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Foreword

Community Medicine is a constantly evolving discipline, shaped by emerging evidence, changing health policies, and, most importantly, the experiences and needs of the communities we serve. Addressing today's public health challenges requires more than scientific knowledge and technical expertise. It calls for meaningful conversations, shared experiences, critical reflection, and collective learning.

The Blogologue provides a valuable space for such exchange. By bringing diverse perspectives beyond conventional academic platforms, it encourages curiosity, constructive discussion, and continued professional growth. I am confident that this initiative will inspire more IAPSM members to share their ideas, question established approaches, and contribute practical solutions to the evolving health needs of our society.

My sincere appreciation to all the contributors and the editorial team for their thoughtful efforts in bringing this compilation together. Such platforms strengthen our professional community, broaden our understanding, and ultimately enrich the practice of Community Medicine.



Maj Gen (Prof) Dr. Atul Kotwal

President, IAPSM



Foreword

Public health advances when knowledge is shared, ideas are exchanged, and professionals learn from one another. The IAPSM Blogologue has grown into a distinctive platform that brings together reflections, experiences, and perspectives from across our community, creating space for thoughtful engagement beyond conventional academic communication.

As we present the third edition of this biannual publication, I would like to acknowledge the valuable contributions of the authors, the editorial team, and the entire IAPSM fraternity. Their collective effort has helped the Blogologue evolve into a platform that reflects the diversity of thought, aspirations, and emerging ideas within our field.

At a time when public health problems are increasingly interconnected and require context-specific responses, initiatives such as this help connect evidence with experience and academic knowledge with everyday practice. They also offer an important opportunity for early-career professionals to share their voices while enabling experienced practitioners and academicians to exchange insights.

It is encouraging to see the continued development of the Blogologue, and I am confident that it will grow further as a platform for meaningful professional engagement. I congratulate the editorial team and all contributors on this edition and wish the Blogologue continued success in encouraging knowledge sharing, reflection, and constructive conversations within the IAPSM community.



Dr. Pradeep Kumar
President-Elect, IAPSM



Foreword

Dear Esteemed Members,

It is my privilege to welcome you to the fourth edition of the IAPSM Blog Compendium, a collection that reflects the breadth of ideas, experiences, and perspectives within our professional community.

Public health is strengthened when evidence is translated into practice and when knowledge is shared across individuals, institutions, and generations. Through its varied contributions, this edition brings together reflections on issues that matter to our discipline and to the communities we serve.

Beyond presenting articles and viewpoints, the Blog Compendium provides an opportunity to pause, reflect, question existing approaches, and consider new possibilities. Such exchanges can enrich professional practice and encourage fresh thinking among both emerging and established public health professionals.

I sincerely appreciate the efforts of every contributor and the editorial team whose commitment has made this edition possible. I also invite members of IAPSM to see this platform as an open space for sharing their experiences, ideas, observations, and innovations.

May this edition encourage wider participation, meaningful discussion, and continued learning across our fraternity. I extend my best wishes to all contributors and to the entire team behind the IAPSM Blog Compendium.



Dr. Manish Kumar Singh
Secretary General, IAPSM



Foreword

It is deeply gratifying to witness how the IAPSM Blogologue has developed over time into a meaningful forum for sharing ideas, experiences, and perspectives. What was initiated with the intention of creating an informal space for professional exchange has steadily grown through the enthusiasm and participation of our members.

The fourth edition reflects the creativity and commitment of contributors from across the IAPSM fraternity. Such participation not only enriches the content of the Blogologue but also encourages younger colleagues to engage with public health issues, express their perspectives, and learn from the experiences of others.

I hope this initiative continues to develop as a sustained tradition within IAPSM, connecting professionals at different stages of their careers and creating opportunities for continuous exchange and reflection.

My sincere appreciation goes to the editorial team and every contributor who has helped take this initiative forward. I wish the Blogologue continued growth and hope that each successive edition brings new voices, thoughtful perspectives, and greater participation from our fraternity.



Dr. Ashok Bhardwaj

Immediate Past President, IAPSM



Message from Editorial Team

It is a pleasure to bring before you the fourth edition of IAPSM Blogologue, an initiative that continues to expand as a platform for communication, reflection, and exchange within our public health fraternity.

The Blogologue was conceived to provide our members with a space beyond conventional academic publications, where professional experiences, observations, ideas, and perspectives could be shared more freely. With each edition, the growing participation of our colleagues has added greater depth and diversity to this initiative.

The response to the earlier editions has been encouraging and has demonstrated the value of creating opportunities for our fraternity to connect through ideas and experiences. This edition carries that spirit forward through contributions that reflect the wide-ranging nature of contemporary public health practice.

The future of Blogologue depends on continued participation from our members. I encourage everyone to engage with this platform by reading, writing, sharing experiences, and initiating conversations on issues relevant to our discipline and society.

Let us continue to build Blogologue as a sustained forum for learning, professional exchange, and thoughtful engagement, with every edition strengthened by the voices and experiences of the IAPSM community.

My sincere appreciation to all contributors and to the editorial team for their continued efforts in bringing this edition together.



Dr. Medha Mathur

Editor-In-Chief

IAPSM Blogs & Blogologue



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Plague, Panic and Perception: Lessons from public health crisis 1994

Dr Pradeep Kumar April 21, 2026

Invited
Blog



Surat was catapulted to global spotlight—though for all the wrong reasons. The plague outbreak had triggered fear, stigma and near-hysteria across and beyond the country.

Meanwhile, a brand-new Associate Professor — armed with exactly one year of experience—and about 100+ years' worth of excitement, was getting ready for his first official air travel... that's me!

Let me be clear—this is not a lesson in epidemic management. This is a story about panic, perception... and a few unintended VIP privileges.

At that time, I was attached to the Medical Superintendent's office but at that time it was headed by the Commissioner of Health, Gujarat (a senior IAS officer). One fine day, I was assigned what sounded like a very serious responsibility: Transport sera samples from 700 suspected plague patients to NICD, Delhi.

What I heard, however, was: "Congratulations, you're flying—on government expense."

The Accidental VIP!

I was ordered to board a morning flight from Vadodara. Necessary orders were faxed everywhere and tickets were procured. Since Surat had no airport, I travelled to Vadodara and was put up at the Circuit House. The manager, unsure of who exactly was arriving, played it safe and gave me the VIP suite. I did not correct him.

After all, in a plague outbreak, even confusion deserves respect.



Plague, Panic and Perception: Lessons from public health crisis 1994

Dr Pradeep Kumar April 21, 2026

Invited
Blog

The Airport moment!

At boarding, the inevitable question came, "What's inside the box?"

Now, the honest answer—serum samples from suspected plague patients—didn't seem like a great way to ensure a smooth flight.

So, I said, calmly, "Vaccines for plague."

The sera were containing only the antibodies akin to vaccines. Technically I was correct, scientifically backed up and socially convenient.

And just like that—I was cleared to board.

Delhi: Where fear travels faster than flights

At Delhi, a vehicle from Gujarat Bhawan received me—again demonstrating an unexpected level of generosity. I was allotted a suite usually reserved for senior bureaucrats and politicians. Uncertainty, I realized, is the fastest route to luxury.

That evening, I called a few old friends. The moment they heard I had come from Surat...

their enthusiasm went into quarantine. Meeting? Coffee? Even conversation? I heard them hesitate. Some sounded so cautious on the phone, you'd think that the infection could travel through telephone wires.

The flight back

On the return journey, the flight halted at Ahmedabad. An air hostess, clearly uneasy, advised passengers to wear masks—because, well..., "Hoshiyaar! Aap Gujarat mein hain! (Attention you are in Gujarat)"

When she came to serve tea, I couldn't help but stir up a little mischief and said in a casual tone, "I'm from Surat Medical College—just delivered patient samples in Delhi."

Her expression changed instantly- as I was expecting! From hospitality to hostility— from a trained stance to high-alert bio-surveillance mode.

For the rest of the journey...She maintained a very safe distance from my row – was getting ready– And kept looking at me like I was... The Sample



Plague, Panic and Perception: Lessons from public health crisis 1994

Dr Pradeep Kumar April 21, 2026

**Invited
Blog**

The honest man who couldn't fly

The following week, another colleague was sent with samples. Same question at the airport:

"What's inside?" He answered truthfully, "Blood samples from plague patients."

Result? — Denied boarding— Redirected to train travel — And a bonus scolding from seniors:

"How did Pradeep manage, and you could not?"

The Grand Realization

Soon enough, wisdom prevailed. Trains like Rajdhani and August Kranti were chosen over flights as they reached Delhi overnight—making them cheaper, simpler and far less interrogative. So, the system corrected itself. Samples went by train. Calm returned.

And Me?

The next time I was asked to accompany the samples... I politely declined. Because by then: Scientific duty — done... National service — fulfilled... an official flight — successfully enjoyed. Fateh Haasil (victory achieved)!

Final Thought

Viruses spread fast—but fear spreads faster. Leadership is what decides which one we control.

And in the middle of all the chaos, a young doctor quietly discovered two things: Panic travels faster than pathogens and sometimes, the real upgrade isn't the flight—

it's the story you bring back!

Sincere thanks to Ms. Sudeshna, my colleague at Gujarat SACS, for improving the language and adding the punches, here, there and everywhere.





The Red Secret: A Tribal Woman's Story of Silence and and Strength"

DR PRIYANKA MOHANTY MARCH 24, 2026



Winner
of Blog Writing
Competition
(Jan-Mar 26)



In 2018, in a small tribal village called Kunakudu, near the sacred Niyamgiri Hills in Kalahandi district of Odisha, I met a young tribal girl who unknowingly changed the direction of my life.

Her name was Milabati.

She was quiet and hesitant, standing slightly away from the group during a menstrual health awareness session. After everyone began leaving, she slowly walked toward me, looking around to make sure no one was listening.

Then she whispered something that I will never forget:
"Didi... is it normal to bleed every month?"
That simple question carried years of silence.

Milabati had experienced her first period months earlier but had never been told what it meant. She thought something was wrong with her body. Like many girls in remote tribal communities, she used an old piece of cloth during her periods and hid it carefully, drying it secretly so that no one would see.

In that moment, I realized that menstruation was not just a health issue here ; it was surrounded by fear, myths, and shame.

Standing there in Kunakudu, I silently promised myself that this silence needed to be broken.



The Red Secret: A Tribal Woman's Story of Silence and and Strength"

DR PRIYANKA MOHANTY MARCH 24, 2026

For the past seven years, I have been working with tribal communities to promote Menstrual Hygiene Management and fight against period shame and period poverty at remote villages of Odisha.

The journey began with simple steps walking from door to door, speaking with mothers, adolescent girls, and families about menstruation and hygiene.

At first, conversations were difficult. Girls would look down in embarrassment whenever the topic was mentioned. Many mothers had never received menstrual education themselves, so the cycle of silence continued across generations.

To reach people more effectively, I began creating podcasts and videos in local dialects, explaining menstrual hygiene practices and reproductive health in simple language that communities could relate to.

Slowly, awareness started spreading.

Girls began asking questions. Mothers started discussing menstruation more openly with their daughters. The silence that once surrounded this topic slowly began to fade.





The Red Secret: A Tribal Woman's Story of Silence and and Strength"

DR PRIYANKA MOHANTY MARCH 24, 2026

As awareness grew, I was invited as a guest speaker in schools, ITIs, colleges, and educational institutions. In these sessions, I spoke about menstrual health, myths surrounding periods, hygienic practices, nutrition during menstruation, and the importance of dignity and empathy.

These sessions often became powerful conversations where girls shared their experiences and asked questions they had been afraid to ask before.

And each conversation felt like one more step toward breaking the stigma.

Later, when I chose Community Medicine for my postgraduate studies, many people asked why.

For me, the answer was simple.

Health does not begin in hospitals — it begins in communities.

Today, my work has extended beyond tribal villages. I now actively work in the urban slums of Bhubaneswar, visiting different bastis and interacting with women and adolescent girls facing similar challenges of stigma, lack of awareness, and limited access to hygiene resources.

In these communities, I continue conducting awareness sessions on menstrual hygiene and reproductive health. I also educate women about Cervical Cancer, explaining how poor menstrual hygiene and lack of screening can increase health risks.

Alongside awareness programs, I promote cervical cancer vaccination and screening and distribute free medicines for period cramps during health camps so that girls do not have to silently endure pain.

There was a day when someone asked me a question that I still remember clearly:

"You are a doctor. Why are you doing so much social work?"

I simply replied,

"I am a human first. I am only trying to save a little humanity that seems to be disappearing from the world. Being a doctor and serving society are not different things , they are the same."



The Red Secret: A Tribal Woman's Story of Silence and and Strength"

DR PRIYANKA MOHANTY MARCH 24, 2026

Because imagine a young girl experiencing her first period, frightened and confused, with no one to guide her.

If healthcare does not reach that moment, then what is the purpose of medicine?

Over the years, this work has been recognised in ways I never expected. I have been honoured by the Chief Minister of Odisha as YUWAH SANMAN 2025 and received several recognitions for my efforts from Rotary International, Yuwahh Unicef, FOX Story India in promoting menstrual hygiene and fighting period stigma.

Yet the title that means the most to me is the one given by the people themselves — “Pad Girl of Bhubaneswar.”

It is not just a name; it is a reminder of the countless girls who chose courage over silence.

Even today, when I return home after a long day of visiting villages or bastis, conducting awareness sessions, and listening to the stories of young girls, I feel a quiet sense of peace. Because somewhere, maybe in a small village near the Niyamgiri hills or in a basti of Bhubaneswar, one girl might no longer feel ashamed of her period.





The Red Secret: A Tribal Woman's Story of Silence and and Strength"

DR PRIYANKA MOHANTY MARCH 24, 2026

And if that has happened, even for one girl, then the journey that began with Milabati's whispered question in 2018 was worth it.

But deep inside, I know that this story is not just about Milabati. It is about millions of girls who silently carry the same doubts, fears, and unanswered questions. Each awareness session, each conversation, each girl who learns about her body with confidence adds another step toward a more compassionate society.

One day, I hope we reach a world where no girl whispers her questions in fear, where menstruation is spoken about with the same normalcy as any other aspect of health.

Until that day arrives, I will continue walking through villages and bastis, continuing conversations, sharing knowledge, and listening to the voices that the world often ignores.

Because sometimes, real change begins not with policies or programs but with the courage to answer a single whispered question.

"For every Milabati who whispers her fears in silence, there will always be a Priyanka standing fearlessly beside her until no girl ever has to whisper about her period again."





प्रसन्न मुख आ: Between two hospitals, a reflection on dignified death

SUNANDA GUPTA MARCH 24, 2026



1st Runner Up
of Blog Writing
Competition
(Jan-Mar 26)



During the routine commutes between my home and hospital, I often find amusement by the stray wisdom and wit painted on fleeting vehicles. My journeys are rarely silent, mostly overwhelmed by honks and buzzes. But occasionally, a moment stills the noise.

On the 16th of March, I noticed an auto with words that lingered long after the auto has passed:

"He mṛtyu, taiyar yadi tu aane ko, prasanna mukh aa...
Dwar khula hai, tera swagat... prasanna mukh aa."

[हे मृत्यु, तैयार यदि तू आने को, प्रसन्न मुख आ। द्वार खुला है, तेरा स्वागत... प्रसन्न मुख आ।
Meaning: O death, if you are ready to come, come with a smiling face| the door is open, and you are welcome.]

With no resistance, it invited death in most calming way. I was not unfamiliar with the lines. But it was uncanny to encounter this poetry along the road between AIIMS and Safdarjung Hospital, where the Harish Rana case at AIIMS had, not long ago, brought to limelight, the difficult questions of dignity, suffering, and right to let go. The case focused heavily on the legal and ethical complexities of passive euthanasia in India. The Court permitted that withdrawal of life support under strict protocol. This re-emphasized that dying, too, deserves dignity.

Harish Rana, a young man from Ghaziabad, had been in a persistent vegetative condition for nearly 13 years after sustaining severe irreversible brain injury following a fall in 2013. His parents had approached the courts seeking withdrawal of life support, after years of exhausting caregiving.



प्रसन्न मुख आ: Between two hospitals, a reflection on dignified death

SUNANDA GUPTA MARCH 24, 2026

The Supreme Court concluded in a rare judgement of passive euthanasia, allowing treatment to be withdrawn under medical supervision.¹

This incident also re-surfaces the previous case of Aruna Shanbaug. Aruna Shanbaug was a young nurse at KEM Hospital, Mumbai, was brutally assaulted in 1973. The ghastly occurrence left her in a persistent vegetative state for over four decades, during which she was cared for by the hospital staff. The case was layered with medico-legal complexities and allegations of familial abandonment.² The hospital staff emerged as primary caregivers over decades. A journalist has appealed for end of her life in the Courts. In 2011, her caregivers opposed the plea for withdrawal of her life support. The Supreme Court ultimately did not permit withdrawal in her particular case, supporting her caregivers, but allowed passive euthanasia in India, for the very first time. Aruna passed away after being infected with pneumonia in 2015.³ Earlier, in the Gian Kaur case, Court had firmly stated that the right to life does not extend to a right to die, though it acknowledged the possibility of a dignified end.⁴ In the case of P. Rathinam vs. Union of India too, the Supreme Court had interpreted the right to life to include the right to die, a view that was subsequently overruled.⁵ This debate found a more settled voice in the Common Cause case in 2018, where the Court recognised that dignity at the end of life is as significant as the life itself. The validity of living wills was upheld.⁶ The guidelines were further simplified in 2023.⁷

At the bedside of an individual suspended between life and its absence, the question is more human, ethical and social than medical. On support of euthanasia, it as an act of compassion, the only way to relieve unbearable suffering when there is no hope of recovery and return. On the opposition, one may state that decisions to end life may be clouded by unpredictability, misjudgement, even coercion in vulnerable settings.⁸ In India, where socio-economic factors determines health and holistic care, the risk of misuse cannot be dismissed. However, when guided by strong protocol and collective medical judgment, passive euthanasia, somehow offers a middle path, neither hastening death nor prolonging suffering. It gently allows a dignified termination when life has already, in essence, faded.



प्रसन्न मुख आ: Between two hospitals, a reflection on dignified death

SUNANDA GUPTA MARCH 24, 2026

Reference

1. Gaur M. Forgive everyone, now go: Emotional scenes as Harish Rana moved to AIIMS. India Today. 2026; published online March 15. Available at <https://www.indiatoday.in/india/story/harish-rana-passive-euthanasia-viral-goodbye-video-as-man-in-coma-dignified-death-supreme-court-2882461-2026-03-15> (accessed on 17 March 2026).
2. Parmar P, Rathod G. Aruna Shanbaug and the Evolution of Medico-Legal Ethics in India: A Forensic and Jurisprudential Reappraisal. HEC Forum 2025; published online Nov 9. Available at <https://doi.org/10.1007/s10730-025-09568-3> (accessed on 17 March 2026).
3. Aruna Shanbaug case. Wikipedia. 2026; published online March 16. Available at https://en.wikipedia.org/w/index.php?title=Aruna_Shanbaug_case&oldid=1343815673 (accessed on 17 March 2026).
4. Gian Kaur v State of Punjab – Case Analysis – Law Corner. 2022; published online March 31. Available at <https://lawcorner.in/gian-kaur-v-state-of-punjab-case-analysis/> (accessed on 17 March 2026).
5. P. Rathinam v. Union of India (1994): A Landmark Judgment on Mental Health and Decriminalization of Suicide. P. Rathinam v. Union of India (1994). Available at <https://thelegalbandhu.blogspot.com/2025/03/p-rathinam-v-union-of-india-1994.html> (accessed on 17 March 2026).
6. Ramya S. Common Cause vs. Union of India. Law Times Journal. 2019; published online June 21. Available at <https://lawtimesjournal.in/common-cause-vs-union-of-india/> (accessed on 17 March 2026).
7. Right to Die with Dignity: SC Guidelines and Legal Framework in India. Available at <https://vajiramandravi.com/current-affairs/right-to-die-with-dignity-sc-guidelines-and-legal-framework-in-india/> (accessed on 17 March 2026).
8. Singh S. Euthanasia and Its Legal Position in India: An Analytical Study. International Journal of Engineering Science & Humanities 2020;10:18–26.





SHOULD WE PASS ON WHAT WE DIDN'T HEAL?

DR. ANUSREE JAYAMOHAN [MARCH 24, 2026](#)



2nd Runner Up
of Blog Writing
Competition
(Jan-Mar 26)



March 8th- International Women's Day!

We celebrate the accomplishments of women in an array of fields by sharing empowering videos and highlighting the lives of real-life heroines. They do, in fact, empower us, inspire a desire for equality, and act as the motivation to climb the ladder. However, I always feel that there is a story that goes untold—a generational curse that women continue to bear.

Woman – The Good girl, The righteous Woman, The Goddess

"You should behave properly. "Do not answer back."

"You are destined to be in another family, so don't let them slander us"

I am sure most girls have heard this repeatedly, particularly from their mother. We have all been groomed to be good girls, from playing with kitchen toys, training to do home duties to "help mother", getting stuff for parents and brothers, and compromising favourite 'leg piece' for brother. This bigotry starts at home, with our parents. We begin to suffer bodily and mental anguish and neglect without realizing that we are being mistreated. This is being fed in such a subtle manner that we never notice anything strange. Subconsciously, this shapes our identity.

We eventually become nice women, but the repercussions do not go away. The opportunity to choose a career, partner, and life is once again subject to family elders and the health of family members, because 'good women are expected to take care of everyone and everything.' This limiting autonomy saps their confidence and possibilities, and potential will be wasted within the confines of the home. They frequently experience mental distress, low self-esteem, sadness, and insecurities that no one observes.



SHOULD WE PASS ON WHAT WE DIDN'T HEAL?

DR. ANUSREE JAYAMOHAN MARCH 24, 2026

Women are often referred to be Goddess Earth, representing patience and sacrifice. And the 'goddess' is frequently pushed to her limits, generating doubts about her competence, character, clothing, and a variety of other factors. We go through it all to keep the goddess alive because sacrifice is more celebrated than her selfhood. The fundamental question is: "Do we really have to?"

Non-inherent intergenerational trauma

The most fundamental aspect of patriarchy is that the pattern of behaviour, response, and family dynamics is unintentionally passed down to the next generation by their own mothers. We rely on the only parenting models we've witnessed and experienced as children.

For example, a woman who grew up witnessing domestic violence may see nothing wrong with her significant other engaging in the same behaviour. And she will be unaware of good strategies to resolve disagreements. Similarly, someone who grew up as a neglected kid may struggle to exhibit compassion and support for her child. It is not a lack of love, but rather a lack of such expressions within herself. Patterns unhealed..., unquestioned...!

Breaking the Cycle

This repeats in a vicious circle until someone realises and breaks it, because trauma is not destiny. Some choices become revolutionary, when cycles are broken within and self worth takes over silent endurance. Women are clearly catalysts for change in this regard, shaping children's early environments. A woman who has addressed her own fears might provide a distinct emotional landscape for her children. Such women, and their small transformations, progressively alter the trajectory of families and, on a broader scale, the community.

I've always wondered why, given that childrearing is the most crucial responsibility in the world, we seldom speak about parenting and its methods. Parental education is a preventive strategy; healing the bleeding parents ensures a crack-free future generation.



SHOULD WE PASS ON WHAT WE DIDN'T HEAL?

DR. ANUSREE JAYAMOHAN MARCH 24, 2026

Rethinking Empowerment

Honouring the powerful representation of women in various fields, national and global, I would like to redefine empowerment to include these women who realised 'this has to end with me', and refused to pass down what once broke them.

The most powerful message of International Women's Day is that: 'Strongest legacy of a woman is not Sacrifice; it is healing!'





Secret poisons of our planet- "Forever chemicals"

DR NITI GAHLOT MAY 26, 2026



Winner
of Blog Writing
Competition
(Apr-Jun 26)



The focus for World Health Day 2026 is "Together for health, Stand with science." This theme underscores a "One Health" approach aimed at safeguarding the welfare of humans, animals, plants, and the planet. This viewpoint stresses the growing environmental issues that pose serious risks to global, ecological, and public health systems.

A significant issue is a particular category of chemicals that are troubling due to their capacity to build up in living beings and amplify through the food web.[1] As we are aware, plastics and microplastics are creating substantial problems, and justifiably so. Certain plastics require centuries to decompose. But there are some chemicals that never degrade. They keep accumulating in human and animal bodies, as well as in the plant kingdom. They just pile up, whether in landfills, the environment, or even our own bodies, FOREVER!

Forever chemicals, also called PFAS, or Polyfluoroalkyl substances, are synthetic chemicals utilised in a multitude of products. They are referred to as "Forever Chemicals" because they never break down and are notorious for their persistence. This characteristic stems from their robust carbon-fluorine bonds, which rank among the strongest chemical bonds found in nature. These bonds impart distinctive qualities that render them resistant to water, oil, and dirt, making them stain-proof. Sounds impressive, isn't it?

With approximately 10,000 chemicals classified under the PFAS umbrella, they are prevalent in contemporary products. PFAS have been in use since 1938 and play a vital role in various industries.



Secret poisons of our planet- “Forever chemicals”

DR NITI GAHLOT MAY 26, 2026

They are harmful even at extremely low concentrations, detectable in parts per trillion, and pose serious health hazards. Alarming, PFAS were detected in the breast milk, umbilical cord blood, or bloodstream of 99 percent of individuals surveyed in a study by the Centre for Disease Control and Prevention’s National Health and Nutrition Examination Survey. [2]

While several countries have regulations governing these chemicals, they are still in use in various locations, despite causing environmental pollution.

Common items that contain PFAS include teflon-coated non-stick cookware, food packaging products, dental floss, feminine hygiene products, paper cups, tea bags, take-away containers, and more. Other products encompass firefighting foams, water-repellent and stain-resistant clothing, paint, varnishes, and specific cosmetics.

HEALTH HAZARDS OF PFAS

- Workers of factories making PFAS or products thereof, as well as those living in close vicinity, have a higher risk of cancers
- Hormonal and enzyme dysfunction
- Disturbance in cholesterol metabolism, thereby increasing the risk of heart diseases
- Suppression of immunity
- Decreased fertility in women
- Increased risk of pregnancy-induced hypertension, preeclampsia and low birth weight babies

Unfortunately, PFAS contamination is not being addressed effectively in India due to critical challenges such as regulatory gaps, inadequate monitoring, and technological barriers.

“Dark Waters” (2019) tells the true story of lawyer Rob Bilott’s 20-year fight against DuPont, exposing their role in PFAS contamination of water sources. The film reveals how DuPont knowingly harmed people and animals, including their own workers, by denying the dangers of these toxic chemicals. Bilott’s relentless pursuit led to DuPont paying compensation and ultimately stopping PFAS production.[3]



Secret poisons of our planet- “Forever chemicals”

DR NITI GAHLOT MAY 26, 2026

DALDINIA CONCENTRICA, nicknamed “carbon antlers”

This fungus is breaking down the chemicals polypropylene and polyethylene in regular soil conditions, no high temperature or sorting needed. In controlled designed systems, the fungus breaks down the carbon-fluorine bonds in PFAS, converting them into less toxic products. During testing, it degraded these chemicals by over 90% in 5 months, leaving behind biodegradable, non-toxic stuff. It basically uses enzymes to break it down into simpler molecules, which it then absorbs as food. Researchers think it could be a game-changer for landfills and pollution, and are exploring ways to scale it up.[4]

TIPS ON HOW TO PROTECT YOURSELF

- The first step to cutting back on PFAS is awareness. Health effects of PFAS usually show up only after they build up in our bodies. So, a reduction in the consumption of PFAS is most important.
- Avoid non-stick cookware. Instead, switch over to PFAS-free cookware options like cast iron, carbon steel, etc. Avoid “PFOA-free Teflon” – it still contains other PFAS. Look for “PFAS-free” or “no fluoropolymers”.
- While choosing cosmetics, look for the chemicals used in them. Common product types with the highest PFAS risk include waterproof mascara and eyeliner, long-wear liquid lipstick, foundation with “wear” claims, sunscreen sprays, especially “waterproof” or “long-lasting” products, sweat-proof or transfer-proof makeup. These aren’t automatically PFAS, but they’re high-risk categories. PFAS in cosmetics can be absorbed through skin, tear ducts, and lips, so avoiding them matters. PFAS won’t be labelled as “PFAS”. Look for these red-flag terms like “perfluoro” or “polyfluoro” prefixes.
- Water contamination levels of PFAS can be reduced by using certain home water filters. Reverse osmosis and granular activated carbon are two types of filters that can effectively remove PFAS and other contaminants from drinking water. The effectiveness of these may vary. It is important to periodically replace filters and to follow manufacturers’ recommendations.
- Please note that boiling your water does not get rid of PFAS and can actually make its concentration higher.



Secret poisons of our planet- “Forever chemicals”

DR NITI GAHLOT MAY 26, 2026

- Fast food carries not only the risk of PFAS but also causes a nutritional imbalance.
- Use of foam-type firefighters' extinguishers should be avoided.

PFAS are all around us. More exposure over time increases the risk of serious health problems as they accumulate in our bodies. Can't avoid them completely, but the less we use, the better it is!

REFERENCES

1. Rajneesh K Gautam et al. PFAS contamination in key indian states: A critical review of environmental impacts, regulatory challenges and predictive exposure. Journal of Hazardous Materials Advances, Vol 18, May 2025, 100748.
2. Julianne C Botelho et al. Per- and polyfluoroalkyl substances (PFAS) exposure in the U.S. population: NHANES 1999–March 2020 Environmental sciences. Vol 270, Apr 2025, 120916.
3. <https://www.penguinrandomhouse.com/books/623109/dark-waters-by-katherine-arden>
4. Jinghao Li et al. Sustainable environmental remediation via biomimetic multifunctional lignocellulosic nano framework. Nature Communications (2022), 13:4368





The Girl Who Thought She Was Too Much

SHALU CHAUDHARY JULY 10, 2026



1st Runner Up
of Blog Writing
Competition
(Apr-Jun 26)

“ The Girl Who Thought She Was Too Much



At 11:47 p.m., the room was dark except for the cold light of her phone.

Anaya lay on her side, one earbud in, her thumb moving with the tired precision of habit. Another reel with trending music. Another face. Another girl with a flat stomach, sharp collarbones, and the sort of effortless thinness that never seemed to belong to anyone in her classroom, only to people on screens.

Tiny waist. Clean eating. Summer body. Transformation. Fat loss. Discipline. Glow-up.

Then came the newer language of desire. Not just dieting now. Not just green juice and Pilates. Now there were names. Ozempic. Semaglutide. The skinny jab. Influencers who once preached restraint now smiled into ring lights and spoke as though science had finally found a way to remove the inconvenience of being human.

Anaya paused one video and the cold light of the phone seemed to turn back on her.

She was sixteen. Five feet, four and a half inches tall. Fifty-four kilograms. Entirely ordinary, though she no longer knew that. In the cruel arithmetic of adolescence, ordinary had begun to feel like failure.

At school, nobody was openly unkind. That would almost have been easier. Instead, there were glances, comparisons, jokes about carbs disguised as banter, praise offered like currency to girls who said no to lunch, and careless declarations of “I look so fat” from girls slimmer than her, until language itself seemed poisoned.



The Girl Who Thought She Was Too Much

SHALU CHAUDHARY JULY 10, 2026

After a while, she stopped asking what was true and began asking what was acceptable.

That was the first layer. Social media subtly changed the scale in her mind, and how her mind imagined her body.

The second arrived quietly. Comparison hardened into conviction. She began to believe she was fat, unattractive, less worthy of being liked. This happened because it was systematically hammered into her immature brain through repetition.

One night, after staring too long at a photograph from a classmate's birthday, Anaya opened an unpaid, unlogged AI chatbot in a browser she never saved. No account. No history. No trace. The kind of digital space an adolescent might trust precisely because it leaves so little behind.

What is Ozempic?

The answer came at once. Calm. Structured. Useful. A medicine for diabetes. Sometimes used for weight loss. Reduces appetite. Slows digestion. Prescription drug. Medical supervision advised.

Nothing dramatic.

Can someone without diabetes take it for weight loss?

Again, the answer was careful. Yes, sometimes. Usually if BMI is high enough. Usually if a doctor considers it appropriate. Not for cosmetic use.

Risks exist. Side effects exist.

Anaya did not read those cautions the way an adult might. She read them as a door left slightly open.

Not for cosmetic use did not sound like no.

Usually did not sound like impossible.

Medical supervision did not sound like refusal.

So she kept going.

I am very fat. I need to reduce weight.

I have tried everything.

What are special cases?

How is the injection given?

What should be monitored?



The Girl Who Thought She Was Too Much

SHALU CHAUDHARY JULY 10, 2026

The chatbot was not openly reckless. That was not the problem. The problem was that it remained helpful one step too long.

Each answer, taken alone, sounded measured. Together, they formed a staircase.

Then came the fourth layer. The pharmacy.

Two afternoons later, after tuition class, Anaya stood outside a small medical store wedged between a stationery shop and a mobile repair shop. She had rehearsed a lie. My dadi uses it. My mother sent me. We need one pen only.

"Prescription?" the chemist asked.
She hesitated. "No, but..."

He looked at her for a moment, then lowered his voice.
"It will cost more."
That was all.

No warning. No safeguard. No meaningful barrier. Just a price adjustment.
And the circuit was complete.

Social media had planted dissatisfaction. Body dysmorphic thinking had turned it into certainty. AI had reduced the friction of action through limitless, patient conversation. And loose access to medicines had converted private distress into purchasable treatment.

No specialist. No real assessment. No one asking the only question that should have governed the entire chain: Why is a healthy adolescent trying to medicate a body that is not diseased?

She was not trying to become ill. She was trying, with all the seriousness available to adolescence, to become acceptable. The drug was not thrill-seeking or rebellion. It was the aching belief that one corrected body might make her more worthy enough to fit in.

And so, the havoc did not arrive with drama.

It arrived in layers.



The Girl Who Thought She Was Too Much

SHALU CHAUDHARY JULY 10, 2026

First, a feed that taught her to distrust her reflection.
Then a mind that turned comparison into conviction.
Then a machine that answered every next question.

Then a marketplace willing to sell treatment without asking whether there was illness at all.

This is not merely a story about one girl, one drug, or one chatbot. It is a warning about the world taking shape around our children, where insecurity can be manufactured, medically misdirected, algorithmically reinforced, and commercially enabled before adults even recognise the danger.

If we truly believe in 'Together for health. Stand with science', then science must not remain confined to journals and policy statements. It must become protection in real time. Community medicine experts must lead stronger and more effective advocacy on such issues, while also mobilising others to do the same. We need to come together not only within public health, but also across families, schools, communities, technology platforms, and regulatory systems, so that awareness, vigilance, and timely action extend far beyond professional circles. Only such collective and socially grounded action can protect children in time.

Because the future will be shaped not only by the treatments we discover, but by how quickly we learn to protect children from harmful pathways before they begin to look normal.

Author's note: The author undertook the simulated conversation using an unpaid, unlogged LLM interface to better understand how an adolescent might plausibly seek such information in a private digital environment, often outside parental awareness; the prompts and responses are available upon request. The narrative presented here is a creative work, informed by the simulated conversation, developed and self-written by the author to sensitise readers to the issue.

The author also encourages readers to search for #ozempicjourney #azempicweightloss #ozempicindia to see the content available on social media platforms, which is part of the narrative.





The Doll for a Doll

DR. NILESH THAKOR MAY 26, 2026



2nd Runner Up
of Blog Writing
Competition
(Apr–Jun 26)



In a narrow lane of Akhbar Nagar in Vadaj, Ahmedabad stood an old, crumbling house—its fading walls silently narrating stories of hardship. One evening in 2009, Dr. Jay Sheth and his postgraduate student, Dr. Nishith, stepped into this modest dwelling.

“Namaste, Ba (Dadi)... may we come in?” Dr. Jay asked gently.

“You...?” the elderly woman responded, surprised.

“We are doctors from VS Hospital. We’ve come to ask a few questions regarding your daughter-in-law’s death due to swine flu.”

The old woman welcomed them in and spread a worn-out quilt over a broken cot, offering them a place to sit.

That year, the H1N1 swine flu had gripped Gujarat—and much of the country—in fear. Lives were being lost rapidly. The responsibility of conducting verbal autopsies—systematic interviews after death to understand causes and prevent further mortality—had fallen upon the Department of Community Medicine.

Dr. Nishith began asking questions. The woman’s daughter-in-law had passed away just days ago, leaving behind two young daughters—a six-month-old infant cradled in Ba’s arms, being fed with a bottle, and a three-year-old child playing nearby.

As Ba answered their questions, tears gathered at the corners of her eyes.



The Doll for a Doll

DR. NILESH THAKOR MAY 26, 2026

When asked about the care of the children, she spoke in a trembling voice, “Now, I am their mother. But please, doctor... don’t say anything to the elder one. She keeps asking me all day— ‘When will my mother come back?’ We haven’t told her anything. She believes her mother is still in the hospital and will return soon...”

Just then, the little girl ran up to her grandmother.

“Ba, who are they?” she asked innocently.

“They are doctors from your mother’s hospital,” Ba replied, masking her grief.

The child’s eyes lit up with hope.

“Ba... my mother will come home soon, right? She had promised to bring me a doll... She will bring it, won’t she? Then we will both play with the doll... Mummy will bathe me, and I will bathe my doll... Mummy will feed me, and I will feed my doll...”

Her words continued, but Dr. Nishith could no longer hear them. His mind fell silent. He was lost in the depth of her innocent faith—her questions echoing in a void where no answers existed.

After completing the interview, Dr. Jay stood up. As Dr. Nishith rose, he quietly placed a ₹500 note in front of Ba.

With quiet dignity, she refused, “Son, we are people who earn through hard work. We do not take money without earning it.”

Nishith felt a deep respect for her self-respect. He instead brought some fruits from his car and handed them to the child.

As she accepted them, the little girl said softly, “Take my doll... and please send my mother back soon. Tell her that her dear one misses her very much.”

The drive back was heavy. For a long time, the child’s face and her unanswered questions lingered in Dr. Nishith’s mind.



The Doll for a Doll

DR. NILESH THAKOR MAY 26, 2026

Years passed.

In 2020, another invisible monster rose—COVID-19.

One morning, now an Associate Professor at GMERS Medical College, Vadnagar, Dr. Nishith received a call from the Taluka Health Officer.

“Doctor, a woman in Rajpur has died due to COVID. You need to conduct a verbal autopsy.”

Nishith inquired about the family. He learned she had left behind a three-year-old daughter.

For a moment, time stood still. The memories from 2009 resurfaced vividly.

He started his car... then suddenly paused.

He switched off the engine and walked back to his quarters. Entering his four-year-old daughter’s room, he picked up something carefully... returned to his car... and drove off.

What he carried with him was—

a doll... for a little girl who had just lost her mother.





Are We Really Becoming More Mentally Ill — Or Just Finally Being Heard?

DR PRAKHAR SHARMA JUNE 8, 2026



A few years ago, words like anxiety, depression, schizophrenia, complex PTSD, bipolar disorder etc were rarely heard in everyday conversations. Today, they seem to be everywhere—on social media, in clinics, in classrooms, even in casual chats.

It almost feels sudden.

So, the question which arises are-

Why is suddenly everyone mentally ill nowadays?"

"Was this even a problem before?"

"Are doctors over diagnosing?"

Were These Disorders Not Present Earlier?

Mental health conditions are not new. What's new is our ability to recognize them. For decades, people have suffered silently-

- A person with depression was called "lazy"
- Someone with anxiety was told to "stop overthinking"
- A person with schizophrenia was often labelled "mad" and isolated.

There was no language, no awareness, and no acceptance.

According to global estimates from the World Health Organization, mental disorders have long contributed significantly to the global burden of disease but were vastly underreported and undertreated (Patel et al., 2018).

So no—these illnesses didn't suddenly appear. We simply started noticing them.



Are We Really Becoming More Mentally Ill — Or Just Finally Being Heard?

DR PRAKHAR SHARMA JUNE 8, 2026

If we talk in general about earlier and today, what exactly has changed over the years?? Let's dive in:

1. Social media & Comparison

Studies have significantly showed that the increased social media use is associated with higher rates of anxiety and depression, particularly among young adults (Twenge et al., 2018).

2. Chronic Stress

Modern lifestyles are linked with persistent stress exposure, which is a major risk factor for mental disorders (Cohen et al., 2007).

3. Loneliness

Despite digital connectivity, loneliness has increased and is strongly associated with depression and poor mental health outcomes (Holt-Lunstad et al., 2015).

4. Trauma Recognition

Improved understanding of trauma has led to better identification of conditions like PTSD—but also challenges in distinguishing normal distress from pathology (McLaughlin et al., 2015).

Then Why Does It Feel Like Overdiagnosis Today? Are Doctors Missing Something?

Yes, awareness has improved—but at the same time, there's also a risk of oversimplification. Today, Mood swings may quickly be labelled as bipolar disorder, Emotional distress after trauma may be termed complex PTSD, Normal stress is sometimes confused with clinical anxiety

Modern diagnostic systems like DSM-5 have broadened criteria to improve detection—but this has also raised concerns about medicalization of normal human experiences because the human mind is not a simple equation (Frances, 2013; Wakefield, 2015). Mental health exists on a continuum, not in strict categories.

Healthcare systems today face real challenges:

- Limited consultation time
- Increased patient load
- Variable training in mental health



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DR PRAKHAR SHARMA JUNE 8, 2026

Research suggests both underdiagnosis and overdiagnosis can coexist, depending on context and setting (Hickie et al., 2013). This reflects not incompetence, but the complex nature of mental health diagnosis.

“The Bigger Problem: Denial and Neglect” Why Can’t We Normalize Mental Health Medications?

Stigma remains one of the biggest barriers. Even today, when someone says “I’m not okay”; they are often met with:

- “It’s all in your head”
- “You’re overthinking”
- “Just be strong”

Mental illnesses have biological, psychological, and social components and medications help in regulating neurotransmitters and improving functioning and quality of life

Yet, stigma around psychiatric drugs persists which reduces adherence and worsen outcomes (Kane et al., 2013).

Instead of understanding pain, we often distract it.

We say:

- “Have a drink, you’ll feel better”
- “Go out, don’t think too much”

And slowly, coping turns into escaping.

Research has shown that many individuals struggling with mental health turn to alcohol or substances—not because they want to, but because it’s more socially acceptable than asking for help.

Where Are We Lacking Today and What Needs to Change?

We have learned to name disorders—but not always to **understand the person behind them.**

We have:

- More awareness—but less depth
- More labels—but less understanding
- More conversations—but less listening



Are We Really Becoming More Mentally Ill — Or Just Finally Being Heard?

DR PRAKHAR SHARMA JUNE 8, 2026

We don't need a world where- Everything is a disorder, nor a world where- Nothing is taken seriously. We need balance.

We need- Conversations without judgment, doctors who have time to listen, families who choose empathy over denial and a society that sees therapy and medication as normal

The person taking medication for their mental health is not weak.; they are doing something incredibly brave— they are choosing to face their mind, instead of running from it.

**"We are not witnessing a sudden epidemic.
We are witnessing a slow awakening."**

References

1. Patel V, Saxena S, Lund C, et al. The Lancet Commission on global mental health and sustainable development. *Lancet*. 2018;392(10157):1553–1598.
2. Frances A. *Saving Normal: An Insider's Revolt Against Out-of-Control Psychiatric Diagnosis*. HarperCollins; 2013.
3. Wakefield JC. Diagnostic issues and controversies in DSM-5. *Annu Rev Clin Psychol*. 2015;11:45–67.
4. Twenge JM, Joiner TE, Rogers ML, Martin GN. Increases in depressive symptoms among US adolescents. *Clin Psychol Sci*. 2018;6(1):3–17.
5. Cohen S, Janicki-Deverts D, Miller GE. Psychological stress and disease. *JAMA*. 2007;298(14):1685–1687.
6. Holt-Lunstad J, Smith TB, Baker M, et al. Loneliness and social isolation as risk factors. *Perspect Psychol Sci*. 2015;10(2):227–237.
7. McLaughlin KA. Future directions in childhood adversity research. *J Clin Child Adolesc Psychol*. 2015;44(3):361–382.
8. Hickie IB, Scott EM, Hermens DF, et al. Applying clinical staging in mental health. *Aust N Z J Psychiatry*. 2013;47(7):597–605.
9. Corrigan PW. How stigma interferes with mental health care. *Am Psychol*. 2004;59(7):614–625.
10. Kane JM, Kishimoto T, Correll CU. Non-adherence to medication in patients with psychotic disorders. *World Psychiatry*. 2013;12(3):216–226.
11. Bolton JM, Robinson J, Sareen J. Self-medication of mood disorders with alcohol. *J Affect Disord*. 2009;115(3):367–375.
12. Thornicroft G, Mehta N, Clement S, et al. Evidence for effective interventions to reduce stigma. *Lancet*. 2016;387(10023):1123–1132.





Between Compassion and Cruelty: A Day in the OPD

DR. NIDHI SUTARIYA MARCH 24, 2026



Care & Compassion

This day was not an ordinary day of OPD, it reminded me that love still exist—that there are people who quietly fulfil their responsibilities with care and love, even when the world often shows us the opposite through daily news about violence against women.

Currently, I am posted in the TB OPD at an Urban Health Center.

It is no surprise that in TB OPD you will find patients who are tired, frustrated due to the side effects of medicines or financial distress, complaining about life. But what I got to witness that day stayed with me.

A Day in TB OPD

There was a woman in her 30s recently diagnosed with extrapulmonary TB. I had started her on AKT a few days earlier. Soon after taking the medicine, she developed severe vomiting, due to which she couldn't sleep at night for 3 consecutive days. So, she came back to the OPD with her husband.

When they came, she was looking very pale, unable to sit or stand, crying. Many times, she sat on the floor, indicating how restless she was feeling. While I was looking at her and asking her symptoms, her husband started speaking (in Hindi):

“Madam, Iska Kuch ilaaj kijiye. Ye puri raat Ulti(vomiting) karti rehti hai, uski wajah se so bhi nahi paa rahi hai.”



Between Compassion and Cruelty: A Day in the OPD

DR. NIDHI SUTARIYA MARCH 24, 2026

He began explaining everything to me step by step, showing me, every strip of medicine telling me, this is medicine for acidity, this is for vomiting. He asked if there was a stronger treatment that could help her, apart from that, he showed me all the reports again to find out any abnormality.

He was pointing out her USG report, worried about a number he didn't understand (as other indicators were written normal except this number)—her endometrial thickness. Having no idea about it, it was making him concerned whether this was abnormal in the report.

He was simple man, moderately built, with a tired and pale face in his 30s. But what stood out was his concern. His questions came one after another, not out of impatience, but out of helplessness.

Answering his back-to-back questions, I found out he had studied only up to 7th std, still he remembered her medicines by heart. His financial condition was poor, but he was eager to know what diet would help her recover fast.

I got overwhelmed by the whole situation. Such moments are rare to see in OPD of an urban slum. I appreciated his efforts and motivated him to continue supporting his wife throughout her treatment.

Women's Day example

Just a few days earlier, we celebrated International Women's Day at our Urban Health Center. The theme for this year was "Give to Gain." It means encouraging active contribution of time, support, and respect, emphasizing that empowering women benefits all.

That day, this man became a real example of that theme.

He also reflected the spirit of the upcoming World TB Day theme:

"Yes! We Can End TB: Led by countries, powered by people

People like him make a real difference—not through big campaigns, but through small, consistent acts of care. Supporting a patient through TB treatment is not easy. But his involvement gave his wife strength to continue.

However, this experience also reminded me of another reality.



Between Compassion and Cruelty: A Day in the OPD

DR. NIDHI SUTARIYA MARCH 24, 2026

When I was posted in, I met a woman living with HIV who was betrayed by her husband and his family after she got diagnosed with HIV. She was made to work all day and night for her daily wages so she could provide two meals to her children.

The fact was that her husband had already been HIV positive before the marriage, a fact which was hidden from her all these years until he fell severely ill. While sharing her story, her tears did not stop. Yet, she carried a quiet strength—living every day with pain, but still managing a faint smile for her children.

The Reality

After so many years of talking about women's empowerment and equality, the ground reality is yet different in many places. The success stories we celebrate are only the tip of the iceberg.

There are still countless women who are blamed for everything that goes wrong in their families. Many face physical and emotional abuse. Some are denied treatment for serious illnesses. Others carry the burden of the household alone while their partners struggle with addiction or irresponsibility.

And then, on the same day, we see a man who stands firmly beside his wife, supporting her through illness with patience and care.

The Reflection

Isn't it striking—these two completely different sides of our society?

This day reminded me that while injustice still exists, so does compassion. And perhaps, change will not come only through policies or slogans, but through people—one family, one act of care at a time.





"CATALYZING CHANGE: INSPIRING THE NEXT FRONTIER IN COMMUNITIES AND SOCIETIES"

DR. RITUJA KAUSHAL MARCH 24, 2026



"Yes! we can end TB: Led by countries, powered by people"

Public participation is an important aspect of any national program for any disease elimination/eradication.

Public participation activities were strengthened through community and institutional partnerships in past years.

NTEP (National Tuberculosis Elimination Program) offers complimentary screening, diagnosis, and treatment for all TB (Tuberculosis) patients at public health centers and specific private health centers. TB services have been moved down to the Ayushman Arogya Mandir (AAM) level.

Community engagement is guaranteed through the extensive primary health care services offered by AAM. Extensive information, education, and communication (IEC) initiatives are carried out to inform and enhance public understanding of TB symptoms, prevention methods, and the significance of prompt treatment.

Public participation activities are implemented with the participation of schools, Panchayati Raj Institutions, self-help groups, Anganwadis, local NGOs, and civil society organizations.

Only time will tell what results the alliance of AAM and NTEP will yield, but right now it is important to spread information among the general public about how help against TB will reach the last person through AAM.



“CATALYZING CHANGE: INSPIRING THE NEXT FRONTIER IN COMMUNITIES AND SOCIETIES”

DR. RITUJA KAUSHAL MARCH 24, 2026

Ayushman Arogya Mandir aims to transition from a selective health care model to one that offers a comprehensive array of services, including preventive, promotive, curative, rehabilitative, and palliative care.

It consists of two interrelated components.

The first component will establish 1,50,000 Ayushman Arogya Mandirs to provide Universal Primary Health Care, which is free for users and emphasizes wellness while offering a broader array of services within the community.

The second component, the Pradhan Mantri Jan Arogya Yojana (PM-JAY), provides health insurance coverage of Rs. 5 lakhs per year for more than 10 crore economically disadvantaged and vulnerable families to access secondary and tertiary care.

Beyond maternity and child health care, Ayushman Arogya Mandirs are expected to provide a wider range of services, such as treatment for non-communicable diseases, palliative and rehabilitative care, oral, eye, and ENT care, mental health, TB screening and treatment services and first-level care for emergencies and trauma, including free necessary medications and diagnostic services.

In order to lower TB incidence and death, program interventions were redesigned to target susceptible populations based on the results of the Tuberculosis prevalence study.

Under the program, the following actions and interventions have been implemented:

- Targeted interventions using district-specific and state-specific strategic plans in high-TB burden areas.
- Giving TB patients free medications and tests.
- Programs to actively locate TB cases in important vulnerable and co-morbid populations.
- Utilisation of Ayushman Arogya Mandir with TB screening and treatment services.
- Involvement of the private sector with incentives for TB case management and notification.



“CATALYZING CHANGE: INSPIRING THE NEXT FRONTIER IN COMMUNITIES AND SOCIETIES”

DR. RITUJA KAUSHAL MARCH 24, 2026

- Expansion of molecular diagnostic facilities to subdistrict levels.
- Expansion of the Ni-kshay Poshan Yojana’s nutritional support coverage for TB patients.
- Increased information, education, and communication (IEC) efforts to improve health-seeking behavior, raise community knowledge, and lessen stigma.
- Combine line ministries’ resources and efforts to eradicate tuberculosis.
- TB preventive treatment is given to susceptible populations and contacts of TB patients.
- Track TB cases that have been notified via the Ni-kshay portal.
- Under the Ni-kshaya Mitra project, give TB patients and family contacts additional nutritional, diagnostic, and career support.

We are consistently carrying out these NTEP schemes to a considerable extent within the framework of government rules and policies, under an NMC-approved structure, along with interns & social workers’ team of Community Medicine department of RHTC Bhouri, Chirayu Medical College, Bhopal with the support of PRI leaders, Community Health Officers, Anganwadi workers, and ASHAs from time to time.

One day, an interesting incident occurred. Along with our team, we went to an Ayushman Arogya Mandir in the area to conduct a TB awareness meeting on the weekly immunization day.

Unfortunately, no beneficiaries were present that day.

Then we noticed a crowd at a nearby Public Distribution System Cooperative. Everyone was in a hurry, but upon our request, the crowd at the cooperative agreed to listen to the TB awareness message.

They listened to the message patiently and understood it as well, thus showing public participation.

In the same way, making the most of every opportunity, we also conducted TB awareness sessions among higher secondary school students, in which both students and teachers showed considerable interest.



"CATALYZING CHANGE: INSPIRING THE NEXT FRONTIER IN COMMUNITIES AND SOCIETIES"

DR. RITUJA KAUSHAL MARCH 24, 2026

In the same way, making the most of every opportunity, we also conducted TB awareness sessions among higher secondary school students, in which both students and teachers showed considerable interest.

Here, under WHO's messenger policy, we selected school children as messengers for the society.

Now what needs to be seen is this: out of all the people among whom we are spreading awareness about TB, how many will be able to take the right actions toward preventing TB when the time comes.

When the NTEP becomes community driven, ending TB is not just aspirational-it is achievable.





Living With the Monster in My Head

DR MITASHA SINGH MARCH 24, 2026



If I were not a medical professional but a satirist, I would describe my signs and symptoms like this: a monster lives inside my head. And this monster is extraordinarily demanding.

It insists on ambient temperature (as described in the Environment and Health chapters of medical textbooks), hydration well beyond what a normal person requires, timely meals, and optimal sleep. It grows irritable when its host is exposed to excess heat, sunlight, cold, overthinking, stress, prolonged conversations, over socialising, anger, sadness, or crying — the list goes on. The beverages the host relies on — tea, coffee, alcohol — are this monster's sworn enemies. The host is a multitasker who wants to make full use of her/his brain, but the monster demands peace and quiet. The list of its grievances is never-ending. The moment it feels provoked, it unleashes immense pain in the host's head.

The clever host tries to appease it — offering water, adjusting the temperature, or getting some sleep — but by the time the pain sets in, the monster has already initiated its vicious cycle, one that will haunt the host for days.

Medically speaking, the pain is typically throbbing, unilateral, and localized to the temporal or occipital region, often accompanied by tightening of the neck muscles. It may or may not present with nausea and vomiting. The host frequently cannot tolerate any form of light during an episode.



Living With the Monster in My Head

DR MITASHA SINGH MARCH 24, 2026

The monster commandeers one or two productive days from the host's schedule, demanding nothing but complete rest — no thinking, no screens, no light, no sound, no reading, no conversation. It essentially asks you to lie still like the dead. In reality, this is rarely possible. And here lies another cruelty: with only a headache as the presenting symptom and no definitive laboratory diagnosis, requesting sick leave once or twice a month — sometimes more — becomes embarrassing. So, the host turns to medication. Analgesics are, without question, one of allopathy's greatest gifts to humankind.

The host has lived with this monster since the 1990s. For years, it responded to Nimesulide — until the drug was banned. The first investigation took the host to an ophthalmologist, since visual acuity defects are a common differential diagnosis for headaches in children. The first ophthalmologist diagnosed hypermetropia and prescribed corrective lenses. The monster was unimpressed, and the pain continued. A second ophthalmologist, however, found the host's vision to be perfectly normal and correctly identified the true culprit. Aceclofenac with paracetamol was prescribed in the 2000s, along with advice to avoid known triggers. Over time, the monster developed resistance to these analgesics — much like bacteria develop resistance to antibiotics. The host then moved to naproxen, which helped somewhat, until sumatriptan was introduced and proved to be something of a wonder drug. It came, however, with its own side effects.

With age, and as environmental temperatures rose, there were days when even triptans failed. That was when the host understood something important: this monster behaves less like a disease and more like a strict teacher. It demands discipline — a lifestyle built on balance, moderation, and consistency, the very principles of primordial and primary prevention.

This monster has a name: **Migraine.**

Its etiopathogenesis is still debated among neurologists, and every patient carries a unique constellation of triggers. It is a genuinely disabling condition worldwide, one that quietly erodes quality of life.



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For those living in poverty, migraine compounds the problem — reduced productivity limits financial advancement, and managing the illness demands resources many simply do not have. The stigma surrounding it is an added burden. Because it cannot be confirmed through a single lab test, it is profoundly difficult to make others understand what it means to live with this expensive, invisible monster. There are pharmaceutical companies selling ayurvedic balms/oil for daily application with cannabis sativa as one of the ingredients. So to get rid of one monster get dependent on another. As soon as you walk in pharmacy asking for triptan the seller identifies you as a potential client of alternative medicines. The cost of all are high.

As global temperatures continue to rise with each passing decade, the burden of migraine grows silently alongside them. Evidence increasingly links migraine with elevated risks of depression and stroke. Death is, of course, the only permanent end — but until then, improving quality of life is what matters most.

For this illness, prevention remains the closest thing to a cure.





INTERNATIONAL WOMEN'S DAY 2026

DR. JYOTI KUMARI APRIL 21, 2026



She embraces herself and rises Strong and independent

INTERNATIONAL WOMEN'S DAY-Every year on March 8th, the world pauses to honour something extraordinary the resilience, courage, and brilliance of women who have shaped history, challenged boundaries, and transformed societies against all odds.

It is a powerful reminder that the fight for equality is both a celebration of how far we have come and how far we still must go. From the women who marched in the streets a century ago demanding the right to vote, to the young girls today dreaming of becoming scientists, leaders, and changemakers. This day belongs to every woman who ever dared to rise, to speak, to lead, and to inspire the world simply by refusing to be silenced."

Today, women are redefining themselves socially and economically. The world has finally begun to understand their value, even in the smallest details, like realizing that pockets in women's clothing matter because today's woman carries not just belongings, but her independence, she carries her finances, her ownership, her identity.

- International Women's Day 2026 theme is "Rights. Justice. Action For ALL Women and Girls."
- A global "Give to Gain" campaign calls attention to the importance of collaboration and generosity for achieving gender equality.



INTERNATIONAL WOMEN'S DAY 2026

DR. JYOTI KUMARI APRIL 21, 2026

"Give to Gain"

When the society provides women with equal opportunities, respect, resources and mentorship, the entire world benefits through stronger economics and better leadership and its accelerating gender equality for collective.

Today's woman is capable of achieving extraordinary milestones from landing on the moon to managing her own source of entrepreneurship. Even while working from home, she can transform her cooking skills into a cloud kitchen, turning her passion into a sustainable livelihood and becoming financially independent.

A woman who creates handmade products and sells them in the marketplace is steadily establishing her own identity in the business world. Through her hard work and determination, she is earning for herself and contributing to society. This is the image of the modern woman confident, resilient, and self-reliant.

Encouraging their hard work and providing them with opportunities will help more women move forward and secure their rightful place in society.

Rights. Justice. Action

Right now, women have only 64 per cent of the legal rights that men hold worldwide. In fundamental areas of life including work, money, safety, family, property, mobility, business, and retirement the law systematically disadvantages women.

From Reproductive and maternal health to noncommunicable diseases, mental health, ageing and access to care, women face unique and often overlooked challenges shaped by biological, social, economic, cultural, commercial and environmental determinants of health. Women and girls in all their diversity continue to experience gender inequality and discrimination.

RIGHTS:

- Right to Education
- Right to Health care
- Right to participate in political and Social Decision
- Right to Employment Opportunities and Equal Pay



INTERNATIONAL WOMEN'S DAY 2026

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JUSTICE:

- Gender discrimination
- Violence against Women

ACTION:

- Promoting girl's Education
- Give Opportunities to participation in leadership
- Support women's Economic Empowerment

All women and girls, regardless of background, place, caste, religion or socioeconomic status get benefit from equality and empowerment.

For the Women "The world will try to define you to live behind a veil, to accept restrictions, reminding you that you are a woman and should behave a certain way. It will say your duty is only to run a household, not to step out, not to speak beyond limits. It will expect you to stay into roles decided for you. But no matter what the world tells you, but you always choose yourself, choose the pen, choose the Education, choose the knowledge, and choose your own identity".





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