ARBiT
it happens here...

Celebrating the Power of Punctuation

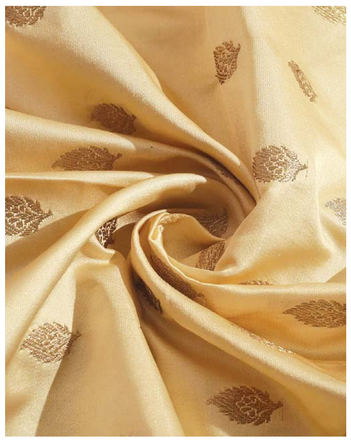
National Punctuation Day, observed every year on September 24, celebrates the importance of correct punctuation in writing and communication. Often overlooked, punctuation marks bring clarity, rhythm, and meaning to sentences, preventing misunderstandings and enhancing expression. From the humble comma to the emphatic exclamation mark, each symbol plays a vital role in shaping our thoughts into coherent language. The day encourages people to pay attention to grammar, learn about lesser-used marks like the semicolon, and even have fun with punctuation-themed activities. Beyond rules, it's a reminder that strong communication starts with attention to detail, precision, and creativity in language.

राष्ट्रदूत
THURSDAY
24 September 2026
A-B

#SILK

Know The Silk You Will Buy

Silk and its production is ancient, and the richness of this material has to be learnt to fully appreciate its versatility



Silk is a natural protein fiber obtained from the cocoons of silkworms. Based on the nature of the silkworms and their rearing conditions, silk is broadly classified into domesticated silk and wild silk. Each category has distinct characteristics, sources, and uses.

1. Domesticated Silk - Mulberry Silk

Mulberry silk is the most common and widely used type of silk in the world. It is produced by fully domesticated silkworms known as Bombyx mori. These silkworms feed exclusively on mulberry leaves, which is why the silk is called mulberry silk.

Mulberry silk fibers are fine, smooth, strong, and uniform in texture. The fabric has a natural sheen and is soft to touch, making it ideal for high-quality textiles. Because the silkworms are reared under controlled conditions, the silk produced is consistent and easy to dye.

Mulberry silk is extensively used in making luxury garments such as sarees, dresses, scarves, ties, and bed linens. It also has applications in medical sutures and cosmetics due to its hypoallergenic nature.

2. Wild Silk

Wild silk is produced by silkworms that are not fully domesticated and live in natural or semi-wild conditions. These silkworms feed on a variety of forest leaves instead of mulberry leaves. Wild silk is generally coarser, stronger, and has a natural, earthy appearance. The main types of wild silk are Tussar, Eri, and Muga.

a) Tussar Silk

Tussar silk, also known as Kosa silk, is obtained from silkworms of the genus Antheraea. These silkworms feed on trees like Arjun, Sal, and Oak and are mainly found in India, especially in Jharkhand, Chhattisgarh, Odisha, and West Bengal.

Tussar silk has a rich texture and a natural golden or coppery shade. It is less smooth than mulberry silk but is valued for its durability and natural elegance. Tussar silk is commonly used for sarees, dress materials, and home furnishings.

b) Eri Silk

Eri silk is produced by silkworms called Samia ricini, which feed mainly on castor leaves. It is also known as "peace silk" or "ahimsa silk" because the silk is spun from open cocoons without killing the silkworm.

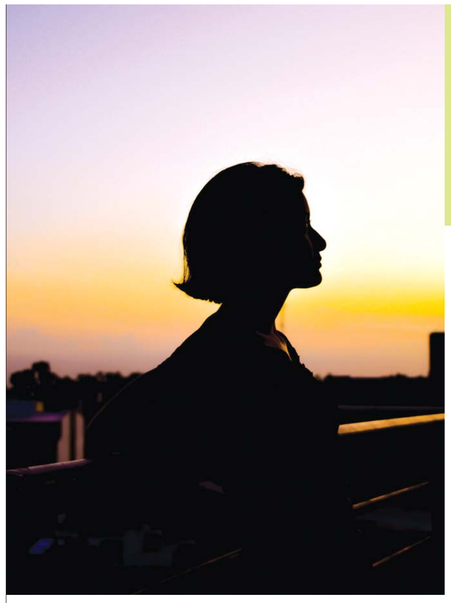
Eri silk is soft, warm, and has a wool-like texture. Unlike other silks, it is not shiny but is highly durable and comfortable. Eri silk is commonly used for shawls, stoles, blankets, and winter wear, especially in Assam and other northeastern states of India.

c) Muga Silk

Muga silk is a rare and exclusive variety of silk produced by Antheraea assamensis silkworms. These silkworms feed on Som and Soalu leaves and are found almost exclusively in Assam.

Muga silk is famous for its natural golden yellow colour, high durability, and glossy appearance. The colour becomes richer with every wash. Due to its rarity and cultural importance, Muga silk is mainly used for traditional Assamese garments and ceremonial attire.

Silk varieties differ greatly based on the type of silkworm and their feeding habits. Mulberry silk, the only fully domesticated silk, is known for its smoothness and uniformity. Wild silks like Tussar, Eri, and Muga are valued for their unique textures, natural colours, and cultural significance. Together, these categories showcase the richness and diversity of silk as a natural fiber.



The hospital sent the bill to the company. The company paid it, quickly and fully. I barely noticed. Why would I? This was insurance doing the one job it exists to do. A few weeks earlier, while grumbling and writing that fat premium cheque, I had asked my agent what the point of it all was. He answered like a saint giving a blessing. *Sab vasool ho jayega jab koi bhi problem hogi to.* You will get every rupee back the day there is a problem. I went home believing that at least this part of my life was solid.

When Insurance Becomes Lack Of It

PART: 1

Shailaza Singh
Published Author, Poet and a YouTuber

#SHACKLED

I did not ask for this fight. In June 2025, I was supposed to be in the mountains. My daughter had just finished her Class XII exams. For weeks, I had been staring at that little gap in the calendar, that rare time when nobody had anything chasing them. Cool weather, a few lazy days, and an appointment I had somehow managed to get, to see a very famous and very calm monk. That was the whole plan. It was not a big dream.

I did not ask for this fight. In June 2025, I was supposed to be in the mountains. My daughter had just finished her Class XII exams. For weeks, I had been staring at that little gap in the calendar, that rare time when nobody had anything chasing them. Cool weather, a few lazy days, and an appointment I had somehow managed to get, to see a very famous and very calm monk. That was the whole plan. It was not a big dream. Maybe, that is why it hurt so much when it fell apart.

Two days after her last exam, my stomach began to hurt. I did what every Indian does. I ran our great national diagnosis system, reached a confident conclusion with zero evidence, and declared: gas hogi.

It was not gas.

By night, I was vomiting, and the pain had stopped being the kind you can argue with. My father took me for a scan. The report was clear. Gallstones. The biggest one was thirteen millimetres, which the doctor announced almost proudly. He said that gallstone operations are as common as drinking water. I smiled and nodded and heard nothing, because inside my head, a thousand thoughts were running in circles. I am the strong one, remember. The strong one does not get wheeled into an operation theatre.

The surgeon looked at my scan and said, "Get admitted." "Now?" my mother asked. "Yes, now," he said, "otherwise, go to some other doctor." I recommend that sentence to anyone who has ever tried to delay something. It works instantly.

The first admission was almost polite. They found that my liver was inflamed, decided to calm it down first, kept me three days, and sent me home. And through all of it, one thing behaved beautifully. My insurance. The hospital sent the bill to the company. The company paid it, quickly and fully. I barely noticed. Why would I? This was insurance doing the one job it exists to do. A few weeks earlier, while grumbling and writing that fat premium cheque, I had asked my agent what the point of it all was. He answered like a saint giving a blessing. *Sab vasool ho jayega jab koi bhi problem hogi to.* You will get every rupee back the day there is a problem. I went home believing that at least this part of my life was solid.

Two weeks later, I was back, and this time, the gallbladder was not willing to wait. I will be honest, because there is no nice way to say it. I was scared. I am a single mother. My daughter's father died when she was very young, and for years, I have been the parent who stays. When you are that parent, anaesthesia brings a second question into the room, and it does not care how brave you are pretending to be. If I don't wake up, what happens to her? I said this to nobody. What was the use.

The surgery was not smooth. My blood pressure shot up on the table, the gallbladder turned out to be badly infected. But they took it out, and I woke up. In that moment, that was the only thing in the whole world I needed to be true.

Then, the bill came. A number I was not even supposed to see, because this was a cashless policy, exactly like it had been two weeks before. And the company rejected the claim.

A hospital does not let you go home on a claim it has just refused. The bill had to be paid before I could leave, and it was not the kind of money a middle-class family keeps lying around in a drawer. My mother paid it. They did not even remove the drip from my hand before the payment went through. It was, basically, handcuffs. With a saline bottle.

My parents said the wise thing. Don't worry, let it go. But I had already read the reason for the rejection. And sitting inside that reason, in the middle of a fight about my gallbladder, was a word I had not known for most of my life and had never once expected to meet here.

Craniosynostosis.

I had an operation for it as a baby, at three months old, in the 1970s. It is a condition of the skull. My skull. Which sits, for those keeping track, quite far away from my gallbladder, and which had last needed anybody's attention roughly fifty years ago. I did not even know

I did not tell my mother the fight was starting, because she had already paid enough, in money and in worry, and I could not bear that look in her eyes again. I did not tell my daughter, because she had just survived the hardest year of school and I had promised her mountains, not a mother buried under a file. And, if I am honest, there was a third reason, less noble and more true. I have spent my whole life being the one who handles things, never the one who is handed help.

the word. I learned it from my own mother, standing in a hospital corridor, when a scan was being discussed and she quietly mentioned an operation I had been far too small to remember. That was the first time in my whole adult life I heard what my babyhood had contained.

And here is the funny part, the kind of funny that is not funny at all. My insurance company also knew that word already. It was written in the papers of my first hospitalisation, the one they had happily read and paid, in full, just two weeks earlier. Same policy. Same month. Same file. The exact same history had grown, in fourteen days, from an approved claim into an accusation.

Then, I found the line that decided how I would spend the rest of my summer. A small note, handwritten on the file.

Non-disclosure. Don't pay.

I remember it because of how ordinary it looked. No drama. No explanation. No sign that the hand writing it knew it was rearranging a stranger's entire year. Three words. For whoever wrote them, it was a two-second decision. For me, it was over a lakh of rupees, and something colder underneath. A person, who had never seen my face, had turned me into one line in a register and shut the file.

And this is where the strong one made her worst decision, and also her best one.

I decided not to tell anyone.

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To be continued...

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#ONESIMUS

An African Slave Introduced Inoculation

The ancient practice, known as variolation, had been used in parts of Africa and Asia for centuries before inoculation reached the West

One of the most extraordinary yet often overlooked figures in the history of medicine is Onesimus, an African slave who helped pioneer the practice of inoculation in the 18th century. His knowledge, passed down through his African heritage, became crucial during a devastating smallpox outbreak in the American colonies, ultimately laying the foundation for the modern concept of immunity and vaccination.

Onesimus: The African Slave with a Revolutionary Idea

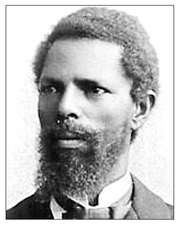
Onesimus was an enslaved African man who was brought to the Massachusetts Bay Colony in the early 18th century. He was owned by Cotton Mather, a prominent minister, writer, and public figure in colonial Boston. Though Onesimus was a slave, his significance in history is far beyond his status as property; he would go on to play a crucial role in one of the most important medical breakthroughs in the pre-vaccine era.

Onesimus had been born in Africa, where his community practiced a form of inoculation, a process that involved deliberately infecting someone with a mild form of smallpox to confer immunity against the more dangerous, full-blown disease. This ancient practice, known as variolation, had been used in parts of Africa and Asia for centuries before it reached the West.

In 1721, a particularly deadly smallpox epidemic struck the Boston colony. Smallpox, a highly contagious and often fatal disease, had already devastated populations across Europe, Africa, and Asia. At this time, there was no modern vaccine or reliable treatment for smallpox, and the disease was wreaking havoc on the population.

Cotton Mather and Onesimus: The Introduction of Inoculation to America

Cotton Mather, who was deeply invested in the well-being of his community, was already familiar with the devastating effects of smallpox. When the epidemic hit Boston, Mather turned to Onesimus, who told him about the practice of inoculation that he had learned in Africa. Onesimus described how people in his homeland would take a small amount of infected matter (usually pus from a smallpox pustule) and introduce it into the skin of a healthy individual, usually through a scratch or incision. This procedure exposed the person to a less severe form of the disease, and the body's immune system would build resistance, making them immune to the more virulent strain of smallpox.



Mather, though initially skeptical, saw the potential of this technique and decided to test inoculation during the 1721 smallpox epidemic. With the help of Onesimus, Mather began advocating for inoculation, despite the strong opposition from many in the medical community and religious circles, who viewed the practice as dangerous and unholy. Many feared that deliberately infecting people with smallpox could worsen the outbreak.

Inoculation: The Breakthrough Amidst the Plague

Despite the controversy, Mather's efforts to promote inoculation eventually gained traction. In a bold move, Mather, with Onesimus's guidance, persuaded several doctors in Boston to perform inoculations on people at risk of contracting the disease.

Mather's advocacy led to inoculation becoming a widely practiced technique in the colonies during the epidemic. While it was not without risk, inoculation significantly reduced the severity of smallpox and saved many lives. Over time, inoculation was recognized as a major step forward in preventing the spread of smallpox, and it would later pave the way for the development of vaccination.

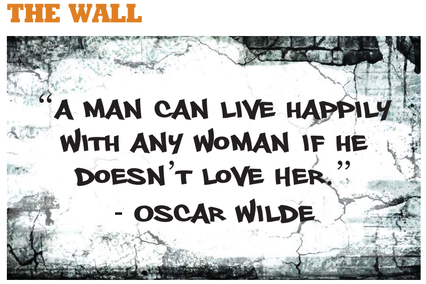
Though Onesimus was not widely celebrated in his time, his contribution to the practice of inoculation is now recognized as a crucial turning point in medical history. His knowledge of the African practice, which had been passed down for generations, helped save countless lives in colonial America.

Onesimus's Impact: A Forgotten Hero

Though Onesimus did not live to see the widespread acceptance of inoculation and vaccination, his contribution to medical history was undeniable. Today, Onesimus is increasingly recognized as one of the first people to introduce the concept of immunity and vaccination to the West, and his role in the smallpox epidemic of 1721 is celebrated by historians and medical professionals alike.

The story of Onesimus is also a testament to the richness of African knowledge systems, which were often dismissed or undervalued by Western societies. His story highlights how knowledge passed down through generations in Africa became a crucial turning point in the history of medicine.

THE WALL



BABY BLUES

By Rick Kirkman & Jerry Scott

ZITS

By Jerry Scott & Jim Borgman