

#FOOD

Banaras vs. Delhi Chaat

In Varanasi, food carries a spiritual dimension. Every bite feels connected to tradition, ritual and storytelling...



Long before food debates began, mythology tells us that the difference between Banaras and Delhi chaat was already being written. When Brahma created the world, two forces came into existence, matter and consciousness. The responsibility of governing them fell jointly on Shiva and Parvati. Shiva presided over consciousness, while Parvati guided the material world. To Shiva, food was merely an obstacle on the path to enlightenment. Parvati disagreed. She believed food was where truth begins, the first comfort people seek when they return to life after suffering.

Legend says that Parvati decided to prove her point. She vanished from Shiva's thoughts, and famine spread across the world. Hunger consumed humanity, and eventually, even Shiva. Then, he heard of a mysterious kitchen in Kashi where a goddess had appeared and was feeding everyone. Disguised as a beggar, Shiva arrived and was served kheer by Goddess Annapurna, Parvati in another form. With the first bite, he realised what he had forgotten: food is not a distraction from truth; it is often the doorway to it.

Both are irresistible. One feeds the soul slowly; the other excites the senses instantly. And somewhere between the two lies the endless joy of Indian street food.

That legend still echoes in Banaras' food culture today. In Varanasi, food carries a spiritual dimension. Every bite feels connected to tradition, ritual



Too Many Tests And Too Tired Doctors!



The Libby Zion Law (Section 405 of the New York State Health Code) was born from the 1984 death of 18-year-old Libby Zion. She died in a hospital while under the care of overworked, unsupervised residents who didn't recognise a fatal drug interaction. The outcome was, it limited resident work weeks to 80 hours and prohibited shifts longer than 24 consecutive hours. It also mandated better supervision by senior attending physicians. This law served as the blueprint for modern duty-hour restrictions globally.



Dr. Goutam Sen
CTVS Surgeon
Traveller
Storyteller

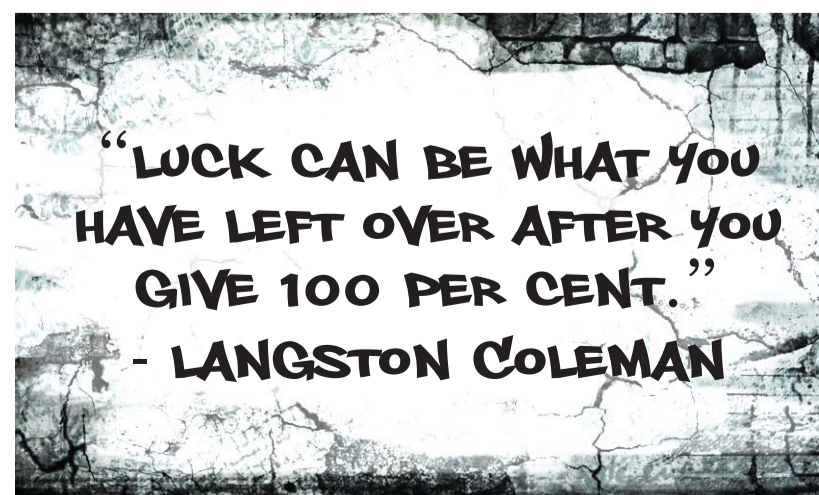
If you live a long enough span of life, like I have lived, you will have suffered many ailments. Some of them are the 'Run of the Mill' ones that make their seasonal visitations and leave you after a short spell of misery. The common cold in early March and gastrointestinal misadventures after street food are prime examples. Then, there are the longer ailments where medication and even hospitalisation are required. They leave an indelible mark in the mind if not on the body. Still later, there are the major ones which scare the SHIT out of us and require a long treatment with medicines and lifelong preventive measures. Even worse, they may require care of specialists, going from one hospital to a 'better' one and even entail life saving surgery. As a consequence, at the latter end of your life, there are memories of many ailments gone through. Also, there are quite a few scars on the body as constant reminders of the battles fought to keep alive.

Then comes the phase when life is lived with care and caution! There are 'Do's and Don'ts!' Even if you are uncaring, the others in the family will control your eating habits and push you out of your comfortable sofa in front of the idiot box and make you do exercise. The walk and physiotherapy are an essential part of such a life, however much you hate it.

Finally, there comes a time when the regular appointments to the hos-



THE WALL



#MED MEN

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hospital are required to assure well being. This requires a consultation with the doctor who has nearly become a friend and a part of the family. He will do some tinkering with the doses of the medicines, or once in a while, change to the newest drug in vogue. As a preliminary, a set of investigations are considered essential (based on your past medical history). Lately, the new fad is to get a 'package' of investigations. This is considered cheaper for the patient and allows the hospital to use their expensive new machines profitably. The doctor encourages this under the premise that it may reveal some lingering threat or the onset of a new ailment. Mind you! These conditions have no symptoms or signs! They are just revealed in the battery of tests as 'abnormal.' It is upon us to query about what should be done. Whether these isolated abnormal results are transient and not likely to be of harm is questionable. If you worry about these a fresh batch, more specialised tests are needed. Last time, I had my tests, my Eosinophil count (normally seen in response to allergies) were considerably raised. So, more tests were done. A haematologist was consulted who then asked me to see a dermatologist because of

the insect bites on my back. These were healing but a week's dose of antihistamines and steroids were advised (Just in Case!). From the doctors' point of view, this has become a practice which is called 'Defensive Medicine.'

Defensive medicine is a clinical practice where medical practitioners recommend diagnostic tests, procedures or consultations primarily to protect themselves from potential malpractice lawsuits, rather than because they are essential for the patient's health. It generally manifests in 'Positive' Defensive Medicine. Mostly, this consists of ordering 'extra' tests (MRIs, blood work, CT scans) or referrals to specialists to create a bulletproof paper trail. It could also be 'Negative' Defensive Medicine, thus, avoiding high-risk patients or procedures (e.g., complex cardiac surgery or high-risk obstetrics) to minimise the chance of a 'bad outcome' that could lead to litigation.

Is it affecting treatment? Yes, significantly. Research indicates that a vast majority of physicians admit to practicing defensive medicine. Billions of rupees are spent annually on tests that don't change the clinical outcome. Besides the expenditure, there are physical risks. Every test has a footprint. Over-testing exposes patients to unnecessary radiation (CT scans) or invasive complications (unnecessary biopsies; clotted veins) and even discomfort of long procedures (Endoscopies etc.). There is enhanced patient anxiety. Finding 'incidental anomalies'

#MED MEN

WHY INDIAN DOCTORS ARE DYING SO YOUNG

Untold Truth About Doctor Health Crisis in India



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(minor, harmless abnormalities) through over-testing often leads to more stress and further unnecessary intervention. Is it good or bad? While it is born out of a desire for "safety," it is generally considered bad for the healthcare system. It shifts the focus from evidence-based care (doing what works) to fear-based care (doing what prevents a lawsuit). While it might occasionally catch a "needle in a haystack" diagnosis, the systemic cost and risk to the average patient outweighs these rare benefits. The solution lies in finding the balance!

The sweet spot between "safe treatment" and "over-testing" lies in Shared Decision Making (SDM) and Clinical Guidelines. Evidence-based guidelines are where doctors follow protocols like 'Choosing Wisely' which identify tests that provide little value. Similarly, patient communication is a wise way out. If a doctor explains why a test isn't needed, patients are often satisfied. Defensive medicine thrives when there is a lack of trust. To avoid being accused of medical negligence, legal torts need to be avoided. Legally, the balance is found when the law protects doctors who follow standard-of-care protocols, reducing the "need" to over-order.

There is another aspect of medical care that has been drawing attention. It is the working hours that a doctor is spending per week, and more importantly, how long the shifts are. It has become quite evident that a fatigued doctor is prone



Mother's Day: Celebrating Love, Care and Everyday Strength

Other's Day is a heartfelt occasion dedicated to honouring the love, resilience and sacrifices of mothers and mother figures. Celebrated worldwide, the day recognises the countless roles they play as caregivers, mentors, and pillars of emotional support. Beyond gifts and celebrations, it is a reminder to express gratitude for the everyday efforts that often go unnoticed. From handwritten notes to quality time, even small gestures can make the day special. Ultimately, Mother's Day is about acknowledging the enduring impact of a mother's presence in shaping lives and nurturing families.



#MED MEN

AI (within limitations) has come to help by using tools like SBAR (Situation, Background, Assessment, Recommendation), which ensures that critical information isn't lost. As in aviation, surgical safety checklists have drastically reduced intra-operative mortality by ensuring simple things (like marking the correct limb for surgery) that are never missed.

12 to 24 hours at a stretch, depending on the department's emergency load. However, "on-call" duties frequently stretch to 36 hours in many government hospitals due to a shortage of manpower. The official 'Weekly Limit' recommendation is roughly 48 to 60 hours per week, with at least one weekly off. In practice, Indian residents often work 80-100+ hours per week. While the NMC has issued guidelines to improve "work-life balance," enforcement remains a significant challenge in high-volume public hospitals.

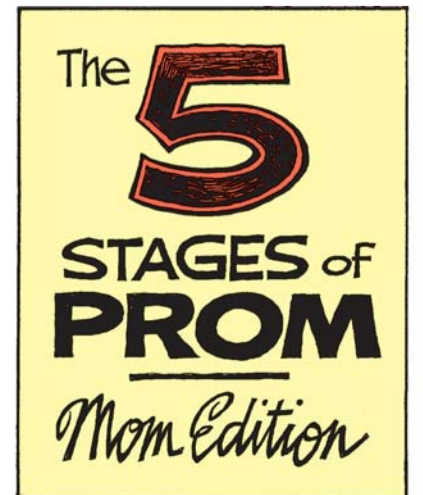
The "Safe Practice of Medicine" is a multidimensional concept that aims to fulfill the Hippocratic Oath: *Primum non nocere* (First, do no harm). In the modern context, safety is no longer just about the doctor's skill, it's about the system in which they operate. Burnout and Fatigue are important issues. As seen in the Libby Zion case, the greatest enemy of safe medicine is a tired doctor. Sleep deprivation mimics alcohol intoxication in terms of cognitive impairment. A resident on their 30th hour of work is prone to "fixation bias," where they stick to a wrong diagnosis because they lack the mental energy to reconsider the evidence.

The Libby Zion Law (Section 405 of the New York State Health Code) was born from the 1984 death of 18-year-old Libby Zion. She died in a hospital while under the care of overworked, unsupervised residents who didn't recognise a fatal drug interaction. The outcome was, it limited resident work weeks to 80 hours and prohibited shifts longer than 24 consecutive hours. It also mandated better supervision by senior attending physicians. This law served as the blueprint for modern duty-hour restrictions globally. Although, there are institutions which still do not adhere to this norm! It is also a money-saving practice which has come into vogue ever since hospitals have been taken over by financial corporations. In India, the regulations are governed by the National Medical Commission (NMC) and the Central Residency Scheme. A resident should ideally not work more than



By Rick Kirkman & Jerry Scott

ZITS



#COMPARISON

White Dragon Fruit vs. Red Dragon Fruit

Daily consumption of a dragon fruit product rich in betalains significantly improved endothelial function, a measure of blood vessel health



Dragon fruit, also called pitaya, is a tropical fruit from cactus plants of the genus *Hylocereus*. While both white-fleshed dragon fruit (*Hylocereus undatus*) and red-fleshed dragon fruit (*Hylocereus polyrhizus*) are enjoyed around the world for their refreshing taste and striking appearance, scientific studies reveal important similarities and differences in their nutritional and biochemical profiles. A "Safe Practice" requires a Just Culture. In the past, medical errors were hidden due to shame or fear of litigation. Safety improves when doctors can report "near misses" without fear of punishment. Understanding why a mistake happened (root cause analysis) is more valuable than punishing the person who made it. Safe medicine is a balancing act between human intuition, rigorous systemic protocols and the physical limits of the healthcare provider. To protect the patient, we must also protect the provider, from exhaustion, from litigation-induced fear and from the noise of over-information.

Shared Nutritional Profile Both types of dragon fruit are low in calories and high in water content, making them hydrating and diet-friendly fruits. They also contain dietary fibre, essential vitamins such as vitamin C, and minerals including magnesium and iron. These nutrients contribute to digestive health, immune function, and overall wellness. They also contain antioxidants, natural compounds that neutralize unstable

molecules known as free radicals, which can cause cellular damage if left unchecked. Scientific analyses of dragon fruit show that both white and red varieties contain a mix of polyphenols and flavonoids, plant compounds widely recognized for their antioxidant properties. These compounds play roles in reducing oxidative stress and inflammation in the body. Differences in Antioxidant Content A key difference between white and red dragon fruit lies in their antioxidant profiles. Red dragon fruit contains higher amounts of pigmented compounds called betalains, which are responsible for its vibrant magenta or deep red flesh. Betalains are potent antioxidants that have been linked to improved vascular function and potentially lower risk of chronic disease. In one peer-reviewed study comparing white and red dragon fruit, researchers found that

red-fleshed pitaya had significantly higher total phenolic content, total flavonoid content, and total antioxidant capacity than white flesh. This suggests stronger antioxidant potential in the red variety. Conversely, white dragon fruit was found to have somewhat higher levels of vitamin C in that particular study, highlighting that different antioxidants may predominate in each type. Health Effects Backed by Clinical Research Beyond laboratory analyses, clinical research has also explored the effects of dragon fruit consumption on human health. A randomized, double-blind, placebo-controlled study in healthy adults showed that daily consumption of a dragon fruit product rich in betalains significantly improved endothelial function, a measure of blood vessel health, over two weeks. Improvements were seen in flow-mediated dilation and arterial stiffness, markers that are tied to cardiovascular risk. This effect is believed to be due, at least in part, to the antioxidant properties of betalains found predominantly in red dragon fruit. Differences in Taste and Culinary Use Scientifically, taste differences have also been linked to variations in biochemical composition. Red dragon fruit typically has a slightly higher sugar content and richer flavour compared with the milder, subtler sweetness of white dragon fruit. Although taste studies are less commonly published in scientific journals, variation in sugar and phenolic compounds aligns with sensory differences reported by consumers and researchers alike.



By Jerry Scott & Jim Borgman