



Death Means Separation, Not Complete Annihilation

by Swami Rama

You diligently prepare your external world so you have all the comforts and means you need, but you have never considered preparing yourself to go through the period of transition during the process of dying. The scriptures emphasize the importance of skillful and selfless actions so you will not have to be afraid of the unconscious mind at the end. If you have prepared yourself, during the process of departing you will be able to remember all the good things you have done instead of dwelling on sad memories and past experiences that create depression or fear in the mind. That is why it is very important to do sadhana.

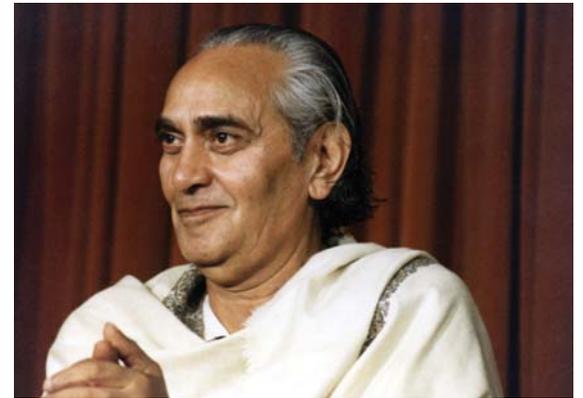
With the above clarification of the process of dying you can better understand the concepts of heaven and hell. You don't go to heaven or hell or anywhere else after death. God never makes anyone miserable or happy and never sends anyone to heaven or hell. You create misery or happiness by your thoughts, emotions and desires, and by not organizing your internal and external life. In this way you create heaven or hell for yourself here on earth. Wherever you are can become hell if you don't make effort to improve yourself. This modern world is creating hell for modern people, and God is not responsible for that. Anybody who is materialistic will definitely die with those impressions stored in the unconscious mind when he casts off the body. So naturally that person will remain in a state of ignorance that is definitely more terrifying than hell. According to me, hell is a state of ignorance that a human being creates by being too materialistic and too occupied with sensual pleasures, and by identifying with the objects of the world instead of making effort to realize his true nature, which is peace, happiness and bliss. Life gives to you only what you have within; it doesn't give you something you don't already have. If you select only the negative part, you will suffer. Negative thinking leads you to a hellish way of life. In addition, the more negative you are, the more you cripple your willpower. Don't allow that to happen. Always remember you have some good within also. Positive thinking and selflessness can lead you to happiness and a state of freedom from pain and misery.

The kingdom of God is within, so there is no need to aspire to go to heaven after death. If you make sincere effort, you can create heaven through your

mind, actions and speech. You can establish heaven here and now if you understand the various aspects of your chitta and you discipline yourself. You are fully equipped to do that. You keep talking about how you are going to enjoy tomorrow. This means you associate enjoyment with the future instead of here and now. It is not possible that you could be happy after death but not here and now. If you can learn to enjoy here and now, you will become aware of eternity.

You live in the physical realm in your habit patterns, and you will remain entangled in the snare of those same habit patterns after death. So if you understand your habit patterns, you know where you are going after death. Death has no power to change you or release you from your habit patterns. Don't waste your time waiting for heaven after death or thinking death will relieve you from all pain and misery. This misconception that death will provide freedom from suffering is unfortunately the reason people tragically opt for suicide as a way out. The fact is you will go to the next life in the same state as you are here. If you are ignorant here, death can never give you solace or liberate you from that ignorance. It is just like waking up to another day and finding that you are the same as you were yesterday. If you are a fool today, you will not wake up wise tomorrow. Just as sleep does not solve your financial problems, and you have to face them the next day, death doesn't change anything. It only makes you forget for a while. Your next birth will bring forward what you have forgotten. Don't think that by being in a deep state of sleep you will be relieved of something, or that by being born again you will receive something better. Death cannot change your circumstances. If you are disappointed and frustrated with life, don't expect death to relieve you from that pain. That is not going to happen. You will have to transform yourself here in this life by becoming aware. When you are inside a room, you are aware of the walls of that room. If you want to be aware of something more, you will have to go out of that room. Only through sadhana and working with yourself on all levels—physical, mental and spiritual—can you change your habit patterns and transform your personality.

The first step is to decide you want to be healthy and that you are going to be healthy; then take charge



HH Swami Rama

of your health by eliminating injurious dietary and sedentary habits. If the body is creating problems for you, remember mind is more powerful than body. The breath is the link between mind and body. By including breathing and relaxation practices in your daily sadhana you can directly affect both your physical and mental health. You can transform negative thinking habits and even deep samskaras through the regular practice of meditation and by constant awareness that the reality is within you. Then there will be no need to feel sad or to condemn yourself. This is the holistic approach to self-training in which you work with yourself on all levels. Without working hard you cannot accomplish anything. If you remain afraid to encounter the fears you have created for yourself on the superficial level, you will never get the opportunity to see the finest and most glorious part of yourself, your inner Self. You will have to face yourself sooner or later, because at the time of death all communication with others will come to a halt, and you will be all alone. Then you will have to depend on your inner strength. You went through birth alone and you will have to go through the lonely passage of death. Sadhana will help you to be very strong from within so this transition does not affect you negatively. Death has no power to change you, but you have tremendous power to transform yourself by changing your level of awareness.

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Ageing and Health

Ageing is the single greatest challenge our society is facing today. Recent breakthroughs have demonstrated that it is possible to combine a long life with the absence of age-related disease. The Department of Community Health Nursing in collaboration with CNE unit and Student Nurses' Association of Himalayan College of Nursing observed World Health Day, 2012 on 6th, 7th and 12th April focusing on "Ageing and Health," using the official slogan of WHO "Good Health Adds Years to Life."

A seminar on WHO theme was organized for faculty of HCN on 6th April. Dr. Kathy delivered the keynote address with her vibrant speech on "Strategies of Adding Meaningful Years to Life." Elocution and poster competitions were held among nursing students in the afternoon of 7th April. A series of exhibitions and role playing were conducted in various places of Varasi community area for common



people on 12th April 2012. The posters emphasized the WHO theme. Dr. Kathy, Nursing Consultant was honored by the students and faculty of HCN on the occasion.

Registration Under National Trust

Himalayan Institute Hospital Trust has now been registered with the Social Welfare Department Uttarakhand Government under Persons with Disabilities Act 1995 and Ministry of Social Justice and Empowerment, Government of India, under the "National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities."

Editorial Column

Suicide Among Students

"It's better for me to go away." "The easiest way is just to leave this world." "Oh! What is life? Just a burden." Such phrases we often hear in our surrounding educational institutes and neighborhood. Sometimes we suddenly hear about someone who committed suicide. Actually, what is this? A study conducted by the Department of Educational and Counseling Psychology, McGill University, Montreal, Canada (June 2011) revealed that among Indian college students the prevalence of lifetime suicide ideation and lifetime suicide attempts was 11.7% and 4.0%, respectively. The question comes, how does a death wish overpower self-preservation in this young population having all the needed support in life?

Most suicidal students do not want death; yet they want the "pain" to stop. This "pain" may result from academic pressure, deprivation of sunshine, exam results and failure to cope with examination stress, low social support, affective dysregulation, peer pressure, cultural conflict, lack of interest in their profession, and last but not least, failure in relationships. This perceived pain brings a dramatic change in their expression and personality.

They may exhibit changes in eating and sleeping habits, withdrawal from friends, family and regular activities, violent or rebellious behavior, running away, or drug and alcohol use. These changes are signs of extreme distress, emotional hurt and a transitional state of feelings about death, wavering until the very last moment between wanting to live and wanting to die.

If a student can learn how to be a witness of his/her own life situations, probably he/she will not identify him/herself with that "pain." Learning how to live in the moment and sharing feelings with a confidential person may lead them away from darkness. We need to remember that any situation is not permanent and there is always hope for change.

A professional counseling center may help but it is always better to regulate life on a daily routine level. Physical exercise, along with appropriate breathing practices and a regular nutritious diet can bring a major change in our secreted hormones and related emotions. Students may attend more positive and constructive life related programs through recreational camps and group training of stress management. A special counseling service (outside the medical setup) on how to prepare for exams and how to match the chosen course with their inherent aptitude may bring great confidence to students. At this point parents are advised to allow their children to choose their professional course rather than forcing them to join something of parents' choice.

Bringing up the subject of suicide and discussing it openly is one of the most helpful things to do. Suppression and withdrawal are only defense mechanisms and have to be worked out. H.H. Swami Rama, the founder of HIHT always emphasized creative use of emotions and living a holistic life schedule.

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Management of Depression and Prevention of Suicide



The Himalayan College of Nursing (HCN), Himalayan Institute Hospital Trust (HIHT) and the Indian Society of Psychiatric Nurses (ISPNCN) jointly organized the 10th National Psychiatric Nursing Conference of ISPNCN on the theme "Management of Depression and Prevention of Suicide: Mental Health Nursing Perspectives" at HIHT from March 10 -12, 2012.

The main objectives of the conference were:

1. To present the current epidemiology of depression and suicide in India
2. To review the existing approaches in management of the persons with depression and prevention of suicide
3. To develop evidence-based mental health nursing practices in relation to management of depression and prevention of suicide
4. To highlight the existing protocols plus legal and ethical issues in caring for the persons who have attempted suicide
5. To discuss the role of members of the health care team in prevention of suicide.

430 delegates attended, including students and faculty members from nursing colleges and institutions from all over the country.

Dr. Ratna Prakash, Organising Chairperson of the conference welcomed Shri T. Dileep Kumar, President - Indian Nursing Council (INC), Patron ISPNCN 2012 and Chief Guest of the conference, the participants and the audience in her welcome address. She introduced the delegates to the Chief Guest, the Guest of Honor, Dr. Vijay Dhasmana (Vice Chancellor, HIHT University) and other dignitaries that included Dr. Vijendra Chauhan (Prof and Dean Himalayan Institute of Medical Science), Dr. K. Reddemma (President ISPNCN, Prof. and Head, Nursing, NIMHANS Bangalore), Dr. Nagarajaiah (General Secretary ISPNCN), Dr. Sandhya Gupta (Secretary INC & Chief Editor of ISPNCN Journal), Dr. Renu Dhasmana (Director Nursing, HIHT) and others.

Shri T. Dilip Kumar enlightened the delegates about INC and its functioning. Emphasising INC's role in uplifting the nursing profession, he spoke about the budget provided by Government of India to the INC in its 12th five-year plan and discussed about the INC

projects with special emphasis on tuberculosis, malaria and HIV/AIDS besides training programs for health professionals. Talking on the Nodal Video Conferencing Center for Teaching and Learning Practices, he announced that the Himalayan College of Nursing, HIHT will soon be a part of this nodal program. Stressing on further improvising the prevailing nursing education standards he urged the participants to engage themselves more in the clinical area to acquire the necessary skills besides theoretical knowledge. The Chief Guest also released the 3rd Volume of the ISPNCN Journal.

Dr. Vijay Dhasmana welcomed the Chief Guest and dignitaries, and congratulated the Director and the Principal of HCN for organizing the conference in collaboration with ISPNCN. Dr. Vijendra Chauhan expressed his best wishes to the participants and hoped that the knowledge shared and generated in the conference would go a long way in improving their skills. Dr. Renu Dhasmana thanked ISPNCN for organizing the conference jointly with HCN.

HCN family utilized this opportunity to appreciate the lifelong contribution of Dr. Kathleen M. Mckeehan, Nursing Advisor HCN in strengthening the college with her valuable thoughts, ideations and hard work and presented her with a token of their love.

The conference covered a series of interesting deliberations on a multitude of problems related to the prevalence, issues, challenges and opportunities of management regarding depression and prevention of suicide. The emphasis was on a greater need for focusing on aspects of management of depression.

In all, there were 9 scientific sessions and 55 research presentations done by the delegates. A workshop on yoga was conducted by Dr. John Clarke from USA on diaphragmatic breathing, relaxation and meditation.

The conference closed with the declaration of Sarla Kapoor Award and poster presentations to Ms. Ramandeep Kaur and Ms. Sujata. Dr. K. Reddemma, announced the venue and date for the next ISPNCN conference towards the end and thanked the patrons of the conference for their support in hosting the conference.

Urology Survey



An epidemiological survey of urological diseases in Chamba block, district Tehri, was performed which included 6,724 persons from 50 village Panchayats comprising 101 remote villages.

This is an ongoing study supported by Indian Council of Medical Research being implemented by Rural Development Institute and Urology Department HIHT.

This household survey was the first in a rural setting where such data is nonexistent and not available.

Surgical Oncology Conference 2012



Brig. M. Ganguly and Dr. V. Chauhan lighting the lamp



Dr. Pankaj Chaturvedi lecturing on cancers of the throat

Cancer Research Institute organized the midterm conference of the Indian Association of Surgical Oncology [IASO]. The conference was aimed at providing detailed symposia on various areas in the field of surgical oncology. Latest trends in surgical techniques of breast cancers, head and neck cancers, gastrointestinal cancers, thyroid cancers, and genitourinary cancers was discussed. Eminent cancer surgeons from all over the country were present to give lectures on these aspects of patient care. The conference was initiated by a lamp lighting ceremony by Dr. V. Chauhan, Dean HIHT University. Brig. M. Ganguly President IASO from Roorkee was the Chief Guest, and delivered a lecture on changing trends in management of breast cancer. Dr. Anurag Srivastava, Professor of Surgical Oncology at AIIMS spoke about breast cancer induced lymphedema and how it causes poor quality of life in patients. Dr. Gurpreet Singh from PGI Chandigarh spoke about the role of mammography in detecting breast cancer.

Dr. Pankaj Panday from New Delhi, Dr. Sanjeev Misra from KGMC Lucknow, Dr. Kiran Kothari from Ahmedabad, Dr. Samir Mehta from Mumbai, Dr. R. Rajaraman from Chennai and Dr. E. Hemanthraj from Adiyar Cancer Centre Chennai spoke about various aspects of gastrointestinal cancers and scope of minimally invasive surgeries in these.

Dr. Saini, Professor of Surgery at CRI spoke about the idea of integrated approach to treat cancers in a



Brig. M. Ganguly giving the keynote address

gentler way by including complementary and alternative systems of medicine available today. It was appreciated by most people present and there was agreement on making cancer treatment more patient friendly.

The conference on day one was followed by a satellite symposium at Dehradun which was organized by CRI in association with UCOST [Uttarakhand Council for Science and Technology]. This symposium was aimed at reaching out to policy makers of society like bureaucrats, heads of schools, colleges and other important people in society who could make a difference in cancer control. The Chief Guest at symposium was Dr. Rajendra Dobhal, Director General, UCOST. He spoke about the need for correct information about cancer prevention and treatment for all sections of society and the onus was on the doctors at CRI for the same. The symposium had a talk by Dr. Pankaj Chaturvedi from Tata Memorial Hospital Mumbai. Dr. Pankaj is a crusader for tobacco control and represents India internationally for the same cause. He spoke in detail about tobacco and its control, and captivated the audience which consisted of non-medicos in majority. Dr. Anurag Srivastava from AIIMS New Delhi spoke about the role of diet to prevent and control cancer and he summarized that a good, stress-free lifestyle played an important role in control of cancer.

The IASO-MIDCON was organized by Dr. Sunil Saini, Director CRI, and Organizing Secretary. Other members of the organizing team were Dr. S.K. Verma, Dr. Neena Chauhan, Dr. B.P. Kalra, Dr. Pushpawati, Dr. Meenu Gupta, Dr. Manpreet Tiwana, Dr. Lee and Dr. Vandana, all faculty of CRI HIHT.

Inauguration of CRI Ward



The Cancer Research Institute inaugurated its first ward on 17th April 2012. Reeta, a patient suffering from advanced cancer of the stomach, cut the ribbon while the nursing staff, doctors and consultants of CRI attended the ceremony. The day care center and operation theatre have been running since 2011. Now, the general ward indoor facility for general patients makes a complete facility for cancer patients. This will soon be followed by private wards and private OPD.

OPD facility, radiation, day care, operation theatre, indoor facility as well as nuclear medicine facility are now available for cancer patients at CRI.

Gastrointestinal Bleed: Case and Review

Case Study: A 70 year old lady had complaint of bleeding per rectum. She had a falling hemoglobin and colonoscopy revealed multiple diverticulosis. However colonoscopy could not be done beyond an area called splenic flexure of colon. Primary angiography did not reveal any source of bleed. As she was bleeding actively, she was referred for a nuclear scan to localize site of GI bleed.

Nuclear Scan was done with Tc99m [radiolabelled] autologous RBCs. Scan revealed active GI bleed in the region of the splenic flexure [Fig.1]. In view of the findings she was taken up for surgery [exploration and colectomy] and as she had multiple diverticuli throughout the colon, total colectomy was done. Postoperatively patient recovered uneventfully.

Discussion and Review: *Colonoscopy* is a diagnostic tool used to evaluate acute lower gastrointestinal bleeding. Advantages of colonoscopy include direct visualization, access for tissue biopsy, and the ability to treat bleeding lesions primarily with heat probe, epinephrine injection, laser therapy, band ligation, or hemocclipping.



Figure 1

Arteriography is a test that can identify briskly bleeding sources. In situations where massive bleeding impedes visualization of the colon, arteriography may be used as a second-line diagnostic tool of choice.

Radiolabelled RBC Scan is a non-invasive technique to pick up and localize active GI bleed. RBCs of the patient are radiolabelled using simple technique and abdominal imaging is done. Since the RBCs are radiolabelled any active bleed in the lumen of the GI tract will be seen as a positive tracer uptake at the site of bleed which is in proportion to the amount of bleed. Its beauty lies in the fact that it can pick up even minor GI bleed [upto 0.1ml/min]. Patient needs no specific preparation and can be imaged after a simple injection of radioisotope. Dynamic images reveal GI bleed which can be seen in cine mode.

When arteriography is used in association with a technetium-99m-tagged red blood cell blush, the sensitivity of the arteriogram is increased to 61 to 72 percent.

Conclusion: Radiolabelled RBC scan is a simple, non-invasive and sensitive modality to localize GI bleed especially small intermittent bleeds and is a useful tool in management of GI bleed along with colonoscopy and angiography.

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World Tuberculosis Day



Himalayan College of Nursing (HCN) in collaboration with Department of Pulmonary Medicine, HIHT University observed the World Tuberculosis Day on March 24, 2012. The theme of the day was "Call for a World Free of TB." There were many events in the program to create awareness about TB among the public. The students of HCN actively participated in the role play and exhibition regarding tuberculosis as a disease, its management and measures of prevention. Mobile health education was arranged for patients in all wards of the hospital. An interactive session was arranged by Dept. of Pulmonary Medicine to reorient nursing students about the advanced concepts of management of tuberculosis. As an extension of the program on March 26, faculty and students of HCN organized a street play in rural area Thano and created awareness among the public regarding TB. An exhibition and role play was conducted for the community regarding tuberculosis, ending with an interactive session.



World TB Day 2012 was organized on 24th March by Department of Community Medicine. This day was celebrated in the Medical College, RHTC (Rajeev Nagar) and RHTC (Thano) as an opportunity to raise awareness about TB-related problems, solutions, and to support worldwide TB-control efforts. The key objective of the campaign was to generate awareness regarding tuberculosis in the general public and among undergraduate medical students. The theme was "Stop TB in My Lifetime."

The community was informed about the symptoms of tuberculosis and motivated for utilizing the facilities at RHTC, HIMS and CHC (Doiwala). They were sensitized with verbal communication and IEC materials (poster and stickers) for long lasting effect. A rally was also organized with MBBS students for generating awareness about the day with slogans "Jan-Jan ne ye thana hai...TB rog mitana hai," and "DOTS apnao, TB Bhagao."

Vidya School Function



Vidya School celebrated its 7th Annual function on March 14th, 2012. The welcome speech was given by Mrs. Lakhwara, Principal Vidya School. After the speech, students of K.G. and Nursery recited Guru Vandana followed by dance, song and poem recitation. The basic aim of this function was to inculcate courage, discipline and self confidence in the child to face the world. The function concluded with a prize distribution by Dr. Pathak, Assistant Director Health, R.D.I.

Hindustani Concert



On March 31st, 2012 a SPIC MACAY program of classical, devotional vocal music was held at the Nursing College auditorium. The artist was Mrs. Sulochana Brhaspati accompanied on the sarangi by Mr. Bharat Bhusan Goswami and on tabla by Jai Shankar Prasad. Mrs. Brhaspati, a well-known artist and musicologist, has given many concerts in India and abroad. She is also a recipient of many awards. Interestingly, Mrs. Brhaspati had spent time with Swami Rama and spoke highly of Swamiji's knowledge of classical music.

Recent Developments . . .

Blood Bank

- Leucodepletion filters (for use in patients who need multiple transfusions)
- Autologous PRP(used in patients with chronic pain, e.g. tennis elbow)
- Platelet apheresis (to produce very high yield platelets)
- Plasma exchange used in many diseases mainly neurological disorders like GB Syndrome, Myaesthenic Crisis
- Cryoprecipitate is also available in Blood Bank
- Started getting support from NACO (National Aids Control Organization)
- Started training of Blood Bank Technicians from various Blood Banks of Uttarakhand
- Fully automated systems for
 - 1-ELISA testing for transfusion transmissible diseases
 - 2-Immunohematology (blood grouping, cross matching, antibody screening)

Holi Celebration

Holi festival has an ancient origin and celebrates the triumph of good over bad. Holi was celebrated in HIHT campus on 7th and 8th March 2012 with traditional and joyous fervour. The celebration began with lighting the bonfire on the eve of Holi. Involvement of many people made the festival exuberant and vivid. The colorful festival bridged the social gap when all groups of HIHT family participated together. It was a time to renew sweet relationships. On this day, people hugged and wished each other Happy Holi and rubbed *organic* 'gulal' and 'abeer' on each others' faces and cheered each other up saying, 'bura na maano Holi hai.' It was accompanied by delicious snacks that increased the merriment.

Welcome Students

Dear Postgraduate students of 2012 batch, we are happy to have you with us on campus and we appreciate the intellectual and creative energy within you. As students you are going to be an important part of our community of scholars. We congratulate you for selecting HIHT University for your Postgraduate education and urge you to set high goals for yourselves and take advantage of all that the campus has to offer. We are committed to providing you the quality education you deserve.



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