ARBiT it happens here...

Celebrating a Healthy Start

National Oatmeal Day, observed every October 29, honours one of the healthiest and most versatile breakfast foods. Oats are rich in fibre, vitamins, and minerals, making them an excellent choice for heart health, digestion, and sustained energy. From classic porridge to overnight oats, smoothies, and baked treats, oatmeal can be enjoyed in countless delicious ways. On this day, nutritionists, chefs, and food enthusiasts encourage people to incorporate oats into their diets, share recipes, and discover new flavours. National Oatmeal Day is not just about food, it's about embracing a wholesome, nourishing start to the day.

राष्ट्रदूत
WEDNESDAY
29 October 2025
A-B

#THE PINNACLE OF LUXURY

The Mouawad 1001 Nights Purse

The World's Most Expensive Handbags

When fashion meets fine jewellery and rare materials, what emerges is beyond regular luxury, it becomes art. The Mouawad 1001 Nights Purse, the Hermès Rose Gold Kelly, and the rare Hermès Birkin creations illustrate exactly that: they're not made just to carry things, but to carry value, history, prestige, and craftsmanship.

Mouawad 1001 Nights Diamond Purse ($3.8 Million)

Topping the list is the Mouawad 1001 Nights Diamond Purse, officially certified by Guinness World Records as the most valuable handbag in the world. Designed by Robert Mouawad, this heart shaped masterpiece is handcrafted from 18 karat gold and set with an astounding 4,517 diamonds, 105 yellow, 56 pink, and 4,356 colourless, for a total gem weight of 381.92 carats. The symbolism is rich, inspired by *One Thousand and One Nights*: stories of opulence, intrigue, romance. It took ten artisans months of work to complete (about 8,800 hours), underlining how extraordinary craftsmanship drives its value.

Hermès 'Rose Gold' Kelly - A Gem Encrusted Treasure (~$2 Million)

Almost as show stopping is the Hermès Kelly Rose Gold, priced around US$2 million. This bag is not your everyday Kelly, it crosses the line from exotic leather into luxury jewellery. The body is fashioned with elements of solid rose gold, and adorned with a large number of diamonds (reportedly over a thousand), which transform what is normally a leather icon into something that blurs the boundaries between bag and jewellery object. It is one of the rarest Hermès pieces, crafted in very limited quantities, making it a true collector's dream.

Hermès Birkin Variations - Platinum, Himalaya, and Auction Records

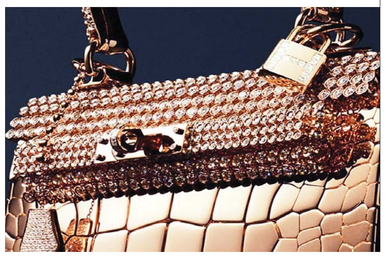
The name 'Birkin' is synonymous with exclusivity. While many Birkin bags fetch hundreds of thousands of dollars, the rarest variations have pushed into the millions. Examples include the Platinum Diamond Birkin by Ginza Tanaka, a version encrusted with over 2,000 diamonds and featuring extraordinary hardware. Another record breaker was a Himalaya Crocodile Birkin sold at auction for US$380,000 in Hong Kong, thanks to its rare Niloticus crocodile skin, diamond hardware, and the difficulty of sourcing its distinctive color gradation leather. More recently, a prototype original Birkin made for Jane Birkin in 1984 sold at Sotheby's in Paris for an astounding 7 million (US$8 10 million depending on fees), making it the most expensive Birkin ever sold at auction.

What Drives the Price?

These handbags are expensive for a mix of reasons:

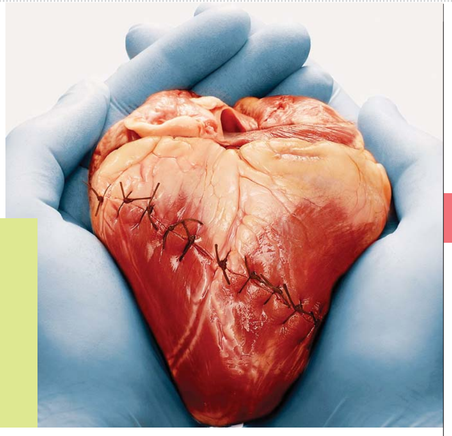
1. **Rarity:** Some models are one offs or produced in extremely limited numbers. Materials like solid gold or rare crocodile skin with specific color patterns (e.g. 'Himalaya') are hard to source.
2. **Gemwork and Hardware:** Diamonds, precious metals, gem studded hardware, highly polished platinum or gold, etc. dramatically increase the value.
3. **Provenance and History:** The story matters, who commissioned it, what year, how it is used. Birkin's original prototype, used by Jane Birkin herself, carried extra emotional and historical weight.
4. **Craftsmanship:** Hours of manual work, hand stitching, precise finishing, all add up. Each Hermès Birkin is known to require dozens of hours of hand work; when you combine that with gem work and exotic materials, the price escalates.

In the realm of ultra luxury handbags, these pieces transcend mere fashion. For anyone studying luxury, art pieces, or how objects become symbols, these handbags are case studies in what happens when fashion, jewellery, and storytelling collide.



Death in the Surgeon's Hand
The Second Victim

In the book, *Do No Harm: Stories of Life, Death and Brain Surgery*, Henry Marsh (Neurosurgeon) writes: "To be a good doctor, you have to be able to like people, but you also have to be able to walk away. You can't dwell on the tragedy of every single life you touch. But there are some who stay with you. The ones you lose because you made a mistake. They never leave."



Dr. Goutam Sen
CTVS Surgeon
Traveller
Storyteller

#DOCTOR

It had been a long and trying day, much longer than the usual long day!

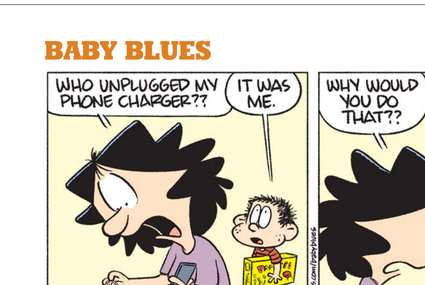
Nirmal, who is a late sleeper, was already asleep. She knew about my day and there was not much more she could do to help my state of mind. I lay in the dark bedroom. Only a sliver of light streamed in from the street light through a crack in the wooden paneling of the window. My eyes were wide open, and yet, I was not aware of my surroundings. The video of the events of the day kept playing in a loop in my mind.

I had got up in the morning fresh and prepared for a long and challenging day. The Operating Room (OR) staff knew that I would be there in time as we had two heart surgeries to perform. In the last twenty years of practice, a rhythm had been established, and on most days, it was like clockwork. The OR staff would have shifted the patient half an hour ago to the preparation room. The cardiac anaesthetist was experienced and we had been working together for nearly a decade. We were like two dancers doing a waltz. Our steps were in synchrony. He would call me on my mobile to check that I was in the hospital before shifting Sohan Lal, a thirty five year old patient, who had been suffering from increasing breathlessness and easy fatigue for the last two years. I saw him last week, and after investigations, came to the conclusion that he had Mitral Valve Regurgitation due to a childhood attack of Rheumatic fever (Quite a common condition in India). He and his small family, consisting of his wife and a brother, sat down in front of me and we discussed the need for a planned Mitral Valve Replacement (MVR) sometime in the next week. I explained to them about the operation; its convalescence and the risks to life.

There was about a one per cent chance of complications and even a lesser risk to life. It sounded like a small risk but if it happened, it was a hundred per cent for him. I had observed that patients and relatives tended to pay little attention to these figures. They rightly focused on the ninety-nine percent recovery. He would have to arrange for the money to pay for hospital package and ask a few people to donate blood.

I entered the theatre after my usual scrubbing. Everything was ready. The patient was sleeping soundly under anesthesia and Suman, my head nurse, had draped him ready with sterile covers. The small rectangular area, about 10 x 4 inches, remained exposed under the bright ceiling lights. We ticked off a small checklist, and finding all correct, began. The surgery went off well. The heart was connected to a heart lung machine and bypassed. It was emptied. The defective mitral valve was visualized and a decision was made to replace it. That too was done and the steps to revive the heart and disconnect from the heart-lung machine was done. In another few minutes, all would be over.

Suddenly, the pericardial sac welled up with a large flow of bright blood. The response was reflex. We had trained and rehearsed for this many times. The heart was reconnected to the machine and a meticulous examination of the stilled empty heart was done to search for site of bleeding. Every point where the tubes had been inserted into the heart was secure. The suture line where the cut had been made on the heart was also secure. We began to discuss other possibilities. I lifted the heart partially to look at the back of the heart. Horror of horrors! There was huge tear on the posterior part of the left Ventricle (Lower Chamber) from which blood had poured out. Since this was an awkward place to stitch from outside, a meticulous process of reopening the heart and resuturing/buttressing the tear from inside was done. This took more than an hour. On testing the repair was found to be secure. It had now to be seen if it would stand the higher pressure of a beating heart. The heart was gradually allowed to fill up and beat with force.



For a few minutes, all was good but then, the bleeding started again and sutures started giving away like a thread through wet paper. It was all downhill thereafter. We lost Sohan Lal about two hours of incessant struggle. It was over.

All of us were devastated. I was quite numb. I had now the arduous task of speaking to the brother and his wife. They were outside expecting that all was well. They already suspected that something was amiss because the procedure had been extended for many hours beyond the normal duration.

They walked into the small side room and began wailing even before I had spoken a word. My expression was enough. I told them about all that had happened. No detail mattered. All they knew was that Sohan was no longer alive. I saw the accusing looks. His wife even said, "Maar Diya." All I could say was sorry. I had tried my best.

The arrangements of paper work (Extremely essential to avoid being accused of Medical Negligence!), billing and other requirements of death in the OR took long.

It was quite late in the evening before I had a moment of free time. I moved into my chamber and grieved. Tears that I had held back for so long now flowed freely. When I had become a cardiac surgeon, I was aware that this kind of thing would happen one day. I had even witnessed one such death in my training days in AIIMS Delhi. There was no one to put a reassuring hand on the shoulder. The 'Buck' stopped with me! It was my job to give solace. There is no way to prepare for this kind of a happening.

The mind keeps on thinking. Where did I go wrong?

Why did the preoperative evaluation not show this weak segment?

There were multitudes of questions roaming in my mind. Each probing and asking about what was the thing that I could have done to save Sohan Lal. One my closest friends had, by then, heard about the death in the OR. He came and sat by me. I poured out my questions and grief to him. He tried his best to reassure me that there was nothing more that could have been done. His words, though helpful, did nothing to absolve me of the responsibility. A living person had died 'due' to my surgery!

I drove back home on auto mode. Nirmal was waiting for me. She knew all about what had occurred during the day. The cardiac anaesthetist had called. She herself was a cardiac anaesthetist and understood well. She put her arms around me and let me sob my heart out on her shoulders while telling her about the day. She knew that I needed to vent. She knew I had to be reassured that I was not God. Despite my best efforts, things would go wrong and a human would die in my hands. I would be accused of being careless. I would be called a butcher and a killer by the relatives. I would have so many unanswered questions.

I felt quite alone while I lay in bed. There was no question of sleep. It is then for the first time, the thought crept into my mind. I was not the first one to have lost a patient in the OR. There must have been so many others.

I got up and went into the office. Switched the computer on and asked: Deaths in the OR in Surgery.

I found myself with so many others who had also trod this path. Some were brief statements. There were a few who had written chapters and books. They have all asked the same questions I was asking. They also sought some answers.

Stephen Westaby, a cardiac surgeon, had so much to say. He had done detailed study of many deaths in the OR. He has started by saying that often, the death occurs due to selection of patient who is far gone in the disease and is a high risk, or perhaps, the choice of an aggressive, complex procedure when a more palliative or simpler one might have been more compassionate. This choice of taking the aggressive path leads to death he terms as 'failure to rescue.'

He elaborates: "The most dangerous procedure is the one you do when the patient is already on the slippery slope to death. The heart is tired; the tissues are fragile. You go in because the family is begging, or because you still have that warrior's arrogance that you can fix anything. You spend six hours in the theatre, your hands cramped from the tension, knowing halfway through that this is a fatal miscalculation."

In the book, *This Is Going to Hurt: Secret Diaries of a Junior Doctor*, Adam Kay (Obstetrician/Gynaecologist) writes: "They teach you about death in medical school. They don't teach you about the dying. That takes years of practice and even then, you don't always get it right. They certainly don't teach you how to feel when you hold a baby who has died because the system let them down, not because of a force of nature."

In the book, *Do No Harm: Stories of Life, Death and Brain Surgery*, Henry Marsh (Neurosurgeon) writes: "To be a good doctor, you have to be able to like people, but you also have to be able to walk away. You can't dwell on the tragedy of every single life you touch. But there are some who stay with you. The ones you lose because you made a mistake. They never leave."

A friend of mine once said: "There is a quiet cemetery in your mind in which all those who died under your care dwell." A term 'Second Victim' has been coined in the surgical circles. The 'first victim' being the patient and the 'second victim' being the surgeon.

Several authors have proposed different stages that physicians go through after a major Adverse Events (AE). The 6 stages outlined by Scott and colleagues are well accepted and predictable. They are moving parts of a very dynamic, fluctuating and nonlinear process that most physicians experience.

Stage 1: Chaos and Accident Response

In the immediate aftermath of a major AE, there is an internal 'whitewater' emotional state (typically not apparent or even acknowledged) that can lead to trouble with concentration and decision making.

Stage 2: Intrusive Reflections

The haunting event is played over and over in the surgeon's mind, stoking anger, loss of confidence and feelings of shame and isolation.

Stage 3: Restoring Personal Integrity

Efforts by the surgeon to regain his or her usual composure are made, with a desire to seek support but with lingering anxiety about how the event will define him or her professionally, both in the eyes of colleagues and referring physicians.

A typical response might be "I thought: These people are never going to trust me again."

Stage 4: Enduring the Inquisition

An ongoing and often prolonged process of living through the investigation of the event, including root cause type analyses which, if not done in the spirit of understanding, lack of blame, and with psychological safety, can significantly aggravate and prolong the surgeon's psychological turmoil. This creates further injury and isolation as fears of sanctions, medico legal troubles and loss of credential or privileges spread their roots in the surgeon's mind.

Stage 5: Obtaining Emotional First Aid

The internal desire to talk to someone, but unless a well defined peer support process exists, confusion will abound about who, if anyone, the surgeon can speak to, without fear of patient privacy concerns, fear of litigation and shame over the event. All of which fuel the fires of isolation and more shame, and lack of proper recovery.

Stage 6: Moving On

The individual coping skills of the surgeon and the level of support available will determine whether he or she will: leave practice, cope and carry on in silence with the risk of long-term ramifications (e.g., mental and emotional well-being, restriction of practice, impaired decision making born of fear, substance abuse, and suicide), or whether they go on to recover with subsequent personal and professional growth.

Nearly all Cardiothoracic Surgeons experience major Adverse Events (AEs) that will affect them deeply. Most endure the pain in isolation and silence, which promotes shame, burnout PTSD symptoms, substance abuse and even suicidal ideation. Immediate peer support and use of positive psychological coping skills are critical for personal recovery and professional growth.

A new day has begun. Despair and distraction has been trawling in my mind all night. Accusations and explanation have been dwelling in my soul. I have put on my greens again. A new person awaits surgery. I hold the scalpel in my hand dispelling all that has passed the day before. I have full confidence in my skill and knowledge. Death shall not prevent me from doing good to all that await treatment/surgery.

All the same such deaths never leave the mind of the surgeon in peace throughout life. They are an indelible mark!

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#LOVE

"Moon Episode"

Moonlit Love: The Night the Princess Fell for Bilhana

In the hushed corridors of ancient Indian literature, few love stories shimmer as delicately as that of Bilhana, the 11th-century Kashmiri poet, and the unnamed princess he taught. Their affair is legendary, not just for its secrecy and scandal, but for its poetic beauty, captured most intimately in a moonlit moment that sparked a love for the ages.

This episode, often referred to as the 'moon episode,' marks the turning point in their relationship, when the princess's admiration for the poet quietly turned into desire, and then into a love she could no longer hide.

A Tutor in the Royal Palace

Bilhana had arrived at the southern court, likely that of King Vikramaditya VI, as a learned scholar from Kashmir. Renowned for his intellect and mastery of classical texts, he was appointed as the tutor to the princess, entrusted with her education in literature and the arts.

Their daily meetings were filled with poetry and philosophy, exchanges rich in metaphor and meaning. Over time, the boundary between teacher and pupil began to blur, not with spoken confession, but with growing silence, stolen glances, and unspoken tension.

The Moon Episode: Love Awakens

One night, during a lesson or perhaps a casual walk in the palace gardens, the princess looked up and saw the moonlight falling on Bilhana's face. The poet, unaware, continued speaking, his words soft and wise, but the princess had stopped listening. She was struck by the radiance of his face, glowing gently under the moon's cool light.

In that moment, something shifted. The poet's voice, already beloved to her for its elegance and depth, now seemed like music. His features, once respected, now seemed beautiful. The moonlight became a silent witness, casting a glow on her awakening heart. This was no dramatic declaration, just a quiet, inner knowing. But it changed everything.

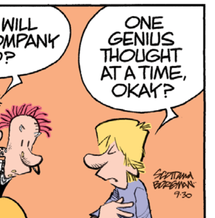
In the verses that would later make up his Chaurapanchasika (Fifty Stanzas of the Thief), Bilhana captures this moment through metaphor and memory. He writes not just about physical beauty, but about how love blooms silently, often unexpectedly, and often when words are least necessary. Chauras, is none other than Bilhana, when he was sentenced to prison after being caught for the love affair with king's daughter Champavati.

Symbolism of the Moon

In Indian poetry, the moon is a timeless symbol of love, longing, and beauty. It reflects both coolness and fire, cool in its appearance, yet burning with the heat of desire it inspires in lovers.

For the princess, the moon did not simply illuminate Bilhana's face, it illuminated her feelings. It turned admiration into longing, and respect into yearning. The moon became a mirror for her emotions, casting light on the one truth she could no longer deny: she was in love.

The Quiet Beginning of Passion



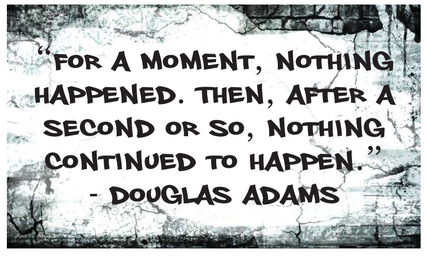
From that moonlit night onward, the princess began to see Bilhana differently. Every word he spoke carried weight. Every pause in his speech felt like a poem. What had begun as intellectual companionship turned into emotional intimacy, a quiet but irresistible gravity pulling them towards each other.

Their love would eventually lead to secret meetings, hushed laughter, and moments stolen behind palace walls. But it all began with that one silent glance under the moon, when the heart spoke before the tongue ever dared.

A Love Born in Light and Silence

Bilhana's love story is filled with passion, poetry, and pain, but it is the moon episode that captures the purity of first love, the magic of realization, and the delicate shift from thought to feeling. It reminds us how love often begins not with grand gestures, but with small, quiet moments, a look, a light, a lingering silence. And in that soft moonlight, a princess fell in love with a poet, setting in motion one of the most beautiful and tragic romances in Indian literary history.

THE WALL



BABY BLUES

By Rick Kirkman & Jerry Scott

ZITS

By Jerry Scott & Jim Borgman