Volume VI June 2013

neiadvl NEWSLETTER

Official mouthpiece of N.E. States Branch of IADVL

NEWSLETTER EDITORIAL

Dr. N. Rahman

It is a common experience that when you are not really involved in a task you never try to get into the nitty-gritty of how the same is executed and achieved. The same thing happened to me. I have in my possession a handful of newsletters. I did browse through the contents but the sad fact is that I never had the interest to delve into the details of how a newsletter is supposed to be like. The words "News" and "letter" created in me an illusion that it had something to do with news and letters. The trouble started when I was asked to be the editor of the NEIADVL *newsletter, a well established work under the able editorship of Dr. Rajib Gogoi. Then it occurred to me that I needed to study seriously what a newsletter exactly is. I rushed to Rajib for the much needed guidance. He was condescending enough to guide me through the seemingly lofty job. And then I was through. The next step was to grab articles from the members. For that I had to communicate with them. I had only a few phone numbers with me, only of those close to me, and email ids non-existent as I never needed to use them. The greatest tension was that I had to contact all members from the North-eastern region. I looked into the* NEIADVL *directory but that was not yet updated, and the phone numbers and email Id of many were missing. My next step was to disturb the peace and tranquility in the lives of Dr Krishna Talukdar, Secretary,* NEIADVL *and Dr Kanak Talukdar, President,* NEIADVL *They worked full time to get the data updated. I was relieved. I informed all the members over sms and email, and phone calls to most of them. The last and final and possibly the most unpredictable step was to collect articles from the members. As a general rule everyone says "I will try my level best" but the fact remains whether the effort translates into an article for publication . However, contrary to my pessimistic ideas, articles started flowing in albeit gradually, and I was overwhelmed! I said to myself, "People do love me!". The truth may however be that they did so unable to tolerate my constant pestering. Nevertheless I now have enough articles to fill up nine pages of the newsletter. I am really thankful to all the contributors for being really supportive to the cause and sincerely hope a similar or an even better contribution from them for the subsequent issues. I pray to the Almighty that He continues to nourish and sustain the* NEIADVL *and help it grow to reach where no other branch has gone before.*

Drug discovery – branded & generic drugs

Dr. K. N. Barua

Drug discovery is a much time-consuming and tedious process and now it is being badly affected by the lack of molecular biologists. All drugs have to go through four phases of testing before it is marketed. For every 5000 compounds evaluated and screened, 5 reach the stage of clinical trial and only one out of these 5 will reach the consumer market after approval. Of the compounds reaching clinical trial, 70% pass phase 1, 1.33% pass phase 2, 27% pass phase 3 and 20% receive approval – according to a report. The pre-clinical trial is done in vitro and on animal models before any permission for human trials. The different phases of a clinical trial are as follows –

Phase 1 – done on a small number of healthy volunteers

Phase 2 – done on a small number of targeted groups (patients)

Phase 3 – done on large number of targeted groups (patients). After phase 3 the drug is made available to millions of patients.

Phase 4 – Post marketing study to know any side-effects thereafter

The whole process of discovering, testing and branding a drug takes about 15 years and the cost estimated to be as high as $ 800 million (Wikipedia). However, one can get approval in a shorter period of time by spending the amount for additional workforce to complete the work early. There is another way of using a drug. Any drug even if not been approved for a particular condition can be used with sufficient scientific evidence of its usefulness in some other condition(s). This is called 'Off-label' use. 'Off-label' use of drugs is fully legal and within the appropriate context of the practice of medicine. Such therapy can be called 'Innovative Therapy'.

Again pharmaceutical companies have to wait for 'patent approval' for their product from the respective government which is also time consuming. Once a drug is approved as patent (branded), drug companies can then go for marketing and selling at prices decided by them.

'Generic drugs' are the same drugs as patented ones in composition, strength, quality, bioavailability, pharmacokinetics & pharmacodynamics. These are already being tested and permitted for marketing as branded drugs. Earlier, generic drug producers were a separate group, but now-a-days most of the companies have started producing generic drugs. These drugs need not go through all the lengthy process, but receive the benefits of previous marketing effect of branded drugs including media, promotion by representatives and free sample distribution. Hence, these drugs can be sold at a much less price as compared to the branded drugs. Once a branded drug loses its 'patent period', generic drugs can be produced thereafter and only manufacturing costs shall be involved, which is a small fraction of the cost of original testing and development. When several top selling companies' drugs go 'off-patent' within a short period, an interesting period known as 'Patent cliff' arises, opening opportunities for generic drug manufacturers. India is trying to capture global market within its innovatively engineered generic drugs and is one of the major players in outsourcing clinical research. About 20% of 'New drug application' to FDA (U.S.A.) are from India. Indian Pharmaceutical companies have been the third largest producers in the world and is trying to grow into an industry of $20 billion by 2015. Even now, huge quantities of bulk drugs are being exported to the U.S.A. and Russia.

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International Dermatology Conferences

IACD 9th World Congress of Cosmetic Dermatology 2013

- Location: Athens
- Start Date: 27 Jun 13
- End Date: 30 Jun 13
- Details: www.erasmus.gr

Canadian Dermatology Association 88th Annual Conference 2013

- Location: Quebec
- Start Date: 27 Jun 13
- End Date: 30 Jun 13
- Details: www.dermatology.ca

4th International Congress of Psoriasis 2013

- Location: Paris
- Start Date: 04 Jul 13
- End Date: 07 Jul 13
- Details: www.pso2013.com

British Association Of Dermatologists 93rd Annual Meeting 2013

- Location: Liverpool
- Start Date: 09 Jul 13
- End Date: 11 Jul 13
- Details: www.bad.org.uk

Dermatology for the Non Dermatologist 2013

- Location: Kapolei
- Start Date: 11 Jul 13
- End Date: 13 Jul 13
- Details: www.mceconferences.com

8th World Congress of Melanoma 2013

- Location: Hamburg
- Start Date: 18 Jul 13
- End Date: 20 Jul 13
- Details: www.worldmelanoma2013.com

International Society For Dermatologic Surgery 34th Annual Meeting 2013

- Location: Dubrovnik
- Start Date: 29 Aug 13
- End Date: 31 Aug 13
- Details: www.isdsworld.com

North German Dermatological Society 86th Annual Meeting 2013

- Location: Rostock-Warnemünde
- Start Date: 30 Aug 13
- End Date: 01 Sep 13
- Details: ndg2013.mci-berlin.de

Dermatology Society of South Africa 66th Annual Congress 2013

- Location: Cape Town
- Start Date: 29 Aug 13
- End Date: 01 Sep 13
- Abstract Deadline: 30 June 2013
- Details: www.derma.co.za

European Academy of Dermatology and Venereology 22nd Congress 2013

- Location: Istanbul
- Start Date: 02 Oct 13
- End Date: 06 Oct 13
- Details: www.eadvistanbul2013.org

American Society For Dermatologic Surgery Annual Meeting 2013

- Location: Chicago
- Start Date: 03 Oct 13
- End Date: 06 Oct 13
- Details: www.asds.net

Australasian College Of Dermatologists Biennial Spring Scientific Meeting 2013

- Location: Cairns
- Start Date: 03 Oct 13
- End Date: 06 Oct 13
- Details: www.dermcoll.asn.au

Italian Association of Non Invasive Diagnostics in Dermatology 2013

the office

- Location: Cervia Ravenna
- Start Date: 17 Oct 13
- End Date: 19 Oct 13
- Details: www.theoffice.it

Baltic Association of Dermatovenereologists 11th Congress 2013

- Location: Kaunas
- Start Date: 17 Oct 13
- End Date: 19 Oct 13
- Details: www.badv2013.com

International Society of Dermatology 11th International Congress of Dermatology 2013

- Location: New Delhi
- Start Date: 04 Dec 13
- End Date: 07 Dec 13
- Details: www.icd2013.com

12th European Congress of the Society for Pediatric Dermatology 2014

- Location: Kiel
- Start Date: 12 Jun 14
- End Date: 14 Jun 14
- Details: www.espd.info

Cuticon NE States 2013 – Silchar

Welcome Message

The Barak Chapter, NE States Branch of IADVL is happy to invite you to the 24th Cuticon NE States 2013 to be held in Silchar on 15th & 16th November 2013. It is the first time that Silchar shall be hosting the Cuticon and we promise to make your experience a memorable one.

Silchar is the second largest city of Assam and is the heart of the Barak Valley. Nestled on the bank of the Barak river in the southern zone of Assam, Silchar is known for its natural beauty and scenic splendour. The city is surrounded by the Borail Hills on the north, Mizoram on the south, Manipur on the east and Tripura on the west. Due to its picturesque location and its calm and quiet environment, Silchar was rightly coined as the "Island of Peace" by Late Smt. Indira Gandhi. The prime attraction of the conference will be a CME on Paediatric Dermatology where the eminent speakers namely Dr. Deepak Parikh (Mumbai), Dr. Sandipan Dhar (Kolkata), Dr. Ashok Kr. Bajaj (Allahabad) and Dr. Amiya Mukharjee (Kolkata) are expected to grace the occasion. We are waiting for your active participation.

Regards..

Dr. Sujit Kr. Bhattacharjee, Org. President

Dr. Ashis Dey, Org. Secy.

Dr. Urmimala Das.

MY WISH

When I dream,
I dream of an uncorrupted world.
When I sit
I want to sit under the shadow of a tree.
When I go for a morning walk,
I want to feel the cold touch of the breeze.
When I meet somebody,
I want to talk freely.
When I pray to God,
I want to pray for a violence-free world.
If I am born again,
I want to be born in my Motherland.

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NEWSLETTER

A REPORT ON DERMAZONE (EAST) 2012 & CUTICON (NORTH EAST) 2012

The tenth zonal conference of IADVL East Zone & 23rd Annual State Conference of IADVL North East State Branch was held from 7th to 9th December 2012 in Shillong, the capital of Meghalaya.Shillong is a beautiful hill station at a height of 5000 to 6000 feet, Shillong has earned the title of 'Scotland of East' due to the rolling hills present around the town.The weather during conference days was chilly and pleasant, rather than cold which usually happens during this time of the year in Shillong. So, it was comfortable during day time conference, as well as at the evening banquet time.

The conference was held at Hotel Pinewood, a Govt. of Meghalaya tourism enterprise, located at the heart of city. Its antique wooden get-up and ambience is appreciable to one and all. The key members of the organizing committee were Dr. A. K. Verma (chairman), Dr. Robin Paul (organising secretary), Dr. Jagjeet Singh Sethi (editor souvenir), Dr. K. N. Barua (scientific chairperson), Dr. R. N. Dutta (Scientific co-chairperson) and Dr. B. K. Nath (scientific secretary).

The conference began on 7th December morning with Prof T C Saikia oration by Dr. Venkatran Mysore. The conference was officially inaugurated on the same evening by the Deputy Chief Minister of Meghalaya Mr Bindo M Lanong.

The vice president of national IADVL Dr. Devesh Mishra was the 'guest of honour'.The inauguration was marked by welcome speech given by Dr. A K Verma followed by introduction of guests. Dy. chief minister Mr Bindo M Lanong released the souvenir and Dr. Devesh Mishra released the NEIADVL Newsletter volume-V. The Chief Guest's speech added momentum and enthusiasm to the academic aspect of conference, urging the dermatologic fraternity to boost research for incurable skin diseases like vitiligo. The inaugural ceremony was followed by cultural programme and welcome dinner.

The conference was attended by 150 delegates and 65 co-delegates, mostly from the North East, West Bengal, Bihar, Jharkhand& Orissa. The guest speakers were from all over India. The emphasis of the CME was on in Dermatology'. It included varied topics from Leprosy, STI/HIV, Dermato-surgery and Clinical dermatology. The scientific sessions were well planned by the scientific committee & executed smoothly within the time frame. Facial laser rejuvenation, laser tattoo removal, botulinum toxin and dermal fillers, hair transplantation and dermatosurgical procedures were the highlights of dermato-surgery session.There were more than 20 papers in the Award paper session The Quiz session was conducted by Dr. Manas Chatterjee, with Dr. Shyamanta Barua as local co-ordinator and Dr . James Thanzama as national observer. It was interesting and fun. Besides the participating post-graduate trainees, the whole gathering seemed curious and scratching heads for the right answer.

Apart from enriching academic feast; there was daily breakfast and lunch during the conference days. The Entertainment Programme was arranged in the evening both before welcome dinner and gala dinner, comprising of dance sequences, songs and DJ. Sight-seeing could not be planned; however taxi service could easily be arranged for those wishing to tour around Shillong.

Valedictory function was eventful with various awards given to the winners of award papers and quiz session. Mementos were also given to those pharmaceutical companies whose stalls were adjudged as the best three. Delegates present at the valedictory function were asked to give their feed-back.They rated the conference successful and well-organised. We are thankful to all the members who have come and made this conference a success.

Dr. A. K. Verma
Organising Chairperson

Dr. Robin Paul
Organising Secretary

ZOSTER

Dr. K. K. Das

Synonyms: Shingles, herpes zoster.

The aim of this article is to bring awareness among the people and non-dermatologist doctors. It is very often observed that people are having misconceptions regarding this disease in respect to the diagnosis, management and prognosis. Many people, specially ladies, believe that it is a disease of God (Bhagawati), and they are adament in favour of not taking any medical help. It is also observed that some doctors are not bold enough to explain to the party about the diagnosis, management and prognosis of this disease, even if the lesions are at some potentially dangerous sites such as near the eyes. Some doctors (not dermatologists), after inadequate and insufficient treatment, without considering the gravity of the disease, may face the vexing complication, post-herpetic neuralgia. Through this article I would like to request all concerned to please go through the following bit of information so as to offer optimal management.

How it presents:

It presents as several groups of vesicles on an erythematous (in fair-skinned people) and edematous base and always situated unilaterally within the distribution of a cranial or spinal nerve coming from one posterior ganglion, afterwards with some overflow into the dermatomes above and below. Incubation period is 7 to 12 days. Vesicular eruption is preceded by pain at that site. Vesicles can be of different sizes. Vesicles contain clean serum, but after a few days the contents become purulent. Vesicles rupture producing crusts. Other vesicles dry up without rupturing, some become hemorrhagic or necrotic followed by ulceration and sloughing. In neglected cases they may become gangrenous.

Lesions are normally unilateral, but bilateral sites may be involved in conditions like malignancies, AIDS, leprosy and other immunocompromised conditions. Dermatomes involved include thoracic (55%), cranial (25%) with the trigemined nerve being the commonest single nerve involved, lumbar (15%) and sacral (5%).

In herpes zoster ophthalmicus, the ophthalmic division of the 5th cranial nerve is involved. If the long nasociliary branch is involved with vesicles on the tip and sides of the nose, the eye ball may be involved with vesicles on the cornea that can rapidly ulcerate culminating in scarring and loss of vision. Ophthalmologic consultation in advance is important.

Mangement

(1) Warm compresses.

(2) Topical anesthetics are helpful in alleviating the surface discomfort.

(3) Drugs like Acyclovir 800 mg 5 times daily or Famciclovir 250 mg 3 times daily will halt the progression of zoster and accelerate healing.

(4) Analgesics my be considered in acute pain.

(5) Systemic steroid therapy may be required as per the site of lesion (e.g. ophthalmic area) and the severity of the disease process. It presumably suppresses the damaging inflammmatory reaction in the affected ganglion and at least helps prevent further nerve damage.The purpose of this therapy is to prevent postherpetic neuralgia (PHN), specially older patients. Other newer antivirals holding promise are ganciclovir and desciclovir. Various tranquilizers may be helpful in the treatment of PHN.

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Drug discovery – branded & generic drugs

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Concern: Govt. of India is very keen to provide generic drugs to the needy population. Many states have already started in Government hospitals with the sole idea of giving financial relief to the poor people. Recently, a panel of experts formed by Govt. of India has proposed that the price of a drug (patent) should also be based on 'per-capita' income of the country. If this point is considered, prices of drugs are relatively higher in India than even Australia and France (as per-capita income is much less in India), although operative costs are much less here than in many other countries. If stringent price regulation is enforced many important drugs may disappear from the market according to Mr. Haiami, Managing Partner of a Mumbai based law firm which advises drug makers.

Our public and even many doctors are not clear about generic drugs. They think that these are poor peoples' drugs in government hospitals. The idea that cheap things can never be good is still present in people's mind, although it is not true always. The so called 'Generic vs. Branded' stamp is not a proof of excellence of the latter all the time. Those who are in the practice of medicine for at least for 10 years can understand the difference of products among different manufacturers. I am told that many drugs not finding place in cities and towns of our country are widely used in remote areas among uneducated people. The man on business gets a large margin of profit. One can only imagine the quality of those drugs. On the other hand, doctors of repute are reluctant to use drugs from manufacturers on whom they have no confidence. The tendency of the higher and middle class society to get treated in renowned corporate hospitals and to use the best of the best branded medicines is growing day by day. The society is already divided into the haves and have-nots. Can anyone stop this? Where we are heading?

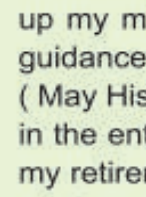
Activity report of Guwahati City Chapter

Guwahati City Chapter of North East States branch, IADVL has been regularly arranging academic activities since the new Executive Committee took charge 1 year back. During this 1 year time, 3 (three) CME programs have been organized and 2 (two) General Body

meetings were held to discuss organizational and other relevant issues. Since the last report in the December, 2012 issue of Newsletter, NEIADVL published during CUTICON - cum- DERMA ZONE East 2012 in Shillong, Guwahati City Chapter has organized two more academic programs in Guwahati on 9th February and 4th May, 2013 respectively. Apart from the impressive presentations by young members of the chapter, the highlight of these programs has been the high attendance rate of the members during the events.

On the occasion of "Vitiligo Day" on 19th May, Guwahati City Chapter members organized multiple activities to increase public awareness about Vitiligo. NEIADVL President, Dr. K. C. Talukdar and HoD, Dept. of Dermatology, Guwahati Medical College, Dr. Deebika Hazarika took part in a panel discussion about Vitiligo which was telecasted in DoorDarshan and other private electronic media channels. Guwahati City Chapter distributed 25,000 newspaper insertions about the "Myths & Realities" of Vitiligo on 19th May morning. An awareness program was also organized in the Dept. of Dermatology, Guwahati Medical College where patient educational lectures were delivered by the faculty members and free medicines were distributed to patients suffering from Vitiligo.

Reminiscences of the Glorious Past



Dr. Jyotirmayee Debi,

It will be tedious a journey down memory lane to brief out about my glorious days of the past. However, my sincere gratitude goes to NE-IADVL for giving me the opportunity to pen a few words. The year 1959 marked the beginning of a new phase in my life as I stepped into the domains of medical profession. After passing ISC from JB College, Jorhat, I joined the prestigious Assam Medical College (AMC) at Dibrugarh to pursue my career as a doctor. I was totally mesmerized by the lustrous greenery surrounding the campus. The tea gardens, the blooming *Krishna chura* trees, and the lofty eucalyptus trees soothe the eyes of anyone visiting the campus and I was no exception to that experience. The Assam Medical College was housed at magnificent European style mansions. As it is said that it is with utmost sincerity, devotion and perseverance that one can see the dreams fulfilled, my heart knew no bounds when I became a Medical graduate. During those days, we as students had respect as well as awe for our teachers who molded our future in pursuing a noble profession as a doctor. After passing my MBBS, I joined the Department of Paediatrics for my housemanship and worked as an honorary house physician for six months. Lady luck smiled and I got an opportunity to join the Department of Dermatology as a Dermatologist. I still remember those days when many an eye brow were raised seeing a "lady" dermatologist joining a clinical department because the usual practice then for girls was to take up subjects like pathology and microbiology. However, I was not deterred or remorseful. It was with sincere zeal and earnest effort that I had made up my mind to pursue my career as a dermatologist. With the able guidance and encouragement of Late Professor Tarun Chandra Saikia (May His Soul Rest in Peace), the pioneer in the field of Dermatology in the entire North East, I continued my career as a dermatologist till my retirement. In my humble submission, I cannot but say that it was on the constant inspiration and encouragement of Saikia Sir, that I have been able to acquaint myself with the subject. He often used to encourage me to to go the medical library and browse through the text books. With no separate units in Assam Medical College, it was Saikia Sir and me, who had to manage all the cases of Venerology and Leprology.

After spending a long time in AMC, Dibrugarh I shifted to Guwahati and joined Gauhati Medical College in 1987 as a resident physician in the Department of Dermatology and STD. It was during this period at I took up my PG studies and acquired my post-graduate degree. I retired as Associate Professor from the same department in the year 2000. During this period, I had a cordial and intimate relationship with all my colleagues both in Dibrugarh and Guwahati. The juniors would come up to me for medical guidance and advice and I used to encourage them a lot. Nonetheless, with the little knowledge I gathered in this field, I am left deeply satisfied when patients suffering from serious skin ailments come back to me and say that they are cured. I, never for a moment, fail to thank God for blessing me with the opportunity to serve humanity by being in this noble profession as a doctor. Ink will dry up narrating every bit of my life but words are few, when the heart is full.

Last but not the least I wish a bright and prosperous future for NEIADVL.

Today's Reality

Big house but small family..
More education degrees but less common sense..
Advanced medicine but poor health..
Touched moon but neighbours unknown..
High income but less peace of mind..
Lots of human beings but less of humanity..!!!

Dr. Vivek Rungta

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Treasurer's Report 2012-2013

IADVL of NE states branch

(from Dec. 2012 to May 2013)

INCOME AND EXPENDITURE ACCOUNT FROM DECEMBER 2012 TO May 2013

RECEIPTS	AMOUNTS	PAYMENTS	AMOUNTS
Membership Fees	7,800	Web dot com India pvt ltd	3,707
Bank Interest	2,165	Surplus	6,308
Cash in hand (last year)	50		
	10,015		10,015

Balance Sheet As At May '13

Liabilities, Capital Account		Assets	
Balance in SBI A/c before	1,30,469	1. Cash in hand	Rs. 7,850
Fixed Deposit before	3,19,361	2. SBI A/c No.30052767474	Rs. 1,28,927
Surplus:-	6,308	3. Fixed Deposits-	Rs. 3,19,361
		1. (Will be Matured On June'2014) Rs 58,703/=	
		2. (will be Matured On July'2014) Rs 15,500/=	
		3. (matured On August'2012) Rs 45,158/=	
		4. (Will be Matured On July'2013) Rs 1,00,000/=	
		5. (Will be Matured On July'2013) Rs 1,00,000/=	
Total	Rs. 4,56,138	Total	Rs. 4,56,138

OTHER ASSETS

One Almirah - With Dr. Kanak Ch. Talukdar
Memento of Best Branch -- With Dr. Kanak Ch. Talukdar
Registration Certificate- With Branch Secretary
PAN CARD- With Branch Secretary

Dr Jyoti Prasad Rajkhowa
Treasurer

Present and Future Perfect

Dr. Kanak Ch. Talukdar

In all steps of life I got some well wishers in my life. I had a stereotype life before passing class X, as my well wishers were limited to my teachers and near and dear ones.

In our time after Class X one needs to take up the P.U.(Pre University) course of two-year duration. When I was in first year, I was told by one of my well wishers that the FIRST YEAR IS THE REST YEAR, and so there is no need to be so serious in studies. I got the fruit of this advice as a big zero in some of the exam papers. Luckily on the same year the AASU started the Assam Movement and we were compelled to vacate the hostel for few months. During that period I was able to compensate for my studies. In our time only few students were privileged to pursue tuitions and it as luxury deal for students like us!

During my first year MBBS course too I got the same advice, "FIRST YEAR IS THE REST YEAR". Moreover after getting the seat in Medical course, I was so delighted that I took my studies for granted as my mindset was such that I will surely be a doctor one day.

In second year I was told by my well-wisher that I am in a comfortable position while he, as a third year student, has a tough time attending clinical classes in addition. During my second MBBS course he, as a final MBBS student, told me that I am still in a comfortable position, as I do not need to take anything seriously, while he, in final MBBS course, has a tough time caring for hospitalised patients besides minding his studies.

When I was in final MBBS, my senior as intern told me that he was again having tougher time as now he had to take full care of his patients while I have nothing to worry about as my teachers and my well-wisher were there to help me. I remember how I was helped by my well-wisher in O&G practical. I was told by my well wisher that the long case I got was that of a breech presentation.

Without examining the patient properly I prepared to present the patient to the external examiner as a breech presentation. The external examined the patient and asked me to re-examine. To my surprise, I found it to be a vertex presentation. The external examiner took me away from the patient and started to ask questions after questions. Luckily, I was able to answer most of them and thankfully did not fail. The fact was that It was a breach presentation on previous night and so the case was put up as a long case for exam.

When I joined as intern my senior well wisher told me that I had no problem as I just had to do duties without any responsibility. Whereas he as house-surgeon had to take responsibilities and was accountable for all his patients . When he joined service and I was house man, he commented that I had no problem as I need to take care of patients under supervision of professors and registrars of the department, whereas he had to take care of patients on his own.

After his marriage he told me that I was enjoying my life and he was taking care of his wife!

After having kids, he told me that with his naughty kids he was suffering and I, having married by now, was enjoying with my wife!

After his kids were in school he had no extra time, but I was earning extra!

He had an even tougher time after his kids completed their school as he had to think about their future profession, while I was quite relaxed as my kids were still studying in school.

"Now, I am having a tough time managing the expenditure on my kids after they got into good professional courses, while you will have sufficient time to arrange for your kids' expenditure," my well wisher told me.

I come to conclusion-

For my well wisher, the past was tense but the present is also tense!

And my well wisher feels that my present and future are both perfect!

*Of course, my well wisher was not always the same person and most of the time a figment of imagination.

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DESI CHAMPO TO BIDESHI SHAMPOO

Dr. Dolly Gupta, MD; FIDS
(Cosmetic Surgery, Hair Transplant & LASER);
Certified in Trichology(USA).
Consultant at Medica Superspecialty Hospital, Kolkata.

The history of human hygiene emerges with the dawn of civilization; the science of shampoo is one among many milestones of achievement in personal hygiene, a pinnacle of cleanliness. While people have been washing their hair for centuries, not many are aware of its origin and evolution of shampoos.

The word "Shampoo" is derived from Hindi "Champo" meaning "to press" and dates to 1762. Champi referred to a head massage technique using natural oils and fragrances which was widely practised by the Mughals during the rule of East India Company. The credit of introducing the word and the service of head massage to Britain goes to a Bengali entrepreneur named Sake Dean Mahomed. He had served in British army before leaving for England. Upon arriving in London, Mahomed's initial work was with the Honourable Basil Cochrane, where they together devised a kind of vapour bath cure for improving the general health of Londoners. With time, Mahomed accumulated good wealth after battling against type and the constraints of the alien culture and rose to the challenge of carving out an identity for himself. Mahomed implemented the Indian champi and the traditional vapour bath he had practiced under Cochrane as "Mahomed's Steam and Vapour Sea Water Medicated Baths" which soon made him the prominent practitioner of his trade. Because of Sake Dean Mahomed's huge fame as a bathing expert, he was appointed as the "Shampooing Surgeon" to George IV and William IV. Mahomed documented his journey in "Travels"; published in 1794, the first book written in English by an Indian. Thus shampoo so far was widely used as a hair treatment, but not specifically to clean the hair.

In the 1860s, the meaning of the word shifted from the sense of massage to that of applying soap to the hair for cleansing. But to understand how the modern day shampoo was born in the West, one must understand the history of soap. As early as 2800 B.C in ancient Babylon, there is evidence from inscriptions on cylinders that soap was made by boiling fats with ash. Soap got its name from ancient Rome. Animals were sacrificed on Mount Sapo. A mixture of melted animal fat and wood ashes were washed down by rain into the clay soil along the Tiber River. Women discovered that this clay mixture made their wash cleaner with much less effort. Later the Greek physician, Galen, recommended soap for both medicinal and cleansing purposes. Rapid scientific discoveries, together with the development of power to operate factories, made soap-making as one of America's fastest-growing industries by the mid 1800s. Its broad availability changed soap from a luxury item to an everyday necessity. Eventually specialty soaps were made for washing laundry, floors, and just about anything including hair that needed to be cleaned. Earlier, ordinary soap had been used for washing hair. However, the dull film which soap left on the hair made it uncomfortable, irritating and unhealthy looking.

Evolution

At the turn of the century, when hair care was still a deeply troublesome practice, the industry was poised for a breakthrough. According to the Online Etymology Dictionary, the term "shampoo" was first recorded with respect in 1860 meaning "to wash one's hair" and as a noun meaning "the soap used for shampooing the hair" a few years later, in 1866. Kasey Hebert, a British stylist, was one of the first to make shampoo. Originally created by mixing soap with herbs, fragrant flowers and water, this mixture made hair smell better, but it didn't remove the hair's natural oils, or sebum. This led to the formulation of surfactant, a substance that strips sebum from the hair. When added to shampoo, surfactants break down oils, allowing water to simply wash them away. In the 1920s, mass production of bottled shampoo began in Britain and the United States.

Controversy: No-Poo Movement

Like most popular things, even shampoo had its controversy and passed through an initial rough phase. In the past decade, the "No-Poo Movement", or those against shampoo, had gained many adherents. This movement claimed that shampoo containing naturally occurring strong surfactants or detergents had harsh effects on quality of hair. Closely associated with environmentalism, the "No Poo" movement involved people rejecting the societal norm of daily or almost daily shampoo use. While some adherents of the No-Poo movement used baking soda or vinegar to wash their hair; others used nothing, rinsing only with warm water. Chemists kept experimenting to find correct solutions to this problem.

Modern shampoo as it is known today was first introduced in the 1930s with Drene, the first shampoo with synthetic surfactants. As consumers noticed the difference in their hair, it became quite popular and most used it at least once a week.

Traditional and Prehistoric Use

- **India**

In India, a variety of herbs and their extracts are used as shampoos. A very effective shampoo is made by boiling soapnuts (ritha) with dried Indian gooseberry (aamla) and a few other herbs, using the strained extract. This leaves the hair soft, shiny and manageable. Shikakai (Acacia concinna) and hibiscus flowers are other products used for hair cleansing.

- **Indonesia**

Early shampoos used in Indonesia were made from the husk and straws of rice which were burnt into ash, and the alkaline ashes were mixed with water to form lather. Afterwards, coconut oil was applied to the hair in order to combat dryness.

- **North America**

Certain Native American tribes used extracts from North American plants as hair shampoo; for example the Costanoans of present day coastal California.

Indeed Soap and Shampoo have come a long way. From ancient times down to the present, they had gone through many changes. Shampoo may be a late entry in the arena of personal hygiene, but our knowledge of cleanliness is one that remains under intense scrutiny by scientists as we adapt to battle the ever-changing world of dirt and filth- a world that is now understood microscopically. Thus shampoos which developed in the 1930s with the advent of synthetic detergents, initially for laundry and for cleaning carpets and cars evolved rapidly to become the most popular and most widely used hair care products.

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CASE REPORT

UNMASKING A CUTANEOUS IRIS: A DIAGNOSTIC DILEMMA.

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Abstract : IRIS (Immune reconstitution inflammatory syndrome) is defined as the paradoxical worsening of a known condition or the appearance of a new condition after the initiation of anti-retroviral therapy in patients with HIV. With initiation of HAART(highly active anti-retroviral therapy) there can be a diagnostic dilemma concerning IRIS and appearance of new/recurrence of OIs(opportunistic infections)/drug reactions. An adult man on HAART since 6 months presented with complaints of multiple erythematous to brownish papules and plaques all over the face, chest and neck. A skin biopsy done from one of the papules showed chronic granulomatous inflammation with a possibility of fungal infection but fungal stain did not revealed any fungal elements. Patient was diagnosed as a possible case of cutaneous Cryptococcosis/ Penicilliosis/ Histoplasmosis without systemic involvement and given a course of oral Itraconazole with complete clearance of the skin lesions.

Introduction

IRIS (Immune reconstitution inflammatory syndrome) is an inflammatory condition seen in a subset of HIV positive patients after the initiation of HAART (highly active anti-retroviral therapy). The characteristics of this condition are a paradoxical worsening of a clinical condition or the appearance of a new condition after the initiation of HAART which can be diagnostically challenging and difficult to treat. In HIV patients it is seen in about 15-25 % [1] though as high as 45 % [2] have been reported in patients who already have OIs (opportunistic infections) before the initiation of HAART. IRIS in India was reported to be 8% in 2007[3] and this could be because of the low availability of HAART at that time but this is expected to rise as HAART becomes widely available now. It is mostly seen in HIV patients with low CD4 cells (<100 cells/ul) at the time of initiation of HAART[4]. IRIS is usually seen in the first 3 months after initiation of HAART though as late as 2 years have been reported [2, 5,6]. This is due to the partial or an exuberant restoration of the immunity to specific infections or non-infectious antigens.

Case

A 30 year old man on HAART since 6 months presented with complaints of multiple, mildly itchy, erythematous to brownish papules and plaques all over the face, upper part of the chest and neck of 4 months duration. Patient gave a history of anti-tuberculosis treatment 8 months prior to HAART for pulmonary tuberculosis. Systemic examination was normal. Local examination showed multiple erythematous to reddish brown papules and plaques of varying sizes over the face, neck and upper part of the chest. Some of the papules showed central umbilication while there was crusting in some of the plaques (Fig I). A differential diagnosis of cutaneous Cryptococcosis/Penicilliosis/Histoplasmosis without systemic involvement was considered. His CD4 count 2 months before initiation of HAART was 45 cells/µl. Hematological and biochemical investigations were normal. Chest x-ray was also found to be normal. A skin biopsy done from one of the papules showed dense chronic inflammatory cell infiltration, ill-formed granulomas and numerous scattered foreign body and Langhans type of giant cells with focal areas of suppuration. ZN stain was negative for acid-fast bacilli and PAS stain did not reveal any fungal elements but fungal pathology could not be ruled out (Fig 4).The patient was initially started on oral Fluconazole – 150mg once daily for 20 days. With this treatment there was flattening of the skin lesions (Fig 2) but no complete clearance and so he was shifted to oral Itraconazole- 400mg once daily for 6 weeks with which he showed remarkable improvement with complete flattening of the skin lesions within 10 days and complete clearance of the skin lesions after 1 month. There was no post-inflammatory pigmentation. He was put on maintenance oral fluconazole-150 mg daily for 4 months. At follow up 16 months thereafter he was doing well with no relapse (Fig 3). His CD4 count 4 months while on treatment was 309 cells/µl.

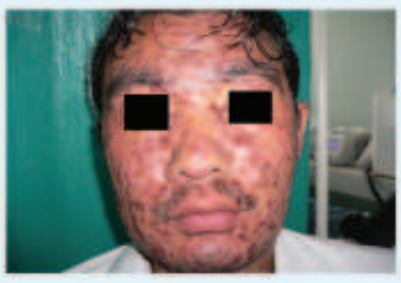

Fig I: Multiple erythematous to brownish papules and plaques with umbilication and some with crusting.

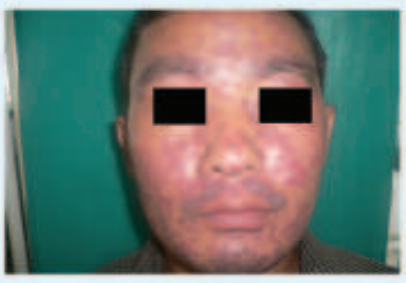

Fig 2: 20 days after oral Fluconazole – 150 mg/day

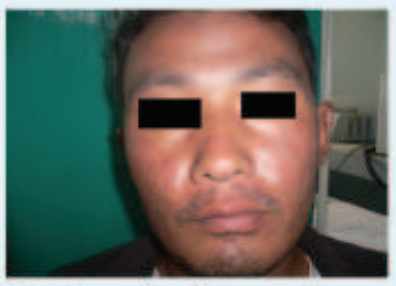

Fig 3: 1 month after oral Itraconazole-400mg/day

Fig 4: 16 months after treatment with oral Itraconazole-400mg/day

Discussion

Even though Nagaland has the sixth highest prevalence of HIV in India, there are not many reports of the clinical presentations of HIV patients from our state in the literature. HAART is now widely available in the state through the NSACS (Nagaland State AIDS Control Society) and there is a need for the recognition of IRIS in HIV patients on HAART. IRIS can be mild or severe. IRIS is mainly diagnosed by its clinical presentations and the temporal association with the initiation of HAART and the increase in the CD4 count following treatment. It is basically a diagnosis by exclusion.[1] Our patient fulfilled the new proposed diagnostic criteria for unmasking IRIS as given by Haddow LJ et al [7]. Our patient had low CD4 count (45cells/ul) prior to the initiation of HAART with a good recovery of CD4 count after treatment to 304cells/µl. Within 2 months of HAART, he developed the cutaneous lesions though without any systemic involvement. Viral load in the diagnosis of IRIS is required but in our patient this could not be measured due to a resource poor setting. In most of the IRIS patients reported in the literature, systemic symptoms are associated with the cutaneous presentations whereas in our patient there was no systemic symptoms[1-7]. The investigations done in our patient failed to reveal the exact pathology of his cutaneous lesions but the response to treatment with oral antifungal suggests a fungal pathology. This case is presented because of the diagnostic dilemma in a HIV patient on HAART responding dramatically to oral antifungal therapy.

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NEWSLETTER

পাকিস্তানী বোমা

ডাঃ যোগেশ দাস

১৯৬৫ ৰ ভাৰত - পাকিস্তানৰ যুদ্ধৰ সময়ৰ কথা। সেই সময়ত বাংলাদেশৰ সৃষ্টি হোৱা নাছিল আৰু পাকিস্তানৰ অধীনত বৰ্তমান বাংলাদেশ আছিল পূব পাকিস্তান। যুদ্ধৰ আঁচোৰ গুৱাহাটীতো পৰিছিল। মই তেতিয়া গুৱাহাটী মেডিকেল কলেজৰ ছাত্ৰ। আমাৰ কলেজৰ হাস্পতালখন তেতিয়া মহেন্দ্রমোহন চৌধুৰী হাস্পতালতে আছিল। পোনতে আমাৰ ছাত্রাবাস আছিল শিলপুখুৰীত, কিন্তু ১৯৬৫ৰ প্রথম ভাগতে দিছপুৰৰ স্থায়ী হাস্পতালৰ কাষতে দুটা ছাত্রাবাস সম্পূর্ণ হৈ উঠিছিল আৰু আমি সেই হোষ্টেলৰ প্রথম বাসিন্দা আছিলো। কিন্তু সেই বছৰৰে আগষ্ট ছেপ্টেম্বৰত হোৱা ভাৰত আৰু পাকিস্তানৰ যুদ্ধই আমাক ভীতিগ্রস্ত কৰি তুলিছিল। ইয়াৰ কাৰণ কে'বাটাও আছিল। পূব-পাকিস্তানৰ পৰা ভাৰতৰ উত্তৰ-পূব অঞ্চলত যি কোনো মুহূর্ততে পাকিস্তানী সেনাৰ আক্রমণ হ'ব পাৰে আৰু ইয়াৰ মূল আছিল উত্তৰ-পূবৰ মুখ্যদ্বাৰ গুৱাহাটী। সেয়ে গুৱাহাটীত পাকিস্তানী সেনাৰ বিমানেৰে বোমা দি আক্রমণ হ'ব পাৰে বুলি সততে উচ্চাৰিত হৈছিল। দ্বিতীয় আৰু মুখ্য কাৰণ আছিল - যাতায়াত দুৰ্বল কৰিবলৈ পাক সেনাই শৰাইঘাট দলঙক লক্ষ্য কৰি লৈছিল। সেই সময়ত গুৱাহাটীত ওখ অট্টালিকা নাছিল, কিন্তু আমাৰ হোষ্টেলটো চাৰিতলা হোৱা বাবে যথেষ্ট ওখ আছিল । তদুপৰি শৰতৰ জোনাকত আমাৰ নতুনকৈ চূণ দিয়া হোষ্টেলটো জিলিকি উঠিছিল। সেয়ে ভুলক্রমে শৰতৰ জিলিকি উঠা ওখ অট্টালিকা আকাশ মার্গেৰে অহা পাকিস্তানী বিমানৰ সৈনিকে শৰাইঘাটৰ দলং বুলি ভুলক্রমে হোষ্টেলত আক্রমণ চলাব পাৰে- এই শংকাই আমাক বেছি ভয়াতুৰ কৰি তুলিছিল। সেই সময়ত টেলিভিচন নাছিল। পুৰাৰ বাতৰি কাকত আৰু পুৱা- দুপৰীয়া-গধূলি ৰেডিঅ'ৰ বাতৰি। বাতৰি কম যদিও উৰা বাতৰিৰ কিন্তু সীমা সংখ্যা নাছিল। দিনে, প্রতি ঘন্টাই ন-ন বাতৰি আহিছিল, কিন্তু সন্ধিয়া পৰত ৰেডিঅ'ৰ কাষত বাতৰি শুনিহে আশ্বস্ত হ'ব লগা হৈছিল । এদিন খবৰ ওলাল যে যোৰা ৰাতি গুৱাহাটীত প্রায় আক্রমণ চলিছিলেই কিন্তু ভাৰতীয় সেনাই খেদি পঠোৱা বাবেহে গুৱাহাটী ৰক্ষা পৰিল, কিন্তু এই বাতৰিৰ সত্যতা ৰেডিঅ'তো শুনা নগ'ল নাইবা বাতৰি কাকততো দেখা নগ'ল গতিকে উৰা বাতৰি। এদিন গুজব উঠিছিল যে কোনোবা এজনে ঘৰৰ চাঁদত উঠি আকাশৰ ওপৰলৈ টৰ্চ মাৰি সংতেক দিছিল পাকিস্তানী সেনাক কিয়নো তেওঁ ভাৰতীয় যদিও পাকিস্তানক সমর্থন কৰিছিল । কিন্তু বাতৰিৰ সত্যতা কোনো দিনেই পোৱা নগ'ল। এই উৰা বাতৰিবোৰে সকলোকে শংকিত কৰি পৰিস্থিতি গোম কৰি তুলিছিল । যুদ্ধ যিমানেই দীঘলীয়া হৈছিল, আশংকাবোৰো বাঢ়ি গৈছিল । কেতিয়া কি হয় একো ঠিকানা নাই । হোষ্টেলৰ ল'ৰাবোৰক দেখিলে পৰাজিত সৈনিকৰ দৰেই লাগে। গুৱাহাটীৰ ৰাজপথতো মানুহ তেনেই সেৱেঙা । দুই-এখনযান-বাহন। সকলোতে এটা থমথম ভাব। মানুহৰ আলোচনাবোৰ বৰ গম্ভীৰ। মুহূর্ততে যেন স্বৰগ ভাঙি পৰিব। পুৰা হাস্পতাল পাওঁ যদিও ৰোগীৰ সংখ্যা খুবেই কম । বহির্বিভাগত মাত্র জৰুৰীকালীন সেৱা চলিছিল । হাস্পতালৰ বিছনাসমূহ খালী কৰাৰ নির্দেশ আহিছিল কাৰণ যিকোনো মুহূর্ততে একেলগে বহুতো ইমার্জেন্সী হ'ব পাৰে । লাহে লাহে পৰিস্থিতি অসহ্যকৰ হৈ পৰিছিল।

যুদ্ধত যদিহে চহৰখনত আক্রমণ চলে, আমি কেনেদৰে নিজকে বচাব লাগিব সেয়া আমাৰ কলেজ আৰু হোষ্টেলত প্রশিক্ষণ দিয়া হৈছিল । পাকিস্তানী বায়ু সেনাৰ বিমান গুৱাহাটী আক্রমণৰ বাবে আহিলে বৈ বৈ দীঘলীয়াকৈ চাইৰেণ বাজিব আৰু আমি নিজকে ট্রেঞ্চ বা গাঁতত সোমাই ৰক্ষা কৰিব লাগিব। যেতিয়া বিপদ আঁতৰি যাব তেতিয়া একে লেথৰিয়ে চাইৰেণ বাজিব আৰু আমি গাঁতৰ পৰা ওলাই আহিব পাৰিম। এইদৰে নিজকে ৰক্ষা কৰিবলৈ হোষ্টেলৰ আবাসীসকলে হোষ্টেলৰ কাষতে পাহাৰত প্রত্যেকে ট্রেঞ্চ নাইবা খাল খান্দিব লাগিব। সেয়া দুজনে হয়তো, আখৰৰ দৰে নাইবা তিনিজনে লগ লাগি খান্দিলে ষ্ত্র আখৰৰ দৰে খান্দিব লাগিছিল, নাইবা ষ্ত্র -ৰ একোটা শাখা দীঘলে দুফুট হ'লে দুফুট আৰু তিনি ফুট দ হ'ব লাগিছিল যাতে বোমা পৰাৰ সময়ত সেই গাঁতত সোমাই মূৰ তল কৰি নিজকে বচাব পাৰে । বিপদ আঁতৰি গ'লে দীঘলীয়া চাইৰেণ বাজিলে গাঁতৰ পৰা ওলাই আহিব লাগিব। আমি আবাসী সকলে দুই বা তিনিজনকৈ লগ লাগি গাঁত খান্দি উলিয়াওঁতে প্রায় গোটেই দিনটো লাগিছিল। গাত খান্দি চিন নাপাহৰিবলৈ গাঁতৰ কাষতে নিজৰ নামৰ প্রথম আখৰটো কাটি ৰাখিছিলো যাতে অইনে ল'ব নোৱাৰে । অৱশ্যে বহুকেইজনে গাঁত খন্দা নাছিল। যুদ্ধৰ প্রতিৰক্ষাৰ নিয়ম মতে ৰাতি কোঠাত বা বাৰাণ্ডাত লাইট জ্বলোৱা নিষেধ। বাথৰুমলৈ যাবলৈ হ'লে আন্ধাৰত খেপিয়াই যাব লাগিছিল। কড়া নির্দেশ আহিছিল কোঠাৰ খিৰিকীৰ আইনাত ক'লা কাগজ লগাব যাতে পোহৰ বাহিৰলৈ যাব নোৱাৰে । কিয়নো পোহৰ দেখিলে হয়তো শত্রু পক্ষই লক্ষ্য কৰি ল'ব পাৰে। ৰাতি আকাশী পথৰে আক্রমণৰ শংকা বেছি আছিল। কোঠাত বস্তু বিচাৰিবলৈ হ'লে টেবুল লেম্প আছে যদি মজিয়াত লেম্প থৈ বাল্বটো মাটিত লগাই ছুইছ অন কৰিব লাগিছিল যাতে পোহৰ বাহিৰলৈ যাব নোৱাৰে মুঠতে শংকা, উত্তেজনা আৰু সাৰধানতাৰ লেখ-জোখ নাছিল । গধূলি হোৱাৰ লগে লগে ডাইনিং ৰুমৰ কাষৰ হলটোত একমাত্র ৰেডিঅ'ৰ কাষত আটাইবোৰে থুপ খাই বাতৰি শুনো আৰু বাতৰিৰ পাছত প্রত্যেকে সংগ্রহ কৰি অনা দিনটোৰ বাতৰিবোৰৰ বিতং আলোচনা হৈছিল এনেকি ৰাতি ভাত খোৱাৰ পাছতো বহু সময় ভয়তে আমি কোঠালৈ নগৈছিলো কাৰণ ৰাতি বোমা পৰিলে টোপনি গ'লে নিজকে ৰক্ষা কৰিব নোৱাৰিম আৰু বিছনাতেই মৃত্যু হ'ব পাৰে । ৰাতি ভালদৰে টোপনি নহৈছিল কাৰণ যি কোনো মুহূর্ততে বিপদৰ আশংকা কৰি ভীতিগ্রস্ত হৈ আছিলো।

এই ভয়ং-আশংকাৰ মাজতো কিন্তু মাজে মাজে হাঁহিব পাৰিছিলো কাৰণ কিছু সংখ্যক ছাত্রই কথাবিলাক ৰস লগাই ধেমালি কৰিব জানিছিল । এদিন ৰাতি আমি ভাত খাবলৈ বহোতেই এজনে চিঞৰি চিঞৰি বিনাবলৈ ধৰিলে, হায়, হায় - মই ডাক্তৰ হৈ কাৰৈ মাছ খোৱা নহ'ব কিজানি । যিহে এই শৰতৰ জোনাকৰ পোহৰত উজ্বলি উঠা এই ধুনীয়া বগা বিল্ডিঙত পাক সেনাই বোমা দি মোক মাৰি পেলায় তেন্তে মোৰ ডাক্তৰ হৈ কাৰৈ মাছ খোৱাৰ আশা কি জানি অপূর্ণ হৈ ৰ'ব। তাক আমি জোৰ দি সুধিলো যে সি কি ক'ব খুজিছে । উত্তৰত সি কোৱাৰ সাৰমর্ম হ'ল এই- সি নামনি অসমৰ এখন অখ্যাত গাঁৱৰ পৰা আহিছে য'ত ডাক্তৰ বুলিবলৈ এজন চিলেটীয়া বাঙালী আছে আৰু ঢাকাৰ পৰা স্বাধীনতাৰ আগেয়ে কিবা পঢ়ি আহি গাঁৱতে ডাক্তৰী কৰিছে । গাঁৱৰ একমাত্র ডাক্তৰ আৰু পেটৰ বিষৰ পৰা চকুৰ অসুখ, কাণৰ বেমাৰ সকলোবে চিকিৎসা কৰে গতিকে চাহিদা বৰ বেছি । সময় নাই পুৰণি চাইকেল এখনত উঠি ঘৰে ঘৰে ৰোগী চায় । চাইকেলখনত এটা বেগ লগাই থোৱা আছে , লগতে ডাক্তৰী বেগ এটাও ওলোমাই নিয়ে। ৰোগীৰ ঘৰৰ পৰা ফিজৰ লগতে আলু, বেঙেনা যি পায় ডাবি ধমকি দি আদায় কৰে আৰু বেগত লৈ ঘৰমুৱা হয় । আমাৰ সহপাঠী তেতিয়া সৰু, লৰাৰ ক্লাসত পঢ়ে। এদিনাখন খুড়াকজনৰ বেমাৰ হোৱাত ডাক্তৰ মাতি অনা হ'ল । জাক্তৰ আহি ডিঙিত ওলোমাই অনা থেটিছস্কোপেৰে পৰীক্ষা কৰি কিবা কিবি দৰব দিলে মাননিও দিয়া হ'ল । যাবলৈ থিয় হৈ ডাক্তৰে গলখেকাৰি মাৰি আমাৰ সহপাঠিৰ দেউতাকক সম্বোধি ক'লে তহঁতৰ পুখুৰীটোৰ হেনো মাছ মাৰিলি মাছ-পুঠি অকল তহঁতেই খাবি নে। কেইটামান নিদিয় কিয়? দেউতাকে ইচ্ আচ্ কৰি এটা পাত্রত কেইটামান ডাঙৰ কাৰৈ মাছ আনি ডাক্তৰক যাচিলে ডাক্তৰে বৰ গম্ভীৰভাবে ক'লে, বেচ ভাল কাৰৈ মাছ দিছ, কিন্তু কেইটা দিছ ? দেউতাকে ক'লে - ডাক্তৰ বাবু আঠোটা দিছো। ডাক্তৰে এইবাৰ গৰজি উঠিল, - 'হেৰৌ, দিয় যদি হিচাপত দে বেহিচাপ নকৰিবি। ল'ৰা-ছোৱালী তিনিটাৰ স'তে আমাৰ ঘৰৰ মানুহ পাঁচজন। গতিকে গাই পতি দুটাকৈ দিলে ১০টা হয়। হয় ১০টা দে নহলে তিনিটা লৈ যা যাতে প্রত্যেকৰ এটাকৈ হয়। আঠটা হ'লে কোনো ধৰণৰ হিচাপেই নিমিলে।' ডাক্তৰৰ কোপদৃষ্টিত পৰাতকৈ দেউতাকে আৰু দুটা মাছ আনি দিয়াত ডাক্তৰে সন্তুষ্টিৰে চাইকেলত উঠি ৰাওনা হ'ল। আমাৰ সহপাঠীয়েও হেনো ডাক্তৰ হৈ প্রেক্টিছ কৰিলে এই ফর্মূলা প্রয়োগ কৰিবলৈ হেঁপাহ বুকুত লৈ আছে। কিন্তু বর্ত্তমান পৰিস্থিতিত মৃত্যু হ'ব লাগিলে মাছ খোৱাৰ হেঁপাহটো অপূর্ণ হৈ ৰ'ব। আমি আটায়ে ভয়াহব দিনৰ মাজতো হাঁহিব পাৰিছিলো। এতিয়া আহো যুদ্ধৰ ক্লাইম্লেকলৈ। যুদ্ধ দীঘলীয়া হোৱা বাবে অশান্তি লাগিছিল। খোৱা-শোৱাৰ বৰ অনিয়ম হৈছিল। ভয়তে টোপনিও ভালদৰে নহৈছিল। এদিন চিলমিল টোপনি অহাৰ সময়ত বহু গণ্ডগোলত সাৰ পাই চিঞৰ শুনিলো, 'চাইৰেণ বাজিছে, নামি আহ, নামি আহ'একেজাঁপে বিছনাৰ পৰা নামি কোঠাৰ বাহিৰ হ'লো। কিন্তু আন্ধাৰতে অনুমান কৰিব পাৰিলো যে লগৰবোৰে লৰা-ঢপৰাকৈ চিৰিৰে তললৈ যাব ধৰিছে। ময়ো চিৰিৰ ফালে গ'লো। কিন্তু কেনেকুৱা পৰিস্থিতি। প্রাণৰ ভয়তে সকলোৱে একেলগে এখন চিৰিৰে নামিব খুজিছে- উদ্দেশ্য কোনোমতে তলত থকা গাঁতত সোমাই প্রাণৰক্ষা কৰা। কাৰোবাৰ হাৰাই চেন্দেল ওফৰি গৈছে , কোনোবাই লুঙিত ধৰি তললৈ মানোতে নাইবা ইজনৰ লগত সিজনৰ খুন্দা খাই ছিটিকি পৰিছে -মাথোন এটা লক্ষ্য- তলৰ ট্রেঞ্চলৈ যোৱা । চিৰিৰে ঠেলি-হেঁচি ময়ো কোনোমতে মোৰ নির্দিষ্ট ট্রেঞ্চ পালোহি। কিন্তু আচৰিত হ'লো মই খন্দা ট্রেঞ্চত আগতেই কোনোবা এজন সোমাই আছে। মই ধমকিৰ সুৰত ক'লো, হেই কোন? ওলা মোৰ ঠাইৰ পৰা। সিজনে ওলাবলৈ এৰি ট্রেঞ্চতমূৰটো তল কৰি গেৰগেৰাই উঠিল মৰিবৰ সময়ত কি তোৰ মোৰ ঠাই বিচাৰিছ? পাৰ যদি কৰবাত সোমাইল। যদি নাপাৰ আৰু বাচিব খুজিছ তেন্তে মাটিতে উবুৰ হৈ শুই দি কাণত সোপা দি থাক নহ'লে মুহূর্ততে পাকিস্তানী বোমাই শৰীৰ ছিয় ভিয় কৰি পেলাব। মোৰ মৃত্যুৰ ভয়ত ট্রেঞ্চ বিচাৰিবলৈ সময় নহ'ল থিয় হৈ থকা ঠাই খিনিতে উবুৰি হৈ কাণত সোপা দি চকু মুদি পৰি ৰ'লো। সেই মুহূর্তখিনিৰ কথা বুজাব হয়তো নো�ৰাৰিম। পৃথিৱীত নাম জনা আটাইবোৰ ভগবানৰ নাম লৈছিলো। ঘৰলৈ মনত পৰিছিল। পিতা-মা, ভাই-ভনী সকলোৰে ছবি সম্মুখত ভাঁহি উঠিছিল। ভাবিছিলো গুৱাহাটীলৈ পঢ়িব আহি পাকিস্তানী বোমাত মৃত্যু হ'ব-তাতকৈ ঘৰত থাকি স্থানীয় স্কুল এখনত মাষ্টৰ হৈ থাকিলে এই অবাটে নমৰিলোহেঁতেন। এনেবোৰ নানান কথা মনলৈ আহিছিল । কোনোবাই ট্রেঞ্চৰ ভিতৰত, কোনোবাই মোৰ দৰে মাটিত উবুৰি হৈ কাণত সোপা দি চকু মুদি অন্তিম সময়লৈ যেন হৈ আছো । মাজে মাজে কাণৰ সোপা গুচাই দি বিপদ আঁতৰি যোৱাৰ চাইৰেণ শব্দলৈ অধীৰ অপেক্ষাৰে বাট চাই আছো। যিমানেই সময় পাৰ হৈছিল সিমানেই অস্থিৰতা আৰু ভয় বৃদ্ধি হৈছিল । সময়বোৰ বৰ দীঘলীয়া যেন লাগিছিল আৰু চাইৰেণৰ দীঘলীয়া সুৰ শুনিবলৈ নাপামেই যেন অনুভৱ হৈছিল। মাজে মাজে কাণৰ সোপাটো এৰি দি চাইৰেণ বাজিছে নেকি উমান লও আৰু মাটিতেই উবুৰি হৈ পৰি আছো। আধা ঘন্টা পাৰ হ'ল এঘন্টা পাৰ হ'ল কিন্তু বিপদ আঁতৰি যোৱাৰ একেলেথাৰিয়ে চাইৰেণ নাবাজিল। এঘন্টা মানৰ মূৰত এজনে সাহস কৰি থিয় দি বিপদ আছে নেকি চাবলৈ যত্ন কৰিলে । কিন্তু কোনো অস্বাভাৰিকতা নাপাই চিঞৰি উঠিল। 'কোনে বিপদৰ চাইৰেণ শুনিছিলি।' কোনোৱে সঁহাৰি নিদিলে । লাহে লাহে এজনদুজনকৈ আমি থিয় হ'লো । দুজনমানে দৌৰি গৈ হোষ্টেলৰ চাঁদ পালে । কিন্তু কোনো বিপদৰ উমান নাপালে। ৰাতিৰ গুৱাহাটীয়ে আৰামতে শুই আছে । সকলো লাহে লাহে ট্রেঞ্চৰ পৰা ওলাল যদিও কোঠলৈ যাবলৈ সাহস নহ'ল। ৰাতিতো জুমুপাতি বাহিৰতেই কটালো।

পিছদিনা পাণবজাৰৰ হাস্পতাললৈ আহি কলেজত শিক্ষক তথা কর্মচাৰীসকলৰ লগত আলোচনা কৰি কোনো পাকিস্তানী বিমান আক্রমণৰ বাবে অহা নাছিল বুলি গম পালো। হোষ্টেললৈ গৈ খলনায়ককক আবিষ্কাৰ কৰা হ'ল। অলপ ধতুৰা অথচ ছিৰিয়াছ টাইপৰ শিলচৰৰ বাঙালী ছাত্র এজনে কোঠাৰ মাটিত বহি টেবুল লেম্পৰ বাল্বটো মাটিত লগাই অন্ধকাৰতে কিতাপ পঢ়িছিল । পঢ়ি থকা মাজতে চিলমিলকৈ টোপনি আহিছিল কিন্তু মনৰ অবচেতনত যুদ্ধৰ আশংকা আছিল। বিছনাৰ ওপৰত শুই থকা ৰুমমেটজনৰ নাকৰ ঘৰঘৰণিত চক খাই 'চাইৰেণ, চাইৰেণ' বুলি চিঞৰি জগাইছিল - আৰু খৰধৰকৈ নামি আহিছিল । সেয়ে আছিল সূত্রপাত। প্রাণৰ ভয়ত অইন কেনোবাই 'চাইৰেণ, চাইৰেণ' বুলি চিঞৰি ছিল আৰু আমাৰ অলপত ধতুৰাবোৰে মৃত্যুৰ পৰা হাত সাৰিবলৈ জাকে জাকে চিৰিৰ তললৈ নামি আহিছিলো- ট্রেঞ্চৰ বুকুত সুৰক্ষা পাবলৈ । যুদ্ধ শেষ হোৱাৰ পাছত এই ঘটনাটোৱে আমাক বৰ আমোদ দিছিল ।

বিঃ দ্রঃ ইতিপূর্ব্বে দৈনিক অগ্রদূত, গুৱাহাটী কাকতত প্রকাশিত - লেখক

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माँ बहुत डर लगता है
माँ बहुत डर लगता है
माँ मुझे डर लगता है...
बहुत डर लगता है...
सूरज की रौशनी आग सी लगती है
पानी की बूंदे तेजाब सी लगती हैं ...
माँ हवा में भी ज़हर सा घुला लगता है .
माँ मुझे छुपा लो बहुत डर लगता है।।।
माँ याद है वो काँच की गुडयिा जो बचपन में टूटी थी ...
माँ कुछ ऐसे ही आज मै टूट गयी हूँ ..
मेरी गलती कुछ भी ना थी
माँ फरि भी खुद से रूठ गयी हूँ ...
माँ बचपन में स्कूल टीचर की गन्दी नज़रों से डर लगता था।।।
पड़ोस के चाचा के नापाक इरादों से डर लगता था।।।
माँ वो नुक्कड़ के लड़कों की बेखौफ़ बातों से डर लगता था।।
और अब बॉस के वहशी इशारों से डर लगता है।।
माँ मुझे छुपा लो बहुत डर लगता है।।।
माँ तुझे याद है तेरे आँगन में चड़ियिा सी फुदक रही थी ..
ठोकर खा के मै जमीन पर गरि रही थी
दो बूँद खून की देख के माँ तू भीरो पड़ती थी
माँ तूने तो मुझे फूलों की तरह पला था
उन दरदिों का आखरि मैंने क्या बगिाड़ा था क्यूँ
वो मुझे इस तरह मसल कर चले गए
बेदर्द मेरी रूह को कुचल कर चले गए ..
माँ तू तो कहती थी की अपनी गुडयिा को मै दुल्हन बनाएगी
मेरे इस जीवन को खुशयिों से सजाएगी।।
माँ क्या वो दनि जन्दगी कभी ना लाएगी ..
माँ क्या तेरे घर अब बारात न आएगी ...?
माँ खोया है जो मैंने क्या फरि से कभी न पाऊँगी...?
माँ सांस तो ले रही हूँ
क्या जन्दिगी जी पाऊँगी ...?
माँ घूरते हैं सब अलग ही नज़रों से ..
माँ मुझे उन नज़रों से छुपा ले
माँ बहुत डर लगता है मुझे आँचल में छुपाले ...!!

* * * * * *

एक चीज

जीतने के लिए कोई चीज है तो-	प्रेम
पीने के लिए कोई चीज है तो-	क्रोध
खाने के लिए कोई चीज है तो-	गम
देने के लिए कोई चीज है तो-	दान
दिखाने के लिए कोई चीज है तो-	दया
लेने के लिए कोई चीज है तो-	ज्ञान
कहने के लिए कोई चीज है तो-	सत्य
फ़ैकने के लिए कोई चीज है तो-	मोह
छोडने के लिए कोई चीज है तो-	ईर्ष्या
रखने के लिए कोई चीज है तो-	इज्जत

JOKES

Compiled by
Dr. Anita Baruah

1. Patient: In my dream rats play football every evening.
   Doctor: Take the tablets. You will be ok.
   Patient: Can I have it tomorrow? Today is the final match!
2. Three very old men went to see God. The first was an American and asked, "God, when will my country come out of recession?" "100 years", God said. The American started weeping and said, "I will not live to see that day". The second one, a Russian, asked God, "When will my country become prosperous?" "50 years", came the reply. The Russian too started weeping and said, " I will not live to see that day". Finally the very old Indian asked God, "When will my country will be corruption free?". God started crying and said, "I will not live to see that day!".
3. Santa met with an accident and went to see a doctor. Doctor: You need stitches. Santa: What will be the cost? Doctor: 5000 rupees. Santa: Hello, I need only stitches not embroidery work!
4. Golden words by Hitler: If you cannot fly, run. If you cannot run, walk. If you cannot walk, crawl but keep moving. Sardar: O to theek hain, par jana keethey he ?
5. Japanese concept: If one can do, you too can do. If none can do, you must do. Indian concept: If one can do, let him do. If none can do how can I do?
6. Doctor: Do exercise daily for good health
   Santa: Sir I play football, cricket, tennis daily
   Doctor: How long do you play ?
   Santa: Jab tak mobile ki battery down na ho jati tab tak.
7. Sarderji: Ye TV kitne ki hai ? Salesman: Hum sardaro ko chiz nahi beste. Sarder after 1 month came clean shaven and hair trimmed and without the turban, and went to the same store and asked: Ye TV kitne ki hai? Salesman: Hum sardaro ko chiz nahi beste. Sarder, after 1 month, full angrez banke: What'z the cost of this TV? Salesman: Hum sardaro ko chiz nahi beste. Sarder in anger: Tuje kaise pata chala hum sardar hai ? Salesman: Kyuki ye microwave hai TV nahi.
8. Teacher: Why does the Great wall of China features in the 7 wonders of the world ? Student: Because it is the first and only Chinese product which lasted for so long.
9. Prominent poster in a restaurant: All our waiters are married. They know how to take orders
10. Sardar saw a boy crying in front of the hospital. Sardar: Why are you crying? Boy: I had come here for blood test and they cut my finger. Sardar: OMG, I have come here for urine test !

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Continued from page - 6

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