



JOURNAL

FALL 2021

THE SIX PILLARS OF LIFESTYLE MEDICINE

HEALTH

MANAGE STRESS

HEALTHY EATING

CESSATION OF TOBACCO

RELATIONSHIPS

PHYSICAL ACTIVITY

SLEEP

HEALTH IS MUCH MORE DEPENDENT ON OUR HABITS AND NUTRITION THAN ON MEDICINE

SPECIAL EDITION ON LIFE STYLE MEDICINE



AAPI FALL GOVERNING BODY MEETING & FUNDRAISING GALA



NOVEMBER 19/20, 2021

TO SUPPORT



FIGHT HUMAN TRAFFICKING AND END SLAVERY IN INDIA

HOSTED BY

AAPI TENNESSEE CHAPTER

MUSIC CITY - NASHVILLE, TN



**ANUPAMA
GOTIMUKULA, MD**
AAPI PRESIDENT



**KUSUM
PUNJABI, MD**
AAPI BOT CHAIR



**SUNIL
KAZA, MD**
EVENT CHAIR



**SATHEESH
KATHULA, MD**
GALA TREASURER



**ANURADHA P.
MANN, MD**
AAPI-TN PRESIDENT
2021-22



**SHASHANK
PONUGOTI, MD**
AAPI-TN PRESIDENT-ELECT
2021-22



**DAYAKER
MALLIPREDDI, MD**
AAPI-TN PRESIDENT
2020-21

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EDITOR MESSAGE

Bhavani Srinivasan, MD, MPH

Chair, Publication Committee

Dear AAPI Colleagues,

It gives us great pleasure in bringing this, (dare I use this phrase?) post Covid Fall Journal.

The topic chosen was Lifestyle Modifications.

Lifestyle Medicine is the use of evidence-based lifestyle therapeutic intervention. There are 6 pillars to control your health. **Nutrition, Exercise, Cessation of Substance Abuse, Good quality Sleep, Identifying Stress, and establishing and maintaining Relationships.**

The American College of Lifestyle Medicine (ACLM) is the medical professional society devoted to treating, reversing, and preventing chronic disease through lifestyle behaviors as a first-treatment option.

Our authors could recount either a personal experience where a lifestyle modification benefitted them, or if it was helpful for others. A very enthusiastic set of articles has resulted from our members, and I am sure many of you will enjoy the result, which we have presented here. The Milkman of India, aka the “White revolution” is one such. A whole generation of Indians have increased their height by three inches, because of a proper milk supply!

Once you have read our journal, you will know about emotions and their effects, the importance of a calcium score, modifications to help back pain, reversing health problems, 10 things about heart disease, how to reverse aging (from Japan), traditional and hand yoga, 8 philosophies to revolutionize your viewpoint, musical modifications, all about a village or all about adopting one. Our psychiatrists have weighed in with suggestions for social relationships and talked about physician burnout. Alternative medicine has been addressed, as well as utilization of apps on our smart phones. Your hair, cancer, and women’s gynecological situations, it’s all in there!

A word about our publishing team. A very interested and interesting group of physicians from different disciplines. So, each person brings something different to the table. It has been a unique experience to work together.

A big thanks to our talented President, Dr. Anupama Gotimukula, whose idea it was to bring Lifestyle Modifications to you, gentle readers. We want to thank our tireless Vijaya Kodali, and our sponsors. A shout out to the medical students who participated in a contest for the front-page cover of the journal. All of you can see the winning artwork!

Wishing each one of you a Healthy and Happy Holiday season!
Cheers!



AAPI PRESIDENT NOTE

100 DAYS OF TEAM 2021-22

Anupama Gotimukula, MD

President, AAPI

I am truly humbled and thankful to our beloved members and entire leadership team for giving me the opportunity to serve as your president this year and working towards the goals in serving the vision and mission of AAPI.

Our goals for this year are:

- Building partnerships with other medical Associations
- Building industry partnerships
- Involving in advocacy and healthcare policy reforms
- Charitable and philanthropic initiatives
- Educational activities for members - CME, Financial & Wealth management and public health policies
- Leadership enrichment activities

As I look back to the first quarter of our year, I am happy and humbled at our team's outstanding work so far. I thank Ms. Vijaya Kodali, office manager for her continuous assistance to meet the deadlines on time.

This year, our team has taken three great charitable initiatives

- **75 City National Blood Donation drive in the USA**

In honor of the Covid heroes, this year our team initiated the seventy-five city blood donation drive initiative chaired by Dr. Meher Medavaram. We are reaching our goal of seventy-five cities through collaboration with all local chapters and community organizations and spreading the awareness of the heavy need of blood products. Thirty-one cities have confirmed so far.

- **“Adopt a Village” Rural Comprehensive Preventive Healthcare Screening Initiative in seventy-five rural villages in India**

“Adopt a Village” initiative chaired by Dr. Satheesh Kathula has finished phase 2 healthcare screening in 12 rural villages in 2 states in collaboration with Global Tele Clinics. Our goal of these screenings is early diagnosis and disease prevention of major silent killer diseases (Diabetes, HTN, Kidney disease Anemia, Malnutrition)

- **Fight Human Trafficking - Save children and women from slavery - “Free For Life”**

The Fall Fundraising Gala in collaboration with Nashville Tennessee chapter of AAPI under the leads of Dr. Sunil Kaza and Dr. Anu Mann is working on raising funds to fight Human trafficking in India The proceeds go to “Free For Life” Organization

AAPI ACTIVITIES:

• TANZANIA FAMILY CME TOUR (JUL 12TH -19TH, 2021)

Serengeti was an escape into the serene nature, very relaxing and refreshing getaway for our physician members and a perfect break for the stressed out physicians. The CME sessions were exceptionally good. Members received 6 hours of CME from the Chicago Medical Society.

• LEADERSHIP SEMINAR (AUGUST 7TH, 2021)

On Advocacy for physicians from President-Elect of Illinois State Medical Society, Dr. Clarence Brown, MD, JD and Ms. Erin O'Brien, senior VP, State Legislative Affairs were educational and informative. It was followed by a dinner cruise on Lake Michigan for the delegates.

• CME ACTIVITIES

- Aug 11th, 2021 - "Covid New Variants" by Dr. Lukena Karkhanis was very informative on the developing new Delta variant which had unfortunately caused the 2nd deadly wave across the globe.
- Sept 11th, 2021 - "Avoiding Legal Pitfalls, Fraud, and Abuse" by Dr. Rakesh Chandra was very educational to the members. Members wished to have more talks on the legal aspects of Medicine.
- Oct 16th, 2021 - "Recent Advances in South Asian disease" by Dr. Amit Khera and Dr. Enas Enas addressed the various factors causing high incidence of CAD in South Asians.

• SUICIDE PREVENTION AWARENESS MONTH

September is Suicide Prevention Awareness Month. On this occasion, on September 8th, Dr. Ravi Kolli, President-Elect, AAPI moderated an online webinar. Dr. Jerome Adams, Past Surgeon General of USA addressed the growing rate of Suicide as a major public health concern now. Sunil Hazare, CEO/Founder of MindX presented the tools to diagnose suicidal tendencies and "Precision Medicine for Mental Health – How to save and Improve Lives."

• PUBLIC HEALTH POLICIES WEBINAR

(Sept 15th) AAPI initiated the "The public health policies Webinars" to motivate/educate/involve members in the decision-making process of current healthcare burning issues. In this regard, the first session was held on September 15th on "Health Equity, Racism and Healthcare disparities" by Dr. Aletha Maybank, AMA Chief Equity Officer and Dr. Jay Bhatt. Dr. Sunita Kanumury, Dr. Pooja Kinkhabwala, Dr. Vineet Mishra, and Dr. Sujan Gogu were the moderators of this session.

• SEPT 29TH (WORLD HEART DAY)

Prof Dr. Alka Kanaya and Dr. Brahma Sharma (Moderator) highlighted the prevalence of CAD in South Asians based on the interesting findings of the MASALA Study.

• OCTOBER - DOMESTIC VIOLENCE MONTH

The women's committee chaired by Dr. Seema Arora, organized a vibrant panel discussion on October 17th. Diverse experts and Panelists brought us the awareness of the increased incidence of domestic violence in our close communities, including physicians.

AAPI COLLABORATIONS

American College of Physicians: October- AAPI leadership along with the liaison committee chair, Dr. Bhushan Pandya met the ACP leadership, Dr. George Abraham and his executive team. The leadership of both organizations discussed and addressed many burning issues in healthcare- addressed the health equity and disparities in minorities and planned to have strategic discussions on how to mitigate these burning issues. We met the leadership of FSMB and discussed the needs of FMGs.

UNICEF: AAPI is collaborating with community wellness organizations to educate communities on Lifestyle modifications and Lifestyle medicine (CWC code); ECHO projects to train/ educate healthcare workers in India; UNICEF; Apollo mental health Telecounseling are some other outreach projects that are in the pipeline.

UPCOMING EVENTS:

- **AAPI's Fall Governing Body** will be on Nov 20th. Leadership will present their progress reports, followed by the Fundraising Gala in the evening, hosted by Nashville Chapter supporting "FREE FOR LIFE" – fight Human Trafficking and free children and women from Slavery in India.
- **Global Health Summit** (January 5-7, 2022), chaired by Dr. Udaya Shivangi is in the active planning phase now. Our Summit is themed on "Prevention Better than Cure" through "Technology, Telemedicine, and Transformation" to build easy, accessible, and affordable digital platforms for patients. Several productive panel discussions on Family Medicine, Palliative care, Emergency Medicine, Telemedicine, Indian Resuscitation Council. The key opinion leaders will discuss guidelines and development in these medical specialties in the medical education curriculum and help the medical students get into postgraduation courses.
- Join us with your friends and colleagues with families to any or all of these CME trips to **Greenland/Northern Lights** (Feb 21-March 1st, 2022) and **Japan** (April 10-20, 2022)
- We invite every member to block their calendars and plan to attend our exciting **40th Annual Convention** happening from June 23-26th 2022 in the beautiful historic Alamo City, San Antonio. Our home team is led by Dr. Jayesh Shah, Chair; Dr. Aruna Venkatesh, Treasurer; Co-chairs: Dr. Rajeev Suri, Dr. Kiran Cheruku, Dr. Hetal Nayak and Dr. Shankar Sanka. This year's convention theme is "Heal the Healers" The convention will focus on physicians wellness and wellbeing. A unique wellness package is the highlight of this convention along with educational CME sessions from key opinion leaders and several dignitaries are invited both from the US and India. It will be another memorable convention in San Antonio. Please join us with your friends and families to **Reunite, Rekindle, Rejoice and Rejuvenate!!**

Last but not the least, I look forward from our entire membership to engage, involve and participate in every activity of AAPI - both virtual and in-person events. Your involvement and participation are our motivation to do better.

AAPI OFFICERS



Anupama Gotimukula, MD
President, AAPI



Ravi Kolli, MD
President-Elect, AAPI



Anjana Samadder, MD
Vice President, AAPI



Satheesh Kathula, MD
Secretary, AAPI



Krishan Kumar, MD
Treasurer, AAPI



Sudhakar Jonnalagadda, MD
Past President, AAPI



Kusum Punjabi, MD
Chair, AAPI BOT



Soumya Neravetla, MD
President, AAPI YPS



Ayesha Singh
President, AAPI MSRF

AAPI REGIONAL DIRECTORS



Sujeeth Punnam, MD
Pacific Region



Bhavanand Reddy, MD
Mountain Region



Raghuveer Kura, MD
NW Central Region



Roshan Shah, MD
SW Central Region



Meher Medavaram, MD
NE Central I Region



Dharmesh Gandhi, MD
NE Central II Region



Shirishkumar Patel, MD
SE Central Region



Subbarao Bollepalli, MD
New England Region



Raj Bhayani, MD
Mid Atlantic I Region



Vasu Singh, MD
Mid Atlantic II Region



Suresh K. Gupta, MD
South Atlantic Region



Malti Mehta, MD
South Region



BOT CHAIR REPORT

Kusum Punjabi, MD, MBA, FACEP

Chair, AAPI Board of Trustees

Greetings!

Today as a medical community we are grappling with a lot of unknowns. We are trying to stay abreast of and accurate with the latest information, whether it relates to vaccine boosters, child vaccinations, or understanding the new strains of Covid. We are also continuously adapting to the new changes in medical education, including the current emphasis and awareness of racial health disparities and suicide prevention. In the midst of all this information overload I would like to take this opportunity to applaud every one of you for being so dedicated to your profession and your community. It is not easy being an Indian American Physician in these times and I empathize with you as we travel together on this journey.

The AAPI Board has been very productive this year. All Board members are attending various AAPI Committee meetings such as Ethics and Grievance, Covid Relief, Global Medical Education, Liaison etc. This participation has created great synergy between the Board and AAPI Operations allowing us to transparently work together in developing and improving different projects in AAPI. I am very proud of the Board and their active interest and participation in AAPI.

Personally, I have focused on streamlining several traditional processes within AAPI Board operations and modernizing them to more current practices. I am also updating the AAPI membership monthly through the AAPI Newsletter on various initiatives of the Board – a new practice we have implemented in order to bring transparency and awareness to the membership of the Board’s activities. I have attended several meetings organized by AAPI operations and I am so happy to see the organization grow, be active in our community and move forward.

This journal and its theme with a focus on the six pillars of lifestyle medicine is very close to my heart. As an Emergency Physician who worked actively during the thick of the pandemic in a very busy ER in New Jersey, I definitely was at the brink of burnout and breakdown last year, until I actively recognized the unhealthy patterns and chose to transform from them. Some of the positive changes I made I would like to share with you. For example, I started learning Bharatnatyam – a classical aerobic Indian dance style with full body involvement - twice a week.

I also started focusing on healthy home cooked meals five days a week and realized cooking preparation and following a recipe is in itself very de-stressing. I ensured I saw my family and friends in outdoor settings or on Zoom/FaceTime get together often so we could stay connected. I also did at least one relaxing activity a week whether it was watching a movie uninterrupted or going for a long car ride with good music, etc. All of these changes along with other new habits were essential in order to prevent burnout. And in the the process I improved my mental well-being and productivity.

The World Health Organization stated that “Health is a state of complete mental, social and physical well being, not merely the absence of disease or infirmity”. We always have a choice. And I hope we always choose to focus on our wellbeing and building healthy habits for the sake of ourselves, our loved ones and our patients.

Wishing you safety and healthy choices always

AAPI FAMILY CME TOUR TO AUSTRALIA/NEWZEALAND/FIJI November-December 2022



save the date

PRE/POST GHS TOURS IN JANUARY 2023



**MAYANMAR
CAMBODIA**



AAPI BOARD OF TRUSTEES



Kusum Punjabi, MD
Chair



Mukesh Nigam, MD
Vice Chair



Tarak Vasavada, MD
Trustee



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Raghu Lolabhattu, MD
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V. Ranga, MD
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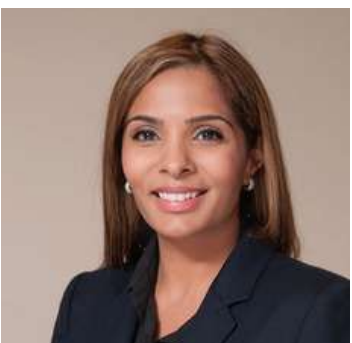
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Sajani Shah, MD
Past Chair



Ami Baxi, MD
Past President, YPS



Kinjal Solanki, MD
Past President, MSRF



TREASURER REPORT

Krishan Kumar, MD
AAPI Treasurer

BANK BALANCES IN VARIOUS AAPI ACCOUNTS

As of October 31, 2021

Obesity Awareness	\$5,741.03
Young Physicians	\$49,083.85
Med. Students, Residents, Fellows	\$1,322.98
2022 Convention	\$98,414.06
Membership Dues	\$6,159.95
Office Expenses	\$249,000.39
Operations 2020 21	\$248,285.42
Covid19 Fund Account	\$14,878.94
India COVID Relief	\$2,271,465.45
AAPI Tour - Tanzania	\$64,563.32
AAPI Global Healthcare Summit	\$34,439.00
CD	\$12,000.00
Convention 2021	\$106,801.58
AAPI-Board of Trustees Fund	\$3,268,606.82
AAPI-Executive	\$90,633.95
Kakani Foundation	\$108,244.88
Donor Benefactor Endowment	\$359,091.02
AAPI-CHARITABLE FOUNDATION	
Endowment	\$3,728,155.92
General	\$59,467.44

REVENUE	
6% from the Board - Funds transfer	\$199,030
Adopt-A-Village Program Donations	\$62,501
Advertising Revenue	\$10,650
MEMBERSHIP DUES	
Patron (194 members)	\$19,400
Chapter Dues	\$500
YPS Annual membership	\$550
Sponsorship	\$3,200
Webinar Revenue	\$9,000
Total Revenue	\$304,831

EXPENSE	
Adopt-A-Village Program Expense	\$20,800
Patron Dues transferred to Board Trust Ac	\$12,800
Bank Fee/Credit Card Fee	\$3,545
CME Expense	\$1,655
Contributions	\$4,100
Insurance	\$9,599
IT Expense	\$1,298
Leadership Meeting/India Day Parade	\$13,070
Office Expense	\$6,577
Postage	\$169
Printing	\$873
Staff Salaries/Contractors/Benefits	\$62,885
Travel	\$224
Webinar Expense	\$1,148
Total Expense	\$138,742

INDIA OXYGEN ACCOUNT	
Donations Received:	\$5,229,775
Expense:	\$2,971,642



YPS REPORT

Nurturing the Future of AAPI

Soumya Neravetla, MD

President, Young Physicians Section (YPS)

Since young physicians and physicians in training are the future of this community and organization, YPS seeks to attract, foster, and promote this up and coming generation. As the largest minority in the American medical community, Indian physicians have a tremendous scope of impact. It is with this vision in mind that YPS has focused on two themes this year: Wellness and Excellence. We are also fortunate that AAPI has honored our Pres-Elect, Dr. Pooja Kinkhabwalla, to serve as Obesity Awareness Committee Chair.

Our first event of the year was a Virtual BollyFit Zumba class taught by our own MSRF President Ayesha Singh. This was well attended by the youth and parent AAPI members, and we plan to offer these throughout the year.

With a goal of mixing in person and virtual events, we then planned an in-person Wellness Retreat that included Yoga, Meditation, Hiking, and more. Unfortunately, COVID surged dramatically just prior to the event, but that didn't stop us. Instead, we pivoted to a virtual weekend in a short amount of time. The weekend was kicked off with a virtual networking event on Thursday, where our MSRF leader, Dr. Vishal Kinkhabwalla, taught Indian Inspired cocktail/mocktail recipes to the group. We then did a Virtual Walk competition encouraging all members to log in miles on Friday, Saturday, and Sunday. The event culminated in a Wellness mega-workshop on Saturday morning. We had Pranayama, Meditation, Yoga, and a Healthy Cooking Class! During the cooking class, members made their own oat milk and delicious chia seed pudding. We were fortunate to have Dr. Hetal Nayak lead the group in an exceptional Yoga class after inspiring us with a demonstration of impressive flexibility.

We plan to offer more virtual wellness activities throughout the year, including a healthy cooking class on December 9th, and hope to be able to reschedule our in-person retreat in the future. YPS and MSRF have also been contributing weekly to the healthy tips section of the newsletter. Each week, a healthy recipe, exercise or relaxation technique curated by YPS and MSRF are submitted. We believe wellness is a necessary foundation to build excellence.

Achieving excellence goes beyond wellness. As such, we continue to work on tools to empower members. We encourage all physicians and physicians in training to take advantage our discount (discount code: AAPI10) with Resolve for flat rate contract review and job search packages.

In addition, we are working to grow the mentorship program and career growth opportunities, including job fairs and other tools. These activities will culminate in our 9th Annual Winter Medical Conference, which carries the theme: "Achieving Excellence". It will be held at the Grand Hyatt in Tampa, FL from March 18-20. Registration has opened and we look forward to seeing everyone there.

These achievements would not be possible without the support and mentorship of current and prior leadership. This organization remains tireless in its efforts, whether outreach and charitable efforts, or increasing member engagement through various activities. YPS has and will continue to actively participate in these efforts. It is with utmost humility that I undertake the privilege of serving as President of YPS of this esteemed organization. I welcome feedback and suggestions from our community. Please feel free to correspond with me directly at president@aapiyps.org. I look forward to working with our AAPI mentors as we work together to elevate this organization to achieve even more.



YPS/MSRF 9TH

WINTER MEDICAL CONFERENCE

ACHIEVING EXCELLENCE

MARCH 18-20, 2022

GRAND HYATT TAMPA BAY

EARLY EARLY BIRD PRICING

MSRF: \$104

YPS: \$125

AAPI: \$166

NON-MEMBER: \$197

There will be content on Friday.
Please plan to arrive early.
Anticipate agenda to be
complete by Sunday afternoon to
allow return travel.

REGISTER NOW

<https://aapiyps.org/wmc-2022/wmc-2022-reg/>

BOOK YOUR HOTEL

<https://www.hyatt.com/en-US/group-booking/TPARW/G-AAPIreg/>

WWW.AAPIYPS.ORG

WWW.AAPIMSRF.ORG



AAPI CHARITABLE FOUNDATION

Surendra K. Purohit, MD

Chairman

Good day to you all,

As you know, the AAPI Charitable Foundation had a very busy year in 2020 taking care of disasters one after the other. 2021 has not been easy for us either.

The South has been going through a tough time. The COVID-19 Delta Virus spread like wildfire, all our hospital beds were occupied by COVID patients, making it difficult to get beds for cardiac patients. We were working night and day but had nurse shortages for regular patients, and the ICU was full of COVID patients on respirators.

Then, the South was faced with another major disaster: Hurricane Ida, a category 4 hurricane that tore through New Orleans and the surrounding towns with wind gusts up to 174 miles per hour. The hurricane did tremendous damage to homes, businesses, and properties in every town. Some of these smaller towns have been devastated by the overflowing waters brought in with the hurricane and will be all but completely wiped out. Some people were without power for almost 7 weeks in some areas due to the downed power lines and debris making it difficult for crews to get to remote locations.

We got a lot of help from locals in the community raising money to help take care of the less fortunate people in the community. Both our local hospitals opened to house and feed doctors, nurses, and their families and both had an open door for anyone who needed help. One of the hospitals hired a fuel tanker to put fuel into their employees' cars for them, at no charge to the employees! Sadly, a few of our nurses lost their homes, thankfully they will be rebuilt by donations from our community.

We were also told about Indian students that were studying and staying at a university in New Orleans that were not sent home along with the other students, as their home is halfway across the world and their dormitories were flooded. Majority of the students were sent to Houston and other cities for a short time, but four Indian students were too scared by the hurricane to stay. We decided to make sure these four students were sent home to India, as they requested, and they will continue their studies from India, remotely for the next 6 months. I know I can rest easy knowing that these bright young Indian minds of the future will not be stifled by this grave disaster, not if we can help them thrive in knowledge.

On a positive note, presently there are SEVEN AAPI charitable clinics scattered in different parts of India. Each clinic has been estimated to serve the health needs of 40 surrounding villages. This translates to almost 300 villages! It is the dream of the AAPI Charitable Foundation to reach out to these villages and inculcate safe healthy habits (good potable water, better sanitation, good nutrition, up-to-date immunization in addition to providing basic health services at the clinics.)

Thank you for your time and support.



BLOOD DONATION IS THE GIFT OF LIFE

*75 Cities in the USA in Honor of
Fallen Heroes of COVID -19*

Meher Medavaram, MD

Regional Director NE Central-1 AAPI

An unprecedented national blood shortage and extraordinary demand for blood and blood products is yet another consequence of the COVID-19 pandemic.

The nationwide shortage meant that hospitals had to allocate blood for the patients who need it most urgently. As was the case during the height of the pandemic, this led to the postponement of much needed elective surgeries for cardiac and cancer surgeries which affected some of the patients as hospitals built back their supply. In my own practice, I saw how it affected my patients and worsened their clinical conditions and loss of life.

According to the Red Cross, 15 million people need blood donation every year.

Due to the Covid Pandemic Donors who regularly donate blood also were hesitant to go to the centers to donate blood causing the acute shortage and with increased demand from Covid the situation worsened.

As a physician, I thought if I can make a small difference in leading the way, by creating a friendly safe blood donation event, getting people who know each other as a group, and motivating them to come forward, it might work and it did!

It was amazing to see how eager people wanted to help the cause. We did 3 events in 3 months with different groups and that's when I thought, "why not make this a national event using the AAPI platform? I approached Dr Anupama Gotimukula, President of AAPI and she embraced the idea and started 75 city blood donation programs across America in commemoration of 75 years of Indian Independence. We are grateful to all the cities who have done the blood donation events so far and those who signed up to do so in future. Everyone who is healthy and able should save lives and donate their blood to better help someone who is in desperate need of it. As each pint of donated whole blood is separated into two or three of these products, each donation can help save up to three lives.

AAPI BLOOD DONATION DRIVE



**75 CITIES IN THE USA
IN HONOR OF**

FALLEN HEROES OF COVID -19







AAPI AND COVID RELIEF

SUJEETH R. PUNNAM, MD, FACC

Regional Director, Pacific Zone, AAPI & Covid Relief Coordinator
Interventional Cardiologist,
Sutter Gould Medical Foundation Stockton, CA

Unprecedented crisis, Uncharted territories and Unimaginable Humanitarian efforts- Is how we would characterize our experience dealing with the recent Covid Crisis in India. India recently has gone through a devastating second wave of COVID-19 in most parts of the country. With the early lockdown during the first wave, India was able to control the number of infections and with most cases happening gradually the healthcare system was not challenged. But with the second wave hitting harder and quickly, the healthcare care system was choked and inundated by lack of diagnostic testing, hospital beds and more so with lack of oxygen. With most hospitals running out of the medical supplies, patients were being treated in the corridors and waiting areas as oxygen supplies dwindled.

The shortcomings of India's Health Care System were evident, and exposed glaringly the effects of under budgeting for healthcare over decades. In this setting, Government of India gave a clarion call for help from outside the country especially for increasing the oxygen supply and through consulates requested organizations like American Association of Physicians of Indian Origin (AAPI) to come forward.

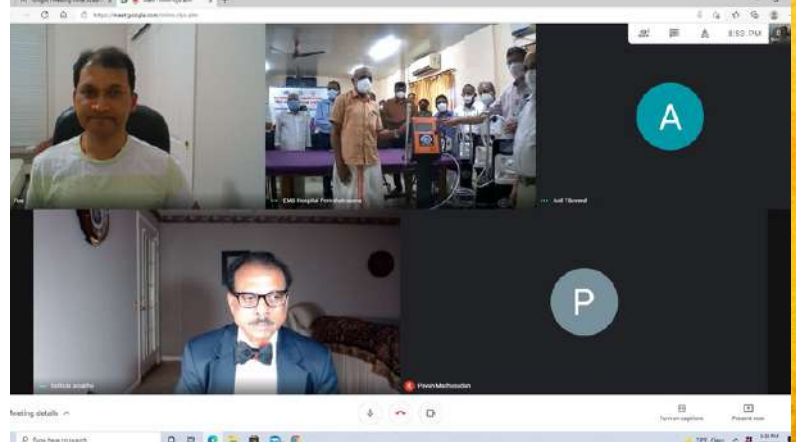
AAPI executive committee under the leadership of President Dr Sudhakar Jonnalagadda initiated a fund raiser to help India with oxygen supply issues along with covid related help in the form of life saving medications, vaccines, medical equipment etc. Donors all over the US reposed immense faith in AAPI and showered with about \$5 million in funds.

The areas we could identify were oxygen concentrators (OC), ventilators and high flow nasal cannula (HFNC) machines to help treat patients with higher oxygen needs. For the first time, funds were not an issue. The bottle neck was the supply of medical equipment. What seems to be a simple task of buying and shipping turned out to be arduous one, due to the various logistical issues to surmount. AAPI initially teamed up with SEWA International, another non-profit organization to deliver about 1000 of the concentrators tailored to Indian ecosystem.

Sensing a more need for man power, AAPI procured another 1250 OCs from US market immediately. For logistics in India, Red Cross Society of India was roped in as a partner for smooth customs clearances, storing and transport to various healthcare facilities. For the first time AAPI featured in the list of preferred charitable organizations by news outlets like CNN.

AAPI officers were having meetings with various medical equipment companies almost on a daily basis. We procured and delivered 100 ventilators and 100 HFNC to about 50 government or charitable hospitals from all corners of India. Now under the leadership of Dr Anupama Gotimukula, we are now in the process of identifying other needs like proper medical equipment for hospitals, oxygen plants and arranging vaccination camps etc. We have acquired high throughput covid testing automatic analyzers to four All India Institutes of Medical Sciences.

AAPI AND COVID RELIEF





“ADOPT A VILLAGE” A RURAL HEALTH INITIATIVE IN INDIA

SATHEESH KATHULA, MD, FACP

Chair, Adopt a Village Committee

THE BACKGROUND:

India has nearly 700,000 villages and approximately 68 percent of the population lives in villages. Most of the rural population has no access to healthcare. There is meager concept of preventive healthcare in India, especially in remote parts of the country. American Association of Physicians of Indian Origin (AAPI) has embarked on a Rural Health Initiative to provide free screening for non-communicable diseases such as diabetes, hypertension, hypercholesterolemia, chronic kidney disease, anemia, and malnutrition. AAPI will do the screening in 75 villages to commemorate 75 years of India's independence under the able leadership of the current president, Dr. Anupama Gotimukula.

THE LAUNCH:

The program was launched virtually on August 27th, 2021. Ambassador of India to USA, His excellency, Taranjit Singh Sandhu sent a video message and lauded the innumerable efforts of AAPI for India, especially during the pandemic. Consulate General of India (CGI) of New York, Hon. Randhir Jaiswal, CGI of Chicago, Hon. Amit Kumar, CGI of Atlanta, Hon. Swati Kulkarni, CGI of Houston, Hon. Aseem Mahajan, and Deputy CGI of San Francisco, Hon. Rajesh Naik graced this grand occasion on 'Adopt a village' initiative. They spoke on various topics pertaining to rural health and healthcare in India. This is the first time ever, in the history of AAPI, all 5 CGIs from the US conjointly attended an AAPI event.

THE PROGRAM:

AAPI is collaborating with Global Teleclinics (GTC) to carry out this project in 5 states - Andhra Pradesh, Gujarat, Karnataka, Tamil Nadu, and Telangana. It will eventually be expanded to other states in India. The tests will include CBC, HbA1C, lipid profile, creatinine, pulse oximetry, measurements of blood pressure, height, and weight. Nearly, 150-200 people are screened in each village, each day. This is an incredible opportunity to screen a total of up to 15,000 people benefitting 75 villages across 5 states. The cost for screening per village is \$2,500.

THE PROCESS:

A sponsor suggests a village of his or her interest and finds a person in the village to coordinate with the collaborating company, GTC. The anchor person in the village is responsible for inviting people to be screened. Sponsors, mostly Physician pay money to AAPI, a 501(c)3 organization. Once the venue, date, and time have been fixed, GTC personnel will go to the village to do the testing. Results are given on site and if someone has an abnormal result, GTC will have a physician do a tele visit for counselling, recommendation and referring the patient to a physician in the vicinity for further evaluation and treatment.

THE RESPONSE:

We are really humbled by the overwhelming response received thus far! We have sponsors for more than 50 villages and are confident that we will reach our goal of 75 villages shortly. If you are interested in sponsoring a village in any of the above-mentioned states, please feel free to contact us. Our heartfelt thanks to the sponsors for taking part in this noble project towards a great humanitarian cause!

“ADOPT A VILLAGE” A RURAL HEALTH INITIATIVE IN INDIA



VISION PRIMARY CARE TO THE LAST MILE
SUSTAINABLE LEAN HEALTH CARE INFRASTRUCTURE

NEED AWARENESS - EDUCATION - INFRASTRUCTURE (PHYSICAL AND HUMAN)

PROGRAM OBJECTIVE

SURVEY THE HEALTH COMPOSITION OF 75 VILLAGES IN INDIA TO FACILITATE HEALTH CARE INFRASTRUCTURE IN THE FUTURE.

THE KEY OBJECTIVES WE WANT TO ADDRESS:

- MEASURE KEY VITALS TO DETERMINE HEALTH OF A VILLAGE
- IDENTIFY DISEASES AND THE ROOT CAUSE AND DETERMINE ACTION PLAN FOR THE FUTURE
- PUBLISH DATA FOR HEALTH CARE COMMUNITY TO MAKE EVIDENCE-BASED DECISIONS TO IMPROVE INFRASTRUCTURE NEEDS

“ADOPT A VILLAGE” A RURAL HEALTH INITIATIVE IN INDIA - DONORS

NAME OF THE DONOR	AMOUNT	# OF CLINICS
Dr. Ramesh Karia	\$2,500.00	1
Dr. Radhika Akella	\$2,500.00	1
Dr. Uma Elete	\$2,500.00	1
Dr. Jagan Kakarala	\$2,500.00	1
Dr. Ram Kopparthi	\$2,500.00	1
Dr. Sujeeth Punnam	\$2,500.00	1
D. Lakkireddy Nallaglatla	\$2,500.00	1
Dr. Sunil Kaza	\$2,500.00	1
Dr. Mohan Mallam	\$5,000.00	2
Dr. Krishna Reddy	\$12,500.00	5
Dr. Rao Movva	\$2,500.00	1
Dr. Satheesh Kathula	\$2,500.00	1
Dr. Daram Hanmanth Reddy	\$2,500.00	1
Dr. Radha R. Murthy Gokula	\$2,500.00	1
Dr. Ravindra Kandula	\$5,000.00	2
Dr. Sreedhar Rao	\$5,000.00	2
Dr. Shikaripur Manjunath	\$2,500.00	1
Dr. Prakash Patel	\$2,501.00	1
TOTAL	\$62,501.00	25



MEMOIRS OF TANZANIA

Mukta Gupta, MD

With immense excitement, we started our much awaited trip to African safari.

After landing, we drove to the Gran Melia Resort in Arusha and were greeted by our beloved president Dr. Gotimukula and her excellent team. We were briefed with our tour guides who were our companions for the next seven days.

Next morning, we embarked on our journey to an authentic Masai village. The locals welcomed us with dancing and singing. We walked through the village and learnt about their traditions and lifestyle including igniting fire by rubbing stones and visited inside their hut. Masai are known for raising cattle but are also fearsome hunters and warriors. An intriguing fact was they drank cow's blood on special occasions such as child-birth, circumcision, and marriages. They removed the bottom incisors to make space for feeding the sick at "end of life stage" through the hole created.

After a quick pit-stop at African Galleria, we drove to the Lake Manyara National Park. Highlight of the day was lions climbing the trees. Oblivious of our presence, this mighty animal looked straight into our eyes. We watched in awe, while a lion stealthily walked down, its magnificent walk captured by umpteen cameras. Upon return, we had a sumptuous dinner while native African dancers entertained us.

Day three we headed to Ngorongoro Conservation area. It is the world's largest intact volcanic caldera. A lake at the bottom greeted us with several animals and birds including zebras, wild buffalos, black-faced velvet monkey, gazelles, hyenas, water bucks, and wildebeest, along with herons and grey crown cranes. Caldera is different from crater, as it has vegetation and animals which the crater does not.

After a picnic lunch, we headed back to the hotel. En route, we were greeted by a rhinoceros (an endangered species) opening its wide mouth during its swim. Back at the hotel, we had CME and dinner with dancing and singing.

Day four, after the morning ritual of daily briefing and getting plethora of information from the head guide, we headed to Tarangire National Park. It is a "paradise of elephants" and we saw several herds of marching elephants. Highlight of the day was thirsty elephants drinking water. A momma elephant tried to roll her baby towards the river, teaching it how to walk. Meanwhile, several zebras and giraffes crossed our jeep looking stealthily at us. The elephants flapped their massive ears and raised their trunk while showering a spray of water in the river (Their ears are much bigger than that of their Asian counterparts).

MEMOIRS OF TANZANIA

After lunch at Acacia restaurant, we continued our journey and were greeted by a herd of giraffes. Giraffe's heart weighs almost 25 lbs to pump blood to its brain (antigravity). Its neck can be up to six feet tall and interestingly it has only seven cervical vertebrae (like us humans). Next, we saw several wildebeest and zebras cohabitating amidst Baobab trees. Dinner was authentic African meal while native dancers entertained us and their stunts kept our eyes glued to them.

Day five, we departed from the lodge with our bags packed and headed for another adventurous day. En route, we saw a Masai village with its huts and animal reserve. This nomadic tribe thrives on its cattle and livestock as their treasure.

We stopped to see Olduvai Gorge, a famous archeological site called as "cradle of humankind" revealing the fossil with evolution of mankind over two million years.

Our next stop was Serengeti National Park where we were greeted by local Masai girls. Here we encountered several gazelles and impalas (with the M sign imprinted on the back of the impala). The wildebeest with its neck highlighted with zebra-like vertical lines and face like a buffalo was named "spare-part" animal by the locals. Our driver heard about a cheetah in the vicinity and we raced to the location. We were the lucky few folks to see three cheetahs staring at us. Cheetahs lack the hyoid bone and cannot roar, instead they meow/hiss/purr like the cats.

That night was a gala night with Indian ethnic wear. Dancing and dining at the beautiful Melia Serengeti Lodge. With our stomachs full, and a day well spent, we laid our heads on pillow, dozing off to sleep.

Day six, we woke up before the crack of dawn for balloon ride. While driving in stillness of night, we encountered a hyena running for its prey and another cheetah with its eyes shining at us like marble. We encountered more animals in balloon ride including hundreds of hippos lazily soaking sun in the river and herds of elephants during their migration. The sound of the balloon guarded an elephant and he roared at us with its trunk, soaring high, protecting its babies, while we invaded their territory. After the descent, tour officer greeted us while popping a bottle of champagne.

On the onward journey, a lion and lioness greeted us with their seven cubs oblivious of the curious photo-shooters. We saw several lions resting after catching their prey and a lioness bending its four feet while drinking from a river right before our eyes, unaware of the fleet of Jeeps surrounding her territory. Finally, we saw the last of the Big Five – a leopard with its rosette coat. After dinner, at the well manicured lawns, we stretched our legs under a star-lit night with the melodious sound of chirping birds in the lodge.

For six days our driver/tour guide shared his wealth of knowledge including the sad fact that during the pandemic, this was his first paycheck in 15 months, and he could finally pay his child's school fee. Tears welled in my eyes as I left this popular destination after a refreshing experience. I was amazed at the diversity of animal life we encountered in this memorable trip, the picturesque beauty of Africa nestled close to my heart for years to come.



AAPI TOUR TO TANZANIA JULY 2021







POWER OF SOCIAL CONNECTION AND CONSEQUENCES OF LONELINESS

Ravi Kolli, MD

Psychiatrist

President Elect, AAPI

DUNBAR'S SOCIAL BRAIN HYPOTHESIS:

In the early 1990s, Robin Dunbar, evolutionary anthropologist from University of Oxford made the provocative claim that the primary reason the neocortex grew larger was, so that primates could live in larger groups and be more actively social. His analysis suggests that for humans the number is around 150, the largest for any primate. This is mentioned as "Dunbar's number". Humans are social animals. We are wired to be social. We are driven by deep motivations to stay connected with friends. UCLA Professor Mathew Liberman, one of the pioneers of a new field of science called social cognitive neuroscience using tools like functional magnetic resonance imaging (fMRI) found striking discoveries of how the human brain responds to the social world and described his findings in his book "Social: Why our brains are wired to be connected."

Dr. Liberman postulates that our brains evolved to experience threats to our social connections in the same way they experience physical pain for the survival of our species. By activating the same neural circuitry that causes us to feel physical pain, our experience of social pain helps ensure the survival of our children by helping to keep them close to their parents. He contends that our bigger brains evolved to enable us not just to do abstract reasoning, but according to him, that our brains became enlarged to facilitate our social cognitive skill. Alexander Gorch, of Harvard and Cambridge Universities, calls our species Homo Empathicus.

WHY DID WE NEED SOCIAL ORGANIZATION AND CONNECTION FOR OUR SURVIVAL?

The human infant brain is typically only a quarter of its adult size. That means a vast majority of the brain's development happens after we are born. So human babies are born completely helpless and stay that way for many years and the human survival required us to be the social creatures that we are today

Just as the lack of food leads to hunger and motivates us to find food, lack of water leads to thirst, which when unquenched can be painful and physical injury leads to bodily pain, which motivates us to rest and heal. Similarly, when our social connections are disrupted, we experience it as an emotional pain, just as real and measurable as the physical pain in our brain fMRI findings.

SOCIAL HEALTH AND MEDICAL OUTCOMES:

We all understand the lifestyle choices and habits including eating nutritious meals, exercising often, and getting quality sleep each night as important contributors to long-term health outcomes. But something that is equally, if not even more essential for one's physical and mental health is social health according to Kasley Killam, a graduate of Harvard T H Chan School of Public Health. After being infected with a common cold virus, socially supported people develop less severe symptoms according to a study from CMU. This is also true for more serious diseases; for instance, head and neck cancer patients show significantly better speech and aesthetics, as well as overall mental health, if they have more social support per a study at University of Iowa College of Medicine. In another study by Susan Lutgendorf et al. from MD Anderson Cancer Center, people with ovarian cancer lived longer if they had greater social attachment, which was defined as emotional connection to others.

POWER OF SOCIAL CONNECTION AND CONSEQUENCES OF LONELINESS

A meta-analysis by Julianne Holt-Lundstedt et al. at Brigham Young University revealed patients who received social support in addition to standard medical care were 20 percent more likely to survive and 29 percent more likely to survive longer than patients who received standard medical care.

In mental health related outcomes, Ross Norman et al. from Western Ontario, found that people who had higher quality relationships with family and friends exhibited fewer symptoms and were hospitalized fewer times following their first experience of psychosis. Likewise, study by Sandra Dickson et al. from Australia, showed that the quality of people's social relationships predicted depression outcomes over a two-year period.

SOCIAL CONNECTIONS AND HEALTH BENEFITS:

A study by group from University of Washington School of Medicine, showed in people with multiple sclerosis, resilience mediated the link between social support and mental health and another way social support may influence health outcomes is behavioral. Close relationships give you access to information and resources, which can lead positive behaviors. Thus, positive psychological and behavioral pathways can result in positive physiological responses. Other studies showed that social support is associated with reduced cortisol levels, lower blood pressure, fewer inflammatory proteins, and more oxytocin, all factors which influence health outcomes. A meta-analysis concluded that adherence to medical regimens was 1.74 times higher in patients with cohesive families, those who show warmth, acceptance, and closeness. Similarly, support from spouses has been linked to short and long-term recovery.

WHAT IS OUR ROLE AS PHYSICIANS?

Even if the physicians' medical knowledge and practical skills were equivalent, our rapport with the patients would still matter. Each interaction shapes a patient's trust, understanding, and satisfaction. In turn, it influences whether they will adhere to our suggestions and recommendations, want to show up to subsequent check-ins, and feel confident in their ability to manage their chronic conditions. For instance, a systematic literature review published in British Journal of General practice concluded that the patients of empathetic physicians feel more satisfied and enabled, experience less anxiety, and distress, and show significantly better clinical outcomes. If we as clinicians of any kind, can take time to be intentional about building rapport with our patients, that will improve outcomes. A study published in Annals of Family Medicine points to three key recommendations:

- Value patients by being nonjudgmental, seeing them as people instead of cases, and listening to them with your full attention.
- Empower patients by educating them and engaging with them as partners.
- Show commitment through caring actions and an ongoing, long-term outcomes.

In 2018 UK appointed a Ministry of Loneliness and in February of 2021, Japan did the same to address these challenges. US Surgeon General Dr. Vivek Murthy in his recent book "Together: The healing power of Human connection in a sometimes-lonely world" addressed this burning issue of loneliness.

In summary, while we are perpetually connected virtually, but increasingly disconnecting socially. It is time for all the medical professionals to realize and address the social determinant as much and as well as health equity issues in increasingly diverse and alarmingly divided societies we are living in.



LIFESTYLE MODIFICATIONS FOR BETTER HEALTH: A PSYCHIATRIST'S PERSPECTIVE

Veeresh Bajaj, MD

Suggestions for healthy aging and a better lifestyle for mental health is commonly asked by my patients of different age groups. Learning stress management interventions used in psychiatric diseases can be helpful in our own day-to-day stressful lives. Physicians are more likely to disregard their own emotional and physical well-being.

There is data available for various modifications making significant differences in some established diseases. Data exists for benefits of a healthy diet (fruits and vegetables) along with exercise in prevention of Alzheimer's disease. A healthy diet and exercise has been shown to be effective in control of mild anxiety and depressive disorders. However, in more severe anxiety disorders, medications, psychotherapy, and lifestyle modification have been shown to be the most effective. Some patients also report benefits of yoga and meditation when it comes to keeping their anxiety in control.

The importance of good sleep hygiene can not be overlooked. Physicians are often denied the privilege of a consistent sleep schedule. It is recommended to have a regular sleeping schedule throughout the week rather than "catching up" during the weekends.

Adults as well as children are spending more time on social media and less on face-to-face interactions. The Coronavirus pandemic led to further social isolation among all age groups. A higher incidence of anxiety and depression in otherwise highly functioning people was noted.

The Coronavirus pandemic has additionally led to higher alcohol consumption. The consequences of problematic alcohol consumption should be kept in mind, and when in doubt, an overly cautious approach is recommended.

Researchers have compared addiction to video games and social media to heroin addiction. Limits should be put in place if screen time becomes excessive.

The CDC has identified a sedentary lifestyle as a risk factor to various negative health outcomes. A contributor to this is the higher use of technology via Zoom conferences and the struggle to set limits. For physicians EMR and tele visits do contribute to increased screen time.

Mindfulness has been proven to be a very effective therapy, especially in busy corporate lifestyles. The concept of mindfulness is centered around "awareness" and being cognizant of one's surroundings. Taking an extra second to live in the moment and appreciating things around oneself is beneficial. Even something as simple as admiring a painting, the smell of flowers, the sound of birds, or the daily hum of life is significantly helpful in reducing stress levels. Pets also have been shown to be helpful in lowering emotional reactivity in stressful situations.

Please reach out to colleagues, friends, and family to check on them and to help each other. Obviously where professional help is needed, timely intervention is key.



IMPORTANCE OF POSITIVE EMOTIONS AND SUBJECTIVE WELL-BEING

Tarak Vasavada, MD

BOT AAPI

Clinical Professor of Psychiatry, UAB School of Medicine

Medical Director Huntsville Hospital Behavior Service

Positive psychiatry is the science and practice of psychiatry that seeks to understand and promote well-being through assessment and interventions to enhance behavioral and mental wellness. Positive psychological characteristics such as resilience, optimism, wisdom, spirituality, and social engagement have been reported to be associated with better health outcomes; yet, they are rarely addressed in teaching and clinical practice. In positive psychology, words like well-being, happiness, and Subjective Well-being are interchanged and often confused.

Well-being: is a perfect physical and psychological equilibrium between past (contentment), present (happiness), and future (optimism).

Happiness: Happiness is the current state of positive emotion, and it can fluctuate depending upon internal perceptions and external events. Eating a nice meal or listening to music will bring happiness for a short time but will it last long?

Subjective Well-being (SWB): This is the correct term to measure long-term happiness. It measures life satisfaction and the current state of positive and negative affect. In addition, some scientists also add a sense of purpose and meaning to our life.

Question 1. Do people with more positive emotions live longer and healthier? Chida and Steptoe (2008) reported in a meta-analysis that positive psychological well-being was related to lower mortality and higher longevity in healthy and diseased populations, independently of negative affect. Joy, happiness, vigor, life satisfaction, hopefulness, optimism, and sense of humor were associated with reduced mortality risk in healthy populations. English Longitudinal Study of Ageing study (ELSA) done in the UK included people 60 years and above. It demonstrated that 29.3% of people in the lowest well-being quartile died over the average follow-up period of 8.5 years compared with 9.3% of those in the highest quartile.

Question 2. Can SWB can improve people's chances of surviving existing illnesses? The results on survival are mixed. Some studies show that high SWB increases the likelihood of survival from certain diseases and other studies show no effect. The most substantial evidence came from Cardiovascular illnesses. However, the evidence is mixed when it comes to cancer or acute infectious disease.

Question 3. Why should I be in pursuit of happiness? Positive affect is associated with protective psychosocial factors such as greater social connectedness, perceived social support, optimism, preference for adaptive coping responses. Cross-cultural research has documented associations with positive affect mixed with exercising regularly, not smoking, and a prudent diet, making you live longer and making life worth living.

The first step is to cultivate awareness that positive psychology and subjective well-being are essential components of health. These should be our core bio-psycho-social immune responses that will come in handy at the subconscious level and make us live a long and healthy life.



SOCIAL RELATIONSHIPS AND HEALTH

Venkat Srinivasan, MD

INTRODUCTION

The lack of social relationships has been identified as a significant risk factor for health—rivaling the effect of well-established health risk factors such as cigarette smoking, blood pressure, blood lipids, obesity, and physical activity. Despite this, social relationships remain a low-hanging fruit to modify health outcomes, that continues to stay out of reach.

SOCIAL RELATIONSHIPS AND MORTALITY

In the 1940s, it was reported that infants in custodial care, as in orphanages, had a higher mortality rate even when controlling for pre-existing medical conditions and treatment. In 1988, a review of five large prospective trials reported in *Science* concluded that social relationships predicted mortality. This conclusion has been validated in several studies conducted in various socio-cultural backgrounds over the past several years. Holt-Lunstad et al. estimated that social integration confers beneficial effects on mortality comparable to smoking cessation.

MARRIAGE AND HEALTH

Marriage is one of the most studied forms of social relationships. Studies from several countries including, France, the Netherlands, Bangladesh, Japan, the United Kingdom, and the United States, have identified that married couples live longer. Some authors have estimated the never-married penalty as posing a one-and-a-half higher risk of dying than married people. The loss of a spouse, on the contrary, adversely affects health. The widowhood effect confers a 30-90% higher mortality risk on the surviving spouse in the first three months of bereavement.

SOCIAL RELATIONSHIPS AND MORBIDITY

Social integration and participation have been associated with a lower incidence of myocardial infarctions and post-infarction readmissions. They have also been predictive of self-reported disease outcomes, compliance, and length of hospitalizations.

HOW DO SOCIAL RELATIONSHIPS AFFECT HEALTH?

- Stress buffering through shared resources.
- Main effects model: Direct influences on biological, cognitive, and emotional processes.
- Social baseline theory: Improving baseline health status.
- Health behavior.

SOCIAL RELATIONSHIPS AND HEALTH

- Social Genomics: Robert Cole identified a unique pattern of gene expression and transcriptional profiles in human leukocytes from socially isolated older adults, which he named *Conserved Transcriptional Response to Adversity (CTRA)*. These leukocytes demonstrated
 - Upregulation of genes involved in inflammation.
 - Downregulation of genes involved in viral infections.
 - Downregulation of genes involved in antibody production by B-lymphocytes.
 -

INTERVENTIONS

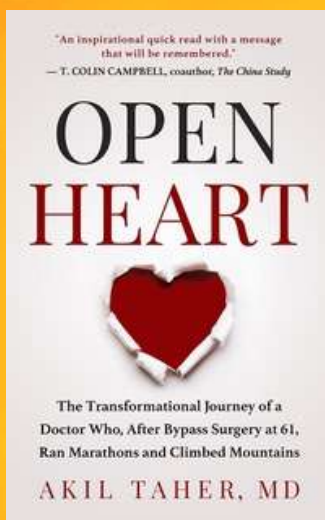
The US health system prioritizes tertiary intervention, i.e., interventions that reduce morbidity after a disease process has occurred. However, in leveraging social relationships as a health outcome modifier, primary interventions may be the key. For example, some of the recent societal initiatives to combat social isolation include the efforts of AARP as also The Campaign to End Loneliness in older adults in the United Kingdom, and Oprah Winfrey's "Just Say Hello" campaign.

CONCLUSION

The role of social relationships in influencing health outcomes is indisputable. However, more needs to be done from the individual to the societal levels to overcome this problem. It would be worthwhile for us to keep in mind the words of Dr. Robert Waldinger, the 4th director of the Harvard Study of Adult Development, "Good relationships keep us healthier and happier. Period."

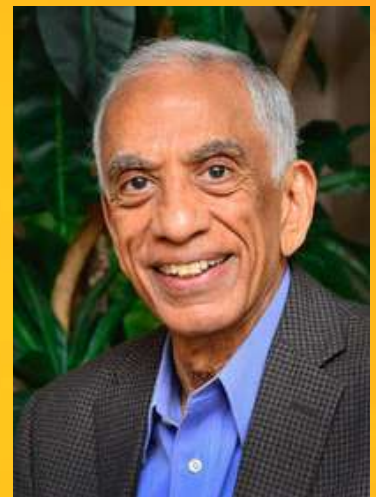
"OPEN HEART" HAS WON THE PRESTIGIOUS READERS' FAVORITE AWARD FOR THE YEAR 2021 IN THE NON-FICTION INSPIRATIONAL CATEGORY.

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"Dr. Taher's remarkable journey from doctor to bypass patient to conquering Mount Kilimanjaro is an inspiration, and in this remarkable book he shares everything you need to conquer your own challenges."

~ Neal D. Barnard, MD, FACC
Adjunct Professor of Medicine
George Washington University School of Medicine
New York Times best-selling author



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"Adventure may hurt you, but monotony will kill you."



THE DOCTOR WILL SEE ME NOW: EPIDEMIC OF PHYSICIAN BURNOUT & STRATEGIES FOR PREVENTION

Aakash Jain

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MD Student, Class of 2024*

INTRODUCTION

Nearly half of all physicians report having experienced burnout, which can manifest as physical and emotional exhaustion, depersonalization, and a reduced sense of meaning or purpose. In addition to these physical and mental consequences, burnout can also contribute to lower patient satisfaction, higher rates of medical error, and higher risks of physician addiction and suicide. Thus, preventing burnout in the medical field should be a priority for physicians, hospitals, and policymakers to protect the wellbeing of providers and their patients. Historically, burnout has been a taboo subject, but it has become more acceptable to discuss its prevalence and its negative consequences in recent years. There is some evidence that rates of burnout among medical providers are increasing, which suggests that new and existing prevention strategies must be pursued with even greater vigor to ameliorate the growing crisis.

CAUSES OF BURNOUT

The unique stressors of the healthcare field that may contribute to burnout among physicians include excessive workloads, high-pressure and emotionally distressing work environments, inefficient work processes, and a culture of perfectionism and self-sacrifice. Nearly one-fourth of physicians report working more than 60 hours a week, far greater than the national average of 35, and some studies suggest that specialties with greater workloads tend to have lower rates of job satisfaction. In addition, physicians are often tasked with treating sick, scared, and sometimes dying patients. Their responsibilities can include making critically important decisions and managing the emotions of distressed patients and their families. Moreover, physicians often report frustrations with the non-medical components of their jobs, such as clerical duties and managing administrative responsibilities, which can further contribute to work-related burnout. Finally, the culture of medicine can promote the notion that physicians must do everything in their power to help their patients, even if that comes at the expense of the health of the physicians themselves. All these factors, which are not unique to medicine but certainly more likely to be experienced by medical doctors, are contributing to the rising epidemic of burnout among physicians. Understanding how these factors can be mitigated is essential to stemming the tide of this invisible disease.

STRATEGIES FOR PREVENTION

Many of the solutions that would be most effective in reducing rates of burnout lie at the system-level, such as changes in how physicians are trained, what responsibilities they are given, and what resources are available to them in the workplace. While these changes are much needed, they will require collective action over a long period of time to be implemented. On a shorter timeframe and on a smaller level, each individual physician can take preventive steps in their personal lives to mitigate the risk of burnout. These include exercising regularly, maintaining a nutritious diet, and getting adequate sleep. There is evidence that mindfulness-based stress reduction exercises, done in a group or individually, can be effective in reducing the rate of burnout among physicians. Finally, doctors need to heed the ancient proverb: "Physician, heal thyself." This includes monitoring one's physical and mental health in addition to one's patients and reaching out for help when it is needed.

THE DOCTOR WILL SEE ME NOW: EPIDEMIC OF PHYSICIAN BURNOUT & STRATEGIES FOR PREVENTION

While the burden of responsibility for mitigating physician burnout lies with all of us and system-level solutions are sorely needed, in the meantime, doctors must take their health and wellbeing into their own hands if this epidemic's rapid rise is to be stemmed!

I experienced burnout the week before sitting for USMLE Step 1. I remember sitting in my bed, blankly staring at my desk unable to muster the mental energy to open my laptop. I was mentally broken from several weeks of 12+ hour study days, emotionally discouraged from low practice exam scores, and physically in pain from a golf-ball-sized sebaceous cyst on my chest wall that I had scheduled surgery for the day after my exam. I couldn't push further and so I delayed my exam to after my first rotation and made a conscious decision to change my habits during my second time around studying.

While the stresses of being a student are vastly different from the stresses of being a physician, the core causes of burnout remain the same. Dr. Drummond from the AAFP defines burnout as "the constellation of symptoms that occur when your energy account has a negative balance over time." He describes three types of energy including physical, emotional, and spiritual energy, that can be maximized to prevent burnout.

Physical energy is optimized when we take care of our bodies through exercise and nutrition. For me, that was moving up my surgery, allowing myself proper time to recover, and completing my flashcards during daily walks or on the treadmill at the gym. Treating my physical health as less of an afterthought and incorporating movement into less mentally intensive tasks helped me remain productive and active. For a busy physician, this could look like incorporating high-intensity interval training into workouts to maximize calories burned in a shorter amount of time.

Emotional energy is fostered by investing time into maintaining relationships. This worked for me by studying with friends and venting to friends over the phone during my commutes to the library. For physicians, this might look like making time to call a loved one during lunch breaks or commutes and more importantly, being emotionally vulnerable with trusted companions about daily stresses.

Lastly, spiritual energy is cultivated by routinely connecting to your individual sense of purpose. In my first dedicated studying experience, I was so isolated from patients that I had become bitter about pursuing the rigorous path of medicine. However, after I completed my first rotation in Psychiatry where I had the privilege of aiding patients through their mental health struggles, I was energized to work harder with the recent memory of the people I could help in the future. This experience also motivated me to see a therapist who I saw weekly who taught me how to pinpoint negative thought patterns and practice coping mechanisms for anxiety. For physicians, this energy might be developed by actively recalling positive patient experiences, mentoring students, or also seeking professional mental health help.

"You can't pour from an empty cup" is a hackneyed but true phrase that applies to anyone who serves others. Self-care is a self-fulfilling prophecy that will lead to better patient outcomes. We cannot do right by our patients if we don't take care of ourselves first!



PHYSICIAN BURNOUT

Ranjita Vasa

Medical Student

I experienced burnout the week before sitting for USMLE Step 1. I remember sitting in my bed, blankly staring at my desk unable to muster the mental energy to open my laptop. I was mentally broken from several weeks of 12+ hour study days, emotionally discouraged from low practice exam scores, and physically in pain from a golf-ball-sized sebaceous cyst on my chest wall that I had scheduled surgery for the day after my exam. I couldn't push further and so I delayed my exam to after my first rotation and made a conscious decision to change my habits during my second time around studying.

While the stresses of being a student are vastly different from the stresses of being a physician, the core causes of burnout remain the same. Dr. Drummond from the AAFP defines burnout as “the constellation of symptoms that occur when your energy account has a negative balance over time.” He describes three types of energy including physical, emotional, and spiritual energy, that can be maximized to prevent burnout.

Physical energy is optimized when we take care of our bodies through exercise and nutrition. For me, that was moving up my surgery, allowing myself proper time to recover, and completing my flashcards during daily walks or on the treadmill at the gym. Treating my physical health as less of an afterthought and incorporating movement into less mentally intensive tasks helped me remain productive and active. For a busy physician, this could look like incorporating high-intensity interval training into workouts to maximize calories burned in a shorter amount of time.

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LIFESTYLE MODIFICATION FOR LOWER BACK PAIN

Madan K. Raj, MD MBA

Interventional Spine Specialist

Director, New York iSpine P.C

Low back pain is a very common complaint found in adults across the United States. Research shows that up to 84 percent of all adults will have low back pain at some point in their lives. In most cases the pain is self-limiting and rapid improvement in pain and disability and return to normal activity are the norm in the first month. However, for some people pain can be chronic, debilitating, and unrelenting, forcing many of these patients to seek relief through medical interventions. Back pain is more likely with age, a sedentary lifestyle, poor nutrition, obesity and stress. Adjusting your style is one of the best ways to manage chronic back pain.

MANAGE THE STRESS IN YOUR LIFE: Back pain triggers the release of stress hormones that tighten up the muscles. Muscle tension reduces blood flow to tissues, bringing them less oxygen and fewer nutrients which causes pain. You can't avoid stress, but you can learn to manage it. Meditation can help very much. Meditation can reduce anxiety, provide a calm sense of focus and reduce pain.

SLEEP WELL: Lack of sleep releases more stress hormones, lower pain tolerance and worsens existing pain. Practice good sleep hygiene. Avoid using cell phones or TV before going to sleep. Go to bed at about the same time every night and get up at about the same time every morning to keep your internal clock regular. Try to sleep for eight hours if possible. Meditation is also a great tool for better night's sleep. Five to ten minutes of meditation before bedtime helps in sleep. Supplements such as melatonin can help you sleep at night.

MAINTAIN ACTIVITY AS TOLERATED: Make physical activity a habit. Physical activity is essential to good health, but also a way to reduce pain. It is very important for all patients with low back pain, regardless of duration or severity, to maintain activity as tolerated. Exercise even when you are in pain is critical to recovery. Start out with an activity you like and see yourself gradually progress from a less active to a more active lifestyle. If you can't move easily, try chair yoga, walking, biking or swimming. Even a small increase in daily activity can bring major movements in overall health. Long periods of inactivity can adversely affect recovery and weaken muscles leading to further complications.

HEAT: Research has shown application of heat for 20 minutes every two hours followed by gentle stretching as tolerated for patients with subacute back pain and during flares in patients with chronic low back pain has shown improvements in reported pain. However, no such conclusion can be made with ice packs, but is not discouraged if a patient reports symptomatic relief.

EXERCISE/STRETCHING: All kinds of exercises have been shown to help prevent and relieve lower back pain. It is recommended for patients to maintain a good exercise routine that fits their personal needs and as tolerated. Muscle weakness and poor flexibility can contribute to lower back pain by causing muscle imbalances and stress on the spine. Strengthening core muscles (e.g., and maintaining good posture help to stabilize and reduce load on the spine. Stretching helps maintain flexibility and prevent injuries.

LIFESTYLE MODIFICATION FOR LOWER BACK PAIN

POSTURE: Lower back pain can be heavily influenced by poor posture. Poor posture can lead to muscle imbalances and ultimately stress on the spine. Stand up straight! Proper posture is essential for the function of your whole body, including the health of your spine. Bending forward to constant texting and typing all day, hours of playing computer games, emailing, surfing on your phone or tablet on bad posture give you back pain. Don't be a couch potato! Keeping your core muscles healthy and all your muscles flexible allows your back to do its work. Always stand up straight.

USE FOOD AS MEDICINE: Maintaining a good diet can not only help to lead a healthier lifestyle but has also been shown to greatly reduce and prevent back pain. Unhealthy eating habits can lead to numerous complications like diabetes and obesity which can worsen symptoms by causing excess stress, weakening of the bones, and inflammation. This can lead to degenerative disc diseases, arthritis, disc herniations, and fractures.

Avoidance of large portion sizes and limiting intake of saturated fats and added sugars is heavily recommended, as well as a balanced diet with emphasis on fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products. Diet should also include a variety of protein foods such as seafood, lean meats and poultry, eggs, legumes (beans and peas), soy products, nuts, and seeds. For individuals at higher risk for lower back pain caused by vitamin D deficiency, such as post-menopausal women, supplementation is recommended.

AVOID OVERUSE: In addition to adequate rest, it is important to avoid overuse when it comes to lower back pain prevention. However, this can be difficult for some, especially those who have jobs that require constant lifting of heavy objects or being stooped over for prolonged periods of time. In these cases, ways to mitigate and prevent

back pain can be through frequent breaks, hydrating/refueling, back braces, comfortable shoes, and proper lifting mechanics.

LIFTING MECHANICS:

Lifting is an art. To avoid back ache after lifting heavy weight follow the simple basic rules.

- Use the power of your legs rather than your back
- Bend at the knees, not the waist, to reach the object
- Keep the load close your body
- Keep your back straight
- Don't twist your back when lifting weight

DO NOT SMOKE: Many do not know smoking can cause back pain. There is connection between smoking and your back health. Smoking restricts the blood flow to your spine causing disc disease. It inhibits the absorption of calcium, slowing bone growth, leading to osteoporosis. Smoking causes coughing which leads to back pain. Crush out your smoking habit to avoid back pain.

DRIVING & BACK PAIN: You can avoid back pain by taking few basic steps before long commute

- Adjust your back rest so that it contacts your back from bottom to your shoulders, about 100 to 110 degrees.
- Move the steering wheel up or down to the most comfortable position and distance from your body.
- Changing your hand positions when driving can help to relieve joints and improve blood circulation.
- Position your mirrors so that you can easily see all around without straining your back or neck.
- Take frequent breaks during your long trip. Taking breaks with few minutes of walking or stretching will improve your concentration and make your journey comfortable.

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Day 4 Ilulissat: Hike to Sermermiut plain by the Ice Fjord. (Snowshoes if needed)

Day 5 Fly to Kangerlussuaq: Exploring dog sledding for 2 hours

Day 6 Departure to Greenland and overnight in Copenhagen

Day 7 Departure from Copenhagen to USA.

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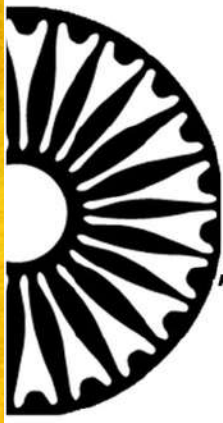
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LIFESTYLE MEDICINE

Saroj Gupta, MD

What is lifestyle medicine? This was new to me, but I realized that I have implemented a few of these components into my practice of physical medicine and rehabilitation. My patients always question if they need to do exercise every day to control pain. My answer is yes. Now I understand, in other words that I am doing lifestyle medicine.

I had a patient with neck pain with radiation to his arm, along with numbness, tingling and weakness. This was a classic case of nerve root compression, which needed surgical decompression. However, he was determined to defy the surgery and ready to make changes in his lifestyle to get better. To my surprise he was very disciplined. He watched his diet, did regular exercise, took physical therapy. Eventually his symptoms completely resolved! He was back to work and recreational activities. Since then, I have no doubt that habits and actions of daily living, profoundly affect both short-term and long-term health and quality of life.

Many of my patients tell me that obesity runs in their family. Genes play a role in our lives, but our actions can modify our health. Our children will learn what they see. Eating habits, regular exercise or not. Staying on the sofa watching TV or go for a run. Good habits are a harder task, and our mind always pushes us to take an easy road.

I started going to the gym even when I was very busy raising my kids and later my husband joined me. Now I see that all my children do exercise on regular basis. My daughter went a step further and opened a facility called OsteoStrong to facilitate the health of bones.

As a physiatrist, I cannot put enough emphasis on Physical activity. A vital component to overall health, prevention, and treatment of various diseases and to reduce risk of CVD, type 2 diabetes, the metabolic syndrome, obesity, and certain types of cancer. There is strong evidence that regular physical activity is important for brain health and cognition as well as reduction in anxiety, depression, and amelioration of stress.

The recently released 2018 Physical Activity Guidelines Advisory Committee Scientific Report emphasizes that increased physical activity carries multiple individual and public health benefits. It contributes powerfully to improved quality of life by improving sleep, general feeling of well-being, and daily functioning. Some of the benefits of physical activity occur immediately. Most of the benefits become even more significant with ongoing and regular performance of moderate to vigorous physical activity.

American College of Sports Medicine launched the “Exercise is Medicine®” (EIM) initiative. This is designed for health care providers to design treatment plans that include physical activity or to refer patients to evidence-based exercise programs with qualified exercise professionals. EIM also encourages health care providers to assess and record physical activity as a vital sign during patients’ visits. As it is time consuming, hopefully insurance companies will start reimbursing for these services



LIFESTYLE MODIFICATION: A POWERFUL TOOL TO ADDRESS DIABESITY

Amit Algotar, MD, PhD, MPH

Family and Community Medicine, Clinical Weight Loss Program, Banner University Medical Center-South Campus, Tucson, Arizona
Cancer Survivorship Clinic, The University of Arizona Cancer Center, Tucson, Arizona

“Let food be thy medicine”- this quote often attributed to Hippocrates has been true for millennia yet rarely implement in conventional medical practice. As a board certified physician in preventive medicine and a diplomate of the boards of obesity medicine and lifestyle medicine, I feel privileged to put this quote into practice. Over 34 million people in the US have diabetes with 1 in 5 not knowing they have it. To add to that, more than 85% patients with type2 diabetes have a concomitant diagnosis of obesity, further complicating the situation. These staggering numbers demonstrate the urgent need to make lifestyle modification a standard component of our treatment plan. By teaching patients how to improve their lifestyle, we are not only helping them prevent the conversion from prediabetes to diabetes, but are also setting them up for long term success by helping them prevent complications.

Lifestyle modification is a process of actively engaging the patient to inspire their own desire to improve their lifestyle and to support them step-by-step through the process. Clinical lifestyle modification does not get enough attention during medical school or through most residency programs, leaving many of my colleagues inadequately prepared to implement it with their patients. Residency program in Preventive Medicine (ACGME approved advanced residency program) is one such avenue that not only provides residents with strong knowledge base in various lifestyle modalities such as nutrition and exercise but also provides them with necessary clinical skills to implement it with their patients. In addition to preventive medicine training, board certifications in obesity medicine and lifestyle medicine also offer practical lifestyle modification training that trainees can implement with their patients from the first visit. Although the board certifications in obesity and lifestyle medicine are not American Board of Medical Specialties (ASMBs) approved yet, they provide innovative evidence-based training through online and in-person CME that can fit in with schedules of busy healthcare providers.

We are fortunate to be living in an era where innovative pharmacologic therapies are being developed for diabetes and obesity treatment. However, we cannot forget the role lifestyle modification can play towards long-term success. Given the role lifestyle modification plays in a patient’s long-term success, failing to treat the root cause of illness could be considered as not practicing the standard of care. Fortunately, preventive, obesity and lifestyle medicine programs provide healthcare providers with the knowledge and skill sets to provide this standard of care. Silver lining to the COVID-19 pandemic has been the spread of telemedicine and its acceptance by payers. Telemedicine has improved access for patients and can be a great tool for lifestyle modification programs where frequent contact with patients is needed to ensure their success. As they say, “give a man a fish you feed him for one day, teach man to fish and you feed him for life.” Lifestyle modification aims to do just that. Please see the links below for details on each of the programs describe above.

<https://www.theabpm.org/>

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CAN CHANGE IN LIFE STYLE CHANGE THE OUTCOME OF CANCER?

Satheesh Kathula, MD, FACP

Hematologist/Oncologist

Clinical Professor of Medicine

It is a well-known fact that cancers are caused by factors related to life style such as smoking, alcohol, physical inactivity, high BMI, diet rich in meats, low in vegetables and fruit, and stress. Whether modifying these risk factors will improve the outcome of cancer, after it is diagnosed is not well recognized.

SMOKING CESSATION:

Patients who continue to smoke while receiving cancer treatments have poorer outcomes. Smoking cessation has been shown to decrease the recurrence rates, new cancers, and improve survival. In some studies, quitting smoking also resulted in better treatment tolerance, increased energy and improvement in quality of life.

AVOIDANCE OF ALCOHOL:

Data suggests that continued drinking after cancer diagnosis may have worse prognosis. In one study, there was increased alcohol consumption in cancer survivors. While avoiding alcohol completely is ideal, some societies recommend at least limiting the use, 1 drink/day for females and 2 drinks/day for males.

NUTRITION:

Plant-based diets are associated with a decrease in cancer recurrence and improved outcomes in survivors. For instance, in survivors of stage III colon cancer, a diet consisting of more fruits, vegetables, whole grains, poultry, fish, less red meat and refined grains improved cancer recurrence, death, and overall survival. Recent studies have indicated that stage III colon cancer patients who are on adjuvant therapy with higher dietary glycemic load have increased risk of recurrence and mortality.

WEIGHT REDUCTION:

Studies have shown that breast cancer patients with high BMI have decreased survival, impaired quality of life, and increased recurrence. Patients with stage II and III rectal cancer with high BMI are at increased risk of local recurrence. Patients with multiple myeloma with high BMI are 50% more likely to die from the disease when compared to patients with normal BMI. However, there is little evidence that weight loss results in improved rates of cancer recurrence. Studies are ongoing.

PHYSICAL ACTIVITY

Sedentary lifestyle can be an independent risk factor for increased cancer mortality by about 14% when compared to patients who are considered active. Several studies have shown that increasing physical activity can improve the survival in patients with breast, colon and prostate cancer.

CAN CHANGE IN LIFE STYLE CHANGE THE OUTCOME OF CANCER?

Exercise helps in reduction in symptoms of anxiety, and depression, cancer induced fatigue, and improvement in quality of life. The general recommendation from American College of Sports Medicine to cancer patients is 30 minutes of exercise 3 times a week and resistance training at least twice weekly.

STRESS MANAGEMENT:

There is a significant psychological trauma in active cancer patients and survivors who are more likely to have anxiety, depression, post-traumatic stress disorder and impaired sleep. Animal studies suggested that stress hormones and cytokines increase angio-genesis, tumor growth and metastasis.

Relaxation techniques including meditation, reading, exercise may help alleviate stress and improve quality of life. Social and emotional support play a very important role as well.

CONCLUSION:

Cancer is a complex disease with many life style factors influencing the outcome as outlined above. A clear understanding of these factors and measures to help modify them may have positive impact on patients with cancer.

MATCHMAKER Jasbina



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An explorer, her interests include traveling, learning new things, socializing; tennis, cardio, yoga and meditation.



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MEN (36 - 45)

NYC - based, tall and attractive physician seeks a confident and intelligent partner (36 - 45) - Nationwide

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MY PERSONAL STORY OF REVERSING MY HEALTH PROBLEMS

Akil Taherbhai, MD

Changing my lifestyle, not only diet but also with exercise, meditation, yoga and pranayama. I am a 73 year old practicing physician living in Atlanta, USA. I was raised in Mumbai, India and trained in Family Medicine at the Flower Hospital in Sylvania, Ohio.

I'm now a resurgent physician, a recovered bypass surgery patient, a septuagenarian athlete, a heart- healthy speaker, and a holistic health and wellness consumer.

Until 2009, I was just an experienced physician, a couch potato, and an obstinate epicurean who feasted over the best foods without worrying about unhealthy consequences. I believed that, "Heart disease won't happen to me."

In August 2009, at 61, open heart surgery knocked at my door and my world came crumbling down. Fortunately for me determination ran deep in my veins. After surgery, I sat back and reflected on my life. I had two choices - first; lead a cautious, mediocre, and sedentary life, as seen in most patients after recovery from a heart bypass surgery, or second; turn this setback into an opportunity.

Seven months after my bypass surgery I completed my first half marathon in Nashville, TN. I then undertook a yatra/pilgrimage on foot to Mount Kailash in Tibet. In October 2011, I ran my first full marathon, the Chicago Marathon, and in September 2012, I climbed Mount Kilimanjaro, the highest free standing mountain in the world.

Over the last decade, I overcame acute and chronic medical ailments expanding the canvas of my physically enduring adventures comprising a century bike ride, triathlons, and skydiving. This was all possible because I changed my lifestyle to incorporate a whole food plant based diet, an exercise regimen, and regular practice of yoga and meditation and pranayama.

In addition to being an outdoor enthusiast, I'm also involved in charity work. I raised US \$10,000 for the American Heart Association when I ran the Chicago Marathon. I ran the prestigious Boston Marathon a year after the bombings in the 2013 Boston Marathon, raising US \$ 4000.

For the Mumbai Marathon, I raised Rs.10 lakhs for St. Jude, PETA, and Bombay Medical Aid Foundation, a charitable organization that has treated more than 20,000 cardiac patients since its inception.

In 2017, I spent a few days at the Anahata Healing Art Center, an Ashram in a remote corner of Mysore, Southern India where I got interested in the subtle reactions between nature and well-being. As an athlete and wellness consumer, I benefitted tremendously by adopting a heart healthy whole food plant based diet.

As a resurgent physician, I leverage medical science and life style changes to treat the underlying cause of chronic diseases and not just the consequence of the disease.

Up to the age of 61, I was my biggest impediment to progress, and then I became my biggest change agent. And now at age 73, I am living a life of purpose, peace and contentment, doing everything I love.



8 PHILOSOPHIES IN MEDICINE THAT WILL REVOLUTIONIZE THE WAY YOU THINK

Leena Gupta, MD

Critical care Physician
San Jose, CA

Philosophy is often perceived as a worthless study, as it usually does not yield a lucrative career. However, one of the greatest notions, concepts, and doctrines in medical science are derived from these philosophical ideas.

Aristotle, one of the greatest minds in human history and the godfather of evidence-based medicine, has guided medicine away from superstition and drove it towards scientific method. These teachings of logic and reason have left a significant impact on medicine today.

The following 8 philosophies of thought can revitalize and transform the way we view life.

Solipsism considers the concept that nothing can be confirmed, except one's existence. Periods of extended isolation resulting from the technological advancements may predispose one to solipsism as can pandemics!

Idealism builds on the idea that reality is something that only exists on a mental level, but has nothing to do with the material world. Although we have guidelines, each physician practices in their own idealistic way.

Phenomenalism is the idea that physical objects don't exist, but rather the perception of it is what gives objects its meaning. Physicians as a whole need to have a phenomenological approach, which gives the body a central role and acknowledges the importance of perception and a better understanding of the impact of illness on the lifeworld of patients.

Presentism is the idea that only the present exists, and that the concept of a past or a future are fictional. Grappling with chronic illness, presentism often does not tally with medical opinion and recommendations.

Eternalism is the credence that all moments in time, past, present and future are equally real. It applies very well to our patients when debating on risk factors and disease outcomes.

Hedonism is centered around the belief that pleasure is the only thing that has intrinsic value, and focuses on feasting on pleasure, a sensory response that played a vital part in our survival as a species. Optimistically, with a hedonistic perspective, we can view life as the intentional savoring of the simple pleasures. Walking on fallen leaves, moments of chattering with friends, or cuddling with a loved one can boost our health and well-being.

Stoicism is a philosophy that focuses on training yourself to improve through self-control and conditioning. In medicine, it may be tempting to show a knee jerk response to patient's symptoms, investigations and prescribing antibiotics, but can actually be damaging instead.

Skepticism questions knowledgeable claims, such that a belief in something does not indicate proof of it. Research dictates that we become skeptics to truly understand and look for validity.

While some of these philosophies may seem that there is little impact on a person's life, it is through these different ideals and evaluating your own that allows us to discover a compass to guide us through life. To delude ourselves into thinking that we have perfected the science of psychology, would be a betrayal to the thinkers of the past, and the patients of the future.



LOOKING GOOD IS NOT JUST FOR VANITY BUT WHEN YOU LOOK GOOD, YOU FEEL GOOD

Hetal Gor, MD

Anti-aging and being a better version of oneself has been pursued since ancient times. Different ways to style hair, using eyeliner or using minerals, rocks and plants as makeup to enhance beauty by Cleopatra is well documented in Egyptian texts.

In recent times use of social media, Zoom calls and Selfies have caused more awareness about beauty, how we look and how can one be a “Better U “
Body sculpting means eliminating unwanted layers of fat, getting rid of abdominal rolls, love handles, and banana rolls.

COOLSCULPTING

Fat is frozen with a special device, freezing results in fat necrosis and decrease in size. Fat cells then are absorbed and excreted by the body.
Laser is used to achieve fat necrosis, then fat is eliminated.

Laser/Radiofrequency assisted Liposuction: This has become popular as it is ambulatory. Office patient is awake. Tumescent fluid is used to make planes and for numbing. Laser is used to cauterize blood vessels and melt fat away. Blood loss is minimal, and liposuction is easy to do.

Small areas like submental fat, abdominal fat can be treated with injections like Kybella which causes lipolysis.

ANTI-AGING:

Neurotoxins-Botulism causes muscle paralysis. That toxin when injected in the right muscles causes temporary paralysis. That leads to reduction in wrinkles. Botox commonly used brand is approved for use in frown lines, crow’s feet and vertical forehead lines. Usually lasts for 3 months. Usual complications are pain, infection, bleeding, bruising and if not injected correctly can lead to droopy eyelids, or uneven eyebrows.

Fillers: They can be classified as Hyaluronic acid and non-hyaluronic acid. Fillers are used to fill in defects. Fillers are approved for laugh lines, lips, under eyes, cheeks, jawline, neck, and hands. Usually, they last for a year. Complications are infection, pain, bruising, asymmetry, lumps, vascular occlusions etc.

Laser Resurfacing: Co2 lasers, Ipl, erbium lasers are few examples of lasers that have been used to resurface skin to eliminate fine wrinkles, melasma, uneven skin tones etc. Treatment has to be customized depending upon skin types, area and skin conditions.

LOOKING GOOD IS NOT JUST FOR VANITY BUT WHEN YOU LOOK GOOD, YOU FEEL GOOD

Ultrasound waves or radio frequency have been used to reduce pore size, improve tone and texture by stimulating collagen and activating elastin. RF can be used with or without micro needling.

Platelet rich plasma can be used to stimulate hair growth or injected in the face for stimulating collagen by itself or in conjunction with micro needling. There are special tubes and centrifuge machines to convert blood into PRP.

Chemical and laser peels: Glycolic acid, retinoic acid are used to exfoliate and treat melasma, acne and acne scarring. Recently 1064 laser either as q switch or spectra mode with or without carbon layer has been used to achieve the same without much downtime.

Electromagnetic energy has been used to cause multiple muscle contractions to build and hypertrophy muscles especially abdomen, buttocks, thighs and arms.

Above all treatments improve the looks which helps with self-confidence and feeling better about yourself.

MATCHMAKER Jasbina



Search 1 (AUS, U.S. & CAN)

MEN (34 - 40)

An Ivy educated physician, able to work remotely from anywhere (family in U.S., Canada, Australia) seeks a partner - 34-40.

An explorer & health-conscious, her interests include travel, running, lifting weights, dance classes and meditation.

She seeks a partner with a vision of empathy, partnership, communication, emotional support, and building a family.



Search 2 (U.S.)

WOMEN (37 - 48)

DC-MD-VA - based, Ivy-educated mgmt. consultant seeks a partner who doesn't need a man to "complete" her (37 - 48) - US.

An optimistic lifelong-learner with a strong character who's physically active, these qualities are important to him in a partner.

Always up for new experiences, his interests include global travel, hiking, learning Indian classical music and creative cooking.

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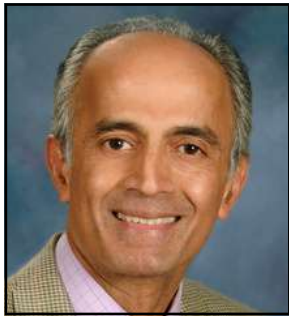


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THE LAW OF BALANCE IN AYURVEDA

Tirun Gopal, MD

The definition of health according to Ayurveda is as follows:

**Samadosha sama agnischa samadhatu malakriyaha
Prasanna atmentriya manaha swasta iti Abhidiyate.**

The definition mainly advocates Balance. We have heard terms such as Work-Life balance and other similar expressions. Ayurveda dives a lot deeper in addressing Balance. The exhortation is that for life to be balanced all the tissues, the humors, and the excretory products have to be in a state of balance, and this balance of the physical forces should rest in a mind which is clear and uncluttered, so that it can abide in the Self/Atman/Brahman. As Western Medicine is beginning to realize, mental and physical well-being have to be integrated.

Balance begins with an understanding of our physical and psychological nature. In other words, what are the most predominant elements that pervade your mind and body? Ayurveda recommends that in order to stay in Balance we have to live in conformity with Nature. Everything in Nature is made up of one or more of the 5 elements: Space, Air, Fire, Water and Earth. Our body also is made up of these five elements.

The proportions in which these 5 elements exist in our body determines our *Dosha*, our *Biological Configuration/Constitution*. *Dosha- Dushyate its Dosha* - means that which spoils or goes bad. The ancient Seers recognized that the body will decay and die, hence they called it *Dosha/Shariram*. Ayurveda recognizes three different *Doshas*; *Vata*, *Pitta* and *Kapha*.

Vata is the *Dosha* which predominantly has the elements Space and Air, and hence is light, dry, mobile in quality.

Pitta is the *Dosha* which predominantly has the elements Fire and Water, and is therefore hot, penetrating, intense in quality.

Kapha is the *Dosha* which predominantly has the elements Earth and Water, and hence is cold, dense, stationary in quality.

Based on the representation of these elements in our body and mind, we can have a combination of any of the above qualities. This determines when and how we go out of balance, how we can stay in balance, how we change our lifestyle and diet during the seasons of the year, time of the day, the status of our health and age. This is what is meant by living in conformity with Nature. A simple example is that lunch should be the largest meal of the day. Although dinner is the largest meal of most people since this is the time when families gather around the dining table, it should actually be the smallest/lightest meal of the day, because it is consumed during *Kapha* time of the day, a time when digestion is most feeble, and when we mostly hibernate in front of the "idiot box" for a couple of hours before we go to bed! Another important admonition in Ayurveda is that bedtime should ideally be never later than 10PM, because at 11PM we go into *Pitta* time, a time which is associated with that "second wind" which we get and which keeps us awake until 2AM.

More on this in a later session. ***Hari Om***.



ACUPUNCTURE

Bhavani Srinivasan, MD, MPH

Practiced in China and other Asian countries for thousands of years, acupuncture is one of the key components of traditional Chinese medicine. The United States became aware of acupuncture in 1971, when New York Times reporter James Reston underwent appendectomy in China with acupuncture sedation. Medical traditions from China, Japan, Korea, and other countries are incorporated in practice.

Acupuncture is based on the theory that energy, called chi, flows through and around your body along pathways called meridians. Illness occurs when something blocks or unbalances your chi. Acupuncture is a way to unblock or influence chi and help it flow back into balance.

Very thin needles are placed into your skin at certain points on your body, to influence the energy flow. The acupuncture provider will take a history, give you an exam and ask questions about your symptoms and how well you are functioning.

The doctor will then look for landmarks on your body using certain muscles or bones to find the points to place the needles. Then she will quickly tap several very thin needles into your skin and roll the needle slightly back and forth. The doctor may use heat or electrical current on the needle.

Some needles may be placed deeper than others, depending on what the provider believes is needed to restore the flow of chi. You may feel slight pressure when a needle goes in. The area may tingle, feel numb, itch, or be a little sore. Providers believe that this is a sign that the energy flow, or chi, has been accessed. Treatment generally lasts for 15 minutes to an hour, and several visits may be needed to complete your treatment.

Acupuncture can be used for:

- Stroke rehabilitation.
- Adding acupuncture to standard treatment leads to significant, long-lasting relief from chronic headaches.
- Menstrual cramps.
- Tennis elbow.
- Fibromyalgia.
- Myofascial pain.
- Osteoarthritis.
- Low back pain. Some studies show that acupuncture reduced pain and disability related to back problems more than usual treatments.
- Carpal tunnel syndrome, or pressure on a nerve in the wrist that results in tingling, numbness, weakness, or pain of the fingers and hand.
- Drug addiction acupuncture treatment helps with withdrawal symptoms.
- Dental Pain.
- Asthma or inflammation of the lungs.

ACUPUNCTURE

In general, acupuncture is safe when done by a certified provider.

A state license ensures that the provider has a certain level of training and follows certain guidelines.

Acupuncture needles are metallic, solid, hair thin, sterile, and single use. Some people feel energized by treatment, while others feel relaxed.

Treatment may take place over a period of several weeks or more.

Relatively few complications from the use of acupuncture have been reported to the FDA, considering the millions of people treated each year and the number of acupuncture needles used.

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MATCHMAKER Jasbina



Search 1 (Northeast)

MEN (29 - 35)

NYC-based, attractive mgmt. consultant seeks an ambitious and family-oriented partner (29 - 35) - Northeast

She's seeking a partner who's both ambitious & enjoys life with family and friends when not working.

Her interests include traveling, friends & family time, dining out, tennis, working out, dancing, and Bollywood movies.



Search 2 (U.S.)

WOMEN (52 - 62)

San Francisco-based, retired tech executive & entrepreneur seeks a loving partner, willing to relocate (52 - 62) - U.S.

Open-minded, friendly, spiritual - his interests include socializing, service, music, meditation, drives, travel and movies.

He enjoys spending time with his daughter (in college out of state); learning, growing and self improvement.

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COMPLEMENTARY AND ALTERNATIVE MEDICINE IN CARDIOVASCULAR CARE: AN INTEGRATIVE APPROACH

Abha Kulkarni

Medical Student

There is growing interest in complementary and alternative medicine (CAM). A 2007 survey by the National Health Institute found that 38% of adults use CAM and that CAM constituted 11.2% of total out-of-pocket healthcare expenditures. CAM has a growing role in the healthcare landscape that should be better understood to provide comprehensive care to our patients. When CAM and conventional medicine are used together in a coordinated approach, it is known as integrative medicine.

One of the fields that would benefit most from an integrative approach is cardiovascular care. CAM is popular in cardiovascular care, where lifestyle modifications and exercise have an established role. CAM is used in primary prevention of heart disease to address risk factors like hypertension, diabetes mellitus, hyperlipidemia, and smoking. It is also used for symptomatic relief and to avoid invasive therapies.

The CAM techniques utilized in cardiovascular care are numerous, but one of the major components is mind-body practices, which encompasses exercise, yoga, and meditation. Studies on the effectiveness of these practices and are discussed below.

Exercise: It is recommended to achieve at least 150 min/week of moderate intensity or 75 min/week of vigorous exercise as well as muscle strengthening exercise. Exercise has been associated with weight loss, lower blood pressure, lower blood sugar, higher HDL cholesterol, and lower LDL cholesterol.

Yoga: Yoga is associated with decreased heart rate, blood pressure, blood glucose, and lipids as well as reduction in the number of anginal episodes in patients with advanced coronary artery disease. Yoga was also associated with improved quality of life and increased aerobic performance after 3 months. Impressively, a study found that benefits from yoga were similar to those obtained after traditional cardiac rehab.

Meditation: A meta-analysis showed that meditation was associated with a 4.7 mm Hg decrease in systolic blood pressure, a 3.2 mm Hg decrease in diastolic blood pressure, reduction in cholesterol, and reduction in smoking. Similar techniques like Tai Chi were also associated with decreases in systolic and diastolic blood pressure.

Other CAM therapies, like natural products and herbal medicine are also widely used but limited in terms of evidence supporting their effectiveness. For example, a randomized controlled trial comparing garlic versus placebo did not show any significant difference in total cholesterol, triglycerides, HDL cholesterol, or LDL cholesterol. Similarly, a systematic review failed to demonstrate superiority of ginseng over placebo. A randomized control trial did not find any reduction in blood pressure or incidence of hypertension with ginseng compared to placebo. For the most part, however, these therapies are not harmful, and their use does not need to be dissuaded. More studies are needed to investigate their effectiveness.

CAM therapies, like exercise, are a mainstay of prevention and treatment in cardiovascular care and should be used in coordination with conventional therapies. An integrative approach that encompasses CAM therapies will create a therapeutic alliance with patients, among whom CAM is becoming increasingly popular, and form the basis of a comprehensive approach to cardiovascular care.



PILLARS FOR HEALTHY LIFESTYLE INCORPORATING YOGA

Nick Nipan Shroff, MD, ERYT

Board-certified Urologist, Cancer Surgeon, and experienced Yoga Teacher

Complementary medicine includes mind-body approaches such as yoga, lifestyle changes, and increased awareness as adjuncts to conventional medical treatments. Here are simple interdependent choices that play an influential role.

I. YOGA, EXERCISE, AND ACTIVITIES

Yoga brings together exercise and play by involving movement and mindfulness. Yoga poses (asanas), breathing exercises (pranayama), and meditation strengthen and relax the body. Asanas stimulate muscles, increase blood flow, balance the glands, and enhance the body's lymphatic flow, improving internal purification processes. Deep breathing delivers oxygen-rich blood and vital nutrients to the cells. Yoga is especially peaceful when we refrain from jumping back into other activities. Instead, allow a time of transition to enjoy the bliss of the session.

II. NUTRITION - SATTVIC VEGETARIAN

A plant-based vegetarian diet helps reduce inflammation, increases bone strength, prevents age-related ailments, and protects heart and brain. Like the Mediterranean diet, it involves fewer processed foods, refined sugars, fried foods, saturated and partially hydrogenated fats such as margarine. Instead, it includes a mix of fiber-rich, organic, farm-fresh fruits, vegetables, berries, tomatoes, dark leafy greens, beans, whole grains, and green tea. It strengthens the gut microbiomes and balances hormones. Avoiding drugs, alcohol, and smoking, and drinking adequate water helps eliminate waste and toxins.

III. MENTAL HEALTH AND STRESS REDUCTION

A mentally stimulating lifestyle can lessen the effects of the harmful structural changes associated with chronic diseases. An integral part of yoga is breath awareness, synchronized with movements, allowing breath and mind to work together. When the breath is smooth and even, the mind is clear, steady, and calm. Focusing on slow inhalations and prolonged exhalations through the nose calms the mind, reduces stress hormone cortisol, and harmonizes the body. Immersing oneself in nature also decreases stress and anxiety, helping to respond with care and kindness.

IV. RESTORATIVE SLEEP/ YOG NIDRA

Restorative sleep is the foundation for enhancing memory, learning, and immune function. It includes meditation reducing anxiety and relentless mind chatter, thus improving the gray matter in the brain.

PILLARS FOR HEALTHY LIFESTYLE INCORPORATING YOGA

V. HEALTHY RELATIONSHIPS, PROTECT THE PSYCHE

Work/life balance, healthy relationships, and social networking are linked to emotional well-being. As the song says, *One is the loneliest number*. Leading a purposeful life promotes a wholesome environment and graceful aging.

VI. SELF-CARE, SELF-LOVE & SAFETY

Physician heal thyself - Hippocrates.

It's wise to practice self-care, respect Conventional Medicine, keep up with vaccinations, regular doctor visits, and screening tests. It is equally important to proactively manage stress by incorporating mindfulness, relaxation, and avoiding the "pill for every ill" attitude.

Live better, feel better - You owe it to yourself

Integrative medicine and proper breathing techniques improve health by preventing/managing diseases, bringing modern medicine closer to yoga and pranayama. So, take care of your body, emotions, mind, and spirit; then life will take care of itself. Finally, smile so your muscles will stretch, laugh so you will be stronger, and meditate so your burden will be lighter.

'Grapes of Pandemic' represents my experience with the Corona virus disease as a professional and as a human being. This book is dedicated to the Covid Warriors all over the world who risked their lives by continuing to care for others.

This book is a collection of poems, rhymes, and verses written during the recent lockdown that reshaped the focus of humanity. It altered our views on family, friendships, work, and the world. This is my humble attempt to notice the ways individuals and society responded to the ever-present threat to health and life, isolation, and financial hardships. 'Grapes of Pandemic' is a bittersweet reflection on fear, hope, and a renewed appreciation for the little moments in life



Grapes of Pandemic is available on Goodreads, Barnes and Noble Bookstore, and Amazon in paperback, in hardcover, and kindle e-book.

Please get your copy today!



Leena Gupta, MD
Marathoner, Painter,
Intensivist, Poet

Dr. Gupta lives in
San Jose, California



HAVE YOU HEARD OF HAND YOGA?

Manas Nigam, MD

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Have you ever heard of hand yoga? Many of us are familiar with Surya Namaskar and the mudras, which are hand positions used in common poses for yoga. Not many of us know of the exercises that we can do improve edema, flexibility, and strength of the intrinsic hand structures.

Many of us are unaware of the deleterious positions that we subject the ligaments and joints of the hands to on a daily basis, such as sleeping on our hands with the wrists in a bent position (causing carpal tunnel syndrome); typing an email on the phone held in one hand (basilar thumb arthritis) or constantly singlehandedly holding a newborn child (de Quervains) or even using our thumb to pull our socks off (thumb ulnar collateral ligament injury). As fellow now studying hand surgery, I see many patients who come in requiring hand surgery for problems that may have been circumvented with better awareness and hand health.

Also, the hand gets both stiff and swollen with disuse. Risk of stiffness is why we rarely splint the fingers longer than three weeks. Hand edema can be present on the back of the hand because the lymphatic system which drains the extra fluid of the hand tissues travels through the back of the hand. However, these work through a pumping mechanism provided by muscle movement and hand motion. Often times, persistent swelling of the back of the hand after surgery is relieved when patients begin to finally use their hands normally, promoting lymphatic egress.

Which brings us to hand yoga. Simple exercises can be used to decrease swelling, maintain joint health, enhance range of motion, and improve hand strength. One can start by using whatever normal seated position is preferred for meditation, whether in a chair or Sukhasana, making sure the spine is long and tall, but not uncomfortable. One can reach the hands out in front, keeping the shoulders down. Flex the wrists up and down to the fullest extent. To add tendon excursion, one can flex the fingers with the wrist extended, and extend the fingers with fingers flexed (notice if one tries the opposite, finger flexion/extension is incomplete because the tendons are now loose). One can also simply open and close all of the fingers to their fullest extent with the wrist in neutral position. Performing a claw hand maneuver also helps to stretch the intrinsic muscles. Next, one can rotate the forearms to their fullest extent inward and then outward. After that, one can flex and extend the elbows to their fullest extent. Repeat each of these maneuvers a few times, not stressing to extreme discomfort or pain.

HAVE YOU HEARD OF HAND YOGA?

Expanding on this, improving intrinsic hand strength helps with everyday activities. So many of the fine-tuned motor movements of the hand are controlled by muscles that originate in the hand – not in the large muscles of the forearm. Don't avoid finger extension, as many people think squeezing a stress ball is sufficient - this only works on finger flexion. YouTube has some fantastic videos – though look up those that are produced by occupational therapists (who provide valuable rehabilitation for many of our hand surgery patients). I would also be remiss if I didn't mention that shoulder range of motion exercises are critical to maintaining a lifetime of function, especially in those retirement years playing golf, travelling with luggage, and lifting grandchildren overhead.

Of course, activity modification can help! Here are some options for the aforementioned activities: sleeping with a wrist splint to prevent carpal tunnel syndrome; holding a phone with both hands at eye level resting the elbows on the torso (with a ring holder for the back of the phone) for CMC arthritis; alternating carrying a newborn between both hands while using forearm and wrist support where possible for de Quervains; and using one foot to remove a sock on the other foot to prevent thumb ligament injury.

In conclusion, we can apply the same principles of yoga to the fine joints of the fingers, hand, and wrist with a lifetime of results. So take care of yourself and your hands. They are your livelihood. Be good to them, and they will be good to you.

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TENNIS – THE SPORT WHICH I ENJOY THE MOST

Dharmesh Mehta, MD

AIPNO President

I am an Internal Medicine private practitioner in Cleveland, Ohio. I have always been fascinated with tennis as a sport. When I started playing tennis, I didn't know much about the game. In order to improve my game, I took tennis lessons. To gain more knowledge, I watch the game whenever I get a chance. I started to analyze different styles and techniques of the players in order to help my own game grow. With time and practice, I learned a lot and realized that tennis is a unique sport.

To be completely honest, my life totally changed once I started playing tennis regularly. It's truly a fantastic sport and it's quite addictive too. It's also one of the few sports you can play your entire life. In the summer, I usually play outdoors to get some exposure to sunlight.

Tennis is not only exhilarating sport, but it also has many benefits. Here are some I have experienced the most.

- Improved fitness and health
- Improved confidence and well-being
- Helped me feel like I was part of a team
- Expanded social circle
- Gave me a life-long passion that will never end

In 2020, as a part of AIPNO (Association of Indian Physicians of Northern Ohio) initiative, we started a tennis tournament to promote health and wellness of our members. It garnered an enthusiastic response and many participants played in a round robin league. We continued the tradition this year and held a championship game. I also participated in the tournament. It was a great experience and everyone really enjoyed it. We hope to continue this tradition in the future.

I look forward to playing tennis as a hobby for the rest of my life.





CORONARY CALCIUM SCORE IS OUR MOST IMPORTANT LIFE SCORE

Brahma Sharma, MD, FACC

University of Pittsburgh VA Medical Center

Chair, Adhoc Committee South Asian Cardiovascular Disease

Everyone knows someone in South Asian (SA) community who has had a either heart attack or worse. Unfortunately by the time we find it out is usually late. How do we predict, preempt and prevent heart attack or sudden cardiac arrest in SA remains a deadly challenge for us. While risk assessment tools have been proposed but since these are not derived or prospectively validated from SA cohort so extrapolation results in flawed estimates of our real risk. There is new movement of going beyond traditional risk factors towards direct imaging of heart to detect plaque buildup. This early imaging to detect subclinical silent atherosclerosis by coronary calcium score is a novel marker which further refines our risk and personalizes prevention.

Coronary calcium score (CAC score) is calculated from non-contrast CT and scored by the method of Agaston which is calculated as summed product of within slice area of calcium multiplied by weighing factor derived from maximal CT attenuation of individual calcified lesions. CAC scores have strongest predictors of cardiovascular events. This correlation is driven by detectable sub intimal coronary calcium and total coronary atherosclerosis burden. The diffuse the atherosclerosis, worse is the risk and prognosis.

We are the highest risk ethnic group globally for developing atherosclerosis. AHA finally recognized our ethnicity as “risk enhancer” in 2018 Guidelines. Coronary atherosclerosis in SA is also very aggressive so sometimes referred as “Malignant Atherosclerosis”. This atherosclerosis starts a decade earlier and at times, sudden death could be the first and last symptom. The nature of this atherosclerosis is also diffuse and rapidly progressive usually in smaller caliber vessels making them less amenable to percutaneous or surgical interventions thereby in less than optimal outcomes.

Current guidelines recommend measurement of CAC score who have 10 year intermediate risk (7-20%) calculated by PCE (Pooled cohort equation) especially when decision to initiate statin is unclear. CAC score of 1-99 in age group >55 favors statin use and CAC score >100 or > 75th percentile mandates statin use. The presence of a family history of Coronary atherosclerosis is associated with a high burden of CAC (>300). CAC score may also help identify those SA adults who would best qualify for lifestyle optimization, anti-hypertensive pharmacotherapy and also derive net benefit from aspirin in primary prevention. When compared to available non-traditional risk markers, CAC scoring should be the preferred noninvasive modality for further risk refinement in South Asians.

CCS (Agaston)	Risk	Description
0	Non-identified	Negative test. Findings are consistent with a low risk of having a cardiovascular event in the next 5 years.
1-10	Minimal	Minimal atherosclerosis is present. Findings are consistent with a low risk of having a cardiovascular event in the next 5 years.
11-100	Mild	Mild coronary atherosclerosis is present. There is likely mild or minimal coronary stenosis. A mild risk of having CAD exists.
101-400	Moderate	Moderate calcium is detected in the coronary arteries and confirms the presence of atherosclerotic plaque. A moderate risk of having a cardiovascular event exists.
>400	High	A high calcium score may be consistent with significant risk of having a cardiovascular event within the next 5 years

Recognition of traditional cardiovascular risk factors is important but early imaging to detect subclinical atherosclerosis in appropriate individuals and awareness of our personal CAC score may turn out to be our most important lifesaving score.

Recognition of traditional cardiovascular risk factors is important but early imaging to detect subclinical atherosclerosis in appropriate individuals and awareness of our personal CAC score may turn out to be our most important lifesaving score.

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INDIANS AND HEART DISEASE: TOP 10 THINGS TO KNOW

Enas A. Enas, MD, FACC

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Basil Varkey MD, FCCP

Emeritus Professor of Medicine, Medical
College of Wisconsin, Milwaukee

It is fitting that this summary finds a place in the current AAPI Journal as it was in this journal, 3 decades ago, our first alert on this subject appeared (1990;2:5-8). The following list is distilled from our publications and especially from our review (2019; 71:99-112) and editorial (2020; 72: 65-69) in the Indian Heart Journal.

- **Coronary Artery Disease (CAD) epidemic in Indians:** According to the Institute of Health Metrics, both India and the US had ~ 600,000 CAD deaths in 1990. However by 2019, annual CAD deaths in India increased by 150% to reach 1.52 million while it decreased by 8% in the US. Rates of obesity and diabetes similarly doubled in both countries in that time period.
- **Prevalence of major risk factors (smoking, high cholesterol, hypertension, diabetes) are insufficient to explain the heightened CAD risk** (double that of whites) in South Asians. Notably, both groups have similar predicted risk by Pooled Cohort Equation and QRISK3 equation.
- **Indians are at risk of dying from a heart attack at an earlier age** (~10 years earlier than their western counterparts). Compared to white men of similar age in the United Kingdom, deaths from heart disease in Indians are 3 times higher in those younger than 30 years.
- **"Malignant CAD"** (coined by Enas and Mehta), refers to a severe and extensive atherosclerotic process involving multiple coronary arteries, with 3 cardinal features: premature onset, extreme severity, and high mortality. India, has 18% of the world's population but accounts for 30% of CAD deaths under 50 years of age.
- **Elevated lipoprotein (a) [Lp (a)], a genetic risk factor for CAD,** is likely the single best explanation for the heightened risk of malignant CAD in young Indians. Lp(a) >30 to 50 mg/dl is found in 25% of Indians, compared to 7-8% for diabetes; both conditions are associated with a two-to-three-fold risk of heart attack. Lp(a) level is genetically determined and is not affected by diet, exercise or by presently available medications.
- **Elevated Lp(a) and South Asian ethnicity are risk-enhancers** (as previously proposed by CADI Research) have now been included in the new category of Atherosclerotic Cardiovascular Disease (ASCVD) risk-enhancing factors in the 2018 American Cholesterol Guidelines to be considered for statin therapy.

INDIANS AND HEART DISEASE: TOP 10 THINGS TO KNOW

- **Deficiencies in CAD prevention at all levels:** Primordial prevention refers to a life-long healthy lifestyle (healthy diet, regular physical activity, avoidance of nicotine and obesity) to prevent the development of risk factors, whereas primary prevention refers to the control of risk factors with medication to prevent a first heart attack. Despite the availability of safe and effective medications, treatment of hypertension, diabetes and high cholesterol are dismally low in India. Only 11% of the rural population and 20% of the urban population in India have their blood pressure under control; control of diabetes is slightly better at 40% in urban India. The control of cholesterol (<200 mg/dl) is <5% even after a heart attack (secondary prevention). The importance of primordial and primary prevention cannot be overemphasized as they are mainly responsible for the dramatic decrease (50 to 80%) in CAD mortality in the US, Finland, and many other countries over the past 4 decades.
- **Reducing low-density lipoprotein (LDL) is the most beneficial and proven intervention to reduce ASCVD events.** LDL is central to the development of CAD and is both a necessary and a sufficient factor in its pathogenesis. Necessary, as atherosclerosis does not develop in the absence of some elevation in LDL and sufficient, as atherosclerosis and heart attacks develop when LDL is markedly elevated.
- **Statin drug reduces LDL and is the first-line medication for primary and secondary prevention of heart attack.** Numerous studies have demonstrated a 25% reduction in major ASCVD events per 40 mg/dl lowering of LDL. A large meta-analysis of over fifty thousand patients treated with statin have shown that “lower is better” at least down to 25-40 mg/dl. Consequently, the American guidelines abandoned the LDL goal and now uses a threshold of 70 mg/dl for initiating statin therapy analogous to the A1C threshold of 7% for blood sugar lowering. Statins are safe to use as there are no serious adverse effects (cancer, dementia, memory loss, intracranial hemorrhage, sexual and reproductive function) even at ultra-low levels of LDL (<10 to 20 mg/dl).
- **There is a need to expand the use of statins in Indians** because of 1) the increased ASCVD risk based on ethnicity (1.5- 2 fold vs whites) for any given combination of risk factors and 2) premature deaths (30% of global CAD deaths under 50 years of age are in India). The concept that statin therapy is indicated in only to those with high cholesterol is mistaken and should include all Indians with ASCVD as well as those with established risk factors and risk-enhancing factors. Accordingly, we have proposed a new simplified classification system and treatment plan: For high-risk states (diabetes, hypertension, tobacco smoking) no lipid test is needed. In others for initiation of statin therapy total cholesterol measurement is sufficient as the high cost of lipid panel testing in India is a major barrier. The intensity of statin therapy is to be matched to the degree of risk and in most Indians it would be of moderate-intensity (rosuvastatin 10 mg/day or atorvastatin 20 mg per day). If cholesterol levels remains elevated (>140 mg/dl or LDL >70 mg/dl) despite moderate-intensity statin therapy, high-intensity statin therapy may be needed (rosuvastatin 20-40 mg/day or atorvastatin 40-80 mg/day).



THE GAS WE PASS

As in the legacy we pass on, in the perspective of a gastroenterologist

Arthi Sanjeevi, MD

I begin writing with a moment of self-doubt, as I ask, what puts me in a position to impart any wisdom regarding life?

Perhaps it is simply a message from the heart that tracks my life path; 15 years in this 'game' of an interventional gastroenterologist as well as a functional gut specialist, 8 years in academic medicine, followed by a subsequent stretch employed in a tertiary care facility. On the personal side, I also happen to be married to a gastroenterologist who is in private practice. I am a mother of two rambunctious teenagers with the latest family addition of two pups. I suppose that you and I are a part of the same world, trying to have 'it' all without the time to fully engage in any one part of 'it'. I have come to the conclusion that when you're juggling multiple priorities, it is critical to differentiate between the rubber balls, that can be allowed to bounce, and the crystal balls that need to be precious preserved.

There are three lessons I have learned in life regarding balance, fulfillment and compassion.

As skills-based specialists, all members of my 'species' have an allure for technical excellence as their *Kiai*. As a woman gastroenterologist, I wanted to prove myself to be better than the boys. Mid-career I realized the futility of this pursuit, gender has little to do with the ability to become a quality physician, even in a procedural field. However, there are differences in physical capacity and social expectations. As a woman GI, I convey to those entering the field that endoscopy requires athleticism of small muscles and fine motor control. Of all tools that you require to practice your trade, your body is the priority. Seek **balance** in posture, with keen focus on ergonomic and strength training to maximize your endurance, career longevity and life in general.

There are many professional pathways available following fellowship training-academics, private practice, hospital employed hybrid positions, industry or administrative positions. Regardless, there are both moments of glory as well as arduous tasks in each path. Listen to your heart and never be afraid to reinvent yourself. It is, but your own responsibility to create a life of **fulfillment**. Know your worth and never chase the dollars at the expense of your personal sovereignty and integrity. Learning is a life-long exercise that keeps you young and resistance to evolve is the sign of senescence.

THE GAS WE PASS

There is much talk about physician burnout these days, however, in my perspective, the underlying cause is an epidemic of the depletion of compassion. As a result, I seek to continually recalibrate my attitude; accept my human limitations and end my day with the peace that I have done the very best I could. ***I truly believe that compassion starts first within you***, then spreads to your family and then onto your patients, your community and finally, the universe at large.

When your choice is to be in medicine, it is mandatory that you also understand the need for **compassion**. I would argue that without personal fulfillment, you will fall short to serve your patients. Therefore, it is very important to have dimension outside of being in medicine. In my case I am a soccer Mom, an avid gardener, aspirant yogi and to some, 'a crazy dog lady'. I also enjoy serving the community and most recently served as a Boy Scout leader and the president of the local Indian physicians association. This was my personal plan to avoid becoming one of those 'institutionalized physicians' in the doctors lounge simply biding their time for the 'social hour' long after retirement. This is my deepest fear and my honest truth .

My final pearl of wisdom. Always be conscious of the gas you pass. A stinker is an indication of indiscretions in intake, however always be thankful for a good flatus, for it indicates a peristaltic gut.



**IN APPRECIATION OF
COVID WARRIORS,
FRONTLINE WORKERS
& ALSO IN MEMORY
OF COVID VICTIMS**

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YOUR HAIR, YOUR CROWN

Balvant Arora, MD, MBA

Plastic, Reconstructive & Cosmetic Surgeon

Historically, hair has been used as an expression of one's culture and diversity. Hair represents a person's attitude, social status, and personal beliefs as it relates to age, gender and even religion.

With a growing, aging population seeking to recapture their youthful appearance, hair restoration procedures have become increasingly popular.

Traditionally, Dihydrotestosterone (DHT) has been considered a cause for hair loss and DHT's presence causes the genes to express the balding. However, the blood levels of DHT alone do not relate directly to the extent of hair loss indicating that not a raised DHT but a higher sensitivity of the hair roots to DHT is responsible for hair loss.

Today, with the understanding of teloptosis and kenogen, it is noted that individuals develop baldness, due to the empty follicle stage because the falling telogen hair is no longer being replaced with new anagen hair, thus disrupting the physiological balance of hair growth cycle.

The underlying pathology of hair loss can be genetic, hormonal, nutritional, inflammatory, or altered immunity, manifesting as Male pattern Hair Loss, Female Pattern Hair Loss, Telogen Effluvium, Anagen Effluvium, Alopecia Areata, Traction Alopecia, Central Centrifugal Cicatricial Alopecia, Frontal Fibrosing Alopecia, Chemotherapy Induced Alopecia, Postpartum Alopecia, Postsurgical alopecia, Hyperthyroid, Hypothyroid and other autoimmune disorders.

The evaluation of an individual with hair loss includes Medical History, Physical Examination and Lab work with a focus to optimize medically before considering surgical intervention. Management of hair loss is based on two fundamental principles. First one is to prevent further hair loss and second one is to regain the hair that have been lost.

Finasteride and Minoxidil and Low-Level Laser Therapy are approved by FDA. **Finasteride** is a competitive inhibitor of type II 5-Alpha Reductase Enzyme, the isotype most common in hair follicles. It prevents conversion of Testosterone to Dihydrotestosterone and thus prevents further hair loss. Minoxidil as 2% and 5% solution or foam is available over the counter. It is Potassium channel opener and vasodilator and increases blood supply to scalp and helps in hair growth. **Low Level Laser Therapy** appears to be both safe and effective. It increases anagen hairs through release of NO by photodissociation.

YOUR HAIR, YOUR CROWN

Nutrients have a direct role in hair growth. Low dose cyclical nutrition therapy helps strengthening the hair follicles.

Platelet Rich Plasma and **Keratase** treatment provide growth factors. **Exosome Therapy** is one of the hottest areas of regenerative medicine and helps hair growth. **Scalp Micropigmentation** is a non-surgical hair solution that helps create fuller looking hair through the application of pigment to the scalp.

When it comes to surgical hair restoration, there are two techniques. **Follicular Unit Transplantation (FUT)**, also known as strip procedure and **Follicular Unit Excision (FUE)** also known as punch procedure. FUE procedures have grown increasingly popular with the development of new handheld devices and motorized devices and now the robotics have also come into play.

In summary, today hair loss is optional. So, ***invest in your hair as it is the crown you never take off.***



Dr. Balvant Arora, MD, MBA

Dr. Balvant Arora is a Board Certified Plastic, Reconstructive, and Cosmetic Surgeon. He is passionate about comprehensive and holistic Hair Loss treatments that go above and beyond regular "one-size-fits-all" solutions.



Dr. Balvant Arora has been included in the **Top Plastic Surgeons of Northern Virginia** for many years in a row till date. He is an active member of the American Society of Plastic Surgeons and is also an Associate Member of the International Society of Hair Restoration Surgery.

Wishing You

Happy Diwali and Prosperous New Year

The Hair Loss Clinic, led by award-winning, Board-certified Plastic Surgeon, Dr. Balvant Arora, is America's leading hair care clinic with more than 15 years of rich experience in the field of hair restoration, transplants, and comprehensive hair growth solutions that work for patients of different genders, age groups, and ethnicities.

Services we provide:

- Platelet Rich Plasma (PRP)
- Low Level Laser Therapy (LLLT)
- FUT Hair Transplant
- FUE Hair Transplant (with SmartGraft System)
- Microneedling
- Keratase Treatment
- Micropigmentation
- Beard Transplant
- Eyebrow Transplant
- Cyclical Vitamin Therapy
- Botox
- Dermal Fillers
- Chemical Peels
- Others



ROLE OF WEARABLE TECHNOLOGY DEVICES AND SMART PHONE APPS IN CLINICAL PRACTICE

Arunabh Talwar, M.D, F.C.C.P.

Devices that a consumer can wear on clothing or on their body without interfering with daily activities are now available as wearable technologies and are increasingly making an inroad into healthcare. Patients with chronic medical problems require regular monitoring which till recently required a physical to the healthcare provider's office. COVID-19 pandemic forced an unprecedented transition to telemedicine and also introduced a new reliance on wearable technology devices for home monitoring. Today many such wearable technology devices are providing opportunities for evaluating and monitoring patients in real time. Research suggests that wearable devices aimed at monitoring patient behaviors and physiological parameters can help health care providers be informed of patient conditions outside of the acute care hospital. Generally, in healthcare most of the diagnostic tools provide information about the patient that is essentially a 'snapshot in time'. The availability of wearable technology devices provides us with an opportunity to monitor our patient's clinical status in real time, under natural physiological conditions and in any environment. Information gathered helps the healthcare provider to monitor, track conditions of the patient in their home setting thereby reducing the workload of healthcare providers, increasing efficiency, reducing cost of healthcare and improving patient comfort. A few of the common examples of wearable technologies include pulse ox meters, home sleep study devices, diabetes glucose sensors, home telemetry devices, ambulatory blood pressure monitors and home EKG devices. A home monitoring program can be developed for continuous monitoring that can result in wellbeing and higher patient satisfaction with individually tailored treatment decisions.

In addition, development of smartphone apps have also been a part of this technology revolution. Today there are more than 300,000 mobile health apps available. Many of these apps focus on simple issues of general wellness, health education or help with downloading health data. However it is important to point out that unlike medically approved wearable technology devices which are FDA approved, the majority of apps are not regulated by a governing body like FDA. The quality of many of the apps varies and if clinicians decide to encourage their patients to use any particular app; they must themselves be familiar with it. They should help their patients with app selection and support its use through ongoing education and follow-ups to help improve outcomes. Clinicians must also discuss and document any potential disadvantages of apps including issues around privacy and security concerns.

In conclusion, wearable technology devices and smart phone apps offer healthcare providers and patients using these devices unique opportunities in management which are cost effective and personalized for every patient. This also provides opportunity for patient empowerment and shared decision making.



THE MILKMAN OF INDIA

Dr. Verghese Kurien

Narrated to **Bhavani Srinivasan, MD, MPH**

by **Mrs. Nirmala Kurien**



After completing his MSc in the US, Verghese Kurien started his working life soon after India gained independence. The noblest task in those days was to contribute in whatever way you could, towards building the India of your dreams- where people would hold their heads high in freedom and would be free from hunger and poverty. A nation that would eventually be counted among the foremost nations of the world. It was then that he realized that choosing to lead one kind of life means putting aside the desire to pursue another. Never intended to serve the nation's farmers but a series of events put him at Anand, Gujarat. He chose to work for a fledgling cooperative instead of pursuing a career in Metallurgy or Nuclear physics.

"Father of the White Revolution" and the "Milkman of India", Kurien, a social entrepreneur whose "billion-liter idea", Operation Flood, made dairying India's largest self-sustaining industry. The largest rural employment sector provides a third of all rural income. It made India the world's largest milk producer, making milk available for each person, and increased milk output over four-fold in 30 years.

On October 31, 1964, the Prime Minister Lal Bahadur Shastri visited Anand and the farmers. On returning to Delhi, he requested Kurien to set up the National Dairy Development Board (NDDB).

Dr. Kurien pioneered the Anand model of dairy cooperatives, replicated it nationwide. No milk from a farmer was refused. 80% of the price by consumers was paid daily to dairy farmers controlling the marketing, procurement, and processing of milk and milk products as the dairy's owners. The first invention at Amul was the production of milk powder from buffalo milk after which many others followed.

Kurien believed in empowering the farmers. 74% of India's population live below the poverty line, 70% reside in the rural area, where infrastructure is poor. They depend on agriculture as their main source of livelihood. For the small, marginal, landless farmers, dairying is a source of nutrition, supplementary income, and security. Much of the work involved in milk production, be it feeding, day to day management, health care and such other non-financial activities, were traditionally handled by women, comprising half the population. This had a far-reaching impact on the democratic commitment to the cause of empowering women.

As the world was reeling under the impact of Covid, the opportunities for travel and job avenues decreased, the income from such milk production activities became critical for many families; the contribution of these women playing an equal and important role in sustaining their families,

Dr. Kurien's legacy is that the higher consumption of milk in India has contributed to the increase in average height of an Indian by three inches in one generation! The tens of thousands of dairy cooperatives and millions of members whose experience with grass roots democracy have helped create a firm foundation for national democratic institutions.

Above all, he has empowered millions of rural Indians!



MY VILLAGE

Ruchi Kaushik, MD

Born in California, I attended medical school in Punjab. Because I grew up in a traditional North Indian home, I wasn't concerned that I wouldn't be able to compete academically or that I would face culture shock. To my surprise, I came to realize that my classmates quickly arrived at the assumptions that I was entitled, completely Westernized, and lacking in moral character. And an opportunity to prove myself of being a "good girl" never arose; rather, I had to consistently (and, perhaps, unsuccessfully?) work to disprove that I was a "bad girl." I was made aware of my place in the Indian social hierarchy.

I remember passing judgment, too. As an Indian-American, I would mock Indians' incorrect grammar and complain about "Indian standard time". I would erect the same challenges created for me: they did not have to prove they were "cool;" they had to disprove they were "uncool." But if I want my Indian compatriots to see me for the individual human I am, I must stop passing judgment on an entire population, only so that I can place myself, as an Indian-American, higher on the social ladder. I can't expect others to consider me their equal while evading accountability for my own actions. I must be the change I wish to see in my world, my village.

I remember talking to my daughter about another Indian-American girl in her school she was avoiding. My daughter accused me of always defending the other girl's actions. Upon reflection, I realized that I saw myself in that little girl. I, too, was the daughter of immigrants, and I empathized with her. We may all see the world through only our own lenses, but, ultimately, we are all the same. We are all parents of a generation of diaspora, regardless of the year we arrived. So why, then, do we segregate ourselves into an intraracial hierarchy? Perhaps we do this because centuries of subjugation by colonizers have programmed us to perpetuate the cycle.

Intraracial discrimination is a known phenomenon. In one moment, we can assert we love our Indian community, and, in the next moment, we silo one another based on country of birth, state of origin, income, language, fairness of skin, or food choice. We must become equalizers. We must stop partitioning ourselves into difficult to escape spaces. To continue to teach and uphold the tenets of our culture and traditions as a minority in the US, we must champion unity and develop a contemporary and inclusive village. When we see another of our own, our first reaction must be of positivity and not judgment or assumption. Enormous strength will be required to control the single most vital propellant of our words and actions--our thoughts. I will go first. I am proud to include myself in this diverse community of villagers who are reading this essay.



ENVIRONMENT & REVERSAL OF AGING: FROM THE LAB TO LIFE

Samuel JK Abraham, MD

Stem Cell Research, Tokyo, Japan

Reversal of senescence of human chondrocytes, when grown in our 3D platform was published in Scientific Reports (<https://www.nature.com/articles/s41598-021-93607-9>), which brought a wave of excitement to clinicians, hope to patients with Osteo-arthritis and an opportunity to investors in aging, longevity and regenerative medicine domains. But the significance of the finding lies in the scientific validation of the factors that are responsible for the reversal of aging of cells growing as a tissue, which we had already reported. All those pluralistic factors, if I am allowed to consolidate in one word, that would be “**environment**”.

Significance of environment: Aging of cells outside their physiological niche, is faster than when in situ, is a known fact, because the natural environment in no way we can simulate in the lab inside a petri dish. Lab environment comprises of physical, chemical and biological components among which the surface to which cells attach and grow is a plastic petri dish that make them adhere to and start growing and their growth is in a horizontal plane, whereas in vivo, they grow in a totally different manner. The nutrition by culture media comes from above in the lab, whereas in the body through intercellular fluid from surroundings. What we made as a difference was a chemically concocted polymer-based 3D environment in which the cells instead of getting attached to a surface during their growth or culture expansion, grow floating, which resembles as though they were on a hammock or a cradle. This striking difference in 3D made them grow as spheres and allowed them to form a tissue.

Community living & reversal of aging: The reversal of aging in our report implies the average age of all the cells in the tissue, within which because the proportion of younger cells, i.e., mesenchymal stem cells and chondroprogenitors were more, the average age came down. The older cells as they go into apoptosis, support the young ones grow, while the adolescent and adult cells take care of the tissue function, reminds me of a mutually supporting community living, which in the modern-day human society has become obsolete. Story telling - role model grand parents have been taken over by media and gadgets, while household work is by maids that too moving to robots, because bringing in the energy for the livelihood takes most of the time of the adult-middle aged parents making the children grow with exposure to material gadgets like the cells grow adherent to a plastic petri dish in the lab.

A 3D living environment - human habitat: If someone can think of a habitat wherein a mutually caring joint family system with concern for physical and mental wellness for all ages and walks of life in a community could be incorporated seamlessly, that too in an evolving “work from home” Covid-19 pandemic convenience, might become a good business model. With a “hybrid” virtual and in-person interaction balance and most importantly the living systems with moderate exercising option in built, whether could reverse aging of an individual or not, but might pop up the average happiness index.



MUSICAL LIFESTYLE

AMIT CHAKRABARTY MD, MS, FRCS

Chairman, Poplar Bluff Urology
Singer and Founder, Geetanjali Music



MR. BISHAKH JYOTI National award-winning Composer & Playback Singer

Music & Lifestyle are two words which are directly proportionate with each other, and we can call this a wonderful integration as MUSICAL LIFESTYLE!

Music has always enhanced lifestyles of human beings through the ages, commoners, and royalties alike. As musicians and music lovers, we have seen numerous instances where a person who loves music or practices any form of music remains content and mentally strong. Music has been proven to relax the mind and improve concentration and focus. Music is widely acclaimed as one of the best therapies for mental peace by many scientists. As physicians we have heard of many medical centers that use music to reduce the use of medications and enhance the healing process.

A study published in the 'Proceedings of the National Academy' found that dopamine, a neurotransmitter which has an important role in our cognitive, emotional, and behavioral functioning, also plays a direct role in the reward experience induced by music. The more pleasing the music is to the ear, the higher the dopamine release, leading to intense pleasurable experiences for the body, mind, and soul.

In fact, the art of music therapy has even demonstrated improved growth rate of plants and hence been used in place of chemicals and fertilizers in agriculture.

Many renowned global scientists have shown immense aptitude in music, amongst which Sir Albert Einstein deserves a special mention. Einstein was an accomplished violinist. In one of his writings, he quotes "If I were not a physicist, I would probably be a musician. I often think in music, I live my day, dreaming of music". His examples suggested that in being intimately involved with the scientific complexity of music, he was able to bring a unique aesthetic quality to his theories. He wanted his science to be unified, harmonious and be able to convey a sense of beauty of form.

Music has been a part of human civilization for thousands of years. Relics and excavations from around the world have uncovered ancient musical instruments. As de facto All the four Vedas of Indian Civilization have been written in musical or poetic form and has many references that people communicated via music.

We are currently going through a tough phase in our lives with the pandemic which has created unprecedented, anxious situations and stressful circumstances. The personal losses that we have endured are unsurmountable. The silver lining of forced vacation, if there is one, during quarantine was that many had more time to explore various recreational activities, top of the list being music, either listening, playing, or creating! This has further underscored the effectiveness of music in alleviating mental stress, depression and anxiety that has engulfed our day-to-day life under the dark shadows of the pandemic.

In conclusion, music has proven to help human beings lead a better life. Embracing a musical lifestyle helps not only personal wellbeing, but also brings the world together in harmony and enhances world peace!

AMERICAN ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN

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Their Selfless Efforts**



HEALTH PROMOTERS

DR. RAJENDRA BANSAL

DR. URMILA MISTRY

ANISH BANSAL

NIKITA BANSAL



BOMBAY LIFE

Dr. S.K. Teoh

OB/GYN, Penang, Malaysia

In 1965, I was awarded the Colombo Plan Scholarship to study Medicine in the Grant Medical College, a prestigious medical college in the bustling city of Bombay.

COSMOPOLITAN & CONGESTION

In the sixties, Bombay was already crowded with eight million people. The streets were congested with only three types of cars, all made in India but based on the old models Morris, Fiat and MG. Public transport was with two city train systems and many public BEST buses. However, we dread to travel during the rush hours because of the overcrowding. Surprisingly the citizens followed the queues quite orderly. At least 20% of the population lived in slums. Many even lived on the streets, with just plastic, wood or canvas as shelters. They would cook on the streets and eased themselves on the nearest walls. The side gate outside our college was a public toilet.

I arrived in June, in the midst of the monsoon season which could make life depressing. It would rain every day for three months, with intermittent sunshine. These frequent changes in the weather were detrimental to health. Most newcomers got sick in some way or other. Fortunately, in my five years there, I only had occasional diarrhea and flu. For the rest the year after September, the weather would be dry and many outdoor events could be held. The winter was cool.

OLD BUILDINGS

The Grant Medical College, GMC for short, was the second oldest medical college in India, founded in the 1850s. The students' hostel was built more than 50 years before. The lecture halls were big, to cater for 200 students sitting on long wooden black benches placed in steep incline. There was no air-condition and only a few ceiling fans.

There was no ragging in the college, except that during an orientation tour of the campus, water was thrown down on us. One senior told us to get vaccinated against VD and warned us to be careful in lavatories as the syphilis spirochetes could jump! The Indian accent was not so distinct. The students and staff were quite fluent in English, except that they spoke too fast. They were fond of asking questions with their statements, for example, "You are going there, no?"

NO NEED TO SHAVE

The local Indians were quite amused by my "chinky" eyes and lack of body hair. They asked whether I could see properly with such narrow eyes! While most of them would shave twice a day, I needed to shave only once a week! When they made fun of me, I would reply that less body hair was a sign of a higher stage in evolution!

DO YOU UNDERSTAND?

The professors were quite stern-looking but the junior lecturers would come and joke with us. Our Professor of Anatomy was fond of saying "Do you understand?" There was one tutor with a bushy moustache and a booming voice. He would make sure that his words were not kept to himself. Another tutor, less forceful, would suddenly stop in the middle of your dissection, and said, "Do you want to hear a joke?"

BOMBAY LIFE

SOCIAL LIFE

Bombay had its share of entertainment. There were many cinemas, with six catering to English movies. The popular movies would last for months. There were also regular plays and music recitals. Students could go to the nightclubs for evening tea and dance where the charges were affordable. Many of the girls in the college were conservative, most of them wore long braided-hair. The Muslim girls were even more traditional and would not even talk to you outside the college. However, very few wore the tudong (shawls) then. Their daily dress was the salwar kameez, pants with long dress. The Christian girls from Goa and the Parsees were very friendly and had less inhibition about coming for socials and dates.

WAR AND RATIONING

The food could be boring and stale. Fortunately, there was a special canteen which served meat, as the other canteens only served vegetarian food. Chapattis were unlimited but rice was rationed to about a cupful. The dishes were not so spicy hot, though every dish was yellowish brown, from the spices added to them, whether it was soup, dhal, vegetables or meat. No beef or pork was ever served. There was no soya sauce.

I managed to survive the Indo-Pakistani war, famine and riots. Bombay was most fortunate to be one of the least affected areas in India. There was rationing of wheat, rice, oil and sugar. Indians were given ration cards to buy limited amounts of these foodstuffs at subsidized prices at the government Ration Shops. However, more could be purchased on the black market. On Mondays, we were supposed to skip dinner and restaurants had to stop selling solid food after 6.00 pm. Another tragic event occurred later when there was an earthquake near the Koyna Dam in Central India, about 500 miles away from Bombay. I was sleeping then, when I suddenly felt my bed shaking. I got up and tried to control the bed from shaking!

FOREIGN CURRENCY

Because of foreign currency restrictions, imported products had to be obtained on the black market. Liquor was prohibited in almost all states of India. US Dollars and UK pounds could be exchanged in some shops at twice the official rates. To buy a foreign product, we would need proof of foreign currency in our bank. Even to book an international air ticket, we had to show our bank draft in foreign currency.

MALAYSIAN STUDENTS

We had a Malaysian Students' Association, with 100 members, which was reputed among the foreign students. We would meet monthly and held picnics, tours, dances and parties. The highlight was the Malaysia Day where there would be about 500 members and guests for a Dinner with Malaysian cultural songs and dances, including the Bersanding, Lion Dance and Judo.



READING AND LIFESTYLE

Dr. Arneet Arora

Professor and Head

Forensic Medicine and Toxicology, AIIMS, Bhopal

Reading was validated as good activity at home. Dancing, singing and sports were not. I read Perry Mason, Agatha Christie, Arthur Hailey and Eric Segal in high school. Reading 'Fountainhead' by Ayn Rand however was most stirring.

I was 17 years then and about to start my graduation in Medicine. Forensic Medicine became to me what Architecture was to Howard Roark in Fountainhead. A friend got me a book 'Autopsy' by Bernard Knight. This was a book written by an English Forensic Pathologist on Milton Helpert. I visualized myself doing best autopsies, examining cases like none other, writing meticulous reports and giving evidence in court, a lawyer like Perry Mason would appreciate.

After about 5 years, when I picked books again for my daughter, each book would add perspective. Lion King on circle of life, Harry Potter on magic in life and spirit of the dead, Cinderella on domestic violence and O J Simpson case on importance of evidence. Reading book by Sheryl Sandberg suddenly made me see feminism. I would seek equality for men and women, the dead and the live.

Each book makes one think, shows the shades one overlooked and brings in a silence which chants. When I read the Last Mughal by William Dalrymple the book stayed within like a philosophy. The movement of thought, from being focused on oneself to setting standards of work, serving the community, was perhaps a shift that happened without my knowledge in a very subtle way. Before I could realize, Howard Roark seemed like a distant image and creating a place like Milton Helpert did, Harry Potter ensured and Perry Mason stood in became more lucrative. Reading Robin Cook medical fiction kept the thrill going. The charm of the central character being larger than life was replaced by the feel of a hospital which stood the test of time, allowing life to move in a just and ethical way. Reading 'Working Stiff' no longer spoke about any person, it was all about teams, philosophies and justice.

Reading biographies no longer glorifies a person, but shows how several lives over generations create a magic. That developed a vision, then the strength and then creativity. I wonder whether my relationship with book continues to grow or has been the same. I wonder whether the book picks me or I pick a book. It is true however that they are the possessions I would like to be surrounded by. Yes I love them and have loved the various capacities they brought.



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CME

NOVEMBER 14, 2021

8:30 AM to 1:00 PM

CME Lectures & Educational Seminar*
(Breakfast & Lunch Included)

Venue to be decided

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DECEMBER 4, 2021

5:30 PM to 11:30 PM

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EFFECT OF DAMAGING AIR QUALITY ON HEALTH

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Wildfires have been erupting in California and nearby states at an alarming rate over the past few years, and the impact can be felt hundreds of miles away. Along with the destruction directly from the fires themselves, wind patterns can blow smoke from these fires to distant cities, making their air hazardous to health.

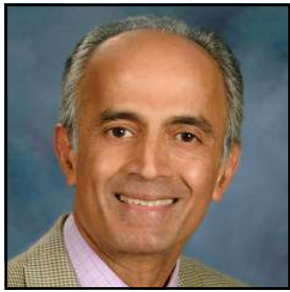
Smoke consists of different gasses and fine particles, which come from burned materials. These small particles can settle in a person's lungs as they are too small to be filtered out by our body's natural processes. However, molecules that are less than three microns can bypass this system and reach deep inside the lung. These small particles can cause a variety of short-term effects, consisting of not only asthma attacks, inflammation, but also more serious conditions such as cardiovascular and neurological issues. People who already have heart or lung disease face a higher health risk with a drop in air quality, as the air may aggravate pre-existing conditions. Children and teenagers are also at higher risk as their respiratory systems are still developing and are more likely to be active outdoors.

However, it is hard to determine some of the long-term effects of smoke inhalation as these events are sporadic. Some experts suggest that like cigarettes, a single instance of smoking would not increase the risk of lung cancer, but continually smoking cigarettes can greatly increase the chance of lung cancer. Similarly, multiple exposures to wildfire smoke would most likely lead to a higher chance of lung cancer.

The best way to protect yourself from smoke is prevention or minimizing the inhalation of it. If you see a haze, smell smoke, or know of a wildfire in your area, check the air quality index to find out if you need to limit outdoor activity. The most common way to determine the seriousness of the air quality is through the air quality index. This reports how polluted the air is and its potential health effects for certain populations. It is a scale that ranges from 0 to 500, where 50 represents good air quality that poses little harm to public health and a value of 300 represents hazardous air quality for the entire population. This number is calculated based on the amount of particle pollution, carbon monoxide, sulfur dioxide, and nitrogen dioxide in the air.

If advised to stay indoors, keep windows and doors closed and check if the air conditioner filter is clean before using it. Dust masks may also help prevent large particles entering your lungs, but they don't protect your lungs from smoke inhalation. An N-95 mask is a respiratory protective device that is designed to block at least 95% of very small particles, if properly fitted.

CLOSING REMARKS OF THE EDITORIAL COMMITTEE



Tirun Gopal, MD
Member

I was invited to join the Publications Committee of AAPI by Dr. Bhavani Srinivasan. I must confess that I initially had some serious trepidations about accepting this offer. But coming from a friend who I respected, I acquiesced. When the meetings commenced I found myself engaged, largely due to the obvious commitment of the other members to serve the organization. I then had the distinction of being asked by several members of AAPI to edit the articles they wanted to submit. It was quite a revelation; the talent, the erudition, the lucidity of the articles, and the depth and command over their subject and of the English language. It was a gratifying experience.

When you, the members of AAPI, hold the journal in your hands, leaf through it, and read the articles, I hope you feel the same sense of awe and inspiration that I felt, that there are people in our midst who are gifted with the ability to engage in a discourse on the pillars of health. Happy reading and the next time, be a contributor. We need to hear from you.



Abha Kulkarni
Medical Student

I had the privilege of joining the AAPI Journal Editorial Committee this year, as a medical student—a truly unique and rewarding experience! As the grandchild of poets and the child of physicians, I have always been surrounded by arts, writing, and medicine. Having the opportunity to bring these passions together was extremely fulfilling. This year has been challenging for a number of reasons for patients, physicians, and trainees alike. I hope that you, the reader, will gain from reading this journal what I gained from working on it: that lifestyle changes and wellness are central to our ability to care for our patients and for ourselves.

**AAPI
WISHES ITS
MEMBERS**

*Happy
Holidays*



CLOSING REMARKS OF THE EDITORIAL COMMITTEE

(Post face)

Leena Gupta, MD

Dear Readers,

This year has been an arduous journey for all of us, yet we have embraced it with a beam of hopefulness, even when there was only a glimmer of optimism amid the pandemic. The consequentialism of COVID-19 had made each one of us envision life contradictorily from our own somewhat fixed opinions of life and lifestyle. It is here where our theme of the journal evolved. During this phase, we all started to rethink, rekindle, and remind ourselves about taking a more holistic approach, perhaps going a little backward, but still trying to use evidence-based medicine to have a much-improved quality of lifestyle. We, as providers are the healers of the society and quite often forget to heal ourselves, while preaching the same to our society.

We, as part of the publication committee, have cherry-picked some of our authors who are leaders in lifestyle medicine, whilst some wordsmiths who carved out exclusive articles based on their experiences, and the remaining, we motivated them to pen their passions and philosophies onto paper. All these great writers have shared their opinions, notions and speculations which only came from their years of experience in their respective fields. These articles are filled with personal and professional experiences, many times that go beyond medical science into the realms of the spiritual mind, body, and soul.

The journey of creating this journal has been both a rewarding experience and a challenging feat. I want to extend my gratitude to our ardent president, Dr. Anupama Gotimukula for conceptualizing the theme which was her brainchild, as well as cheers to Dr. Bhavani Srinivasan, who as the editor of this journal led our group championed us to a successful reproduction of this amazing journal! Our committee also comprised of an excellent medical student Dr. Abha Kulkarni who has helped immensely by being a representative the of the youthful generation in AAPI and a resourceful liaison, and Dr. Gopi who contributed with some of his excellent ideas and insight into building of this journal. Finally, I want to personally thank each of the sponsors who seized the opportunity to advertise their products and service through our journal and brought AAPI and these companies one step closer for future collaboration.

This creative journal is an amalgamation of articles which will help our readers to step back and relax, realize our untapped potential, and rejuvenate ourselves once again. Through this short conversation of ours, I hope to have impacted life of every reader who reads this journal and hope that they have made some positive changes in his or her life.



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