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The Story of Khutulun

The Badass Granddaughter of Genghis Khan.



nen people think of Genghis Khan, the conqueror who built one of the largest empires in history, they often imagin battles, horses, and a relentless army of warriors. But behind the mighty conqueror was a family of fierce individuals, none more badass than his granddaughter, Khutulun, a Mongol princess and warrior whose legacy rivals that of



B orn in the 13th century, Khutulun was the daughter of Kaidu, a grandson of Genghis Khan, and grew up amid the vast Mongol steppes, a place where strength and skill in battle were the keys to survival. From a young age. Khutulun proved herself to be an exceptional horsewoman. archer, and wrestler, a rare combination even among

Her physical prowess was Historical

Defender of the Mongol Empire earned her respect among

hutulun was not just a **N** sportswoman; she was a key military leader and strategist. She fought alongside her father in battles to defend their territory and played a critical role in maintaining the power of their faction during turbulent times. Her reputation as a fearless warrior struck fear into enemies and

challenged the traditional gender roles of the era, carving out a space for women in leadership and combat. Legacy of Strength and Independence

K just one of strength but also of fierce independence. She chose her path on her own terms, rejecting marriage proposals unless her suitor proved his worth, and prioritizing her role as a warrior and leader over

societal expectations. Her legacy has inspired countless stories, books, and films that celebrate her as one of history's most badass women. She stands as a testament to the fact that courage and leadership know no gender.

accounts, including those of

the Venetian explorer Marco

Polo, describe how Khutulun

wrestling matches and prom-

ised to marry only the man

who could defeat her.

Unsurprisingly, none suc-

ceeded. Instead, as a wager.

she demanded that each

defeated suitor give her his

horse, amassing a stable of

over 10,000 horses, an incredi-

Unlike many women of

her time, Khutulun command-

ed troops, participated in war-

fare, and had significant influ-

ence in Mongol politics. She

ble symbol of her dominance

and independence.

suitors to

challenged

Why Khutulun Matters Today

with gender norms and the recognition of female strength, Khutulun's story resonates powerfully. She was a woman who not only survived but thrived in a maledominated world, reshaping what it meant to be a leader

ing Khutulun, we honour a lineage of women warriors and leaders who have been too often forgotten by history She reminds us that power. skill, and bravery are universal qualities that transcend time and culture.











Self catheterization by Werner Frossmann.

In 1929, Dr. Forssmann set out on

sterile tissue, he decided to go to the

X-ray Department to check the posi-

tion. After the first set of images, he

saw the catheter was at his shoulder

level. So, he advanced it about a fur-

ther 30 more cm until he could see

ed for proceeding without approval,

catheterize a terminally ill woman

right ventricle in a way that was

more effective than intravenous

administration. He submitted a con-

troversial report on his catheterisa-

tions and it was published later the

same year. Forssmann was dis-

missed from residency without

notice only to be reinstated soon

after. He was let go again because he

did not meet scientific expectations.

Three years later, he was given a

post as surgeon in Basle. To his sur-

prise, a fully functioning catheteri-

sation laboratory was running in

the institution. He participated in

their studies of the heart and pre-

Nobel Prize for Physiology and

In 1956, he was awarded the

sented research at various confer

administer medication to the

he was commended and allowed to

Although Forssmann was scold-

the tip of his right heart cavity.

Surgery? Do It Yourself!

Leonid Rogozov successfully performed an appendectomy on himself during a Soviet Antarctic expedition as he was the only physician available. He was a twenty-seven-year-old and was to serve on the team of thirteen as their only doctor. After several weeks on the expedition, he noticed symptoms of weakness, fever, nausea and pain in his right lower quadrant of the belly: all classic signs of appendicitis. As a surgeon who had routinely performed appendectomies, he could identify the symptoms easily and he knew that the only way to treat his ailment was to undergo an operation. He faced two problems, he was the only medically qualified person on the expedition and he could not be flown out because of several severe storms. As the days passed, his condition worsened and the available treatments (cooling, antibiotics) did nothing to rectify his deteriorating status.



Leonid operates on himself.

Dr. Goutam Sen CTVS Surgeon

ave you ever wondered who amongst us human beings will use a sharp instrument against another? For me, there are only two types that come to the mind readily. The person must be either a demented person capable of murder

or a surgeon. The murderer has got such a deranged mind that this action is done deliberately and without remorse. The action is premeditated to do harm or kill. For a surgeon, on the other hand, the moment they first wield the scalpel is a complex and often overwhelming experience, a confluence of awe responsibility and a touch of trepidation. It's a rite of passage that marks the culmination of years of rigorous training and the beginning of a profound journey into the intri

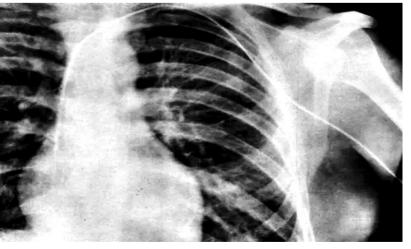
cate world of the human body. I recall the first time I wielded my scalpel on a human being. I was already a resident and in the second vear of my training as a surgeon. I had by the time watched and assisted many surgeries. It began with lancing an abscess to major surgeries requiring many hours. This

process gradually calmed the qualms of doing harm to the human oody. Seeing blood flow from the wound created did not evince the common response of having done harm but a feeling of a controlled effort to do good! Alongside the awe, a palpable fear is almost universally present. It's not a paralysing fear. but a healthy dose of apprehension. The fear is of making a mistake or causing unintended harm and of not living up to the immense responsibility. Every incision carries consequences and the young surgeon is acutely aware of the patient's vulnerability and the trust they have placed in them. This fear often drives meticulousness and a heightened sense of focus.

It is an experience which is hard to describe. For a common person the skin is soft delicate surface which is easily damaged. It comes as a surprise when the scalpel is wielded on the skin that it is not so delicate after all. A fair amount of controlled force is required to breach it. The first act of surgery is to learn the right amount of force required. With practice, it becomes such a smooth step that the observer never realises the internal bracing that the surgeon has to go through each time an incision is made. The incision is not all. In the later phases, the surgeon learns to recognise each tissue and organ by feel, touch and vision. The handling takes a long time to learn Therefore, in the surgeon's circle,

the recognition of being good is

determined in the gentleness and



Werner Forssmann catheter almost at the required site, an operation on himself.

#THE BRAVE



Leonid Rogozov.

respectful manner each tissue is dealt with. The healing also will be reflected by the tissue handling. While perhaps, not an immediate burst of elation, there is a profound sense of satisfaction and a quiet joy. It's the joy of finally being able to apply their knowledge and skills to directly help another human being. It's the culmination of a long and arduous journey and the first cut signifies the practical application of their life's calling. There's also immense relief. A sense of 'I can do this' that gradually builds as they navigate the initial steps of the procedure. For many, it's a moment of intense focus, almost meditative, The noise of the operating room fades and the surgeon becomes acutely aware of the delicate dance between their hands and the patient's tissues. It's a moment that rrevocably changes them, marking their transformation from student Normally, surgery is done by sur-

geon on a patient. There are a few occasions when the surgeon operates upon oneself. While highly unusual and generally discouraged due to the inherent risks and ethical considerations, there have been rare and remarkable instances of surgeons performing procedures on themselves. This is often out of necessity or in extreme circumstances. These acts highlight an extraordinary level of courage, self-reliance, and some-

Leonid Rogozov successfully performed an appendectomy on



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and unwillingness to die without trying to live left him with one choice, he was to perform the surgery on himself. He began instructing his expedi

tion team on how to create an operating theater out of his living space moving all unnecessary objects out and sterilising the instruments he would need to operate. He selected three crew members to be in the room with him while he operated: one to hold a mirror and adjust the table lamp, one to hand him tools, and one as a reserve in case the other two were overcome with nausea. He sterilised his instruments



himself and instructed them on how to revive him with epineph rine if he lost consciousness. On May 1, 1961 at about 2 A.M. local time, he injected himself with a local anesthetic, made the first 10-12 cm incision and the surgery began. About 30-45 min into the surgery, he grew very weak and began taking 20-25 mnts breaks every 4-5 min until he found the appendix. Upon identifying it, he found a dark stain at its base, indicating to him that if it had not been taken out, it would have ruptured within the next day.

The day after the surgery, his temperature rose slightly and his condition was described as poor, but after two weeks on an antibiotic regimen, all signs of local peritonitis disappeared and he was able to go back to work. The team returned to Leningrad more than a year later Until his death in 2000, he taught and worked in the Department of Surgery in the First Leningrad Medical Institute. When asked about the surgery he performed on himself, Dr. Rogozov would simply smile and respond, "A job like any other, a life like any other.

Dr. Jerri Nielsen (1999), American physician, stationed at the Amundsen-Scott South Pole Station discovered that she had breast lump looking like a cancer. Trapped at the isolated base during the Antarctic winter, she performed a biopsy on herself using limited medical supplies and with the remote guidance of doctors in the United States. She then administered her own chemotherapy. While catheterised. But he did not accept not a full surgical operation, it was a her proposal remarkable act of self-diagnosis and self-treatment under extreme condithe procedure on himself. Only after tions. It remains another great he had advanced the catheter about chapter in 'Self-Surgery.' 30 cm and covered the wound with

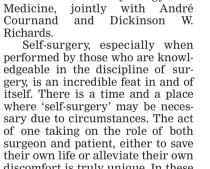
Dr. Evan O'Neill Kane (1921 and 1932). An American surgeon famously performed an appendectomy on himself in 1921 to prove the efficacy of local anesthesia. He repeated a similar feat in 1932, at the age of 70, by repairing his own inguinal hernia. These acts were not born of necessity but rather a desire to demonstrate medical advancements and to understand the patient's experience.

These extraordinary cases underscore the unique dedication and resilience that can be found within the medical profession. pushing the boundaries of what is considered possible when faced with no other alternative. However, it's crucial to reiterate that such self-surgery is an extreme measure, almost always fraught with higher risks than if performed by another skilled professional

Forssmann was the father of cardiac catheterisation. In 1922, he attended the University of Berlin to study medicine. During his training, one of his professors, Dr. Kopsch, suggested the idea of reaching the heart 'atraumatically via the vasculature.' He pursued this idea and during his time in Berlin, he developed a technique for catheterising the heart. He was interested in finding a way to decide definitively whether a mitral valve defect should be operated on or not. He believed there was a way to find a safe pathway to the heart without giving general anaesthesia or surgically entering the chest. After discovering an article in which the inside of a horse's ventricle (heart) was reached via the internal jugular vein in the neck, he decided that pipe which is used to enter the urinary passage through an endoscope) via the cubital (elbow) vein would be the best approach.

Werner Theodor

He formulated a detailed plan and presented it to the chief of surgery, who refused to approve experimental surgery on his patients. He then approached the operating room nurse with his idea, who agreed to oversee the surgical equipment he would need for this procedure. She offered her support and even volun teered to be the first subject to be



surgeon and patient, either to save their own life or alleviate their own discomfort is truly unique. In these cases, self-surgery has allowed surgeons to gain perspective of what it is like to be under the knife. Doing this has not only made memorable historical accounts but has also made changes to the way that sur gery is performed and anesthesia is ministered. All of these histori cal self-surgeries have contributed surgical knowledge and advanced the field of surgery. In the end, with the advances the need for self surgery has not arisen for nearly seventy years.

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Physician Jerri Nielsen at the ceremonial South Pole marker

#CULTURE

The Diamonds Of Vijayanagara

A Glimpse into a Forgotten Gem Trade Empire!



n the heart of south ern India, the grand city of Vijayanagara once stood as a beacon of wealth, culture, and power. Among the many marvels of this medieval empire was its legendary diamond trade, which drew the attention of merchants, explorers, and chroniclers from across the world. One such visitor was the 15th-century Italian traveler Niccolò de' Conti, who left behind vivid accounts of the city's immense prosperity, highlighting, in particular, its dazzling wealth in

Conti's travels took him across Asia between 1414 and 1439, and his writings provide one of the earliest European glimpses into South India's trading prowess before the Portuguese arrived. When he reached the Vijayanagara Empire, then at the height of its glory. Conti was astonished by the city's opulence. Among the many wonders he described, the diamond markets of the region left a lasting impression.

According to Conti, the kingdom had access to incredibly rich diamond mines, and the gems were not only plentiful but of extraordinary quality. While he didn't specify the exact locations, it is widely believed he was referring to the famed mines of the Krishna River Valley, including Kollur and nearby regions in present-day Andhra Pradesh. These mines were among the only known diamond sources in the world at the time, long before diamonds





Italian traveler Niccolò de' Conti.

Brazil. The diamonds of Vijayanagara were traded extensively across India, the Middle East, and as far as Europe and Southeast Asia. Merchants from Persia, Arabia, and even China are recorded to have visited the empire's bazaars to obtain these precious stones. Diamonds, in the Vijayanagara context, were

Sadly, the Vijayanagara Empire met a tragic end in 1565 at the Battle of Talikota, when it was sacked and left in ruins by a coalition of Deccan sultanates The diamond trade gradually declined, and many of the mines were eventually exhausted or fell out of use. However, the lega cy of this once-great empire, and the sparkling gems that once flowed through its hands, lives on in historical accounts like those of Niccolò de' Conti.

exchanges. Inscriptions and

temple carvings from the time

often depict diamond-studded crowns, jewelry, and deities

adorned with gem-encrusted

with those of other foreign trav-

elers like Domingo Paes and

Fernão Nunes, who visited

Vijayanagara in the 16th centu-

ry. They too described the

vibrant markets, the display of

unimaginable wealth, and the

presence of diamond dealers

from across the globe. The city's

immense riches were a direct

result of its control over key

trade routes, its strategic

alliances, and its dominance of

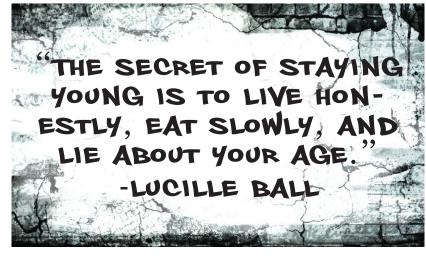
southern India's mineral

Conti's observations align

Today, his writings offer more than a romantic tale of distant riches: they serve as a testament to India's long and complex history of global trade, craftsmanship, and cultural exchange. The diamonds of Vijayanagara were not just stones, they were symbols of an

By Jerry Scott & Jim Borgman

THE WALL



BABY BLUES



By Rick Kirkman & Jerry Scott



ZITS





