BOOK-REVIEW

Kashmir : Heaven to Hell

Rohini Vaishnavi

Book :-- RAkTiM TanDav
Author :-- Bhupinder Singh Raina
Publisher:-- Raveena Parkashan.
Price:--- Rs.350/-
Available on Amazon.

It was a pleasant surprise to me when Bhupinder Singh Raina asked me to write this foreword.For past few years I was working on a book titled,"Chronicles of Kashmir,a Biography of Pandit Amarnath Vaishnavi,a social worker, visionary and a leader.The book was published early this year.That book became the reason for me to know the author,I realised that we shared a bond by virtue of being a part of the life of my grandfather,late Pt.Amarnath ji Vaishnavi,who had a great influence on my persona.

He also happened to be the NCC teacher of the author Bhupinder Singh Raina at Sogam, Lolab. Pt.Vaishnavi had instilled in him a great since of patriotism as Pandit ji himself was the first person to start the nationalist movement in Kashmir.He inspired the author to join the Air Force,and he became an officer. Authors' patriotism, inclination towards dharma and concern for mankind is reflected in his poetry.Even after his retirement,he remained in regular touch with Pt.Vaishnavi and used to be part of his social initiatives in Jammu.

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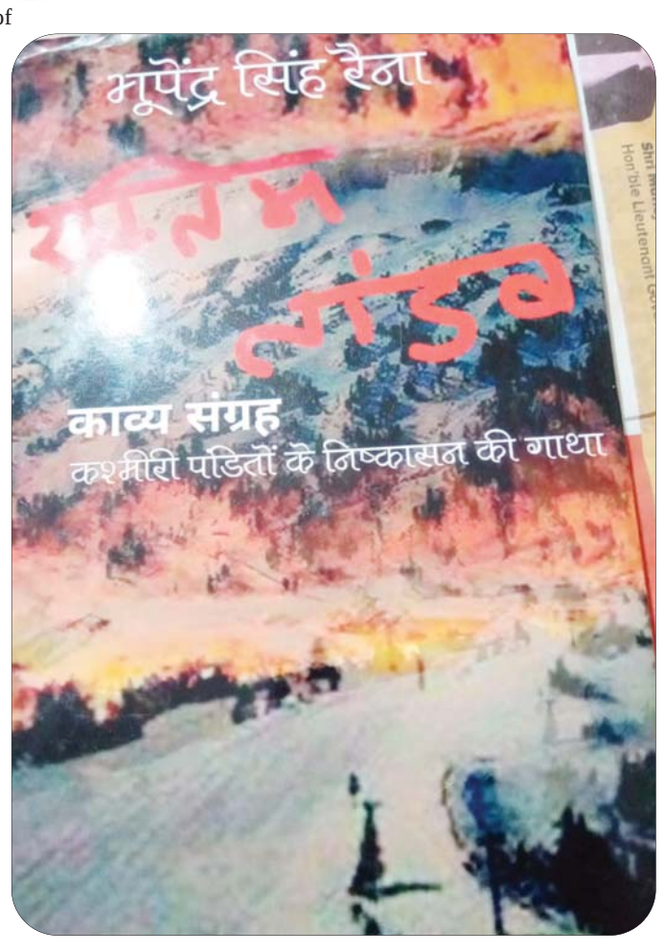

As I went through the pages of the book *Raktim Tandav*,I found it to be a poetic description of Kashmir as it was in the days of happiness and how gradually it turned into a breeding ground of hatred and blood bath.In fewer and very simple words,the author has done justice to a community by bringing out the poignant story of their lost identity,past glory and their never ending misery till this day.

This poetry collection will help readers to know the transition of Kashmir from a peaceful heaven on earth to a blood thirsty valley.Written very boldly,the author has not minced words to shed light on some bitter realities about various actors and situations that engulfed the valley in the darkness which was devoid of love and humanity.

The second part of this poetry collection touches every human heart as it reflects the deeper feelings associated with a life lived as one looks back and takes stock of the things lost,regrets,hopes,love and betryal. A man lives his whole life and reaches a stage to find that it could have been better lived had there been no greed,lust or hatred.Value of every relationship is understood when those people vanish from our lives.The book Raktim Tandav brings a feeling of nostalgia and at the same time hope that somethings can be changed. On one hand there is a love lost for ever and on the other the longing to see a daughter and grand child.There is pain recieving cold dead bodies of the soldiers wrapped in Tiranga,who never go back home in the same way as they had bid good bye. It feels like story of every human being,as Richard Bach says in his book "One", "I gave my life to become the person I am ,was worth it"?

(The reviewer is Founder & CEO -R V Learning.)

An autobiography of its own kind

KVK Murthy

Name of Book : LIFE OF AN INDUSTANI
Name of Author : Shiv Kunal Verma

There are autobiographies and autobiographies. Customarily the genre is somewhat iffy: people, as a rule, are not interested in what one has done in or with one's life. They belong in the realm of home videos: of interest solely to one's family (and the few, if any, polite friends one has).

The exception is celebrities. If you are Oprah Winfrey or Zsa Zsa Gabor or Monica Lewinsky, well, you have a market and a fair readership. Shiv Kunal Verma isn't any of these, but he attained celebrity-hood in the last few years thanks to some spectacular documentary films on wildlife and on the Indian armed forces and two outstanding works of Indian Army military history. This autobiography, however, doesn't depend on that fame for its literary place: it is sui generis, defiant of classification. The nearest one can come to is to call it a thriller in the garb of a life story in the first person - for it is Shiv Kunal's life story. And it reads like a thriller because it is incredible; the more so, because it is wholly true. It is the kind of life most only dream of, and very few (if any) have the good fortune to live and write about.

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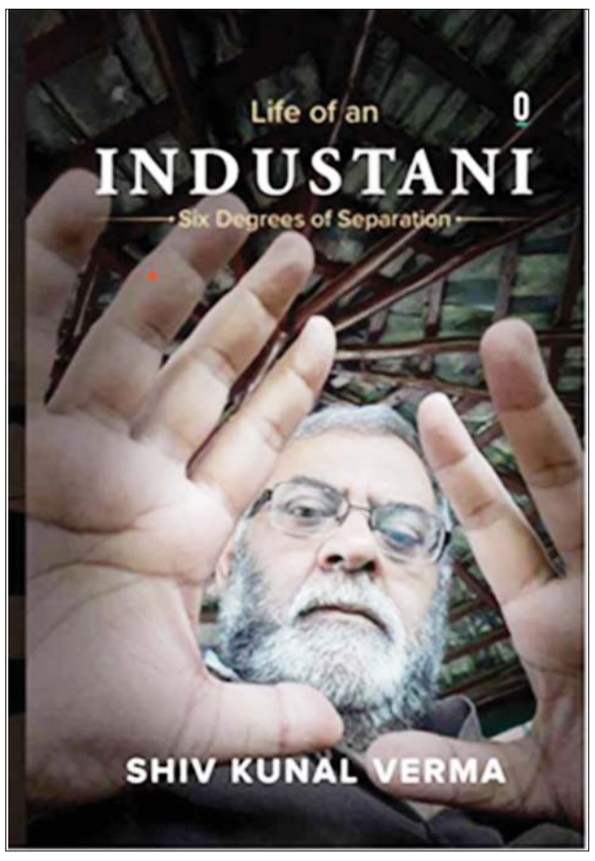
From the arresting, almost cinematic Prologue, the book is a Force 12 hurricane, dropping only to a 10 gale now and then, that sweeps one along breathlessly from incident to incident, place to place, name to name; these last some of the highest and mightiest in the land: generals, air marshals, admirals, a few prime ministers thrown in; even a Portuguese President in far away Lisbon for good measure, with whom the author's relationships leave one agape in incredulity. His access and ease in the halls and corridors of power would be the despairing envy of every lobbyist, every hungry influence broker. His being the son of a distinguished general from a famous regiment may have helped, but not all army brats, however exalted, have this devil's own luck.

There is virtually no thrill that's not in this book. From flying fighter jets, filming on the Siachen Glacier, to flying choppers and transports - often cockpit-hopping - to sailing (and filming) on every craft and vessel in the navy; from deep-sea diving in the Andamans (with a hair's breadth escape from a sea croc) to surviving an ambush by Nagas in the northeastern jungles; from a tense interview (posing as a foreign correspondent) with a bunch of armed Kashmiri militants (to whom he was marched blindfolded), to protecting a beleaguered family from a murderous mob during the anti-Sikh riots in 1984 with a Beretta 9mm (thrust into his hand), and much more, it's all here. Shiv Kunal Verma has done it all.

There's even that dream come true and envy of every schoolboy: getting your own back on an unpleasant master. In Gwalior, flying a Mirage 2000 with an air force pilot in command, the author buzzes the house of a former DOSCO master now teaching at the Scindia School: later there's hell to pay of course (both from the school and the AF commandant), but the cheer one sends up when one reads it is every bit a 'never-grow-up' schoolboy's yell, and well worth the wigging.



What else...? Hmmm... The fastest one pulled on an American school classroom by an Indian schoolboy? Read about how they rolled a globe out to find out the distance between Marina Beach (Madras/Chennai) and Australia. A minor but vital improvement made by the author to Rajiv Gandhi's security arrangements? It's here. A ringside view of politicking and money-laundering at the highest level? Yes, that too.

One could go on...But it's simpler to get yourself the book and far more rewarding.

(The reviewer is a Bangalore-based critic)

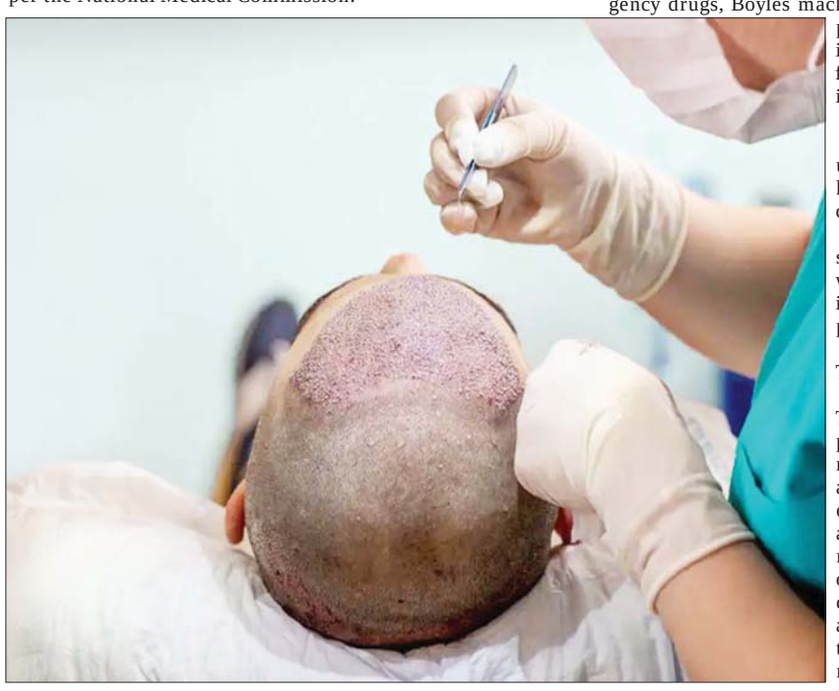
HEALTHLINES

NMC guidelines for Hair transplant

Dr Rohit Billowria

Now is the time for strictly adhering to the National Medical Commission's guidelines for any kind of aesthetic surgery and hair transplant procedures which should to be undertaken by a properly trained and licenses Registered Medical Practitioner i.e practitioner of Modern Medicines. The Ethics and Medical Registration Board of the National Medical Commission has clearly spelt out guidelines for such procedures in the interest of the persons undergoing such surgeries.

Preoperative Diagnostic Evaluation, Surgery Planning, Surgery Execution including donor hair harvesting hairline design, recipient site creation and management of other patient medical issues and possible adverse reactions and Post-operative care have been listed as aspects of hair restoration surgery which should only be performed by Registered Medical Practitioners as per the National Medical Commission.



It is unethical for a RMP to train an individual to perform, assist in surgery who is not an accredited health professional licenses to do so.

Any procedure involving a skin incision for the purpose of tissue removal from the scalp or body, or to prepare the scalp or body to receive tissue, (e.g incising the FUE graft, excising the donor strip, creating recipient sites) by any means, including robotics, is a surgical procedure. Such procedures must be performed by a properly trained and licensed Registered Medical Practitioner (RMP) i.e practitioner of Modern Medicine. RMPs who perform hair restoration surgery must possess the education, training and current competency in the field of hair restoration surgery like adequate knowledge in hair physiology, pathogenesis of scarring and non-scarring alopecia, anatomy and physiology of scalp including scalp vasculature and nerve supply, adequate clinical skill to identify patients who are candidates for hair transplant surgery and contraindications for hair transplant including active scarring alopecia, adequate knowledge and clinical skill pertaining to the medical treatment of alopecia and pre and post-transplant medical care, acquired basic knowledge and skill base in surgeries pertaining to skin and its appendages, adequate training and knowledge pertaining to medical issues and possible adverse reactions that can arise during the hair transplant surgery including basic life support and resuscitation measures.

The hair transplant should preferably be undertaken only by those who have surgical grooming like formal surgical training such as MCh/DNB Plastic surgery, MD/DNB Dermatology with adequate grooming in dermatological surgical procedures. It is also noted that the above- named specialities have Hair transplantation as a core topic in their curriculum.

The following aspects of hair restoration surgery should only be performed by a RMP:

* Preoperative diagnostic evaluation
* Surgery planning
*Surgery execution including: Donor hair harvesting, Hairline design, Recipient site creation and Management of other patient medical issues and possible adverse reactions
* Post operative care

It is unethical for a RMP to train an individual to perform/assist surgery who is not an accredited health professional licensed to do so.

Minimum requirements in a hospital/clinic performing hair transplant surgery

The day care theatre should be equipped with facilities for monitoring and handling emergencies including stocking of emergency drugs, Boyles machine, intubation sets and ambu bag. A plan for handling emergencies should be in place and all nursing staff should be familiar with the emergency plan. It is ideal to have a standby anaesthetist.

Anesthetic Procedures :

Aesthetic Procedures should be undertaken only by those RMPs who have adequate training to do these procedures as per their curriculum.

So, curriculum of various specialities should be guiding principle for all RMP's while undertaking any procedure including aesthetics and hair transplant procedures.

Aesthetic Procedures including Hair Transplant :

Aesthetic Procedures including Hair Transplant as with any other surgical procedure, may have complications and requires skills and training in appropriate patient selection, differential diganoses and surgical techniques and appropriate post procedure care to optimize outcomes. It is suggested that anyone who wishes to perform these procedures should be adequately knowledgeable and trained and should ensure that they have adequate infrastructure and manpower to manage any issues that may arise due to procedure performed.

Aesthetic Procedures including Hair Transplant are not an Emergency Surgery, and hence there is no case for allowing any untrained person to do it under the pretext of "Exceptional Circumstances". Para 6 of the Judgment mentions "Hair transplantation being an aesthetic surgery needs to be performed by RMPs like qualified dermatologists or trained surgeons".

* It may be noted that watching in workshops or on You Tube or similar platforms is not adequate training to start Aesthetic surgeries including hair transplant.

* Assistants or OT technicians; should be from a medical background, such as nurses, lab technicians, pharmacists. However, they need to be provided structures, systematic, and proper training (responsibility will lie with the RMP) in all aspects of both aesthetic surgery and disinfection, sterilization, patient communication etc.

* Surgical assistants/technicians should perform tasks only under the supervision of a RMP.

The RMP should have an anesthesia back up in the form of presence of the anesthetist in the operation room area with all the requisite resuscitative equipment and drugs in place.

The RMP should ensure that the patient undergoing such a surgery should have adequate preoperative clearances from the medical specialists and the anesthetist.

The RMP should have a well-equipped postoperative recovery room with facilities for monitoring of vitals and adequate record keeping.

There are other guidelines as well with regard to Manpower and infrasturcture.

Cleft Lip and Palate

Dr Aishwaraya Gupta

The lip forms between the fourth and seventh week of pregnancy. As a baby develops during pregnancy, tissues from each side grow toward the center of the face and join together to make the face. This joining of tissue forms the facial features, like the lips and the mouth.If these tissues fail to meet, a gap appears where the tissues should have joined. A cleft lip happens if the tissue that makes up the lip does not join completely before birth. This results in an opening in the upper lip. It is due to the failure of fusion of the maxillary prominence and medial nasal processes. Cleft lip appear as a small notch or an indentation in the lip (partial or incomplete cleft), or it continues into the nose (complete cleft).A cleft lip can be on one (unilateral) or both sides (bilateral) of the lip or in the middle of the lip, which occurs very rarely. Children with a cleft lip also can have a cleft palate.

What is cleft palate?

The roof of the mouth (palate) is formed between the sixth and ninth weeks of pregnancy. A cleft palate happens if the tissue that makes up the roof of the mouth does not join together completely during pregnancy. For some babies, both the front (hard palate) and back part (soft palate) of the palate do not fuse. For other babies, only a part of palate is involved.

Causes and risk factors?

The causes of orofacial clefts among most infants are unknown. Researchers believe that most cases of cleft lip and cleft palate are caused by an interaction of genetic and environmental factors.

The mother or the father can pass on genes that cause cleft, either alone or as part of a genetic syndrome that includes a cleft lip or cleft palate as one of its manifestation. In some cases, babies inherit a gene that makes them more likely to develop a cleft, and then an environmental trigger actually causes the cleft to occur.

According to the Centers for Disease Control, factors that could increase a baby's risk of developing a cleft lip or cleft palate, include:

*** Family history.** Parents with a family history of cleft lip or cleft palate have a higher risk of having a baby with a cleft.

*** Exposure to certain substances during pregnancy.** Cleft lip and cleft palate may be more likely to occur in pregnant women who smoke cigarettes, drink alcohol or take certain medications during pregnancy like anti-seizure medicines.

*** Having diabetes.** There are evidences that women diagnosed with diabetes before pregnancy may have an increased risk of having a baby with a cleft lip with or without a cleft palate.

*** Being obese during pregnancy.** There are some evidence that babies born to obese mothers may have increased risk of cleft lip and palate.

* Not getting enough nutrients, like folic acid, before and during pregnancy
* Consanguineous Marriages,marriage amongst the blood relations.

Complications

Children with cleft lip with or without cleft palate face a variety of challenges, depending on the type and severity of the cleft.

*** Difficulty in feeding.** One of the most immediate concerns after birth is feeding. Due to lack of suction, an infant with a cleft may have trouble feeding. While most babies with isolated cleft lip may breast-feed, a cleft palate makessucking difficult.Usually long nipple bottle, haberman feeder, obturator or feeding plate etc. are advised.

*** Ear infections and hearing loss.** Babies with cleft palate are especially at risk of developing middle ear infections and hearing loss.

*** Dental problems.** If the cleft extends through the upper gum, tooth development may be affected.Other problems may include fused teeth, missing teeth, and extra teeth, hypo mineralized teeth etc.In addition, abnormal positioning of individual teeth may affect occlusion, which can create an open bite or cross bite. This in turn can then affect the patient's speech.

*** Speech difficulties.** Because the palate is used in forming sounds, the development of normal speech can be affected by a cleft palate. Also, because of an open connection between the mouth and inside the nose, air leaks into the nasal cavity resulting in a hypernasal voice resonance and nasal emissions while talking.

*** Challenges of coping with a medical condition.** Children with clefts may face social, emotional and behavioral problems due to differences in appearance and the stress of intensive medical care.

*** Psychosocial issues.** Social anxiety amongst parents and children, poor-self-esteem and self-confidence amongst children is observed.

Diagnosis

Orofacial clefts, especially cleft lip with or without cleft palate, can be diagnosed during pregnancy by a routine ultrasound. Usually, cleft in the lip or palate is immediately identifiable at birth. However, sometimes certain types of cleft palate (for example, submucous cleft palate and bifid uvula) might not be diagnosed until later in life.

Prevention

After a baby is born with a cleft, parents are understandably concerned about the possibility of having another child with the same condition. While many cases of cleft lip and cleft palate can't be prevented, consider these steps to lower the risk:

* Consider genetic counseling. If you have a family history of cleft lip and cleft palate, tell your doctor before you become pregnant. Your doctor may refer you to a genetic counselor who can help determine your risk of having children with cleft lip and cleft palate.
* Don't use tobacco or alcohol. Use of alcohol or tobacco during pregnancy increases the risk of having a baby with a birth defect.
* Take prenatal vitamins.

Who Treats Children With Cleft Lip and/or Palate?

Due to the number of oral health and medical problems associated with a cleft lip or cleft palate, a team of doctors and other specialists is usually involved in the care of these children. Members of a cleft lip and palate team typically includes Pediatrician, Pedodontist, Plastic Surgeon, Otolaryngologist, Oral Surgeon, Orthodontist , Prosthodontist, Speech Pathologist ,Speech Therapist, Audiologist, Psychologist, Geneticist etc. The health care team works together to develop a plan of care to meet the individual needs of each patient.

(The author is Post graduate student Department of Pedodontics and preventive dentistry Indira Gandhi Government Dental College, Jammu.)