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BLOGOLOGUE

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Foreword

Public health is a field that thrives on collaboration, innovation, and constant learning. The IAPSM Blogologue has emerged as a unique and meaningful initiative in this journey—an intellectual space where experiences, reflections, and ideas converge to inspire new perspectives.

As we bring forth the third edition of this biannual compendium, I am deeply appreciative of the dedication shown by the contributors, the editorial team, and the wider IAPSM fraternity. Your commitment has transformed this platform into more than just a collection of writings—it is a voice for the concerns, aspirations, and innovative thinking of our public health community.

In today's times, when challenges are complex and solutions demand creativity, such initiatives bridge the gap between academic rigour and accessible dialogue. They provide an avenue for young minds to express, for experts to share, and for all of us to learn together.

As President of IAPSM, I take immense pride in witnessing the growth of this platform and reiterate our commitment to nurturing such efforts. Let this compendium continue to inform, inspire, and ignite conversations that not only shape our discipline but also bring meaningful change to communities we serve.

My heartfelt congratulations to the team behind IAPSM Blogologue and my best wishes to all contributors. May this initiative continue to shine as a beacon of knowledge, creativity, and collective spirit.



Dr. Ashok Bhardwaj
President, IAPSM



Foreword

Our field is dynamic, thrives on collective wisdom and is shaped constantly by evolving evidence, shifting policies, and lived realities of communities. The challenges we face, demand not only technical expertise but also platforms for open exchange of ideas and experiences.

This compilation goes beyond traditional academic spaces to foster a culture of dialogue and continuous learning and making our specialty more engaging, collaborative, and impactful. I am sanguine that this platform will encourage many more IAPSM members to contribute actively, challenge conventional thinking, and co-create solutions for the health challenges of our times.

I warmly congratulate all contributors and the editorial team for curating this collection with such dedication. This knowledge sharing will contribute towards strengthening our speciality, enrich our practice, and reaffirm our commitment to advancing Community Medicine.



Maj Gen (Prof) Dr. Atul Kotwal

President-Elect, IAPSM



Foreword

Dear Esteemed Members,

It gives me great pleasure to present you the 3rd Edition of the IAPSM Blog Compendium.

This compendium is a testament to the power of evidence-based knowledge and its vital role in shaping the future of public health. It captures a diverse array of insights, experiences, and reflections from our members—each contribution a step toward building a healthier and stronger nation.

Each article in this compendium is not just a reflection of thought, but a spark—one that has the potential to ignite innovation, influence policy, and inspire the next generation of public health leaders.

I extend my heartfelt congratulations to the editorial team and all contributors for nurturing this initiative with dedication and creativity.

I encourage all members of IAPSM to not only read and share this compendium, but also to dream, write, and contribute. Together, we are not merely documenting ideas—we are shaping a lasting legacy for public health in India and beyond.

Warm regards,



Dr. Manish Kumar Singh
Secretary General, IAPSM



Foreword

It gives me immense joy to see the IAPSM Blogologue grow from an idea into a vibrant platform for dialogue and reflection. What began as a small initiative during my tenure has now become a space where voices from across our community come together to share, inspire, and learn.

This third issue is a testimony to the passion and creativity of our members. I am confident that it will continue to nurture young minds, spark fresh ideas, and strengthen our collective resolve to advance public health.

I sincerely hope this vision continues to flourish, evolving into a lasting tradition that enlightens, empowers, and connects generations of public health professionals.

My heartfelt appreciation to the editorial team and contributors for carrying this vision forward with such dedication. May this endeavour keep growing and inspiring with every edition.



Dr. Annarao Kulkarni

Immediate Past President, IAPSM



Message from Editorial Team

With great joy, we present to you the third issue of Blogologue, an evolving platform that is steadily becoming the voice of our public health community.

The journey of the IAPSM Blog, started with collaboration, curiosity, and commitment. What began as a simple idea to create a space for sharing knowledge and reflections has now blossomed into a vibrant platform where ideas converge, experiences are exchanged, and perspectives are celebrated.

The previous issues of Blogologue was met with enthusiasm and encouragement, affirming the importance of such a collective space. This third issue builds on that momentum, bringing together thoughtful contributions that capture the dynamism and diversity of public health.

As we look ahead, we see Blogologue not just as a compilation of blogs, but as a living conversation, one that grows richer with every voice added. We warmly invite you to engage with it: write, read, share, and above all, keep the dialogue alive.

Together, let us continue shaping this platform into a cornerstone of learning, reflection, and advocacy in public health.



Dr. Medha Mathur

Editor-In-Chief

IAPSM Blogs & Blogologue



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Health Preparedness in Situations of War

Kinshuk Gupta, Prof. Suneela Garg, Prof. Mongjam
Meghachandra Singh - May 13, 2025

**Invited
Blog**



*"A hospital alone shows what war is."
Erich Maria Remarque*

As the dastardly, unprovoked, and selective attacks by terrorists in Pahalgam escalated the latent tensions between India & Pakistan, the grim clouds of war loomed on the horizon. While the possibility of a full-blown war seems to have been abated after the nations consented to a mutual ceasefire, it might be an important chance to think about systems preparedness – and how public health physicians should be better trained to handle such uncertain situations.

A series of protracted wars around the world have highlighted the far-reaching consequences of wars on human health. A statement by WHO about ethnic conflict in Sudan reveals that the majority (>67%) of hospitals were out of service, >4 million women were at risk of gender-based violence, and sharp increase in the probability of vector-borne and infectious diseases.

More than the violence itself, it is the absence of daily amenities such as food, shelter, water, clothing, and sanitation that takes the maximum toll on health. The terrible cocktail of reduced immunity, poor nutrition, and increased exposure to risk factors predisposes war victims to various infections, which are often worsened by disrupted healthcare delivery, communication blackouts, transport shutdowns, short medical supplies, and a dwindling workforce, thereby creating a vicious loop. However, prolonged wars can have detrimental effects, particularly in low- and middle-income countries. They lead to an increase in the number of refugees that puts an enormous strain on already fractured healthcare.



Health Preparedness in Situations of War

**Kinshuk Gupta, Prof. Suneela Garg, Prof. Mongjam
Meghachandra Singh - May 13, 2025**

The vulnerable populations, children, women of reproductive age, and the elderly often take the most brunt. Non-communicable diseases, mental health, vaccination services, and maternal and child health facilities fall through the cracks of the healthcare system. Medium- and long-term consequences of health disparities are alarming.

Wars are also known to exacerbate environmental degradation. Rapid deforestation, habitat destruction, greenhouse emissions (the third year of the Ukraine war caused the CO₂ emissions to rise by 230 metric tonnes), and contamination of natural resources with munition residues disrupt the natural food cycles. Take, for example, the incipient floods after the Khakhova Dam was bombed in Ukraine.

All of us are well aware of the environmental impacts of chemical warfare or the genetic mutations observed in multiple generations after the Hiroshima-Nagasaki bombing. The destruction of mangroves in Vietnam during the war led to the creation of craters, which became breeding sites for mosquitoes and a reason for a steep rise in vector-borne diseases.

Public health plays an important role in a crisis. It is a discipline that looks at the intersection of health with the social, psychological, physical, and economic impacts of war. It acts as a bridge between the community and healthcare. Experts suggest that decentralised healthcare can only ensure optimal care in a crisis. A WHO handbook on disaster focuses on community participation. The community is often the first responder and should be endowed with practical knowledge to provide first aid care. Take, for example, the unlicensed midwives of Mosul (Iraq) with limited formal training who operated from bombed houses to provide care to pregnant women.

The disaster cycle involves mitigation and preparedness even before the disaster strikes. Detailed protocols for disaster management integrated with armed conflicts should be available at all healthcare facilities. They should be brushed up at regular intervals through knowledge dissemination and mock drills. The contingency protocols for fuel, power, water, and communications should be in place.

The functioning 700-bed Al-Shifa hospital in the recent Israel-Palestine conflict went for a toss due to, among other factors, the lack of generator fuel. Israel sent 300 liters of fuel as an aid to the hospital, which requires at least 8000-12000 liters every day. The videos of premature babies huddled in a warmer surfaced as the last generator ran out of fuel, conking off their lives.



Health Preparedness in Situations of War

**Kinshuk Gupta, Prof. Suneela Garg, Prof. Mongjam
Meghachandra Singh - May 13, 2025**

A strategic reserve of essential medicines, lifesaving drugs, blood bags, and vaccinations is equally essential to building resilient healthcare systems. Deployment of mobile health units and investment in healthcare innovation is another way of improving disaster preparedness. The healthcare system showed resilience due to pre-existing digital health infrastructure, telemedicine, and remote prescriptions in Ukraine.

Continued surveillance and documentation to check the existing as well as future needs of the community are of paramount importance. This is called 'vulnerability assessment' by WHO, to be assessed prior to disaster along with detailed understanding of international law, human rights, and interventions to aid peacebuilding.

Collaborative efforts with international organisations such as ICRC, MSF, and WHO should be strengthened. Diplomatic efforts between the warring countries should ensure that the civilians' health is not impacted through the creation of neutral health corridors and the availability of aid and emergency facilities. In Afghanistan, UNICEF, WHO, and Afghan health authorities negotiated for temporary ceasefires called 'Days of Tranquillity', which were used for vaccinating children and continuing the country's fight against polio.

In the 2008 edition of War and Public Health, Levy and Sidel emphasised the tragic impacts of war: "War accounts for more death and disability combined." They also emphasise primary, secondary, and tertiary prevention strategies that can be employed by public health professionals to address war. However, it is unfortunate that, worldwide, topics such as refugee health and the impacts of war remain out of the ambit of the public health courses.

A 2000 report showed that Ethiopia spent \$16 on the military while only \$1 on health in 1990. On the opposite, the Assad regime of Syria was more hostile to its doctors, who were prevented from performing their duties due to the fear of persecution. Until John Lennon's dream of "all people living' in peace' when "there are no countries, nothing to kill or die for,' it is important for doctors to be aware of their rights and responsibilities so that they can not only protect themselves but also thousands suffering along with them.





The War Within: Managing Anxiety in Times of Geopolitical Uncertainty

Dr K Madan Gopal & Prof Suneela Garg – May 27, 2025

Invited
Blog



In recent weeks, rising tensions along India's northern borders have created a noticeable shift in the national mood, from anxious family discussions to mounting concern on social media. While national security remains the foremost concern for defence and policymakers, a quieter but significant issue is surfacing: growing psychological stress and anxiety among ordinary citizens.

For many, this is not unfamiliar. Residents of Jammu, Rajouri, Poonch, Tawang, and parts of Ladakh have long lived near the Line of Control (LoC) or Line of Actual Control (LAC). Border skirmishes, troop movements, and shelling have frequently disrupted their lives. School closures, displacements, and stalled livelihoods are recurring experiences. Yet, the emotional and psychological consequences remain largely overlooked.

What's different now is how anxiety is spreading deeper into urban India. In the digital age, round-the-clock news and viral social media content, whether real, exaggerated, or fake, bring scenes of conflict to millions instantly. This fuels confusion, panic, and helplessness, especially among youth, the elderly, and families of armed forces personnel.

This growing phenomenon, often termed war-related anxiety, is becoming a public health concern. It calls for structured attention, clear communication, and accessible coping tools to help individuals maintain emotional resilience in uncertain times.

Understanding War Anxiety: A Silent Ripple Effect

War anxiety is not a clinical diagnosis but reflects a real and recognised emotional response to actual or perceived conflict threats.



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It can present as sleeplessness, panic attacks, poor concentration, irritability, or obsessive news checking. In some cases, it may develop into longer-term issues like generalised anxiety or depression.

A 2022 study of schoolchildren in Poonch District, Jammu & Kashmir, revealed psychological stress linked to ongoing armed conflict and cross-border firing. Teachers noted rising fear, lack of focus, and behavioural changes among students. Similarly, reports from the National Institute of Mental Health and Neurosciences (NIMHANS) confirm that perceived threats, such as troop movement or air raid sirens—can cause severe emotional distress even without direct violence.

Today, a student in Pune or a homemaker in Bhopal may experience anxiety, not from physical danger, but from the mind interpreting constant, distressing information as a threat, leading to heightened emotional strain.

Addressing the Crisis: What Can Individuals and Systems Do?

The first step is to recognise that this form of distress is real, not imagined. It's a natural response to ongoing uncertainty. The next step is to offer people practical, accessible strategies to build and maintain mental resilience.

1. Eat Smart and Stay Hydrated

What we eat significantly affects emotional health. Diets rich in whole grains, fruits, vegetables, nuts, and omega-3 fatty acids support better mood regulation. Conversely, excess caffeine, sugar, and ultra-processed foods can heighten anxiety. In rural border areas, especially during high-alert periods, Anganwadi centres and schools have played a vital role in ensuring nutritional continuity, especially when mobility is restricted.

2. Prioritise 7–9 Hours of Sleep

Good sleep is essential for emotional balance. Poor or irregular sleep increases stress hormones and weakens the brain's ability to manage anxiety. People should establish consistent bedtime routines, avoid late-night news, and create a calming sleep environment. Defence forces enforce strict sleep cycles to boost alertness and mental clarity.



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3. Engage in Physical Activity

Physical activity helps lower cortisol (the stress hormone) and improves mood. Even a short daily walk, yoga, or light movement at home can be beneficial. The Indian Armed Forces and paramilitary units routinely practise yoga not just for fitness but also to manage combat stress.

4. Limit Social Media and News Consumption

Overexposure to distressing news and misinformation heightens anxiety. Authorities should amplify verified communication channels. Individuals must limit screen time, avoid speculation, and rely only on trusted news sources. The Ministry of Information & Broadcasting regularly issues guidelines for responsible media behaviour during sensitive situations—these should be widely promoted.

5. Stay Connected with Family and Community

Loneliness worsens anxiety. In border villages, panchayats and religious institutions have historically provided emotional support during emergencies. In urban settings, housing associations and WhatsApp groups can offer community updates and emotional reassurance.

6. Practice Breathing and Relaxation Techniques

Mindfulness-based practices such as deep breathing, progressive muscle relaxation (PMR), or simply observing one's breath for five minutes daily are scientifically proven to reduce anxiety. These techniques are increasingly integrated into school health programs and disaster response counselling.

7. Seek Professional Support When Needed

India has made notable progress in mental health outreach. The National Tele Mental Health Programme (Tele-MANAS), led by the Ministry of Health and Family Welfare, provides free, confidential counselling in various regional languages. The helpline—dial 14416—has already received over 2 lakh calls, reflecting rising awareness and demand.

Tele-MANAS works with state-level institutions for referrals and follow-ups. States like Madhya Pradesh, Gujarat, and Assam report increased use of these services, particularly during localised unrest or natural disasters, showing the program's growing relevance and scalability.



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A National Call for Calm and Compassion

In times of national challenge, emotional stability is just as vital as logistical readiness. Media houses, civil society groups, schools, workplaces, and Resident Welfare Associations (RWAs) must work together to ensure people feel supported and informed—rather than overwhelmed.

While India's mental health infrastructure is growing, it remains in early stages. Public campaigns should treat mental hygiene with the same seriousness as physical health. The core messages can be simple: limit doom-scrolling, speak to someone you trust, stay active, sleep well, and call 14416 if you feel emotionally burdened.

Conclusion: Strengthening the Inner Frontline

India has shown time and again its ability to face adversity with strength and dignity. While trained institutions manage external threats, our role as citizens is to maintain internal stability. Mental well-being is no longer just a personal concern—it's a collective responsibility.

We may not control geopolitics, but we can choose how we respond. By staying calm, staying connected, and supporting one another, we help build the nation's emotional resilience. The war within is real—but it is one we can fight and win, together.





Unlocking the Gen Z Boy's Guide to Sexual Health

Dr. Medhavi Agarwal June 2, 2025

Invited
Blog



Because growing up shouldn't feel like fumbling around in the dark...

1. "Welcome to the Puberty Party" ?

Puberty hits hard—and fast. One day you're joking around with your buddies, the next you're staring in the mirror wondering, "Is that really me?" From voice cracks to surprise body hair, understanding the whirlwind of hormones is step one.

Voice Vibes: Your vocal cords are leveling up—sometimes in ridiculous ways.

Muscle Moves: Those late-night gains aren't magic; thank testosterone.

Body Buff Up: Hair in new places? Completely normal.

2. "Mind Over Matter: Brain Gains in Adolescence" ?

Your prefrontal cortex—the "CEO" of your brain—is still being built until your mid-20s. That means:

Impulse Control: It's okay to mess up; just learn and level up.

Emotional EQ: Mood swings? Welcome to the feels factory.

Decision-Making: Practice makes progress—speak it out with someone you trust.



Unlocking the Gen Z Boy's Guide to Sexual Health

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3. "Swipe Right, Stay Safe" ?

Digital is the new dating scene. Sexting, social crushes on social media, and "ghosting" are on the scene. Be real, and safe:

Consent Is King: Clear, enthusiastic "yes" every time.

Think Twice Before You Text: Once sent, you can't hit "undo."

Privacy Matters: Keep your personal info like your high-score record.

4. "Condom Conundrums? We've Got You" ?

Safe sex = smart power moves.

Why Condoms Rock: Stop STIs + unwanted pregnancies.

How to Use 'Em: Pinch, roll, no air bubbles—dude, it's science.

More Options: Dental dams, gloves... Stay curious, stay protected.

5. "STD 101: Facts, Not Fear" ?

Mystery + stigma = bad combo. Straight talk:

Common Culprits: HPV, chlamydia, gonorrhea.

Testing Tips: Most clinics have free or low-cost tests—book that appointment.

Treatment Track: Early diagnosis = speedy treatment.

6. "Talk It Out: Your Health, Your Squad"?

Whoever it is—a parent, coach, counsellor, or bestie—find someone you can trust.

Role Models: Real guys ask questions—no shame in the game.

Hotlines & Hubs: Text, call, DM—help is at your fingertips.

Peer Power: Set a supportive vibe; help one another grow.



Unlocking the Gen Z Boy's Guide to Sexual Health

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7. "Mindful Manhood: Mental Health Matters" ?

Sexual health is not just about the body—it's about emotions, too.

Anxiety Answers: Worried about performance? Breathe, communicate, and relax.

Body Positivity: Your value isn't a number on the scale or a shirt size.

Self-Care Sunday: Journaling, gaming, sports – find your recharge routine.

8. "Future-Proof Your Wellness" ?

Gen Z boys are breaking the mold. Be the trailblazer who advocates for:

Inclusive Attitudes: Respect all identities and orientations.

Lifelong Learning: New questions will arise—stay curious.

Advocacy: Speak to peers, share resources, break the stigma.

Parting Power-Up

Adolescence is a ride—twists, turns, and power-ups. Ride the journey by staying informed, communicating openly, and making decisions that respect your mind and body

Level up? Your health is your best cheat code.
Play smart, stay safe, stay healthy

By a friend,

Though a Millennial, I'm dealing with the GEN-Z so just from the heart to new heart.





COVID-19 Cases Are Rising Again—But There's No Need to Panic

Dr. K. Madan Gopal & Prof Suneela Garg June 2, 2025

Invited
Blog



Over the past few days, you may have seen headlines warning of a “fresh rise in COVID-19 cases” in India. While this news may sound worrying, the reality on the ground is far more reassuring than it appears. The increase in cases is small, the illness is generally mild, and India’s health systems are well-prepared. Most importantly, we now have the tools, knowledge, and resilience to manage this situation without fear.

Let us break this down clearly and calmly.

What’s Happening?

As of May 19, 2025, India has reported a total of 257 active COVID-19 cases. Daily updates from the Union Ministry of Health and Family Welfare show that while numbers have increased slightly from earlier this month, the situation remains firmly under control.

On **May 12**, India saw **164 new cases**, with **Kerala alone accounting for 69**. Kerala, Maharashtra and Tamil Nadu continue to report the bulk of these cases—together accounting for over 85% of active cases nationwide. Kerala has reported 273 cases in May so far, mostly from districts like **Thiruvananthapuram, Ernakulam, and Kottayam**. In Maharashtra, **Mumbai** saw 30 new cases on May 24, contributing to the state’s total of 56. **Tamil Nadu** is currently reporting 66 active cases. Smaller numbers have been recorded in Delhi (23), Karnataka (13), Puducherry (10), Gujarat (7), Rajasthan (2), Haryana (1), Sikkim (1), and West Bengal (1).

These are not alarming numbers in a country of over 1.4 billion people. India continues to maintain one of the world’s strongest surveillance systems for respiratory illnesses, especially fever.



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Integrated Disease Surveillance Programme (IDSP) teams in each district regularly track unusual clusters and seasonal spikes, helping the government stay a step ahead of new outbreaks.

What Variants Are Circulating?

The **JN.1 variant**, an Omicron sub-variant, is currently the most dominant strain in India. It accounts for around **53% of recent cases**, according to the Indian SARS-CoV-2 Genomics Consortium (INSACOG). It spreads easily but, like other Omicron sub-variants, causes **mild illness** in most people.

Other variants like **NB.1.8.1** and **LF.7** have also been detected in small numbers. These are under observation globally, but so far, they have **not shown signs of causing severe illness**.

Mild Symptoms, Quick Recovery

The good news is that **most people are not getting seriously ill**. Symptoms resemble those of a common cold or seasonal flu and include:

- Fever or chills
- Cough (usually dry)
- Sore throat and runny nose
- Fatigue
- Headache and body ache
- Diarrhoea (more commonly reported with JN.1)
- Itchy or red eyes (especially with the XBB.1.16/"Arcturus" variant seen earlier)

Importantly, **most cases are being managed at home**, with very few needing hospital admission. COVID-related deaths are rare and usually involve **people with multiple underlying health conditions** such as heart disease, diabetes, or advanced age.

Why the Situation Is Different Now

Unlike the early years of the pandemic, India today has strong immunity built through **a combination of widespread vaccination and past infections**—also known as "hybrid immunity." Over **2.2 billion vaccine doses** have been administered in India so far, including primary and booster doses. This has helped reduce the severity of illness even if infections occur.



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Additionally, India's public health system is more experienced now. We have enhanced oxygen infrastructure, digital health monitoring tools, and clearly defined clinical management protocols. States are conducting mock drills to ensure readiness at health facilities. The government is also actively testing for new variants through INSACOG, and vaccine stockpiles are being monitored centrally.

What the Experts Say

Leading public health experts have consistently stressed that there is **no cause for alarm**. According to noted virologist **Dr. T. Jacob John**, "the rise in cases is expected and not worrying. Viruses will continue to mutate and circulate, but thanks to existing immunity, the impact on health is minimal." The World Health Organization (WHO) has not raised any global alerts regarding these variants. India's proactive risk communication and surveillance strategies have been acknowledged internationally.

Why You Should Not Panic

In times of uncertainty, fear often spreads faster than facts. It's important to remember:

- **The number of active cases is still very low.**
- **The disease is mostly mild** and not overwhelming hospitals.
- **Vaccination continues to protect people** against serious illness.
- **Fever surveillance in India is among the best globally**, helping detect patterns early.
- **Government agencies are alert** and fully engaged in monitoring the situation.

If you or someone around you gets sick, the first step is not to panic but to consult a doctor and follow standard medical advice. Most likely, it will be a mild flu-like illness.

Simple Precautions Still Work

We don't need lockdowns or mass restrictions. But a few **basic precautions** can go a long way:

- Wash your hands regularly with soap or sanitiser.
- Cover your mouth and nose when you cough or sneeze.
- Wear a mask in **crowded indoor spaces** or when visiting hospitals.
- Keep your rooms **well-ventilated**.
- **Stay home** if you are unwell to avoid spreading illness.
- **Check your vaccination status**—get your booster if eligible.



COVID-19 Cases Are Rising Again—But There's No Need to Panic

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Remember, protecting elderly family members or those with chronic illnesses remains important. If you are visiting such individuals, take extra care with hygiene and masking.

A Calm, Balanced Approach

COVID-19 is now behaving like many other respiratory viruses—seasonal, occasionally rising, but largely manageable. It is **no longer a public health emergency**, but a disease we know how to deal with.

We must stay informed, not anxious. Sensational headlines should not dictate our response. Instead, trust data, listen to health authorities, and take rational precautions. By doing so, we protect not just ourselves, but also our communities.

India has walked a long road since 2020. We are stronger, wiser, and better prepared than ever before. A calm and responsible response is all we need to tide us over this phase.





The Silent Superbug War: How You Can Help Win it?

Dr. Medhavi Aagrwal June 13, 2025

Invited
Blog



Picture walking into the doctor with a mild throat infection—and the drugs don't work.

Sounds frightening?

Welcome to the increasing threat of antimicrobial resistance (AMR)—a health crisis unfolding in real-time around the world in stealth mode.

What is Antimicrobial Resistance?

Each time we pop an antibiotic or use disinfectants, we want to kill the “bad” germs.

But eventually, these small microbes—such as bacteria, viruses, fungi, and parasites—begin fighting back. They grow stronger, adapt, and change. When they no longer respond to medications that previously worked, we refer to it as antimicrobial resistance.

In simple terms:

The germs are not weak, our drugs are.

Why Should You Care?

Small cuts can turn life-threatening.

Regular infections such as UTIs, pneumonia, or TB could no longer be treated.

Surgeries and cancer treatments can become more dangerous without effective antibiotics.

It's not only a hospital issue. It's a home issue.



The Silent Superbug War: How You Can Help Win it?

Dr. Medhavi Agrwal June 13, 2025

How Did We Get Here?

This is how humans contributed to superbugs increasing:

- Overusing antibiotics – for fever, colds, and even without prescriptions.
- Not completing the course of medicine – quitting early allows bacteria to regroup.
- Animal misuse – antibiotics are given to animals to fatten them up.
- Over-sanitizing – eliminating good germs too much weakens our body's natural defense.
- Inadequate hygiene & waste management – spreading resistant bugs in water, food, and soil.

7 Simple Ways to Combat Back

You don't need a lab coat to be a resistance warrior. Here's what you can do to help:

1. Only take antibiotics when prescribed.
 - No self-medication. Let the doctor determine whether you actually need them.
2. Complete your full course.
 - Even if you get better, finish the treatment. Eliminating all the germs is important.
3. Never share leftover medication.
 - What worked for you can hurt someone else—or just make germs more clever.
4. Use good hygiene.
 - Hand washing regularly, clean food, safe sex—it all prevents the bugs from spreading.
5. Opt for antibiotic-free meat and dairy.
 - Encourage responsible agriculture. Request “antibiotic-free” or “organic” foods.
6. Properly dispose of medicines.
 - Don't flush or throw pills in the trash. Find out about local medicine take-back programs.
7. Don't spread the bugs, spread the word!
 - Discuss AMR in schools, workplaces, and neighborhoods. Awareness is the first vaccine.



The Silent Superbug War: How You Can Help Win it?

Dr. Medhavi Aagrwal June 13, 2025

The Future is in Our Hands!

Acting now, we can safeguard the strength of modern medicine for our children and their children.

Let's not wait until the next "superbug" news headline wakes us up.

The fight against resistance is already underway—and you are the hero we need.

Let's fight smart, stay clean, and think before we pop that pill.





Swasth Nari, Sashakt Parivar Abhiyaan: A Timely and Need-Based Initiative

Dr Medha Mathur [November 3, 2025](#)

Invited
Blog



Women's health and family welfare have always been a crucial issue in a vast and diverse country like India. The government's recently launched 'Swasth Nari, Sashakt Parivar Abhiyaan' is a much-needed step in this direction. This initiative is highly relevant not only for protecting women's health but also for the well-being of the entire society and future generations.

This initiative is the need of the hour as women's health challenges remain deeply rooted in our country. Problems like maternal mortality rate (MMR), infant mortality rate (IMR), and low hemoglobin (anemia) remain a serious public health concern. Therefore, this program focuses on providing health and nutritional security to women at every stage of their life cycle (Life Cycle Approach).

Are we ignoring women's health?

Women play a crucial role in the progress of any family, society, or nation. If a woman is healthy, the entire family remains healthy and safe. A mother's health is directly linked to the health of her newborn. This same newborn will, in the future, surpass adolescence and become an adult, giving birth to a new generation and this is how the life cycle continues. The mother, or woman, is the pivot of this life cycle. Hence initiatives like 'Swasth Nari, Sashakt Parivar Abhiyaan' can be considered the foundation of social and national development.

Even today, the situation of maternal and infant mortality in India remains alarming. Quality antenatal, perinatal, and postnatal care is essential to reduce maternal mortality and ensure infant survival. Similarly, anemia among women and adolescent girls is a major challenge, affecting performance, education, and overall quality of life.



Swasth Nari, Sashakt Parivar Abhiyaan: A Timely and Need-Based Initiative

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Invited
Blog

Need-Based Initiative

The government has timely implemented the 'Swasth Nari, Sashakt Parivar Abhiyaan'. It is not just a health campaign, but integrates all aspects of women's health with a comprehensive approach.

Life Cycle Approach

This initiative focuses on health throughout a woman's life cycle i.e. pre-conception, antenatal, intranatal and post-natal. Essential nutrition, health services, and counseling at every stage, from adolescent girls to older women.

Anemia Control

The Government of India already runs effective programs like "Anemia Mukh Bharat." This new initiative will further strengthen it, improving hemoglobin levels in adolescent girls and women, reducing pregnancy complications, and ensuring healthy births.

Reduction in maternal and infant mortality

This initiative focuses on health camps across country by medical colleges, district-level hospitals, etc. to address maternal and infant mortality on a large scale, and its primary objective is to provide timely health services, safe delivery, and preventive and curative medical care.

Positive impact on family and society

When women are healthy, the family's productivity and the education and nutrition of children will automatically improve. This will lead to long-term positive changes in society. The health of today's working women directly impacts the country's economy, and a healthy woman is the foundation of a healthy society.

A step towards the Sustainable Development Goals (SDGs)

India has committed to achieving the Sustainable Development Goals (SDGs) set by the United Nations by 2030. The Swasth Nari, Sashakt Parivar Abhiyaan' will prove to be a milestone in achieving these goals.

SDG 3 (Good Health and Well-Being): Reducing maternal mortality to below 70 and infant mortality are key components of this goal. The new initiative will directly contribute to achieving this goal.



Swasth Nari, Sashakt Parivar Abhiyaan: A Timely and Need-Based Initiative

Dr Medha Mathur [November 3, 2025](#)

Invited
Blog

SDG 2 (Hunger Elimination and Nutrition Security): Controlling anemia and improving women's nutrition will strengthen this goal.

SDG 5 (Gender Equality): This campaign, focused on women's health, will promote gender equality by empowering women.

Thus, this initiative is not only related to health but also directly linked to social, economic, and educational development.

The Importance of a Life-Cycle Approach in Women's Health

The life-cycle approach means that a woman's health should not be limited to pregnancy or childbirth, but rather, attention should be paid to her health throughout her life.

Adolescence: Nutrition, menstrual health, and anemia prevention.

Reproductive age: Family planning, safe motherhood, and mental health.

Pregnancy: Prenatal care, safe delivery, and postpartum care.

Middle and old age: Bone health, cancer screening, and mental health.

If health is protected at every stage, women will remain healthy throughout their lives, and their families, society, and the country will also remain strong and secure.

This initiative will bring awareness about health in society. Women will be recognized not only as "caregivers" but also as "care recipients." At the policy level, this initiative will further strengthen India's health system and increase women's access to primary health services.

Therefore, it is quite appropriate to say that "a healthy woman is the foundation of a strong family and a prosperous India."





Unmasking the appeal

DR. SHWETANGI SHINDE JUNE 2, 2025



Winner
of Blog Writing
Competition
(May-Aug 25)



By the time you finish reading this, another life in India will be lost to tobacco.

Yet the billion-rupee industry behind that statistic thrives, hiding in plain sight, cloaked in glamour, loopholes and deception. This is not just about smoking. This is how an industry systematically seduces the poor, manipulates the youth and bypasses the law, all to keep a deadly addiction alive.

In 2012, Maharashtra made headlines by banning guthka, a popular chewable tobacco mixture, infamous for causing oral cancer. Other states followed. But the celebration was short-lived.

Enter the twin-pack trick.

Manufacturers began selling tobacco and pan masala in separate sachets, packaged for purchase together. Technically separate, yet functionally identical to the banned guthka. On street corners, outside tea stalls, and near schools, it made a quiet return.

This was not an accident. It was a strategy designed to exploit a legal loophole, targeting low-income, less educated consumers who often prefer to buy with coins rather than notes. Their choices are manipulated not just by price, but by availability, addiction and aggressive marketing.



Unmasking the appeal

DR. SHWETANGI SHINDE JUNE 2, 2025

Picture this: the glittering lights of a cricket stadium. A billion eyes glued to the screen. A slick commercial featuring Bollywood mega stars: Shah Rukh Khan, Ajay Devgn and Akshay Kumar, urging you to “Zubaan Kesari” with Vimal. A mouth freshener, you say? Maybe. But the brand? Deeply tied to the tobacco legacy. This is called surrogate advertising, where products like Elaichi, deodorants or bottled water are used to sneak a tobacco brand into public consciousness. While the Cigarettes and Other Tobacco Products Act (COTPA) bans direct tobacco ads, surrogate advertising still lies in the grey zone. Akshay Kumar, ironically a fitness icon, faced public backlash for endorsing a surrogate product. He later apologised. But the message was already out by then. The brand was etched into millions of minds.

The damage was done.

Gone are the days when tobacco ads screamed from billboards. The industry has evolved. It is subtle now. It is social. It is algorithmic. It is on reels, gaming apps and meme pages, spaces where adolescents spend most of their time.

Most of them say that their products are for adults. But their ad placements, packaging and flavours scream otherwise. Candy-coloured e-cigarettes. Cartoons on packaging. Free samples outside schools disguised as “Energy boosters”. The packaging might say “zero nicotine” in bold, but buried in fine print is a disclaimer: “May contain trace levels.” How much is a trace when the user is 16? According to a 2017 study by the Salaam Mumbai Foundation, 85% of tobacco vendors in Mumbai operated within 100 yards of schools, a direct violation of COTPA. This is predatory targeting.

Moreover, the tobacco industry is also a master of illusion. It has now rebranded itself with the Trojan Horse of “harm reduction”. E-cigarettes and lighter tobacco products, such as “Gold Flake Lights” and “Classic Milds” are being pushed as “safer alternatives”. These names sound less dangerous, even comforting. But here is the truth they won’t tell you: most of these “reduced-risk” products are gateways for non-smokers, especially teens, into nicotine addiction. It is also a deliberate misdirection a way to retain the so-called “health-conscious” smoker without actually reducing harm.



Unmasking the appeal

DR. SHWETANGI SHINDE JUNE 2, 2025

Studies show smokers of “light” cigarettes often inhale more deeply or smoke more frequently, nullifying any so-called benefit. The tobacco industry thrives on this false reassurance. Once hooked, the user is a customer for life or until death, whichever comes first.

In 2022, the WHO even called for a global ban on misleading descriptors like “mild” and “light”. But in India, these terms still float freely on packs sold across kirana shops.

In 2014, India proposed a bold regulation graphic health warnings covering 85% of cigarette packs. A move praised globally. But then, delays. Opposition. Confusion. It emerged that members of the parliamentary committee reviewing the proposal had direct ties to the tobacco industry. The fox, it seemed, had been guarding the henhouse. Eventually, the warnings were implemented. But the episode exposed just how entangled politics and tobacco have become.

When profit speaks louder than public health, even well-intentioned laws can be paralysed.

While the industry hides behind loopholes and celebrity endorsements, its foundations are built on something far more disturbing. In the bidi-rolling districts of Bidar and Gulbarga in Karnataka, child labour thrives in dusty rooms filled with the acrid smell of tobacco. Eight-year-old Meena rolls 500 bidis a day. Her fingers move with muscle memory; her lungs wheeze quietly in the corner. Her childhood has been sold for pennies; she is a cog in the wheel of a billion-rupee industry that counts on cheap, invisible labour.

Even ITC, one of India’s largest tobacco companies runs major initiatives in rural education, sanitation and the environment under Corporate Social Responsibility (CSR). Schools are sponsored. Toilets are built. Trees are planted. But behind the green logo lies a dirty secret: the same company profits from products that kill over a million Indians each year. This is image laundering, pure and simple. A way to scrub the blood off the balance sheet while distracting the public from the core business of selling addiction.



Unmasking the appeal

DR. SHWETANGI SHINDE JUNE 2, 2025

The tobacco and nicotine industry in India does not just sell cigarettes, gutkha, or vapes. It sells illusions:

- That legal means safe.
- That glamour means trust.
- That the laws can have loopholes.
- That their good deeds erase the harm.

But behind all this is an intentional strategy to sustain addiction and expand profits.

It is time to stop calling it “marketing”. This is manipulation. This is a public health crime.

India is the second-largest consumer of tobacco in the world. The human cost is staggering. Every year, over 1.3 million Indians die due to tobacco-related illnesses. That is 3,500 deaths a day. That is one death every 25 seconds. Speak up and protect the next generation. Because the tobacco industry does not fear regulations, it fears awareness.





Swipe. Tap. Regret: The Invisible Cost of UPI Convenience

DR PRAKHAR SHARMA AUGUST 22, 2025



1st Runner Up
of Blog Writing
Competition
(May-Aug 25)



We are in the midst of a silent financial shift—one that crept in quietly, dressed as convenience. Today, you can't walk ten feet without spotting a QR code. From vegetable vendors and rickshaw drivers to high-end boutiques and street food stalls—everyone is one scan away from your bank account. Two taps and it's done. Quick. Effortless. Invisible.

But this wasn't always how we spent money. Once upon a time, money had weight. It had presence. Holding a ten-rupee note had a certain texture. Handing over a crisp ₹500 felt significant. Every transaction required a deliberate action—opening your wallet, choosing the right note, receiving change. It created a pause, a moment of consideration. That pause, as it turns out, was a form of built-in financial wisdom. That pause is now gone.

With the rise of UPI (Unified Payments Interface) and digital wallets, we've erased the friction of spending. And while convenience is the headline benefit, there's a subtler cost that rarely gets discussed—the erosion of financial mindfulness. Behavioural economists call this the “pain of paying”—a small but powerful emotional response that occurs when we part with money. It's not a bad thing. It's the mind's way of protecting us from impulse, from excess.

Cash created that pain. UPI, with its seamlessness, has eliminated it.

I realized the depth of this change when I reviewed my monthly expenses last week. What I saw was alarming. My food delivery bills had quietly doubled. There were charges I couldn't even remember authorizing—forgotten subscriptions, unplanned Amazon orders, tip amounts I hadn't noticed.



Swipe. Tap. Regret: The Invisible Cost of UPI Convenience

DR PRAKHAR SHARMA AUGUST 22, 2025

It felt like I had been spending in a trance. The ease had numbed me. I was financially sleepwalking. My father had warned me about this long before. He still prefers cash. Withdraws a fixed amount at the beginning of each month. Hands it over to my mother for safekeeping. He claims it keeps him grounded. I used to think it was old-fashioned. But now, I see the wisdom.

There's discipline in limitation. When you know you have ₹2,000 in your pocket, you behave differently. You plan. You prioritize. You pause. That physical boundary builds emotional boundaries too. Every purchase becomes a conscious act rather than a background operation.

Digital money, on the other hand, gives you a false sense of affordability. You don't see the money leave. You don't feel it. Without that sense of parting, spending loses its emotional anchor. And when that happens, regret often arrives too late—after the balance drops, not before the tap.

But regret isn't the villain. It's feedback. It's memory. It's what teaches us to adjust course. When money leaves without leaving a mark, that feedback loop breaks. And without it, our financial behaviour becomes unmoored—detached from consequence, detached from intention.

This isn't an anti-technology rant. UPI has brought undeniable benefits—efficiency, inclusion, speed. It has made life easier for millions. But in the rush to embrace it, we've let go of something valuable: mindfulness.

The comfort of contactless payment comes at the cost of consciousness. And the danger lies in how subtly that cost builds over time. One click here, one tap there—it doesn't feel like spending. Until one day, it all adds up and you're left wondering: Where did my money go?

The crisis isn't in the technology. It's in the absence of friction. The silence between the act of spending and the realization of loss. When everything becomes instant, the mind doesn't get a chance to catch up. To be clear: UPI isn't the enemy. But unthinking spending is. And the antidote isn't abandoning digital tools—it's rebuilding awareness around how we use them.



Swipe. Tap. Regret: The Invisible Cost of UPI Convenience

DR PRAKHAR SHARMA AUGUST 22, 2025

Here are a few mindful practices that might help in this new world of invisible transactions:

- Set daily or weekly UPI limits: Many apps allow you to cap how much you spend. Use it.
- Reintroduce cash for discretionary spending: Keep digital for essentials and carry cash for everything else.
- Track your expenses actively: Use budgeting apps or even a physical notebook to log daily spends.
- Pause before you pay: Just 5 seconds of reflection can be enough to shift impulse into intention.

Let's not romanticize the past, but let's not ignore its lessons either. Cash forced us to be present. Digital payments offer speed—but that speed shouldn't outrun our thought process. Because the real value of money isn't just in what it can buy—but in what it teaches us about choice, priority, and discipline. Let's not lose touch with that.

Because in the end, the real crisis isn't in the wallet. It's in the widening gap between spending and realizing.





DRONE WITH SLIDE, NO CANCER HIDE!

DR. K. RAJESWARI SEPTEMBER 29, 2025



2nd Runner Up
of Blog Writing
Competition
(may-Aug 25)



STEPS WITH SWEAT, CARE WE WON'T FORGET

In a remote rural village, with rough roads, sand and fields around with narrow lanes, health care workers and resident doctors walked into the hot sun, step by step door to door! Yes, tired of counselling for cancer screening. All started writing and the women's attitude was not good, no one is interested in cancer screening in the PHCs. With hesitant smile, folded hands women replied

"No, I am fine, "I am not having any symptoms."

"My husband won't allow it."

"Will it hurt?"





DRONE WITH SLIDE, NO CANCER HIDE!

DR. K. RAJESWARI SEPTEMBER 29, 2025

NOT JUST A TEST! IT IS PROMISE FOR OUR LIFE BEST

As the sun rose higher our hopes got lower! We packed and started walking towards Primary Health Centre in way full of questions and worrying about their health.

Suddenly, one ASHA worker, wiping the sweat off her forehead, said softly but firmly,

“Ivvala vallu rakapovachu doctor garu... kani repu artham ayyaka vaallane vastaaru.” (“They may not come today, doctor... but tomorrow, when they understand, they will come.”).

That sentence gave hope as rainbow after the rain even in that hot sun, simple but filled with truth. Change takes time. Trust is built, not imposed.

CHAMPION'S CALL, FEARS WILL FALL!

Two days later, something new happened.

As the morning sun touched the field and every corner of the village, women began arriving at the Primary Health Centre not one or two, fifteen women came, their eyes still carried huge amount of hesitation, but this time, there was also curiosity and courage. We once walked these lanes with disappointment, now stood with a heart full of joy.

In one corner of the crowd, the real champion standing at the back, a local volunteer who, already underwent screening after attending the awareness session, had gone door to door, explaining, convincing, and assuring the women with hope and trust. Her words reached where flyers and posters had failed.

That day, as Pap smear samples were collected under the shade of the PHC, Among the women, one sat nervously, her hands tightly clasped in her lap. Her eyes darted around, unsure.

When her turn came, she hesitated.

“Madam... Chala noppi untundemo ani bayam vesthundi” (“Madam... I was scared it might be painful.

We smiled gently and reassured her, don't worry, “It will be easy and quick procedure, there will be no pain.”



DRONE WITH SLIDE, NO CANCER HIDE!

DR. K. RAJESWARI SEPTEMBER 29, 2025

After the procedure, the woman stepped out with a quiet laugh of relief. **“Noppi ledhu madam... ide kosame bayapadanu!”** (“There was no pain at all, madam... and I was afraid for this?”)

Her words spread like a gentle breeze through the group, easing the fears of others, there was a quiet sense of victory. But the story didn't end there.

FROM FOOTSTEPS TO FLIGHT, VILLAGE HEALTH TAKES HEIGHT!

In the past, these samples would have waited for transport, days perhaps, before reaching a diagnostic lab. But today, a small drone awaited standby, ready to lift off with precision and purpose. The slides were fixed, sealed and secure, and were placed in a special slide boxes. The drone rose into the sky, bypassing the broken roads and endless fields, carrying hope, effort, and life-saving potential on its wings.

Every Friday became ‘Screening Day’.

What once began with silence and hesitation slowly turned into footsteps and smiles.



In the beginning, not a single woman came forward. But over the weeks, something beautiful happened

Every Friday, women from various villages started arriving at the PHC, walking in groups, some holding hands, some carrying children, all carrying hope.



DRONE WITH SLIDE, NO CANCER HIDE!

DR. K. RAJESWARI SEPTEMBER 29, 2025

They smiled and said with quiet pride:

“We are happy that Pap smear is available at our PHC, free of cost... and that we are being screened for cancer and infections”

The doctor returned.

The women returned.

The drone flew week after week.

Simple steps to intervention in this situation were

- Primary Health Centres became pillars of trust
- Community participation lit the first flame
- Women volunteers became ambassadors of change
- Technology like drones ensured no delay, no denial.

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What She Carried, What He Chose: A Story from the Shadows

DR URVISH JOSHI - DECEMBER 4, 2025



Winner
of Blog Writing
Competition
(Sep-Dec 25)



On that Thursday afternoon at a leading govt. hospital in Ahmedabad, I was a few miles away from the scene, in a government office, buried under piles of line-lists and Excel sheets. I was State PPTCT (Prevention of Parent to Child Transmission) Consultant under NACP-III, and my world was defined by data-tracking every single HIV-positive pregnant woman in the state to ensure zero transmission to the unborn.

Of the thousands of names on spreadsheet, one story traveled back to me. It was brought to attention by a counselor, and out of sheer curiosity, I began tracking the life behind the line-item.

Let's call her Kamala.

Based on the counselor's notes, I can see the scene as vividly as if I had been standing in the corner. The fan cutting through the humid air. The heavy silence. Kamala, seven months pregnant, sitting in the ICTC, draped in a fading Rajasthani sari.

"Ben", the counselor had said. "The report is Positive."

Kamala smiled hesitantly. In her world, being 'positive' usually meant something good. She didn't know that here, that word was a sentence. When the explanation came – virus, blood, lifelong treatment – Kamala didn't cry. She shrank. She physically folded into herself, pulling her pallu over her face, waiting for the world to end.

Then came the question that terrifies every woman in her position: "Where is your husband? He needs to be tested."



What She Carried, What He Chose: A Story from the Shadows

DR URVISH JOSHI - DECEMBER 4, 2025

He was waiting outside. Kishan. A daily wager, thin as a reed, face etched by the sun. He walked in, clutching a greasy plastic bag containing two warm samosas he had bought for them.

The test took fifteen minutes. If he was negative, would he leave her? In our society, a woman is often the vessel of blame, even when she is the victim.

The kit showed a single line. Non-Reactive. Negative!

Kamala stopped breathing. She knew the brutal arithmetic of their village; she was now 'damaged goods'. She braced herself for the anger. She waited for the accusation of infidelity.

Instead, Kishan looked at the counselor and asked in a rough dialect, "So... is she going to die?"

"No," the counselor said. "With medicine, she will live a normal life."

"And the baby?"

"We will try our best to save the baby."

Kishan sat back. He looked at the samosas in his hand, then at his wife, who was shaking. He reached out, took her hand, and placed the food in it.

"Eat," he said quietly. "The baby is hungry."

As I tracked Kamala's case file over the next few months, the ghosts of her past emerged, story that maps the hidden epidemic of our country.

Kamala was from a small village in Rajasthan. She was married young to a truck driver – a man of the highway who returned home with money, but also with sickness. He died within three years of the marriage after suffering from 'inexplicable' illness. His family knew, and hers likely suspected, but silence is the currency of honor in our patriarchal structures.

Instead of testing her, they arranged a remarriage. Quickly. Quietly. She was married off to Kishan, a poor laborer in Gujarat who knew nothing of the virus. She was the victim of a conspiracy of silence.



What She Carried, What He Chose: A Story from the Shadows

DR URVISH JOSHI - DECEMBER 4, 2025

But Kishan was made of different stuff.

I watched their adherence data like a hawk. We put Kamala on periodic testing and ART and ensured the delivery was institutional. This was the miracle of the PPTCT program – Nevirapine, and erstwhile protocols. But protocols don't work without people.

Kishan, who could not read the prescription, memorized the colors of the pills so she doesn't miss a dose. In a slum where gossip travels faster than light, he stood like a wall between the world and his wife.

Kamala gave birth to a baby girl. We tested the child at 6 weeks, 6 months, 18 months. Negative!

Two years later, another child. Negative!

They were a discordant couple – she positive, he negative; living in a one-room hut in a slum, raising two healthy children.

But life is rarely a straight line. A few years later, Kamala had a stillbirth. The grief was immense. Then, she developed Herpes Zoster Ophthalmicus. It ravaged the nerves of her face, and despite treatment, she lost vision in right eye.

I left that rewarding job as State Consultant fifteen years ago to pursue my family genes of teaching in medical education. But some stories stay with you. I kept in touch, watching them from a distance.

I learned that Kishan isn't a saint carved in marble. He is a real man. In the dry state of Gujarat, he occasionally finds a 'potli' (desi liquor) to unwind after a hard week of labor. He gets loud, he makes merry, he is flawed. But he never left!

I met Kamala recently. She is now in her late 30s, healthy, with an undetectable viral load. Her children are in school, oblivious to the storm their parents weathered.

As we spoke, Kishan walked up to us. He looked older, grayer, smelling faintly of the day's labor and perhaps a bit of that *potli*. In his hand, he held a familiar greasy plastic bag. He pulled out a samosa and handed it to her without a word.



What She Carried, What He Chose: A Story from the Shadows

DR URVISH JOSHI - DECEMBER 4, 2025

It was a small gesture, identical to the one fifteen years ago.

I asked her, “Kamala ben, it has been a long journey. Through sickness, through blindness... how did you manage?”

She took a bite of the samosa, looked at her husband, and then touched

the side of her face where the light had gone out forever. She smiled, a genuine, radiant smile that erased the years of pain.

She said, “I lost my eye, but I could still see him standing by me.”



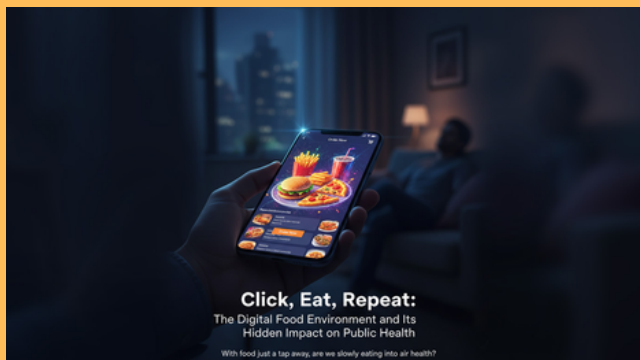


Click, Eat, Repeat: The Digital Food Environment and Its Hidden Impact on Public Health

DR.KAVIMALAR THIRUGNANASELVAM – NOVEMBER 3, 2025



1st Runner Up
of Blog Writing
Competition
(Sec-Dec 25)



With food just a tap away, are we slowly eating into our health?

Over the past decade, India's urban foodscape has undergone a dramatic transformation – not by the aroma of street food stalls or the bustle of vegetable markets, but by the quiet convenience of delivery apps. Blinkit, Zomato, Swiggy, Instamart, and similar platforms now allow people to satisfy hunger without ever stepping out of their homes. While they cater to convenience, these digital food environments carry implications that the public health community cannot afford to ignore.

The Rise of the “Swipe-to-Eat” Generation

Today, food isn't just consumed – it's delivered. Whether it's a 10-minute grocery run or a midnight pizza craving, these services have become an integral part of the urban Indian lifestyle. But the question is – what are we trading off for comfort?

Physical Inactivity

The biggest invisible cost of food delivery is the erosion of incidental physical activity.

Walking to the market, standing in queues, and carrying bags home. These are no longer part of daily routines. Instead, they've been replaced by screen time and sedentary waiting. The consequence? A silent rise in overweight, obesity, insulin resistance, and non-communicable diseases (NCDs) – especially in young adults and working professionals.¹



Click, Eat, Repeat: The Digital Food Environment and Its Hidden Impact on Public Health

DR.KAVIMALAR THIRUGNASELVAM – NOVEMBER 3, 2025

Ultra-Processed, Ultra-Frequent

Digital menus are not just about food – they're about algorithms.

- Repeated exposure to high-calorie, ultra-processed meals
- Heavy discounts on fried, sugary, and packaged snacks
- Suggestive marketing based on past orders

The “Cyber Food Swamps” study revealed that a 10% increase in fast-food visibility on delivery platforms corresponded to a 22% higher likelihood of fast-food orders.²

The Urban Health Paradox

While India fights hunger and malnutrition on one hand, cities are facing a different epidemic:

- 24/7 food access without movement
- Emotional eating patterns are shaped by stress, marketing, and ease
- Digital dependence that reshapes sleep, screen use, and social habits

This paradox of “malnourished yet overfed” needs serious attention.

Public Health Evidence: What Are We Seeing?

A recent study at IIT-Guwahati found that food delivery apps and social media are significantly influencing eating habits and food culture among urban Indian youth, particularly in the middle class. The study introduces a sixth stage in the food cycle – digitalisation – and calls for inclusive digital policies to support public health and food diversity.³

Frequent use of food delivery apps is associated with decreased physical activity and increased sedentary behavior, contributing to the growing prevalence of obesity and metabolic health risks, particularly among urban youth.⁴

Final Thoughts

The digital food environment isn't inherently harmful, but our passive relationship with it is. We must reclaim agency over our food, movement, and minds. Just as we adapted to infectious disease shifts, we must now address the silent pandemic of digitally driven chronic diseases.

We must begin to question not just what we eat, but how it reaches us – and at what hidden cost to our bodies and minds.



Click, Eat, Repeat: The Digital Food Environment and Its Hidden Impact on Public Health

DR.KAVIMALAR THIRUGNANASELVAM – NOVEMBER 3, 2025

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Room No. 45 to Rural Odisha: A Journey of Learning, Courage, and Commitment on World AIDS Day

DR PRIYANKA MOHANTY – DECEMBER 4, 2025



2nd Runner Up
of Blog Writing
Competition
(Sep-Dec 25)



World AIDS Day, observed every year on December 1st, has always carried a deeper, more personal meaning for me. While many of my colleagues connect to the theme through textbooks, guidelines, or community postings, my connection began much earlier back in my MBBS days behind the old hostel corridor that housed Room No. 45 and 46. Room No. 45 was mine. Room No. 46 belonged to someone who would unknowingly shape the course of my professional Calling; my batchmate, my friend, and an extraordinary fighter – an HIV-positive survivor who taught me more about resilience and dignity than any classroom ever could.

The Girl in Room No. 46: A Survivor Who Became My Teacher:

She arrived quietly on the first day of hostel allotment. People whispered before they ever spoke to her. Some kept distance, a few showed curiosity, but very few offered genuine compassion. Many didn't even know her status; they simply sensed she was "different." Late one rainy evening, I learnt the truth. She told me she had acquired HIV through perinatal transmission and had lived her entire life navigating hospital corridors, ART clinics, and the harshness of stigmatizing glances. She said it simply, without pity—"Piyu, I don't want the world to fear me. I want them to understand me." Living next to her meant witnessing her good days and her difficult ones; days when ART side effects exhausted her, nights when fever and fatigue took over, mornings when she still woke up early to attend postings with unmatched determination.

She excelled academically, participated in clinics, and refused to be defined by her diagnosis. She fought stigma with education, ignorance with patience, and discrimination with strength. But above all, she taught me that HIV is not a "condition to be feared," but a "condition to be understood."



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From Classroom Inspiration to Field Reality to Joining NACO Odisha : Years later, as I progressed into my postgraduate training in Community Medicine, I found myself increasingly drawn towards public health work in HIV prevention and stigma reduction. Eventually, becoming part of **NACO Odisha** (National AIDS Control Organisation – State Wing) felt like a natural extension of that inspiration.

The districts of Western Odisha particularly the tribal and rural belts present a unique landscape. Myths thrive, misconceptions shape behaviour, and stigma remains a silent barrier to testing, treatment, and care. During field visits, I often remember my friend from Room No. 46. Her strength helps me speak with greater conviction when I sit with **Young tribal women** hesitant to get tested due to fear of community judgment & **Migrants returning from brick kilns**, vulnerable due to lack of continuous ART. **Adolescents**, misled by misinformation from peers and social media & **Families**, who still believe sharing food or utensils can spread HIV.



As a Community Medicine resident and NACO member I used practical, relatable, culturally sensitive approaches & believed in **Conversations, Not Lectures**. During community meetings, I begin with simple questions: “Can we get HIV by touching?” “Can someone with HIV marry?”.

Within minutes, people become open to dialogue. I use charts and role-plays to dispel HIV transmission myths and promote supportive behaviours. Flexible ART timings, reminders, and home visits boost adherence. In tribal families, I stress that vaccines are “practice matches” for immunity. With appropriate CD4 levels, PLHIV should receive Hep B, pneumococcal, influenza and HPV vaccines, which greatly reduce infections.



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One of the most powerful lessons I have learned is that HIV care is not only biomedical but it is emotional, social, and familial. Families who support PLHIV create better adherence rates, lower depression levels, improved outlook towards life & reduced risky behaviours. I emphasise this heavily during my counselling sessions. When I say, "The best immunity booster is a supportive family," people understand immediately. Many mothers start crying, fathers come forward, and siblings step closer to the person living with HIV. I have seen stigma break in real time ;those moments redefine why I chose this profession.

As final-year Community Medicine residents, we play a key role in strengthening HIV care beyond clinics. We can integrate HIV education into schools, Anganwadis and panchayats, promote early testing through village haat camps and couple testing, support migrants with interoperable ART refill systems, and reduce stigma by developing "local HIV champion" and sensitising community leaders.

Improving ART accessibility must remain a priority through patient-friendly approaches like multi-month dispensing and telemedicine-based counselling for those unable to travel regularly to ART centres. [1, 2] Finally, protecting key populations including female sex workers, MSM, and transgender communities demands that we provide non-judgmental, confidential, and compassionate services that acknowledge their challenges; building trust, rather than policing behaviour, forms the foundation of effective and ethical HIV prevention and care.





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DR PRIYANKA MOHANTY - DECEMBER 4, 2025

A Full-Circle Moment: Every time I conduct a health education session or counsel a newly diagnosed patient, I silently thank the girl from Room No. 46. Her courage lit a spark that today shapes my work in the rural corners of Odisha. She taught me that HIV is not just a virus—it is a social condition, a psychological burden, and a mirror reflecting society's attitudes. But it is also a reminder of human resilience.

On this World AIDS Day, as I stand in a tribal village under the winter sun, speaking to families, students, and health workers, I carry her story with me. A story of strength, of dignity, of hope and of an unbroken determination to ensure no one feels alone in their battle against HIV.

This is not just my profession; this is my purpose.



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ANGANWADI – MUD, MINDS, MILESTONE

DR. DILSHANO THAIYAM – NOVEMBER 24, 2025



On a day visit to Anganwadi Kendra called as “Rathodo ka guda” meaning a township owned by Rathod’s stands an Anganwadi Kendra somewhat around 25 kms from my workplace. A visit was arranged with my colleagues as we planned a health talk and interactive session with mothers and to be mothers on awareness about immunization services and timely immunization for children of township on village Health and Nutrition Day. While awaiting them to join in courtyard of Anganwadi, I stepped inside the hall of Anganwadi Kendra to witness a colorful room filled with little chairs and tables, stack of drawing books, colored chart papers on walls, tables stacked with registers, a spot map of the Kendra and a kitchen in corner which would be to provide cooked meals to beneficiaries at Kendra.

All very subtly striking and colorful but at the end of room in a quiet corner I found, what I may say brought light to eyes and a smile on my face. It was a joyful scene of clay toys as seen in the cover picture of blog, never knew something as small as toys can inspire me to write this blog. I am sure they might have got help from their caregivers and Anganwadi caretakers but it took me to a cloud of thoughts when they must be created by those little hands with mud and water. How this clay playing is more than just a play – they’re tools for growth.

It might look simple fun activity but in reality, they were engaged in powerful developmental work, all through the humble art of clay making. Specially under six-year-olds play it’s their most important job, shaping clay would have helped them improve their fine motor skills, eye hand coordination, sharpen focus and concentration, imagination, observing capacity and sensory stimulation experience of touching different textures also supports brain development.



ANGANWADI – MUD, MINDS, MILESTONE

DR. DILSHANO THAIYAM – NOVEMBER 24, 2025

This kind of open-ended play fuels language development, storytelling and emotional regulation, working as a team, following instructions of elders—all important aspects of early childhood development.

In a world often focused on high tech solutions, sci-if games, gadgets, modernized toys, specialized services for children's, it's easy to forget that some of the most impactful tools for health and development are simple and tactile. Anganwadi caretakers in all aspects can integrate clay play into broader dimension for health and nutrition activities while children are engaged. They can observe important delays in physical or cognitive milestones, teaching basic hand hygiene, such as washing hands before and after play, offer nutritious snacks in a relaxed setting promoting healthy behaviors.

Let clay express child what they may not yet have words for it's a boost to creativity and communication it requires no screens no fancy tools it's an inclusive low cost activity that welcomes every child.

We can volunteer to conduct such sessions or storytelling workshops spreading awareness of how powerful play can be supporting simple interventions to fruitful milestones, sharper minds and happier children.





Mobile Medical Unit – Hope for Health on wheels

DR PRITI SOLANKY – OCTOBER 13, 2025



Ills covered with dense trees, lush green paddy farms, few kutchcha and some pucca houses scattered among the natural landscape. Peaceful silence calms the mind. And... there is a siren echoing from distance, rising in volume as the vehicle comes nearer. As if woken from slumber with this sound, the villagers start gathering at the small clearing near the village temple. Some have come from the farms they are working on, and some have come from their homes after listening to the familiar sound of Mobile Medical Unit's (MMU) van.

As the van come to halt at its designated place, the patients line up. The small crowd keeps growing in number steadily as the MMU van's medical officer continues to attend all one by one. There are all variety of ailments you can see there- child with cough and runny nose, pregnant mother coming to get her routine antenatal care, diabetes and hypertension patients for their blood glucose and blood pressure getting measured, someone with backache, someone with skin lesions etc. There is a laboratory technician with basic equipment for blood tests, pharmacist dispensing necessary drugs and a driver also helping by entering patients' information in register and distributing case paper to each.

It seems like a flawless machinery working efficiently after years of practise of working together in this mobile medical unit. Within almost half an hour all the patients are taken care of, some are treated, and few are referred to the nearest hospital as per requirement, and they all disperse, walking back to their farms or home with tablets or syrups in their hands and smiles on their faces.



Mobile Medical Unit – Hope for Health on wheels

DR PRITI SOLANKY – OCTOBER 13, 2025

The MMU van starts again, to go to the faliya of the same village located on the other side of the hill, again with its siren singing its arrival to the other side. They try their best to serve people as close to their homes as possible. This village is located in remote tribal area, connected by a narrow road with the PHC located few kilometres away. This “few” kilometres’ distance turns into heavy ordeal considering the hilly terrain and almost non-existent public transport system.

Villagers must walk long every time they need to go to the PHC for seeking healthcare. The MMU has come as a boon for them as the minor ailments get treated at their doorstep, without them taking break from their labour work and spare an entire day to walk to and from the PHC.

The MMU staff has also poured their hearts into the services they provide, e.g. in the initial phase of this MMU service, they took round of entire village with the siren singing to make the villagers familiar with the sound of MMU van’s arrival. They explored and finalized places which could be accessed by maximum villagers with ease. As per their rotatory schedule, this van comes once a week in this village for fixed duration.

The timing and day of arrival were displayed prominently in the village to make everyone aware about this service. After years of their efforts, now the MMU has established good rapport with the villagers and the existing health staff i.e. ASHA. ASHA was coordinating happily with the villagers and the MMU staff to ensure all get the timely intervention and also supported those needing referral.





Mobile Medical Unit – Hope for Health on wheels

DR PRITI SOLANKY – OCTOBER 13, 2025

MMU is a well-established service under National Health Mission, for the remote, underserved, vulnerable tribal, rural and sometimes urban population. MMU provides primary health care services under 12 thematic areas that include maternal and child health, adolescent health, reproductive health, communicable and non-communicable diseases, mental health, geriatric care, emergency care etc. Population norm defines there should be one MMU per 10 lac population and 5 MMU per district but the norms are relaxed for the hard-to-reach hilly areas. MMU is provided with essential drugs and basic laboratory services such as haemoglobin test, urine pregnancy test, blood glucose test, urine albumin sugar test etc. The review of activities of MMU is done at state level through the reporting the staff does in the MMU app including drug, logistics and patient related data entry.

The MMU operability comes with its own challenges too e.g. this particular MMU that we visited had vacant post of nursing staff for the last one year since the posted nursing staff was transferred. This van was involved in an accident and after the repairing was done, the mechanism to hang curtains at physical examination area to ensure patient privacy was not yet repaired. This hampered examination of pregnant women during antenatal care. Timely addressing such issues could lead to more effective service delivery to the community in need.

In nutshell, MMU continues to provide health services to the underserved areas consistently, overcoming the challenges and it is a concept worth sustaining with support from the health system. It was indeed a wonderful experience assessing the MMU in tribal regions which made us aware of how some heroes in white cape continue their silent struggle of providing best possible primary level health care to the ones in need.

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Image courtesy: Images were captured by the author herself and Dr Hinal Chudasama (Senior Resident, Community Medicine Dept., GMERS Medical College, Valsad)





Rethinking Practical Teaching in Community Medicine: A Sensory-Based and Student-Centric Approach

DR. DHRUVENDRA PANDEY – SEPTEMBER 15, 2025



Community Medicine is the connecting bridge between medical science and the community at large. It equips MBBS students with preventive, promotive, and social health perspectives. Traditional pedagogical approaches in community medicine often rely on didactic, one-way information dissemination, which limits active student engagement and the development of essential practical skills. This conventional model often overlooks the critical role of sensory input in reinforcing learning and skill acquisition, particularly in disciplines requiring direct ability with physical equipment and complex interpersonal interactions (1).

The inherent limitations of a teacher-centered, “one-size-fits-all” teaching model further worsen this issue, not catering to diverse learning styles and individual student needs (2). It is therefore of urgent necessity to redesign practical teaching in community medicine, and shift towards more immersive, experience-focused, student-centered methods that not only increase the rate of learning information but also promotes practical ability-improvement (3) (4). The proposed concept of applying in a community medicine course is a new paradigm that incorporates the premises about the learning process via the senses with a student-centered approach in the quest to develop higher level of knowledge and practical skills.

A. Sensory-Based Practical Model

1. Touch and Feel: It allows students to manage vaccine vials, ORS packets, contraceptives, and locally used health tools. The student should notice the color and contour of material. Similarly for contraceptives, especially IUD and depot patches demonstration should progress from seeing on mannequins to direct supervised insertion practice for each student.



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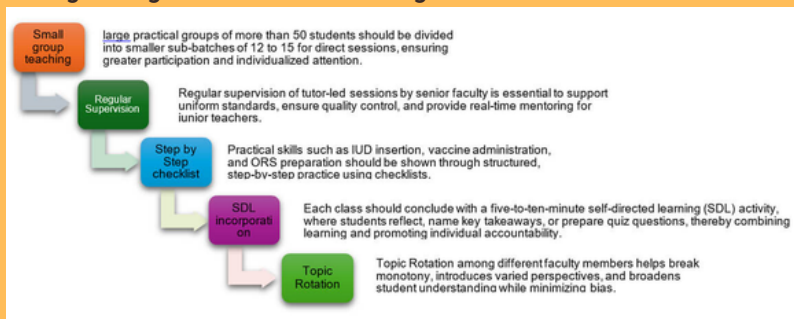
2. Sight and Reading: Students are encouraged to read labels, composition, expiry dates, vaccine vial monitors, and growth charts in real time during practical. A query lowers them a deeper understanding and allows their mind to generate a query for effective learning. Posters and pictorial guides can supplement learning for large batches, allowing students to divide into sub-groups for better focus.

3. Smell and Environment: During community visits, show environmental clues such as foul smell from garbage, poor ventilation, or improper sanitation. The varied materials like insecticides, medicines, fruits and chemicals had different smells, this allows them for olfactory learning and easy identification during examination. This relates these sensory inputs to epidemiology and links theory with lived experience.

4. Taste in Nutrition Education: Tactile and gustatory learning is important for edible item learning. Many students did not even know about distinct types of flour, if they knew their taste, they also remembered their nutritional benefits. The practical can be conducted with tasting iodized salt, fortified atta, and culturally common food items while explaining nutrition deficiencies. This both enhances recall and grounds the discussion in local socio-cultural realities.

5. Hearing and Listening: This approach will also involve structured listening activities using summaries by health workers and patient stories, as well as concise recaps by the faculty. Recurring reinforcement of pointwise lists, slogans and case findings will help the auditory learner and reinforce the memory.

Strengthening the Practical's Teaching Process –





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Conclusion

Community Medicine is not another subject of MBBS- it is the health practice of all. The multisensory method falls into line with constructivist learning theories which involve active learning and development of knowledge based on at once experienced experiences as opposed to a structured process of reception. The shift in pedagogical thinking, where learning is no longer primarily a cognitive activity, but rather one that is embodied and based on experience, is bolstered by evidence suggesting that better retention and more in-depth understanding can be achieved by stimulating more than one sensory pathway in the process of learning (5). The effective adoption of a model of this type would result in increasing the effectiveness of community healthcare interventions and resulting in improved community health overall by creating a more capable and caring medical workforce.

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Beyond Netflix: How 'Pop Culture Pandemics' (Movies, Games, Books) Shape Our Real-World Health Perceptions

DR SHUBHA DB – AUGUST 22, 2025



AI generated image

The popcorn crackles, the lights go down, and a brand-new health threat appears on the screen. Or maybe you're playing a video game where you have to fight to stop a worldwide outbreak, or you're immersed in a book where a mysterious disease spreads across continents. Pop culture has always been fascinated by pandemics, as seen in films like *Contagion*, *Plague Inc.*, *The Hot Zone*, and *The Last of Us*. However, as public health practitioners, it is important to consider how these made-up outbreaks, these "pop culture pandemics," actually influence our perceptions, anxieties, and behaviours in relation to actual health emergencies.

It's simple to write off entertainment as simple escape. But the stories we hear have a lot of power. They mirror our fears, support our opinions, and occasionally unintentionally turn into our main information source. This blurring of fiction and reality became glaringly obvious in the COVID-19 era. In an attempt to make sense of an unprecedented worldwide event, many turned to movie plots or even played pandemic simulations.

The various ways that pop culture pandemics affect our perceptions of health will be examined in this blog, along with their effects, potential drawbacks, and ways that public health can use these potent narrative devices for positive ends.

The Positive, Negative, and Biohazard: What Pop Culture Does Right (and Wrong)

A simplified, dramatised perspective on intricate epidemiological events is provided by fictional pandemics. They can strike very close to home at times.



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The Enlightening Discoveries:

- **Emphasising the World’s Interconnectedness:** Movies like Contagion eloquently show how a single cough in Hong Kong can trigger a worldwide emergency. They highlight how diseases spread quickly as a result of contemporary travel and trade, which is a basic public health idea that is frequently difficult for the general public to understand.
- **Highlighting the Function of Public Health Experts:** Some stories do shed light on epidemiologists, researchers, and public health officials, despite frequently being overshadowed by heroes in the military or in medicine. Characters like Kate Winslet’s character Dr. Meryl Emmerich in the film Contagion provide a unique look into the unsung heroes of disease control by showcasing the laborious process of contact tracing, data analysis, and vaccine development.
- **Illustrating Behavioural Changes:** A lot of stories show how a pandemic affects society, including mask wearing, social distancing, lockdowns, and the frantic pursuit of treatments. Even if they are fictional, these stories can gently prepare viewers for the necessity of both individual and group responsibility in times of crisis.
- **The Power of Science and Collaboration:** Pop culture pandemics highlight the vital role that scientific research, international cooperation, and quick information sharing play in fending off a global threat. They frequently result in the victory of scientific creativity over illness.

The Damning Tropes and Misconceptions:

On the other hand, drama, not necessarily scientific accuracy, is what propels fictional narratives.

- **Overestimated Mortality and Virulence Rates:** Fictional pathogens frequently spread at unthinkable speeds and kill with near-certainty for dramatic effect. This can create a sense of hopelessness and excessive fear that is not consistent with the reality of the majority of newly emerging infectious diseases.
- **The “Patient Zero” Obsession and Blame Games:** Pop culture frequently sensationalises “Patient Zero,” making them a subject of fascination or even blame, despite the epidemiological validity of the idea of a point of origin. This can contribute to stigmatisation and xenophobia, taking focus away from successful public health initiatives and encouraging a “them vs. us” mentality.



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- **The Lone Hero/Silver Bullet Fallacy:** A lot of stories revolve around a single brilliant scientist or a small band of heroes who, just in time, find a cure or vaccine. The intricate, cooperative, and frequently incremental character of scientific research and vaccine development is oversimplified by this.
- **Government Malfeasance and Conspiracy Theories:** A common cliché entails a corrupt government, a dubious company, or a covert plan behind the outbreak. These narratives can create a deep-seated mistrust of public health authorities, scientists, and official communications, which can make it more difficult to put necessary measures in place during a real crisis.
- **Misrepresenting Disease Transmission:** To fit storylines, fictional viruses frequently spread through unlikely channels or undergo incredibly fast mutations. This may lead to public confusion regarding the effectiveness of preventative measures as well as the actual routes of transmission (such as airborne versus droplet versus contact).

Public health can strategically engage with pop culture pandemics by promoting media literacy, collaborating with creators, and developing its own compelling stories. By offering scientific guidance to filmmakers and game developers, creating culturally sensitive narratives, and leveraging fandoms, accurate messages can be subtly integrated. Beyond fear, public health storytelling should emphasise resilience, solutions, and community solidarity. Pop culture shapes perceptions of illness and risk, making it vital to engage thoughtfully.

Transforming fictional fears into practical lessons of shared responsibility and scientific progress ensures that entertainment becomes an ally in building trust, awareness, and collective resilience.





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