OMSACON SOUVENIR

67th EDITION, 2024

Editor-in-Chief

Dr. Sanjay Swain

Members Souvenir Committee

Dr. Saroj Ranjan Naik
Dr. Gouranga Charan Mohanta
Dr. Manik Ratan Pradhan

70th ANNUAL CONFERENCE, OMSA

OMSACON-2024

Organised by

OMSA BALASORE & OMSA NILAGIRI

Date

18th SEPTEMBER, 2024

Venue

PADMABATI AMUSEMENT WATER PARK & RESORT
Balasore - 756 002

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Dr. Sanjay Swain,
Editor-in-Chief & Member of Souvenir Committee
For Odisha Medical Services Association (OMSA)
"OMSA BHAWAN"
Unit-VI, Ganganagar, Bhubaneswar-751001,Odisha
Website: www.omsa.org.in
E-mail: sanjaybhaee@gmail.com
Contact: 7008275492 / 9437029089

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ରଘୁବର ଦାସ
ରାଜ୍ୟପାଳ, ଓଡ଼ିଶା
रघुवर दास
राज्यपाल, ओड़िशा
Raghubar Das
Governor, Odisha

ରାଜ ଭବନ
ଭୁବନେଶ୍ୱର - ୭୫୧୦୦୮
राज भवन
भुबनेश्वर - ७५१००८
Raj Bhavan
Bhubaneswar-751008

Message

I am glad to know that OMSACON - 2024, the 70th Annual Conference of Odisha Medical Services Association (OMSA) is to be held at Balasore on September 18, 2024. A Souvenir is also being brought out to mark the occasion

OMSA has a long history of remarkable service rendered to the profession and setting the standards for excellence remains its cornerstones. OMSACON has been a productive forum enabling the noble task of sharing knowledge, exchanging thoughts and the results of the latest research and promoting co-operation amongst the members. I believe that OMSACON - 2024 would deliberate extensively on current and emerging issues for the improvement of public health and enlighten the members to serve with renewed vigour. I wish OMSACON - 2024 and publication all success.

(Raghubar Das)

Mohan Charan Majhi
Chief Minister, Odisha

सत्यमेव जयते

Lokaseva Bhawan
Bhubaneswar

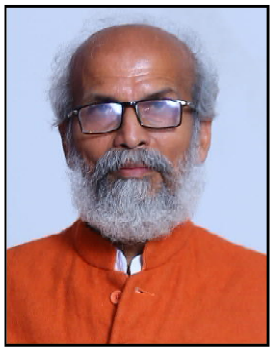
Message

I am glad to know that the Odisha Medical Services Association is organising its 70th Annual Conference on 18th September 2024 at Balasore and bringing out a Souvenir in commemoration.

Healthcare is almost the topmost priorities of the Government. The healthcare practioners of the state have a significant role in realizing the dream of making Odisha a hub of healthcare services. I extend my warm greetings to all the members of OMSA and hope they will serve the people with greater commitment and continue to work for scaling new heights of success in healthcare services.

I wish the Conference and publication all success.

(Mohan Charan Majhi)



ପ୍ରତାପ ଚନ୍ଦ୍ର ଷଡ଼ଙ୍ଗୀ
प्रताप चंद्र षडङ्गी
Pratap Chandra Sarangi
Member of Parliament
(Lok Sabha)

pratap.sarangi@sansad.nic.in
pratapchandrasarangi@gmail.com

Date - 08th September 2024

Message

I am delighted to extend my heartfelt greetings to all the esteemed members of the Odisha Medical Service Association (OMSA) on the occasion of its 70th Annual Conference, being held on 18th September 2024.

Over the years, OMSA has played a pivotal role in advancing healthcare services across the state, and your collective efforts have made a profound impact on the lives of countless citizens. The relentless dedication, compassion, and professionalism shown by the medical fraternity, especially during times of crisis, have earned the trust and admiration of the people of Odisha.

As you gather for this milestone conference, I commend OMSA for its unwavering commitment to enhancing medical standards and ensuring that healthcare reaches every corner of the state, particularly in rule and underserved areas. Your work is a testament to the noble values that underpin the medical profession, and I encourage you to continue striving for excellence in all your endeavors.

On this special occasion, I wish OMSA continued success in its mission and hope that this conference provides a fruitful platform for exchanging knowledge, ideas, and innovations that will benefit Odisha's healthcare system.

May your efforts continue to strengthen our healthcare services and contribute to the overall well-being of our state.

With best regards,

(Pratap Ch. Sarangi)
Member of Parliament, Balasore

ଡ଼. ମୁକେଶ ମହାଲିଙ୍ଗ
ମନ୍ତ୍ରୀ, ସ୍ୱାସ୍ଥ୍ୟ ଓ ପରିବାର କଲ୍ୟାଣସଂସଦୀୟ
ବ୍ୟାପାର, ବୈଦ୍ୟୁତିକ ଅଣୁ ବିଜ୍ଞାନ ତଥା ସୂଚନା
ଏବଂ ପ୍ରଯୁକ୍ତି ବିଦ୍ୟା, ଓଡ଼ିଶା

ଦୂରଭାଷ :
ପି.ବି.ଏକ୍ସ. ନଂ :
ମୋବାଇଲ ନଂ. : ୬୩୭୨୦୫୧୦୦୪
ପତ୍ର ସଂଖ୍ୟା...../
ମସ୍ୱାପକସଂବ୍ୟାବୈଅବିସୂପ୍ରବି.
ଭୁବନେଶ୍ୱର

ବାର୍ତ୍ତା

ଓଡ଼ିଶା ଚିକିତ୍ସା ସେବା ସଂଘର ୭୦ତମ ବାର୍ଷିକ ସମ୍ମିଳନୀ OMSACON-2024 ସେପ୍ଟେମ୍ବର ମାସ ୧୮ ତାରିଖରେ ବାଲେଶ୍ୱରଠାରେ ଆୟୋଜିତ ହେବା ଏବଂ ଏହି ଅବସରରେ ଏକ ସ୍ମରଣିକା ପ୍ରକାଶ ପାଇବାକୁ ଯାଉଥିବା ଜାଣି ମୁଁ ବିଶେଷ ଆନନ୍ଦିତ ।

ଜଣେ ରୋଗୀକୁ ଉତ୍ତମ ଚିକିତ୍ସା ଓ ବ୍ୟବହାର ପ୍ରଦାନ କରି ଚିକିତ୍ସକ ବନ୍ଧୁମାନେ କେବଳ ରୋଗୀଟିର ଦୁଃଖ ଓ ଯନ୍ତ୍ରଣା ଦୂର କରନ୍ତି ନାହିଁ ବରଂ ରୋଗୀଟିର ସଂପୂର୍ଣ୍ଣ ପରିବାର ମୁହଁରେ ହସ ଫୁଟାଇବାର ସାମର୍ଥ୍ୟ ରଖନ୍ତି । ଏହି ସାମର୍ଥ୍ୟ ପାଇଁ ମଣିଷ ସମାଜ ଆପଣମାନଙ୍କୁ ଈଶ୍ୱରଙ୍କ ଦ୍ୱିତୀୟ ଅବତାର ବିବେଚନା କରି ଯଥେଷ୍ଟ ସମ୍ମାନ ଦେଇଥାଏ । ଏହି ସମ୍ମାନ ଓ ସଦିଚ୍ଛାକୁ ପାଥେୟ କରି ଆପଣମାନେ ଓଡ଼ିଶାବାସୀ ଭାଇଭଉଣୀ ବିଶେଷ କରି ଗ୍ରାମାଞ୍ଚଳର ଲୋକମାନଙ୍କୁ ସର୍ବୋତ୍ତମ ଚିକିତ୍ସା ସେବା ଯୋଗାଇଦେବା ସହିତ ଉଭୟ ସରକାର ଏବଂ ଜନସାଧାରଣଙ୍କ ପ୍ରିୟଭାଜନ ହେବେ ବୋଲି ମୋର ପୂର୍ଣ୍ଣ ବିଶ୍ୱାସ ।

ଓଡ଼ିଶା ଚିକିତ୍ସା ସେବା ସଂଘର ୭୦ତମ ବାର୍ଷିକ ସମ୍ମିଳନୀ ଅବସରରେ ସଂଘର ସଦସ୍ୟ ବନ୍ଧୁମାନଙ୍କୁ ଆନ୍ତରିକ ଅଭିନନ୍ଦନ ଜଣାଇବା ସହ ସ୍ମରଣିକା ପ୍ରକାଶନର ସର୍ବସଫଳତା କାମନା କରୁଛି ।

ମୁକେଶ ମହାଲିଙ୍ଗ

(ଡଃ ମୁକେଶ ମହାଲିଙ୍ଗ)

Shalini Pandit, IAS
Ex-Commissioner-cum-Secretary to Government
Health & Family Welfare Department
Government of Odisha

Loka Seva Bhawan
Bhubaneswar-751001
Tel: +91-674-2536632
Email: orhealth@nic.in

Message

I am happy to know that Organizing Committee of Odisha Medical Services Association is celebrating its 70th Annual Conference "OMSACON-24" at Balasore. Commemorating this memorable occasion, a Souvenir entitled "The Souvenir" is being published.

Physicians have always been the backbone of our healthcare system and have fought against all odds to save human lives and improve human health and well-being. The delegates to the "OMSACON-24" will enlighten the conference with their presence and share their vast knowledge and experience through this platform.

I extend my best wishes to the organizers for successful organization of the Conference and publication of the Souvenir.

S.Pandit

(Shalini Pandit)

Ms. Aswathy S., IAS
Commissioner-cum-Secretary to Government
Health & Family Welfare Department
Government of Odisha

Loka Seva Bhawan
Bhubaneswar-751001
Tel: +91-674-2536632
Email: orhealth@nic.in

Date : 02.09.2024

Message

I am happy to know that ODISHA MEDICAL SERVICES ASSOCIATION (OMSA) is going to organize its 70th Annual Conference, OMSACON-2024 at Balasore on 18th September 2024. A Souvenir is also being brought out to commemorate the event.

The member of Odisha Medical Services Association are one of the most valued group of professionals and an essential part of our healthcare system. I am sure that the deliberations in the conference will help the delegates to learn from their peers and update their knowledge.

On this occasion, I would like to convey my warm wishes to the ODISHA MEDICAL SERVICES ASSOCIATION (OMSA) and their team for a successful conference and publication of this souvenir.

(Aswathy S.)

Dr. Brundha D, IAS
Mission Director,
National Health Mission,
Odisha, Bhubaneswar

Loka Seva Bhawan
Bhubaneswar-751001
Tel: +91-674-2536632
Email: orhealth@nic.in

Date : 02.09.2024

Message

I am glad to know that Odisha Medical Service Association (OMSA) is organizing its 70th Annual Conference, OMSACON-24 and also bringing out a souvenir in commemoration.

Medical Officers are the most valued and essential part of our health care system. Their expertise and dedication are crucial not only in providing direct patient care but also in implementing and managing national and state health programs. By working on the front lines of health initiatives, doctors help in achieving better health outcomes and advancing public health goals.

The cadres of OMSA has proven their commitment creating the trust between the people and the government and rendering selfless service for human care.

The discussion and deliberations at OmSACON-24 is undoubtedly going to have exemplary contribution in sharing and enhancement of knowledge and management techniques in the work place of the cader officers.

On this occasion, I take the privilege to extend my warm greetings and best wishes to all for the annual conferences of OMSA & publication of souvenir.

"Arogyam Paramam Dhanam- Sustha Odisha, Viksit Odisha"

(Dr. Brundha D.)

ଡ଼. ବିଜୟ କୁମାର ମହାପାତ୍ର, ଏମ.ଏସ (ଶଲ୍ୟ)
ନିର୍ଦ୍ଦେଶକ, ସ୍ୱାସ୍ଥ୍ୟ ସେବା, ଓଡ଼ିଶା

ଭୁବନେଶ୍ୱର

ତା ୦୩.୦୯.୨୦୨୪

ବାର୍ତ୍ତା

ଓମସାର (OMSA) ୭୦ ତମ ବାର୍ଷିକୋତ୍ସବ ଆମ ସମସ୍ତଙ୍କ ପାଇଁ ଏକ ଖୁସିର ଅବସର । ଅର୍ଦ୍ଧ ଶତାବ୍ଦୀରୁ ଉର୍ଦ୍ଧ୍ୱ ଅନୁଭୂତିର ଗନ୍ତାଘର ଓମସା ଆଜି ହଜାର ହଜାର ଡାକ୍ତରଙ୍କର ଏକ ପ୍ରତିଷ୍ଠିତ ସଂଘ । ଡାକ୍ତର ମାନଙ୍କର ବିଭିନ୍ନ ସମସ୍ୟାକୁ ଓମସା ସର୍ବଦା ସରକାରଙ୍କ ଦୃଷ୍ଟିକୁ ଆଣିଛି ଓ ତାର ସମାଧାନ ପାଇଁ ସରକାରଙ୍କୁ ଉପଯୁକ୍ତ ପରାମର୍ଶ ଦେଇଛି। ସରକାର ମଧ୍ୟ ସମସ୍ୟାକୁ ହୃଦୟଙ୍ଗମ କରି ଉପଯୁକ୍ତ ସମାଧାନ କରିଛନ୍ତି ଓ ଅନେକ କ୍ଷେତ୍ରରେ ସମାଧାନ ପାଇଁ ଚେଷ୍ଟିତ ଅଛନ୍ତି। ଓମସାର ନିରନ୍ତର ସହଯୋଗ ଓ ଦାୟିତ୍ୱପୂର୍ଣ୍ଣ ଉପଦେଶ ସର୍ବଦା ସରକାରଙ୍କୁ ଦିଗ୍ ଦର୍ଶନ ଦେଇଛି ।

ରୋଗୀ ସେବା ତଥା ଜନସ୍ୱାସ୍ଥ୍ୟ କ୍ଷେତ୍ରରେ ଡାକ୍ତରମାନଙ୍କ ଭୂମିକା ଗୁରୁତ୍ୱପୂର୍ଣ୍ଣ । ସରକାରଙ୍କ ଜନକଲ୍ୟାଣ ସ୍ୱାସ୍ଥ୍ୟ ସେବାରେ ଡାକ୍ତରମାନଙ୍କ ସହଯୋଗ ଏହାକୁ ଏକ ପ୍ରମୁଖ ସ୍ଥାନରେ ସ୍ଥାନିତ କରିପାରିଛି ।

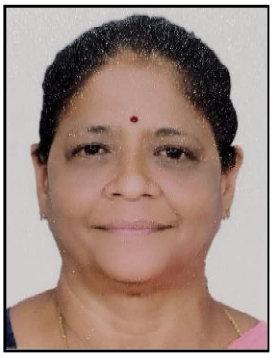
ସ୍ୱାସ୍ଥ୍ୟ ସେବା ଓ ଜୀବନ ରକ୍ଷା ଡାକ୍ତରମାନଙ୍କ ପ୍ରଥମ କର୍ତ୍ତବ୍ୟ । ଜୀବନର ପ୍ରାରମ୍ଭ ଓ ଅନ୍ତିମ ସମୟର ସାକ୍ଷୀ ଡାକ୍ତର ସର୍ବଦା ନିଃସ୍ୱାର୍ଥପର ସେବାରେ ବ୍ରତୀ ହେବା ଉଚିତ । ନିଜର ଉପଯୁକ୍ତ ଜ୍ଞାନ ଓ ଅଭିଜ୍ଞତା ରୋଗୀ ସେବାରେ ଡାକ୍ତରଙ୍କୁ ଉପଯୁକ୍ତ ସହାୟତା ପ୍ରଦାନ କରିଥାଏ ।

ଆମେ ଗର୍ବିତ, ଆମେ ହିଁ ସେଇ ଗୋଷ୍ଠୀ ଯିଏ ଯନ୍ତ୍ରଣା ଲାଘବ କରେ, ମାନବ ସମ୍ପ୍ରଦାୟର ଯନ୍ତ୍ରଣା ଉପଶମ କରିବାକୁ ଯାଇ ନିଜେ ବହୁତ ଯନ୍ତ୍ରଣା ମଧ୍ୟ ପାଏ ।

ଏକାଗ୍ର ଚିତ୍ତ ଓ ସାମୂହିକ ସହଯୋଗରେ ଭାସି ଚାଲିଥିବା ତରଣୀକୁ ବିଘ୍ନର ଲହଡ଼ି ଦୋଦୁଲ୍ୟମାନ କରିଦେଇପାରେ ସିନା କିନ୍ତୁ ଲକ୍ଷ୍ୟ ପଥରୁ ଏହାକୁ ବିଚ୍ୟୁତ କରିପାରେ ନାହିଁ ।

ସମସ୍ତଙ୍କ ସହଯୋଗରେ ଆଗେଇ ଚାଲିଥିବା ଓମସା ଆଜି ଏକ ସଫଳ ସଂଘ ଭାବରେ ନିଜର ଅସ୍ତିତ୍ୱ ଜାହିର କରି ପାରିଛି। ଓମସା ମଧ୍ୟ ଉତ୍ତମ ସ୍ୱାସ୍ଥ୍ୟ ସେବା କ୍ଷେତ୍ରରେ ନିଜର ଅଭିଜ୍ଞତାକୁ ଆହୁରି ପ୍ରସାରିତ କରୁ ଓ ସାମାଜକୁ ରୋଗମୁକ୍ତ କରିବାରେ ଅଗ୍ରଣୀ ଭୂମିକା ଗ୍ରହଣ କରୁ। ଏକ ସଂଘ ସହିତ ଏହା ଏକ ଅନୁଷ୍ଠାନର ଭୂମିକା ଗ୍ରହଣ କରୁ। ମୁଁ ଓମସାର (OMSA) ୭୦ତମ ବାର୍ଷିକୋତ୍ସବର ସଫଳତା କାମନା କରୁଛି ଓ ଆନ୍ତରିକ ଅଭିନନ୍ଦନ ଜଣାଉଛି ।

(ଡ଼. ବିଜୟ କୁମାର ମହାପାତ୍ର)



Dr. Sanjukta Sahoo
Director, Family Welfare, Odisha

Message

It is a matter of great pleasure that Odisha Medical Services Association is going to organize it's 70th Annual function (OMSACON-2024) on 18th September 2024 at Padmabati Water Park & Resort, Balasore.

Doctors are the key functionaries in our healthcare system and their active & dedicated service is indispensable while ensuring basic healthcare facilities to all sections of the populations. They play vital role in implementation of all National & State Health Programmes in our State.

During COVID 19 pandemic in the State, Doctors have worked hard round the clock in order to save the lives of our people. In the process many Doctors sacrificed their lives & succumbed to the deadly virus. In spite of such adversities, Doctors did not step back from their duty and continued their selfless service for the larger good of the society.

In coming days also, All Doctors need to continue their selfless & relentless service towards the community as every life is precious for our State.

On this auspicious occasion, I extend my ward greetings and best wishes for the grand success of the conference.

Vande Utkala Janani

Long Live OMSA.

(Dr. Sanjukta Sahoo)

Dr. A.B. Nayak
MD (Paediatrics), F.I.A.M.S
Director Nursing, Odisha

Message

On the occasion of Annual function of OMSA, I convey my sincere good wishes to one and each Honourable Members and Office Bearers.

Doctors as a fraternity must remain united for both ensuring good and quality health services to the people and as well as to develop good cohesion among themselves for betterment of their scientific knowledge, expertise ,security and most importantly dignity in society. We should not aspire for more and accept no less as pointed out in the preface of Medicine text book of Harrison.

In previous years our premier Association has achieved a number of long pending genuine provisions including OMSA's own cherished dream building.

Our Life Membership number is going to touch five thousands very soon but it is utmost desired that there should be cent-percent membership without leaving a single one.

In this memorable moment let OMSA make its own presence and vivacity everywhere,

Long Live OMSA.

Artabandhu Nayak.

(Dr. Artabandhu Nayak)

Dr. Nilakantha Mishra, DM
(Cardiologist)
Director of Public Health,
Odisha, Bhubaneswar

Bhubaneswar

Dt. 18.09.2024

Message

It gives me immense pleasure to learn that the 70th Annual Conference of Odisha Medical Service Association going to be held on 18th September 2024 (Wednesday) at Padmabati Amusement Water Park & Resort, Balasore. On this occasion, a souvenir will be brought out to commemorate this occasion.

I convey my greetings and good wishes to all the members of the association and hope that the discussion made in the Conference will be very much beneficial to share the experience and knowledge of the doctors to a greater extend.

I wish the Conference a grand success.

(Dr. Nilakantha Mishra)

Dr. Dillip Kumar Panda
Director, Capital Hospital

Bhubaneswar

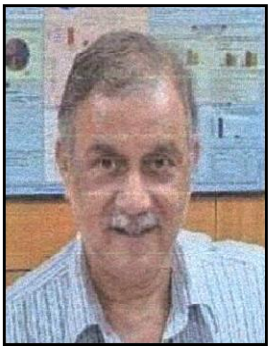
Message

I am glad to know that Odisha Medical Services Association (OMSA) is holding its Annual Function in the month of September 2024. A Souvenir is also being brought out on the occasion.

This is landmark occasion of OMSA as "OMSA Bhawan"; the official new building at Bhubaneswar comes up to the delight of the member physicians. Over the years the work of the OmSA has a profound impact on health care in the state. It's remarkable job has been observed during last COVID-19 pandamic for which the OMSA has obtained good public responses at home and outside. I believe members will reaffirm the ideals that led them into this noble profession and their dedication and commitment would define the horizons of OMSA work.

I extend my best wishes for success of the said annual conference and publication of the souvenir.

(Dr. Dillip Kumar Panda)



Dr. Satyabrata Chhotaray
Director of Health Intelligence &
Vital Statistics, Odisha.

Bhubaneswar
Dt. 18.09.2024

Message

It is my great pleasure to learn that "the 70th Annual Conference of Odisha Medical Service Associations" (OMSA) is going to be held on 18th September, 2024 (Wednesday) at Padmabati Amusement Water Park & Resort, Balasore. On this occasion, a memento will be given away to the Commemorate on this day.

I express my greetings and good wishes to all the member of the association and hope that the discussion made in the conference will be beneficial to share the experience and knowledge of the doctors to great extent.

I wish the conference a grand success and enthusiastic spirit.

(Dr. Satyabrata Chhotaray)

Dr. Dulalsen Jagatdeo
CDM & PHO Balasore

Bhubaneswar

Message

It is my great pleasure to learn that the 70th OMSACON is being hosted in my home district Balasore, at Padmavati Amusement Park & Resort on 18th September, 2024. On this occasion a Souvenir is going to be published. I wish it to be a success.

I welcome to all members of OMSA to sand city, Balasore.

I wish the Conference a grand success.

(Dr. Dulalsen Jagatdeo)

Dr. Narayana Rout
MS, General Surgeon

OMSA BHAWAN
State President 2022-2024
Unit- VI, Ganganagar, Bhubaneswar
Odisha Medical Services Association (OMSA)
Pin No. – 751001, Odisha
Email Id: - drnarayan95@gmail.com
Website:- www.omsa.org.in
Phone No. – (+91) 9337209255 / 8249884236

From President's Desk.....

"My real dream is 'OMSA BHAWAN' it is the association building, which is built on Rath Yatra Day 2020. Where we have observed the annual function, GB Meeting, CWC, CEC Meetings, Doctors Day, Independence Day, Republic Day and many private functions in rent basis. It acts as the brain center of the association and all activities will spread from this central hub. I am a tremendous OMSA lover & I accept everybody as my advisor for our association. I love equally OMSA family members under one roof that is "OMSA as protective Umbrella."

On the auspicious occasion OMSACON 24 at Balasore I convey my heartfelt good wishes and regards to all OMSA Cadre brothers and sisters. I love you all and pray God for your good health and spirit also of your lovely family members. My relentless journey has an embarked digitalization of new OMSA with smart cards for life members. OMSA inputs will be invaluable in influencing the Govt. decisions favourably.

The ugly system of OMSA election by Ballot paper and Cash Collection is abolished by our hard labour and cooperation which is replaced by online election and digital transactions. Our special drive for financial benefits in a time-bound manner as DACP at 6, 12, 18 and 24 years of regular service and pay matrix 17 for director level & Special Secretary level administrators. As per the cadre demanding voice & my commitment is to hear and my vision is to fulfil the availability of Govt. holidays as off days and it is done.Six years of study leave with full salary even after one day of regular job is done for the higher study of ambitious Doctors. The dental restructuring is done and OMSA is trying for fulfiling the demand of DACP, PG incentive and place-based incentive. Due to tireless efforts, the OMHS Cadre strength has increased up to 15,772 and Bonafede life members to 4,700. Our tenure has given top priority to financial transparency. Effectively we have presented our thoughts and demands and taken OMSA to new heights and upheld its legacy. Balasore is famous for its industries, agriculture, fishing, tourism and the city as educational hub. To maintain the glory and honour of OMSA we have stood unitedly and tirelessly with hands together. I thank to my executives for their sacrifice of time, money, profession and family in this busy day-to-day life. We have good coordination with the Government, the people and the administration for making Nobel new OMSA that provides better service to the people of Odisha.

We have increased our associations' power to be more dynamic and vibrant by increasing the life members and their support and cooperation. Your valuable money donation, our time sacrifice and energy at all levels have constructed the historic OMSA Bhawan. We have acted on exit policy transfer and successfully 12 nos. of doctors have been transferred from KBK to non-KBK areas. OMSA has strongly objected central government's decision for mixopathy, entry of bureaucrats at all levels of health administration as we have our own administration system. We have objected for the entry of outside doctors through OPSC to our State. We have achieved PAN cards for OMSA accounts. So, the financial transparency of OMSA is our top priority. We have always demanded the security of doctors and paramedics in their workplaces. With our efforts, the culprits have been punished at Balangir, Balipatna, Tangi, Talcher, Dhenkanal and Rayagada-Muniguda. At Boudh the controversy among the Collector, SP and the doctors has been settled in an amicable way. It has good percussion in the entire state. So there is holistic improvement of OMSA in State wide. We have centrifugated Zonal meeting and annual functions to strengthen OMSA. Last 5 years many high court cases against OMSA election done still OMSA has straightened its spine for doing work. OMSA has brought some amendments in OMSA constituency as per the decision of GB meeting.

OMSACON 2024 celebration at Balasore will inspire us and the future generation with more courage and enthusiasm to build better Odisha. This will empower more the cadres of the central zone as a big signature with imparting year marks. We have proved our association as a noble association among all associations. Our OMSA office room was inaugurated on 15th August and functioning now. OMSA Bhawan is the best building in Bhubaneswar any other association building in the center of Bhubaneswar inside PGIMER & Capital Hospital Campus. A holistic improvement of OMSA is done with team effort in a very dedicated, committed and with honest way. I have always assessed my capability of solving the personal and mass problems and have digested the negative comments of people as OMSA is doing nothing. I have managed the association in a dignified way at all levels with your good support. I heartily congratulate all Bonafide life members and encourage all to put in various activities of association. I felt most of the branch secretaries have lost their responsibility for preparing updated voter lists which made chaos. Every cadre gets all updated information by Cascade manner of WhatsApp upto bottom level. We should forget the negative minds amongst us that hinders the progression.

Whatever demands we may have achieved still some of demands continuing in our Govt. like not to increase the service period by more than 65 years. Dental Cadres DACP and PG Incentives, adhoc regularization, OMHS Cadre restructuring for 15772 doctors, Demand of two secretary posts as medical and public health, security at workplaces with secured duty rooms, the objection of entry of bureaucrats at all levels as our own system are there.

Our Motto

Everybody is accepted as the advisor of the association. Building new OMSA requires certain measures of pride, real commitments and substantial sacrifice of time, profession, money and family which is not a small thing in today's world. Welcome to vibrant people OMSA cadres to come forward and join hands to gather in building "NOBLE NEW DIGITAL OMSA" which can provide better service to people of Odisha. Power comes form the cadres and increasing of the members more is imperative. Cadre cooperation and support matters a lot for in achievements.

I wish OMSACON 24 a grand success with all cadre's enthusiastic spirit.

(Dr. Narayana Rout)

Dr. Saroj Kumar Raj
Organising Chairman.

OMSA BHAWAN
Odisha Medical Services Association (OMSA)
Unit- VI, Ganganagar, Bhubaneswar
Pin No. – 751001, Odisha

From Organising Chairman's Desk.....

It's a great pride and immense pleasure for me to be the organizing chairman of this mega event omsacon 24 which is going to be organized at silk city balasore for first time. Needless to say that balasore is a city of culture and heritage. People of balasore are known for their hospitality. I welcome all the esteemed delegates to a beautiful and unique padmabati water park. Hope u will enjoy d scientific session,sight seeing, stay and food organized by the team and will definitely goback with over-whelming and everlasting memories of balasore conference.

I render my heartfelt gratitude and sincerity to my organizing team for their tireless and sincere efforts. I expect the conference a grand success. I pray before LORD JAGANNATH to make this event another landmark in the history of OMSACON.

Long live OMSA !!

(Saroj Kumar Raj)

Dr. Sanjib Kumar Pradhan
Organising Secretary
70th OMSACON, Balasore

OMSA BHAWAN
Odisha Medical Services Association (OMSA)
Unit- VI, Ganganagar, Bhubaneswar
Pin No. – 751001, Odisha

From Organising Secretary's Desk.....

It is matter of pride that ODISHA MEDICAL SERVICES ASSOCIATION(OMSA) Balasore and Nilagiri branch jointly for first time in the history of OMSA, has been taking the opportunity to organize the 70th OMSACON at Balasore 0n 18th October. The conference will help all cadres of odisha to share their scientific knowledge and also their problems and experience in periphery service, and implement in their working field and that will benefit for taking the health status of state to a newer heights. I, once again express my warm welcome all OMSA cadrers of odisha to BALASORE. Hope, the conference will leave a wonderful imprints in cadres mind forever, which will help to carry forward to work upon healthy society and strong ODISHA.

Long live OMSA !!

(Dr. Sanjib Kumar Pradhan)

Dr. Biswajit Samal
State General Secretary,
OMSA

OMSA BHAWAN
Odisha Medical Services Association (OMSA)
Unit- VI, Ganganagar, Bhubaneswar
Pin No. – 751001, Odisha

State General Secretary's Report.....

IIt gives me immense pleasure to welcome all my OMSA cadre Brothers and sisters to this auspicious occasion of 70th Annual Conference of Odisha medical services association at the Padmabati Resort, Baleswar on 18th September 2024.

69th OMSACON held at Rourkela with the leadership of Dr Samir Patra and his team was a grand success. They have also donated Rs. 3 lakh to OMSA Bhawan from surplus amount of conference. This year we have achieved many of our demands. Due to constant pressure and follow up of OMSA, after a long gap of 7 year, in March 2024 Cadre restructure notification was published with increasing cadre strength to 15774. In cadre restructuring there is increase in strength of different grade as per following :

Grade	Past Sanction Strength	Present Sanction Strength
Super time pay Grade (Leve-17)	2	14
Senior Administrative Grade (SAG) (Level-16)	12	45
Selection Grade (AD-I) Level-15	45	374
Selection Grade (AD-II) Level-15	374	
Junior Administrative Grade (JD) Level-14	895	895
Group A (Sr. Cl.-1) Level-13	1709	1709
Group A (Jr. Cl.-1) Level-12	5713	12737
TOTAL	8750	15774

But OMSA is not satisfied with the present restructuring, because there is a large group at JR class 1 grade and as compared to Other service cadre of Gr 1 label officer

in State Govt our cadre are very less in upper grades, so our team has framed a good cadre restructuring and also has been submitted to Govt .

This year also a Notification declared by Govt regarding leave in lieu of doing duty on holiday which was a major demand by many branches.

We also completed amendment of OMSA Constitution after 12 year which was a huge task. With amendment we have increased our CWC members from 13 to 19 to give strength to Association by more representative of cadre.

Much awaited OMSA Office was inaugurated in OMSA Bhawan on Auspicious Independence Day. Previously, Place of state General Secretary was office address of OMSA. After inauguration we will keep care taker and one office assistant for day to day work of office to help OMSA work .

Election process for the CWC executive of OMSA 2024-26 has been started, except President Post all post has been declared uncontested . I congratulate all and welcome Dr Sanjib Pradhan as my Successor to take OMSA a new height and complete my incomplete work . I also hope who ever win as President will lead this association for dignity of cadres .

It was a great honour for me that for last 5 year OMSA had given me opportunity to work for OMSA cadre brothers and sisters . I would like to thanks every one of my cadres who supported and stood behind men through ups and downs. Yours inspiration-gives me strengthen work for OMSA. At last I would request to forgive me if I have hurt anyone knowingly or unknowingly in my period

Last but not the least I wish all the best to organising committee for successful of this 70th OMSACON 2024 at Baleswar.

Long live OMSA !!

(Dr. Biswajit Samal)

ORGANISING COMMITTEE
OMSACON-2024

Patrons
Dr. Dulaalsen Jagtdeo, CDM&PHO, Balasore
Dr. Mrutyunjaya Mishra, DPHO, Balasore
Dr. Sushant Kumar Nayak, DMO, cum MS
Dr. Paresh Chadnra Nandai, ADPHO (FW)
Dr. Sarojini Pradhan, Supdtn. SDH Nilagiri

Joint Secretary Organising Committee
Dr. Subhranshu Sekhar Parida
Dr. Dilip Kumar Patra

Auditor
Dr. Kashirod Chandra Paul

Chairman Scientific Commiteee
Dr. Gurudas Mohapatra

Members Scientific Commiteee
Dr. Prasanta Kumar Mohapatra
Dr. Asis KUmar Sixit
Dr. Priya KUmar Ghosh
Dr. Ratnakar Das
Dr. Ashutosh Pradhan
Dr. Suraj Kumar Jena
Dr. Pankaj Kumar Bhol

Chairman Fiance Committee
Dr. Sujit Narayan Mohapatra

Members Fiance Committee
Dr. Girija Shankar DAs
Dr. Basanta Kumar Upadhaya
Dr. Manoj Kumar Sahu
Dr. Debabrata Jena

Chirmen Reception Committee
Dr. Sumitra Dey
Gopinath Parida

Members Reception Committee
Dr. Jayanti Parida
Dr. Jharana Dutta

Chairman Souvenir Committee
Dr. Sanjay Kumar Swain, Editor in chief

Members Souvenir Committee
Dr. Saroj Ranjan Naik
Dr. Gouranga Charan Mohanta
Dr. Manik Ratan Pradhan

Cultural Committee
Dr Dhiresh Kumar Sadangi
Dr. Ajay Kumar Sahu
Dr. Kamala Kanta Jena

Accomodation Committee
Dr. Soumya Sambit Behera
Dr. Kailash Chandra Behera
Dr. Santosh Kumar Sahu

Registration Committee
Dr. Arun Kumar Giri
Dr. Joyana Ranjan Behera
Dr. Rama Chandra Kisku
Dr. Trinath Pal
Dr. Subash Chadnra Das
Dr. Pritam Sahoo

Catering Committee
Dr. Satya Narayan Nayak
Dr. Rajesh Kumar Adak

Advisory Committee
State president & All CWC Executive
COM & PHO Mayurbhanj, Bhadrak & Jajpur
Dr. Samir Kumar Patra
Dr. Manoj Kumar Senapati
Dr. Rajendra Kumar Singh
Dr. manas Kumar Dash
Dr. Bijay KUmar Panda
Dr. Babaji Chandra Sahu
Dr. Prajnyan Behera
Dr. Gouranga Charan Nayak

From Editor's Pen.....

Dr. Sanjay Swain
Editor-in-Chief, OMSACON-2024

After the successful OMSACON-2023 at Steel City, Rourkela, the stalwarts of OMSA Balasore Branch & OMSA Nilagir Branch combinedly took the baton for organizing OMSACON-2024 at the land of Vyasa Kabi Fakir Mohan Senapati - Balasore, the Key city in the newly created OMSA North Zone. The organising secretary of OMSACON 2024, Dr. Sanjib Pradhan the state General Secretary, OMSA (Elect:2024-26) requested me to be the Editor-in-Chief of this prestigious mouth piece of OMSA- the Editor of the Souvenir to be released on the occasion of 70th Annual Conference of OMSA as the 68th OMSACON Souvenir on 18th September,2024 by the Hon'ble Chief Minister of our State, Sj Mohan Charan Majhi during the inaugural function. I extend my heartfelt thanks to the entire organising committee, OMSACON-2024, Balasore for reposing confidence on me - a retired OMSA Life Member (Associate LM, OMSA) for shouldering this mammoth task. I pray Lord Jagannath to bless me to pass this acid test by releasing the souvenir in a presentable form by His Grace and the cooperation of the entire learned, souvenir committee members - Dr. Saroj Ranjan Nayak, Dr. Gourang Charan Mohanta and Dr. Manik Ratan Pradhan.

The OMSACON-2024 is being organised in such an auspicious moth in which Sri Ganesh Chaturthi, Vishwakarma Jayanti, the Bhagabata Janna and the mass festival of our brothers & sisters of Western Odisha - the Nuakhai are being observed with all pump and ceremony. With this spiritual atmosphere in the land of missiles (Dr. Abdul Kalam Island), the OMSACON-2024 flag will be hoisted to the blue sky & green lustrous lawns of Padmabati Amusement Water Park and Resort, Pachhudia, Judhestipur, Balasore-756002 on 18th September, 2024 literary competing with the Indian Pride - the supersonic Agni Missile. I took the opportunity to welcome all the delegates with their accompanying persons attending the OMSACON-2024 and wish them to enjoy the whole allay of programme being amalgamated with excellent academic deliberation in the scientific session, high-level thought-provoking speeches by invited Honorable guests and the mind-blowing performance of entertainment by our own OMSA Cadres and professional artists of rapport.

This piece of Souvenir contents poems, essays and research articles of both literary and scientific background contributed by learned OMSA cadres working all over our state- Odisha, in different Healthcare facilities along with all other traditional components of an Association related conference souvenir. I must thank to all the contributors for their timely submission of quality literary and scientific write ups. My heartfelt thanks to the proprietor and staffs of M/s Poonam Graphics, Cuttack for their efforts to timely delivery of "The OMSACON-2024 Souvenir" in the present shape to be released in the inaugural function on the 18th September, 2024.

Last but not the least I thank all the delegates and our valued esteem readers - OMSA brothers and sisters in anticipation of their appreciation to this edition of OMSACON-2024 Souvenir.

Long Live OMSA

Wish You Happy Reading....

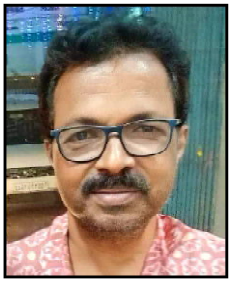
Dr. Sanjay Swain,
Editor-in-Chief, OMSACON-2024

Obituary

Their Memories will always be with us

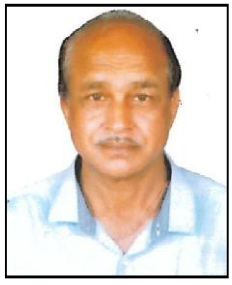
Dr. Durga Charan Das Mohapatra
Ex-CDMO, Balasore
DoB: 23.09.1946
DoD: 20.02.2022

Dr. Mahesh Kumar Biswal
Sr. Retd. Medical Officer
DoB: 05.02.1956
DoD: 14.06.2023



Dr. Kali Charan Mahakud
Consultant Paediatrician
DoB: 15.10. 1971 DoD: 12.02.2024
OMSA LM No. : 1165

Dr. Bhajahari Sahoo
Surgery Sr. Consultant
DoB: 17.02.1964 DoD: 19.08.2024
OMSA LM No. : 776



Dr. Ajay Rout
Medicine Consultant
DoB: 19.09.1959 DoD: 23.08.2024
OMSA LM No. : 2733

ଏ ଜୀବନ.....

ଡାକ୍ତର ଗୌରାଙ୍ଗ ଚରଣ ଗିରି
ଜନ ସ୍ୱାସ୍ଥ୍ୟ ଅଧିକାରୀ,
ଗୋଷ୍ଠୀ ସ୍ୱାସ୍ଥ୍ୟ କେନ୍ଦ୍ର, ପର୍ଲା, କଳାହାଣ୍ଡି

ପଞ୍ଚ ଭୂତେ ଗଢ଼ା ପଞ୍ଚ ଭୂତେ ଲୀନ
ନିଶ୍ଚେ ଅଟେ ଧ୍ରୁମ ସତ୍ୟ
ଏ ମନ ମାନେନା ଏ ମନ ବୁଝେନା
ଝୁରି ହୁଏ ତାକୁ ନିତ୍ୟ ! !
ସମ୍ପର୍କର ସେତୁ ଅଟେ ନିରାକାର
ନାହିଁ କିଛି ରୂପ ଲେଖ
ନାନା ବିଧ ଛବି ଦେଖାଇ ଥାଏ ସେ
ଜିଇଁବା ବେଳର ସାକ୍ଷ୍ୟ ! !
ପ୍ରିୟ ପରିଜନ ଆତ୍ମୀୟ ସ୍ୱଜନ
ନ ପାରଇ କିଛି କରି
ଅମର ଆତ୍ମାର ସଦ୍‌ଗତି କାମନା
କରେ ପ୍ରଭୁ ପୟ ସୁମରି ! !
କଷା ଖିଆ ସାଥେ ଏକ ଓଳି ଅନ୍ନ
ତାପରେ ଏଗାର ଦିନ
ଏସବୁ ସରିଲେ ଏ ଜୀବନ ହୁଏ
ସ୍ମୃତିରେ କୋଳେ ଶୟନ ! !
ବରଷକେ ଥରେ ବାର୍ଷିକ ଶ୍ରାଦ୍ଧ
ପିଣ୍ଡ ଦାନ ଓ ସ୍ମୃତି ମନ୍ଦିର
ଏ ସବୁ ତ ଖାଲି ଔପାଚାରିକତା
ଯଦିଓ କର୍ତ୍ତବ୍ୟ ସନ୍ତାନର ! !
ଓଁ ଶାନ୍ତି

◆◆◆

ସ୍ୱାସ୍ଥ୍ୟ ପକ୍ଷେ ହାନିକାରକ

ସରୋଜ ରଞ୍ଜନ ନାୟକ
ଜିଲ୍ଲା ମୁଖ୍ୟ ଚିକିତ୍ସାଳୟ ଖୋର୍ଦ୍ଧା

ଜଣେ ଔଷଧ ଦୋକାନୀ ମୋର ପରିଚିତ। ତାଙ୍କ ଦୋକାନରେ ରୋଗୀ ଦେଖିବା ପାଇଁ ମୁଁ ଯାଏ ଅବସର ସମୟରେ। ଦୋକାନଟି ସହରର ଏକ ବ୍ୟସ୍ତ ବହୁଳ ରାସ୍ତା କଡ଼ରେ। ଦୋକାନକୁ ଲାଗି ବୋଧେ ପ୍ଲାଏ କାଠର ଦୋକାନ ଟିଏ ଥିଲା। ଚାଲିଲାନି କି କ'ଣ ବନ୍ଦ ହୋଇଗଲା। ବହୁତ ଦିନ ବନ୍ଦ ରହିଲା ପରେ ଦିନେ ଦେଖିଲି ସେ ଦୋକାନ ଖାଲି। ସେଠି ଭିତରେ ବଢ଼େଇ କାମ ଚାଲିଛି। ଥାକ ସବୁ ତିଆରି ହେଉଛି। ପରେ ପରେ ବିରାଟ ପରଦା ଲାଗିଗଲା ଆଗରେ। କିଛି ପ୍ରାୟ ବାହାରକୁ ଦେଖାଯାଉ ନଥାଏ। କେବେ କେବେ ପରଦା ଫାଙ୍କରେ ଭିତର କାମ ଦାମ ସବୁ ଟିକେ ଟିକେ ଦେଖାଯାଏ। ଏମିତିରେ କିଛି ଦିନ ବିତିଗଲା। ଥାକ ଫାକ ସବୁ ତିଆରି ସରିଗଲା। କାନ୍ଥ, ତଳ, ସବୁ ଟାଇଲ ଲାଗିଗଲା। ଆଗରେ ଲୁହା ଗ୍ରୀଲ ବି ସବୁ ଲାଗୁଥାଏ। ହଠାତ୍ ଦିନେ ଦେଖିଲି କିଛି କିଛି ଲୋକ ଭିତରକୁ ଯାଉଛନ୍ତି, କିଛି ସମୟ ପରେ ଚାଲି ଆସୁଛନ୍ତି। ମୁଁ ମୋର ମଟର ସାଇକେଲଟି ରଖିଲାବେଳେ ଲକ୍ଷ୍ୟ କରେ। ଦିନେ ଜୋର ପବନ ହେଉଥାଏ। ପରଦା ସବୁ ଜୋରରେ ଉଡୁଥାଏ। ହଠାତ୍ ନଜର ପଡ଼ିଲା। ସେ ଦୋକନର ବାହାର କାନ୍ଥରେ ଜଣେ ଚିତ୍ରଶିଳ୍ପୀ ଲେଖୁଛନ୍ତି, ସ୍ୱାସ୍ଥ୍ୟ ପକ୍ଷେ ହାନିକାରକ। ଆଉ ବୁଝିବାରେ ବାକି ରହିଲାନି। ସେଦିନ ଫାଙ୍କା ସମୟରେ ଗୋଟେ ପ୍ରସ୍ତାବ ଦେଲି ଦୋକାନୀ ବାବୁଙ୍କୁ। କହିଲି ଆପଣ ବି ଦୋକାନ କାନ୍ଥରେ ଲେଖନ୍ତୁ ସ୍ୱାସ୍ଥ୍ୟ ପକ୍ଷେ ହିତକାରକ। ସେ ହସି କହିଲେ କାହିଁକି ? ମୁଁ କହିଲି ପାଖ ଦୋକାନଟିରେ ଲେଖା ହେଇଚି ସ୍ୱାସ୍ଥ୍ୟ ପକ୍ଷେ ହାନିକାରକ ବୋଲି। ଆଉ ଆପଣଙ୍କର ତ ଔଷଧ ଦୋକାନ। ସ୍ୱାସ୍ଥ୍ୟ ଭଲ ରହିବାର, ରୋଗ ବିନାଶର ଔଷଧ ଏଠି ମିଳୁଛି। ସେ ଆହୁରି ହସିଲେ। କହିଲେ ହଁ ପରା ସାର। ଏପଟେ ମଦ ଦୋକାନ ଟି ଖୋଲୁଛି। ମୁଁ କହିଲି ହେଲେ କ'ଣ ହେବ, ଦେଖିବେ ହାନିକାରକ ଦୋକାନରେ ଆପଣଙ୍କ ଅପେକ୍ଷା କାହିଁରେ କେତେ ଭିଡ଼ ହେବ। ସେ ହୋ ହୋ ହେଇ ହସିଲେ। ମୁଁ ପଚାରିଲି ଆଚ୍ଛା, ପରଦା କାହିଁକି ଲାଗିଛି ? ସେ କହିଲେ ପୂରା କାମ ପରା ସରି ନାହିଁ। ସବୁ କାମ ସରିଲେ ପୂରା ଖୋଲିଯିବ। ମୁଁ କହିଲି ଲୋକ ଗୋଟେ ଗୋଟେ ପରଦା ଆଡ଼େଇ ଭିତରକୁ ଯାଉଛନ୍ତି ପୁଣି ଆସୁଛନ୍ତି। ସେ କହିଲେ ଭକ୍ତ ଜନ ଆଉ ଅପେକ୍ଷା କରି ପାରୁ ନାହାନ୍ତି। ଏବେ ବି ବେପାର ଆରମ୍ଭ ହେଇ ଗଲାଣି। ମୁଁ ହସିଲି।

ଏବେ ପରଦା ଫରଦା ଆଉ କିଛି ନାହିଁ। ବଡ଼ ବଡ଼ ଅକ୍ଷରରେ ଲେଖା ହେଇଚି ଠିପି ବନ୍ଦ ବିଦେଶୀ ମଦ ଦୋକାନ। କାନ୍ଥରେ ବି ସୁନ୍ଦର ସୁନ୍ଦର ଅକ୍ଷରରେ ଲେଖା ହେଇଛି, ମଦ୍ୟପାନ ସ୍ୱାସ୍ଥ୍ୟ ପକ୍ଷେ ହାନିକାରକ। ଦୋକାନରେ ଭାରି ଭିଡ଼। କିନ୍ତୁ ଜମାରୁ ହୋ ହଲ୍ଲା ପାଟି ତୁଣ୍ଡ ନାହିଁ। କେତେ ସୁଧାରିଆ ଲୋକମାନେ ଆମର। ହେଲେ ଏ ଡାକ୍ତର ଖାନା ଧାଡ଼ିରେ ଠିଆ ହେଲେ କି ପାଟି ତୁଣ୍ଡ। ବେଳେ ବେଳେ ତ ସୁରକ୍ଷାକର୍ମୀ ସହିତ ପାଟି ତୁଣ୍ଡ ଯାଏ ବି କଥା ଯାଉଛି। ବ୍ୟସ୍ତ ହେଇ ପଡୁଛନ୍ତି ସମସ୍ତେ। ହେଲେ ଏଠି କି ଶୃଙ୍ଖଳା ଜ୍ଞାନ। ସମସ୍ତେ ତୁପଚାପ। ମୁଁ କୌତୁହଳି ହେଇ ଟିକେ ଟିକେ ଲକ୍ଷ୍ୟ କରେ। କିଣି ସାରି କିଏ ନୋଟ ବଢ଼େଇ ଦେଉଛିତ କିଏ ସ୍କାନ କରି ଦେଇ ଆସୁଛି। ବୋତଲକୁ କିଏ କାଗଜରେ ଗୁଡ଼େଇ, କିଏ ବ୍ୟାଗ ଭିତରେ ପୁରେଇ, କିଏ କିଏ ବା ସାର୍ଟ ଭିତରେ, କିଏ ପ୍ୟାଣ୍ଟ ପକେଟରେ ପୁରେଇ କିଛି ନ ଜାଣିଲା ଭଳି ଚାଲି ଯାଉଛନ୍ତି। ଦିନେ ଔଷଧ ଦୋକାନରେ କାମ କରୁଥିବା ଝିଅଟିକୁ ପଚାରିଲି, କହିଲି ଲିଟି, କହୁଥିଲି ନା ତମ ସ୍ୱାସ୍ଥ୍ୟ ପକ୍ଷେ ହିତକାରକ ଦୋକାନ ଠାରୁ ହାନିକାରକ ଦୋକାନରେ ବେଶି ଭିଡ଼ ହେବ ବୋଲି। ସେ କହିଲା ସାର, ଇଏ କି ଭିଡ଼। ଆଇଁଷ ବାରିରେ ପରା ଏହାଠୁ ଆହୁରି ଭିଡ଼। ମୁଁ କହିଲି ବୁଧବାର ଶୁକ୍ରବାର ଆଉ ରବିବାର। ସେ ମୁରୁକି ମୁରୁକି ହସି କହିଲା, ହଁ ସାର।

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କାହିଁକି ଯେ ଜୀବନଟା....

ଡା. ଅଶୋକ ମଲିକ୍
ଶିଶୁରୋଗ ବିଶେଷଜ୍ଞ,
ସୁପରିଟେଣ୍ଡଟ, ଏସ୍.ଡ଼ି.ଏଚ୍. ଆଠମଲ୍ଲିକ, ଅନୁଗୁଳ

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ଏମିତି ପଛେ ପଛେ ପଡ଼ିଛି
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ପୁଣି ନୀବିଡ଼ ଆଲିଙ୍ଗନ
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ଲମ୍ବା ଲମ୍ବା ରାସ୍ତା
ଖାଲ ଢିପ ପୁଣି ଢିମା
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ଅମାପ ପାପ, ପୁଣ୍ୟ, ପୁଣି ପ୍ରାୟଶ୍ଚିତି..
ନିଦ୍ରା ଦିଅ ମୁକ୍ତି ଦିଅ
ସ୍ୱପ୍ନ ବି ଦିଅ
ସେଇ ନୀରବ ନୀବିଡ଼ ଆଲିଙ୍ଗନ
ଆଉ ଟିକି ଟିକି ତାରାଙ୍କ ନିସ୍ୱାର୍ଥ ଗହଣ
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କାଳିଆର କଳା

ନୀହାର ରଂଜନ ତ୍ରିପାଠୀ
ଜୟ ଜଗନ୍ନାଥ ନିବାସ
ନିଷ୍ଟେତକ ବିଶେଷଜ୍ଞ, ପୁରୀ

ପ୍ରତି ନିଃଶ୍ୱାସରେ ଅନ୍ତର କାଳିମା
ଅନନ୍ତ କଳାର ସାଗରେ ମିଶୁ,
ତୋ ଉଜ୍ଜଳ ରୂପ ହୃଦକନ୍ଦରରେ
କୋଟି ଦିବାକର ତେଜରେ ଦିଶୁ ।୧

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ଆତୁର ଆଜିବି ତୋତେ ଚାହିଁକି,
ବ୍ରହ୍ମାଣ୍ଡ ଗୋସାଇଁ ତୋ ମହାଶୂନ୍ୟରେ
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କାହିଁକି ଅଂକୁର ବୀଜଭାଙ୍ଗି ଫୁଟେ
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ବନ୍ଦ ପଲକରେ ନିମଗ୍ନ ଅନ୍ତରେ
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ଶରୀର ରଥର ଅଭିମାନ ଭାଂଗି
ଅନ୍ତର୍ଚେତନାରେ ପହଣ୍ଡି କରି,
ମୋ ସାରା ଦର୍ପ ତୁ ଭାଙ୍ଗିବେ କାଳିଆ
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ତୁଟାଇ ଆସିବି ତୋରି ପାଖକୁ,
କେଜାଣି ତୋ ବ୍ରହ୍ମରୂପର ଦର୍ଶନ
କେବେ ଲେଖାଅଛି ମୋରି ଭାଗକୁ ।୬

ମୋ ଭିତରଟା ଏତେ କଳାରେ କାଳିଆ
ନିଜକୁ ନିଜେ ମୁଁ ଚାହିଁ ବି ପାରୁନି,
ସଂସାର ସାଗର କଳା ଭଉଁରି ଭିତରେ
ପହଁରି ପହଁରି ଥରକୂଳ ଯେ ପାଉନି ।୭

କଳାରେ କଳାରେ କେତେ କଳା ତୁ ଯେ
କଳଙ୍କ ସାଥିରେ ବୋଳି ହେଇଚୁ,
ଅନନ୍ତ କାଳରୁ ପତିତପାବନ
ପାପର ପାପକୁ ତୋଳି ନେଇଚୁ ।୮

ମୁଁ ତୋର ଆକ୍ଷିର ଚାହାଣି ଭିତରେ
ଖୋଜୁଥିଲି ମୋର ଟୋପାଏ ଲୁହ,
ବର୍ଷାଭିଜା ତୋର ଶ୍ରୀ ଅଙ୍ଗକୁ ଚାହିଁ
ଝରିପଡୁଥିଲା ଦି ମୁଠା କୋହ ।୯

କାଳିଆରେ.....
ମୋର ପ୍ରଶ୍ୱାସ ଦଉଡ଼ି ଛିଣ୍ଡିବା ଆଗରୁ
ବିରାଟ ସ୍ୱରୂପ ଦିଶିଯାଉ,
ମୋ ସାରା ଅସ୍ତିତ୍ୱ ଧୂଳିକଣାଟିଏ
ତୋ କଳାଦେହରେ ମିଶିଯାଉ ।୧୦

ଦେହ ଓ ମନ

ଡା. ଆଲୋକ ଜ୍ୟୋତି ସାହୁ
ମାନସିକ ରୋଗ ବିଶେଷଜ୍ଞ, ଭୁବନେଶ୍ୱର
ମୋ.-୯୪୩୭୦୮୯୨୫

ମନରୁ ପଦେ.....

କଥାରେ ଅଛି ସ୍ୱାସ୍ଥ୍ୟ ହିଁ ସମ୍ପଦ।

ସମସ୍ତେ ଚାହାଁନ୍ତି ସୁସ୍ଥ ଜୀବନଯାପନ।

ସୁସ୍ଥ ରହିବା ପାଇଁ ସୁସ୍ଥ ଶରୀର ଆବଶ୍ୟକ। ଆମର ଦେହ ପରି ଆମର ମନ ମଧ୍ୟ ରୋଗରେ ଆକ୍ରାନ୍ତ ହୋଇପାରେ। ସାଧାରଣତଃ ଦେହ ଓ ମନ ପରସ୍ପରର ପରିପୂରକ। ଦେହ ରୋଗାକ୍ରାନ୍ତ ହେଲେ ମାନସିକରେ ପ୍ରଭାବ ଅନୁଭୂତି ହୁଏ। ମାନସିକ ରୋଗରେ ଦେହ ଉପରେ ମଧ୍ୟ ପ୍ରଭାବ ପଡ଼ିଥାଏ। ଲୋକମାନଙ୍କର ଦେହ ଏବଂ ଏହାର ବିଭିନ୍ନ ପ୍ରକାରର ରୋଗ ବିଷୟରେ ଜାଣିପାରନ୍ତି। ସମସ୍ତେ ଏମାନଙ୍କ ପ୍ରତି ସମବେଦନା ସହାନୁଭୂତି ପ୍ରକାଶ କରନ୍ତି। କିନ୍ତୁ ସାଧାରଣ ଲୋକମାନଙ୍କ ମଧ୍ୟରେ ମନ ଏବଂ ମାନସିକ ରୋଗ ବିଷୟରେ ସଠିକ୍ ଧାରଣା ନ ଥାଏ। ଫଳସ୍ୱରୂପ ସାଧାରଣ ଲୋକ ମାନସିକ ରୋଗୀର ଆବଶ୍ୟକ ପରିମାଣଷର ଯତ୍ନ ନିଅନ୍ତି ନାହିଁ। ଏପରିକି ଆବଶ୍ୟକୀୟ ଚିକିତ୍ସା ନିମନ୍ତେ ଯଥାସମ୍ଭବ ଶୀଘ୍ର ଡାକ୍ତରଙ୍କ ପରାମର୍ଶ ନିଆଯାଏ ନାହିଁ। କାଳକ୍ରମେ ରୋଗୀର ସମସ୍ୟା ଧିରେ ଧିରେ ଅଧିକ ଗୁରୁତର ହୋଇପଡ଼େ।

ବିଶ୍ୱ ସ୍ୱାସ୍ଥ୍ୟ ସଂଗଠନ (WHO) ଦ୍ୱାରା ସର୍ଭେରୁ ଏହା ଜଣାଯାଏ କି ଆମ ଦେଶର ଲୋକସଂଖ୍ୟାର ଶତକଡ଼ା ଏକଭାଗ (୧%)। ଲୋକ ଅତି ଗୁରୁତର ମାନସିକ ରୋଗରେ ଆକ୍ରାନ୍ତ ହୋଇଥା'ନ୍ତି। ଏହା ସହିତ ଲୋକସଂଖାର ଶତକଡ଼ା ୧୦ ଭାଗ (୧୦% ଲୋକ ସାଧାରଣ ମାନସିକ ରୋଗର ଆକ୍ରାନ୍ତ ହୋଇଥା'ନ୍ତି। ସାଧାରଣତଃ ଆମ ଦେଶରେ ଅଧାରୁ ଅଧିକ ଲୋକ ଗାଁ ପରିବେଶଷର ବସବାସ କରନ୍ତି। କିନ୍ତୁ ଅଧିକାଂଶ ମାନସିକ ରୋଗ ଚିକିତ୍ସାଳୟ କେବଳ ସହରରେ ଅଛି, ଗ୍ରାମା ଳରେ ନାହିଁ। ଯାହା ଫଳରେ ଅଧିକାଂଶ ଲୋକ ଏହି ଚିକିତ୍ସାର ଉପଯୁକ୍ତ ଭାବରେ ମଧ୍ୟ ବ୍ୟବହାର ଓ ସଦୁପଯୋଗ କରିପାରନ୍ତି ନାହିଁ।

ପରିଣାମତଃ ଅଧିକାଂଶ ଲୋକ ଭୟ, ଅନ୍ଧବିଶ୍ୱାସ, ଭୁଲଧାରଣା, ଅଜ୍ଞତାର ବଶବର୍ତ୍ତୀ ହୋଇ ଘୋର ସମସ୍ୟାର ସମ୍ମୁଖୀନ ହୋଇଥା'ନ୍ତି। ଅନେକ ଲୋକଙ୍କର ମନରେ ଏହା ଧାରଣା ଅଛି ଯେ ଏହି ମାନସିକ ରୋଗ ଭୂତପ୍ରେତ ଲାଗିବା ଫଳରେ, ଅନ୍ୟ କେହି ବ୍ୟକ୍ତିର ଗୁଣି ଗାରେଡ଼ି ଫଳରେ, ଖରାପ ଗ୍ରହର ପ୍ରଭାବରେ, ପୂର୍ବ ଜନ୍ମର କୌଣସି ପାପ କର୍ମର ଫଳ, କାହାର ଅଭିଶାପର ପ୍ରଭାବ ଇତ୍ୟାଦି କାରଣରୁ ପରିବାର ଲୋକ ଗୁଣିଆଙ୍କ ପାଖରେ, ଜ୍ୟୋତିଷଙ୍କର ପାଖକୁ, ବିଭିନ୍ନ ପୂଜା ଅର୍ଚ୍ଚନା, ଗ୍ରହମୁଦି ଧାରଣ କରିବା ବିଭିନ୍ନ ପଦ୍ଧତି ଅବଲମ୍ବନ କରନ୍ତି। ଲୋକମାନେ ମାନସିକ ରୋଗ ଡାକ୍ତରଖାନାକୁ ଯିବା ପାଇଁ ଭୟ ମଧ୍ୟ କରନ୍ତି। ତେଣୁ ସେମାନେ ନିଜର ଲୋକଙ୍କୁ ସେହି ସ୍ଥାନରେ ଚିକିତ୍ସା କରିବା ପାଇଁ ଆଗ୍ରହ ପ୍ରକାଶ କରନ୍ତି ନାହିଁ। ମାନସିକ ରୋଗୀର ବ୍ୟବହାର, ଚାଲିଚଳନ ସାଧାରଣ ସ୍ତରଠାରୁ ଅସ୍ୱାଭାବିକ ପରିଲକ୍ଷିତ

ହୋଇଥାଏ ଏବଂ ଯାହା ଫଳରେ ରୋଗୀ ନିଜର ଆଉ ଅନ୍ୟମାନଙ୍କର ଜୀବନ, ଜୀବନ ଶୈଳୀ, କାର୍ଯ୍ୟଶୈଳୀ ଓ ସାମାଜିକ ସ୍ତରରେ ପ୍ରଭାବିତ କରିଥାଏ।

ସାଧାରଣତଃ ଏହା ଧାରଣା ଯେ ମାନସିକ ରୋଗର କୌଣସି ଚିକିତ୍ସା ନାହିଁ। ମନେ ରଖନ୍ତୁ ଆଜିର ଦିନରେ ମାନସିକ ରୋଗର ବିଭିନ୍ନ ପ୍ରକାରର ଚିକିତ୍ସା ଅଛି। ସବୁବେଳେ ସୁସ୍ଥ ଜୀବନ ଶୈଳୀ ଅବଲମ୍ବନ କରିବା ଉଚିତ। ପ୍ରତିଦିନ ୬ ରୁ ୮ ଘଣ୍ଟା ଶୋଇବା ଉଚିତ। ମୋବାଇଲ୍ ଫୋନ୍ ଏବଂ ବୈଦ୍ୟୁତିକ ଯନ୍ତ୍ର, ଇଣ୍ଟରନେଟ୍‌ର ବ୍ୟବହାରକୁ ସୀମିତ ରଖନ୍ତୁ। ପ୍ରତିଦିନ ନିୟମିତ ଭାବରେ ୩୦ ରୁ ୪୫ ମିନିଟି ସମୟ ବ୍ୟାୟାମ୍ ଓ ଯୋଗ କରନ୍ତୁ। ସୁଷମ ଏବଂ ପୃଷ୍ଟିକର ଖାଦ୍ୟ ଖାଆନ୍ତୁ, ସବୁଜ ପନିପରିବା ଖାଆନ୍ତୁ। ନିଶା ଓ ଅନ୍ୟାନ୍ୟ ମାଦକ ଦ୍ରବ୍ୟ ଜାତୀୟ ପଦାର୍ଥଠାରୁ ଦୂରେଇ ରୁହନ୍ତୁ। ଜୀବନରେ ସକାରାତ୍ମକ ଜୀବନ ଶୈଳୀ ଓ ଚିନ୍ତାଧାରା ଆପଣାନ୍ତୁ। ଭଗବତ୍ ବିଶ୍ୱାସ ରଖନ୍ତୁ। ପରିବାର ଏବଂ ସାଙ୍ଗସାଥୀମାନଙ୍କର ସହିତ ସମ୍ପର୍କ ବଜାୟ ରଖନ୍ତୁ। ଡାକ୍ତରଙ୍କ ନିୟମିତ ପରାମର୍ଶ, ନିୟମିତ ଔଷଧ, ମନସ୍ତାତ୍ତ୍ୱିକ ଚିକିତ୍ସା ସହିତ ପରିବାର ଲୋକଙ୍କର ସ୍ନେହ, ସହାନୁଭୂତି ଫଳରେ ରୋଗରୁ ଶୀଘ୍ର ସମ୍ପୂର୍ଣ୍ଣ ଆରୋଗ୍ୟ ଲାଭ କରିପାରିବେ।

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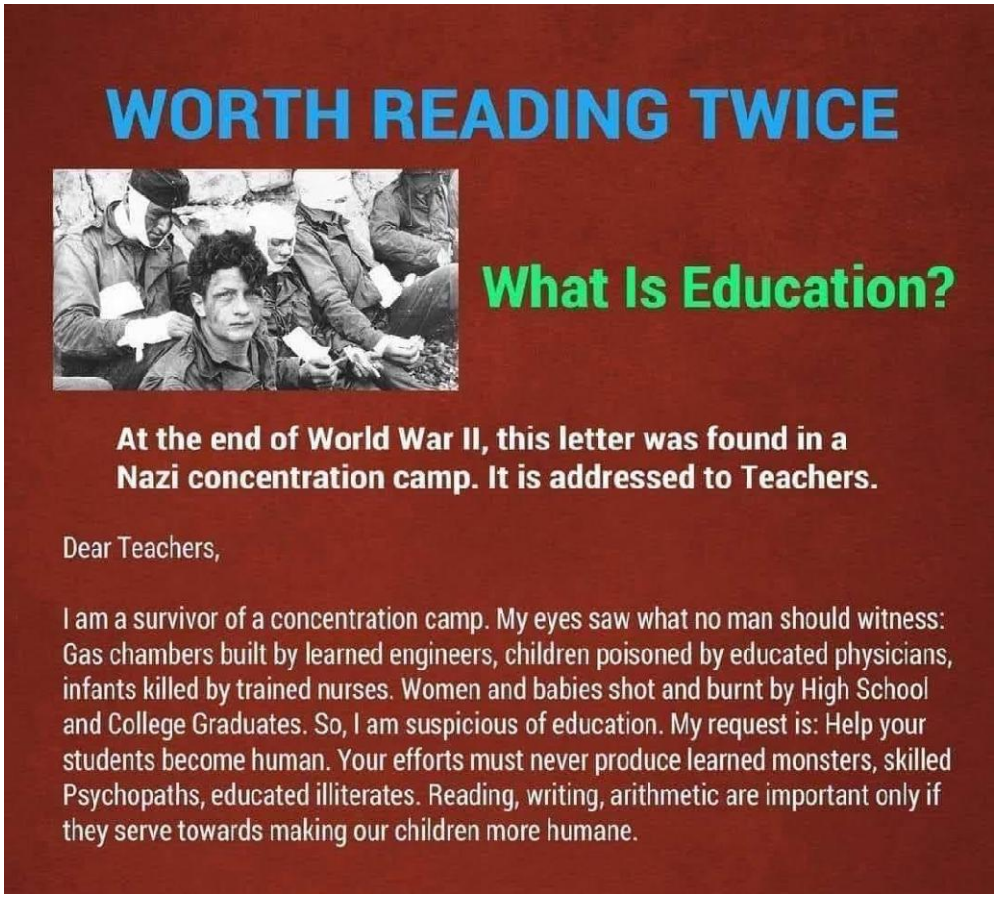

ସେ ମୋ ମାଆ

ଡା. ଗୌରାଙ୍ଗ ଚରଣ ନାୟକ

ଜନନୀ ଜନ୍ମଭୂମିଶ୍ଚ ସ୍ୱର୍ଗାଦପି ଗରିୟସୀ। ଦୁନିଆରେ ମା'ଠୁ ଆଉ ଶ୍ରେଷ୍ଠ କିଏ ? କାରଣ ପ୍ରଥମେ ସେ ହିଁ ଆମକୁ ବାହାର ଦୁନିଆର ଆଲୋକ ଦେଖାଇଛି ଓ ଯାହାର ପରିଣାମ ସ୍ୱରୂପ ଆମେ ଆଜି ଏଡି ରଙ୍ଗ ବିରଙ୍ଗ ଦୁନିଆକୁ ଦେଖିବା ପାଇଁ ସକ୍ଷମ ହୋଇଛୁ। ସେ ତା' ଶରୀରର ରୁଧିରକୁ ପଳପଳ କରି ସ୍ତନ୍ୟପାନ କରାଇ ଆଜି ଦୁନିଆରେ ସୁସ୍ଥ ସବଳ ଭାବେ ବଞ୍ଚିବାର ରାହା ଦେଇଛି। ତେଣୁ ମୋ ଆଗରେ ଦୁନିଆରେ ଆଉ ତାଠୁ ବଡ଼ କିଏ ? ସେ ସୃଷ୍ଟିର ଆରମ୍ଭ ଓ ଶେଷ ମଧ୍ୟ। ସେ ସଭ୍ୟତାର ଧରୋଧର। ପ୍ରଥମେ ସେ ଜଣେ ନାରୀ ସତ୍ୟ ଓ ତା'ପରେ ମୋ ମା'। ତା' ଭିତରେ ଆବେଗ ଓ ଶକ୍ତି ୨ଟି ଯାକ ଥାଏ। ଶକ୍ତି ତାଠିଁ ଲୁକ୍‌କାୟିତ ହୋଇ ରହିଛି ମା' ଦୁର୍ଗା ଭଳି। ଅନ୍ୟାୟ ବିରୁଦ୍ଧରେ ଲଢ଼ିବାର ସାମର୍ଥ୍ୟ ତାହିଁ ଅଛି। ଜନନୀ ରୂପରେ କେବଳ ନିଜର ଜନ୍ମିତ କେତୋଟି ପୁଅ, ଝିଅଙ୍କୁ ସୁଦୃଢ଼ ସ୍ନେହ ରଜ୍ଜୁରେ ବାନ୍ଧି ରଖିବାର ନୁହେଁ, ଏ ସାରା ସଂସାରକୁ ସ୍ନେହ ପ୍ରେମ ଦ୍ୱାରା, କତା ରଜ୍ଜୁରେ ବାନ୍ଧି ରଖିବାରେ ଏକା ଧାରରେ ଜଣେ କନ୍ୟା, ପିତା ମାତା ଦ୍ୱାରା ଲାଳିତ ପାଳିତ ଓ ଜଗତ ସେବା ଉଦ୍ଦେଶ୍ୟରେ ଏ ଧରା ପାଇଁ ଉତ୍ସର୍ଗୀକୃତ ପୁଣି ଭଗିନୀ, ସୁଚତୁରାତର ସହ ଭାଇ ହାତରେ ସ୍ନେହ, ପ୍ରେମ, ମମତାର ଶକ୍ତ ରକ୍ଷା ବନ୍ଧନ କରି ନିଜକୁ ଜଗତଜିତା କରାଇବା ନିମନ୍ତେ ସମ୍ମାନନୀୟ ଭାଇଠୁ ସୁରକ୍ଷାର ଅଭୟବର ପ୍ରାପ୍ତ କରିଥାଏ। ଅନ୍ୟ ପକ୍ଷରେ ଜନନୀ, ଜଗତ ବନ୍ଦନୀୟା ସେ କେତେବେଳେ ମହିଷାସୁର ଭଳି ପୁତ୍ରଟିଏ ଜଗତକୁ ଦେଇ ଏଡି ଧରାକୁ ଥରହର କରିଛି ତ ପୁଣି କେତେବେଳେ ଶ୍ରବଣ କୁମାର ରୂପରେ ଅବା ଦଶରଥ ନନ୍ଦନ ଶ୍ରୀରାମଚନ୍ଦ୍ର ରୂପରେ ଜଗତ ଉଦ୍ଧାର ପାଇଁ ପିତୃମାତୃ ପ୍ରତିଜ୍ଞାର ସଫଳ ରୂପାୟନ ପାଇଁ ପ୍ରାଣପାତ୍ର କରିଛି। କେବେ ଅବା ଜାୟା ରୂପରେ ସେ ଜଗତ ରକ୍ଷା ପାଇଁ ସମୁଦ୍ର ମନ୍ଥନ ବେଳେ ଅମୃତଭାଣ୍ଡ ସ୍ୱହସ୍ତରେ ଧାରଣକରି ଦେବଗଣଙ୍କ ଭିତରେ ବିତରଣ କରି ସେମାନଙ୍କୁ ଅମର କରି ରଖିଦେଲେ, କାରଣ ସେମାନେ ହେବେ ଏ ସୃଷ୍ଟିର ରକ୍ଷା କବଚ। ତେଣୁ ସେ କନ୍ୟା, ଭଗିନୀ, ଜନନୀ ଓ ଜାୟା ରୂପେ ଅଗ୍ରପୂଜ୍ୟା। ସକଳ ଶକ୍ତି ତା' ମଧ୍ୟରେ ସମାହିତ। ସେ ସକଳ ଶକ୍ତିର ଆଧାର। ବ୍ୟକ୍ତିର ଜନ୍ମ ଉପରେ ଅଧିକାର ନଥାଏ, ମାତ୍ର କର୍ମ ଉପରେ ତା'ର ପୂର୍ଣ୍ଣ ଅଧିକାର ଥାଏ। ଏହି ଦୃଷ୍ଟିରୁ ଯାବତୀୟ ଦ୍ୱନ୍ଦ ଓ ନକାରାତ୍ମକ ମାନସିକତା ଠାରୁ ଉର୍ଦ୍ଧ୍ୱରେ ରହି ନିଜର ଅନ୍ତର୍ନିହିତ ବାସ୍ତବତାକୁ ଚିହ୍ନିବା ସହିତ ସର୍ବତ୍ର ନିଜରକ ର୍ବ୍ୟ କର୍ମ ସମ୍ପାଦନ ନିମି ପ୍ରତିଶୃତି ବଦ୍ଧ। ସେଇଥିପାଇଁ ସମାଜର କେଉଁଠି ସେ ମା' ରୂପରେ ଜଗତ ସୃଷ୍ଟି ଓ ପୃଷ୍ଟିରେ ସହାୟକତା କେଉଁଠି ଜାୟା ରୂପରେ ପତିଙ୍କ ଦକ୍ଷିଣ ହସ୍ତ ସାଜି କଡୁଖର୍ପର ଧାରିଣୀର ରୂପ ଧରିଛି ଓ ଜଗତ ପ୍ରସବିନି ମା' ପୁଣି ଛାରଖାର କରି ପାପଭାରାରୁ ଜଗତ ଉଦ୍ଧାର ପାଇଁ ସବୁକିଛିକୁ ଧ୍ୱଂସ କରିଦେଇଛି। ସେ ନିଜ ମଧ୍ୟରେ ଥିବା ଉର୍ଜା ଦ୍ୱାରା ସାରାଜଗତକୁ ଶକ୍ତିଶାଳୀ କରିଛି। ସେ ନିଜେ ହିଁ ନୂତନ ସୃଷ୍ଟିର ସମ୍ଭାବନା। କଠିନ ପରିଶ୍ରମ ଓ ନିଷ୍ଠାପର ଅଧ୍ୟବସାୟ ତା'ର ପରମଅସ୍ତ୍ର। ସେ ସଂଗ୍ରାମ କରିବା ଶିଖିଛି। ନିଜର ହକ୍ ପାଇବା ପାଇଁ କଠିନ ସଂଗ୍ରାମରେ ବେଳେବେଳେ ରତଥାଏ। ସେ ସର୍ବଗୁଣ ସମ୍ପନ୍ନା। ନୂତନ ସୃଷ୍ଟିର ସେ ବାର୍ତ୍ତାବହ ବୋଲି ତାକୁ କୁହାଯାଏ ଅନନ୍ୟା। ସେ ମାୟା। ସୃଷ୍ଟିପାଇଁ ମୋହିନୀ ରୂପ ଧରିପାରେ, ସେହି ସୃଷ୍ଟିର ପାଳନ ପାଇଁ କୋମଳରୁ କୋମଳତର ହୋଇପାରେ ପୁଣି ତା'ର ସୁରକ୍ଷା ପାଇଁ ଆବଶ୍ୟକ ହେଲେ କଠୋରରୁ କଠୋରତର ହୋଇପାରେ।

ବେଳେବେଳେ ସମୟର ନିରବଦ୍ରଷ୍ଟା ସାଜି ମନେମନେ ଗର୍ବ କରେ। କାରଣ ପୁରୁଷ ପ୍ରାଧାନ୍ୟ ସମାଜକୁ ନିରୀକ୍ଷଣ କରି ସେ ମନେ ମନେ ଭାବେ ଏହାର ମୁଁ ଜନ୍ମଦାତ୍ରୀ। ତାକୁ ଦଶ ମାସ ଦଶ ଦିନ ଗର୍ଭରେ ଧାରଣ କରି ସମାଜ ଗଠନରେ ମୁଁ ପରୋକ୍ଷ ସହାୟକ। ସେ ସର୍ବଂସହା। ସ୍ନେହ, କରୁଣା ଓ ମମତାର ମୂର୍ତ୍ତିମନ୍ତ ବିଗ୍ରହ। ସତ୍ୟ, ଶାନ୍ତି, ଦୟାର ପ୍ରତୀକ, ତା' ବିନା ସମାଜର ପରିକଳ୍ପନା ଦିବାସ୍ୱପ୍ନ, ଅସମ୍ଭବ। ପରମାତ୍ମାଙ୍କର ଅମୃତ ସୃଷ୍ଟିରେ ସେ ଚିରନମସ୍ୟା। ଦେବାରେ ଯେ କେତେ ଆନନ୍ଦ ସେ ମର୍ମେମର୍ମେ ବୁଝିଥାଏ। ସେଇଥିପାଇଁ ଗାଉଁଲି ଢଗ "ବାପ ଥିଲା ପୁଅ ସଭାରେ ହାରେନା, ମା' ଥିଲା ପୁଅ ଭୋକିଲା ରହେନା।" କିଛି ନ ଥିଲେ ବି ସେ ପୁଅକୁ ତୋରାଣିରୁ ଚିପୁଡ଼ି ପଖାଳ ଗଣ୍ଡାକ ତାକୁ ଖୁଆଇ ନିଜେ ତୋରାଣି ପିଇ ରହିଯାଏ। ଧନ୍ୟ ତୁ ସେହି ମା'। ତୁ କଳକଳ ଛଳଛଳ ଅବିରତ ଧାରାରେ ବହିଯାଉଥିବା ନିରବ ଧାରାଟିଏ। ମମତାମୟୀ, ଦୟାମୟୀ, ସ୍ନେହମୟୀ। ପୁରୁଷର ସେ ସଖି, ସହଚରୀ, ସହଧର୍ମିଣୀ, ସହକର୍ମିଣୀ ଓ ସେବିକା ମଧ୍ୟ। ଉପର୍ଯ୍ୟୁକ୍ତ ସମସ୍ତ ରଚନାବଳୀର ମୂର୍ତ୍ତିମନ୍ତ ବିଗ୍ରହ ସେ ମୋ ମା'।

ଏଇଥିପାଇଁ ସେବିକାର ଭାବ ବହନ କରି ସେ ଗୃହକର୍ତ୍ତାଙ୍କୁ କହିଥାଏ– "ଆପର ଯାହା ଆଣିଦେବେ ମୁଁ ତାହା ପିନ୍ଧିବି, ଆପଣ ଯାହା ଖାଇବାକୁ ଦେବେ ମୁଁ ତାହା ଖାଇବି। କାରଣ ମୁଁ ସେବିକା। ମୋର ପୁଣି ସ୍ୱତନ୍ତ୍ର ଇଚ୍ଛା କ'ଣ ? ପ୍ରଭୁଙ୍କ ଇଚ୍ଛା, ମୋ ଇଚ୍ଛା। ସେ କାୟା ମୁଁ ଛାୟା। ମୋର ନିଜସ୍ୱ ବୋଲି କିଛି ନାହିଁ। ମୁଁ ଏଥିପାଇଁ ଗର୍ବିତା। ଧନ୍ୟ ନାରୀ, ମୋ ମା', ଧନ୍ୟ ତୋର ସୃଷ୍ଟି ଓ ଧନ୍ୟ ସେଥି ନିମି ସାଧନା। ବିସ୍ତାରେଣ ଅଳମ୍।

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ଉତ୍ସର୍ଗୀକୃତ ଡାକ୍ତର !

ଡାକ୍ତର ସଂଗ୍ରାମ କେଶରୀ ସାହୁ

ସୃଜନଶୀଳ ସୃଷ୍ଟିର ସୂତ୍ରଧାର ଟିଏ,
ମୁଁ କାଳେ ଭାଗବାନ ରୂପୀ ମଣିଷଟିଏ,
ଜନ୍ମ ଓ ଅନ୍ତିମ ଯୂଇ ମଧ୍ୟରେ ସେତୁବନ୍ଧ ଟିଏ,
ମୁଁ ଜଣେ କର୍ତ୍ତବ୍ୟ ପରାୟଣ ଡାକ୍ତର ଟିଏ।

ଅବିରତ ଚେଷ୍ଟା ଓ ଅକ୍ଲାନ୍ତ ପରିଶ୍ରମରେ,
ବାପା, ମାଙ୍କର ସ୍ୱପ୍ନ ଓ ଅଭିଳାଷାରେ,
ମାନବ ସେବା, ମାଧବ ସେବାରେ ମର୍ମଟିଏ,
ମୁଁ ପରା କଲ୍ୟାଣ କାରୀ ଡାକ୍ତର ଟିଏ।

ମୋ ଚରିତ୍ରର ରୂପରେଖ ଅର୍ଦ୍ଧଦଗ୍ଧ ସଳିତା ପରି,
ଚେନ୍ନାଏ ରଶ୍ମି ପାଇଁ ଅନ୍ଧାର ଛାତିକୁ ଦିଏ ଚିରି,
ତଥାପି ନିନ୍ଦା, ଅପବାଦ, ଆକ୍ରୋଶର ଶିକାର ଟିଏ,
ମୁଁ ପରା ଜଣେ ଅସହାୟ ଡାକ୍ତର ଟିଏ।

ମଉଳି ଯାଉଥିବା ସ୍ପନ୍ଦନର ସୂକ୍ଷ୍ମ ଗତି ଟିଏ,
ମୃତ୍ୟୁର କରାଳ ଗର୍ଭରୁ ଜୀବନକୁ ପାଇବାର ପ୍ରୟାସ ଟିଏ,
ଅବିରତ କାର୍ଯ୍ୟରତ ତଥାପି ଲାଞ୍ଛନା ପାଏ,
ମୁଁ ପରା କର୍ତ୍ତବ୍ୟନିଷ୍ଠ ଡାକ୍ତର ଟିଏ।

ଯୂଇର ଛାତିରେ ପିତାର ଅନ୍ତିମ ପ୍ରତୀକ୍ଷା,
ଜନ୍ମ ବେଦୀରେ ପୁତ୍ରର ପ୍ରଥମ ସ୍ପର୍ଶର ଅପେକ୍ଷା,
ଡାକ୍ତରଙ୍କ ସଂଜ୍ଞା ଦେଇ ମୁଁ ବୁଝେଇ ଦିଏ
ସଦ୍ୟ ମୃତ୍ୟୁ ପିତାଙ୍କୁ, ସଦ୍ୟ ଜନ୍ମା ପୁତ୍ରକୁ ଓ କ୍ରନ୍ଦନରତା ମାଆକୁ,
ମୁଁ ପରା ସର୍ବସଂହା ଡାକ୍ତର ଟିଏ।

ଘଞ୍ଚଜଙ୍ଗଲ ଅବା ମର୍ମନ୍ତୁଦ ସଡ଼କର ପାହାଡ଼ ଶିଖର,
କାର୍ଯ୍ୟ ରତ ଆମ୍ଭେ ପ୍ରତି ଅନୁକୂଳ ଓ ପ୍ରତିକୂଳରେ,
ଦମନ ଚଳଚ୍ଚିତ୍ରର ନିଚ୍ଛକ ଚରିତ୍ରର ନାୟକ ଟିଏ,
ମୁଁ ପରା ସ୍ୱେଚ୍ଛାସେବୀ ଡାକ୍ତର ଟିଏ।

ଦିବାନିଶି, ଅବିରତ ଦାସ ଏ ସମାଜର,
ଦିନ ଦାନୀ, ଧନୀ ମୋ ସେବାରେ ନାହିଁ ଅନ୍ତର,
ବିନା ଛୁଟି, ସ୍ୱଳ୍প ବେତନରେ ସୀମିତ ପରିଭାଷା ମୋର,
ତଥାପି ମୋ ଦରମା ଟିକସରେ ସରକାରଙ୍କ ତୀକ୍ଷ୍ଣ ନଜର,
ମୁଁ ଜଣେ ସ୍ୱାଭୀମାନୀ ଡାକ୍ତର ଟିଏ।

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If you believe it will work out, you will see opportunities.
If you believe it won't, you will see obstacles.
No one notices your tears, no one notices your pain,
but they will always notice your mistakes

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No one is perfect, not ME, not you, not them.
If WE want to live a peaceful life, accept OWNSELF for who WE are, and respect others for who they are.

Diabetic Retinopathy: Understanding the Threat to Vision

Dr Ajay Kumar Singh
DPM(DBCS), Khordha

Diabetic retinopathy stands as a critical yet often overlooked complication of diabetes mellitus, affecting the eyesight of millions worldwide. As one of the leading causes of blindness among working-age adults, its impact extends beyond mere visual impairment to encompass significant socio-economic burdens and personal challenges for those affected. This article delves into the intricacies of diabetic retinopathy, exploring its causes, symptoms, diagnosis, treatment options, and preventive measures.

Understanding Diabetic Retinopathy

Diabetic retinopathy emerges as a consequence of prolonged and poorly controlled diabetes mellitus, characterized by damage to the blood vessels of the retina-the light-sensitive tissue located at the back of the eye. The retina plays a crucial role in vision, converting light into electrical signals that are transmitted to the brain via the optic nerve.

Causes and Risk Factors

The primary cause of diabetic retinopathy lies in prolonged exposure to high blood sugar levels, which damages the tiny blood vessels that nourish the retina. Over time, this damage leads to leakage of blood and other fluids from the vessels, as well as abnormal growth of new blood vessels. Several factors increase the risk of developing diabetic retinopathy:

- Duration of Diabetes: The longer a person has diabetes, the higher the risk of developing retinopathy.
- Poor Blood Sugar Control: Fluctuating or consistently high blood sugar levels accelerate the onset and progression of retinopathy.
- High Blood Pressure: Hypertension can exacerbate retinal damage in diabetic individuals.
- High Blood Lipid Levels: Elevated cholesterol and triglyceride levels contribute to vascular damage.
- Pregnancy: Pregnant women with diabetes face an increased risk of developing gestational diabetic retinopathy.

Types of Diabetic Retinopathy

Diabetic retinopathy manifests in two primary forms, each with distinct characteristics and implications for vision:

1. Non-proliferative diabetic retinopathy (NPDR): In the early stages, NPDR involves weakened blood vessels that leak fluid or blood into the retina, causing swelling or the formation of

deposits known as exudates. Vision may be mildly affected at this stage.

2. Proliferative diabetic retinopathy (PDR): This advanced stage is marked by the growth of abnormal new blood vessels on the surface of the retina or into the vitreous gel, which can lead to severe vision loss. These vessels are fragile and prone to bleeding, causing further complications such as retinal detachment.

Symptoms

In its early stages, diabetic retinopathy may not cause noticeable symptoms. As the condition progresses, individuals may experience:

- Blurred or fluctuating vision
- Floaters or spots in the field of vision
- Impaired color vision
- Dark or empty areas in the vision
- Sudden loss of vision (a sign of bleeding into the eye)

Regular eye examinations are crucial for early detection, as diabetic retinopathy can be asymptomatic until irreversible damage occurs.

Diagnosis

Diagnosis of diabetic retinopathy involves a comprehensive eye examination, which may include:

- Visual Acuity Test: Measures how well each eye can see.
- Dilated Eye Exam: Allows the ophthalmologist to examine the retina and optic nerve for signs of damage.
- Fluorescein Angiography: Involves injecting a dye into the arm and photographing the retina as the dye circulates, highlighting any abnormal blood vessels.

Early detection through regular eye screenings is critical to prevent irreversible vision loss.

Treatment and Management

The management of diabetic retinopathy depends on the stage and severity of the condition:

1. Control of Diabetes: Tight control of blood sugar levels, blood pressure, and lipid levels is fundamental to slowing the progression of retinopathy.
2. Laser Treatment (Photocoagulation): In cases of macular edema (swelling of the central part of the retina), laser therapy can help reduce leakage from abnormal blood vessels and preserve central vision.
3. Intravitreal Injections: Anti-vascular endothelial growth factor (VEGF) medications may be injected into the eye to inhibit the growth of abnormal blood vessels and reduce leakage.
4. Vitrectomy: In advanced cases with significant vitreous hemorrhage or retinal detachment,

surgery may be necessary to remove blood and scar tissue from the eye.

Prevention

Preventing diabetic retinopathy involves proactive management of diabetes and regular eye screenings. Key preventive measures include:

- Maintaining Optimal Blood Sugar Levels: Through lifestyle modifications, medications, and insulin therapy.
- Controlling Blood Pressure and Lipid Levels: Helps reduce the risk of vascular complications.
- Regular Eye Examinations: Annual comprehensive dilated eye exams are recommended for individuals with diabetes, even if they have no symptoms.
- Lifestyle Modifications: Including a healthy diet, regular exercise, and avoidance of smoking can significantly mitigate the risk of diabetic complications.

Conclusion

Diabetic retinopathy remains a formidable challenge in the realm of diabetes management, underscoring the importance of holistic care and vigilant monitoring. Early detection, coupled with effective management strategies, can mitigate the impact of this sight-threatening condition. Through concerted efforts in education, research, and healthcare delivery, the goal of reducing the global burden of diabetic retinopathy and preserving vision for individuals with diabetes becomes increasingly attainable.

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Know More Skin Disease Awareness Initiative

Dr. H. P. Tripathy
Consultant Skin & V.D.,DHH Khordha

Atopic dermatits and similar skin conditions

Eczema is the name for a group of conditions that can make your skin irritated,in-flamed,and itchy.Your doctor may call it atopic dermatitis ,which is also the most common type of eczema.You're more likely to get eczema when you're a child,but adults can get it, too.

The symptoms you have and where they showed up on your body vary from person to person.You might have one or more of these signs:

- Itching
- Dry,sensitive skin
- Rough or scaly areas
- Gray or violet-brown patches on dark skin
- Oozing or crusty skin from scratching
- Swelling

Several health problems can bring on similar symptoms,so it's important to talk to your doctor,a dermatologist,or an allergist to find out what's going on with your skin.

They might tell you that you have one of these conditions that looks like eczema but isn't:

Psoriasis:

This long-term condition is partly due to your immune system attacking your skin by mistake.Both psoriasis and eczema can bring on symptoms like:

- Red,scaly patches
- Dry,cracked skin
- Itching

Eczema patches tend to be thinner than psoriasis patches.Another difference:Fluid can ooze from your skin with eczema.

Scabies:

This contagious condition happens when tiny bugs called mites burrow into the top layer of skin and lay eggs.You might have symptoms like bad itching and a rash that looks like pimples.Like Eczema,you could also get scaly-looking patches.

Unlike eczema,itching from scabies tends to get worse at night.You also might see a few tiny raised and crooked lines that look gray-white or flesh-colored on parts of your skin where the mites burrow.

Hives:

These red or pink welts can be large or small.They might show up alone or in a big group.Like eczema,they usually itch.Unlike eczema,they tend to go away within 24 hours — although new ones can quickly show up and may continue to do so for weeks or longer.Another difference is that hives can lead to swelling of your lips,eyelids,and throat.

Allergies: Some people's eczema flares up due to allergens like pet dander and dust mites.But lots of things can trigger eczema,including certain fabrics,soaps,and detergents.That means allergies may not be the reason your symptoms get worse.

Both eczema and allergies can bring on dry,cracked,reddish skin and itching.But allergies can also give you symptoms like:

- Sneezing and runny or stuffed up nose
- Itchy or watery eyes
- Cough or wheezing
- Swelling of tongue,lips ,or face

Ringworm:

Fungus causes this contagious infection,which can make ring-shaped patches slowly grow outward on any part of your skin.On light skin,these itchy patches can look pink or red.On dark skin,they might seem brown or gray.But ringworm patches tend to be roundish with a wavy raised border,and with treatment their centers tend to clear up first.

Acne:

This skin condition can take several forms,including:

Whiteheads: White or flesh-colored blemishes

Blackheads: Tiny black spots that look like specks of dirt

Pimples: Small ,swollen bumps that can be filed with pus

Nodules or cysts:Deep-skin breakouts that might feel tender or painful.Cysts have pus in them;

nodules don't.

Contact dermatitis and seborrheic dermatitis:

These are other types of eczema.Like the most common kind of atopic dermatitis,they can also irritate and inflame your skin and make it itch.Contact dermatitis could also cause burning pain and blisters.Seborrheic dermatitis often results in redness,swelling,and greasy scaling.

Cutaneous T-Cell lymphoma:

The most common type of this rare blood cancer has an early stage that can bring an itchy rash that may look like eczema.Another more aggressive type can bring on red,swollen skin that itches badly.If you have a rash like this that lingers or that seems like a "stubborn" case of eczema ,see a dermatologist just to be sure.

Netherton disease:

This a rare disorder that you're born with.Like eczema,it can cause skin to look red and scaly, as well as leak fluid.The disease could affect your immune system and make you more likely to get eczema .It may also affect your hair,making it thin and fragile.

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HEALTH : A HOLISTIC APPROACH

DR BIRESHWAR JYOTISHI
ENT Specialist SDH, Karanjia

Religion, spirituality, health and medicine have common roots in the conceptual framework of relationship amongst human beings, nature and God. Of late, there has been a surge in interest in understanding the interplay of religion, spirituality, health and medicine, both in popular and scientific literature. A number of published empirical studies suggest that religious involvement is associated with better outcomes in physical and mental health. Despite some methodological limitations, these studies do point towards a positive association between religious involvement and better health. When faced with disease, disability and death, many patients would like physicians to address their emotional and spiritual needs, as well. Although religion is translated as dharma in major Indian languages, dharma and religion are etymologically different and dharma is closer to spirituality than religion as an organized institution.

Science and religion (Dharma) are not opposed to each other. That which upholds human existence is dharma. It is the duty of dharma to overcome ignorance but whatever progress we may make in the field of science, 'Beyond' will remain for ever so also the agony for that. If man wants to eradicate the sufferings, through the means of scientific instruments, then why should not he make use of his own physical body, so full of vitality, the best and finest of all instruments which is at his own disposal as the blessings of the Almighty?

There was a period in not-so-distant past when practitioners of modern medicine considered patients religious beliefs and practices at best irrelevant and at worst a problematic superstition. Thus, religion and spirituality were mostly ignored in medical practice. Now, the scenario has changed remarkably. Several books on religion, spirituality, prayer, healing and health have been authored by physicians and found their rightful place among popular literature. The number of scholarly articles on the subject has increased about six-fold, from 300 in 1975-79 to about 1800 in 1995-2001.

When a patient consults a physician to determine the cause and treatment of an illness, he/she may also ask questions (e.g. Doctor, why did this disease happen to me? Why me?) that are beyond the domain of modern scientific medicine.Medicine simply cannot ignore the broader perspective of a patient as a whole person and hence physicians need to be attentive to patients emotional and spiritual needs. If these needs are not addressed, internal struggles may result in existential crisis leading to dejection and perception of being abandoned . The link between depression and desire for hastened death, suicidal thoughts and hopelessness has been consistently found in the studies of medically- and terminally-ill patients and spiritual wellbeing is inversely related to depression. Further, emotional and spiritual needs of the patients have been found to play a significant role in finding hope, strength, coping mechanism and patient satisfaction. Thus, addressing emotional and spiritual needs is very important in providing compassionate holistic care.

It is less known amongst general intelligentsia that spirituality and science are like two sides of the same coin. Both are similar in their approach, objective and method of enquiry. Sri Sri Thakur has made such striking observations that those need to be read & to be believed. According to Sri Sri Thakur

"To know the Dharma of anything is to know the clue of its unfoldment and existential attributes; science smiles there with its shining resources of present and future in every lofty mood."

To expand the relationship between spiritual striving and scientific research, Sri Sri Thakur said :

"I think matter is qualified by its attributes creating interest accordingly. Then interest creates urge which transforms into energy and then the impulse of adherence arouses into action. So, I think, adherence adores matter. This is perhaps the reason why emotion means: 'that by which a thing is set in motion'. So I feel that the positive in an atom loves the negative - though the positive never becomes the negative. And the aura of electrons dances around the positive nucleus, shooting and throbbing with an effulgence of quanta. This is a resonating transmission that makes the atom, maintaining and enlarging its existential tremolo. Thus everything in creation is created similarly; a coordinating connection of positive and negative each to give their life properties."

Spiritualism is an art and science of living. It is an investigation into how's and why's of human nature, material objects and quality of existence. It appears to be a lesson in abstraction, unless we see the life and living of Sri Sri Thakur Anukul Chandra. His ideology fulfills every aspects of life; be it biological, material and spiritual. Sri Sri Thakur never looked at anything from the prism of any ism. For him, existence, upbringing and environment are the key parameters for evaluating any ism.

To overcome the stress and strain of life and to calm down the irritability of nervous system & to execute all the work accurately yet harmonically it has been observed through research that only meditation can cool down the stress and strain of mind .

Guru should be the Seer, fulfiller the best who can solve all the problems of human life. Meditation of His Mantra is the only way to achieve all the success in true sense. Sri Sri Thakur Anukulchandra is same supreme Soul by following whom disease, death & disintegration is abolished from every nook corner of life. Meditation controls passion in a person, the passions that diverts the person to wrong doing and create all sorrow and unhappiness in life.

An another aspect of healthy & wealthy life is Sadachar ("Hygiene"). According to Sri Sri Thakur Anukulchandra, the word "Hygiene" derived from word "Hygeia" which means Goddess of Health. The Word Health Organization has defined health as state of complete physical, mental and social well being and not mere absence of disease and infirmity

Our supreme lord Sri Sri Thakur Anukulchandra has categorically divided this Sadachar into three types:

i) Physical Hygiene (Sharirik Sadachar)
ii) Mental Hygiene (Manasik Sadachar)
iii) Spiritual Hygiene(Adhyatmik Sadachar)

The first mantra of Swastyayani "Sribigraher Mandir Bhebe Jatna Karis Sharirtake Sahan Patu Sustha Rakhis Vidhi Mafikh Chalas Taake"- it means take care of your health like the temple of your beloved God and practice the principle of living conducive to one's existence and growth physically, mentally and spiritually. By practicing all these aspect of Hygiene in an integrated system our motor sensory coordination will be more perfect, our receptivity and perceptivity will increase.

Physical Hygiene

Diet should be easily digestible, nutritious and pleasing; appropriately nourishing to physic; perfectly hygienic-pious (saatvik) and delicious. Sri Sri Thakur says, "Pure and proper diet builds the base of Dharma"

Sri Sri Thakur prescribes balanced vegetarian diet as the best. He cautions not to take inebriating food, onion, garlic or varieties of fish and meat as these unnecessarily excite the body system and decrease longevity. He tells, "Body gets an unnatural whip due to non vegetarian diet and hence grows quickly.

The growth that would have normally taken place in ten years time, may take place just in five years. So, these many years of life get deducted from the total longevity. It means, the growth due to non vegetarian diet takes place at the expense of longevity."

Along with these habits, environmental hygiene should also be maintained from where one can sense peace & happiness in no time.

Mental Hygiene

According to Sri Sri Thakur , "Monta Dushta Holei Janis Rogher Athal Hoi;Oi take tui ediye Chal le Karbi Byaddhir jay" . It means if mind is corrupt, distorted or passionate it will creat diseases in body system & if we can avoid this, we will get victory over them.

A distorted mind creates every disharmony in biochemical level & which ultimately makes us sufferer of many diseases. Many psycho somatic diseases like Hypertension,Diabetes, Dyslipidemia,many cardiological disorders etc are the result of this distorted mind.

Spiritual Hygiene

Spiritualism is investigation and invention- how and why by which matter extends and grows towards acceleration of our being and becoming.

Unrepelling attachment to the Lord and to follow him unconditionally is spiritual Hygiene by which person will develop motor-sensory coordination with accurate thinking receptivity and perceptivity with increase vigour & vitality.

Peace,prosperity & success is inevitable if we give correct direction after thinking and considering pros and cons rightly. Science is science. Where whatever is appropriate, if it is properly implemented, then right kind of result is bound to follow. The World Health Organization (WHO) has accepted spirituality as an important aspect of quality of life. Understanding the implications and consequences of incorporating religion and spirituality into health and medicine in the Indian context needs a thoughtful, critical and open-minded inquiry.

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Suport Your Kids

Dr. Jay Narayan Padhi
Consultant Pathologist "DHH KHORDHA
Dr. Alok Jyoti Sahoo
Consultant Psychiatrist DHH KHORDHA

Stay connected to nature your child's mental health.

Love your child to build strong foundation of confidence.

Help to set reasonable goals to avoid any failure.

Prepare them to face the resilience as part of life.

Allow them be independent to have won choices.

Motivate for self encourgement in life.

Be a role model for your child.

Always stand by teir side whenever they seek your suggestions.

Be patient and listen actively to what your child has to say.

Encourage for physical activity with team work.

Spent time and talk with them.

Don't pressure children.

Regularly encourage, support and praise.

Limit the use of electronic gadgets.

More socialize to help others.

Keep on eye on any changes in behaviour.

Help them develop coping startegies.

Provide a healthy enviornment for your child where they grow.

Stay connected.

Love Sight

Mrs. Nirupama Singh
W/o Dr. Ajay Kumar Singh

In the world where visions dance,
Eyes behold each fleeting glance.
Mirrors to our inner soul,
Guardians of a precious goal.
Morning light and twilight's gleam,
Through our eyes, we catch the dream.
Colors vivid, details fine,
In their depths, the stars align.
Shield them from the harsh sun's glare,
Protect with lenses, show you care.
Balanced diet, rich in green,
Keeps their sparkle fresh and keen.
Blink often, let them rest,
Eyes need peace to be their best.
Screens can strain, so take a break,
For your sight and focus' sake.
Hydrate well, avoid the dry,
In their health, we must comply.
Check-ups yearly, vision clear,
Keep your precious windows dear.
Exercise and sleep in tune,
Underneath the glowing moon.
For the eyes, a gentle balm,
Keeping them serene and calm.
Through each lens, our worlds unfold,
Stories whispered, moments bold.
Cherish, nurture, every day,
For in their light, we find our way.
In the realm where visions blend,
Guard your eyes, your dearest friend.
For the beauty they impart,
Is a treasure to the heart.

Snake Bites in Odisha : An Overview of Current Management Strategies

Dr Sujit Kumar Lenka
Sr. Medicine Specialist (Joint Director)
SDH Champua, Keonjhar

Abstract:
Snake bites remain a significant public health issue in Odisha, contributing to substantial morbidity and mortality. Despite advancements in healthcare, the management of snake bites continues to pose challenges due to the diversity of snake species, variable clinical presentations, and limited access to timely medical care in rural areas. This article provides a comprehensive review of the epidemiology, clinical features, and latest evidence-based approaches to the management of snake bites, with a focus on improving outcomes in Odisha.

Introduction:
Snake bites are a major concern in tropical regions, including Odisha, where the population is at risk due to agricultural practices and rural habitation. The state experiences a high incidence of bites, primarily from venomous species like *Bungarus caeruleus* (Common Krait), *Naja naja* (Indian Cobra), *Daboia russelii* (Russell's Viper), and *Echis carinatus* (Saw-scaled Viper). Effective management requires prompt identification, appropriate use of antivenom, and supportive care to mitigate complications.

Epidemiology:
Odisha accounts for a significant proportion of snake bite cases reported in India. Rural populations are particularly vulnerable, with seasonal peaks observed during the monsoon months due to increased human-snake encounters. Despite underreporting, the morbidity and mortality associated with snake bites are considerable, necessitating urgent attention to management strategies.

Clinical Features and Diagnosis:
The clinical presentation of snake bites varies depending on the species involved. Neurotoxic bites from kraits and cobras typically manifest with ptosis, dysphagia, and respiratory paralysis, while hemotoxic bites from vipers lead to coagulopathy, hematuria, and shock. Early recognition of envenomation signs is crucial for initiating appropriate therapy.

Management:
The management of snake bites has evolved, with the emphasis now on evidence-based protocols aimed at reducing mortality and morbidity. The key components include:

1. **First Aid:**
   - Reassurance and immobilization of the affected limb to slow venom spread.
   - Avoiding harmful practices like incision, suction, and tourniquets.
   - Immediate transportation to a healthcare facility.

   A. Inhospital management - airway patency, respiratory movements, arterial pulse, level of consciousness must be checked immediately.

B. Initial assessment- history and physical examination (local swelling, bleeding manifestation,Ptosis,diplopia,dysarthria, dysphonia, dyspnea, dysphagia, and other signs of paralysis)
C.20-minute whole blood clotting test to be done in every hour for the first 3 hours and every 4 hours for the remaining 24 hours. All patients should be kept under observation for a minimum of 24 hours, even if there are no symptoms or signs of envenomation.

2. Antivenom Therapy:

- Polyvalent antivenom remains the cornerstone of treatment in Odisha, where identification of the offending species is often challenging.
- Early administration, within 4 hours of the bite, is associated with improved outcomes.
- The dosing of antivenom is guided by the severity of envenomation rather than the quantity of venom injected.
- Neurotoxic/ hemotoxic- 10 vials initial.
- Repeat dosage in neurotoxicity: 10 vials repeated in 1 hour if worsening of the clinical status and there is no improvement.
- In all cases of neurotoxic envenomation, the ATROPINE NEOSTIGMINE(AN) test is administered.Atropine o.6mg followed by neostigmine 1.5 mg to be given IV Stat and repeat dose of neostigmine 0.5 mg with atropine every 30 minutes for five doses.Thereafter to be given as tapering dose at 1 hour,2 hour,6 hour,and 12 hours.Improvement of Ptosis after 30 minutes is taken as positive response for AN challenge test.
- Repeat dosage in hematoxicity: 5 vials are repeated if the WBCT is not normalised in 6 hours or if bleeding persists

3. Supportive Care:

- Ventilatory support for neurotoxic envenomation to manage respiratory failure.
- Management of coagulopathy and hemorrhage in hemotoxic envenomation, including fresh frozen plasma or cryoprecipitate as needed.
- Renal support in cases of acute kidney injury, which is common following viper bites.

4. Monitoring and Follow-up:

- Continuous monitoring for at least 24-48 hours post-antivenom administration to detect delayed reactions or complications.
- Long-term follow-up for sequelae such as chronic kidney disease or persistent neurological deficits.

Challenges and Recommendations:

The management of snake bites in Odisha is fraught with challenges including delayed presentation, lack of access to antivenom in remote areas, and inadequate healthcare infrastructure. Training healthcare providers in the early recognition and management of snake bites, improving antivenom availability, and public education on first aid measures are critical steps towards reducing the burden of snake bites in the state.

Conclusion:

Snake bites are a preventable and treatable cause of death in Odisha, with timely and appropriate management being crucial to improving outcomes. The integration of community awareness programs, prompt medical intervention, and ongoing research into snake venom and antivenom therapy will be key to reducing the impact of snake bites on public health in Odisha.

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The Unspoken Struggle: The Health and Social Burden on Doctors in India Due to Occupational Stress

Dr. Antaryami Tripathy
MBBS, MHA
Medical Officer, CHC Jatni, Khordha

Introduction

Doctors are often seen as the pillars of health, guiding society through the complexities of illness and recovery. They are entrusted with the responsibility of safeguarding the well-being of others, often at the expense of their own. In India, the medical profession is marred by a relentless culture of overwork, excessive hours, and towering expectations. These pressures result in a significant toll on doctors' physical and mental health, as well as their social lives. This article explores the health and social challenges faced by doctors in India due to workplace stress and underscores the urgent need for systemic reforms to support their well-being.

The Hidden Cost of Healing

The health problems faced by doctors are a glaring irony. Those dedicated to improving the health of others frequently neglect their own well-being due to the demands of their profession. The physical and mental health issues doctors encounter are numerous and varied, often compounded by the very nature of their work.

Chronic Stress and Burnout

Chronic stress is an ever-present companion for many doctors. The daily grind of managing patient care, dealing with life-and-death situations, and navigating an often inefficient healthcare system leads to significant emotional and physical strain. Burnout, characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment, is alarmingly common among Indian doctors. Studies suggest that approximately 50% of doctors experience burnout, a rate significantly higher than in the general population, where it stands at 28%.

The mental health toll on doctors is substantial. Anxiety and depression are prevalent, with 20% and 25% of doctors affected, respectively. These rates are notably higher than those found in the general population, where 15% experience anxiety and 18% suffer from depression. The stigma surrounding mental health in the medical community often exacerbates these conditions, as doctors may be reluctant to seek help, fearing professional repercussions or judgment from their peers.

Sleep Disorders and Fatigue

Sleep disorders are another common affliction among doctors. The long hours and irregular shifts, including overnight duties, disrupt normal sleep patterns, leading to chronic fatigue and sleep disorders in 25% of doctors, compared to 15% in the general population. The lack of restorative sleep not only affects their personal health but also impairs their ability to make critical decisions, potentially compromising patient care.

Cardiovascular Diseases and Hypertension

The stress of the medical profession extends to physical health, particularly concerning cardiovascular diseases and hypertension. The prevalence of hypertension among doctors is 25%, not significantly lower than the 32% observed in the general population. However, given the knowledge and resources available to doctors, these figures are still troubling. The constant stress, combined with long hours and poor work-life balance, contributes to an elevated risk of cardiovascular diseases among doctors.

Compromised Immune Systems

Chronic stress has a well-documented effect on the immune system, making individuals more susceptible to infections and illnesses. For doctors, whose work environment frequently exposes them to pathogens, a compromised immune system is particularly concerning. The constant pressure and stress can weaken their defenses, leaving them vulnerable to frequent illnesses and longer recovery times.

Social Problems: The Collateral Damage

The impact of occupational stress on doctors is not limited to their health; it also extends to their social lives, often resulting in strained relationships, social isolation, and an impaired work-life balance.

Strained Relationships

The demanding nature of the medical profession often leads to strained relationships with family and friends. The long hours and unpredictable schedules can make it difficult for doctors to maintain meaningful connections outside of work. The constant stress and fatigue can also lead to irritability and emotional withdrawal, further alienating them from their loved ones.

Social Isolation

Social isolation is another consequence of the medical profession's demands. The intense workload leaves little time for socializing, and the emotional toll of the job can make doctors feel disconnected from those around them. This isolation is exacerbated by the fact that many doctors feel they cannot confide in others about their struggles, fearing that they may be perceived as weak or unfit for their profession.

Work-Life Imbalance

Achieving a healthy work-life balance is a challenge for most professionals, but it is particularly difficult for doctors. The pressure to prioritize patients' needs often comes at the expense of their personal lives. Many doctors report feeling guilty for taking time off or prioritizing their own needs, leading to a perpetual cycle of overwork and burnout. The statistics are telling: only 30% of doctors report a satisfactory work-life balance, compared to 45% of the general population.

The Need for Systemic Change

The health and social problems faced by doctors in India due to workplace stress highlight the urgent need for systemic changes in the medical profession. These changes must address both the root causes of stress and the barriers that prevent doctors from seeking help.

Reducing Workload and Encouraging Work-Life Balance

One of the most pressing issues is the excessive workload that doctors face. Reducing the number of

hours doctors are expected to work and ensuring adequate time off could significantly alleviate stress and burnout. Encouraging a culture that values work-life balance, rather than glorifying overwork, is essential. This could include flexible work schedules, mandatory time off, and policies that discourage excessively long shifts.

Providing Mental Health Support

There is a critical need for mental health support tailored specifically to the needs of doctors. This could include confidential counseling services, peer support groups, and mental health education programs that address the unique challenges faced by medical professionals. Additionally, reducing the stigma associated with seeking mental health support within the medical community is crucial.

Improving Workplace Conditions

Improving the overall workplace conditions for doctors is another key area for reform. This could include ensuring adequate staffing levels, providing sufficient resources and equipment, and creating a supportive work environment where doctors feel valued and respected. Addressing these issues could reduce the daily stressors that contribute to burnout and other health problems.

Encouraging Healthy Lifestyles

Promoting healthy lifestyles among doctors is also important. This could include providing access to fitness facilities, promoting healthy eating options in hospitals, and encouraging regular health checkups. Additionally, creating a culture that supports doctors in prioritizing their own health could help prevent many of the physical and mental health issues they currently face.

Promoting Awareness and Education

Finally, there is a need for greater awareness and education about the health and social problems faced by doctors due to workplace stress. This could include public awareness campaigns, medical school curricula that address the importance of self-care, and ongoing education for doctors about the risks associated with chronic stress and burnout.

Conclusion

The health and social problems faced by doctors in India due to stress at work are a significant and often overlooked issue. While doctors are dedicated to caring for others, the demands of their profession frequently come at the expense of their own well-being. Addressing these issues requires a multifaceted approach that includes reducing workload, providing mental health support, improving workplace conditions, promoting healthy lifestyles, and increasing awareness and education. By prioritizing the well-being of doctors, we can ensure that they are not only able to provide the best care for their patients but also lead healthy, fulfilling lives themselves. The time for change is now-both for the sake of our doctors and the future of healthcare in India.

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The Evolution of Digital Psychiatry in India: A Historical Overview

Dr Prasanta Ku. Mohapatra
Senior Consultant (Psychiatry)

Dr Aniket Dash
SR, MHI, SCBMCH

Digital psychiatry, the integration of technology into mental health care, has significantly evolved in India over the past few decades. This journey reflects broader trends in healthcare and technology and highlights the country¡¦s efforts to address mental health challenges through innovative solutions. This article traces the history of digital psychiatry in India, focusing on key milestones and developments.

Early Developments: Foundations of Digital Psychiatry

1. Initial Experiments and Telemedicine (2000s)

India¡¦s journey into digital psychiatry began in the early 2000s, when telemedicine started gaining traction. Early telemedicine initiatives primarily aimed to provide healthcare services to remote and underserved areas. The integration of psychiatric care into these telemedicine programs marked the beginning of digital psychiatry in India.

One of the early initiatives was the ¡§Telemedicine Pilot Project¡¨ launched by the Indian Space Research Organization (ISRO) and the Ministry of Health and Family Welfare. This project used satellite technology to connect rural health centers with urban hospitals, providing remote consultations and support, including psychiatric care.

2. Growth of E-Mental Health Services (2010s)

As internet access and mobile technology expanded in the 2010s, e-mental health services began to emerge. Several Indian startups and organizations developed online platforms offering mental health support through virtual counseling, self-help resources, and online therapy.

Notable initiatives included online counseling platforms such as YourDOST and iCall, which provided accessible mental health support to a broader audience. These platforms used digital tools to offer counseling and psychotherapy, leveraging the internet to reach individuals who might not have access to traditional mental health services.

Advancements and Integration: Recent Developments

1. Mobile Applications and Digital Therapeutics (2010s-2020s)

The proliferation of smartphones and mobile applications in the 2010s led to significant advancements in digital psychiatry. Mobile apps designed for mental health support became increasingly popular, offering tools for mood tracking, meditation, and cognitive behavioral therapy (CBT).

In India, apps like Wysa and Niramaya emerged, providing users with AI-driven mental health support and self-help resources. These apps aimed to offer affordable and accessible mental health solutions, particularly in a country with a high burden of mental health issues and a shortage of mental health professionals.

2. Government Initiatives and Telepsychiatry Expansion (2020s-Present)

The COVID-19 pandemic accelerated the adoption of telepsychiatry and digital mental health services in India. The Indian government launched several initiatives to support telehealth and digital psychiatry, recognizing the need for remote mental health care during the pandemic.

One significant initiative is the Tele Manas program, launched in 2022. This national telemental health program aims to provide 24/7 mental health support through a toll-free helpline and online consultations. The program is designed to make mental health services more accessible and reduce the stigma associated with seeking mental health care).

Current Trends and Future Directions

1. Artificial Intelligence (AI) and Personalized Mental Health Care

Today, digital psychiatry in India is increasingly focused on AI and personalized care. AI-driven tools are being developed to provide tailored mental health interventions based on individual data, such as behavioral patterns and biometric information. These innovations aim to enhance the precision and effectiveness of digital mental health care.

2. Ethical Considerations and Digital Divide

As digital psychiatry continues to evolve, addressing ethical considerations and the digital divide remains crucial. Ensuring privacy and security of patient data, as well as making digital mental health services accessible to all segments of the population, are key challenges that need to be addressed.

Tele Manas: Revolutionizing Mental Health Care through Digital Innovation

In recent years, digital health initiatives have transformed how we approach various aspects of healthcare, with mental health being a significant area of focus. One such pioneering initiative is "Tele Manas," an innovative telemedicine program launched to address mental health challenges. This article explores Tele Manas, its objectives, implementation, impact, and potential future directions.

What is Tele Manas?

Tele Manas is a telehealth initiative designed to provide mental health services to individuals across India. Launched by the Indian government in 2022, the program aims to make mental health support more accessible, especially for those in underserved or remote areas. The initiative leverages digital technology to offer psychological support, counseling, and psychiatric care, addressing the growing need for mental health services in a country with a vast and diverse population.

Objectives of Tele Manas

1. Accessibility: Tele Manas seeks to bridge the gap between mental health services and individuals who may face geographical or economic barriers to accessing traditional in-person care.
2. Affordability: By utilizing digital platforms, the program aims to reduce the cost of mental health services, making them more affordable for a broader segment of the population.
3. Quality Care: The initiative focuses on providing high-quality mental health support through trained professionals, ensuring that individuals receive appropriate and effective care.

4. Stigma Reduction: By integrating mental health services into a widely accepted digital format, Tele Manas aims to reduce the stigma associated with seeking mental health care.

Implementation and Features

Tele Manas operates through a multi-faceted approach, combining various technological tools and platforms to deliver mental health services. Key features of the initiative include:

1. 24/7 Helpline: The program offers a toll-free helpline available around the clock, providing immediate support and counseling to individuals in distress.
2. Online Counseling: Users can access mental health professionals through secure video calls, chat, or phone consultations, allowing them to receive support from the comfort of their homes.
3. Integration with Existing Systems: Tele Manas is integrated with existing health infrastructure, including government health services and local mental health organizations, to ensure comprehensive care.
4. Training and Capacity Building: The initiative focuses on training healthcare professionals, including doctors and counselors, to effectively use digital tools and provide high-quality mental health support.

Impact and Outcomes

Since its launch, Tele Manas has made significant strides in improving mental health care accessibility in India. Key impacts include:

1. Increased Reach: The program has extended mental health services to remote and underserved areas, reaching individuals who previously had limited access to such care.
2. Enhanced Engagement: By offering services through digital platforms, Tele Manas has encouraged more individuals to seek help, reducing the barriers associated with in-person consultations.
3. Early Intervention: The initiative has facilitated early intervention for mental health issues, potentially reducing the severity of conditions and improving overall outcomes.
4. Resource Optimization: The use of telemedicine has allowed for better allocation of resources, enabling mental health professionals to reach a larger number of individuals efficiently.

Challenges and Future Directions

While Tele Manas has achieved considerable success, it faces several challenges and opportunities for improvement:

1. Digital Literacy: Ensuring that individuals are comfortable and proficient with digital tools is essential for the program¡¦s effectiveness. Continued efforts in digital literacy and accessibility are needed.
2. Data Privacy and Security: Protecting sensitive personal health information is crucial, and robust measures must be in place to safeguard user data.
3. Integration with Physical Services: Combining digital and physical mental health services can enhance care continuity and support comprehensive treatment plans.
4. Scalability: Expanding the program to cover more regions and incorporating additional mental health services could further enhance its impact.

Conclusion

The history of digital psychiatry in India reflects a dynamic evolution from early telemedicine experiments to sophisticated digital health solutions. The field has progressed significantly, driven by technological advancements and a growing recognition of the need for accessible mental health care. As digital psychiatry continues to advance, it holds the potential to further transform mental health services in India, improving accessibility, effectiveness, and personalization of care.

Tele Manas represents a significant advancement in the field of mental health care, demonstrating the potential of digital innovation to address critical healthcare needs. By improving accessibility, affordability, and quality of mental health services, the initiative contributes to a more inclusive and supportive mental health care landscape in India. As technology continues to evolve, Tele Manas will likely serve as a model for similar initiatives worldwide, emphasizing the importance of integrating digital solutions in healthcare.

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OPEN UP YOUR HEART

Dr. K. C. Mohapatra
Intensivist, DHH Malkanagiri
Dr. Nihar Ranjan Tripathy
Anaesthesiologist, DHH Malkanagiri

My egregious experience of sudden onset suffocating shortness of breath, with streaming tears over cheeks is yet not blurred from my memory. Infrequently, it still flashes, if I do meditate. The perpetuating infodemiology of COVID-19 is centred ON the Virus and the host albeit a little on parallel pandemic of health care providers' sickness. That's too focused on their burnt out, worn out and ran out. What I posit, though not unique, is differently tangible.

Let me start from my new posting as an Anaesthesiologist in last October, to Malkangiri, the remotest district of Odisha, on the east coast of India. Spectacular sunrise while jogging and enjoying a new bestseller in the luscious, silvery moonlight was making my days ecstatic. Anaesthesia workstation witnessed vitality, breaking its long poised silence. Life was easy and smooth in soothing, shining, spring. Serene Tranquillity of nature nudged for an unencumbered New Year celebration.

Unprecedented perturbation of headlines of unexplained cases of pneumonia, ARDS and death in Wuhan, China; started monkey-wrenching my plans for the Simcha. Initially thought of a blip from an endemic viral pneumonia to an epidemic, the deluge in no time emerged as a perpetual Pandemic.

"Pandemic", a word just read in books during premed. History reveals the astounding fact of its recurrence, every 100 years. Mortal fear of the spectre was spreading across the globe with a breakneck speed, yet I was not convinced to accept that the crest will ever cross us. The connotation candled a constant conflict between heart and brain. A whisper for a pre-emptive kieretsu to battle the pandemic till the cows come home started stifling me.

I'm still nostalgic about why and how I was privileged to be in the pandemic management team. Days passed by. I couldn't desist to be a member of the management team supposing the quote, "Things you need will attract you and the things that attract you will be in your need." Derailment of regular routine life of hospital and that of home was ramping up. PAC, RA, GA, Blocks got swiftly drifted to RT-PCR, quarantine, isolation, contact tracing etc. Our mission statement," Doing things differently or doing different things "was often confusing. At ground zero I realised, finding the answer is relatively easy but doing the answer is not so. I couldn't see the success of our strategy though we put all hands on deck. The cataclysm of the outbreak bedevilled the giants in health sector like Italy, Spain, USA, and persuasively imperilled many other countries. The trepidation of this

rendition was scuffing and rifting my probity. Objectives and goals were not foreseeable. Some societies turned vulnerable to populism and obscurantism in a context of uncertainty and unpredictability about the pandemic. Lock down affected the whole country. Days and nights were just slipping out of my life hardly sparing moments to think and blink. By May 2020, cases started pouring into the hospitals. New and unexpected challenges in patient management were a custom drill and lacking a silver bullet was fuelling the declension.

The onerous task and torment duty distorted my biological clock. I started feeling mediocre and exasperated. I was completely unaware about a change that was happening deep within me just like the darkness deepens in the night. I was striving to harness altruism albeit delved in a quagmire.

I had to work harder and had to pay for the stoicism. Finally the coup de grace manifested. Summer was at its peak. Late night struggle, stabilizing a refractory hypoxemic elderly lady was in vain. I woke up mid-morning with quirky feelings. The episode was heralded by jitteriness and sudden momentary flashback pictures of my virtual presence in ICU. I was just speechless and paralysed. Tears rolling down my cheeks were unstoppable with a pounding heart as if it will burst open the cage. Dry lounge and choking sensation in throat was precluding effortless breathing. I was getting inexhaustibly helpless and all my efforts to move even an inch were futile. Few minutes later I got over the catatonia. Thank God! It was not evidenced by my wife.

I found myself in the real world only in the chamber of my elder brother, an Intensivist. How and why I reached there is still unresolved. Was it somnambulism? How did I drive my car? Jamais vu? Was I again testified by my previous quote in accord with Law of Magnetism?

He's authentically a man of great virtue. He honestly speaks what he thinks and that's something I really love about him. He was not expecting me in such a state and it took me around half an hour to settle down just to utter a word from my mouth. By then the dogma of CoV-2's unpredictable transmission and atypical features were persuasively established. He went out, came donned in; did a quick brief review and advised tests including test for covid -19. I was institutionally isolated.

Same evening brother came with our Chief, an incredibly humble person who generally meets with his value. I was just on a cup of milk after a good restorative sleep. Their costumes were assuring (without PPE); I was negative for covid-19. Lab reports were normal except sinus tachycardia in ECG. I couldn't afford to resist a thorough clinical examination on me. I was tensely trying to read their faces. In their presence I consulted the pre-appointed psychiatrist over phone. I affirmed to, on and off palpitations, tremor, and delayed onset sleep with early morning awakening since last few days.

I was discharged and we met over a dinner with the Chief. Our intensivist brother put forth the excerpt of my journey in the team and concluded it to be an adjustment disorder, subtype of acute stress disorder. Both of them explicitly explained the myriad of precipitating factors moving with me. They recalled their observation of agoraphobia and glossophobia over the preceding days. I felt complacent to their affectionate counselling.

Few medications were advised secondary to adequate rest, sound sleep and quality leisure

time with family. My better half was counselled the next day. Her chutzpah, made her accept this as a challenge with compassionate care and devotion. She helped me growing resilience. I started listening soft light vocal music and about an hour of brisk evening walk.

In a fortnight I recovered. Tapered and discontinued medication. With the grace of Almighty and blessings of well wishers now I'm active with vigour and vitality.

The ongoing pandemic is a huge shock to the complex human system. Health care workers, being in constant, relentless, extreme work pressure with fretting mortal fear and as they render service amidst slew of different environment, are prone to hazards, both natural and unnatural. Life will never be the same all the time. I feel that there might be many silent sufferers of Pandemic other than the ones due to disease per se. What I learnt, I would love to share with them, who might be in search of a way out of this type of worst nightmare: The coronavirus pandemic is a huge shock to the complex human system .What I learnt and what I wish to tell, to many of the silent sufferer in my fraternity, who might would have still in search for a way to zap the enigma is that

Rest is repair, revitalizing and reviving.

Relaxation in relentless work is a remedy to reform oneself.

Instil enthusiasm to work for jubilance.

And

Open up your heart...to someone you trust.

Abbreviations:

1. PAC- Pre-anaesthetic check up
2. RA- Regional anaesthesia
3. GA- General anaesthesia
4. RT-PCR- Reverse transcriptase polymerase chain reaction
5. PPE- Personal protective equipment

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HOW TO IMPROVE PEDIATRICS HEALTH CARE SERVICES IN ODISHA

Dr. A. B. Nayak
MD (Paediatrics), F.I.A.M.S
Director Nursing, Odisha

Introduction

Presently Odisha is at 5th highest position in Under5 mortality in the country. Out of all under 5 deaths >70% are due to neonatal deaths. The state has seen a steady decline in the maternal and child mortality indicators in the past decade, however the decline needs to be accelerated. It is unfortunate that, more than 8000 newborn are losing lives every year .While the institutional delivery rate in the state has risen to more than 90%, a commensurate reduction in maternal and newborn mortality is yet to be achieved.

The Neonatal Mortality Rate (NMR) stands at 28/1000 live births (SRS 2020) and is the second highest in the country. The neonatal mortality comprises almost 71% of the under-five mortality; hence addressing newborn mortality is critical.

Implementation of different Programmes

While there has been a significant improvement in the coverage of services, we need to ensure that the quality improves. There are 44 SNCUs, 62 NBSUs and 526NBCCs functional in the state for newborn care. More than 60000 small and sick newborns are being admitted in all SNCUs every year with >80%dischare rate. Government is making efforts for rational posting of Human Resources especially Obstetricians, Anesthetists, Pediatricians & nursing staff for strengthening of FRUs. Adequate provisioning has been done for replenishment of consumables and equipment. It is expected that the Standard Protocols especially with regard to services, treatment, Infection prevention and Biomedical waste management are followed diligently across all levels of facilities. FBNC,NSSK,IMNCI,FIMNCI,KMC,MAA trainings are going on for capacity building of service providers in newborn and child health,Medical Colleges as premier institutions are expected to provide capacity building and mentoring support to their catchment districts and institutions for improving the quality of care and thereby decongesting the tertiary health facilities. Hence, Medical Colleges should take up NQAS, Laqshya and Musqan certification on priority.As academic institutions, it is essential that operational research is carried out to meet the MCH I request all stakeholders to implement the action plan properly and review progress at regular intervals for taking corrective actions as required. I further request that; each Medical College should act as a technical hub and be responsible for the adjoining 2-3 districts and ensure quality improvement in MCH services. NHM has taken up many initiatives like establishment of critical newborn care facilities, strengthening of Labour room and OT, starting Midwifery course etc. However, the sick newborns from the hard-to-reach areas are

not able to access the services. There is a need to track and follow these babies once they are discharged from the unit.

Under the RBSK, the newborn is being screened for congenital defects and are being treated early to prevent disability.NHM is providing funding and provisioning for consumables, drugs, logistics and infrastructure required for Maternal and newborn care services. I request all of you to be involved so that the provisions are utilized effectively. You may also give proposals for strengthening your respective institutions. To understand the magnitude of the problem and to enable corrective actions, Perinatal and child death audits should be undertaken at all facilities. The intent of this exercise is to understand and prevent the avoidable causes in future.

Conclusion

Under 5 mortality, IMR,NMR are the indicators which shows progress of our state. Many of these deaths are preventable by low cost and low technology. Proper counseling of Parents by service providers can avoid many deaths and sickness of child. Let's learn the STG and provide correct information to Parents and family members on care of sick children.Let us work together for the survival of all children of the State. Since , we have more than 91% Institutional delivery, let us strengthen Delivery Points, particularly at the CHC and PHC level, so that newborn babies are not referred for simple conditions like hypothermia, hypoglycemia (preventable conditions with smaller interventions) to higher levels, which will save them at entry level and reduce load at higher level.

Let us take a pledge that, no newborn be shifted from LR, without initiation of breastfeeding, so that Exclusive Breast Feeding will be easier later and will lead to reduced neonatal morbidity and mortality, as well with ultimate resultant of improved child survival .Infrastructure is there , let us implement it with love and dedication.

Long live IAP.

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BREAKING BAD NEWS…!!!

Dr. Ashutosh Pradhan
ENT Specialist
DHH Balasore

INTRODUCTION :

Communication is an inherent entity to all encounters. Facets of care are unimaginable without communication. In healthcare settings, information content and communication style hold prominence. The communication intricacies exhibit a triad relationship between the healthcare personnel, the patient, and the next of kin. However , with advent of medical knowledge & technology, there is an increase in hope for survival. Still many diseases are cumbersome to treat and in many, cure is a distant hope. Diagnosis of such incurable diseases which destroy the hope of both the patient and clinician is really a challenge but to communicate such information on the part of a doctor to his/her patient is more than a herculean task. This can only be reduced by improving the communication skill and using a methodological approach.

INDIAN SCENARIO :

India with approximately 141 cores individuals reflects socioeconomic and cultural diversity. The Indian healthcare system is complex, bureaucratic, and variable. Access to efficient healthcare services gets dwarfed due to the poor physician-patient ratio. Cancer and chronic ailments/ complications and accidents resulting in death have escalated due to failures of accessing healthcare services during emergencies generating higher proportions of otherwise preventable “bad news” and “death.”

Declaring death is predominantly the physician’s responsibility but limited training, individual abilities, and other constraints often result in vandalism, maladjustment, and violence to which there is hardly any preparedness.Furthermore, practitioners have few provisions to address their concerns while conveying bad news. There is a correlation between length of medical service and the ability to effectively communicate bad news though many experienced practitioners and senior nurses feel the need of communication training for better management.Paradoxically, junior doctors with little experience declare more deaths than their seniors.

WHAT IS BAD NEWS ?

Any information, which adversely and seriously affects an individual view of his/her future or, in situations where there is either a feeling of no hope. a threat to a person’s mental and physical well being, risk of upsetting an established life style, or where a message is given which conveys to an individual fewer choices in his/her life. Example- A patient who is told the lump has been diagnosed as cancer. Bad news situation can include disease recurrence, spread of disease, or failure of treatment to affect disease progression, the presence of irreversible side effects, cost of treatment, results of genetic test, or raising the issue of palliative care and resuscitation. No news is a bad news. It depends upon the perception and mindset of the recipient & the giver.

WHO SHOULD BREAK ?

A person who understands the suffering of human being is the right person. Physicians share a unique position for not only treating diseases but also for their caring skill which kindle faith in patients to share information and follow advises, so very often they are being referred as next to GOD.

WHOM TO BREAK THE NEWS ?

Gone are the days of withholding information to the patient in hope of avoiding psychological breakdown. Today's rhyme is "Want to be trusted ? Just tell the truth." Recent studies show that many patients want full disclosure. There has been a steady increase in desire for honest information. From Oken's study in 1961, when 95% of surgeons did not disclose to their patients a cancer diagnosis. Jhones's study in 1981 showed that 50% wanted to know, which increased to >90% in many recent studies.

With emergence of human right act and evolution of information technology- withholding information is not only a crime but a difficult task also.

GOALS FOR BREAKING BAD NEWS :

- Needs to be specifically tailored to the needs of the individual concerned.
- Breaking bad news is to do so in a way that facilitates acceptance and understanding and reduces the risk of destructive responses.
- It must be as much objective determination as that shown by a surgeon in acquiring surgical skills.
- Breaking bad news must never be mechanical that patient or their families detect lack of individual caring and compassion.

DOES IT NEED SKILL ? CAN IT BE LEARNED ?

In the late 1970s and early 1980s , it was widely believed that communication skill were intuitive- almost inherited talents. Since mid 1980s, researchers and educators have shown that communication skill can be taught and learned like any clinical technique and are acquired skills.

There are two practical protocols for communication for healthcare professionals.

1. A basic protocol - the CLASS protocol that underlies all medical interviews.

2. The SPIKES protocol- a variant of that for breaking bad news.

Communicating bad news to patient is not an optional skill , it's an essential part of professional practice. The way a doctor or healthcare professional delivers the bad news places an indelible mark on the doctor- patient relationship. It has been said, "Do this part of your job badly and they never forgive you, do it well and they will not forget you."

IMPORTANCE OF COMMUNICATION SKILL :

They are not complex but they can make a significant difference to quality of life of both patients and professionals. Poor communication can lead to stress & distress. Some of the busiest professional are the best communicators. It's not the quantity of time involved but the quality of communication that makes the difference. Approximately three-fourth of medico legal complaints against medical

practitioners is not due to medical mismanagement but due to failure or obstacles in communication.

GOOD COMMUNICATION :

It has been said, words if properly chosen can be mightier than sword. For example;

- Plucking flowers is forbidden
- please don't pluck flowers
- It's your garden, make it beautiful

Though have same meaning, these three lines above have tremendous difference in implications. So choose your words properly for good communication. Good communication also involves sensitive truth telling, balancing hope & truth, respecting confidentiality.

SPIKES PROTOCOL FOR BREAKING BAD NEWS :

S - Setting = Context, connection and listening skill

P - Patients perception of condition and seriousness

I - Invitation from patient to give information

K - Knowledge giving medical facts

E - Explore emotions and Empathise

S - Strategy and summery

CONTEXT AND CONNECTION :

Prepare yourself with all the details about patient background, history, test results and future management strategy/treatment choices. Ensure privacy, Allow if patient want anybody else to be present. Introduce yourself and your staff present there. Sit down comfortably and attentively, drop your shoulders. Maintain eye contact throughout except during anger and crying. Touch is optional, varies with cultural norms, when applicable it acts like a golden bond.

LISTENING SKILL :

Maintain silence. Always use open ended question. Don't override or interrupt the patient. Always respond with mm… or hmm… repeat any keyword from patient's last sentence in your first sentence, it certifies that you are good listener and really caring to his/ her problem. Honestly admit when you don't understand what the patient means, it's an opportunity to show that you are concerned and patient may expand or amplify the feelings for your understanding. Switch off all electronic devices like pagers, mobile, if there is urgency then politely acknowledge the patient and tell in details when to resume interaction.

PERCEPTION :

The cardinal rule of breaking bad news is to find out what the patient already knows or suspects before going to share information. So before you tell ask what he/ she knows.

INVITATION TO SHARE NEWS :

Try to get a clear invitation to share information. Respect cultural norms i.e. in some culture dying words are not used.

KNOWLEDGE :

Begin at the level of comprehension and use the vocabulary that the patient indicated. Use plain intelligible English or any language understood by the patient. Avoid technical jargon, give information in small pieces. Check that the patient understands the information before going further. Explain the sequence of events and how the situation seemed as events unfolded.

EMOTION :

Acknowledge emotion, identify its origin and root causes, show empathy but do not get carried away with emotion of patient and cry along him/her.

STRATEGY :

A reasonable management plan that the patient understands will follow is better than an ideal plan. Think what is best medically; assess his/ her expectations of the condition, treatment and outcome. Then propose a strategy. Assess the response and agree on a plan as far as feasible. Don't give false hope, setting realistic goals help the patient to hope for the best.

SUMMARY :

Summarise to ensure that they understand what was told. Identify important issues that need further discussion. Deal with question from patient. Be clear about next meeting and allow the patient the option to postpone if they don't feel able to attend.

ETHICAL ISSUES IN BREAKING BAD NEWS :

Very often family members say " We don't want our mother to know the diagnosis ". So the clinician lands in dilemma. To deal with such scenario we need an ethical framework which comprises

- Autonomy - patient should be informed and involved in decision making
- Beneficence - do good
- Non maleficence - do no harm
- Justice - balance the need of individual with those of society

Family must be counselled that patient may find it easier once they understand why they are not getting better ? It is difficult to conceal the truth as time goes on and as more professional, family members and friends share the secret and discuss about it, finally truth may slip out and patient may lose trust on family members, friends as well on clinicians. It is very important not to lie, since this can break all communication and confidence.

SPIRITUAL ISSUES IN BREAKING BAD NEWS :

" At the heart of all religions is the certainty that there is a fundamental truth and this life is a sacred opportunity to evolve and realise it " - The Tibetan book of living and dying. Suffering of this life may be the experience of this fundamental truth for greater realisation. We must be aware of these themes of spirituality; ultimate meaning and purpose of life, awareness of oneself as part of the whole, a sense of connectedness to fellow beings and universe, a sense of mystery and awe.

DOCUMENTATION :

Documentation is very essential in breaking bad news—the detailed conversation, what was the information that was exchanged between the two parties, all these may be noted down properly.

Detailed notes may be maintained in the patient's files. The most important points to be kept in mind during documentation include the diagnosis, various options that were discussed regarding future management, and the exact words and expressions that were used while breaking the bad news. Maintaining accurate records will help in communicating with the treating team and facilitate proper follow-up care of the patient.

CONCLUSION :

Bad news is an integral part of life. It can never be concealed. The best way to conveying it to the recipient is not only to follow the guidelines but to touch the emotional aspects. The objective of breaking bad news is to convey the correct message, at the same time create a positive attitude towards life after this news.

" The last part of life has an importance out of all proportion to its length "

- Dame Cicely Saunders

In the ultimate analysis it's the joy and happiness that is being prescribed by every physician. The medicine and the skills are the tools at his disposal to transform this dream into realities.

REFERENCES:

1. The journal of VSS Medical College, Burla (vol : 46)

2. Hand book for certificate courses in essentials of palliative care

3. Indian journal of psychiatry; jan-feb 2022 (Art of breaking bad news : a qualitative study)

4. Indian journal of psychiatry ; feb 2023 (clinical practice guidelines on breaking bad news)

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STRATEGY FOR EFFECTIVE PERIPHERAL HEALTH CARE SERVICES IN ODISHA

Dr Sanjay Swain
MD, FHM, PGDHHM,
OBGY Consultant, Cuttack

Odisha is a State with around 4.5 Crore population at present with a robust healthcare infrastructure, but with very poor management of the Human Resources engaged to cater healthcare services, resulting in very low-quality healthcare service from sub centre to tertiary level at District Headquarter Hospitals and Medical College Hospitals. If we discuss from the very grassroot level healthcare providers (HCP) i.e. ASHA, HW(M&F), CHO, various level NHM Staffs and Nursing Officers to the top-level HCP, i.e. Medical Officers, Specialists, Super Specialists, it will dilute the essence of our discussion in context of OMSA Forum. So, let's confined our discussion to the topic specific issue of how best we can manage the peripheral health care facilities with the available human resources, especially with limited number of doctors, who play the most crucial role in public health care system.

Taking in account of the 15774 sanctioned posts for OMHS cadres to provide healthcare services in peripheral healthcare facilities i.e. in 1287 PHC's 389 CHC's and 20 Urban CHC's, 27 SDH's, 32 DHH level hospitals and some 20 odd other hospitals like Leprosy Home and Hospitals (LHH), LCU/MLCU, MFH units, secretariate dispensary, Assembly Dispensary, Infectious Disease Hospitals (IDH), TB sanatorium & demonstration centers, State Pathology & Bacteriology Laboratory, various level Blood Banks, eye hospitals, and few family welfare training centers. But a sizable number of OMHS cadres are engaged in administration from CHC level to secretariate level through SDH, other hospitals & training centers, DHH & office of CDMPHO, Capital Hospital, RGH, DHS, SIHFW, OSACS, OCMR, State medicine Nigam and other few State level healthcare related institutions as well as deputation of OMHS cadres to other Departments, Corporations and to different medical colleges as Ad hoc AP/Associate Professor (But they are counted in OMHS Cadre Strength). Similarly, a sizable number of OMHS cadres are being shifted to medical colleges for higher studies (PG/Super Specialization) or engaged as SR's in MCH, but still counted as workforce of OMHS cadres. So, if we exclude these migrated OMHS cadres either engaged in different MCH or deputed to other departments as well as in service PG students and trainees (PHA & Other day to day trainings or workshops) and the chunk OMHS engaged in full time healthcare administration; there is only a minor percentage of OMHS cadres left for management of real clinical works at healthcare facilities, which is the primary purpose of public healthcare system of the State.

This results in deficit of doctors to cater clinical services to general public, resulting in over burden of patient care on few doctors available for the purpose. In most of the cases of public agitation and resentment towards healthcare facilities are due to either total absent or inadequate number of doctors on duty at clinical services facilities.

The Odisha Govt. introduce modified DACP for the OMHS cadre since 2017, it’s not at par with CGHS patern of DACP. So young Doctors always have an option for a second thought to join the OMHS cadre because the Odisha Govt. is not having an attractive initial pay package for Medical Officers especially for specialist, no adequate work place security, no adequate basic amenities for

staying of a Doctor's family at workstations for 24x7hours of duty and no adequate number of Paramedics helping hands as well as appropriate supply of Medicines and Investigation facilities, so the Doctor posts are continuing to remain vacant for years together taking the Public Health Service to downstream day by day. Following table is clearly depicting the present status of vacancy position in our state as on 30th June 2024 which is a clear mirror reflection of the quality of health services available to the general population of Odisha :

District-wise status of doctors in the State

Sl. No.	Districts	Sanctioned Strength	Total MIP	Vacancy
1	Angul	487	145	342
2	Balasore	643	223	420
3	Balangir	613	166	447
4	Bargarh	561	180	381
5	Bhadrak	350	141	209
6	Boudh	235	83	152
7	Cuttack	731	348	383
8	Deogarh	211	59	152
9	Dhenkanal	469	143	326
10	Gajapati	322	139	183
11	Ganjam	1082	248	834
12	Jagatsinghpur	395	134	261
13	Jajpur	449	187	262
14	Jharsuguda	268	95	173
15	Kalahandi	609	216	393
16	Kandhamal	520	231	289
17	Kendrapara	399	124	275
18	Keonjhar	654	217	437
19	Khordha	468	213	255
20	Koraput	568	203	365
21	Malkangiri	382	137	245
22	Mayurbhanj	1033	293	740
23	Nabrangpur	448	137	311
24	Nayagarh	433	145	288
25	Nuapada	299	95	204
26	Puri	550	206	344
27	Rayagada	454	157	297
28	Sambalpur	492	161	331
29	Subarnapur	297	93	204
30	Sundargarh	723	206	517
	Sub-Total	**15145**	**5125**	**10020**
31	Capital Hosp., Bhubaneswar	174	136	38
32	RGH, Rourkela	138	71	67
33	State HQ	191	62	129
	Sub-Total	**15648**	**5394**	**10254**
34	Other Sectors (including Jail Hospital/ UCHCs)	**126**	17	109
	Grand Total	**15774**	**5411 + 2354 = 7765**	**10363 -2354 = 8009**

Solutions:

As an active member of OMSA when in service (Before retirement on 30th April 2024) I had accompanied many delegates of OMSA to various higher authorities of State health Administration i.e. Health Secretary, Health Minister, CM Office officers to solve/alleviate (to demonstrable level) this problem with complete constructive suggestions including cadre restructuring, DACP and providing proper accommodation, security and basic amenities to doctor at their clinical work place - but nothing is being heard or executed except the last words of the authorities - "What OMSA will do for us / Govt.?"

In this context OMSA can assured all quarters of Govt that "you please first take OMSA into confidence and try to execute its proposal which are based on ground reality after a thorough field study and analysis as well as taking into consideration of opinions of our cadres working at grassroot level".

The suggestions are: -

1. As Govt have been extended 4 DACP's at the interval of 6 years (not complying with original demand of OMSA for DACP at par with CGHS pattern), we are obliged to extend clinical services for initial 30 years of our services ((6 years from entry level + (6yr x 4 DACP) = 30 years)).

So, no cadre should be posted in any administrative or non-clinical posts during his / her initial 30 years of service. This will provide adequate number of doctors for delivering quality clinical services to the public at all level of Govt. Healthcare facilities.

This will also justify the real essence of DACP which is originally extended only to doctors (in clinical services) & scientists for their unique nature of duties.

2. No doctor after 30 years of service should be engaged in clinical services. This is because doctors are also human beings and most of them enter the service after the age of 25 years or beyond due to prolonged period study for completing MBBS/MD/DM/MCH.

So, after 30 years of clinical services, all doctors are aged beyond 50 years with some or other geriatric problems like hypertension, diabetics, obesity, arthritis and different grades psychosocial problems due to the advance age, which are being aggravated by the long 30 years of stressful clinical services in a pan Odisha transferable job with an almost 24 hours alert profession.

3. After 30 years of clinical services all doctors are to attend a yearlong administrative training with a structured residential course covering every aspect of hospital administration and all healthcare programme management skills, including finance management and audit.

This is because in the current medical curriculum there is no scope to learn about administration and various financial management involved in healthcare facilities and field management of various National & State-run healthcare programme for public.

4. All the healthcare administrative posts (from MO I/C, CHC to Special Secretary Health) must be filled up by only those doctors who have completed 30 years of clinical services and 1 years of mandatory administrative training according to their seniority in the gradation list, with strict

maintenance of hierarchy pyramid. Accordingly, a trained administrative doctor's gradation list will be prepared annually with all doctors having 31 years of completed service and are being appropriately engaged for non-clinical health services like administration (Block, subdivision, District, State level), resource persons for training, NHM programme MO's, tele medicine consultants and other similar engagement.

5. There should be no non-clinical posts in State level health institutions for those having less than 30 years of clinical services.

6. Transparent transfer policy in every 6 years (with each DACP upgradation of pay) should be strictly followed and the financial benefit of the sanctioned DACP is to be implemented only from the date of joining in new place of posting. In this context OMSA should be given the responsibilities of proposing such transfers and postings of its cadres (as done by Nationalized Bank Associations), which will only be notified by the Govt for execution.

For solving the problem of disparity of filling up vacant medical officers posts in KBK, KBK+ & STP districts, OMSA proposed to divide all 30 districts of Odisha into 3 zones (each having 10 districts - creamy, mediocre & backward) and each cadre have to serve a minimum terms of 6 years in each zone in his initial 30 years of clinical service.

There should not be any discrimination between doctors of KBK, KBK+, STP and non-KBK postings with regard to financial incentives, rather the extra financial initiatives extended for those under privileged postings should be equally distributed to all doctors (as 4 instalments of transfer incentives) who obey the mandatory zonal transfers within the transit period at the completion of 6 years stay at the transferred zone.

7. Creation of a TOT (Skill development) Director with all level (Block, Subdivision, District & State) TOT's. OMSA observes that the ongoing training programs and workshops being conducted at State, District, Subdivision and block levels very often needs relief of the trainees (MO, NO, Pharmacists, LT, CHO, HW and other paramedics) from their workplaces at the cost of either completely or partially paralyzing the function those healthcare facilities. Often those trainings are useless for the trainees, because of lack of infrastructure for implementing the learned or acquired skill. Therefore, a hands-on training at the very workplace of the trainees will be imparted by the TOT directorate with the available infrastructure by the visiting TOT. This directorate will run by experienced doctors with more than 31 years of service and are being interested for imparting teaching & training at all levels of healthcare facilities.

8. Posting of medical officers in district NHM units: - OMSA observes that the various NHM managers and deputy managers are maintaining parallel office with district administrations and giving importance only to data generation and upward propagation without giving much importance to field supervisions which detorioted the quality of health services at grassroot.

So, these staffs should work in field, 5 days in a week and submit their report return on 6th working day of the week to the concern medical officer in charge, who in turn verify the data and submit it to the Mission Director cum CDMPHO for needful. No NHM staff should have direct access to CDMPHO

in official matter. These medical officer posts are also created for doctors having more than 31 years of services.

9. Provision of furnished residential accommodation with permanent cook and attendant must be established in each CHC complex for newly posted / bachelor medical officers working as sector medical officers in PHC or as LTRMO's in CHC's.

10. No newly posted medical officer should be directly posted at a single doctor hospital (PHC) before completing one year service under the supervision of senior doctors at CHC, SDH and DHH's

11. Creation of specialist cadre with an upgraded scale of initial pay (DACP-1) with abolition of specialist allowance should be there to encourage direct recruitment of specialists and indirect discouragement for in service PG study which is a major cause of deprivation of clinical service at various peripheral healthcare facilities due to the relieve of a doctor for in service PG study every year.

12. Annual OPSC recruitments should be done regularly for filling up the annual vacancies due to retirement, demise, migration from OMHS cadre or resignation from services.

13. Regular circulation of standard treatment protocols for all prevalent diseases and health conditions should be issued from time to time for quality management of beneficiaries attending the health facilities.

14. A robust referral system must be developed from village ASHA level, routed through subcenter, PHC, CHC, SDH, DHH & Medical Colleges as per a well-planned universal referral protocol. This will screen the patients according to their seriousness and referral will be to proper healthcare facilities. Unnecessary rush of undesired patients will not be at referral centers so that actual needy patients will get proper quality healthcare.

15. Govt should fixed the rates for different diagnostic tests done by the private diagnostic centers for patients being referred from Govt hospitals which will be the actual cost of the tests only. This will discourage referral for diagnostic tests outside the hospital. Also, in the other way it will encourage the clients who can afford the subsidized price on production of hospital prescriptions to do the test outside, thereby decreasing the work load on Govt laboratories.

Conclusions:

There is n - number of suggestions for the improvement of the quality of existing healthcare system of Govt. Just a few are being discussed here. I hope if the Govt. will render attention to these 15 points only, definitely the quality of health services and the attendance of health care providers will improve to a standard level and in future all other States having derailed healthcare services will follow this "Odisha model of medical and health management".

Jay Hind !! Long Live OMSA!!!

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ଆଗାମୀ ପିଢ଼ି ପାଇଁ ଆହ୍ୱାନ

ଡା. ରାମଚନ୍ଦ୍ର ରାଉତ
ଅବସରପ୍ରାପ୍ତ ବରିଷ୍ଠ ଚିକିତ୍ସକ

ଓଡ଼ିଶା ମେଡ଼ିକାଲ ହେଲ୍‌ଥ ସର୍ଭିସ୍ କ୍ୟାଡ଼ରରେ ବର୍ତ୍ତମାନ ୧୫୭୫୦ ପଦବୀ ବିଭିନ୍ନ ସ୍ତରରେ ରହିଛି। ଏବେ ସରକାର ଘୋଷଣା କରିଛନ୍ତି ଯେ ଆଉ ୩୦୦୦ ଡାକ୍ତର ପଦବୀ ସୃଷ୍ଟି କରିବେ ଯାହାଦ୍ୱାରା ସମୁଦାୟ ୧୮୭୫୦ ପଦବୀ ହେବ। ମାତ୍ର ଅତ୍ୟନ୍ତ ବିଡ଼ମ୍ବନାର କଥା, ଏତିକି ପଦବୀ ପାଇଁ ୩୧.୧.୨୦୨୪ ପର୍ଯ୍ୟନ୍ତ ମାତ୍ର ଦୁଇଗୋଟି ସର୍ବୋଚ୍ଚ ପଦବୀ SS ଥିଲା, ଅନ୍ୟ କ୍ୟାଡ଼ରମାନଙ୍କରେ ମାତ୍ର ୧୮୦୦ରୁ ୨୦୦୦ ସମୁଦାୟ ପଦବୀରେ ଶତାଧିକ SS ପଦବୀ ଥିବାବେଳେ ଡାକ୍ତରଙ୍କ ବେଳକୁ ଏହା ମାତ୍ର ୦.୦୧% ହୋଇଛି। ଅର୍ଥାତ୍ ପ୍ରତି ୧୦,୦୦୦ ପଦବୀ ପାଇଁ ମାତ୍ର ଗୋଟିଏ ପଦବୀ ରହିଛି ଓ ଅନ୍ୟ କ୍ୟାଡ଼ରମାନଙ୍କରେ ଏହାର ୧୦୦ଗୁଣରୁ ଅଧିକ ପଦବୀ ରହିଛି। ଏହା ସରକାରଙ୍କର ଡାକ୍ତରମାନଙ୍କ ପ୍ରତି ଥିବା ମନୋଭାବ, ଆନ୍ତରିକତା ଓ ସହୃଦୟତାର ପ୍ରମାଣ ପ୍ରଦାନ କରୁଛି।

ବହୁ ବିଳମ୍ବରେ ହେଲେ ମଧ୍ୟ AD-II ଓ AD-I କୁ ମିଶାଇ AD କରାଯାଇଛି ଓ ସମସ୍ତ .୪୫ AD-I ଓ ପଦବୀକୁ Director ନିର୍ଦ୍ଦେଶକ (L-୧୬) କରାଯାଇଛି। ଯେହେତୁ ବର୍ତ୍ତମାନ CDMO ମାନେ ଜିଲ୍ଲାର ସବୁଠାରୁ ବରିଷ୍ଠ ଅଫିସର୍ ତେଣୁ ତାଙ୍କ ଠାରୁ ଯଥେଷ୍ଟ କନିଷ୍ଠ ଜିଲ୍ଲାପାଳମାନେ ସେମାନଙ୍କର PAR ରିପୋର୍ଟ କରିବା ନିୟମ ବହିର୍ଭୂତ ଅଟେ। ଏବେ CDMO ଙ୍କର PAR ରିପୋର୍ଟିଙ୍ଗ୍ ନିର୍ଦ୍ଦେଶକ ମାନେ ହିଁ କରିବା ଉଚିତ୍ ଓ ଏହା ତୁରନ୍ତ ଲାଗୁହେବା ଦରକାର।

ସମସ୍ତ ପଦବୀର (ପଦବୀଗୁଡ଼ିକ ହେଲା– କନିଷ୍ଠ-୧, ବରିଷ୍ଠ-୧, ଯୁଗ୍ମ ନିର୍ଦ୍ଦେଶକ, ଅତିରିକ୍ତ ନିର୍ଦ୍ଦେଶକ, ନିର୍ଦ୍ଦେଶକ ଓ ସ୍ୱତନ୍ତ୍ର ସଚିବ) ପଦଗୁଡ଼ିକ ୬୦%, ୨୦%, ୧୦%, ୫% ଓ ୫% ହେବା ଉଚିତ। ଏଥିରୁ ଦୁଇଟି ପଦବୀ Ex-Officio ସଚିବ ପଦ ହେବା ନିମନ୍ତେ ଜରୁରୀ।

ବର୍ତ୍ତମାନ ୧୨ଗୋଟି ସରକାରୀ ମେଡ଼ିକାଲ କଲେଜ ଓ ତିନିଗୋଟି ଘରୋଇ ମେଡ଼ିକାଲ କଲେଜରେ ଯଥାକ୍ରମେ ୧୬୦୦ ଓ ୩୫୦ ଜଣ ଡାକ୍ତରୀ ଛାତ୍ର ନାମ ଲେଖାଉଛନ୍ତି। ସେହିଭଳି ବାର୍ଷିକ ଗୋଟିଏ ଘରୋଇ ଡେଣ୍ଟାଲ କଲେଜରେ ୧୦୦ ଓ ଏ.ସି.ବି. ଡେଣ୍ଟାଲ କଲେଜରେ ୬୩ ଜଣ ନାମ ଲେଖାଉଛନ୍ତି। ଅର୍ଥାତ୍ ବର୍ଷକୁ ୨୧୦୦ ଜଣ। ଆଗକୁ ରାଜ୍ୟରେ ଏତେ ସଂଖ୍ୟକ ଡାକ୍ତର ଆବଶ୍ୟକ ହେବେ ନାହିଁ ଓ ସେମାନଙ୍କର ଥଇଥାନ ଏକ ପ୍ରମୁଖ ସମସ୍ୟା ରୂପେ ଉଭା ହେବ। ବର୍ତ୍ତମାନ ଠାରୁ ସେଥିପାଇଁ ସର୍ଭେ ନହେଲେ ବେକାରୀ ଏକ ପ୍ରକାର ହେବା ସ୍ୱାଭାବିକ।

ବର୍ତ୍ତମାନ ଗ୍ରାମାଞ୍ଚଳ ଓ ଅଧିକାଶଂ ଦୂର ଦୂରାନ୍ତରେ ଥିବା ଡାକ୍ତରଖାନା ଓ ସ୍ୱାସ୍ଥ୍ୟକେନ୍ଦ୍ରରେ ଡାକ୍ତରମାନେ ଅନେକ ସମସ୍ୟାର ସମ୍ମୁଖୀନ ହେଉଛନ୍ତି। ନିରାପତ୍ତା ଓ ରହିବା ପାଇଁ ସର୍ବନିମ୍ନ ସୁବିଧା ଥାଇ ବାସାନୁଗୃହର ଅଭାବ ଯୋଗୁଁ ଅନେକ ଡାକ୍ତର ଯିବା ଆସିବା କରୁଛନ୍ତି ଓ ଅନେକ ସମୟରେ ସେଠାରେ ରହୁ ନାହାନ୍ତି। ସରକାରୀ ବାସଗୃହ ଥାଇ ସେଠାରେ ରହୁ ନଥିବା ଡାକ୍ତରମାନେ ସେପରି କରିବା ଉଚିତ ନୁହେଁ। ଚିକିତ୍ସା କାର୍ଡ଼ର ପ୍ରବର୍ତ୍ତନକୁ ରାଜ୍ୟର ସ୍ୱାସ୍ଥ୍ୟସେବା କ୍ଷେତ୍ରରେ ଏକ ଯୁଗାନ୍ତକାରୀ ପଦକ୍ଷେପ ବୋଲି କୁହାଯାଉଛି। ମାତ୍ର ସରକାରୀ ଡାକ୍ତରଖାନା ଓ ସ୍ୱାସ୍ଥ୍ୟକେନ୍ଦ୍ରମାନଙ୍କରେ ଡାକ୍ତରୀ ପରାମର୍ଶ,

ନିଦନ ବ୍ୟବସ୍ଥା ଓ ଶଲ୍ୟ ଚିକିତ୍ସା ସହିତ ସମସ୍ତ ପ୍ରକାର ସ୍ୱାସ୍ଥ୍ୟସେବା ସମ୍ପୂର୍ଣ୍ଣ ମାଗଣାରେ ଉପଲବ୍ଧ। ଲୋକମାନେ ସେଠାରେ ଚିକିତ୍ସିତ ନହୋଇ ଘରୋଇ ଚିକିତ୍ସାଳୟ ମାନଙ୍କୁ ଯିବାର ଆଭିମୁଖ୍ୟ କ'ଣ ହୋଇପାରେ ? ସେଠାରେ ଚିକିତ୍ସା ପ୍ରଦାନ କରୁଥିବା ଡାକ୍ତର ଓ ଅନ୍ୟାନ୍ୟ କର୍ମଚାରୀମାନଙ୍କର ଯୋଗ୍ୟତା ଓ ନିପୁଣତାର ମାନ କିଏ ନିର୍ଦ୍ଧାରଣ ଓ ଯାଞ୍ଚ୍ କରୁଛି ? ଅନେକ ସମୟରେ ବିଜ୍ଞାପନ ମାଧ୍ୟମରେ ରୋଗୀମାନଙ୍କୁ ବିଭ୍ରାନ୍ତ କରାଯାଉଛି ଯାହାକି ଡାକ୍ତରୀ ଆଚରଣ ଅନୁଯାୟୀ ଠିକ୍ ନୁହେଁ। ଏପରିକି ପେଡ଼ନିଉଜ ଜରିଆରେ ମଧ୍ୟ ବିଭ୍ରାନ୍ତିକର ପ୍ରଚାର କରାଯାଉଛି। ଏହାଦ୍ୱାରା ସରକାରୀ ଡାକ୍ତରଖାନାଗୁଡ଼ିକ ପ୍ରଭାବିତ ହେଉଛନ୍ତି। ଘରେ ଭଲ ରୋଷେଇ ହେଉ ଥିବାବେଳେ ପିଲାମାନଙ୍କୁ ବାହାର ହୋଟେଲ୍‌ରେ ଖାଇବା ପାଇଁ ଡେବିଟ୍ କାର୍ଡ଼ ଦେବା ଭଳି ହେଉଛି। ଅନେକ ସମୟରେ ସ୍ୱାସ୍ଥ୍ୟ କାର୍ଡ଼ର ଦୁରୁପଯୋଗ ହେଉଥିବାର ଶୁଣିବାକୁ ମିଳୁଛି।

ଏବେ ଅନେକ ନୂଆ ନୂଆ ରୋଗ ଚିକିତ୍ସା ଓ ପ୍ରତିକାରର ଆହ୍ୱାନ ନେଇ ଆସୁଛି। ଭୂତାଣୁ ଜନିତ ରୋଗମାନେ ଏଥବରେ ଆଗରେ, କରୋନାର କରୁଣତା ମନରୁ ଲିଭି ନଥିବା ବେଳେ ବାଡ଼ ଫ୍ଲୁ, ଟ୍ରିପଲ୍‌ର ଓ ଅନ୍ୟାନ୍ୟ ସଂକ୍ରାମକ ରୋଗ ଆସି ଦ୍ୱାର ଦେଶରେ। ରୋଗର ପ୍ରତିଷେଧକ ପାଇଁ ଜନସାଧାରଣଙ୍କର ଭାଗୀଦାରୀ ଓ ସଚେତନତା ହେଉଛି ପ୍ରଥମ ଆବଶ୍ୟକତା। ଲୋକମାନେ ରୋଗରେ ପଡ଼ିଲେ ସଚେତନ ହେଉଛନ୍ତି, ଭଲ ସମୟରେ ନୁହେଁ। ଅଧିକାଂଶ ଘରୋଇ ଡାକ୍ତରଖାନାରେ ରୋଗୀମାନଙ୍କୁ ଦେୟମୁକ୍ତ ଭବେ ଚିକିତ୍ସା ପାଇଁ ଚୁକ୍ତିଥିଲେ ମଧ୍ୟ ସେପରି ହେବା ଜଣା ପଡ଼େନାହିଁ। ଘରୋଇ ଡାକ୍ତରଖାନା ଓ କ୍ୟାନସର୍ ହସ୍ପିଟାଲମାନଙ୍କୁ ସରକାରୀ ଜମି ସବୁ ବିନା କିମ୍ବା ନଗଣ୍ୟ ମୂଲ୍ୟରେ ଦିଆଯାଉଛି ମାତ୍ର ଲୋକମାନେ କ'ଣ ସୁଫଳ ପାଉଛନ୍ତି ? ବର୍ତ୍ତମାନ ବିସ୍ତୃତ ପରିମାଣରେ ଅତି ମୂଲ୍ୟବାନ ଜମି ଆୟତ କରିବାର ଏହା ଏକ ମାଧ୍ୟମ ହୋଇଛି। ଯେଉଁ ଡାକ୍ତରଖାନାମାନେ ଏହାର ଉଲ୍ଲଙ୍ଘନ କରୁଛନ୍ତି ସେ ହସ୍ପିଟାଲ ସରକାର ନିଜ ହାତକୁ ନେବା ଉଚିତ।

ରାଜଧାନୀର କେନ୍ଦ୍ରରେ ଅବସ୍ଥିତ ରାଜଧାନୀ ଚିକିତ୍ସାଳୟ ରାଜ୍ୟର ଏକ ବୃହତ୍ ଅଣମେଡ଼ିକାଲ କଲେଜ ଚିକିତ୍ସାଳୟ ଥିଲା, ଏବେ ତାହା ପିଜିଆଇ ହୋଇଛି– ଏହା ଆନନ୍ଦର କଥା। ମାତ୍ର ଏ ଦୁଇଟିକୁ ଏକାଠି ନରଖି କ୍ୟାପିଟାଲ୍ ହସ୍ପିଟାଲ୍‌କୁ ଏକ ବଡ଼ ସ୍ଥାନକୁ ସ୍ଥାନାନ୍ତର କରାଯିବା ଉଚିତ। ନଚେତ୍ ଆଗକୁ ଏଇ ଦୁଇ ଅନୁଷ୍ଠାନରେ ସମନ୍ୱୟ ଆଣିହେବ ନାହିଁ। ଭୁବନେଶ୍ୱର ନିକଟରେ ଥିବା ଇନ୍‌ଫୋ ଭ୍ୟାଲି-୨ ରେ ୨୨ଏକର ପରିମିତ ସ୍ଥାନରେ ଥିବା ଏକ ଘରୋଇ କ୍ୟାନସର୍ ହସ୍ପିଟାଲ ଏତେ ପରିମାଣର ଜମି ପାଇଲେ, ମାତ୍ର କ୍ୟାପିଟାଲ୍ ପରି ପ୍ରତିଷ୍ଠିତ ଡାକ୍ତରଖାନାକୁ ତାହା ନଦେବା ମଧ୍ୟ ଏକ ବିଡ଼ମ୍ବନା।

ଆଗାମୀ ଦିନରେ ଘରୋଇ ଓ ସରକାରୀ ସ୍ୱାସ୍ଥ୍ୟ ଅନୁଷ୍ଠାନମାନଙ୍କର ପରସ୍ପର ସହିତ ଚିକିତ୍ସା, ରୋଗୀସେବା ଓ ଅନ୍ୟାନ୍ୟ ବିଷୟରେ ବିଭିନ୍ନ ପ୍ରକାର ମତଭେଦ ସୃଷ୍ଟି ହୋଇପାରେ। ବର୍ତ୍ତମାନ ସବୁଠାରୁ ଭଲ ଡାକ୍ତରମାନେ ସରକାରୀ ଡାକ୍ତରଖାନା ଓ ମେଡ଼ିକାଲରେ ଥିଲେ ମଧ୍ୟ ସେମାନେ ଉତ୍ସାହିତ ହେବା ପାଇଁ କ୍ୱଚିତ୍ ପ୍ରୟାସ ହେଉଛି। ଭଲ ମେଧାବୀ ପିଲାମାନେ ସରକାରୀ ମେଡ଼ିକାଲ କଲେଜରେ ପଢୁଥିବା ବେଳେ ଦେୟମୁକ୍ତ ଘରୋଇ ମେଡ଼ିକାଲ କଲେଜର ପିଲାମାନେ ମାର୍କ ରଖିବାରେ ଉପରେ ରହୁଛନ୍ତି। କେତେକ କ୍ଷେତ୍ରରେ ଓ ଅନେକ ସ୍ଥାନରେ ବିଚିତ୍ର ପରିସ୍ଥିତି ସୃଷ୍ଟି ହେଉଛି।

ଆଗାମୀ ଦିନରେ ରୋଗୀ ଓ ଚିକିତ୍ସା ପ୍ରଦାନକାରୀ ଡାକ୍ତର ଓ ସେବିକାମାନେ ନୂଆ ନୂଆ ଅବ୍ୟବସ୍ଥାର ସମ୍ମୁଖୀନ ହେବେ। ରୋଗୀ ଓ ପରିବାରବର୍ଗ ସବୁ କ୍ଷେତ୍ରରେ ବିନା ମୃତ୍ୟୁରେ ଆରୋଗ୍ୟ ପାଇଁ ବାଧ୍ୟ ବାଧ୍ୟକତା କରିବେ ଓ ସବୁରୋଗ ଓ ଶଲ୍ୟଚିକିତ୍ସା ଶତ ପ୍ରତିଶତ ସଫଳ ହେବା ପାଇଁ ଆଶା କରିବେ ଯାହା କି କେବେ ହେଲେ ହାସଲ କରାଯାଇ ପାରିବ ନାହିଁ।

ନିରାପତ୍ତା ପାଇଁ ଆଇନ ଥାଇ ମଧ୍ୟ ଗଣ୍ଡଗୋଳର ମାତ୍ରା କମୁନାହିଁ, ଯେପରି ଯାନବାହନ ଦୁର୍ଘଟଣା ପାଇଁ ଖରାପ ରାସ୍ତାର ଭୂମିକା ଅଧିକ। ସେହିପରି ଗଣ୍ଡଗୋଳ ପାଇଁ ମଣିଷମାନଙ୍କ ମଧ୍ୟରେ ବିଶୃଙ୍ଖଳା, ଅନୈତିକତା, ମଦର ବହୁଳ ପ୍ରସାର, ରାଜନୀତିର ଦୁରୁପଯୋଗ ଓ ସର୍ବୋପରି ସହଜରେ ଜାମିନ୍ ଓ ଦଣ୍ଡମୁକ୍ତ କରିପାରୁଥିବା ଆଇନ ବ୍ୟବସ୍ଥା ହିଁ ଦାୟୀ। ବର୍ତ୍ତମାନ ଅନେକ ରାଜ୍ୟରେ ପଶ୍ଚିମବଙ୍ଗକୁ ମିଶାଇ ଏସବୁ ତ୍ରୀବ ଭାବରେ ଘଟୁଅଛି। ଯଦି ଡାକ୍ତରମାନେ ଆଗରୁ ସତର୍କ ନହେବେ ତାହାଲେ ଏହିପରି ଘଟଣାର ପୁନରାବୃତ୍ତି ହିଁ ହେଉଥିବ।

ଡାକ୍ତରମାାନେ କେବେ ହେଲେ ପ୍ରଥମ ବା ଦ୍ୱିତୀୟ ଭଗବାନ ନୁହଁନ୍ତି। ସେମାନେ ରକ୍ତ ମାଂସଧାରୀ ମଣିଷ। କେବଳ ମଣିଷର ମାନ୍ୟତା ଓ ମାନବିକ ମୂଲ୍ୟବୋଧ ପ୍ରଦାନକଲେ ସେମାନେ କାହିଁ କେତେ ଉତ୍ସାହିତ ହେବେ। କାରଣ ସ୍ୱାସ୍ଥ୍ୟ କେବଳ ସମ୍ପଦ ନୁହେଁ, ସ୍ୱାସ୍ଥ୍ୟ ହିଁ ସବୁକିଛି। ଜୟ ଓମ୍‌ସା।

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ଜହ୍ନରୁ ଜ୍ୟୋସ୍ନା କେତେଦୂର

ଡ. ଜ୍ୟୋସ୍ନା ପ୍ରଧାନ
ସେବାବାହାଲ ଉପାଧ୍ୟୁତର ଛାତ୍ରୀ
ଅଣୁଜୀବତ ୍ୱ ବିଜ୍ଞାନ ବିଭାଗ
ହାଇଟେକ୍ ମେଡ଼ିକାଲ୍ କଲେଜ୍ ଓ ହସ୍‌ପିଟାଲ,
ପାଣ୍ଡରା, ଭୁବନେଶ୍ୱର

ଆକାଶର ଜହ୍ନ
କେତେ ଯେ ସୁନ୍ଦର
କେତେ ମନରୋମ
କେତେ ମନହୋର
ଝରାଇ ଦିଏ ସେ ଶୀତଳ ମଳୟ
ଧରାପୃଷ୍ଠ ହୁଏ ଆଲୋକ ମୟ
ଆଶ୍ୱିନ ଆକାଶ ଜହ୍ନ ପୂର୍ଣ୍ଣ ଚାନ୍ଦପରି
ଜ୍ୟୋସ୍ନାର ଶୀତଳ କାକର ପଡ଼େ ବିଛୁରି
କିଶୋର କିଶୋରୀ କଣ୍ଠେ ଶୁଭଇ
ହୋମ ବଉଳିର ଗୀତ
ଜହ୍ନ ଆକାଶର ତାରାଗୋ ଫୁଲ ବଉଳ ବେଣି
ତାରା ନୁହେଁ କିଏ ଫୁଲ ଆଞ୍ଜୁଳାଏ
ବିଞ୍ଚି ଦେଇ ଗଲା ପରାଗ ଫୁଲ ବଉଳ ବେଣି
ଗଛରେ ଚଢ଼ିଲା କାଇରେ ବଉଳ
ଗଛରେ ଚଢ଼ିଲା କାଇ
କେଉଁଠୁ ଜାତ ହେଲା ବ୍ରାହ୍ମଣୀ ନଈ
କହିଦିଅ ପ୍ରାଣ ସହିରେ ବଉଳ
କହିଦିଅ ପ୍ରାଣ ସହି

ହୁମକି ନୁନିଆ ସାରେ ରେ ବଉଳ
ହୁମକି ନୁନିଆ ସାରେ
ଆସରେ ହୁମିଆଁ ଖେଳିବା ପାରେ ରେ ବଉଳ
ଆସରେ ହୁମିଆ ଖେଳିବା ପାରେ
ହେଲେ ଜହ୍ନ ତୋ ପାଇଁ କେବେ ଶୁକ୍ଲପକ୍ଷ
କେବେ ଯେ ଅମାବାସ୍ୟାର ଘନ ଅନ୍ଧାର
ସମୟ ସୁଅରେ
ଜହ୍ନ ଲୁଚିଜାଏ ଭସା ବାଦଲରେ
ଜହ୍ନରୁ ଜ୍ୟୋସ୍ନା ଆପେ ହୋଇଜାଏ ଦୂର
ଜହ୍ନରୁ ଜ୍ୟୋସ୍ନା ଆପେ ହୋଇଜାଏ ଦୂର।।

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ସରକାରଙ୍କୁ ଓମ୍‌ସା ଡାକ୍ତରଙ୍କ ପଦେ

ଶ୍ରୀମତୀ ସଂଯୁକ୍ତା କାଣ୍ଡ
ଡାଃ କ୍ଷେତ୍ରମୋହନ କାଣ୍ଡ

ସଂଘ ଓମ୍‌ସାର ନୀତି ଅହିଂସା,
ଡାକ୍ତରମାନଙ୍କ ଇଏ ଭରସା ॥
ରୋଗୀସେବା ହେଲା ଆମ ବେଉସା,
ଭଲ ସେବାପାଇଁ ପାଉନୁ ଦିଶା ॥
ସରକାର ଶୁଣ ଦୁଃଖ କାହାଣୀ,
ଗୋଟି ଗୋଟି ସବୁ କହୁଛି ଗଣି ॥
କିଛି ନୁହେଁ ମିଛ, ସବୁଠି ସତ,
କହିବାକୁ କଲୁ ବଜ୍ର ସପଥ ॥
ଚାକିରୀରେ ନାହିଁ ଆମ ସୁରକ୍ଷା,
ରୋଗୀ ଜୀବନକୁ କରୁଛୁ ରକ୍ଷା ॥
ବିନା ସୁରକ୍ଷାରେ କାମ କରୁଛୁ,
ମାଡ଼ ଗାଳି ଖାଇ ସବୁ ସହୁଛୁ ॥
ରହିବା ପାଇଁ ନାହିଁ କ୍ୱାଟର,
ଆମ ପାଇଁ ସ୍ୱପ୍ନ କ୍ଲିନ୍ ୱାଟର୍ ॥
ବିଜୁଳି ଆଲୁଅ ସାତ ସପନ,
ପଙ୍ଖା ଥିଲେ ନାହିଁ ଘୂର୍ଣ୍ଣି ପବନ ॥
କନେକ୍ସନ ନାହିଁ ୱାରିଂ ଅଛି,
ବିଜୁଳି ବିଭାଗ ଆଖି ବୁଜୁଛି ॥
ଡାକ୍ତରଖାନାଟି ଭଙ୍ଗା ଦଦରା,
ବସିବାକୁ ନାହିଁ ଚଉକି ପରା ॥
ରୋଗୀ ଧରି ଆସେ ୱାର୍ଡ ମେମ୍ବର,
ଚଉକି ନପାଇ ରାଗେ ଜର୍ଜ୍ଜର ॥
ରୋଗୀ ଦେଖା ଛଡ଼ା ଅନେକ କାମ,
ପଲସ୍ ପୋଲିଓ ଡ୍ରଗ୍ ବଣ୍ଟନ ॥
କାମ ପରଖିବ ଯାଇ ଡାକ୍ତର,
ଯିବା ପାଇଁ ନାହିଁ ଗାଡ଼ି ମଟର ॥
ପ୍ରୋଗ୍ରାମ କାମଟି କର ପୂରଣ,
ଆଦେଶ ଦିଅନ୍ତି ବଡ଼ ହାକିମ ॥
କିପରି ହୋଇବ ନାହିଁ ଖାତିରି,
ମିଛ ସତ କରି ଦିଅ ଉତାରି ॥
ହେଲେ ହଉ ପଛେ ଅଡିଟ୍ କେବେ,
କଣ କରିବା ଦେଖିବା ସେବେ ॥
ବଦଳି ନିୟମ କେଉଁ ପୋଥିରେ,
ବଦଳି ଚାଲିଛି ସବୁ ତିଥିରେ ॥
ଭଲ ପାଠ ପଢ଼ି ଡାକ୍ତର ହେଲୁ,
ଅନ୍ୟ ଚାକିରୀଠୁ ତଳେ ରହିଲୁ ॥
ଆଇ.ଏ.ଏସ୍. ହାତରେ ଶାସନ ଡୋରି,
ପ୍ରମୋଶନ ପାଇଁ ହେଉଛୁ ଘାରି ॥
କାହାକୁ କହିବୁ ନାହିଁ ସମର୍ଥ,
କହି କହି ଆମେ ହେଉଛୁ ବ୍ୟର୍ଥ ॥
ଧିକ୍ ଧିକ୍ ଆମ ପାଠ ଡାକ୍ତରୀ,
ନବୁଝି ନସୁଝି କଲୁ ଚାକିରୀ ॥
ପାଠ ପଢ଼ା ସ୍ୱପ୍ନ ଗଲା ଚୂଲିକୁ,
ଦୁଃଖ କଷ୍ଟ ଆଉ କେତେ ଦିନକୁ ॥
ଡିପିସି ପ୍ରମୋଶନ ନାହିଁ ଆମର,
କେଡର ରିଷ୍ଟ୍ରକ୍‌ଚରିଂ ହେଲା କଦାକାର ॥
ଡି.ଏ.ସି.ପି. ଲାଗୁ କର ପ୍ରିୟ ସରକାର,
ସମୂହ ଡାକ୍ତର କରୁ ଜୁହାର ॥
ବନ୍ଦେ ଉତ୍କଳ ଜନନୀ .....

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CONSTITUTION

THE CONSTITUTION OF ODISHA MEDICAL SERVICES ASSOCIATION

Latest Amendment on 07.10.2023 during the Annual General Body Meeting during OMSACON 2023 held at Rourkela

PREAMBLE

The Constitution of the Odisha Medical Services Association is the outward and visible manifestation of the life of its members and it must respond to the deep pulsation for change from within. It is not an end in itself, rather a means for ordering the life of its member's. The generations of yesterday might not know the needs of today, 'and if yesterday is not to paralyze today, it seems test to permit each generation to take care of itself.

The Orissa Medical services Association got its reorganization by the Government of Orissa in the Year 1946 under Memo No. 5309/POLL Dated 29th June, 1946. Consequently a constitution was framed to govern the procedural and substantial matters on the actions and activities of the Association and its members. Attempts were made in the past to remove some glaring lacunae and incongruities appearing in the constitution but these were of no avail to the association and its member. Rather more complexity to the objectives of the Association was noticed. For example, the constitution was first amended in an Extra-Ordinary General Body Meeting of the Association held on 19.02.1984 at S.C.B. Medical College and then on 41st Annual GB Meeting at SCB Medical College on 25.06.88. On a plain reading of such amended clauses, it is evident that such, amendments do not go consistent with the original constitution but bring ameliorating grievances to all. It is also learnt that a controversy relating to the election of the office bearers of the Association was dragged to the court of law where the present constitution could not satisfy the test. Moreover after the separation of cadres into OMS (Orissa Medical Service) cadre, and OMES (Orissa Medical Education Service) cadre and the Govt. of Orissa Home Department Memo No. 643 Assn. (R) 52/91/dated 4.1.92 banning dual membership between OMSA (Orissa Medical Services Association) and OMTA (Orissa Medical College Teachers Association) the amendment to the present constitution became a necessity. Then the constitution was amended in the 51st Annual General Body held at SuchanaBhawan on 29.04.98, 57th Annual General Body held at Sambalpur, 58th General Body Meeting held at JaydevBhawan, Bhubaneswar on 22.04.05 and 59th General Body Meeting held at JaydevBhawan, Bhubaneswar on 03.05.06. 60th Annual GB meeting held at JeyporeKalyanMandap, Jeypore,Koraput on 19.5.2008 .62nd general body held at sahidbhavancuttack on 21.1.11 .63rd Annual Conference and General Body RMRC(Regional Medical Research Center) Auditorium 14.10.2012 Bhubaneswar . There remains only one way to change the outlook by gaining experiences from the past and that is by way of enacting the constitution afresh and substituting the same in place of the old one.

PART -1

CLAUSES:

1. Short title, extent a commencement :-

- This constitution may be called "The constitution of Odisha Medical Services Association. (OMSA)".
- It extends to the whole state of Orissa.
- It shall be deemed to have come into force on the 29th June, 1946 when the OMSA got reorganization by the Govt. of Orissa and Constitution to that effect was first enacted.

2. Definitions: In this Constitution unless the context otherwise requires :

- **"Association**" means Odisha Medical Services Association in other words OMSA and for all purpose includes its Branches.
- **"Association financial year**" - from 1st April to March 31st next calendar year and is also termed as "financial year".
- **"Office"** means Office of the Association which shall **OMSA BHAWAN AT GANGANAGAR , UNIT VI , plot no_____,Bhubaneswar** and it will be the responsibility of State General Secretary of the association tosee that the office runs as per rule..
- **"Branch"** shall mean and include different branches of the Association as approved from time time as per the amendment in general body meeting
- Every district mandatorily have one district branch any other branch in the district can make aresolutionwith 2/3rd majority in district meeting called by chairman of district to merge with district branch . which should be accepted and approved by GB.
- A new branch can be formed with minimum 20 members with a resolution passed by Annual General body meeting.
- A list of branchesas modifiedand updated to be notified by CEC and updated in website by SGS
- **"Member"** shall mean a person whose name appears in the Register of members of the Association in accordance with clause1. (b) of Part - II of this constitution.
- Explanation: - The Expression "member" shall include "Life Member" and "Associate Member" of the Association.
- **"OMSA District**" - The C.D.M.O. will be the Chairman of O.M.S.A. District where more than one branch exists in the district & will be responsible for coordinating & organizing the sub-divisional branches. The President, Secretary, Treasurer of the Sub-Divisional Branches will form the Co-ordination Committee of OMSA District. A Convener of the Co-ordination Committee will be elected by the member of the Co-ordination Committee. In a district with single OMSA Branch CDMO may be the president of that Branch.

3 The objective of the Association shall be : .

To promote brotherly feelings amongst its members

- To protect the common interests of the members in relation to their service under the Government of Odisha.
- To improve the conditions and efficiency of service in the best interest of the suffering humanity.
- To maintain the honour and dignity and to uphold the interest of the medical profession.
- To promote an advance medical and allied sciences in all the different branches and to promote the improvement of medical, public health and allied services.
- To achieve Co-operation ,coordination and equality amongst all the members,
- To publish journal and bulletin of scientific and professional interest,
- To hold periodical meetings, seminars, conference of professional interest.
  To organize medical relief camp and health education campaign.
- To protect the interest of past members who have retired from their respective services under the Govt. of Odisha andto do all such other activities as one cognate to the objects of the Association or are incidental or conducive to the attainment of the above objectives.
- To protectmembersagainst harassment & violencearising from professional causeand protest at appropriate label.

4.Branches

The Association, shall have

a)A district branch with minimum 20 members , which can not be winded off.

b) Any branchcan make a resolution with 2/3 majority to merge with district branch Any branchor any other branch within the District, which should be approved in the annualgeneral body as aresolution and to be notified by CEC.

c) In addition to the existing branches any new branch may be formed by the General Bodyof the Association with minimum 20 members in any place of the State.

OMSA ZONES :

THERE SHOULD BE 5 ZONES SUCH AS

1.EAST,

2.WEST.

3.NORTH

4.SOUTH.

5 CENTRAL

Branches of the Association shall be called as.

1)EAST ZONE

OMSA PURI

OMSA CUTTACK

OMSA KENDRAPADA

OMSA JAGATSNGHPUR

OMSA JAJPUR

OMSA KHORDHA

OMSA S C B MEDICAL COLLEGE CUTTACK

OMSA ATHAGARH (BANKI INCLUDING)

2) CENTRAL ZONE

OMSA BHUBANESWAR

OMSA NAYAGARH

OMSA BOUDH

0MSA PHULBANI

OMSA DHENKANAL

OMSA ANGUL

OMSA DEOGARH

3)NORTH Zone

OMSA Balasore
OMSA Nilagiri
OMSA Bhadrak
OMSA Mavurbhanj
OMSA Udala
OMSA Karanjia
OMSA Rairangpur
OMSA Keonihar
OMSA Anandpur (+Champua)

4) West Zone

OMSA Bolangir
OMSA Patnagarh
OMSA Titlagarh
OMSA Sonepur
OMSA Sambalpur
OMSA Rairakhol
OMSA Kuchinda
OMSA VSS Medical College & Hospital, Burla
OMSA Bargarh+Padmapur
OMSA Sundarqarh
OMSA Bonai
OMSARGH-Rourkela
OMSA Jharsuguda
OMSA Nuapada

5) South Zone

OMSA Ganjam
OMSA Chhatrapur
OMSA Bhanjanagar
OMSA MKCG Medical College & Hospital, Berhampur
OMSA Paralakhemundi (Gajapati)
OMSA Phulbani
OMSA SLN Medical college Koraput.
OMSA Jeypore
OMSA Malkangiri
OMSA Rayagada
OMSA Nawarangpur
OMSA Kalahandi

PART - II

- **1a)**The Association shall consist of Members, the membership of which shall be open to all Inservice Doctors OMHS CADRE/OMS DENTAL/ADHOC/CONTRACTUAL/RETIRED LIFE MEMBERS) serving under the Govt. of ODISHA.
- .**(b)**There shall be a Membership Register in which the names of all the memberswith mobile number and e mail id and qualification to be maintained category wise by State General Secretary to be updated time to time .

- **(c)**The membership shall continue till voluntary resignation from membership or expelled by GB..
- **(d)**There shall be members of two categories, Life members and Associate members. Persons who are eligible for membership as per PART II clause 1 (a) of this constitution shall be called :-

- LIFE MEMBER**:** - Members who is in OMHS/OMS Dental Cadre of health &family welfare department of Odisha Govt paying membership fee of Rs 3000/- as decided by GB and revised time to time and enrolled in Membership Register. The total life Membership Fee collected by the district branch will be deposited in state Omsa account with intimation to state treasurer and the state treasurer has to remit the district share amountingRs 500/- per member subsequently to district omsa bank account which should be a nationalised bank . Rs 500 of life membership fee will be with the districtomsa branch account for their day to day activity. Branches are free to collect a branch fund as decided at branch level and maintained transparently.A permanent MEMBERSHIP number and a life membership card is to be issued by CWC.

- ASSOCIATE MEMBER: - Members after retirement from Govt. service, shall be deemed to be Associate Members unless desired otherwise by such members and/or decided otherwise by the General Body.Adhoc Doctors, doctors belongs to ESI

- **2. RIGHTS AND PRIVILEGES OF MEMBERS:** Each member has a right to attend the General body meetings of the Association apart from attending and taking part in any conferences, seminars, Relief camps, or such other specified occasions organized by the Association from time to time.
- Every member except the Associate Member has the right to vote for any Election/ motion.
- Every member except the Associate Member has the right to contest for any one of the post of the office bearers of the Association as laid down in Part III clause 3(A)For state lablepart VII clause 1 (i) for branclable of constitution.
- Associate Members may form a forum to discuss any specific problems of retired members of the Association regarding retirement benefits and social schemes and Association may pursue the opinion and recommendation if any submitted in writing by such forum.

3. DISQUALIFICATIONS

The following shall make a member disqualified to enjoy the rights and privileges mentioned in part II clause 2 to the constitution.

If expelled by the General Body.

- If misappropriated the funds of the Association.
- For misconduct, bringing disreputation to the Association & profession, and
- If dismissed / discharged from the Govt. service and / or / convicted by any court of law, for any criminal and vigilance charges.

PART – III

GENERAL BODY, MANAGEMENT & COMMITTEES OF THE ASSOCIATION

1. GENERAL BODY& MEETINGS:

The General Body of the Association is the supreme authority to take any decision in the Interest of the Association.

A.ANNUAL GENERAL BODY MEETING:

a) There shall be an Annual General Body Meeting to be held every year.

b) The date, time and venue of the Annual General Body Meeting shall be decided before 6 month of the next AnnualGeneral Body Meeting.

c) The Annual General Body Meeting shall be conducted by CWC or any of the branches of the Association with theapproval of CEC.

d) All General Body Meeting shall be presided by the State President or one of the Zonal Vice Presidents inabsence of the State President of the Association or by any member of the Association to be nominated fromamongst the members present in the meeting in absence of both, the State President and Zonal VicePresidents.

e) One tenth of the total life members but not less than 300 (three hundred) members of the Association shallform the Quorum for the Annual General Body Meeting.

f) Due to lack of quorum the General Body Meeting may be adjourned for a period not more than one month(30 days).

B. EXTRAORDINARY GENERAL BODY MEETING:

a) An Extraordinary General Body Meeting may be matters. No other matter except the one specified shall be discussed in such meeting.

b) An Extraordinary General Body Meeting shall be called with a minimum of 15(fifteen) day notice to all thebranches of the Association. Such notice shall be widely circulated among cadres by Short Messaging Service (SMS,whatsapp) and email.

c) A minimum 200 (two hundred) members shall constitute the quorum for such Extraordinary General BodyMeeting.

d) Due to lack of quorum such meeting may be adjourned for not more than 48 (forty eight) hours.

C.REQUISITION GENERAL BODY MEETING:

a) A requisition General Body meeting may be called on any specific issue if requisitioned in writing by not lessthan 200 (two hundred) members of the Association duly signed and sent to the State President and the StateGeneral Secretary with 30 (thirty) day notice.

b) Minimum 20 (twenty) members of the Central Executive Committee may also sent requisition for holding suchmeeting on any specific issue with thirty day notice.

c) Once a meeting is requisitioned in accordance with part III –1.C [a] or [b] of this Constitution, it must becalled, by the State General Secretary and in his absence, by the State President.

d) No other matter shall be discussed in such meeting other than one for which the meeting is requisitioned.

e) A minimum of 200 (two hundred) members shall constitute the quorum for such requisition meeting.

f) The requisition meeting shall not be adjourned for lack of quorum and as such case it shall be treated ascancelled.

2. POWERS OF GENERAL BODY

Unless otherwise specified in this constitution, the General Body of the Association shall have the followingpowers :-

a) To consider and pass the annual accounts and reports presented by the Treasurer and State GeneralSecretary respectively.

b) To fix up and/ or alter the annual and life membership subscription amount.

c) To request the members for donations, if necessary.

d) To expel any member from the Association in conformity with clause 7 of this constitution but subject to therecommendation of the Central Executive Committee.

e) To elect the office bearers of the Association and the members to such Committees as have been specified inthis Constitution.

f) To form any Committee and Sub-Committee whenever necessary.

g) To amend the Constitution whenever necessary.

h) To transact any other business and discuss the matters proposed either by any Committee, Branch orMember of the Association.

i) To dissolve any Committee or terminate the office or any office bearer of such Committee, if moved andpassed with no-confidence motion in conformity to Clause 2 of Part-IV of this Constitution.

j) To define and alter the Policy of the Association whenever required.
k) To dissolve the Association if passed by 3/4th Majority of members on roll.

3. MANAGEMENT

The General Control, management, direction of policies and affairs of the Association shall be vested in a bodystyled as the Central Executive Committee (CEC).

A.COMPOSITION OF CENTRAL EXECUTIVE COMMITTEE

The Central Executive Committee shall be composed of the following members of the Association -

i) The State President.
ii) Immediate past State President.
iii)FIVE Zonal Vice-Presidents - One each to be elected from each zone which comprises Central Zone ,East zone, west zone, north zone, south zone.
iv)The State General Secretary.
v) Immediate Past State General Secretary.
vi) State Treasurer
vii) Five Zonal Joint Secretaries - one each to selected from each zone which comprises Central Zone,east zone,west zone ,north zone, south zone
viii) five CWC members elected by or nominated by CEC.
ix) Editor of the OMSA JOURNAL & VOICE
x) Branch Secretaries of all branches.
xi) Branch President of all branches

B.POWERS AND FUNCTIONS OF CENTRAL EXECUTIVE COMMITTEE (CEC):-

a)POWERS

i) It shall administer the affairs of the Association in accordance with the provisions of this Constitution.
ii) It shall take decisions in matters not covered by the provisions of the constitution which shall be ratifiedsubsequently by the General Body, provided that such decision, if any, does not go inconsistent with any of theprovisions of the constitution.

iii) It shall have power to constitute committees and sub-committees to deal with matters required to be dealtby such committee; and in consequence thereof may delegate all or some of its powers for such particularpurpose.
iv)It shall have powers to issue directives and instructions to the branches.

C) FUNCTIONS
i) Minimum of 20 (twenty) members shall form the quorum for the Central Executive Committee meeting.
ii) Central Executive Committee Meeting shall be held on every 3 month year. It shall not beadjourned in any circumstances expect for want of quorum but not exceeding 15 days.
iii) A Central Executive Committee Meeting shall always be held before every Annual General Body meeting inorder to discuss and final the agenda for the Annual General Body meeting.
iv) Central Executive Committee shall take up matters for discussion brought forward by the Central WorkingCommittee.
v)Any members of the association may be invited as invited member to any of the meeting held by CEC
D). EMERGENCY CENTRAL EXECUTIVE COMMITTEE (CEC) MEETING
a) An Emergency Central Executive Committee meeting may be called, with a minimum of 7 (seven) daynotice after consultation with the Central Working Committee.
b) A minimum of 20 (twenty) executive members of the Central Executive Committee shall requisition suchmeeting for a specific purpose.
c) Requisition Central Executive Committee meeting shall always be made in writing to the State President orState General Secretary of the Association along with an agenda duly prepared and signed by all the executivemembers submitting such requisition.

E).COMPOSITION OF CENTRAL WORKING COMMITTEE (CWC)
There shall be a Central Working Committee consisting of all the directly elected members by election process. They are State President, five Zonal Vice Presidents, State General Secretary, State Treasurer, five Zonal Joint Secretaries, five cwc members, Editor "OMSA journal & voice. The tenure of the office bearers/CWCmembers of the Association is for two completed consecutive “Association calender years” from assumption of charges (Oath taking ceremony) unless extended for aspecific purpose for not more than 30 days by Central Executive Committee.

F). POWERS AND FUNCTIONS OF CENTRAL WORKING COMMITTEE

a) POWERS

i) It shall manage the day to day affairs of the Association and shall be responsible to the Central ExecutiveCommittee.

ii) It shall take decisions which are required urgently and also in the case of emergent situation, to be ratifiedsubsequently by the Central Executive Committee.

iii) It shall have power to constitute sub-committee for any specific purpose, if such committee is not alreadybeen formed by the Central Executive Committee.

iv) It shall have powers to issue directives and instructions to the branches, to be ratified subsequently by theCentral Executive Committee.

b) FUNCTIONS

i) Minimum of 10 (ten) members shall form the quorum for a Central Working Committee Meeting.

ii) Central Working Committee shall hold its meeting on each month. It may be called with one week notice and at no time it shall be delayed for more than 30 (thirty) days.

iii) A Central Working Committee Meeting shall always be held before each meeting of the Central ExecutiveCommittee.

iv) Central Working Committee shall take up matters for discussion brought forward by any branch of theAssociation or by any member of the Central Executive Committee and all such matters along with the opinionsof the Central Working Committee shall be forwarded and placed before the Central Executive Committee fordecision.

v)Any members of the association may be invited as invited members to any of the meeting held by CWC but heor she shall have no voting rights

G). EMERGENCY CENTRAL WORKING COMMITTEE MEETING

i)An Emergency Central Working Committee meeting may be called either by the State President or by the FIVE Zonal Vice-Presidents or by any five members of the Central Working Committee.

ii) Any member of the association may be invited as Invited member to any of the meetings held by CentralExecutive Committee or Central Working Committee, but he /she shall have no voting right

PART – IV

1. DUTIES & POWERS OF THE OFFICE BEARERS

a) STATE PRESIDENT

i) The State President shall preside over all OMSA meetings of the General Body, the Central Executive Committee andthe Central Working Committee as the case may be except such meeting which is specially requisitioned against the StatePresident.

ii) Shall regulate the proceedings of all such meetings,

iii)Shall guide and control the activities of the Association.

iv) Shall interprete provisions of the constitution,

v)Shall have a casting vote in case of equality of votes,

vi) May take decision in advance on behalf of the Association subject to the ratification by the Central ExecutiveCommittee.

vii) Shall be a member of every delegation

b) ZONAL VICE-PRESIDENTS

i) The Zonal Vice-President shall help in organization of the branches,

ii) One amongst the five, as decided by CEC, shall preside over the meetings of the General Body, the Central ExecutiveCommittee and the Central Working Committee as the case may be in absence of the State President and such othermeetings which the State President can not conduct,

iii) One amongst the five as decided by CEC, shall discharge all the duties of the State President in his absence.

c) STATE GENERAL SECRETARY

i) The State General Secretary shall be incharge of all the records and documents of the Association.

ii) Shall record all the proceedings in the minute book and take actions on resolutions.

iii) Shall be responsible for all correspondences including press communications in relation to the matters of theAssociation,

iv) shall maintain a correct and up-to-date register containing the particulars of all the members of the Association,branch-wise and shall prepare the electoral roll after receiving the list from the Branch secretaries under clause 25 (b) ofpart V of this constitution.

v) shall organize, arrange and convene meetings, conferences, lectures and demonstrations,

vi) Shall inform meetings of General body, the central Executive Committee, the Central working Committee andother meetings as per the provisions of this constitution other consolation with the state president.
vii) shall be a member of every delegation,
viii) shall visit different branches for strengthening the organization.
ix) shall enter into any agreement on behalf of the Association, whenever necessary.
x) shall be liable to sue and to be sued on behalf of the Association.

d) STATE TREASURER
i) shall be the custodian of association money.
ii) The State Treasurer will keep the detail account of various income and expenditures in a cashbook in appropriatemanner and get it audited by a Chartered Accountant annually to be presented in the Annual General Body each year.
iii) The Treasurer shall audit the financial account of all branches whenever necessary, annually,
iv) shall receive funds from different branches, donations and grants.
v) The State Treasurer while presenting the financial statements in the General body meeting should present the audit report of the financial year including audit report of branches .

e) ZONAL JOINT SECRETARIES
i) All the five Zonal Joint Secretaries shall assist the State General Secretary to discharge his duties.
ii) One amongst the three as decided by the CEC shall discharge all the duties and responsibilities of the State General
Secretary in his absence,
iii) shall be responsible for any work entrusted to any one of them by the Central Executive Committee or CentralWorking Committee as the case may be.

f) POSTING OF STATE PRESIDENT, STATE GENERAL SECRETARY, CWC & CEC MEMBER OF OMSA
The State President and the State General Secretary of OMSA will be posted at Cuttack/Bhubaneswar. The members ofthe Central Working Committee of OMSA and the members of the C.E.C. from the branches will be posted in convenient place in their area respectively.

2. TERMINATION OF OFFICE

Any Office bearer or member of the Central Executive Committee who remain absent from attending three consecutivemeetings without sufficient reasons shall automatically cease to be the member of the Central Executive Committee inwhich case the Central Executive Committee shall nominate an alternate member in consultation with Central WorkingCommittee and such newly nominated member shall be deemed to function as elected member as in case of the other whose membership got ceased.

3. VOTE OF NO CONFIDENCE

a) A vote of no confidence motion in writing may be brought against any office bearer of the Association maintainingspecific charges against such person, duly signed by two hundred members and in any such case, it shall be sent to theState General Secretary for its circulation to all the branches and discussion in the Central Executive Committee.

Explanation - The charges shall mean and include misappropriation of Association fund and sabotaging in any manner inattainment of the objective of the Association

b) Any such motion shall be placed and discussed in requisitioned General Body meeting to be called for inaccordance with Clause -11 of this Constitution but not later than sixty days from the date of receipt of such motion by theState General Secretary.

c) Such motion shall be held to have been dropped against whom it has been brought, if not passed by 50% of the eligiblemembers on the roll having voting rights.

4. RESOLUTION

Any resolution which is to be discussed in the Annual General Body Meeting should reach the State General Secretary atleast one month before the Annual General Body Meeting after being discussed and passed in the concerned Branch. TheState General Secretary shall place it before the Central Executive Committee and subsequently before the General Body
along with the recommendations, if any by such Committee.

PART – V

FUNDS, ACCOUNTS AND JOURNAL OF THE ASSOCIATION

1. FUNDS

a) The Funds of the Association shall be derived from the following sources.

i) Life membership subscription from members.

ii) Special Contribution or donations raised directly or through the Branches.

iii) Any grant /aid available to the Association, and

iv) Such other sources as may be authorised by the Central Executive Committee.

b) Central share of Membership fees collected by the branches shall be deposited with the State Treasurer, and a list ofmembers (those who have contributed and those who have defaulted) to be submitted by the Branch Secretaries to State General Secretary every month

c) The funds the Association shall be deposited in any Nationalized Bank as approved by the Central ExecutiveCommittee. The State General Secretary and State Treasurer OMSA shall operate such account on behalf of theAssociation jointly.

d) The State General Secretary and State Treasurer of OMSA are authorized to withdraw money from Savings BankA/C to the extent of Rs. 5000/- (Rupees five thousand) only. Any withdrawal above Rs. 5000/- (Rupees five thousand)shall require prior approval of the State President of OMSA.

2.ACCOUNTS

a) All the books and records, such as Cash Book, Receipt Book or any other document relating to deposit and withdrawalof funds shall be maintained by the State Treasurer.

b) The audited statement of accounts shall be placed before the Central Executive Committee for approval before theAnnual General Body and the approved statement of income and expenditure and the balance sheet shall be printed in the OMSA VOICE.

3.TRAVELLING ALLOWANCES

a) Members attending Central Executive Committee meeting and Central Working Committee shall be paid travelingallowances.

b) Directly elected members to the Central Working Committee and members of Central Working Committee and otheroffice bearers of the association shall be paid actual to and fro fare for the traveling by the State Treasurer from and out of the funds of the association.

c) Members from the branches shall be paid their traveling allowances from their respective Branch Secretaries andTreasurer for and out of the funds of such branches.

4. JOURNAL OF THE ASSOCIATION

i)The name of Journal shall be OMSA Journal,it will be published once a year

ii)The name of the newsletter shall be OMSA voice.It will be published twice a year.

EDITOR

a)must be a life member of OMSA

b)will be elected for a period of 2 year CWC/CEC will nominated the Editorfor any vacancy if arises in between

c) Shall be responsible for publication and Accounts of OMSA Journal and OMSA VOICE

d) Shall be responsible for opening a bank account in any nationalized bank in the name of OMSA journal and OMSA voice to be operated jointly by Editor and state general secretary

e) He will responsible for the audit of account of OMSA journal and voice and will submitted an audited report to state treasurer before general body meeting of OMSA

f) Will also submit a final report in the annual general body meeting

g) Can nominated 2 assistant Editor to assist for publication of journal with information central executive committee

h) will be responsible for formation and changes of the editorial board

Editorial board

a) Editorial Board will consisting of five members of whom one would be Editor elected by the Election process .The State President and state General secretary of the Association shall be ex-officio member .Two Assistant Editor shall nominated by the Editor in consultation with Central Executive Committee on its first meeting .

b)The Editorial board is responsible for funds ,logistics and accounts of journal and omsa voice till publication

c) The Editorial board shall be responsible for collection of funds through donations, advertisements and subscription of the journal.

OMSA Journal Publication

a) The call for the articles has to be circulated officially by the editor in email, whatsapp to all the members. In case enough quality articles have not been received by the editor by the due date ,

the editor has to inform members of the editorial board officially through email or whatsapp regarding the issue and the editorial board will take over the responsibility of collection of quality article for publication of journal

b) The Editor will then send article for peer review and will finalize the article in consultation with assistant editors.

c)All the article after peer review must be place before editorial board by the editor for approval before publication

d) The editorial board will also look after the issues such as insufficient fund, problem in printing or other problem time to time

OMSA Journal

a)The article in the journal must be from OMSA members. The article from non member doctors may be published with the approval of the editorial board in exceptional cases

b)The content of each issue of the journal must have editorial, research article,case report.There may be one letter to the editor if available

c)Advertisement of sponsorship may be inserted into the journal subject to the approval of Editorial board.

d)Soft copies of the journal will be available in the website (www.omsa.org.in) for information of all the members .However provision of the hard copies will be decided as per available of budget.

e) Editor will take steps to make the journal indexed

OMSA Voice

It will be published twice a yearregarding important information, news events of state and branch activities and will be distributed to the members of OMSA in consultation with state president and state general secretary.

PART – VI

PROCEDURES

1.PROCEDURE FOR ELECTION OF CENTRAL WORKING COMMITTE MEMBER

a) ELECTION COMMISSION

i) The Central Executive Committee /GB shall constitute and appoint an Election Commission, consisting of three members obtaining individual consent

ii)It shall have a convener and two members, who shall not be eligible to contest any post of office bearers or for directmembership to the Central Executive Committee of the Association.

iii) It shall conduct the election and declare the result of the election in a fare and unbiased election process

iv) Election commission will notify detailed process of election at the beginning which will be abiding by members

v) Constitution and appointment of Election Commission shall always be made on or before 6 month of end of tenure of association year

vi) The tenure of the office bearers of the executives will be for a period of 2 (Two) calender years from assumption of charges (oath taking). unless extended for a specificpurpose not more than 30 days by Central Executive Committee.

vii) Election procedure should be completed before end of tenure

b) FILING OF NOMINATION

i) Soon after the Election Commission is appointed, the Convener shall call for nominations for the election ofoffice bearers of the Association.

ii) The notice inviting nominations shall be published by affixing it at the office of the Association and in website of association

iii) Apart from other instructions and directions, the notice must contain the date on which, the place at which and thehours between which, nominations should be presented.

iv)The nomination of every candidate shall be made by means of a nomination paper in the prescribed form available freeof cost from the office of the Association.

vi)While issuing notice inviting nominations, the convener shall see that an interval of at least 3 (three) months beingallowed between the last date of presentation of the nomination papers and the date of election.

vii) Each candidate has to deposit Rs 2000/- (Rupees two thousand only) (non refundable) for any post in CWC. Theamount will be sent for election work. Nomination will be rejected without this fee. The amount will be deposit by BankDraft and address to State Treasurer, OMSA. The unutilized amount after election will be deposited in OMSA accountafter the convener Central Election Commission gives a detailed account of expenditure to the State Treasurer, OMSA

c) ELIGIBILITY OF FILING NOMINATION

i) Shall be alife member.

ii) Shall have more than 2 (two) years to retirement from Govt. service from the date of filing nomination.

iii) Shall have no discipilinary proceeding/criminal cases/vigilance cases pending against him .

iv) For CWC election

a) shall be a branch secretary - one full term 2 year

b) shall have completed ten(10) years of Govt. service.

d) SCRUTINY OF NOMINATION PAPER

i) The Election commission shall scrutinize the nominations within 7 (seven) days from the date fixed forpresenting the nominations to the Convener or as decided by such Committee and shall prepare a list of eligiblecandidates to contest for the elections.

ii) The l Election Commission shall have power to reject any nomination if it finds that the candidate is ineligible tocontest for any post in the election as per constitution.

iii) Soon after preparation of the list of eligible candidates, but not more than 7 (seven) days, the Election Commission shall issue intimation to the respective candidates and all the branches of the Association regarding itsdecision along with a copy of the list of eligible candidates.

e) WITHDRAWAL OF NOMINATIONS

Any candidate may withdraw his candidature by a notice in writing signed by him and delivered to the Convener either inperson or by regd. post within a period of 7 (seven) days from the date of issue of the list of candidates.

f) PREPARATION OF FINAL LIST

After expiry of the period of withdrawal of candidature the Central Election Committee shall immediately prepare thefinal list of candidates and issue intimation to all the branches about such final list at least 1 (one) month prior to the datefixed for election.

g.VOTING

(i)The voting will be conducted online By an agency/ farm selected and approved by EC through short tender or quotation, voting will be done through online from mobile no pre-register with central election committee by valid members.

h. COUNTING OF VOTES AND DECLARING THE RESULT OF ELECTION

i) The counting of votes shall commence immediately after closing of poll, by or under the supervision of the election commission
to assist him in counting votes and no person shall be appointed to assist in counting the votes who has been employed byor on behalf of any candidate for any purpose whatsoever connected with the election.
ii) The Convener Central Election Committee will make a grand total of the votes against each candidates , shall declare the result of the election including the name ofthe winning candidate in favour of whom maximum no. of valid votes has been casted .
vi) In case of equal votes polled by candidates contesting for the same post, the result shall be decided by lot.
vii) The decision of the Central election Committee shall be final and binding on the members of the Association.
viii) Appealing Election Body it is to be constituted in the 1st CEC meeting with one chairman & two members. It willcontinue to function till the new Central Election Committee takes over.

II. PROCEDURE FOR AMMENDMENT OF CONSTITUTION

a) The privilege of amending this Constitution as a whole or part thereof shall only be vested with the General Body ofthe Association by way of addition, variation or repeal of any such provision in accordance with the procedure here-inafterdescribed.

b) An amendment of this Constitution may be initiated by way of introduction of any proposal for the purpose brought byany member of the Association duly seconded by any other member or members.

c)The proposal shall always be sent to the State General Secretary at least two months prior to the Annual General BodyMeeting.

d) While proposing the amendment, the existing clause and the proposed amendment shall be mentioned.

e) The proposal sent by the member shall be discussed thoroughly in the Central Executive Committee meeting and therecommendations, if any of the Central Executive Committee along with such proposal shall be sent to all branches fortheir opinion and placed before the Annual General Body.

f) Whenever the Annual General Body decides the question of amendment, it may act upon such proposal & opinion or ifnecessary for the interest of the Association.

g)Any amendment of the Constitution shall only be passed with 3/4th majority of the total members present in the AnnualGeneral Body meeting, where-in-after the constitution shall stand amended.

h) The Constitution so amended shall be made effective immediately

PART-VII

BRANCHES

1. The Association shall have different branches as provided in Clause-4 of Part-I of the Constitution.

2. a) Each branch shall all have an Executive Body consisting of following office bearers :-

i) Branch President

ii) Branch Vice President

iii) Branch Secretary

iv)Branch treasurer

v) Branch Joint Secretary

vi) Three Branch Executive Committee Members with one lady representive

b) All the above office bearers shall be elected by the Branch General Body from among the eligible members of thatBranch. The provision contained in clause-1(C) of Part-VI of this constitution mutatis-mutandis apply to this provision.

d) All branches of OMSA to open a joint account in the name of Branch Secretary and Branch Treasurer inlocal Nationalized Bank to be operated jointly, where all the branch share of lifemembership fee to be collected from members are to be deposited. Branch Treasurer shall keep the detailedaccount of money collected and expended in an appropriate manner in a cashbook to be audited by State Treasurer or anycompetent member of the branch as decided by the branch members, annually.

3. POWERS OF THE OFFICE BEARERS

a) BRANCH PRESIDENT

i)The Branch President shall preside over the Executive Committee Meeting and General Body Meeting of the Branch.

ii) Shall give his/her ruling in Constitutional matters.

iii) Shall sign all resolutions to be placed before the Central Executive Committee.

iv) Shall take decision on any matter or question raised in the General Body meeting of that Branch.

b) BRANCH SECRETARY

i) Branch Secretary shall be responsible for all correspondence of that Branch.

ii) Shall maintain the list of all members who have paid their subscription by the due date and the rest of the memberswho have defaulted in such payment, and in consequence thereof submit the list of such members to the State GeneralSecretary of the Association .
iii) Shall be responsible to call for periodical meetings of the branch in fixed Date, Time & Place (D.T.P.).
iv) Shall communicate all decisions/directions/instructions received from the General Body, Central Executive/WorkingCommittee, Central Election Committee, as the case may be to each member of the branch.
v) Shall intimate the members any communications received from the State General Secretary..
vi) Shall conduct the election of the office bearer.
vii) Shall hold OMSA Health Camps separately or in collaboration with other social organizations under the banner ofOMSA.
vii) Shall direct the members of the branch to carry out the mandates provided in the constitution.

C) BRANCH TREASURER
i) Shall get the account of the branch audited once in a year and submit the report to state treasurer after getting in passed by general body of the branch.
ii)shall maintain detail account of the branch
iii) Day to day expenditure of branch activity is to be met from the branch .

4. FUNDS
Thefundsofthe branch shall be branch share from the membershipfeescollectedfrom the members of the Branch or received from treasurer. The funds may be raised through donations/contributions/grants or aids or through such other source as may beauthorized by the Executive Committee or passed by GB meeting of branch.

PART- VIII.

OMSA ANNUAL CONFERENCE(OMSACON)

1.Annual conference shall be organized every year at a suitable place and time to be decided by the General body/central executive committee.

2.Any branch shall have the privilege of inviting such conference.

3 .Conference will be opened to all members of OMSA

4.The central working committee will review and finalize the place and date of conference.

5. Organizing committee can open new bank account or can use branch account for the conference with the approval of CWC

5. The organizing committee shall submit the statement of account and credit surplus money of OMSACON to state OMSA account .

6.The programme of OMSACON shall include Inaugural function, Scientific Session, Scientific exhibition and General body Meeting

PART- IX.

OMSA BHAWAN

The day to day functioning and utilization of the OMSA Bhawan and its premises shall be decided and monitored by the central working committee to be ratified by the central executive committee/ General body.Funds thus collected from the utilization of the Bhawan shall be kept in the OMSA Bhawan account .State treasurer will operate that account maintaining a record of expenses .

PART- X.

APPEALLATE BODY

It is a conciliatory body and consist of 5 members comprising of chairman cum convener Director of health services Odisha, Director of public health Odisha, Director of family welfare Odisha, Director of vital statistics and intelligence, Director of capital Hospital. The contestants indifferent posts can represent and put their grievances in writing in connection with the election of OMSA before the appellate body at any time during the process of election until declaration of the result by election commission. Appellate body will try their best to bring out an amicable solution looking in to the grievances and discussion with all concerned. The decision of the appellate body may be communicated to the concerned contestant under intimation to the election commission.

PART- XI.

REPEAL

i) On the coming into force of this constitution the old one shall stand repealed.

ii) Not withstanding with the expiration of the old constitution, anything done, any action taken, any order passed ,any appointment made ,any proceeding instituted shall be deemed to have been done ,taken, made or issued under this constitution as if this were done ,action was taken, order, appointment rule were made, notification was issued or proceeding were instituted

CERTIFICATE

Certified that the foregoing is a true copy of the current constitution of Odisha Medical services Association adopted in 1946 and amended up to 7.10.2023

Dr Narayana Rout
State President ,OMSA

Dr Biswajit Samal
State General Secretary ,OMSA