effective agency, which is entrusted with significant probes into corruption and moral turpitude. After the Uddhav Thackeray government in Maharashtra withdrew general consent for the CBI to probe cases in the state, now the Punjab and Kerala governments have proposed to follow suit. Curiously, the Kerala government's proposal comes after the CBI started probing the alleged irregularities in its LIFE Mission project. It is therefore evident that the Kerala and Punjab governments' efforts have more to do with protecting the treasure troves of the mafias in the states, and less with any purported commitments to Indian federalism.

The CBI derives its powers from the Delhi Special Police Establishment Act, 1946. The procedure of granting general consent is governed by section 6 of the Act, which prohibits an investigation by the CBI unless the concerned state consents to it. Once general consent is accorded by a state, there exists no need for the CBI to approach the state government on an ad-hoc basis for further permissions for investigations. Unfortunately, this section has been turned into a political weapon by various state governments. They use it to stop the CBI from unearthing potential scams under their watch.

Though there has been much clamour surrounding the need to empower the CBI with a pan-India jurisdiction, a statutory void prevents the same. The L.P. Singh Committee of 1978 recommended that a comprehensive legislation be drafted to remove the deficiency of not having a Central investigative agency with a self-sufficient statutory charter of duties and functions. Further, during the trial of Coalgate scam, the Supreme Court castigated UPA-II for having failed to ensure

functional autonomy for the CBI—something that had previously been echoed by the Second Administrative Reforms Commission (2007).

The CBI, in its current form, is impeded by the requirement of needing state-wise consents to investigate any crime in states other than Delhi. The obvious reason for this scheme appears to lie in our Constitution, where "policing powers" have been reserved for the states. A notable exception to this rule is if the Supreme Court directly transfers an ongoing investigation to the CBI, such as what happened in the recent Sushant Singh Rajput case.

India's experiment with the National Investigation Agency could be encouraging for the CBI.

Much like the CBI, the NIA is a Central investigative agency. But unlike the CBI, the NIA has nationwide jurisdiction to function as a counterterrorist task force. The Congress-led Chhattisgarh government moved the Supreme Court earlier this year to declare the NIA unconstitutional for violating India's federal structure. The irony is that the Congress-led UPA enacted

the NIA Act, in the wake of the 26/11 Mumbai attacks.

With the CBI spreading its tentacles around corrupt governments, the supposed need "to protect India's federal structure" is being reinvigorated by the same governments. Such arguments have been consistently shot down by the courts when they have authorised central agencies to investigate "transnational" crimes having ramifications on India's sovereignty, security and integrity. Could it be said that the burgeoning corrupt enterprise in states like Kerala does not have transnational repercussions? If the answer to this question is in the affirmative, then the CBI should not be denied entry under the guise of protecting federalism.



ILLUSTRATION BHASKARAN

Lekhi is member of Parliament • forthwriteml@gmail.com

# CANCER CARE DURING THE COVID 19 PANDEMIC

## The challenge - A derailed system

The rapid surge of Sars-2 COVID 19 cases across the globe and India, brought a new set of challenges to the health care system. Hospital wards and ICU's were filling up quickly as isolation wards and critical care centers, elective surgical procedures got cancelled, cancer specialists were being assigned to work in covid isolation wards. Being a 550-bedded exclusive tertiary cancer center, the challenges of continuing cancer care during the pandemic were unique and demanding. We were concerned about the vulnerability of our patients and at the same time there were concerns about clinicians and paramedical staff contracting infection at work.

## Cancer patient & Covid-19

There were observational reports about cancer patients being not only more susceptible to contracting



Dr. T. Subramanyeshwar Rao

M.S, MCh Surgical Oncology  
Medical Director & Chief Surgical Oncologist, Basavataarakam Indo American Cancer Hospital & Research Institute  
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the infection, but also having an increased severity of illness and its sequelae. The risk was amplified in patients who were elderly and had comorbidities. It was all the more important to be extra cautious while treating them.

## Manpower crunch - Slowdown - Bringing back on rails

With the imposed lockdown regulations, patients were unable to reach the hospital. The manpower deficiency was amplified by staff getting infected or self isolating after coming in contact with COVID 19 patients. We had multiple challenges, plunging revenues, loss of trained staff and increased expenditure on sanitising the workplace. With all these hurdles, delivering cancer care at this juncture was a delicate balance between patient safety, minimising their





infection chances without compromising on treatment principles.

**Hospital strategy - What we did?**

Newly diagnosed patients, and those on cancer treatment were encouraged to continue with their treatment. Patients who completed the entire treatment were encouraged to delay visits or use tele consultation. We followed the same oncological principles of treatment, as our practice in the pre-COVID period. At the hospital, we had to make our patients safe and implement all recommended safety practices. We first began with screening at the entry points with special focus on temperature checks, history of recent upper respiratory illness, contact and travel history. Social distancing measures were implemented, every person entering the hospital facility was encouraged to wear a mask and sanitise their hands. Wash basins were installed at the hospital entrances and the number of people accompanying the patient were limited. We formulated a hospital infection committee, which brought guidelines for healthcare workers (HCWs), staff and patients. Separate wards were designated for isolating and treating COVID positive patients. Patients were triaged into an isolation facility or admitted into the regular ward/room depending on their risk status. While we continued with chemotherapy and radiotherapy, reports showed a higher risk of death in cancer patients following surgery.

We continued to treat the less privileged patients free of cost under various government schemes without additionally burdening them. The hospital revamped our existing infrastructure to set-up new isolation and intensive care wards.

**The Surgical patient - A unique subset?**

The surgical patient needed more attention, robust screening measures and checkpoints needed to be formulated. As we continued with elective surgery, we developed a protocol

to screen everyone before surgery and minimize their risk of contracting the infection. We used CT scan of the chest, blood investigations and RT-PCR for preoperative screening. Special care was also taken during procedures which involved aerosol generation. Indigenous modifications were adopted in the operating rooms. The hospital premises were regularly sanitised. We have done more than 3000 major

surgical procedures from the end of March till October including minimal access surgeries (laparoscopy and robotic), complex resections and reconstructions and Hyperthermic (Heated) Intraoperative Peritoneal Chemotherapy (HIPEC).

**Continuing Training Programmes**

Being a training center for various specialist, super specialist, nursing

and technician training courses, the teaching programmes continued without their curriculum being affected. The academic programs went on with virtual classes, which were not just attended by students from our institute but by students across the country. Exam going students were under added stress due to postponement of their exams.

**Staff Motivation**

We continued cancer care amidst

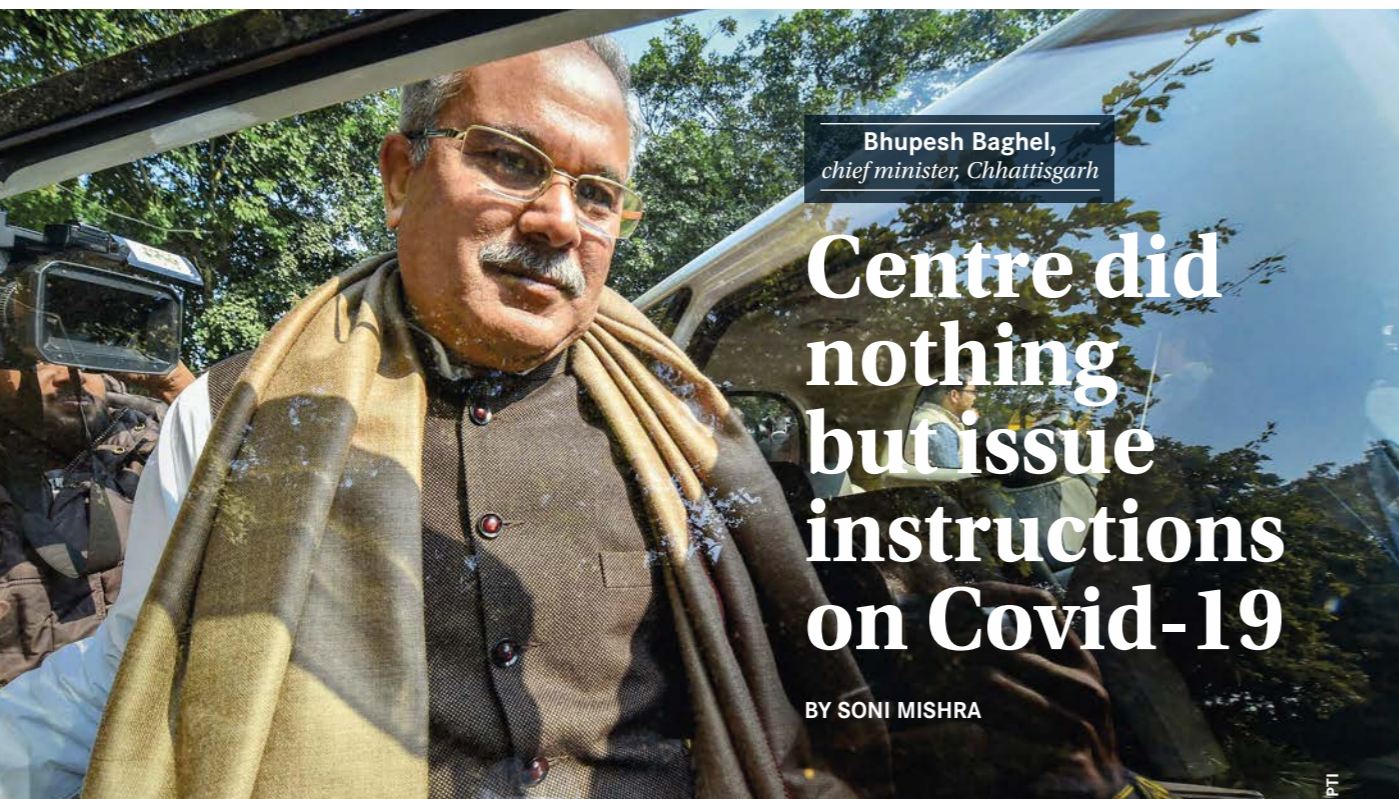
all this adversity, and will continue to do so, caring for our Basavatarakam family of healthcare workers and all our patients. The trust board members and hospital Chairman Nandamuri Balakrishna graciously agreed to provide free treatment to any staff or their family members affected with this infection. All the employees were provided protective gear free of cost. Despite a significant drop in revenue, the Institute stood by its staff and

continued to support the employees without any financial cuts or layoffs. Staff unable to travel because of lack of public transport, were paid in full without this period being treated as leave. Household provisions were distributed free of cost to our Class IV employees and poor patients by the hospital Chairman.

We hope and pray the worst of the pandemic is behind us. Stay safe! Stay healthy! Mask always!







Bhupesh Baghel,  
chief minister, Chhattisgarh

# Centre did nothing but issue instructions on Covid-19

BY SONI MISHRA

**CHHATTISGARH** Chief Minister Bhupesh Baghel is extremely critical of the Narendra Modi government's handling of the Covid-19 crisis, from the "aimless lockdown" to providing little assistance to states. In an exclusive interview with THE WEEK, Baghel accuses the Centre of "siphoning away" money from public sector undertakings in the state as donations to the PM CARES fund. He also wonders if the free Covid-19 vaccine announcement in Bihar was a signal that states that do not have an upcoming election would have to pay for it. Excerpts:

**Q/ Amid Covid-19 and the economic downturn, how effective has the Congress been as the main opposition party?**

**A/** The Congress did a commendable job. Our leader Rahul Gandhi had warned the Modi government about Covid-19 in February. Unfortunately, they ignored the warning because of

political reasons. When the disease started spreading, the prime minister went in for an aimless lockdown without any notice to citizens. Then too, the Congress leadership had warned that this kind of lockdown would be disastrous. Congress workers helped migrant labourers in all possible manner. In large states such as Uttar Pradesh and Bihar, where the Congress was not in power, our workers did exemplary work to help the people. When the Centre asked migrants to buy train tickets, our leader Sonia Gandhi asked the state units to pay for the tickets.

**Q/ It was a time for Congress governments to lead by example. How successful were you in this?**

**A/** When the prime minister shut down the country without any notice, we, in Chhattisgarh, consulted all stakeholders and decided not to shut down mines, mineral-based industries and crucial businesses.

Chhattisgarh is a major contributor of coal and we could not disrupt coal supplies to power plants across the country. In April and May, Chhattisgarh was the biggest steel producing state. During the lockdown, we received several lakh people. A majority of them were just passing through the state. We could arrange food and vehicles for all of them. Labourers who returned to the state were provided jobs through Mahatma Gandhi National Rural Employment Guarantee Act. At one time, 25 lakh people were given jobs under the scheme, the highest in the country. We gave free food to the poor for three months. Since schools are shut, we have been giving dry ration to children as a substitute for mid-day meals. We continued the purchase of minor forest produce during the lockdown. It is telling that only 26,000 people went back to their home state.

**Q/ How are you tackling the rise in Covid-19 cases post unlock?**

**A/** Our handling of Covid-19 was so successful that when the Centre began the unlock, Chhattisgarh had only three active cases. But when air travel and railways resumed, there was a significant rise in cases. We asked the Centre for extra funds, but it was busy issuing orders and not willing to provide anything other than test kits and PPE kits.

**Q/ Your government implemented Nyuntam Aay Yojana. What has been its impact?**

**A/** Had the Congress been in power at the Centre, NYAY, or cash transfer to the poor, would have been implemented across the country. Since that did not happen, we are implementing NYAY in parts. Rahul Gandhi has emphasised on providing cash to the poor, enabling them to survive the lockdown and unemployment. We launched Rajiv Gandhi Kisan Nyay Yojana and Godhan Nyay Yojana to give cash to farmers and landless labourers. We are giving ₹10,000 per acre to paddy and maize farmers and ₹13,000 per acre to sugarcane farmers per year. Under Godhan Nyay Yojana, we are purchasing cow dung at ₹2 per kg. There are six lakh beneficiaries in the state and 40 per cent of them are landless labourers and the poorest among the poor. The money then spent by these people has helped businesses. Our GST collection this September was 24 per cent higher than the previous year, and in October it was 26 per cent more.

**Q/ You mentioned Rahul Gandhi's inputs. However, be it Covid-19 or China, the BJP has strongly rebutted him.**

**A/** Rahul Gandhi is a well-informed, learned and active leader of the opposition. As a responsible leader, he had warned the government about Covid-19, but the government did

not listen. Then he asked questions on China, but the government lied and hid facts. Narendra Modi's indifference to Rahul's suggestions has cost the country a lot.

**Q/ What has been the Centre's stance when it comes to equipping the state to fight Covid-19?**

**A/** The Centre did nothing but control everything and issue instructions. Even as we fight Covid-19, the Centre gave the same amount of money it does for disaster management every year. The only help we got was some test kits and PPE kits. The Centre even siphoned away money from PSUs of the state to PM CARES. It issued instructions to PSUs not to spend CSR (corporate social responsibility) funds in the state. This caused a major crisis for us. The BJP government at the Centre has even taken local area development funds of all BJP MPs from the state to PM CARES. The fact of the matter is that the prime minister does not care.

**Q/ Have there been any Centre-state discussions on a Covid-19 vaccine strategy?**

**A/** So far, the Centre has not held any deliberations with us on the Covid-19 vaccine. The only thing we heard was that it would be distributed free in Bihar. Was it a bribe for votes or a warning to all the non-election states that they should be ready to bear the cost of the vaccine?

**Q/ How successful have you been in weaning adivasi youth from Maoist influence?**

**A/** The Maoist problem was being dealt as a law and order issue only. We decided to go to the root of the problem and deal with it as socio-economic problem, too. We reopened schools that were shut for 15 years. We set up the Junior Grade Recruitment Board in Bastar. We have

**“  
The BJP government at the Centre has even taken local area development funds of all BJP MPs from the state to PM CARES. The fact of the matter is that the prime minister does not care.  
”**

announced concessions for the local population in police recruitment. When there is any government civil construction work, we have made it compulsory to award it to local contractors only. Earlier, the government procured only 15 minor forest produce. We have expanded it to 23, and the procurement is on minimum support price.

**Q/ Your views on the letter written by 23 dissident leaders to Sonia Gandhi.**

**A/** This issue has been discussed in the party at the appropriate forum. All answers have been given and I don't think that we need to discuss it further.

**Q/ The letter has been described as a vote of no confidence in the leadership of Rahul Gandhi.**

**A/** I don't think so. I feel the issue has been resolved. It is not relevant anymore. ●





## TAVR / TAVI Transcatheter Aortic Valve Replacement A New Hope for the Patients of Aortic Valve Disease

**T**AVR is a minimally invasive procedure to replace the stenosed aortic valve. It is also called as Transcatheter Aortic Valve Implantation (TAVI)

### Advantages of TAVR over Surgical Aortic Valve Replacement (SAVR) :

- No need to open the chest
- Done through groin (common femoral artery) in most of the cases
- No need for cardiopulmonary bypass
- Can be done under local anaesthesia
- Early Mobilization
- Discharge after 48 hours in the majority of cases



*"It gives us immense happiness to see our patients recovered after such painful episodes. Recently also, a 67 years old female patient underwent TAVR procedure at our hospital with complexities like severe AS, severe LV dysfunction (EF- 20-25%) and her mortality risk of surgical AVR was 17-23%. On one hand these complexities combined made the procedure more critical also first such case of East Delhi. I thank my entire team of doctors and staff for their cooperation and support."* **Dr. Anand Kumar Pandey, Director & Senior Consultant - Interventional Cardiology**



*"Medical advancements have made many cardiac procedures easier and safer, one such procedure is TAVR. Unfortunately, due to lack of awareness and few centres offering these procedure, they are yet to reach the general population. But I would still emphasis that early diagnosis and treatment is the key for better and safer management of cardiac diseases.*

**Dr. Sandeep Singh, Director & Senior Consultant - Cardiothoracic & Vascular Surgery**



### When this procedure is required?

Aortic Value Stenosis involves narrowing of the aortic valve which obstructs the blood flow from the heart to the body. When it becomes severe, it causes symptoms and reduces the lifespan of the patient. Hence, symptomatic severe aortic valve stenosis needs treatment either TAVR or SAVR.

### Who Benefits the most from TAVR?

Patients with symptomatic severe Aortic Valve Stenosis need to be evaluated by a multi disciplinary team of specialist doctors. It involves an assessment of other co-morbidities such as chronic kidney disease, chronic lung disease, chronic liver disease, malignancies, auto-immune diseases, previous cardiac surgeries etc. which increase the procedural risk. It also involves frailty assessment.

### Following patients benefits the most from TAVR :

- All patients with symptomatic severe aortic valve stenosis except low risk
- Patients with a dysfunctional biological aortic valve (Surgical / transcatheter).

### What are the symptoms?

Chest Pain / Dizziness / blackouts / Breathlessness on exertion.

*Our team of Cardiologists and Cardiothoracic Surgeons are internationally acclaimed doctors and are completely dedicated to the treatment of coronary heart diseases. Our Pioneering work for the prevention and treatment of cardiac diseases has led to the achievement of better outcomes and improved quality of life for cardiac patients who visit us each year with complex heart problems.*

**Anuj Gupta, COO, Dharamshila Narayana Superspeciality Hospital, Delhi**

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**BLOODY TRAIL**  
Policemen in the village with a sniffer dog

# Having a child

## The horrifying sacrifice of a seven-year-old girl in Bhadras reveals how primordial instincts still prevail

BY PUJA AWASTHI

**WE HAVE ALWAYS** struggled, but never faced such darkness,” said the father of a seven-year-old girl who was gangraped and killed in the village of Bhadras in Kanpur on November 14. The girl’s liver was carved out in a horrifying ritual that was supposed to help a childless couple beget an offspring.

The girl hailed from the Kureel (or Kuril) dalit community, which is the third largest chunk of Bhadras’s population. It is a caste that has long worked in Kanpur’s leather industry and also participated in reform movements.

The girl was the fourth of five children in the family. Her parents work as agricultural labourers on the farms of upper caste landowners in the village and as seasonal workers

in brick kilns. The five people named in the initial First Information Report and those added in the amended FIR (which includes charges under the National Security Act) come from the same caste and similar economic background.

On the evening of Diwali, the girl had stepped out of her house to play before the festivities began. She was allegedly lured by her neighbour Ankul with firecrackers. “We set out to look for her when it was time for the puja. A girl from the neighbourhood said she had gone with Ankul. We informed the police around 10pm and they too searched for her. But we could not find her,” said her father.

The child’s naked, mutilated body was discovered the next morning in a

wooded area adjacent to the village. Her blood-soaked slippers lay at some distance.

Sanjay Kumar Agnihotri, the de facto headman of the village (the post is officially held by his wife, Suman), said the child had been split open. “It is not a sight I will ever forget. I kept thinking, it could have been my child,” he said.

Incidents such as these, though aberrations, were born out of a ‘cultural lag,’ said Dipti Ranjan Sahu, professor at Lucknow University’s department of sociology. “Despite advances in science and technology and a professed belief in the rule of law, there remains a variance in our knowledge, attitudes and practices. Belief systems in the supernatural and those that are driven by faith,

not logic, and primordial instincts prevail across rural and urban India. The pace at which our mindsets should have changed to keep up with technological advancements has not happened,” he said.

Such incidents are not born in isolation. For Parshuram and Sunaina Kureel, married for more than 20 years, there might have been years of pressure and ridicule about their childlessness. The desperation would have mounted after years of unsolicited advice and miracle concoctions offered by babas (holy men of dubious antecedents) bore no result. This would then have driven them to solicit help from Parshuram’s nephew Ankul (who, in turn, sought the help of his friend Beeran) after they read that eating a child’s liver would assure them a baby of their own.

“While educational status and economic background play a role in such cases, the pressure of family and peers cannot be discounted.”

said Sahu. “Being childless remains a stigma in most parts of the country.”

“When any desire or ambition reaches the level of obsession, the mind justifies any act committed for the achievement of that desire,” said Krishna Dutt, former professor of clinical psychology at King George’s Medical University in Lucknow. “In this case, the couple would not have thought they were indulging in a crime. To them it was merely an act that would result in them having a child. The men who carried out the act would have thought that the child had to die anyhow, so why not rape her, too.”

In July, a 60-year-old man in Gonda was beheaded by a man who wanted to appease a deity. In 2006, a three-year-old boy was sacrificed in a village in Khurja to appease the goddess Kali. In Bhadras, the child’s dead body was found near a Kali temple.

“There is a tradition of sacrifice, but nowhere in the vedas is there a reference to human sacrifice,” said Hareeshwar Dixit, professor at the department of veda at Banaras Hindu University’s Faculty of Sanskrit Vidya Dharma Vijnan. “Sacrifice is for self-defence but not to ensure one’s well-being at the cost of others. There is mention of animal sacrifice and that takes place even in Islam. But to believe that Ma Kali, who is a goddess of welfare and security, can be appeased by killing another human is blind faith which must be checked.”

But to the unlettered parents of the girl, such reasons make little sense. “My child wanted firecrackers. I said we did not have the money for them,” said her mother. Still she took ten rupees and got something for herself. My last memory of her is an angry demand for firecrackers. If only we could have afforded that little happiness for her, we would not have been in this pit! ❏

### FAITH FOOLS

- Uttar Pradesh is one of 13 states which report murders because of witchcraft
- It is one of seven states where child/human sacrifice is a reason for murder
- It is one of eight states where murders are committed for religious purposes

### PAST INCIDENTS

- In July, a 60-year-old man was beheaded by a 25-year-old who wanted to appease a deity
- In April, a 30-year-old man killed his two-year-old daughter on the advice of a tantric for “peace in the family”
- In 2006, a three-year-old boy was sacrificed to appease the goddess Kali

RESEARCH PUJA AWASTHI







**Dr. Shinto Francis Thekkudan MD, DM**

Fellowship in Bone Marrow Transplantation (RGCI, Delhi)  
IACA Fellowship in Stem Cell Transplantation (MD Anderson Cancer Centre, Houston, USA)  
ASH VTP Scholarship in SCT (University Hospital Seidman Cancer Centre, Cleveland, USA)  
Consultant & Chief, Dept. of Clinical Haematology, Haemato Oncology & BMT  
Baby Memorial Hospital, Calicut, Kerala - 673004

Our blood can covertly hide secrets that aren't easily perceivable by the naked eye. Any subtle change in the normalcy of the blood function leads to diseases such as anaemia, bleeding, leukaemia, unusual clotting tendencies and many others. Blood is composed of red blood cells (RBC), white blood cells (WBC), and platelets, all of which are produced in the bone marrow. Red blood cells, which make up about 45% of whole blood, carry oxygen from the lungs to the body's tissue and also carry carbon dioxide back to the lungs to be exhaled. White blood cells help fight infections whereas platelets are small, colourless fragments that stick together and interact with clotting proteins to stop or prevent bleeding. Our flowing blood also has proteins that keep bleeding and clotting in balance.

So, what is haematology? When you add an -ology to the end of a word, it means "the study of." The word "heme" comes from the Greek for blood. Haematology as a quantitative discipline began with the development of practical and reliable methods to accurately enumerate and study the various blood cells and related diseases. From time immemorial, various systems of medicine considered blood and other bodily fluids as "humours" that had to remain in proper balance to maintain health. The Egyptians used blood-letting tools for patients to prevent or cure illness and diseases. Fast forward into modern times, in 1642, Anthony van Leeuwenhoek using a simple single-lens microscope identified blood cells. In 1770, William Hewson introduced the clotting features of the blood, described the white blood cells or

leukocytes for the first time as well as hypothesized the existence of the lymphatic system. Almost a century later in 1882, Julius Bizzozero identified the "platchen" having a haemostatic function which later became platelets. So, today's haematologists focus largely on lymphatic organs and bone marrow and diagnose blood count irregularities.

Cut to the present, I saw Mr X in my office, who was referred to me for refractory anaemia i.e. very low haemoglobin requiring blood transfusion every other week. Usual routine workup for anaemia were all normal. As bone marrow is the place where all the blood cells are formed, it was decided to proceed with a diagnostic bone marrow test, which is a daycare procedure under local anaesthesia. Under the microscope, the blood cells had a peculiar appearance, which is medically called dysplasia. But this single report was not sufficient in itself to make a complete diagnosis. Hence a special test named karyotyping, which essentially looks at the genetic format of chromosomes, was done. It showed a consistent genetic defect in the 5th chromosome, known as 5q deletion. This was a rare form of myelodysplastic syndromes, which are a group of disorders caused by poorly formed blood cells that don't work properly. Hence the identification of this 5q deletion became very vital in this case as he can have a good response with an oral medication called lenalidomide, eventually freeing him of the need for blood transfusions. Thus, karyotyping to look at the genetic layout of a patient becomes an absolute necessity rather than a fancy costly test, to crack the diagnosis in such

selected cases. This is to the extent haematology as a science has developed these days, diving deeper into the genetic and molecular aspects, and more so the avalanche of cutting-edge research in the pipeline.

An organised haematology department looks after blood and blood-related disorders, including nutritional and haemolytic anaemias, bone marrow failure syndromes, platelet disorders, myelodysplasias, bleeding and clotting disorders (haemophilia and others), blood cancers (leukaemia, lymphoma, multiple myeloma) and other rare malignant and non-malignant disorders. Added extension to this is stem cell transplantation which is the only curative option in certain blood cancers as well as genetic hemoglobinopathies like thalassemia. Diagnostic facilities for basic investigations, coagulation workup, bone marrow aspiration/biopsy are all available in a comprehensive haematology department. Usual treatment modalities involved in haematological disorders range from simple blood component transfusions to state-of-the-art immunotherapies which are targeted to kill a specific type of cancer cell, chemotherapies, stem cell transplantation, cellular therapies like chimeric antigen receptor T (CART) cell therapies and many more. And the best thing is, most of these newest modalities are already easily available and accessible in our country. Thus, many of the deadly blood cancers which were previously considered incurable, are now curable or adequately controlled with appropriate treatment and a near-normal life can be expected.



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SOUND BITE

ANITA PRATAP



## Opium of the bigots

American analysts compare Donald Trump's refusal to concede defeat to a child's tantrum. This insults children and trivialises dangerous behaviour. This is not a fit of temper. It should be called out for what it is: a wannabe autocrat's power grab. Some day we will discover Operation Cling—alleging voter fraud, bombarding courts, pressuring election officials, legitimising conspiracies—came from some tyrant's playbook ferreted to Trump, probably by Rudy Giuliani, his fixer side-kick of many scandalous escapades.

Trump's flaws are widely publicised. Books, documentaries and investigative reports reveal he is venal, vain, vulgar and vindictive, a liar on steroids, cruel and incompetent. He mauled America's moral authority. He replaced ethical experts with fawning flunkies. He preyed on social divisions. His handling of Covid-19 brought America to its knees.

Despite these wrongdoings, 72 million Americans voted for Trump, higher than any presidential candidate thus far—except for President-elect Joe Biden. This massive vote bank is why the Republican Party is in Trump's thrall, appeasing him instead of nipping his immoral power grab. Ignoring Trump's misdeeds, the rich, who gained enormously from his tax cuts, the farmers and others who benefitted from some of his policies, voted for Trump. They can be fickle. But not his estimated 35-million strong "base", many of whom are white, gun-owning rural residents without a college education, the so-called "left-behinds of globalisation". No matter what Trump does, that base stays loyal.

This defies understanding until one delves into the political psychology of autocrats and their supporters. In *Escape from Freedom* (written 1941), German psychoanalyst-philosopher Erich Fromm explores how the masses—not just willingly, but enthusiastically—allowed Hitler to grab power. The German lower middle classes, he observed, "had become especially isolated from their work

and their society, owing to the rise of capitalism. One way of coping was becoming dependent on a 'great' leader."

The autocrat and his followers are symbiotically bound together because they need each other, writes Fromm. The autocrat needs the adoring masses "because he cannot endure his aloneness and fear". So the Covid-afflicted Trump bolts from the empty White House to address his cheering crowds.

Likewise, supporters ignore the pandemic to attend rallies because they reinforce their importance by being part of a "great" person or idea. Fromm says the supporter is "frightened—often only subconsciously—[and] has a feeling of inferiority, powerlessness and aloneness. Because of this, he depends on the leader, the great power, to feel safe. He escapes into idolatry."

Alienation and powerlessness are aggravated during times of economic stress and upheaval, during war, pandemic, uprooting from villages, mass unemployment, cultural dislocation, loss of life and livelihoods, and a familiar way of life. White supremacy and scapegoating—Muslims, Mexicans, Jews—make supporters feel powerful.

Many wonder how Trump's base can ignore science, evidence, visual proof, and shared experiences of their leader's incompetence and callous disregard in handling the pandemic. Rational arguments do not work, Fromm says, because the supporters' relationship "is based on emotional submission" to the leader. This is a political religion. Trump often calls himself "the chosen one".

How does all this end? Fromm noted prophetically: "As long as he holds power, the leader appears—to himself and others—strong and powerful. His powerlessness becomes only apparent when he has lost this power, when he is on his own." This insight is one reason why Trump does not want to concede and why the next phase will not be pretty.



ILLUSTRATION BHASKARAN

Pratap is an author and journalist.

## Microcosm of Peaceful Coexistence

Have we ever realised how each of the approximately 15 trillion cells in a human body work in mutual cooperation to make our body function in a hugely complex way? Further on, how do the tissues, organs and systems work in tandem, supporting each other to make the body survive? Have you heard of the Nervous System imposing its might as the 'decision-maker' on the other systems? Or the Heart, for that matter, expressing favour to the other systems for being the only 'pump-house' of the body? Let's shift our focus to the abundant bounty of nature around us with a similar perspective. Imagine the Sun going on strike for not being thanked enough by the flora and fauna on Earth, which would not exist in the absence of sunshine. The rivers going dry in a rage of anger for not being conveyed gratitude by the lush green farms and their crops.

The above metaphorical reference is an attempt to understand that every part of the nature around us supports, shares, cooperates and coordinates with the other part(s) because it knows that 'I exist, only if We exist'. Nothing and no one can exist in isolation. If the relation we share with nature is more or less inter-dependent, without scope for favours or obligations, why then do we humans think we are doing a huge 'charity' or 'favour' by helping our fellow brothers and sisters, who need our helping hand? Ironical.

The Covid-19 pandemic of 2020 has given us humans a chance to look at

life with a deeper understanding of purpose, also making us realise that any and every context of hatred, jealousy, judgement or competition is too trifle for giants like us, termed Homo Sapiens in taxonomy.

A platform which celebrates togetherness and oneness of human race, rather of the entire universe has been promoting this cause since 1929 across India and rest of the world. Sant Nirankari Mission, moving on the path of collaborative compassion under the divine aegis of its present Satguru, Her Holiness Mata Sudiksha Ji Maharaj, has

been by Baba Hardev Singh Ji, the fourth master of the Mission is undoubtedly finding hope of materializing through the ideology and teaching of the Sant Nirankari Mission.

The Mission organises many congregations at micro and macro levels, which are most formidably epitomes and microcosms of peaceful co-existence. A sight to behold, the annual congregation of the mission, called Nirankari Sant Samagam has been taking place in Delhi-NCR for the last 72 years at various venues, witnessing presence of around million Nirankari

followers from India and abroad. This year, following the government and health agency norms due to Covid-19, the Mission is organising its 73rd Annual Sant Samagam virtually on 5, 6 and 7 Dec 2020. The program has been recorded in a small 'Covid Bubble' set-up where all

precautions like covid testing, sanitization, social distancing and use of mask etc were followed. The theme of the Samagam is 'Sthirta' (The Eternal Stability). This program, which will be viewed by lakhs of Nirankari Devotees is to be webcast from mission's website ([www.live.nirankari.org](http://www.live.nirankari.org)) along with a telecast scheduled on the same days from 5:30 pm to 9:00 pm on Sanskar TV. All the readers are welcome to be a part of the proceedings and

experience the pure spiritual essence through soulful hymns, profound speeches and blissful message of Her Holiness Satguru Mata Sudiksha Ji Maharaj.





# THE VIRAL TEST

Covid-19 exposed the many chinks in our armour. And even as our overburdened health system is learning on the go, it is bracing itself for the after-effects of Covid-19

BY NAMITA KOHLI

## MOVES AND THE MEN

Covid-positive patients play chess inside a quarantine centre attached to Lok Nayak Jai Prakash Narayan Hospital in New Delhi





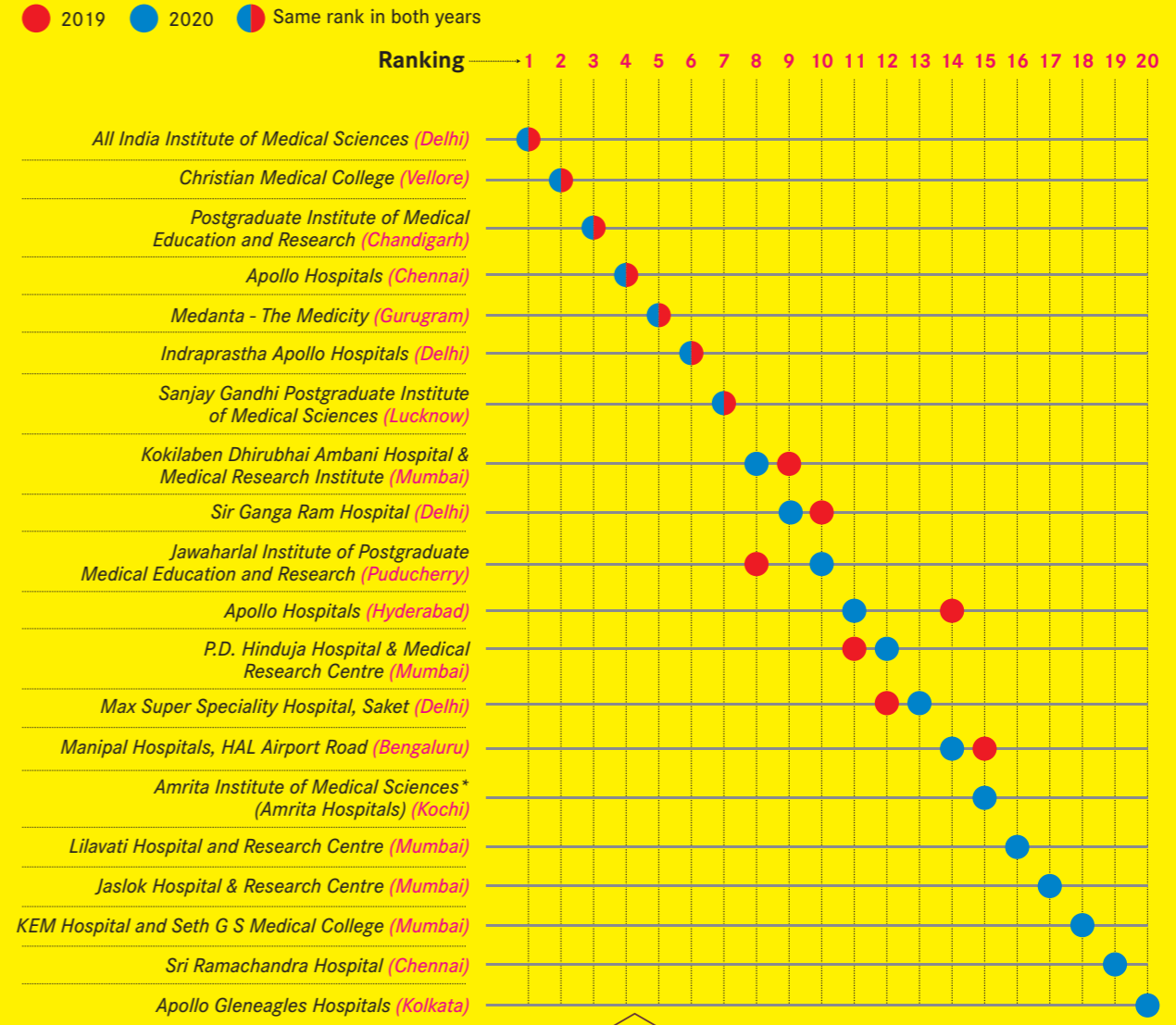
**ON A WAR FOOTING**  
Dr Sandeep Budhiraja (right) of Max Healthcare says the Covid-19 surge is back in Delhi

**D**r Priyadarshini Singh, head, accident and emergency department at Delhi's Indraprastha Apollo Hospitals says this is simply "unprecedented". Comparisons with other viruses seem unfair. "With swine flu, recovery was a consolation. People got cured and went home," she says. With Covid-19 though, even recovery does not seem to guarantee much. Since the early days of the pandemic, the Union health ministry has been projecting high recovery rates for Covid-19—93.52 per cent as of November 18. Doctors, however, say they are bracing for the next big challenge—among those who recovered from a severe bout of Covid-19, some end up coming back to the hospital. Hospitals struggling to cope with the deluge of Covid-19 patients are also trying to handle the additional challenge of post-Covid issues with

special clinics. At Indraprastha Apollo Hospitals, for instance, doctors are baffled by a small percentage of post-Covid cases where the patient reported no co-morbidities, implying that even the 'healthier' among us are not particularly insulated from the serious effects of what experts term 'long Covid'. The pulmonology team has treated four such cases in people with no co-morbidities in September. One of them, as Singh recalls, proved to be particularly challenging. "This patient is 64 years old, and reported no history of major co-morbidities such as high blood pressure or diabetes," she recalls. Two weeks after his hospital admission, he tested negative, but his lung function started to deteriorate. Lung fibrosis and infection in the blood meant that he could not maintain oxygen saturation in his body, and hence had to be put on the ECMO machine. "Post-Covid lung fibrosis meant that he needed lung transplant, which

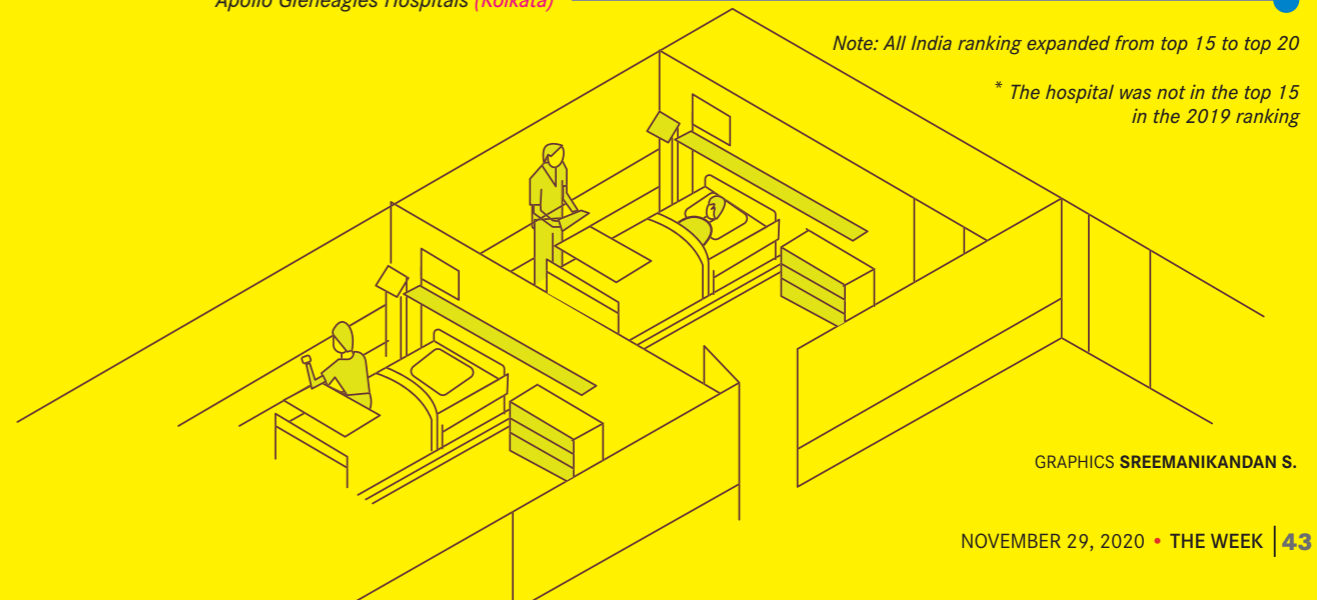
was challenging since the transplant had to be done at Hyderabad where the patient's family chose to have the procedure done," says Singh. "Air-lifting him from Delhi to Hyderabad had to be done while ensuring that the ECMO circuit was not disturbed and the supply was not interrupted at any point." Though such a procedure has been done in the country and at the hospital previously, Singh and her team held dry runs to ensure that the transition was smooth and error-free. The doctors at Apollo may have surmounted this challenge, but the onslaught of the virus—and now its after-effects—have been relentless for health systems in India, and across the world. Hospitals have had brief spells of relief before getting overwhelmed, again. "In Delhi, the Covid-19 surge is back. In the hospital, it is a war-like situation every day," says Dr Sandeep Budhiraja, group medical director, Max Healthcare. Since March-April, the

THE WEEK-HANSA RESEARCH SURVEY 2020  
**BEST HOSPITALS-ALL INDIA**



Note: All India ranking expanded from top 15 to top 20

\* The hospital was not in the top 15 in the 2019 ranking



GRAPHICS SREEMANIKANDAN S.



challenges have been tremendous—getting health care workers trained in infection control practices, designing clinical standard operating procedures (SOPs) for a new disease where not much was known, ensuring that the staff had enough PPE and auditing the new processes. The early days were particularly difficult in that respect, recalls Budhiraja. “Initially even the stigma faced by health care workers was demoralising,” he says. “I recall how our doctors were turned away by residents of a south Delhi colony when they arrived at the accommodation that had been arranged for them since they could not go home after Covid duty.”

Not that the health systems in India had not had a definite advantage. “It is true that this is a new disease, and though we do not know much about it, we did have a relative advantage in that we had some time to prepare ourselves. We could work on our clinical SOPs and infection control practices, since we had some information streaming in from our European counterparts,” says Budhiraja.

Critical care experts agree. The use of steroids and blood thinners to prevent clotting, for instance, immensely helped doctors manning the ICUs, and consequently, helped save lives, says Dr Sumit Ray, head, critical care, Holy Family Hospital, Delhi.

Despite a few advantages, India’s health care infrastructure has been left wanting, says Budhiraja. “We are not geared up for pandemics,” he says. “There is a need to create segregated infrastructure to deal with infectious diseases. As of now, we do not have that,” he says.

Separate infrastructure would help mitigate issues such as bed shortages that became so appar-

INTERVIEW

Dr Randeep Guleria,  
director, AIIMS



## Managing post-Covid will be a huge challenge for hospitals

BY NAMITA KOHLI

**Q/ How has AIIMS dealt with the Covid-19 challenge?**

**A/** With our mandate for research, academics and treating patients, we had our task cut out early on. To begin with, I designed a protocol where we would have early morning meetings each day, where the faculty, nursing officers and residents would discuss their problems and find immediate solutions.... We also formed our own groups—a Covid-19 task force, our own diagnostic committee and groups for information, education and communication and training. The thing that we realised early on is that infection control for

health care workers would be very important. Suddenly, there would be a deluge of cases, and certain groups such as technicians, nursing officers and sanitation workers would not have a proper idea of how to protect themselves. So, we focused on developing modules for them, and held trainings for infection control practices for three hours every day.

In the early days, all Covid-positive patients (including the asymptomatic) would be admitted, because that was the government policy then. So, to build capacity, we converted our National Cancer Institute at Jhajjar into a Covid hospital, and two of

our hostels into Covid care centres. That helped address the first spike in Covid cases in Delhi [the Markaz incident] where we had to admit over 100 patients. We also converted our 260-bedded trauma centre into a Covid hospital. We were able to build our Covid capacity from 0-1,500 beds, and currently, we have a capacity of 1,750 beds for Covid patients....In March, we formed a Covid research group, and from our own funds, we gave some seed money for research on basic science issues, patient management and other areas. In the first phase (March), we sanctioned 48 projects.... We also developed e-ICUs to address the lack of uniform management for Covid patients across the country’s hospitals, and we have covered 300 hospitals through this initiative.

**Q/ What have been the key learnings from handling Covid-19?**

**A/** The important thing is to have a streamlined mechanism in place. All patients coming to hospitals will not have a definite Covid diagnosis, so triaging became very important. There have been issues such as how to segregate patients, what to do if a patient becomes positive in a Covid negative area, how to sanitise that area, so developing strategies and treatment protocol, too, is crucial.... The pandemic has put the public health sector on the centre stage, like never before. It has shown how important the public health sector is, at all levels.... The need of the hour is to have basic strategies in place—oxygen, some degree of ICU management as well as a referral system. We need to leverage technology also, such as tele-consultations, so that good quality care can reach rural areas, too. Besides that, we also need self-reliance in medical equipment—the shortage of PPE was mitigated by our indigenous manufacturers,

and that has to be done sustainably for other equipment, too. If you would recall, it is the public health system that rose to the occasion and started treating Covid patients in the early days. The private hospitals shut down and turned patients away for fear of infection. It is only later that they started treating them, and the government stepped in to cap prices for treatment. This has also highlighted the need for higher investment in the public health system. We need a vibrant and good public health system to ensure that people do not have to be subjected to high out-of-pocket expenses.

The need of the hour is to have basic strategies in place—oxygen, some degree of ICU management as well as a referral system.

**Q/ How serious is the concern about post-Covid that is being reported among recovered cases?**

**A/** The cases of long Covid that we are seeing now are getting us concerned, because as our recovery rate goes up, we are seeing more and more patients with some features of post-Covid sequelae or long Covid. For a majority of the patients, it is a mild illness, body ache, fatigue, cough, classical chronic fatigue syndrome, brain fog, and they usually recover within 6-8 weeks. But a small fraction among them have undergone significant damage to an organ. For instance, lung fibrosis—extensive pneumonia in the lung

that leads to a lot of scarring, and thereby damage to the lungs—poor cardiac function and strokes. Many hospitals are starting long Covid clinics, and it has to be a multidisciplinary approach. But it is going to be a big challenge for us, given that our numbers are increasing and we still need to focus on managing our acute cases. There will also be non-Covid cases, and hence the burden will be challenging on hospital systems.

**Q/ Could you give us a sense of the expert group’s discussions on cold chain and other logistical issues with the vaccine rollout?**

**A/** The discussion about training of health care workers, maintaining a cold chain right from manufacturing up till those in rural India, and accessories such as syringes and needles are ongoing. The strategy will be akin to polling booths, where a vaccine is being given and recipients will be line-listed. Hopefully, by the time the vaccine comes, all those processes will be in place. Prioritisation for those getting the vaccine will need to be approached from two perspectives—to administer to the high-risk groups to decrease death rate, and then those who are at higher risk of getting the infection. The prioritisation will also need to be done according to the numbers of these people and the available doses. Cost may not be that much of an issue, given that the vaccine would be made in India, and the government would be providing some degree of subsidy for those who cannot afford it. The timing of the vaccine would depend on the number of doses available and how the pandemic behaves. The combination of the two events would help bring the numbers under control.

For full interview, log in to [theweek.in](http://theweek.in)



ent during this pandemic. “For a 500-bedded hospital, for instance, there will be 100-150 ICU beds,” says Budhiraja. “Each floor will have a maximum of one or two isolation beds, where airflows are adjusted in a way that is required for a highly infectious disease such as this. At this point, our systems are not prepared for a situation where you need 250 such beds for a highly infectious disease.”

Creating exclusive facilities for infectious diseases does not mean they have to lie idle until an outbreak occurs. “Innovative solutions have to be found where such infrastructure can be used in normal times, but can also be quickly converted when an infectious disease strikes,” says Budhiraja.

While the government’s decision to create “care centres” in community settings was welcomed to some extent, experts say that trained manpower remained a key deficiency.



**Dr Om Srivastav,**  
director, infectious diseases, Jaslok Hospital, Mumbai

“The complications of post-Covid will be seen over the next 5 to 10 years, or even longer.”

“The SOPs and all are important, but we need trained people, too,” says Budhiraja. “At our hospital, we had a good number of staff available, but even that seemed insufficient at times.” Two kinds of specialists

are the need of the hour—experts in family medicine and critical care, he says. “Take the National Health Service in the UK, for instance,” says Budhiraja. “There, the experts in family medicine are postgraduates that run the entire show. We need trained doctors like that; an MBBS is not enough.”

Besides the shortage of manpower and infrastructure, doctors say they have also had to deal with fluctuating protocols for testing and treatment. Take, for instance, the constant dilemma over the use of plasma therapy. Though the Indian Council of Medical Research’s Placid trial suggested no benefit with plasma therapy, some confusion over the timing of its use and the right kind of donor and recipient has remained.

While some have written off the procedure, others including All India Institute of Medical Sciences director Dr Randeep Guleria have said that more data is needed to come to a definite decision. On November

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1	All India Institute of Medical Sciences	Delhi
2	Postgraduate Institute of Medical Education and Research	Chandigarh
3	Sanjay Gandhi Postgraduate Institute of Medical Sciences	Lucknow
4	Jawaharlal Institute of Postgraduate Medical Education and Research	Puducherry
5	KEM Hospital and Seth G S Medical College	Mumbai

**BEST MULTISPECIALITY HOSPITALS PRIVATE**

RANK	HOSPITAL	CITY
1	Christian Medical College	Vellore
2	Apollo Hospitals	Chennai
3	Medanta - The Medicity	Gurugram
4	Indraprastha Apollo Hospitals	Delhi
5	Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute	Mumbai
6	Sir Ganga Ram Hospital	Delhi
7	Apollo Hospitals	Hyderabad
8	P.D. Hinduja Hospital & Medical Research Centre	Mumbai
9	Max Super Speciality Hospital, Saket	Delhi
10	Manipal Hospitals, HAL Airport Road	Bengaluru
11	Amrita Institute of Medical Sciences (Amrita Hospitals)	Kochi
12	Lilavati Hospital and Research Centre	Mumbai
13	Jaslok Hospital & Research Centre	Mumbai
14	Sri Ramachandra Hospital	Chennai
15	Apollo Gleneagles Hospitals	Kolkata



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GETTY IMAGES

**CHECK'S UP**  
Medical staff from Holy Family Hospital check Union Minister for Minority Affairs Mukhtar Abbas Naqvi inside a mobile clinic in New Delhi

18, the ICMR issued a statement reiterating that since its own trial had shown no benefit, the treatment was a "futile intervention" and advised against its "indiscriminate use". The advisory, however, stated that the therapy could be used in specific conditions where the donor had high concentration of neutralising antibodies in their plasma, while the recipient had no antibodies against the virus. Budhiraja says that since no definitive treatment for Covid-19 was available, doctors decided to go ahead with this treatment modality. "Plasma therapy is not new," he says. "It has been used in SARS, MERS and Ebola as well. In fact, the monoclonal antibodies that are being widely discussed for treating Covid-19 are actually a synthetic form of antibodies similar to what are present in convalescent plasma."

It is next to impossible for any health system in the world to be prepared for something like Cov-

Separate infrastructure would help mitigate issues such as bed shortages that became so apparent during this pandemic.

id-19, says Dr Om Srivastav, director, infectious diseases, Jaslok Hospital and Research Centre, Mumbai. But the need to have definite strategies in place cannot be overestimated. "If you look at the past few years, the biggest burdens on health care

systems across the world have been from outbreaks of infectious diseases, whether it was H1N1, Zika virus, Ebola, Hantavirus," he says. "The need for state-of-the-art infectious disease facilities and a multidisciplinary approach is definitely needed."

In India, of course, the challenge is to strike a balance between the rising cases of non-communicable diseases and that of infectious diseases. "It is true that our burden is high on that front, too," says Srivastav. "But even those who suffer from non-communicable diseases such as heart diseases and diabetes will probably succumb to an infection only. Besides, this is not the last pandemic that the world will witness. There will be many more."

For now, though, Covid-19 is here to stay. Srivastav says that we still know very little about the virus. "I would say only 2 per cent is known, and that too is a generous figure," he says. "The complications of

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ANUSH GOEL

**SCREENED EVALUATION**  
The orthopaedic outpatient department at AIIMS, Delhi

post-Covid will be seen over the next 5-10 years, or even longer. Those effects will be seen in the lungs, brain, spine, blood vessels, and endocrine systems, too. A small percentage of the recovered cases of Covid-19 will experience respiratory [issues] owing to lung fibrosis, and transplant will be the only option to offer them any quality of life." The burden that Covid-19 has placed on us in a short time of 8-9 months just cannot be compared to any other disease, and the after-effects are at least 100-fold as compared with other infections, he says.

There is hope with the vaccine, though a cautious one. "It is still too early to assess what benefit the vaccine would provide, what will be the duration of that benefit, whether the strain of the virus will mutate in the future, and what is the efficacy of the virus," says Srivastav. "The long-term effects of the vaccine will also take time to reveal themselves. Any as-

essment of the vaccine should only be done in April-June next year." Which is why the standard advice of wearing masks, maintaining physical distance and hand hygiene remains as relevant as ever. "Over the past few months, we have learnt a lot,

**In India, of course, the challenge is to strike a balance between the rising cases of non-communicable diseases and that of infectious diseases.**

beginning with the fact that we need to take this infection seriously," says Srivastav. "It has shown the fragility of our own immune systems, and so there is something to be said about keeping yourself as fit as possible. It has shown us the importance of wearing masks, and that self-medication is not a good idea at all. It is human nature to trust one's own judgment first. Covid-19 begins with a runny nose, headache and symptoms of a common cold. The tendency is to think, 'oh, this will go away.'"

Except that the world has known better now. It has learnt that this is a virus whose attack itself is not as devastating as the effects of immune system overdrive that it leaves the body with. In the coming months, governments and public health experts will need to drive home the message of prevention even more fiercely, so that the overwhelmed health systems are able to cope with Covid-19, and other diseases, too. ●



### Dr. Unmesh Takalkar

MBBS, MS (Gen. Surg.), MEDS FUICC (Switzerland), FAIS, FIAGES, MACG, FASGE, MSSAT (USA)  
Chief Managing Director, Ciigma Group of Hospitals, Aurangabad, (MH)- INDIA

## "Healthcare beyond financial boundaries."

**D**r. Unmesh Takalkar has done more than 1 lac endoscopic & cancer surgeries successfully. His vision was to set-up a state-of-the-art medical facility centre in Marathwada region. He firmly believes that a clinician can best honour humanity by providing finest medical care without social/economic bias. With this mindset he started his first venture in the field of medicine - Ciigma Hospital which operated on principal modus operandi - **Service to Humanity, Service to God.**

CIIGMA Nursing Home was Dr Takalkar's first step towards entrepreneurship in the field of medicine and was established in the year 2008. Then there was the need of better set up with multimodal treatment approaches. With a sole vision of better catering to patient health, Dr Takalkar started his venture offering multiple services such as Advanced Gastroenterology Care, Cancer surgery and Medical Oncology, Intensive Care Unit, Cardiac Care Unit, Advanced Respiratory Care Unit and Neuro care Unit etc. Paediatric Superficiality is added to CIIGMA Nursing Home.

**United Ciigma Hospital:** Dr. Takalkar's vision to bring cutting edge technology to this underdeveloped locale saw to the foundation of United Ciigma Hospital in 2009 which took a final shape in 2013. This was one of a kind set-up which provided respite to many patients without foregoing the economics. His zeal for excellence paved way to upgradation of Marathwada's medical industry as advanced medical facilities of various specialties were introduced.

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**First Hospital in Marathwada region to receive ISO 14001:2015 certification.**

**To do Successful Organ Retrieval.**  
**To do Heart Transplant.**  
**First Hospital in Marathwada region to do Heart, Liver and Kidney transplants along with many firsts.**

**Dr. Unmesh Takalkar: He is a Pioneer of Organ Retrieval and Organ Transplant Movement in Marathwada. Under**



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**his able leadership and foresight United CIIGMA Hospital became the first hospital to be registered as NTORC in Marathwada region. Heart Transplant — First in Maharashtra, ex Mumbai centre for liver & Kidney Transplant. Successfully conducted 5 chapters of National Conference of Endoscopy and Surgery - Gi Vision with many national and International elite faculties.**

**Research & Publications:** Dr Takalkar has a dedicated research department. He has participated in numerous national and global trials. He also undertakes pilot research projects results of which can be seen published across many eminent journals including one book chapter on Breast Cancer. He is also a reviewer and editorial board member for various reputed journals.

**Ciigma Health Foundation:** Ciigma Health Foundation was founded by Dr. Takalkar with the aim — **'Together towards Hope and Care.'** As the motto suggests, Dr. Takalkar lends a helping hand to give hope to patients who otherwise cannot afford state-of-art medical care as is the basic right of every patient. Various activities are conducted by this foundation such as: Free Medical aid, mobile clinics set up in nearby villages, research activities etc. It also promotes medical education by conducting CMEs, awareness programs, advanced gastroenterology procedures at subsidized costs to needy patients and providing financial aid to needy medical students.

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# Warding off a virus

Inside the Covid-19 ward of Apollo  
Speciality Hospitals, Chennai

PHOTOGRAPHS AND TEXT BY BHANU PRAKASH CHANDRA

#### UNDER HER WATCHFUL EYE

Head nurse Carunia Bernard with a fogged-up face shield. In the Covid-19 ward, nurses rely on their eyes and voice to comfort and motivate critically ill patients





**CLEAN AND CLEAR**  
A janitor mops the floor. A clean environment cuts chances of infection by half

**I HAVE NOT** seen a strange virus like this before," says Dr Krishnamoorthy S., taking a break from the nonstop phone calls from nurses and relatives of patients discharged from the Covid-19 wards. A diabetologist and senior specialist in internal medicine, Krishnamoorthy is one of the doctors from Apollo Speciality Hospitals at Vanagaram, Chennai, who has been on the frontline since March. After his rounds, he takes calls from the Covid-19 wards on the fifth and sixth floor of the hospital, getting an update on the critical patients. His diligence often delays his lunch.

The virus clearly brought the world to its knees, but it has managed to pick itself up thanks to the relentless fight put up by doctors and health workers. And, they bore the brunt of it all for months.

Head nurse Carunia Bernard moves from ward to ward, overseeing her staff and checking in on patients. The air conditioning is switched off to avoid the spread of infection. Her face shield is fogged, and her PPE suit stuffy. She can barely see the path in front. Her two-layered face mask cuts the oxygen supply to her lungs by half. She runs to the window to get some air. "In the early days, we were scared of the virus," says Bernard. "We were separated from family members. After each work schedule, we underwent mandatory quarantine." Though she found it difficult in the beginning, she is "comfortable working in Covid-19 wards now". The PPE suit is a must for all essential workers, from the food distributor and floor cleaner to the janitor, medical technicians, nurses and doctors. They cannot step out of the suit, or the Covid-19 ward, till their shift ends—not even to eat or to use the restroom. But their dedication is much appreciated. Bhadra Joy (name changed), 55, says it was the staff's positive attitude that helped him recover within a week of admission.

Across the country, our hope for recovery lies in able hands like these. 🙏

**COMFORT CALL**  
A doctor updates the relative of a patient. Attendants are not allowed inside the ward



**MAKING ROUNDS**  
Doctors and nurses in PPE examine critically ill patients

**LIQUID GOLD**  
An orderly pours ginger-lemon-turmeric juice for patients with moderate Covid-19 symptoms. The household concoction became popular during the pandemic







## Combat ready

BY DR PREETHA REDDY

**APOLLO SPECIALITY HOSPITALS** in Vanagaram, Chennai, was among the first private sector hospitals in India that volunteered to be a dedicated Covid-19 centre. This decision required considerable changes in the facilities and operations. Since April, almost 2,000 patients have been treated here. Initially, there was anxiety, but the dedication of the members of the Apollo family and the corona warriors across the country has been inspiring and humbling. Also, it is commendable that despite several hardships that private sector hospitals have been facing with regard to staffing and finances, they have been standing firmly with the country in battling Covid-19.

With respect to a vaccine for Covid-19, the Apollo group is prepared to administer one million vaccines daily to augment and support the government efforts. We have been strengthening our vaccine cold chain, and 10,000 professionals across our pharmacies and clinics have been trained to administer the vaccine. Covid-19 is not the first epidemic that we have handled and it certainly will not be the last. We will keep on investing in making Apollo a much more caring, efficacious, resilient and future-ready organisation.

**-Reddy is vice chairperson of Apollo Hospitals and president of NATHEALTH.**



### SUITED UP

A nurse gets ready for his six-hour shift in a PPE suit

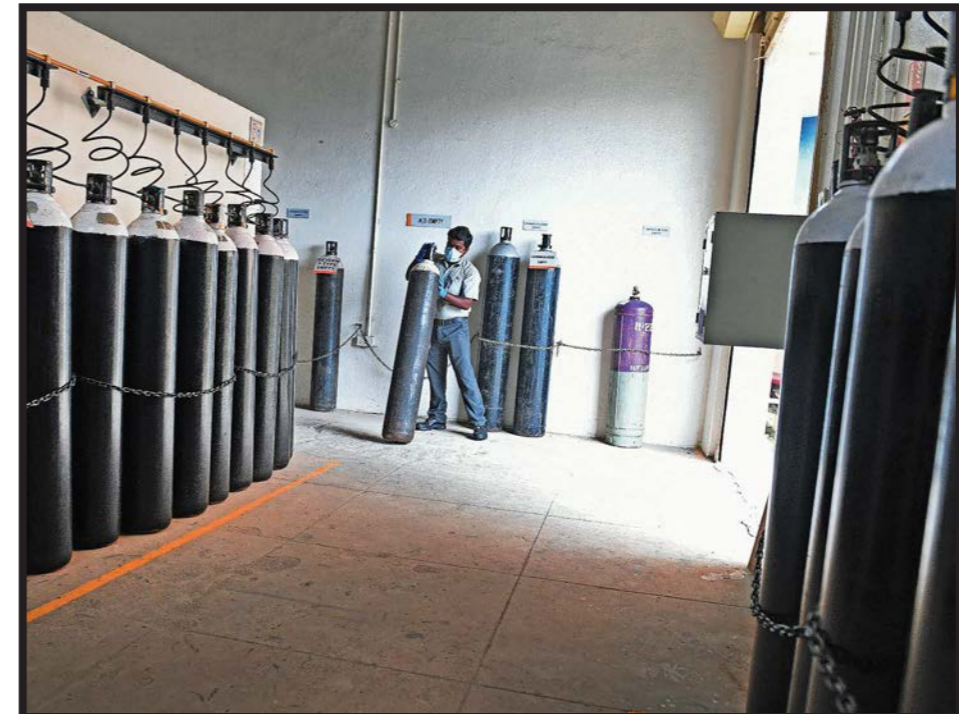
### FILLING IN

A nurse updates a doctor on call about the condition of a severely ill patient



### WINDOW TO THE WORLD

Nurses take a break during their shift. They cannot step out of the ward, or their PPE suit, till their shift ends



### STOCKED UP

A technician moves an oxygen cylinder to connect it to a pipeline that supplies oxygen to the Covid-19 wards





**WISER AND STRONGER**  
Dr Ramesh Bharmal of Nair Hospital, Mumbai, says the pandemic has been quite a teacher for hospitals across the country

AMEY MANSABDAR

tors to staff shortages and exhausted caregivers.

But the crisis forced hospital administrations to come together and rise to the challenge of treating an overwhelming stream of patients. This, while trying to understand the virus, even as routine surgeries and elective procedures got cancelled, leading to a major occupancy drop and significant revenue losses. As public hospitals were converted into Covid-19 centres, patients who depended on them were lost. Unnecessary delays in non-Covid treatments led to a surge of preventable emergencies and non-Covid deaths, thereby compounding the panic.

“The pandemic has been quite a teacher for hospitals and health care institutions across the country,” says Dr Ramesh Bharmal, dean of T.N. Medical College and B.Y.L. Nair Charitable Hospital and director of medical education and major hospitals, Mumbai. “We have learnt our lessons early on and have emerged stronger than ever,” he says. In April, the civic-run hospital got converted into the city’s biggest Covid-19 facility with more than 1,600 beds. Over time, it treated more than 6,000 Covid-19 patients and aided delivery of close to 1,000 babies, born to coronavirus-infected mothers. But the journey was anything but smooth. Heaps of biomedical waste in yellow bags were reportedly seen lying unattended outside its premises. There was an acute shortage of Remdesivir when more than a hundred of its critical patients needed the life-saving drug. Another civic-run hospital faced enormous challenges in disposing of unclaimed dead bodies of Covid-19 patients and acute staff shortages. But these hospitals managed to keep their head above the water.

Most hospitals went through the same experience. “Resilience is one of the foremost lessons we learnt through the pandemic,” says Dr K. Hari Prasad, president of Apollo

Group of Hospitals, Hyderabad. “It has only been because of the relentless and selfless service put in by the health care staff, not just in Apollo but across the country, that we are presently in a better situation. It is easy to criticise hospitals but the community must acknowledge that these institutions have been at the forefront of the fight.” Almost 2-3 per cent of Apollo’s more than one lakh staff across India contracted the disease. “Over a period of time, we started posting only our infected staff in Covid-19 wards because of their developed resistance to the virus,” he says.

Across India, both public and private hospitals were facing a desperate shortage of manpower from March to June. “Even with the government allowing us to recruit across levels, we were unable to get people,” says paediatrician Dr S.R. Lakshmi-pathy, nodal officer of Covid-19 at K.C. General Hospital in Bengaluru’s Malleswaram area. “They were demotivated, scared and some were aged and had co-morbidities.”

Within three months, the hospital moved from dedicating 20 beds for Covid-19 to being a full-fledged 100-bedded Covid-only facility. Early on, it lost many sick patients, mostly at the time of arrival itself. “Despite lending maximum support to our patients, we were unable to save them,” says Lakshmi-pathy. Of the nearly 2,000 admissions till date, close to 200 people have died at the facility. The biggest takeaway, says Lakshmi-pathy, has been the need to boost the morale of the team at all levels. “I remember the nightmarish situation we faced when our attendants refused to turn up. It was a challenge to find people who would do odd jobs, like cleaning, washing and carrying the bodies,” he recalls. “We need leaders who can motivate staff, who are equally vulnerable to the virus as patients.”

The situation was no different

# Adapt to be adept

How hospitals in India took on the many challenges that came their way during the pandemic

BY POOJA BIRAIA JAISWAL

**S**cary yet humbling. That is how the health care community in India describes its experience of the Covid-19 pandemic that affected more than 80 lakh people and took more than a lakh lives. The novel coronavirus in itself was a challenge, an enigma that kept unravelling at a breathtaking speed. We were clearly unprepared, and it showed—from supply chain disruptions and lack of personal protective equipment and ventila-



### BEST MULTISPECIALITY HOSPITALS NORTH

RANK	HOSPITAL	CITY
1	All India Institute of Medical Sciences	Delhi
2	Postgraduate Institute of Medical Education and Research	Chandigarh
3	Medanta - The Medicity	Gurugram
4	Indraprastha Apollo Hospitals	Delhi
5	Sanjay Gandhi Postgraduate Institute of Medical Sciences	Lucknow
6	Sir Ganga Ram Hospital	Delhi
7	Max Super Speciality Hospital, Saket	Delhi

### BEST MULTISPECIALITY HOSPITALS SOUTH

RANK	HOSPITAL	CITY
1	Christian Medical College	Vellore
2	Apollo Hospitals	Chennai
3	Jawaharlal Institute of Postgraduate Medical Education and Research	Puducherry
4	Apollo Hospitals	Hyderabad
5	Manipal Hospitals, HAL Airport Road	Bengaluru
6	Amrita Institute of Medical Sciences (Amrita Hospitals)	Kochi
7	Sri Ramachandra Hospital	Chennai

### BEST MULTISPECIALITY HOSPITALS EAST

RANK	HOSPITAL	CITY
1	Apollo Gleneagles Hospitals	Kolkata
2	IPGME&R - SSKM Hospital	Kolkata
3	All India Institute of Medical Sciences	Bhubaneswar
4	AMRI Hospitals	Kolkata
5	Apollo Hospitals	Bhubaneswar
6	CK Birla Hospitals CMRI	Kolkata
7	Medica Superspecialty Hospital	Kolkata

### BEST MULTISPECIALITY HOSPITALS WEST

RANK	HOSPITAL	CITY
1	Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute	Mumbai
2	P.D. Hinduja Hospital & Medical Research Centre	Mumbai
3	Lilavati Hospital and Research Centre	Mumbai
4	Jaslok Hospital & Research Centre	Mumbai
5	KEM Hospital and Seth G S Medical College	Mumbai
6	Bombay Hospital & Medical Research Centre	Mumbai
7	Deenanath Mangeshkar Hospital & Research Center	Pune

### BEST MULTISPECIALITY HOSPITALS NORTH PRIVATE

RANK	HOSPITAL	CITY
1	Medanta - The Medicity	Gurugram
2	Indraprastha Apollo Hospitals	Delhi
3	Sir Ganga Ram Hospital	Delhi
4	Max Super Speciality Hospital, Saket	Delhi
5	Dr. B L Kapur Memorial Hospital	Delhi

### BEST MULTISPECIALITY HOSPITALS SOUTH PRIVATE

RANK	HOSPITAL	CITY
1	Christian Medical College	Vellore
2	Apollo Hospitals	Chennai
3	Apollo Hospitals	Hyderabad
4	Manipal Hospitals, HAL Airport Road	Bengaluru
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3	Lilavati Hospital and Research Centre	Mumbai
4	Jaslok Hospital & Research Centre	Mumbai
5	Bombay Hospital & Medical Research Centre	Mumbai

in hospitals in Maharashtra, which saw more than 20,000 deaths and nearly six lakh cases in August alone. In Nagpur, which had the highest number of Covid-19 cases in the state after Mumbai and Pune, Alexis hospital faced a “very high attrition rate” during the pandemic as the amount of work had “more than doubled”, says Nilesh Agrawal, administrator in-charge of Covid-19 at the hospital.

Jaslok Hospital in south Mumbai even arranged for buses for its staff after it faced a manpower crunch of close to “50-60 per cent across categories”. Sunil Karanjikar, head, human resources, Jaslok Hospital, suggests having backup accommodation for the staff within three kilometres from the hospital. “This way, they can travel even when transport is not available and we will not lose so many man-hours and essential help in times like these,” he says.

The lack of clear communication



Dr Harish Pillai,  
CEO, Aster-India and  
Aster DM Healthcare

It is clear that the health care expenditure as a percentage of GDP needs to be incrementally hiked to 5 per cent.

guidelines and its percolation down the hierarchy in hospitals has been another problem area, says B.R. Venkateshaiah, medical superintendent

of K.C. General Hospital in Bengaluru. “There was much confusion everywhere especially in terms of the protocol to be followed,” he says. “For instance, we had a number of mothers coming to us for delivery and there was a confusion over their Covid-19 status as the test results would mostly come after the delivery had taken place.” Luckily, none of the babies got infected and they were all healthy and breastfed.

Inside the trauma care centre at the AIIMS, Delhi, psychiatrist Dr Srinivas Rajkumar T. says that the management of mental health among Covid-19 patients would have vastly improved “had the government not denied the existence of mental health issues among Covid-19 patients and formulated guidelines early on”. “We observed that mental health issues were also a major cause for hospitalisation of Covid-19 patients and it plays a huge role in recovery as the virus can break even the strong-willed,” he says. “We





AAYUSH GOEL

**BUSINESS AS USUAL**

AIIMS has been bustling with patients, both Covid and non-Covid

had so many cases of post-traumatic stress disorder (PTSD) in the past few months of the pandemic." According to the guidelines laid down by the health ministry, there are at least three groups affected by mental health during this pandemic. Firstly, patients with confirmed Covid-19 infection may develop mental health problems such as depression (about 30 per cent of the diagnosed patients) and symptoms of PTSD (96 per cent). Secondly, patients with pre-existent psychiatric disorders may experience a recurrence or worsening of symptoms or develop additional psychiatric problems. Thirdly, mental health issues were seen in the general public, too, including anxiety, non-specific psychological distress, depression, stress, insomnia, hallucinations, paranoia and suicidal ideations.

According to Dr Harish Pillai, CEO, Aster-India and Aster DM Health-care, there were a few loopholes that impacted a hospital's ability to

manage the pandemic. These included rapidly changing regulations, arbitrary price capping on services without proper costing, disruptions in the supply chain owing to the initial phase of strict lockdowns and inconsistent behaviour of health care workers (especially those deployed in non-Covid units) resulting in staff infections. Yet, lessons were learnt here, too. "Nationally it is clear that the health care expenditure as a percentage of GDP needs to be incrementally hiked to an aspirational 5 per cent," says Pillai. "The enormous resource gap in health care workers needs to be filled and much more investment needs to be made to have better and larger health care facilities in the northern and eastern states. We have now realised the acute shortage of epidemiologists, infectious diseases experts and health care economists." He also thinks it necessary for hospitals to be designed based on zoning principles that segregate patient traffic. Hospi-

tals should have proper heating, ventilation and air conditioning design, focusing on fresh air flow cycles. The number of beds with piped oxygen supply and those with ventilators also play a crucial role, he says.

The pandemic sure has led hospitals to redefine their strategies and policies for the long term. Right from revising the hospital visitor policy and making it more restrictive, to minimising the presence of bystanders and leveraging technology in the form of web portals and mobile apps to help relatives keep a tab on ICU patients, schedule appointments and make payments, hospitals are taking the challenge of revamping themselves head on.

"The new norm is that every patient who comes in, if planned for admission, will either go for surgery or chemotherapy. But first he has to undergo a Covid-19 test," says Dr Rajesh Mistry, director, oncology, Kokilaben Dhirubhai Ambani hospital in Mumbai. "And only if



# HEMOPTYSIS

**Dr. GAURAV GUPTA**  
Interventional Pulmonologist  
DNB (Pulmonary Medicine) Mumbai  
FIP, FAIP (China), EDARM (Paris)

**CH** The Healing Touch  
**Choithram Hospital & Research Centre, Indore**

■ Hemoptysis is defined as the expectoration of blood, alone or mixed with mucus, from the lower respiratory tract. It is a potentially life threatening emergency and requires rapid diagnosis and treatment.

■ True hemoptysis, must be distinguished from pseudo-hemoptysis, where the blood originates from the upper gastrointestinal tract or the upper respiratory tract (mouth, nose, or throat). Careful history taking and inspection of the nasopharynx should determine whether the bleeding originates from the respiratory tract (alkaline, bright red, foamy blood, breathing difficulty, sensation of warmth in the thorax) or the gastrointestinal

tract (hematinized blood, acid pH, food particles, abdominal pain, nausea).

■ In the western world, the cause of half the cases of haemoptysis remains unestablished. In the other half, the causative factors are inflammatory and infectious diseases of the airways (25.8%), including tuberculosis (2.7%), lung cancer, Bronchiectasis, Cardiovascular causes and drug induced.

■ In India pulmonary tuberculosis is the most important cause of hemoptysis followed by other infections and malignancies.

■ When out of hospital, a patient suffering from massive hemoptysis (600mL in 24 hours) must receive emergency

medical care. The goal of initial management is maintenance of gas exchange by administration of oxygen, together with positioning of the patient with the bleeding side down.

■ After reaching hospital main aim should be to identify the source of hemoptysis. Blood tests including arterial blood gases needs to be done. CT scan (angiography) and Bronchoscopy should be done to localize the source of bleeding.

■ Along with identification of source bronchoscopy helps in maintaining sufficient exchange of gases by freeing the airways of blood and then keeping them free. Blood clots can be removed with the help of cryoprobe with in wide bore rigid bronchoscope. Therapeutic rinsing with vaso-constrictive substances such as cold physiological saline solution, Feracry liumor diluted catecholamine solutions is possible which helps in controlling bleeding.

■ In the event of persisting peripheral pulmonary bleeding, the goal of bronchoscopy is specific isolation of the affected area by occlusion of the relevant bronchus, to prevent overflow of blood into other airways and other parts of the lungs. Occlusion can be by tamponade, balloon catheter or spigot.

■ Treatment of the site of bleeding by laser or by argon plasma coagulation especially in cases of carcinoids and endobronchial invasion of tumors is a choice now a days in advanced intervention pulmonary setups.

■ Bronchial artery embolization (BAE), a minimally invasive endovascular technique, has become the method of choice for treating massive and recurrent hemoptysis.

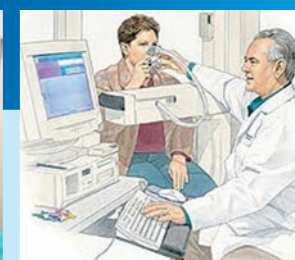
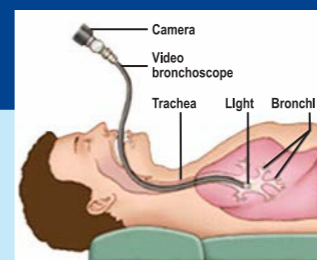
■ Two frequently occurring side effects of bronchial artery embolization are transient chest pain and dysphagia. One of the most serious complications is transverse myelitis owing to spinal cord ischemia following accidental embolization of spinal arteries.

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**Dr. Gaurav Gupta**  
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DNB (Pulmonary Medicine) Mumbai  
FIP, FAIP (China), EDARM (Paris)  
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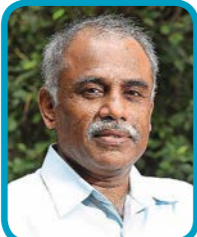


**TEST ZONE**  
The temporary facility set up at Tata Memorial Hospital in Mumbai to screen patients for Covid-19

found negative, will he or she be admitted. Plus, the hospital has to take measures to prevent the spread of infection while the patient is in the hospital."

In the nine months inside the Covid-19 ward at Jaslok Hospital, head nurse Dhanashree Parab, 47, acutely felt the lack of training and knowledge of essential medical concepts among nurses. "We need to keep our nurses well-equipped, too, in terms of knowledge and know-how," she says. "Sadly, only doctors are given that priority. But given how nurses discharge responsibilities while fighting on the frontlines, trainings should be prioritised for them, too." Jaslok Hospital underwent a massive disinfection exercise after it was declared a containment zone and more than 60 of its staff tested positive between April and May.

As trials for India's Covid-19 vaccine begin across state-run hospitals in Mumbai, Bharmal says that we have come a long way. "I know there



**Dr S.R. Lakshmipathy,**  
nodal officer of Covid-19,  
K.C. General Hospital,  
Bengaluru

**“Even with the government allowing us to recruit across levels, we were unable to get people.”**

were hiccups, but that was bound to be there, given that nobody had any clue about how the virus would behave in the first few months of the pandemic," he says. The hospital

has made a number of on-ground policy changes, including revising the discharge policy, which was "most essential because otherwise there was a stagnation and we could not admit more patients," explains Bharmal. Among infrastructure changes, CCTVs have been installed inside wards, nursing stations and screening OPDs so as to control the activities from a dedicated war room. The entire manpower came together at Nair, including professors and students from the attached medical college. Dr Surbhi Rathi, professor of paediatrics, turned into a skilled administrator when she broke down the entire operation into smaller teams for each aspect. "Formulating of pathways within the hospital so as to keep Covid and non-Covid patients separate in such a large hospital became the foremost task, alongside setting up of screening OPDs," she says.

Hospitals in India did break their back in tackling Covid-19, but they stood up to the challenge and how. ❶

# Kohinoor Hospital: A Ready Arm in Covid-19 Pandemic Crisis

In early March this year, when WHO declared Covid-19 as global pandemic, Kohinoor Hospital did not face scuffle from its existing infrastructure. In Mumbai, where land parcel is expensive and everyone is looking for compact set-up, Kohinoor Hospital never compromised on right space for patients to maximize any other business interest.

Kohinoor Hospital, since its inception, is made in a way to manage any unforeseen situation or precisely it can be said that Kohinoor Hospital is a future-ready tertiary care hospital. Kohinoor Hospital uses less water, optimizes energy efficiency, conserves natural resources, generates less waste and provides healthier spaces for occupants, as compared to a conventional building.

As soon as the hospital received permission for treatment of Covid-19 cases, the hospital management decided to separate the hospital vertically into two wings, created two separate entrances for Covid-19 and Non-Covid-19 patients. Separate AHU Unit became an enabler to have equal amenities in both Covid-19 and Non-COVID-19 wings, except cafe. Separate intensive care unit (ICU) and patient holding area for identified

Covid-19 and Non Covid-19 cases helped patients to remain fearless and calm in hospital environment.

Additionally, the decentralized billing desks carried out the business as usual without rendering the cross-infection fear in diverse group of patients. Consequently, Kohinoor Hospital built the trust in patients and their relatives for their safety in hospital premises. Kohinoor Hospital is patient-centric in its core values and keep patient's interest first. The primary objective of hospital is to provide safe environment and quality treatment to ensure patient's recovery in holistic way.

In thriving for patient care, the hospital did not lose its focus from its nurses, doctors and other healthcare workers, who are invested 24\*7 to help the community in a crisis time like Covid-19 pandemic. The hospital arranged all requisite safety kit to each employee and arranged accommodation for all critical staff like ICU and OT support team to nearby place to avoid delay in case of any downtime.

"Honestly, when a decade back we came as green LEED certified hospital, many came to us saying having green hospital is a capital-intensive affair, but



**Dr. Snehal Kansaria**  
Chief Operating Officer  
Kohinoor Hospital

contrary I must say it reduces the long-term energy cost. It is very well-connected to outside environment, has better daylights and view, better indoor air quality and no sick building syndrome" says Dr. Snehal Kansaria, COO, Kohinoor Hospital.

Dr. Kansaria further emphasized that increased fresh air ventilation bettered patient outcome in respiratory diseases. Day lighting is not only helpful for patients but also reduces stress of employees and helps combat seasonal affective disorders.



# Class of 2020

What it takes to lead a team of doctors, nurses and health care workers during the worst pandemic of our lifetime

BY DR JAME ABRAHAM



GETTY IMAGES

**ALL CHEER**  
Nurses and doctors of Boston Hope field hospital, which treated Covid-19 patients for a few months, bid farewell to a 78-year-old patient following his discharge

It was around 5pm on March 17, 2020. The nursing administrator was on the other side of the phone: “Dr Abraham, we may have a patient in the clinic with possible exposure to Covid-19.” I was impressed by the calmness in her voice. Not yet spring, it was still cold outside and snow was melting on the ground.

The first case of Covid-19 was reported in the US on January 20 in

Washington State, from a man who had been to China. The first case in New York was reported on March 1 from a person who had been to Europe. Ohio (where I work and live) had its first cases only eight days prior to it, in a couple who had been on a Nile River cruise.

When the first case of Covid-19 was reported from Wuhan in December 2019, I was curious. I had started training in the US in 1994, when the world was learning more about the AIDS epidemic. When Wuhan started getting overwhelmed by the novel coronavirus (SARS-CoV-2), all of us knew it could be bad. When I began getting emails and tweets from friends in Italy, the anxiety grew. On January 31, Italy banned all flights from China and went into lockdown on March 8.

On March 17, even though most of the patients were done for the day, our cancer centre’s third floor clinic area was buzzing with activity. I could see anxious family members in winter jackets pacing the hallway.

My oncology colleague, who had been taking care of the patient with potential Covid-19 exposure, was waiting for me. His glasses were fogged through his mask and I could not see his eyes.

“This is a 58-year-old gentleman who was seen for low-grade fever, cough and shortness of breath. After completing the examination, I was going to get an X-ray and start him on antibiotics for possible pneumonia,” explained my colleague, pausing for a second to get more breath through the mask. “Then the patient told me that his son had just come back from Italy and was staying with him. He thinks his son is fine, but he knows that he has been coughing for a few days.”

We reviewed the patient’s CAT scan, and it showed diffuse infiltrative pattern, which could be a classical finding of SARS-CoV-2 pneumonia, or it could be due to

lung cancer, other forms of pneumonia, or immunotherapy. His fever, cough and shortness of breath could be symptoms of Covid-19, as per the guidelines issued then from the World Health Organization and Centers for Disease Control and Prevention.

We did not want to take any chances. Our priority was very clear: We need to take care of the patient and protect our caregivers from potential exposure. The patient was already in a private room with a mask. All the caregivers were wearing protective gear.

I called our organisation’s chief of infectious disease. With the information we knew about Covid-19 at that time, he said the chance of the patient and the provider getting infected is unknown. And we needed to take all precautions.

The nursing team had many questions about the virus, risk of exposure and other potential risks. I was able to tell them only what I had learnt from the chief of infectious disease. I told them that I would update them when I found out more about the disease. But the whole world was still learning about Covid-19, and at that point we did not know anything about the impact of Covid-19 exposure on cancer patients who were on immunosuppressive therapy.

ICUs and ventilators in Italy were getting filled and pictures of patients dying were playing on my mind.

With our hospital system already running at full capacity and with the cleaning and isolation protocols, it took some time for us to get the patient to the isolation room. Our oncology leadership team stayed with the patient’s care team until we were sure that the patient’s care was transferred to the inpatient team.

By the second week of March, Cleveland Clinic, with its vast clinical network of hospitals in Ohio, Florida, Nevada, Canada, Abu Dhabi and London, was gearing up for the pan-



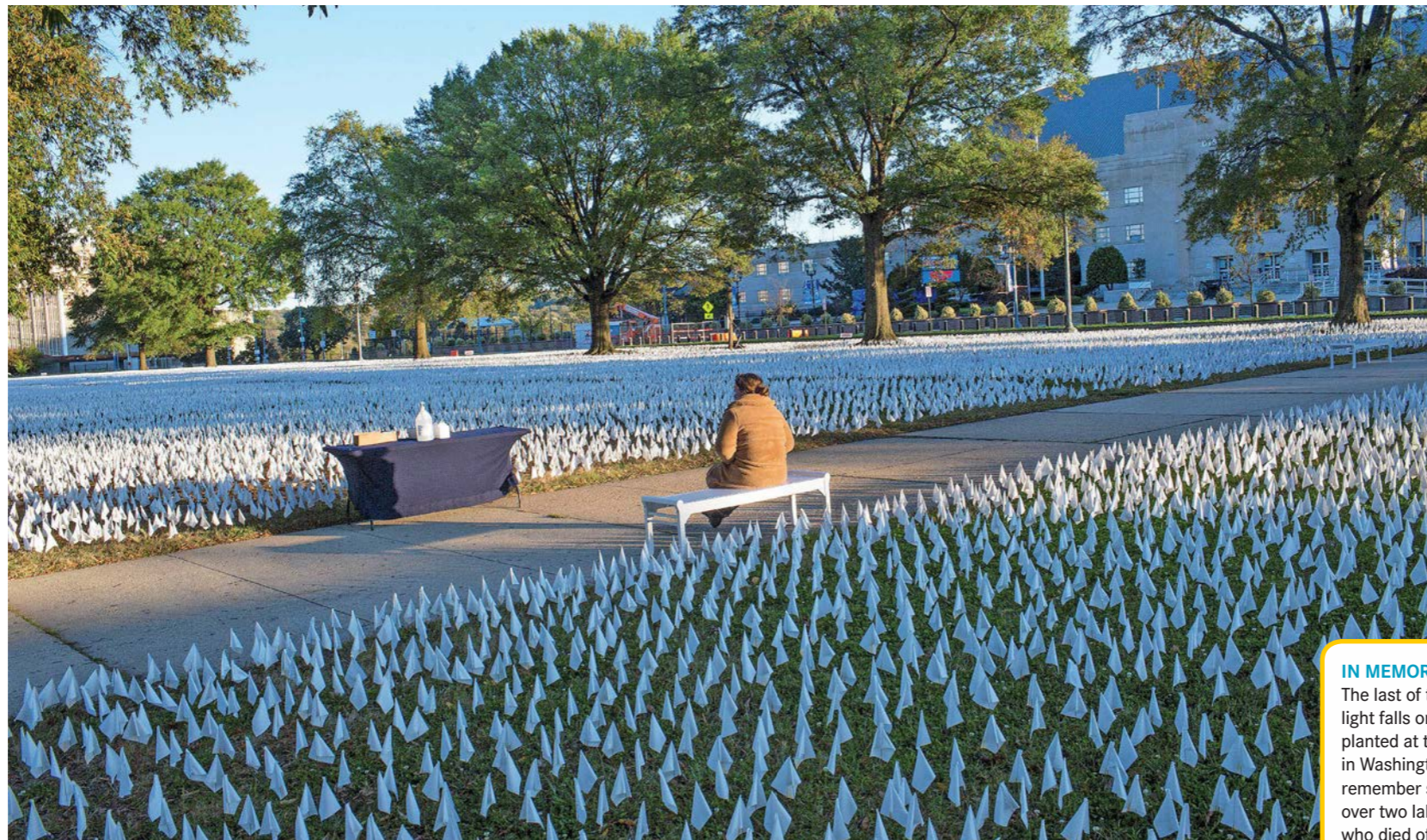
dem. Our CEO had called a staff meeting a few days prior, and started the process to prepare for the unknown. He established a command centre, rolled out a communication plan and assembled a team of experts from patient safety, infectious disease, pathology, nursing, operations and communications.

None of us knew how this would impact the next several months. None of us knew that we were getting ready for the worst pandemic of our lifetime. None of us knew that more than two lakh Americans and about 1.2 million people across the world would die from this infection. We did not know that the economy of many countries would be destroyed. That the poor, older people, especially people of colour (in the US) would pay the highest price.

In the past eight months, my learning curve as the leader of one of the largest cancer departments in the US, in one of the best hospitals in the world, has been pretty steep. I have been humbled and inspired, especially by the kindness and compassion of my colleagues and leaders around me.

In ensuing months, Cleveland Clinic took many bold steps. Like most hospitals, we postponed some elective procedures and built a 1,000-bed hospital to create space for a potential surge of Covid-19 patients. Cleveland Clinic leadership established a close connection and communication with Ohio and federal public health experts as well as the governor of Ohio. We ramped up our testing capacity and put clear safety protocols in place to take care of our patients and caregivers.

While many hospitals impacted by Covid-19 planned for massive layoffs and pay cuts, our leadership publicly announced that that would not be happening at Cleveland Clinic. Our CEO made it very clear from early on that we were going to get through it together as a team. This



GETTY IMAGES

**IN MEMORY**

The last of the day's light falls on flags planted at the Armory in Washington, DC, to remember some of the over two lakh Americans who died of Covid-19

In the past eight months, my learning curve as the leader of one of the largest cancer departments in the US has been pretty steep.

was probably one of the most important messages because it set the tone for dealing with the crisis. His message resonated.

It has now been nearly eight months of caring for patients with cancer, Covid-19 and leading a department during a pandemic, and I have five important takeaways from it.

**1. Take care of your team:** As the leader, this is your most important role. Your team is your greatest asset. The need to feel safe is our fundamental or basic instinct and it is of paramount importance during this pandemic. In this environment, concerns about safety could be physical (like the worry about getting

infected) or emotional (anxiety about the health of family) or financial (job security in the time of pandemic), and the first reaction of an individual is to protect themselves and their loved ones. The number one job of the leader is to provide safety and support for the team. I had so many candid conversations with my team members who are taking care of older parents or immune-compromised family members. As a leader, you need to listen, have compassion and see the world from their vantage point.

**2. Demonstrate humility:** We have to be able to say, 'I don't know,' and be open to seeking the truth and facts in a time of uncertainty. In some settings, humility may be perceived

as a sign of weakness. But I think the most important quality of a leader in a time of crisis is being humble. One of the phrases repeated by Dr Anthony Fauci, one of the world's leading experts on infectious diseases, is, "I don't know." This will allow you to be adaptable in times of uncertainty. The decision you are making today could be completely wrong tomorrow. We live and learn and adapt to the rapidly changing environment.

**3. Be present and visible:** This is important for building trust. When discussions about distance, health and working from home were underway, I made a conscious decision to go to work every day. Working remotely and seeing patients using

virtual platforms was a necessity of that time to keep our employees and patients safe. But as the leader, if one person in my team is working in the hospital, it is my responsibility to show up and be present. When you are willing to be present and tell them the truth, they will listen.

**4. Communicate:** Not knowing the facts is the worst feeling in a time of crisis. A rumour can spread like wildfire. Establishing constant communication directly with team members is key. Our CEO and chief of staff implemented daily Covid-19 briefings for hospital leaders. In addition, we started daily email communications and weekly staff meetings, which were attended by hundreds of

doctors, nurses and other employees from our main campus and 15 other regional sites. These meetings, held virtually, created a safe space for people to ask questions or voice concerns directly to the leaders.

**5. Accept vulnerability:** As a physician and leader, I understand the risk of the pandemic on a personal and scientific level. In this context, accepting vulnerability is about being honest and being transparent. As bestselling author Brene Brown said, "Vulnerability sounds like truth and feels like courage. Truth and courage are not always comfortable, but they are never weakness."

Neither our patient nor his son had Covid-19. I am still learning about the virus and how to respond to unpredictability. But one thing I know for sure is that, with the help of an outstanding team, we can collectively face any crisis. As former US president Abraham Lincoln said, "I am a firm believer in the people. If given the truth, they can be depended upon to meet any national crisis. The great point is to bring them the real facts."

-The writer is MD, professor and chairman, department of haematology and medical oncology, Cleveland Clinic, Ohio, United States.



Era Hospital has treated more than 2900 COVID - 19 patients with a recovery rate of around 96%

Era's Lucknow Medical College and Hospital has been Ranked Among the Top Medical Colleges of India

**2<sup>nd</sup>** **INDIA TODAY**  
Best Emerging Private Medical College in India

**3<sup>rd</sup>** **THEWEEK**  
Private Medical College of North Zone in India

**10<sup>th</sup>** **THEWEEK**  
Private Medical College in India

**17<sup>th</sup>** **Outlook**  
Among all Private Medical Colleges in India

**NOTE:** Since ranking for a city is based on the perception of the sample surveyed from that city and the All India ranking is based on the perception of the sample surveyed in the country, city rankings may vary from the All India list.

**BEST MULTISPECIALITY HOSPITALS DELHI**

RANK	HOSPITAL	CITY
1	All India Institute of Medical Sciences	Delhi
2	Indraprastha Apollo Hospitals	Delhi
3	Sir Ganga Ram Hospital	Delhi
4	Max Super Speciality Hospital, Saket	Delhi
5	Dr. B L Kapur Memorial Hospital	Delhi
6	Max Super Speciality Hospital, Patparganj	Delhi
7	Safdarjung Hospital	Delhi
8	Fortis Hospital, Shalimar Bagh	Delhi
9	Max Super Speciality Hospital, Shalimar Bagh	Delhi
10	Dr. Ram Manohar Lohia Hospital	Delhi
11	Pushpawati Singhania Hospital and Research Institute (PSRI Hospital)	Delhi
12	Fortis Ft. Lt. Rajan Dhall Hospital, Vasant Kunj	Delhi
13	Lok Nayak Jai Prakash Narayan Hospital	Delhi
14	Guru Teg Bahadur Hospital	Delhi
15	HCMCT Manipal Hospital	Delhi
16	Aakash Healthcare Super Speciality Hospital	Delhi
17	Dharamshila Narayana Superspeciality Hospital	Delhi

**BEST MULTISPECIALITY HOSPITALS DELHI NCR**

RANK	HOSPITAL	CITY
1	Medanta - The Medicity, Gurugram	Delhi NCR
2	Fortis Memorial Research Institute, Gurugram	Delhi NCR
3	Asian Institute of Medical Sciences, Faridabad	Delhi NCR
4	Artemis Hospitals, Gurugram	Delhi NCR
5	Fortis Hospital, Noida	Delhi NCR
6	Max Super Speciality Hospital, Vaishali	Delhi NCR
7	Jaypee Hospital, Noida	Delhi NCR
8	Fortis Escorts Hospital, Faridabad	Delhi NCR
9	Metro Hospitals & Heart Institute, Noida	Delhi NCR
10	Kailash Hospital & Heart Institute, Noida	Delhi NCR
11	Yashoda Super Speciality Hospital, Kaushambi, Ghaziabad	Delhi NCR
12	Narayana Superspeciality Hospital, Gurugram	Delhi NCR

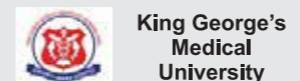
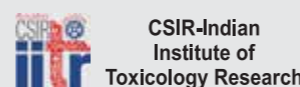
**BEST MULTISPECIALITY HOSPITALS LUCKNOW**

RANK	HOSPITAL	CITY
1	Sanjay Gandhi Postgraduate Institute of Medical Sciences	Lucknow
2	The Gandhi Memorial & Associated Hospitals, King George's Medical University	Lucknow
3	Dr. Ram Manohar Lohia Institute of Medical Sciences	Lucknow
4	Apollomedics Super Speciality Hospitals	Lucknow
5	Vivekananda Polyclinic & Institute of Medical Sciences	Lucknow
6	Balrampur Hospital	Lucknow
7	Era's Lucknow Medical College and Hospital	Lucknow
8	Mayo Medical Centre	Lucknow
9	Ajanta Hospital	Lucknow
10	Charak Hospital	Lucknow

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- Post Basic Bachelor of Science in Nursing (P.B.B.Sc. 2 Yrs)

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- Audlo and Speech Therapy Technician
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RANK	HOSPITAL	CITY
1	Postgraduate Institute of Medical Education and Research	Chandigarh
2	Government Medical College and Hospital	Chandigarh
3	Fortis Hospital, Mohali	Chandigarh
4	Max Super Speciality Hospital, Mohali	Chandigarh
5	Alchemist Hospital, Panchkula	Chandigarh
6	Ivy Hospital, Mohali	Chandigarh
7	Government Multi Specialty Hospital	Chandigarh
8	Indus International Hospital, Dera Bassi	Chandigarh
9	Mayo Healthcare Super Specialty Hospital, Mohali	Chandigarh
10	Mukat Hospital and Heart Institute	Chandigarh

### BEST MULTISPECIALITY HOSPITALS JAIPUR

RANK	HOSPITAL	CITY
1	Santokba Durlabhji Memorial Hospital	Jaipur
2	Sawai Man Singh Hospital	Jaipur
3	Eternal Hospital	Jaipur
4	Fortis Escorts Hospital	Jaipur
5	Narayana Multispeciality Hospital	Jaipur
6	Rukmani Birla Hospital	Jaipur
7	Mahatma Gandhi Medical College & Hospital	Jaipur
8	Manipal Hospital	Jaipur
9	Apex Hospital	Jaipur
10	Metro MAS Hospital	Jaipur

### BEST MULTISPECIALITY HOSPITALS CHENNAI

RANK	HOSPITAL	CITY
1	Apollo Hospitals	Chennai
2	Sri Ramachandra Hospital	Chennai
3	Rajiv Gandhi Government General Hospital, Madras Medical College	Chennai
4	MIOT International	Chennai
5	Gleneagles Global Health City	Chennai
6	Kauvery Hospital	Chennai
7	Vijaya Hospital	Chennai
8	The Madras Medical Mission Hospital	Chennai
9	Billroth Hospitals	Chennai
10	Stanley Medical College and Hospital	Chennai

### BEST MULTISPECIALITY HOSPITALS COIMBATORE

RANK	HOSPITAL	CITY
1	Kovai Medical Center and Hospital (KMCH)	Coimbatore
2	PSG Hospitals	Coimbatore
3	G. Kuppuswamy Naidu Memorial Hospital	Coimbatore
4	Sri Ramakrishna Hospital	Coimbatore
5	Royal Care Super Speciality Hospital	Coimbatore
6	Coimbatore Medical College Hospital	Coimbatore
7	KG Hospital	Coimbatore
8	Kongunad Hospitals	Coimbatore
9	Sree Abirami Hospital Pvt Ltd	Coimbatore
10	Sri Lakshmi Medical Centre & Hospital	Coimbatore



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- + Urology
- + Nephrology
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- + Gastroenterology
- + Laparoscopic Surgery
- + Obstetrics
- + Gynecology
- + Cardiology
- + Cardio Thoracic Surgery
- + Pediatrics
- + Pediatric Surgery

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- + Orthopedics
- + Joint Replacement
- + Neurosurgery
- + Plastic Surgery
- + General Surgery
- + ENT
- + Neurology
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- + Pulmonology
- + Oncology
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### BEST MULTISPECIALITY HOSPITALS KOCHI

RANK	HOSPITAL	CITY
1	Amrita Institute of Medical Sciences (Amrita Hospitals)	Kochi
2	Aster Medcity	Kochi
3	Medical Trust Hospital	Kochi
4	Rajagiri Hospital	Kochi
5	VPS Lakeshore Hospital	Kochi
6	Lisie Hospital	Kochi
7	Lourdes Hospital Post Graduate Institute of Medical Science & Research	Kochi
8	Renai Medicity	Kochi
9	Ernakulam Medical Centre	Kochi
10	General Hospital Ernakulam	Kochi

### BEST MULTISPECIALITY HOSPITALS THIRUVANANTHAPURAM

RANK	HOSPITAL	CITY
1	KIMS Health	Thiruvananthapuram
2	The Government Medical College	Thiruvananthapuram
3	Ananthapuri Hospitals and Research Institute	Thiruvananthapuram
4	PRS Hospital Private Limited	Thiruvananthapuram
5	Cosmopolitan Hospital	Thiruvananthapuram
6	SUT Hospital	Thiruvananthapuram
7	NIMS Medicity	Thiruvananthapuram
8	Sree Gokulam Medical College and Research Foundation	Thiruvananthapuram
9	SK Hospital	Thiruvananthapuram
10	SP Fort Hospital	Thiruvananthapuram

### BEST MULTISPECIALITY HOSPITALS BENGALURU

RANK	HOSPITAL	CITY
1	Manipal Hospitals, HAL Airport Road	Bengaluru
2	Apollo Hospitals, Bannerghatta Road	Bengaluru
3	Narayana Health City	Bengaluru
4	Fortis Hospital, Bannerghatta Road	Bengaluru
5	Aster CMI Hospital	Bengaluru
6	St. John's Medical College Hospital	Bengaluru
7	Columbia Asia Referral Hospital, Yeshwanthpur	Bengaluru
8	M S Ramaiah Memorial Hospital	Bengaluru
9	BGS Gleneagles Global Hospitals	Bengaluru
10	Bangalore Medical College and Research Institute	Bengaluru
11	Vikram Hospital	Bengaluru
12	Fortis Hospital, Cunningham Road	Bengaluru
13	Sagar Hospitals	Bengaluru

### BEST MULTISPECIALITY HOSPITALS HYDERABAD

RANK	HOSPITAL	CITY
1	Apollo Hospitals	Hyderabad
2	Yashoda Hospitals	Hyderabad
3	Krishna Institute of Medical Sciences	Hyderabad
4	CARE Super Specialty Hospital & Transplant Centre - Banjara Hills	Hyderabad
5	Nizam's Institute of Medical Sciences	Hyderabad
6	Continental Hospitals	Hyderabad
7	Sunshine Hospitals	Hyderabad
8	Gleneagles Global Hospitals	Hyderabad
9	Star Hospitals	Hyderabad
10	Gandhi Medical College & Hospital	Hyderabad
11	Osmania Medical College & General Hospital	Hyderabad

# Can Corona flatten the inequality curve?

Democracy is the worst form of government except for all the others." Churchill may have been wrong about many things, but these words have largely encapsulated life in India. Frustrated by corruption and the inefficiency of the system, the middle class and the wealthy have learned to work around the system. Water tankers, electricity generators, private security, gated communities and (of late) air purifiers have allowed many to access a decent standard of living. Slums stood in the shadows of expensive, high-rise apartments, but the inhabitants of the two lived in very different worlds. Sprawling multiplexes, malls, and amusement parks, made it easy for us to look away from the poverty next door. Then came Covid-19. It infected and killed people in both India. Audi or auto-rickshaw, both were forced to shelter in place. Travel be it the luxury of first class by air or the more economic seats on a bus; weddings, grandiose or otherwise, have all come to a grinding halt in the wake of this pandemic. In the pre-Covid era, even memorial-services were a reflection of one's status in society, but now, death is once more the great equalizer, and funerals are a simple affair for everyone.

While the financial impact has been undoubtedly worse for the economically weaker sections of society, everybody has experienced some level of economic anxiety. Those who were lucky enough to have

Maslow's basics covered, aspired to a better world for themselves and their children. Covid-19 has suddenly turned their world upside down. Many have lost their jobs or have had to take significant pay cuts. It's been a stark reminder to never feel superior to those who are economically weaker. All the talent in the world means nothing without a little luck and Lady Luck is a very capricious friend.

This crisis has also been a hard lesson in humility and has reaffirmed the dignity of labour. The "essential" jobs are rarely the ones we perform in cushy offices. The real heroes - drivers, domestic help, pourakarmikas, all toil for the benefit of society for very little pay and even less respect. The lockdown showed us who needs whom more.

When you're surrounded by poverty, it's easy to become inured to the suffering of others and looking away becomes a coping mechanism. Covid-19 has shown us that no matter how high we build the walls of our homes, ultimately, we are only as strong as our society is. We are only as healthy and safe as our cooks, domestic help, and drivers. We learn the most from the hardest lessons, and if nothing else, this global pandemic has really proved we are all in this together. While we're waiting for the Covid curve to flatten, we should all get to work on flattening the inequality curve even more.



**Dr. Sudarshan Ballal**  
Chairman, Manipal Hospitals



### BEST MULTISPECIALITY HOSPITALS BHUBANESWAR

RANK	HOSPITAL	CITY
1	All India Institute of Medical Sciences	Bhubaneswar
2	Apollo Hospitals	Bhubaneswar
3	AMRI Hospitals	Bhubaneswar
4	Kalinga Institute of Medical Sciences (KIMS)	Bhubaneswar
5	CARE Super Specialty Hospital	Bhubaneswar
6	IMS and SUM Hospital	Bhubaneswar
7	Kalinga Hospital	Bhubaneswar
8	Capital Hospital	Bhubaneswar
9	Hi-Tech Medical College and Hospital	Bhubaneswar
10	Sparsh Hospitals & Critical Care	Bhubaneswar

### BEST MULTISPECIALITY HOSPITALS MUMBAI

RANK	HOSPITAL	CITY
1	Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute	Mumbai
2	P.D. Hinduja Hospital & Medical Research Centre	Mumbai
3	Lilavati Hospital and Research Centre	Mumbai
4	Jaslok Hospital & Research Centre	Mumbai
5	KEM Hospital and Seth G S Medical College	Mumbai
6	Bombay Hospital & Medical Research Centre	Mumbai
7	Nanavati Super Speciality Hospital	Mumbai
8	Fortis Hospital, Mulund	Mumbai
9	Sir H.N. Reliance Foundation Hospital and Research Centre	Mumbai
10	Apollo Hospitals	Mumbai
11	Breach Candy Hospital Trust	Mumbai
12	Saifee Hospital	Mumbai
13	Dr L H Hiranandani Hospital	Mumbai
14	Lokmanya Tilak Municipal General Hospital	Mumbai
15	B.Y.L. Nair Charitable Hospital	Mumbai
16	Sir J.J. Group of Hospitals	Mumbai
17	Fortis Hiranandani Hospital	Mumbai

### BEST MULTISPECIALITY HOSPITALS AHMEDABAD

RANK	HOSPITAL	CITY
1	Zydus Hospitals	Ahmedabad
2	Apollo Hospitals	Ahmedabad
3	Care Institute of Medical Sciences (CIMS Hospital)	Ahmedabad
4	Sterling Hospitals	Ahmedabad
5	Civil Hospital	Ahmedabad
6	Narayana Multispeciality Hospital	Ahmedabad
7	Kusum Dhirajlal Hospital (KD Hospital)	Ahmedabad
8	HCG Hospitals	Ahmedabad
9	Shalby Hospitals	Ahmedabad
10	Saviour Hospital	Ahmedabad

### BEST MULTISPECIALITY HOSPITALS PUNE

RANK	HOSPITAL	CITY
1	Deenanath Mangeshkar Hospital & Research Center	Pune
2	Ruby Hall Clinic	Pune
3	KEM Hospital	Pune
4	Jehangir Hospital	Pune
5	Sahyadri Hospitals	Pune
6	Jupiter Hospital	Pune
7	B.J. Government Medical College and Sassoon General Hospitals	Pune
8	Poona Hospital & Research Centre	Pune
9	Columbia Asia Hospital	Pune
10	Noble Hospital	Pune

### BEST MULTISPECIALITY HOSPITALS KOLKATA

RANK	HOSPITAL	CITY
1	Apollo Gleneagles Hospitals	Kolkata
2	IPGME&R - SSKM Hospital	Kolkata
3	AMRI Hospitals	Kolkata
4	CK Birla Hospitals CMRI	Kolkata
5	Medica Superspecialty Hospital	Kolkata
6	Fortis Hospitals, Anandapur	Kolkata
7	Peerless Hospital & B.K. Roy Research Centre	Kolkata
8	Medical College	Kolkata
9	Rabindranath Tagore International Institute of Cardiac Sciences	Kolkata
10	Nil Ratan Sircar Medical College & Hospital	Kolkata
11	Belle Vue Clinic	Kolkata
12	R.G. Kar Medical College & Hospital	Kolkata

### BEST MULTISPECIALITY HOSPITALS NAGPUR

RANK	HOSPITAL	CITY
1	Alexis Multispeciality Hospital	Nagpur
2	Wockhardt Super Speciality Hospital	Nagpur
3	SevenStar Hospital	Nagpur
4	CARE Hospitals	Nagpur
5	Orange City Hospital & Research Institute	Nagpur
6	Government Medical College & Hospital	Nagpur
7	Lata Mangeshkar Multi Speciality Hospital	Nagpur
8	Indira Gandhi Government Medical College & Hospital	Nagpur
9	Suretech Hospital & Research Centre	Nagpur
10	Getwell Hospital and Research Institute	Nagpur

### BEST MULTISPECIALITY HOSPITALS INDORE

RANK	HOSPITAL	CITY
1	Choithram Hospital and Research Centre	Indore
2	Bombay Hospital	Indore
3	CHL Hospitals	Indore
4	Sri Aurobindo Institute of Medical Sciences	Indore
5	Apollo Hospitals	Indore
6	Mahatma Gandhi Memorial Medical College	Indore
7	Medanta Super Speciality Hospital	Indore
8	Shalby Hospital	Indore
9	Vishesh Hospital	Indore
10	Gokuldas Hospital	Indore

### BEST MULTISPECIALITY HOSPITALS DELHI PRIVATE

RANK	HOSPITAL	CITY
1	Indraprastha Apollo Hospitals	Delhi
2	Sir Ganga Ram Hospital	Delhi
3	Max Super Speciality Hospital, Saket	Delhi
4	Dr. B L Kapur Memorial Hospital	Delhi
5	Max Super Speciality Hospital, Patparganj	Delhi
6	Fortis Hospital, Shalimar Bagh	Delhi
7	Max Super Speciality Hospital, Shalimar Bagh	Delhi
8	Pushpawati Singhanian Hospital and Research Institute (PSRI Hospital)	Delhi
9	Fortis Ft. Lt. Rajan Dhall Hospital, Vasant Kunj	Delhi
10	HCMCT Manipal Hospital	Delhi
11	Aakash Healthcare Super Speciality Hospital	Delhi
12	Dharamshila Narayana Superspeciality Hospital	Delhi



**BEST MULTISPECIALITY HOSPITALS DELHI NCR PRIVATE**

RANK	HOSPITAL	CITY
1	Medanta - The Medicity, Gurugram	Delhi NCR
2	Fortis Memorial Research Institute, Gurugram	Delhi NCR
3	Asian Institute of Medical Sciences, Faridabad	Delhi NCR
4	Artemis Hospitals, Gurugram	Delhi NCR
5	Fortis Hospital, Noida	Delhi NCR
6	Max Super Speciality Hospital, Vaishali	Delhi NCR
7	Jaypee Hospital, Noida	Delhi NCR
8	Fortis Escorts Hospital, Faridabad	Delhi NCR
9	Metro Hospitals & Heart Institute, Noida	Delhi NCR
10	Kailash Hospital & Heart Institute, Noida	Delhi NCR
11	Yashoda Super Speciality Hospital, Kaushambi, Ghaziabad	Delhi NCR
12	Narayana Superspeciality Hospital, Gurugram	Delhi NCR

**BEST MULTISPECIALITY HOSPITALS LUCKNOW PRIVATE**

RANK	HOSPITAL	CITY
1	Apollomedics Super Speciality Hospitals	Lucknow
2	Vivekananda Polyclinic & Institute of Medical Sciences	Lucknow
3	Era's Lucknow Medical College and Hospital	Lucknow
4	Mayo Medical Centre	Lucknow
5	Ajanta Hospital	Lucknow
6	Charak Hospital	Lucknow

**BEST MULTISPECIALITY HOSPITALS CHENNAI PRIVATE**

RANK	HOSPITAL	CITY
1	Apollo Hospitals	Chennai
2	Sri Ramachandra Hospital	Chennai
3	MIOT International	Chennai
4	Gleneagles Global Health City	Chennai
5	Kauvery Hospital	Chennai
6	Vijaya Hospital	Chennai
7	The Madras Medical Mission Hospital	Chennai
8	Billroth Hospitals	Chennai

**BEST MULTISPECIALITY HOSPITALS BENGALURU PRIVATE**

RANK	HOSPITAL	CITY
1	Manipal Hospitals, HAL Airport Road	Bengaluru
2	Apollo Hospitals, Bannerghatta Road	Bengaluru
3	Narayana Health City	Bengaluru
4	Fortis Hospital, Bannerghatta Road	Bengaluru
5	Aster CMI Hospital	Bengaluru
6	St. John's Medical College Hospital	Bengaluru
7	Columbia Asia Referral Hospital, Yeshwanthpur	Bengaluru
8	M S Ramaiah Memorial Hospital	Bengaluru
9	BGS Gleneagles Global Hospitals	Bengaluru
10	Vikram Hospital	Bengaluru
11	Fortis Hospital, Cunningham Road	Bengaluru
12	Sagar Hospitals	Bengaluru

**BEST MULTISPECIALITY HOSPITALS HYDERABAD PRIVATE**

RANK	HOSPITAL	CITY
1	Apollo Hospitals	Hyderabad
2	Yashoda Hospitals	Hyderabad
3	Krishna Institute of Medical Sciences	Hyderabad
4	CARE Super Specialty Hospital & Transplant Centre - Banjara Hills	Hyderabad
5	Continental Hospitals	Hyderabad
6	Sunshine Hospitals	Hyderabad
7	Gleneagles Global Hospitals	Hyderabad
8	Star Hospitals	Hyderabad

**BEST MULTISPECIALITY HOSPITALS KOLKATA PRIVATE**

RANK	HOSPITAL	CITY
1	Apollo Gleneagles Hospitals	Kolkata
2	AMRI Hospitals	Kolkata
3	CK Birla Hospitals CMRI	Kolkata
4	Medica Superspecialty Hospital	Kolkata
5	Fortis Hospitals, Anandapur	Kolkata
6	Peerless Hospital & B.K. Roy Research Centre	Kolkata
7	Rabindranath Tagore International Institute of Cardiac Sciences	Kolkata
8	Belle Vue Clinic	Kolkata

**BEST MULTISPECIALITY HOSPITALS MUMBAI PRIVATE**

RANK	HOSPITAL	CITY
1	Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute	Mumbai
2	P.D. Hinduja Hospital & Medical Research Centre	Mumbai
3	Lilavati Hospital and Research Centre	Mumbai
4	Jaslok Hospital & Research Centre	Mumbai
5	Bombay Hospital & Medical Research Centre	Mumbai
6	Nanavati Super Speciality Hospital	Mumbai
7	Fortis Hospital, Mulund	Mumbai
8	Sir H.N. Reliance Foundation Hospital and Research Centre	Mumbai
9	Apollo Hospitals	Mumbai
10	Breach Candy Hospital Trust	Mumbai
11	Saifee Hospital	Mumbai
12	Dr L H Hiranandani Hospital	Mumbai
13	Fortis Hiranandani Hospital	Mumbai



JANAK BHAT

**LEADING WITH CARE**  
 Kokilaben Dhirubhai Ambani hospital (file photo)



INTERVIEW

**Dr Rahul Pandit,**  
director, critical care, Fortis Hospital, Mulund, Mumbai

# It took a pandemic to recognise the role of an intensivist

BY POOJA BIRAI JAISWAL

**Q/ Do you think that Covid-19 brought critical care to the forefront like never before?**

**A/** Certainly. Most of the action happened in this field of medicine during the pandemic. For a start, people recognised that intensive care units and, more importantly, ventilators save lives. The common perception that a patient on ventilator is unlikely to survive has changed completely. Now every aspect of intensive care is regarded as important, not to forget that it is the person behind the machine that matters. Hence the young specialty of intensive care specialist, commonly referred to as intensivist, is now highly sought after. It took a pandemic to bring about this change that was long overdue.

**Q/ What is the role of an intensivist in patient management?**

**A/** An intensivist has been the backbone of patient management in the ICU, often spending hours at the patient's bedside, observing the clinical signs and every change in physiology as visible on the monitor, ventilator and different gadgets, and then correlating them and treating appropriately based on these variables....

To give perspective, clinicians are confronted with more than 200 variables when caring for the critically ill, yet most are unable to judge the degree of relatedness between more than two or three variables. Thus a new specialty was born, called criti-



cal or intensive care specialist, who would be trained to recognise these variables, correlate them, be skilled in bedside procedures and have exceptional communication skills to be able to convey this to colleagues and patients' families.

**Q/ How has modern technology helped in the growth of critical care management?**

**A/** Critical care is one of those fields of medicine where technology and medicine share a symbiotic relationship. To support organs, often the help of modern machines like ventilators, cardiac monitors or a simple feeding pump is necessary. The interpretation of data and utility of these machines is mainly done by doctors, nurses and other ICU staff. This is where the major advance-

ments are now taking place. It is often important how data is presented. A graphical presentation helps in better integration of data, helping in speedy and accurate clinical decision-making.

**Q/ What is the role of artificial intelligence in an ICU set-up?**

**A/** The use of artificial intelligence has helped us develop algorithms that can predict the possibility of a life-threatening event early and prompt us to take corrective action. For example, smart packs installed in ventilators help clinicians in deciding when to wean the patient from the ventilator. The technology is becoming smaller and smarter. The picture of a patient attached with various wires to a monitor is soon going to be a thing of the past.

**Q/ Tell us about the birth of e-ICU or tele ICU.**

**A/** This technology has enabled the ICU to walk out of the confines of four walls. This access to data is a safety net and works in the patient's favour, because now more eyes are looking at a patient on site as well as remotely. This helps not only in timely interventions, but also in avoiding medical errors and in aiding early recovery. This safety net can be extended to patients in wards, where typically this type of continuous monitoring was never done, and even at home. 📍

## BEST HOSPITALS CARDIOLOGY

RANK	HOSPITAL	CITY
1	All India Institute of Medical Sciences	Delhi
2	Apollo Hospitals	Chennai
3	Medanta - The Medicity	Gurugram
4	Fortis Escorts Heart Institute & Research Centre, Okhla	Delhi
5	Narayana Institute of Cardiac Sciences (Narayana Health City)	Bengaluru
6	Sri Jayadeva Institute of Cardiovascular Sciences and Research	Bengaluru
7	Christian Medical College	Vellore
8	Postgraduate Institute of Medical Education and Research	Chandigarh
9	U.N. Mehta Institute of Cardiology and Research Centre	Ahmedabad
10	Sanjay Gandhi Postgraduate Institute of Medical Sciences	Lucknow
11	Sree Chitra Tirunal Institute for Medical Sciences and Technology	Thiruvananthapuram
12	The Madras Medical Mission Hospital	Chennai
13	Apollo Hospitals	Hyderabad
14	Amrita Institute of Medical Sciences (Amrita Hospitals)	Kochi
15	Max Super Speciality Hospital, Saket	Delhi

## BEST HOSPITALS ONCOLOGY

RANK	HOSPITAL	CITY
1	Tata Memorial Hospital	Mumbai
2	All India Institute of Medical Sciences	Delhi
3	Cancer Institute (WIA), Adyar	Chennai
4	Apollo Cancer Centre	Chennai
5	Rajiv Gandhi Cancer Institute and Research Centre	Delhi
6	Basavatakar Indo-American Cancer Hospital & Research Institute	Hyderabad
7	Kidwai Memorial Institute of Oncology	Bengaluru
8	The Gujarat Cancer & Research Institute	Ahmedabad
9	Regional Cancer Centre	Thiruvananthapuram
10	Christian Medical College	Vellore
11	HCG Cancer Centre, Kalinga Rao Road	Bengaluru
12	Postgraduate Institute of Medical Education and Research	Chandigarh
13	Medanta - The Medicity	Gurugram
14	Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute	Mumbai
15	Amrita Institute of Medical Sciences (Amrita Hospitals)	Kochi
16	Indraprastha Apollo Hospitals	Delhi

## BEST HOSPITALS OPHTHALMOLOGY

RANK	HOSPITAL	CITY
1	All India Institute of Medical Sciences	Delhi
2	L V Prasad Eye Institute	Hyderabad
3	Sankara Nethralaya	Chennai
4	Aravind Eye Hospital and Postgraduate Institute of Ophthalmology	Madurai
5	Narayana Nethralaya	Bengaluru
6	Aravind Eye Hospital and Postgraduate Institute of Ophthalmology	Coimbatore
7	Sankara Eye Hospital	Bengaluru
8	Postgraduate Institute of Medical Education and Research	Chandigarh
9	Sankara Eye Hospital, Sathy Road	Coimbatore
10	Centre for Sight	Delhi
11	Sankara Eye Hospital	Guntur
12	L V Prasad Eye Institute	Bhubaneswar
13	Dr. Shroff's Charity Eye Hospital	Delhi
14	Dr. Agarwal's Eye Hospital	Chennai
15	L V Prasad Eye Institute	Vishakhapatnam
16	Sankara Eye Hospital	Shimoga
17	Disha Eye Hospitals	Kolkata



### BEST HOSPITALS GASTROENTEROLOGY

RANK	HOSPITAL	CITY
1	Asian Institute of Gastroenterology	Hyderabad
2	All India Institute of Medical Sciences	Delhi
3	Medanta - The Medicity	Gurugram
4	Postgraduate Institute of Medical Education and Research	Chandigarh
5	Sir Ganga Ram Hospital	Delhi
6	Sanjay Gandhi Postgraduate Institute of Medical Sciences	Lucknow
7	Apollo Hospitals	Chennai
8	Christian Medical College	Vellore
9	The Institute of Liver and Biliary Sciences (ILBS)	Delhi
10	Govind Ballabh Pant Institute of Postgraduate Medical Education and Research	Delhi
11	GEM Hospital Institute of Gastroenterology, Laparoscopic & Robotic Surgery	Coimbatore
12	Indraprastha Apollo Hospitals	Delhi
13	Amrita Institute of Medical Sciences (Amrita Hospitals)	Kochi
14	Apollo Gleneagles Hospitals	Kolkata
15	Jawaharlal Institute of Postgraduate Medical Education and Research	Puducherry

### BEST HOSPITALS PAEDIATRICS

RANK	HOSPITAL	CITY
1	All India Institute of Medical Sciences	Delhi
2	Postgraduate Institute of Medical Education and Research	Chandigarh
3	Christian Medical College	Vellore
4	Sir Ganga Ram Hospital	Delhi
5	Rainbow Children's Hospital and BirthRight by Rainbow	Hyderabad
6	Institute of Child Health and Hospital for Children	Chennai
7	Apollo Children's Hospital	Chennai
8	Lady Hardinge Medical College	Delhi
9	Kanchi Kamakoti CHILDS Trust Hospital	Chennai
10	Jawaharlal Institute of Postgraduate Medical Education and Research	Puducherry
11	Indraprastha Apollo Hospitals	Delhi
12	Manipal Hospitals, HAL Airport Road	Bengaluru
13	KEM Hospital and Seth G S Medical College	Mumbai
14	Rainbow Children's Hospital and BirthRight by Rainbow	Bengaluru
15	Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute	Mumbai

### BEST HOSPITALS ORTHOPAEDICS

RANK	HOSPITAL	CITY
1	All India Institute of Medical Sciences	Delhi
2	Ganga Medical Centre & Hospitals Pvt Ltd	Coimbatore
3	Christian Medical College	Vellore
4	Postgraduate Institute of Medical Education and Research	Chandigarh
5	Apollo Hospitals	Chennai
6	MIOT International	Chennai
7	Sancheti Institute for Orthopaedics and Rehabilitation	Pune
8	Medanta - The Medicity	Gurugram
9	KEM Hospital and Seth G S Medical College	Mumbai
10	Kasturba Hospital	Manipal
11	Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute	Mumbai
12	Indraprastha Apollo Hospitals	Delhi
13	Max Super Speciality Hospital, Saket	Delhi
14	Sparsh Hospital	Bengaluru
15	Sir Ganga Ram Hospital	Delhi
16	Safdarjung Hospital	Delhi
17	HOSMAT Hospital	Bengaluru

### BEST HOSPITALS PULMONOLOGY

RANK	HOSPITAL	CITY
1	Postgraduate Institute of Medical Education and Research	Chandigarh
2	All India Institute of Medical Sciences	Delhi
3	Christian Medical College	Vellore
4	Apollo Hospitals	Chennai
5	Indraprastha Apollo Hospitals	Delhi
6	Sir Ganga Ram Hospital	Delhi
7	Sanjay Gandhi Postgraduate Institute of Medical Sciences	Lucknow
8	Vallabhbai Patel Chest Institute	Delhi
9	National Institute of Tuberculosis and Respiratory Diseases	Delhi
10	Medanta - The Medicity	Gurugram
11	Jawaharlal Institute of Postgraduate Medical Education and Research	Puducherry
12	Apollo Hospitals	Bengaluru
13	P.D. Hinduja Hospital & Medical Research Centre	Mumbai
14	Mazumdar Shaw Medical Centre (Narayana Health City)	Bengaluru
15	Max Super Speciality Hospital, Saket	Delhi

### BEST HOSPITALS NEUROLOGY

RANK	HOSPITAL	CITY
1	All India Institute of Medical Sciences	Delhi
2	National Institute of Mental Health and Neurosciences (NIMHANS)	Bengaluru
3	Sree Chitra Tirunal Institute for Medical Sciences and Technology	Thiruvananthapuram
4	Postgraduate Institute of Medical Education and Research	Chandigarh
5	Apollo Hospitals	Chennai
6	Christian Medical College	Vellore
7	Sanjay Gandhi Postgraduate Institute of Medical Sciences	Lucknow
8	Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute	Mumbai
9	Max Super Speciality Hospital, Saket	Delhi
10	Medanta - The Medicity	Gurugram
11	KEM Hospital and Seth G S Medical College	Mumbai
12	Indraprastha Apollo Hospitals	Delhi
13	Nizam's Institute of Medical Sciences	Hyderabad
14	Govind Ballabh Pant Institute of Postgraduate Medical Education and Research	Delhi
15	P.D. Hinduja Hospital & Medical Research Centre	Mumbai
16	Amrita Institute of Medical Sciences (Amrita Hospitals)	Kochi

### BEST HOSPITALS DIABETES CARE

RANK	HOSPITAL	CITY
1	All India Institute of Medical Sciences	Delhi
2	Dr. Mohan's Diabetes Specialities Centre	Chennai
3	Christian Medical College	Vellore
4	Postgraduate Institute of Medical Education and Research	Chandigarh
5	M.V. Hospital for Diabetes	Chennai
6	Dr. A. Ramachandran's Diabetes Hospitals (ARH)	Chennai
7	Chellaram Hospital - Diabetes Care & Multi Speciality	Pune
8	Apollo Hospitals	Chennai
9	Medanta - The Medicity	Gurugram
10	Sanjay Gandhi Postgraduate Institute of Medical Sciences	Lucknow
11	Jawaharlal Institute of Postgraduate Medical Education and Research	Puducherry
12	Amrita Institute of Medical Sciences (Amrita Hospitals)	Kochi
13	Dr V Balaji Dr V Seshiah Diabetes Care and Research Institute	Chennai
14	S. L. Raheja Hospital - A Fortis Associate	Mumbai
15	Max Super Speciality Hospital, Saket	Delhi



## BEST HOSPITALS INFERTILITY

RANK	HOSPITAL	CITY
1	All India Institute of Medical Sciences	Delhi
2	Jaslok Hospital & Research Centre	Mumbai
3	Christian Medical College	Vellore
4	Sir Ganga Ram Hospital	Delhi
5	Lilavati Hospital and Research Centre	Mumbai
6	P.D. Hinduja Hospital & Medical Research Centre	Mumbai
7	Ruby Hall Clinic	Pune
8	The Madras Medical Mission Hospital	Chennai
9	Max Multi Speciality Centre, Panchsheel Park	Delhi
10	CRAFT Hospital & Research Centre	Kochi

## THE WEEK-Hansa Research Best Hospitals Survey 2020



leaders in their field. City rankings were validated by experts from respective cities. The core research team conducted telephonic interviews with more than 100 experts from various hospitals across cities and specialisations to validate the findings.

### Ranking methodology

The final rank for a hospital in the All India list is based on the number of nominations received, ranks given, and the

ratings on the following six parameters:

- ❖ Overall reputation
- ❖ Competency of doctors
- ❖ Infrastructure and facilities
- ❖ Patient care
- ❖ Hospital environment
- ❖ Research and innovation

City rankings are based on perceptual data collected from experts from the respective cities on the parameters mentioned above. Rankings for specialisations are based on perceptual data collected from specialists from the respective discipline on the same six parameters.

### How to use it

The rankings make the opinion of health care experts available to the public. While immense care has been taken to provide an honest assessment about each hospital, the needs of each patient can be different. So, while this list can be used as a guideline, decisions should be based on what works best for the patient.

### Research methodology

The survey covered 17 cities (plus the National Capital Region) that are important medical centres in the country. Top hospitals for 10 specialties were also ranked.

### Perceptual data collection

A primary survey was conducted among health care experts—860 general physicians and 1,152 specialists. The sample was selected ensuring proper representation of all cities and specialities.

The experts were asked to nominate and rate the top 10 multispeciality hospitals in India and within their own city. Specialists were also asked to nominate and rate the top 10 hospitals for their specialisation. Experts' response for hospitals they are associated with were ignored.

### Validation of findings

Data collected from the survey was validated using factual data from hospitals and other secondary sources. Final list was validated by leading doctors. Specialisation rankings were validated by experts who are opinion



**HOLISTIC APPROACH**  
Zydus Hospitals, Ahmedabad

## Beyond Covid-19

A hospital in Ahmedabad steps up to treat non-Covid patients suffering from serious ailments

BY POOJA BIRAI JAISWAL

**AS MOST HOSPITALS** were busy battling a surge of Covid-19 cases, people suffering from other diseases seldom visited hospitals for fear of contracting the infection. That is when Zydus Hospitals from Ahmedabad in Gujarat decided to remain a non-Covid entity. During the pandemic, the hospital catered to thousands of patients who were in need of life-saving treatment for chronic conditions including heart diseases, kidney diseases, liver disorders, cancer, neurological disorders and gastrointestinal disorders. Critical surgeries like liver and kidney transplants, too, were done with support from government officials. The hospital set up isolation chambers for managing patients with Covid-like symptoms until they could be transferred to a dedicated

Covid-19 facility. A few of its focal initiatives include:

**Knee replacement in a day:** Total knee replacement surgery usually involves a hospital stay of four to five days. But at Zydus Hospitals, it takes not more than 24 hours—from admission to discharge. A shorter stay in the hospital reduces the chances of cross infection. Zydus Hospitals has designed a robust patient-centric programme for both total and partial knee replacement surgeries. After the patient consents for the surgery, the necessary pre-operative modalities are completed and a team of physiotherapists attend to the patient. They study the patient's muscle strength, gait and tissue balancing. Physiotherapy regime is prescribed based on a patient's individual requirement. The

patient is able to move the very same day of the surgery. Post discharge, the patient's follow-up care and guided physiotherapy is remotely managed through telemedicine.

**Day-care gastro surgeries:** The hospital offered day-care gastrointestinal surgeries like lap cholecystectomy (laparoscopic gall bladder removal), lap appendectomy and lap mesh-hernioplasty for patients who did not want to spend much time in the hospital. Usually, patients would be admitted by 7am on the day of the surgery and be discharged by 4:30pm. A detailed list of do's and don'ts and a personalised dietary plan are provided to each patient before discharge. Patients are monitored via telemedicine while they recuperate at home.

**Telemedicine and remote access consultation and evaluation (RACE):** Zydus Hospitals initiated its homegrown telemedicine system within a couple of weeks of the pandemic. Zydus Enterprise Telemedicine Solution is a web- as well as application-based solution that is platform-independent. The main aim was to stay connected to patients who needed prescription refills. The hospital serves patients from Rajasthan and Madhya Pradesh, too, and it was essential to provide them access to doctors during lockdown. The doctor can consult from dedicated teleconsultation stations or from home or while on the move. A prescription along with the next follow-up date is generated and patients are also given the option of choosing doorstep delivery of medicines.

RACE is another extension of telemedicine in the intensive care area. It is used for consultation with specialists who are unable to visit the hospital owing to various reasons. The system enables doctors to see patients in the ICU, with access to their medical records and live vitals. 📍



# 30% of Covid-19 patients have gastro symptoms

**Apart from experiencing nausea, vomiting, lack of appetite, diarrhoea and abdominal pain, some patients develop liver hepatitis and even pancreatitis**

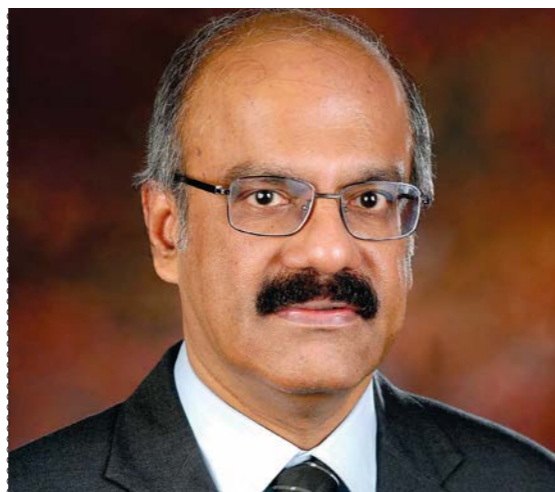
When we talk about gastroenterology, it includes liver disease and luminal (involving the intestine) gastroenterology. In luminal gastroenterology, the most common ailments seen in India are irritable bowel syndrome (IBS), gastroesophageal reflux disease (GERD), inflammatory bowel disease and then cancers like those of the stomach and colon. One of the reasons for the high incidence of these cases in India is our lack of hygiene, which is why we are more prone to infections and have a very high incidence of Helicobacter pylori infection (which causes gastritis, peptic ulcers and certain types of stomach cancer). Also, our gut flora is different from that of people in the west. That has a lot of influence on the intestine. And, we may have genetic susceptibility to a few disorders. Like, in some areas, we have a very high incidence of gastric cancer; in some other areas, we see more cases of oesophageal cancer.

**The gender tilt**  
IBS is more prevalent in wom-

en. But this gender predominance is cancelled out by the fact that in India more male patients visit hospitals than female patients. So if we take hospital statistics, it looks like the figures are same for both. But if you go into the community, you see that most women face this problem. That is because women are more prone to stress, and the way the body reacts to stress differs in men and women. And that reaction results in IBS.

**Covid-19 manifestations**  
About 30 per cent of Covid-19 patients come with gastrointestinal symptoms. About 10 per cent show only gastrointestinal symptoms, and not cough or respiratory symptoms. Gastrointestinal symptoms include nausea, vomiting, lack of appetite, diarrhoea and abdominal pain. Some patients develop liver hepatitis. And, in rare cases, we have also come across pancreatitis.

**Pandemic and protocols**  
During the lockdown, people visited hospitals only if they



“  
**This pandemic has changed our approach to patients in terms of scheduling. Patients are given specific appointments so that the hospital is not crowded.**  
”

had a serious disorder that was causing them significant discomfort. Those with minor disorders stayed away because of fear of hospital infection. Also, I think everybody was worried about how to deal with coronavirus. That is the reason why in the first few months of the pandemic, we saw more emergency cases, like gastrointestinal bleeding, and fewer elective procedures.

This pandemic has changed our approach to patients in terms of scheduling. Patients are given

# Hope and help in Covid times

BY VINITA NAYAR

The Covid-19 pandemic is still raging, and most people are suffering from Covid fatigue and also staring at an uncertain future. Post Covid and Long Covid are troubling several patients who have recovered from the disease. We speak to Dr. Venkita S. Suresh, MBBS, MD, D.Card (Lon), Group Medical Director, Kauvery Hospitals, who has vast experience in epidemics, especially coronaviruses, about this worrying phenomenon.

**What is meant by immunity and what part does it play in Covid-19?**

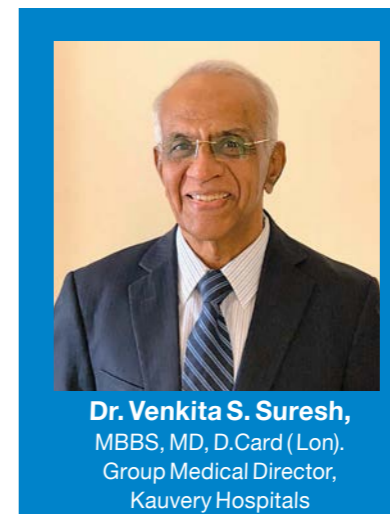
To simplify immunity in one sentence: it works through our body's natural defences – gamma globulins produced by our B cells and warriors produced by our T cells. The white cells are the foot soldiers against infections—the infantry, while immunity is our artillery, armored corps, and parachute brigade. But, strangely enough, immunity can also backfire, like a rogue army that stages a coup d'état. That 'hyper inflammation' is what goes wrong in Covid, causing severe and critical disease that can be life-threatening.

Evidence is emerging of a disordered response called 'autoimmunity', where our immunity may turn against us for a while. This may be behind the baffling syndrome of 'Long Covid'.

**What are Post Covid complications?**

Simply put, they are the late effects of this new and strange disease that spares no organs. Lung disease may dominate, but it also affects the mind, brain, heart, kidney, blood, intestines, liver, pancreas, bones, and even the eyes and skin.

Also, the chronic diseases, collectively called 'non-communicable diseases'—which include diabetes, high blood pressure, coronary heart disease, heart



failure, chronic lung and kidney diseases, cancer and obesity—predispose us to get severe Covid and increase our risk of dying from it. These also get deranged during Covid.

So, after discharge from the hospital and recovering from the acute phase, many patients would require continued medical care to nurse them back to health.

**What about Long Covid? We are increasingly hearing about this.**

Long Covid is like a farewell gift or insult from the virus. The infection may have left us asymptomatic, mildly ill, or allowed us to recover from a moderate or severe illness. However a feeling of lingering ill health continues over an indefinite period of time after we go home, significantly impairing our health and quality of life. That is the 'long tail of Covid'.

Symptoms vary widely - most common are cough, low grade fever, and fatigue, all of which may relapse and remit. Other symptoms are shortness of breath, pal-

pitations, chest pain, headaches, brain fog, muscle pains and weakness, lack of appetite, constipation or diarrhea, rashes, clotting and bleeding issues, anxiety, insomnia, depression, etc. Bone and joint swellings and pain may occur.

This could be due to weak or absent antibody response, inflammatory and other immune reactions, deconditioning, and mental factors such as post-traumatic stress, etc.

**So, what is required for patients who suffer from post Covid or long Covid?**

They need very professional and expert help. Clinical management requires a whole-patient perspective. They deserve a warm welcome, very patient listening, a thorough examination, carefully chosen investigations where absolutely necessary, a clear explanation to the patient and family about the status of health and thoughtful advice on its management.

Kauvery Hospitals, through their Post-Covid Wellness Clinics, offer careful, considerate, compassionate, and competent care, concentrating on giving the patient and family confidence, and enabling them to, once again, gain control over their health and lives. We believe in holding your hand all the way through your recovery process.

**How do we protect ourselves from getting Covid?**

We need continue to practice diligently what worked during our first wave—masks, hand sanitation, surface disinfection and social distancing. Preventing and containing 'clusters' would prevent a second wave. The war against Covid will be won by public health measures, by immunity gained from a healthy way of life, and from vaccines.



specific appointments so that the hospital is not crowded. All patients and attendants have to take precautions in terms of masks, physical distancing and hygiene. Everybody is checked for temperatures. Screening of patients and attendants is very high as this helps us to check the spread of infections. The health staff is also provided with double-layer of protection. While initially only emergency procedures were done, we have now started doing elective procedures.

**Innovative procedures**

One of the procedures that we did during the lockdown involved a unique technique to treat a two-year-old boy with achalasia cardia. Owing to the rare disorder, the boy from Bihar had difficulty in swallowing food. Achalasia cardia is a disorder where the muscle in the lower end of the oesophagus becomes tight. And the patient's condition can deteriorate rapidly. We used a revolutionary technique called POEM—peroral endoscopic myotomy—wherein we opened the lower end of the oesophagus using an endoscope. The patient can start swallowing food from

the very next day. Our unit has handled the maximum number of achalasia cardia cases in the world. We have done over 5,000 cases in the last eight years. We train at least 400 doctors every year in this technique. So, people all over the world have now picked up this technique.

Another procedure that we are first in the world to do is GERD X. One of the commonest problem we saw in our patients during the pandemic is gastroesophageal reflux disease. These patients are normally treated with PPIs—proton pump inhibitors—to decrease acid. But if used for around five to seven years, PPIs can have side effects, ranging from renal failure and decrease in bone density to bone fracture, dementia and cancer of the stomach. So most patients are reluctant to use PPIs for long. GERD X is a minimally invasive endoscopic procedure for treatment of refractory or PPI-dependant GERD patients. We stitch the oesophageal sphincter, which is a small valve between the stomach and the lower end of the oesophagus. Through

the endoscope, we close that opening to a calibrated amount so that acid reflux does not occur. And these patients need not take any medication. Our experience with this procedure has shown that we can stop PPIs in 80 per cent of the cases or patients can make do with a small dose of medication. So, this is very effective and is going to replace surgery in most of the cases.

The other advancement has been in bariatric surgery, where surgeons laparoscopically remove part of the stomach to reduce weight. Now we have a technique where the stomach can be endoscopically stitched to reduce its size. It is called the Endomina System, which was developed by a hospital in Brussels, Belgium. We are the only hospital in India to use this technique. This is again an outpatient procedure.

**For good gastro health**

Maintaining good hygiene is important. We know that most infections occur because of contaminated food and water. The problem now is the high intake of junk food, which results in fatty liver and can lead to liver cirrhosis and gastrointestinal problems. So avoiding junk food and eating healthy, high-fibre food is very important. Regular exercise has shown to prevent not only conditions like fatty liver, but also gastrointestinal cancers. Finally, avoid smoking and have alcohol in moderation or avoid it completely. These are general precautions, but for gastrointestinal health these are very important and can save lives.

-As told to Susamma Joy Kurian

“  
**In the first few months of the pandemic, we saw more emergency cases, like gastrointestinal bleeding, and fewer elective procedures.**  
 ”

# PERINATOLOGY: NEED OF THE PRESENT TIME

Pregnancy and childbirth are a very important milestone in any family. Generally, it is a joyful and exciting experience for the entire family. However, sometimes this pregnancy becomes high risk due to factors which will be discussed at the end of the article. Such high-risk pregnancies must be taken care of by team of the dedicated specialists interested in the wellbeing of mother and foetus. This field of taking care of high-risk pregnancy is also known as PERINATOLOGY. The specialists who take care of such a high-risk pregnancy form a team and generally, it comprises of the obstetrician, fetal medicine specialist, neonatologist, paediatric surgeon, paediatric cardiologist, paediatric neurologist, paediatric neurosurgeon, geneticist, etc. SRCC Children's Hospital managed by Narayana Health located at Haji Ali, Mumbai has an experienced team of doctors who can take care of any high-risk pregnancy and the department of perinatology will be starting very soon.

As a part of the routine antenatal care, the mother has a certain number of visits with their treating obstetrician. Similarly, the foetus too is examined, by sonographic examination, at specific times during pregnancy: at the gestational age of 6-7 weeks to confirm pregnancy and rule out ectopic pregnancy, the number of foeti, viability and dating; at 12 weeks to look for early structural assessment, Nuchal Translucency and screening for common aneuploidies, screening for pre-eclampsia and preterm birth; at 18-20

weeks an anomaly scan to rule out certain structural anomalies in the foetus; followed by 1 or 2 scans at 32 and 36 weeks for growth and wellbeing of the foetus. The anomaly scan is very important, and it is usually normal in most pregnancies. However, in 2-3% pregnancies, abnormal findings are seen. At such times, the family must be counselled by a team of experts to help understand the anomaly, prognosticate it, perform interventions if needed and to plan the delivery and postnatal care.

For example, if the foetus is detected to have a diaphragmatic hernia then the team of fetal medicine specialist, obstetrician, paediatric surgeon and neonatologist counsel such a family and depending upon the specific findings, the family is informed about the prognosis. At the end of the counselling, the family should be able to take an informed decision, whether to continue with the pregnancy or terminate it. This counselling is very important so that anomalies with a good prognosis are not terminated due to misinformation and fear. Many anomalies, like swelling of one kidney due to obstruction (hydronephrosis), need one surgery and infants are well after surgery in most of the cases. If the family is informed accurately, antenatally, about the good prognosis by the experts who treat it after birth, then they are likely to continue with the pregnancy and not terminate it. The termination of pregnancy has long term psychological consequences and should only be undertaken after detailed and scientifically accurate discus-

sion with experts. Some anomalies have an underlying genetic abnormality, which makes the condition lethal or highly morbid, and termination may be the only option.

**Examples of conditions which will be considered as a high-risk pregnancy.**

- ♦ Detection of an anomaly on antenatal sonography
- ♦ Pre-existing maternal co-morbidities: hypertension, diabetes, heart disease, autoimmune diseases etc
- ♦ Maternal age > 37 years
- ♦ Pregnancy induced hypertension, Gestational Diabetes
- ♦ Twin, especially Monochorionic twin pregnancy and higher order gestation
- ♦ History of complications in past pregnancies: multiple miscarriages, previous preterm labor, previous still birth, previous fetal anomaly
- ♦ Infections in current pregnancy: CMV, toxoplasmosis, Rubella, Parvovirus, Chickenpox etc which can affect the fetus
- ♦ Abnormal prenatal tests

Such a high-risk pregnancy needs to be taken care of by a compassionate and well trained team of professionals to guide the family throughout the pregnancy for best outcome of the mother and baby and help alleviate the stress and anxiety that can come with a high-risk pregnancy.

**Dr. Rasik Shah**

Senior Paediatric Surgeon, SRCC Children's Hospital managed by Narayana Health  
 For Appointments Call: 186-0208-0208  
 Email: info.srcc@narayanahealth.org  
 Website: www.narayanahealth.org



**Irritable bowel syndrome is more prevalent in women. That is because women are more prone to stress than men.**



**Avoid junk food, which results in fatty liver and can lead to liver cirrhosis and gastrointestinal problems.**



**Regular exercise has shown to prevent not only conditions like fatty liver, but also gastrointestinal cancers.**





# Visiting Pune again, Donald?

We are told Joe Biden has gone into a huddle with key advisers, as he waits for President Donald Trump to move over and take his butt out of the White House. Even as world leaders rush to congratulate Biden on his recent victory, Donald is still trying hard to delegitimise his rival's win by tweeting, "He won because the election was rigged." Yeah, right! Well, we will still have orange hair to contend with till January. We badly need a global jester to amuse us in these grim times.

I recall our brief encounter in Pune, in 2014, with much amusement. Donald was not the president of the US at the time, but had informally announced his decision to throw his hat into the ring. He was in Pune to attend a big ticket promotional event for Trump Towers, his premiere entry into the luxury living space in India. Partnering Donald in this glamorised venture was local builders Panchshil Realty, promoted by Atul and Sagar Chordia, close associates of NCP strongman Sharad Pawar. Tout-Pune was agog at the thought of meeting Donald over a tightly structured evening. I was both curious and amused at the prospect of being in the same ballroom with one of the most unusual public figures on earth. I was not disappointed! Up there, on stage, with the gorgeous Lara Dutta as his interviewer, Donald effortlessly took over the show and dominated the conversation, as only he can. Lara had done her homework meticulously, and asked all the right questions, especially with regard to his business ventures in India and vision for the future.

Larger than life? Tick. Garrulous? Tick. Super energetic? Tick. The man with seemingly tireless energy had flown into Pune for a few short hours,

and was scheduled to jet off straight after the event. His sense of timing was as precise as his crazy sense of humour. I recall him tugging at his trademark orange thatch of hair to prove it was not a wig! The audience clapped and cheered as he came up with one bon mot after another, while a poised and charming Lara floored everyone with her equanimity.

We were escorted to an anteroom by the hosts, for a quick introduction, handshake and photo op. The security around Donald was tight and thorough, as expected, but my daughters and I managed a few moments of face time with the individual who would soon become the 'most

powerful man on earth'. Hurrah! He made eye contact, engaged in brief social chatter, posed for pictures and was promptly hustled away by burly men in black suits talking to their cufflinks. The person I really felt for was Donald's son (Donald Jr), who was accompanying his father and spoke after him. Imagine his predicament! Half the fancy crowd present in the ballroom had rudely left as soon as Donald got off the stage. But for me, it was the younger Trump who came as the real surprise package—bright, friendly, unpretentious and straightforward, as compared with his pompous, bombastic dad!

Come January 2021, there will be an inglorious exit from the White House. Meanwhile, I am waiting for Barack Obama's *A Promised Land*, which is likely to be the hottest book of the year, even if there are a few *desi* politicians in India who are squirming at his sharp observations and pointed digs. Why do I get the feeling Donald, with his towering ego, will be back in Pune soon? There are still a few apartments left to flog in his super swish development—that's why!



TRUMP AT AN EVENT IN MUMBAI DURING HIS 2014 VISIT AFP

@shobhaade

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# Time for a pup talk

Did you know Donald Trump was the first POTUS in 120 years to not own a dog? And when this was pointed out to him, he said he was “too busy to own a dog”, and “how would I look walking a dog on the White House lawn?” and that getting one now just to “pander to the public” would be “phony”.

Donald dislikes dogs. And the feeling appears to be mutual. In her memoir, *Raising Trump*, his ex-wife Ivana says that her dog Chappie barked and growled every time the future president tried to approach him.

Today, large swathes of the American public are looking forward to the arrival of Major and Champ (Joe Biden’s dogs) into the White House with greater joy than they are hailing the arrival of Joe Biden himself. They seem to think that a person who does not love dogs is a person who is not to be trusted, and I, for one, cannot help wondering if they have a point.

Nehru loved his golden retrievers. Rabindranath Tagore was very fond of Lalu, his stray dog. Ambedkar cried “like a bereaved mother” at the death of his doggo. Rahul Gandhi has a bright-eyed little dog called Pidi, who has often been called more intelligent than his master. The recent wildly popular web series *Pataal Lok* made the point that people who are kind to stray dogs are good people, even if they may also be hitmen and murderers. It is a documented fact that pictures of young men holding a puppy get many more right swipes on Tinder than pictures of young men holding a protein shake or a baby, though less than pictures of a young man holding the keys to an expensive car.

The logic seems to be that just as dogs can sniff out drugs and other illicit substances, they can sniff out duplicity, cruelty and assholery in human beings, and so basically, “dog-approved” is a verification everybody should strive for.

Okay, time for me to confess that I am harping on about dogs today because I am anxious to get the three stray girl puppies I am fostering adopted into good homes.

This litter of three girls used to be a litter of six. I had a flurry of inquiries and a choice of many candidates to take home the boy pups, but once all three of them were gone, inquiries have abruptly and very definitely dried up. Nobody wants a girl pup, even though the neutering surgery costs only ₹4,000 in a good clinic, and even though the girls are as intelligent and as alert as, if not more than, the boys. It is such a depressing glimpse into the vice-like grip patriarchy has on our country, limited not just to uneducated or rural folk, but flourishing among the educated middle classes, and the super-privileged as well.

And so, I feel Modiji should strike a blow for the *Beti Bachao, Beti Padhao* campaign and come forward to adopt my Rani, Kali or Cola himself. They are all fully local and very vocal, so they can be the mascots of his *Vocal for Local* campaign, too. Besides, the

“dog-approved” verification (so much cooler than the Obama-approved validation everybody is currently clamouring for) will give him a lot of added political clout. The fact that he picked them over all the glamorous Siberian huskies and German shepherds he could adopt will underline the fact that *desi* design and *desi* engineering are best suited to *desi* terrain.

Modiji, do think about it. A lovely girl doggo to liven up your lonely, fakir-ish home. A warm welcome when you return to 7, Lok Kalyan Marg after a hard day’s work. The thrill of knowing you are loved, unconditionally and always, just for the person you are!

And, if Modiji cannot come through, folks, you please do? Write to me @theweeklive, and take home a gorgeous *desi* girl.



ILLUSTRATION BHASKARAN

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# Beat the heat

Dynamic asset allocation funds are excellent investing vehicles in volatile times

BY N. VIJAYKUMAR



**THE STOCK MARKETS** have witnessed extreme volatility in the past few years. Earlier this year, they plummeted because of the pandemic but NIFTY bounced back almost to its original level and is trading just short of the all-time high in January. It is natural for retail investors to panic at these times. In 2008 also retail investors witnessed stock market crash and big recovery in a short span of time.

For those who have invested in dynamic asset allocation funds, especially the balanced advantage category of funds, the impact has been minimal. The scheme sharply cuts equity exposure whenever valuation of index is expensive or a valuation-based model that holds lower equity levels at peak valuations. Thus by managing risk in equity and allowing the debt portion to anchor the portfolio, it keeps volatility lower. Hence this strategy is a good investing option in the hybrid equity category in all market conditions.

### Fair market value strategy

Accessing the valuations of both debt and equity is an important parameter in dynamic asset allocation schemes. This scheme focuses on underlying valuation like price to earnings and price to book value and in debt, and the fund manager could take duration calls which helps make most of rate cuts and in the low interest rate regime.

Basically the scheme rebalances the portfolio according to the fair market of equity, and helps in booking the profits in the equity portion during expensive valuation and moving to debt. For example, BAF model sold equity in January and Feb 2020, and booked profits and reduced equity level to as low as 30 per cent. It gradually increased equity levels post-crash in March, April, and May to as high as 80 per cent.

Hence, dynamic asset allocation funds prove to be worth considering in all market conditions as this category books profit in stocks and also is a testament to this downside protection in the equity market. Thus, the category also helps the process of compounding with lower volatility in the long term.

### Behavioural bias

In the times of stock market crash, investors tend to panic, decide differently under pressure and sell equity holdings instead of accumulating at lower levels. It is a human reaction to feel uncomfortable to see equity portfolios down. The psychology of investing says investors naturally have cognitive biases that affect portfolio-related decisions.

In this testing time, by investing in dynamic asset allocations funds, one gets logical based investing and to avoid emotions based investing. As a result, the dynamic asset allocation category creates volatility-proof portfolios and leads to smoother investment experience and maximises investors’ returns and minimises investors’ risks.

Dynamic allocation funds should be the core portfolio for first-time investors who have low risk appetite and for risk averse investors. Ideally, one should consider having this category of schemes in the current turbulent market environment.

Among the balanced advantage category of funds there is one name that stands out-ICICI Prudential Balanced Advantage Fund. Considered a pioneer in its category, it is the second-largest scheme in this category with assets close to ₹27,000 crore, and it takes into consideration an in-house model that primarily looks at price-to-book model and decides on net equity asset allocation (30-80 per cent).

It is a time-tested scheme with prudent asset allocation with more than 10 years’ track record and has seen a complete market cycle. Most of the schemes in this category have been launched within the past few years, especially post SEBI’s re-categorisation exercise.

Author is the founder of [www.vbuildwealth.com](http://www.vbuildwealth.com)





# Shrine of peace

Century-old Sri Dharmarajika Chetiya Vihara of the Maha Bodhi Society remains one of the greatest symbols of Buddhist renaissance in India

BY RABI BANERJEE

**IN 1891, SINHALA** Buddhist monk Angarika Dharmapala had made a trip to India. He was shocked to see the deplorable condition of Buddhism's holy shrines in the country where it was born. In the next three decades, he put in his blood, sweat and tears to revive Buddhism in India and to restore ancient Buddhist shrines at holy sites like Bodh Gaya and Sarnath. He also founded the Maha Bodhi Society to propagate the ideas of peace, perfection and human values.

Even after Dharmapala's death, the society continued its mission of spreading the teachings of the Buddha through selfless service. Today, under the stewardship of general secretary Venerable P. Seewalee Thero, who has been in office since 2016, the Maha Bodhi Society of India is out to revive the lost teachings of Buddhism. "The society strives to unearth the hidden treasures of Buddhism, to propagate and promote humanism and human values with the message of love, compassion, wisdom and

peace," says Thero.

Headquartered in Kolkata, the Maha Bodhi Society of India currently has no foreign centres, except one in Lumbini, Nepal. The society was originally founded in Colombo, Sri Lanka, in 1891, but relocated to Kolkata (then Calcutta). The society's famous shrine, Sri Dharmarajika Chetiya Vihara, and the headquarters complex in Kolkata are celebrating their 100th foundation day on November 26. Commemorative programmes of the Vihara, that would last a year, will commence with one-week special ceremonial dharma activities on November 26. There is, however, no extravagant celebration because of the pandemic. But prayers from around the world are pouring in for this century-old beacon of Buddhism.

A Hawaiian philanthropist, Mary Robinson Foster, who donated ₹65,000, was one of the biggest patrons of the temple project. Contributions like hers helped Dharmapala set up the temple and office building in the heart of The City of Joy. "He

chose Calcutta because back then this city used to be the intellectual and cultural capital of India," says Ranadhish Chowdhury, administrative secretary of the Maha Bodhi Society.

Dharmapala got the society registered in 1915 with Sir Asutosh Mookerjee, then chief justice of the Calcutta High Court and former vice-chancellor of Calcutta University, as its first Indian president. Mookerjee was one of the most revered patrons of the society. Asutosh's son and Bharatiya Jana Sangh founder, Syama Prasad Mookerjee, was the longest-serving president of the society—from 1942 to his death in 1953. Currently, Justice (ret'd) Chittatosh Mookerjee, who hails from the same family, is a patron of the society.

British journalist Sir Edwin Arnold was the first one to highlight the pathetic state of the Bodh Gaya temple in 1885. Dharmapala read the article and was deeply moved

by it. On January 22, 1891, he visited Bodh Gaya for the first time and found that the Buddhist shrine was under the control of a Hindu monk. "He then took up the mission for the restoration of holy sites of Buddhism, and the revival of Buddhism in India and other parts of the world," says Chowdhury. "He was attacked while doing this in India, especially in Bodh Gaya. [But] he was able to persuade the British government to take all possible measures to preserve the sacred sites."

Subsequently, the British government agreed to give the Maha Bodhi Society a relic of the Buddha—discovered during an excavation at Bhattiprolu Stupa in Madras presidency—provided the society built a suitable vihara in Kolkata. Thus, the foundation stone for Sri Dharmarajika Chetiya Vihara was laid in 1918 and completed in 1920. On November 26, 1920, the then Bengal governor, Lord Ronaldshay, ceremoniously



FAITH TO THE FORE

Prayer in progress at the Maha Bodhi Society, Kolkata



**[We] strive to unearth the hidden treasures of Buddhism, to propagate and promote humanism and human values.**

-Venerable P. Seewalee Thero, general secretary, Maha Bodhi Society of India

handed over the holy relic to Asutosh Mookerjee, who in turn handed it over to Dharmapala in the presence of theosophist Annie Besant.

The vihara was designed with the Ajanta Caves in mind, and it has a sacred relic casket enshrined in a black stone pagoda. It was decorated with frescos illustrating the life of the Buddha and Buddhist communities from around the world. On Buddha Purnima, the sacred relic is displayed for veneration. Mahatma Gandhi, Mother Teresa, Rabindranath Tagore, the Dalai Lama, former Vietnam president Ho Chi Minh, former Chinese premier Zhou Enlai and former Sri Lankan president J.R. Jayewardene are some of the eminent personalities who have visited the temple.

Spiritual figures from British India had played a great role in Dharmapala's spiritual journey. He was born in a Sri Lankan Christian family in 1864. He declared himself a Buddhist in 1880 after coming in close contact with the founders of the theosophical society, Colonel Henry Steel Olcott and Helena Blavatsky (who shifted her activities to India in the late 1870s).

In 1893, he met Swami Vivekananda at the Parliament of the World's Religions. They became close acquaintances. Like Vivekananda, he, too, was widely travelled. He worked for the London Buddhist Mission (1889-1892).

Dharmapala worked hard to restore the Mulagandha Kuti Vihara at Sarnath. He completed the work he started, but fell sick during his stay there. On April 29, 1933, at the age of 68, Dharmapala died.

The Maha Bodhi Society has around 2,000 members now. Many international chapters of the society became inactive after Dharmapala's death. The present leadership of the society is trying to revive them. The society is also considering publishing the ancient manuscripts on the holy Tripitakas (Buddhist scriptures). ●

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## Samosa savvy

From producing logo-embossed samosas to those made with advanced Scandinavian rollers, an eclectic cast of executives has audacious dreams for the snack

BY SNEHA BHURA

**A BITE TO REMEMBER**

Diksha Pande and Amit Nanwani of Samosa Party; (right) their chilli chicken samosa

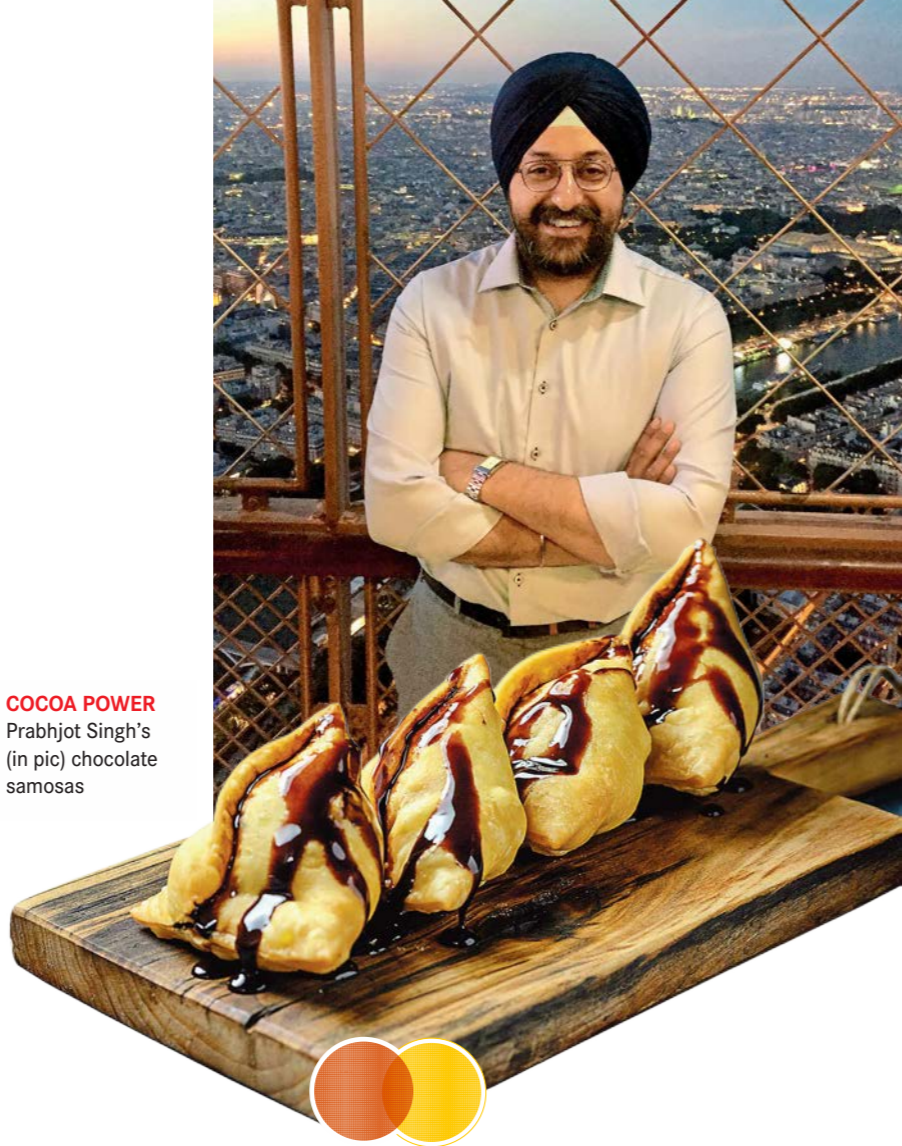




What is common among samosas stuffed with mac and cheese, kadai paneer and manchurian or chilli chicken? One might balk from taking a bite or feel overwhelmed, but they represent the vaunted ambitions of a few newly minted entrepreneurs who would like to see the ancient stuffed triangle become as playful, adventurous and slick as a hard-charging startup.

“You know we could have done a pasta samosa, but why have white flour again inside fried maida? It does not work for an Indian palate,” asserts Nidhi Singh, who co-founded Samosa Singh with her husband Shikhar Veer Singh. The Bengaluru-based couple’s bid to “standardise” one of India’s favourite street snacks got validation with a series A funding of \$2.7 million (about ₹19 crore) earlier this year. Corporates and airlines rely on their quick and consistent samosas. “Normally, the shape, size and taste of the samosa depends on the mood of the *halwai* (confectioner). But we have special rollers. Everything has science involved in it. Our samosas are crispier than the regular ones. We do not have to call our samosas healthy, but they are proven to have 57 per cent less fat. And we have the proprietary infrastructure to make our samosas,” says Nidhi, who was working in a US health care company until 2016. Her husband was a scientist at Biocon. Their samosas come with their brand logo embossed on them. “It is like a mark of responsibility for us,” she says proudly. “We are the largest manufacturers of samosas in south India. We have the capability to roll out one lakh samosas a day.” Her company recently won a standalone slot at the Bengaluru international airport, beating 180 other bidders.

**COCOA POWER**  
Prabhjot Singh’s (in pic) chocolate samosas



FROM COLLEGE AND OFFICE CANTEENS, TO TEA STALLS AND SWEETMEAT SHOPS, TO WEDDINGS, PARTIES AND AIRPORTS, **THE SAMOSA IS OMNIPRESENT.**

The business is also expanding to Hyderabad.

Ibn Battuta, the 14th century explorer, has given a sumptuous account of “sambusaks” in the court of Muhammad bin Tughluq. A royal treat stuffed with minced meat, almonds, pistachios and walnuts, they used to be served before the third course of pulao. Sufi poet Amir Khusro has also noted the piquant charm of the central Asian import. With the introduction of potatoes by the Portuguese, the samosa got truly Indianised, spreading, in no time,

across the subcontinent. Today, from college and office canteens, to tea stalls, neighbourhood sweetmeat shops, restaurants and hotels to weddings, parties, airports and Cafe Coffee Days, the samosa is omnipresent. And patrons like it fried and flawed. So what is the fuss all about?

“It is everywhere yet nowhere. It has never been somebody’s whole soul project, you know. It has always been a by-the-way item,” says Diksha Pande of Samosa Party, which she set up in 2018 with her partner Amit Nanwani. “The time has come

“**THE TIME HAS COME TO ELEVATE THE TOTAL EXPERIENCE, FROM EATING IN LOCAL SHOPS TO BETTER HYGIENE, AMBIENCE AND PRODUCT CONSISTENCY.**

-Diksha Pande of Samosa Party

to elevate the total experience, from eating in local shops to better hygiene, ambience and ‘product consistency,’ says Diksha, who worked with the Oberoi group for 10 years. Her partner is an IITian and they talk in terms of “IP recipes”, supply chains, packaging innovation, brand identity, delivery under 30 minutes and end-to-end automation. “We are building the world’s first Punjabi samosa-making machine which will be 100 per cent automated. For that, we are researching with a couple of companies in the Netherlands. Once the pandemic is over, we will hopefully be able to travel and bring our machine to life,” says Diksha, excited about her idea of robotising samosa production. Her multiple cloud kitchens in Bengaluru have achieved 75 per cent automation. And the founders want to work with cutting-edge technology to erase hand-rolling of doughs. On a regular day, they make 10,000 samosas and have sold five lakh pieces since the

lockdown. They engrave the names of each of their variants—like corn and cheese, mutton keema, barbecue chicken and kachori masala—on the samosas so that clients who buy assorted boxes do not get confused.

But for Prabhjot Singh, who has eight outlets of Samossay in the Delhi-Gurugram belt, machine-made samosas are a deal-breaker. He has a team in his base kitchen to hand-roll the samosas and dispatch around 1,000 of them in air-conditioned vans to the other outlets. He also stocks an in-demand Maggi variant and will soon diversify into frozen cocktail



**STUFF OF DREAMS**  
The Samosa State’s pizza samosa; (below) Samosa Singh’s dry fruit samosas



samosas weighing 20gm each. His “gourmet” samosas typically cost anywhere between ₹89 to ₹109 for a plate of two. “Our partner is a top chef who has designed the whole menu,” says Prabhjot, who has invested an initial capital of ₹2.5 crore into building Samossay.

But he might not have been doing this had his plan to set up a sports bar on Sakhalin Island in the Russian Federation worked out. He was 21 when he landed in Russia and worked his way up to become a trader in the oil and gas sector. In his last three years there, he was stationed at Sakhalin, off the north of Japan. He was about to set up his own bar with a Delhi chef, offering a range of Indian finger-food in the touristy island, when one of the three partners pulled out. Fluent in Russian, and having traversed 34 Russian cities in 10 years, Singh is now about to release his funny travel memoir

called *Baanya’s Birds and Booze and Another Three Reasons to Live in Russia*, where Baanya is a reference to a local sauna. “One day, I hope to roll out samosas with Russian cabbage and pork,” he says wistfully.

Rahul Parihar, 29, from Indore, also had many other business ideas before someone else implemented them. He used to be a supervisor at the solid waste management arm of the Indore Municipal Corporation, but always had an enterprising streak. In 2018, he became the proud owner of The Samosa State, which produces 29 different varieties of the snack every day. “If not for Covid-19, we would have introduced 15 more this year. Nobody makes samosas like me in the whole of central India,” says Rahul. “Corona has scuttled my plans. But one day, I want to become the McDonalds of samosas.”



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## The cult of Diana

*The Crown* resurrects Princess Diana

BY ANJULY MATHAI

In the just-released fourth season of Netflix's *The Crown*, former British prime minister Margaret Thatcher is invited to spend a weekend at Queen Elizabeth's Balmoral Castle in Aberdeenshire. Not used to hobnobbing with royalty, Thatcher is perplexed as to what to wear to the 'drinks' session at 6pm before dinner. She decides nothing less than her best will do, and, just as the clock strikes six, makes a grand entrance in pearls and silk. Only to find the royal entourage mud-splotched and dirty, fresh from a stag hunting expedition.

"I think we failed that test," a bemused Thatcher later tells her husband.

This gap between the ways of royalty and the rest of the world had always existed. Until Princess Diana arrived on the scene. She believed, right from a young age, that she was "destined for greatness". She was the perfect bridge between the two worlds—the kindergarten teacher and 'upper-class



Emma Corrin as Princess Diana in *The Crown*

cleaner' who lived in Kensington Palace. The 'rebel' with a heart of gold. The free-spirited royal who was also charmingly self-conscious and camera-shy. The doe-eyed beauty who visited the sick in couture.

If she was idolised and adored while alive, the 'Dianamania' that was unleashed upon her death was unprecedented, resulting in countless books, documentaries and shows offering various perspectives on her life. But, for a people who love to write their leaders' obituary at the slightest whiff of controversy, why did a princess who starved herself almost to death, played games with the press and was famous for her temper tantrums, remain so unscathed? Was it because she was malleable enough to fit her own myth? Or because she was a distraction from the wear-and-tear of ordinary lives and broken dreams? Perhaps we will never know. And there will always be another show or book—just around the corner—that will help keep alive the cult of Princess Diana. 📌

INFOCUS

### Symbiosis University Hospital and Research Centre (SUHRC)

Symbiosis University Hospital and Research Centre (SUHRC) is the hospital attached to the Symbiosis Medical College for Women (SMCW). SUHRC is currently a 500-bedded hospital (scalable to 900 beds), and is located within the Symbiosis International (Deemed University) campus at Lavale, Pune. Besides Medicine, Surgery, Obstetrics & Gynaecology, SUHRC also has other departments viz. Paediatrics with Neonatology (including an NICU), Orthopaedics, ENT, Ophthalmology, Dermatology, Gastroenterology, Urology, Nephrology with dialysis beds, Pulmonology (chest medicine), Critical Care Medicine, a full-fledged Pathology lab and an all-product Blood bank. There is also a Cardiology department with the latest generation, dual (Cardiology and Neurology) Cath Lab. The Radiology department is a state-of-the-art facility with a 3T MRI, a 128 slice CT Scanner, digital Mammography machine, DEXA scanner, digital Radiography and advanced USG machines. There are 21 ICU beds with 6 High Dependency Unit (HDU) beds. SUHRC has 5 large Operation Theatres, which cater to all the surgical disciplines, including one exclusively for Obstetrics & Gynaecology. All theatres are 'modular' with two-way data transfer facilities. The

hospital currently draws an outpatient load of close to around 800-1000 patients per day and around 250-270 admissions daily. About 10-12 major operations are performed daily.

SUHRC provides top-quality clinical services, which are protocol-driven and evidence-based. Ethics with transparency of operations are accorded topmost priority at SUHRC.

The hospital caters to the population within a radius of 25-50 km from SUHRC. It also provides healthcare services to the large community of students and faculty (around 4000) currently residing at the University campus. The efforts of Symbiosis Community Outreach Programme & Extension (SCOPE) team have created awareness about Symbiosis among the villages around the University campus, and which the university has adopted them under the SCOPE initiative.





SOUMITRA CHATTERJEE 1935-2020

# Apu departs

As the face of Satyajit Ray's classics and as an actor true to his art, Soumitra Chatterjee leaves behind a rich legacy

BY RABI BANERJEE

In 2012, when legendary Bengali writer Sunil Gangopadhyay died of cancer, I called his dear friend Soumitra Chatterjee. "I am feeling down, and do not know how to react. Almost all of my friends have left me. I feel really lonely," the actor said.

Perhaps he became indifferent to the idea of death after the loss of so many friends, because at the age of 85, he chose to return to the film set while Covid-19 was reaping lives in the hundreds every day. His argument was that Covid-19 would stay but life could not stand still. Sadly, fortune did not favour this brave man; he died on November 15, a month after being infected.

Chatterjee was theatre's gift to the silver screen. Mentored by Sisir Bhaduri—the father of modern Bengali theatre—Chatterjee was a theatrical prodigy as a student of Calcutta University. His talent caught the attention of many luminaries, including actor Utpal Dutt.

In 1957, when Chatterjee was 22, he was called up by Satyajit Ray, who was scripting *Apur Sansar*, his third film of the *Apu* trilogy. Soumitra fit the role of Apu—he was tall with attractive eyes and an innocent but intelligent look. His performance and the film attracted much critical acclaim from around the world. In 1960, when it was screened in

Washington DC, US president John F. Kennedy was in attendance as he had read glowing reviews of the film in British newspapers.

In *Apur Sansar*, Chatterjee gave us one of the finest moments of Bengali cinema when his character Apu learns of the death of his wife in childbirth—an expression of bewilderment, followed by intense grief that leads Apu to disown his newborn son.

Chatterjee follows it up later in the film with another powerful bit of acting, when Apu realises that his wife continues to live through the son that he rejected. Ray's imagination and powerful direction coupled with Chatterjee's spellbinding performance gave us a classic. That was the beginning of the Ray-Chatterjee partnership that lasted for three decades and 14 films.

"It was the first Indian film I had seen in my life," Argentine filmmaker Pablo Cesar told THE WEEK. "After that, I saw every Satyajit Ray film. I cried profusely watching *Apur Sansar*. What a performance by Soumitra Chatterjee!" Actor Aparna Sen said that she feels Ray would not have made *Apur Sansar* without Chatterjee.

Similarly, Ray's *Charulata* (1964) starring Chatterjee, too, won plaudits. *Charulata* was preserved by Academy of Film Archives in



## AN ICON IN FRAMES

Chatterjee in stills from (clockwise from below) *Charulata*, *Apur Sansar* and *Sonar Kella*



Hollywood in 1996 as a world cinema classic. The film depicted the suppressed physical desire of Bengali women, who were restricted to their homes. Chatterjee's Amal mesmerises Charu (Madhabi Mukherjee) with his poetry and beautiful voice as he recites Rabindra Sangeet. The chemistry between the two actors made the film memorable.

Chatterjee was the intelligent face of Ray's pathbreaking films till *Ganashtaru* (1989), where he beautifully essayed the role of a doctor who could not survive the pressures of religious dogma. Another notable role was in Ray's *Ghare Baire* (1984), with a controversial portrayal of the many sides of an Indian freedom fighter.

When he became Ray's detective Feluda, Chatterjee's brilliance made it one of his most memorable roles. In the detective series that Ray wrote,

the sketch of Feluda looked a lot like Chatterjee, though Ray made only two movies out of the numerous Feluda stories he wrote.

Despite playing serious and intelligent men in Ray's classics, Chatterjee was equally successful in commercial Bengali cinema, too. Be it Tapan Sinha's *Kshudhita Pashan* (1960) or his comic portrayal in *Teen Bhubaner Pare* (1969), Chatterjee made an indelible mark in every film. He had the gift of fitting into any type of character he was given.

He was an outspoken actor, too. One of his most famous dialogues, "Fight, Kony, fight!" from the film *Kony* (1986) was his mantra. He plays a swimming coach who trains a girl to become a champion by overcoming various political hurdles. Chatterjee was a lifelong Marxist and did not hide it. He was an active participant in the Indian theatre movement. But despite being close to communist stalwarts Jyoti Basu and Buddhadeb Bhattacharjee, he never joined politics.

He was a Bengali purist, who spent most of his time writing stories, painting and reciting Tagore's poetry. Admittedly, towards the end of his career he worked in a few films that did not really appeal to him. But, for his pathbreaking roles, he will go down not just as a legend of Indian cinema, but of the world. 🕒

## SDMH AND THE SPIRIT OF COMPASSION

INFOCUS

SDMH (Santokba Durlabhji Memorial Hospital) was launched in 1971 in order to provide quality healthcare to the people of the state, and also to people from neighbouring states. It was inaugurated by the then Prime Minister, Smt Indira Gandhi. It has been almost 50 years now, and we have come a long ways – from 80 beds and 6 specialities to 550 beds, and almost all specialities that any healthcare institute should have.

During our journey of care and compassion, we have served over 5 million lives. No one who is unable to pay has ever been turned away. In fact, through the free Outreach camps in the remote villages of Rajasthan, and also through the newly launched Telemedicine service, we have ventured out to reach all those people who were previously unable to reach us.

Empathy is aptly defined as someone

else's pain in your heart. My father felt the pain of so many in his. He was deeply affected by the plight of the pavement dwellers he drove past on his way to work – he would cover them with blankets during clandestine outings at night. That shared pain for those who dwelt on pavements, and lived on the periphery of life, shaped his dream of, and vision for, Santokba.

He lived for the hospital, and the hospital lived in him. It filled his hours and days. Lovingly, he felt for the patients admitted there, and also for their attendants. He was sensitive to their every need, sympathetic to their every requirement, responsive to their every problem; this makes SDMH one of the finest hospitals of its kind in the country today, bar none. And that is the source of our pride – and also our self-respect and our dignity.

What little savings the hospital

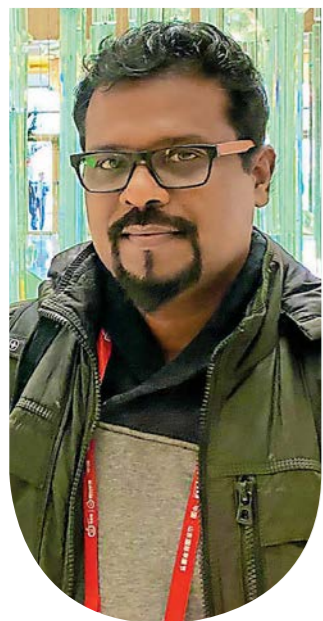


Yogendra Durlabhji  
Secretary,  
Santokba Durlabhji Trust

manages to make every year are wisely invested in providing even better healthcare the following year. These do NOT go into shareholder accounts. This is payback time for us, and these are OUR people. There is no greater honour. There is no greater joy.

We strive to carry the torch forward in this same spirit of joy and understanding, of empathy and compassion, of service and humanity. That is the story of SDMH – its *raison d'être*.





## Flying high

**Mukesh Mohanan**, graphics editor at the *China Daily*, has won the All-China Journalists Association's award for best infographics for the second consecutive year. The winning graphics was on how robotics and artificial intelligence can improve the functioning of the new Beijing Daxing International Airport. Mohanan had previously worked as an artist with THE WEEK for 10 years.



GETTY IMAGES

## Dream come true

Just back from the El Gouna Film Festival in Egypt, **Richa Chadha** was met with some good news. She had won the Bharat Ratna Dr Ambedkar Award for excellence in cinema. "It is an honour that I will hold close to my heart," said Chadha. "For an actor who has had no godfather, every achievement feels precious and well earned. The award reiterates my faith in my dreams." She has been praised by critics for her performance in her last two films—*Panga* and *Section 375*.

COMPILED BY ANJULY MATHAI



KULDEEP RUHIL, actor and scriptwriter

## Unholier-than-thou

**K**uldeep Ruhil travelled extensively and lived in *deras* to research MX Player's *Aashram*, starring Bobby Deol, for which he co-wrote the screenplay and dialogues. He is now rewriting Mahesh Bhatt's *Arth*, which is being directed by Revathi and will release next year. Ruhil talks god-men and religion with THE WEEK.

**Q\ What inspired you to take on *Aashram*?**

**A\** They say that either you find the story or the story finds you. When the story of *Aashram* came to me—written by Habib Faisal and conceptualised by MX Player—I felt like it was about my life and the people I know. When I got the chance to work on *Aashram*, my mind was full of flashbacks from my childhood and my memories of *deras*. All around Haryana, where I am from—whether in Punjab, UP, Delhi or Rajasthan—the landscape is dotted with *aashrams* and *deras*. Members of my extended family also visit these *aashrams*.... I felt I had an insight into writing about the social structure that exists today—who gets exploited and why, and what makes them more susceptible to being taken advantage of.

**Q\ What were the challenges of writing the show's screenplay?**

**A\** In India, we have countless god-men and their exploits have been well covered. While writing a screenplay about something that people are

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familiar with, you have to introduce a certain element of humour, thrill, pain and drama. That was always at the back of my mind and at the forefront of my discussions with MX Player.

**Q\ What insights about India and religion did you draw from to write a show about cheating god-men?**

**A\** All the babas from different parts of the country have one thing in common—their proclivity for sexual exploitation alongside financial, physical and emotional exploitation. [Also], their ability or power to pull people. People become enamoured of someone who they think has all the answers. We treat god-men like heroes, and the aura—fabricated or otherwise—around them is what really pulls people in.

**Q\ You are now working on the modern remake of *Arth*.**

**A\** Life has indeed come full circle.... I started my film career with Bhatt saab and today, I am re-writing *Arth*, his most celebrated film till date. My name was recommended by the producer [to write the script]. Revathi had already been roped in to direct the classic. I met with her, we discussed our interpretations of the movie and she liked my ideas.

—By Sneha Bhura

## Mushy wish

**Nayanthara** turned 36 on November 18. Soon after the clock struck midnight, her filmmaker boyfriend Vignesh Shivan shared the teaser of her upcoming Tamil thriller, *Netrikann*, along with a sweet post. "Happy birthday to you, Thangameyyyy," he wrote. "Be the same inspiring, dedicated, sincere, honest person that you are and keep flying...." *Netrikann*, directed by Milind Rau, is a remake of the Korean film, *Blind*, with Nayanthara playing a blind, single woman in it. The release date is yet to be announced.



FOTO CORP



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## Return of the Star

**Chris Pratt** will be reprising his *Guardians of the Galaxy* role as Star Lord in Marvel's fourth Thor film—*Thor: Love and Thunder*. The movie, starring Chris Hemsworth in the lead, will see Natalie Portman playing Jane Foster for the first time since *Thor: The Dark World* (2013). Director Taika Waititi described the film as "insane and romantic". The pandemic, however, played spoilsport by forcing a postponement of its release from November 2021 to February 2022.



LAST WORD

NAVTEJ SARNA



## When Lords is not cricket

Just when we as a nation were wondering how Indian would Kamala Harris be, an Irishman has come forth boldly to throw light on the matter. Lord Kilclooney—no I am not making this up—a member of the House of Lords, tweeted: “What happens if Biden moves on and the Indian becomes president. Who then becomes vice president?” Very Clear: Indian. No hyphenated ‘American,’ before or after. No emoji of a head dress of eagle feathers, or of a dusky sari-clad lady.

But these are sensitive times and a furore of complaints erupted, some even seeking his removal from the House. Lord K then proceeded to pour the oil of ignorance on his bonfire of bias: he had called her “the Indian” because he did not know her name—though it wasn’t some unpronounceable Indian name but Harris, just like the tweed next door. He also couldn’t help a smug aside that the tweet had resulted in his highest single day spike in followers, oblivious to the fact that every follower is not a fan.



He continued to wade into deeper waters. “Indians are amongst the most reliable people,” he said, “I have two tenants...” Right, here’s the unspoken text: so what if they are dark and have strange accents, so what if strange smells emanate from their kitchen and they do make the oddest patterns with coloured chalk on the doorstep, the rent does come in punctually. One would have thought this low life would have tried not to pay but surprisingly they are “reliable”.

Lord Kilclooney is a bit of a pro at this. Two years ago, he referred to the then Taoiseach of Ireland Leo Varadkar as a “typical Indian.” If someone had asked him what exactly he meant,

the answer would have no doubt led to more entertainment. Then, in trying to mop up after him, he said that Varadkar was, by his own admission, “half Indian” and that Indians were a “great race”. Race! I suppose there is no point trying to explain to the Lord the racial diversity of India.

1.3 billion Indians would be justified in taking a good look at Lord Kilclooney himself. For those who haven’t been following, for whatever reasons, his meteoric career too closely, he is actually John Taylor and was, as they say, on those islands, created a life peer as Baron Kilclooney of Armagh, in the county of Armagh. If you don’t know where that is, join the populous club. His biodata also informs us that he sits crossbench in the House of Lords, which does appear a rather odd way to sit in public. He also sat on the Northern Ireland Policy Board for five years, presumably cross-legged. He is the life and soul of the Farmers Club and the County Club of, you guessed it, Armagh.

Lord Kilclooney is one of 800 or so Lords in the House—only such sterling democracies like China, Kazakhstan and Burkina Faso have larger second chambers. The majority of the members are life peers and only a decreasing number hold hereditary peerage. Prime Ministers pack the House to keep it in their favour: David Cameron gave away as many as 190 peerages. Reforms to reduce numbers or introduce a retirement age get nowhere, scandals regarding expenses claimed keep the tabloids busy and though nobody will admit it, there are always whispers that someone or the other bought a peerage through political donations. The short point is that nobody needs to take Lord Kilclooney seriously, least of all us Indians. In any case, Kamala Harris is American.

ILLUSTRATION BHASKARAN

The writer is a former high commissioner of India to the UK and ambassador to the US

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## THE MASTERS

The only major always played on the same course, the Masters has been home to some of the greatest moments in golf history since 1934. From the drive up Magnolia Lane, to the ceremonial opening tee shot, to the miracles at Amen Corner, golf's legends will always live on at Augusta National. And as the next generation makes its mark, a victory there will always stand at the pinnacle of golf. Rolex celebrates the return of championship golf at this year's historic November Masters.

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