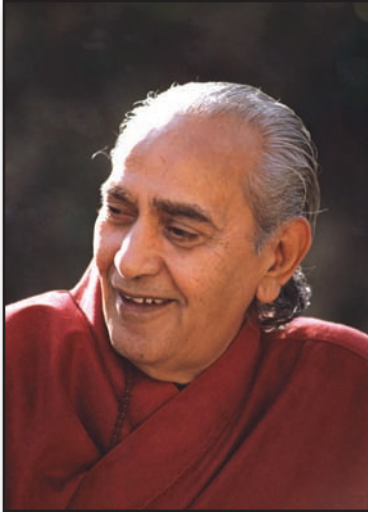




Know that You do *not* Know

by Swami Rama



Intuitive knowledge is unalloyed knowledge, the highest knowledge of all. The source of intuition is beyond the knowledge of the senses and the conscious and unconscious minds. It comes to you when your whole being attains a state of stillness. If you voluntarily learn to still yourself and attain a state of tranquility, nothing is impossible during that time. The fund of knowledge that is hidden beyond can flow forward and help you to solve a problem or to heal yourself or others.

The knowledge that comes through the senses or through the mind is not perfect, but the knowledge that comes from beyond the mind, the finest of all knowledge, is pure knowledge. You have to prepare yourself to receive that impersonal knowledge by doing sadhana, just as you have to put gold in the fire in order for it to shine. When you go through tapas and the process of purification, Atman shines forth. You cannot see your face in a mirror if the mirror is covered with dust. If you clean the mirror, it will show you clearly what your face looks like. Spiritual practices lead to purity of mind. To truly understand any object in the world you need a one-pointed mind. Only a pure mind can attain that level of one-pointedness. You can know the extremely subtle Atman residing in the cave of the heart only through pure knowledge. Pure knowledge comes when you have acquired the knowledge of the scriptures from a guru who has been trained by his guru lineage. If you are so blessed to have such a guru, honor and serve him or her with humility and learn how to control your mind.

Mind is not a source of pure knowledge. As long as you use your senses to collect facts and then ask the mind to know what it is, that is inferior knowledge. When pure knowledge comes to you, it is entirely different. Nobody has created pure knowledge. It does not change in day-to-day life and cannot be modified. Whether it comes through the Christian Bible, the Vedas or any other source, pure knowledge is eternal because it comes from the Absolute. Absolute or pure knowledge is limitless, immortal and imperishable because it flows from the source of infinity. This knowledge is the source of all other types of knowledge. When absolute knowledge comes to you it will not be what you think of as knowledge. Pure knowledge does not come through the senses or mind. It reveals itself.

Between the crown chakra, sahasrara chakra, and ajna chakra, there is another chakra called trikuti in Sanskrit, located at the space between the two eyebrows, or bhrikuti. This is the guru

chakra, the seat of the guru within. Guru means "knowledge." By concentration on the guru chakra you receive the pure knowledge that comes from the valley of intuition. A fountain can give you water to quench your thirst but the guru chakra is the only

fountain that can give you the nectar that can make you immortal.

On both sides of this chakra there are two sandhi glands. When you master the technique of concentration on the sandhi glands, they form a sort of lens through which you can see far and beyond the range of normal vision. In effect, the vision becomes telescopic, both externally and internally.

The pure knowledge Patanjali is talking about is that knowledge that helps you to liberate yourself from ignorance so you can be free from all miseries and attain the highest state of consciousness. The knowledge that gives you freedom from all miseries cannot be partial knowledge. It must touch all the corners of your life and transform your entire personality. Transformation does not mean simple changes such as weight gain or loss, graying of hair or weakening of eyesight. The perfect knowledge that brings transformation is love. As a human being you have the capacity to experience pure knowledge because the infinite library of the highest of all knowledge, along with the source of infinite love, is already within you. Real transformation comes through awareness of the source of knowledge within.

A human being can be compared to a lamp that is covered with several shades. Though the light is there, it is very dim because of the many shades. As long as you remain in body consciousness, you cannot be aware of the reality that is hidden beneath all the shades. Intellectually you may know the light of truth is within you, but you are not aware of it. If you remove all the superimpositions that you have created one by one and go within to the center of consciousness, you will finally see the source of light, love and life, shining in all its glory. You will have to surrender the ego that lives in darkness before that light. That light is self-effulgent; it has not come from any other source nor has it borrowed light from any lamp or from the sun, moon or stars.

Guru Purnima Celebration

all are invited

Tuesday, 3 July 2012

at the Combined Therapy Hall
5:30-7 p.m. Swami Rama Video

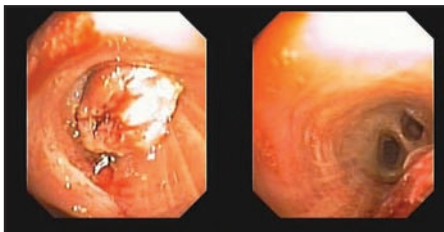
7:30 p.m. Kirtan

8:30 p.m. Distribution of Prasad
followed by Bonfire

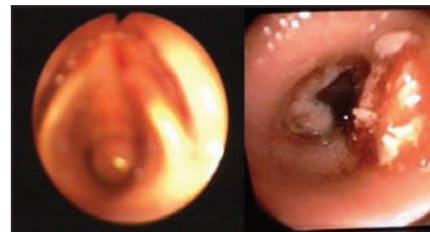
Endobronchial Electrocautery for Airway Tumors



Chest X-rays of a patient with left main bronchus growth before and after tumor debulking.



Right main bronchus tumor before and after tumor removal.



Tracheal polyp before and after polypectomy.

Lung cancer is one of the common cancers presenting at HIHT. More than 50% of lung cancers involve central airways in the form of bulky endobronchial disease, endobronchial extension, extrinsic compression of airways by the tumor and central airway obstruction (CAO). These patients present with symptoms such as dyspnoea due to partial or total lung collapse, hemoptysis and obstructive pneumonitis. Conventional management of lung cancers includes surgery, chemotherapy or radiotherapy alone or in combination as per the stage of disease. But in patients with CAO, the outcome is determined not only in terms of survival over a period of time, but also on other parameters like quality of life, dyspnoea indices and symptom free survival. Management of such patients requires a holistic approach. Besides chemotherapy and radiotherapy, these patients may get benefited by endobronchial therapies. Various modalities like tumor debulking (by electrocautery, laser and mechanical debulking), stents and endobronchial brachytherapy are being used worldwide to achieve this purpose. Such procedures also provide effective palliation in patients with advanced disease or who are not fit for conventional therapies.

Endobronchial electrocautery is a procedure which is

cost-effective, safe and very efficacious. In most cases, it can be done under conscious sedation in the bronchoscopy room. It is performed through the working channel of the cauterly-compatible video-bronchoscope. Electrocautery snare and probes are used to remove tumors depending on the size and location of tumor inside the airway. In patients with advanced stage malignancy and those who are not fit for chemo/radiotherapy due to their poor general condition, this procedure may provide effective palliation by providing relief in dyspnoea and hemoptysis. In the Department of Pulmonary Medicine, we have recently started performing endobronchial electrocautery. In the last six months, 11 procedures have been performed to debulk endobronchial tumors by bronchoscopic electrocautery. The selected patients had large endobronchial tumors causing severe dyspnoea and/or hemoptysis. All of these patients reported immediate relief in symptoms of dyspnoea and hemoptysis. No complications were observed in any procedure.

We are thankful to Dr. Sunil Saini and his team at CRI for supporting us and referring suitable patients for this procedure.

Dr. Girish Sindhwani, Department of Pulmonary Medicine

New Services at Cancer Research Institute

In addition to its existing facilities, CRI started new facilities in the month of April 2012:

Pediatric Hematoncology Services: Dr. B. P. Kalra, Prof. and In-charge of this service will be running a clinic for pediatric hematoncology in the D Block of CRI. Complete pediatric hematoncology services are planned in the near future.

Pathology Service: Dr. Neena Chauhan, Asso. Prof. Pathology, and In-charge of Pathology services at CRI is working on development of an oncology based lab at CRI. In addition to routine clinical work and OPD clinic located in Block A, Dr. Neena Chauhan will run FNAC, biopsy sampling, patient counseling and other clinical work essential for an oncological pathology service.

Women's Cancer Services: Services related to women's health in Oncology will now be available under one roof at the D Block of CRI. Services include integrated multidisciplinary breast cancer service and gynecology oncology service. Dr. Pushpawati,

Asst. Prof., will be organizing Gynecology Oncology services.

New Oncology Ward: Both new and old wards are running to their full capacity. Specially trained nursing staff in oncology wards ensure smooth and high volume through put in our services.

Quality Control Measures at CRI: CRI has started efforts in the direction of pursuing NABH accreditation, setting up a quality control committee comprised of representatives from each area of CRI to work towards those goals.

Visiting/Guest Faculty: Dr. Subodh Kumar Singh and Dr. Subhash C. Chauhan visited CRI and spent the day with us on 12th May 2012.

Acknowledgement: Cancer Research Institute HIHT would like to acknowledge the following for their support of the recently concluded IASO-MIDCON 2012: Uttarakhand Council of Science and Technology (UCOST), Indian Council of Medical Research (ICMR), Dept. of Science and Technology (DST).

Tobacco Industry Interference

The Department of Community Medicine conducted various activities on World No Tobacco Day, 31st May 2012. Departmental activity started with the opening remark by Prof. S. D. Kandpal, HOD, regarding the importance and usefulness of celebrating World No Tobacco Day. A seminar was presented by Dr. Deepshikha, third year resident, on "Prevention and Control Strategies of Tobacco." The presentation was followed by a discussion from faculty members around the theme of World No



Tobacco Day 2012: "Tobacco Industry Interference." The theme focused on the need to expose and counter the tobacco industry's brazen and increasingly aggressive attempts to undermine the WHO Framework Convention on Tobacco Control (WHO FCTC). World No Tobacco Day 2012 is celebrated to educate policy-makers and the general public about the tobacco industry's nefarious and harmful tactics.

Tobacco use is one of the world's leading preventable causes of death. The global tobacco epidemic kills nearly 6 million people each year, of which more than 600,000 are people exposed to second-hand smoke. Unless we act, it will kill up to 8 million people by 2030, of which more than 80% will live in low- and middle-income countries.

WHO FCTC preamble recognizes "the need to be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts and the need to be informed of activities of the tobacco industry that have a negative impact on tobacco control efforts." On World No Tobacco Day 2012, and throughout the following year, WHO has urged various countries to put the fight against tobacco industry interference at the heart of their efforts to control the global tobacco epidemic.

Activities at Urban Health Training Centre (UHTC), Rishikesh:

Awareness generation activities among patients and their attendants were organized at UHTC. The ill effects of tobacco usage were explained. A special drive for creating awareness among middle level traders and shopkeepers was also conducted in the Mayakund area of Rishikesh. Shopkeepers were requested not to promote tobacco products to children or adolescents, and

not to keep tobacco products upfront in their shops. They were also requested not to give any tobacco product as change to the customer, if one or two rupees was lacking. Any other thing like toffees, could be given instead.

Activities at Rural Health Training Centres (RHTC), Rajeev Nagar and Thanoo

These peripheral outreach health centers are located in the rural pocket of Doiwala block. The OPD patients and community members were counseled about the hazards of tobacco use (smoking and chewing tobacco). They were briefed about the harmful effects of second- and third-hand smoking. They were also briefed about the effects on the foetus, if a pregnant woman smokes or gets smoke exposure by others. Community members were also asked to share their experiences with others about the drawbacks of tobacco usage.

Five key ways to avoid tobacco was also given to the community:

1. **Keep Your Hands Busy:** Write letters. Do crosswords. Read a book. Make puzzles. Take up drawing or painting.
2. **Brush Your Teeth Right After Meals:** The urge to smoke is really intense right after meals. So it is a good idea to get up from the table right after you eat, head into the bathroom, and brush and floss your teeth.
3. **Clove Oil:** Anytime you get the urge to smoke, put a drop of clove oil on your finger and apply it to the back of your tongue.
4. **Alcohol:** Cut down on alcohol, because all too often a cigarette and a drink are very closely linked.
5. **The Rubber Band Method:** This method is actually backed by research. You wear a rubber band around your wrist and snap it against your skin when you feel the urge to smoke. Be sure that the rubber band is loose enough so it doesn't block blood flow or leave a mark on the skin when it is removed.

ABOUT INDIA

- ◆ There are about 275 million tobacco users in India.
- ◆ 1/3rd of adults use some form of tobacco.
- ◆ Every 8 sec. an Indian dies due to tobacco related disease.
- ◆ Each year 8-9 lakh Indians die from tobacco related disease.
- ◆ Many of the deaths (>50%) occur below 70 years of age

Soft Skills

As patients await respite or recovery from sickness, their hospital experience has two distinct dimensions, namely,

- 1) The discomfort caused by illness and treatment
- 2) The interaction with the care-givers.

The nature of the interaction between patient and staff affects the extent of patients' discomfort and the therapeutic outcome. Research studies have brought into light the issues related to the interpersonal skills of health care professionals and its significance in health care outcome.

A study on "Patient Behavior and Health Culture in the Therapeutic Context" provides insight into this psycho-social dimension of patient care. The majority of patients expected doctors to furnish information on diagnosis, treatment modality and therapeutic outcome. They also perceived the nurses' behavior as cooperative and concerned. The majority of doctors and nurses agreed that their interactions with patients influenced the patients' recovery.

Being sensitive to others' needs is an essential attribute of any health care personnel. This sensitivity, when translated to observable and measurable activities becomes "soft skills." Soft skills include personality traits, social graces, facility with language, personal habits, self-management abilities, integrity and honesty. As human health and illness is a multi-factorial phenomena, well-established psychosomatic relationships create a complex interpersonal network, forming one of the essential health care concerns.

In a recent study on the "Impact of Empathy-oriented Family Counseling on Anxiety and Coping of Family Members of Patients with Severe Head Injury," there was a significant relationship between the level of hope and the emotional ($p=0.05$) and cognitive ($p=0.05$) component of empathy in the control group. The responses included patients' relief from pain, improved pulse and respiratory rates, reduced anxiety and increase in their self-concept when they experienced high levels of empathy.

It is our attitude towards work, people and society, which makes us effective. The interrelated factors determining attitudes are 3Es, i.e., Environment, Experience and Education. The socio-cultural environment we are born in, work, and live in are greatly responsible for shaping our attitudes toward other fellow beings. A conducive, free and friendly interpersonal environment is essential for developing soft skills. How we interpret events and choose responses depends upon our past experience and learning. Research studies on health professional students' clinical performances showed that the students who experienced understanding, consideration and justice from teachers, developed empathetic attitudes towards their client care. A child, who has not experienced love, does not learn to show love.

A study on "Models of Professional Preparation" was conducted focusing on interests, activities and professional values among those involved in pharmacy, nursing and teacher education by conducting interviews with teaching staff in both university and public sector institutions. The analysis showed markedly variable and contrasting features in these attributes, which presumably would also influence their students learning. This calls for research studies to develop appropriate methods and technologies to cultivate soft skills in students of health science courses.

Soft skills are increasingly sought out by employers in addition to standard qualifications, because it is found to be important for the success of an organization. Therapeutic communication is a potential area of research study because this aspect of health care is contextual and individualistic.

Dr. Ratna Prakash, Principal, Himalayan College of Nursing

Report on Statistics Workshop

As a yearly endeavour of Himalayan College of Nursing, a series of 2-day workshops on "Application of Statistics in Research" including hands-on training for SPSS usage was conducted by the CNE unit of Himalayan College of Nursing for faculty and PG students separately. The objective of the workshop was to empower the faculty and PG students in the application of statistics in health research and usage of SPSS-version 20 for data analysis. The expertise of the resource person of the workshop, Mr. Muthuvenkatachalam S., Lecturer, HCN was evident in the participants' feedback, which was highly satisfactory in terms of fulfillment of the workshop objectives.

World Health Day

Every year, World Health Day is celebrated on 7th April to mark the anniversary of the founding of WHO in 1948. This year's theme was "Ageing and Health" and the slogan given was "Good Health Adds Life to Years." WHD 2012 focused on how good health can add life to years, enabling older men and women to not only live longer, but to also extend their active involvement in all levels of society. Dr. Aapga Singh, State Head of HelpAge India (an NGO which works for the welfare of elderly persons) discussed the WHO theme and the work being done by HelpAge India at national and state levels. World Health Day was also celebrated at the three outreach centers of Com. Med., namely RHTC Rajeev Nagar, RHC Thanu and UHTC Rishikesh.

Basic Medical Education



The Department of Medical Education (DME) in association with MCI Regional Centre for Medical Education, Christian Medical College, Ludhiana, conducted a basic medical education workshop 3rd-5th May 2012 at the Auditorium, College of Nursing, HIHT.

The observer from CMC Ludhiana was Dr. Jugesh Chatwal, a renowned person in the field of medical education in India, a FAIMER Institute 2007 fellow and also Professor in Pediatrics at CMC, Ludhiana.

The workshop was attended by senior faculty members from all departments of Himalayan Institute of Medical Sciences. Members of the DME were the resource persons and they facilitated the various sessions of the 2-day workshop on topics like teaching methodologies, curriculum development, assessment methods, group dynamics, and the importance of feedback.

The participants enjoyed the interactive sessions and discussed various practical issues related to medical education. The workshop concluded with a group photograph, distribution of certificates and valley of flowers.

PG Orientation



An orientation program was organized for the new post graduate students taking admission to various masters and diploma courses in the year 2012 at HIHT University. The extensive 16-day program consisted of interactive and informative sessions on various topics. The inaugural function was held 2nd May 2012 which was attended by students along with their parents and college faculty members. The inaugural program served to apprise the students and parents about the rules and regulations of HIHT University. It was also a chance to introduce them to the vision and journey of H.H. Swami Rama.

The inaugural program was followed by basic sciences lectures and relevant disciplines including medical ethics, time management, discipline and medical education. A "Science of Joyful Living" workshop was conducted for the students 14th-15th May to introduce the students to diet, exercise, breathing, yoga, emotions, meditation and stress management. The workshop was followed by a visit to Sadhana Mandir Ashram, Rishikesh. Finally the PG students attended a cardiopulmonary resuscitation training workshop before joining their respective departments.

This unique program pursued by HIHT University was much appreciated by the students.

Closing the Gap From Evidence to Action

The International Council of Nurses chose the theme for 2012 as "Closing the Gap: from Evidence to Action." As part of this global celebration, the Department of Fundamentals of Nursing in collaboration with the Student Nurses Association of Himalayan College of Nursing (HCN) organized a symposium on this theme to inspire, motivate and initiate group teaching and learning among students. Students of all programs of nursing jointly presented the symposium. A total of 400 students and 40 faculty members participated in the celebration. The program started at 11:30 a.m. with an introduction on Nurses Day theme by PG students. The four areas of discussion of the symposium were: understanding evidence based practice, sources of evidence, making the case for change, and from evidence to action. The session had an interesting concluding part where an open discussion was held by faculty members of the college regarding



their experience in closing the gap between "evidence to action." The program ended at 1:30 p.m. with words of thanks by the organizing coordinators.

Rural Development Institute **Happenings**

Skin Care in Summers



This month RDI in an extension of its field activities and in scope of being a technical agency, conducted training for the Health Workers and volunteers to build the capacity of the front line workers of Shri Bhuvaneshwari Mahila Ashram (SBMA) of Uttarkashi District on the issues of safe motherhood and home-based newborn care. A total of 20 participants took part in the training. Health camps were conducted in Nagthat serving 50 people. In the far flung mountainous regions of Bageshwar, Kumaon, expert services were provided to 700 people on basic health and hygiene.

In other areas of training and education, various workshops were conducted for the adolescent age groups providing a platform for learning and beyond. Thematically these workshops focused on self awareness, health education and physical fitness. Computer education was an integral part of these workshops. The adolescents wrote stories, made some traditional paintings and learnt the tricks of photography. Potentials and talents were explored through sports, in which mixed teams of adolescents and RDI staff participated.

Summers are also popularly known as “doctors season” because of the enormous number of people who fall sick during this time of year. The sudden change in temperature brings along several diseases and infections which call for proper attention. Our skin has to bear the major brunt being the first line of defense. Exposure to UVA & UVB rays causes wrinkles, blemishes, age spots and rough, dry skin. Prolonged exposure to sun can cause sunburn/sunstroke presenting as painful areas of erythema and edema. Here are certain practical steps to protect your skin from the harmful effects of solar radiation.

1. Minimize your exposure to sun at mid-day between 10 a.m. to 3 p.m.
2. Apply sunscreen of SPF 30 liberally over face, neck and arms at least 30 minutes before going out in the sun. Reapply every 2-3 hours even if staying indoors. Use a gel-based sunscreen to prevent excessive greasiness and sweating.
3. Never step out in the sun without sunglasses and umbrella. Preferably wear full sleeved cotton clothes while driving.
4. Increase intake of water and fresh juices to keep your skin hydrated. Aim to drink at least 8-10 glasses of water per day.
5. Incorporate salads (cucumber) and fruits (melon, water melon and papaya) in your daily diet to provide essential vitamins and omega 3 fatty acids.
6. Cut down on your intake of caffeine and carbonated drinks.
7. Use antifungal (clotrimazole) powder in skin folds to prevent development of fungal infections.

So the carry home message is, drink lots of water and don't forget your umbrella and sunscreen while stepping out this summer. Stay safe, stay beautiful.

Dr. Rashmi Jindal, Dermatology

Flowers . . .

- “Flowers are the sweetest things God ever made, and forgot to put a soul into.” ~Henry Beecher, *Life Thoughts*, 1858
- “Earth laughs in flowers.” ~Ralph Waldo Emerson, *Hamatreya*
- “Perfumes are the feelings of flowers.” ~Heinrich Heine, *The Hartz Journey*
- “The flower is the poetry of reproduction. It is an example of the eternal seductiveness of life.” ~Jean Giraudoux
- “Where flowers bloom so does hope.” ~Lady Bird Johnson
- “Flowers are love's truest language.” ~Park Benjamin (1809-1864)
- “Flowers are the music of the ground from earth's lips spoken without sound.” ~Edwin Curran, *Flowers*
- “In joy or sadness flowers are our constant friends.” ~Kakuzō Okakura, *The Book Of Tea*
- “God will reward you,” he said. “You must be an angel since you care for flowers.” ~Victor Hugo
- “Bread feeds the body, indeed, but flowers also feed the soul.” ~The Koran
- Please, do not pluck the flowers.**

The Ayurveda Centre Herbal Plants in Campus



Ashwagandha (Withania somnifera), one of the most valuable herbs has been used for 4,000 years in the tradition of Indian medicine. It is described as Balya (tonic) in Ayurvedic medicine and also regarded as adeptogen (a type of herb said

to strengthen resistance to stress. shwagandha is also known by the name of winter cherry or Indian gingseng. It belongs to the family Solanaceae.

Plant description: The plant grows in dry and subtropical regions and is an erect branching low lying shrub reaching a height of about 1.5 meters.

Principal constituent: Witharferin A, withandides, withaferene, sotoniside.

Part used: Tuberos root of Ahwagandha is used for medicinal purposes.

Therapeutic uses: In vata disorders, stress, insomnia, anxiety, fatigue, aphrodisiac, to boost up immune system.

Dr. Sangeeta Rawat, Dept. of Ayurvedic Medicine

Ayurveda Health Camp

A special health camp was organized by the Ayurvedic Centre of HIHT on April 21, 2012 with cooperation of the Himalaya Drug Company and assisted by Adarsh Society Doiwala, to screen the elderly population and especially women for osteoporosis with free facility of bone mass density test and free Ayurvedic consultation.



HIV AIDS Hypothesis

In 1981, at a New York hospital, four gay persons died of a syndrome that the medical fraternity could not explain and implicated abuse of drug and sex as probable cause. This disease syndrome now well known as AIDS had nothing to do with any virus till it was officially declared in 1984 by the US government that one Dr. Robert Gallow from the NIH (National Institute of Health) had discovered a virus that eventually caused AIDS.

When to have or not to have HIV (through sero-diagnosis) became a billion dollar question, one Dr. Peter Duesberg from Berkley, University of California, made some remarkable observations that challenged the prevalent HIV-AIDS hypothesis. Dr. Peter Duesberg, Professor of Cell Biology, played a pioneering role in discovering retroviral oncogene and defining retroviral genome. But it could hardly make any dent into the monolith of HIV-AIDS.

Shortly thereafter in 1995, case presentations were done to claim incidence of AIDS not due to HIV in Amsterdam. For the first time it raised a serious debate on the very validity of the hypothesis HIV-AIDS.

Dr. Duesberg and his school made their case essentially on the following precepts:

There are reports of AIDS where the victims do not show HIV antibodies in their sera. Dr. Duesberg critically points out that CDC Atlanta has enlisted under AIDS' umbrella over 23 different opportunistic infections as well as several malignancies, wasting syndrome and AIDS dementia in the surveillance definition of AIDS. He further states that an individual presenting with signs and symptoms of any one or the other of these 23 diseases and in whose serum antibody to HIV has been detected, such an individual is diagnosed of having AIDS.

The average period of latency of this virus is 8-10 years. Yet it starts replicating in just about 1-2 days and triggers antibody formation in or within just 1-2 months. It is to be noted here that all viral infections manifest at the longest by a matter of weeks only. In case of AIDS, manifestation may take 10-15 years.

Duesberg and his school goes on to say if HIV-AIDS hypothesis turns out right, it would ascribe HIV the singular status of being the only virus hitherto known that strikes one even after immunity toward the virus (antibodies) has been generated.

T-cells were thought to be vanguards of immuno competence that fell to HIV sword. Lately, researchers indicate, just prior to death, an AIDS victim has only one teleologically viable HIV per 70,000 T-cells: This T-cell / HIV ratio is too incongruous to herald an immunity depletion.

The conventional wisdom has it that HIV disrupts/destroys T-cells, yet that is not characteristic of a retro-virus (HIV is one).

AZT marketed by Wellcome Foundation as a palliative medicine is a proven DNA chain terminator. Besides hindering DNA synthesis and in effect producing anaemia, leucopenia, AZT hastens destruction of T-cells, infected and healthy alike. For one infected cell, it destroys another 499 healthy cells.

Dr. Debabrata Roy, Prof., Dept. Community Medicine
Dr. K. S. Negi, Prof. (Bio-statistics) Dept. of Com. Medicine

Eye Bank



It is a matter of pride for HIHT that the only Eye Bank and Corneal Transplantation Center of Uttarakhand has become functional in the Department of Ophthalmology for the benefit of corneal blind people of this region. Till date seven pairs of donor eyes have been retrieved through the efforts of the Eye Bank and fourteen corneal transplantation surgeries have been successfully performed. Readers of HIHT family are requested to contribute towards the voluntary eye donation campaign. Contact the Eye Department for more information: 0135-2471355.

Kids' Corner



"This is my house and me. I love the beautiful flowers as they make me smile."
Arnav Maitreya



"Me and my doll are both beautiful."
Anshulika Gupta

Introducing "Kids' Corner." Entries are invited. Please send them to Dr. Gita Negi for the HIHT News.

Do you like our new look? Please send your feedback to: The Editor, HIHT News, Himalayan Institute Hospital Trust, Swami Ram Nagar, P.O. Doiwala, Jolly Grant, Dehradun 248140, Uttarakhand, India.

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