



## Chains or Freedom *by Swami Rama*

In the philosophy of Vedanta the phrase “victim of circumstances” is not possible. These circumstances we find ourselves in are of our own design and intent. According to Vedanta these circumstances, whether we label them good or bad, pleasant or unpleasant, are the opportunities we have created for our growth. In the purest sense, that is all there is—just a steady parade of opportunities from which to learn and grow. It starts with understanding karma and knowing that we are completely responsible for our lives.

Another way to see this is to understand life as we do our dreams. It is accepted that our dreams are our own creations. They come from our subconscious minds, out of our thoughts, desires, and fears. These dreams can be useful to us. They are natural ways to help us work out emotions and unfulfilled desires. The waking state is no different. The circumstances of waking life are created by us to provide the opportunity to grow toward realization of our divine nature. The keys to growth lie in those relationships and situations that give us the most discomfort. These relationships and situations repeat themselves, not out of bad luck, or “bad karma,” but because uncomfortable situations and relationships represent the barriers to our freedom. Freedom comes when we overcome these self-created barriers.

It bears repeating that these barriers are neither useful nor harmful. Western culture refers to these barriers as sin and people as flawed. It is important to state here that the western hemisphere suffers because of the notion of sin. Yoga science and Vedanta refer to these barriers as obstacles. In these philosophical systems there are no commandments, only commitments that are to be understood in the proper perspective. The concept of sin does not inspire self-confidence or sense of purpose. It reinforces the idea of the eternally imperfect human being and encourages a fatalistic approach to human existence. From this viewpoint, if there is any freedom to be had, it is in the hands of the Creator, not the individual.

This is not the Vedantic view of human life. Think of a flower that grows from a bulb. Certain conditions make it possible, indeed necessary, for that flower to bloom into its full splendor. Among the conditions that are needed are a bulb, dirt, moisture, and certain temperatures to be maintained for a period of time. Some might say the bulb is a crusty, shriveled, unattractive thing that lives in a grimy, soggy, bacteria-filled environment. When it blooms into its unique beauty, God made it so. Some western religious attitudes describe human life as unclean, and any beauty comes from an outside God. Vedanta says that it is just nature. The bulb is simply what it is, and certain conditions are required for it to come to full expression of its splendid and perfect nature. Likewise, a human being is simply on a natural course toward expression of the perfect

Self. Each person is in just the right conditions for that growth toward perfection to occur.

Karma is a way to express these conditions. No one is free from actions or karma. To do, say, or think anything is karma. The word also means that what is sown is unavoidably reaped. The two definitions are linked. Every action brings a reaction. Every cause has an effect. Every thought, word, and deed carry a specific outcome. Whatever actions we have performed in the past produce their fruits

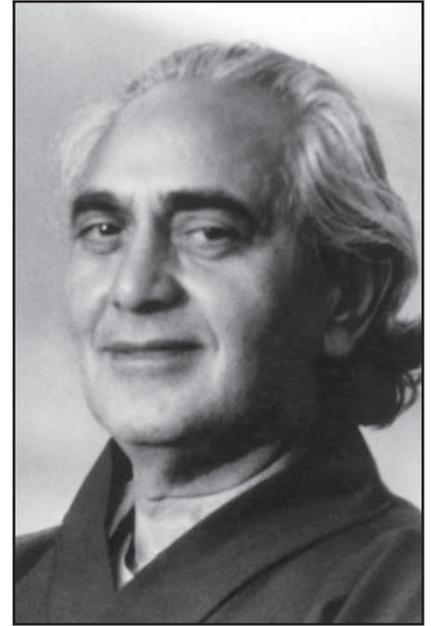
in the present and future, and that is the real cause of our pains and sorrows. Once the arrow is shot it must go to its destination. As long as the arrow is in our hands, we can choose its course. All the wrong deeds that we have committed in ignorance in the past produce their adverse effects. We should be careful not to commit the same mistakes again.

This philosophy is not meant to make people tremble at the prospect of the consequences for every mistake they have ever committed. Consider again the concept of karma from the standpoint of describing something very natural and very logical, as the steps in the process of evolution.

Vedanta takes a long view of the process, and this view explains the mystery of death—the mystery Nachiketa wanted explained. Nachiketa knew if he could understand the mystery of death, the meaning of life would become clear.

The mystery, according to Vedanta, is that there is a single intelligent consciousness that comprises everything that is, was, or will ever be. All the names and forms we identify and call pieces of the universe are fragments and shadows, reflections and glimmers of pure consciousness.

The purpose of human life on this platform we call worldly existence is to discover fully, that Reality. Worldly existence is just an apparent construction for the individual to make his or her way to Reality.



*Reprinted from Sacred Journey: Living Purposefully and Dying Gracefully, by Swami Rama, an HIHT publication.*

## Uttarakhand Disaster: HIHT Extends a Helping Hand

Uttarakhand's mountainous regions of Kedarnath and surrounding areas were lashed by incessant rains that triggered devastating floods, cloudbursts and landslides on June 16-17, 2013. Nature's display of fury forced the Chardham and Hemkund Sahib Yatra to come to a grinding halt, leaving thousands of pilgrims stranded, as immense loss of life and property was reported from all parts of the mountainous regions as roads, bridges, hotels, homes, shops and vehicles were swept away without a trace. The Devbhumi witnessed its worst ever calamity with the deluge washing away several villages and leaving hundreds in a state of ruin with the torrents isolating them from the rest of the state resulting in mammoth devastation everywhere. With over 4,200 villages affected, more than 580 persons confirmed to have lost their lives and 5,474 still missing and feared to be dead, indeed the days will go down as Disaster Days in the annals of the state of Uttarakhand.

As a socially aware organization, HIHT came forward to help by deploying its team of doctors and paramedics with 5 ambulances from 19<sup>th</sup> June onwards at the Jolly Grant Airport as the survivors arrived by helicopter. The seriously affected patients were admitted in the Himalayan Hospital while others were provided with instant primary medical treatment, food items and bottled drinking water at the airport. The Institute dispatched medicines, food packets and bottled drinking water for 25,000 people, along with foldable

As many bodies had been recovered beyond recognition, the Institute sent a team of forensic experts to the Kedar Valley to help the Government agencies with DNA sampling for identification of the bodies. The team carried 2,000 sampling kits and other relief material.

Our medical teams visited Rudraprayag thrice during July for assisting in the relief activities. Our outreach camps at Chandrapuri and Chopta (in Rudraprayag) and Lambgaon (in Uttarkashi) benefitted 950 patients, while 120 persons availed the healthcare facilities in the Health Camp at Village Bangar in the Jaunpur Block of Tehri District. Supporting the cause heartily, the employees of HIHT contributed their one-day salary to the fund to help the disaster devastated villages.

HIHT has decided to adopt 50 affected villages for post disaster rehabilitation programs on health, sanitation and education-related issues. The field staff of our Rural Development



stretchers for evacuation of patients, to the affected areas. A team of medical doctors was also stationed at the Rishikesh Railway Station to provide free first-aid and medicines to the needy. The Hospital earmarked 250 beds exclusively for the disaster victims where everything (investigation facilities, treatment, surgeries, medicines and meals) were provided fully free of cost. A total number of 354 victims were treated at the Hospital besides free of charge accommodation and food provided to their relatives/attendants. The entire Hospital machinery worked untiringly to cater to the needs of the patients. Two patients are still undergoing treatment in the Himalayan Hospital.

The Institute created an Information Centre at the hospital for handling enquiries about the victims, and shared the patient information with Government authorities, media and Relief Cells of respective states, besides taking an extra initiative to upload the names of the admitted patients on Google People Finder.

Institute (RDI) toured the disaster affected districts of Tehri, Chamoli, Uttarkashi, Rudraprayag and Pithoragarh, to identify the 50 villages and developed short and long term plans based on their needs which include health, education, livelihood, water and sanitation, and trainings on CMDRR, first response and psychological support.

Under the short term activities, basic needs such as relief packages consisting of food, family cooking utensils kits, family hygiene kits, cooking utensils kits for families, schools and community kitchens, first-aid and medicine kits, pregnancy kits and other support were identified and provided as an immediate measure.

The long term interventions being undertaken are healthcare (delivery facilities at HIHT for high risk mothers, health camps, package for chronic diseases, package for people with disability), education (scholarships for disaster orphaned children—5 children have benefitted till now, and school health), livelihood (fruit trees/fodder, farming tool kits) and reconstructing and repairing all the drinking water and irrigation canals in 28 villages of Jaunpur block of Tehri district.

HIHT is committed to serve the disaster affected people and live up to its motto of Love-Serve-Remember. If you wish to contribute/donate, please contact the Presidential Body, Himalayan Institute Hospital Trust ([pb@hihtindia.org](mailto:pb@hihtindia.org)).

## My Journey to Devastated Kedarnath

The vivid scene of devastation still haunts me in my dreams. People often ask me about the number of deaths in Kedarnath. I just shrug my shoulders while recollecting the gruesome scene of uncountable human parts projecting out of the rubble all around me. The estimate is surely not in hundreds... could be in thousands or more... I really cannot guess.

I had been sent to Kedarnath in the first team with four police officers and a nursing supervisor. We were air-lifted to Kedarnath by an M-17 Air Force helicopter at short notice. Unprepared as we were, we landed on a small rock-studded meadow on the 22<sup>nd</sup> of June, 2013. We could see the temple and the remains of the buildings nestled below the glaciers about 4 kilometers away. A sudden change in the weather and the dark clouds were announcing an impending thundershower. We were suddenly ushered to reality. There were no tents, no shelter and surely no food. One of us noticed what looked like a tiny hut, perched atop a small hillock. We rushed uphill with our entire luggage, which consisted of our personal belongings and the huge boxes and sacks of sample bottles, cloth and plastic body wrapping material and stationery. The makeshift hut belonged to nomadic herdsmen, who had been stranded with their buffaloes. These simple folk were kind enough to shift their cattle out and allow us to use the shed. We spread plastic sheets on the floor and the open roof.

The trek to the temple was arduous. We had to climb huge boulders and cross gushing streams of the Mandakini over wooden logs, holding on to improvised ropes. We knew that one careless step would be our last.



The dead bodies had started rotting in spite of the cold weather. There were dead human beings and animals everywhere. Very few bodies were exposed, while most were buried under the rubble of collapsed buildings, boulders and sludge that the flood had carried. The force of the flood can be judged by the fact that huge rocks and other debris were piled up against unbroken corners of buildings to a height of 12 to 15 feet. With only a hand, a foot or face showing, the number of dead bodies at Kedarnath could only be a guess. We were told by eye witnesses that more than a lakh pilgrims were present in Rambada and Kedarnath due to a strike by the porters.

We started with clearing dead bodies from the temple area and gradually spread out with some help from the NDRF volunteers at the behest of their leader, Col. Gupta. After completion of panchayatnama, fingerprinting and photography, sample for DNA were collected and the bodies were packed and sealed. The most difficult task was to find a place to keep the bodies safe from hungry dogs and crows. Everyday more and more bodies were removed and the procedure repeated as we awaited orders from the administration for cremation of the bodies. We were not in contact with the outside world as there were no mobile signals at Kedarnath. Finally, to our great relief, a chopper arrived bringing the DIG of Police, who brought the order that the bodies may be cremated. We arranged for wood, ghee and oil from the debris and cremated the dead, with all religiousness and one of our police officers acting as the priest. We all prayed and tried to hold back the tears that rolled out.

The ordeal did not end there. We did a last minute postponement of our return journey and unloaded our luggage from the chopper that was to fly us back home. Some NDRF men and Col. Gupta, a gentleman par excellence, replaced us. There was a lot of tearful hugging, and handshakes before the chopper took off. We learnt, late in the evening that the chopper had crashed killing our friends from the crew, the ITBP and NDRF.

This time we could not hold back our tears as we sat in the helicopter that carried us and the mangled and charred bodies of our friends back to Dehradun.

*Dr. Sanjoy Das, Professor & Head  
Dept. of Forensic Medicine & Toxicology*



The temple stood with all its magnificence, while the rest of Kedarnath was devastated. It appeared as if the Lord Himself created the deluge to remove every structure that existed, uncomfortably crowding every inch of the serene region. It also appeared as if the huge boulders, which came to rest just behind the temple and protect it, were handpicked by some divine agency.

On the first day of work, we surveyed the area and marked the places from where bodies could be removed easily. We had no cutting tools or other equipment and attempting to remove bodies from the piles of rubble would have brought entire structures down.

## Cancer Research Institute

## Himalayan College of Nursing

### **Evolving Compassion in Cancer Care: Palliative and Supportive Oncology Division**

In its ever growing efforts to provide comprehensive care for cancer patients CRI has moved towards a new milestone—setting up a palliative and supportive oncology division. More than 70% of cancer patients in our region come with advanced cancers, and the majority of these are not curable. These patients essentially require treatment to control their symptoms to provide good quality of life with minimal side effects. Although cancer specific therapies are given to control cancer during the advanced state, yet gentle supportive care and interventions for symptom control are the mainstay treatment for these patients. Commonly these patients require care of wounds, nutritional support, care of colostomy or tracheotomy, and adequate pain management. Psychosocial counseling of patients and their families also form important aspects of clinical cancer care.

Keeping pace with the trends in cancer care the world over, CRI has introduced this concept of palliative oncology. The unique aspect of this unit is that the nurses will be involved in running these services along with the doctors. They will be involved in training, education, clinical assessment and care of patients in clinics and wards. They would manage from nursing angle the pain relief clinics, ostomy care clinics, wound care clinics and the like. The initiative has been introduced in June 2013. An area for these services has been developed on each floor of CRI.

### **Tumor Board: An Informed Joint Decision**

Multidisciplinary or team care is the international norm for cancer care. Cancer patients require various modalities of treatment. Surgery, radiotherapy and chemotherapy are the frequent modalities. Every patient will require minimum of two during the course of their treatment. Not only treatment modality but diagnosis and staging of cancer involve a pathologist, radiologist, nuclear medicine physician and many more specialists. While delivering cancer care physicians and nurses are guided by the team spirit: “OUR” patient rather than “MY” patient.

### **What is Tumor Board ?**

Each newly diagnosed cancer patient is seen by a team of consultants from various modalities of diagnosis and treatment and then a decision for intervention is taken. Also, whenever there is completion of one modality of treatment, or another modality to intervene, the patient is reviewed by the board for potential changes in strategy. These tumor board meetings are held daily morning or on as and when basis in clinics (OPDs) at CRI. The tumor board is a natural and continuous process and is practiced freely at CRI. Not only the doctors but the patients also participate in these decisions and modalities are discussed with them after which an informed decision is taken by the patient. This is equally important. Patients attending CRI are educated about their privilege to seek opinion of tumor board, rather than remaining content with the opinion of a single physician. CRI is facilitating more and more doctors involved in cancer care from the main hospital to participate in the tumor board.



### **Report on Panel Discussion**

A panel discussion on “Independent Nurse Practitioner in India: Faceliftment of Health Care System” was organised by the students of final year M.Sc. Nursing of Himalayan College of Nursing, on 10 July 2013. First year M.Sc. Nursing and final year B.Sc. Nursing students along with faculty of College of Nursing attended the panel discussion. The objective was to develop competency of post graduate nursing students in organizing a panel discussion on large-scale educational events and create awareness among undergraduate nursing students about Independent Nurse Practitioner in India. Panellists detailed out on concept and scope of independent nurse practitioner, roles and responsibility, status of independent nurse practitioner (NP) in India, laws protecting NPs, need of NPs in India, advantages, disadvantages and barriers. A special focus was laid on issues related to independent nurse practitioners and how to overcome these barriers. After the discussion by the panellist, the audience was given a chance to raise questions and share their views about the NPs scope in India. Session was very interactive and audience participated actively in the discussion. Mr. Rajesh Kumar Sharma and Mr. Muthuvenkatachalam S., faculty Himalayan College of Nursing coordinated the program.

### **Report on Workshop**

A workshop for staff nurses and nursing supervisors of Himalayan Hospital was organized by final year M.Sc. Nursing students and Post Basic B.Sc. Nursing students on the topic “Therapeutic Nurse-Patient Relationship as an Intervention.” The workshop was inaugurated by Dr. Kathy who delivered the keynote address on the workshop theme. Mr. Muthuvenkatachalam S., Organizing Chairperson, welcomed the gathering. Dr. Sanchita Pugazhendi, Principal spoke on the importance of therapeutic nurse-patient relationships in providing quality nursing care. The topics covered in the workshop were therapeutic communication techniques, components and phases of nurse-patient relationship and barriers of communication. Group activities and role play was conducted with active participation of delegates. Workshop concluded with feedback from participants and vote of thanks by Mr. Rajesh Kumar Sharma, Organising Secretary of the workshop.

## Rural Development Institute



### Disaster Relief Initiatives

The second week of June brought catastrophe to the entire Kedar Valley region. Heavy rainfall, cloudburst and flash floods affected pilgrims and the local population.

HIHT's mandate to provide relief and restoration towards normalcy is being undertaken by RDI in 50 villages. The immediate work that is being undertaken is to provide kits for affected families as well as the community at large. These kits contain essential provisions: foodgrains and essential supplies, utensils, clothes and medical kit. Restoration of water sources in 28 villages is underway.

Relief work has already been started in several affected villages of block Jounpur of district Tehri, block Rikhanikhil of district Pauri, and block Chakrata and Kalsi of district Dehradun.

Orientation on using chlorine tablets for safe drinking water, distribution of ORS packets for diarrhea patients, and bleaching powder spray for prevention of various diseases was given to ASHAs, Asha facilitators and block coordinators in disaster affected areas of Rudraprayag, Chamoli, Dehradun and Haridwar districts. Sensitization for ensuring safe delivery services for pregnant ladies of the affected areas was also done.

The Annual Plan for 2013-14 for Tehri district was prepared and presented to all district officials.

**Scholarship Program's** summer workshops were organized on 28<sup>th</sup> May and 10-15 June with 45 and 63 scholars respectively. Scholars underwent training in first aid, handicrafts training, English book reading, astronomy class and picnic activities. The scholars also enjoyed film on "Beyond the Ugly Mode." 53 scholars were awarded half yearly school fee scholarship.

Twenty children of 0-8 years' age group with hearing and intellectual impairment were identified from Doiwala block for providing medical assistance and clinical counseling. One child received surgical treatment and 3 have been assessed for disability-specific needs for providing appropriate devices. Assistive devices (wheelchair, hand supporters and sanitary supporting stool) were distributed to 7 people with disability during the June health camp in village Teliwala of Dehradun district.

## Himalayan University

It was declared in the earlier issue of May-June 2013 that Himalayan University will start functioning from the Academic Session 2013-14 with School of Engineering and Technology and School of Management Studies.

Accordingly, the first notification for admission was given in the month of June 2013 and the process of issuing and receiving the application forms started from 5<sup>th</sup> July.

The process of recruitment of faculty has been going on since April 2013 and by now, almost all the required faculty are in place. Simultaneously, infrastructural developments have also been going on in full swing.

Offer letters for admission to the candidates have been dispatched. It is decided to start the functioning of all these programs with the induction program on September 2, 2013.

## World Blood Donor Day



Blood Bank HIHT, conducted a month-long drive starting from 14<sup>th</sup> June to commemorate "World Blood Donor Day." On 14<sup>th</sup> June a Blood Donation Camp was organized at Maxcure Drugs, SIDCUL, Haridwar; 270 units were donated by volunteer non-remunerated blood donors. Blood Bank HIHT organized many camps during this one month, some in association with Uttarakhand State Aids Control Society (USACS).

To culminate the month long celebration of "World Blood Donor Day," Blood Bank HIHT organized a function on 16<sup>th</sup> July to thank the voluntary blood donors and the camp organizers. Dr. Meena Harsh, HOD, Pathology welcomed all the guests and organizers. She appealed to one and all to "Donate Blood: Give a Gift of life."

Dr. Meenakshi Uniyal, Add'l Project Director USACS and Dr. Harleen Kaur Sandhu, Joint Director, USACS graced the occasion as Chief Guest and Guest of Honor respectively. An update was given by them about various activities in the State to achieve the goals of 100% Voluntary Unpaid Blood Donation.

## Second Mentorship Camp for Professional Students

Continuing last year's initiative of a mentorship camp for medical and engineering professional students from economically disadvantaged rural backgrounds, this year the camp was held for last year's batch of students as well as for a new batch of 14 students, drawn as before, from I.I.T. Roorkee, I.I.T. Gandhinagar and HIHT. The camp was held on the HIHT campus with the kind approval of the Governing Body of HIHT and was sponsored by the three I.I.T. alumni, Mr. Harish Natarajan, Dr. Rohit Vishnoi and Dr. Prakash Keshaviah.

For the senior batch, Ms. Neha Buch and Ms. Shilpa Jhawar from the Delhi-based NGO Pravah, conducted the "Learner for Life" program over the weekend of May 11<sup>th</sup> and 12<sup>th</sup>. The program included the following topics: Reflection on the Past Year's Challenges and Celebrations, RefAction-Reflection and Action, Learning Beyond the Classroom through Life Experiences, Learning Styles Inventory, Systems Thinking, and how to give and receive feedback. At the end of the session, the students created a learning plan and a support group for themselves.

For the new batch of students, the week-long program (May 13<sup>th</sup> – 19<sup>th</sup>) consisted of the following activities:

**Yoga Instruction:** Every morning, before breakfast, Dr. Kathy McKeehan of HIHT and Ms. Kalpana Mehta of Mumbai led yoga classes that included stretches, postures, breathing and systematic relaxation.



**Team Building, Leadership and Personality Development:** Ms. Neha Buch, Ms. Shilpa Jhawar and Ms. Amreen Ahmed from Pravah conducted the 3-day module, "Get Real." The module included introspection about concept of self, uncovering buried fears, building trust in relationships, team work and leadership.



The second day was at Camp Panther in Shivpuri near Rishikesh. Students went white water rafting down the Ganga, for 14 km from Shivpuri to Rishikesh. Lunch was served at Sadhana Mandir ashram followed by the video "Swami Rama, Himalayan Master." Back at HIHT, the Pravah faculty helped the group explore what lessons they had learnt from the morning's activity related to team work and leadership.

**Creative Design Workshop:** George Mitov of Mumbai conducted this one-day module. After presenting concepts of creative design, students were divided into groups and given the project of designing and constructing a syringe-needle combination that could be used only once, re-use being prevented by the design.

**Presentation Skills:** Ms. Rema Harish of Delhi conducted a 2-day module on Presentation Skills. Students prepared PowerPoint presentations that they delivered to the group. The presentations were video-graphed and the videos played back to demonstrate how to improve content, delivery, and body language.



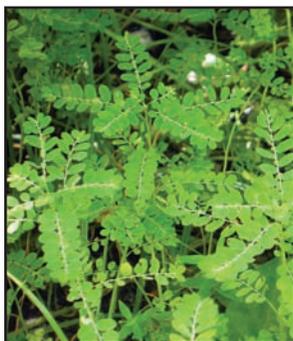
**World View Sessions:** The purpose of these sessions was to allow participants to broaden their world view, to articulate their opinions, and to build upon the views of others to arrive at consensus. Dr. V. Chauhan, VC of HIHT University, Dr. Prakash Keshaviah and Mr. Harish Natarajan, each conducted a World View session.

**Concluding Sessions:** The students arranged an enjoyable cultural program of music, dance and humorous skits on the last evening of the camp. The faculty was honored with small gifts. After the cultural program, students and faculty celebrated with a special dinner at the hostel mess. The last morning was devoted to eliciting feedback from the participants. The faculty was happy to note that the students had enjoyed the activities of the camp and had benefited from them.



## The Ayurvedic Centre Herbal Plants in Campus

### Bhumyaamalki(Phyllanthus niruri)



Bhumyaamalki, also known as Shiva, Bahupatra, Bahuphala, Bhudhatri is described as “Swashar, Kashar” in Ayurvedic text Charak Samhita. It belongs to family-Euphorbiaceae. It holds a reputed position in Ayurveda and Siddha systems of medicine.

Recently it has attracted the attention of research, because of its hepatoprotective properties.

**Plant description:** It is an annual herb 30-60 cm in height with quite globrous stem often branched at the base. Leaves are numerous, distichous, elliptic. Flowers are yellowish and fruits are depressed gobose, smooth capsule underneath the branches.

**Principle constituent:** Phyllanthin.

**Part used in therapeutic purpose:** Whole plant.

**Therapeutic uses:** Kapha and pitta disorder, cough, asthma, jaundice, liver disorder, malaria, diarrhoea, dysentery.

*Dr. Sangeeta Rawat, Dept. of Ayurvedic Medicine*

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“Environmental pollution comes from thought pollution. You will have to take the responsibility to change yourself in order to stop the environmental crisis you have created for yourself and others.”

*Swami Rama*

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## 5-Day Workshop on HIV/AIDS

A 5-day induction/refresher workshop on HIV/AIDS for faculty ICTC technicians and sputum microscopists coming from different parts of Uttarakhand was successfully organized during July 23-27 by Dept. of Microbiology in collaboration with Uttarakhand State AIDS Control Society (USACS). The workshop covered all important aspects of HIV like virology, pathogenesis, transmission and lab diagnosis. Hands-on training was given on different rapid and ELISA tests. PCR technique was demonstrated to the participants. Topics like waste management, universal work precautions, and quality assurance were also discussed.

## Homeopathy & Trauma

### Arnica Montana (Leopard's bane)



Prepared from the whole flowering plant.

Arnica is the most widely used trauma remedy and the first remedy to think of for trauma in general.

#### Uses:

Ailments from over-exertion  
Black eye, injuries to eyes  
Bruises, contusions, falls, blows  
Exhaustion from prolonged labour  
Head trauma  
Non-healing wounds  
Post delivery healing  
Post surgery or dental work to help in the healing process  
Sciatica  
Soft tissue injury  
Spinal injuries  
Sports injuries  
Sprains or strains of muscles and joints  
To help reduce the initial swelling and inflammation in fractures  
Traumatic nosebleed

#### Dosage:

One dose 3 times daily until healing is nearly complete; then one dose once daily to complete the healing process.

*Dr. Barbara Bova, HOD, Dept. of Homeopathy*

## MBBS Orientation

An orientation program for the MBBS 2013 batch students was organized on August 12<sup>th</sup>. The program was attended by first year medical students along with their parents. The orientation program at HIMS is a very unique tradition wherein the newly admitted MBBS students along with their parents are introduced to the University, the vision of our founder H.H. Swami Rama, and the rules and regulations of HIHT University. The students were apprised of the anti-ragging measures and the parents were reassured that the campus is ragging free. The students and parents got an opportunity to know and interact with the faculty and other office bearers of the University.

## Himalayan Premier League



Himalayan Premier League was organized in HIHT campus by the Recreation Club of HIHT, from 8<sup>th</sup> June 2013 onwards. It was an interdepartmental tennis ball cricket tournament in which 16 internal teams of HIHT participated. Faculty members, officials, staff members, and children of the campus participated. The final match was played between the Neurology XI team and Young Star XI team. Young Star XI defeated the Neurology XI team and was declared as champion. Best Batsman Award was received by Mr. Vijay Rawat of Young Star XI. Mr. Naresh also from Young Star XI was declared Best Bowler. The champions received a cash award of Rs.11,001/- and the best bowler and best batsman received a cash award of Rs.1,000/- each, while the runner ups received Rs.6,001/-.

## Kids' Corner



“Krishna and His Mother”  
by Anshal Negi, Class VI  
D.P.S. Bhaniyawala, Dehradun



“Save Trees Prevent Floods”  
by Kartikay Uniyal, Class IV  
St. Joseph's Academy, Dehradun

“The law is, if you make pit somewhere, there will be heap somewhere. There will be balance by natural disaster. If a human being does not understand and behave, see how he is related to nature, he will suffer.”

*Swami Rama*

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