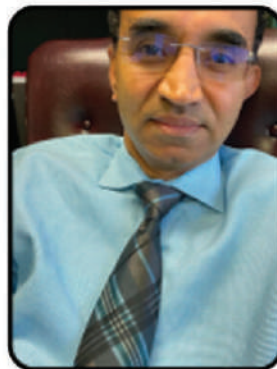
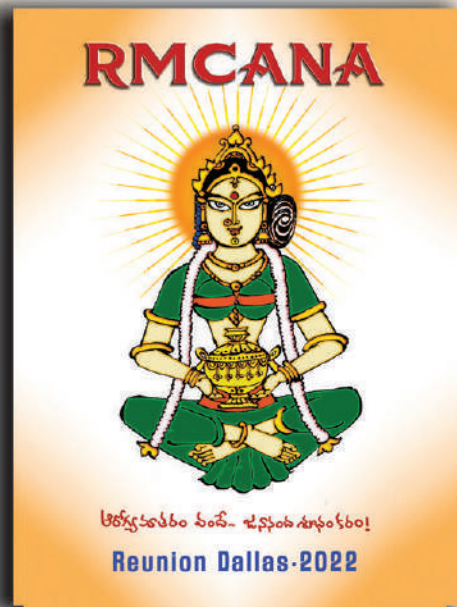


RM CANA



ఆహ్వానం వందే - ఉన్నందు శుభంకరం!

Reunion Dallas-2022



Cover page designed in collaboration with my Cousin,
BNIM(Bhamidipalli Narasimha Murthy)
recipient of multiple Nandi Awards,
the true disciple of Padmasri Bapu

As the world recovers from the tragic Covid Pandemic,
we dedicate this to the higher powers to keep us all safe and healthy

Dr N Sastry Jatavallabhula
MD FRCS FAANS

సంపాదకీయం



“సర్వే సంతు నిరామయా” - “Freedom From Illness and Death”

ఎలా వివరించను ఈ "Royal Rangarayangans" ప్రతిభాపాటవాలని !

ఒకరా ఇద్దరా, ఎందరో మహానుభావులు, అందరికీ వందనాలు.

1958లో ముళ్ళపూడి హరిశ్చంద్ ప్రసాద్ గారి ధాతృత్వంతో నెలకొల్పబడిన మన సంస్థానం, “Rangaraya Medical College,” అలనాటి మహనీయుల నుంచి నేటి “Rising Rovanzers” వరకు ప్రతిష్ఠాత్మకమయిన విద్యాలయమై వెలుగొందుతుంది.

ప్రకృతి ఒడిలో విధ్వనభ్యసించి, GGH లో clinicals చేసి వేల మైళ్ళు వలస వచ్చి వివిధ విశిష్టతల్లో నైపుణ్యం సంపాదించి, కోవిడ్ మహమ్మారిని జయించి, “వైద్యో నారాయణో హరీ!” అను సామెతను నిజం చేసి మహద్భుతమైన వైద్యులుగా పేరుగాంచిన మీకందరికీ,

సెప్టెంబర్ 3,4 న డల్లాస్ లో జరుగుతున్న RMCANA Biennial వేడుకకి స్వాగతం, సుస్వాగతం.

ఈ అద్భుతమైన వేడుక సందర్భంగా విడుదల చేస్తున్న Souvenir కి Editor గా బాధ్యత నిర్వహించమని Dr. Anantha Venkata Subbaraya Chowdary గారు నన్ను అడిగినపుడు మొదట కొంచెం తటపటాయించా, కానీ Organizing committee ఇచ్చిన చేయూతతో సునాయాసంగా పూర్తి చేయగలిగినందుకు చాలా సంతోషంగా ఉంది.

మీకు ఒక పది నిమిషాలు సమయం దొరికినప్పుడు Dr. Mohan Kishore Kesani గారు వ్రాసిన కవితో, Dr. Jyothi Nuthakki గారి ఆత్మకథో, Dr. Sudhakar Jonnalagadda గారి నేతృత్వంలో కోవిడ్ సంక్షోభంలో సాగిన మానవతా సహాయమో, Dr. Manjulatha Badam గారి విశిష్ట సేవలునో, Dr. Kilaru Prasad గారి “Heart Disease in Indians” వ్యాసమో, ప్రస్తుత మెడికల్ కాలేజీ విద్యార్థులచే నిర్వహించబడిన First Annual Undergraduate Medical Conference “**EREVNA 2022 : Igniting Young Medical Minds**” నివేదికో, Dr. Vishnu Kalidindi” గారి ఇతిహాసమో, Dr. SV Lakshminaryana గారి Islands of my life గురించో, Dr. Bhanuprasad Memorial trust, Dr. Karuturi trust ఇంకా ఎందరో మహానుభావులు అందించిన సహాయమో, ఇంకా ఎన్నో ఎన్నెన్నో ఆహ్లాదకరమయిన సంచికలు, నివేదికలు, ఫోటోలు చూడండి.

ఈ సంపాదకీయంలో పేర్కొనబడని దాతలు, మానవతావాదులకు, సహకారులకు శతకోటి నమస్కారాలు, మనకి విద్య నేర్పిన గురుకులానికి, ముందు ముందు తరాలకి చేయూత నిస్తూ “సర్వే సంతు నిరామయా” - “Freedom From Illness and Death” కు తోడ్పడాలని Royal Rangarayangans అందరికీ విజ్ఞప్తి.

ఇట్లు

Dr. Anusha Valluru

సంపాదకీయం సమన్వయకర్త

Convenor's Message

Date: Aug 2nd, 2022

Dear fellow alumni,



We would be thrilled to have you all join us at the grand reunion celebrations in Dallas on September 3rd and 4th, 2022. After a long gap of 4 years, this event is going to be a fantastic opportunity to meet your friends and families. Preparations for this grand reunion were started several years ago, but because of the COVID pandemic, the event had to be postponed several times. Now we are excited that this is finally taking place this year.

We arranged exceptional hotel accommodations and a very exhilarating and fun filled entertainment program on Saturday and Sunday.

On Saturday, September 3, 2022, we have Golf tournament and Yoga session in the morning. In the evening, the **Fiesta** will be held in **Circle'R'Ranch** in Flower Mound, TX. We arranged Indo-Texas themed entertainment with music, dance, and food. Bus transportation from Hotel to the Ranch is arranged.

On Sunday, September 4, 2022 we start with CME program in the morning, followed by individual college reunions and photo sessions. In the evening we have excellent entertainment with well-known and nationally acclaimed artists. For the first time we have a fashion show with our Alumni models.

Padma Bhushan Dr. Krishna Ella is going to be the Keynote speaker, this is followed by motivational speeches by major donors.

We appreciate the guidance and valuable recommendations, given to us by the Executive committee and Board of trustees of GMCANA, RMCANA and SMCANA to the **Team Dallas-2022** to make this program a "Never Before-Never After" successful event.

As a convenor for the Reunion along with the Team Dallas-2022, Dr. Alla Sreenivas Reddy, Dr. Subbayya Chowdary Achanta and the event manager Amar Anne, ***"We cordially invite each and every Alumni member to attend this major event and enjoy the famous Texas Hospitality"***

Dr. Vishnu V. Kalidindi, MD
Reunion convenor.

President Elect's Message



Dear Royal Rangarayans,

Hearty welcome to the Dallas Dhamaka. We haven't seen each other in four long years and the heart beats faster with excitement as the day approaches. The past 4 years have been a test of personal endurance, collective resolve, scientific audacity, and individual heroism.

When the going gets tough, the tough not only get going but thrive. We Rangarayans are a tough lot. As we in the West struggled through long working hours and personal tragedies, our colleagues back home navigated through the same problems with far less resources. As always, RMCANA was there to support our Alma Mater at every step. Under the leadership of our president Dr. Venkatasubbaraya Chowdary Achanta, we provided oxygen concentrators to the Government General Hospital and ultra sound machines to the Anesthesia department. As fate had it, American Association of Physicians of Indian origin, the second largest physician organization in the US was led by another Rangarayan Dr. Sudhakar Jonnalagadda during this time. It was a proud moment for every Rangarayan when the Government of India had bestowed the Pravasi Bharatiya Samman, the highest award for a Non-Resident Indian upon him for his services and leadership during the COVID.

Dawn seems to be finally here. COVID is going to be with us in some form or other but we have learnt to live with it. Cases are down. Deaths have become a rarity. Kids are going back to class rooms. Travel is at all-time high. Malls are full and the Zoom stock is back to where it was before COVID.

Some truly exciting things are happening at our College too. The trifecta of Principal Dr. DSVL Narasimham's vision, student enthusiasm, and the faculty support has created an academically thriving environment. The focus has shifted towards academic research. During my visit to India in June, I was fortunate to attend the inaugural meeting of the Rangarayan Student Research Society geared towards encouraging undergraduate research. Only a handful of medical colleges in India besides Rangaraya have undergraduate research organizations. Our students are consistently receiving research grants both from the NTR University of Health Sciences and the Indian Council of Medical Research. EREVNA, the first annual undergraduate medical conference in July was a grand success too.

At these exciting times, the question comes what role we, at RMCANA want to play to support the College. Until now, we have been rightly focusing on the development of infrastructure. I believe now is the perfect time to widen our support to include student education. Sponsoring Intra mural research grants, providing ideological and financial support to annual undergraduate conferences, evaluating research proposals and outcomes, and reviewing manuscript drafts are some of the small but important areas where we can help.

We at RMCANA are destined to serve and lead. We are blessed with alumni that are committed to the development of our Alma Mater. Whatever we choose to focus on, I truly believe that we can continue to do wonders. I can't wait to see what we will achieve in the next two years. Let's keep marching forwards.....

- Dr. Sashi Kuppala, 1992 Rangarayan

Treasurer's report



Dear Royal Rangarayans,

This year I am more excited than ever before to attend our reunion in Dallas. Since our last meeting in Atlanta 4 years ago, we've all fought through difficult times due to the Covid-19 Pandemic.

We left from Atlanta with the plans to contribute a **MCH building at GGH Kakinada**. With a lot of enthusiasm and dynamic leadership from our RMCANA president, **Dr. Achanta Venkata Subbaraya Chowdary**, we were able to come up with MOU from our state government, but due to unforeseen circumstances the construction did not materialize. For this project our president is able to mobilize funds required for MCH building. We've already collected more than **200K** and he got promises for around 2-3 million more.

During the difficult times with COVID, RMCANA sent **20 oxygen concentrators to GGH, Kakinada**. We are grateful for major donations received from **Dr. Kancherla Rammohan** and **Dr. Kakarla Rajendra**.

On the occasion of the retirement of Dr. Saladi Lakshminarayana, an ultrasound machine was donated to GGH Kakinada in recognition of his outstanding loyalty and service. We are also grateful for major donation received from **Dr. Achanta Venkata Subbaraya Chowdary** and other contributions from **Dr. Kalidindi Vishnu Varma** and **Dr. Gogineni Anil Kumar**.

Karuturi family (Dr. Sarada Bobba-Karuturi along with her brother **Karuturi Chakravarthi** and sisters) contributed to various projects at our medical College Kakinada (Rangaraya Medical College Digital Library). They also contributed to other projects at Kakinada, Red Cross Senior Citizen Home "Vatsalya" and Padala Charitable Trust project for High school Children education and College Girls Scholarships.

Dr. Kakarla Rajendra funded \$31,000 to do charitable work at our college/Hostels/GGH Kakinada on behalf of his classmate, the late Dr. Kurukuri Venkateswara Rao. The first of these projects is the renovation of the ladies hostel.

Dr. Kalidindi Vishnu Varma made a major contribution along with his friends in establishing a fund on behalf of late **Dr. K.R.L. Suryakirani**. In recognition of her achievements, the Microbiology Gold Medal award was founded as an annual award.

Our organization is 501C nonprofit organization and the contributions are tax exempt. We do bank with Wells Fargo. We will provide all the financial information at your request. Thank you for giving me the opportunity to be part of our alumni Association.

- Dr. Anil Gogineni

Principal's Message



First and foremost I would like to express my gratitude to every member of RMCANA for the constant support, love and concern towards the college which enables and encourages us to strive hard to carry forward the mission of laying a strong foundation to the future doctors.

I am very glad to know that RMCANA is planning a reunion in Dallas, and I convey my best wishes to all the members on this occasion. Hope this meet will be a good platform for diversified interactions, sharing on field experiences and good networking.

My sincere thanks to all of you for being a part of this community, and for your valuable contribution towards the institution. Also special thanks to the organizing committee of RMCANA 2022 for their efforts in taking forward the legacy.

My best wishes for future endeavours.

Yours

Dr. DSVL Narasimham,
Principal/Addl. Director,
Rangaraya Medical College, Kakinada

RAMCOSA President's Message



Dear Alumni and Members of RMCANA,

Greetings from India on behalf of members of RAMCOSA.

It is very gratifying to note that our members of RMCANA are growing from strength to strength in the American Society in general and professionally in particular. To note that consecutive AAPI presidents like Dr. Ravi Kolli are from our institute is a matter of pride and privilege.

The academic positions achieved by our members and the activities done by RMCANA back home in conjunction with RAMCOSA and Rangaraya Medical College are very unique. The construction of campus library, upgradation of several clinical departments by various batches are laudable. Dr. Rajendra of 1976 batch is doing his bit to upgrade and totally renovate library in the ladies hostel in the college premises.

Dr. Lokesh Edara along with Dr. SVL Narayana (1976) has initiated the first ever undergraduate academic conference EREVNA 2022 on 22nd & 23rd July. The Principal Dr. D.S.V.L.Narasimham, himself a proud Rangarayan took the initiative and was ably aided by academic minded faculty. The result is – this conference became a path breaker and an unique activity.

As they say, the best is yet to come ! Dr. Paladugu Rambabu (1971) of Vijayawada has mobilised funds for ICU and Ward beds which were handed over to the Superintendent by local RAMCOSA members. Construction of an academic building with a sizeable out lay is one of the important proposals made by some of our members. It is indeed a very happy moment recurring frequently to see batch after batch conducting their meets and utilising our own RAMCOSA house to the fullest.

The list is endless. Our cup of joy is always full. RMCANA is truly offering initiative, guidance, leadership and support to RAMCOSA and Rangaraya Medical College. I wish the reunioin on September 3rd & 4th at Dallas a grand success.

Dr. Ravi Vadrevu, MD.DD.,

1975 Batch.

President RAMCOSA.

Mobile : +91 984 816 0147

Email : ravi58v@yahoo.com



With Best Wishes



Dr. Vishnu Kalidindi & Family

Royal Rangaraya Ithihasam



Vishnu V. Kalidindi, MD

As alumni of the great Rangaraya Medical College, we are forever indebted and grateful to our Alma Mater for providing us with such an excellent education in medicine and at the same time in shaping up our unique Rangarayan character. We all can be proud of so many of our fellow Rangarayans who are at the forefront of providing world class health care in every specialty of medicine, not only in India but also in numerous countries.

In this article we will summarize the milestones, glorious achievements of the past and the status of our beloved Rangaraya Medical College and Government General Hospital.

Milestones in the history of Rangaraya Medical College:

Formation of medical Education Society on 16th April 1958 by Dr. Colonel D.S. Raju and Dr.M.V. Krishna Rao.

■ **Colonel. Dr. Datla Satyanarayana Raju.**



Personal physician to Netaji Subhas Chandra Bose. (Azad Hind Fauz) Central Health Minister of state in Pandit Jawaharlal Nehru's cabinet Founder of Medical Education Society on 16th April 1958

■ **Dr.M.V. Krishna Rao.**



Education Minister in the Rajaji's Cabinet in the Composite state of Madras. Co-founder of the Medical Education Society on 16th April 1958

■ **Sri Mullapudi Harishchandra Prasad**



Sri Mullapudi Venkata Rayudu Memorial Educational Trust of Tanuku pledged a donation of Rs 5,00,000 to the society. The College was named after his late brother-in-law Sri. Pendyala Ranga Rao, Zamindar of Dommeru.

- Sri Kotamarthi Venkanna garu gifted 6.5 acres of land, now called Kotamarthi Park, on which stands the present men's hostels.
- Draksharama Choultry Trust gave a donation of Rs.50,000 towards construction of a lecture hall.
- Rao Venkata Kumara Mahipati Surya Rau, the Maharaja of Pithapuram allowed the palatial orphanage buildings (now the Main Campus) to house the Medical College.
- Sri. Neelam Sanjeeva Reddy, Chief Minister of Andhra Pradesh inaugurated The College on 17 November 1958.
- Sri. Sarvepalli Radhakrishna, Vice President of India laid the foundation stone for the Anatomy and Physiology block on August 4, 1961.
- The teaching for the first 100 MBBS students was started on 17 September 1958 with the introductory speech given by Dr. V. S. Krishna, vice chancellor of Andhra University.
- The World-renowned scientist and philosopher Dr. J.B.S. Haldane donated his body to the Pathology department of RMC for education and research
- The Medical Education Society constructed huge buildings to accommodate the paraclinical departments, lecture halls and

library just across the street from the hospital.

- In 1977 the Government of Andhra Pradesh took over the management of the College, which was until then privately managed.



Milestones in the history of Government general hospital, Kakinada:

- The first hospital in Kakinada was started as a Civil Dispensary in September 1856. This consisted of a few huts and was administered by a civil surgeon. This dispensary was taken over by the Municipality in the year 1871.
- The Lady Haverlock Maternity hospital was started in 1895 in the heart of Kakinada with a generous donation of Rs.5,000 by philanthropist Sri. Rao Bahadur Badam Venkataratnam of Kakinada.
- Soon, with gracious donation of the Maharaja of Pithapuram, a maternity hospital was constructed in 1903. It was opened by Lord Ampthill the then

Governor of Madras, on 4/12/1903. The Government took over the Hospital in September 1926.

- The site of the present hospital was acquired by the government (Neelam vari Thota) and construction was started in 1936 and completed in 1941. On 2/12/1941 the new building was declared open by Major Scott, the Surgeon General of the state of Madras. The old dispensary hospital, the Lady Haverlock Hospital were merged with the new Headquarters Hospital.
- The Government General Hospital was designated as a teaching hospital for the Rangaraya Medical College and development of the hospital took a quantum leap with clinical teaching and research. Diploma courses were started in five disciplines in 1972 and post graduate degree courses in all disciplines in the 1976-77 academic year. In addition to medical courses, RMC and the GGH also provide Nursing and Paramedical courses now.

History of RMCANA:

A group of Rangarayans met in Chicago in 1971 and decided to form an organization with the alumni of Rangaraya Medical College who were settled in the USA. The initial idea of the alumni association was taken to the next level by the creation of Rangaraya Medical College Alumni of North America (RMCANA) by our

leaders Drs. Upendranath Nimmagadda, Babu Sajja, Nagendra Thotakura and Mallikarjuna Anne along with several other enthusiastic Rangarayans. Successive RMCANA leadership teams worked on increasing the membership and carried out multiple projects to benefit the medical students in Rangaraya Medical college and Government General Hospital, Kakinada in teaching and patient care.

Leadership-RMCANA:

Successive presidents and their team RMCANA were actively involved with membership drive, fund raising and various projects. Due to lack of adequate information these were not mentioned for all presidents, these will be updated on the RMCANA web site as the information becomes available.

- Dr. Babu Sajja: President 1988-1991.
- Dr. Nagendra Thotakura: President 1991-1993.
- Dr. Subbarao Gorantla: President 1993-1995
- Dr. Jayakumar Kambam: President 1995-1997.
- Dr. Indira Mutyala: President 1997-1999. She is our first woman president. During her term, the physical therapy department and Ob & Gyn special care units were established in GGH, Kakinada. Medical Journals were regularly shipped to the clinical library.
- Dr. Ramana Reddy Guduru: President 1999-2000.
- Dr. Jayanth Gutta: President 2000-2002.

- Dr. Ram Mohan Kancherla: President 2002-2004. The decision for constructing the pre-clinical library was taken up during his term. He continues to take active role as Chairman, Board of trustees.
- Dr. Ravi Chadalavada: President 2004-2006.
- Dr. Veeraiah Chandu: President 2006-2008.
- Dr. Mohan Kishore Kesani: President 2008-2010. Successful completion and inauguration of pre-clinical library building was done during his term. He continues to play highly active role in RMACANA activities
- Dr. Vishnu Kalidindi: President 2010-2012. Initiated medical seminars in Kakinada during the RAMCOSA biennial reunions with local and international faculty. Completed the phase.1 of Founding father's corner. He continues to play highly active role in RMCANA activities.
- Dr. Anu Vellanki: President 2012-2014.
- Dr. Anil Gogineni: President 2014-2016. He took the sole responsibility of maintaining the financials of the RMCANA meticulously. He continues to play a highly active role in RMCANA activities.
- Dr. Ravi Kolli: President 2016-2018. President elect AAPI.
- Dr. Subbaraya Chowdhary Achanta: President 2018-2022, the longest serving president. Very dynamic and instrumental in getting the MOU signed for MCH building. The project was a

little delayed due to Covid pandemic. During his term RMCANA arranged shipment of Echo machine, vascular ultrasound, Oxygen concentrators and Ventilators to GGH Kakinada during the covid pandemic.

RMCANA projects:

Due to unavailability of details of the earlier RMCANA projects, only the recent projects are being mentioned. The other projects will be updated by the editorial team on the web site as the information becomes available.

- RMC Auditorium: Dr. Bhanuprasad Memorial Trust assumed the up-gradation and maintenance of the auditorium.
- Government General Hospital projects: Various projects were taken up and completed in GGH including Physical Therapy department and Gynecology ICU during Dr. Indira Mutyala's term.
- Medical supplies including oxygen concentrators and ventilators were supplied to GGH by RMCANA during COVID-19 Pandemic. Echo and Vascular Ultrasound machines were donated to GGH by RMCANA during Dr. Chowdary Achanta's term.
- RMC Medical Library in the pre-clinical Campus: This is one of the most significant achievements by RMCANA and was done without any government help. The library

is fully stocked with medical textbooks and journals. Several computer stations were provided for online access.

- RMC founders' corner: Phase 1 of the projects, in recognition of our founding fathers, the statues of Dr. (Colonel) D.S. Raju garu, Sri M.V. Satyanarayana garu and Sri Mullapudi Harishchandra Prasad garu were completed by RMCANA. The phase 2 of the project was undertaken by RAMCOSA,
- The Basic Life Support (BLS) and the Advanced Cardiac Life Support (ACLS) training program: This was initiated by the RMCANA for the first time in the AP state. This program is subsequently extended to the national level. Dr. Lokesh Edara worked extremely hard to make it a reality. This is one of the most ambitious and impactful projects undertaken by the RMCANA.
- Medical Seminars: RMCANA took the initiative to arrange day long medical seminars with international and local faculty during the Biennial RAMCOSA events.
- Maternal and Child health building: This is the most prestigious project taken up by the RMCANA under the presidency and leadership of Dr. Subbaraya Chowdhary. We thank all the donors and our special recognition and gratitude to the major donors including Dr. Upendranath

Nimmagadda garu, Paladugu Rambabu garu and Jagan Kakarla garu for their substantial contributions for this project

- Hospice and Palliative care service program in Kakinada: This is a project in development, and this can potentially be extended to other cities by mobile care. More news will be forthcoming as it progresses.

Merit Awards given by RMCANA for academic excellence:

- Biochemistry Medal given in honor of Professor Narasimha Rao garu and Dr. Indira Devi garu.
- Dr. K.L. Surya Kirani Memorial Award: This award will be given one each to a Post-graduate and an undergraduate that excel in Microbiology studies. More news will be forthcoming as this evolves.
- Dr. Kurukuri Venkateswar Rao memorial student scholarships (In process)

This is a sincere effort by RMCANA team to summarize as accurately as possible, the glorious history of RMC and GGH. Please forgive us if there are any unintentional mistakes or omissions in the narration. My special thanks to the following Rangarayans for helping me with this presentation:

Prasad Kilaru, MD, Saladi Lakshmi Narayana, MD, Mohan Kesani, MD and Subbaraya Chowdary Achanta, MD



With Best Wishes



Dr. Vijay Pokala

Graduated from RMC in 1976 after brief stint in surgery at PGI Chandigarh came back to MD general medicine in Kakinada under Dr T Srinivasan Passed my PG in 1981 March and went to Jamaica and from there to Newyork in 1983 after Internal medicine and cardiology fellowship settled in private Practice in Nacogdoches Texas I am board certified in interventional cardiology Echocardiography and Nuclear cardiology Married and have two children The second Girl got married 2 years ago.Wife's name Rama Devi Deepa and Geetha are my daughters, Aaron is my son in law married to Geetha

A Year of AAPI Legacy

Dr. Sudhakar Jonnalagadda

37th President of AAPI, 2020-21

The global pandemic created some very difficult circumstances for humanity in 2021, but despite all the challenges it posed, American Association of Physicians of Indian Origin (AAPI) under the leadership of Dr. Sudhakar Jonnalagadda accomplished some great things serving members of AAPI as well as the larger society.

In response to the pandemic, Dr. Sudhakar Jonnalagadda helped AAPI raise \$5.4 million in three months to send 3,000 oxygen concentrators, 100 ventilators, and 100 pieces of high-flow oxygen equipment to India. AAPI connected with the American Heart Association, UNICEF and Intel for charity programs, and the NY Times rated AAPI as the second best charitable organization in the nation.

AAPI was able to provide tele-health platforms during pandemic in India to reach rural areas help education and treatment for COVID, community outreach program through ZTV which educated millions of viewers. AAPI donated 5000 blankets during Thanksgiving and held luncheons for National Nurses Week in over 50 hospitals in the United States as well as, for the first time, locations in the UK, Australia, New Zealand, India, and the Caribbean. AAPI provided 30 credit hours of CME virtually and started the first ever purely scientific journal, JAPI. AAPI successfully initiated a clinical observer ship program to young physicians.

A Board-Certified Gastroenterologist/ Transplant Hepatologist, working in Douglas, GA, Dr. Jonnalagadda is a former Assistant Professor at the Medical College of Georgia. He was the President of Coffee Regional Medical Staff 2018, and had served as the Director of Medical Association of Georgia Board from 2016 onwards. He had served as the President of Georgia Association of Physicians of Indian Heritage 2007-2008, and was the past Chair of Board of Trustees, GAPI. He was the Chairman of the Medical Association of Georgia, IMG Section, and was a Graduate, Georgia Physicians Leadership Academy (advocacy training).



Under his leadership, AAPI raised funds to provide 10 Water Purification Plants in the states of Uttar Pradesh, Andhra Pradesh and Telangana. It was during his Presidency, for the first time ever, AAPI held annual elections to national offices via electronic ballots.

Dr. Jonnalagadda and his team, under stressful Covid times, organized the annual Convention in a record three months' time, both successful and profitable. As the president, he was interviewed by CNN, Voice of America, and the Washington Post, as well as Republic TV and NDTV in India. He was recognized by the Indo- American Press Club (IAPC) with the Excellence in Leadership Award 2020 and the government of India presented him with the Pravasi Bharatiya Samman Award in 2021, highly prestigious award given to Overseas Citizen of India confirmed by Hon. President of India.





" Art done using reference photos by Mr. Mohammed Alsaqaf and Mr. Uday Bhan"



by
Dr. Anusha Valluru



Humor, Spirituality and Reflections on Spirituality



Subrahmanyam Boyareddi, M.D.

I wish to share a few reflections on what spirituality is to me and how I consider humor very spiritual.

"Good humor is the sunshine of the mind"

-Edward G. Bulwer-Lytton

"Life is nothing without a good sense of humor"

-John Waters

"Seriousness is illness; seriousness has nothing spiritual about it. Spirituality is laughter, spirituality is joy, spirituality is fun"

Anonymous

Humor is very spiritual and aligns with my overall life's philosophy. Jokes and laughter provide peace of mind and enable me to bring happiness to others. I really like to laugh, and to make others laugh. The natural laugh is so beneficial for the spirit as it comes from the core, releases endorphins, relieves stress, and instantly changes a person's mood for the better, creating a wholesome experience.

Harvey Mindess summarizes my sentiments about humor and spirituality.

Perhaps the essence of... humor and spirituality can be defined in terms of the difference between our peripheral selves and our essential selves. Most of us identify too strongly with our looks, our possessions, our social status, our achievements. We see ourselves in all the layers of being that enclose our central core. By learning to laugh at those layers, those facades and pretensions with which we attempt to impress the world, we are able to slip out of them as a snake slips out of its skin. This permits us to contact that part of ourselves that religions call our soul. We call it our essential self, but it amounts to the same thing-an affirmation that we embody at least a spark of divinity and that life at its core is to be cherished.

What makes you laugh? There are so many things that can make you laugh. A good clean joke, little babies, animals, and human mishaps. It is amazing how a good joke can make your day. Laughter is a great stress reliever and can turn your mood around instantly. They say, "Laughter is the best medicine." Do you believe that to be true? I wish I had laughed more. Maybe my hair wouldn't be so gray if I did. Sometimes do you laugh so hard you cry? Do you ever get that? The more you laugh, the harder it is to stop laughing. Just looking at something funny can start the whole process all over again.

Anonymous

Humor fits very well into my spiritual way of life. I enjoy reading jokes, telling jokes, hearing humorous stories, and watching comedy movies. Life is too short to take too seriously all the time.

There is humor in various life situations that makes you laugh. I wish to share a few jokes to illustrate that.

Just for the laughs

A stupid person laughs three times at a joke: once when everyone else is laughing, a second time when he actually gets the joke, and the third time when he realizes he was laughing without getting the joke at first.

Humor in medicine

A couple of GI jokes (I am a gastro enterologist)

I have a good inner vision. To prove it, here's the video of my colonoscopy!

A lady tells her pharmacist, "I have bad diarrhea. They say laughter is the best medicine."

The pharmacist replies, "That is not good when you have diarrhea."

Research has shown that laughing for two minutes is just as healthy as a 20-minute jog. So now I'm sitting on the park bench laughing at all the joggers!

Humor in ethics

A gentleman was very happy that his daughter was dating a very rich man to whom he expected his daughter would get engaged

and married. When his daughter announced her pregnancy, the father called her boyfriend and berated him, "I never thought you would do something like this. I thought you had some ethics!"

The rich boyfriend said, "Please calm down. I'm very rich and my commitment is very strong. To prove it, if she has a boy I will put \$5 million in the bank as a security loan. If the baby is a girl, I will put \$6 million. I will also give you \$1 million to show my commitment."

The father cooled down and replied, "Let me ask you, if by accident she miscarries the baby, will you give her another chance?"

Humor in morality

A priest was delivering a great discourse on the Ten Commandments. When he reached "Thou shalt not steal," he realized that his hat was missing. He announced to the congregation, "Somebody here has stolen my hat. Stand up and you will be forgiven." Nobody stood up, and though he was slightly irritated, he continued the sermon. When he reached "Thou shalt not commit adultery," he remembered where he left his hat.

Humor in business

A wealthy businessman approached his senator, "I need a favor. I have a Ferrari parked outside for you."

The senator brushed him off, saying, "This is very inappropriate, do not insult me with your bribe."

The businessman said, "Let me re-phrase this. What I mean is that I have a Ferrari that is just \$400 for you."

The senator immediately replied, "In that case, I'll take two."

Essence of spirituality to me

God to me is peace and joy. My goal is to achieve this realization of God.

Dean Ornish, in Reversing Heart Disease, writes:

The concept of meditation is very simple. Peace and stress begin in your mind. Meditation is the process of quieting the mind. When your mind is quiet you feel peaceful. You lose your sense of separateness and isolation. You may even experience your higher self. Without that peace nothing is going to make you happy. If you have peace, even without having anything else, you will be happy. When the mind gets completely purified then it is no longer an obstruction to your experience of the truth. When it is clean and clear, the mind does not cover the appearance of the pure self. It becomes a pure reflection of the self to see its own true nature. That is the essence of spirituality.

The Telugu novelist, Sulochana Rani, a popular Telugu romance novelist, wrote a very interesting spiritual essay before her passing. In this essay she discussed life from a spiritual angle, explaining how, until age 60, our profession makes up our life and after age 60

our life becomes our profession. Society has rewarded us more than expected and we must give back to society as much as we can. Mother Nature used energy and gave us our shapes and brought us onto this Earth. Just like a mother lets her children go outside to play in the park and just as the children must return home as the sun sets, we also return to Mother Nature at the end of life. We must enjoy our time on earth and lead fulfilling lives, until it's time to become one with nature again. She said if she wasn't a writer she wanted to be a scientist who can invent a vaccine that eradicates the diseases of jealousy and hate. In the limited time we have on Mother Earth, give up all the hate, jealousy, arrogance, greed, self will and get over all the negative emotions. Don't be carried away by a compulsive attachment to name, fame or vanity of scholarship. Time to introspect where you came from and who am I before your life journey ends. Live a simple, peaceful life.

Spirituality to me is, having a universal vision and apply it in daily life. We come from the same source and return to the same source. At the same time, everything in the universe is gifted with uniqueness and every person is unique. When a person uses his unique gift for his enjoyment and for the benefit and enjoyment of others, it is very spiritual. Not everyone will achieve this, but everyone has the potential to do so. Understanding this, we must practice daily to remove judgment, be

mindful of others, care for animals and nature, and have empathy for what is around us. This is what spiritual living is.

My idea of creating perfect moments is well stated by Eugene O'Kelly:

I wish to create as many perfect moments in life as possible. The goal of a perfect moment is to taste as much of the flavor that life constantly offers. Enjoy and revel in the moment. One of the key ways into a perfect moment is acceptance. When I am having a particularly good day - a day made up of perfectly good moments - that is because I did not manage everybody and everything. Learn how to enter and eventually to linger in the present moment.

Eugene O'Kelly

Temples and idol worship

Temples are central to the Hindu way of living and every village and town in India has a temple. Temples bring people together. In the Bhagavad Gita, Lord Sri Krishna says, "In my name all of you come together." Although one can pray at home, praying together in a temple is very energetic and energizing. When we pray to the idol in the temple, we are reaching the divine ideal behind the idol, not its physical representation. To give an example, when talking on the telephone, we are not talking to the phone, but to the person on the other end of the line. We use the finite form to connect with the infinite form.

God

Gandhi describes the concept of God:

In the midst of darkness I do dimly perceive that whilst everything around me is ever changing, ever dying, there is underlying all that change a Living Power that is changeless, that holds all together, that creates, dissolves, and re-creates. That informing Power or Spirit is God.

The Bhagavad Gita explains the concept of God:

The supreme self (God) is beyond name and form, inexhaustible, without beginning, without end, beyond time, space, casualty, eternal and immutable.

The self dwells in the house of the body which passes through childhood, youth, and old age. So passes the self at the time of death from one body to the other. Even as we cast off a worn-out garment and enter into another that is new. So cast off the self, a worn out body, and enter into another anew. Deathless is the self in everyone and know this truth and leave all sorrow behind.

"Be peaceful, cheerful and useful"

-Swami Vivekananda



With Best Wishes



Dr. Mythily Varanasi

Managing partner in Growth AXL

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Board of Varanasi Family foundation

Eagles in West Virginia during white water rafting



Heart Disease in Indians

Strategies to overcome the perceived handicaps!



Dr. Prasad Kilaru

Question: Are Indians at higher risk of cardiovascular disease (CAD) compared to other people?

Answer: Yes, Indians are significantly at higher risk for coronary artery disease than any other peoples.

For example, the prevalence of CAD among the US population is 2.5%. The prevalence of CAD among Indians in the US is 4-fold higher than the white population, at 10-12%.¹ Whereas the prevalence of CAD among Indians living in India is 11% for non diabetics and a whopping 21.4% for diabetics.²

Question: Why is CAD more common among Indians?

Answer: Even though conventional risk factors like hypertension, hypercholesterolemia, obesity, and smoking are less prevalent among Indians, the risk of heart disease is very high as reviewed above.

Most of this increase could be attributed to high prevalence of type 2 diabetes among Indians. Even among Indians living in the US (the Coronary Artery Disease in Asian Indians (CADI) study), the diabetes rates are 3 times the rates in the white population and no other ethnic group has this high prevalence.

It is eye opening to see that in the MASALA study, a study of Indians in San Francisco and Chicago, the prevalence of diabetes among Indians is 400% higher than in whites, 200% higher than in Chinese, and 50% higher than in blacks and Hispanics.³

It is interesting to know that in the 60's the CAD rates were identical in India and the US. Since then the CAD rates in India have doubled while they were halved in the US.

Also, the CAD prevalence in urban India is now double the rate in rural India, even though smoking rates are higher in rural India.

In some villages in Haryana, the CAD rates have tripled from 1974 to 1998.

It is heartening to see these differences in the rural and urban populations and the changes over the years, as they make it clear that CAD is not immutable, and is in fact responsive to changes in our diet, our behaviors social and physical, as well as others. When a condition is changeable, it offers opportunities. Modifiable factors like dietary and physical activity habits, urbanization, & pollution etc are contributors to these changes.

Question: Is physical inactivity common among Indians?

Answer: Nearly 60% of the Indian population was found to be either inactive or only mildly active in a recent study.⁴ The inactivity levels were higher in urban populations and also in women.

Similarly, a 2014 ICMR-INDIAB study indicates that more than half of all Indians are inactive. This study also found lack of adequate physical activity is more common in urban dwellers and amongst females.

Question: I am of Indian descent, and I live in the United States. I know CAD is more common among the obese, diabetic, hypertensive, hyperlipidemic, smokers, and sedentary people. I am none of these. Does that mean my risk is lower than the average white American?

Answer: Excepting for obesity, which should be defined differently for Indians and for other Asians, lack of the other risk factors will definitely lower your risk of developing CAD.

Data shows that type 2 diabetes and other weight related morbidities occur at lower BMI among Indians and in other Asian ethnicities, than in white populations.

Question: I have left India decades ago, does the risk of CAD go down, after migration to the United States?

Answer: When the CAD rates among immigrants from several countries to the US were studied, they are usually intermediate between the higher rates of their native countries and the lower rates in the US.

However, there is one group that is an exception to this rule. It is the first generation immigrants from India! The CAD rates among Indians continue to be high even after migration to the US.⁵

The prevalence of CAD among Indians in the US continues to be 4-fold higher than the white population.

What is interesting is, even though smoking, obesity, (as defined for the western population; see below for more detailed discussion), hypertension, total cholesterol, and

LDL levels are lower than in the general US population, the rates of diabetes, hypertriglyceridemia, and low HDL (all characteristics of metabolic syndrome) are higher in the Indians living in the US.

Question: So, as an Indian, should there be a different cutoff of BMI for overweight and obesity?

Answer: The simple answer is yes.

In 2009 The Indian Consensus Group has published guidelines to reclassify a BMI of 23 kg/m² as overweight and 25 kg/m² as obese.⁶ So, you should use these criteria to assess if you are overweight, or obese.

We should aim to keep our BMI below 23 kg/m²

Question: Is the mortality rate in Indians living in the western countries different from the white population, or that from the other ethnic populations?

Answer: Yes, it is different, but unfortunately, not in a positive way!

The relative risk of CAD related mortality among Indians is 20% to 50% higher than in Whites in Canada, South Africa, and the UK. It is 300%-400% higher than Chinese in Canada or Singapore. It is 20 times higher than Blacks in South Africa.⁷

Even though national mortality rates for Indians are hard to come by for the whole of the US, we do have some information from California.

In California, CAD mortality rates are 2-fold higher in Asian Indian women 45-64 years of age than in Whites.

Question: What about Indians living in other countries, like Fiji, Trinidad, Malaysia, etc.?

Answer: The increased mortality from CAD among Indians is not limited to one or two countries or geographic locations either. Increased CAD related mortality rates among Asian Indians are reported from all across the globe, including Fiji, Mauritius, Trinidad, Uganda, Malaysia, and Qatar.⁸

Question: I am an Indian woman. Am I also at increased risk? Or all these concerns are for Indian men only?

Answer: Women of all races have poorer prognosis than men after a heart attack, even after undergoing a percutaneous coronary intervention and/or coronary artery bypass surgery.

In the Framingham Heart Study, the one-year mortality after an MI was 44% in women and 27% in men.

As high as these mortality rates are among white women, the mortality rates are significantly worse among Indian women. In fact, CAD mortality rates are 2-fold higher in Indian women 45-64 years of age, than in white women.⁹

In a study from Singapore the CAD mortality among Indian women 30-39 years of age is 8-fold higher than Chinese women of the same age.¹⁰

Question: I live in India. Am I protected from developing CAD? Does it matter where I live in India?

Answer: The CAD prevalence in India is different between rural and urban populations.

If you live in rural India, you have the lowest risk. It is 6% among rural Indians of 35-64 years of age. The prevalence is double the rural rate among urban Indians and is 4-fold higher than in the US white population.

Geographically speaking, the southern part of India has higher prevalence and the state of Kerala tops the nation with 13% in urban areas and 7% in rural areas.

The CAD prevalence is high in other urban centers. It's 12% in Goa, 11% in Chennai and is 10% in New Delhi.

Question: Does the fact that there are different prevalences in rural and urban populations, offer any opportunities for modifiable factors for CAD?

Answer: Yes, certainly.

Nutrition, behavioral, environmental factors, and physical activity play important roles in CAD development.

It's noted that the BMI of rural Indians is about 20 and urban Indians have a body mass index (BMI) of 24-25, which is not obese by western standards.

Since metabolic disorders are known to occur at a lower BMI in Indians, using these lowered criteria recommended for the Indian population, would make the urban population qualify as either overweight or obese.

This observation, combined with abdominal obesity, which is more common among urban Indians, are major contributing factors for metabolic syndrome, and leads to dyslipidemia, including hypertriglyceridemia, diabetes, and insulin resistance. These are all contributors in the development of CAD.

Sedentary life style and even lack of alcohol consumption have been proposed to be contributing factors for the high risk of CAD and MI.

Even though it is not often mentioned, poor oral health is also more common among urban Indians. In one study, it is prevalent in 80% of the Delhi residents.¹¹ Poor oral health is associated with increased all-cause, CAD and respiratory mortality.¹²

Question: How big a role does diabetes play in development of CAD? Answer:

Type 2 diabetes is highly prevalent in Indians living in the US and Indians living in urban India. The prevalence of diabetes is 18.3% for ages above 20 years among Indians living in the US.¹³ This is even higher than the prevalence in India, which is reported to be around 12-14%. This is nearly 3 times the average prevalence of 5.3% and 4-times the prevalence in the white population's average of 4.8% in comparable age group.¹⁴

When different risk factors were studied among Indians and Framingham Offspring study participants, excepting for diabetes, and associated lipid abnormalities, rest of the risk factors like smoking, hypertension, obesity as defined for western population, total cholesterol, and elevated LDL levels were all significantly less frequent among Indians. Even without the other risk factors, the Indian cohort had CAD rates that are 4-fold higher. That should illustrate the power of diabetes in the development of CAD.

Question: I am a vegetarian. Does that protect me from getting CAD?

Answer: Generally, vegetarians have lower levels of total cholesterol (21%), LDL, (16%) and to a lesser extent, apolipoprotein A and B than meat eaters.

Even though nearly half of the Indians in the US are vegetarians, the vegetarianism as practiced by Indians does not appear to be protective from developing either type 2 diabetes or CAD itself.

First, unlike the western vegetarians, the Indian-vegetarians manifest lipoprotein levels that are not lower than non-vegetarians. This is felt to be due to the prevalence of lacto-vegetarianism, i.e. consumption of dairy products among the Indian vegetarians.

Indian vegetarians consume liberal amounts of butter, ghee, cheese, and other dairy products. Dairy is a bigger source of saturated fat than meat for all populations.

Even vegetarian baked goods are also a major source of saturated fats, as butter is liberally used in their preparation.

Question: I already know that a diet high in saturated fat is a risk for me in getting CAD. I have been eating a low fat diet for quite some time. Does that help protect me from developing CAD?

Answer: The answer for this is a qualified yes and no. If you replaced the fat in your diet with larger quantities of starches/carbohydrates, even if they are whole grain cereals, you may not be doing yourself any favors.

There is ample evidence to show that the high starch/carbohydrate diets cause hypertriglyceridemia and low HDL which are

hallmarks of metabolic syndrome and insulin resistance.¹⁵ This will lead to truncal obesity, and CAD.

If you want to reduce your risk of CAD, you need to be not only on a low starch, low sugar and a low calorie diet, but your diet should be high in plant based foods that are not cereals.

It would be even more beneficial if the plants you are eating are uncooked as in salads, especially if you are trying to lose weight.

Incorporating a large salad with olive oil and vinegar dressing could easily be done. Avoiding cheese and creamy dressings like ranch, French, Thousand Island, or Blue cheese dressings is also extremely beneficial if you're either trying to lose weight or lower your cholesterol levels.

Dairy milk and dairy products derived from it, like ghee and butter, are not heart healthy, and you should avoid them in your diet.

Even though, you may see numerous claims on the internet and especially Indian social media touting the benefits of cow's milk, there's no scientific basis for any of these claims. Cow's milk has no special health benefits with regards to heart health.

Another factor to remember about milk is, there are 12-13 grams of sugar in each cup of dairy milk. Even 2% milk and skim milk have the same amount of sugar in the form of lactose. If you have diabetes, you should be mindful of this amount of sugar.

You should consider nut milks like almond milk with no added sugars.

Question: Talking about the internet, and saturated fat, I see a lot of articles touting coconut oil, and saying it is beneficial in a host of conditions from skin and hair problems to weight loss and even claims of heart health. Should I start using coconut oil in my diet?

Answer: No. At present there is no scientific evidence to claim coconut oil is heart healthy. In the state of Kerala, where coconut oil use is the highest in India, the population has the highest level of total cholesterol (197 to 229mg/dl compared to 157 to 180mg/dl nationally) and the highest rates of CAD in India. (As high as 12% in some studies).

Coconut oil contains, on average, 90% saturated fatty acids, of which 75% are LDL-C and total cholesterol-raising lauric, myristic and palmitic acids. Because of this high concentration of these saturated fats, it is not a health food and you should avoid it for heart health purposes.

Question: Okay, is it all doom and gloom, or are there any measures we can take to reduce our risk for CAD?

Answer: Lifestyle changes can have tremendously positive impact on your heart health.

1. If you smoke, you should immediately stop smoking. Smoking adds one of the highest risks for development of CAD.

2. Keep your diabetes under control: Reduce starches and sugars as well as total calories in your diet. If you're diabetic, keep your hemoglobin A1c below 7. It would be better if you can get the A1c down by using the lowest needed insulin dose, as insulin is atherogenic.

3. Keep your cholesterol under control:

Reduce saturated fats: Stay away from animal fats including dairy, as much as possible. Aim for an LDL cholesterol of 70 mg/dL or less.

4. Diet, Diet, & Diet: Nothing plays a bigger role in developing CAD than diet, arguably with the exception of smoking. Diet plays a major role in your overall health, not just in your heart health. Get your BMI to less than 23 kg/m².

"Let your food be thy medicine, and your medicine be thy food." -Hippocrates.

5. Eat a salad everyday. Include plants, vegetables, green leafy vegetables and fruits in your diet.

6. Remember, What you don't eat, won't hurt you! Avoid fruit juices of all types. Avoid saturated fats!

7. Eat healthy foods: Eat a handful of tree nuts every day. Avoid salted nuts.

8. Exercise: Walking is one of the simplest and effective exercises. It is free, does not require any special equipment, and can be done anywhere. Walk at least 7,500 - 10,500 steps a day, everyday.

9. Maintain a healthy weight: Being obese or even being overweight raises your risk of heart disease. A BMI of less than 23 is recommended, while a waist circumference of 31 for men and 28 for women are recommended.

10. Practice good oral hygiene : Part of Keeping a healthy body is regularly brushing and flossing your teeth, as dental health has a significant impact on heart health. Chronic periodontal disease (Gum disease) is known to cause chronic inflammation which is known to cause coronary artery disease as well. Take care of your teeth like your heart depends on it!

Like in so many other characteristics, like education, economic factors, politics, and spelling bee competitions, our ethnic group continues to demonstrate its exceptionalism in this attribute too.

Also, since there are many modifiable risk factors as enumerated above, we can certainly overcome these handicaps.

The first step in that direction is to eat healthy and also smaller portions.

I will conclude this with a Sanskrit saying. "Ati Sarvatra Varjayet", అతి సర్వత్ర వర్జయేత్! meaning excess in everything is discardable.

Even though it was originally said in a completely different context, it is eminently suitable in our dietary habits. Eat smaller portions of healthy foods. Ideally, plant based ones.

References:

1. Mooteri SN, Petersen F, Dagubati R, Pai RG. Duration of residence in the United States as a new risk factor for coronary artery disease (The Konkani Heart Study). Am J Cardiol. Feb 1 2004;93(3):359-361.
2. Mohan V, Deepa R, Rani SS, et al. Prevalence of coronary artery disease and its relationship to lipids in a selected population in South India: The Chennai Urban Population Study (CUPS No. 5). J Am Coll Cardiol 2001;38:682-7. [Crossref] [PubMed]
3. Kanaya AM, Kandula N, Herrington D, Budoff MJ, Hulley S, Vittinghoff E, Liu K. Mediators of Atherosclerosis in South Asians Living in America (MASALA) study: objectives, methods, and cohort description. Clin Cardiol. 2013

- Dec;36(12):713-720. doi: 10.1002/clc.22219. Epub 2013 Nov 5. PMID: 24194499; PMCID: PMC3947423.
4. Podder V, Nagarathna R, Anand A, Patil SS, Singh AK, Nagendra HR. Physical Activity Patterns in India Stratified by Zones, Age, Region, BMI and Implications for COVID-19: A Nationwide Study. *Annals of Neurosciences*. 2020;27 (3-4):193-203. doi:10.1177/0972753121998507
5. Enas EA, Senthilkumar A. Coronary artery disease in Asian Indians: an update and review. *Internet J Cardiol* 2001;1.
6. Misra A., Chowbey P., Makkar B.M. Consensus statement for diagnosis of obesity, abdominal obesity and the metabolic syndrome for Asian Indians and recommendations for physical activity, medical and surgical management. *J Assoc Physicians India*. 2009;57:163-170.
7. Steinberg WJ, Balfe D, Kustner H. Decline in the ischemic heart disease mortality rates of South Africans, 1968-1985. *S Afr Med J* 1988;74:547-550.
8. Enas EA, Yusuf S, Mehta J. Meeting of International Working Group on coronary artery disease in South Asians. *Indian Heart J* 1996;48:727-732.
9. Wild SH, Laws A, Fortmann S, Byrne C. Mortality from coronary heart disease and stroke for six ethnic groups in California, 1985-1990. *Ann Epidemiol* 1995;5:432-439.
10. Hughes K, Lun K, Yeo P. Cardiovascular disease in Chinese, Malays and Indians in Singapore: 1. Differences in mortality. *J Epidemiol Community Health* 1990;44:24-28.
11. Rawal, I., Ghosh, S., Hameed, S.S. et al. Association between poor oral health and diabetes among Indian adult population: potential for integration with NCDs. *BMC Oral Health* 19, 191 (2019). <https://doi.org/10.1186/s12903-019-0884-4>
12. Kotronia E, Brown H, Papacosta AO, Lennon LT, Weyant RJ, Whincup PH, Wannamethee SG, Ramsay SE. Oral health and all-cause, cardiovascular disease, and respiratory mortality in older people in the UK and USA. *Sci Rep*. 2021 Aug 12;11(1):16452. doi: 10.1038/s41598-021-95865-z. PMID: 34385519; PMCID: PMC8361186.
13. Ramachandran A, Snehalatha C, Kapur A, et al. High prevalence of diabetes and impaired glucose tolerance in India: National Urban Diabetes Survey. *Diabetologia* 2001;44:1094-101.
14. Venkataraman R, Nanda NC, Baweja G, et al. Prevalence of diabetes mellitus and related conditions in Asian Indians living in the United States. *Am J Cardiol* 2004;94:977-80.
15. Abbasi F, McLaughlin T, Lamendola C, Kim HS, Tanaka A, Wang T, Nakajima K, Reaven GM. High carbohydrate diets, triglyceride-rich lipoproteins, and coronary heart disease risk. *Am J Cardiol* 2000;85:45-48.



Heartfelt Thanks to
Dr. Pratap Pokala
and Family for Their Kind
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A Tribute to Dr. Sireesh Kumari Tripuraneni



Dr. Sireesh Kumari Tripuraneni reached the lotus feet of her favorite Sri Venkateswara swamy on July 20, 2022. She entered Rangaraya Medical College in 1963, and married RMC alumni Dr. Rajagopala Rao Tripuraneni in 1974. They both moved to USA for post-graduate training started their family with their 2 children. Sireesh practiced internal medicine for 42 years at Good Samaritan Hospital in Baltimore, Maryland. She was beyond well-respected in the hospital; everyone knew Dr. Sireesh. Generations of families visited for annual exams, ailments, and, some, just for a personal visit to get advice. Initially, she started her own private practice, and she eventually joined the Good Samaritan Hospital practice. She stayed in the same location and treated her own patients while the environment around her changed.

She devoted her time outside of her practice and family to the Sri Siva Vishnu Temple in Lanham, Maryland for more than 20 years. The numerous days spent at the temple helped create a community where families could rely on one another when there was no one else.

Beyond her medical practice and volunteerism, she led a simple, fulfilling life while always being a genuine, caring individual who sought to help others every day. She never turned down an opportunity to lend a hand to her family, friends and even strangers, while never forgetting her heritage and roots.

Sireesh & Rajagopala Rao garu were very active in organizing a Biennial reunion of RMC/ GMC in Fall church, VA in 1992 and were active in alumni activities.

Sireesh garu survived by her husband Rajagopala Rao garu, daughter and son-in-law, Sumitra and Raj with their children Sahil, Arjun & Shreya, son and daughter-in-law, Krishna & San-geetha with their children Rohit and Shaila .



With Best Wishes



Dr. Nalluri Prasad



With Best Wishes



Dr. Anil kumar Gogineni

A Tribute to Murthy Adabala

Dr Naima Fathima, MD FRCOG

Professor - Dept of OBGYN

Mahavir Institute of Medical Sciences, Vikarabad, Telangana



Memories are there to remind us of things that have gone before... some fade away but few remain fresh. So many memories of you and most of them are still fresh.

You were (it hurts to use past tense and I still wish you are among us) always calm and smiling, never saw you frowning. I always wondered how could you be unlike all the other boys!!

There was some hesitation to talk to other boys but never with you. We shared all our exam anxieties and worries about results and you always comforted us.

ఆకలేస్తుందే.... ప్రొద్దున మెస్ లో టీఫిన్ చెయ్యలేదు..పద క్యాంటీన్ కి పోదాం... ఎక్కడ మన మూర్తి? ఏం పర్లేదులే, బిల్లు మన మూర్తి అకౌంట్ లో వేసేద్దాం...ఇలాంటి సందర్భాలు కోకొల్లలు. ఏది అడిగినా అన్నింటికీ ఆ మందహాసమే జవాబు.

We irritated you..you just smiled..

We cracked so many jokes on you and you just smiled!

We knew where to find you, the library. We demanded kitkats and you always obliged.

ఇంక ఎక్జామ్స్....మేమంతా పాస్ అవ్వడానికే చదివాం. నువ్వు మాత్రం మేమెప్పుడూ చూడని పుస్తకాలని జల్లెడ పట్టేసేవాడివి. నిన్ను ఏదయినా అడగాలంటే సిగ్గు...ఎక్కడ నా తెలివి తక్కువ తనం బయట పడుద్దో అని. నీ లెవెల్లో ఎప్పుడైనా చదవ గలనా అని అనుకునే దాన్ని.. అందుకే నిన్ను absent minded professor అని పిలిచేవాళ్ళం

We didn't mind when you didn't tell about your health in the college as we knew you so close but never thought you would go into a shell in your terminal illness.

Life has taken us to different places and we lost touch for few years. But we knew your whereabouts and were hoping to meet one day.

ఇది రాస్తుంటే కళ్ళలో నీళ్లు వస్తున్నాయి కానీ నిన్ను తలుచుకుంటుంటే మాత్రం ఆ చెవి నుంచి ఈ చెవి దాకా నవ్వుతూ ఉండే నీ మొహమే కనిపిస్తుంది. ఎక్కడో ఒక చోట అలా నవ్వుతూనే ఉండకుండా ఇంత తొందరగా వెళ్ళిపోయి మమ్మల్ని షాక్ లో పెట్టేసావ్. అనాటమి నుంచి ఇంటర్న్ షిప్ ఆఖరి రోజు దాకా కలిసే ఉన్నాం. నీ ఆఖరి రోజుల్లో ఒక్కసారైనా మాట్లాడే అవకాశం ఇచ్చి ఉండాల్సింది. It's not fair.

నువ్వెప్పటికీ మా హృదయాల్లోనే ఉంటావ్.

We miss you dearly, Murthy.



Murthy Adabala

Murthy was born on May 24th 1975 to Sri Adabala Sambasiva Rao and Smt. Raghu-patamma in Toorpupalem, East Godavari district. He joined Rangaraya Medical College in 1993 and completed his Diploma in Child Health in 2002. He worked in South Shields, Darlington, and London in the United Kingdom and later on moved to the United States. He completed Pediatric residency in 2010 and Pediatric Nephrology fellowship in 2013, both from the Children's Hospital of Michigan, Detroit. He worked as an Assistant Professor of Pediatric Nephrology at the University of Nebraska Medical Center (UNMC) in Omaha from 2014 until he had to take long term disability in 2019. He died of the non-small cell lung carcinoma on July 2nd, 2021. He is survived by his wife Padmaja, an endocrinologist at UNMC and his nine year-old son Pranav. He was the recipient of the Best Faculty Teacher Award at the University of Nebraska Medical Center twice in the four years he had worked there.

Posthumously, UNMC has established an annual Dr. Murthy Adabala Resident Teaching Award which will be awarded to outstanding residents who have shown commitment to teaching. Starting in 2023, Dr. Murthy Adabala RMCANA Student Research Grants will be awarded annually to undergraduate medical students at Rangaraya Medical College for outstanding research.

A Tribute to Murthy Adabala

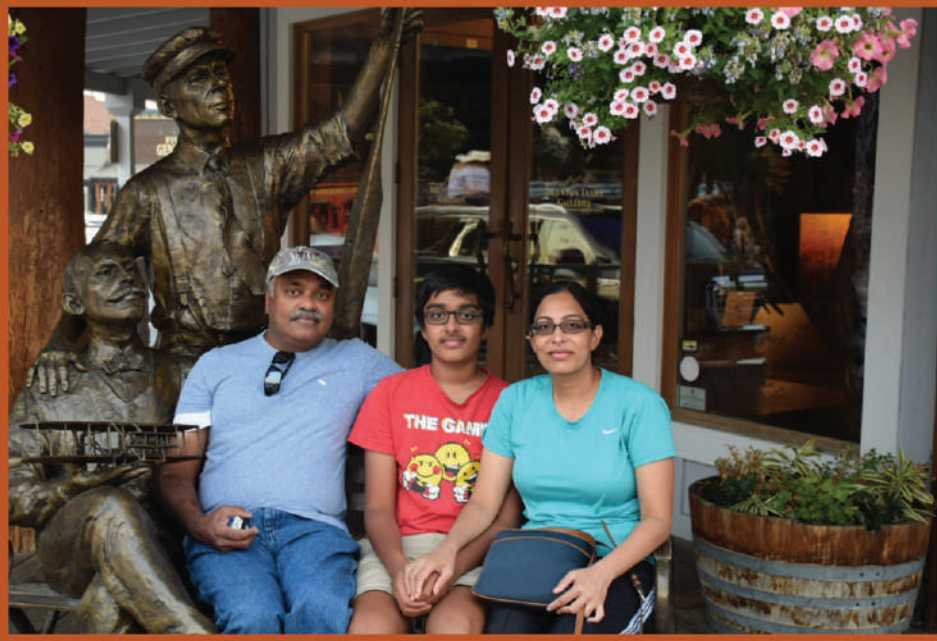
Dr. Sashi Kuppala,
1992 Rangarayan



Very few people made an impression on you as well as Murthy did. He was not very vocal, he was not very assertive, and he didn't even try to influence you in any way. But there was something about him that drew people towards him. In our close to 30 years of friendship, I tried to tease out what it was but I could not. He had a very innocent smile and a welcoming demeanor but that was not it. He worked very hard and totally devoted to his family but those qualities were not unique. Only recently I came to understand what it was. His passion. His passion towards all things medicine. He passionately learned when he was a student and taught his students with the same passion when he was a faculty. He never craved for recognition or rewards, but that passion earned him the Best Faculty Teacher Awards twice in four years he had taught his students. Destiny took him away from us too soon but I wonder how many more minds he would have ignited with that passion. The world is a little less bright without Murthy.



With Best Wishes



Dr. Satyanarayana Prasad Kante



With Best Wishes



Dr. Srinivas Sunkavally

కంఫర్ట్ అండ్ కామన్ సెన్స్

చాలా సంవత్సరాలు గడిచాయి ఎన్నో విషయాలు గతించాయి. అయినా కొన్ని మాత్రం నిరంతరం గుర్తొస్తూనే ఉంటాయి మదిని తొలుస్తుంటాయి. మా చిన్నాడిని ఒక సారి ఇండియా పంపించా. ముందు ఆ ఊరి అన్నాడు తర్వాత ఉషారుగానే వెళ్ళాడు. మనకింతమంది చుట్టాలున్నారా అని ఆశ్చర్యపోయాడు కూడా. భిన్న ధృవాలు ధృక్పథాలున్నాయి అన్నాడు. అందరూ వీడిని ఆమెరికా అబ్బాయి కాదురా.. పక్కింటి పిల్లాడన్నారు. ఒక రోజు వాడి మేనత్త అంటే మా అక్క, వాడిని అమరావతి తీసుకువెళతానని చెప్పిందట. నేను సరేనని కారు పంపించా. చాలా మర్యాదగా తిప్పిపంపాడు. మా అక్కతో బస్సులో వెళ్లి తను చెప్పినవన్నీ చేసి ఆ రాత్రి తనతో ఉండి మరుసటి రోజు విజయవాడ వచ్చాడు. నాకు ఇలా ఎందుకు చేశాడా అని ఎంత ఆలోచించినా అంతు బట్టలా. చివరకు ఏమైతే అవుతుందని వాడినే అడిగేసా. వాడిలా అన్నాడు. దాడీ అత్తని కార్లో తీసుకువెళితే నేను తీసుకెళ్ళినట్లవుతుంది. తను తాహతు బస్సు మాత్రమే. తనతో వెళ్ళితే అత్త నన్ను ట్రీట్



Dr. Mohan kishore Kesani

చేసినట్లవుతుంది. కార్లో తీసుకెళితే నేను అత్తని ట్రీట్ చేసినట్లవుతుంది. అత్తకు ఆ సాటిస్ఫాక్షన్ ఉండాలంటే నేను తనతో బస్లో వెళ్ళటమే కరెక్ట్ అని చెప్పాడు. నాకు నోట మాట రాలేదు చాలా సేపు. మనం వీళ్ళకేమి తెల్పదేమో అనుకుంటాం. ఇంత లోతుగా సెన్సిటివిగా ఆలోచించ గలరని తెలిసాక ఆనందం ఆశ్చర్యం రెండూ కలిగాయి. ఇక్కడ నేను కంఫర్ట్ చూసాను వాడు కామన్ సెన్స్ మరియు హ్యూమన్సెన్స్ రెండూ చూసాడు. నాణేనికి రెండోవైపు చూడాలని కూడా చెప్పాడు. అందుకేనేమో అంటారు వినదగునెవ్వరు చెప్పిన అని.

ధాత్రి లోన ధరిత్రిలోన

చరిత్ర లోన పురాణమైన

ఇతిహాసమైన ఇతివృత్తమైన

పడతి పయనమెల్ల పురుష

రచితంబు విరచితంబు

సాధ్యి పేరిట సహగమనమ్ము

జవరాలి పేరిట సహజీవనమ్ము

రమణి బ్రతుకెల్ల పరాధీనంబు

రమణి రాజ్యం వీరభోజ్యమని

ప్రల్లదనపు ప్రవచనంబు

విని విశ్వసిం చెడి జనబాహుళ్యంబు

చరిత్ర సమస్తం వక్ర భాష్యం వికృత భాష్యం

వేకువజామున తోలివేలుగురేఖల్లో

గడ్డిపోచలపై మెరిసే తుషారబిందువుల్లో

ఏటిపై తేలియాడే శీతాకాలపు పొగమంచులో

సందేహ రేగే గోధూళి మేఘాల్లో

సంకురాత్రి గంగిరెద్దు మేళాల్లో

హరిదాసు గీతాల్లో భోగి మంటల్లో

చుట్టాల్లో పక్కాల్లో నేస్తాల్లో

నా పల్లె సందళ్ళు

కదలాడే జ్ఞాపకాలు నా కళ్ళల్లో

బంధాలన్నీ అనుబంధాలే

ప్రతి బంధం అనుబంధమే

ప్రతి బంధానికి ప్రతిబంధమొకటుంటుంది

ప్రతిబంధాన్ని అధిగమిస్తేనే

బంధం అనుబంధమవుతుంది

ఆ బంధాలే అనుబంధాలై కల కాలం నిలిచెనులే

ప్రతిబంధాలన్నీ అధిగమించేలునే

- Dr. Mohan kishore Kesani





With Best Wishes



Dr. Narender Reddy Thatikonda



With Best Wishes



Dr. Ram Mohan Kancharla





With Best Wishes



Dr. Prasad Maddukuri



With Best Wishes



Dr. Mohan Kishore Kesani

Walking down memory lane

- Dr. Padma Rammoorthy

August 3rd 1990, a motley crew of teenagers accompanied by parents from Hyderabad alighted Gowthami express in Kakinada station heralding a new chapter in their life, something that several of you would have done at different years. Akin to yours, our teen dream was bearing fruit - we would be Doctors soon. The next few years of fun, hard work, nervousness, all nighters, late night gossip, waiting at the phone booths, trips to Banugudi, cinema trips after exams, the cycle rickshaw rides to the station brings in a sense of déjà vu.

We were all a bunch of carefree kids enjoying and learning at the same time. Living in a hostel meant friends became family and our closest support system. So any stress or homesickness we encountered were usually addressed by this support system. A big shout out to all my hostel mates, especially Warden House Buddies.

Fast forward decades - I feel proud to see several of us spread out globally and making a mark in clinical research, clinical care and

academia. We have learnt and mastered the art of juggling family, kids, responsibilities and careers. Like the paradoxical hare and tortoise, some of us have achieved success early in life, while some may have taken a back seat and are only warming up now. Some may have shifted gears to health tech or genomics, but the important thing is - we are all able to reach out to each other and stay connected. Together we can do a lot.

I do get nostalgic about my friends, the rides, the giggles and the fun. Looking at how successful many of this group are, it would appear Rangaraya has prepared us well in terms of medical education. But when I see the kind of tools used in medical education today, especially in the US, with interactive digital media, I feel a tinge of jealousy and yearn to go back to med school all over again. Additionally I feel, not just Rangaraya, but medical education in general all over the world has missed out on including nutrition, prescription of physical activity, stress

management tools and other facets of lifestyle management in its curriculum which are as crucial, if not more, for patient care. I do not recall a single course that preached how to stay well and healthy. So medical education assumed that most humans may fall sick, and trained us doctors how to handle sickness. Our earlier generation of Doctors were treating largely infectious diseases, but today we are facing a catastrophe of lifestyle diseases.

In my view, attention to nutrition, physical activity, stress management and other pillars of lifestyle are as fundamental to human health as symptomatic treatment and clinical care. I have come to realise that several chronic maladies ravaging both the western world and the third world are caused by and related to lifestyle - chronic stress, unhealthy eating habits, lack of physical activity, addictions and lack of social connectedness or social isolation.

Papers published recently have shown that during the last two years of the covid pandemic, healthcare workers were subjected to an additional stress due to engaging directly in the

treatment of infected patients, fear of transmission to their families, and working under extreme pressures leading to burn out.

As members of the medical fraternity, we need to set an example by taking care of ourselves first and inspire our patients. Akin to a flight announcement, during an emergency, put the mask on yourselves before helping others. Let us walk the talk. Let us start paying attention to what goes into our mouth - whether it is food or medicines or words. Each of them can affect us in different ways. Let us think positive every day.

Let us start today - take some time out to dance, exercise, do some burpees, get some sunlight, have a freshly made green smoothie and catch up with fellow classmates and friends. While at that, do say hello to my classmates.

Dr Padma Rammoorthy

1990-1996 Batch, Rangaraya Medical College

Cofounder - Pledze LLC

Currently based out of Bangalore

My family relocated from the US to Bangalore about two decades ago. I gradually moved away from clinical practice to medical education and eventually lifestyle medicine. My first son graduated Jun 2022, while my second is a rising junior. In India, I shifted gears to medical education via short animated video clips related to maternal health, pregnancy and infant care under the umbrella medhealthtv. Medhealthtv was recognised with several awards including the World Summit Award. Today, I practise lifestyle medicine. I am a certified yoga teacher, fitness freak and travel extensively with my husband.



Dr Padma Rammoorthy & Family



Heartfelt Thanks to
Dr. Subbaraya Chowdary Achanta
for His Kind Diamond Donorship



Heartfelt Thanks to
Dr. Srikrishna Chundru
and Family for Their Kind
Gold Donorship



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Dr. Anu Prasad and Aparna Vellanki

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Dr. Prabhakar Erella

The KARUTURI Family

Karuturi family started migrating to the United States from Kakinada, India, over fifty years ago, to pursue higher education and professional advancement, at the initiative of their late father, Sri Karuturi Ramamurty, who had a deep passion for higher education. He not only inspired his immediate family, but also encouraged and supported many people in the community to develop themselves and advance through higher education. Originally from a farming community in Ankampalem, a village in East Godavari district, Andhra Pradesh, he had to cut short his college education for family reasons. But his dream of achieving academic success lived on, and he was able to fulfill his wishes through his children and grandchildren.

After marrying Smt. Kamma Suryakantamma, who was from Kapileswarapuram, another village in the same district, he worked diligently to develop himself and progress in the business world. They raised a large family of eight children, four of whom are well-educated and settled in the U.S. Three of them, all daughters, are physicians: Sharda Karuturi Bobba, who lives in Columbus, Ohio; Raj Kumari Karuturi Lall, who lives in Pittsburgh, PA; and Krishna Kumari Karuturi Reddy, who lives in Paradise Valley, AZ. Sharda graduated from Rangaraya Medical College in Kakinada, and Raj Kumari and Krishna Kumari graduated from Andhra University in Visakhapatnam. The only brother in the family, Chakravarthi Karuturi, who graduated from IIT-Kharagpur before doing graduate studies in the U.S., settled in Houston, Texas, after a career in Corporate Finance.

The Karuturi family has expanded over time to include nine grandchildren, seven great-grandchildren and even one great-great-grandchild! Although well-established in the U.S., the Karuturi's haven't forgotten their roots in India. The family, eager to keep Sri Ramamurty's legacy alive both in India and the U.S., support projects that promote education, health and welfare, seeing them as wonderful opportunities to serve the community. It is nice to be partnering with alumni organizations with similar interests to help fulfill the dreams of the needy. Best wishes to all in fulfilling their dreams!

Regards,
The Karuturi Family



Sharda Karuturi Bobba



Chakravarthi Karuturi



Raj Kumari Karuturi Lall



Krishna Kumari Karuturi Reddy

Rangaraya Medical College Digital Library

A Collaborative Project of Rangaraya Medical College, Kakinada and Karuturi Family, USA

A Digital Library consisting of a Faculty room on the ground floor, a Digital Evaluation hall on the first floor and a Library Journal room on the second floor was constructed in partnership with Rangaraya Medical College and the Karuturi Family, and became operational on January 5th, 2021. It is located in the Para Clinical Campus of RMC, adjacent to the current library and across the Government General Hospital in Kakinada.

RMC initiated this special project to be compliant with the requirements of Dr NTR University of Health Sciences norms and Medical Council of India, New Delhi norms. RMC provided the 1,700 square feet plot and commitment to maintain the Library.

Karuturi Family originally from Kakinada, and now settled in USA, provided the funds of Rs 63 lakhs through RMCANA, to construct the

4,826 square feet building, working with NBR constructions, a local contractor. This facility known as Sri Karuturi Ramamurty Centre is dedicated for Research and Advancement in Medical Science, in memory of Karuturi family's beloved father, to portray his passion for education by supporting the higher education needs of the community. The Library has been fully furnished with additional contributions of around Rs 25 lakhs from other sponsors.

The Library was inaugurated on January 5th, 2021 by Kakinada's MP V. Geetha and MLA D. Chandrasekhar Reddy. The District Collector D. Muralidhar Reddy congratulated Sri Y.D.Rama Rao, Chairman of the Indian Red Cross Kakinada Chapter and a close family friend of the Karuturi's for overseeing the construction of the Library within one year. RMC Principal Dr. K. Babji, CGH Superintendent Dr. M. Raghavendra Rao and RMC ex- Principal Dr. R. Mahalakshmi were also present.



విజ్ఞాన నిలయంలో తండ్రి స్మృతులు

రూ.63 లక్షలతో రంగరాయలో గ్రంథాలయం ఏర్పాటు

భామగుడి సెంటర్: తండ్రి జ్ఞాపకార్థం... రంగరాయలో రూ.63 లక్షలతో గ్రంథాలయాన్ని ఏర్పాటు చేయడం అభినందనీయమని ఎంపీ మంగా గీత, జిల్లాలో ముఖ్య కార్యదర్శి ఎమ్మెల్యే చార్లంపూడి చంద్రశేఖర్, జిల్లాలో డి.యూ.కలెక్టర్ రెడ్డి తదితరులు ప్రారంభించారు. రంగరాయ వైద్య కళాశాల పెండ్లార్ బ్రిజ్ వెంకటేశ్వర్లు చేసిన డిజిటల్ ఎడ్యుకేషన్ అండ్ జర్నల్ గ్రంథాలయాన్ని ఊదవారు వారంతా యిది ప్రారంభించారు రెడ్డిగార్ వైద్య వైద్య



ప్రారంభోత్సవంలో పాల్గొన్న ఎంపీ మంగా గీత, ఎమ్మెల్యే చార్లంపూడి చంద్రశేఖర్, జిల్లాలో డి.యూ.కలెక్టర్ రెడ్డి తదితరులు

రామారావు వారంతో జరిగిన సాధనమైనది. ఈ కార్యక్రమంలో వైద్య కళాశాల మాజీ ప్రెసిడెంట్ అండ్ చూడండి. జీతినార్ సూర్యునియెందో ఎం రామ వేందరాపు. కళాశాల గ్రంథాలయ వైద్యన రామారావు తదిత. వైద్యులు తదితరులు పాల్గొన్నారు.





**Class of 1977,
Reunion at Dindi,
West Godavari**

Class of 1978



Class of 1979

Congratulations to
Dr. Sudhakar Jonnalagadda
for Receiving the
Pravasi Bharatiya Samman Award,
the Highest Award for a Non- Resident Indian





In tribute to Dr Kurukuri Venkateswara Rao, Class of 1976, RMC

In the journey of our life we meet so many people. And, some leave a lasting impression on you with their personality, affection and by just being simple and humble. Dr. Kurukuri Venkateswara Rao is one such person who is a personification of all the above lasting attributes. He was my classmate, roommate and more, an intimate friend.

We all started the journey of life in earnest in our RMC way back in 1976 and were never away from each other through life's many trials and tribulations. It would have gone till our ripe old age, if not for the cruel Covid which took him away on the 10th of July 2021. In him his family and friends lost a loving companion for life.

He was not just a successful practitioner in Kakinada but also was an active member of service initiatives individually and through Royal Rangarayan Society of 1976 (formed by us, the class of 1976 of RMC) and the RMCANA Trust of which he was the President, to participate in the development of our college and hospital.

To celebrate his spirit of dedication and service I am glad to Renovate the Reading room -1 of Ladies' hostel of RMC as a token of remembrance. And, I pledge to continue this service by taking up more such activities to strengthen our dear College and Hospital in future.

You are no more with us dear friend. But you continue to inspire us throughout our life.

- Dr Rajendra Kakarala

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Dr. Deepthi Karanam

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Dr. Srihari Chitturi

Vayu Advanced Wound Clinic & Hyperbarics

Manjulatha Badam. MD, CWSP, UHM

RMC, 1995-2000 Falcons batch

Kendra's skills!

A 6 year old little girl by name Kendra was brought in by her mom (adopted mom of 4 kids) for Autism, ADHD spectrum & asked me for help.

On my first eval, I see this gorgeous little girl, beautiful curly hair, not entirely focusing on me nor making any eye contact. She just wants to run around the exam room and make babbling noises. I could not gather any story from her at all. I asked her if she could draw anything, she just drew some random lines on the board and started laughing.

Shortly after the eval, we decided to give hyperbaric oxygen treatment a try with her.

There was close supervision daily, while Kendra was in the chamber. After a weekly evaluation, she slowly showed improvement in her behavior. Seeing the way she answered questions, we continued to see improvement.

After 40 HBO treatments, I was doing a full evaluation on her. While I was talking to her mother, she grabbed color pens on my white board and drew these 3 ladies on the



board. The first one was me, middle was her and the third being her mom.

She waits for me to ask her questions and answers me back appropriately, looking into my eyes, she tells me multiple of 2s, 3s, sings baa baa black sheep, and twinkle twinkle little star. She even spoke to one of my other patients and asked him if he was ok because he was in a wheel chair

All these healing stories and limb salvage stories keep me going. My everlasting passion for medicine that was given by my greatest mentors: Dr.Narasimhudugaru (ENT Surgeon), I.V.Raogaru (Medicine), and Dr.Rajugaru (pathology) at the prestigious Rangaraya Medical college continues to grow as well.

I could have not achieved my career goals without their great efforts inculcating core concepts of medicine to me.

I am forever thankful to the entire staff at RMC, hostel board/staff for helping me, keeping all of us safe everyday when I was away from my home during medical school.

Forever Thankful,
Manjulatha Badam, MD.

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Dr. Kurmanath Chadalawada

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Dr. China Kondala Rao Goli

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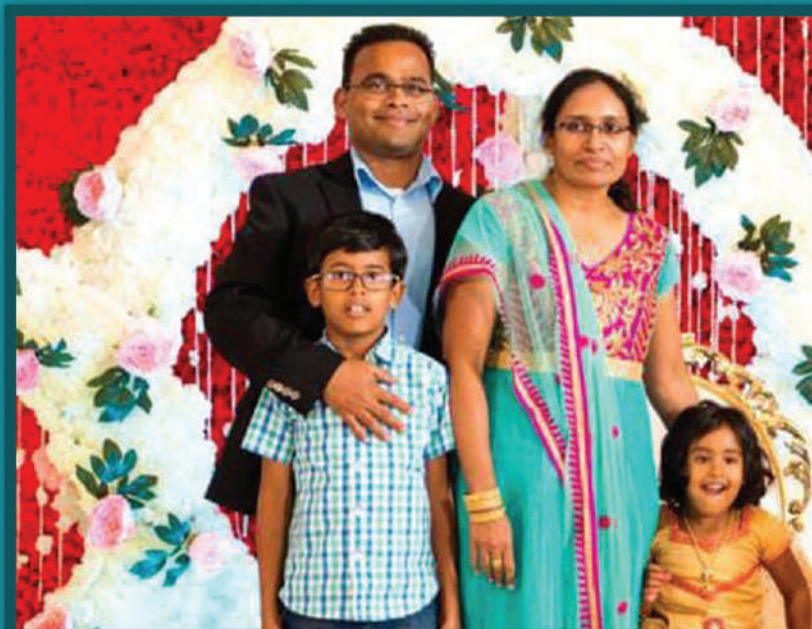
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Dr. Seetha Rama Rao Muthavarapu (Bujji)

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Dr. Subbarao Daggubati

EREVNA 2022 REPORT

-Tarun Kumar Suvvari

Rangaraya Medical College has organized the First Annual Undergraduate Medical Conference - "EREVNA 2022 : Igniting Young Medical Minds" on 22nd July and 23rd July 2022. Rangaraya Student Research Society (RSRS) has taken the lead in organizing the conference with support from the Principal, Superintendent, All department HODs and faculty. EREVNA 2022 had Hands-on workshops, Guest Lectures, Research Paper and Poster Presentations, Clinical Case presentations, Quiz, and Debate.

The Patrons for the EREVNA 2022 are Dr.DSVL Narasimham (Principal,RMC), Dr. P Venkata Buddha (Superintendent, GGH, Kakinada), Dr.T Surya Sree (Vice Principal, RMC). Dr. B Devi Madhavi (Vice Principal,RMC) is the organizing Chairperson and Dr. A Durga Rani (Assoc.prof, Dept of Microbiology) is the Treasurer for the ERENA 2022. Tarun Kumar Suvvari (2018 Batch,MBBS & President RSRS) is the organizing Secretary, M Mani Kruthika (2018 Batch, MBBS) & A Sai Anirudh (2019 Batch, MBBS) are the Joint Secretaries for the EREVNA 2022.

Inauguration of EREVNA was done on 22nd July (friday) at 9.00 AM. Dr.DSVL Narasimham (Principal,RMC), Dr. P Venkata Buddha



(Superintendent,GGH,Kakinada), Dr.T Surya Sree (Vice Principal, RMC). Dr. B Devi Madhavi (Organizing Chairperson, EREVNA), Dr. A Durga Rani (Treasurer, ERENA) graced the event. Chief Guests for the EREVNA 2022 are Dr.Ram Swaroop Jawahar (Physician, Sneha Hospitals), Dr. Vadrevu Ravi (President, RAMCOSA), Dr. SV Lakshmi Narayana (Former faculty, Dept of Anesthesia, RMC) and Dr.Ch Kiran (Secretary, IMA,Kakinada).

More than 350 delegates from various medical colleges across India had attended EREVNA 2022. Students from Andhra Pradesh, Telangana, Pondicherry, Maharashtra, West Bengal had attended EREVNA 2022. Doc Tutorials, Elsevier, Sri Sai Bhargava Scans & Diagnostic Center - Kakinada are the sponsors for the EREVNA 2022.

A total of 11 workshops had been conducted as a part of EREVNA 2022 by various departments of RMC.

The workshops conducted as a part of EREVNA:

- 37 students had attended the Pathology Workshop conducted by Department of Pathology
- 33 students had attended the Research Methodology Workshop conducted by Department of Community medicine
- 158 students had attended the Basic Surgical Skills Workshop by Department of Surgery
- 42 students had attended the Obstetrics and Gynecology Workshop conducted by Department of Gynecology
- 30 students had attended the Neonatology Workshop conducted by Department of Pediatrics and Neonatology
- 30 students had attended the Orthopedics Hands-on Workshop conducted by Department of Orthopedics
- 40 students had attended the Medicine Workshop conducted by Department of Medicine
- 33 students had attended the Radiology Workshop by Department of Radiology
- 40 students had attended the Fetal Autopsy hands-on workshop conducted department of Forensic medicine and Toxicology

- 32 students had attended the Basic Life Support Workshop conducted by Department of Anesthesia
- 4 students had attended the ECG Workshop conducted by the guest lecturer Dr. Venkatachalam, a renowned cardiologist.

The Competitions Research Paper & Poster Presentations, Clinical Case Presentations, Quiz and Debate were a huge success.

- A total of 18 students from various colleges had presented their cases in the final round of Clinical Case Presentation Competition
- A total of 15 students from various colleges had presented their cases in the final round of Research Paper and Poster Presentation Competition
- A total of 7 teams from various colleges participated in the Debate Competition
- A Total of 4 teams from various colleges have participated in the final round of Quiz Competition.

On 23rd July 2022 (Saturday) Evening at 5.00 PM, Valedictory Ceremony was conducted in Auditorium, RMC where the prizes were distributed to all the winners of competitions. Momentos were awarded to all departments who

organized workshops as a part of EREVNA followed by Momentos to Judges of all competitions. A classical solo dance and group dance were performed at the end of the valedictory ceremony.

Rangaraya Student Research Society (RSRS) expresses their sincere thanks to the Dr.DSVL Narasimham sir (Principal,RMC), Dr. P Venkata Buddha sir (Superintendent,GGH,Kakinada), Dr.T Surya Sree madam (Vice Principal, RMC). Dr. B Devi Madhavi madam (Organizing Chairperson, EREVNA), Dr. A Durga Rani madam (Treasurer, ERENA), All HODs, faculty, postgraduates of all the departments of RMC, RAMCOSA, RMCANA, Dr. Sparjan Sir (PD, RMC), administration of RMC, House surgeons, undergraduate students of all batches and finally delegates for their constant support and encouragement in making EREVNA 2022 a grand success.





With Best Wishes



Dr. Harsha Polavarapu



With Best Wishes



Dr. Rajendra Kakarala



With Best Wishes



Dr. Krishnamraju Kosuru



With Best Wishes



Dr. Raja Sreekrishna & Gayathri Talluri



I am **Jhansi L Koduri MD MBBS**, a proud Rangarayan of the 1990 batch, practicing hematology/oncology in Dayton, Ohio. I currently serve as Breast cancer program medical director at Premier Health Network. I am honored by 'The Bravo Community Model' award for the year 2018 and 'Women of the year' award, Dayton for the year 2019. I serve on multiple local boards that includes Miami Valley Hospital Foundation, For the Love of Children, Dayton Daily news community board, Pink ribbon Girls and Miami Valley Association of Physicians of Indian origin. I am blessed with a beautiful family, my husband of 25 years- Dr. Annadorai Kalahasthy and my two children Shravan and Mahathipriya. Oil painting is my hobby and I would like to explore mixed media concepts in future.



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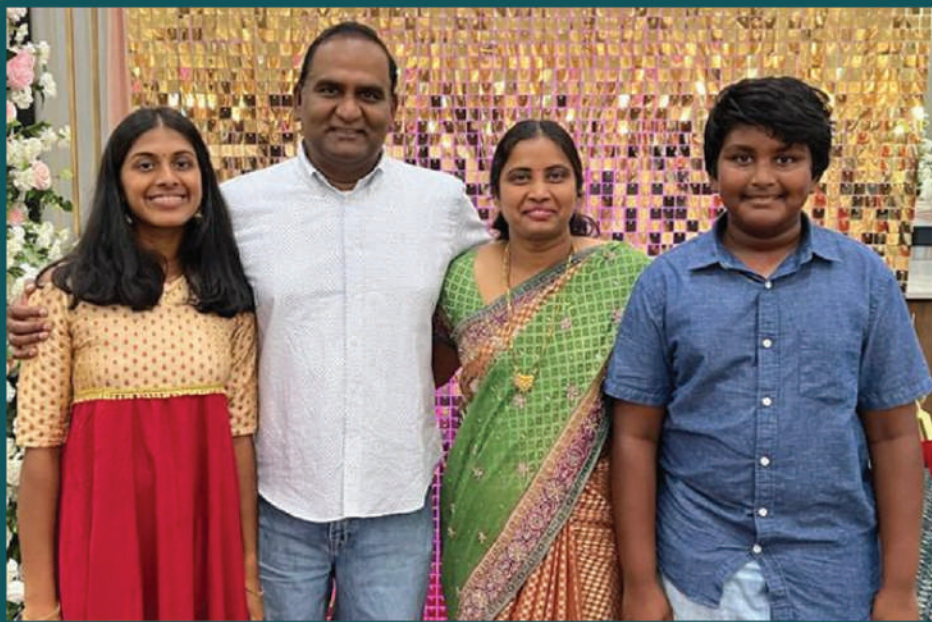
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Dr. Jhansi Koduri

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Sathiraju Undavalli

Dr Bhanu Prasad Memorial Trust

Dr Moturu Bhanu Sankar Prasad (class of 1961), was fondly known as Bhanu to his family and friends. He had a generous heart and had a constant obsession to help others.

Dr Bhanu passed away on October 25, 1994 leaving his wife, Dr Lalitha Kumari (1965 Rangarayan) and daughter Shanti.

To celebrate Bhanu's life, friends of Bhanu created Dr M Bhanu Prasad Memorial Trust and raised money through TANA Foundation. The main purpose of the trust is to use the interest generated on the initial donation to purchase Books and journals for the library, essential equipment for the laboratories and maintenance of the Auditorium of Rangaraya Medical College.

Govt. of AP has issued a G.O on June 30, 1995 to name the Auditorium of Rangaraya Medical College after Dr Bhanu Prasad and inauguration of the same took place on November 28, 1995.

An amount of \$40,000/- was raised and a total of 13.5 lakh rupees were deposited initially in Andhra bank in Kakinada. Of the interest earned on the principal amount, half was spent and half was added to the principal amount in the bank yearly. Since 1996 the trust continued to contribute to the development of the college and GGH. Presently the funds are lodged in SBI, JNTU-K, Branch, Kakinada.

The Trust is continuing its activities under the able guidance of eminent people like Dr. Prasad Choudary Kakarala.

The activities of the trust consisted of improving the acoustics of and providing a good audio system for the auditorium, donating books to the college library, providing a Xerox machine in the Central library, donating equipment to the hospital like air beds, ECG machines, a trans



venous pacemaker, Craniotomy set to Neurosurgery, providing crucial disposables to the GGH from time to time, repairing good Sterilizers (which were needed urgently but the repairs of which was not being attended to by the hospital administration) and bringing them back into use in TOT complex and EOT complex, donation of patient trolleys and disposables for HFNC machines during covid time, donation of Audio systems to the lecture halls of RMC, OMR scanner to the department of Paediatrics, and helping a poor merited student with college, hostel, and mess fees and books. This particular student proved worthy of our help and subsequently got a good rank in NEET-PG and joined in AIIMS-Jodhpur in the specialty of Paediatrics.

Presently the Trust is having Rs. 50.0 lakhs as corpus fund.

Eminent people like Dr J Vasant Kumar, Dr Rao Rangarao, Dr A V Krishnam Raju, Dr V Satyadev acted as convenors of the Trust till now. Present family member trustee is Sri Moturu Ravikant.

-Dr S V Lakshmi Narayana, present convenor.



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Dr. Venkateswara Chowdary Yadlapalli

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Dr. Manjulatha Badam

Hurricanes silver jubilee celebration



Islands of my life

I went to Indonesia wayback in 2018 to attend a concert by Yanni in the Prambanan temple near Yogyakarta, a beautiful island. That concert was cancelled at the last minute. So I flew to Bangkok instead and had the opportunity to see many wonderful Buddhist shrines and the fantastic SiamNiramit show. From there we went to Bali, another lovely island, as planned and was amazed at the influence of Indian culture of thousands of years old which is still flourishing. From Bali I called my friend in Perth, a city in the island nation of Australia, and he invited me to visit him as he is only two hours flight time away. I could not go there of course.

I feel that this particular trip illustrates our life. The many phases of our life, the many experiences, and memories, each represent an island in the journey of our life. We get to visit some islands as planned, miss some, visit some unexpectedly, and visit some again and again. And these visits can be pleasant or painful. Some visits remain with you a lifetime. Some you will forget and some you will struggle to forget. In essence life is a package tour of visits to islands - some physical and some virtual.

Among the islands of my life the ones I longed to visit again and again are from my childhood and my college days. Alas, I cannot go back in time but in my mind I do visit those lovely islands of childhood, carefree and joyous.



Dr S V Lakshmi Narayana, 1976 Rangarayan

When my only worry was to finish the days' homework and get along with playing to my hearts' fill. One of those islands is in my grandma's house which is big and full of people. We children could play without disturbing the adults and getting shouted at. I still have the photos of myself as a small kid with my parents, and sisters taken in the central porch of the house. Later I drove my decorated tricycle there and then shot my own photos with my own SLR camera. How I loved the Sunday afternoons when friends came to me and we read together, recited together, drew together and sang together. Oh it was bliss. And this island I would like to visit again and again if somebody makes a time machine and offers me a ride. Meanwhile the virtual visits continue.

I wanted to be a surgeon. Instead I ended up at the head end, as an Anaesthetist. I never imagined that life could be so exciting and fulfilling in those bleak operating rooms and depressing ICUs. To be part of a dynamic specialty which is evolving on a daily basis and came so far away even during my short span of 35 years in it, is an amazing experience. When I

look back at the beginning of my career everything seems so primitive. But what we did with that basic knowledge and basic tools is fantastic, and the fun part is I am still learning and adopting to the newer gadgets and techniques that pop up all the time. This trait of flexibility, reflexes to react to surprises with alacrity, and the cool demeanor in tricky situations which I was taught and imbibed from my teachers in Anesthesia made me a better person outside the Operating Room too. This is my surprise visit to an island and on this island I live and am loving it all the time.

As a child and adolescent the only journeys I made were to our native village, or Tirupati and to the many cities my father was transferred to. My first taste of a pleasant journey was to Araku and then Seeleru with my classmates. There the travel bug bit me and I never stopped travelling since then. Through my adulthood, middle age and now sixty plus I recall the many lovely and exciting journeys I enjoyed with friends and family and look forward to the many travels I plan to make well into my eighties. These Islands never fade and beckon me again and again. But I tell myself, they are lovely and lively but I have many Islands more to visit before the dusk creeps into my life, slowly but surely. Till then no stopping at visiting these Islands each of which has it's unique call beckoning you, challenging you and enticing you.

My son was born when I was doing my PHC service far away. All my trials to get a posting to Kakinada failed. So as soon as he came home from his maternal grand parents' house, I said enough is enough, applied for long leave and came home to enjoy his company and share his joy of growing up. I loved the moment he first talked, his' first steps and his first song. His' schooling, his' celebrations, and his partying with his friends were all etched in gold in the plaque of my minds palace. Now, he will be a father in a few months. And, I am waiting to relive those moments and revisit that Island, now along with him once again. How fortunate of me! And how exciting it feels!

My bundle of joy, my daughter was born when I was busy in a case. She never did mind it. Nor did my wife. For they enriched my life to no ends and filled it with eternal joy and peace and lovely memories. Her smile wakes me up in the morning and her laughter livens me up during the day. And it is her good night that puts me to a peaceful sleep with the promise of a sunny day the morning after. I immerse myself in their pleasant chatter and relax in their joyful companionship. It is the larger Island in which I live and in which there are many smaller islands.

The care and support of my father gone long ago, the fondness of my mother to whom I am the world, the affection of my sister who I call 'mummy' for her motherly love, the many cousins, nieces nephews, uncles and aunts - are

islands I visit and treasured all through my life and hope to visit again and again and be enriched with their love and affection.

I was too young to feel my grand father's passing away and hardly felt it as it was during my preparation for the Medical entrance. Later our classmates left us one by one starting with Sudhakar who died in an accident in front of my eyes, Ramarao who was a good friend, gentle and smiling and introduced me to Tintin comics, Netaji, Ramanamurthy, Adinarayana, Narasimhamurthy, NSVNV Prasad, all went away in regular succession leaving an unfilled void in our lives. And recently Venkateswararao the smiling and affectionate companion in service activities through Royal Rangarayan Trust and RMCANA Trust succumbed to Covid and left us. These are islands of bitter memory but which I could never forget.

Family, friends, teachers, students, and acquaintances enrich our life throughout. But, in times of helplessness and anxiety, or just to thank for what you have and what you are and sometimes to just find some inner peace we turn to him. He, who is omnipresent and omnipotent. He gives you strength in adversity and succor in grief. To this island I turn to in total submission and absolute dedication whenever I get the call. This is one island which demands nothing of me but gives so much in return .

As students of plus two we used to go along the road in front of our RMC and dream of

studying there. Imagine my joy when I got an admission and reveled there in youthful bliss. It was the purest joy. To learn to heal, to taste pure friendship and that nascent love which stays with you for the rest of your life. Boy! How I long to go back to those days of eternal enjoyment. I know I can't. But I am fortunate to settle in Kakinada and work in the college and hospital for, hold your breath, 31 looong years !

Trust me I enjoyed every day of it. The 10 years I worked in Physiology were purely heavenly as it was in the main college campus with which we are more attached to. That attachment is like an umbilical cord which nourishes you throughout your life. Every time I passed through the campus on work and during morning walks, each corner and every building and waving tree brought back lovable memories. Memories pure and clear as if everything happened only yesterday. Feeling envious aren't you?

Even I never imagined that it will last this long, and this close. Add to that the many opportunities I got to serve our college through Trusts and in Reunions. It was all so very fortunate for me. For, even after I have retired I could still be in touch and still be of service to our Alma mater. This, my dear friends is the most loving island of my life. The Island I love most. The Island I long to live in. And the Island on which I would like to be on, till the last day of my life. Love you Aareemcee.



Heartfelt Thanks to
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Dr. Anitha Gottipati

And There Were None.....

My Failed Attempt to Summit The Highest Mountain in South America

- Dr. Sashi Kuppala, 1992 Rangarayan



Prologue

I attempted to climb Aconcagua, the highest mountain in South America in February of 2022 with a group of other climbers. I also incidentally happened to re-read the Agatha Christie's classic 'And There Were None' during my climb. Fortunately, nobody had died during our climb, but I thought our endeavor resembled the novel in the way how various protagonists fall one after another.

The Dream

It was a long dream to climb Aconcagua. After successfully summiting Kilimanjaro in 2014, the 'Stone Sentinel' at 22,837 feet was the next logical mountain to climb. However, life, career, a Master's degree, and the COVID pushed the desire back by 8 years. Finally, the stars seemed to align in 2022. Three weeks of vacation at work - check; permission at home - check; regular workouts to get back into shape - check; Argentina visa that included a What'sApp video interview - check; hiring a climbing company- check; buying a gazillion pieces of equipment - check; tons of preparatory paperwork - check; and pre-flight COVID test- check.

The Climb That Almost Did Not Happen

I booked the flight to Mendoza, Argentina, where the group was supposed to meet for the first time. My original flight schedule was from Louisville to Atlanta; Atlanta to Santiago, Chile; and a short flight across the border to Mendoza. I opted for a long lay-over in Atlanta, allowing for flight delays due to winter weather. However, what I had not anticipated was the snow blizzard across the Northeast that would cancel tons of flights, including my Atlanta - Santiago flight.

After several frantic and long phone calls to the airlines, I got rebooked into new flights which would take me to Mendoza 48 hours later than the original schedule. That meant I would miss not only the pre-climb briefing, but also the first day of climbing with the group. Rachel, our lead guide had arranged for an assistant guide to pick me up in Mendoza and race with me to catch up with the rest of the group. We would be risking mountain sickness by going fast, but I had no other option. I had to either take the risk or leave the climb altogether. The other caveat was that my checked bag, which had all my

climbing gear, had to reach on time with me. I could not afford a delayed or a missed bag as the climb was not possible without proper gear.

English, Anyone?

I got to Santiago almost 16 hours later than my original schedule and a Delta agent was waiting for me outside the door. He gave me tickets to the flight to Mendoza for 36 hours later and some meal vouchers. He also instructed me not to leave the International Gates area due to COVID restrictions and said there were no lounges available for me to sleep. I prepared myself mentally for the longest 36 hours of my life sleeping on the floor and loitering at the gates. What I had not prepared for was the language problem.

No one at that international terminal spoke English.

Next day morning, I had gone to every gate and information kiosk and tried to ask if I could get into an earlier flight to Mendoza. The universal reply was "No English. Español" with a blank stare. Finally after repeated tries, I was able to get hold of a Delta agent who was able to book me into the Mendoza flight the same evening. I was ecstatic as it meant that I could actually join the team before the start of the climb. She also assured me that my checked bag would be transferred into the new flight.

Luggage or No Luggage? That was the Question

Even though the Delta agent had assured me of the transfer of my checked bag, I kept worrying about it. No bag simply means no climb. As the flight time approached, I went to the boarding gate and requested the gate agent to check if my bag had been transferred. The agent affirmed that the bag was indeed transferred to the new flight, but I just could not trust her. She did not even look at my passport or the boarding pass before the confirmation. With a worried mind and a lot of reassurance by the gate agent, I boarded the flight and landed in Mendoza an hour later. After what had seemed like a million years of immigration, I went to the baggage area, anticipating doom.

But there it was.

My beautiful, cheap, clothe duffel bag with all my expensive gear in it, sitting alone on the baggage carousel like a princess on the throne. I gleefully claimed it and ran outside, where I was met by a waiting driver.

Race to Join the Team

The next few hours were a race against time. We started at the airport, got my mandatory COVID test done, and drove another 4 hours to join the team, who had been at a lodge right outside the Aconcagua park entrance.

The relief I experienced after meeting them was immense. They all seemed nice, fit, and YOUNG. There was 18 year-old Megan, her 38 year-old uncle Trevor, 31 year-old Jess, her husband Alex, his classmate Jon, and finally 29 year-old Daniel. I was 47 years old, and even though I had been confident of myself, a shadow of doubt did cross my mind of my ability to keep up with them. I finished dinner, took a long, hot shower, and finally after two days of (not) sleeping on airport floors, slept on a decent bed.

Base Camp and Beyond

We started our climb the next day and reached the base camp 'Plaza de Mulas' at 13,976 feet after three days without any hitch. The weather was nice and pleasant. The base camp looked nice but crowded. We took a rest day and then went on an acclimatization hike to Mount Bonita at 16,730 feet. After one more rest day, we climbed to Camp 1 at 16,108 feet and subsequently to Camp 2 at 17,244 feet over the next four days without any incident.



Diarrhea at 17,000 Feet

By the time we reached Camp 2, most of

us had started to have diarrhea. The guides had been melting snow by the camp sites to make water. In the past the water was found to have high magnesium content. The guides suspected similar problem this time around also. Diarrhea at that altitude comes with a set of unique problems. We had one toilet tent where you squat on a spread out newspaper, do the job, fold the newspaper after the act, bring it out, and deposit it in the bin outside the tent. Number 1 was not allowed for the obvious reason of running off from the paper. You do number 1 out in the open away from the campsite. It was simply impossible to maintain hygiene with runny diarrhea. It was a miracle that the magnesium-induced diarrhea did not turn into dysentery.

The First Casualties

Maintaining hydration at that altitude was a challenge in itself and the diarrhea had made it worse. We were between a rock and a hard place as we had to keep drinking the same water that caused the problem in the first place. Jess especially looked weak that evening.

Fortunately, the diarrhea had stopped for me that night, but I had severe heart palpitations that made me worried about my safety. I woke up the next morning to the news that Jess, Alex, and Daniel were leaving. Apparently both Jess

and Alex had a bad night with non-stop diarrhea. Daniel had been tentative for some time with mountain sickness, and the added diarrhea was too much for him. With heavy hearts, the rest of the team said goodbye to them. I talked to Rachel about my heart palpitations. She assured me that they were normal at higher altitudes and gave me the green signal to continue if I was up to it. The bravery of the day had trumped the skepticism of the night and I decided to carry forward.



The Summit Push

Our next stop was the high camp at 19,685 feet. We reached there by noon and after resting for a few hours, started the summit push right at midnight. The initial climb was a brutal, relentless uphill hike. Lack of sleep and the hour of the climb made the misery worse. Rachel gave us our first break after an hour and immediately Megan said she was done. She just could not take it any longer. Even in my dead tired state, I could not stop appreciating what she had done thus far. Here was this 18 year old girl who trying to push herself way beyond her limits. What was I doing when I was 18? Definitely not

climbing the highest mountain in South America. With Megan, Trevor dropped out too. Apparently Megan's dad was paying for both of them, and Trevor felt guilty to continue without his niece.

Last Man Standing

With Megan and Trevor leaving, Jon and I were left with the guides Seba and Rachel. We put on the crampons as we were getting to the icier parts of the climb and labored on. I could hear Jon's breathing on my neck. I felt I was slowing the team down and tried my best to keep up the pace. There was a big hillock we had to navigate, and right on top of it, Jon slumped forward and murmured that he could not continue any longer.

After Seba and Jon had left, Rachel and I sat down and took stock of the situation. We noticed that dark clouds had started to form above and it kept getting colder. I was shivering even in that exertion and with 5 layers on. It was a surreal experience. There were climbers who looked like pale ghosts but kept going forward. There was this man who would literally take 10 steps and take a break. I wondered how far he was going to go at that pace. I also distinctly remember seeing a big middle aged woman who was nonchalantly hiking up. There were also people who were turning back. We carried on for another hour or so and took a break. By that

time, it started to snow a little. I had nothing left in the tank by that time. I had this habit of counting backwards from 100 to divert my mind away from the exertion and I tried that. However hard I had tried, I simply could not count backwards. I asked Rachel what was the altitude and how much longer from there to the summit. She said we were at around 21,500 feet and probably another 4 hours to the summit at the rate we were going.

By then, it all came down to the question of how much farther I could push myself before the weather got really bad. I decided by continuing forward, I might be putting myself at risk and told Rachel that I did not want to continue any further. Rachel actually seemed relieved when I had said that. She was worried about me but did not want to be the person to make that decision, leaving it to me instead. We came back to the high camp to the applause of the guides and porters, and after taking some rest, continued down to the base camp. We did not want to spend the night at high altitude in that weather. It had proved to be a wise decision as the snow turned into a blizzard over the next few hours. During the last few hours of our trek down, I could not even see Rachel who was walking less than ten feet ahead of me. From the safety of the base camp, we kept hearing the

emergency helicopters rescuing the climbers from higher camps. I might have been one of them if I had continued.

The next morning, Trevor, Megan, and I took a helicopter back to the park entrance, caught a taxi back to Mendoza, and joined the rest of the team in the hotel to the luxury of a flushable toilet.

Epilogue

With thirty percent success rate, Aconcagua was always going to be a difficult climb. It's not uncommon for the climbers to leave midway but I thought the way our group came unraveled had a strange resemblance to the way Christie's characters fall one after another. May be I felt that way just because I read the novel during my climb and somehow saw the similarities. Looking back, I was incredibly proud of what I had achieved but also indescribably sad for not completing the job. If only I had trained harder. If only the weather held up a little longer. If only If only



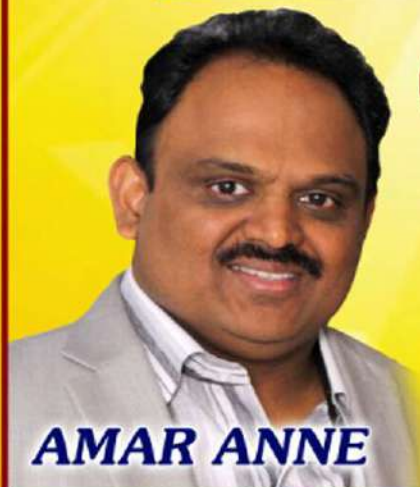
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