

Ankuran

The Newsletter of Dhubri Medical College

Volume 1 Issue 2, January 2023

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Co-Editors:

Dr. Dina Raja, Dr. Tapan Sarma

Ankuran: The Newsletter of Dhubri Medical College

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This issue of Ankuran (Volume 1 Issue 2, January 2023) is dedicated to
Prof. (Dr.) Arun Paul Choudhury



Prof. (Dr.) Arun Paul Choudhury was born on 30 November 1960. He studied two years Pre-University in Gurucharan (GC) College, Silchar and joined Silchar Medical College (SMC) for MBBS in 1977. He was in state service for some time. He did MD in 1990. Dr Choudhury joined as Registrar in SMC and was in Assam Medical College (AMC), Dibrugarh for some time as Registrar. He came back to SMC as Assistant Professor and then became Associate Professor in SMC itself. He was posted as Professor and Head of the Department, Department of Obstetrics & Gynaecology (O&G), Dhubri Medical College (DhMC) on 27 April 2022.

Dr Choudhury was the President of Teachers' Association of SMC from 2019 to 2022 and ex-President of Silchar O&G Society as well as Advisor. He was a great Rotarian. He was attached with Siva Sundari Narisikshasram, oldest charitable women's hospital. He did a lot for the Barak valley region and was loved by all. We have lost a great soul. Dr Choudhury was a brilliant teacher, academician, clinician, renowned endoscopic surgeon, noble human being, and a perfect gentleman. It is a big loss to our DhMC family, including the students and medical fraternity as a whole. Though we got him for a short duration due to his untimely death, but he made a remarkable mark in the hearts of all.

Death is something inevitable. When a man has done what he considers to be his duty to his people and his country, he can rest in peace. What counts in life is not the mere fact that we have lived. It is what difference we have made to the lives of others that will determine the significance of the life we lead. We pray to God for his soul to rests in eternal peace. We wish his family immense strength and peace in life.

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ডাঃ পুলিন চন্দ্ৰ কুমাৰ ধুবুৰী চিকিৎসা মহাবিদ্যালয়ৰ শৈল্য চিকিৎসা বিভাগৰ মুৰব্বী
অধ্যাপক ।



ডাঃ হাবুন আল বচিদ ধুবুৰী চিকিৎসা মহাবিদ্যালয়ৰ উপ অধীক্ষক-১ ।



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ডাঃ দীপজ্যোতি বৰা ধুবুৰী চিকিৎসা মহাবিদ্যালয়ৰ মনোচিকিৎসা বিভাগৰ সহকাৰী অধ্যাপক।



ডাঃ বনানী ডেকা ধুবুৰী চিকিৎসা মহাবিদ্যালয়ৰ শৰীৰবিদ্যা বিভাগৰ সহকাৰী অধ্যাপক।



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ডাঃ ধৰ্মকান্ত কুস্তকাৰ ধুবুৰী চিকিৎসা মহাবিদ্যালয়ৰ ৰোগবিদ্যা বিভাগৰ মুৰব্বী অধ্যাপক।



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ভাৰ্গৱ জ্যোতি দাস ধুবুৰী চিকিৎসা মহাবিদ্যালয়ৰ প্ৰথম চাম এম, বি, বি, এচ ছাত্ৰ ।



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CONTENTS

From the Principal's desk: Frailty assessment in elderly... an approach to healthy ageing	
Prof. (Dr.) Anku Moni Saikia	15
From the Superintendent's desk	
Prof. (Dr.) Gunajit Das	20
Vision and Mission of Dhubri Medical College and Hospital	22
Editorial: New ideas and fresh minds	
Dr. Shyamanta Das, Dr. Dina Raja, Dr. Tapan Sarma	23
Varnika (Poetry section)	
সমবেত সংগীত	
ডাঃ পুলিন চন্দ্র কুমার	২৯
কথা কবিতা	
ডাঃ হাবুন অল বচিদ	৩০
An ode to gynaecologist from an infertile woman	
Barsha Nath	34
নতুন প্রভাত	
ভার্গব জ্যোতি দাস	৩৫
The poet in me	
Anal Jyoti Deka	36

The midnight sky and me

Anal Jyoti Deka 37

She

Anal Jyoti Deka 38

নারী আবাজ

ডেজীলিনা মুৰ্মু ৩৯

Agniv (Scientific section)

Pain clinic: a must for advanced healthcare

Dr. Ratindra Kumar Barman 43

Biomedical waste disposal: let's not sweep it under the carpet

Dr. Dina Raja, Dr. Runumi Choudhury,
Dr. Basabdatta Choudhury, Dr. Harekrishna Nath,
Dr. Swagata Roy, Dr. Rika Engtipi, Dr. Anindita Kurmi 50

First laser procedure in Eye OPD

Dr. Kabita Bora Baishya, Dr. Pranami Basyach 54

এখন অটিক্টিক সমাজ, মানৱীয় প্ৰমূল্যবোধ আৰু নতুন বছৰৰ সংকল্প

ডাঃ দীপজ্যোতি বৰা ৫৮

FOMO: the fear of missing out

Snigdha Roy 63

Pratibimbh (Essay section)

ধুবুৰী...

ডাঃ বনানী ডেকা

৬৭

How life has changed since my childhood

Dr. Mohammed Saiful Alam

69

স্মৃতি-বিস্মৃতি, আশা-নিৰাশা আৰু মই

ডাঃ ধৰ্মকান্ত কুস্তকাৰ

৭৫

A positive influence can change your lifestyle!

Dr. Dina Raja

79

My quotes

Divyajyoti Das

83

**Report on World AIDS Day 2022 celebration in Dhubri
Medical College**

Daisylna Murmu

92

Jhankar (Drawing section)

Untitled

Gargee Gogoi

99

Untitled

Mayurakshi Duarah

100

Equalize

Madhurya Das

101

Equalize
Barsha Nath 102

Equalize
Saswati Dey 103

Equalize
Subham Paul 104

Equalize
Gargee Gogoi 105

Vardan
Abhishek Nunia 106

Uttarayan (Story section)

Eternal
Dr. Heemanshu Shekhar Gogoi 109

Errata
123

From the Principal's desk.....

Frailty assessment in elderly... an approach to healthy ageing

The whole world is experiencing the epidemiological and demographic transition over the last few decades. The pace of transition varies between and within countries; however, the transition is happening much later but much faster in the developing countries. It has been projected that by 2050, majority (80%) of world's elderly will live in developing countries, and China and India will contribute more than one third of that number. The rising life expectancy is a matter of celebration for any nation, however in absence of far sightedness in care planning, the negative impact of this transition is huge and taxing. The resource disparities and changing socio-cultural context, i.e., moving to nuclear families, intergenerational issues, rapid urbanisation and increasing intergenerational tension like 'young cannot pay for old' have deteriorated the situation further. The impact of this increased life expectancy may not be only in terms of exponential increase in morbidities, impairments and disabilities, hospitalisation and institutionalisation; it may affect drastically the entire social support system. The philosophy of elder care has changed to 'adding life to years' as already we have added years to life. This philosophy can only be realistic through maximising the quality of life (QOL) which is determined by the ability of the elderly to maintain autonomy and functional independence. Although through preventive interventions, the enhancement or maintenance of QOL is possible, however, this is a least discussed/less explored topic amongst the care providers.

QOL is affected by the state of frailty. Frailty is a state of health that determines a person's vulnerability to any stressors. It's a valid predictor of incapacitation and loss of reserve, which is easily recognisable by physicians. Various definitions have been put forward by various authors or schools. However, there is no consensus on defining frailty. A clinical state in which there is an increase in an individual's vulnerability to developing negative health-related events (including disability, hospitalisations, institutionalisations, and death) when exposed to endogenous or exogenous stressors.[1] However, this definition cannot be used as an operational definition for identification of frail elderly. So, much accepted clinical definition is a state characterised by **muscle weakness; fatigue; slowed motor performance; low physical activity; and unintentional weight loss.**[2] The challenge is the identification and capturing of this kind of multiple symptoms and signs of various systems through standard medical evaluation. This requires not narrowly a standard medical evaluation, but a multidimensional approach with more broad assessment and resolution.

Frailty affects all aspects of health, namely physical, psychological, cognitive, social, emotional, spiritual, economic, and nutritional domains, a reversible state, at least in its initial stages. Even then, frailty is not getting due attention amongst the physicians, public health persons, researchers and policy makers. Research is also limited in this regard. Various studies from India have reported the prevalence of frailty that ranged from 11% to 58% using various frailty measurement tools.[3-5]

However, through effective intervention or screening at primary level by Comprehensive Geriatric Assessment (CGA) approach, the medical, psychological and functional capability of a frail older can

be determined and a co-ordinated plan can be developed. In this CGA approach, along with the physical/medical, the other domains like functional, psychological/cognitive, socio-environmental are evaluated. While assessing the physical domains, along with traditional history and examination, the assessment for vision, hearing, incontinence, falls, gait, nutrition, and detailed medication history is mandatory. Mental domain is assessed for cognition and depression by using various tools like mini mental state examination, clock drawing test, geriatric depression scale, etc. However, this can be also assessed roughly by asking few questions on memory impairment, behavioural changes, orientation, etc. The functional domain is assessed by various scales like Barthel Index, Katz Index, etc. However, a primary care physician or a nurse can evaluate the functional domain by asking and observing his ability to perform independently the basic activities of daily living (going to toilet, feeding, continence, etc.) and instrumental activities of daily living by observing the ability to perform activities requiring higher coordination (marketing, money management, use of transport, medication management, etc.). Gait and balance can be assessed by simple timed up and go test if the physician is not sure of the person's gait and balance stability. Assessment for age friendly environment (ground surfaces, furniture, lighting, bathroom, etc.) is crucial for prevention of frailty. In assessment of social domains, resource eligibility, financial assessment, caregiver burden, elder abuse, etc. are reviewed for better care plan of frail elderly. Assessment of all domains is the rule for a geriatric frail patient as multiple overlapping problems of frailty affect the functional status necessitates assessment across several domains. Identification and management at the very early stage is crucial as it will reduce all the adverse health outcomes.

Are we on the right direction in providing elder care in India?

Probably, no. The reasons behind are unawareness and lack of understanding of holistic care approach, ageism, limited research, etc. The World Health Organization in its global policy on ageing clearly spelt the need for improvement of QOL and promotion of active and graceful ageing and reaffirmed its philosophy on active and graceful ageing.

What we can do as care provider, researcher to improve QOL with our limited resources?

At this point, the way forward shall be more research to validate the frailty measuring tools in Indian settings. There are various tools for screening of frailty. Rather than using the tools validated in different settings, having own tool tested and validated in Indian primary care setting shall be more useful and realistic. At the same time, capacity building of care providers for CGA approach is crucial. At the same time, the teaching and training of MBBS students should comply with the minimum competencies required for assessment of elderly patient like testing for grip strength, gait and balance, etc., which will be a boost in primary care settings.

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A handwritten signature in black ink, which appears to read 'Anku Saikia'. The signature is written in a cursive, flowing style.

Prof. (Dr.) Anku Moni Saikia
Principal cum Chief Superintendent,
Dhubri Medical College and Hospital,
Dhubri

From the Superintendent's Desk.....

“Good Morning”, “Good Evening”, “Thank You”, “Welcome”, “Empathy”, “Sympathy”... these are not the words attached to our day-to-day life but these are our lifeline. We belong to a profession where an individual as a single unit cannot sustain and cannot progress. It is the cumulative effort of all branches through which we are required to give comprehensive care to the needy. Having said that, I also want to express that we are required not only to care about the patients, but we also need to take care and remain concerned about our own fraternity people, be it a doctor, nursing staff, paramedic or ancillary staff. Medical science is always a team work and the outcome of our effort, though presumed in all cases, remains always with an attached string of uncertainty. And that attached string of uncertainty can be minimised only when we can have a coordinated approach with cooperation from all branches and streams in our field. Though this field is called a “science”, we still cannot guarantee that ‘two’ plus ‘two’ will always become ‘four’. It may sometimes become ‘three’ or sometimes ‘five’ and hardly ‘four’. Our effort should be on to prevent getting a result beyond our presumption. On many occasions in our profession, we talk about ethics. Ethics is something which is not required to be talked about, but it needs to be developed in oneself. It reflects our attitude towards everything in our professional as well as personal life. A self-regulated mechanism through which we express ourselves before all others so that the dignity of the profession as well as the reputation of the field remain head high. I hope, the Dhubri Medical College and Hospital (DhMC&H) and the people associated with it will be a good example of coordinated team work showing highest level of ethics, care and concern for all other such institutions and profession. With all the best wishes for a prosperous new year and

with expectation of having more and more progress of DhMC&H in terms of all required qualities and expansion, I rest my expression before the almighty for giving all of us the strength to continue our services uninterruptedly with love and care for each other.



A handwritten signature in black ink, consisting of a stylized 'G' followed by 'D' and 'S' and a long horizontal stroke.

Prof. (Dr.) Gunajit Das
Superintendent,
Dhubri Medical College and Hospital,
Dhubri

Vision and Mission of Dhubri Medical College and Hospital



VISION OF DHUBRI MEDICAL COLLEGE & HOSPITAL

“Excellence in Medical education, Research and Patient care”

MISSION OF DHUBRI MEDICAL COLLEGE & HOSPITAL

1. To provide **“State of the Art Medical Education”** which can be transformed into best healthcare practices to meet the needs of the community.
2. To support and conduct high quality research to bring out the innovations in healthcare.
3. To deliver high quality, patient-centred, advanced care for the sick through the **“State of the Art”** hospital facility.

New ideas and fresh minds

Dr. Shyamanta Das, Dr. Dina Raja, Dr. Tapan Sarma

We believe that “new ideas come from fresh minds before they are bogged down by conventional thinking.”[1] That new freshness was in abundance as soon as the first batch of Bachelor of Medicine Bachelor of Surgery (MBBS) students lit up the Dhubri Medical College (DhMC) campus. Transilience 2022 (Figure 1), the banner under which the freshers illuminated the arena was just one of the series of events.



Figure 1: Transilience 2022.

Whether it was the World AIDS Day celebration or the plantation drive to commemorate the 400th birth centenary of Lachit

Barphukan, and for that matter, the Christmas and New Year evenings, all exhibited their enthusiasm in full bloom (Figures 2-5).



Figure 2: The World AIDS Day celebration.

What more, when our beloved Superintendent sir, Prof. (Dr.) Gunajit Das came up with the idea of starting a literary club and asked for suggestions regarding the name for the same, the creativity of the new freshers was palpable through the innovative names suggested and their deep-rooted meanings explained. We have used those names to decorate the different sections of this issue of Ankuran, the newsletter of DhMC (January 2023, Volume 1 Issue 2).

Varnika, suggested by Divyajyoti Das, “the Sanskrit version of ink or pen, meaning purity of gold,” is the poetry section. Barsha Nath suggested Agniv, “the meaning is bright as light since our college has brought a sign of hope to make this area a brighter one” and this is the scientific section. Pratibimbh was suggested by Snigdha Roy, “meaning reflection because literature is mostly reflection of one’s vision” and this covers the essay section. Ruwad Pegu came up with

Jhankar “which means chime or resonance. Resonating the knowledge of one’s soul” and this is the drawing section. Anal Jyoti Deka suggested Uttarayan “which means north-ward movement, mostly used with sun’s movement, which could also be meant like moving forward always, and it also is a film by Pramathesh Chandra Barua.” This decorates the story section.



Figure 3: The plantation drive to commemorate the 400th birth centenary of Lachit Barphukan.

Happy reading!

Reference

1. OJPAS®. About the journal [Internet]. 2010 [cited 2023 Jan 17]. Available from: <https://www.ojpas.com/about-the-journal.html>



Figures 4 and 5: Christmas and New Year evenings.



Varnika

(Poetry section)

“The Sanskrit version of ink or pen, meaning purity of gold.”

- Divyajyoti Das

ANKURAN 2

সমবেত সংগীত

ৰচনা, সুৰ - ডাঃ পুলিন চন্দ্ৰ কুমাৰ

তমসো মা জ্যোতিৰ্গময় :

তমসো মা জ্যোতিৰ্গময় :

তমসো মা জ্যোতিৰ্গময় : ।

ধুবুৰী চিকিৎসা মহাবিদ্যালয়

চিকিৎসা বিজ্ঞানৰ জ্ঞানৰ আলয়

আৰ্ত্তজনৰ পূজাৰ মন্ত্ৰেৰে

ৰছিম ইয়াতেই (আমি) পুন্যৰ আলয়

গঢ়িম মানৱ সেৱাৰ মহালয় ।

বগ্ৰীবাবীৰ মা মহামায়াই আশীষ বিলায়

পানবাবীৰ মছজিদেও মানৱ প্ৰেমৰ বানী সোঁৱৰাই

(গুৰু) টেগ বাহাদুৰৰ গুৰুদ্বাৰেও

সমাজ সম্প্ৰীতিৰ নিজৰা বোৱাই

নহয় ইয়াৰ যেন কাহানিও লয়

গঢ়িম মানৱ সেৱাৰ মহালয় ।

গৌৰীপুৰৰ প্ৰতিমাই আজিও (মতে) ৰিঙিয়াই

গদাধৰৰ কোৱাল টোৱে তাকেই সোৱৰাই

ধুবুৰীৰ ঘাটত নেতাই আজিও বিনাই

বেউলাৰ কথাৰে ধিয়াই

নবনাৰায়ন আবু চিলাৰায়ৰ

তাগ, বীৰত্ব আবু সাহসৰ

চানেকি অগ্ৰগামী যুদ্ধজয়ৰ

নহয় ইয়াৰ যেন কাহানিও ক্ষয়

গঢ়িম মানৱ সেৱাৰ মহালয় ।

কথা কবিতা

ডাঃ হাবুন অল ৰচিদ

তুমিতো এবাৰো কোৱা নাইকিয়া

মোৰ চকুজুৰিয়ে হেনো কথা কয়!

মইতো মোৰ চকুজুৰি তোমাতেই এৰি আহিছিলোঁ!

তুমিতো এবাৰো কোৱা নাছিল।

তোমাৰ চাৰনিত মই বিলীন হৈ গৈছিলো,

তুমিতো এবাৰো কোৱা নাছিল।

নীলাভ গভীৰতাৰ মাজত স্বৰ্গীয় সুখাভিলাষী মনে কি বিচাৰে,

তুমিতো এবাৰো কোৱা নাছিল ॥

কেৱল অন্তঃসলিলা জুৰিটিৰ দৰে মনে মনে চিৰ প্ৰবাহিত হৈ ৰ'লা!

তুমিতো এবাৰো কোৱা নাইকিয়া ॥

ৰাতিপুৱাই টিঙিচকে খং উঠিল,

ছেহ: শীতকাল বুলিয়ে চাহ দোকানীজন

ইমানপৰে শুই থাকিব লাগেনে?

ছাৰে সাত বাজিলেই !

চাহ পানী খাই ডিউটিলৈ ওলাবৰ হ'লেই ॥

সি বেটা নিতাল মাৰি শুয়ে আছে !

ময়ো যে মস্ত নি:কাম্মা,

কুটাতোকে দুটা কৰিব নোৱাৰো ।

উপায়বিহীন হৈ তাক জগালো, সি নুঠে !

বোলে “তাৰ কিবা দুখ ভাগৰ নাইনে ?

সদায় সদায় দোকমকালিতে

শোৱনি পাটি এৰি মোলৈ চাহ বনাব নোৱাৰে” ॥

আও তাৰ কথা শুনা !

আমিহে ডাক্তৰবোৰৰ দুখ ভাগৰ নাই !

যেতিয়াই-তেতিয়াই খানা পীনা এৰি,

অত যা তত যা !

বেমাৰী চা, হস্পিতাল চা !

ইহ বেটাৰ কথা চা !

সি বোলে মোক চাহ কৰি খুৰাব নোৱাৰে ।

মই কিবা মাগনা খাইছো নে ?

দস্তৰ মতে পইচা দি খাইছো,

বাকীও নাই !!!

মইহে দুনিয়াৰ ঠিকা লৈছো !!!

ডাঃ অৰুণ পাল চৌধুৰী

ডাঃ অৰুণ পাল চৌধুৰী আৰু নাই !

খবৰটোৱে মোদ বাকৰুদ্ধ কৰিলে ॥

আপোনজনক হেৰোৱাৰ বেদনাই মনটো

ভাবাক্ৰান্ত কৰি তুলিছে । কৰ্মসূত্ৰে লগ পাইছিলো

ধুবুৰী চিকিৎসা মহাবিদ্যালয়ত ।

সদাহাস্যমুখ, অমায়িক, মানবদৰ্শি, অল্পভাষী ।

হঠাত্ শূন্যছিলো বেমাৰ বুলি

মুন্সাই টাটা মেম'ৰিয়েল হস্পিতালত ॥ আৰু আজি

বিদেহী আত্মাৰ সদগতি কামনা

চিকিৎসক সমাজৰ এক অপূৰণীয় ক্ষতি ।

আমীন ॥

An ode to gynaecologist from an infertile woman

Barsha Nath

I was waiting to observe the two lines

And be the happiest in the world of mine.

The expected result faints

And I am worried again

To realise to be infertile.

Then you came with God's blessings

To introduce myself to this world.

I just called you a "Gynae"

But you have been an introducer-

To so many new beings.

Making everyone smile

You are satisfied.

Hence, an ode to owe you every time.

নতুন প্ৰভাত

ভাৰ্গৱ জ্যোতি দাস

ন প্ৰভাতৰ ন সুৰুযৰ

ন বাৰ্তা হাতত লৈ

বাটৰ বাধা , মনৰ দ্বিধা

বাটতে সকলো মোহাৰি থৈ;

যৌৱনা এজাক নীলা চৰাই

সোণালী সপোনৰ প্ৰহৰী হৈ,

কুমলীয়া কিছু খোজ পেলাইছে

লক্ষ্য পিছে অসীমলৈ !!

The poet in me

Anal Jyoti Deka

I think I might have lost the poet in me,
Writing, Stanza one, Stanza two
And... Maybe a useless Stanza three.
It never mattered how I wrote,
As long as I could express myself creatively.
Rhyming words and a humming melody.
A little emotional capacity.
Maybe I lost the poet in me,
I used to write for me and me only,
The way I viewed the world,
As a way to relieve my inner me.
But slowly now, I write to be praised
To be criticised histrionically.
I lost the poet in me

Now who even cares about my deepness, my darkness or my grief,
It only matters if I put in some stylish alphabet mixtures
Or a 'wow how unique' simile,
A tough to crack metaphor somewhere maybe.
Like a complete interpretation of people pleasing functionality,
Now I can't go two words without worrying I'd lose the virtual
perfection I made of me,
Dang, I've really lost the poet in me...

The midnight sky and me

Anal Jyoti Deka

The beautiful night sky,

I wonder why.

You seem to resemble loneliness.

A midnight blueness.

A scared void jewelled with stars,

Like a battleground of my mental wars.

The moon so pretty,

You make it shine in your solitary

The way you hide from daylight,

Away from pain and people,

You feel... somehow the same as me.

Every time you come out, some many hearts you heal,

A thousand hearts and million Instagram posts you reign,

A gloomy castle filled with love for those who see,

I am happy every time you are here with me.

She

Anal Jyoti Deka

As the night veiled out all the insecurities of the world,
She shined even more gracefully.
Doubled in beauty,
She stood there in all her prime,
The moon blushed when she used to smile,
The scenery itself hugged her in.
And at dawn I saw her again,
Those were the prettiest eyes any heart could ever reflect,
Even the atmosphere gasped,
A letter of love untold I wrote,
Unsent though, because I felt she should deserve much more...

नारी आवाज

डेजीलिना मुर्मू

था नहीं मन कभी लिखने का
पर मजबूर हुई मैं, उस माँ की टपकी हुई
आँसू से जो लगा है अपना सा,
तो सुनो आज कही ना कही
कितनों ने होगा चीखा चिल्लाया
या दिल पे पत्थर रख के कहुँ की
कितनों को तो उतना भी समझ होगा नहीं आया
आई ज़रूर है बात बाहर एक की
पर दबाई गई हुई है आवाज़ बहुतों की
कभी मौत, कभी परिवार कि इज़्ज़त का सवाल
तो कभी सामाजिक व्यवस्था का बवाल
यकीन है मुझे वो थी ना कमजोर
वो तो आंत तक लड़ थी पर अफसोस
उसके सामने था आदमखोर
अरे राक्षस यह मत समझ की तु है ताकतवर
ज़रा आँख उठा और गौर कर
आज भी वो निकलती है बनके दिलावर

तु है राक्षस, ना है तू किसी का बेटा या भईया
वरना पकड़ता नहीं जबरदस्ती किसी बहन की कलाईयाँ
राक्षस तु क्या जाने, जाने तो बस हवस
जा देख उस माँ को जो लड़ती है तेरे खिलाफ
बांध के शक्ति और साहस
साल बीते, पर बदला ना कुछ
अब ऐसे व्यवस्था की देश मे आवाज़ उठाना है तुछ
यहा बस आवाज गूंजती है तो मजहबी
उसकी चीख तो सुन के भी अनसुनी किया जाता है
जब तक टूट ना जाए उसकी मजबूती
पर अब बस !
कितनों को होना पड़ेगा मानसी या निर्भया?
कहा बैच दी देश की व्यवस्थाओं ने अपनी शर्म हया?
बचके जीना है नहीं हमें, खुलके हमें है जीना
इसलिए बेटे बचाओ नहीं, बनाओ देश को बलतकारी बिना।

Agniv

(Scientific section)

“The meaning is bright as light since our college has brought a sign of hope to make this area a brighter one.”

- Barsha Nath

ANKURAN 2

Pain clinic: a must for advanced healthcare

Dr. Ratindra Kumar Barman

Pain is second commonest complaint for which patients seek medical attention after the common cold and fever. Majorities of patients go to a general practitioner or other specialities for consultation and take painkillers for relief of pain and some resort to other non-allopathic ways like acupuncture, chiropractic, physiotherapy, yoga, meditation etc., thinking there is no way of treating pain by allopathic means. Some again fear complex spine and pain-related surgeries and associated complications. Ultimately, patients land in anxiety and depression. Pain is no more a sin now. It is only because of a lack of awareness among the population and treating practitioners, people tend to suffer more pain. The majority of the patients suffer from chronic low back pain, neck pain, multiple joint pain, headache, and different musculoskeletal pain. Ninety per cent of these pain can be treated with some lifestyle modifications, specialised pain medicine, image-guided targeted drug delivery (fluoroscopic and ultrasonography [USG]), where the most potent anti-inflammatory agents can be deposited exactly in the pain generators without any side effects and some regenerative therapies like platelet rich plasma (PRP), prolozone therapy which gradually heals the damaged tissues causing pain.

Pain management is a new speciality of medicine, recognised as the 34th speciality of medicine in the USA.[1] Pain management is a rapidly growing speciality of medicine concerned with the prevention of pain, evaluation of pain generators, and treatment and

rehabilitation of persons in pain. It meets the unmet need of the existing medical specialities, requiring specialised knowledge and skill to diagnose, and manage complex entity like chronic pain. This area of medicine has made significant strides, and newer management and interventional modalities have emerged. With the help of some cutting-edge minimally invasive interventional pain management technologies, pain that was once thought to be difficult to diagnose and manage can now be treated with ease or sometimes proper dosage of pain medicine. Some minimally invasive spine injections, ozone injection, and radiofrequency ablation technique is a major boost to relieve pain in the majority of cases. Thus, risky and expensive surgeries on the spine and other parts of the body can be avoided in 70-80% of cases.[2]

What does a pain physician do?

A pain physician is a trained doctor who has the knowledge and skill to diagnose the varieties of pain such as spine back, back pain, neck pain, arthritis, joint pain, nerve pain, cancer pain etc. and provide some minimally invasive non-surgical procedures to relieve pain or cure the disease. They perform some X-rays or computed tomography (CT) and USG guided some targeted non-surgical procedures so that the patients get maximum benefits. Thus, they can manage spondylitis or slip disc-related problems in an uncomplicated manner. They use ozone therapy or PRP injection in age-related joint pain (osteoarthritis) which is very beneficial, thus avoiding replacement surgeries in a majority of the cases. They perform different trigger point injections for muscle pain and nerve blocks needed in some intractable nerve pain and cancer pain.[2]

Pain medicine is very popular in western countries and India; it is gaining popularity, mostly in the north-south part of the county.

Evolution of pain clinic

The existence of pain predates the existence of humans. The word pain comes from the Latin word 'poena' which denotes punishment. The word patient is derived from the Latin word 'patior', which means to endure suffering or pain.[3]

The current idea of a pain clinic is based on John J. Bonica's theory, who is regarded as the founding father of pain care (1917-1994). The International Association for the Study of Pain (IASP) was established as a result of the first International Symposium on Pain, which was organised under his leadership in Issaquah, Washington, from 21-26 May, 1973.[4,5]

In an effort to recognise and distinguish the growing number of pain management, physicians who dedicated their effort to help patients in pain, Steven D. Walman officially coined the term "Interventional Pain Management" (IPM) in 1995. He wrote, "I had liberally borrowed the term IPM from our radiology colleagues." [6]

The World Institute of Pain (WIP) was formed in 1993 under the leadership of Prithvi Raj in 1993. WIP is a global forum for education, training, and networking to thousands of physicians who have dedicated themselves to the management of acute and chronic pain. WIP is an international organisation for pain physicians that facilitates the exchange of knowledge and practical expertise through the participation of the world congress. One of the striking goals of WIP is to provide an international examination for testing and certifying qualified interventional pain physicians. Successful candidates are awarded the prestigious Fellow of Interventional Pain Practice (FIPP).[7]

The present scenario in India

The Indian chapter of IASP, the Indian Society for the Study of Pain (ISSP) was formed on 9th July 1984 in Varanasi and is very active. They provide the IAPM examination for the Indian version of FIPP and award the FIAPM degree. All candidates must pass MD or a diploma in Anaesthesiology.[8] The revised MD anaesthesiology curriculum by the National Medical Commission (NMC) (competency based postgraduate [PG] training programme for MD anaesthesiology released in September 2019 by earlier Medical Council of India [MCI]) also provides important training and understanding in chronic pain management.[9] The curriculum states that the MD anaesthesiology PG must possess and demonstrate abilities to manage chronic pain and practice different modalities of chronic pain management, including pharmacotherapy, non-opioid analgesia, interventional neuro-blockade, spinal opioids, neuro-ablation, neuro-augmentation, physical therapy, psychotherapy, etc. They should be taught assessment of patients with pain, including history taking, physical examination and interpretation of investigations.

Pain certification in India

Post-Doctoral Certificate Courses (PDCC) (one year):

- Benares Hindu University (BHU), Varanasi
- Sanjay Gandhi Postgraduate Institute of Medical Science (SGPGI), Lucknow

ISSP-pain accredited centre:

- Daradia Pain Clinic, Kolkata
- Choithram Hospital and Research Centre, Indore

- Artemis Hospital, Gurgaon
- DY Patil Medical College, Navi Mumbai
- Kokilaben Dhirubhai Ambani Hospital, Mumbai

DM in Pain Medicine has also been started in the All India Institute of Medical Sciences (AIIMS), Dehradun since last year and DM in palliative care is functioning at the Tata Memorial Hospital, Mumbai since 2012.

Conclusion

With 20% of the world's lost disability-adjusted life years (DALYs), India has one of the highest disease burdens, and non-communicable diseases are overtaking communicable diseases as the country's main causes of morbidity and mortality. According to some, chronic pain is an epidemic that could lead to high DALYs, social burden, and economic decline if preventive and curative measures are put off.[10]

Chronic pain problem, with a point prevalence of 13%, is one of the most common symptoms for which a patient visits a primary healthcare practitioner in India.[11]

Pain clinic is emerging rapidly as safe and effective ways to manage different kinds of pain. A holistic approach to managing pain and a multidimensional approach is the most important task of all pain clinics and practising pain physicians. As we look for different specialist doctors for different diseases, why not a pain doctor for chronic pain? The time has come to look beyond.

At last, the popular quote, "For all the happiness man can gain is not in pleasure, but rest from pain." -John Dryden (1631-1700).[12]

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Biomedical waste disposal: let's not sweep it under the carpet

**Dr. Dina Raja, Dr. Runumi Choudhury,
Dr. Basabdatta Choudhury, Dr. Harekrishna Nath,
Dr. Swagata Roy, Dr. Rika Engtipi, Dr. Anindita Kurmi**

*Young people everywhere have been allowed to choose between
love and a garbage disposal unit. Everywhere they have chosen
the garbage disposal unit.*

The above lines by French philosopher, film-maker and critic Guy Debord might not have been literal but it does highlight very effectively the importance, nay the utmost necessity, of proper disposal of waste.

It is common knowledge that our planet is reeling under the effects of consumerism, one of the direct effects of which is the generation of huge amounts of non-biodegradable waste. If we shift our focus to the healthcare sector, we are presented with the dual problem of waste that is potentially hazardous as well as, for the most part, non-biodegradable.

Biomedical waste management (BMW) rules were formulated and published by the Government of India in its Gazette Extraordinary first in 1998[1] and subsequently in 2016,[2] with a modification being added in 2018. The newer rules have simplified the segregation of waste to the degree that it is actually achievable in real life situations. Moreover, it encourages the use of common

biomedical waste treatment facilities (CBMWTFs), making it compulsory for healthcare establishments to use one, if it is available within a 75 km radius. The compulsory hepatitis B vaccination of healthcare personnel is another welcome inclusion in this document.

The spirit and direction of the BMW rules 2016 lean heavily towards *recycling* and *energy recovery*. All the biohazardous waste that cannot be incinerated are recommended to be recycled or sent for energy recovery as applicable (Figure 1).

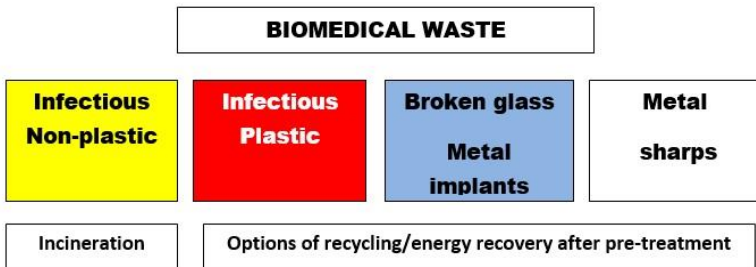


Figure 1: Biomedical waste.

From this we can gather that all categories of waste other than yellow, viz. red, blue and white can be sent for some form of recycling or energy recovery **after pre-treatment at source**. Understandably, this presents a great challenge – a challenge that lies in making sure that the right kind of waste finds its way into the right end process in a way that does not pose harm to the people who are generating and handling the waste.

The challenge requires firstly that all categories of medical staff have an acceptable level of knowledge about the hazards of biomedical waste. This calls for periodic training and formal or informal interactions regarding BMW disposal among different categories of

healthcare workers. Secondly, but not less importantly, the required infrastructure starting from the most basic colour coded waste disposal bags, bins, hub-cutters, sharps containers, disinfectant solutions etc. to dedicated trolleys, vehicles, storage areas, equipment for pre-treatment and/or final disposal as applicable must be made available.

At the time of formulation of the 2016 BMW rules, India was producing biomedical waste amounting to 550 tons per day (TPD). This was projected to increase up to 775 TPD by 2022.[3] Out of all the states and union territories of India, Andaman & Nicobar, Arunachal Pradesh, Daman & Diu, Dadra and Nagar Haveli, Goa, Ladakh, Lakshadweep, Mizoram, Nagaland, Sikkim and Tripura are without any CBMWTF according to data updated till 2020.[4] Karnataka at 27, has the highest number of CBMWTFs in the country. The IMAGE (Indian Medical Association [IMA] Goes Eco-Friendly) facility in Kerala processes the highest amount of waste per day amounting to an average of 68,000 kg.[4]

In spite of some encouraging developments, there is still a lot to be done in the area of BMW management. There is lack of data on whether the existing disposal facilities are quantitatively or qualitatively adequate for handling of the biomedical waste generated. There also seems to be lack of monitoring and enforcement of the BMW rules on the ground.[4] The gaps that need to be filled may be at the personal, institutional or administrative level. The commitment of the government or non-governmental organisations to BMW handling and disposal will be energised if it can be made a profitable venture through recycling and energy recovery. In conclusion, the world, very much including the healthcare services, will need to fall back on the three 'R's – reduce reuse recycle for sustenance of life.

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First laser procedure in Eye OPD

Dr. Kabita Bora Baishya, Dr. Pranami Basyach

This is to mention that a 36 years old female patient attended outpatient department (OPD) of Ophthalmology, Dhubri Medical College and Hospital (DhMC&H) who was a case of acute primary angle closure in left eye with primary angle closure suspect in right eye. Visual acuity in right eye (R/E) was 6/12 and in left eye (L/E) was 6/60. On slit-lamp examination of L/E showed marked ciliary congestion and shallow anterior chamber with narrow angle and in the R/E showed shallow anterior chamber. Intra-Ocular Pressure (IOP) in L/E was 38.6 mm Hg and in right eye was 20.4 mm Hg. Primary angle closure means apposition of peripheral iris against trabecular meshwork resulting in obstruction of aqueous outflow in an already narrow angle and definitive treatment is laser peripheral iridotomy (LPI). LPI re-establishes communication between posterior and anterior chamber by bypassing the pupillary block and immediately relieves crowding of angle. We started immediately with intravenous mannitol 200 ml and prescribed topical antibiotic-steroid combination along with combined antiglaucoma therapy (beta-blocker + alpha-adrenergic agonist) and also oral carbonic anhydrase inhibitor. At one week follow-up, the left eye became quiet but IOP was 23.5. She was prescribed pilocarpine 2% (miotic therapy) for one week as she was planned for Nd:YAG LPI (Figure 1). As we started miotic therapy, L/E pupil became constricted and Nd:YAG LPI (energy-3mj, A-125 with 3 pulse mode) was done after application of topical anaesthesia (Figure 2). Laser shot was done in

about 11 o'clock position just above midperiphery of iris in left eye (Figure 3).



Figure 1: Nd:YAG laser machine.



Figure 2: Nd:YAG laser peripheral iridotomy (LPI).

After one hour of laser done, again IOP checked in L/E and it was found to be 14.6 (normal IOP within range is ten to 21 mm Hg). She is the first patient to undergo laser therapy in the newly established Eye OPD Complex of DhMC&H after instalment of laser machine. She was again called after one week by giving medications and also to do prophylactic LPI in the fellow eye. In follow-up period also, her IOP was controlled and she was prescribed spectacles. At present, she has BCVA (Best Corrected Visual Acuity) in R/E 6/6 and in L/E 6/9 and controlled IOP without antiglaucoma medications. She was also advised for second sitting of LPI in L/E.

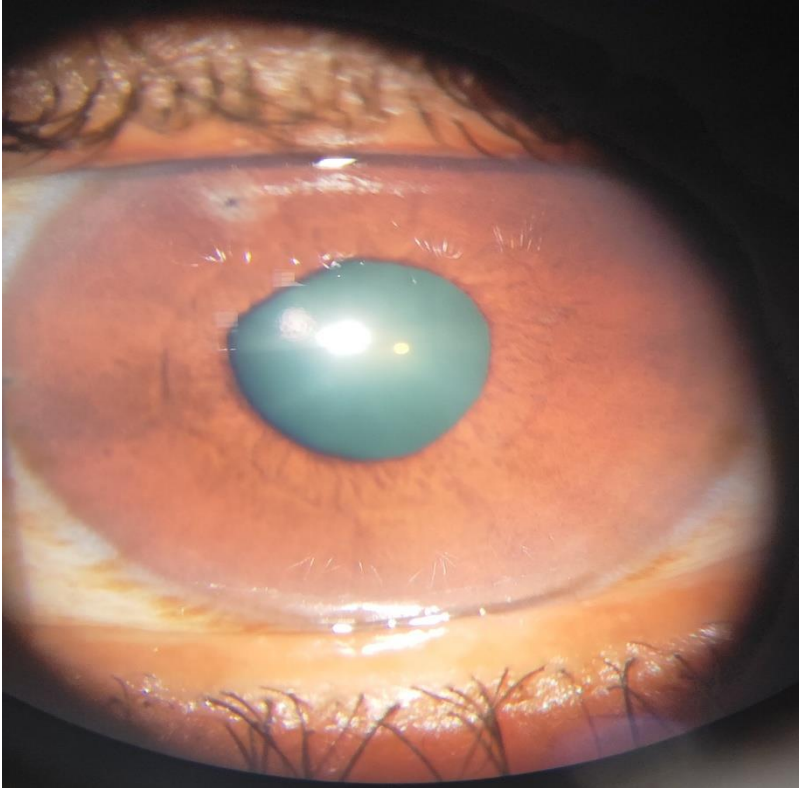


Figure 3: Laser shot was done in about 11 o'clock position just above midperiphery of iris in left eye.

এখন অটিষ্টিক সমাজ, মানৱীয় প্ৰমূল্যবোধ আৰু নতুন বছৰৰ সংকল্প

ডাঃ দীপজ্যোতি বৰা

১৯৪৩ চনত লিও কেনাৰ (Leo Kanner) নামৰ অষ্ট্ৰিয়ান মনোৰোগ চিকিৎসক এজনে অটিজিম্ (Autism) নামৰ শিশু কালত আৰম্ভ হোৱা এক ৰোগৰ বিষয়ে তেওঁৰ কৌতূহলোদ্দীপক গৱেষণা পত্ৰত প্ৰকাশ কৰে যি ভৱিষ্যত প্ৰজন্মৰ বাবে এক যুগান্তকাৰী আৱিষ্কাৰ বুলি গণ্য হয়। তেওঁ অধ্যয়ন কৰা এনে শিশু সকলৰ মাজত কিছুমান নিৰ্দিষ্ট আৰু বিচিত্ৰ ধৰণৰ লক্ষণ দেখা পোৱা গ’ল যিবোৰ স্বাভাৱিকভাৱে বিকাশ হোৱা শিশু এটিৰ পৰা সম্পূৰ্ণ পৃথক আৰু ব্যতিক্ৰমী। Autism ৰ ‘Auto’ মানে ‘স্ব’ বা ‘নিজ’ আৰু ‘ism’ মানে হ’ল ‘তত্ত্ব বাদ’। অটিজিম্ এনে এটি ‘স্ব-তত্ত্ব-বাদী’ অৱস্থা য’ত এটি শিশু কেৱল মাত্ৰ নিজৰ মানসিক জগতখনৰ মাজতে ব্যস্ত থাকে আৰু বাহিৰৰ পৃথিৱীৰ লগত কোনো পৰিপক্ক অৰ্থপূৰ্ণ সম্বন্ধ গঢ়ি তুলিব নোৱাৰে আৰু বয়স বাঢ়ি যোৱাৰ পাছতো এনে আচৰণ তথা ব্যৱহাৰৰ পৰিবৰ্তন নহয়।

কেনাৰে বিৱৰণ দিয়া এনে শিশুৰ লক্ষণসমূহ চমুকৈ এনে ধৰণৰ:- শিশুটিৰ মাত ফুটা দেৰি হয়, সুধি থাকিলেও কথা নকয়, ভালদৰে শব্দবোৰ সজাই কথা কোৱা বা বাক্য এটা সাজি বুজাই কোৱাত অসুবিধা হয়। কথা ক’লেও এটা বা দুটা শব্দহে প্ৰকাশ কৰে। বেলেগ মানুহৰ লগত যোগাযোগ বা ভাৱৰ আদান প্ৰদানত অসুবিধা হয়। সন্তানটি অকলে থাকিবলৈ, অকলে খেলিবলৈ ভাল পায়। মানুহৰ লগ বা সংগ নলয়। মুখেৰে কিবা কিবি শব্দ কৰি নিজৰ মাজতে অকলে খেলে, ফুৰ্তি কৰে। কিবা সুধিলে উত্তৰ নিদিয়ে। বাৰে বাৰে একেটাকে সুধি থাকিবলগীয়া হয়। যি কোনো আদেশ, উপদেশ বা অনুৰোধক আওকাণ কৰে। নিজে ভালপোৱা কামৰ বাহিৰে অন্য কোনো কামতে মনোযোগ নিদিয়ে। চকুত চকু নথয় বা চকুলৈ নাচায়। মৰম বুজি নাপায় বা মৰম প্ৰকাশ কৰিব নোৱাৰে। কোলালৈ নাহে বা কোনো এটা বস্তুলৈ আঙুলি টোৱাই নিবিচাৰে। একেটা কাম বাৰে বাৰে আৰু একে ধৰণে কৰিবলৈ বিচাৰে। একে ধৰণৰ খেল বা খেলা সামগ্ৰী

ভাল পায়। হাত তালি মৰা, বাগৰি দিয়া, একে কেইটা কথাই কৈ থাকিবলৈ বিচাৰে। কেতিয়াবা বুদ্ধি কম হয় বা বৌদ্ধিক বিকাশ কম হয়। আখৰ শিকাত অসুবিধা হয়। নিজৰ যত্ন নিজে ল'ব নোৱাৰে। অন্যমনস্ক আৰু অস্থিৰ হোৱা বাবে নতুন নিয়ম, কথা, কাম আদি শিকোৱাত অসুবিধা হয়।

মানুহৰ মগজুটো আনক অনুকৰণ আৰু অনুসৰণ (imitation) কৰি শিকিব পৰা আৰু এই শিকনিক বোধ শক্তিৰ সহায়ত ভবিষ্যতৰ বাবে মনত ৰাখি একে ধৰণৰ কামত নিপুণতা অৰ্জন কৰিব পৰা এক অদ্বিতীয় আৰু অসাধাৰণ গুণৰ অধিকাৰী। সাধাৰণভাৱে চাবলৈ হ'লে এই কাম মগজুৰ বাবে অত্যন্ত স্বাভাৱিক আৰু তাৰ বাবে কোনো ধৰণৰ অতিৰিক্ত প্ৰস্তুতি, অভিজ্ঞতা তথা প্ৰশিক্ষণৰ প্ৰয়োজন নাই। কিন্তু প্ৰকৃততে এই প্ৰক্ৰিয়াটো যথেষ্ট জটিল।

ডি.এচ. ৰামচন্দ্ৰন (১৯৫১-) হ'ল ভাৰতীয় মূলৰ কেমব্ৰিজ বিশববিদ্যালয়ৰ এজন প্ৰখ্যাত স্নায়ু বৈজ্ঞানিক তথা চিকিৎসক। 'ফেণ্টম ইন দ্য লিম্ব' আৰু 'টেল টেইল ব্ৰেইন' তেওঁৰ স্নায়ুবিজ্ঞান সম্বন্ধীয় দুখন বহুপাঠিত বিখ্যাত গ্ৰন্থ। তেওঁ প্ৰখ্যাত হোৱাৰ অন্যতম প্ৰধান কাৰণ হ'ল মগজুৰ ভিতৰত থকা এবিধ বিশেষ স্নায়ু কোষৰ ওপৰত কৰা তেওঁৰ গৱেষণা। যেতিয়া আমি কোনো এটা কাম কৰোঁ তেতিয়া আমাৰ মগজুৰ সন্মুখ ভাগত অৱস্থিত (premotor cortex, posterior parietal cortex) কিছুমান নিদিষ্ট স্নায়ুকোষ উত্তেজিত হৈ উঠে। আকৌ আচৰিত ধৰণে দেখা গল যে যেতিয়া আমি একেটা কামকে বেলেগ কোনোবাই কৰা দেখো তেতিয়াও একে স্থানৰে একে কেইটা স্নায়ু কোষেই উত্তেজিত হৈ উঠে। এই বিশেষ স্নায়ু কোষ মণ্ডলৰ নাম ৰখা হ'ল "প্ৰতিবিন্ম কোষ" বা "মিৰৰ নিউৰণছ" (Mirror Neurons)। এই কথাৰ পৰা এইটো প্ৰতিয়মান হয় যে এটা কাম অনুকৰণ কৰা আৰু তাক সুচাৰুৰূপে সম্পাদন কৰাৰ বাবে মগজুৰ একে ঠাইৰে নিদিষ্ট আৰু একেই কিছুমান স্নায়ুকোষেই দায়ী। তদুপৰি, কিবা এটা মনোগ্ৰাহী কাম আমি নিজে কৰিলে যি আনন্দ বা সুখ অনুভৱ কৰোঁ তেনে এটি কাম আনে কৰা দেখিলেও আমি একেই পৰিতৃপ্তি লাভ কৰিব পাৰোঁ। উদাহৰণস্বৰূপে এখন ফুটবল খেল আমি নিজে খেলপথাৰত নখেলেও আনে খেলা খেল চাই ৰোমাঞ্চিত হ'ব পৰে। কোনো এজন বন্ধু সাংঘাটিক বিপদত পৰিলে তেওঁৰ মনস্তত্ত্বৰ লগত সমমৰ্মিতা অনুভৱ কৰি তেওঁৰ প্ৰতি সহানুভূতিশীল হ'ব পৰে আৰু এই সকলোখিনি সম্ভৱ হৈ উঠে "প্ৰতিবিন্ম কোষ"-ৰ সৱিত্ৰতাৰ

ওপৰত। এনে প্ৰতিবিম্ব কোষবোৰে সঠিক ভাবে কাম কৰি থাকিলেহে আমি অনুকৰণ কৰি শিকিব পাৰিম, তাৰ পৰা আনন্দ উপভোগ কৰিব পাৰিম, সকলোৰে লগত সমমৰ্মিতা অনুভৱ কৰিব পাৰিম আৰু পাছলৈ এনে কাম চাই, শিকি নিজে সম্পাদন পাৰিব পাৰিম।

অটিজিম্ অসুখত ভোগা শিশুৰ এই প্ৰতিবিম্ব কোষবোৰৰ বিসংগতি (Broken Mirror Neurons Theory) হোৱা দেখা যায়। ফলত অনুকৰণ বা নকল কৰি শিকিব পৰা ক্ষমতাৰ অভাৱ হোৱা দেখা যায়। তাৰ ফলত এনে শিশু ভাষা জ্ঞান আয়ত্ত কৰা, সামাজিক ৰীতি-নীতি শিকা, আনৰ মনৰ ভাৱ বুজি পোৱা, আনৰ সুখ দুখ অনুধাৱন কৰি সহানুভৱতা অনুভৱ কৰিবলৈ অপাৰগ হোৱা দেখা যায়। লগতে এনে শিশুৰ কোনো এজন মানুহৰ মুখায়ব, ভাৱ-ভংগিমা, আদৱ-কায়দা, চাল-চলন দেখি তেওঁৰ মন:স্তম্ভৰ অভিপ্ৰায় বুজি পোৱাত অসুবিধা আহি পৰে আৰু বৰ্তমানৰ ব্যস্ততাপূৰ্ণ পৃথিৱীখনৰ পৰা উদাসীন হৈ অন্য এখন অকলশৰীয়া পৃথিৱীত বাস কৰে। বয়স বাঢ়ি যোৱাৰ পাছতো এই অসুবিধাবোৰ চিৰস্থায়ীৰূপে থাকি যায়। অট্টিষ্টিক শিশু বা লোক এজন মানবীয় সম্পৰ্ক বা সম্বন্ধবোৰৰ প্ৰতি উদাসীন তথা ভাৱলেশহীন হোৱা দেখা যায়। তাৰ বিপৰীতে তেঁওলোক নিৰ্জীৱ নিস্প্ৰাণ (inanimate) বস্তুৰ প্ৰতি বেছি আকৰ্ষিত হয়।

১৯৬০ চন মানত “ৰেফ্ৰিজাৰেতেদ মাতৃ” (Refrigerated Mother) নামৰ এটি নতুন ধাৰণাৰ জন্ম ললে। এই ধাৰণাৰ সত্যাসত্য যথেষ্ট বিতৰ্কিত যদিও ইয়াক উলাই কৰিব পৰা বিধৰো নহয়। এই ধাৰণা অনুসৰি যি বিলাক পিতৃ-মাতৃ (বা বিশেষকৈ মাতৃ) আবেগিকভাৱে উদাসীন (cold), নিৰুদ্বেগ আৰু আন্দাৰ শূণ্য হয় তেওঁলোকৰ সতি-সন্ততিৰ স্বভাৱ চৰিত্ৰ আৰু মনস্তত্ত্বও তেনেকুৱাই আবেগশূণ্য হোৱাৰ সম্ভাৱনা থাকে। অট্টিষ্টিক শিশু সকলৰ মনস্তাত্ত্বিক বিশ্লেষণৰ ক্ষেত্ৰত এই ধাৰণাই মনস্তত্ত্ববিদসকলক অধিক উৎসাহিত কৰি তুলিলে।

জৈৱবিৱৰ্তনে মানুহৰ মগজুৰ আন্তঃগাৰ্থানি মুখা-মুখি কথা বতৰা আৰু শাৰীৰিক আদান-প্ৰদানৰ বাবে প্ৰকৃতিগতভাৱে ৰূপাঙ্কণ তথা প্ৰস্তুত কৰি তোলা হৈছে। এজন মানুহৰ সামাজিক আচাৰ-আচাৰণক মগজুৰ সন্মুখ ভাগত থকা ফ্ৰণ্টেল কৰ্টেক্স নামৰ অংশটোৱে নিয়ন্ত্ৰিত কৰি ৰাখে আৰু অনাকাঙ্ক্ষিত, তাৎক্ষণিক প্ৰতিক্ৰিয়াৰ পৰা পৰিস্থিতি সাপেক্ষে আমাক বিৰত কৰি ৰাখে। সেই কাৰণে আমি মনত বহু কথা কম বুলি ভাবি থকা স্বত্বেও কেতিয়াবা সন্মুখত আমি প্ৰকাশ কৰিব

নোৱাৰোঁ। আজিৰ সময়ত ইন্টাৰনেট, স্মাৰ্টফোন আৰু সামাজিক মাধ্যমৰ অত্যধিক ব্যৱহাৰে মানুহৰ মাজত ব্যৱহাৰিক অৰ্থত শাৰীৰিক দূৰত্ব বঢ়াই তুলিছে আৰু মানুহ কেৱল মাত্ৰা এক অপাৰ্থিৰ (virtual) সম্বন্ধ আৰু যোগাযোগৰ দ্বাৰাইহে সংযোজিত হৈ থকা পৰিলক্ষিত হৈছে। স্নায়ু বিজ্ঞানী সকলে দেখা পাইছে যে এনে অপাৰ্থিৰ মাধ্যমত (যেনে:- মোবাইল, ইন্টাৰনেটত) দিয়া বাৰ্তা, কথা-বতৰা বা যোগাযোগৰ ক্ষেত্ৰত আমাৰ ফ্ৰণ্টেল কৰ্টেক্স বাধা নিষেধ আৰোপ কৰাৰ ক্ষেত্ৰত মৌন ভূমিকা গ্ৰহণ কৰে। ফলত সন্মুখত কব নোৱাৰা কথা বা কৰিব নোৱাৰা কাম ফেচবুক, ৱাটছএপ, ইনষ্টাগ্ৰাম, ই-মেইল, টেলিফোন আদি যি কোনো দূৰ-সংযোগী যোগাযোগ মাধ্যমত বিনাদ্বিধাই প্ৰকাশ কৰিব পৰা হয়। এই পৰিঘটনাক “চাইবাৰ দিচইনহিবিছন” (cyber disinhibition) বুলি কোৱা হয়। এই “চাইবাৰ দিচইনহিবিছন”-ৰ কাৰণেই আজি চৌদিশে বহুতো বেআইনী, অসামাজিক আৰু অপৰাধজনিত কাৰ্যকলাপ হোৱা দেখা গৈছে। যুৱ উশৃংখলতা, পৰকীয়া প্ৰেম বা প্ৰেম জনিত ঘটনা, উৰাবাতিৰি বা মিছা বাদ-প্ৰতিবাদ-অপবাদৰ অন্যতম প্ৰধান কাৰণ হ’ল সহজলভ্য ইন্টাৰনেট আৰু এই “চাইবাৰ দিচইনহিবিছন”।

অনিচ্ছাকৃতভাৱেই স্মাৰ্টফোন বা সামাজিক মাধ্যমে আমাৰ সমাজখন এতিয়া লাহে লাহে গ্ৰাহ কৰি পেলাইছে। ৮-১২ বছৰীয়া শিশুৰ পৰা আলৰ বৃদ্ধলৈকে সন্মুখত এটা যন্ত্ৰ লৈ এক অদৃশ্য অপাৰ্থিৰ মায়াজালত আসক্ত তথা নিচাগ্ৰস্ত হোৱা দেখা গৈছে আৰু ই এতিয়া নতুন স্বাভাৱিকতাত পৰিণত হৈ পৰিছে। কেৱল ক্ষণিকীয়া কায়িক সম্ভোগ কাৰ্যৰ বাহিৰে বাকী ক্ষেত্ৰত আমি এজনৰ পৰা আনজন আবেগিকভাবে অসংবেদনশীল হৈ যেন আঁতৰি আহিছোঁ। আমি প্ৰাপ্তিৰ সুখ পাইছোঁ নিৰ্জীৱ যন্ত্ৰৰ পৰা আৰু এই পৰিঘটনা পৰিলক্ষিত হৈছে প্ৰত্যেকখন সমাজত আৰু সমাজৰ প্ৰত্যেকটো স্তৰতে। ডাৰউইন সূত্ৰ মতে অব্যৱহিত অংগ-পতংগই নিজৰ স্বাভাৱিক কাৰ্যদক্ষতা হেৰুওৱাৰ দৰে অত্যধিক অত্যধিক স্মাৰ্টফোন বা প্ৰাণহীন সাধনৰ ফলত মগজুত হোৱা “প্ৰতিবিশ্ব স্নায়ুকোষ”-ৰ অনিয়ন্ত্ৰিত অপব্যৱহাৰেও হয়তো ভবিষ্যতে আমাৰ আবেগ অনুভূতি, চিন্তন, সংবেদন আৰু সামাজিক সম্বন্ধত সুদূৰ প্ৰসাৰী প্ৰভাৱ পেলাব। এক স্ব-আৰ্জিত কৃতিম আৰ্টিষ্টিক সমাজ এখনৰ ফালে যেন আমিবোৰ ধাৰবান হৈ গৈ আছে য’ত মানৱীয় প্ৰমূল্যবোধৰ সংকীৰ্ণতা তথা অৱক্ষয়ী মানসিকতাই যেন প্ৰধান উপাদান হৈ পৰিব ধৰিছে। আমি যেন বহু ক্ষেত্ৰত আত্মকেন্দ্ৰিক ৰেফ্ৰিজাৰেতেদ পিতৃ-মাতৃলৈ পৰিৱৰ্তিত হৈ পৰ্যবসিত হব ধৰিছো যিটো ভৱিষ্যত প্ৰজন্মৰ বাবে সুখপ্ৰদ নহ’বও পাৰে।

এই অৱধাৰিত গতিৰ ভবিষ্যতৰ প্ৰতি সন্ধিহান হৈ তাৰ বাবে ল'বলগীয়া প্ৰজোজনীয় পদক্ষেপৰ প্ৰতি সজাগ আৰু শিক্ষিত হৈ উঠাটোৱেই আজিৰ দিনত সকলোৰে বাবে নতুন বছৰৰ সংকল্প হোৱা উচিত। স্মাৰ্টফোন আৰু সামাজিক মাধ্যমৰ সদ্ব্যৱহাৰ আৰু তাৰ বাবে কৰিবলগীয়া মানসিক কচৰং হ'ব লাগিব এটা প্ৰজন্মৰ প্ৰথম আৰু প্ৰধানতম গুৰুত্বপূৰ্ণ কাম। নহলে বছৰ বছৰ ধৰি আমি এনেকৈ এন অপাৰ্থিব মায়াত নিচাসক্ত হৈ গৈ থাকিলে এদিন আমাৰ আচাৰ-ব্যৱহাৰো অটিজিম ৰোগৰ ৰোগীৰ দৰে হৈ পৰিব। এনে স্ব-আৰ্জিত অটিষ্টিক পিতৃ-মাতৃৰ সতি-সন্তাতিও যে অটিষ্টিক নহ'ব তাৰ কি মানে আছে।

FOMO: the fear of missing out

Snigdha Roy

By the end one reads and understands this phenomenon, he or she too may realise being a victim of this. The expansion of the abbreviation explains itself clearly. It is a feeling of anxiety that an individual goes through over the possibility of not being included in any activity, precisely, interesting or entertaining activity. Statistics show that 56% of social media users and 69% of the millennials are affected by the fear of missing out (FOMO). Every single individual living in the globe, irrespective of age, needs a company. But, these days, a major percentage of population considers loneliness as a companion just out of FOMO. FOMO mainly develops from misjudging one's own self, from the thought that he or she might be incompatible for the society, from the fear of getting misjudged and ignored by an individual in front. It is very woeful that the society now is being driven by the idea, "How does the world think of me? The idea which is declining the graph of development of an individual, socially, sharply. The worst-case scenario being the youth locking themselves up, abstained from all the beautiful and indispensable experiences of education. FOMO may lead to frustration, depression, and also to some unfortunate events like attempted or executed suicide. The best and only way to defeat FOMO is trust, trust in self and being ignorant of the fact how one is looked at as. If an individual is self-sufficient, confident, caring and helping and least affected by the words of the society, no one in this world could be happier and efficient than him or her. However, parents, teachers and friends have an equally crucial role to play as much self has. So, lay out helping hand and you would definitely get shoulders for your head.

ANKURAN 2

Pratibimbh

(Essay section)

“Meaning reflection because literature is mostly reflection of one’s vision.”

- Snigdha Roy

ANKURAN 2

ধুবুৰী...

ডাঃ বনানী ডেকা

২০২২ চনৰ এপ্ৰিল মাহৰ এটা অপ্ৰত্যাহিত দিন। খবৰ পালো আমাৰ কৰ্মস্থলী সলনি হ'ল, নতুন চিকিৎসা মহাবিদ্যালয় 'ধুবুৰী'লৈ। অপ্ৰত্যাহিত হ'লেও কিন্তু মনৰ ভিতৰৰ কোনোবাখিনিহে এটা কৌতুহলে লাহে লাহে গা কৰি উঠিছিল ঠাইখনৰ প্ৰতি। জন্মস্থান নগাওঁ আৰু বৈবাহিক সূত্ৰে যোৰহাটৰ বাসিন্দা হোৱা বাবে নামনি অসমৰ প্ৰায়বোৰ ঠাই আমাৰ বাবে অজানা আছিল। স্কুলত ভূগোলৰ জ্ঞানে অসমৰ এই অঞ্চলৰ বিষয়ে কিছু আভাস দিয়াৰ বাহিৰে চাক্ষুস একো অভিজ্ঞতা আমাৰ নাছিল। দোধোৰ মোধোৰ অৱস্থাত, আকস্মিকভাবে পৰিয়ালৰ পৰা আতঁৰি যানলগীয়া হোৱাৰ কাৰণে এটা কৰুণ শিতলতাই মনটোক ভাৰাক্ৰান্ত কৰি ৰাখিছিল। ধুবুৰীত গৈ পোৱাৰ পাছত এখন হোটেলত উঠিছিলো যদিও বিভিন্ন কাৰণত "গুৰুদ্বাৰা"ত পুণৰ সহকৰ্মীসকলৰ লগত গুচি গৈছিলো। এই সিদ্ধান্তটোৱে পাছত এক গুৰুত্বপূৰ্ণ সিদ্ধান্ত বুলি প্ৰমানিত হৈছিল কাৰণ গুৰুদ্বাৰাৰ শানত, সমাহিত পৰিবেশে অস্থিৰ মনটোক এটা স্থবিৰতা অনাত সহায় কৰিছিল। গুৰুদ্বাৰাৰ কাষেৰে পাৰ হৈ যোৱা বাৰিষাৰ ভৰুণ লুইত, পানীৰ খল্ খল্ শব্দ আৰু লগত দেহা-মন জুৰ পৰি যোৱা একোছটি বতাহ। প্ৰচণ্ড গৰমৰ ছাটি ফুটি উত্তাপৰ তুলনাত লুইতৰ এই বতাহজাক সমগ্ৰ সত্তাক জোকাৰি যায়, যেন মনত পেলাই দিয়ে প্ৰকৃতি সদায় শ্ৰেষ্ঠ আৰু বিজ্ঞ। ব্ৰহ্মপুত্ৰৰ বিশালতা আৰু গভীৰতাৰ এক নতুন ৰূপ দেখিছিলো ধুবুৰীৰ এই প্ৰান্তত। অসমৰ প্ৰত্যেক টুকুৰা ঠাইতেই লুইতৰ একোটা নতুন ৰূপ। আনকি ৰাতি পাৰ হৈ যোৱা শাৰী শাৰী লণ্ঠন জ্বলোৱা ভট্-ভটিবোৰ, দুৰ্লি দুৰ্লি গৈ থকা এটা বিচ্ছৰিত পোহৰ, ওপৰত নিৰ্মল আকাশ আৰু ভট্-ভটিৰ ছন্দোময় শব্দ কি এক বিচিত্ৰ মায়াময় চিত্ৰ; নিজে নি:শব্দে বহি নাচালে ইয়াৰ গভীৰতা বুজা নাযায়। পুৱা ব্ৰহ্মপুত্ৰৰ ঘাটৰ পাৰত মাৰাৰ, ব্যায়ামত ব্যস্ত থকা বিভিন্ন বয়সৰ নাৰী, পুৰুষ, লৰা-ছোৱালী এক উছাহভৰা পৰিবেশ। গধূলি পুণৰ ব্ৰহ্মপুত্ৰৰ ৰাত্ৰি মধুপান। দিনত চিকিৎসা মহাবিদ্যালয়ৰ ব্যস্ততা। লগতে দুপৰীয়া সাজত গৰম গৰম ভাত, মছলাযুক্ত মাছৰ জোল আৰু মছমছীয়া পাপৰ; গধূলি তেতোলতালৰ গৰম গৰম ছিঙাৰা আৰু চাহ। এইয়াই আছিল ধুবুৰীৰ প্ৰাৰম্ভিক অভিজ্ঞতা। তাৰ পাছত আহিল গৌৰীপুৰ, মাটিয়াবাগৰ ৰাজবাৰী, আশাৰীকান্দিৰ যাত্ৰা। ধুবুৰীৰ তৰপে তৰপে সোমাই আহে সমৃদ্ধিৰ একো একোটা সাঁথৰ। ঠিক পিয়াজটোৰ দৰেই, তৰপে তৰপে মাথো চমক। এখন

ঠাইৰ বৈশিষ্ট্যতাৰ ভিতৰত পৰে সেই ঠাইৰ বাসিন্দাসকলো। খুব সহায়কাৰী আৰু হাঁহিমুখীয়া মানুহবিলাক হ'ল ধুবুৰীৰ এক speciality. বজাৰ, হাটত সংকটৰ সময়ত সহায় কৰা মানুহৰ অভাৱ আজিলৈকে হোৱা নাই। নিজৰ কাম পেলাই থৈ যাবলগীয়া ঠাইলৈ আগবঢ়াই দিয়া মানুহৰো হিচাপ কোনোগুণে কম নহব। অবশ্যে ঠগ খোৱাৰ অভিজ্ঞতাও হৈছে, সেয়ে হয়তো ভাল অভিজ্ঞতাৰ মূল্যও বহুত।

এই আঠমাহে ধুবুৰী আমাৰ জীৱনৰ এক অধ্যায় হৈ পৰিল কব নোৱাৰাকৈয়ে। ধুমুহাতো ভাঙি নপৰি মূৰ দাঙি থিয় হৈ থকাৰ মানসিক শক্তিৰ এক কাৰক এই ঠাইখনো। এতিয়া আমি বুকু ডাঠ কৰি কও বা কব পাৰিম “ধুবুৰী, আই এম লাভিং ইউ।”

How life has changed since my childhood

Dr. Mohammed Saiful Alam

I was born in the heart of winter and in the middle of Assam Agitation on 26th of January 1981, at a private nursing home in Guwahati. I have spent most of my life in Guwahati with the exception of the past few years when I was posted at the Fakhruddin Ali Ahmed Medical College Hospital (FAAMCH), Barpeta.

The 1980s were a transitional period between the old ways and the new ways of living our social lives. Great many additions had changed the way people used to live in the decades leading up to the great 1980s. I would like to consider myself really fortunate to have been a part of this great paradigm shift that has changed the course of how we do things now or what matters more to us as compared to what mattered to people before the 80s.

The very first change that I feel is the weather. Back in the days of our childhood, winter used to set in early and would leave late. Apparently, we had almost five to five-and-half months of winter. We used to put on light warm clothes during Durga Puja and winter would pretty much set in by Diwali. I remember putting on a sweater during Diwali in 1995. Somewhere between 1997-98, I saw for the first-time Coca Cola ads with Diwali as the theme and I told myself, 'Have they gone bonkers trying to sell cold drink during Diwali?' Nowadays winter doesn't set in properly till the late November or early December. The misty mornings of October and November would become really foggy by December. The evenings

were no different with the night getting so foggy that visibility would drop to few metres.

There was a typical pattern to the transition of seasons as well. During the fag end of Spring, that is late March, there would be dust all around the city. There would be strong wind carrying the dust from the riverside to the heart of the city which was akin to a dust storm and following that would be the stormy nights (Bordoichila) of the April month and that would mean that summer was about to hit us. The summers were mild to moderate and the temperature would hover in the early 30 deg Cel., hardly crossing 35 deg Cel. I distinctly remember the hot afternoon in 2003 when the temperature went above 36 deg Cel. for the first time in my life and it was unbearable.

There would be 6-7 days of incessant rain in the middle of September and we would bring out the light quilts for the first time. These rainy days were an indication that colder weather was knocking at the door. And not surprisingly, from mid-October the misty mornings would slowly give away to foggy day breaks.

The next change that I can see all around me is the way people commute these days as compared to how they did back then. So far as my memory goes, I have always known bicycles, rickshaws, auto-rickshaws and the long blue Assam State Transport Corporation (ASTC) buses as the only mode of public transport in my childhood. There weren't many private vehicles. Only the super-rich could afford cars and possessing one was considered as a sign of prosperity. In fact, possessing a scooter (which was very popular at that time) was considered a status symbol as not many could afford one. The other popular two-wheelers were mopeds and bikes. How

can a 1980s and 90s kid forget the famous TV commercial, ‘Chal Meri Luna’.

The mainstay of public transport in my childhood were rickshaws and the long blue-coloured ASTC buses which were very few and one had to wait a considerable amount of time to catch one. I remember how we used to wait for 30-40 mins for the blue-coloured buses to arrive at Six Mile so that we can board them to reach Khanapara in time for my school. They were crowded too as they were the only buses available and there were not many of them. The ASTC had pass system as well. One can buy monthly passes to commute in these buses. Then in 1990, a new revolution started in Guwahati with the introduction of canters or mini buses, which were smaller in size compared to the big blue ASTC buses and charged twice the fare. The blue buses were charging 50 paise as the minimum fare whereas the canters were charging Rs. 1 as the minimum fare. As a result, the rush was less and they travelled faster as well. One more notable change was that the canters had only one door while the ASTC buses had two. It was only after a few years that the mini buses of Guwahati had two doors. They became the first choice for us to travel and we were quite happy to ditch the ASTC buses for these mini buses which were much more convenient.

The time for commuting from one place to the other takes pretty much the same amount of time as then. One might argue, why? Since the vehicles have become faster and the number of buses has also increased, the time taken should have lessened considerably. True! But, along with these changes, other changes like traffic jam, competition for passengers leading to longer halts at the bus stops, have also come about. So, the travel time remains more or less the same.

Bicycle remained the mainstay commuting vehicle for many years. People wouldn't mind riding their cycles to work or to more distant places. We might find it very difficult to contemplate but one of my maternal uncles used to ride his cycle from Khanapara to ITI, Rehabari to attend classes and he would ride it back to Khanapara in the evening. Quite a feat!

Nowadays we have different types of buses, Ola, Uber, Rapido. But back in those days, none was available and we understood the value of planning ahead.

The next change that I have experienced is the shopping and food habit. I still remember, we used to go to Fancy Bazar once or twice a year to buy clothes. Again, we would take those buses, be it the ASTC ones or the faster mini buses as we didn't have any other option. We would get down at the Fancy Bazar bus stop and soon find ourselves in the sea of shoppers who have thronged the many "gullies" of Fancy Bazar. We would shop in the shops next to the footpath. Bargaining is an art and everyone seemed to know it. The prices would be negotiated and it used to take time and we would get bored. Once the shopping was over, it was time for the customary '*sab, singara, mithai*' -the royal combination of tea, samosa and sweets. There was only one place that we preferred and it was Lakhi Cabin.

Back in those days, we had very limited options in the menu which was mostly sweets and the spicy samosa or the *kachori* along with the traditional *puri sabji*. We were happy with the menu. It was simple and more than what we wanted at that time. Chung Fa and other Chinese restaurants were around but we were not taken to these places, I don't know why and we never asked. I remember the first time I went to a Chinese restaurant was in the year 2000, it was

Chung Fa. These days, kids have the option of logging onto the internet and opening food delivery apps and deciding from the hundreds of menus of different cuisines to indulge themselves. Even *samosa* and *mitthai* can be ordered online.

In the decades leading up to the 1980s and 90s, people would visit each other's places in the evening and get around a table to talk over a cup of tea and home-made snacks. It was a regular affair to either visit someone or someone coming to visit us. My parents and our guests would talk for hours. But when TV became an integral part of our lives and these social visits became less appealing to the masses as most of us started preferring to stay home and watch TV than to dress up and go visit relatives or neighbours.

We used to read story books, comics and watch the limited cartoons that were shown on Doordarshan. DD-1 was the only available channel on B&W Weston TV, which interestingly came with a shutter and the shutter had a lock. It was connected to an antenna which needed to be fixed to a long bamboo and frequent adjustments had to be made as the picture would become distorted from time to time due to poor reception of signal. In 1995, DD-2 was made available to us but unfortunately our B&W TV was not equipped with the technology to broadcast DD-2. The solution? We had to buy a converter or adapter. It was like mini set top box for DD-2. Then finally in 1997 we had cable connection and my dad bought a colour TV. Nowadays everything can be enjoyed on a mobile phone but yet I cherish those moments and memories than the options available today.

Another, yearly tradition was to bring a Video Cassette Player (VCP) on rent from one of the video parlours along with 2-3 movies. We would wait for that day and keep pestering our parents as to when

we can bring the VCP to watch the movies. Out of all the movies, one would always be a horror type of movie that my cousins would play at midnight to maximize the fear. The older cousins would watch the movies one by one till wee hours of the morning. Such binge consumption of movies was limited to one or two days in the entire year and one such viewing was enough to keep us satiated for the rest of the year. But these days we can watch a movie of our choice at any moment we want. But the experience isn't quite the same.

Sometimes I close my eyes and travel to those days. My heart becomes heavy as I can no longer enjoy the simple things of life the way we used to. We have more options than before but we don't value it. My son takes every technological advancement that he has experienced in his life as a routine affair. But for me it is still something that fills me with excitement as we could not think it would be possible back when we were young. For example, we were used to floppy disks and CDs. When my friend showed me a flash drive that had a capacity of 15 MB for the first time, I was awestruck at the size and the amount of space it had. It was in 2005. So new technologies are getting incorporated in our system on a regular basis. While we enjoy them we must spare a moment to think about how life was without these technological advancements and to one's amazement one might realize... NOT TOO BAD !!!!

স্মৃতি-বিস্মৃতি, আশা-নিৰাশা আৰু মই

ডাঃ ধৰ্মকান্ত কুস্তকাৰ

(১) 'স্মৃতি-বিস্মৃতি'

অতীতৰ একো-একোটা মুহূৰ্তই আমাৰ মানসপটত একো-একোটা সাঁচ ৰাখি যায় আৰু সিয়েই মৌনপৰত যি বৰ্ণালীম অভিব্যক্তিবূপে পুনৰুদ্ধেক হয়, তাকে স্মৃতি বোলে। স্মৃতি হৈছে অতীত অভিজ্ঞতাক অবিকল পুনৰুদ্ধেক কৰাৰ ইশ্বৰ প্ৰদত্ত এক আপুৰুগীয়া ক্ষমতা। দাৰ্শনিক দৃষ্টিত ভৱিষ্যতৰ কাৰণে বৰ্তমানৰ যুক্ত জীৱনৰ কাৰণে যি বৈ যায়, সিয়েই স্মৃতি। মনস্তাত্ত্বিকৰ মতে স্মৃতি হ'ল এক মানসিক প্ৰক্ৰিয়া য'ত অৱচেতন মনত সঞ্চিত হৈ থকা অভিজ্ঞতাৰ প্ৰতিৰূপবোৰ চেতনস্তৰলৈ আহি অনুভূত হয়। স্মৃতি জীয়াই থাকে মনৰ মাজত, কোনো কাগজৰ দস্তাবেজত নহয়। কৰিয়ে কৈছে- “স্মৃতি জানো জীয়াই থাকে কাগজৰ পাতত / ৰাখিম জীয়াই তাক হৃদয়ৰ মাজত”।

কোনো অভিজ্ঞতা, কোনো ঘটনা বা কাৰোবাৰ সংগ মানসপটত স্মৃতি হিচাবে খোদিত হ'ব পাৰে। জন্মৰ পৰা মৃত্যু এই সময়ছোৱাত মানুহে মাত্ৰ স্মৃতিয়ে অৰ্জন কৰে। মৃত্যুৰ পিছতো আনৰ মনত যি এৰি থৈ যায়, সেয়া জানো স্মৃতিয়ে নহয়। কৈশৰত শৈশৱৰ স্মৃতি, বাৰ্ধক্যত যৌৱনৰ স্মৃতি, মুঠতে জীৱনটোৱেই যে স্মৃতি মুকুতাৰ শুভ্ৰমালা।

স্মৃতি অতীতমুখী, কিন্তু কল্পনাময় বিলাস বিশ্ৰামী নহয়। ই বাস্তৱ অভিজ্ঞতালব্ধ। ই হ'ব পাৰে সুমধুৰ তৃপ্তিদায়ক অথবা বুঢ়া কাৰোবাৰ বাবে স্মৃতি কৰ্ম প্ৰেৰণাময়। অতীতমুখী স্মৃতি হৈ পৰে বৰ্তমানৰ কৰ্ম প্ৰেৰণাৰ উত্স। ভৱিষ্যতমুখী জীৱনৰ চালিকাশক্তি। আকৌ কাৰোবাৰ কাৰণে স্মৃতি হৈ পৰে কৰুণ, তিক্ত, হৃদয় বিদাৰক। তেনে স্মৃতি পাহৰণিৰ গহুৰত নিমজ্জিত কৰাই মংগল। এনে স্মৃতিয়ে জীৱনলৈ আনে স্মৃতিৰতা আৰু প্ৰাণহীন শীতলতা। কৰিব ভাষাত- “সুঁৱৰি সুঁৱৰি কিয় অতীতৰ স্মৃতি / মিছাতে নিজে দুখ পোৱা? / মুখনি মোলান কিয়, মিছাতে চকুলো / অতীতক পাহৰি পেলোৱা”।

মানুহে যিদৰে স্মৃতি লৈয়েই জীয়াই থাকে, জীৱনৰ কাৰণে সেইদৰে বিস্মৃতিৰো প্ৰয়োজন অৱশ্যেই আছে। মানুহে কথাবোৰ পাহৰি নোযোৱা হ'লে হয়তো জীয়াই থকাই সম্ভৱ ন'হলহেতেন। বিস্মৃতি স্মৃতিৰ সম্পূৰ্ণ বিপৰীত হ'ব পাৰে, কিন্তু স্মৃতি শক্তি বিস্মৃতিৰ ওপৰতে নিৰ্ভৰশীল। পাহৰণি হ'ল স্মৃতিৰ সহায়ক। ৰিবাৰ্টৰ ভাষাত “স্মৃতিৰ বাবে বিস্মৃতিৰ প্ৰয়োজন আছে”। দয়া, ক্ষমা আদি মানৱীয়

গুণবোৰ জনো বিস্মৃতিৰ ওপৰতে আশ্ৰিত নহয়। অন্য কথাত ক'বলৈ হ'লে মানুহক মানুহলৈ উত্তৰণ ঘটোৱাৰ মূলতেই হ'ল বিস্মৃতি। সকলো কথা মনত ৰখা হ'লে মানুহে জানো মানুহক ক্ষমা কৰিব পাৰিলেহেতেন? কোনোবাই কৰা কিবা অপকাৰ বা অপমানে আনজনৰ মনতো জন্ম দিয়ে প্ৰতিহিংসাৰ ভাৱ। যদি এইবোৰ পাহৰা নাযায়, তেন্তে কাৰোবাক ক্ষমা কৰাটো কেতিয়াও সম্ভৱ ন'হলহেতেন। সেয়েহে হয়তো কোৱা হয়-“যি জনৰ সকলো কথাই মনত থাকে, তেও কেতিয়াও মানুহ হ'ব নোৱাৰে”। হিংসা, ভেদাভেদ, ব্যক্তিগত বিদ্বেষ আদি পাহৰাই সকলোকে প্ৰেমৰ এনাৰ্জীয়ে বান্ধি বৃহত্তৰ মানৱ সমাজ গঢ়ি মানৱ মহত্বৰ মহাগৌৰৱেৰে গৌৰৱান্বিত হ'বলৈ মানুহক বিস্মৃতিৰ প্ৰয়োজন আৰু তাকে ন'হলে সমাজ হৈ পৰিব মাত্ৰ এক ব্যক্তি সমষ্টি।

বিস্মৃতিয়ে আমাক জীৱনৰ দুখ:ময় স্মৃতি, অনাৱশ্যকীয় কথা পহৰাত বিশেষ সহায় কৰি প্ৰয়োজনীয় কথা মনত ৰাখিবলৈ সক্ষম কৰে। জীৱনক নতুনকৈ চাবলৈ শিকায়। আমি যদি অনাৱশ্যকীয় কথাবোৰ নাপাহৰিলোহেতেন, হয়তো তেন্তে প্ৰয়োজনীয় কথাবোৰ মনত ৰাখিব নোৱাৰিলোহেতেন। সেয়েহে দাৰ্শনিকৰ ভাষাত ‘Memory is judicious forgetting’। সেয়েহে জীৱনৰ বাবে স্মৃতি আৰু বিস্মৃতি উভয়ৰে প্ৰয়োজন।

(২) আশা-নিৰাশা

প্ৰাপ্তিৰ আনন্দময় অনুভূতিয়ে মানুহৰ মনত জন্ম দিয়ে এক মধুৰ কামনা, ইন্দ্ৰিয় ফলপ্ৰাপ্তিৰ বাসনা; যাক আমি কও আশা। আশাই মানুহক জীয়াই থাকিবলৈ শিকায়। কৰিব ভাষাত- “জীৱন গছৰ পুলি, নৰ সি ফুলৰ মালী / আশা তাৰ সঞ্জীৱনী পানী / ন'হলে ফুলনিডৰা ক্ষন্তেকতে জয় পৰা / নাই তাৰ একোৱে মোহিনী।”

মানৱ জীৱন অত্যন্ত ক্ষনস্থায়ী। মানৱ জীৱনৰ এই অনিত্যতাৰ স্বৰূপ উদঘাটন হোৱাৰ পিছতো মানুহ জীয়াই থাকে আশাক লৈয়েই। জীৱনৰ আবেদনময় মাদকতাৰ মূলতেই আশা। আশাই জীৱনৰ চালিকা-শক্তি, প্ৰাণপ্ৰদীপ। এই আশাই হয়তো জীৱনটোক জীৱন্ত কৰি ৰাখিছে, ন'হলে মৃত্যুৰ আগতেই মানুহে কিমান মৃত জীৱন লৈয়েই জীয়াই থাকিব লাগিলহেতেন তাৰ কোনো সীমা সংখ্যাই নথাকিলহেতেন।

আশাৰ জন্ম হয় হৃদয়ত। এই আশাই দেহৰ বন্ধে বন্ধে জগায় প্ৰাণ প্ৰাচুৰ্যময় উদ্ঘাটন, জীৱনৰ কাব্যময় মাধুৰিমা। আশা অবিহনে একো সম্ভৱ নহয়। সকলো সৃষ্টিৰ মূলতে আশা। পৰিৱৰ্তনৰ আশা, মৃত্যুটো পুনৰ জন্মৰ আশা, নৈৰাশ্যৰ মূলটো আশা। জীৱন যত্নাত কাতৰ হৈ আত্মহত্যাৰ পথ বাছি লোৱা জনবো হয়তো এটা আশা-জীৱন যত্ননাৰ পৰা মুক্তিৰ আশা। পিতৃৰ আশা পুত্ৰৰ ওপৰত,

স্ত্ৰীৰ আশা স্বামীৰ ওপৰত, শিক্ষকৰ আশা ছাত্ৰৰ ওপৰত...। মুঠৰ ওপৰত সকলোতে আশা। জীৱন আৰু জগত উভয়ে বৰ্তি আছে আশাৰ ওপৰত।

মানুহৰ আশাই কোনো পৰিধি নামানে। ই দিগন্তৰ দৰেই পৰিধিবিহীন। মানুহৰ আশা, হেপাহ যিমনেই পূৰ্ণ হয়, সি সিমানেই বাঢ়ি যায়। জীৱনৰ শেষ মুহূৰ্তত ভাগৰুৱা আত্মাই ইহৰ পৰা পৰজগতলৈ গমন কৰাৰ স্বৰ্গালী ক্ষণতো থাকে এক অত্যাগ্ৰ আশা-“আৰু অলপ সময় জীয়াই থকা হ’লো”। মানুহৰ নশ্বৰ দেহৰ সমাধি হয়, কিন্তু আশাৰ সমাধি নাই।

আশাই যিদৰে জীৱনৰ তমসাম্ভৱ অলি-গলি পোহৰাই ভৱিষ্যতৰ দিশত আগবঢ়াই নিয়ে, সেইদৰে অত্যাগ্ৰ আশাই কিন্তু মানুহৰ পৰা মানুহ হোৱাৰ গৌৰৱকনো কাঢ়ি নিয়ে। এই ক্ষেত্ৰত আশাক আমি পোহৰৰ সৈতে ৰিজাব পাৰো। পোহৰৰ কাৰণেই আমাৰ আশ-পাশৰ সকলো বস্তু দৃশ্যমান হয় সচা, কিন্তু অতি তীব্ৰ পোহৰৰ ৰশ্মি আমাৰ চকুত পৰিলে আমি সন্মুখৰ বস্তু একোৱেই নেদেখা হৈ পৰো। ঠিক তেনেদৰে আশাইও মানুহৰ জীৱনক ৰঙিয়াল কৰাত সহায় কৰে, কিন্তু অত্যাগ্ৰ আশাই মানুহক অন্ধ কৰে। প্ৰাপ্তিৰ বাঞ্চাই মানুহক আত্মকেদ্ৰিক আৰু স্বাৰ্থপৰ কৰি তোলে। আত্মসিদ্ধিৰ বাবে মানুহে মানুহক পাহৰি যায়। বৰ্ষা ঋতুৰ দৰে আশাও বৰ প্ৰিয়। বৰ্ষাই যিদৰে গ্ৰীষ্মৰ শুষ্ক প্ৰাণহীনতাক বৃষ্টিৰ প্ৰভাৱেৰে জীপাল কৰি তোলে, তেনেদৰে আশাইও মানুহক সজীৱ কৰি তোলে। আকৌ বৰ্ষাৰ প্লাৱনৰ তাণ্ডেৰে যিদৰে ধ্বংস মাতি আনে, সেইদৰে অত্যাগ্ৰ আশায়ো মানুহক ধ্বংস কৰে। তথাপি কঁও আশাই মানুহক জীৱন দিয়ে, যিদৰে বৰষাই শুকান গছৰ গাত সানে প্ৰাণময় শ্যামলিমাৰ যৌৱনময় আৱেশ।

আশাৰ সম্পূৰ্ণ বিপৰীত মেৰুত অৱস্থিত তিক্তন্তাময় অনুভৱেই হ’ল নিৰাশা। আশা যিমনেই জীপাল, জীৱনময়, যৌৱনময়; নিৰাশা হ’ল সিমানেই শুকান, নিৰ্জীৱ আৰু কৰ্কষ। আশা যদি জীৱনৰ প্ৰতিশ্ৰুতিময় বৰ্ষা, তেন্তে নিৰাশা মৃতপ্ৰায় গ্ৰীষ্ম। নিৰাশাই জীৱনলৈ কঢ়িয়াই আনে প্ৰাণহীন স্থৰিৰতা, মৃত্যু যন্ত্ৰনা। যেতিয়াই মানৱ জীৱন নৈৰাশ্যৰ আন্ধাৰেৰে তমসাম্ভৱ হৈ পৰে; তেতিয়াই জীৱনৰ মোহভংগ হয়, জীৱন হৈ পৰে মূলাহীন, অসামৰ্থক। সেয়েহে জীৱন নৈৰাশ্যৰ ধ্বজাবাহক হোৱা উচিত নহয়।

(৩) ‘মই’

“মই কোন? বিচাৰিছা তাৰ পৰিচয়, মোৰ পৰিচয়?”- চৈয়দ আব্দুল মালিক।

‘মই’ এক আত্ম পৰিচয়। মানুহ হৈ জন্ম লাভ কৰাৰ পিছতে সহস্ৰজনৰ পৰা নিজকে পৃথকভাৱে পৰিচয় দিয়াৰ একক সৰল সমীকৰণেই ‘মই’। তত্ত্বগভীৰ দাৰ্শনিক মতবাদ মতে যেতিয়াই মানৱ

সত্বাই বৃহত্তৰ পৰিধি এৰি ব্যক্তি চেতনাৰ একক বিন্দুত থিতাপি লয়, তেতিয়াই ‘মই’ৰ জন্ম হয়। সাধাৰণ বৈয়াকৰণিক দৃষ্টিত ‘মই’ কোনো পোছাকী নামৰ প্ৰথম পুৰুষত ব্যৱহৃত এক সৰ্বনাম। ব্যাকৰণৰ ক্ষুদ্ৰপদী সাত্বিকতাৰে ‘মই’ নিচেই ক্ষুদ্ৰ হৈও আলংকৰিক শিল্পীসম মহানতাৰ ঐশ্বৰ্য্যৰে মহিমামণ্ডিত। কাৰণ শিল্পীৰ উদাৰতাবাদী দৰ্শণৰ প্ৰভাৱত ‘মই’য়ে লাভ কৰিলে বিশ্বপ্ৰাণক একাত্ম কৰি ল’ব পৰা স্বাস্থ্যত সৌন্দৰ্য্যবোধ- “মই –বিশ্বৰ জনতাক ‘মই’ৰূপ দেখি / ‘মই’ হৈও, ‘মই’ আমি হও”।

কিন্তু ‘মই’ত জানো আজি শিল্পীসত্বাৰ ব্ৰহ্মময় পৱিত্ৰ ওংকাৰ আছে? ব্যক্তিবাদী আত্মকেন্দ্ৰিকতাৰ প্ৰভাৱত পৰি বৈয়াকৰণিক ক্ষুদ্ৰপদী আৰু শিল্পীময় সৌন্দৰ্য্য হেৰুৱাই ‘মই’ হৈ পৰিল এক আত্মবিশেষণ। এক আত্মপৰিচয়। মানৱসত্বাৰ বৃহত্তৰ পৰিধি এৰি ব্যক্তিচেতনাৰ আত্মকেন্দ্ৰিক পৰিধিত ‘মই’ হৈ পৰিল শূদ্ৰসম নিঃস্ব। ‘মই’ বা ‘মোৰ’ বুলি মানুহে যি গৌৰৱ কৰে, নিজকে একমেবাদ্বিতীয়ম ৰূপে পৰিচয় দিয়াৰ চেষ্টা কৰে সেয়া জানো মানুহৰ ধৃষ্টতা নহয়। ‘মই’ত নিহিত হ’ল পদমৰ্য্যাদাৰ গৌৰৱ, বিদ্যায়তনিক শিক্ষাৰ গৌৰৱ বা বংশগৌৰৱ। ‘মই’ হৈ পৰিল আত্মগৌৰৱ। কিন্তু প্ৰত্যেকে জানো ভাৱি চাইছে ‘মই’ কোন? যদি এই বিশ্বৰ সকলোৱেই অনিত্য তেন্তে ‘মই’ বা ‘মোৰ’ অস্তিত্ব জানো সন্দেহতে লীন নহয়। “কোন মই? তুমি ক’ৰ? তৰ্ক চিৰদিন / নিজৰ অস্তিত্ব, সিও সন্দেহতে লীন”।

মই এজন মানুহ, এয়া জানো পৰিচয় হ’ব নোৱাৰে। পদমৰ্য্যাদা, ডিগ্ৰী, বংশ আদি জানো মানুহৰ পৰিচয় হ’ব পাৰে? এই পৰিচয়ে জানো মানৱতাৰ গণ্টীকে ঠেক কৰি পেলোৱা নাই। ‘মই’ৰ এই ঠেক গণ্টীত মানুহে নিজৰ প্ৰকৃত পৰিচয় হেৰাই পেলাইছে। নিজৰ কথা চিন্তা কৰোতে, আনৰ কথা পাহৰিয়েই গৈছে। সকলোতে ‘মই’ প্ৰভুত্বৰ ধ্বজা উৰুৱাবলৈ গৈ মানুহে নিজৰ আৱয়ৱিক ক্ষুদ্ৰত্বৰ দৰেই অতি পূতৌ লগাকৈয়ে ক্ষুদ্ৰ কালিমাৰে নিঃস্ব হৈ পৰিছে। সেয়েহে সামাজিক, আধ্যাত্মিক, সংস্কৃতিক জীৱন পৰিহাৰ কৰি সকলোৱে মাত্ৰ এক ব্যক্তিগত জীৱন যাপন কৰিছে। প্ৰত্যেকজনেই হৈ পৰিছে একো একোজন ব্যক্তি, মানুহ নহয়। ব্যক্তিচেতনা যেতিয়া ‘মই’ আৰু ‘মোৰ’ চাৰিসীমাত আৱদ্ধ হয়, প্ৰত্যেকেই হৈ পৰে একো একোজন ‘মই’। এয়া মানুহৰ নৈতিক অধঃপতন। দৰাচলতে ‘মই’ হোৱা উচিত আত্মসত্বাৰ বিন্দুত সিন্ধুসম মানৱসত্বাক ধাৰণ কৰাৰ অক্ষয় স্বাস্থ্যত গৌৰৱ। আত্মকেন্দ্ৰিক বৃত্তৰ পৰিধি ভাঙি ‘মই’ হৈও ব্ৰহ্মময় বিশালতাৰ প্ৰতীক। ‘মই’ হৈও বিশ্বৰ জনতাৰ ‘মই’ ৰূপে প্ৰত্যেককে একেটি সুৰেৰে বান্ধি ৰখা মহামানৱতাৰ অমৰ গান।

A positive influence can change your lifestyle!

Dr. Dina Raja

*“If it doesn’t challenge you,
It won’t change you”*
-Fred Devito

I followed my friends’ running updates on Facebook for over a year since 2016, but I didn’t have the guts to join them as I had lots of other responsibilities including taking care of my sons. It was only in 2018 that I asked my friend Dr Sanchita Sharma who was already a member of the United Fitness Squad (UFS) regarding how to join the running club. She said that 21K was the benchmark. At that point of time, I felt that even a 5K or a 10K was unimaginable! She then advised me to join the fitness activities and training at Khanapara as an event known as Pinkathon was a month away. In the meantime, I participated in ‘Organathon,’ my first 10K run that was organised by the renowned singer, Jubilee and team. It was a run to remember for a lifetime. I had gone in my casuals and a pair of sport shoes that had lasted till then. During the run, the shoes soles fell off one by one and I had to almost throw away the shoes but reached somehow amidst the shooting pain, spasm of legs and after lots of struggle besides being the last person to reach the finishing line, leaving me embarrassed! This was my first running experience which kick started a whole other healthy lifestyle for me (Figure 1).



Figure 1: The run.

A week later there was this 21K that was organised by Dr Bibhash Bhagawati and team from Hotel Shiva to Gauhati Medical College Hospital (GMCH) hill returning through Ulubari, Ambari, Raj Bhavan and back to Hotel Shiva, where Dr Papori Borah and I could participate. It was a struggle to complete the run but I somehow managed to complete it. As we were finishing the run which ended in Hotel Shiva, we were welcomed to the folds of UFS with open arms and since then, my running journey began with the support of my running mates with three full marathons, innumerable half marathons, 10Ks and 5Ks behind me. It has been a privilege to enjoy all the running experiences in Guwahati where as an UFSian, we would meet often on the road of Guwahati inspiring and motivating each other.

One of the challenges came when I was posted on promotion on 26/04/2022 as the Professor in the Department of Microbiology at Dhubri Medical College Hospital. One of the many thoughts that arose was whether the roads were good enough to run, will the environment and the place accept a lady running in tracks, and will I have company to run? There were many thoughts crossing my mind which disturbed me. I joined the College at Dhubri on 05/05/2022 and stayed at Gurudwarah. I ventured out the very next day early morning cautiously in search for the famous Dhubuni Ghat in Dhubri. It's a walking zone on the banks of the mighty river Brahmaputra. It was still ok till then. The challenge came once I started staying inside the campus. The Jhagrapar roads lay bare, with inquisitive people in groups, both males and female bunches staring at me running, with tracks, tees, shoes and a cap which never happened in the area richly inhabited by the Muslim community but I didn't want to change my dressing sense. I wanted to be accepted the way I am.

Slowly and steadily, I started seeing the change in the area and instead of staring at me as a runner, they started to walk and some run. What's more is they started greeting me happily too as they saw me each morning. It gave me a sense of joy to see this change! My colleagues have started joining me and I've witnessed people in the area have started walking in groups too. There are no longer stares, the giggles, and the inquisitive attitude which had prevailed. They seem to enjoy the walk and run as much as I do. This is the change that I enjoy too and I'm so pleased to have influenced and changed their mindset to fitness.

I have chosen to run, not because I love running and not because it's my favourite form of exercise, but to challenge myself, as I do not like to be comfortable for long!

“A life without challenge, a life without hardship, a life without purpose, seems pale and pointless. With challenge come perseverance and gumption. With hardship come resilience and resolve, with purpose come strength and understanding.”

-Terry Fallis

My quotes

Divyajyoti Das

1

Life is like a movie...

You are always eager to know what will happen next...

2

I was watering my plants (dreams/aim) from the very 1st stage...

Ah! I didn't know that there was a wide drain with a great depth there (entrance exam)...

One day, I fell into it...

Horror struck me...

I looked around...

There were many people like me struggling to get out of it...

Some succeeded, others failed...

With fear and agony and giving all my efforts, I also tried to get out of that wide drain,

But every effort of mine went in vain...

It tested my patience...

It tested every good quality of mine...

Every good quality of mine was getting lower & lower with each day that passed by...

Here I am trying to get out of it

And there goes my plants, dried and shrivelled, just waiting for me to water them again...

3

बातें

ना जाने कहा गए वो दिन
जब आमने-सामने बैठकर
इतनी बातें किया करते थे कि
बातें खत्म होने का नाम ही नहीं लेते थे।

अब तो बस Whatsapp में
कई दिनों के बाद ही बातें हो पाता हैं

वह भी

- 'How r u?'

= 'Fine'

= 'How r u?'

- 'Fine'

पे ही खत्म हो जाता हैं।

या यूँ कहें, बस हाल-चाल पूँछने में ही खत्म हो जाता है ॥

जिन्दगी कहा से कहा ले जाती हैं, साहिब !

ये अब धीरे-धीरे समझ आने लगा है

अब तो पूरी जिंदगी पड़ी हैं

देखते हैं कब कौन-से मोड़ पे

कौन-सा इम्तहान लिया जाता हैं ॥

4

'I am living my dream'...

'I am leaving my dream'...

Both the words 'living' & 'leaving' have, almost, the same
pronunciation, but opposite in meaning...

It's up to us, which path we want to choose!
Choose that path, on which u will be happy...

5

पता नहीं था, जिस सड़क से हर रोज आना-जाना करते थे
अब उसी सड़क में जाने के लिए अरसे बीत जाएँगे।

ये कैसी विडंबना हैं मेरे मौला इस जिन्दगी की
कि जो आज तुम्हारे इतने करीब हैं, वह कल तुमसे बहुत दूर चले जाएँगे ॥

6

Some will see you as a Failure...
Some will see you as a Fighter...

It depends upon you, what you want to see yourself, because this
will shape your rest of the life...

7

ये दिल बस चाहता है कि इसका दर्द कम हो जाए।
इसलिए ये भटकता रहता है
ये सोचकर कि कहीं किसी मोड़ पर इसे वह मिल जाए जो ये चाहता है।

लेकिन इसे एक बेचैनी रहती है
या फिर यूँ कहें, दर लगा रहता है
कि कहीं अगर इसे वह ना मिले जो ये चाहता है
तो ये टूटकर ऐसे ना बिखर जाए
कि Plaster of Paris भी ना जोड़ पाए।

8

CHASING YOUR DREAMS

There's nothing more competitive in this world than chasing your own dreams...

Some swiftly achieve their goals,
Some takes time..,

Those that takes time to achieve their dreams,
Remember, you lack either of the 3 P's,
PRACTICE, PATIENCE & PERSEVERANCE...

Mastery in these 3 P's will give you whatever u dreamt of...

9

We have come a long way..

If one wants to retrace its path back to old days/ situation, it will be difficult but not impossible

With so many anomalies residing in today's modern world, if one wants to erase one of the anomalies he/ she is considered an "Educated Moron"

Moron means stupid, right!

Should not we start from anything? Should we let the environment degrade without any prevention?

Should we fear that people in the Society, the media will mark us as a lunatic and/ or selfish?

Take practical, realistic, consistent steps towards the goal with an optimistic mindset

As "Once we choose Hope Everything is Possible"

The true sign of intelligence is not only knowledge but also imagination. Imagine for a non-judgemental, cooperative Society and community who consider Mother Earth as their home
Let you be the first person, maybe the second or third to initiate the dream, persevere every day to make it a reality.

-Dhritismita & Divyajyoti

10

Life is like a long drive...
Drive it smoothly...
Adjust with every ups & downs...
And beware of any accidents (suicide attempts)...

11

The reaction, most of the people give to interfaith marriage appears like, it's the marriage between two different species of the same or different genus...

Why we forget that we all are humans?
Why religion is given priority over humanity?

Above all, when we, the humans were separated on the basis of religion?
Again, religion was divided into caste.

What/ Why was the need of creating all this mess?

Though the word 'Vasudhaiva Kutumbakam (whole world is one family)' originated in India, how many of us follow it?
Most can only trend 'Love Jihad'!

12

Exam पास आएँ, दिमाग nervous हो जाएँ, पेट में ना जाने क्यों भुख ना आएँ।
अब तो मेरा सर जागे ना सोता हूँ, क्या करूँ हाएँ,
कुछ-कुछ होता है ॥

13

When you have many things to say,
But you can't say or share a word to anyone (because of some reasons),

That moment, is one of the worst moment in anyone's life...

When it happens, you can't concentrate in any work you want to do or desire to do and that's an environment where you really suffocate....

14

No matter how old you are....

No matter how tall you are....

You will be called Tikli (choti) by your elder siblings...

And by seeing them the ones who are younger than you, will also start calling you Tikli....

So embarrassing, right!!

But for me it's not... because it reminds me of my childhood phase...
A phase full of innocence.... A phase where I/ we didn't care of the so called 'Duniya'.... Instead, we lived in our own world, full of love, cartoon, sleep, and what not....

But now 'Duniya kya kahegi' is the prime statement in my life said by my relations...

Eg: Agar exam me acche marks nahi aaye toh 'Duniya Kya Kahegi'....

A Drastic, Dramatic change.....

15

Our Priorities frequently changes....

It's the rule of life....

The things we liked today, we might not like it tomorrow as the way we liked it when they were new...

And as time passes by, those things become ignorable to us.... we even do not see towards them....

And they remain there only, for years & years, where we last kept them, with all dust and webs over them....

Applicable to both living and non-living things...

16

Dreams don't have any curfews...

Let's try to make our Dreams alive...

17

A: What is the most challenging thing in this world??

B: To climb the Mount Everest..

A: I said most challenging!!

B: To send a man to space and bring him back alive...

A: Nope...

B (getting frustrated): Then What?

A: 'To maintain the consistency/ pace with your studies' is the most challenging thing in this world...

Because if you don't have the pace, you can't achieve anything in this competitive world...

18

I want to fly

But my Wings are stuck somewhere

And I'm trying to free it out

So that I could reach my Destination...

19

A peaceful environment creates a sound body and a sound mind...

A chaotic environment converts that body and mind to fragile....

20

STOLEN

Often, we regret when someone steals the things that belongs to us...

But one thing we never regret when it's stolen - Our Heart, stolen by the person we love... ❤️

21

Sometimes I like the Darkness, because it helps me to hide my tears from being seen by others...

22

'Raksha Bandhan'!

'Raksha' means protection, right!

Then, why the 'Rakhi' should be tied to only brothers?

We can also tie the 'Rakhi' to our Parents, can't we?

Brothers should also tie a 'Rakhi' to their sisters, and of course vice-versa.

Sisters to sisters.

Moreover, we should also tie a 'Rakhi' to ourselves, because we are the best protectors of ourselves, aren't we! If not, then we should be.

Some 'Prathas' needs to be reformed!

What's your take on this?

23

Overthinking can give you pleasure or rage for short term but it's always harmful in the long run...

Report on World AIDS Day 2022 celebration in Dhubri Medical College

Daisylina Murmu

As the theme of the World AIDS Day 2022 is “EQUALIZE,” there was an awareness programme conducted by Dhubri Medical College and Hospital (DMCH) to spread awareness among the masses of Dhubri. As awareness is not enough and action is required, the theme “EQUALIZE” calls for an action to all the stakeholders which we are part of.

There were various events organised by the faculties under the guidance of respected Principal-cum-Chief Superintendent, Prof. (Dr.) Anku Moni Saikia.



Figure 1: Poster.

On 1st of December at around 8:00 in the morning, a handmade poster making competition on the theme “EQUALZE” was held under the guidance of Dr. Kabita Bora Baishya and Dr. Basabdatta Choudhary. The students were made to put their prepared handmade poster in the lobby of the academic building and present their poster to the judges. All the vibrant posters were so eye catching as well so motivating (Figure 1).



Figure 2: Street play.

After the poster making competition, respected Principal ma'am addressed the students with words of encouragement followed by few words by Prof. (Dr.) Gunajit Das, the Superintendent of DMCH. The students then forwarded towards the front of the outpatient department (OPD) complex, where the street play competition was held. The play was conducted under the guidance of Prof. (Dr.) Pulin Chandra Kumar, Dr. Arunava Borah, Dr.

Parimita Roychoudhury and Dr. Snehalata Kumari. Each of the house group (Chilarai, Kanaklata, Lachit and Maniram Dewan) participated in the play and spread awareness among the people by their tremendous acting (Figure 2).

At last, around 6:00 PM, a quiz competition was conducted by Dr. Shyamanta Das along with two other faculties, Dr. Parash Jyoti Borah and Dr. Debahuti Das. There were eight groups comprising of two participants in each group. There was also an active participation of the audience from both the students and the faculties (Figure 3).



Figure 3: Quiz.

Last but not the least, the day ended with the prize distribution ceremony, where few faculties as well the students bestowed their talent along with few words from the teachers congratulating the students for participating. Then the students were distributed the prize, though there were the winners but participation is more important. The winners were as:

1) Poster making - Gargee Gogoi

2) Street play

Best script - Chilarai House

Best drama - Maniram Dewan House

Best actor - Saifuddin Ahmed

Best actress - Barsha Nath

Best director - Mizanur Rahman Ahmed

Best comedian - Amanullah Khan

Quiz Competition - Adilur Rahman and Madhurya Das (Chilarai House)

ANKURAN 2

Jhankar

(Drawing section)

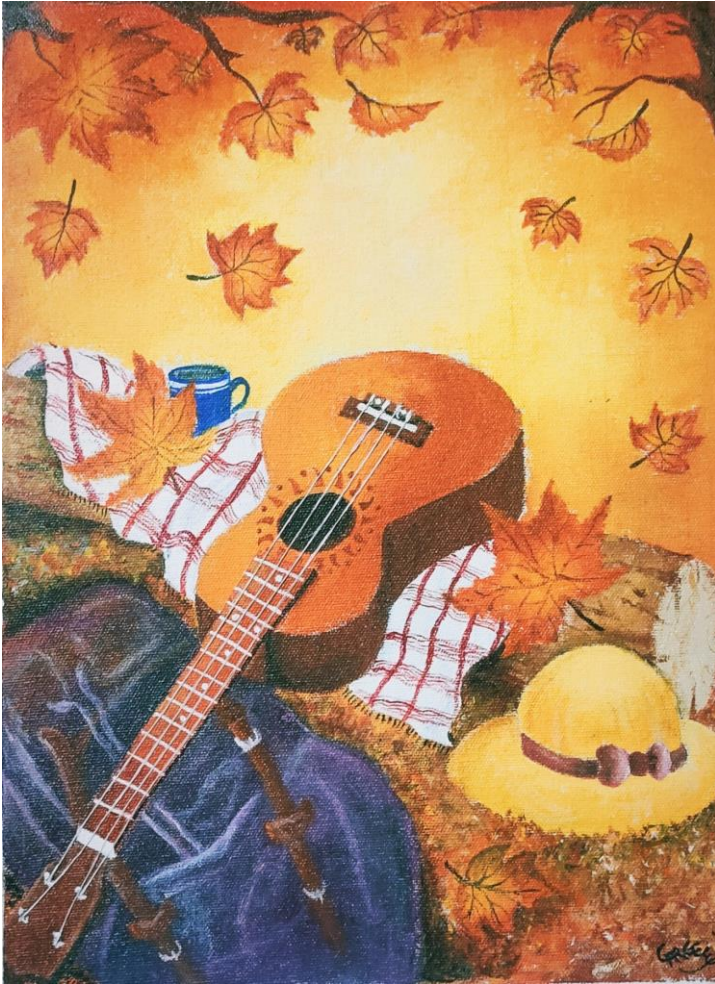
“Which means chime or resonance. Resonating the knowledge of one’s soul.”

- Ruwad Pegu

ANKURAN 2

Untitled

Gargee Gogoi



Untitled

Mayurakshi Duarah



Equalize

Madhurya Das

Since the theme for the World AIDS Day 2022 is “EQUALIZE” and since we know that the AIDS patients are considered as untouchables because many a times people are not aware of the fact that AIDS does not spread through mere physical touch or contact and so to implement the theme “equalize” everyone should help the AIDS patients and support them as a friend which I tried to highlight in my poster. Also, in order to spread awareness among the common people making them aware of the facts how AIDS spread and how it can be cured is important and this is what I had drawn and wanted to depict through my poster.



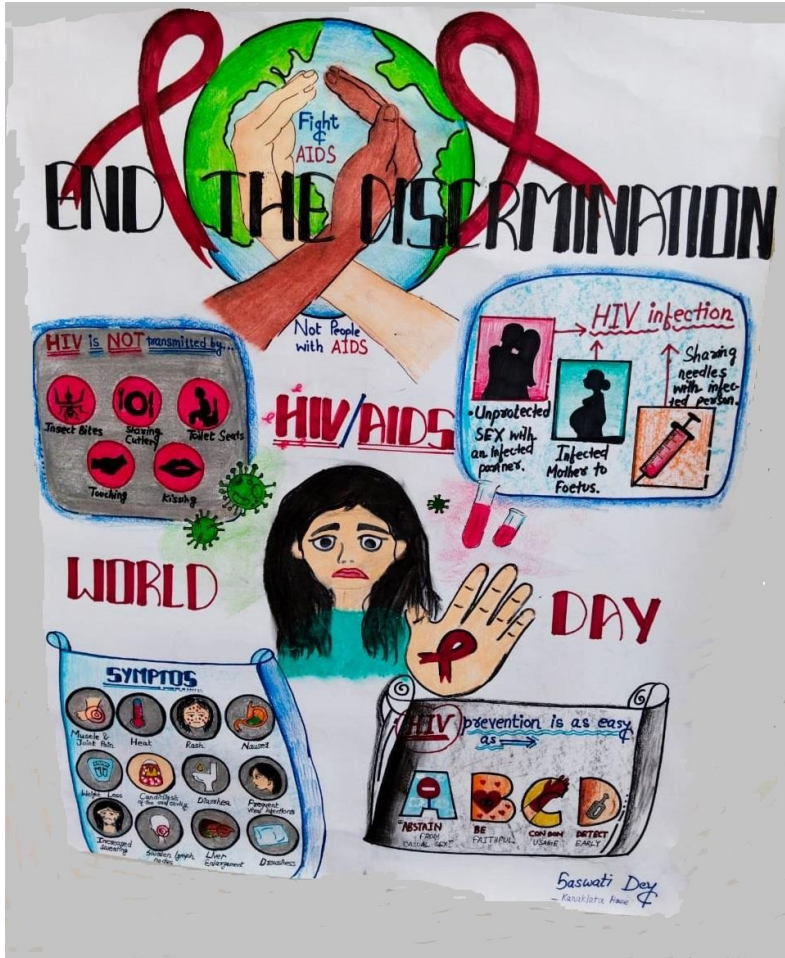
Equalize

Barsha Nath



Equalize

Saswati Dey



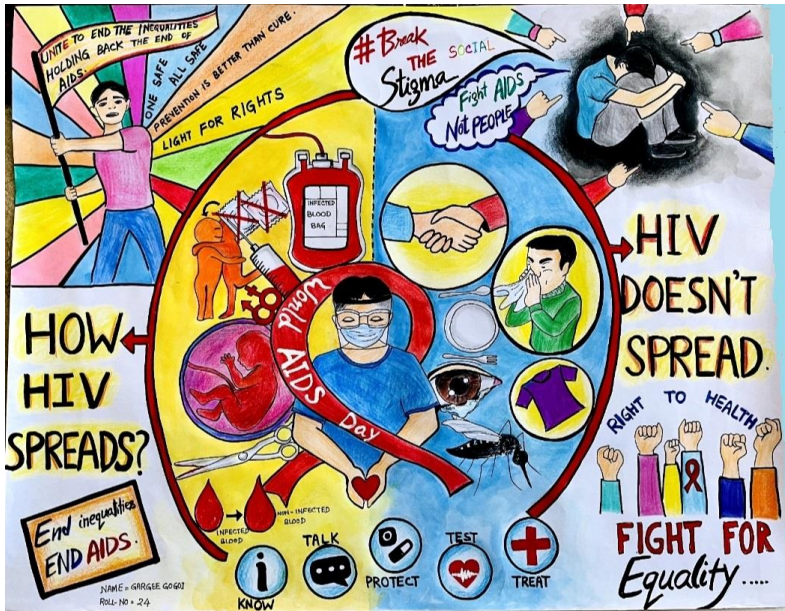
Equalize

Subham Paul



Equalize

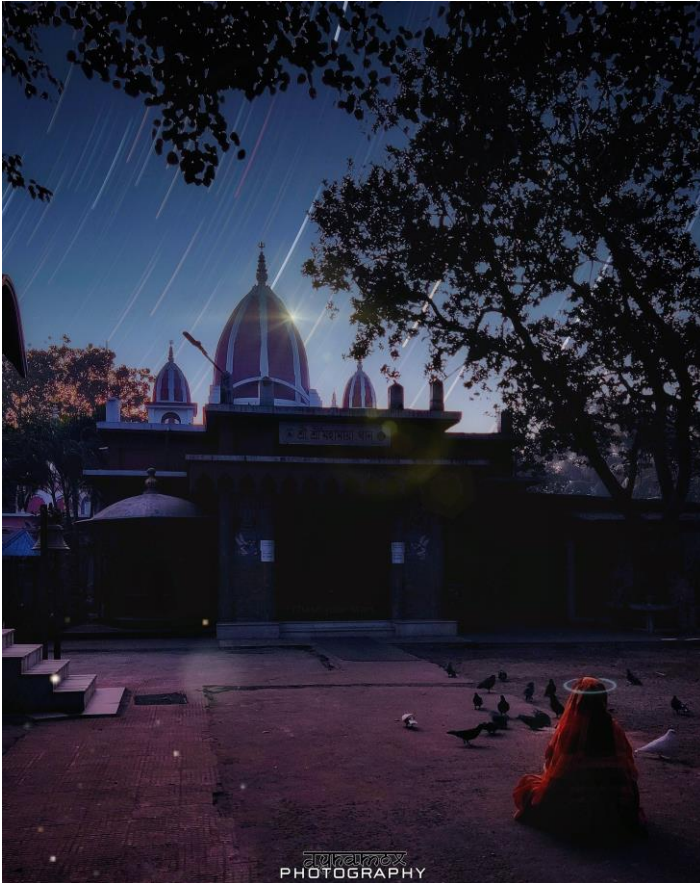
Gargee Gogoi



Vardan

Abhishek Nunia

I love photography and editing those pictures. Here is one of my favourite pictures which I have clicked (in Guwahati) and edited till date. I would like to submit it as my art.



Uttarayan

(Story section)

“Which means north-ward movement, mostly used with sun’s movement, which could also be meant like moving forward always, and it also is a film by Pramathesh Chandra Barua.”

- Anal Jyoti Deka

ANKURAN 2

Eternal

Dr. Heemanshu Shekhar Gogoi

“What is love no one can ever define because it is the undefinable something of a feel that transcends through all ages and time even eternity.”

PROLOGUE

Once upon a time, there was a girl whose name was CINDERELLA. Well, everybody... almost everyone knows about her... knows that how she was blessed by her fairy godmother who helped her in every possible way to escape from the inhumane atrocities and tortures of her stepmother and her stepsisters. It was in a way only for her fairy godmother that she could marry the most handsome and charming prince of the kingdom where she resided. Well, Cinderella's mother died when she was still a very small child and who knows the fairy godmother that her story refers to might actually be her deceased mother's spirit who loved her daughter so much that even death couldn't hold her and separate her from her daughter Cinderella. All said and done... but about that... about her mother well nobody knows for sure and to be honest how could anybody know as about the origins of Cinderella's fairy godmother nothing much was elaborated in her old as time fairy tale story. But... well one can always imagine things. Can't one. The power of imagination... our birth right that none can take away from us. But apart from that I had my own reasons to believe that Cinderella's fairy godmother who was always with her and who helped her in every way possible was actually her real mother and as I will gradually reveal and unfold my somewhat unbelievable story to you – you will not only be awestruck with questions of reality and

beyond but you will also start if not yet started to believe in the tales of the fairy tales and in a world of infinite possibilities.

CHAPTERS

Today the 14th of November is my birthday. I am blessed with a happy family... my mother (the most beautiful woman in this world for me), my daughter Trinity who is my heart and my wife in whom my soul resides and her name is.... I will let you know her name later.

Well, I myself am.... You know my name. Don't you. I am an Indian by origin but my grandfather came to New York and settled there and so we have been there since then.

I consider myself lucky in every sphere. I am bestowed by my mother's love which makes me feel that mother is definitely the most divine creation of the Almighty. But in some deep corners of my heart, there was always a cry. A cry for my father's love as I was deprived of this very thing because.... because.... he was so adorable that God took him earlier than his time really was. Yes, you have guessed right. My father died when I measured five petals. One petal for each of my year's bygone.

The death of my father shook my mother unimaginably but she succeeded to maintain her serenity as she had a responsibility... The answer is too obvious as it was me whom she had to bring up and she did it with the love of both father and mother though she never married again.

That's why I feel myself lucky to have such a great mother but even then, a creepy feeling deep inside me haunted for a father's love... this is nature humane.... I wanted to play games, to go fishing, to

share my secrets with my father and most importantly to tell him that how much I... I love him. These things were practically not possible as I was far away from my father. But on my sixteenth birthday something happened... something for which I was not prepared at all... something that caught me unguarded... something that changed my life forever... Something that made me feel that yes, there is GOD above.

*

The incident has bygone twenty-three winters now but, in my memory, it still remains as fresh as yesterday. I can still clearly visualize my encounter... my encounter with my father.

There were five more minutes for the clock to place both its arms like a humble namaskar towards the letter twelve which was in Roman inscription which would signal the arrival of my sixteenth birthday. I was there on the bed with my head on the lap of my mother.

“You will be a sixteen years old handsome hunk just after five more minutes honey,” – Maa told me (I call my mother Maa).

“Yes Maa,” – I replied.

“See what I have bought for you as your birthday gift honey,” she told me as she handed over to me a very beautiful round aquarium made of glass with two very beautiful gold fishes in it.

“It is indeed very beautiful Maa. It’s so nice of you. Thank you so much,” I replied.

“Hey, don’t mention that honey. Well frankly speaking you don’t look so happy... Is everything all right? – She asked.

“Well... aaaa... I wish my father was alive and that we celebrate this day together,” I replied honestly. At this innocent reply, tears overflowed her eyes and went through her cheeks and she embraced me in her arms and said, “Look at the stars son,” – by pointing towards the night sky through an open window in our bedroom. “Your father is just up there who watches us from there. Your father is always around us all bound by the eternal connection of love though we cannot see him... he is always with us son... he is always...” The rest she was unable to utter with her tear-filled eyes. I could feel my mother’s agony and placed my fingertips over her cheeks and rub the little sapphires of tear drops and consoled her. This moment touched my heart and soul and it will remain with me till my last breath.

Just then – the silence that prevailed was broken by the clock as it struck twelve announcing the beginning of my sixteenth birthday.

“HAPPY BIRTHDAY SON” – Maa wished me and blessed me on my forehead. I hugged her and placed my head on her lap and her fingers were caressing and fondling through my hairs with love and care as I was looking at the twinkling stars through that open window and thought “I miss you father,” and then closed my eyes.

“Son... Wake up son.” I heard something. Though the voice was unfamiliar I felt as if I knew the voice for a long time.

“SON!!!!” – I heard again. I opened my eyes slowly and what I witnessed was truly unbelievable. I saw a bright light from nowhere

which condensed and sculpted itself into the form and exquisiteness of a handsome man with wings like ancient angels.

“Are you God?” – out of curiosity I asked.

“No, God is the most superior being. I am...” he was sulking in his words... as if his emotions were stirred to their utmost intensity... he sighed and continued with the words which still echoes in my mind, those words still make my heart calm and sad at the same time. They were – “... Son... I... I am... I am... I – AM – YOUR – FATHER.”

It was truly astonishing and unbelievable. I couldn't believe my eyes and my ears for what was happening. Was it really happening... Was it really true? There was a moment of silence and then tears filled my eyes. I recognised his face and ran from my bed and hugged him and held him as tightly as I could and then it's quite obvious, I cried. It was a cry of love, of fulfilment and of gratitude.

“I miss you father. I miss you very very much. I won't let you go again. Never-ever. Please don't leave me again father. I can't live without you. I love you.” Everything just came out from my mouth in the fraction of a second.

“I also want to treasure each and every passing moment with you and your mother son. Without you I am a lifeless soul.” Father replied.

I nodded and embraced him and it felt as if I have found my share of heaven.

“HAPPY. BIRTHDAY. SON.” He uttered and wished me.

“Father...” I replied and added – “You know father... I have always wanted you. You know na that a father is a son’s best friend. Do you know how it feels when all my friends and every other visit our school with both their parents on Parent’s Day and me only with maa. It hurts papa... it really hurts.” I cried in agony.

“Don’t cry honey. Men DONOT cry,” – he consoled me with utmost love. “Hey son just look around and see what I have got for you.” He asked me to look and I looked. Wow what an ecstatic view it was. My eyes grew wide open with my eyelids going even above than they used to be. It was ethereal. It was truly enchanting and it felt like heaven. It was definitely a paradise... the seventh heaven. I saw and I realised that I was sitting with my father on the rainbow in the sky and was surrounded by rich sparkling waters. There was a white marble palace up in the sky covered by the clouds. I could see mermaids and angels and all of them were singing – “Happy birthday to you... Happy birthday to you...”

“Do you like it?” He asked. I was just speechless. I was awestruck. It was the most amazing moment of my life. I felt like a celestial.

“God has sent me to celebrate this very special moment of my life with you my son and they are all my friends who also wanted to wish you on your birthday.” He said and further added “Come!!!! Let me take you to the stars.” He holds my right hand smoothly and to my amazement I was there in the sky... flying up... higher up in the sky with my father. It was really a miraculous experience. After a few moments we landed in front of the giant exotically curved door of the great white marble palace.

“Is this where you live father?” I asked.

“Yes son.” He replied.

“But maa says that you live somewhere in the stars” – I asked him hurriedly. He smiled and replied, “Your mother speaks the truth darling. This place is indeed actually a star... a big star.”

We went through the door and entered a giant hall. As we approached, I felt that my heart was pounding faster with serene happiness and joy as we were greeted by angels and heavenly creatures about whom I have come across only in never-ending fairy tales.

Everybody out there bestowed me with different gifts – different things that I had always wanted. It was an atmosphere where love and happiness mingled together with rejoice like as milk intermingles with hot liquid chocolate. I tasted different delicacies whose mouth-watering deliciousness made me feel as if I were the king of the world and every other dimension of time and infinity.

My father took me to the central portion of the great hall where my birthday cake was waiting for me. Over it were sixteen candles all lit. Beside the cake was standing my mother with a smile on her face looking like a fairy mother. She is always an angel for me. Papa greeted her with a kiss as they really adore and love each other, and then both of them kissed me on each of my cheeks. It felt so soothing and melodious that I cannot express it in words. My mom then said “It’s time to cut the cake honey.” I came near the cake and replied to her with a childish smile on my face that – “It feels like a dream Maa.” Both maa and father smiled and I blew off my candles with a single blow of air from my mouth and slipped the knife through the mouth melting soft cake all laden with cream. The first piece of my cake I shared with my parents. Everybody out there

wished me and offered me a piece of cake all filled with their blessings. I felt as if I were a heavenly crowned prince with so many well-wishers blessing me.

“Thank you, father.” I said with respect and gratitude. In reply he hugged me in the manner as if we were being united after millions of years of separation.

“Time to show your birthday gift son. Just close your eyes and don’t open them until I ask you to do so. OK,” he told me. “All right pops,” was my reply. I could feel a burning sensation igniting inside me. A sensation I had never experienced in my entire life. Something that was weird... something that was new... something that made me breathless as I was escorted with my eyes closed towards my well awaited gift. Ultimately when I reached there my father asked me, “Open your eyes son.”

There it was. My gift. I could see an angel wearing a very rich maroon coloured velvety silhouette and her face was covered by an erotic French mask in the same way as the clouds cover the sensuous melancholic moon in the gloomiest night sky. I looked at my father with great astonishment. My father sensed my feelings and said, “Son... I know you needed someone special to share your world and see I requested God to send His most beautiful angel to be your life partner.” “I love you dad,” I replied with a shy smile and then... and then I moved towards the angel and lift up the mask very delicately. At her very first sight I felt as if a couple of arrows of Cupid had struck and hit my heart directly. I was mesmerised by her rich golden brown curved flocked cascade of hairs and at the same time I longed to go deep and sink in her exquisite dark sapphires like deep aqua hued longing bewitching hypnotising eyes. She was truly a celestial beauty reflecting and radiating femininity from each and

every part and corner of her. “H-A-P-P-Y B-I-R-T-H-D-A-Y dear birthday boy,” she wished me. Her sweet melodious voice was like the sweetest and most surreal rhythm of notes that I have ever heard. It was magical. “Thank you,” – I replied with a shy smile and then asked her name “I am EVOLET,” was her answer. She was indeed my Aphrodite.

“Evolet!” – I replied. “Yes, Evolet,” she said and added, “In our culture Evolet means New Hope.” Well... she was definitely a new hope for me. Then... well... aaaa... ummm... I asked her – “What is your phone number?” At this everyone present there laughed. I felt like an idiot... and a shy smile just escaped from my mouth and I ended up with my left hand messing up my hairs. In answer she replied with a cute smile – “You will know soon.” I wanted to ask her so many things... to stay with her... and to listen to her voice which felt like sweet honey in my ears.

“I know exactly how you are feeling now. I’m also feeling the same way. Even though I want to stay I can’t for right now. I need to go but we will meet again soon and... any ways happy birthday once again. Now it’s time to say good bye.” She uttered. She gave a smiling glance to my father and maa and then... and then for the last time she looked at me... her eyes deeply met my eyes with an intensity that’s hard to measure and then she flew away... flew away higher up in the sky and at the same time taking away with her a piece of my heart.

“Good night.” – I whispered.

“Evolet understands you my son and you are lucky enough that destiny has chosen her as your life partner for this life and ever after,” Papa told me this by placing both his hands on my shoulders.

I listened to his each and every word with a sense of satisfaction and then said to him, “You know father – you are the best – you know me well.” I hugged him. Then he said, “Honey, you know how much I miss you and your mother. I am incomplete without you people. It is your smile that makes me feel as if gardens of colourful roses are flourishing and blooming in my heart, mind and soul. I love you more than anything else.”

Tears filled his eyes and I felt his deep love slowly pouring out as sparkling diamonds. I gently caressed my hands over his eyes and rubbed the glittering drops of his precious ocean of love overflowing his eyes. He held me and embraced me. For me it was a moment that has been longing deep inside me for centuries. It was a moment which treasured and moulded and taught me what it really feels like when a father holds his son. I felt more secure, more energetic and more like that of a child as his father is always a child’s first, best and foremost super hero.

There was silence everywhere until a pair of heart-breaking words broke it.

“Son... I have to go now.” – At these words of my father I felt as if my newly constructed heaven was shattering beneath me into pieces.

“No father!!!! Please don’t go. You cannot leave me again. I won’t let you go father. Not this time. Please stay father. Please stay. PLEASE STAY...” – tears were trickling down my eyes and my cheeks as I cried. “Time waits for none son... time waits for none,” he replied with a silent calm voice. I could feel the depth of his agony that piled up inside him when he uttered those words.

He knelt on the ground and held me by my shoulders with his face facing mine. Tears rolled down his eyes as well as mine as both of us knew that the time of departure had arrived. He looked into my tear-filled eyes and kissed me on my forehead and uttered, “My blessings are always with you. Take care of your mother. I am always and forever with you... I... I... I* LOVE* YOU* SON.” He embraced and tightly hugged me. I felt a deep pain of agony of separation burning inside me that no one can ever measure. Suddenly, I could hold back no more and I cried... more of an emotional outburst arising out of fear of losing my father again, “Don’t leave father. Please don’t leave... Father... FATHER!!!”

I felt a sudden jerky movement and heard my mother asking me – “Honey!!! Were you dreaming son?” I could see everything was standing there as before. There were no angels, no mermaids and also there was no palace. What I viewed was the same bed where I was lying down near my mother and she was there right in front of me. But my father... where was he now? This and a lot of other questions aroused in my mind but silence zipped my mouth. “Oh... ohho... no... honey... honey... Don’t worry. It was only a dream,” she replied. Was it really one or something else... I couldn’t understand then.

“Sleep honey. It is only 3 O’clock in the morning as we have a great day ahead,” she told me. “Yes maa...,” I replied and as I lay down on the bed, I could still see the stars shining through the open window and could feel the mild breeze of cold air that touched me and made me feel as if my father was touching me with love and care in some invisible manner.

*

I woke up at 6 O'clock in the morning and after I finished my routine works, I went to school. All my friends wished me but my mind was totally caught up and intimidated by what had happened the previous night. I was so deeply involved and concentrated in my thoughts that I didn't even see the girl coming from the opposite side and before I could resolve it was too late. I hit her and both of us collapsed on the floor. "Ouch!!!!" – a single word escaped her mouth. I could see all her books were scattered on the ground and so was she. I immediately recovered and helped the girl get up and also to pile up her books. I was worried if she was hurt.

"I am sorry... I didn't intend to do this... I am so sorry," – I apologised to her with a sorry face.

"It's all right. These stuffs happen sometimes," – She replied and for much of my relief with a smile. She was very understanding and... wait... how can it be... it's marvellous... it's beautiful... She had the same beautiful golden-brown cascade of hairs and the equally passionate dark aqua coloured mysterious eyes like as the girl whom my father showed me up in my dream. I was then in a rush of emotions... a vivacious tornado of emotions to be honest. How? How can it be even possible? I was speechless, perplexed and motionless at the same time until her sweet melodious voice broke the impending silence, "Hi, I am Evolet. I am from Romania... Ah... I'm new in this school. Will you be kind enough to show me the principal's office... you know for school routine... well... what your name is?" I couldn't believe my eyes or my ears or any of my senses for what I was just witnessing. For God's sake, she was the same girl even with the same name whom I met in my dreams. I was just standing there as if a ten thousand volts of electric current had just hit me. I was hypnotised... mesmerised... pulverised. I felt as if I was flying.

“Excuse me. Are you all right?” she asked me.

“...Yeah!! Yes. More than ever,” was my reply to which she gave a smile, a sweet loving beautiful smile. A smile to last a lifetime and even more.

*

“D-A-D-D-Y you are again busy with your diary. Come on daddy. It’s your birthday today. Let’s hit the videogame.” It was Trinity. My daughter. The most precious gift in my life. Her sweet voice fills rhythm divine in my ear and for her smile I can do anything... anything to make her smile. I took her on my lap and said, “Daddy loves you very very much sweetheart,” and I kissed her on her cheeks.

“Where does my sweetheart live?” I asked her. “In daddy’s heart,” was Trinity’s instant cheerful reply. “And where does mommy live?” She was Evolet my dearest wife. Yes, we have been married for nine years now and we cannot live even a single day without each other as like the famous saying – *Love blossoms more with each passing moment*. “In daddy’s soul,” was my reply to Evolet’s question. She smiled.

“What’s after dinner?” I asked Evolet to which she replied, “Trinity will go to bed.” “And... after that?” I asked Evolet by holding and caressing her soft right hand gently and lovingly with mine to which she gave a shy smile and then... she looked passionately deep into my eyes. The silence which prevailed in the atmosphere was soon broken down by my sweet daughter as she pulled my hand towards her and said, “Father come-na, the play-station is waiting.” “Oh honey... I am sorry for being late. Switch on the video game honey; papa is coming in a couple of seconds,” I replied to Trinity and then

she went to start up the game. I kissed Evolet and took my pen and started to write the last few lines in my diary which were – “I don’t know what I visualised that night many winters ago, whether it was a dream or some call from heaven. But whatever it was I truly believe that it had life in it otherwise how could have I ever seen Evolet in my dreams even before we had actually met. May be there is an eternal connection – a connection that binds a soul to a soul... Yes, the hollow space in my life for my father is still there. I will always love you father for all thy eternity in each and every dimension and ever after. It feels truly eternal and yes, there are more things in between heaven and earth that one can ever imagine.”

EPILOGUE

“... and then Cinderella and her prince charming married and then they had kids and they lived happily ever after. THE END.” As I finished these last of the lines of Trinity’s favourite fairy tale, I saw that she was now fast asleep. She was looking like a fairy tale princess herself. I took a deep sigh and thought to myself that she was my ‘sleeping beauty’ daughter. “Sweet dreams honey. Good night,” I whispered to her as I kissed her forehead and then cocooned her with her blankets and her favourite fluffy teddy bear. As I switched off the light, I saw the glass covered window placed in the wall of the room and through it I could see the stars twinkling up in the night sky... shining like hallowed diamonds... high up in the sky like as in heaven. Suddenly, a drop of tear moistened my eyes and unknowingly along with it also a silent parched smile escaped my lips at the same time.

“LOVE YA FATHER”

*

Errata

Ankuran, October 2022, Volume 1 Issue 1		
Page no.	Error	Correction
Title: CONTENTS		
5	Message from Guradian Minister	Message from Guardian Minister
শিৰোনামা: অন্য এক অফুৰন্ত যাত্ৰা		
২৯	আমাৰ মনোভাৱে আবু অগ্ৰগতি লাভ কৰিলে যেতিয়া আমাৰ প্ৰিয় শ্ৰদ্ধাৰ প্ৰাক্তন মুখ্যমন্ত্ৰী মাননীয় শ্ৰীযুত সৰ্বানন্দ সোনোৱাল ডাঙৰীয়াৰ সহিতে শ্ৰদ্ধাৰ কেন্দ্ৰীয় স্বাস্থ্যমন্ত্ৰী শ্ৰীযুত জে, পি, নড্ডা ডাঙৰীয়াই ১৯১৭ চনৰ ১৭ ফেব্ৰুৱাৰীত চিকিৎসা মহাবিদ্যালয়খন স্থাপন কৰাৰ উদ্দেশ্যে ভূমি পূজা আৰু নিৰ্মাণ কাৰ্য্যৰ শুভআৰম্ভ কৰে।	আমাৰ মনোভাৱে আবু অগ্ৰগতি লাভ কৰিলে যেতিয়া আমাৰ প্ৰিয় শ্ৰদ্ধাৰ প্ৰাক্তন মুখ্যমন্ত্ৰী মাননীয় শ্ৰীযুত সৰ্বানন্দ সোনোৱাল ডাঙৰীয়াৰ সহিতে শ্ৰদ্ধাৰ কেন্দ্ৰীয় স্বাস্থ্যমন্ত্ৰী শ্ৰীযুত জে, পি, নড্ডা ডাঙৰীয়াই ২০১৭ চনৰ ১৭ ফেব্ৰুৱাৰীত চিকিৎসা মহাবিদ্যালয়খন স্থাপন কৰাৰ উদ্দেশ্যে ভূমি পূজা আৰু নিৰ্মাণ কাৰ্য্যৰ শুভআৰম্ভ কৰে।
Title: Monkeypox outbreak 2022: a review		
59	In May 2022, monkeypox disease outbreak started in various non-endemic countries and by June 2022, the disease was reported by 36 non-endemic countries. [1,2]	In May 2022, monkeypox disease outbreak started in various non-endemic countries and by June 2022, the disease was reported by 36 non-endemic countries.[1,2]
63	4. Sah R, Mohanty A, Siddiq A, Singh P, Abdelaal A, Alshahrani NZ, et al. Monkeypox reported in India - South East Asia	4. Sah R, Mohanty A, Siddiq A, Singh P, Abdelaal A, Alshahrani NZ, et al. Monkeypox reported in India - South East Asia Region: health

	Region: health and economic challenges. Lancet Reg Health Southeast Asia. 2022:100063.	and economic challenges. Lancet Reg Health Southeast Asia. 2022:100063.
63	6. Likos AM, Sammons SA, Olson VA, Frace AM, Li Y, Olsen-Rasmussen M, et al. A tale of two clades: monkeypox viruses. J Gen Virol. 2005;86:2661-72.	6. Likos AM, Sammons SA, Olson VA, Frace AM, Li Y, Olsen-Rasmussen M, et al. A tale of two clades: monkeypox viruses. J Gen Virol. 2005;86:2661-72.
63	7. Centers for Disease Control and Prevention. Patient's Guide to Monkeypox Treatment with TPOXX [Internet]. 2022 Sep 19 [cited 2022 Sep 28]. Available from: https://www.cdc.gov/poxvirus/monkeypox/if-sick/treatment.html	7. Centers for Disease Control and Prevention. Patient's guide to monkeypox treatment with TPOXX [Internet]. 2022 Sep 19 [cited 2022 Sep 28]. Available from: https://www.cdc.gov/poxvirus/monkeypox/if-sick/treatment.html
Title: Decoding psychiatry at Dhubri		
68	Retrospective Chart review.	Retrospective chart review.
69	Among the Muslim women with dissociative [conversion] disorder, 77 (83.70%) were married and 15 (16.30) were unmarried.	Among the Muslim women with dissociative [conversion] disorder, 77 (83.70%) were married and 15 (16.30%) were unmarried.
70	All the three men psychoactive substance use disorder were married; two (66.67%) were Muslim and one (33.33%) was Hindu.	All the three men with psychoactive substance use disorder were married; two (66.67%) were Muslim and one (33.33%) was Hindu.

74	Being the pioneering work in this field for here is a strength.	Being the pioneering work in this field from here is a strength.
Title: Framing the universe		
83	Since the universe and most of the objects are full of hydrogen alpha emitting regions which falls in infrared region, I decided to take a big risk myself by opening and self-modifying my DLSR camera.	Since the universe and most of the objects are full of hydrogen alpha emitting regions which falls in infrared region, I decided to take a big risk myself by opening and self-modifying my DSLR camera.
Title: Top six Indian interior decoration ideas that beautify your home		
91	So, here I am sharing five tips which will not only aesthetically beautify your interior but also give a traditional essence to your home.	So, here I am sharing six tips which will not only aesthetically beautify your interior but also give a traditional essence to your home.
92	Nothing is as classy as solid wooden furniture when one talk about Indian interior decoration.	Nothing is as classy as solid wooden furniture when one talks about Indian interior decoration.
93	For example, if you have a foyer or entry area or a small corridor way to your living area, you can use some traditional paintings like Mahubani painting, kalamkari painting on the wall.	For example, if you have a foyer or entry area or a small corridor way to your living area, you can use some traditional paintings like Mahubani painting, Kalamkari painting on the wall.

ANKURAN 2