

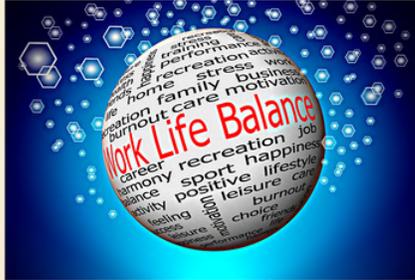
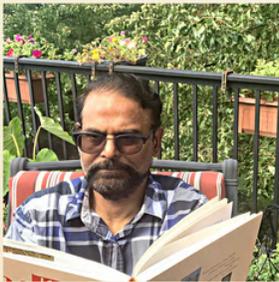
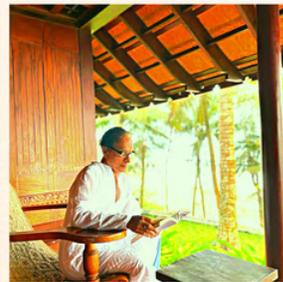
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AAPI FALL JOURNAL

American Association of Physicians of Indian Origin

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Serving AAPI for more than a decade

Leadership:

- AAPI Board of Trustees 2016-19 (Vice Chair 2018-19)
- AAPI Convention Chair 2019 & 2021
- AAPI Global Health Summit, Hyderabad 2019-2020
- AAPI Regional director South
- President & Chair BOT GAPI 2010 & 2013
- Chair, AAPI CME Committee 2022-23
- Chair, AAPI Awards Committee 2020-21
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- Chair, IMG Section Medical Association of Georgia
- Chair, Multi City Musical Program with Shreya Goshal for Atlanta/Georgia
- Chairman, Board of Directors, GATeS

Positions / Appointments:

- Member, Georgia Composite Medical Board (2021-Present)
- Founding Partner, CardioVascular Group PC
- Chairman, Board of Directors, eGlobalDoctors
- Director, GAPI Volunteer Clinic (2010-Present)

Honors & Awards:

- Multiple Gold medals during medical school
- SEWA International USA Lifetime Achievement Award 2020
- ATA/ TTA Community Excellence in Medicine 2018
- GATA Community Service Award in Medicine 2017
- Circle of Hope award for compassion in Medicine 2012 & 2017
- GAPI Physician of the year Award 2018
- Top Doctor award Gwinnett Health System 2014 & 2016

Let's work together to prevent/reduce Sudden Death



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EDITORIAL

LEENA GUPTA, MD

Chair, AAPI Publication Committee

In the past few years, I have written many articles for different journal, but none of them have I ever been so disillusioned as this one while attempting to write this reflection piece. I struggled for weeks, wrestling with my creative neurons, my crude heart, and my conjured spirit as to what I should allude to.

As history has shown to all of us innumerable times, pandemic gave me a fortuitousness to explore my inner sanctity and to repercuss on myself. I saw in me a writer evolving as the different phases of the pandemic evolved around me. My incredible relationship with AAPI grew with leaps and bounds and i became an esteemed member of this publication committee. Leading this committee not only validated me as a writer, but also endorsed me as a motivator, an artist, a thought leader, an extrovert, and an enthusiast, expressing through the lens of the journal.

I am honored to leading this important division of AAPI. I have observed an exponential evolution of 40 years of AAPI's existence, especially in the last few years. During the period of pandemic, we emerged out of a perplexity – not only as a more scientific world, but also overcame our own personal plight, professional predicaments, and pickled persona. Now looking back, we all learnt that communication is key in comprehending one's nascent self, bridging rapport with selfhood, and reshaping our own spiritual health. The gravity of this moment in time which we just passed, is astonishing. We have just begun to understand ourselves better, inspiring self at times of doubt and constantly trying to live a healthier life not only physically, but also mentally and spiritually.

It wasn't, hence, very difficult to come up with this current theme of this journal i.e., Physician Wellbeing, as we were already perceiving varying grades of moral injury at every doorstep and at every turn in our alleys of life. We saw our spirits migrating towards being a better human but how? What was each of our journeys? What was our growing aches and pains in the pandemic? What did we find when we saw our own reflection? What did we rediscover which we already knew? These questions needed a conduit to expression via our publication. The challenge remained- how to involve our fellow members, colleagues, and friends to ponder on their own passion, pursuits, and perseverance. It required every single creative neuron to work full time to channelize these questions into artifacts made of words, phrases, and sentences. The publication committee was as if a conduit for flow of creative juices of many AAPI members, to be able to express themselves in the comfort of their home organization journal.

This year, with an inclusive portfolio of the chair of the publication committee, I have the exclusive opportunity to inspire some, to toggle the inner self of few and to spur novel thoughts in the rest. The work of all the authors who contributed to this journal is truly commendable. These writers' topic varied from physician wellbeing to physician burnout across all fields, from depression to inversion therapy, from compassion to health care education, from the ecstasies of cooking to dancing with joy. I am grateful to all my friends who have been willing to share their experiences and their incredible journey with the rest of the world. This is yet another act of benevolence of sharing their own philosophies which were part of their inner selves but now will become part of the bigger world.

At the start of our journey, this project was a mere fantasy but soon it became a reality. Every single member of the committee deserves praise to bringing this prodigious journal to life, something we all envisioned together as a team, with constructive feedback from our president Dr. Ravi Kolli, our Board of Trustee representative Dr. Soumya Neravetla, our youngest champ writer Dr. Priyanka Kolli, our multi-talented Dr. Kriti Arora, our enthusiastic colleague Dr. Saraswathi Muppana, Dr. Rajam Ramamurthy who I relied on when I did not have answers to and above all, my dear friend Dr Sharma Prabhakar who always supported my kaleidoscopic vision for this project. I also will like to thank our incredible design team led by Ms. Subha Voleti as well as Ms. Vijaya Kodali.

Many people in my life have told me to do what you love and love what you do, the AAPI journal totally embodied it.

Happy reading!



COVER PAGE DESIGN

The cover page design is a byproduct of collective brainstorming by members of the publication committee. It was created on Canva by Leena Gupta, an art enthusiast and critical care physician.

The hexagon shape of the collage represents the six pillars of physician wellness. The pictures that make the hexagon were contributed by members of AAPI and represent the activities that help maintain their wellbeing. The background represents how nature has the utmost impact on our wellbeing. The slogan is an alliteration of the trinity of words for physician wellbeing – Wisdom, Wellness and Wholesome.

The physician wellbeing and physician burnout theme continues throughout this journal. A message to our readers; 'Self-care is the canvas on which we paint a healthy world, without the canvas there is no painting.'

We hope that you enjoy this fall journal as much as we enjoyed creating it and hope that you all will make self-compassion an integral part of your lifestyle

Publication Committee



MY FIRST 100 DAYS AS THE PRESIDENT OF AAPI

RAVI KOLLI, MD
President of AAPI 2022-23

I stated in my inaugural address in San Antonio at 40th annual Convention on June 25th, 2022, that I will serve with gratitude and humility as the steward of this esteemed and illustrious organization. The journey of a thousand mile literally started there with a small step. It has been a hectic first 100 days ever since and I have been traveling and meeting various community and our patron chapter leaders and attending conventions and meetings to promote our stated goals.

JUNE AND JULY 2022:

- Our first EC meeting on June 26th was addressed by Daaji of Heartfulness Institute who gave an inspiring message of compassion.
- The day after inauguration, I changed my plan and plane and took a detour to Chicago to meet with Guruji Sri Sri Ravi Shankar of Art of Living on June 27th. We had a meaningful discussion on physician wellness, mental health stigma and gun violence, which coincidentally were mentioned in my inaugural address as well just a couple of days previously.
- I took part at the ATA Convention in Washington DC on July 2nd to give a presentation on Diaspora Mental Health and Best practices for Mental Wellness to Heartfulness Meditation Group there.
- Attended the NRIVA convention in Chicago on July 3rd at Renaissance Schaumburg Convention Center and did a CME presentation on Diaspora Mental Health also and met with Sadguru Jaggi Vasudev in a small group meeting on July 4th.
- I did an online seminar workshop presentation on Physician Burnout for the EHAC Equitable Healthcare Access Consortium audience on July 8th.
- I attended CETI (Collaboration to Eliminate TB among Indian) online seminar on July 9th to applaud their phenomenal work under the leadership and guidance of Dr. Manoj Jain and under whose guidance, the team has been doing an amazing job and profoundly and fundamentally addressing the root causes.
- I joined a leadership meeting with Indian College Anesthesia at their ICA Webinar on July 13th coordinated by Dr. Kumar Belani.
- I had a long discussion with Dr. N. N. Raju, President of IPS Indian Psychiatric Society on July 13th, to collaborate with them on addressing Mental Health and Substance abuse challenges in India and invited them to join our GHS in Visakhapatnam from January 6-8, 2023.
- I attended Srimad Rajchandra Love and Care: SRLC USA Humanitarian Relief event in the inspiring presence of the Spiritual Master Pujya Gurudev Shri Rakeshji, founder of Shrimad Rajchandra Mission Dharampur (SRMD) on July 15th.
- I visited BAPS Temple, Robbinsville, NJ on July 16th upon the invitation by Dr. Sejal Mehta and had meeting with senior Sadguru Swamis and Dr. Parag Mehta, President of Medical Society of State of NY and discussed the spirituality and mental health.
- I attended APPNA - Association of Physicians of Pakistani Descent of North America convention in Atlantic City on July 16th and discussed with the President of APPNA Dr. Haroon Durrani and their leadership team on common goals to advocate and collaborate on.
- I took part in the virtual program on July 17th of the conclusion of HPV vaccination drive with the administration of second dose of vaccine, under the leadership of Dr. Anupama Gotimukula coordinated by Dr. Dwarakanath Reddy and Dr. Nau Nihal Singh.

MY FIRST 100 DAYS AS THE PRESIDENT OF AAPI

- On July 28th, I joined US House Speaker Hon. Nancy Pelosi, Congressional leaders Hon. Pramila Jaypal, Judy Cho, Frank Pallone and Dr. Ami Bera at the press meet on the Capitol Hill to discuss South Asian Heart Health Awareness and Research Bill HR 3771 Bill that passed the house and now in senate for voting.
- I presented an online CME talk on physician burn out to doctors at Goutami Institute in Rajahmundry, India on July 29th, moderated by our esteemed leader Dr. V K Raju of Eye Foundation of America.

AUGUST 2022:

- Canadian Rockies Family CME Tour: Over 65 members of AAPI joined for a memorable Canadian Rockies Tour from July 30th to August 6th arranged by ATG. We had 6 hours of CME presentations under the directorship of Dr. Krishan Kumar and coordinated by Dr. Meher Medavaram, Secretary of AAPI, and Dr. Ram Medavaram, RD of AAPI. I want to thank all our members and family that joined this tour and CME speakers Drs. Praful Bhatt, Prasad Chalasani, Naresh Dewan, Ravi Kolli, and Krishna Kumar, and Dr Neelagaru who gave a talk on leadership and entrepreneurship.
- I then attended AMCANA reunion on August 7th in Dallas and met with their leadership team to discuss and plan our AAPI GHS, cohosted by AMCANA under leadership of Dr. Prasad Chalasani and Dr. Ravi Raju in Visakhapatnam from January 6th -8th, 2023.
- I was in India from August 8th to 16th along with Dr. Vasudeva Reddy of Orlando, FL, the Health Advisor to CM of AP, to meet the Governor of AP, CM of AP and other ministers and officials to invite them to our GHS. We visited a Public Health Center to assess their needs and capabilities to understand how AAPI members can help in serving the rural population there.

We also met with the Principal and Professors of Ob Gyn and Pediatrics of Siddhartha Medical College, Vijayawada to discuss plans on how to reduce Infant and Maternal mortality in India. We are discussing various plans with the state government and NGOs to help in this area as well as developing a program to address mental health issues of students in all the schools in the state.

- I attended RAJMAAI reunion in New Jersey on August 20th and presented a CME talk on physician burnout and met with RAJMAAI leadership.
- AAPI leadership team has taken part in the historical India Independence Day parade in New York City on August 21st. It was a grand success and I want to thank all the leaders Drs. Visewasara Ranga, Anjana Samadder, Sudhakar Jonnalagadda, Gautam Samadder, Samul Rawal, Jagdish Gupta, Kavita Gupta, Raghu Lolabhattu, Hetal Gor, Amit Chakrabarty, Srinu Gangasani, Udaya Shivangi, Krishna Kumar, Vinny Jayam, Rakesh Dua, Sanjay Gupta, Sunita Polepalli, Sashi Makam and many other members who participated

SEPTEMBER 2022:

- I attended the combined GMCANA, RMCANA and SMCANA Reunion on September 18th in Dallas where over 600 of alumni from the 3 colleges joined and raised substantial amount of monies for their college building projects and clinical services and Dr. Rao Movva donated \$2.5 million Dollars to Guntur Medical College and Government Hospital Mother and Child Hospital Building.
- We had a very successful Legislators meeting at Senate Hall on Capitol Hill and a grand 75th India Independence Celebration at Indian Embassy in Washington DC on September 21st under the leadership of Dr. Sampath Shivangi, Chair of Legislative Committee.

MY FIRST 100 DAYS AS THE PRESIDENT OF AAPI

4 US Senators and over 15 Congress members, as well drug Czar, Dr. Rahul Mehta and Indian ambassador Hon. Taranjit Singh Sandhu addressed AAPI members and discussed various issues with members. I want to specially thank Dr. Sampat Shivangi, Chair and Dr. Kishore Challa, Co-Chair of AAPI Legislative Committee for personally connecting with US Senators and House members and inviting and arranging for their participation.

- I presented a talk on Mental wellness to community members online seminar organized by NATS in collaboration with AAPI.
- I and Dr. Sampath Shivangi met with External affairs Minister of India Hon. S. Jaishankar on September 25th in DC and invited him to our AAPI GHS in Visakhapatnam in January 2023 and annual Convention in Philadelphia in July 2023.

OCTOBER 2022:

We are having our AAPI fall governing meeting here in Atlanta from October 7th – 9th under the leadership of Dr. Srini Gangasani, Chair, Dr. Raghu Lolabhattu, Convener and Dr. Uma Jonnalagadda, President of GAPI, the host chapter. They have a fabulous event planned for all or GB members of AAPI to attend and enjoy.

CME AND EDUCATIONAL MEETINGS:

- We had AAPI CME programs on August 20th on Monkeypox by Dr. Amesh Adaljia and on September 17th (National Physician Suicide Awareness Day) on Physician Suicide by Drs. Prasad Padala and Ravi Kolli.
- We had non-CME presentations on September 10th World Suicide Prevention Day by Drs. Aparna Vuppala and Ravi Kolli.
- We have on September 28th by Dr. Tracy Wilson, DNP sponsored by Pfizer Inc on US Covid 19: Who is at High-Risk?
- On October 1st on World Heart Day AAPI CME program world renowned cardiologists Dr. Sekar Kathiresan of Boad Institute of Precision Medicine, MIT and CEO of Verve Therapeutics and Dr. Jaideep Patel of Heart and Vascular Institute of Johns Hopkins Medical School presented an innovative and informative state of the art cardiac medicine education program.

Dr. Sreeni Gangasani and CME team is doing a great job putting together cutting-edge CME programs for AAPI members.

AAPI Women's committee under leadership of Dr. Udaya Shivangi is doing suicide prevention awareness fundraiser. Please contribute generously to the fund "Making A Difference, One Life at a Time." Women's Committee under the leadership of Dr. Udaya Shivangi have been very supportive and innovative in their activities.

Academic Committee Chair Dr. Sharma Prabhakar is exploring options to renew the Observer ship program both as an office based as well as hospital-based program and working on creating a directory of Academic Physicians of AAPI.

Publication Committee Chaired by Dr. Leena Gupta and the team has done such wonderful job to bring out this fall 2022 edition of AAPI Journal. We are very thankful to our advertisers for their support and members for their articles, photos, and messages to make it happen.

ONGOING PROJECTS:

"AAPI-Adopt a Village" program of medical screening and health education is going from strength to strength under the leadership of Drs. Anupama Gotimukula, Satheesh Kathula and Gokula Murty in partnership with GTC and has completed 50 villages in AP, Gujarat, Himachal Pradesh, Karnataka, and Telangana and on the course to complete 75 villages as planned. We have an event on October 2nd on Gandhiji's birthday anniversary to present an interim report to all the sponsors and members of AAPI. Please continue to support and participate to execute next phase of the project of providing the preventive and primary care in person and virtually to patients in these villages.

Heartfulness meditation groups are being conducted by Drs. Chandra Koneru, Jay Thimmapuram and team on a regular basis as a Physician Wellness initiative of AAPI in collaboration with Heartfulness Institute.

MY FIRST 100 DAYS AS THE PRESIDENT OF AAPI

UPCOMING EVENTS:

- Our upcoming events include AAPI Family tour to Vietnam and Cambodia with 2023 New Year eve celebrations in Kaulalampur, from December 23rd, 2022, to January 2nd, 2023, followed by
- Pre GHS-City tour of Visakhapatnam and trip to Scenic Araku Valley from January 3rd to 5th followed by AAPI Global Health Summit GHS from January 6th to 8th, 2023 at Novotel Varun, the beach front premiere hotel and venue in Visakhapatnam, AP.
- YPS Winter Medical Conference in Las Vegas from February 17th -19th.
- February 26th – March 11th: New Zealand - Australia CME Tour
- Spring Governing Body Meeting will be in Huntsville, AL in March 2023.
- AAPI annual Convention in Marriott Downtown Philadelphia July 6-9, 2023

I am so fortunate to have such a talented and dedicated group of EC, Committee Chairs and teams, BOT and patron chapter leadership supporting, taking part, guiding, advising, planning, and executing various activities of AAPI. I am immensely indebted to all of you for your unconditional support and encouragement.

I want to reiterate again, that we will work together to promote our values of professionalism, collegiality, excellence in patient care and enhance AAPI's reputation as a premier professional organization offering educational programs, networking and advocacy and that I believe in humility and not hubris, reconciliation and rapprochement, being empathic, and being compassionate as well as passionate to join for a common causes unitedly with a vision and in unison.



**Karmanyevādhikāraṣṭe mā phaleṣu kadācana |
mā karmaphalaheturbhūrmā te saṅgo'stvakarmani || 2-47**
**To work alone you have the right, and not to the fruits.
Do not be impelled by the fruits of work.
Nor have attachment to inaction.**





BOARD OF TRUSTEES CHAIRMAN MESSAGE

DR. VISHWESHWAR R. RANGA
Elected Chair, AAPI Board of Trustees

I'm honored to serve as the Chair of the AAPI Board of Trustees.

As practicing physician from Las Vegas, I have proudly watched American Association of Physicians of Indian Origin grow from one of the ethnic associations to a respected, preeminent professional organization. Achievements are many, but our guiding principle remains the same: play a dynamic role in advocating health policies and practices that best serve the interests of the patients.

AAPI's mission is to develop an engaged and effective membership with a commitment to life-long learning and the ability to adapt in an ever-changing and dynamic medical field. Those skills are needed more than ever today as we grapple with issues that will surely affect future medical graduates.

Our goal is to formalize and create AAPI leadership academy working with executives from American Medical Association for the development of leadership roles for all AAPI members. We want to work hard to meaningfully engage young physicians, stir some excitement and attract them to AAPI. They are the future of AAPI.

As a responsible organization, we cannot predict but prepare ourselves to face any kind of challenges and be ready for the future. Our member physicians, our healthcare heroes, have gone beyond their call of duty to during the recent pandemic by placing their lives on frontline and working hard to Covid-19 through preventive efforts.

AAPI is very close to our hearts, and we want to see it as more of an inclusive outfit, making a clarion call to physicians of Indian origin serving in some of the remote areas of the country to be part of this great organization and be driving forces of change.

We'll continue with our relentless efforts toward making AAPI a mainstream organization and work on issues that impact our membership like physician shortage and credentialing.

We need to work as a team and ensure that AAPI's voice is heard wherever relevant decisions are made that impact the physician community.

While we perform our duties as responsible physicians in the adopted land, we need to stay in touch with our roots. We must laud efforts of AAPI Covid Team to mobilize resources and help during the peak of pandemic in India. We will have to continue collaboration with governmental and humanitarian organizations by more deeply involving in projects that educate and bring awareness on drug abuse, gun violence other social evils.

Together we are stronger and together we will prevail!

YOUNG PHYSICIANS SECTION PRESIDENT'S MESSAGE

POOJA KINKHABWALA, DO
AAPI YPS President



The Young Physician's Section is working on continuing the momentum of this past year. We held our first official YPS Event on August 20, 2022, which was our Wellness Seminar featuring Yoga and Mentorship sessions. We are planning to continue holding virtual events and seminars including more Wellness Retreats, Speed Mentorship Sessions, and Bolly fit Classes. We have also been updating our YPS lists to increase engagement in YPS and other AAPI events.

We are looking forward to our 2nd Annual Fall Networking Retreat which is to be held in Chicago, IL in conjunction with MSRF from September 30th-October 2nd, 2022. This allows us to not only strengthen our connections with fellow young physicians but also increase our membership through grassroots efforts and engage with local chapters.

We are very excited to invite everyone to our 10th Annual Winter Medical Conference which will be held in Las Vegas, NV February 17-19th, 2023. The Winter Medical Conference is not only a venue for Young Physicians and Physicians in Training to network and showcase innovative research but is also a great opportunity to develop leadership skills, learn about new changes in the medical field, and how to engage in advocacy efforts. Some of our past speakers have included Dr. Vivek Murthy, Dr. Poonam Alaigh, Dr. Kiran Patel, and Dr. Bobby Mukkamala.

On behalf of the YPS board, we would like to thank everyone for their support and hope to see you all at future YPS events!

MEDICAL STUDENTS, RESIDENTS, FELLOW SECTION (MSRF) PRESIDENT'S MESSAGE



AMMU SUSHEELA, MD
AAPI MSRF President

AAPI MSRF had a productive quarter with following activities. MSRF organized the research symposium of national AAPI conference in San Antonio which had over 50 submissions. Selected abstracts were showcased as oral and poster presentations. MSRF is planning for WMC Feb 17-Feb 19, 2023, at four seasons hotel, Las Vegas with YPS and are conducting research symposium, Jeopardy, program directors panel and several speakers panel from MSRF. We are also collaborating with JAAPI for research symposium for abstract publication.

MSRF collaborated with YPS for Chicago networking event on September 30-October 2, 2022, at Fairmont Hotel. MSRF also circulated details and encouraged students to submit abstracts for golden Stethoscope award at Chicago. MSRF is currently partnering with USMLE Sarthi and hosted 1st webinars on July 24 regarding CV and clinical rotations. MSRF send out 1st Newsletter in July to our database of over 1005 MSRF members.

Our upcoming plans include fellowship and residency program directors panel, mentorship webinar, and suicide prevention panel. AAPI MSRF is creating local AAPI MSRF chapters and encouraging national participation. MSRF is creating program directors of Indian origin database for all residencies and fellowship and helping to revamp AAPI observership program. MSRF has planned community service and fundraising events at Vegas during WMC.

AAPI MSRF is collaborating with Albany medical center AAPI chapter for South Asian Cardiovascular Health on October 7, 2022. MSRF is currently trying to collect all the medical school chapters to try to make a centralised database to increase national involvement. MSRF drafted a letter in strong support of H.R. 3771: South Asian Health Awareness and Research Act of 2021.

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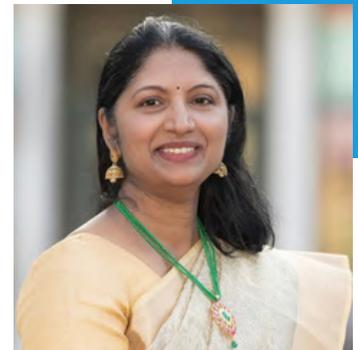
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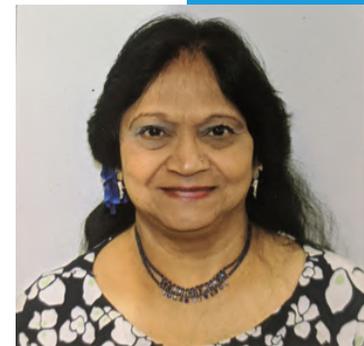
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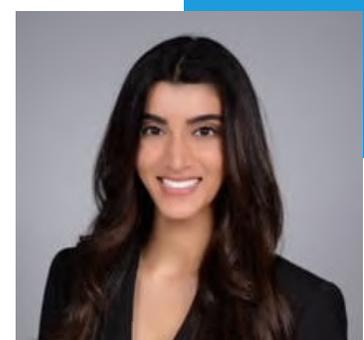
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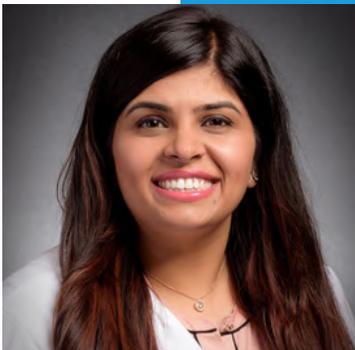
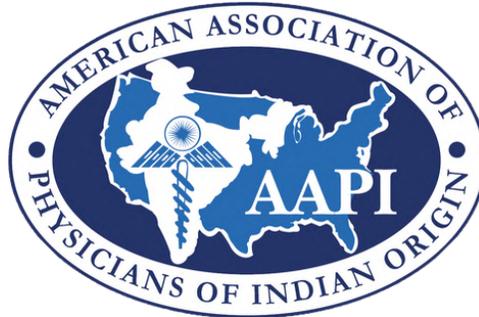


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~ Physician, Tampa, Florida

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TREASURER REPORT



SUMUL N. RAVAL, MD, DABPN
Treasurer, AAPI

Cash Balances in Various AAPI Accounts - October 5, 2022		
CHASE BANK ACCOUNTS		
2022-23 Accounts		
	COAC (...7201)	\$4,741.03
	YPS (...0973)	\$60,201.74
	MSRF (...2615)	\$3,835.26
	Membership Dues (...9728)	\$8,480.59
	Office Expenses (...1361)	\$233,170.51
	2023 Convention (...7628)	\$10,500.00
	Operations 2020 21 (...7636)	\$107,647.68
	Covid19 Fund Account (...7651)	\$14,878.94
	India COVID Relief (...5353)	\$1,719,604.07
	GHS 2023 (...6589)	\$12,006.95
2021-22 Accounts		
	2022 Convention (...2868)	\$337,795.86
INVESTMENTS ACCOUNTS WITH RAYMOND JAMES		
AAPICF - Investment Account		\$2,962,905.90
AAPICF - Current Account		\$36,382.05
AAPI-BOT Account		\$2,485,219.16
AAPI-Executive Account		\$77,753.73
Kakani Foundation Account		\$85,219.66
AAPI-Donor Benefactor Endowment Account		\$271,330.72
Project Oriented Fund		\$21,042.48

TREASURER REPORT

AAPI Office Expense/Operating/Membership Accounts			
Income & Expense Statement - July 1 to Oct 5 2022			
INCOME (July 1 to Oct 5 2022)	Office	Operations	Membership
6% BOT	\$159,098.89		
5% EC	\$17,003.22		
AAPI Journal Advertising		\$5,600.00	
JAAPI		\$750.00	
Adopt-A-Village Income		\$20,000.00	
Observership Program		\$200.00	
Patron Membership (53 Members)			\$5,300.00
India Covid Donations			
GHS 2023		\$5,196.35	
TOTAL INCOME (July 1 to Oct 5 2022)	\$176,102.11	\$31,746.35	\$5,300.00
EXPENSE (July 1 to Oct 5 2022)	Office	Operations	Membership
Adopt-A-Village Expense		\$18,000.00	
CME Expenses		\$690.00	
Bank Charges		\$52.05	\$50.00
CC Fee		\$277.80	\$302.46
Contributions		\$10,500.00	
IT Expense	\$993.98		
Legislative Day Expense		\$1,659.38	
Insurance	\$4,902.50		
Misc Expense		\$69.95	
Office Expense	\$7,421.53		
Postage		\$8.95	
Staff/Contractors	\$34,881.56		
Travel		\$286.60	
TOTAL EXPENSE (July 1 to Oct 5 2022)	\$48,199.57	\$31,544.73	\$352.46

ADOPT A VILLAGE COMMITTEE REPORT



SATHEESH KATHULA, MD, FACP
Clinical Professor of Medicine
Chair, Adopt a Village Committee
Vice President, AAPI

Majority of the Indian population lives in villages and there is no concept of preventive healthcare in India, especially in rural areas.

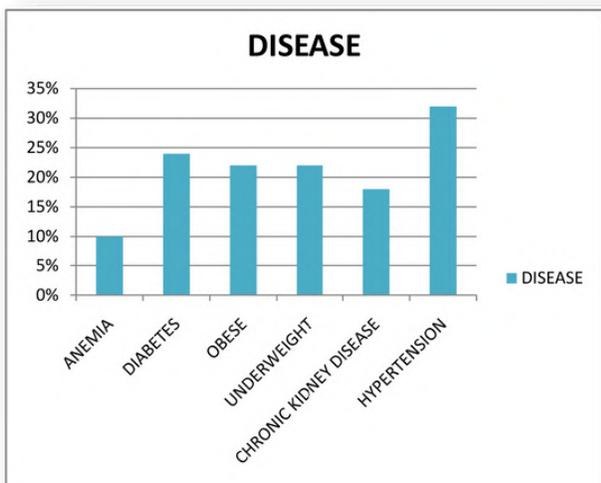
Non communicable diseases (NCDs), often termed as “silent killers”, account for a significant number of deaths and morbidity. The American Association of Physicians of Indian Origin (AAPI) has initiated a Rural Health Initiative to provide free screening for NCDs including diabetes, hypertension, hypercholesterolemia, chronic kidney disease, anemia, hypoxemia, and malnutrition.

Dr. Anupama Gotimukula, immediate past president of AAPI and the committee embarked on free screening for NCDs in 75 villages to commemorate 75 years of India’s independence.

Thus far, screening has been completed in close to 50 Villages with 10 more to be done in the near future. We are hoping to complete 75 villages by the end of this year. Dr. Ravi Kolli, the current President of AAPI, has graciously agreed to continue the project in his term.

The screening tests include CBC, HbA1C, lipid profile, creatinine, pulse oximetry, measurement of blood pressure, height, and weight. Patients are given healthy snacks, multivitamin tablets, and paracetamol as needed for pain on site. Counseling is provided if anyone has abnormal results. To date, we have screened thousands of patients in 4 states including Andhra Pradesh, Gujarat, Karnataka, and Telangana. Soon we will be conducting free comprehensive screenings in Himachal Pradesh and Tamilnadu.

The data collected from the screenings has been very intriguing. This will help establish a preventive health task force in India. AAPI in partnership with Global Teleclinics (GTC) is in the process of launching Digital Integrated Prevention and Management (DIPAM) program with the vision of raising awareness of disease management and reversal of NCDs to improve healthcare outcomes by connecting rural India with medical providers. Many thanks to the sponsors and Global Teleclinics for taking part in this much needed project.



TOTAL STATES	4
TOTAL VILLAGES	46
PEOPLE SCREENED	5346
MEDICAL CONDITION	DISEASE
ANEMIA	10%
DIABETES	24%
OBESE	22%
UNDERWEIGHT	22%
CHRONIC KIDNEY DISEASE	18%
HYPERTENSION	32%

ADOPT A VILLAGE COMMITTEE REPORT

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S.NO	NAME OF THE SPONSOR	NAME OF THE VILLAGE	DISTRICT/STATE
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25	Dr. Rao Movva	Ventraragada	Krishna
26	Dr. Rom Mohan Kopparthi	Royyuru	Krishna
27	Dr. Jagan Kakarala	Alikam	Srikakulam
28	Jyothi Sri Pappula	Pappula Vari palem	East Godavari
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35	Anoop & Amita Mamtani	Dadiyapura	Ahmedabad/Gujarat
36	Anoop & Amita Mamtani	Rajpur	Ahmedabad/Gujarat
37	Anoop & Amita Mamtani	Jalalpur	Ahmedabad/Gujarat
38	Anoop & Amita Mamtani	Ranoda	Ahmedabad/Gujarat
39	Anoop & Amita Mamtani	Undavi	Bhav Nagar/Gujarat
40	Dr. Ramesh R Karia	Sanjanasar	Bhav Nagar/Gujarat
41	Dr. Nirav Parik	Hansot	Bharuch/Gujarat
42	Dr. Sumul Raval	Bilimora	Navasari/Gujarat
43	Dr. Jayesh Shah	Jambughoda	Panchamahhal/Gujarat
44	Dr. Yogesh shah		Gujarat
45	Anoop & Amita Mamtani	Open	Himachal Pradesh
46	Anoop & Amita Mamtani	Open	Himachal Pradesh
47	Dr. Shikapur Manjunath	Humchadakatte	Shimoga/Karnataka
48	Anoop & Amita Mamtani	Kesarmadu	Tumkur /Karnataka
49	Anoop & Amita Mamtani	K.Palasanra	Tumkur /Karnataka
50	Dr. Anuradha maan	Guluru	Tumkur /Karnataka
51	Dr. Bhaskar Purushottam	Guluru	Tumkur /Karnataka

ADOPT A VILLAGE COMMITTEE REPORT

TELANGANA



KARNATAKA



GUJARAT



CONVENTION 2022 REPORT



JAYESH SHAH, MD

Chair, AAPI Convention 2022
Past President, AAPI

Bienvenidos San Antonio, Tejas!
It is with a deep sense of gratitude I write this report about the 40th AAPI Annual Convention in San Antonio. The Convention was unique in many ways. All of you are aware of the challenges of holding a Convention during the Covid times. But our convention team worked hard to make sure that event was enjoyable and safe at the same time. We limited our registration to a maximum of 1000 attendees when we planned this convention a year ago. We had booked a limited number of rooms to minimize any liability to AAPI and then once those rooms were occupied, we booked another set of rooms. And it is with great pride I report that San Antonio Convention for a second time will bring a large amount of profit to the AAPI

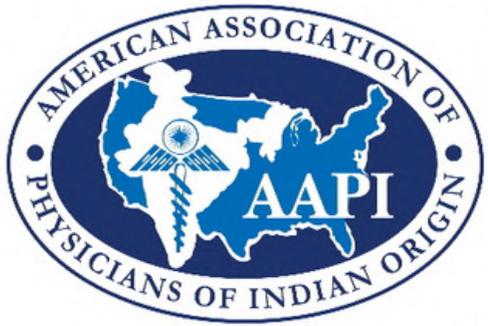
The convention began on Thursday, June 23rd, with the theme of Unity in Diversity. The evening started with a beautiful home team production of Latin Fusion Dance organized by Texas Indo- American Physician Society (SW Chapter), Bollywood dandiya, Colorful Rajasthani dances, and ATMGUSA Telugu Dhamaka. On Friday 24th, there was a fashion Show, a colorful Rajasthani dance again, and a concert by young talent ABBY V. On Saturday 25th, we celebrated International Day of Yoga on the Riverwalk. There were hundreds of people doing Yoga all around the Riverwalk. The final evening began with the Presidential Banquet with an official change of guards for the AAPI followed by a live show by one of the best of Bollywood's "Shaan." On Sunday 26th, we bid you "Hasta la Vista" with a closing ceremony.

The 2022 exhibit hall C was the vibrant nerve center of the convention. The unique layout offered maximum exposure to the pharma and commercial booths. On the exhibition stage, convention was inaugurated by the Mayor of San Antonio Hon. Mr. Ron Nirenberg and the Houston Consulate General of India Mr. Aseem Mahajan. The Exhibit Hall stage had performances to keep our attendees in the exhibit hall engaged. The research pavilion was in the Exhibit Hall and for the first time, we had digital posters to view the outstanding works of our students, residents, and fellows.

The most unique part of the convention was our Yoga-based Wellness Package which was thoughtfully created with world-renowned speakers. It truly reflected the theme of "Heal the Healers." Our speakers were some of the best-known names in Wellness and Yoga- Drs. Akil Taher, Kaushik Reddy, Ajeya Joshi, Pankaj Vij, Param Dedhia, Sadhvi Saraswati, Dr. Smita Mehta, and Dr. Sat Bir Khalsa. Yoga Guru Sharath Jois, Drs.

Our Plenary Speakers were outstanding with Dr. Jack Resneck, AMA President, and Dr. Peter Hotez, Nobel Prize Nominee. Other Keynote speakers included legendary Mr. Sunil Gavaskar, Hon. Mr. Taranjit Singh Sandhu, Ambassador of India and Dr. Rahul Gupta, Director, National Drug Control Policy. We had bipartisan representation by Congressmen Mr. Joaquin Castro (Democrat), Mr. Tony Gonzalez (Republican), and a Video message by Governor Abbot (Republican) during the Convention. We also submitted a white paper of idea@75 for India from the Panel Discussion to the PMO office in India.

I want to express my heartfelt gratitude to my co-chairs, Drs. Kiran Cheruku, Shankar Sanka, Rajeev Suri, and Hetal Nayak, and unwavering admin support from Mr. Venky Adivi, Convention CEO, Convention COOs Mr. Reddy Yeluru and Mr. Ram Joolukuntla, Advisors Drs. Vijay Koli and Dr. Rajam Ramamurthy, and Ms. Vijaya Kodali in the AAPI office. My admiration and thanks to Dr. Anupama Gotimukula whose vision, engagement, and enthusiasm kept the team going. It was indeed a team effort by hundreds of San Antonio volunteers who put their hearts and souls into it to make sure we treated each one of you with our age-old tradition of "Atithi Devo Bhava." With warm regards and heartfelt gratitude,



40TH AAPI CONVENTION JUNE 23-26, 2022



BE THE TIGER



NIKETNA VIVEK

Current second year
medical student at
Vanderbilt University
School of Medicine

Ideally, we all love an ambitious workout session during the day. But due to our over-worked sluggish physician minds, a power nap during that hour-break may sound more appealing than a physically demanding workout. It is not our fault that after long 14–16-hour shifts, many of us cannot muster up the energy to pull that 5k run. If you are not one of the lucky physicians who can dictate your hours, trust me, we can still get that same result following this trick that I personally follow myself — a mini-workout, or even a micro-workout.

Just imagine this: our bodies need fuel, and it somehow gets it in the form of meals, snacks, energy drinks, sodas, gums, just about anything, anywhere. Even if we don't have time to sit down and eat a proper meal, we still somehow find the time to satiate our energy demands. A micro and mini workout operates on a similar concept to these pesky snacks. Just as much as we have fuel needs, our bodies also need to burn that fuel in a proper way that will lead to a stronger self. Short 2–3-minute bursts of high intensity workout sessions may be more effective than longer less intense workouts. These short but intense workout sessions will provide a cumulative effect of a prolonged workout session, only with the added benefit that it does not prompt cortisol that usually get produced from longer sessions. The goal is to build a healthier lifestyle and a stronger body, and not just pull an intense Arnold-session at the gym every day.

If you have space in your office, put a workout-bike inside and do an intense three-minute climb. If you have a spacious office, even install a treadmill, and do a 3 min-sprint, close your door and do 40 pushups. You can try to store some dumbbells at your desk and do bicep curls. If nothing else do three-minute elbow-to-knee jumps at your desk. Walking under a doorway? Jump up to do those pull-ups. Just seek out mini breaks and opportunities to put your body under brief resistance training. I personally found that incorporating a five-mile run spread during the day almost never gave me a stiff leg the next day. My energy levels and spirit were always elevated. Some may find it hard to do an intense workout without stretching or warming up, but following primal health practices, one does not need to warm-up for short burst workout sessions. Just as the Bengal tiger doesn't need a warm-up to do a pounce, you don't need one either.

Go tigers!

Do your workouts. There is no excuse!



ADDENDUM TO THE AAPI SPRING JOURNAL 2022

We apologize for publishing the editorially corrected manuscript with a different photograph on behalf of the AAPI Publishing Committee 2022, instead of the original submission of Dr. Vandana Agarwal.

Leena Gupta, MD
Member,
Publication Committee, 2021-2022

EATING TO LIVE, NOT LIVING TO EAT

THE IMPORTANCE OF NUTRITION FOR WELLNESS



HARITA RAJA, MD

Bethesda Women's Mental Health
Reproductive Psychiatrist
Founder/Medical Director at Bethesda
Women's Mental Health

Historically, the concept of food affecting physical and mental health has been overlooked. In many cultures, sharing food is used to show people respect, reverence and regards for them.

When we look at the human body, it is astonishing to see how intimately the gut and brain are intertwined. The vagus nerve modulates the brain-gut axis in a bilateral fashion. The gut has been referred to as the "second brain" as it houses hundreds of millions of neurons and appears to be essential for functioning. It has its "good guys and bad guys." When in balance, we thrive, but when imbalanced, we can experience negative mood.

We will focus on three avenues for improving mood using food: probiotics, omega 3s and sugar.

Probiotics are live bacteria that help to break down food and reduce gut inflammation. These mechanisms have shown to improve mood. Examples of probiotic-rich foods include dahi, idli, paneer and dhokla. Messaoudi et al found that a daily probiotic formula, as compared to placebo, led to less depressive symptoms. Interestingly, there were also found to have less cortisol, a hormone released in response to stress, in their urine samples.

Omega-3 fatty acids are a vital component of our cell membranes and metabolism. They lower inflammation within the body. These fatty acids are not produced within the human body and have to be ingested in our diet. There are three main types of fatty acids, alpha-linolenic acid, eicosatetraenoic acid (EPA) and docosahexaenoic acid (DHA). Both EPA and DHA are associated with mood. Omega-3 fatty acids are most prevalent in fish, specifically salmon, but also in cauliflower, spinach, and walnuts.

There are over fifty different words for sugar! When we eat sugar (including carbohydrates and simple sugars), our blood sugar levels increase. Ideally, our pancreas releases insulin to remove this glucose from your bloodstream and redistribute it to our muscles, liver and fat cells for energy storage. If blood sugar levels come down too quickly, we can experience depressive-like symptoms and fatigue. In order to rebalance, our body signals for the release of cortisol. Again, for some, this can lead to a feeling similar to anxiety.

Glycemic index is a numeric value (0-100) that is assigned to foods based on how drastically food makes our blood sugar rise. Food with high glycemic index cause our bodies to have extreme peaks and crashes in blood sugar, leading to significant mood and anxiety implications. For example, Indian sweets has one of the highest glycemic indexes. A meta-analysis showed people who drank beverages with sugar were at a higher risk of depression versus people who did not. Increased sugar has also been shown to increase inflammation in the brain.

Awareness is the key to progress. This was just a glimpse into nutrition and wellness. As Hippocrates, the Greek founder of Western medicine said, "Let thy food be thy medicine and let medicine be thy food." This has never been more relevant than today!

YOGA-BASED PRACTICES TO PROMOTE PHYSICIAN WELLNESS



SHARMA S PRABHAKAR, MD MBA FACP
Professor of Medicine,
Texas Tech University Health Sciences Center



While the physicians are often engaged in busy schedules to care for the sick and frail with multifactorial complications, the wellness of the physician is often at risk and has not been addressed adequately for decades. However, there is a vast amount of data documenting the spectrum and the magnitude of stress and consequent burnout amongst physicians. Several strategies have been proposed to address and alleviate this major issue among the medical professionals. One approach that is gaining grounds rapidly is Yoga based intervention. The following brief article gives a short narrative of benefits of Yoga on salutary effects on body and mind and outlines the existing evidence that supports the use to Yoga to promote physician wellness.

Yoga, Body, and the Mind.

While any form of exercise promotes health and general well-being of a person, Yoga based practices provide additional benefits. Yoga in a broad sense means union of the body with the spirit and there are multiple strategies for the same including the various Yoga exercises and meditation. Unlike most forms of physical exercises which involve rapid and rigorous body movements, yoga exercises involve slower movements and various body postures that promote physical flexibility, strengthen the muscles, and relieve anxiety. Meditation, which is often integrated into Yoga-based practices, on the other hand trains one to attain mental tranquility, increases self-awareness and improves attention span.

Yoga and Physician Wellness:

Scientific data: In the last two decades several studies were published that support the beneficial role of Yoga based interventions to combat physician burnout and promote physician wellness. Essentially physician burnout is reported in approximately 30-40% of practicing physicians. In a very recent report (Lowenthal et al, Glob Adv Health Med. 2021) from Harvard University, investigators conducted a randomized controlled study of the RISE (resilience, integration, self-awareness, engagement) program amongst resident physicians of various specialties in 3 academic centers. Although a small-scale study, in this first controlled study of Yoga based MBI (mind-body intervention) resident physicians who received RISE program demonstrated improvements in mindfulness, stress, burnout and overall wellness. These benefits were sustained well beyond the study period. In another study Shield et al (Workplace Health Safe 2020 Dec;68(12):560-566) reported a pilot study of a 6-week Yoga based RISE program amongst Neonatologists and Obstetricians. Results show a statistically significant improvement in burnout, professional fulfillment, interpersonal disengagement, stress, resilience, anxiety, and depression which persisted months past the study closure. In another controlled study involving a diverse group of professionals other than physicians, Trent et al (J Altern Complement Med. 2019 Jun;25(6): 593-605) demonstrated that a RISE program resulted in a statistically significant improvement in stress, resilience, job satisfaction and mindfulness compared to the control group.

In summary, physician burnout is a recognizable problem in a large proportion of physicians that warrants remediable programs to preserve and promote physician wellness. Emerging evidence from clinical studies illustrate how Yoga-based therapies could have significant salutary effects on ameliorating stress, anxiety, and promoting physician wellness.

HEARTFULNESS FOR HEARTFUL PHYSICIANS



**MURTHY GOKULA,
MD, CMD, DIP ABLM**

Clinical Associate Professor,
University of Toledo,
Dept of Family Medicine,
Geriatrics Specialist/CEO



**JAYARAM THIMMAPURAM,
MD, MRCP, FACP, FAIHM**

Academic Hospitalist
Clinical Adjunct Professor
Internal Medicine
WellSpan York Hospital

In the attitude of silence, the soul finds the path in a clearer light, and what is elusive and deceptive resolves itself into crystal clearness. Our life is a long and arduous quest for Truth.

— Mohandas Karamchand Gandhi, 1869–1948

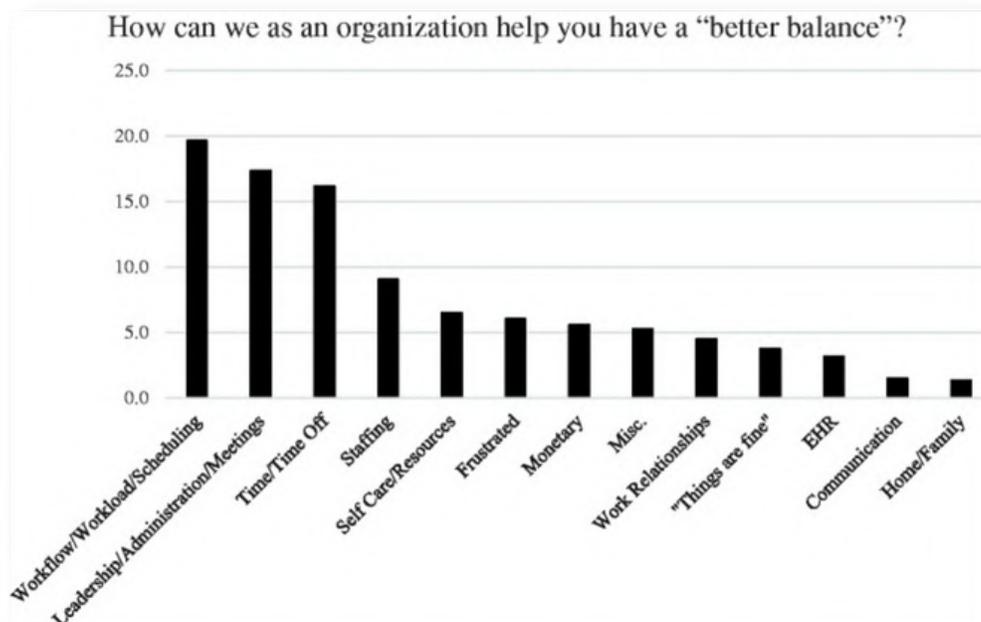
Physician wellness and burnout are essential topics and solutions are needed to help them. Healthcare professionals are facing unprecedented work pressures and social isolation during the COVID-19 pandemic, worsening loneliness and sleep problems.

Burnout is a response to chronic work stress caused by emotional exhaustion, depersonalization and reduced personal accomplishment.

Burnout amongst physicians can lead to substance abuse, poor interpersonal relationships and suicidal ideation, poor quality healthcare delivery and patient dissatisfaction.

Reducing burnout with STRESS MANAGEMENT is one of the 6 pillars of lifestyle medicine. We should invest in our young physicians, set an example for balance and a healthy work-life balance like two wings of a bird, and support them while working. Burnout is related to gender, marital status, work environment, interpersonal and professional conflicts, emotional distress, and low social support.

Factors that are usually responsible for burnout in a study done by Dr..Timmapuram are in Fig:1



HEARTFULNESS FOR HEARTFUL PHYSICIANS

In a recent systematic review, various interventions are helpful. There are three types of interventions: 1. Individual-focused, 2. Structural or Organizational, and 3. Combined interventions will bring change to reduce burnout.

Individual-focused interventions proven to help are self-care workshops, stress management skills, communication skills training, yoga, massage, mindfulness, and meditation.

Structural or organizational interventions include rotating workload, stress management training, group face-to-face delivery, teamwork/transitions, balancing, debriefing, and focus groups.

2. Slow down and Breathe:

Slow down and breathe to enjoy the presence of life within you, which will manifest in your actions in your professional life.

3. Prioritizing Mind and Body:

Meditation helps in gaining confidence, building better relationships, and practicing discernment.

4. Journaling:

After meditation journaling, your experience of the time in meditation brings contentment, peace, and joy to each of our lives.

5. Stability of meditation:

Create routine and stability in your life using a daily timetable.

“ If all of the knowledge and advice about how to beat burnout could be summed up in 1 word, that word would be balance— balance between giving and getting, balance between stress and calm, balance between work and home. ”

Christina Maslach

Combined individual focus structural or organizational interventions include:

- Snoezelen stress management and resiliency training.
- Stress management workshops.
- Improving interaction with colleagues through personal training.

Meditation is not complicated. It is a habit that can be built over time by starting small and being consistent.

The beneficial habits of meditation:

1. An Improved Sleep Cycle:

We usually have a monkey mind and are addicted to social media. Decreasing screen time and instead spending time reading and reflecting will help us relax and sleep early.

Meditation has numerous benefits, including improved focus and creativity, better immune function, increased self-awareness, and increased stress and anxiety tolerance. It can also help to take care of patients, such as those with chronic pain and disability, those with anxiety and depression, and noncompliant patients.

In conclusion, Meditation is a beautiful tool to open up the wisdom of the heart and refine the intellect. It can help us soar higher and higher.

INVERSION THERAPY USING INVERSION TABLE



BALVANT ARORA, MD, MBA
CEO, Arora Plastic Surgery & Med Spa
The Hair Loss Clinic

C ONCEPTUALIZATION:

The concept of hanging the body upside down for improving health was discovered centuries ago. For example, in yoga, the Shirshana or headstand position is an asana which involves a pose where one must stand on one's own head and has been in use by yoga practitioners for temporarily reversing the direction of gravity. It is also known as the king of all yoga asanas or postures. When done correctly and under the guidance of a yoga expert, it is very beneficial.

Normally as the time goes on, because of gravity, there is gradual flattening of the spinal discs. The function of these discs is to absorb shock between the vertebrae. Due to the compressive effect of gravity, stress, weak abdominal and back muscles, lack of exercise etc. all this leads to back pain.

In headstand, the body's weight is borne on the head and neck and hands/arms/elbows, whereas in inversion therapy using inversion table, all the joints in the body bear the weight in an equal and opposite manner and are in a same position of joint alignment. In headstand, the additional benefits which a person gets are better body balance and strengthening of the neck muscles.

The thing to remember is not everyone can do headstands and it also does not relieve compression. Here's where the inversion therapy comes in. It is an easier method where one can achieve almost all the benefits of headstands by using inversion table.

PROCEDURE:

Inversion therapy comprises of hanging the body upside down using an inversion table, so that gentle traction is applied to the spine. Inversion therapy benefits by gradually reversing the effects of gravity and aging by stretching spine and elongating the body. It helps reduce or eliminate back pain and helps improve the posture.

BENEFICIAL EFFECTS:

The following are its [positive effects on the body

- Improves blood circulation to head which in turn results in many other benefits such as improving memory, mental prowess, concentration and reducing hair loss. - As in Shirshasana
- Helps the better functioning of the Thyroid and Parathyroid gland.
- Helps toning the digestive system.
- Results in relieving the pressure from the veins in the legs, so individuals suffering from varicose veins will find great relief.
- Helps reduce hemorrhoids, in a similar way.
- Helps those suffering from insomnia or having other sleep problems.
- Encouragement of the venous return to heart by using gravity -stimulates deeper breathing, thereby strengthens the lungs, and increases energy levels.
- Helps improve spinal alignment, decrease tension headaches.
- Inverts and Repositions the internal organs.

CONTRAINDICATION:

Inversion therapy using inversion table is contraindicated in individuals who are overweight, having a history of stroke, acute back injuries, hypertension, bone disease, pregnancy, detachment of retina or other eye disorders.

SUMMARY:

To sum up, the continuous and gradual pull of gravity on the body is a powerful force which has negative effects on the human body. Inversion therapy using inversion table helps in reducing those negative effects.

WOMEN PHYSICIAN WHOLESOME WELLBEING



PADMAJA ADUSUMILLI, MD

HBPC Medical Director
KCVV Medical Center
Kansas City, MO

Namasthe to you all!

I believe 'Our' wellness in 21st century is multi-faceted concept and not just our physical health but our financial health, emotional health, and spiritual health too.

In last few years, we all faced extreme stress dealing with the Pandemic and its consequences in our personal as well as professional lives. I am also going thru some difficulties losing my mom, father- in law and had an abdominal surgery. While recovering from that, I was diagnosed with a Breast Cancer requiring multi-pronged approach with chemotherapy, Surgical therapy, Radiation therapy and Immunotherapy!

I also had few friends who attributed their fatigue to de-conditioning- only to find out that they were severely anemic as they missed their annual physicals & labs etc. some colleagues lost their spouses to depression related Suicide and now raising their young children as a single- moms and managing their careers. Few other friends who immigrated to US as new brides, aced thru residency and early professional life, ended up losing their spouses to extra marital affairs etc. I am glad that they ploughed life thru divorces, remarriages, raised kids and finally happy. Some physicians while trying to help their elderly parents or husband's illnesses, put off childbearing and later dealt with Infertility and its treatments as well as subsequent complications such as Weight gain, Diabetes and cancers!

As a Geriatric physician at KCVV, I had the opportunity to watch and learn from nearly centenarian veterans from close quarters with vast amounts of experience in life. With that, I would like to share my perspective about our physical, emotional and financial health too. Since entering medical school, Women physicians need to plan and prioritize our life events, relationships, having kids and age-appropriate goals and plans to have a happy and successful personal life too.

As role models, we must follow our advises about getting regular Annual physicals and screening measures. We also need to know the details of our revenues, finances, and investments to having quality time with our spouses, kids and families. Adopting and learning ways to cope with stress by regular walks or chats or picnics with friends and daily few minutes of me time or meditation.

In-spite of our efforts, life does throw few curve balls! During those times, we have to make sure not to lose hope and evaluate and re-prioritize our goals.

I would like to take a minute to remind you all about the virtues of RESILIENCE. It is an ability to recover from or adjust easily to misfortune or change. I believe that cultivating the 6 domains of resilience is the key. I do few activities reading, gardening, meditation to regulate my emotional health and have open conversation with my friends and well-wishers. I do try to maintain with a realistic optimism and welcome the help offered by my friends and family.

I wish you all happy Autumn and thank you for giving me this opportunity to share my thoughts.

“ If we could give every individual the right amount of nourishment and exercise, not too little and not too much, we would have found the safest way to health.

~ Hippocrates

”

COMPASSION IN MEDICAL EDUCATION



**PRASAD CHALASANI,
MD, FACC, FSCAI**

Interventional Cardiologist | Florida Heart Center
Chief of Cardiology | Lawnwood Regional Medical
Center & Heart Institute
Clinical Associate Professor | Florida State
University School of Medicine
Clinical Associate Professor | Florida Atlantic
University School of Medicine

I joined medical school in 1981, like every first-year student, I was enthusiastic, anxious but immensely proud. Then I joined Internal Medicine Residency at PGIMER, Chandigarh which was a wonderful institution, and it was my dream to meet the world experts and learn by rigorous training and work ethic. Then I emigrated to the USA.

My first US residency experiences:

I started Internship on July 1st, 1990, and senior resident was Dr. Wayne Harris, MD, Ph.D. a Hematology and Oncologist. He was so kind and took time to teach me every basic thing from writing a prescription to dealing patients and families. He invited me to his house for July 4th celebrations. The respect and love that he had shown to me as soon as I stepped into internship was so overwhelming. My earlier experience at PGI in 1988-89 was opposite, senior residents were harsh, demanding and not friendly. The comfort that Dr. Wayne Harris created along with my other attending Dr. S, a nephrologist who trained at Harvard and a senior faculty at Emory made a deep impression.

One of my very first patients, a white rich lady from Savannah, Georgia made a shocking comment during the morning rounds that "I don't want this Indian kid to take care of me." My attending even without hesitating a second informed the patient, she only has a choice of care under him if she accepts me as doctor or else choose another place.

She travelled miles and miles to seek care at advanced Nephrology services at Emory.

That was a shock and made me so gratified how my attending stood up for me. The relationship among entire team was so inclusive and they never hesitated to take my ideas seriously even though I was at the bottom of the hierarchy. That experience taught me how to interact with my students and fellows, and now I give the same importance and respect all my team members.

TT - was a 3rd. year medical student in my team and spent about 60 -70 hours a week with me and my senior resident. I just left PGI, and I knew Harrison's textbook of medicine inside out. I was trying to show my knowledge to impress my students and my seniors.

Every day I used to teach quite a bit but was always too critical of what she has not done correctly or not read. My DNA was to criticize all the time even though she was correct well over 90% of time. My thinking was criticizing is a way making others to learn more. Never I ever thought how she felt during that month-long rotation. I was so proud that I taught her so much medicine.

At the end of the rotation evaluation of the student, I gave her a B grade and many recommendations of how she can improve her skills and knowledge base etc. A couple of days later, Chief of Medicine called me to his office and showed the evaluation TT wrote of me. It was eye opening. She was very polite and genuinely believed that she learnt a lot during the rotation. But the striking comment was that in the entire month, I never gave her a single compliment for her work and dedication. Every day she would go home with lack of hope and low morale. She worked hardest that month than ever before. but felt she was not going to be a good enough doctor. That evaluation opened my eyes and since then, I changed my approach. Now, I appreciate what medical students do, compliment their efforts, being more positive than being critical and correct them with compassion. That was a true-life lesson for me. My idea of this article was only to depict my deficiencies in my earlier training and how I learnt from later experiences to be a truly compassionate, ethical, and caring physician. There is no other profession where a person entrusts so much faith and hope in others about their life. It is our responsibility to uphold it to the highest degree.

CATNAP VS. COFFEE NAP



BK. KISHORE, M.D., PH.D., MBA

Academician, Innovator, & Entrepreneur
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We all know what a catnap is. Now a new term coffee nap is becoming prominent due to scientific evidence that shows coffee nap is better than either coffee or catnap.

What are the benefits of the catnap?

As the day passes our mental ability dips between 1 and 3 pm in the afternoon. This is due to mental fatigue, and the brain needs some rest to organize itself. Recent studies showed that regular catnaps, at least 3 times a week improve health. They boost performance of the immune system, reduce blood pressure, and incidence of heart diseases.



Photo by Arun Sharma on Unsplash

A six-year Greek study in which people took 30-minute catnaps at least three times a week showed 37% lower risk of heart-related death. Catnaps also markedly improved the ability to perform complicated written tests in volunteers as compared to their counterparts who were kept awake.

Research conducted on airline pilots revealed that a 26-minute in-flight catnap enhanced the performance by 34% and overall alertness by 54%. The ideal duration of catnap is 20 min.

COFFEE NAP:

The term coffee nap is used when one takes coffee before going to a 20-minute catnap. The conventional wisdom is caffeine interferes with sleep. But coffee nap is superior to either coffee or catnap. And this tested regimen has strong scientific basis as follows.

As the day passes, adenosine, a byproduct of brain activity accumulates in the brain. Adenosine is a neuromodulator that binds to specific receptors and stimulates them (agonist). Binding of adenosine to its receptors slows down the neural activity, causing sleepy feeling. Adenosine thus facilitates sleep. Caffeine is an adenosine receptor antagonist, and so it basically reverses the effect of adenosine. Thus, caffeine enhances neural activity. The increased neural activity produces more adrenalin through pituitary-adrenal axis. This increases the level of attention and an extra burst of energy through the entire system.

Caffeine in the coffee takes at least 20 minutes for absorption through the intestines, accumulation in sufficient quantities in the brain and to bind to its receptors displacing adenosine. So, if one drinks coffee, without catnap, caffeine must compete with high adenosine levels in the brain to bind to its receptors. A catnap will clear the adenosine levels in the brain, as the brain gets rest. At the same time, caffeine will keep accumulating in the brain. During the 20-minute nap time, adenosine is cleared from the brain, making the way for caffeine as its levels rise in the brain. This allows for better effect of caffeine on the brain. Experimental studies on volunteers reported a better functional status of the brain after coffee nap. People with coffee nap also showed better performance in memory tests. More interestingly, people who took coffee naps could work for relatively longer periods without proper sleep.

Confession:

I have been taking coffee naps in late afternoons in my office, which allowed me to work until late in the night with alert mind.

With Best Compliments



**Nikhil K. Bhayani, MD,
FIDSA**



PUNCH LINES, PLATITUDES AND POETRIES DE-STRESSORS

#As well have many things to do in life, there are ways one can relax. Listening to music, singing, photography, watching movies, reading, writing, and social relations make my life more manageable.

Satheesh Kathula, MD

#World is beautiful. Enjoy it before we become history.

Krishan Kumar, MD

#Hiking is an appealing addiction!

It addicts you to better health and acquaints you to angelic places in the world where the masses cannot arrive. More important, keeps you verdant, vibrant, and vivacious!

Sudhir Mungee, MD

#Life is wonderful while I am on the Green playing Golf with friends. Sweet smell of Green Grass with fresh air takes away all my stress of work and life.

Vanita Kaul, MD

#Music, in whatever form, has been scientifically proven to help us lead a better life by enhancing mental wellbeing, harmony and peace. If I were not a urologist, I would probably be a musician. I often think in music, daydream in music, I see my life in terms of music. I know that I get most joy in my life out of my passion for music".

Amit Chakrabarty, MD

"Oh by the way why did you come so late?"

Sudarshan Chatterjee, MD

#Laughter is the best medicine.

Laughing with your childhood friends is the best de-stressor

Suresh Reddy, MD

#Everyone wants to get out of MESS but I like to be in my MESS (Meditation, Exercise, Singing, Study). Destress is to stress on things you are passionate to do like meditation, exercise, study, sing, sleep, socialization daily as part of your wellness.

Murthy Gokula, MD

#For me wellness is inside out, so I start at the gym. Post-long shower, I call family and friends while cooking something healthy, then a relaxing evening meal with Netflix.

Niketna Vivek, MD

#I asked her a question,
Frail elderly lady but dignified as she pulled her gown around.

"What made you come to ER?"

And she began to utter a word, a sentence
a paragraph and so much more

I couldn't make any sense
please answer me in a line
I have so many patients to see...

"Since death of my husband doctor...
not what I should be...
often miss amlodipine.
or even atenolol.

Oh why did you come to ER,
And then my gaze went past the window
last rays of sunset on the pond
inviting, spectacular.

depersonalized doctor?
she uttered.
No, No very much here,
Mrs Williams.
with you and
with the nurse and the tech.
inside very much
Where dying souls
help the half-naked living in gowns.

#Music and dance have been my hobby.

I always wanted to learn during my own childhood and my passion was reignited when my children performed on stage. With children in college, I decided to pursue Kathak and Bollywood dance classes. It allowed me to have fun with friends and make new friends. Above all, dance and music rejuvenate and energizes me. We have been performing for various causes to raise funds for charities and empower other women.

Preeti Bhagia, MD

#I de-stress by working out, and mores specifically by working out with my friends and family. My favorite summer activities are running, and biking and my favorite winter activity is skiing. I love to explore new places while participating in these activities. It helps me keep a clear mind and improves my physical fitness at the same time.

Priya Uppal, MD

PUNCH LINES, PLATITUDES AND POETRIES DE-STRESSORS

#A Better Human Being

Exercise to Stay in good health
Don't work for too much wealth
Show compassion in little stealth
Do yoga daily to keep your breath
Better to give than to always take
Eat less than you desire and break
gluttonous habit to eat all the cake
Become better human in the make
Open a closed home to creatures all
Thou shall be blessed in Makers call
Sharing makes it joyous to have a ball
Humanity will worship you like a doll
As temporary guest on a plant blue
Live happily till end of life very true!

Jaikumar Rangappa, MD

#I deal with stress and feeling burnt out by being outside in nature. Often, I will go to a park or go hiking or even look up at the sky for a few minutes to release all my negative energy and feel a greater connection to the world at large before I go back to my task.

Drishti Patel, MD

#Abstract Painting to me is a de-stressor. This is how ...It is like the innumerable colors of feelings placed on a palett-al soul, attempting to pick a predominant color from the psychedelic emotions, with my naive brush-tweaking, twirling, and tumbling my bouncy emotion into this vast canvas of life, expressing my cardinally, confused state of mind. The colors picked could be -a fiery red expressing my anguish at the society, or a cool, composed and content cerulean blue like the vast ocean, when my emotions are at bay, or an exquisite, emerald green when my heart is filled with gratitude to the speechless trees, with a ray of bright yellow ochre when I am luminous with joy and jubilation, or dusky shades of grey when I am lost at sea. I place these colors of emotions on my canvas- first to detach, then to relax and finally to rejuvenate, back to the kaleidoscopic world once again, once again!

Leena Gupta, MD

#To say that I dance is an understatement. When I dance all else is still and my body alone moves, chanting a mantra yearning to become one with the universal consciousness.

Rajam Ramamurthy, MD

#After a long day at work, I de-stress by reading a good book while drinking hot tea. When I have the time away from work, I like to travel to nature and take in the soothing sights. Lastly, spending time with family and friends helps keep me grounded when things feel overwhelming.

Priyanka Kolli, MD

#I got into cycling during the initial period of social isolation that followed the COVID-19 pandemic and would spend my weekends and free time biking through different trails in San Antonio—sometimes by myself, but mostly in good company, with my dad. We'd spend hours riding together during these times of lockout and insular solitude. Biking served as a way for me to champion personal health and reconnect with the nature in my hometown. To this day, I cycle and ride around the city as I continue my family and sports medicine training.

Jaswanth Kintada, MD

#Rain drops scatter on the beach. Reflections wander about past of joyful Childhood, studious youth, loving Parents, playful siblings, and I spread my hands to get drenched with rain droplets. Life as it comes to me. Life as it comes to me. Life pours delight. Are we ready?

Sudarshan Chatterjee, MD

#I am internist currently working in Castro valley, California with Sutter east bay medical group. I have been in practice for 14 years and over the years I have learnt that I have to take care of myself to give my best to my patients and my loved ones. I always enjoyed hiking and I should say that this love has grown over the years staying in California and has been the best stress buster during the stressful pandemic time. Apart from hiking. I love my 20-30 minutes of Vipassana time.

Jyoti Bachwani, MD

#Being with family, exercise and music are my biggest stress busters. Additionally. I make it a point to meet and talk with my friends regularly.

Balwant Arora, MD

ATG TOURS

ACROSS THE GLOBE



**WONDERS OF EGYPT
WITH NILE CRUISE**



MOROCCO



**VIETNAM + CAMBODIA
+ KUALA LUMPUR**



**ANTARCTICA
CRUISE**



**ARCTIC
CRUISE**



**AFRICAN PRIVATE &
LUXURY PACKAGES**



**CANADIAN
ROCKIES**



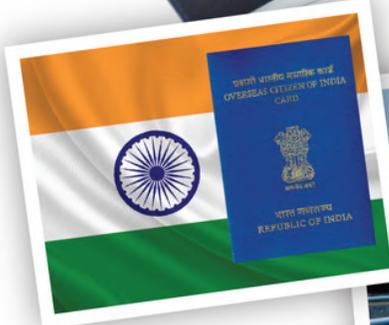
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BRIEF HISTORY OF PHYSICIAN BURNOUT



LEENA GUPTA, MD

Chair, AAPI Publication Committee

Despite the misconception that physician burnout is a novel concept and term, it has its roots in ancient civilizations.

Greeks defined health as a 'State of dynamic equilibrium between the internal and external environment'.

Based on the theory of four "humors" or fluids (blood, phlegm, yellow bile, black bile) → Premised on four elements (fire, earth, water, air) + four corresponding qualities (hot, dry, humid, cold).

Pythagoreans health is a 'Condition of harmony and the perfect equilibrium of the fluids.' Illness results when balance is upset & recommends practice a way of life that allows for minimum disturbances to occur in the body.

Aristotle (384–322 BC), son of a physician, systematic observation of nature and demanded that reality be explained through natural causes. Hippocratic Pathogenesis results from the overturning of equilibrium and predominance of one of the four fluids → disease. He considered season, winds, water people used and geography of the place & way people lived. The Greek word *diata*, however, meant more than food and drink: *diatetica* (dietetics), the cornerstone of the healing art, involved an entire lifestyle.

As clinician felt dissatisfied in their career, frustration, and lower productivity, became a common symptoms of physician burnout and more likely to make medical errors, loss of healthcare productivity hours, likely leaving mid-career. Replacing a physician cost an organization \$250K to \$1 million and 6-12 months to find a good fit. AAMC projected shortage of physicians 38K-120K of both PCP and specialists.

Here is a brief synopsis of where it all started

1974 First published the term 'Burnout'

A Clinical psychologist Herbert Freudenberger coined the word burnout "Excessive demand on energy, strength, or resources" accompanied by symptoms including "malaise, fatigue, frustration, cynicism, and inefficacy"

1981: Maslach Burnout Inventory Scale Measure burnout -introduced and published. It measures diminished sense of personal accomplishment, emotional exhaustion, and depersonalization.

1985-1992: Dramatic increase in physician burnout aligning with rise of HMOs since the physicians were able to spend less time with their patients.

1986: WHO's Ottawa Charter-health promotion = a health strategy that aims to incorporate skills and community development and to create supportive environments for health

2009: American Reinvestment and Recovery Act incentivized hospitals that adopt EHR → "Meaningful use" of EHRs → time consuming administrative staff to manage EHR

2013: Medscape surveyed physicians from 27 specialties- highest % in ER/ICU; 40 percent of all physicians had one symptom of burnout

2014: Healthcare industry added a fourth goal to their triple goal health care performance-

- Enhancing the patient experience,
- Improving population health, and
- Reducing costs
- Improving the work life of healthcare professionals

2015: Mayo Clinic investigated work -life balance -2011-2014 >50% of US physicians experienced burnout; 2011 46% and 2014 54% had one burnout symptom; Depression=40%; Suicide=6 %

BRIEF HISTORY OF PHYSICIAN BURNOUT

2016: Physician burnout became a Public Health Crisis

2017: Institute for Healthcare Improvement publishes Framework for Improving Joy in Work and recommended strategies to improve work life balance.

2017: National Academy of Medicine launched a burnout network with 60 healthcare organizations formed a Coalition 'Action Collaborative on Clinician Well-Being and Resilience' Evidence based strategies to improve physician well-being and decrease burnout.

2017: ACCGME established maximum hours of not > 80 hours /week

2018: Medscape Burnout increases for all specialties

2018: STAT published an article about physicians suffering from moral injury. Symptoms of burnout resulted from the inherent structure of system and that burnout can't be overcome by working harder or smarter

March 2019: Harvard School of Public Health and Massachusetts Medical Society called burnout a public health crisis. Spok survey

92% of clinicians call burnout "a public health crisis"

90% believed increased/ineffective technology contributes to burnout.

May 2019: WHO added Burnout as a Medical Condition. ICD-10 code Z73.0

March 2020: COVID-19 pandemic accelerates burnout levels

November 2020: STAT Third Covid wave moved many clinicians from BurnOut to 'BurnOver' due to staffing shortages/long hours/pressure.

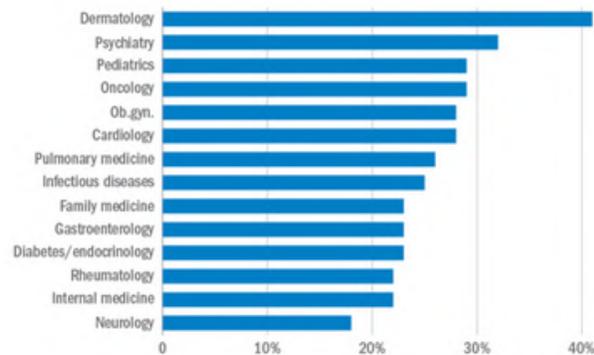
January 2021: Medscape published 'Death by 1000 Cuts' on physician burnout. Critical care physicians = 51% were burnout ;21% of all respondents = clinically depressed.

May 2021: Harvard Business Review article calls for a Recovery Period for clinicians in light of the trauma they've experienced due to the pandemic.

July 2021: Spok conducted second survey on burnout. 83% of respondents agreed that risk of clinician burnout is a public health crisis due to Increased workload not related to direct patient care & poor integration into workflow

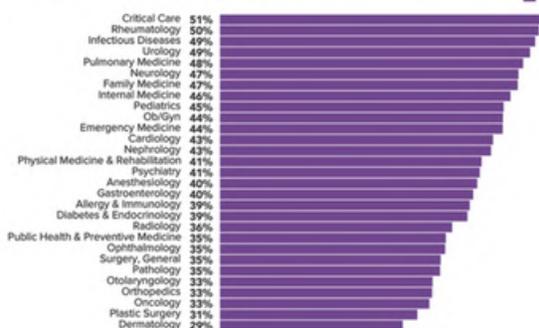
Major medical journals, healthcare news, thought leaders, and healthcare organizations alike have called clinician burnout a public health crisis, but health care administrators have yet to realize its gravity!

Survey: Physicians who are very happy at work by specialty



Note: Online survey was conducted June 25 to Sept. 19, 2019, and involved 15,181 physicians.
Source: Medscape

Which Physicians Are Most Burned Out?



HOW TO COPE WITH PHYSICIAN BURNOUT?



NIKHIL K. BHAYANI, MD, FIDSA

Texas Health Infection Prevention/Epidemiology
Physician Advisor
Assistant Professor, Department of Internal Medicine
(Anne Burnett Marion School of Medicine at Texas
Christian University)

Practicing medicine is important and a rewarding career path for some of the brightest and motivated individuals. However, the practice of medicine comes with a cost of being increasingly challenging and stressful leading to a high rate of job burnout. In a recent study, published in Archives of Internal Medicine, nearly half of US physicians struggle with burnout, which can be characterized by emotional exhaustion and loss of enthusiasm for work, feelings of cynicism or depersonalization and a low sense of personal accomplishment. Front line physicians such as family practitioners, general internists, and emergency physicians are at great risk and experience the highest level of burnout.

Steps to treat burnout:

The most obvious step physicians can take when they recognize burnout is to seek help either from a counselor, mental health professional, or supportive colleague/mentor. Unfortunately, many physicians understand the benefits of this type of assistance; however, many are unlikely to pursue these opportunities for help. According to a survey in the Archives of General Surgery (2012), physicians did not seek help because they did not have the time, concerns of confidentiality, negative impact on career, and stigma.

To overcome physicians' reluctance to ask for help, hospital and medical practice leaders should stand ready to offer support in the event a colleague shows signs of burnout. It is important to remind the physician, that a burnt-out doctor is not bad or weak. Let the physician know that he/she is experiencing a temporary condition and it is okay to seek counseling and reassure the individual that there will be no negative repercussions for obtaining the necessary help.

Strategies to help prevent burnout:

30 minutes a day of physical activity. From personal experience, I have been going to the gym regularly since residency and lately I have increased my work-out to involve two days a week of intense circuit training and two days a week of strength training with a personal trainer. This has helped me focus, increase my motivation, and maintain my weight.

In addition to physical activity, family time always helps. Read something non-medical like a novel or magazine. Start a hobby, join a book club, participate in-person CME classes, and take up a class on professional speaking. Find a mentor or support group which can alleviate stress and gives physicians an opportunity to discuss how to combat burnout. Delegate tasks and speak about workload distribution with colleagues. Finally, something I always recommend, be the influencer and create a positive change in the hospital work environment by joining hospital committees and taskforce.

Conclusion:

Physician burnout affects nearly ½ of all physicians involved in the front lines of health care. If this burnout goes untreated, there can be serious consequences for both the physicians and the patients under their care. Physicians and their hospital/medical practice leaders are better equipped to help alleviate and prevent this widespread problem.

PHYSICIAN BURN OUT AND SUICIDE PREVENTION



SHASHI BERDIA, MD

Psychiatrist

Medical Director

LICH, Chem Dep Program Private Practice

Port Jefferson, NY

10 years of Medscape Nations Physician burnout a suicide report found 42% feel burned out.

Covid-19 Pandemic added more and out of 5000-64% felt burnout. It is the public health crisis. We all face fear of lawsuits, pressure of perfection, lots of work, crisis Pt. We all feel sometime the world is crashing down on us and effect outright decision and judgement. It is external than internal. Main is loss of autonomy, burden of electronic records, comply with rules of government, FDA, documentation.

During Covid-19, I attended Art of Living workshop and after that we 5 Physician friends decided to do meditation almost everyday which is helping us a lot in physical and mental health. Mindfulness is being able to present in moments that you are in with acceptance. Meditation allows you to focus when your mind is drifting from present, past or future and then it brings your mind back by focusing on breathing.

Meditation gives you adaption energy, more confidence and less anxiety. Burnout is overactive fight or flight response activated by amygdala, it starts pumping cortisol, pupils dilate, pores open.

The prefrontal cortex is offline, experience Physiological response because both can't be operational at the same time. In burnout, fight or flight response leave a mark on your body. Deep rest and meditation heal stress scars.

Women in healthcare jobs are especially vulnerable to burnout. 76% of healthcare jobs are held by women and 64% of the Physicians that feel burned out, are women, according to federal data. Mental health is also a big issue. Primary prevention understanding person, social, economic identity and adapt to for healthcare workplace that emphasizes stress reduction. I made groups of yoga a meditation in my clinic to meet, talk and practice together. Some in healthcare and some others as their kids were unable to attend school due to mental health and home schooling and jobs were tough for mothers. Meds and therapy and more visits, available on the phone and telemedicine during the crisis helped moms a lot.

During Covid-19, 18% of medical workers quit their jobs. 31% said they at least thought of leaving. I offered help to my coworkers to talk about their stresses. Made aware of crisis hotlines, peer support groups. My experience take time off for mental health day, take vacation, improvement suicide prevention strategies.

3 digits to find help you need

311 – non-emergency customer service

911- life threatening emergency, fire and police

988- suicide and crisis lifeline support Mental health support

National suicide prevention lifeline

1-800-273-TALK

Support for offspring of parents with depression

“ Cure sometimes, treat often, comfort always. ~ Hippocrates ”

CAN GRATITUDE REDUCE BURNOUT IN HEALTH CARE?



RAVI KOLLI, MD
Medical Director, SPHS
President of AAPI 2022-23

When one gets sick, they seek care from a medical professional. But what does the medical profession do when it is ailing from stress and burnout?



There are startling statistics that 300-400 physicians are estimated to be committing suicide yearly in the USA and over 54% have reported features of physician burn out/moral injury. The consequences of burnout among these caregivers not only harms their own health, but it also has grave impact on the quality of care of their patients.

As the medical profession struggles to address this crisis of burnout, some health care systems have turned to an innovative and time-tested remedy: Gratitude. For example, Kaiser Permanente has been fostering gratitude to address burnout and strengthen workforce health. In San Diego, California, Scripps Health has taken steps to generate widespread commitment to a culture of gratitude. Sutter Health, a network in Northern California, embarked on gratitude-themed campaigns. So does many healthcare systems nationwide.

“Gratitude has been described as an emotion, a mood, a moral virtue, a habit, a motive, a personality trait, a coping response, and even a way of life. The Oxford English Dictionary defines gratitude as the quality or condition of being thankful, the appreciation of an inclination to return kindness.” Robert Emmons, author of *Thanks and The Psychology of gratitude* and a preeminent researcher on Gratitude.

The great twentieth-century humanitarian, physician, theologian, and Nobel Peace Prize-winner, Albert Schweitzer, called gratitude “the secret to life, the greatest thing is to give thanks for everything. He who has learned this knows what it means to live. He has penetrated the whole mystery of life: giving thanks for everything.” Every spiritual tradition values gratitude as an ultimate virtue. All our Sanskrit chants are mostly counting of our blessings and praising the Divine and so does all other religious traditions.

Despite of material abundance, people do not seem to be getting any happier. One reason is related to the principle of hedonic adaptation. “Counting one's blessings may directly counteract the effects of hedonic adaptation, the process by which our happiness level returns, again and again, to its set-point, by preventing people from taking the good things in their lives for granted. Perceiving a positive experience as a gift may be a form of cognitive amplification that enhances positive feelings.” According to Robert Emmons. When we perceive what is good in our life as a gift, we value it, cherish it, and protect it more. There is a difference between feeling grateful and being grateful. Feeling grateful is a response to a benefit. Being grateful is a way of life. The opposite of gratitude is ingratitude which breeds resentment, entitlement, narcissism and even cruelty, which we are witnessing aplenty in our contemporary public life.

CAN GRATITUDE REDUCE BURNOUT IN HEALTH CARE?

Indeed, research has been documenting the health benefits of counting your blessings, including recent studies that have found it improves cardiovascular health, boosts mental health and resilience to stress, and might have benefits for health professionals. According to Robert Emmons. “Grateful people are mindful materialists. Deliberate appreciation can reduce the tendency to depreciate what one has, making it less likely that the person will go out and replace what they have with newer, shinier, faster, better alternatives. Consumerism fuels ingratitude. Advertisers purposely invoke feelings of comparison and ingratitude by leading us to perceive that our lives are incomplete unless we buy what they are selling. Gratitude can serve as a firewall of protection against some of the effects of these insidious advertising messages.”

Gratitude promotes positivity. According to Barbara Fredrickson, Author of Positivity, and prominent researcher in positive psychology, positivity opens our hearts and minds, making us more receptive and more creative. Positivity transforms us for the better by allowing us to discover and build new skills, new ties, new knowledge, and new ways of being. Negativity and neutrality constrain your experience of the world. Positivity does just the opposite. “The benefits of transforming ordinary events into blessings may be even greater in your personal relationships. When you recognize and deeply appreciate someone else's kindness toward you, you feel grateful. When you express your gratitude in words or actions, you not only boost your own positivity but theirs as well. And in the process, you strengthen your bond to each other.” Barbara Fredrickson wrote in her book Positivity. So let us all stay blessed, count our blessings.

धन्यवाद, Shukriya and Thank you.

“A grateful mind is a great mind which eventually attracts to itself great things.” – Plato

“When you arise in the morning, give thanks for the morning light, for your life and strength. Give thanks for your food, and the joy of living. If you see no reason for giving thanks, the fault lies with yourself.” - Tecumseh, Shawnee Chief

Re: 1. Thanks! How Practicing Gratitude Can Make You Happier: Robert Emmons, Ph.D., UC Davis
2. Positivity: Groundbreaking Research Reveals How to Embrace the Hidden Strength of Positive Emotions, Overcome Negativity, and Thrive by Barbara L. Fredrickson, Ph.D., UNC at Chapel Hill



MENTAL TURMOIL ON PHYSICIANS MIDST COVID-19 PANDEMIC



RASHMI VERMA, MD

Hippocrates oath been in existence from 400 BC when healers were in a divine spot and no laws, no litigation existed and had a tripartite relationship between patient, physician, and illness nothing comes in between. That Oath seems losing its relevance in this era of Modern Medicine. The close-knit relationship between Patient and physician is disrupted by several uncontrollable variables including corporatization of Medicine, Loss of Physician autonomy, intrusion of Health insurance providers, pharmaceutical companies, Malpractice issues, Economic restrain while trying to prescribe the best possible treatment for their patients, these all were sucking the soul of physician on daily basis even way before COVID.

Physicians called as healers, seemingly replaced by harassed general practitioner struggling with burnt out on everyday basis amid COVID-19. Its implications are costing \$4.6 billion annually with a large physician turnover, early retirement. Two major underlining factors lead to worsening of Burnt out were, exponentially high volume of patients and short staff. In addition to that Family responsibility, disrupted work-home balance, Extreme time pressure, lack of autonomy.

Mental breakdown jeopardized more with chaotic work environment amid Pandemic having to face violence in patient care attacks from patients or their relatives while trying to Implement COVID-19 prevention (e.g., placing a family member in a quarantine or isolation

facility, or not allowing the family to attend to an infected loved, constant fear of contracting COVID-19 amid shortages of protective equipment's.

Pandemic impacted female physicians more mental breakdown, especially who were specializing in critical care and infectious diseases, Women with children 18 or younger considering having a primary role at home and Family care. Rates of physician burnout were greatest among hospitalist, primary care, Emergency physicians and Critical care physicians.

Consequences of Physician Burnt out were as horrifying as suicidal ideation which got doubled with Pandemic. 25% increased of alcohol abuse caused more Motor vehicle accidents, Staff Turnover went up (46% of physicians considered leaving their current role, 43% considered early retirement), Reduced Patient satisfaction, Medical Errors, Impaired Professionalism, Racial Bias, more Malpractice cases, Blunted growth in medical Knowledge.

Health care system is fractured at present and without incorporating compassion, Empathy within the Health care at all levels, it doesn't matter how much money we pour to fix the broken system, it is not going to solve the root cause. There is no quick fix to it, but certainly some intervention to help this rampant issue.

Providing a Flexible schedule (more time off to let your Physician give more room to focus on quality of patient care), help with EHR entry, Cut down documentation, changes to Inefficient Clinical work flow, Gender-based issues need to be addressed, Support programs for spouses and dependents, Making mental health resources more openly available to physicians in efforts to eliminate the stigma associated with doctors seeking help, removing mental health questions from state and hospital licensure application, A formalized burnout reduction program offered within the institution, Online or telephone helplines by trained mental health professionals.

It is mandatory to take imminent steps sooner than later to protect our Physicians from the brunt of Mental collapse and to restore the joy in the career of Medicine.

PHYSICIAN BURN OUT: TIME FOR INTROSPECTION



SUDHIR MUNGEE, MD

Professor of Medicine
Program Director,
Cardiovascular Fellowship, UICOMP

I recall 1994, the first six months of my residency in a south Bronx hospital. The countless brutal hours, limitless patients we saw, the phlebotomy / clerical work - a job not for residents, poor call rooms, and the often, non-collegial environment. I survived, but my weight was down by a good 20 pounds in those 6 months. What I didn't realize was my weight loss was likely a result of stress, anxiety, and isolation. I was told these are "expected norms" and "it gets better". I didn't know that well-being mattered & there was something called as "Burn out".

Till the Japanese correlated the broken heart syndrome to emotional trauma and labeled it "Takotsubo cardiomyopathy" we never diagnosed it, but it still existed. Now almost 4-6% of acute coronary syndrome can be associated with this diagnosis. It helps to label entities, it's the first step in awareness that leads to assess causation and move towards resolution.

"Physician Burn Out" is now a known entity of epidemic proportions; a long-term reaction to stress, manifested by emotional exhaustion and its consequences. Based on many variables, the rates of affected individuals can be alarming, as high as 41-46%.

The syndrome has symptoms like loss of motivation, feelings of helplessness, detachment, tiredness, lack of a sense of accomplishment or even cynical/ negative outlook. All such symptoms have a deleterious impact on an individual whether anxiety, depression, insomnia, weight gain or loss. Needless to say, these effects can impact patient care and also can have a negative economic impact on institutions & health care delivery.

Though I am wishful that changes in electronic medical record, improved administrative support, qualitative payment system, and legislative reforms will address some of the causation, I feel there is a need to address some attributes within my control to least succumb to external factors.

What am I doing wrong and what can I do are questions I want to address:

- I do not need to keep prove anything to myself or to others - it's okay to let go and lighten the plate of unwanted items; the American dream was never to get burnt out
- Work is not life, and it's important to apply the concept of work-life balance; I have learnt this from the next generation.
- Don't run a marathon with a pace of a sprint, there is merit to endurance.
- The tools of Yoga, food choices, meditation, physical exercise, and adequate sleep have proven themselves beyond journals for centuries; they should not be electives but essentials in one's lifestyle.
- A person can have more than one passion. Medicine is a given, nourish the others as well.

I was raised with the belief that the fire in you is to light a spark in others; now I know it can burn oneself, if not well-directed and preserved.



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Autumn

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Search 2 (U.S.)

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THE BLESSINGS OF BREATH



DRS. SIDDHI & JAGDIP SHAH

*'Dr. Jagdip and Siddhi Shah donated \$750 K to the India Covid relief fund in 2020 and was honored at Atlanta Convention 2021, where he addressed the audience. I wanted to publish that note in some form in our journal, which was long overdue. Hence, I wrote a poem from his speech and want to share it with Dr. Jagdip Shah as well as all of you'.
-Ravi Kolli, MD*

*Dr. Jagdip Shah's response...
~Your recognition shows divinity within you
May God bless you with more work for humanity in need
You were able encompass my thoughts /speech in your poem~*

I saw an email from AAPI for donation of any kind
With horrific pictures coming out of India- fresh in my mind,
I asked myself "What is the cost of a breath?
Despite decades of my professional life dealing with life and death,
I could not come up with a dollar figure.
And whatever was the number seemed meager.

I thought an answer may be spirituality.
Breathing is how we all relate to each other by universality,
The divinity within us is that one Consciousness,
That awareness of one breath is in all of us, gave me the purpose.
It is the link we all have irrespective of age, gender, or color of skin,
Which makes us all one human - kith and kin.

My contribution may be is a drop in the ocean
Which you all have also done in proportion.

Finally,
I understood the meaning of that chant
"Tan, Man, Dhan, sub kuch tera, tera tuzko aarpan"

So, no different at all than any of you
In God's eye we all have same value.

AAPI'S CELEBRATIONS OF INDIA'S 75 YEARS OF INDEPENDENCE IN NEW YORK, USA



INDIA INDEPENDENCE DAY IN DC



SAMPAT SHIVANGI, MD
Chair, AAPI Legislative Affairs



AAPI organized the 75th Anniversary of the Independence of India/Azadi Ka Amrit Mahotsav on Capitol Hill on Wednesday, September 21st, 2022, where key US Senators and Congressmen took part and stressed the need to strengthen Indo-US relationship and praised the contributions and achievements of Physicians of Indian Origin and the larger Indian American community.

Dr. Sampat Shivangi, Chair of AAPI Legislative Committee, who has played a lead role in organizing the India Day celebrations on Capitol Hill said, Indian Americans have a key role to play in the India-US relationship. "It is a proud moment for every Indian, living in every part of the world to see the progress that our motherland has achieved since its independence 75 years ago." Dr. Shivangi, a member of the National Advisory Council, Center for National Mental Health Services referred to India which has now become the fifth largest economic superpower in the world even surpassing India's Colonial Masters, the UK, France, and Germany.

In his welcome address, Dr. Ravi Kolli, President of AAPI, "India @ 75! It is a milestone filled with feelings of sense of pride and joy for all the accomplishments and progress we have made, while preserving our integrity, unity, core values of freedoms, democracy and respect for diverse cultures and the groups that live and thrive in our beloved motherland. India has made great strides in various sectors of economy lifting over 270 million out of poverty in the past decade or so. It is the 5 largest of economies in the world now surpassing our colonial occupier UK.

Dr. Ravi Kolli highlighted some examples of India's progress saying that, "In 1947, Maternal Mortality Rate was 2,000 for 100,000 births and Infant Mortality rate was 150 and now MMR is 150 and IMR is 27.6 in 2021. In the higher education sector India now has 1,043 universities and 42,000 colleges vs 27 universities and 578 colleges in 1950 and literacy rate is close to 75 % now as opposed to 20% in 1950. The number of medical colleges grew from mere 28 in 1950 to over 612 now in 2022. These accomplishments by themselves are worthy of a grand celebration, but India achieved all this progress as a thriving democracy with steadfast commitment to freedoms with equity and inclusion of all faiths and creeds is a remarkable success story to be cherished and shared."

"I am here today to say, thank you, from the bottom of my heart," Senator Joe Manchin, a West Virginia Democrat said. Recalling his visits to India, he said, he saw in action "the greatness of the largest democracy in the world in full action." While lauding the contributions of physicians of Indian Origin, "Had it not been for the Indian community that came to West Virginia to provide their services, most of rural West Virginia would not have health care today." While observing that a major section of healthcare service in the rural US is provided by Indian American Doctors.

Senator Cindy Hyde-Smith, a Republican Senator representing the state of Mississippi stressed the importance of having strong relations between India and the United States. "The relationship between the United States and India is mutually beneficial for both of the countries and not just in the field of medicine and technology," she said.



INDIA INDEPENDENCE DAY IN DC

Senator Shelley Capito from West Virginia noted how the Indian American community is playing a key role in enriching the cultural experience of her state. "I live in Charleston, West Virginia, a small rural state. If we did not have any Indian American doctors, we would not have any kind of quality healthcare, we would not have the breadth and the depth and the richness of our communities that we have," she said.

India's Ambassador to the US Hon. Taranjit Singh, in his keynote address said that there is a close connection between the two countries and today it is driven by the leadership of the two largest democracies of the world. Indian American doctors have an especially key role to play in the India-US relationship, Sandhu said.

Congressman Joe Wilson, a GOP lawmaker and co-chair of Indian Caucus in Congress, shared about his fond memories with India, going back to the days when his dad served in India during the World War. India and America – nations which respect individuals, freedom, human dignity, private property, and believe in free markets – have the potential to build on shared values, he said. "India has a major role to play in world peace, stabilizing world," he added.

Rep. Michael Guest from Mississippi's 3rd Congressional District, said, "We are so blessed to have you. I want to thank you for coming to the US from a great civilization." Lauding the great contributions of AAPI fraternity, he said, "You reach out to when people are in crisis. You put yourself in arms way to serve your fellowmen, to serve others, especially during Covid."



Indian American Congressman Ro Khanna from the California said, "US India relationship is more critical than ever for the world." He said, "India should not be subject to (CAATSA) sanctions because of its historic relationship with Russia." Praising the recent messaging of Prime Minister Narendra Modi to the Russian leadership, Khanna said India can play a critical role in a peaceful resolution of the Ukrainian conflict.

Rep. Pramila Jayapal, the first and only Indian-American woman in the US Congress, said India and the US, despite being a world apart, have shared a very unique and important relationship over the years. India and the US have made tremendous strides in the promotion of public health.

Congressman Raja Krishnamoorthi said the Indian American community needs to make its presence known. India, he said, has done a lot in the last 75 years. "I want to talk a little bit about its (India's) greatest export. Its greatest export is you – Indian Americans who are four million strong. They are the fastest-growing ethnic minority in America. They are the most prosperous ethnic minority and the most well educated."



INDIA INDEPENDENCE DAY IN DC

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PHYSICIAN HEAL THYSELF



VENKIT IYER, MD, FACS

Physicians heal thy self" is quoted from Gospel of St Luke- others quote it from words of Hippocrates.

Either way, it was assumed that doctors would take care of themselves to remain healthy. It was also said in the Bible that "It is not the healthy that need a doctor, but the sick one".

Doctors must remain healthy both mentally and physically to provide care for the sick ones.

Unfortunately, what we often see is that doctors do not take care of themselves, neglect their own health, are often stressed out and get burned out early. They have poor lifestyle. With overwork and sleepless hours, they become disenchanted with their profession. They become victims of addictions, suicides, divorces, and malpractice suits.

According to a recent survey, only a third of the doctors in USA are happy with their profession and would not advise their children to become physicians. Further analysis reveals the following as to the sources of disenchantment:

Undue rules and regulations, excessive supervisions, too much paperwork, too much time to be spent on the computers, electronic medical records, lack of control on patient care, fragmentation of health care, unrealistic expectation from patients and families, medical malpractice suits, financial burden in getting the medical education, cost of maintaining a practice, insurance company restrictions,

administrator's interventions, peer review, competition, new technology, unsafe procedures to be adopted into practice, sleeplessness, exhaustion, overwork, lack of family support, lack of exercise, contraction of infections and injuries at workplace, lack of vacation and time off, and most importantly lack of challenge in workplace due to routine mundane repetitive basic work.

The one thing they love in their profession is the opportunity to take care of the sick ones and help the needy. The intellectual interaction in learning and keeping abreast of the new developments and new technology also keep them engaged.

It is important for the physicians to find ways to keep themselves both mentally and physically healthy. More and more physicians are seeing their profession as a job, with importance being given for lifestyle matters. Many prefer to work only fixed hours or in fixed shifts, allowing themselves adequate time to be spent with family and friends.

Exercise of any type on a regular basis is very crucial to maintain body health, muscle tone, and joint flexibility. Dedicated hours for exercise should not be seen as a luxury or waste of time.

Physicians tend to ignore dietary control often in their busy life. They tend to become obese or unhealthy due to poor diet habits. Proper sleep and rest are needed to remain fresh and active.

They must find happiness and peace by reducing stress in their life. Intentional and purposeful efforts must be made to increase socialization, traveling, participation in art or music, and time off with family and friends.

The doctor must be healthy to take care of the unhealthy.

Dr. Venkit Iyer is a patron life member of AAPI. He has authored three books. 1. Decision making in clinical surgery. 2. Aging well and reaching beyond. 3. The Clinic. He has a web site: venkitiyer.com, which has links to the books.

HEALING THE HEALERS



SAHIL SHETH, SCM
Sokya Health



**SHASHITA INAMDAR,
MD, PHD**
Sokya Health

Introduction

Surveys show that 29% of medical residents report experiencing depression, 40% of physicians report hesitation to seek mental health care for fear of licensing issues, and over 300 physicians commit suicide in the US annually. Physicians of Indian origin come from a culture that stigmatizes seeking help for mental health. Upon moving to the US, physicians lose their social, familial, and spiritual support systems.

It's difficult for immigrant physicians from a group-oriented culture to assimilate into an individualized society. Physicians used to living in multi-generational households with significant human resources find it hard to adjust. Physicians on temporary work visas operate with the constant anxiety of having to return to their home country. Having a medical career and the pressure to assimilate for themselves and family can also be stressful.

First and second-generation immigrant physicians must contend with a responsibility to their families and the competitiveness that pervades Indian culture. The stress emanating from navigating between two cultures can manifest as symptoms of depression and anxiety, leading to social isolation, substance use, and poor work performance.

CURRENT RESOURCES

But all is not bleak. While there are gaps in support, it's refreshing and encouraging to see professional organizations provide a platform for physicians to engage and receive support.

AAPI, AMA, and the APA's specific subchapters empower Indian physicians and reduce feelings of helplessness, depression, and anxiety. Conventions, domestic and international CME meetings, and travel also help bridge the gap.

Before the pandemic, social support systems included places of worship, sports, and artistic events. But, COVID-19 has disrupted many supportive tools. Anecdotal data suggests that the pandemic has increased work-related stress for physicians, accompanied by reduced peer support. Moreover, due to travel restrictions, many immigrant physicians have been unable to visit family living abroad.

Future Direction

One of the few positives of COVID-19 has been the acceptance of digital interventions into healthcare delivery, including the increase in the popularity of self-help and self-care apps. Leading apps, such as Calm, BetterHelp, and Sokya, now allow physicians to practice self-care throughout their day.

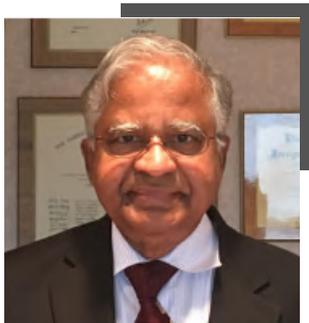
In addition, some physicians may benefit from working with coaches, as coaching is non-stigmatizing compared to other resources. A coach is a certified mental wellness practitioner who provides wellness advice. Coaching can also help motivate a healthy lifestyle through a balanced diet, exercise, sleep hygiene, and lifestyle modifications, including yoga, meditation, recreational activities, etc. If stressors are overwhelming and significantly impact daily functioning, therapist or psychiatrist intervention may be necessary.

To encourage more physicians to use mental health services, state medical boards encourage confidential Physician Health Programs, especially for psychiatric conditions and addiction.

Conclusion

Mental health wellness will continue to be a critical topic concerning physician health and performance. This issue is particularly significant for physicians of Indian origin. While the COVID-19 pandemic has disrupted many of the existing support systems, new avenues with digital self-care applications have emerged. Immigrant physician-focused organizations must work hard to destigmatize mental health and improve access.

POLYSOMNOGRAPHY FINDINGS DURING HEARTFULNESS MEDITATION



NARAYAN C. REDDY, MD

Fellow of American College of Chest Physicians
Board Certified Critical Care Sleep American Academy (former)
Director of Sleep Center, Good Samaritan Hospital (former)
Dayton, Ohio

ABSTRACT

BACKGROUND/OBJECTIVE:

Meditative practices have been shown to correlate positively with a sense of wellbeing. These practices can lead to an inner calmer state that can pervade even during wakeful states and is often called the meditative state. Wakeful, dream and non-dream sleep states have been described in the literature and can be identified using polysomnography (PSG). The purpose of this study is to assess the polysomnographic changes during meditation.

METHODS:

Twenty-three healthy volunteers in North America who have been practicing Heartfulness meditation regularly for more than five years participated in the study at Good Samaritan Hospital, Dayton, OH. Polysomnographic recordings were conducted throughout the meditation session for an average of about forty-five minutes, in addition to a few minutes before and about five minutes after. These recordings were performed with the participants seated in a chair with closed eyes.

RESULTS:

The PSG findings during meditation were unique with an immediate change in alpha rhythm, with a marked increase in amplitude and uniform synchronized wave patterns compared to the baseline rhythm.

CONCLUSION:

The PSG findings in this study during meditation show a distinctly different state than wakeful, sleep, and dream states. The findings reveal an SAA rhythm interposed with various states of sleep. The significant difference during Heartfulness meditation was the presence of awareness, particularly during N2, N3, and REM states of polysomnographic findings. This is referred to as the Turiya state in yogic literature or the fourth state in the West. The practice of meditation leading to this Meditative state, brings an inner balance, with many previously reported benefits in physical, mental, social, and spiritual wellbeing. More studies are needed to further validate these conclusions.



REAL LIFE



SUDARSHAN CHATTERJEE
M.D., FACC

Clinical Cardiologist.
Hampshire Medical Group
Cooley Dickinson Hospital

As a Cardiologist, I had become extremely busy after I started my practice near Boston. I used to do so many hours of procedures, consultations, and consultations, and critical care that I did not get time to eat my lunch and was always late to return to my home where my pretty wife Kalpana waited eagerly. I used to get chest pain when suddenly the hospital paging announced, "Dr Chatterjee Stat to CCU". I would be anxious seeing an ambulance rushing in my town as I would fear being called from the ER in a few minutes. I had lost myself and only a semblance of me lived as a doctor.

I began to study Gita before sunrise which conveyed everything was impermanent, so my patient's death was not the bad news. Every bad outcome would not end legally. I was trying to disassociate myself from a world that was all body and blood and life or decay.

Gradually I found myself looking for classical western novels like Virginia Woolf and Willa Cather etc. A discovery was made that somehow becoming a successful physician was not all gain but with some hidden losses as well. I had abandoned doing & feeling a lot of things that used to delight my soul before I was groomed as MD.

Somewhere sometimes a soul was fragmented, and I kept slipping away from myself into the world of medicine, success, a mansion with indoor pool and European cars.

This transformation made me think – I need to learn how to sense my emotions, how to love silently, how to notice the elegance and beauty that my wife Kalpana embodied. Why my son Shantanu smiled in sleep and how my father prayed and chanted a mantra. Why did my baby Animesh hide in the closet when his teacher would arrive?

First, I read the whole English dictionary to enhance my expression and creative writing.

Then I wrote a new novel which took 5 years of research. When "The Seven Steps" was published I knew I was on the right path. I used to write starting at 10 PM after dinner.

Physician burnout is so rampant, but no one can really help.

I took lessons in classical Hindustani vocal music and still pursue it with zest. For hours I try singing Sa- just one note to sound ethereal and I get away from all that is known as reality.

A physician should never forget what other activities are joyful and bring peace to the inner self- the one that is a being, a child that never wants to grow up but play with his toy undisturbed.

What is the essential part of life- Medicine or being a human? Which part of you is significant for you?

Do you know who in you is real?

PHYSICIANS' WELLBEING - A SURGEON'S VIEWPOINT



DR. ANIL TIBREWAL
Regional Director, AAPI

A physician's well-being is integral to their abilities to care for and help their patients and their families. If a physician does not feel fulfillment or joy in what they are doing, medical ramifications could occur, causing lasting impacts to the physician, patients and to society.

Well-being could be a complex combination of a person's physical, mental, emotional, intellectual, occupational, financial and social health factors. If one or multiple aspects of this combination are impacted, the physician could feel negative effects within themselves. These effects could come about in the form of mental fatigue, substance abuse disorders, cardiovascular disease, obesity, anxiety, depression, and suicidal thoughts. Surgeons may especially create negative repercussions in appropriate assessments, treatment planning of their patients, and to their abilities in the operating room, which could lead to further issues resulting in the choice to leave medicine or suboptimal surgeon. This could lead to a loss of individuals who feel fulfilled in the health and medical industry.

Out of several responsible factors, existing literature has focused much more on 'burnout' which has been seen in an abundance among physicians and surgeons. Factors include long work hours, low work-life balance, and lack of support. Studies have shown that many surgeons found disrupted or shortened sleep to be associated with suboptimal surgeon well-being.

In order to combat these issues, there are many positive choices that can be made to assist the surgeon to make their lives less stressful, reduce the risk of burnout, and lower the decision to leave the medical and surgical field altogether. Regulating various responsibilities, such as electronic medical record tasks and other more menial administrative duties to people who are not surgeons, can disburden some of this work and allow surgeons to spend their time and efforts on matters of greater importance and tasks that require their specific knowledge. Further hospitals must provide resources that advocate and bolster a surgeon's well-being through endeavors to help them, such as establishing comfortable call rooms where surgeons can rest during night shifts, limiting the number of consecutive hours that a surgeon works, introducing more ergonomically favorable ORs and work, and providing access to fitness equipment and places. Furthermore, as there is a prevalence of mental health stigma within surgical subspecialties, a need can be found to provide surgeons with training to reduce and manage their stress and to create methods to identify and intervene in cases of emotional exhaustion. Moreover, institutions should offer different plans to help a surgeon depending on their need to increase their well-being and promote a more productive and healthy work environment.

Surgeons' well-being is complex and multifaceted. Through education, resources, tools, and advocacy, we can encourage surgeons' health and well-being to ensure the physical and mental strength necessary to support their personal and professional pursuits and to provide optimal patient care. The American College of surgeons' advocates for a worksite culture that supports optimal work-life integration for surgeons, creates and nourishes opportunities for surgeons to flourish and thrive, and provides support leading to job enjoyment.

IAMA - AAPI HOLDS HIGHLY SUCCESSFUL FREE HEALTH FAIR IN CHICAGO



SURESH REDDY, MD
President, IAMA

Continuing with the tradition of offering free medical services to the local population, Indian American Medical Association, Illinois in collaboration with the American Association of Physicians of Indian Origin (AAPI) organized its annual Community Health Fair in Chicago on Sunday, August 28, 2022.



Over a hundred registrants availed the free medical services rendered by nearly two dozen physicians from various specialists at the day-long event. "We offered vital signs measurement, Blood tests for total cholesterol, HDL, Sugar and Noninvasive Hemoglobin and consultation with primary care and various available specialists including internist, pediatrician, pulmonologist and critical care, urologist, obstetrician and gynecologist, anesthesiologist and pathologist," Dr. Suresh Reddy, President of IAMA and a past President of AAPI said. "Having more specialists could have benefited several patients as there was a need for many more medical and surgical specialists like general surgeon, gastroenterologist, ophthalmologists," he added.

The hugely successful IAMA - AAPI Free health fair offered discounted coupons just for \$30 to have the CT coronary calcium screening done at Imaging Center. Also, the participants at the Health Fair were provided with the free lab services through the IAMA offices. Among the many services offered to the registrants, the Fair stressed on the importance of Cardiac Health Awareness in view of so many sudden deaths and acute MI among people of Indian heritage at a younger age.



"Once again, these AAPI members have showed their dedication by conducting the free Community Health Fair, so well organized IAMA," Dr. Meher Medavaram, Secretary of AAPI, while praising the efforts of IAMA members in reaching out to the local community, said. Describing them to "role models in selfless service for the younger AAPI generation," Dr. Medavaram wished "them continued success."



The Fair was organized by Dr. Suresh Reddy, President of IAMI, Dr. Meher Medavaram and Dr. Radhika Chimata, Treasurer and Secretary of IAMA, and the entire executive Committee members, including Dr. Piyush Vyas, Dr. Dilip Shah, Dr. Rajeev Kumar, Dr. Sukanya Reddy, Dr. Srilatha Gundala, Dr. Neetha Dhananjaya, Dr. Pooja Kinkhabwala. Dr. Reddy expressed his "deep appreciation and gratitude to all, particularly to the senior members of IAMA, Dr. Amit Vyas, Dr. Geeta Wadhvani and several others who actively provided their services. Thank you Christy Dolan for your moral support."

IAMA - AAPI HOLDS HIGHLY SUCCESSFUL FREE HEALTH FAIR IN CHICAGO

Radhika Chimata, Secretary of IAMA expressed gratitude to those who partnered with IAMA-AAPI in this noble effort included: Vinoz Chanamolu from Mall of India, Mamtani Foundation, Global Eye and American Telugu Association. "I want to thank Rep. Deanne Mazzochi who joined the event as the "Guest of Honor" and lauded the efforts of IAMA-AAPI. Special thanks and appreciation to the more than 50 high school volunteers led by Shree Gurusamy and Alli Dhanaraj who enjoyed the educational experience," she said.

"AAPI and IAMA are built on Core Value of Service." And he commended "All the Doctors, Volunteers and the Executive Committee for continuing this tradition of service by bringing health care to needy and poor and the homeless patients of Chicago," Dr. Reddy said. "I feel so satisfied we could bring basic healthcare to the homeless and poor people at the health fair. It was an amazing priceless experience to serve these many real needy people in a short period of time with limited resources and manpower."

(IAMA-IL) is a non-profit organization comprised of Illinois physicians, fellows, residents, and medical students of Indian origin who are committed to professional excellence and quality patient care. The Indian American Medical Association Charitable Foundation Free Health Clinic is a non-profit organization that was established in 1994. The free clinic serves low-income populations, who are uninsured and under-served that have no affordable or culturally competent medical facility for their healthcare needs. Patient's services are provided without regard to nationality, ethnicity, religion, gender, or race. For more details, please visit: <https://iamail.org>.

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MEMOIRS OF CANADIAN ROCKIES



MUKTA GUPTA, MD

Our much awaited 8-day trip to the Canadian Rockies started in Calgary "heart of the new West" where President Dr. Ravi Kolli and first lady Ms. Latha Kolli greeted us with a warm welcome.

Day 1/2: Bustling streets of Heritage Village with Vintage cars

After a restful night, we embarked on our journey to Banff. Enroute, we visited Heritage Park historical Village, Canada's largest living History Museum and learned about the history of indigenous people, their rich cultural traditions and attachment historical village to this land. A thundering steam train reminded me of childhood summer trips to grandparents in similar locomotive. After lunch and gazing through some vintage cars, we continued our journey to Banff. We caught a majestic view of six mountain ranges on Gondola ride up the Sulfur mountains (elev. 8041 feet). The unspoiled wilderness of Canada's first National Park with its spread of Pine, Douglas fir and Larch trees welcomed us amidst the stillness of Bow River and the town beneath.

Day 3: Gorgeous Glass-floored walk on Glacier

It was our much-awaited trip to Columbia Icefields. On the 2-hour bus ride on Icefield Parkway we were greeted by cascading waterfalls, brilliant blue Lakes with colossal mountain peaks and glaciers enroute. At Glacier Discovery Center we embarked on "Ice Explorer" a massive all-terrain truck specifically designed for glacial travel. Before I knew we were walking on the surface of Athabasca Glacier. Witnessing this mighty Glacier, time enveloped me, and the awe aspiring view left me speechless. These are largest fields of ice south of the Arctic and are the most accessible glaciers bordering British Columbia and Alberta astride the Continental divide.

Athabasca Glacier (elev.11,452 feet) is 6 km long and is receding each year, having lost 20 kms since 1980s. The Columbia Icefield at depth of 300-1200 feet receives 23 feet of snow per year. Six major Glaciers make up this icefield - Athabasca, Castle guard, Columbia, Dome, Stutfield and Saskatchewan. Walking with caution, few of us mustered the courage to a nearby stream and drank crystal-clear glacial water, while balancing carefully on the ice. Glacier is a huge mass of ice formed by accumulation and compaction of layers of snow over many years. Erosion from water and ice has carved the mountains to its present shape. Ageless face of mountains tells stories which have captivated explorers to study its fascinating impact on the environment.

After a sumptuous lunch we continued onward to see the architectural marvel- Columbia Icefield Skywalk, overlooking Sunwapta Valley. The jaw dropping walk on a glass floored platform looking 918 feet straight down the cliff 's edge left me amazed. As I walked, we discovered the hydrology and insider's look at how this incredible skywalk was constructed.

Day 4: Enchanting waters of the Emerald Lake and the CME on India night

It was an adventure to Lake Louise and Emerald Lake in Yoho National Park. Its turquoise blue waters in backdrop of the majestic mountains (Mount Victoria) and hanging Glacier is a site to savor. Lake is blanketed with fluffy snow in winters and draws umpteen visitors showcasing its pristine beauty. A walk around the trail which skirts the lake was a mellow experience. Sipping hot tea at the historic Fairmont Chateau Lake Louise hotel took me back to late 1800s with its glory shining during the Canadian Pacific Railway's construction. At Emerald Lake we absorbed the fresh crisp mountain air while exploring beauty of the Alpine waters and stillness of mother nature. Lunch at Emerald Lake Lodge was followed by photo stops walking down the trail. Blue-green color of water is from light refracting off the rock dust produced by massive glaciers rubbing against bedrock and reflecting blue light creating a turquoise hue.

After a hot shower at the famous Fairmont Banff Springs hotel, we celebrated India night in vibrant colors followed by excellent CME by paneled speakers. While strolling in hotel premises, we were greeted by two Elks merrily munching the

MEMOIRS OF CANADIAN ROCKIES

flowers oblivious of our presence, while several cameras rushed to capture their sight. Elks have pointed antlers with a narrower snout versus moose has a large bulbous nose, broad flat antlers, and "bell" under its throat.

Day 5: Stunning Sight from the Spectacular Railroad

We started our train journey aboard the famous Rocky Mountaineer from Banff to Kamloops (inaugurated in 1990). The panoramic views atop the double Decker glass domed train cars are breathtaking. As we traveled on the historic railroad we saw spiral tunnels, dramatic Canyons, river rafters, mountain towns and pristine lakes from the upper level. Lower-level dining room offered regionally inspired cuisine featuring local menus prepared fresh onboard daily. The glacial fed lakes with sparkling vivid green waters, gushing rivers, plunging gorges, and cascading waterfalls are a stunning sight. Through the open-air platform we saw animals wandering, so at home in the untouched wilderness. Our attentive hosts offered gourmet snacks and complimentary drinks throughout. Their immersive storytelling highlighted regional history, flora, and fauna while our eyes searched for Mountain goats, Big Horn sheep, Elk, deer, and Moose in the meadows.

Day 6: Flourishing Forests of Fraser Valley

After overnight stay in Kamloops our scenic train journey continued to Vancouver. We passed the Kicking Horse Canyon and Continental divide with a dramatic change in scenery. Desert like interiors were followed by lush green forests of Fraser Valley. Our host drew attention to the famous Hell's Gate at Fraser Canyon while riding alongside Thompson River. The steep slopes and rock sheds alongside narrow gushing river showcased its historical past. After a restful night in Vancouver Sheraton, we visited the famous Capilano Suspension Bridge- 450 feet long and 230 feet high, towering over Capilano Canyon. While strolling on the seven suspension bridges connecting tree top adventures, I got a bird's eye view of lush evergreens of thriving Coastal rainforest.

Day 7: Greeted by Grizzly bears at the Grouse mountains

We drove to Grouse Mountain 4100 feet above sea level. The spectacular view of city bordering the ocean while on gondola ride to its apex was breathtaking. A chairlift to the Vancouver Lookout gave aerial view of forest where two grizzly bears roomed in their natural habitat. Its long claws and highly developed shoulder muscles enables the Grizzly to dig roots and tear apart logs searching for food. We were also greeted by Black Bears and their cubs feeding on berries along the roadside. They are omnivorous and feed on ants, insects, berries, grass, roots etc.

Day 8: Goodbye to Glaciers

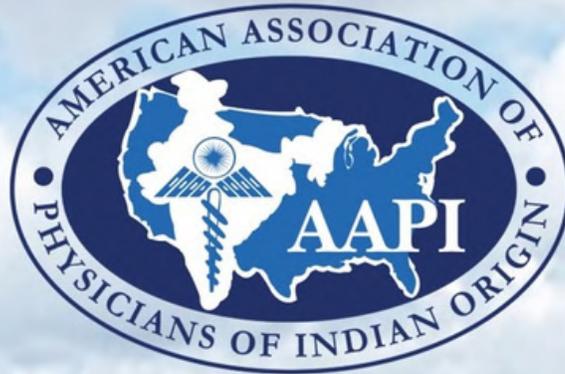
Next morning, we left for home after saying goodbyes, with a lasting impression in our hearts of the stunning landscape, spectacular views, and amazing scenery. I was humbled with the power of mother nature through the vastness of its landscape and timeless beauty still evolving. Millions of years have passed, but these Glaciers stand tall speaking of their glorious past and its surreal beauty, all of which needs to be preserved for future generations.







AAPI Canadian Rockies CME Tour



CME Director: Krishan Kumar, MD

August 2, 2022:

8:00 AM - 9 AM: Ravi Kolli, MD– Best practices for Physician wellness and Diaspora Mental Health issues

9:00 AM - 10 AM: Praful U. Bhatt, MD– Do we need a Bivalent COVID vaccine in the fall?

August 3, 2022:

10:00 AM -11AM: Krishan Kumar MD – Management of Bites & Stings and Anaphylaxis

11:00 AM -12:00 PM: Naresh A. Dewan MD- Obstructive Sleep Apnea: A Practical Approach to Evaluation and Management

August 4, 2022:

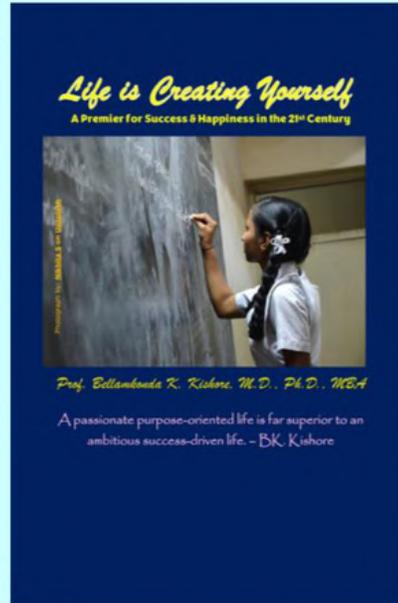
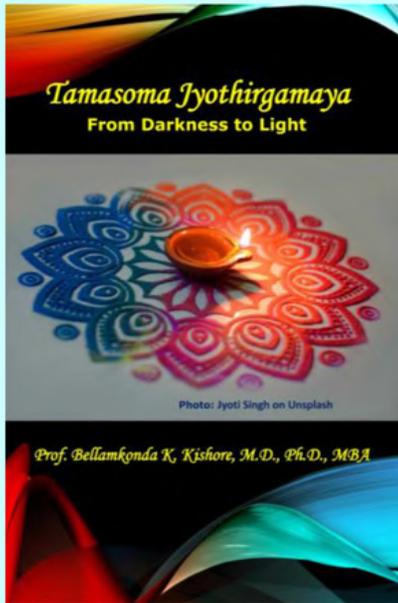
12:00 PM - 1:00 PM: Krishan Kumar, MD- Management of Weapons of Mass Destruction

1:00 PM – 2 PM: Prasad Chalasani, MD- Updates on Structural Heart Diseases



books by b.k. kishore

Books Authored by B.K. Kishore, M.D., Ph.D., MBA



Rooted in ancient Indian wisdom and blended with anecdotes from scriptures, quotes from philosophers, and metaphors relatable to the modern-day world, Dr. Kishore's books '*Tamasoma Jyothirgamaya*' and '*Life is Creating Yourself*' provide an insightful pathway toward the inward journey. Inspired by Indian philosophies and current day humanitarians, Dr. Kishore's '*Tamasoma Jyothirgamaya*' shines light upon the meaning and purpose of human life and ways to raise human spirits above the mundane, while leading busy lives. - **NRI Pulse**

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Priced low in India to make them available for students.

All profits will go to charitable services in the USA and India.

Contact: nephron369@yahoo.com

Tamasoma Jyothirgamaya: From Darkness to Light

"Education should be man-making", said Swami Vivekananda. But these days it is hard to find such education in any country. Academic degrees have lost their value as a sign of intellectual maturity and wisdom. This book results from the author's life-long efforts to learn about life, and pass on whatever he learned to others, especially the younger generations, so they can be benefited.... If the world has to change and humanity has to survive, there is no way other than individual transformation by moving from darkness to light (*Tamasoma Jyothirgamaya*). Darkness vanishes automatically when we light up a lamp in our hearts.

Life is Creating Yourself

A Premier for Success & Happiness in the 21st Century

To be creative in life and succeed, one needs to learn many things, which are not taught in the schools and colleges. This tacit knowledge must be imparted from person to person. This book is an attempt in that direction. The book is divided into 15 sections, each dealing with one aspect of creating oneself. Every aspect of creating oneself given in this book has been practiced by the author. None of them is just a theoretical piece of information. Every small change made in our lives will amplify into big results. As Kevin Ngo aptly said, "If you don't make the time to work on creating the life you want, you're eventually going to be forced to spend a lot of time dealing with a life you don't want."

MEDICAL EDUCATION ADDRESSES PHYSICIAN WELLNESS



RAJAM RAMAMURTHY, MD

Professor Emeritus, Department of Pediatrics/Neonatology
UT Health, San Antonio

Among other things, neuroplasticity means that emotions such as happiness and compassion can be cultivated in much the same way that a person can learn through repetition to play golf and basketball or master a musical instrument and that such practice changes the activity and physical aspects of specific brain area'- as quoted by Dr. Andrew Weil, the pre-eminent Guru of Lifestyle medicine

Institutions that drive the trajectory of medical education were becoming aware and engaged in the need to stop the physical, mental, and emotional toll, the system was taking on different age groups, to meet the rigid demands of medicine. Burnout is a long-term stress reaction marked by emotional exhaustion, depersonalization, and a lack of sense of personal accomplishment. A study published in 2015 involving 17,500 residents over a fifty-year period showed that 28.8 percent of the residents experienced significant depressive symptoms. Among interns, 24 percent developed suicidal thoughts within three months of starting training. Studies such as these have made educational institutions to incorporate programs for medical personnel wellbeing.

We have come a long way from the 1970s to the present. My internship in 1977 gave us no time off. If you were on call, you continued to work until the next day till your work was done. During the psychiatry rotation where busloads of patients were brought for evaluation as they had pleaded insanity. I was filling out the questionnaire for my thirteenth patient. I repeated a question three times, "Who is the Governor of Chicago?", my fatigued mind snapped back to alertness when the old man with a smile on his face said "Doc, Chicago does not have a governor, only a mayor. Are you Indian, you need to get some rest sweetie". I wanted to hug him. Now we have mandatory, days off, limitations on work hours, and almost all medical schools have designated individuals, programs, or centers for Humanities that provide programs that engage the students in activities where they can open and spill their pent-up emotions via, poetry, painting, writing narratives.

Highlighting stigma reduction as a central tenet in educating the trainees was recognized. Policy changes that promote a safe, supportive culture where seeking help was supported. The American Foundation for Suicide Prevention has a confidential web-based tool where the individual can take a brief questionnaire as well as get advice online from a counselor. In November 2015, the ACGME hosted its first Symposium on Physician Well-Being. Many strides have been taken by the medical education community to stop this epidemic of burnout and suicide that takes a heavy toll on the individual, the family, and impacts access to patient care, continuity of patient care, and much more.

ACGME through the initiative FRAHME (Fundamental Role of Arts and Humanities in Medical Education) provides resources to help medical educators start, develop, and/or improve the use of arts and humanities in their teaching. This will have a direct bearing on wellness and burnout.

CLASSICAL DANCE FOR WELLNESS: YETHO BHAVO TATHO RASA



**SOUMYA REDDY
NERAVETLA, MD, FACS**

Cardiovascular/Thoracic Surgery
Past President, AAPI YPS
Past President, ATMGUSA



*“Yatho Hasta thatho Drishti, Yatho Drishti
thatho Manah,”*

*Where the hand gestures are, the eyes follow;
Where the eyes go, the mind follows*

*“Yatho Manah thatho Bhaava, Yatho Bhaava
thatho Rasa”*

*Where the mind is, the mood—Bhaava—
follows; Where the Bhaava is, the Rasa follows*

The impact of physical exercise on wellness is well known and documented. Exercise can decrease the body’s stress response and increase the production of endorphins, thereby impacting both physical and mental health. Weight bearing exercise improves bone density plus the other obvious benefits. Indian Classical Dance shares this same strong foundation but adds spiritual, social, and cultural components as well. Alongside the many advances of modern medicine, this ancient art remains a relevant tool to promote wellness.

According to lore, Brahmadev created Natyaveda at the Devatas’ behest due to concerns that humanity was addicted to sensual pleasures. (Sound familiar?) They requested a stimulating art that would be universally appealing, accessible, and uplifting. Thus, using pathya (lyrics) from Rigveda, music (gita) from Samaveda, expressions (abhinaya) from Yajurveda and sentiment (rasa) from Atharvaveda, Brahmadev created Natyaveda and filled it with scriptural, historical, and spiritual lessons to guide humanity. Bharata Muni was entrusted with teaching this to the masses and recorded it as Natyasastra.

As a dancer first begins training, the focus is on the physical. Learning the right steps and gestures builds concentration, memory, discipline, and stamina. Tools that are no doubt valuable in life. As the student advances, it quickly becomes apparent that there is so much more. As Natyasastra teaches:

This simple yet profound tenet foreshadows the complexity of the student’s undertaking. The couplet dictates fundamental theory, but also nudges the dancer on a path of self-enquiry and psychology. Even understanding the subtleties of Bhaava and Rasa can be enlightening; the student learns that one can evoke emotions and a state of mind. An intro to psych. The dancer then aims to elicit intended sentiments in the audience. It’s quite incredible if you think about it.

To this, add a strong spiritual base. Most Indian Classical Dance forms are full of devotional songs. So, the performer is often quite literally worshipping God. In moments of solo practice, it can be meditative. All of this is steeped deeply in Indian Culture: lyrics in Sanskrit or another mother tongue, traditional costumes, Guru Parampara tradition, etc. Group lessons or performances also strengthen one’s social and cultural base. The relationship between sishya (student) and Guru encompasses social, cultural, and spiritual realms as the Guru guides physical and mental progress. Ultimately, the Guru is the means of strengthening all aspects of the students’ health. Hence, Guru Saakshaat Para Brahma (Guru is Supreme Brahman).

These layers mean dance can satisfy various needs, filling different roles at different times. For me, it has been a method of physical exercise, a means to vent frustration, a mood elevator if sad, a devotional offering, a meditation, and more. Its multiple facets are remarkable! This extraordinary Indian legacy, which has been handed down for generations, is a priceless asset for the maintenance of overall health and wellbeing even in the modern era.

DOCTOR BY DAY, CHEF BY NIGHT



DR. ANMOL PITLIYA

Hospitalist

Camden Clark Medical Center, Parkersburg

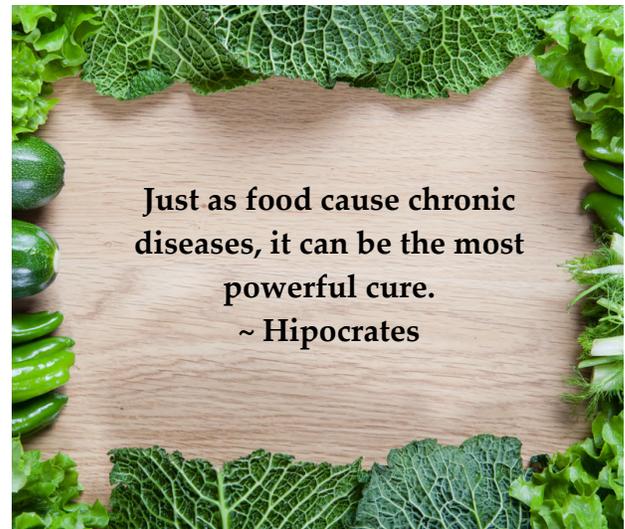
It is said that there are two types of people: those who live to eat and those who eat to live. Then there's me, someone who relishes feeding.

My profession is medicine, and my passion is cooking. It all started in high school, when I left home to achieve my dreams of a promising future, and cooking became a mandatory requirement. I started to cook food which only I wish to eat as being an amateur in the field sometimes salt is less or sometimes chili powder is in excess. Practice makes a man perfect and so progressively got a grasp of it.

When I came to the United States and saw very few vegetarian options in the restaurants, it was evident that I had to prepare my own meals. I was in Chicago when I started stepping out of my comfort zone and tried my hand in different cuisines. My three roommates were very grateful as they got to try different food every weekend. Then I moved to Boston and found like-minded people who introduced me to gardening. There was a community garden behind my apartment where I would learn and help locals with their small plots. The produce was bountiful which they would share with me. I would return the favor by cooking food and making traditional Indian chai for them. Soon, we started having potlucks with international themes. I still remember the day they all got together to cook an amazing Indian dinner for my farewell as I was leaving Boston for my residency. I cannot explain in words the love and joy I felt and a bitter-sweet feeling that I am leaving such wonderful people behind who had become my extended family.

I found solace in cooking as I started residency, and the work became exhausting. Whatever happened at work, I chose to return home and cook my troubles away! It was a different way of selfcare. Eventually, I became well-known for my hosting skills. Being a huge advocator for animal rights and cruelty, I decided to make a switch to veganism. It initially started as a trial but stuck with me. In this age of internet, I could find substitute for anything online and learned to make substitute myself at home. Veganism is a misunderstood subject in the sense that it does not have a complete nutrition value. But I can say for a fact that I am very energetic after extensive work hours and know for a fact that there are several athletes including baseball players, weightlifters and runners who are vegan. It is also evident that veganism can prevent several diseases, particularly animal borne infections. I sincerely also believe that this life practice is sustainable to our surrounding environment.

Now that I have gained expertise in broad range of cuisines including Indian, Indo-Chinese, Mediterranean, Italian, and Mexican, my upcoming goal has stretched its wings to diverse cuisine such as Japanese and perhaps indulge in baking. It's surprising that what started as a necessity, became a hobby and now a lifestyle! Cooking, like medicine, is a never-ending learning experience that brings immense happiness to others, joy to oneself and a sense of fulfillment. Most evenings, I get home, put on a little music, and initiate my cooking routine. In those moments, I feel disconnected from the world while remaining connected to almost everything.



ACHIEVING RESIDENT WELLNESS



PRIYANKA KOLLI, MD
PGY-2 Psychiatry Resident

A fire is burning amongst residents across the country after the recent death by suicide of Internal Medicine intern, Jing Mai. Her sister reported

"for the last few months, Jing has struggled with insomnia, anxiety, and feeling inadequate as a first-year resident physician. Despite receiving therapy, medications, and support from loved ones and family, she ultimately decided how she could finally rest." Burnout, a well-known work hazard in the medical field, has been implicated in the "loss of empathy, impaired job performance, and increases in medical mistakes" in physicians. Resident physicians are affected by burnout more than their attending physician counterparts. Despite increased awareness and discussion on the prevalence of physician burnout and the associated risks of medical errors, depression, and even suicidality, there is a lack of evidence-based recommendations available to address this issue.

Research suggests that there are intrinsic barriers to resident wellness and extrinsic barriers. Intrinsic barriers include "intense emotional experiences, exposure to trauma, missing important life events, lack of control over schedule, days off, long work hours, less time spent with family or loved ones, high level of responsibility, life-or-death situations, and the grave consequences of mistakes." In 2003, the American College of Graduate Medical Education introduced reforms such as 80 hours work week, one day off every seven days, ten hours of rest between calls, 30-hour limit on continuous duty to address these intrinsic barriers to resident wellness. A meta-analysis found that resident wellness improved in all studies comparing burnout prior to 2003 and after.

Extrinsic barriers, including an unfriendly and unhealthy work environment, lack of wellness initiatives, lack of space to recharge or reflect, and personal health related behavior are the areas that resident programs direct their wellness initiatives. Unfortunately, there is little evidence that our current attempts at mitigating burnout, which includes exercise classes, teaching relaxation techniques, resilience training, food and social events, improved workspaces, and things of that nature are working. A recent meta-analysis of 19 controlled studies evaluating more than 1500 physicians showed no significant changes in burnout despite of these interventions.

Residents across the country are turning toward unionization to use collective bargaining as a tool to obtain protections and better working conditions. Resident lead unions have become increasingly commonplace after the COVID-19 pandemic. Currently, The Committee of Interns and Residents has more than 20,000 members, which is approximately 15% of residents. There is minimal research on resident unionization but one cross-sectional survey of 5701 residents found that unionized programs were more likely to offer housing stipends and 4 weeks of vacation. However, there was no notable difference in the rates of burnout, suicidality, job satisfaction, duty hour violations, salary, or the educational environment between unionized and non-unionized residency programs. More evidence on the benefits of unionization to alleviate residency burnout is needed, but residents consider it as a viable option for meaningful change at present.

Unfortunately, despite interventions at the national, residency, and individual level burnout continues to be a serious health-hazard. It is clear further research is needed to elucidate causes of burnout and the effectiveness of mitigation strategies currently in practice.

This article is in memory of Jing Mai and the hundreds of other residents who took their own lives before her.

WELL-BEING OF MEDICAL STUDENTS IN INDIA - CAUSES, CONCERNS AND CURE



DR. GOURAV DWIVEDI
CRRI-IGMCRI, Pondicherry



DR. LOKESH EDARA
Board of Trustee, AAPI

THE PRESENT PREDICAMENT:

An Intern in a government medical college in India works an eighteen-hour grueling shift with only twenty minutes break for lunch and dinner in between. In another state, an intern is working a twenty-four-hour shift. They both spend their shift treating motor vehicle accidents, poisoning, assault, stroke, fever, diarrhea, amongst other conditions. These interns are handling a minimum of 4-5 cases at a single time, facing angry patients and their relatives, surviving on fast food, all while underpaid. After the shift, what is left is a physically drained, mentally exhausted person who must meet the next day's expectations. This can cause heavy damage to a person's mind, body, and spirit.

Burnout is more common in non-native students from other states. Besides dealing with their work-stress, they must quickly adapt culturally, socially, and linguistically to their new environment. We hear stories every day of medical students suffering from serious mental decompensations in the setting of increased work-stress and decreased sleep.

Government medical colleges in India are not pro-student but act more as an employment site with various shareholders to appease. The need is political, to pump out doctors. They are not focused on creating healthcare providers and leaders. There is a little to no communication between professors and students, creating a hostile environment.

These stressors, anxiety over entrance exams, and peer pressure push some students towards substance abuse, including alcohol, tobacco, or cannabis use. Others silently suffer depression and anxiety and a few even take extreme steps such as attempting suicide. Recently there has been increased number of suicides committed by medical students and residents from government medical colleges in India.

In 2019, a pan India study was conducted between medical students suggesting higher stress levels and burnouts among medical students ranging from 50%-80% depending on the institution, age, and year of study. This paints a very gloomy picture because if budding doctors themselves are not able to keep themselves sound and healthy then how can they be expected to heal the people and influence the society to be healthy.

Question: What can be done to improve student wellbeing?

Answer:

- Create a student centric environment, where the model of education is based on feedback from student experiences.
- Promote self-care and healthy practices, like nutritious eating, yoga, and meditation to name a few.
- Develop more in campus sports and recreational activities in campus.
- Establishing healthy food courts which serve nutritious food can improve a medical student's well-being.
- Encourage a positive environment where there is respectful and an open communication between seniors, juniors, and colleagues.
- Advocate for more clear expectations from medical students, roles of all team-members, and a limit for physical and mental performance.
- Endorse for a cultural shift, where parents of medical student offer support, rather than overburdening them with their own desires and expectations.

CRACK THE WELLNESS CODE (CWC) (AAPI PARTNER)



SUJEETH PUNNAM, MD
Interventional Cardiology,
Stockton, CA

CWC is a non-profit organization based in San Francisco Bay Area with global footprints and India presence.

Its mission is to educate, inspire, empower, and impact the community (with India and South Asia focus) by offering a platform to help with their mind-body wellness code. Its prime goal is to improve wellbeing of South Asians through its innovative wellness ecosystem of 550+ members comprising of doctors, health heroes, entrepreneurs, health tech companies, wellness champions, service providers and medical researchers.

As the Post Pandemic World grapples with the New Normal, CWC arranged a day long immersive forum to “Find Your Wellness Code and Recharge your Wellness Journey” on September 25th, 2022 at India Community Center, Milpitas, CA. This was led by Doctors, Health Heroes, Support Groups, Health Entrepreneurs and Pros, Wellness Product cum Service Providers.

There were 4 Health Tracks featuring Heart Health, Diabetes, Cancer & Behavioral Health and 3 Community Tracks to Capture the Current Dynamics in the Community- Seniors, Youth and Women.

These were presented in 3 Keynotes, 3 Panels, Wellness Gigs, Food & Services, Expo.



Global mind-body wellness thought leaders like Dr. Alan Goldhamer, President & Founder of True North, Dr. Akil Taher, Physician turned Hiker, Biker & Runner after Open Heart Surgery, Dr. Pankaj Vij, CWC Co-Founder, Lifestyle Medicine Pioneer and Author spoke apart from Mr. Ashish Mathur, Executive Director of South Asian Heart Center. Health Heroes presented their mind-boggling success stories about the shift in their health. The audience were treated with dance fitness session, Laughter Yoga, and exposed to Holistic Health Expo, Healthy Bites, Cooking Demo & much more...

On behalf of AAPI, Dr Anupama Gotimukula, Immediate Past President, Dr Sujeeth R. Punnam, Past RD, Pacific Zone, Past Chair, Covid Relief Committee and Current Chair, Alumni Committee attended and addressed the gathering. Also present was President of Bay Area AAPIO, Dr. Padmashri K Srinivasa.

We have multiple Goals of Partnership between AAPI and CWC and so far, CWC has contributed to Global Health Summit Journal in January 2022, arranged speakers at AAPI Convention in San Antonio in Lifestyle Medicine session, arranged two paid ITV Gold shows on AAPI Healthy You Sessions recently. Apart for that AAPI has signed an MOU to come up with a mobile app in association with CWC which can facilitate digital content (video, podcasts, microlearning) by AAPI members there by community can access to the content on demand.

REFLECTIONS OF THE EDITORIAL COMMITTEE

As an academic, my first encounter with editorial work came when I was asked to be a reviewer for 'Pediatrics' the journal published by the American Academy of Pediatrics. My romance with words began and grew with scientific writing. This cannot be compared to the high you get when reviewing fiction, non-fiction, memoir, or autobiography. I am always guarding against putting my thoughts in the edit but simply making changes to make it read better.

Love of writing is what spurs most physicians to volunteer to work on editorial committees. I joined the AAPI Publications Committee as I observed that the journal did a fabulous job. DR. Leena Gupta, Chair navigates this complex process admirably. The members are dedicated to seeing that each issue is engaging, entertaining, and enlightening. I already feel that I am a part of this family who are all in love with writing.

Rajam Ramamurthy, MD

Being a part of the publications committee has been a novel experience for me and let me tell you, a lot of work goes into it behind the scenes. I have a new-found respect for the leaders that take on these opportunities, like Dr. Leena Gupta, and all the committee members that contribute. Everyone has been working behind the scenes for the past couple months despite their busy schedules to create this Journal.

Working with physicians at different stages of their medical career (from residency to retired) and in a variety of specialties has been an enriching experience. It has been interesting hearing other specialties talk about physician well-being, a topic central to psychiatry, the field I am training in. Everyone in our committee considers physician wellness an organizational priority, hopefully suggesting a change in the culture of medicine, which previously encouraged choosing to ignore our human needs (sleep, meals, medical care, etc.) and self-care and expecting other physicians to do the same. I hope this marks a generational shift that is much needed, so medicine can continue to attract thoughtful, generous, empathetic individuals who don't feel as though they must sacrifice their physical and mental health to be a physician.

Priyanka Kolli, MD

The focus of this impressive AAPI 2022 fall journal is physician wellness, a topic more relevant to current issues than ever before. As an editorial member of this Journal and AAPI Publications committee, it was my privilege to take part in the production of this publication venture. The pandemic of COVID19 has pushed the phenomenon of physician burnout to limits never witnessed hitherto. Several articles in this Journal issue address not only the magnitude of the problem but various techniques and approaches to alleviate the stress and promote wellbeing of physicians. I enjoyed immensely not only writing an article on "Yoga and Physician wellness" but also reviewing the other articles submitted for this issue of the journal. It is my sincere wish that all readers in the AAPI community will find this a very useful edition.

Sharma Prabhakar, MD

REFLECTIONS OF THE EDITORIAL COMMITTEE

Being on the publication committee has been a great experience. I appreciate this opportunity as a YPS board member. As always, a lot of discussions, hard work and time goes for every project, and this was no exception. Kudos to Dr. Leena Gupta for doing such an amazing job at putting it all together!!

Kriti Arora, MD

My novelist and publisher dad has always inspired me to be amongst books, hence my strong motivation to be in the journal committee. AAPI fall journal preparation, the chair, team were truly amazing with great ideas and worked hard under the leadership of Dr. Ravi Kolli, the final outcome is very pleasing. Hope all the readers enjoy it as much as we did publish it. Any new thoughts or comments please feel free to email us. Thank you all!

Saras Muppanna, MD

It has been a joy to go through the AAPI journal. It has been my pleasure to serve on the AAPI Journal committee under the leadership of Dr. Leena Gupta and Dr. Ravi Kolli. It is also easy as they tend to do the heavy lifting. My recent interest in writing began during the pandemic. Our local medical society created a Live Well foundation. I write monthly wellness blogs and news article summaries for our local physicians. Now I have turned this hobby into teaching about wellness and even created my website (www.HappymindMd.com), dedicated to happiness and well-being for health workers. I have also created a monthly newsletter.

I realized that it is effortless to pen a page or so for some. For those on the sideline, I suggest you journal what comes to mind. Do not be afraid to share it with others who can guide you. I admire all the writers here for putting their hearts out and letting others see what they are writing and thinking.

Tarak Vasavada, MD



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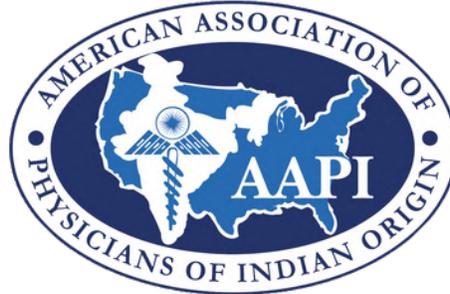


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