

# M S A I V A N I

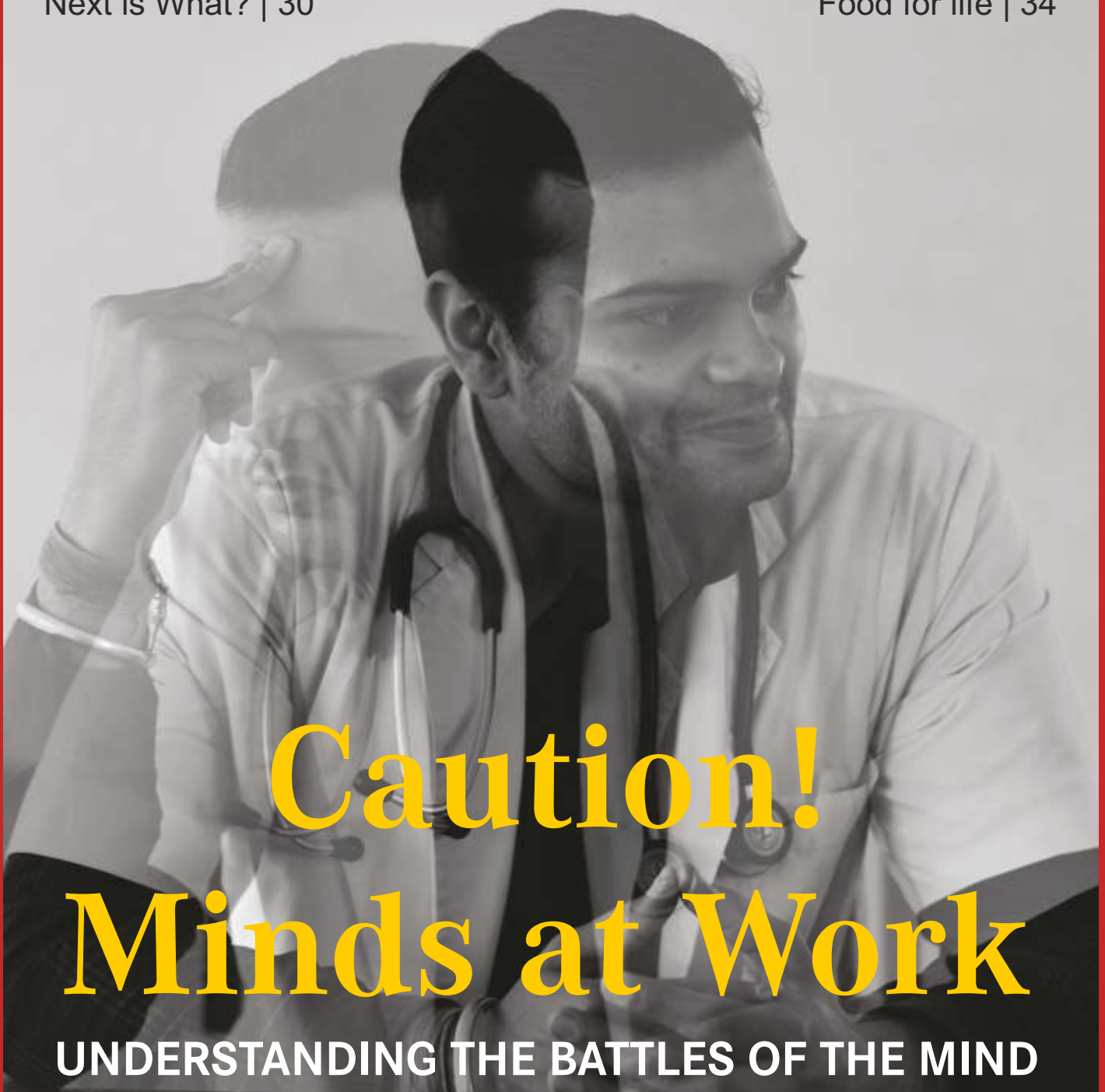
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# Caution!

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UNDERSTANDING THE BATTLES OF THE MIND

# Imprint



The medical students association of India is a nationally and internationally represented organisation built upon the strength of over 17000 medical students spread across the country. The existence of MSAI dates back to October 2011 in New Delhi, when it became a registered society under the Societies act. It went on to become the 100th National Member Organisation (NMO) of the International Federation of Medical Students Association (IFMSA) shortly thereafter, in March, 2012. The organisation is looked after by the Executive Body and six Standing Committees. Our committees work hard to provide the huge member base with continuous opportunities to better themselves. With several timely events that have magnitudes ranging from local to international levels, we try to provide our members with a scope to develop leadership skills, gain global exposure and learn the required know-hows to become ingenious healthcare providers of tomorrow.



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We apologise in advance for any errors that might have been overlooked despite the best of our efforts.

## MSAI Vani – The voice of MSAI

MSAI Vani was launched as the official magazine of MSAI in 2016, aimed at informing and inspiring its members to work towards a cause, and to broadcast their views to readers across the country. The magazine also strives to keep the writing spirit alive in the medical student fraternity, and encourages its contributors to display optimum creativity in their works.



### MSAI Vani Covershot

A cover defines the magazine's grandeur, and what is a better picture to grace a people's magazine than the one clicked by the people itself? Through the MSAI Vani Covershot, the members of the organisation are urged to submit their photographs that either capture the health scenario in the country, the life in MSAI or those which depict the annual magazine theme.



### Hear my voice

MSAI allows its members to voice their views and share their thoughts on the magazine's theme(s) of the year through 'Hear My Voice'. A few select articles are published in the magazine.

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EDITORIAL



# Soaring High

The process of making this magazine has been a long and insightful journey. The idea of turning MSAI - Vani into a reality was conceived a few years ago by a group of dedicated members. Since its inception, this publication has come a long way, not only in representing the organisation, but also in showcasing the ideas of its members to the rest of the community.

A good publication is always written keeping in mind the needs of the time and the challenges faced by its audience. Sharing this same thought, we have ensured, with this issue, to cover matters that are important to our members, both as budding doctors and as responsible citizens of our nation. Through our themes, we have tried to touch the most talked-about issues of this year in order to highlight the importance of discussing them in the medical fraternity.

The doctor is, but, for the patient. Modern medicine looks far beyond symptomatology and has now expanded to include others areas such as the patient's psychology, surroundings and lifestyle, all of which are largely responsible for the diseases that the modern physician comes across. This fact necessitated us to introduce four themes instead of one, this year. We hope that we have done justice to these themes in the pages to come.

Bill Bethel once said, "A successful team is a group of many hands and one mind". It would be extremely remiss of us to not mention our team who worked extremely hard to bring this magazine to fruition. We would also like to thank our former head and the ex-Vice President of Public Relations and Communications, Arshiet Dhamnaskar, for making us capable of taking up this monumental task.

It is the endeavour of every editor to deliver useful and relevant content to its readers. Ours too, was one such humble effort and hopefully, we have delivered.

Happy Reading!  
Bushra and Janhavi

*Photos on this page spread have been submitted by: (Top left) Parimal Udapurkar, (Left centre) SCOPH, (Top right) Janhavi Thorat*

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# From The Desk of the PRESIDENT of MSAI

Anmol Patted joined MSAI way back in 2014. Since then, through her hard work and active participation in the organisation, she crossed milestone after milestone in her journey to become President for the term 2017-18. From doing local events to attending the Malta General Assembly in 2016, she went on to activate SCORE in India, became the SCORE regional assistant for Asia Pacific and ultimately took leadership as the President of MSAI-India in 2017. Her grace and tact in handling any situation and the way she has lead the impetus for change in the organisation will continue to inspire us for a long time to come.



Dear Reader,

Memories of my early days with MSAI still linger in my mind. It was around the time when the call for the Editorial team for the first edition of Vani was out and I had applied to be the Assistant Editor. It was the first time I had applied for a “job” and being selected for it meant a great deal to me. Now as I go down the memory lane, I realise how much has changed in just a few years; how Vani has evolved, how MSAI has evolved and how I have evolved.

Vani was created with the idea to give voice to the medical students of our nation. We wanted their voices to be heard unfiltered. We wanted it to be a reflection of who we are as medical students and what we believed in. Every year a lot of work goes into the publication of this magazine. This year was especially challenging with the unfortunate resignation of the Vice President of Public Relations and Communication. Even with such a setback, the content creators cum editors Bushra Nizami and Janhavi Thorat battled along with the entire PRC team to ensure that we could have the magazine ready and out by the time of the National General Assembly, 2018. Shoubhik Bhattacharjee, the person behind the cover shot has done a brilliant job with his contribution. I would fail in my duty if I don't credit Arshiet Dhamnaskar for laying the groundwork for the magazine upon which the team built the wonderful creation that it is today.

It has been a great year for MSAI as well. Even though we have had many ups and downs, there have been many firsts to our credit. It is the first time that we have all our National Officers working with the vision, tools and skill-set to create activities that have an impact on the society and measure it. It is the first time that we were internationally recognised with the highest award in the International Federation of Medical Students Associations, the Rex-Crossly Awards, at second place for our activity, 'Semicolon'. This proves that our work is acting as an agent of change in our society. It is the first time that we have two of our very own members in the IFMSA-TO. We also have many other members working in international teams, Small Working Groups and Task Forces. This is to show that we're not only working to create an impact locally but globally as well. Many of our members have been selected to represent the medical students' body at high level meetings such as the World Health Organisation's World Health Assembly and the United Nations, where they have contributed significantly.

As for me, I've come to learn my own strengths and weaknesses and have been learning to overcome them. I'm humbled by the talent, knowledge, skills and brilliance of our members and my teammates. I feel nothing but pride to be leading such a fantastic set of people. It has been my absolute honour.

*"Certain things catch your eye, but pursue only those that capture the heart."*

—Ancient Indian Proverb

MSAI needs each one of us. All of us matter equally. So get involved, know your rights and do the best that you can!

Don't forget to find me at the NGA for some chocolate delights. ;)

I would love to get in touch with you so don't be a stranger!

Sincerely,

Anmol Patted

(President 2017-18)

*Photo on this page has been submitted by:  
Anmol Patted*

## Introducing Our Themes for the year

### Medicine Around the World

Disease has existed in man ever since man has existed himself. With disease, also came man's efforts to rid himself of it. Before globalisation and technology got us closer, various ancient lands developed their own knowledge about medicine. This journey has proceeded differently in different parts of the world leading to the formation of diverse healthcare systems around the globe, all progressing in different ways and at different paces. Yet, the purpose is one and that is to give the best quality of life possible to the patients. This year, MSAI Vani celebrates success in the field of Medicine by looking at the progress of healthcare and the status of Medicine in different parts of the world- Medicine around the world.

### Caution: Minds At Work

Mental health. A term batted around more commonly than a fly these days. Mental health issues could arise from any place, our homes, our social environment and even from our workplace. We often fail to recognize what a negative working environment can do to our emotional and mental well-being. Last year, the WHO decided to bring this issue to light and this year MSAI India plans to continue in the same vein. An individual, working in any capacity, can be faced with any kind of mental health issue, the most common consequence of which is loss of productivity. We probably see such individuals everyday and yet never notice them. Well, let's change that scenario today!

### A Change of Palate

With the rise of fast food joints & processed foods, various researches around the world are claiming a concurrent rise in the incidence of various disorders. In the age of instant gratification, how much is too much? Where are we going wrong? At the same time, the economically poor are forced to ask, “How little is enough to survive?”. What does food look like for the rich and the poor? While the rich eat like the poor to reach that fitness goal, the poor continue to struggle daily for a few morsels. Will the contrast between dieting stomachs and starving stomachs ever fade? MSAI India plans to make it all about food this year with A Change of Palate.

### Tales of Crumbling Concrete

Urbanization is the most popular trend on which our societies are based today. As it increases and takes deeper roots in our societies, it is becoming an ever-growing reality for a major share of the population. While urban areas provide great opportunities for people from the rural areas, they also bring with them a lot many health problems. Urban health is affected by varied number of factors such as - poverty, education, architecture and dwelling locations, safety, employment, housing and so on. MSAI India aims at shedding light on the darker side of the these cemented facades this year- Tales of Crumbling Concrete.

# Using Technology to Meet the Challenges in Medical Education



The use of technology in medical education has been developing over many years. The trend in the use of technology has primarily developed in response to the challenges facing medical education. The changing healthcare environment, with the movement of medical care from the traditional hospital setting to ambulatory medicine, has necessitated the ability to provide care in a much shorter period of time thus requiring change in documentation, as all information, including both health knowledge and medical records, is becoming digital. Emphasis on cost-containment and evidence-based use of resources is a national imperative. There are changes in societal expectations so that patient safety is a focus at all levels of medical education. This has also raised the ethical issues of learning interactions and procedures on live patients, with the long-standing teaching method of “see one, do one, teach one” no longer being acceptable. Emphasis in the medical curriculum, both in undergraduate and post-graduate training, has changed from simple knowledge acquisition to the need to



demonstrate competencies in the learner (1). The explosion of medical knowledge no longer allows physicians to keep in their mind all knowledge that is necessary to provide quality patient care. It is estimated that more than 600,000 articles are published in biomedical literature every year. If a student attempted to keep up with this literature by reading, say, 2 articles per day, in 1 year this conscientious individual would be more than 800 years behind (2). Although the profession has long held

that physicians need to be life-long learners, this concept is now an imperative. There is also a new generation of learners; “digital natives,” a phrase termed by Prensky (3). These are young people born into the digital world who speak the language of technology fluently. They expect their education to reflect their expertise in different levels of technology-integration and are accustomed to technology-enhanced learning environments. Technologies such as podcasts and videos

with flipped classrooms, mobile devices with apps, video games, simulations and wearable devices (Google glass) are some of the techniques available to address the changing educational environment. The task of medical educators is to use these new technologies effectively to transform learning into a more collaborative, personalized, and empowering experience. Bonk captures the essence of this use of technology for education by stating, “Anyone can learn anything from anyone at any time” (4). We hope to see a revolution soon with the advent of MSAI and SCOME grasping every medical college in India under their wings now!

Dr. Muntazir Ali Sayed  
(Assistant to NOME)

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**Standing Committee on Medical Education (SCOME)**  
SCOME acts as a discussion forum for students interested in different aspects of medical education in the hope of pursuing and achieving its aim. Students convene in SCOME to share and learn about medical education in order to improve it as well as benefit the most from it on a personal and professional basis.



# Black Water

I woke up in the morning, made my coffee, took a bath, and drank a lot of water just before leaving the house. The reasons for this were many- clear skin, weight loss, odd-tasting water on college premises and so on. Soon I was driving to college, crossing flooded rivers, praying that the bridge holds on. With tankers and trucks blocking my way, I had little hope of reaching in time. It was another wet day in Pune. With a will to sleep but little choice, I drove past overflowing gutters and puddled roads with a heavy shower on my windshield making it difficult to navigate.

After what seemed like a journey to the end of the world, I ran to the ward where my friend was walking towards a small child. I asked her what the case was. "Kidney stones", she said. "How do you know?". "The file". The file is like a forbidden fruit that we eat every time. "Why doesn't he drink enough water?", I asked the mother. She didn't respond. I think I was supposed to assume the answer to be poverty, illegal housing and no access to water. "He stays in an area supposedly covered by municipal supply", said a tired intern, almost like he read my mind. I was confused by this sudden interruption. "Allow me", he said and so I did. This is how I first came to know about the water mafia and why little Ashwin\* with kidney stones does not drink water.

I had assumed that my country struggles with providing resources to its one point two billion residents all at once. I hadn't, however, looked into the consequences of having one point two billion people trying to earn a livelihood at the same time. The water mafia sounded illegal since the moment I first heard about it. I started picturing dons plotting to kill, but for water? I had just crossed what seemed like a tiny ocean to get here. Water is ubiquitous, isn't it? Apparently not. My first world reasons for drinking water while residing in a third world country took a backseat as I listened in utter disbelief.

"So these goons block residents' water-supply to steal water and sell it to the same residents? Really?", I ask. "It is an urban web", said the intern, "There's little you can do when you have half a dozen mouths to feed". It doesn't stop there. Most of this water is diverted and sold elsewhere- mostly to huge malls, illegal settlements and hotels, where access to



water is limited. Water is also supplied to illegal bottled-water companies.

Especially during the dry months of the year, over-extraction and sale of water becomes a booming business. "So all I need to do is have a flowing water tap to make money. Why are we studying MBBS?", I joked. But for families like that of little Ashwin's, the water mafia is no joke. Huge capital goes into buying clean water from the black market. With a chunk of income lost just to access clean water, Ashwin's father has to let go of the possibility of more nutritious food, prospects

of a better education for Ashwin and has a tight budget for other essential necessities.

"We know about cleanliness. Sirs and Madams like you have come to our locality before to educate us about sanitation; the question is, can we afford sanitation?", asked Ashwin's mother. "The village was better", said his father, "We had our own well. The competition here for something as basic as water is harrowing. But water supply isn't all that there is to life. At least we have some employment here, so we stay".

I took a look across the ward. I easily spotted about half a dozen packaged drinking water bottles lying around. I wondered how many of these bottles were manufactured by depriving families like Ashwin's of it. A similar thought crossed my mind when I drove across tankers on my way back home. I had always thought of urbanisation as skyscrapers and airports, but to find the ugly side of urbanisation in something as basic as bottled water? That is something that made me question how much in the dark I was.

Ashwin's kidney stones were not life-threatening, but the story of how he got there surely was. The deeper we delve into understanding what drives a majority of the unplanned urban India, the luckier it feels to be a part of the minority that is kept from the dark side of concrete jungles.

Janhavi Thorat  
(Assistant to VPPRC)



\*Name of the child has been changed on request

# Antimicrobial Resistance Awareness Drive



With increased use of antibiotics in today's age of instant results, comes the problem of bacteria developing resistance against them. This problem can be particularly seen in a country like India where



▲ Volunteers educate their fellow students about antibiotic resistance



▲ Students pose with posters to raise awareness about antibiotic resistance

infectious diseases are found in plethora. There has been a dramatic increase in cases of TB drug resistance with 'Totally Drug Resistant' and 'Extremely Drug Resistant' mycobacterium (TDR & XDR) as well as Chloroquine resistant and Artemisin resistant Plasmodium Falciparum being detected. Inappropriate use of antimicrobial drugs is closely related to the knowledge, attitudes and behaviour of the population as well as

the antibiotic-prescribing behaviour of the healthcare professionals and over-the-counter availability - all of which contribute to the increment seen in cases of antimicrobial resistance (AMR).

As a part of the celebration of World Antimicrobial Resistance Awareness Week (13th- 19th November), awareness programmes were conducted by SCOPH-MSAI members in the States of Gujarat, Jammu and Kashmir, Assam, Maharashtra, New Delhi and Telangana. Volunteers set out to raise awareness and understanding of the problem of 'Antimicrobial resistance' and to strengthen the knowledge of the medical fraternity through quizzes, lectures as well as hospital activity campaigns. Our ground campaign was complimented with a social media campaign, wherein medical students throughout the country raised their voices for the cause. The predominant hashtags used were #AMRawareness

▼ Students pose with posters to raise awareness about antibiotic resistance

and #SochSamajhKe.

It is said that what doesn't kill you only makes you stronger. This statement seems to have proven true for microorganisms more than it has for humans. However, we can change the situation.

To use antibiotics, not abuse them is in our hands and we must ensure the continuity of successful treatment and prevention of infectious diseases with effective and safe medicines used responsibly and sparingly.

Shivani Dalal  
Local Officer on Public Health

### Standing Committee on Public Health (SCOPH)

SCOPH functions at the ground level, directly dealing with its beneficiaries. In most of the developing nations, public health is grossly overlooked. Thus, being beacons of change is the need of the hour. SCOPH is an extremely active group with boundless project opportunities. Here, through education, empowerment and support, we strive to achieve 'health for all'. We strive to create an impact.



▲ A volunteer educates high school students about mental health

## Semicolon

Semicolon (;), the mental health awareness project, marks the shift from PR based activities to impact based activities of the organisation. The project was carried in phases. 17 awareness events and 16 follow up (impact assessment) events were conducted. The aim of the project was to increase general awareness and decrease the stigma associated with mental health issues amongst high school students aged 15 to 18 yrs. Till date, we have reached 2035 students across India with the help of 216 trained volunteers from MSAI.

Semicolon was selected as one of the top ten projects world wide to be presented at the IFMSA March Meeting 2018. It was presented by Saniya (NPO) and won the second prize at the Rex Crossly Awards.

Saniya Sahasrabudde  
(National Officer on Public Health )



▲ High School students & volunteers pose with the MSAI banner for the camera

# ALL that glitters.



We live in an era where everything fancy attracts the eye. Be it tall skyscrapers, uber chic cars, modern technologies or latest smartphones, human beings have got a thirst for it all. On one hand where technologies like bullet trains, block chain and 5G communication are making the front headlines, there is an ugly, much neglected 'other' side of this urban concrete jungle which is never talked about. Urbanization, a process of making an area urban is not a modern phenomena but rather a historic process where rural roots are predominantly changed by urban methods. The main causes for this include industrialization, modernisation of techniques, social security, commercialization and globalization. The key factor is man's

desire to lead a luxurious life. Urbanization has played a major role in India's development. It has led to a massive increase in the GDP of our country and helped India attain new heights. It has created a lot many job opportunities which is mainly responsible for social mobilization. Cities provide opportunities for men and women alike. People enjoy social benefits and security. People experience great degree of freedom and are also entitled to a good quality of medical and social facilities.

But at what expense is all this being achieved? Cities are growing but all those who migrate are marginalized to remote and peripheral areas of the city. The mere number of people living illegally in Mumbai has led to the development of the second largest slum in the world! Overcrowding, improper housing materials, inadequate sanitation and rising pollution has led to an increase in the rate of communicable diseases. Needless to mention, venereal diseases and mental disorders are also on a steep rise. If we ever think of accommodating all these people, land acquisition won't be an easy task. People look towards cities as a source of income and a chance to fulfill their dreams. A majority of the migrants are from villages, migrants who belong to the poorest of families and have led their entire lives under the burden of debts. They envision

breaking free from this cycle, but alas! in vain. With rising unemployment, meager incomes, responsibility to feed so many mouths and absolutely no purchasing power, they contribute to poverty. At one end, people are wasting resources due to availability in excess and on the other hand, some still have to struggle for basic necessities. Hence there still persist problems such as inequality and vulnerability.

Another ugly and alarming side of this concrete facade is the rate of increase in crimes. Theft, murders, extortions, kidnappings, rape and many more such horrific incidents have defamed cities. Human and child trafficking is also on the rise. All these are shackling the basic roots upon which human societies were founded. Such is the reality which everyone chooses to ignore. It is agreed that India wishes to become a superpower in the next few years that are to come. But if this is to happen at the expense of encroaching on people's lives and dreams, then what is the point of this development? We must endeavour to embrace this situation, and strive to work towards a more sustainable future where everyone is entitled to lead a life with dignity, equality and most importantly, happiness.

Snehal Borana  
(Assistant to VPPRC)





# SCOREsearch



Research holds the key to better and more innovative forms of medicines and medical practices.

The Standing Committee on Research Exchange, in short SCORE, is a unit dedicated to promoting and providing opportunities for research exchange. The SCORE team of 2017-18, has been instrumental in upholding this tradition.

Under the effective leadership of our beloved National Officers (NORE), Bharat Sharma, Kanishka Uttamchandani and Aastha Gupta, we have been able to achieve tremendous results outstripping that of the previous years. With a team of 15 National Officers (NORE, NORE-ASSISTANTS) and 35 Local officers (LORE), we have worked together as a family in offering future medical



▲ Soorya Dev enjoys a beverage with his friends in the oldest brewery of the country

▼ Soorya Dev working in the research lab on the project assigned to him during his exchange programme



practitioners the opportunity to divulge in the world of research and diversity in countries all over the world. Holding the aim to put together an unforgettable experience consisting of fun and learning, we, the SCORE team, are proud of our achievements over the last year.

The SCORE team officially opened their application calls on 25th of October which terminated on the 10th of November. With effective marketing strategies and promotional tactics, we were able to oust last year's count of 63, to 135 this year. After careful deliberation we were able to shortlist 30 candidates to travel to their country of choice for their respective research exchanges. Apart from this, we are to receive 31 incoming medical students from around the globe to take part in the exchange programs our country has to offer.

During that time, in a move to make the process more fun and exciting, we conducted a 'Best LORE Competition' amongst our beloved local officers. Nandhini Iyer, the local officer stationed in Mumbai, was able to beat her colleagues in an extremely tight competition.

As we come to the end of yet another year of great success, we reflect upon the enormous target population that we have been able to cover. With the belief that our efforts will propel more applications and opportunities in the future, we, the SCORE team of 2017-18 are signing off with nothing but good wishes and lots of blue hugs.

Sooraj Jayaraman  
(Assistant to NORE)

#### Standing Committee on Research Exchange (SCORE)

*In India, there are very few students who take up the feat of research during under graduation. Several times, medical students do not get the opportunity to obtain research experience. Research is essential for the development of medicine and without it, the field of medicine could've never reached its current stage. SCORE gives students this very platform that is lacking in our regular curriculum to explore their interests in the field of research from the best institutions across the globe.*



▲ Soorya Dev enjoys a meal with his friends

▶ Soorya Dev and his friend pose for a picture on a chilly volcano top



Photos on this page spread have been submitted by Soorya Dev

We grow up in a world where money and prestige take precedence over everything else in life. Since childhood, we are put in a competition to be the best at everything we do, whether it is education and sports or arts and cultural activities; every decision made about our future is with the ultimate goal of having the best possible profession, the highest earning job or the most prestigious position. With that thought in mind, children are pushed into lucrative fields with high hopes and expectations. Barely any thought is given to what they really want and more thought just to what they will yield. In this age of social media, where it always seems that everyone's life is perfect, the only tangible way for people to achieve perfection seems to end in joining the corporate cycle somewhere down the line, and making the maximum money that they can. Somewhere along the way, we delude ourselves into thinking that if we have money and an expensive lifestyle, we



need little else in life.

Therefore, the question has to be asked- are people with jobs on the upswing, with bright, potentially successful careers really living their best lives?

Does having a secure job equate to living a healthy, happy life? Work, in any capacity, is one of the core purposes of our lives and it comes with its own benefits- financial security being at the foremost followed by independence,



personal identity and the feeling of having fulfilled our lives' purpose among others. But what happens when our work is not what we expect it to be or when it stops giving us the satisfaction it used to? The illusion with which we grow up, thinking that having work solves everything is something of a façade. The workplace, while being a source of security, success and even joy to many, can also be the source of stress, anxiety and depression for others.

Mental Health issues related to the workplace are difficult to detect and often neglected because traditionally, more emphasis is placed on physical health than mental health and well-being. However, the truth is that the dynamic nature of work and the relentless, whirlwind speed at which job practices change can take a toll on any individual's psychosocial well-being. It is estimated that 1 in 6.8 people experience mental health problems while at the workplace and that women in full-time employment are twice as likely to have a mental health problem as full-time employed men. Job stress is one of the major reasons for mental illness. Causes of work-related stress are too many to count- overworking, unrealistic deadlines and lack of participation in decision-making, job insecurity, isolated working conditions, and lack of acknowledgement of the work done are

just the common ones. Sexual harassment is a stressor for women in the workplace and discrimination is a strong predictor of mental ill-health for ethnic minorities. These problems result in an array of mental health disorders ranging from anxiety and mood swings to severe clinical depression and suicidal tendencies.

Doctors, though well aware of these issues and trained to detect them at an early stage, often fall prey to them too. A recent study showed that 42% of doctors reported with physician's burnout while 15% experienced either clinical or colloquial depression. A higher percentage of females reported with burnout than their male peers. Psychiatrists, surprisingly, were the most commonly affected specialty to suffer from burnout but were also the most likely to seek professional help.

Most people who realize that they have a mental health disorder are aware that they should seek professional help for the same, and yet, rarely any of them do. Most prefer to hide or ignore it till the issue becomes one of gigantic proportions; affecting their work, relationships and their physical health. Those who do think of seeking help prefer that their problem does not go beyond their close circle and stick to taking help and advice from friends in lieu of a mental health professional. The

stigma around having a psychiatric disorder is such that people go to extreme lengths to hide it, out of the fear that knowledge of their condition may affect their social standing. The attitude that the Indian society has towards psychiatric illnesses is the same that it has towards STDs. No one wants to talk about it, no one wants to acknowledge it, and no one wants anything to do with the person who has it. Our attitude about the problem itself makes the problem difficult to deal with.

Mental health issues are common, sometimes debilitating and yet treatable before it's too late. All we require is more knowledge and an open mind. Most countries are already on their way to achieve positive health for their citizens and yet India doesn't even talk about it. The situation as is, needs to change and we can be instrumental in helping it happen, but we need to start with ourselves first. Medical students are prime candidates for depression, stress and mental breakdowns. Lets each of us pledge today to take better care of ourselves so that we can take better care of our society in the future.

The battles of the mind are many, but we need to understand them in order to fight them.

Bushra Nizami  
(Assistant to VPPRC)



# Surviving the Hostel

DO'S

DON'TS



## BREAKFAST

## BREAKFAST

- Have oats instead of cereal
- Have Upma instead of Poha
- Have boiled eggs instead of fried eggs
- Choose usal pav instead of missal pav

- Have fried items
- Have Maggi
- Consume last night's leftovers
- Bread

## LUNCH

## LUNCH

- Have a full meal
- Balance vegetables and meat options
- Eat both rice and chapatis
- Lunch should be light & nutrient-rich

- Over eat
- Eat only rice
- Have excessively spicy and oily food
- Have too much food of one kind

## SNACKS

## SNACKS

- Stock up on nuts and dry fruits
- Eat lots of fruits and drink lots of water
- Carry a small snack everywhere you go
- Chana & dry bhel are healthy snacks.

- Eat too much
- Consume excessively sweet food items
- Have too much of 'chai'
- Binge on chips, biscuits

## DINNER

## DINNER

- Should be the lightest meal of the day
- Finish dinner 2-3 hrs. before bedtime

- Have a heavy dinner
- Eat just before going to bed

Content of this info-graphic has been submitted by Bushra Nizami

# .Doubt?



'Why does my vagina smell so bad on my period?'

'What are the terrible clots that ooze as I sneeze while I bleed?'

'Why does the acne so punctually appear right before that time of the month?'

Questions like these don't come to a young girl the first time you tell her about menstruation. Honestly, she's way too horrified by the idea of blood oozing out of her to pay attention to anything else. But after you've completed a couple of cycles, it dawns upon you- sore nipples, the PMS and the terrible thigh aches are worse. Bleeding actually, is the

least traumatic of them all.

In my school and I'm sure in most of the others too, menstrual awareness programmes normally focus on telling young girls who are yet to menstruate about what 'will' happen when they do. But never do we attend to questions that elder girls who already bleed yearn to ask. It seems like we assume that once we're told about periods for the first time, we'd be armed enough to handle all of what comes along. And trust me, there's a lot that comes along.

Which is why, this year, SCORA decided to focus on these girls with its campaign-

Periodoubt. SCORAngels all over the country, toured schools on an agenda-not to spread awareness but to answer doubts about menstruation. A volunteer sat in a small group with just 5-6 girls to only answer their ongoing period doubts.

And you'll be surprised to know that the questions these girls asked were ones we had at some point too. Starting from 'Should we use V-wash on those days?' to 'What should I do if I stain my uniform?'- These questions never crop up to first timers but they very surely cross the minds of those who've battled enough cycles.

▼ An article about 'Periodoubt' featured in Times News Network



▲ 'SCORAngels' with girls in the reproductive age group, solving their doubts

Menstruating isn't just the shedding of an endometrial lining and in India it never will be, no matter how much we wish for it to. It will be associated with mild to moderate untouchability practices, neglect of the pubertal issues that come along and my favourite- 'all girls bear this, don't make a big noise about it.' These might change much later but more than that, the information about menstruation and the lack of doubt solving is what makes it a terrible experience for adolescent girls.

SCORA has made an attempt to do a very simple but effective job- to simply answer questions- no awareness lectures, no distribution of pads, no talks of feminism- just a plain and simple discussion. We request anyone who reads this: Listen to those questions that don't get answered when they should, and answer them.

In closing, here's a big cheers to every girl who wonders about these

embarrassing doubts and every SCORAngel who has tried to solve them. Lots of love from SCORA! and well, happy bleeding!

Jeel Vasa  
(Assistant to NORA)

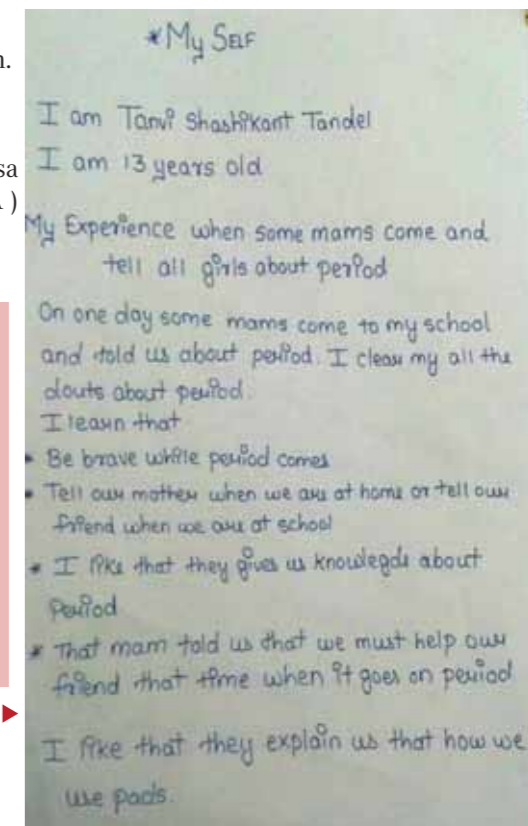
Standing Committee on Sexual and Reproductive Health including HIV/AIDS

SCORA is gathering passionate individuals who are committed to promote sexual and reproductive health and rights and who are passionate about creating positive change in our local communities.

Main focus areas are -

- Comprehensive Sexuality Education
- Maternal Health and access to safe abortion
- Sexuality and gender identity
- Gender Based Violence
- HIV and other STIs

'SCORAngels' received many notes from thankful girls after the event. A glimpse of one such note



Photos on this page spread have been submitted by SCORA

“Medicine” is the practice of the diagnosis, treatment and prevention of disease. It restores health by prevention and treatment of disease. Medical practice varies across the world due to regional differences in culture and technology. Medicine is highly developed in western countries whereas in developing countries such as those in Asia, the population mostly relies on old and traditional methods which have transient beneficial effects but persistent disastrous effects.

In western countries, the doctor-patient relationship begins with patients'



medical history followed by general physical examination. Differential diagnoses methods help to rule out conditions based on the record provided; informing the patient properly about all relevant facts is an important part of this relationship. Primary care medical services are provided by physicians and nurses, secondary care medical services are provided by medical specialists and tertiary care medical services are provided by hospitals which are equipped with diagnostic and treatment facilities. Moreover, the patient information is stored via electronic means.

In Asian countries, the health care system is not up to the mark as the care of the patients is deficient in many aspects. Hospitals are teeming with patients, and due to low income, the treatments are very expensive. Besides, government sector hospitals providing free emergency care to the patients are



also pretty deficient. A lot of Quacks have set up their own “health care services” in the rural areas. Mostly the traditional ways of treating diseases are followed which involves homeopathic medicines, most of which contain steroids. The information in hospitals is stored mostly in the form of paper records.

The Western world has separated pharmacists from physicians as the physicians only write the name of the salt and the pharmacist then chooses the drug for patients but in Asia, it is

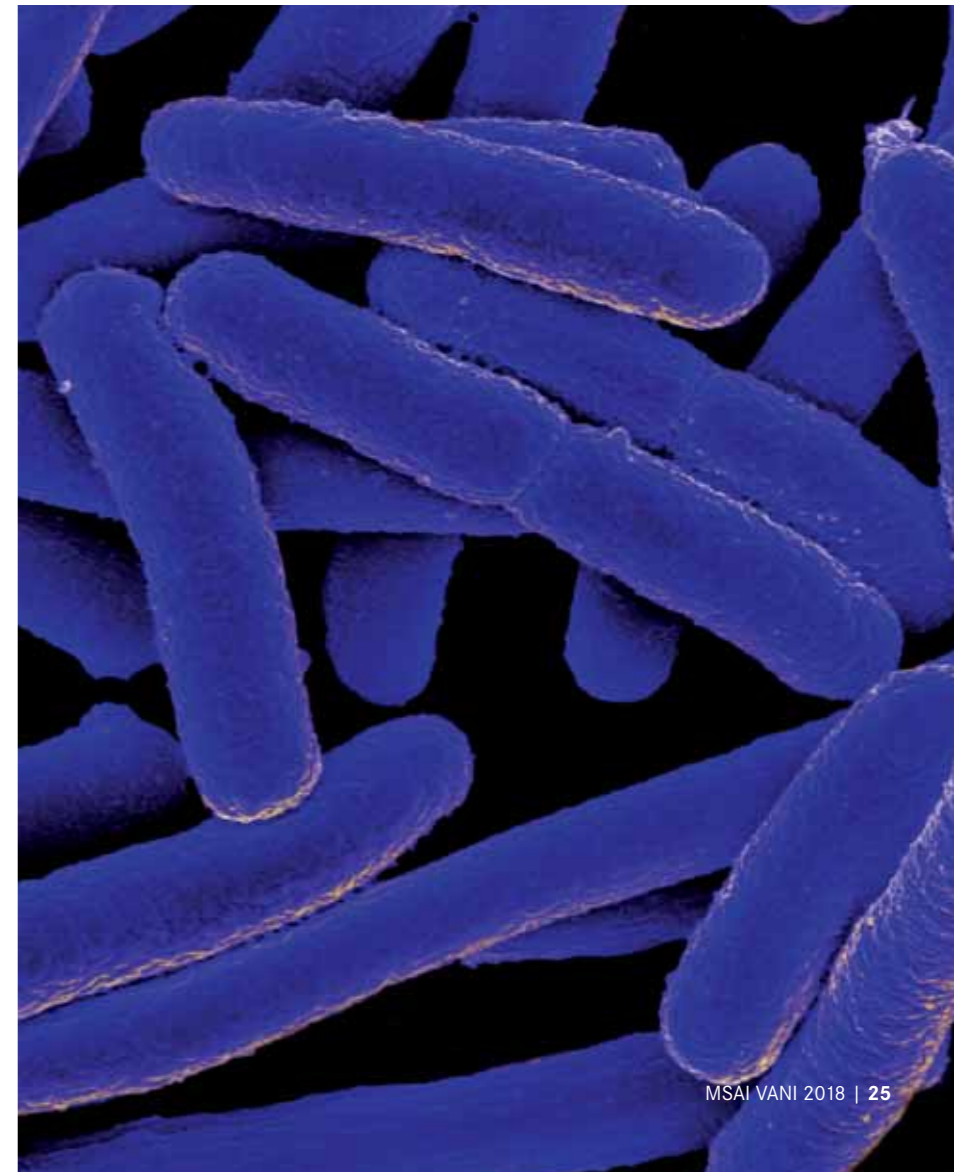


traditional for physicians to prescribe drugs with their brand names.

In Western countries, there is a check on doctors and those who are negligent can face charges of medical malpractice and lose their license whereas there are no proper measures for scrutiny of health workers in Asian countries.

In the light of these facts, it can be concluded that we will need a lot of time to resolve all the issues in Asia and it's going to take a lot of effort but this doesn't mean that our countries cannot do it; people in these countries are hard-working, but need a little push. Soon, a time will come when healthcare will be better in this part of the world and people will enjoy the perks of healthcare in Asian countries too.

Abdul Mateen  
(Assistant Director Publications  
IFMSA, Pakistan)



# 13 REASONS

your grades don't define you in MBBS

## WHY

1

Grades measure knowledge. A good doctor is built by bricks of experience over the years.

2

The weightage given to practical knowledge in the grading system is comparatively low when ultimately, that is what the profession demands.

3

Practical exams are completely subjective in nature, different teachers- different marks.

4

One might be excellent at communication in their local language, but is unable to express the same in the language that the university wants her/him to adapt to.

5

The grading system does not take any extracurricular skills and activities into consideration.

6

The portion is huge, knowing answers to the questions that appear in the exams is, to some extent, a matter of luck.

7

The marks granted depend on a lot of unnecessary factors like good handwriting, neatness, etc.

8

Knowledge and resources are restricted to a few standard books, most of which contain unnecessary, outdated information.

9

A good doctor is a compassionate listener. Psychological factors related to the doctors' approach have a lot to do with disease prognosis, something the system cannot assess.

10

Exams test theoretical knowledge and not one's thinking abilities or presence of mind.

11

One grading system cannot be termed suitable for all kinds of students. The system is an inevitable statistical flaw. Grades are thus, an extremely rough estimate of one's capabilities.

12

The core consumer of the course, the patient, does not consider grades, but a doctor's reputation while approaching her/him.

13

Nothing is more important than one's mental health. One shouldn't let their grades adversely affect their mental well-being. Mental health comes first.

# DO NO HARM



**B**eads of sweat are trickling down from his face. He hasn't slept in 48 hours. He was operating on a patient with terminal cancer. He was in the surgery for 4 hours, working tirelessly and giving it his all to save the patient, but unfortunately, he couldn't. With a solemn face, he goes outside the operation theatre to announce the news of the patient's death. The relatives, in a fit of rage, start attacking the doctor with a scalpel. That doctor, who worked extremely hard to increase the lifespan of the patient has to face the brunt of the relatives and is beaten up brutally.

I wish I could say that this was an isolated incident, but it's not. This is a very commonplace scene happening in almost every hospital in India. According to a study by the Indian Medical Association, over 75% of doctors have faced violence at work. Why is this happening?

Medicine is the most noble and selfless profession. Doctors sacrifice their time, leisure and sleep for the patients. Do they deserve to get repaid in this way?

There exist no laws for the protection and safety of the medical community. While it is a non-bailable offense to



assault a uniformed public servant like a bus driver or a policeman, there is no distinct penalty for hitting an on-duty physician in a white coat. Lawyers aren't assaulted for losing a case, then why are doctors?

It takes 5 and a half years to complete medical school where students toil their days away. They work day in and day out, read innumerable books, give dozens of exams and tests just to be able to serve their patients well. Even after all of this, doctors are subjected to this displaced violence.

A lot of people consider doctors to be Gods. But sometimes, this leads to terrible circumstances.



respected profession but sadly that scenario doesn't exist anymore. Media has a major role to play in the negative attitude towards doctors. For sensationalism of news, they choose to blame doctors rather than focus on the real issue. One case of malpractice or negligence is enough to cast the entire community in bad light.

The entire medical fraternity needs to fight against this. All our sacrifices, all those nights spent studying instead of relaxing, all those times we put our patients before our sleep and work ourselves to exhaustion, should not come down to this.

Our white coats shouldn't be stained with our own blood.

Trishala Punjabi  
(Local Officer, Gujarat)

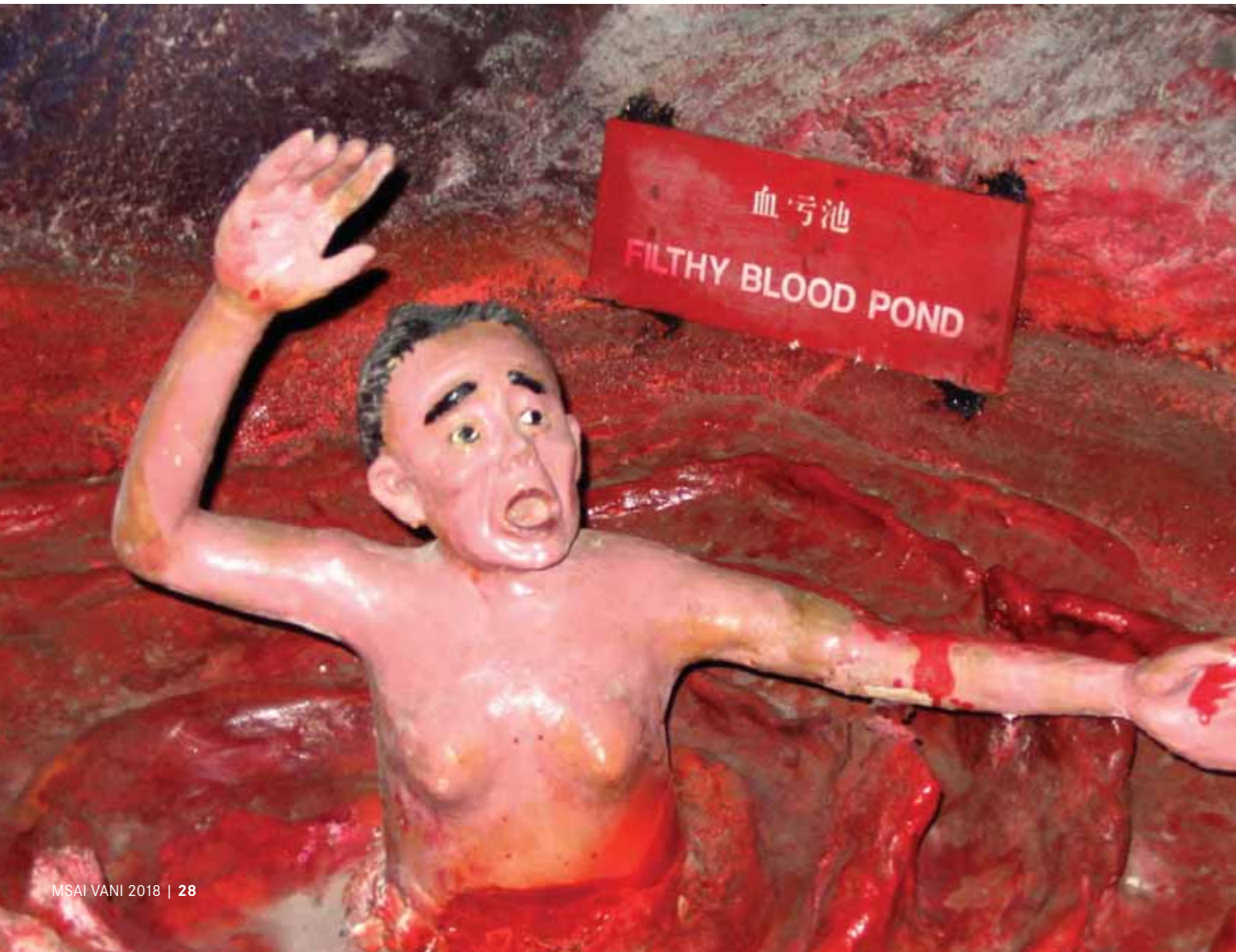
There are some conditions and diseases which cannot be treated completely, no matter how much the doctor tries. In the end, doctors are humans and they can try their best, but can't make an incurable disease vanish from the patient's body. People need to understand this very fact. They need to understand the commitment and dedication behind the work of a doctor.

Doctors today are scared to work in hospitals. There was a time when medicine was the most

#### Standing Committee on Human Rights and Peace (SCORP)

SCORP makes a humble effort to highlight Medical Humanities and enhance Humanity in Medicine. It starts with advocacy, proceeds to awareness and the action culminates in peaceful coexistences. At SCORP we advocate and spread awareness about Human rights and Peaceful Coexistence through various mass education programs and healthcare camps.

- The 5 adopted goals include-
- No Poverty
  - No Hunger
  - Health and Well Being
  - Quality Education
  - Reduce inequalities



# Next is What?



They say that there is no place for judgement in science. I was reading the book of physiology by Ganong. There, I came across a clinical box named as evolution of coronary artery diseases. It said that, in prehistoric times, when we were hunter gatherers, there was no guarantee of food and famines were common. Sometimes, our ancestors had to go for days without food. In such times, obesity was a favorable trait as they could survive periods of prolonged fasting on account of the stored form of energy. Now as humans began to settle and agriculture dawned, food was no longer scarce and because of this new development, coupled with evolution, obesity became an unfavorable trait. Today, obesity leads to a wide range of heart diseases and other chronic states of deranged metabolism. In a way we can conclude that the entirety of humanity is a descendant of overweight people and I have realized that there is no place for judgement in science because evolution rolls the dice in the ever-shifting environment and tomorrow can belong to anybody.

Now coming to the issue of processed foods and its widespread consumption, let me take you to the first processing of food ever done, which is nothing other than cooking. Yes, not only did we learn the use fire but we also realised that food tastes better when kissed by fire. Not only that, but it is easier to digest too! that was the advent of cooking. Since we could cook our food, we did/do not need to sit around all day and wait for our bodies to digest it; certainly not for as long as other animals do! Now we could sit around our fire, sharing our wisdom with our little communities. Fire was doing more than half of the job in terms of extracting energy from food. Civilizations were built around fire.

But as it is in the nature of life and everything that comes with it, it evolves and, evolution is a multivariate calculus, which means there is no single right answer. It occurs by chance in tandem with the environment. So began the evolution of cooking, along with the advent of civilization. With that came processing and packaging for long term storage. The importance of this can be stated because we have witnessed two great wars in the last



century itself. To make good food supply available, storing it for a longer duration again became crucial for survival. So can we really blame processing and packaging? I am not sure for they are but one link in the story called evolution.

Along came fast food joints. Our lives became busy. We couldn't afford to spend time on cooking meals twice a day. Urbanization had its benefits but the dual nature of reality kicked in. We realized that life is a mixed bag. Naturally when food became abundant, we started voraciously consuming it. Now, there is some part of us, which worries about an entirely different problem - "What if I do not find time to consume food in the evening?" Couple that with our sedentary lifestyle and voila! you have a modern epidemic of obesity and all the diseases that come as a part and parcel of it. Evolution has thrown the dice again and obesity has become a disadvantage. To add to that, since we have become wiser now, we have attached a full blown stigma to it! This in turn leads to another set of mental problems like anorexia and body dysmorphia. The story doesn't end here. We have went on to built an entire industry to cash in on this! We built gyms where now people go on their vehicles to burn calories! Money breeds class, so you have got society

divided into the rich class, the poor class and the middle class. This disparity will now always remain. In the prehistoric period, obesity was a survival advantage and the obese were considered powerful while the weak and lean used to perish. The hierarchy back then was on the basis of this kind of 'power'. In today's time, money is the currency. The difference today is that we are civilised and hence provide equal opportunities to even the weak and the disadvantaged amongst us to contribute to the society.

Suddenly, there is now a curious trend towards eating raw vegetables amongst some members of our populations. This includes our gym enthusiasts as well. Kind of makes you wonder, is evolution on drugs or something? The point is that there is no right answer to many questions when it comes to life. It is like writing about life dying slowly. It is paradoxically oxymoronic and tautological at the same time. So to reiterate from the subtext of the Ganong's textbook of medical physiology, there is no scope for judgement in science.

Snehal Borana  
(Assistant to VPPRC)



# Exchanged my Life!



**I**t sounds a bit dramatic but the experience I've had through my journey in exchanges has been nothing less than that!

I began this endeavor by starting at the bottom of the food chain, being a local officer. I loved the job, it meant so much more to me than what the job entailed. I made sure the applicants from my college gave a good application and got their country of choice, hoping that, one day, the same would happen with me.

It worked! I got my dream destination, Italy.

The month-long exchange program in Ferrara, Italy, interspersed with experiencing the amazing culture of the country taught me to be a woman of the world. My hosts were exceptionally warm and generous people and they provided me with a lot of comfort in the unusually cold weather there. The hard long working hours were juxtaposed with relaxing evenings with friends and that essentially became my life for a month.

▲ Aatmika Nair enjoys delicious cake with her friends from the Professional Exchange Programme



I explored nooks and corners of the country with my other incoming mates and learnt the diversity that exists between different healthcare systems after spending a month in a country with one of the finest healthcare systems! The extraordinary surgeries and a dedicated tutor gave me a learning that is etched in my brain.

The impact of the exchange was felt when I got back to my homeland. My family and friends noticed a new sense of confidence and authority in me. My perception and understanding of things was not only better but also refined.

The travel deepened my passion for exchanges and motivated me to contribute more to the Standing Committee on Professional Exchange. I underwent 'Training New Exchange Trainers' to become a Graduate Trainer, which provided me with the necessary skill set to run and mould our exchange program. I am determined to translate the vision of IFMSA through our Exchange program and believe that every student must get a taste of the world to be a part of it.

I met the most beautiful people during my training, who shared the same ideology and insanity. From an awkward 'Hello' and half-

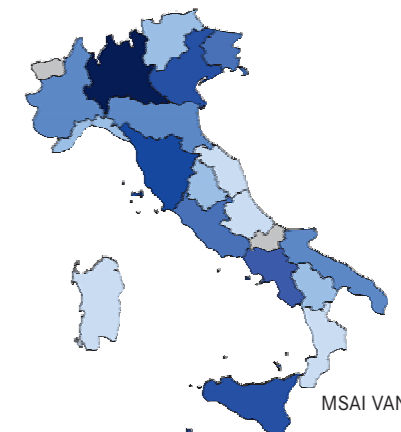
hearted courtesies, we reached a place where hugs and kisses were the only way of communication that we knew. We became each other's pillars during Graduation Training and are inseparable since then!

The exchange changed my life, it gave me goals and aspirations that I never thought existed in medicine. It's an opportunity I would urge students to take on and one of my goals is to make that happen for you!

Aatmika Nair  
(Assistant to NOPE)

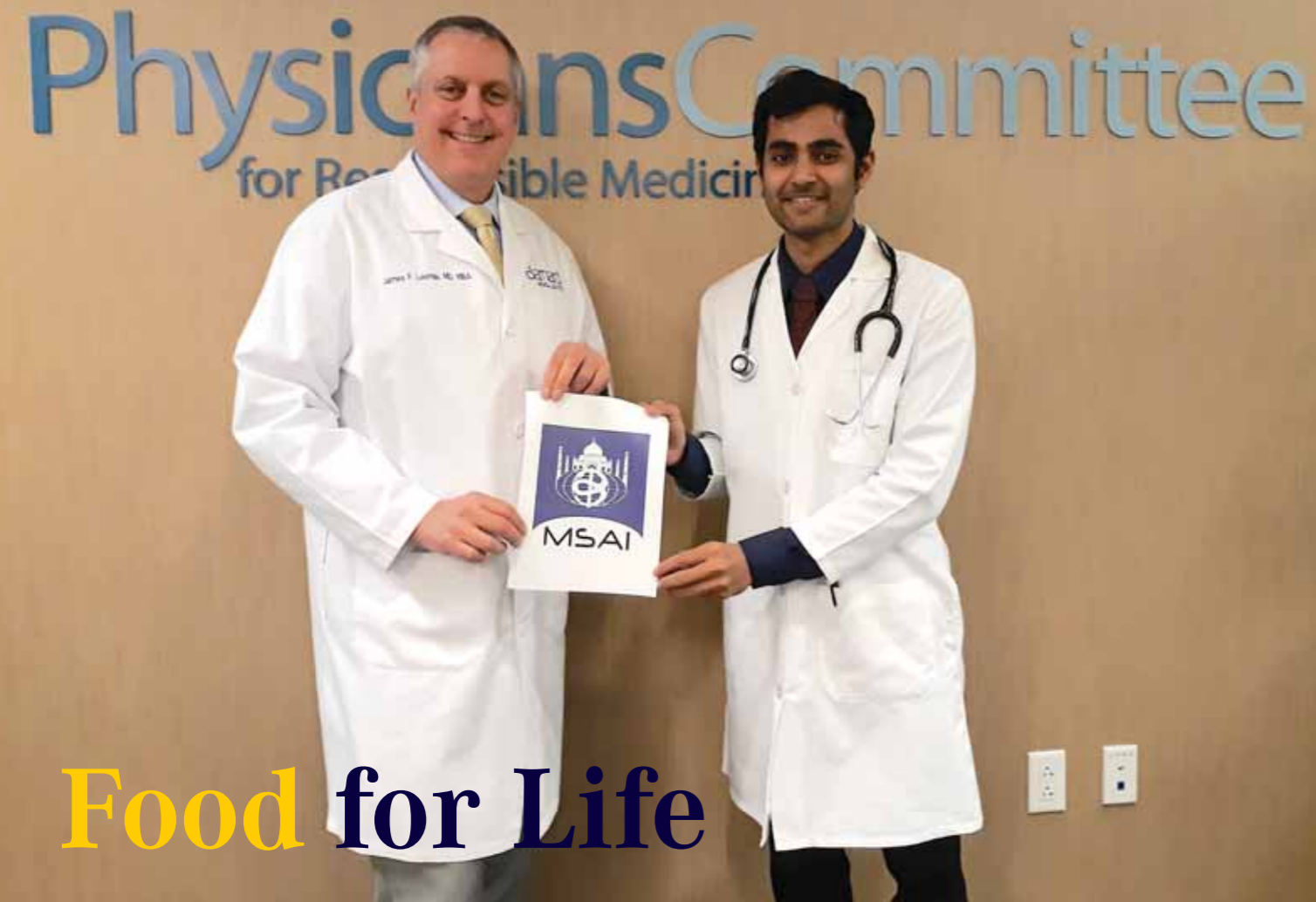
#### Standing Committee on Professional Exchange

The Professional Exchange program is an all-educational program offering clerkships to medical students abroad. Annually, more than 13,000 students from 90 countries travel around the world to discover new health systems, cultures and to enhance their understanding of global health and intercultural differences.



◀ Aatmika Nair and her 'entourage' during her exchange

Photos on this page spread have been submitted by Aatmika Nair



# Food for Life

▲ Kanishk Sharma poses with the logo of the organisation alongside Dr. Loomis

**D**r. James Loomis is a Medical Director at the Barnard Medical Center in Washington DC, which emphasizes on the importance of a plant-based diet in the prevention, treatment and, hopefully, reversal of many chronic diseases.

**According to you, are humans meant to be omnivores or herbivores?**

Looking at it through the evolutionary lens, it is clear from a lot of reasons like the length of our guts and the design of our teeth that our ancestors mostly ate plants because gathering was much easier than hunting. We gathered whole, plant-based food like seeds, roots, stems and leaves. Historically, we did eat meat but just not much. Arguably, our ancestors had the advantage of having a concentrated source of animal protein to eat, gain size and strength to run away from wild animals and find a mate before they die from diseases at the age of 30, as that was our life expectancy. Through antibiotics and sanitation, we have tripled our life span today, which has unmasked many chronic diseases

associated with animal-based foods. You can take it one step further and start thinking about the environmental consequences of the way we raise animals, such as climate change, land use, water use and the environmental toxins we expose ourselves to, like mercury in fish, antibiotic residues in meat and animals treated with hormones. There is a very strong argument that as long as you are not starving of calories, the optimal diet for humans is a whole food and plant based diet.

**What is wrong with animal-based foods and processed foods?**

There is almost no omega-3 in farmed animals. They have high amounts of saturated fat. Another way to look at it is through the 'nutrient density' concept. Think of your calories as money. We have, say, 100 calories to invest today. When we invest money, we want the highest return. Say you decide to spend it on chicken breast. What's your nutritional return on that investment? Zero fibers, vitamin C, cancer-fighting

antioxidants and phytochemicals, which also lower inflammation. These are, but found in plants. 100 calories or about an ounce of chicken breast does not take up much place in the stomach. You have to eat a lot of chicken to be full. When you reframe human health and human nutrition in terms of investment in your health, the best return is obtained from whole, plant-based sources of energy.

**Wouldn't cutting down on animal proteins lead to protein deficits?**

That's the biggest fallacy we deal with. There is a quote from a movie called 'Game Changers' by Patrik Baboumian, the world's strongest man. He says, "If you are as healthy as an ox, well, what does an ox eat?". Where does a cow or a mountain gorilla get its proteins from? They eat plants. The idea that we have to eat meat to get proteins is a complete fallacy.

**An article published on the 'Time' website this year suggests that the DASH diet, the Mediterranean diet and the flexitarian diet are the top 3 diets to lose weight. What is your**

**opinion on this?**

What they all have in common is a plant-based diet at the core. If you just focus on weight loss, you can lose weight even by doing cocaine, but is that healthy? No. When we focus on the individual components of our health, yes, all these diets will help you lose weight but they don't necessarily lower your risks of other chronic diseases.

**What made you shift to the whole food plant-based diet?**

I always thought that the food pyramid is a healthy diet. I was getting away with it when I was exercising, but in the fall of 2010, I injured my knee. Long story short, I ended up gaining a significant amount of weight. Gradually, I developed atrial fibrillation and it turned out to be from sleep apnea. I also had metabolic syndrome. My doctors were treating me just like I was treating my patients at the time. I had a cardiologist who gave me pills for atrial fibrillation, a sleep doctor who gave me a CPAP machine and an internist who gave me a statin prescription. One day I came across the documentary, 'Forks Over Knives'. I knew what a 'vegan' was at that time but my perception of a 'vegan' was someone who did it for ethical reasons. The idea of reading food as medicine somehow resonated with me. I did some research and decided to give it a try for 3 months and went on a whole food plant-based diet overnight. I started an exercise programme for my knee. The results were miraculous. By the end of it all, I lost a total of 60 pounds. My cholesterol dropped. My sleep apnea, atrial fibrillations and allergies went away too. I could run now and also ran a few marathons. I thought that I had been a great doctor after 25 years in Internal Medicine, but I was practicing sick care. The only way you can practice true healthcare is by understanding the root cause of all the disease, which, ultimately is the food we eat, how much exercise we get and how we cope with stress.

**What diseases have you seen this diet work on?**

After a combination of plant-based diet with some exercise, I have seen profound improvement and even reversal of diabetes and coronary artery disease in some patients. There is emerging evidence in literature about B-cell restoration with a plant-based diet.

The most immediate impact seen is on type-2 diabetes and weight loss. In addition, there is a significant improvement in cholesterol and blood pressure readings. Other diseases that show improvement are autoimmune diseases like rheumatoid arthritis, psoriasis, eczema, allergies and asthma. If you look at epidemiologic data, it is clear that milk consumption, especially cow's milk, significantly increases the risk of prostate cancer. Saturated fat that primarily comes from meat is related to breast cancer. A low fiber diet is related to colon cancer. Dr. Dean Ornish did a study where he studied patients with low-grade prostate cancer who were in the 'watchful waiting' state. He put one half of them on a plant-based diet, exercise and mindful meditation while the other half were put on a standard American diet. He was able to demonstrate that over 100 cancer-promoting genes were turned off in the group receiving lifestyle treatment.

**What is the relation between diet and mental health?**

We have to be well in 3 separate but highly connected domains to be overall 'well'. These are emotional, physical and nutritional wellness. You cannot achieve emotional wellness and good mental health without regular physical activity because when we over-stress and under-exercise, we have evolved a stress response to help facilitate the performance of physical activity and its recovery. Our stress originated from not wanting to starve from death or getting eaten by wild animals. We had to respond to it via physical activity. When we over-stress and under-exercise, the extra adrenaline we make causes insomnia. We don't recover from sleep deprivation. This causes more stress, which can lead to depression, chronic fatigue, etc. Extra cortisol is to help us heal, but it also raises our blood sugar in short term to turbo charge our engine so that we can perform activities more efficiently to 'go find food'. It also stimulates our appetite so that we can find food again. There is a connection between diet and exercise too.

There is some emerging evidence that depression may, in fact, be related to chronic low-grade inflammation like that seen in chronic inflammatory disease.

There is also emerging evidence around gut bacteria and mental health. People

who have followed a western diet have a different gut microbiome than people who eat a plant-based diet. Maybe some of the metabolic byproducts that come from these species of microflora in the western diet can actually act as pseudo-neurotransmitters and affect serotonin production. An association has been shown between the gut microbiome and mood. People have shown improvements in gut microbiome and mood with a plant-based diet.

**What do you think about our current medical education system?**

I think it is completely inadequate. I did not learn anything about nutrition in medical school like is the case in most medical schools today in the US as well as India. The only nutritional education that I got was actually, glorified biochemistry. We learned about what vitamins, carbohydrates and proteins were and what diseases you got when you didn't get those things. But we didn't learn about food for sure.

If you look at how medical education evolved, the system we use in the US, UK or India came out of the German system in the 1840s and 1850s, but you have to remember that the kind of diseases that were prevalent at that time were mainly infectious diseases. So, food ways were still healthy till then. Post the World War years, things started to change. But modern medical education is still stuck in the old kind of treatment-based paradigm. For the first time in the last 5 years, diet and sedentary lifestyle has surpassed smoking. But the system is not designed to make the students think. The other problem that arises from this education system is the way patients think as well. We have this perception that, 'If I am not sick then I must be well'. Patients come in all the time and say that they are feeling great, their blood pressure is doing great on this pill, their sugar is controlled on that pill, etc. They are not sick but by no one's definition are they healthy. That's why I think that this whole rise in the interest about lifestyle medicine flips how we see things upside down and we really start to see the importance of the root cause.

**How should an ideal doctor practice medicine?**

In my version of an ideal practice, I will think what the patient needs me for. I will talk to the patient, examine them, look at lab tests and treat the sickness

within my capabilities. Then I would leave the room. A dietician would come in and take nutritional history. They would then give them a nutritional prescription. It might be signing up for a cooking class, signing up for a grocery store tour, taking a certain online program or reading a certain book. Then, an exercise specialist would come in and prescribe an exercise prescription to the patient. The last person the patient would meet will be a health coach or a behavior change specialist that would address whatever overlying barriers the patient has to overcome in order to adapt to the prescriptions they just got. It may include a demonstration kitchen or an idea about having a small farm in your own backyard to show people what food really is. That is kind of dreamy but we have started seeing changes like these

here.

**How should someone start their journey towards a whole food plant-based diet?**

It is incredibly simple but it is not easy. The key is to educate yourself about what you can eat rather than can't eat, I would suggest some great books like the book, 'How Not to Die' by Dr. Michael Greger. The movie that brought me over here was 'Forks Over Knives'.

Now there are online cooking programs, for example, 'Forks Over Knives' has a great online cooking course that you can take. There are other platforms such as an online meal planner, recipe databases, etc. For students & doctors, PCRМ has an amazing nutrition guide and an app which covers over 100 different clinical topics. The Plantrician

Project is another great resource. The PCRМ website offers a free 21-day kick start for the whole food plant-based diet as well as provides recipes of healthy Indian foods in Hindi language.

*Dr. Loomis will be touring medical colleges in Delhi, Pune, Mumbai, Bangalore and Chennai in the fall of 2018 for raising awareness about the whole food plant based diet.*

Interview conducted by  
Dr. Kanishk Deep Sharma  
(Assistant to VPPRC)



# Artsy!



Submitted by  
Aruna Muthumanickam

# MSAI Vani Covershot



Many of us 'fight a war within ourselves'. Naturally, doctors and medical students are no strangers to this phenomenon. Taking into consideration the stressful nature of their daily routine and the demands of their work, which leaves little scope for error, there is a considerable potential for disturbances in their mental health status. Despite understanding their own situation, many doctors suffer in silence. This picture tries to put into visual form, this exact war in the mind of one such doctor. Shoubhik Bhattacharya has succeeded in showing the frazzled mind of an overworked doctor with his picture.

## #SketchItOut



Sketches on this page have been submitted by (Top Left) Apurva Lunia, (Top Right) Prachi Vatsa, (Centre Left) Schweta Rane, (Centre Right) Janhavi Thorat, (Bottom Left) Pradnya Jadhav, (Bottom Right) Shantilata Majhi

#SketchItOut is an online campaign started by Dr. Arshiet Dhamnaskar, former Vice President of Public Relations and Communication, who was also the programme coordinator for the same.

The campaign was an effort to provide comfort to troubled minds and was successfully affiliated with IFMSA after which it went on to be presented at the March Meeting 2017 that took place in Egypt.

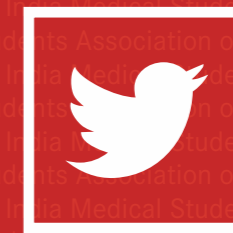
The idea was to get negative emotions out of one's mind by sketching them out on paper. The campaign received a lot of entries from members, some who chose to reveal their names while others who submitted artwork anonymously.

Public Relations and Communications Team

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