ARBiT
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Yuri's Night: A Celebration of Space and Humanity

Every year on April 12, space enthusiasts across the globe celebrate Yuri's Night, a cosmic tribute to Yuri Gagarin, the first human to journey into space in 1961. Blending science, art, and music, Yuri's Night events aim to inspire a new generation of explorers and honour past milestones in space exploration. From stargazing parties and astronaut talks to futuristic dance festivals, it's a global toast to curiosity, courage, and the boundless possibilities of the universe. More than just a celebration, Yuri's Night reminds us that space belongs to everyone, and the journey has only begun.

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SATURDAY
12 April 2025
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#CLASSICAL

In Perfect Rhythm: The Tabla's Role in Kathak Dance

At its best, a Kathak performance isn't a solo act, it's a rhythmic conversation.

It begins with a hush. The dancer stands poised, ghungroos still, eyes locked in anticipation. Beside them, the tabla player leans forward, fingers hovering over the drums. Then, a bol. A whisper of rhythm. And just like that, centuries of tradition unfold in a moment of perfect sync. Kathak, the classical dance of storytelling and speed, would be incomplete without its musical twin: the tabla. Behind every powerful chakkar, behind every intricate tatkar (footwork pattern), there's a tabla player matching the dancer step for step, beat for beat. It's a duet of body and sound, where the percussionist's role isn't just supportive, it's symbiotic.

A Dialogue Without Words

At the heart of Kathak lies laya (tempo) and taal (rhythmic cycle). Tabla players don't just keep time, they bring it to life. Their hands articulate a vocabulary of bols, mnemonic syllables like dha, dhin, na, ti, each representing a specific stroke or sound on the drums. These bols mirror the dancer's footwork, creating an echoing rhythm that fills the performance space. "When a dancer performs a tukra or a tihai, the tabla artist responds with the same energy. It's like we're speaking in rhythm," says Ustad Rashid Mir, a tabla maestro known for his work with eminent Kathak performers. "We don't just play for the dancer, we dance with our fingers."

The Art of Anticipation

While the choreography may be rehearsed, live performance is always fluid. A tabla player must not only know the taal structure but also read the dancer's mood and improvisations in real-time. If a dancer extends a phrase or changes the speed on stage, the tabla player adjusts instantly, often without verbal cues.

This musical intuition is what separates a good tabla accompanist from a great one. It's about breathing with the dancer, not just playing for them.

Footwork, Translated

A tabla player's task is also interpretive. Dancers use their feet like drums, delivering sharp, percussive rhythms using their ghungroos. The tabla player must then simulate this using their hands, reproducing the same complexity with clarity. In compositions like the paran, which often draws on syllables from the pakhawaj (an older percussion instrument), the tabla must be forceful, authoritative. During expressive abhinaya (storytelling) sections, however, the tabla might soften, taking a backseat to allow the dancer's narrative to shine.

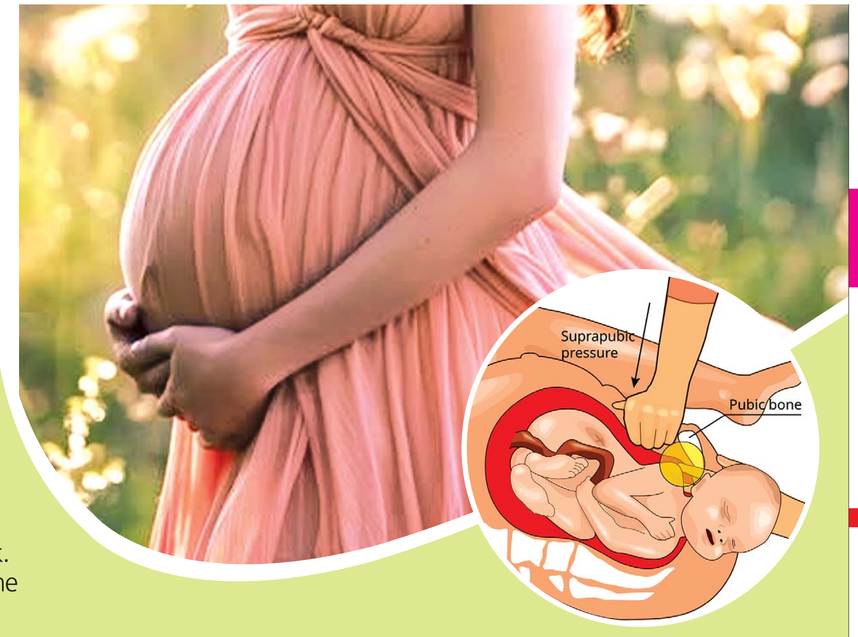
Training Together, Growing Together

In many gharanas (schools) of Kathak, dancers and tabla players often train side by side. This shared learning cultivates a deeper understanding of rhythm and movement as intertwined elements. In some traditional setups, dancers are even taught to recite tablabols before they learn to move to them. This cross-disciplinary respect has helped preserve the purity of Kathak's rhythm-centric identity even as it evolves on contemporary stages.

When Two Artists Become One

At its best, a Kathak performance isn't a solo act, it's a rhythmic conversation. The tabla and the dancer flirt, argue, tease, and harmonize. In moments like the climactic tihai, a phrase repeated three times to land precisely on the sam (first beat of the cycle), audiences often hold their breath, awed by the sheer mathematical precision and emotional power of the coordination. That perfect sam is not just the dancer's victory. It's the tabla player's triumph too.

A Precious Pregnancy



She developed epilepsy for which treatment was started and which would continue indefinitely. This posed a dilemma, her physician cautioned her that these drugs were teratogenic, which is to say that they had the potential to cause serious birth defects in the baby. Obviously, she could not stop the drugs, and yet, if she became pregnant, the baby was at risk. What could she do? She ached for a child while, at the same time, she could not avoid the drugs.

Dr. Shri Gopal Kabra
Veteran Doctor & Voracious writer on medical affairs

#GODWILLING

Now and then, every obstetrician has to deal with women who fail to conceive after years of trying, or who repeatedly lose their babies in pregnancy. When a pregnancy finally occurs, it is termed a 'precious pregnancy' and the baby born thereof is termed a 'precious baby.' While the joy of the happy parents on such a successful outcome is, I am sure, immeasurable, I can't help but feel that the adjective 'precious' seems to imply that uneventful pregnancies or all other babies are not! Motherhood is the ultimate fulfillment of womanhood. To achieve it, a woman will go to great lengths if required, and even risk her life subjecting herself to all kinds of fertility treatments if need be. Every, I repeat, every, child is precious for a pregnant mother. But my obstetrician colleagues beg to differ on choice of syntax. To them, delayed or difficult conceptions and risky pregnancies are the ones that medically constitute precious pregnancies, and the babies so born are 'precious' babies. Such pregnancies are watched over with extra care by the obstetrician, and an elective caesarean section is very often resorted to, simply to pre-empt any complications that might arise from a vaginal delivery.

But, I digress. Let me tell you about a lady whom I will call Snehalata (that's not her real name, of course). She was already 30 when she decided to marry. She badly wanted to become a mother soon, but the first two years after marriage saw her barren. I understand that her husband had a low sperm count for which he was successfully treated, leaving the way now clear for her to conceive. Unfortunately, just around that time, she developed epilepsy for which treatment was started and which would continue indefinitely. This posed a dilemma, her physician cautioned her that these drugs were teratogenic, which is to say that they had the potential to cause serious birth defects in the baby. Obviously, she could not stop the drugs and yet, if she became pregnant, the baby was at risk. What could she do? She ached for a child while, at the same time, she could not avoid the drugs.

Should she or should she not try for a baby? After a great deal of painful and prayerful consideration with her husband and with her obstetrician, she decided to take a calculated risk. Her obstetrician, Dr. A, fully supportive of her decision, detailed the kind of defects a baby could develop. The chief among these affected the neural tube which is the structure that ultimately develops into the brain and spinal cord. One way to prevent neural tube defects would be to take large doses of folic acid concurrently. There was enough evidence to support this theory. Dr. A chalked out a plan, start folic acid before wishing to conceive and continue the drug thereafter. A screening would be done early during the pregnancy to assess the developing baby and, if a neural tube defect was found, the pregnancy would be terminated. If not, the pregnancy would continue. This was more than acceptable to the woman.

As good fortune would have it, she missed her period and a pregnancy was duly confirmed. Her joy knew no bounds but, soon, apprehension crept in. What if the folic acid didn't work? Days of agony followed until, finally, an ultrasound examination and some blood tests showed that the baby seemed defect-free. Further screening followed at regular intervals, each of which she dreaded until, by the sixth month, the satisfactory progress of pregnancy and development of the child with no detectable defects finally assured her that her baby, her precious baby, was normal.

The road ahead was clear but her progress was not. In her seventh month of pregnancy, she developed pre-eclampsia, a dangerous, pregnancy-related condition that could adversely affect both her and her baby. Left unchecked, it could progress to the far worse condition called eclampsia. Snehalata's obstetrician, always available, skillfully treated her and guided her to a full term without further mishap. She did not develop eclampsia.

When her labour pains began, she was admitted into hospital and Dr. A checked on her periodically. Her progress was satisfactory and her baby began its slow descent down her pelvis and birth canal. The first-time labours were always the longest unlike second or third-time mothers, who would come and pop out their babies effortlessly. Through the background hum in the labour suite, Snehalata could hear the beep-beep of the foetal monitor, assuring her that her baby was in fine fettle, slowly working its way to the outside world. Snehalata's powerful uterine muscles contracted and relaxed steadily as the labour progressed. Her nurses kept a close watch, while Dr. A, who was in the theatre suite working on another patient, made frequent enquiries.

Finally, the time came. The baby's head could be visualised. Dr. A was there, and gently encouraged Snehalata to push, relax, push, relax. The head began to emerge. There seemed to be a problem with the baby's shoulder. Was it stuck? This was immediately recognised by Dr. A as shoulder dystocia, an emergency. Dr. A lost no time. She acutely flexed Snehalata hips so that her thighs rested on her abdomen, and then manipulated the baby to eventually deliver it. It was a beautiful baby girl and her cry was music to an exhausted Snehalata's ears. An attending paediatrician examined the baby and found no neural tube defect on a preliminary examination. The baby was pink and looking quite comfortable. But wait, why wasn't she moving one arm? The paediatrician, very much concerned, made a detailed evaluation and concluded that the arm was paralysed. But how? A hasty, whispered consultation with the obstetrician followed.

Yes, the shoulder was stuck and had to be disengaged. That was all the paediatrician needed, to diagnose a condition called Erb's palsy or paralysis. Because the shoulder got stuck while the head was being delivered, the angle between the neck and shoulder was increased, causing the nerves to the arm getting stretched and injured. Maybe, they were even torn, only time would tell.

The problem that caused this is called shoulder dystocia. Dystocia essentially means a difficult labour and one of the causes is impingement of the shoulder in the birth canal during delivery, impeding further progress of the baby. It can lead to compression of the umbilical cord and consequent asphyxiation of the baby unless it is rapidly reversed. It is a true obstetric emergency and the obstetrician has to work quickly to save the baby. A protocol to deal with this condition has been described and was followed by Dr. A.

Not surprisingly, Snehalata's family was upset. The beautiful baby, they had all been waiting to receive, was born with a paralysed arm. The weeks that followed saw consultations with various specialists. There were plenty of suggestions but, in the end, the common message was, right now, we can only wait and see. A pall of uncertainty and gloom descended on the household. And Snehalata? What about her? Her life was now her little baby girl. She doted on her. Despite the paralysis, her baby was otherwise well. Snehalata savoured her motherhood. Did she blame anyone for what had happened? Who could she blame? Surely, not her obstetrician, who had been more than supportive all along, and had seen her through a difficult period of pre-eclampsia. Indeed, it was Dr. A who made her motherhood possible in the first place! She was there when Snehalata arrived in the birthing suite and had attended on her and conducted the delivery efficiently and with due care. How could she possibly blame her? Oh, no. Recrimination was the last thing on her mind. She had far too much to thank Dr. A for. So, Snehalata simply decided it was fate and left it at that.

While Snehalata chose not to press the matter further or lodge a complaint, the hospital authorities placed the case before the Peer Review Committee.

A Peer Review Committee is a body of chosen specialists that sits periodically to review adverse medical outcomes such as the paralysis of Snehalata's baby following delivery. The Committee's brief is to look for any deficiencies in the medical management of the case under review. Once the case records are studied, a preliminary report is prepared together with a list of queries for the clinician involved who has to appear before the Committee. Based on the replies received, a final report is prepared, which can sometimes have far reaching consequences such as mandating specific treatment guidelines in situations such as the one that confronted Snehalata's obstetrician, Dr. A. So, in due course, the obstetrician was summoned before the Committee. The questions were specific and many.

1. Was the management of the shoulder dystocia proper?
2. Could the nerve injury have been prevented?
3. Was it proper to give this high risk pregnancy a trial of vaginal delivery? Should not a cesarean section have been done instead?

Dr. A presented the case in detail, highlighting the 'precious child' aspect of the pregnancy of a patient on antiepileptic drugs. A trial of normal labour was allowed. The labour had progressed normally. She was under constant observation and close monitoring. There was nothing to interrupt the trial and intervene (as it is, obstetricians are accused of performing unnecessary cae-sarean sections). There were no risk factors that could have prompted her to anticipate a shoulder dystocia. It simply occurred as an obstetric emergency at that moment in time when the baby was emerging. It was immediately recognized and corrected by the standard and accepted technique of acutely flexing the mother's thighs on her abdomen and disengaging the shoulder manually. As a result, the baby was quickly delivered. At no time could Dr. A recall having applied excessive traction to the baby's emerging head. It was regrettable that the injury to the nerves occurred. Dr. A added that if she had to manage this labour again, she would have done it in exactly in the same way.

The Peer Committee was now faced with the painful question: Was there any evidence of medical negligence? Medical negligence is defined as 'failure to follow medical norms.' In the case of Snehalata's labour, an emergency was in the form of shoulder dystocia. It constituted an emergency as it had to be resolved within minutes, else the child was in a danger of dying of suffocation. The obstetrician diagnosed the condition correctly as per the clinical norms. Having done so, she applied the correct therapeutic norm of thigh flexing maneuver and manual disengagement of shoulder and delivered the child safely. There was no failure to follow the accepted norm in the case, and thus, there was no negligence.

Yet, the injury to the child was iatrogenic that is, caused by the treatment, caused by an act of doctor. True, it was not due to negligence on part of the obstetrician and the obstetrician cannot be prosecuted for it. As lawyers would put it, it did not constitute an 'actionable wrong.' On the contrary, in the practice of medicine, the patient has to pay for the injury that the physician has caused and pay to treat the injury that has been caused! Suffering, mental agony and everything that goes with it are additional burdens. Should not there be some provision in the law to compensate a patient in such cases on purely compassionate grounds? The Chairman of the Peer Committee put this question to Dr. A.

"Well, sure," agreed Dr. A. "The poor lady has suffered badly. But how can she be compensated in this manner?"

"Very simple. In the form of a 'No Fault Compensation,' much like the kind that is provided in accident cases," replied the Chairman.

Dr. A was aghast. "I beg your pardon? Are you actually saying that we pay in this manner? I am sorry but my response would be a clear, big, 'NO.' Do you know that this will be in the papers the next day and do you know what will be the public reaction? That so-and-so and the hospital messed up a simple delivery and this is what they had to pay out. What will be the hospital's image? What will be my department's image? My image? I, my residents and the labour room staff gave this lady our everything. And, you know what? The patient thinks so too. Before she left, she told me in a hushed but broken voice, "Thank you for taking care of me." My resident almost started crying. Sure, it's all very well to pay out this no fault thing in a road accident. But in this case? No. No. No."

There ended the Peer Committee meeting.

As I write, I reflect and find that I am inclined to agree with Dr. A. Knowing her for many years, I am quite sure that she would have emptied her own purse to help Snehalata's baby, not because she believed in a 'no fault compensation' but because of her compassionate nature.

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#SKINCARE

Grainy Goodness

Why Rock Salt Scrubs are the secret weapon that your skin's been craving

If skincare had a spice rack, rock salt would be its star ingredient. This humble pantry staple is slowly elbowing its way into beauty regimes worldwide, not just for its pink Himalayan aesthetic, but for its grainy, gritty magic that makes your skin glow like you just came back from a two-week vacation in the Maldives. So, what's the big deal about rock salt scrubs? Let's scrub beneath the surface.

What Exactly is Rock Salt?

Rock salt, also known as halite, is a naturally occurring mineral form of sodium chloride. Unlike its refined cousin, table salt, it is raw, rugged, and retains a host of trace minerals like magnesium, potassium, and calcium, all of which do wonders for the skin. Found in caves, mountains, and mines, it's been used for centuries in Ayurvedic therapies, detox rituals, and even to ward off evil eye (because glowing skin is that powerful, apparently).

The Scrub Scoop: Why Rock Salt Rocks for Skin

Exfoliation is essential, and rock salt brings it with a bold, unapologetic crunch. Here's how it works!

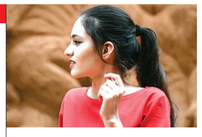
- **Deep Exfoliation:** The coarse grains help slough off dead skin cells, unclog pores, and remove dullness. Think of it as a mini spa day and therapy session for your skin.
- **Mineral Infusion:** Those trace minerals are more than just fancy labels, they help restore the skin's natural pH balance, fight inflammation, and boost hydration.
- **Detox Dynamo:** Salt pulls out toxins and impurities through the skin. That's why salt baths are a thing. Now, imagine the same effect in a targeted scrub, goodbye, grime!
- **Boosts Blood Circulation:** The gentle abrasiveness stimulates blood flow, giving your skin that healthy, pinkish post-scrub flush.

DIY or Buy? That's the Question

You can easily make a rock salt scrub at home. Just mix,

- 1. 2 tbsp of crushed rock salt
- 2. 1 tbsp of coconut or almond oil
- 3. A few drops of essential oil (lavender or tea tree)
- 4. Optional: a dash of honey or aloe vera gel for a moisturizing punch

Massage gently on damp skin, leave it on for a few minutes, and rinse. Voila, instant glow-up.For those less into kitchen chemistry, brands like Forest Essentials, The Body Shop, and Fabindia have hopped on the salt scrub bandwagon with ready-to-use blends.



The 'Rough' Truth: Is It for Everyone?

Rock salt scrubs are fabulous, but not without fair warning. Here's what to watch out for!

- **Sensitive Skin Alert:** If your skin reacts faster than your sibling to a shared chocolate bar, tread carefully. The coarseness might cause irritation or microtears.
- **Not for Daily Use:** Over-exfoliating can strip natural oils, leaving your skin dry and grumpy. Once or twice a week is plenty.
- **Avoid Open Wounds or Active Acne:** Salt on wounds? Not as fun as it sounds. It can sting and worsen inflammation.

Dermatologists recommend doing a patch test and adjusting grain size, finer salt particles for the face, coarser ones for the body.

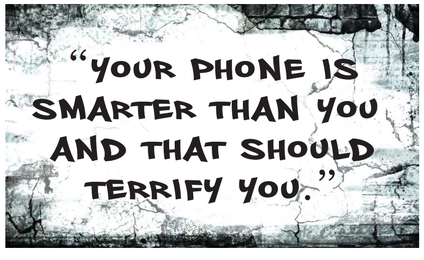
Rock Salt in Indian Beauty Traditions

India's tryst with rock salt goes way back from ubvartanam Ayurvedic body scrubs to pre-wedding haldi-salt exfoliations. In villages, grandmothers would mix rock salt with turmeric and mustard oil for newborn massages, clearly, the original skinfluencers. Today, it's having a glamorous comeback in urban skincare shelves, social media reels, and spa treatments.

Is It Worth the Hype?

Absolutely, if used wisely. Rock salt scrubs blend ancient wisdom with modern glow goals. They're natural, budget-friendly, and offer a no-nonsense path to healthy skin. Just remember: moderation is key, and your skin deserves a little TLC after all that scrubbing. So, the next time someone tells you to cut back on salt, tell them, "Only in my food, not on my face!" Have you tried a rock salt scrub yet? Slide into the trend. Your skin might just thank you with a radiant high five.

THE WALL



BABY BLUES By Rick Kirkman & Jerry Scott

ZITS By Jerry Scott & Jim Borgman