

# The SYMPHONY

ISSUE - V 2024/25



*“Where ideas meet reality”*

Patan Academy of Health Sciences  
Undergraduate Student Society's  
ANNUAL MAGAZINE



**Patan Academy of Health Sciences  
PAHS is dedicated to sustained  
improvement of the Health of the  
people in Nepal, especially those  
who are poor and living in rural  
areas, through innovation, equity,  
excellence and love in education,  
service and research.**



प्रदीप पौडेल  
Pradip Paudel

स्वास्थ्य तथा जनसङ्ख्या मन्त्री  
Minister for  
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नेपाल सरकार  
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### शुभकामना

पाटन स्वास्थ्य विज्ञान प्रतिष्ठानको १७औं PAHS दिवसको विशेष अवसरमा स्नातक तह विद्यार्थी समाज (PAHS-UGSS) ले “The Symphony” पत्रिकाको पाँचौं संस्करण, प्रकाशित गर्न लागेको जानकारी पाउँदा खुसी लागेको छ। यस पत्रिकामा प्रकाशित हुने लेख रचनाहरूले स्वास्थ्य क्षेत्रका विविध आयामहरूलाई समेट्ने अपेक्षा लिएको छ।

यस पत्रिकाले प्रतिष्ठानका विद्यार्थी, कर्मचारी, चिकित्सक, नर्स, तथा अन्य स्वास्थ्यकर्मीहरूको सृजनशीलता, नविनता र विविध प्रतिभा मार्फत चिकित्सा क्षेत्रको थप विकासमा योगदान पुऱ्याउने छ भन्ने आशा लिएको छ। यस पत्रिकाले आगामी संस्करणहरूमा अझ धेरै ज्ञानवर्धक सामग्रीहरू समेट्दै स्वास्थ्य क्षेत्रको विस्तार र विकासमा सहयोग पुऱ्याउने विश्वास लिएको छ।

अन्त्यमा, सम्पूर्ण PAHS परिवारलाई आगामी दिनहरूमा अझ उच्च मनोबलका साथ सेवा प्रदान गर्ने प्रेरणा मिलोस् भन्दै “The Symphony” वार्षिक पत्रिकाको पाँचौं संस्करण प्रकाशनको सफलता तथा अध्ययनरत सम्पूर्ण विद्यार्थीको उज्ज्वल भविष्यको कामना गर्दछु।

२०८१ माघ ...

  
प्रदीप पौडेल  
मन्त्री

## Message from the **Vice-Chancellor**



**T**he Orchestra of the PAHS family continues to bring the notes together in another volume of Symphony; the music created by each and everyone who is working or studying here, a time when I always feel very proud and very privileged to be a part of this great family.

Even as we work hard to put a smile in people's face, to wipe their tears and support those who come to us in their difficult times, we need to take a pause, look within us to find that creativity hidden deep within us to create a piece of music, a part of Symphony. This is the time to take a pen and start putting the notes together; as some wise man had said, "In science, if you don't do it, somebody else will; in arts, no one before or after would have created the Ninth Symphony, if Beethoven had not done so".

All those who have worked hard to put this next volume of Symphony together, I thank you from the bottom of my heart.

A handwritten signature in black ink, appearing to read "Rb n s /".

**Prof. Dr. Rajesh N. Gongal**  
Vice-Chancellor

## Message from the **Rector**

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**I**t is my pleasure to contribute a few words for the Symphony Magazine, a cherished activity of our student society.

Just as a symphony brings together different sounds and vibrations to create harmonious music, an involvement in literature, music, and other aspects of human life along with medical science, can help future healthcare providers offer more compassionate and holistic care to their communities. It's all about blending different elements to create something truly wonderful. Let the literature we read and the human stories we encounter inspire us to be better healers and empathetic souls. Together, we can create a harmonious future in healthcare.

I am sure that the magazine pages will be full of inspiration, enlightenment, and a sense of connection with the stories and experiences shared within. I am confident that this edition will feature captivating poems, enriching literature, and insightful sharing of medical experiences, making it a truly special read.

Thank you.

A handwritten signature in black ink that reads "Paban". The signature is written in a cursive style and is positioned above a thin horizontal line.

**Prof. Dr. Paban Kumar Sharma**  
Rector

## Message from the **Registrar**



**I**t gives me great joy and pride to share a few words on the momentous occasion of the release of the fifth edition of Symphony, a journal that embodies the incredible academic passion and intellectual depth of students, staffs and faculties of PAHS. This journal is not just a collection of words but a reflection of dedication, creativity and hard work that you all consistently demonstrate; balancing rigorous academic and professional commitments.

Education is not just about textbooks and exams, but it is a journey of growth, self-discovery and endless possibilities. Every challenge you face, every lesson you learn and every dream you pursue is shaping the person you are becoming. Stay curious, work hard and never stop believing in your potential.

Embrace failures as opportunity to grow, seek knowledge beyond the classroom and always strive to be kind and compassionate. The future belongs to those who dare to dream and work for it.

I extend my heartfelt congratulations to the PAHS undergraduate society, the editorial team and all those who have directly and indirectly contributed in bringing out this issue. Continue to push boundaries, and success will inevitably follow.

A handwritten signature in black ink, which reads "Paras Kumar Acharya". The signature is written in a cursive style and is positioned above the printed name of the Registrar.

**Prof. Dr. Paras Kumar Acharya**  
Registrar

# Message from the **Dean,** **School of Medicine**

It is my esteemed honor to present a few words for the 5th edition of “The Symphony,” a brilliant showcase of the creativity and talent that flourish within our medical school. As the Dean of this distinguished School of Medicine, I am filled with immense pride and joy to extend my heartfelt greetings to all the students and staff who have contributed to this remarkable publication.



In the realm of medicine, where precision and proficiency are paramount, “The Symphony” stands as a testament to the varied and exceptional talent of our medical community. This magazine offers a lively forum that transcends the traditional boundaries of textbooks and clinical routines, inviting us to delve into the rich mosaic of emotions, talents, and experiences that characterize the individuals behind the stethoscopes and scrubs.

As we turn the pages of this publication, let us be reminded of the harmonious balance between the science and art of medicine. Each piece within this magazine is a reflection of the dedication, passion, and creativity that our students and staff bring to their work every day.

Let my words be a gentle encouragement to all of you. The Symphony continues to play on, and your contributions will resonate through the corridors of our institution and beyond.

My deepest gratitude goes out to everyone who has made this edition possible. May “The Symphony” inspire and uplift us all.

A handwritten signature in black ink, which appears to read "Balakrishnan M. Acharya". The signature is fluid and cursive, with a long, sweeping underline.

**Prof. Dr. Balakrishnan M. Acharya**  
Dean, School of Medicine

Message from the  
**Dean,  
School of Nursing &  
Midwifery**

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**Dear Students, Faculty, and  
Readers of Symphony,**

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**I**t brings me great joy to congratulate the Undergraduate Student Society of Patan Academy of Health Sciences (PAHS) on the successful publication of the 5th issue of Symphony. This milestone is a celebration of the creativity, hard work, and intellectual curiosity of our students, and I am truly proud to witness the growth of this wonderful platform.



Symphony is more than just a magazine—it is a space where ideas come alive, where the voices of our future healthcare leaders are heard, and where the passion for learning and innovation shines through. Each page reflects the dedication of our students, not only to their academic pursuits but also to their desire to make a meaningful impact in the world. It is inspiring to see how they blend knowledge, art, and culture to create something so unique and impactful.

As the Dean of the School of Nursing and Midwifery, I am especially proud of the contributions from our nursing students, who continue to demonstrate their commitment to excellence and their vision for a healthier, more compassionate society. This magazine is a testament to their hard work and the supportive community we have built together at PAHS.

To the editorial team and all contributors, thank you for your efforts in bringing this issue to life. Your dedication and teamwork have made this possible. May Symphony continue to grow and inspire, serving as a beacon of creativity and knowledge for years to come.

A handwritten signature in black ink, appearing to read "Sarala K.C." with a stylized flourish at the end.

**Prof. Sarala K.C**

Dean

School of Nursing and Midwifery



# Forewords

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**W**ith immense pride and joy, Patan Academy of Health Sciences, Undergraduate Student Society (PAHS, UG-SS) is honored to initiate the fifth issue of the Symphony which stands as a vibrant reflection of creativity and scholarly spirit. As a president of PAHS, UG-SS, I would like to thank the editorial team, contributors, sponsors and supporters whose efforts have shaped this publication.



This edition of the Symphony has encapsulated the essence of compassion, where each page reveals the beauty of expression, stories of perseverance and innovation, and highlights the unique blend of science and art within the medical field. It is the platform where talents get recognized beyond the clinical setting.

Despite busy medical schedules, this magazine stands as a reminder that there is always room for expression and creativity. This treasured publication has been brought into reality, only due to the unwavering support and coordination from every member of PAHS. Let us celebrate this achievement and strengthen our collective energy towards reaching greater milestones in the future.

Let the rhythm of creativity in our medical school journey illuminate.

Happy Reading!

Warm Regards,

**Tapendra Dhakal**

President (PAHS, UG-SS)

Co-ordinator, The Symphony, Issue IV

# Message from the **PAHS, UG-SS**

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*Dear readers,*

It is with immense joy and pride that we present to you the 5th edition of *The Symphony*. This edition is a testament to the dedication, creativity, and collaborative spirit of the students, faculty, editorial team and UG-SS of Patan Academy of Health Sciences (PAHS). Every page of this magazine reflects the hard work and vision of our vibrant community.

Over the years, PAHS has remained steadfast in its mission to reduce health disparities by empowering future healthcare providers to serve the underserved populations of Nepal. Our curriculum uniquely blends academic excellence with social responsibility. Programs like Community-Based Learning and Education (CBLE), Problem-Based Learning (PBL), and Clinical Presentation (CP)-based teaching are not just methodologies but transformative approaches that prepare us to understand and address the diverse health challenges of our nation.

This magazine goes beyond academics, serving as a platform to showcase our thoughts, talents, and shared experiences. It reflects the essence of PAHS – where compassion meets competence, and where students are not just learners but leaders in the making.

On behalf of the PAHS Undergraduate Student Society, I would like to extend my heartfelt gratitude to all contributors who enriched this edition with their ideas, stories, and insights. Special thanks to the faculty and Executives Board for their guidance and encouragement, as well as our sponsors for their generous support in bringing this magazine to life.

As you flip through these pages, I hope you find inspiration, knowledge, and a glimpse of the incredible journey we are undertaking together. Let this edition remind us of our collective resilience, creativity, and commitment to building a healthier, more equitable Nepal. Let us celebrate this milestone and continue striving for excellence in all our endeavors. Thank you for your unwavering support and enthusiasm.

Wishing you a joyful read

With best wishes,  
**Mukesh Kumar Baitha**  
Vice President  
PAHS Undergraduate Student Society



## Message from the **Coordinator**

**T**he Symphony is a Collection.

A collection of efforts, writings, practice, discussions, and most importantly calling people into meetings (lots and lots of meetings).

I firmly believe that the heart of any magazine lies in its team. If the team thrives, the magazine flourishes. If the team stumbles, well... let's just say the content pile-up can get overwhelming.

Fortunately, I've had the privilege of coordinating a group of incredibly enthusiastic and dedicated individuals. I loved being challenged (in a healthy way), questioned, and most of all, I loved learning from my team.

Medical students are always busy, some figuring out the what, others figuring out the why. And yet, amidst the chaos, we managed to put together something truly special and cool. Kudos to everyone involved!

A huge thank you to our Editorial Team, contributors, sponsors, readers, and even those who will just skim through this magazine but pretend they read it all.

If you have any feedback, let us know, so we don't accidentally annoy you again.

Best wishes to everyone reading this... and even to those who skipped it. You're missing out, but that's on you!

May The Symphony continue to shine in the years to come.

Best regards,

**Rohit Raj Bhatta**

Editor-in-Chief, The Symphony, Issue IV

Co-ordinator, The Symphony, Issue V



## Message from the **Editor-In-Chief**

**W**elcome to the 5th issue of The Symphony! As the Editor-in-Chief, it's a privilege to introduce this edition and take you on a journey through the diverse and creative minds that contributed to it.

Flipping through all four past editions and scanning the forewords from previous Editors-in-Chief, I couldn't help but wonder—what is this section really about? A Bridgerton-inspired gossip column by Lady Whistledown? That would be fun for fans of the show!

But in all seriousness, grab a cup of coffee and dive into our pages. They say medical students and doctors are all about studying, research, patient files, and records. Through this magazine, we introduce you to the artistic, innovative, and more literary side of this profession. Flip through the pages to read the best of stories, poems, articles, and unique perspectives. And guess what? We've even got puzzles for you!

I am incredibly thankful for the brilliant contributors and dedicated editorial team who made this edition possible. Your creativity, passion, and relentless hard work are the heart of this magazine. A heartfelt gratitude to all our sponsors that helped facilitate the publishing process. This edition would not exist without you.

To our readers: buckle up; we hope this edition keeps you turning pages.

Here's to words, stories, and a little bit of chaos!

Warm regards,  
**Ritika Shrivastab**  
Editor-in-Chief



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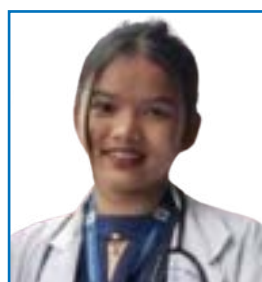
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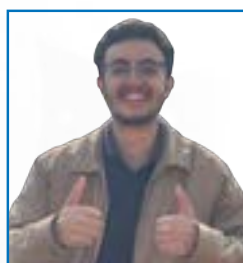
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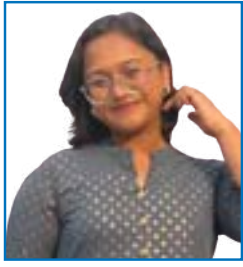
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# Mind Over Minute

 **Dr. Ashis Shrestha**  
Associate Professor  
Department of General Practice and Emergency Medicine

## The Missing Ingredient

I had an important project to finish, but life was busy, and other things kept grabbing my attention. After months of planning, getting funding, ethical approvals, and trial registration, I hit an ironic roadblock—I was too busy to start the work. The halt in the project was because I could not manage my time.

I was asked to work on another task around the same time—designing an electronic assessment system for students. It wasn't part of my usual work, and I didn't have a clear spot in my daily routine. However, I managed to squeeze my time between clinical work and family time. I found myself fully engaged, driven by a spark of excitement. In just one week, I managed to finish the design.

This experience made me rethink what I thought I knew about time management. The only real difference between the two situations was my drive.

Somewhere along the way, my grit had slipped in the first project, while it came alive in the second.

## Mind Management vs. Time Management

I used to believe that time management is about knowing schedules and preparing to-do lists. Moreover, my mind was imprinted with the belief that using calendars, time management applications, or to-do list applications will increase the effectiveness of time management. But all these tools left me feeling more overwhelmed than empowered. My to-do list kept expanding, and deadlines slipped away many times. I rescheduled my tasks many times.

Reflecting on my past, I recall my school days. I often plodded along at a slow pace from one chapter to the next until exams were just around the corner. The urgency of an impending test, however, lit a fire within me, and I'd leap ahead with a speed I couldn't summon earlier in the year. Why was it that urgency, rather than careful planning, fueled my productivity?

Kadavy<sup>1</sup> describes this well, suggesting that instead of "breaking time into chunks and stuffing them with tasks," we should learn to "flow with the rhythms of the mind." He argues that different mental states are suited for different types of work. A rigid schedule can kill our intrinsic drive for creative, focused, or passion-driven tasks. When you allow your mind to follow its natural tendencies, you're better able to channel energy where it's needed rather than trying to force focus through an arbitrary structure.

It dawned on me that traditional time-management tools are helpful but insufficient. Efficient scheduling has its place, but true productivity—especially for the tasks that matter most—requires something more powerful: grit and an inner drive that taps into our prefrontal cortex, the part of the brain responsible for



prioritizing, focusing, and keeping us goal-directed.

### Prefrontal Cortex

The prefrontal cortex of the brain is also known as the “executive area”.<sup>2,3</sup> This area of the brain plays a crucial role in regulating planning and decision-making.<sup>4</sup> By the age of twenty-five, these brain regions developed to maturity.<sup>5</sup> The prefrontal cortex of the brain does not function similarly to a task list or calendar. It is affected by our drives, interests, and sense of direction. Our brain's prioritization system automatically prioritizes some tasks over others when we are driven by enthusiasm or a sense of necessity. At these times, our mind eliminates outside distractions and sharpens our focus to a laser-like level. We experience a state of flow where productivity comes naturally to us.

### The Grit

Psychologist Angela Duckworth<sup>6</sup> defines grit as “passion and perseverance for long-term goals.” It’s the commitment to push through, even when progress feels slow, and the willingness to tackle obstacles as they arise. Grit is often more essential than intelligence or talent in determining long-term success, and it’s a powerful driver of productivity. Similarly, Adam Grant<sup>7</sup> in *Hidden Potential* emphasizes that true talent is a product of sustained effort over time, not a fixed

quality or inherent gift. “Our greatest untapped resource isn’t our talent; it’s our tenacity,” he argues. He emphasizes that resilience, especially in the face of challenges, is what sets the most accomplished people apart. This highlights the importance of grit over time management. In other words, it is mind management rather than time management. When we are truly driven, our potential emerges. This is not because we are managing our time perfectly, but rather, this is due to our deep commitment to our goals.

Tasks that are in line with my interests, values, or goals naturally capture my attention. I had a sincere interest in the project and a sense of purpose, which motivated me to finish the electronic evaluation system despite my other commitments. It was inner motivation, not a carefully planned agenda, that gave me a sense of urgency and focus.

### Drive Your Mind, Time Will Follow

In the end, time management is a tool, but it’s not the engine of productivity. The real fuel is within us in the form of grit, passion, and self-persuasion. Success is as much about managing the mind as it is about managing minutes. As Kadavy<sup>1</sup> notes, “Managing your time is futile if you can’t manage your mind.”

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Declarations: Chatbot has been used to correct grammatical errors.

## केही उचाईहरु केही गहिराईहरु



डा. शर्मिला गैनु  
पहिलो वर्ष, एम.डी. रेजिडेन्ट  
डिपार्टमेन्ट अफ पेडियाट्रिक्स

(पा.स्वा.वि.प्र. स्नातक विद्यार्थी समाजद्वारा आयोजित काव्य संगमः  
चौथो कविता वाचन प्रतियोगिता २०८१ मा प्रथम स्थान प्राप्त गरेको कविता)

माथि पुग्नुछ, जहाँबाट  
म फेदमा हुँदा अजङ्ग र असम्भव लागेका  
पहाडहरु पनि होचा देख्न सक्नु  
गौरवले प्रफुल्लित बनेर  
खुशीको एकसर्को सास भर्न सक्नु  
सफलताका सपनाहरुमा समर्पित  
यी प्रत्येक पाइलाहरु  
नाच्दै-हाँस्दै-उफ्रिदै चाल्नु छ  
बेतोडले दौडनु छ  
यो हावाको वेग सँगै  
यो प्रकाशको तेज सँगै  
यो आकाशको अनन्तता सँगै  
यी तरेलीका लहरसँगै  
यी पंक्षीका उडानसँगै  
उर्जासँगै! उमङ्गसँगै!  
के छ त्यो माथि माथिको उचाईमा  
महत्त्वकांक्षा? हर्षोल्लास? या बिजयत्सव?  
केहि त छ,  
जसले उत्साहित बनाउछ  
कि मलाइ अझै उक्लिनुछ  
अझै उंभोतिर!  
तर प्रत्येक दिन  
नाट्यमन्चन पछि कलाकार  
आफ्नो साबिकको भेषमा फर्किए जस्तै

दिनभर यत्रतत्र भौतारिए पछि  
साँझ आफ्नै घर फर्किए जस्तै  
म पनि फर्किन्छु  
आफ्नै गहिराइमा  
जहाँ मात्र म हुन्छु  
यथार्थमा म, 'म' हुन्छु ।  
यो दुनिया देख्न माथि चढेको म  
आफूलाई हेर्न भने आफुभित्र झरेकी छु  
यहाँ बसेर  
उत्साहले उन्मत्त भइ उकाली चढ्दा  
लागेका ठेसका चोटहरु सुम्सुम्याउनुछ  
लखतरान भइ गलेका पैतालाहरुलाई  
विश्राम दिनु छ  
जिन्दगीको अस्तित्व खोज्न हिँडेकी म  
त्यही अस्तित्वको औचित्य भेट्दाउनु छ  
उनीहरु त केवल मूल्याङ्कन गर्छन्  
आफूभित्रको अन्यौलताहरुको समाधान  
आत्मसमीक्षाबाट पहिल्याउनु छ  
झिसमिसेमा सूर्योदयको पहिलो किरण  
स्पर्श गर्न दौडिएकि म  
सन्ध्याकालमा पारी क्षितिजमा  
डुब्दै गरेको घामसँगै  
डुब्छु म पनि, आफ्नै गहिराईमा

के छ त्यो तल तलको गहिराइमा  
स्थिरता? सौम्यता? आत्मसन्तुष्टि ?  
केहि त छ  
जसले आभाष दिलाउछ  
कि स्पन्दन छ छातिभिन्न कतै  
र म अझै बाचिरहेछु ।

केहि उचाईहरु केहि गहिराईहरु  
समाहित छन् एकआपसको समिपमा

आखिर उचाई भनेको के नै हो र  
चारैतिरको गहिराइ न हो  
गहिराइ छ र त उचाई छ  
उचाई छ र त गहिराई  
त्यसैले  
मलाइ मेरा गहिराईहरु  
उतिनै प्यारो लाग्छन  
जति मेरा उचाई छन्!



 Aditi Sah  
12<sup>th</sup> Batch, MBBS



## Girl on fire

A beautiful girl was happily married,  
Since twenty seventy-four (2074).  
After a year her husband died,  
It hit her heart's core.  
With shattered heart she cried,  
Louder than a tiger's roar.

The cruel society theft away  
All the colors she wore.  
She was treated like an object  
Thrown in a store.  
Past memories and bullied by the society  
Her eyes were sore.  
Showing sympathy towards her  
The society said, "Oh! She is so poor."

Collecting some courage to start a new life  
She opened the door.  
She took few steps forward forgetting all the things  
That happened before.  
After few years she found a new guy  
Who loves her more.  
Now the judgmental society calls her a whore...

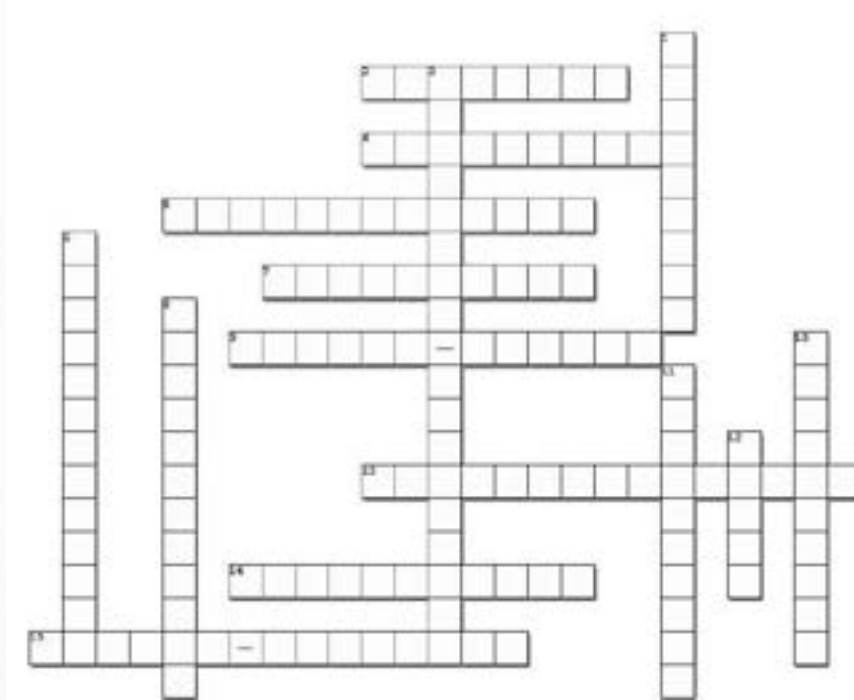
Don't think you are weak girrrl  
You have that spirit to lead the world.  
Take new steps for your own life and,  
You will be a motivation for many more.  
Why won't you give a chance,  
For your dreams to explore?

Forget everything...  
And enjoy your life to the fullest girrrl,  
The life is yours.



 **Rakshya Paudel**  
Food Technologist, Dietary Department

## Crossword



### Across

2. Cancer originating in the lymphatic system
4. Excessive thirst
5. Formation of blood cells
7. Inflammation of blood vessels
9. Connective tissue disorder causing joint hypermobility
13. Deficiency in enzyme breaking down phenylalanine
14. Procedure to examine interior of a joint
15. Genetic disorder affecting lungs, pancreas, etc by production of abnormally thick mucus

### Down

1. Chronic liver condition, often viral.
3. Immune system attacks the myelin sheath of nerves.
6. Removal of a lung
8. Loss of bone mass and density
10. Anemia caused by vitamin B12 deficiency
11. Disease that happens when the body's natural defense system can't tell the difference between your own cells and foreign cells
12. Autoimmune disease attacking skin and mucous membranes, gives butterflies on your face



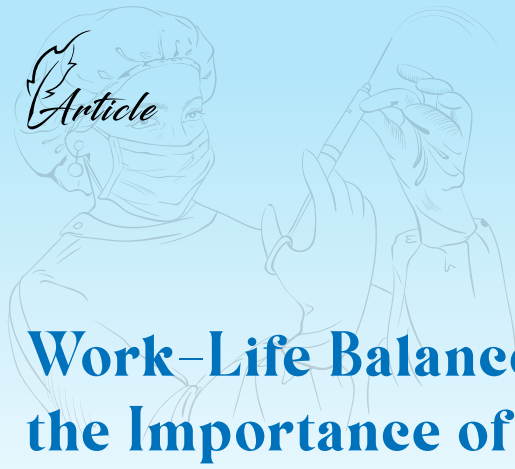
 **Anima Shrestha**  
3<sup>rd</sup> Year, BSc. Nursing



"आफ्नो मातृभूमि आफै बनाउने हो, अरु कसैले आएर बनाउने छैन ।" – वीर गोर्खा







# Work-Life Balance and the Importance of Family



 **Dr. Rupesh Raut**  
MD, MS

Assistant Professor, Neurosurgery

## *A Consultant's Perspective for Medical Students Entering Clinical Practice*

In your lives as medical practitioners, this is possibly one of the most transformative moments and this is because, you have the opportunity to commence your clinical practice which is an entirely different ball game from all the academic institutions axioms that you had been learning so far. Clinical practice is strenuous, exciting and gratifying at the same time. Everything that one had learned in theory for years will actually be put in real practice with real patients. But this transition into the next phase will certainly not come easy. It is easy to become stressed and disillusioned with all the patient-related responsibilities, work timings, and the very nature of the profession itself.

In the midst of the demanding workload and high standards, I want to highlight a lesson that, in my opinion, is just as crucial as the medical expertise you have developed: the necessity of developing and upholding a positive work-life balance. More significantly, even as your responsibilities as doctors increase, I urge you to never underestimate the importance of personal connections and family. These aspects of life will serve as your anchor, helping you navigate the inevitable challenges and pressures that accompany a career in medicine.

## *Understanding Work-Life Balance in Medicine*

A perfect 50/50 division between your personal and professional lives is not what we mean when we talk about work-life balance, particularly in the context of medicine. Instead, it means striking a balance between the two so that neither your personal life nor your career suffers unduly.

You will soon embark on a career that requires a profound level of mental, physical, and emotional dedication as medical students on the verge of clinical practice. As a consultant in neurosurgery, I know that the intense pressures of medicine can create a skewed work-life balance if we're not mindful. I've noticed

throughout the years that people who have learnt to balance their personal and professional life are the ones that achieve both personally and professionally.

The healthcare industry frequently requires a great degree of dedication, long hours, and considerable on-call responsibilities. However, a successful medical profession is characterised by your quality of life outside of work as much as by clinical results. The secret is to learn how to balance both areas such that one enhances the other rather than overpowers it.

## *The Importance of Family*

Many people are driven to achieve professional success because they want to support their loved ones. But, ironically, the very thing that drives us to work harder – family – is often what we neglect as our



careers take off. In addition to fatigue, diminished job satisfaction, and strained personal relationships, this imbalance can result in serious regret later in life.

Family, in all its forms, provides emotional stability, comfort, and a sense of purpose that work alone can never fully satisfy. Your family is your foundation, no

matter how difficult your profession gets. The joy of celebrating your professional milestones with them and the support they provide in times of stress cannot be replicated by career success alone.

It's crucial to make conscious attempts to maintain relationships with your loved ones when you transition into your clinical duties. It will be difficult in the beginning of your profession, but making time for your family should always come first. Maintaining these relationships—whether with your parents, spouse, kids, or close friends—is crucial to your long-term enjoyment and emotional health.

### ***Avoiding Burnout***

In the medical sector, burnout is a serious problem, especially in high-stress areas like intensive care, emergency medicine, and surgery. Emotional weariness, a feeling of depersonalisation, and a lessened sense of personal success are its hallmarks. Burnout is more likely to occur when work demands continuously exceed available resources, both internal (like emotional resilience) and external (like time).

In my experience, realising that imbalance is frequently the root cause of burnout is the first step in preventing it. Pressure can mount to an unmanageable level when work takes precedence over relationships, physical health, and emotional well-being. For this reason, work-life balance is essential to long-term success in medicine and not just a luxury. If you burn out, you are not only doing a disservice to yourself but also to your patients, colleagues, and loved ones.

### ***Strategies for Balancing Work and Life***

Here are a few tactics to help you keep a good work-life balance as you start your clinical practice:

1. **Time Management and Prioritization:** It's possible to become overwhelmed by the demands of daily life in the hectic setting of clinical employment. You may make time for both work and personal life by learning to effectively manage your time and prioritise your duties. Create a framework that distinguishes between important and urgent tasks. Not all tasks require immediate attention, and some can be delegated to others on your team.
2. **Establish Boundaries:** It's critical to draw distinct lines between your personal and professional lives. Even if work will unavoidably occasionally interfere with your personal time, it's crucial that this doesn't happen frequently. Make self-imposed boundaries, including scheduling family time, and taking breaks to rest.
3. **Delegate and Collaborate:** The medical field relies heavily on teamwork. Develop trust as you get more experience, and when it's suitable, assign work to your colleagues. Delegating well not only lessens your workload but also gives your team the ability to make significant contributions to patient care. Working together makes sure you don't bear all the weight alone.

4. **Make Time for Family and Personal Relationships:** Make time for friends and family on a regular basis, regardless of how hard your job gets. These connections serve as a safeguard against the pressures of the workplace in addition to being a source of happiness. Establish patterns that will guarantee your presence at significant family occasions, life turning points, or even ordinary, everyday occurrences.
5. **Self-Care is Essential:** As medical professionals, we frequently put our patients' health before our own. Nonetheless, maintaining your physical, mental, and emotional well-being is essential to your efficacy as a physician. Essential elements of self-care include regular exercise, a balanced diet, and leisure time for hobbies or relaxation. In your quest for professional success, don't overlook them.
6. **Seek Support When Needed:** Practicing medicine can be emotionally draining, particularly when dealing with challenging situations or results. Never be afraid to ask for help, whether it comes from mentors, coworkers, or mental health specialists. Stress can be lessened and feelings of loneliness can be avoided by sharing your difficulties, feelings, and experiences.

### ***Conclusion: A Balanced Life Leads to Fulfillment***

Finally, as you enter clinical practice, keep in mind that being a doctor is just one part of your life. Despite being a very rewarding profession, medicine shouldn't come at the expense of your wellbeing, health, or interpersonal connections. A successful career combined with solid interpersonal ties and a sense of equilibrium between your personal and professional lives is what makes a life fulfilling.

As you advance in your job, make an effort to maintain a healthy balance between your personal and professional obligations. A doctor who is emotionally stable, well-rounded, and content in their personal and professional lives will benefit the patients they treat. More significantly, you will live a life full of enjoyment and purpose.

Never forget that although your profession will play a crucial role in your life, it shouldn't ever define who you are. You will succeed in both your personal and professional lives if you treat both with the same consideration and care.

The takeaway is to give your best to your patients, but don't forget to care for yourself. Take breaks, cherish time with family, attend events, watch that movie, enjoy that concert, go on vacations, spend time with friends, and pursue your hobbies. Remember, life exists beyond the hospital walls too.



 Achut Paudel

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## Rural health care

Despite being known for its geographical diversity for tourism, hydropower, and economic opportunities, the majority of people residing in our country do so in rural areas. The majority of these people are deprived of high-quality basic and emergency health care services. Many strategies, policies, and plans have been formulated and tried to address this burning issue, but none of them have provided a genuine and promising solution. In this complexity, since its establishment in 2064 B.S. PAHS has announced its vision to serve these deserving and under attended rural communities. Today there is an ever-growing mountain of evidence that this vision is being brought to life as success stories from all around the nation begin to pour in from across the nation.

MBBS graduates, followed by MD graduates, along with nursing and other fields from PAHS, are considered the pillars of healthcare service in remote regions like Karnali and the far west. It is among this young and industrious bunch that there is a preference to serve these areas without any hesitation. This is very surprising in comparison to other institute graduates. Truly, PAHS has been able to seed its vision into every student.

The rural health system is still awaiting dedicated, skilled manpower, which is partially addressed by PAHS. It is not only a tertiary hospital located in Lalitpur as known before; it is well renowned for its evidence-based quality health care services serving thousands of patients all over Nepal and continuously producing young doctors and nurses eagerly serving rural communities. PAHS has given tough competition to other institutes and emerged as a real protagonist to serve those needy people with love, affection, and dedication.



कविता

### दुखाइहरु

जिन्दगीका यात्राहरुमा  
कति बोकेर हिड्नुं दुखाइहरु  
कहिले मुटु दुखेको छ  
कहिले घाउ दुखेको छ  
तिमीले दिएका चोटहरुको  
दुखाइहरु त मैले  
लुकाएर राखेको छु  
आजकाल दुखाइहरु

बोकेर हिड्न नसकि  
म यात्रामै थक्क बसेको छु  
जाउँ हिड भन्दा कसैले  
म के भन्नुं के भन्नुं ?  
अब म यी दुखाइहरु  
बोकेर हिड्न सकिदैन  
कहाँ बिसाउँ म  
म यति धेरै दुखाइहरु !!




 राम प्रसाद प्रजापति

लेखाशाखा

## What Makes You Proud to Work at PAHS?



 **Prof. Madhusudan Subedi**  
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Coordinator, School of Public Health  
Patan Academy of Health Sciences, Nepal

### *The Context:*

There are a few attributes in any organization that make people proud or displeased at work. Some academic organizations genuinely care about their students, faculty and employees and want to see them succeed whilst some are formal and do not care at the individual level. Some offer a lot of training and opportunities to help employees grow and advance in their careers while some do not pay attention to these matters. Some organizations are socially and environmentally responsible, and are always looking for the betterment of underserved populations whereas others are fully profit oriented.

Few years ago, I asked my colleagues, students and administrative staff 'What makes you proud to work / study at PAHS?' In my view, this is an important question to reflect, review and improve for the betterment of an academic institution. The knowledge, skills and ethical values we impart will have a direct impact on new generation leaders, patient care, quality of education and professional integrity.

I found diverse responses from different groups of participants, some of which were very positive while some were negative. However, most of the responses were centered at the micro and personal level. In this short writing piece, I take the opportunity to highlight some of the quotes shared with me. I also share some of my personal reflections that make me proud while working at PAHS.

### *Responses of the Administrative Staff:*

'Nothing, I have never been proud to work here. Why should I be proud? I am a senior staff member

at PAHS and haven't been promoted, while those who joined later have become my bosses?'

'To be honest, I regard my job ordinarily which means I do not become overly proud of it or undermine it. I work hard from 8 AM to 4 PM and get a salary. PAHS is growing and many academic and service programs are expanded. One positive aspect is that PAHS is not a private organization that someone fully controls and decides according to his/her will.'

'The atmosphere between the members of the PAHS family is open-mindedness, team work, and the desire to succeed together. In this organization, there is less hierarchy between teaching staff and administrative staff, and most of the staff are friendly and supportive. I live in Lalitpur, and I am happy working at PAHS.'

'During the COVID-19 pandemic, doctors, nurses and staff worked hard. Such works prevented a lot of us from dying. PAHS was honored and congratulated by the Ministry of Health and Education, and Lalitpur Metropolitan City. It was something to be very proud about. Even in the dire situation, salary was given to us on a regular basis. The lower level staff get a relatively better salary compared to other organizations.'

### *Faculties Provided the Following Responses:*

'PAHS is good for permanent medical and nursing faculty. The Service Commission is active, faculties are promoted on a regular basis, doctors are allowed to work in other hospitals after and before office

hours, and benefit provision after retirement is good. For others, it is challenging. Research component is relatively weak compared to education and service. For non-clinical faculties, without research opportunities the work becomes monotonous after some years of experience.'

'I respect my own performance and institutional rules and regulations. Curriculum at PAHS is updated and is competency-based. When I stand before the students and explain the theory, methods and practical challenges, they listen to me carefully and respond positively, it satisfies me.'

'Here everything goes to plan. I feel satisfied with my current job. PAHS is the only academic institution in Nepal where the students and faculties know the exact dates of various examinations. Working the first three days a week and getting off on Wednesday and working two days again is a very comfortable schedule. Salary is deposited in the bank account by the end of the month.'

'Although faculties do not get handsome salaries at PAHS, it is an autonomous, not-for-profit, self-sustained organization and the rules and regulations are transparent. All the faculties and staff have to work hard and maintain discipline. I am happy working at PAHS.'

### ***Students' Responses Were as Follows:***

'Due to inadequate space, we have been compromising our teaching learning activities at PAHS. Sometimes it is difficult to get room for lecture sessions. There are issues related to the hostel and canteen. Despite these limitations, teaching and learning activities at PAHS are good. Most of the faculties are friendly, curriculum is updated, examinations and results are happening in time.'

'Problem Based Learning, Community-based Learning and Education field posting, Medical Humanities, intensive orientation and the PAHS mission and values puts strong emphasis on quality and skill-based competency. Research and practical application are emphasized in our curriculum. Such provision at PAHS makes me proud.'

'Innovative teaching-learning methods, commitment of the faculty, friendly faculty members, self-directed learning and education, culture of teamwork and collaboration among the faculty members and their full time commitment at

PAHS makes me happy.'

'I feel proud to be a member of the PAHS family because of its curriculum, teaching-learning methods, friendly environment and availability of low-cost canteen. I feel good to say that I am a PAHS graduate.'

### ***What Makes Me Proud While Working at PAHS?***

I do not comment on the responses of the administrative staff, faculty and students although there are a lot of variations on their views. I will not repeat the similar responses but will share my observations and reflections. Neither I will tell you about how many students have gone abroad for further education nor how many of our graduates and faculties received political appointments. I will share how a small working style and practice make the system different from the conventional one. It is the nuances in our working culture and values that makes many of us happy and proud.

First, the provision of a common toilet for Executive Council members, staff and students. Such a unique practice fosters a sense of equality and inclusivity within the workplace. It breaks down hierarchical barriers and promotes a more cohesive and collaborative environment where everyone feels respected and valued. Moreover, it simplifies maintenance and resource allocation to manage and clean. A common toilet can contribute to a more unified, efficient and harmonious workplace atmosphere.

Second, we have the same canteen and sitting arrangement for all levels of staff. Eating at the same canteen promotes a sense of unity and equality within the PAHS family. Cost of each item in the canteen is the same for all PAHS members. An office assistant can sit, interact and share the same dining table with the Vice Chancellor and other senior officials. Such practice has been encouraging informal interaction and conversations across different staff, faculty and students. It helps break down the barriers that might otherwise exist between ranks and files. Such a setup is helping to improve communication and collaboration, as everyone has the opportunity to exchange ideas and build relationships in a communal setting. It also reduces costs and logistics related to operation and maintenance. Most importantly, the quality and cost of food and service are the same irrespective of hierarchy and position, ensuring fairness for all.

Third, the Executive Council Members (Vice Chancellor, Rector, Registrar, Deans and Coordinator, Hospital Director and Medical Director) of PAHS teach,

regularly perform academic and service related work, and travel to field to provide training to the students, health workers, and engage with the community as and when needed. In many academic institutions, juniors work hard and seniors go as external examiners and as delegates for various international and national conferences. The case of PAHS is different, seniors have multiple roles and responsibilities for the betterment of the institution. They inspire the next generation doctors, nurses, administrative staff and students.

Fourth, the PAHS authorities are easily accessible for communicating academic and service related issues. Such practice ensures transparency, swift solution of problems, and stronger sense of ownership to resolve the common issues.

Fifth, everyone's office hours are paid by the institution. In many academic institutions, senior officials and faculties get meeting allowances and project benefits. The case of PAHS is different. Faculty should prepare the examination questions and check answer sheets at the office hours. They are not allowed to take examination answer sheets in their homes for marking and evaluation. All the work should be done without additional benefits. These rules promote ethics, professionalism and integrity but hinder for promoting the research culture and other scholarly work.

Sixth, health care service at PAHS is affordable and unnecessary tests are not recommended. Health care services in Nepal are expensive and people are unable to afford treatment in private hospitals. Many private hospitals frequently mandate unnecessary diagnostic tests as a prerequisite for the treatment. In contrast, doctors at Patan Hospital avoid recommending unnecessary tests and medicines are cheaper in the hospital pharmacy, making essential care more accessible and affordable.

Seventh, PAHS does not publicly notify the marks obtained by the students in the examinations. The objective is to encourage each and every student for their growth and development and minimize the competitive feelings among them. The result is given to individual students.

Finally, as one of the founding faculties, I am proud to be a teacher at PAHS for many reasons highlighted above. I spend the maximum time of a day at PAHS where the positive energy of students is felt and experienced.



*A heartfelt tribute to Dr. Gwendolyn Hallar,  
whose generous donation to*

*The Symphony, Issue V, reflects her unwavering support and dedication.*

*Her contribution is a testament to her passion for the arts and  
her lasting impact on the community.*

*We are deeply grateful for her kindness and commitment.*



# जीवनको बाटो



✍ दिक्षा कट्टेल  
चौधौँ ब्याच, एम.बि.बि.एस

उसको जीवन अर्थविहीन थियो। भूत कोट्याउनै नसकिने, वर्तमान अन्धकारमै चलिरहेकै छ र भविष्य थाहा छैन कता लुकेको छ। सडकमा हिँड्ने मानिसको निम्ति यो जीवन केवल निर्देशन नगरिएको एक मनोरञ्जनात्मक नाटक थियो। कथाकारको निम्ति कथा लेख्ने राम्रो विषय बने, कविका निम्ति समान अवसरहरू अनि कुर्सोमा विराजमान शासकहरूका निम्ति कमिसनका बहारहरू, तर जे होस् जीवन निरन्तर गतिमा चलिरहेकै थियो। कर्तव्य टुटेका थिएनन्। अधिकार विहिन थियो। शताब्दीमा पनि जीवन ढुङ्गेयुगको पछाँटे हुन बाध्य थियो।

बाबुको अनुहार अहिलेसम्म पनि देखेको छैन। सबिनलाई यसमा कुनै पछुतो पनि छैन। आफ्नी आमा तल्लो गरे लाहुरेसँग पोइला गएपछि ऊ अनाथ हुन पुगेको थियो। तर तबदेखि नै काखमा दुधे भाइबोकी सबिनले एकोरो जिन्दगीको गोरेटोमा पाइला उचालेको थियो र अझै उचाल्दै छ। सपना अनेकौँ कुल्चदै सबिन आँखाबाट बरबर आँसु खसाल्दै आमाको माया र बाबुको छायाको झल्को मेटाउँथ्यो। फेरि भाइको रोदन र त्रिदमको सामना गर्न सक्ने मुटु भगवानले सबिनलाई धन्न दिएका रहेछन्। आत्माग्लानी र मनभरिको बह नै उसको भोको कष्ट निष्क्रिय थियो भने आँसुले प्यास र पानीको तिसर्ना मेटेकै थियो। उज्वल भविष्यतर्फ चाल्नुपर्ने कदम छिया-छिया ती काँडाहरूतर्फ लक्षित थिए। जसरी तसरी सास रोकिएको थिएन र मुटुको धड्कन धड्किरहेको थियो। सधैं झैं घाम पूर्वबाट उदायो र एकाएक मानिसहरू सहर भरि छरिसकेका थिए। बिहानको चिसो हावाले सबिनको सपना बिथोलिएको थियो। सधैंजसो भाइलाई बोकी आजको निम्ति पनि भोक मेट्ने बाटो खोज्नु ऊ जुरुक्क उठ्यो तर अचानक कसैले बोलाएझैं उसलाई अनुभूति भयो।

“बाबु तिमी यो सानो भाइ बोकी कहाँ कहाँ डुल्छौ?” आनन्दको प्रश्नले सबिन अचम्मित हुन्छ। “जहाँ भोक शान्त हुन्छ र प्यास मेटिन्छ, तर मैले तपाईंलाई त चिनेन नि?”

“बाबु म तिम्रो यो अवस्था गोष्ठी सेमिनारमा उठाउँछु तिमिले मलाई चिन्दैनौ तर तिमी मेरो आवश्यकता हो। म एउटा ठूलो मान्छे हुँ।” आनन्द खुसी हुँदै उत्तर दिन्छन्। आनन्दको कुरा सबिनले बुझ्न सकेन र बुझ्ने कोसिस पनि गरेन। आमाबाबुको याद बोकी भाइलाई च्यापी सबिन एकहोरो पाइला चाल्छ। आनन्द एक टकले हेरिरहन्छन् र मुसुक्क हाँस्छन्।

भोलि बिहान आनन्द गएर सबिनलाई उठाउँछन् “बाबु उठ”। सबिन अचम्म मान्दै, आँखा मिचि उठ्छ। आनन्द सबिन उठ्नु भन्दा पहिले नै हातमा कलम र कापी बोकी उपस्थित भएका हुन्छन्।

“जाउँ हिँड म तिमिले बिस्कुट दिन्छु अनि थुप्रै मिठाई पनि।” आनन्दले सबिन र उसको भाइलाई तान्दै पसलतर्फ लग्ने कोसिस गर्छन्।

“कुन बिस्कुट खान्छौ?”

“उ त्यो क्रिम भएको।”

सबिनको भाइ मुस्कुराउँदै भन्छ। यसको मुस्कानले यस्तो लाग्छ कति दिन बस्यो उनीहरूको संसार हाँसे जस्तो लाग्छ।

“मेरो पंख हुन्छ, तर म आकाशमा उड्न सकिदैन, म हिँड्न सक्छु, तर म कतै जान्न सकिदैन, म के हुँ?”

“बाबु तिम्रो बुबा खै?” आनन्दले प्रश्न गर्छन्। “थाहा छैन” बिस्कुट टोक्दै रिसाएको मुडमा उत्तर दिन्छ। “अनि आमा खै नि?” आनन्दले फेरि प्रश्न गर्छन्। पोइला गइन्। सबिन फेरि झर्किँदै उता दिन्छ। “अनि तिम्रीलाई बुबा-आमाको माया लाग्दैन?” आनन्दले फेरि पनि प्रश्न गर्छन्।

आनन्दले कपीमा ती प्रश्न उत्तर लेखिरहन्छन् तर आनन्दको यस प्रश्नको उत्तरमा केवल सबिन पिलपिल आँसु बगाइरहन्छ। अनि केहीबेरपछि जुरुक्क उठ्छ। भाइलाई च्याप्छ र दौडिन्छ।

क्रमशः दिनहरू बित्दै जान्छन्। हरेक बिहानको घामका किरण सँगसँगै सबिन र उसको भाइ को प्रतिक्रियामा आनन्द हेरिरहेका थिए। आनन्दको कपी पनि प्रश्नउत्तर र सबिनको जीवनको तिता-मिठा सम्झनाले मेटिसकेका थिए।

सधैंजसो आनन्द आज पनि ती अबोध बालकको प्रतिक्रियामा थिए। त्यसदिन न त आनन्दले बिस्कुट दिए न, त प्रश्न नै केवल आनन्दले ती दुई बालकको फोटो खिची त्यहाँबाट टाढो भन्दा टाढा बाटो तताउँछन् उनी खुसी देखिन्थे। किनकि उनले अब आफ्नो प्रोफाइलको निमित्त विधि पनि पूरा गरेका थिए।

सबिन आज पनि आनन्दका प्रतिक्रियामा छ। अचानक सबिनका आँखा पसलको पत्रिकामा पुग्छन् जसको पहिलो पेजमा आनन्दको तस्बिर छापिएको देखिन्छ। तस्बिरमा आनन्द प्रोफाइल बोकी मुस्कुराइरहेका देखिन्छन् आनन्दले धेरै सम्मान र पुरस्कार पाएका छन् भन्ने कुरा पनि वरिपरिका हल्लाबाट सबिनले थाहा पाउँछ। अब फेरि पनि भोक र प्यास मेट्न को निमित्त सबिन अर्को आनन्दको परवाईमा बस्नुपर्छ वा न फेरि गल्लीगल्ली डुल्नुपर्छ। “बाबु हामी पनि अङ्कल जस्तै ठूलो मान्छे बन्ने हो” भन्दै सबिन भाइलाई बोकी गल्लीगल्ली हिँड्न थाल्छ।

-धन्यवाद-



## धुवाँ



✍ तपेन्द्र ढकाल  
दर्शन व्याच, एम बि बि एस

अस्तित्वले फकाएको,  
गन्तव्यले हराएको,  
धुवाँ हूँ म  
बस, म उड्ने हो  
तिमीले उडाउने हो  
चुरोटले आत्मघाती धुवाँ उडाए जसरी  
अनि त्यहि धुवाँले कोर्ने हो,  
तिम्रो तस्बिर  
अनि सम्झाउने हो

तिमीसँगै हिँडेका गल्लीहरू,  
कक्षाकोठा मा चलेका हल्लिचल्लीहरू,  
छ देखि छ सम्म चलेका बातहरू,  
हिउँदमा तातेका रातहरू,  
सर्पको बीस भन्दा विषालु तिम्रा यादहरू  
तिमी जैले जैले आउँछौ  
यादहरूको गिलाश मा शराब भर्छौ  
तिमी र चुरोट मित त हैनौ नी  
उसले फोक्सो तिम्रो हिर्दय खराब गर्छौ।





## दर्शैँ सकियो

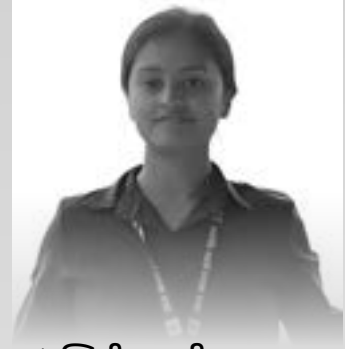
✍ असिम बताजु  
फेलो रिउम्याटोलोजी

दर्शैँ सकियो,  
हरा-भरा पनि सकियो ।  
फिका-फिका, न रिक्तो न भरिएको खुशीहरू ।  
पूर्णमाको जून धपक्क बलेको यो औँसिको आँगनमा ।  
दर्शैँ सकियो, तर खुशी सकिएको हैन ।  
दर्शैँ सकियो, तर सपनाहरू सकिएको हैन ।

तर फिक्कोपन र रिक्तोपनले  
मुहारको चमक उदाएको छ तिम्रो ।  
खै किन तिम्रो मुहारमा आज  
अशान्त छालहरू उर्तिरहेका छन्?

कपट, रिस, डाहा, जलनले भरिएको  
मनुवाहरूको बीचमा  
तिमी शान्त बुद्ध नबन, अब ।  
तरबार उठाऊ तिमिले पनि  
अब मनको आँगनमा ।

अब तिमि तेस्रो विश्वयुद्धको  
बिगुल फुक ।



✍ स्विटी कुमारी साह  
तेह्रौँ ब्याच, एम.बि.बि.एस

## व्यथा

छोटो जिन्दगी लामो कथा  
मुहारमा हाँसो अनि मनमा व्यथा  
युगौयुगदेखि भोग्दै आए सबले  
दुःख सुखका अनन्त प्रथा  
हो, त्यही व्यथा!!!

निरधनलाई सम्पतीको व्यथा  
गुणीलाई बेरोजगारीको व्यथा  
अज्ञानी लाई हेपि हिँड्ने विदुषीको व्यथा  
सम्पन्नलाई सम्पती जगेन व्यथा

अनाथलाई सुखि जिवनको व्यथा  
तरुनीलाई रूप, यौवनको व्यथा  
नारीलाई प्रसुतिपनको व्यथा  
छोरीलाई छोरा बन्नमा व्यथा

छोराछोरी कमाए, आफै रमाए  
कसलाई थाहा, बुढाबुढीको व्यथा  
अनन्त संघर्षबाट फेलापरेको हार  
कठै बिचराको अविष्मरणीय कथा  
हो, तिनै व्यथा !!!

वरिपरि सूर्यको घुँम्दाघुम्दै पनि  
त्यागे छैन पृथ्वीले आफ्नो प्रथा,  
सहेर अग्निको कडा व्यथा  
जाजल्यमान छ सूर्य, चल्दैछ प्रथा

घरी हसाई, घरी रुवाई  
हो, यस्तै छ जीवनको प्रथा  
व्यथा - व्यथा मिलेर नै  
रचिन्छ एकदिन एतिहासिक कथा!!!

## AI-ien Invasion: Is Artificial Intelligence Taking Over Our Study Life?

**CBSE in 6 days!!!**



 **Sumana Khakurel**  
12<sup>th</sup> Batch, MBBS

This reminder covered almost half of my screen, just in case I forgot about the upcoming “monumental”, “trajectory-of-MBBS-life altering” saga. As I sifted through heaps of lousily stapled A4 sheets and missing pages of what was supposed to be “notes”, scribbled with writings only a divine entity could decipher and make sense of, I realized one thing- there is no way I can figure out where I jotted down the toxins produced by a particular microbe somewhere in that overwhelming heap. I was already 2586 hours behind my schedule, so like any wise man would do, I decided to seek solace in the arms of the trusted ChatGPT (insert holy music).

I remember my early encounters with ChatGPT, back when it was just getting started. The transformation in its responses since those days is a testament to the leaps AI has made and the vast potential that still lies ahead. Be it solving a tricky numerical or diving into complex concepts, AI has got you covered! The answers have a human-like tone that feels up close, personal and tailored to cater to individual needs. This evolution has turned ChatGPT into a remarkable sidekick, delivering responses users crave within seconds.

As I rejoiced over the fact that I figured out my microbe so conveniently, I couldn't help but wonder how many students, all around the globe, were

sharing the same joy as me. You know, the joy of getting your work done easily, with almost zero hassle. The joy of simply typing in a math problem and getting a complete step-by-step solution. The joy of asking your AI buddy to generate an essay, paraphrasing it across a couple of platforms and calling it a day. One may argue that clever people attain greatness with the least possible effort (well, fair point), but would it really be considered greatness if the whole essence of practice and challenging yourself for rewards is compromised? What good will the flawless 10/10 essay whipped up by an AI do to society anyway? Forget society, will it serve any logical purpose for the students themselves?

Another day, and more teachers are rolling their eyes at identical AI generated responses across 500 different assignments. Homework is getting ... Let's just say more spot-on, and AI is getting scarily better. Regardless, I still owe my sincerest gratitude to the neverending well of neutral networking knowledge for being there during the desperate dark times (and for wishing me good luck before my exams with a four-leaf clover emoji). Thank you ChatGPT, my trusty little sidekick in the academic adventure !!!





✍️ Dhiraj Prakash Yadav  
14<sup>th</sup> Batch, MBBS

## My lucky clover

Oh, my lovely mother,  
You are such a darling to me.  
Oh, my lucky clover,  
You are holding my life's key

Let me gaze into those beautiful eyes –  
All I see through is a sparkling dazzle,  
With the hope that your champ will rise,  
And a dream for us to share the same castle.

After such a long, hustling day,  
All I want is to lie down, resting my head on your lap  
My heart is just malleable clay,  
Shaped by your smile, erasing all chaos from its map

Place your divine hand upon my head,  
And I feel the touch of unconditional love.  
In that moment, all my worries have fled,  
For your soul is pure, like a peaceful dove.



✍️ लक्ष्मी थापा मगर  
आठौं ब्याच, बि.एन.एस नर्सिङ

## मदिराले टुटेको सम्बन्ध

एक्लो अनि उराठीलो घर भएपछि  
बस्नै सकिन त्यो घरभित्र डर भएपछि  
हिजो उसकै लागि लडे, बा आमासँग  
ऊसँगै जिउने मन रह्र भएपछि  
तर आज एक्लो, बेसहारा र बेघर म  
विश्वासघात र अत्याचारको सागर भएपछि  
रक्सी खाइ कुटपिट गर्ने लोप्रे भनौदो  
बाध्यतामा घरबार तोडे कर भएपछि  
न सुखले खान पाए न त चएन निन्द्रामा  
नर्क बन्यो जीवन राक्षस वर पाएपछि  
कोमल हृदय जल्यो, उड्यो खरानी भई  
जोगाउनै गाह्रो सलाई सँगै खर भएपछि  
मैले मात्रै जोगाएर के गर्नु यो सम्बन्ध  
उसको जिवन मदिरामामै निर्भर भएपछि  
जिउने आशै निमोठिदियो, कलिलो मुनामै  
के नै भनु जिवनसाथी जहर भएपछि



✍️ Krishna Pandey  
14<sup>th</sup> Batch, MBBS

## Small Help

It's not hardship, betrayal, pain, nor  
agony that makes me cry anymore...  
it's the kindness.  
It's not happiness, the course of growth  
and success,  
It's the sadness.  
The stranger on the bus  
Helped me without any fuss.  
This moved me,  
But I still didn't cry,  
Not because of society's fear,  
But because I didn't want the profound  
sense of gratitude to flow and get wasted  
in tears.



✍️ लक्ष्मी थापा मगर  
आठौं ब्याच, बि.एन.एस नर्सिङ

## लेख

रचिएका यी मेरा धमिला लेखहरूसंगै  
हुँदै छु बिलिन म पनि,  
सेतो पानामा कालो मसिले भरिएका यी मेरा लेखहरु,  
उस्तै भैदियो यो जिन्दगि पनि !!  
मानौ, सफेद सुखलाई काले मोरो दुखको धब्बा लाग्दैछ !  
म कलम भएर आउदा, त्यो भित्रको मसि थियो तिमी,  
आज यो कलममा भएका सारा मसि सुकिसकेकाछन् ।।  
न म कुनै लेख कोर्न सक्छु, न त कुनै सिर्जना रच्च नै,  
मात्र, टोलाएर एउटा अँध्यारो कुनामा रुम्मलिन सक्छु !  
लेख सुरु गर्दा, ति बचेका अलिकति अक्षर पनि लुप्त हुदै छन्  
ओहो! आशुको इरेसेरले त कलमको मसि नि मेट्ने रहेछ  
भावनामा बहकिएकै भरमा चल्ने मेरो यो सुन्दर कलम,  
आज, पक्षघात भएर निस्कियतामा लम्पसार परिरहेछ !!  
सुनौला समय, सुवर्ण दिनहरु कोर्ने मेरो कलम,  
आज, न त दिन न त रात नै पहिलाउन सकिराकोछ !!  
जहिले, मनको घाउको मलम बन्ने मेरो कलम,  
आज, सामर्थहीन एक स्तम्ब भएर बसिरहेछ !!!!!!!





✍ सुधा पाण्डे  
बाहौ ब्याच, एम.बि.बि.एस

## भयानक पठाओ राइड

मलाई दाइको फोन आयो, "सुधा, आज यतै आइज।" मैले पनि हुन्छ दाइ तर अलि ढिला हुन्छ भनें। उताबाट ठूलो बुवाले सुन्नभएछ क्यारे उहाँले "धेरै ढिलो नगर्नुहै, माहोल ठिक छैन" भन्नुभयो। जाडो मौसमको करिब ७ बजेतिर मैले एउटा एउटा पठाओ बाइक बुक गरें। त्यो बाइकमा बस्नासाथ राइडरले "सोधे कुन बाटो लैजाउँ?" "जुन बाटो लगेपनि सकुसल पुऱ्याउनु होला" मैले उत्तर दिएं। मेरो उत्तर सुनेर "सकुसल पुऱ्याउने रे" भन्दै ऊ अनौठो पाराले हाँस्यो। मलाई अलि असजिलो लाग्यो तरपनि हामी गफ गर्दै गन्तव्यतर्फ लाग्यौं।

मैले सोधें, "हजुरले यति बजेसम्म पनि काम गर्नुहुन्छ?" उसले भन्यो "अब गलफ्रेन्ड छ, उसको डिमान्ड पुरा गर्न पर्यो, त्यसैले बिहानको जागिर सकेपछि पठाओमा काम गर्छु।" म अचम्म परें। मान्छे हेर्दा ४० नाघेको जस्तो देखिन्थ्यो। उसले जोड्यो, "आजकल एक-दुई पटक फ्रि पठाओ राइड दिएपछि गलफ्रेन्ड बनिहाल्छन्। मेरी गलफ्रेन्डले अचाल धेरै नाटक गर्छ, अब ब्रेकअप गर्नि हो।" म त अक्क न बक्क भएँ। मैले सोधें, "हजुरको विवाह भएको छैन?" उसले उत्तर दिँदै, "भएको छ। मेरी श्रीमती गाउँमा बस्छे, एउटा छोरा पनि छ।" उसको कुरा सुनेर मलाई झनक्क रिस उठ्यो। मैले उसलाई रिसकै झोकमा, "हजुरलाई लाज सरम लाग्दैन" भन्दै झकारें। ऊ फेरि अनौठो पाराले हाँस्यो। "हजुरलाई आफ्नो श्रीमती र छोराको माया लाग्दैन?" भनि सोधें। "लाग्छ, छोराको त अझ बढी लाग्छ। साताको अन्त्यमा सधैं गाउँ जान्छु, उनीहरुलाई भेट्छु र बुढीलाई घरखर्च थमाएर आउँछु।" "त्यसैले अब गलफ्रेन्ड नबनाउने सोचेको छु।" भनि उसले जवाफ फर्कियो।

मैले मनमनै व्याङ्ग्यातमक रूपमा, "वाह, कस्तो माया र आफ्नो मायाको लागि कति ठूलो त्याग (परिवर्तन)!"

उसले थप्दै गयो, "हजुरलाई त केही थाहा रैन छ आजकालको अवस्था। आजकालका केटीहरु पनि केही कम छैनन्। रातीतिर थमेल नजिकबाट रक्सी खाएर टल्ली केटीहरुका लागी उनीहरुको बोइफ्रेन्डले पठाओ बुक गर्छन्। त्यी केटीहरुले मलाई नै बोइफ्रेन्ड सोचेर च्याप्प समात्छन्। कोही कोही अत्याधिक नजिकिन्छन्।" "हजुरले यो सब गर्दा बुढिलाई धोका दिएजस्तो लाग्दैन?" मेरो अर्को प्रश्न। उसको जवाफ आउँछ, "सबै केटाहरु यस्तै हुन्छन्, आफैं माग्र त गइन्न तर अफर आए छोडिन्न।"

यति कुरा हुँदासम्म मलाई Tachycardia भैसकेको थियो। मेरो अनुहार डरले भरिएको थियो। मलाई आफू सकुसल घर पुग्ने कुरामा संका लाग्न थालेको थियो। त्यही पनि हिम्मत जुटाएर उसको कुरा सुनिरहेकी थिएँ। केही भए चिच्याउला भन्दै तर चिच्याउँदा help भन्नि कि गुहार त्यो पनि खोइ किन सोचें। मैले उसलाई, "हजुरले दिनमा के काम गर्नुहुन्छ भनि सोध्दा उसले "नभनौं भो, फेरी हजुरले कमप्लेन गर्नुभयो भने?" भन्यो। मैले त उसलाई हत्यारा, अपहरणकर्ता सबै सोचिसकेको भएर, "भो नभन्नुस " भनें तर उसले, "पर्खनुस् मैले हजुरलाई आफ्नो ID देखाउँछु" भन्यो। उसले एउटा हातले बाइक सम्हाल्दै अर्को हातले ज्याकेटबाट ID निकाल्यो। ID card देखेपछि त मेरो मन छागाँबाट खसेजस्तै भयो, हातखुट्टा शिथिल र ज्यान सिरिङ्ग भयो। ID नेपाल पुलिसको थियो। मैले ID फिर्ता दिएँ। त्यसपछि मैले मौन धारण गरें, केही प्रश्न गरिन। मैले घर परिवार सबैलाई सम्झन थालें। उसले बाइक पनि नयाँ अनौठो बाटोबाट लगिरहेको थियो। मेरो मनमा विचारहरु दोडदै थिए। यदि हत्यारा भए त पुलिसले पकडि न्याय पाउने आश त हुन्थ्यो। अब त केही भए प्रमाण पनि हात पर्दैन।

त्यत्तिकैमा, "कहाँ पुगिस्?" भन्दै दाईको फोन आयो। मैले वरिपरी बोर्ड हेरेर ठाउँको नाम भने। "ए, त्यसो भए त अब ५-१० मिनेटमा आइपुग्छेस्" भन्नु भयो। यो खबर सुनेर मेरो मन अल्लि हलुङ्गो भयो। एकैछिनमा घर नजिकैको बाटोमा मैले बाइक रोक्न लगाएँ। उसले भन्यो, "सकुसल पुऱ्याएँ नि?" म धन्यवाद भनेर आफ्नो बाटो लागें। यो एउटा भयानक यात्रा थियो तर सबै पठाओ राइडर यस्तै हुन्छन् भन्नि छैन। एउटा पठाओ राइडर त मेरो crush नै बन्न पुगे। यो कथा चाहिँ अर्को संस्करणको लागी !



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## What If Humanity Stopped Aging? Forever Young... or Forever Bored?

The world is a ruckus. Or should I say, rock us? The soundtrack of chaos has a nice bass thumping through my ear pods, and I'm humming along. Humanity cut my internet connection, and yet here I am, still expected to say, "Love humanity." Fine. But only after they fix the Wi-Fi.

Aging is a natural phenomenon, designed by nature, God, or a random explosion of gases, depending on your worldview to keep us in check. We get born, we grow, we wrinkle, and eventually, we tap out. It's like you're playing GTA, living your best life, stealing cars, pulling off crazy stunts, using cheat codes, and unlocking achievements. Then one day, boom. Permanent debuffs start stacking up. Slower reflexes, knees that creak like you've been driving through potholes, and suddenly you have no idea what Gen Beta is talking about when they start spitting out words that sound like they came from a different language.

If you live long enough, technology advances to the point where your grandkids have to explain how to turn on the fridge. Sorry... AI fridge. What's with all this AI everywhere now?



But while most of us barely make it past our 80s before nature taps us out, there are outliers like Jeanne Calment, who seemingly dodged the system for over a century.

The oldest human to live in recorded history was Jeanne Calment, who made it to a stunning 122 years and 164 days. I don't know what she did with all those years, but I'd like to imagine she spent at least a decade complaining about how young people don't read books anymore. Maybe some extra minutes, but who's counting at that age? Honestly, she could have lived even longer if someone had just told her that dal bhat wasn't the ultimate source of immortality.

### *What If We Just... Stopped Aging?*

But what if we could hit the pause button on aging? Not slow it down, not manage it with skincare routines and expensive serums, but just... stop? Yeah, I think we've all wanted a Ben 10 time-stop watch or some Doraemon gadgets at some point in our lives.

Imagine never getting wrinkles. Never worrying about osteoporosis, or back pain from simply existing. No more receding hairlines, no need for anti-aging creams, and the anti-aging industry collapses overnight. Doctors and researchers, who spent decades studying the secrets of longevity, would collectively sigh and go, "Well, I guess we're out of a job."

Think about it. You turn 20, 30, or whatever age you prefer, and then boom you're stuck there. Forever. No more surprise knee pain. No more realizing that hangovers now last two business days. No more pretending a new blender will turn you into a master chef.

Would we still celebrate birthdays? Would anyone even care? Nah, I'd be done with people shoving cake

in my face. Not just my face, these folks have no shame anymore. They'll go to any length. Imagine blowing out candles every year, knowing you look exactly the same. Eventually, you'd just wish for something practical, like, 'I hope my Wi-Fi stops acting up.'

### ***Which Age Would You Pick?***

If you had to pick an age to be stuck at forever, what would it be? Most people might say their early 20s peak physical health, energy levels that don't require three cups of coffee to maintain, and a metabolism that can handle fast food without immediate regret. But let's be honest, the early 20s are also full of questionable life choices. You're basically an adult toddler with too much responsibility and too little experience.

Maybe 30 is the sweet spot still young, but with at least some idea of how taxes work. Or perhaps 40, when you've got money and confidence, but before your body starts playing "Guess Which Joint Hurts Today." And of course, now you have to show up for those intense political debates in every tea shop.

Personally, I'd go for 25. Young enough to still be invited to things, but old enough that nobody expects me to make TikToks. I guess America and I have something in common—we both pretend to have distanced ourselves from TikTok, yet here I am using a Chinese phone, and there they are still doing billion-dollar trade deals while debating whether to ban it.

### ***The Side Effects of Eternal Youth***

Sounds amazing, right? No more birthdays that feel like ticking time bombs. No more counting gray hairs. But here's the thing—if nobody ages, what happens to the world?

Ahh... KP baa... Rhino haina... Gaida ho Gaida... Fir Ek baar Modi, Ghar ghar Modi. Let's all nuke immigrants... DJT. And we still get those cheesy memes: "Another day has passed, and I haven't used  $(a+b)^2 = a^2 + 2ab + b^2$ ."

No Retirement, Ever: So, if nobody ages, do we still retire at 60? Or do we just work... forever? Kumar Sir from Accounting has been doing the same job for 300 years. At this point, he just doesn't care anymore. "Kumar, you made a mistake in the report." "Listen, I've been here since the Rana Regime. I don't even remember what numbers are anymore."

Senior Discounts? Bye-Bye: No more senior citizens. Gone. The "priority seating" on public buses? Just... seats.

Overpopulation? Get Ready: Without aging, no one dies of old age, but people still keep being born. A few centuries go by, and we're stacking people like Tetris blocks. The real estate market collapses because every house is now home to seven generations of the same family—stuck together forever, like that one aunt who refuses to leave.

Breakups Get... Complicated: Right now, if a relationship goes south, you can always say, "Hey, people change." But if nobody ages? You and your ex are stuck looking flawless forever. Running into them at parties, both still looking like you just walked out of a skincare ad, with no satisfaction of watching each other get a little wrinklier. It's forever awkward.

Boredom Becomes a Crisis: People think they want to live forever, until they realize how hard it is to fill the time. You've learned every instrument, read all the books, and binged every show. There's only so many times you can rewatch *The Big Bang Theory* before you realize that show... really wasn't that funny.

Fashion Stagnates: If nobody ages, does fashion even evolve? Or will people just get stuck in their favorite trends? Millennials are still rocking skinny jeans in 2400, while Gen Z refuses to let go of oversized hoodies. The ultimate cultural battle.

### ***Would We Still Fear Death?***

Aging makes death feel like a slow process, a countdown we all acknowledge but pretend isn't ticking. But if we stopped aging, death would become... random. Accidents, diseases, or just plain bad luck. A plane crash at 25 is still a plane crash at 250. Would we be more careful? Would we still take risks if we knew our perfect, unwrinkled existence could be snatched away at any moment?

Or would we become reckless? If we're not decaying, would we start flinging ourselves into extreme sports and dangerous experiments just to feel something?

More Squid Game vibes, anyone?

### ***Humanity's Ultimate Dilemma***

If humanity stopped aging, we'd be forced to rethink everything: our economy, our relationships, our purpose. Facebook captions would change, from 'Kate Winslet aging gracefully' to 'Kate Winslet still looking exactly the same after 300 years. Oh, wait, we would be too old school to use Facebook. Would we still strive to achieve things if we knew we had

all the time in the world? Or would we procrastinate everything? "I'll do it next century."

And let's not forget the ethical dilemmas. Would this be available to everyone, or just the rich? Would governments enforce population control measures? Mandatory vasectomies at birth? A lottery system for who gets to have kids? 'Congratulations, you've won the right to reproduce, please collect your permit at window 4B.' Would people even want kids if they knew they'd be stuck sharing a planet with their immortal great-great-great-grandparents who refuse to move out?

### *So, Do We Actually Want This?*

The dream of immortality is tempting. No signs of wear or tear. No loss of energy or vitality. No more shopping for anti-aging potions or searching for the perfect ergonomic chair. But at what cost? Maybe aging isn't the enemy, it's the reason we keep moving, learning, growing. It's what gives life urgency, makes moments precious.

Because if we lived forever, would we still appreciate anything at all? Maybe, just maybe, growing old isn't a bug, it's the ultimate feature.

That's something to think about. But first, let's fix that Wi-Fi.







✍ संगीता अधिकारी  
दशौ ब्याच, एम.बि.बि.एस

## तिमी, म र चिया!!

तिमीलाई थाहा नै छ, मलाई चिया एकदमै मन पर्छ । चिया जस्तै आजकल तिमी मनपर्न थालेका छौ ।

कहिलेकाहीं सोच्छु, तिमी कतै चियाको चियापत्ती त होइनौ?

किनकि चियामा चिनी, दूध, मसला सबको विकल्प छ, तर चियापत्ती!! यो बिना चिया बन्न सक्दैन ।

म आफुलाई चाहिँ पानी भन्न रुचाउँछु, किनकि म आफैँमा बेरङ्ग छु, बिस्वाद छु, बेगन्ध छु ।

चिनीजस्तै मभिन्न कसैले स्वाद भरिदिन सक्छ ।

दूधजस्तै ममा कसैले रङ भरिदिन सक्छ, मसला जस्तै कसैले ममा वासना भरिदिन सक्छ, तर...तर तिम्रो आगमनले मभिन्न एकै पटकमा निपुणता ल्याउँछ ।

तिमी सँगै हुँदा म रंगिन हुन्छु, मगमगाउँछु, मिठास महसुस गर्छु । म पनि बाटोबाट चिया बन्छु ।

नयाँ अस्तित्वमा समाहित हुन्छु ।

तर फेरि जिन्दगी अर्को पाटो पनि छ ।

म केवल पानी हुन सक्दिन, किनकि चिया बनिसकेपछि पानीले आफ्नो अस्तित्व गुमाउँछ ।

म, म भएर रहन सक्दिन ।

तिमी चियापत्ति पनि हुन सक्दैनौ, किनकि चिया पिउने योग्य बनाउन चियापत्तीलाई छान्नु पर्छ र फल्नु पर्छ ।

म तिमीबाट स्वार्थ हासिल गरेर तिमीलाई पञ्जाउन सक्दिन ।

त्यसैले, चियामा शायद तिमी दूध हौ अनि म चिनी हुँ ।

चिया संसार हो, नियति हो अनि यो संसारमा हाम्रो अस्तित्व, साथ भएर पनि रहन्छ र भिन्न भएर पनि रहिरहन्छ ।

तर पर्ख है...

मलाई याद छ, तिमीलाई गुलियो कति मनपर्छ ।

तिमीलाई पनि याद छ होला, मलाई दूध चिया नै मनपर्छ भन्ने कुरा!!!



Ritika Shrivastab  
12<sup>th</sup> Batch, MBBS

## Beneath the layers

If I peeled my skin, would I recognize myself?  
Would I know the person that sits within?  
Is it the same as the one who smiles outside?  
Or is it someone veiled in a thousand vulnerabilities?  
Is it someone who loves to smile and wave back at people,  
Or someone who dreads the thought of striking a conversation?

As the days turn into seasons,  
And the seasons into years,  
I feel myself wrapped in thicker layers-  
Layers of memories, conversations, choices-  
Weaving around me as if a spider's net,  
Changing the person I once was.  
The mirror I see doesn't recognise me anymore.

Maybe if I peeled my skin, I would recognize myself?  
Sometimes these layers feel like a facade, a lie, a deceit -  
A deceit that perhaps I built to cover the core and its vulnerabilities.  
With the deceit wrapping me thicker and thicker  
The lines grow blurry,  
And I fail to recognise what once was.



स्विटी कुमारी साह  
तेह्रौं ब्याच, एम.बि.बि.एस

## म भिन्नको अन्तरात्मा

प्रदेशको कुनामा बसी रुदैछु आमा,  
लाग्दैछ बिस्तारै गुम्सुमिदैछु आमा,  
याद आउँछ तिम्रो अनि त्यो जन्मभूमिको,  
मोबाइलमा भको तिम्रो तस्बिर, छुँदैछु आमा!!

लाखौंको भीडमा हराउदैछु आमा,  
झर्दै, सम्हल्दै अनि उठ्दैछु आमा,  
प्रदेश प्रवेशको लक्ष्य स्मरण गर्दै,  
आटँले हरेकदिन अघि बढ्दैछु आमा!!

प्रतिश्रप्रधायी युगमा थिचिदै छु आमा,  
आलोचकहरुले भीडमा मिचिदैछु आमा,  
सहयोगी भावना त थोरै होलान,  
बेवास्ता गर्नेहरुको थुप्रोमा पनि,  
एकदिन अवश्य राज गर्नेछु आमा!!

कर्तव्य आफ्नो निष्ठासाथ गर्दैछु आमा,  
मेहनतले भाग्य निहुराहुने छु आमा,  
समर्थन तिम्रो मोह, ममताको पाएर,  
तराईबाटै सगरमाथा चढ्ने, प्रयास गर्दैछु आमा!!



## Rising with Hope



 **Arya Adhikari**  
13<sup>th</sup> Batch, MBBS

As I complete the final episode of "The Good Doctor", I can't help but let the tears roll down and reflect on the time when I was preparing for my entrance exam, hoping that I would watch it later as a medico and would get motivated by just that little thing. Looking back now, perhaps it wasn't a "little thing" because hope, in its purest form, isn't little. It's the only thing that has given me resilience to stay patient amidst the storms, the adversities of life and to keep pushing forward, until today – and possibly, forever, just like it did to Dr. Shawn Murphy. Although fictional, watching him grow from a fragile young man into a resilient soul, brilliant surgeon and a devoted husband and father has made a lasting impact on me. It has ignited the belief that "I can become the person I've always dreamt of becoming"

yet again. Once again, the hope shines like a silver lining of the dark clouds that's been hovering me for a while now.

Hope alone seems enough, but sometimes we need people to hold our hands and remind us about the same, with love, care and compassion. Dr. Shawn Murphy wisely said, "Sometimes people just need someone to believe in them". Success never comes alone and just like Shawn did in the end, I would as well want to acknowledge and express my gratitude to everyone who has always been there to hold my hand every time I needed it!

Incredible story indeed!!



 **Sneha Acharya**  
3<sup>rd</sup> Year, BSc Nursing



Poem



Aastha Ojha  
14<sup>th</sup> Batch, MBBS

## Inside me

There is something inside me,  
Inside that hits hard, that beats fast,  
That slides, that floods.  
What is it? Why is it so?  
I, I don't know...

But it makes me anxious,  
It makes me vicious –  
Vicious towards my own self.  
It is a parasite inside me,  
Transforming into me, ready to  
Eat me, my pride, my confidence,  
My strength by its dominance.  
It questions me; my presence.

I seek help; help to whom?  
Who are trustworthy; trust on whom?  
To those who make me feel mattered,  
Mattered or make me shattered?

It repeats the same question,  
and I repeat the same session –  
A session of self-doubt  
That it has brought.  
I... I wanna take it out  
and know what is it.

Why is it?  
How it came, when will it leave?  
Or... I have to make it leave  
By... making myself leave?

One day I will face you.  
In my grace, I will embrace you,  
and you will be disgraced.  
I will come STRONG,  
and I will prove you WRONG....

कविता

आरती थापा  
बाहौ ब्याच, एम.बि.बि.एस

## परिचय दिउं के? उहाँ को म:

भुल गर्देछु, माफी दिनु मलाई (२)

गर्दे चरण स्पर्श, खोजे समेट्न शब्दमा तिमीलाई। (२)

सुनेकी छु यो "जीवन", संघर्ष, स्वार्थले भरिएको हुन्छ (२)

अपरिचित यी शब्दहरु खोज्दैजाँदा, भेट्छु केवल तिम्रै माया। (२)

गहिरा ती तिम्रा नयनमा सागर समाउँछ (२)

लागेका अनौठा चोट, तिम्रा स्पर्शले भुलाउँछ। (२)

मोहित गराउने तिम्रा रूप, जसमा लजाउँछन् अप्सरा (२)

बजेका ती हातका चुरा, जगतमा रमाउँछन् सारा। (२)

तिम्रो पछिपछि छाया बन्दै, पुग्छु पुजा घरमा (२)

बजाउछौ घन्टी अनी, पुज्छौ सद्भिःसम्झी मेरा मनोकामना। (२)

तेत्तीस कोटि देवी देवताको हृदय, इर्यामा जली रहन्छ सायद (२)

झुकेको यो शिर देखी, जपदै पुजारी बनी पुज्दा तिमीलाई। (२)

मेरा सपना तिम्रा भएछन्, तिम्रा सपना भेटी चडेछन् (२)

मेरा संघर्ष तिम्रा भएछन्, तिम्रा सारा सुख मलाई परेछन्। (२)

रहस्यमय तिमी जस्तै तिम्रा भावनाहरु, परिचय दिउं खै कसरी म (२)

आकाश गङ्गा सूक्ष्म लाग्यो, जब बुझे तिम्रा रूप साँच्चै रहेछन अनेक। (२)

अबुझ म तिमीलाई सुहाउँदो उपहार खोज्ने प्रयत्न गर्ने (२)

रित्ता यी हात र असफल मेरा प्रयास तिम्रै सामु आइपुगे (२)

भेटिएन केही भन्दै रुदै थिएँ ती काखमा (२)

फेरि बुझाउन यो अबुझलाई, "आमा" भने पुग्छ मलाई (२)

छोरी.... "आमा" भने पुग्छ मलाई। (२)

तिमीले गरेका तपस्याहरु सजिएछन मिश्रित रङ्ग झैं केशमा (२)

लुकाउछौ अनगिन्ती त्यागहरु, हरेक मुस्कुराहटमा। (२)

सिकाएका तिम्रा संस्कार सजाउँछु सधैं साथमा (२)

दैव झुके लिएर आउँछु हरेक जुनि, उही तिम्रै कोखमा। (२)

## I Know You Won't Read This


Okay, it's quite a surprise. You actually read the title!

But here's the catch:

You won't finish this article till the end.

Why am I saying this with such confidence? Well, it's because over the past few decades the average attention span has been lower than ever. All thanks to a revolution in media consumption habits. With all the notification sounds you will be hearing while reading this article, it will be quite a challenge to continue reading. That's what modern technology has done. It has brought in social media and made it as addictive as gambling and arcade games used to be back in the day. Complementing this, the human brain was evolutionally wired in a way that made us crave novelty, excitement, and social connection, and devices hit those primal desires. That sound you get from your mobile phone provides you with a small hit of dopamine, which is equivalent to getting a reward, and who doesn't like rewards? So you keep coming back for more. I am no exception to this. While writing this article, I kept getting those "obstacles" (or let's say 'illusions of rewards') and had to literally force myself to sit at my desk, trying to finish it before the deadline for submission. Fortunately, it has made its way through the magazine by now (if you're still reading this). It started with TikTok, if I recall correctly. Then you could see YouTube Shorts and Facebook Reels joining the bandwagon of short-form content. And boom! Today, people are opting for quick, visual content over long-form reading. Isn't it funny how spending 20 minutes reading a book feels like a challenge, while scrolling through hundreds of TikToks, Tweets, or Instagram posts in the same amount of time feels effortless? There's more: A study conducted by Microsoft indicated that the average attention span reduced from 12 seconds in the year 2000 to 8 seconds in 2013. Social media algorithms feed into this, delivering bite-sized content that grabs us and keeps us scrolling. Theoretically, scrolling could continue until infinity (if you've ever tried setting a Guinness World Record for maximum scrolls). Now, we skim



 **Prabuddha Bajracharya**  
13<sup>th</sup> Batch, MBBS

through headlines, swipe through stories, and when we come across those long, complex texts, tasks, or lectures, the brain doesn't know how to process them well anymore.

So is there any hope to reclaim our attention span? Yes! Here are some ways you can do exactly that:

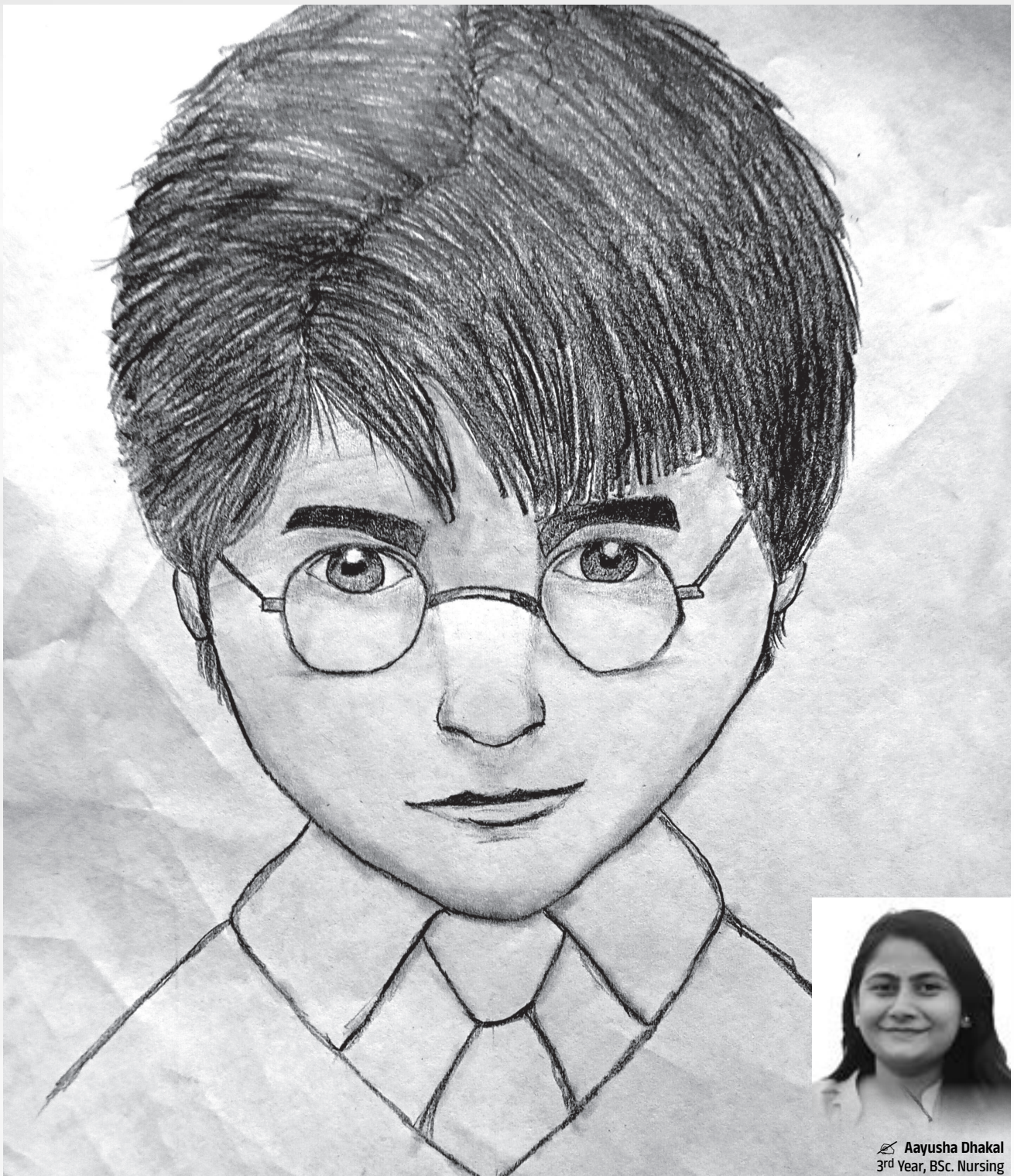
1. Reducing social media consumption: Start by turning off notifications that don't matter much (it's a mobile phone, not an ambulance siren after all). The other strategy is to greyscale the apps. Black and white content is simply less appealing.
2. Digital detox: Pick a day, such as a Sunday when you don't have anything going on. Take your phone off silent and put it in a drawer. If there's an emergency, you will get a call. Otherwise it's not that important and you can wait till Monday. Go for a walk, ride a bike, go to the gym, visit your parents, read a book, volunteer somewhere, play an instrument. But do not use electronics.
3. Mindfulness meditation: Set some time aside everyday for engaging in mindful meditation. It will help you cultivate awareness of the present moment and improve your focus. It trains your mind to observe distractions without succumbing to them. So you become 'mindful' instead of 'mindfull'.
4. Rescheduling: Focusing on specific blocks of time for tasks that require intense concentration trains your mind to stay engaged for longer periods. Techniques like the Pomodoro Method-where you work in short, focused intervals with brief breaks-can help. Start with shorter reading sessions and gradually extend them as your focus improves.
5. Reducing multitasking: Some even argue that multitasking isn't real. According to Madore et al. (2020), multitasking is a misnomer, as the human


brain is incapable of performing multiple tasks simultaneously. Instead, it quickly switches attention between tasks, which reduces overall efficiency and performance.

The usage of social media is inevitable in this technologically advancing world. It serves as a platform to connect with people and express ourselves. However, it is crucial to acknowledge the negative side effects that come with excessive use of these platforms, particularly the impact on our attention spans. To cultivate a healthy relationship with social media, we need to be mindful of how we engage with it. That way we can develop a healthy relationship with it without compromising our mental well being.

If you are still reading this, You have my respect.  
Gets a little dopamine hit and proceeds to read another article\*

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 **Aayusha Dhakal**  
3<sup>rd</sup> Year, BSc. Nursing

# Caring for Young Lives: Dr. Sucharita Tuladhar's Oncology Contributions



**Interviewers: Ritika Shrivastab, Amit Chand, Udhir Subedi**

**Interviewer:** Namaste ma'am, my name is Ritika Shrivastab, and I will be your interviewer today.

**Ma'am:** Namaste, I am Dr. Sucharita Tuladhar, a Pediatric Oncologist. Thank you for having me.

Shall we start?

Sure

## **What got you interested in Pediatric Oncology?**

I developed an interest in pediatrics during my first internship, leading me to do my residency at Kanti Children's Hospital, Kathmandu. There, I witnessed many children with cancer, often losing them due to incomplete treatment. One memory stands out—a child with refractory lymphoma and a heartbroken mother. Later, as a pediatrician at Patan Hospital, I saw more cancer cases but struggled due to the lack of oncology services. Realizing Nepal needed more pediatric oncologists, I pursued training at Tata Medical Centre, Kolkata, to help improve care. My passion for medicine, particularly pediatrics and oncology, grew during my internship, shaping my career path.

## **So, you mentioned that Patan Hospital didn't have Pediatric Oncology, and you had to establish this service. What were the challenges you faced?**

After two and a half years of training in Kolkata, we lacked the necessary pediatric oncology setup. We had to start from scratch. Nurses were untrained and hesitant due to the risks of handling toxic drugs, so we arranged training at Kanti Children's Hospital. With COVID, we set up a separate oncology area within the isolation ward for COVID-positive patients. Tata Medical Centre supported us with online training for nurses, and we worked with a pharmacy to ensure chemotherapy was prepared in a biosafety cabinet, making Patan Hospital the only center in Nepal where pharmacists prepare chemotherapy. We started with a small room and three beds but expanded as patient numbers grew.

## **Oncology is known to be an expensive field. If a patient cannot afford treatment, what do you do**

## **in such cases?**

Oncology treatment is costly, with most patients at Patan Hospital from low-income families. While government funding helps, it's available only after a diagnosis, and initial tests like MRIs or bone marrow biopsies cost Rs. 50,000-60,000. To address this, we started the Patan Pediatric Oncology Fund, raising Rs. 1,00,000 through a school fundraiser. Accommodation challenges are met with free lodging and meals from a foundation. Holistic care is our focus—addressing medical, financial, emotional, and logistical needs. Donors used to commit Rs. 5,000 monthly, and some, after persuasion, contributed Rs. 30,000-50,000 at once. Convincing donors was often difficult, especially when their ideas didn't align with ours. A major hurdle was securing support for children suspected of cancer without a confirmed diagnosis.

## **Compared to other facilities dedicated to pediatric oncology, what sets our hospital apart?**

We started five years ago with a few patients and now treat 4-6 new patients monthly. We treat pediatric oncology patients up to 19, following evidence that pediatric protocols improve outcomes. Our dedicated PICU enables collaboration with specialists, eliminating referrals. Diagnostics have improved with in-house tests like flow cytometry, and fast bone marrow results. Our low abandonment rate is due to support with food, lodging, and psychosocial care. Our care standard matches top international centers, ensuring financial challenges don't affect quality. Teamwork, faster diagnostics, reduced abandonment, and high standards set us apart.

## **So, you've put a lot of effort into these things. What keeps you motivated?**

I think it's seeing the plight of these patients. More than financial rewards, it's about the impact I can make in someone's life. Oncology isn't a financially rewarding profession, but it gives you the chance to

make a difference. Initially, I wasn't sure about choosing oncology—it seemed very depressing. But once I started practicing, I realized how much of a difference I could make for individuals and the country. That desire to create even a small impact keeps me going.

***How do you manage work-life balance while juggling multiple responsibilities, and what hobbies or activities help you unwind outside of work?***

Balancing responsibilities is challenging as I pursue a master's in global child health alongside clinical duties. I prioritize patient care from 8 AM to 4 PM, then focus on academic tasks. As the only pediatric oncologist, I'm always on call, even when abroad, like during a recent trip to the USA. To manage, I've empowered nurses and residents to handle some tasks, ensuring immediate care for critical patients. While work-life balance is tough, I find relief in hiking and enjoy painting and reading when possible. Despite the busy schedule, patient care remains my priority.

***Can you share a memorable experience from your mentorship program where a mentee's growth made a significant impact on you?***

M: Rather than one mentee, I've seen many grow. When they first arrive, they're often uncertain, but watching their development is rewarding. What stands out is when they follow my guidance and come back saying, "Yes, it worked." That feedback always feels gratifying.

***What ethical dilemmas and emotional struggles have you faced in your specialty?***

I initially felt the pressure to treat every patient, but over time, I realized some patients would not survive due to the disease, not due to mistakes. This was emotionally challenging, especially when I had to decide when to stop aggressive treatments and provide only supportive care. I struggled with feelings of self-doubt, questioning if I was doing the right thing. I reached out to my mentor in India, and that conversation helped me accept that while we give our best, some outcomes are beyond our control. It taught me the importance of knowing when to stop treatment and offer comfort instead.

***What research are you currently involved in, and what are some emerging areas of oncology research in Nepal?***

I'm currently researching Febrile Neutropenia, specifically exploring if we can stop antibiotics earlier in low-risk cases. In oncology, we often over-treat out of caution, but the goal is to determine when it's safe to halt treatment. In Nepal, emerging research areas include drug quality, treatment monitoring, and

comparing treatment regimens to developed countries. There's a significant gap in pediatric oncology research here, and many international research topics aren't yet explored in our country.

***What advice would you give someone considering a career in pediatric oncology?***

Pediatric oncology requires genuine interest. Focus on public health and population-level change which has great value in improving outcomes. If you're interested in both clinical work and systemic change, pediatric oncology could be the right choice.

***What are your thoughts on the shift towards algorithm-based care, and how do you perceive this trend in the context of your work?***

The work I do is protocol-based and research-driven, which minimizes decision-making. However, in a resource-limited country like ours, there's a gap in research. Over time, I've realized that treating patients alone doesn't create significant change. At Patan Hospital, despite limited infrastructure, we offer free medicines and training through collaborations like GPA, CCM and WHO. The survival rate won't improve by treating only in one hospital—public health, patient access, and treatment delays matter. Expanding knowledge and networking are key.

***You mentioned deciding to study in Nepal. Why did you make that choice, especially when many graduates go abroad? Did you try to pursue abroad studies?***

I initially tried to study abroad but couldn't get in. After my father's surgery for GBS, family responsibilities prevented me from trying again. Later, I passed the NAMS exam and got in. Now, pursuing a Master's with a full scholarship, I'm the only Nepalese in my cohort. I travel to the U.S. every six months with all expenses covered. Though I once struggled with not matching the USMLE, I'm now happy with my impact here in Nepal. Despite the lifestyle differences, I feel I'm contributing more and am content with my decision.


***In Nepal, many students enter medicine right after high school without much exposure to the field. Do you think something can be done to change this?***

The current generation is smart, and career counseling can guide students. Observerships for exposure could be helpful. Medicine shouldn't be pursued under pressure. I've seen peers pushed into medicine when they excelled elsewhere, and it harmed them. With more awareness, things are changing. In the future, doctors may also work part-time in other fields.

***Thank you, ma'am.***





 **Rupashana Maharjan**  
12<sup>th</sup> Batch, MBBS



# THE SUPERLATIVES

## THE QUESTION BANK

### MBBS Batchwise:

- 10th Batch: MD Aftab Alam, Sangita Adhikari
- 11th Batch: Mohammad Adnan Adil, Aastha Neupane
- 12th Batch: Nayan Dhital, Sunaina Giri
- 13th Batch: Mahesh Poudel, Sweety Sah
- 14th Batch: Nabendra Kumar Shah, Soumya Kumari

### Nursing Yearwise:

- 1st Year: Roshna Khadka (BSC Nursing)
- 2nd Year: Durga Bhattarai (BSC Nursing), Puja Thapa (BNS)
- 3rd Year: Subina Khatri (BSC Nursing), Samjhana Jairoo (BNS)
- 4th Year: Sarita Dhakal (BSC Nursing)



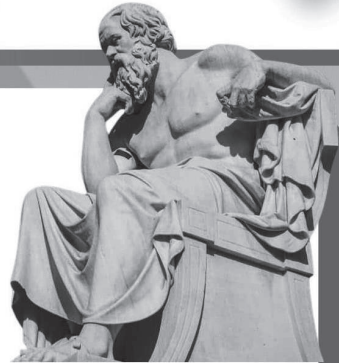
## THE PHILOSOPHER

### MBBS Batchwise:

- 10th Batch: Tapendra Dhakal, Swastika Dhakal
- 11th Batch: Bibek Lamsal, Neelam Dhami
- 12th Batch: Adarsh Khanal, Bandhu Gharti Magar
- 13th Batch: Prabuddha Bajracharya, Roshani Shiwakoti
- 14th Batch: Kailash Dawadi, Laxmi Samant

### Nursing Yearwise:

- 1st Year: Sangya Shakya (BSC Nursing)
- 2nd Year: Chadani Khatun (BSC Nursing), Amikshya Rana Magar (BNS)
- 3rd Year: Divya Devkota (BSC Nursing), Homasati Gai (BNS)
- 4th Year: Nisha Karki (BSC Nursing)



## THE LATECOMER

### MBBS Batchwise:

- 10th Batch: Aakash Chaudary, Archana Kumari Gupta
- 11th Batch: Amit Chand, Aarti Das
- 12th Batch: Siddhant Kumar Yadav, Sapana Acharya
- 13th Batch: Manoj Yogi, Saeesta Praveen
- 14th Batch: Ankesh Poudel, Ridha Adhikari

### Nursing Yearwise:

- 1st Year: Neera Shrestha (BSC Nursing)
- 2nd Year: Prasansa Neupane (BSC Nursing), Monika Bade (BNS)
- 3rd Year: Divya Laxmi Yadav (BSC Nursing), Keshika Bhattarai (BNS)
- 4th Year: Prakriti Tamang (BSC Nursing)



## THE FOOD HUNTER

### MBBS Batchwise:

- 10th Batch: Shubham Shrestha, Swastika Dhakal
- 11th Batch: Sarvesh Raj Pandey, Nikita Gyawali
- 12th Batch: Samir Mahara, Rupashana Maharjan
- 13th Batch: Yogesh Bokati, Diksha Rajbhat
- 14th Batch: Bishop Gautam, Alisha Thapa Magar

### Nursing Yearwise:

- 1st Year: Shrinkhala Shrestha (BSC Nursing)
- 2nd Year: Sirina Chiluwal (BSC Nursing), Niruta Khadka (BNS)
- 3rd Year: Sanisha Bohora (BSC Nursing), Keshika Bhattarai (BNS)
- 4th Year: Mamta Baraghare Magar (BSC Nursing)



# THE SUPERLATIVES

## THE SLEEPY HEAD

### MBBS Batchwise:

10th Batch: Rahul Bhandari, Aakripa Rani Shrestha

11th Batch: Crischal Neupane, Dipma Pandey

12th Batch: Sandesh Trital, Ashika Jalan

13th Batch: Bhakti Rai, Sadikshya Nepal

14th Batch: Ishak Ahmad Gaddi, Aastha Ojha

### Nursing Yearwise:

1st Year: Neera Shrestha (BSC Nursing)

2nd Year: Sunita Gautam (BSC Nursing), Reshma Shrestha (BNS)

3rd Year: Rachana Chaudhary (BSC Nursing), Krishna Giri (BNS)

4th Year: Prakriti Tamang (BSC Nursing)



## THE TECH GURU

### MBBS Batchwise:

10th Batch: Sagar Panthi, Nishuma Joshi

11th Batch: Umesh Pant, Aastha Neupane

12th Batch: Kiran Kandel, Rupashana Maharjan

13th Batch: Piyush Pandit, Sadikshya Nepal

14th Batch: Ankit Gupta, Laxmi Samant

### Nursing Yearwise:

1st Year: Shrinkhala Shrestha (BSC Nursing)

2nd Year: Kanchan Kri Sah (BSC Nursing), Esha Maharjan (BNS)

3rd Year: Ruby Shrestha (BSC Nursing), Anjana Adhikari (BNS)

4th Year: Riya Manadhar (BSC Nursing)



## THE CLASS CLOWN

### MBBS Batchwise:

10th Batch: Aakash Chaudary, Anusha Ghale

11th Batch: Abhash Kumar Mandal, Annapurna Bastola

12th Batch: Kiran Thami, Prisma Pathak

13th Batch: Sushmita Gotame

14th Batch: Sushambhav Khanal, Soumya Kumari

### Nursing Yearwise:

1st Year: Ranjana Chaudhary (BSC Nursing)

2nd Year: Amisha Chimerya (BSC Nursing), Puja Thapa (BNS)

3rd Year: Vishakha Pokhrel (BSC Nursing), Ankita Chaudhary (BNS)

4th Year: Susmita Dhungana (BSC Nursing)



## THE FASHIONISTA

### MBBS Batchwise:

10th Batch: Rahul Bhandari, Priya Mishra

11th Batch: Anup Timsina, Nikita Gyawali

12th Batch: Arbind Rajak, Srijana Shrestha

13th Batch: Manjit Lama, Riya Shrestha

14th Batch: Sushambhav Khanal, Deepa Acharya

### Nursing Yearwise:

1st Year: Binita Kafle (BSC Nursing)

2nd Year: Ichchha Gyawali (BSC Nursing), Lijala Shrestha (BNS)

3rd Year: Alisha Napit (BSC Nursing), Aashma Pun (BNS)

4th Year: Rakshya Aryal, Soya Shrestha (BSC Nursing)





## नर्सिङ एक सम्मानित पेशा

✍ अर्चना बगाले

उपप्राध्यापक  
स्कूल अफ नर्सिङ एण्ड मिडवाइफेरी

बेलायती आमा बाबुको सन्तानको रूपमा सन् १८२० मे १२ का दिन इटालीको फ्लोरेन्स शहरमा फ्लोरेन्स नाइटिंगेल को जन्म भएको थियो। उनका आमा बाबु युरोप भ्रमण गरीरहेका बेला फ्लोरेन्स शहरमा उनी जन्मिएको हुनाले उनको नाम फ्लोरेन्स नाइटिंगेल राखेका थिए। सम्बृद्ध परिवारमा जन्मिएकी उनीलाई उनका पीताले भाषा, सिद्धान्त, गणित अनि धर्मका विषयहरूको अध्यापन गराएका थिए। तर उनीलाई जीवन भनेको मानव उपयोगी हुनुपर्छ भन्ने महसुस भयो अनि उनी जर्मनी गएर नर्सिङ को तालिम लिन थालिन्।

क्रिमियन युद्धको समयमा (१८५३ -१८५६) उनी टर्की गएर युद्धमा घाइते सेनालाई स्वयंसेवा गर्न थालिन्। उक्त समयमा सैनिक वार्डहरू ब्यवस्थित थिएनन्। शौचालय, खानेपानि, बिरामीलाई खानको व्यवस्था थिएन। उनले त्यहा त्यी कुराहरूको व्यवस्थापन गर्न महत्वपूर्ण भूमिका खेलिन। अनि उनले टर्कीष लाल्लट्रेन् बोकेर घाइते सेना लाइ अहोरात्र सेवा गर्दा सम्पूर्ण मानिस बिचमा "lady with the lamp" ले प्रसिद्धि कमाइन्। बिरामिको सेवा गर्दागर्दै उनी आफै बिरामी परिन अनि फेरि बेलायत फर्कीइन् र पछि नर्सिङ बिद्यालय खोलिन्। यसरी भयो आधुनिक नर्सिङको सुरुवात। अनि सुरुवातकर्ता बनिन फ्लोरेन्स नाईटेडल्। आज उनलाई संसारले उनको बिध्या, कार्यप्रतिको लगाब अनि बिरामी प्रतिको उनको माया अनि ममतालाई सन्मान गरेको छ। उनको मित्यु सन् १६१० अगस्त १३गते ६० बर्सको उमेरमा भएको थियो। उनी जन्मिएको तारिख मे १२ लाइ अन्तरस्त्रिय नर्सिङ दिवसको रूपमा मनाउदै आइएको छ।

सन् १८२० मे १२ मा फ्लोरेन्स नाइटिंगेलको जन्मसँगै सुरु भएको आधुनिक नर्सिङ अहिलेको समयसम्म आइपुग्दा थुप्रै कोल्टे फेरेको छ।नेपाल जस्तो विकाशन्मुख मुलुकमा पहिले गरिब, विधवा वा पिछडिएको वर्गले यस पेशामा संगलग्न हुने चलन थियो, समयको परिवर्तन र मागसँगै अहिले सबै वर्ग, क्षेत्र अनि जातका युवाको आकर्षण नर्सिङ पेशामा बढेको छ।

यसको प्रमाण नर्सिङको प्रवेश परीक्षामा भएको विद्यार्थीको चापबाट प्रष्ट हुन्छ। वास्तविकरूपमा भन्नु पर्दा छिटो रोजगार पाउने अनि सेवामुखी पेशा भएर यसमा आकर्षण बढेको छ। आखिरमा के हो त नर्सिङ? यो यस्तो पेशा हो जसमा केही वर्षको पढाई अनि साथमा तालिमपछि कुनै पनि नर्सले आफ्नो पेशाको क्षेत्रभित्र रहेर बिरामीको सेवा गर्न सक्छन्। हामीले अस्पताल, स्वास्थ्य संस्था, स्वास्थ्य शिक्षण संस्थामा, सामुदायिक स्वास्थ्य कार्यलयमा वा जहाँ नर्सको आवश्यकता हुन्छ वा पर्दछ ती क्षेत्रमा गएर काम गर्न सक्छौं।

हाम्रो समाजले कुनै बेला 'छि' नर्स भनी हेला गर्थे आज यही समाज छोराको बिहे गर्न नर्स केटी खोज्दै हिंड्न थालेको छ,

वा छोरीलाई नर्सिङ पढाए राम्रो हुन्छ भन्ने भएको छ । यो परिवर्तन हाम्रा लागि सुखद् छ र राम्रो पनि ।

हाम्रो पेशा सेवाको हो । रात, दिन, चाडवाड वा आफ्ना जीवनका महत्वपूर्ण क्षण होस् या कार्यक्रम केही नभनी हामी अहोरात्र विरामीको सेवामा खटिन्छौं । कसैको जीवनमा खुसी, शान्ति अनि निरोगीपना ल्याउनु जस्तो सुखद् अनुभूति सायदै नहोला । यस्तो पवित्र छ नर्सिङ पेशा ।

गर्व लाग्छ मलाई आफूले आफूलाई नर्स भनेर चिनाउँदा । तर, हामीले हाम्रो फाँटमा सुधार गर्नुपर्ने कुरा धेरै छन् । मैले देखेको नर्सिङ पेशामा आफूले मेहनत गरेर सेवा गरेर एउटा मर्ने अवस्थामा पुगेको बिरामीलाई मृत्युको मुखबाट खोसेर जीवनको नयाँ मोडमा ल्याउनुको सन्तुष्टि त छदै छ तर काम गरेर अनुसारको इज्जत र माया नपाउँदाको खल्लो अनुभूति पनि छ ।

हामीसँग नर्सिङको माथिल्लो तहसम्म पढेको जनशक्ति छ । हामी सबैसँग मिलेर कार्यहरु सहजतरिकाले गर्न सक्छौं । हाम्रो पेशा आफैमा आत्मनिर्भर भएको पेशा हो । जसले गर्दा हामी कसैको अन्दरमा काम गर्नु पर्ने बाध्यता हटेको छ । हामी एकअर्काको खुट्टा तात्ने प्रवृत्ति अनि आग्रह र पूर्वाग्रहबाट पछाडि हट्न सक्थौं भने हाम्रा लागि अझ फाइदा हुन्छ ।

समस्या सबै क्षेत्रमा हुन्छन् तर नर्सिङ पेशामा अझ बढि मौलाएको छ । अर्को समस्या भनेको च्याउसरी मौलाएका नर्सिङ कलेज, अनि लाखौं लाख खर्चिएर पढेपनि जागिर नपाउने समस्या/ राजनीतिक अस्थिरता हुने हाम्रो जस्तो देशमा चाहिँने भन्दा बढि जनशक्ति उत्पादन हुनु नै प्रमुख समस्या हो । यस्तो स्थितिले निरास भएर, देशले लगानी गरेर उत्पादन गरेको जनशक्ति विदेशले प्रयोग गरिरहेको छ । यसको विकल्प भनेको सुधार हो, जुन हामी आफैबाट हुनु जरुरी छ । हामी सबै मिलेर एकले, अर्कोको खुट्टा नतानी यो पेशालाई अझ सुदृढ गराउनु जरुरी छ ।


यो सुन्दर सेवाको पेशालाई मन, वचन र कर्मले ओतप्रोत गराएर हामी हाम्रो जनशक्ति स्वदेश विदेश सबैतिर वाह नेपाली नर्स भन्ने बनाउनु पर्दछ ताकी हामी अझ गर्वले भन्न सकौं कि हामी नर्स हो । मैले देखेको नर्सिङ पेशाको भविष्य सुनौलो छ मात्र हामी हाम्रो सङ्गोपनालाई जोगाइ राखौं कसैसँग आग्रह पूर्वाग्रह नराखौं अनि एउटालाई गाह्रो पर्दा अर्काले सहयोग गरौं । अनि नर्सिङ पेशालाई अझ सम्मानित बनाऔं ।

जनस्वास्थ्यको महत्वपूर्ण अंग हो नर्सिङ । पेसाको रुपमा विस्तार भएको सुरुको अवधिमा नर्सिङ जनशक्ति बिरामीको हेरविचार र सुसार गर्न मात्र चाहिन्छ भन्ने सोचाइ थियो । यसका साथै नर्सिङप्रतिको दायरा साँघुरो हुँदा दुःखी र गरिब मात्र यो पोसामा आकर्षित छन् भन्ने गरिन्थ्यो । तर आजकल यसको कार्य विभाजनमा आएका विविधता र उच्च शिक्षाको अवसरले त्यो सोचलाई परिवर्तन गरिदिएको छ । शिक्षक, अन्वेषण, व्यवस्थापन जस्ता क्षेत्रमा नर्सिङको पहुँच बढिरहेको छ । धेरै समस्याका थाकलाई पन्छाउँदै अघि बढ्दै छ नेपाली नर्सिङ पेसा ।

सर्वप्रथम गुणस्तरी नर्सिङ सेवा लागू गर्न जरुरी छ । गुणस्तरीय नर्सिङ शिक्षा, जसका लागि सम्पूर्ण आधारभूत सुविधा भएका नर्सिङ कलेज अनि दक्ष शिक्षक, शिक्षिका, बलियो सोच अनि सकारात्मक वातावरण हुनु जरुरी छ । गुणस्तरीय सेवाका लागि गुणस्तरीय नर्सिङ जनशक्ति उत्पादन हुनु पहिलो जरुरी कुरा हो । यसलाई लागू गर्न नर्सिङका संघ संगठनहरु अझै जुझारु रुपमा लागि पर्नुपर्ने देखिन्छ । आफूभन्दा ठूलालाई आदर, सानालाई माया अनि सकारात्मक विचार राखेर पेसालाई मर्यादित बनाउनुपर्ने अवस्था छ । पेसागत हकहितका लागि नर्सिङ पेसामा आवद्ध सबै दिदीबहिनी अनि अग्रजहरुको हातेमालो भयो भने दक्ष नर्सिङ जनशक्ति उत्पादनका साथै गुणस्तरीय नर्सिङ शिक्षाको उपयोग गर्न सकिन्छ । अन्त्यमा, नर्सिङको दायरालाई अझ विस्तार गर्दै पेसालाई चुस्त दुरुस्त बनाएर अघि बढ्नु जरुरी देखिन्छ ।

## 3rd Year of Medical School: Realizations



 **Aaditya Rimal**  
11<sup>th</sup> Batch, MBBS

I woke up to the vibration of my phone somewhere underneath the once plump, newly purchased korean fiber pillow, which was now sagging in the middle. The culprit? My beloved cranium, which had been resting on it for the past 7 hours or so.

I looked towards the orange walls of my cozy rented bedroom, to see that indeed, things were the same as I had left them before falling asleep. The desk to my right was as messy as ever, on the windowsill, sat my cactus, a bottle of water and the PAHS calendar. I couldn't quite make out the date, my glasses were somewhere amidst that unclear mountain of paper on my desk. The calendar I glimpsed at through the fuzzy myopic worldview I called my own had no practical purpose other than its ornamental value, but it did symbolize something important. Today was indeed the day that season 3 of the MBBS saga would begin. That was also why I got my extra pillow. Two years was the right amount of time, mum proclaimed, to add to my single pillow arrangement. My lonesome pillow was ready to take up a partner, my mum thought, as I wondered about the social dynamics inanimate objects potentially had. I got up, vibrating telecommunication device in hand, and made my way to find the optical aid that would help me to decipher why on earth my phone was buzzing its way into oblivion on this chill January morning.

The rotations for the new academic year had been announced, and were brought to life via a trademark messenger group, with my new groupmates inquiring what on earth we were supposed to do in this third year of medical school. Great question, I thought, absent mindedly making my way to the lavatory for the usual reasons. It took me a while to realize that these questions were actually directed at me; for I apparently was the group representative of our newly forged family. Was I consulted in this nomination? Absolutely not, it was ordained the day I was named,

23 years ago, my double A at the start making me alphabetical numero uno wherever I went.

The thug life stayed considerably distant, but the forced-position-of-responsibility-in-a-new-year-of-med-school-where-I-had-absolutely-no-idea-what-I-was-doing life definitely did, choose me.

I remember arriving at that blue PAHS arch, the one that I'd seen hundreds of times in the past 2 years, and for the first time genuinely asking myself, what next? Where were my classrooms, what were my schedules, what exactly was I supposed to do? I no longer had the ease of asking all the people I relied on during my basic science years, a time which, despite its lows, already had been promoted to the pantheon of rose tinted memories filed in my cerebrum under the name nostalgia.

Conversations with those that had already gone through this almighty reset proved so useful in the chaos that ensued. Phone calls, messages to seniors, who told us that with time we would discover a method to the madness, a pattern amidst the chaos of the ticketing counters, operation theaters and delivery rooms. I have gained a profound respect for our faculty – individuals who save lives left right and center, yet still make time to instruct us, giving us the chance to make an impact on as many lives as they have.

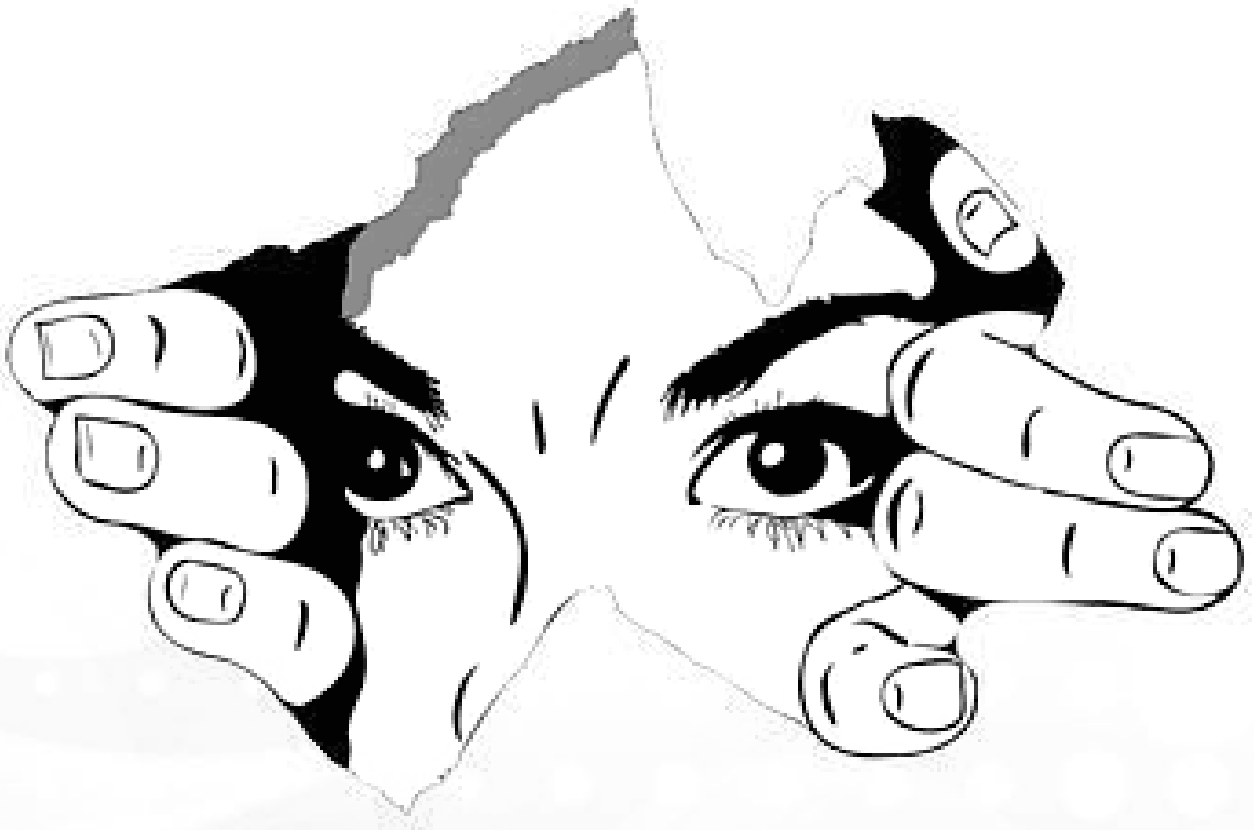
To err is human. What does that make what we were training ourselves to become? We simply were not at the liberty to make mistakes at the usual rate acceptable to define ourselves as humans. To hammer this into us, it was inevitable that we would need to have an attitude of discipline and care, something harsh and heavy words were able to do, by seasoned experts in the field who knew that attitude was 80% of the equation and knowledge the more attainable 20%. On occasion, I found that the unity formed by a good

dress down by an irked faculty member was unmatched, lending us a pragmatic worldview, and some humorous moments too. We were lambasted on one occasion, for not knowing the anatomy of a certain structure (my recollection of the specifics, or lack thereof speaks volumes about how I viewed the rote nature of anatomical instruction). Our faculty, who had apparently studied 25 years ago, claimed to still remember it all - unlike us, who much to his chagrin, had forgotten it all a few weeks after our exams. We nodded in agreement, hoping that the clock would strike 4 and it would all be just a memory. As soon as we were unshackled, a friend turned to me and said, we learn anatomy every time we learn this topic, with the four degrees that our teacher has he has probably studied it 15 times over, refreshing every time he had an exam, or every time he had to actually perform a procedure. There is no way it has been 25 years since he last studied it. Finally able to laugh it all off, we realized that this medical career was many things, but definitely not a sprint.

The musician who plays Bach on demand with a playing career of 35 years cannot belittle the amateur that theoretically learnt it more recently. No, beneath the surface, everyone started where we did - unsure, unconfident and thoroughly confused.

There are moments when it all seems to come together. When you realize that the reason you put in all those hours, is in fact right in front of you. You are able to see first hand the devotion to the craft that is required for that seemingly effortless diagnosis, prescription or operation. You can contribute your part, understanding the practicalities of a previously theoretical science. There will not be a single day where you have to question the purpose of your labors. You are a renegade against the torrent of suffering that is constant and unending, an umbrella for the helpless souls that have walked through the ravaging torrential rain, desperate for respite. Helping that out-of-breath Aama with some oxygen in the ER. Sitting with the Ba that has no family with him in the ward, taking that blood pressure, talking meaningfully to him, hearing him out, something he will cherish. Finding that one mentor that inspires you to be a better version of yourself, that inspires you to pursue a way of communicating with patients, or perhaps one that gives you the determination and desire to follow through with that exact specialty.

The third year of medical school is like any good coming of age novel. As it draws to the end, you see how far you've grown, and suddenly you look back on it with a longing fondness.



## A Symphony of Beginnings and Farewells: फेरी भेटौंला



 **Dr. Sandip Bhusal**  
9<sup>th</sup> Batch, MBBS

Six years—half a dozen revolutions around the sun, a thousand sleepless nights, and countless moments that shaped the core of who I am today. As I stand at this crossroads, ready to bid farewell, I am overwhelmed with memories. These memories cannot be neatly folded into words, but I'll try my best.

I still remember being called “Daactar” as a child—a nickname given by friends, relatives, and even teachers, just because I loved playing with a stethoscope. Back then, I hated it. It made me an angry little kid. Who would have thought that the very nickname I despised would become the greatest motivation of my life? Perhaps fate had already set me on this path, leading me to the gates of Patan Academy of Health Sciences.

When I first walked into PAHS, I didn't feel an immediate connection to the place. It felt unfamiliar and overwhelming. But little did I know how much this institution would grow on me, how it would become more than just a college—it would become my home, my teacher, and a treasure chest of unforgettable moments, memories, and milestones.

In those early days, the world of medicine seemed vast and uncharted. I entered with a head full of



dreams but little understanding of what lay ahead. Slowly, I found my rhythm.

The Problem-Based Learning (PBL) system, the cornerstone of our education, was a revelation. Sitting in circles with my peers, analyzing cases, brainstorming, and even stumbling through uncertainties taught me more than any textbook ever could. It showed me the power of collaboration, the importance of listening to others, and the beauty of critical thinking.

When clinical years began, stepping into the hospital wards felt like stepping into another world. I remember my heart racing during those initial days, feeling like an imposter wearing a white coat. But over time, those same halls became a sanctuary of learning. I witnessed the fragility and resilience of life—the cries of a newborn's first breath, the tears of joy in recovery, and the silence of a final goodbye.

Every patient became a teacher, offering lessons far beyond the scope of medicine. I learned to not only heal wounds but also build relationships—with my peers, mentors, and the patients who unknowingly shaped my perspective. My white coat transformed from a symbol of inexperience to one of trust and responsibility.

The journey wasn't without its struggles. Sleepless nights before exams, moments of self-doubt, and the constant pressure to excel often left me questioning myself. Yet, through each hardship came growth, often quiet and disguised as struggle. Every ward round, every procedure, every tear I witnessed—all these moments grounded me and reaffirmed my purpose.

And then, there was the hostel—a world within a world. Those narrow hallways became a stage for countless memories. Late-night study sessions fueled by instant noodles and coffee, endless debates,



competitive futsal matches, heartfelt conversations about life, and the uncontrollable laughter of my friends made the hostel truly unforgettable.

My bed wasn't just a place to rest—it was a space where I dreamed, broke down, and found clarity. My room often became a clubhouse for parties and gatherings, filled with the sound of music, chatter, and shared stories. Hostel life was like living in a movie, where every hour brought new adventures and moments of joy.

Now, as I prepare to leave this place, I feel the weight of everything it has given me. Patan Academy is not just a college; it's a kaleidoscope of faces and moments, of failures and triumphs, of lessons learned and love shared. These six years have felt like a symphony – though perhaps more like jazz:

improvised, chaotic, and full of surprises. But what a melody it has been.

To the walls that held our laughter and tears, to the professors who saw potential in us when we couldn't, to the friends who became family, and to the patients who became our greatest teachers—I carry you all with me.

As I step into the world as Dr. Sandip Bhusal, I know I'm leaving a piece of my heart behind. But I also know I'm taking with me the lessons, the strength, and the purpose that this journey has given me.

This is not a goodbye. It's a promise—to carry forward the values, the knowledge, and the spirit of Patan Academy, and to honor everything it has given me.

*Thank you, Patan Academy of Health Sciences, for everything.*



# THE SUPERLATIVES

## THE SWAR SAMRAT/SAMRAGEE

### MBBS Batchwise:

- 10th Batch: Benzene Thapa, Swastika Dhakal
- 11th Batch: Rajeev Mijar, Annapurna Bastola
- 12th Batch: Sandip Kandel, Sunaina Giri
- 13th Batch: Prabuddha Bajracharya, Avipsa Subedi
- 14th Batch: Subham Thakur, Sweta Bishwokarma

### Nursing Yearwise:

- 1st Year: Usha Baitha (BSC Nursing)
- 2nd Year: Rustam Rai (BSC Nursing), Ashmi Rai (BNS)
- 3rd Year: Mitra Rai (BSC Nursing), Samjhana Jairoo (BNS)
- 4th Year: Pranisha Raut (BSC Nursing)



## THE THUMKA MASTER

### MBBS Batchwise:

- 10th Batch: Sagar Panthi, Anusha Ghale
- 11th Batch: Abhash Kumar Mandal, Nisha Pokharel
- 12th Batch: Ashish Chaudhary, Khushi Upadhyaya
- 13th Batch: Sameep Singh Thapa, Sandhya Bastakoti
- 14th Batch: Lalit Sharki, Malbika Chaudhary

### Nursing Yearwise:

- 1st Year: Bhumika Khadka (BSC Nursing)
- 2nd Year: Laxmi Gurung (BSC Nursing), Ashmi Rai (BNS)
- 3rd Year: Sneha Acharya (BSC Nursing), Asmita Pokhrel (BNS)
- 4th Year: Samriddhi Shrestha (BSC Nursing)



## THE COLGATE SMILE

### MBBS Batchwise:

- 10th Batch: Kushal Marahatta, Alina Shrestha
- 11th Batch: Abhishek Tharu, Neelam Dhami
- 12th Batch: Bigyan Dhakal, Sudha Pandey
- 13th Batch: Chandra Dev Gupta, Diksha Rajbhat
- 14th Batch: Dipesh Kishor Roka, Nikisha Khadka

### Nursing Yearwise:

- 1st Year: Soniya Baitha, Shobha Shah (BSC Nursing)
- 2nd Year: Niharika Neupane (BSC Nursing), Sapana Sunar (BNS)
- 3rd Year: Rajesh Shah (Male) (BSC Nursing), Usha Kumari Sah (BNS)
- 4th Year: Sara Dahal (BSC Nursing)



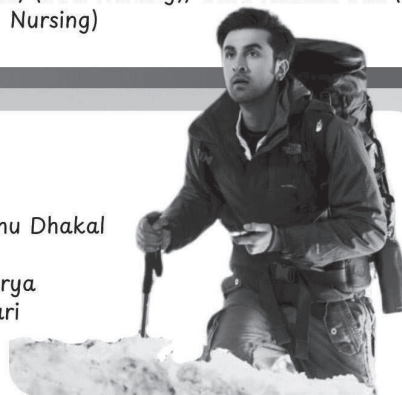
## THE TOURIST

### MBBS Batchwise:

- 10th Batch: Nirajan Angel Adhikari, Shitanshu Dhakal
- 11th Batch: Vivek Bhandari, Aarti Das
- 12th Batch: Shailesh Neupane, Sapana Acharya
- 13th Batch: Sanskar Acharya, Aarya Adhikari
- 14th Batch: Rohan Bhusal, Aarushi Kanwar

### Nursing Yearwise:

- 1st Year: Rejina Giri (BSC Nursing)
- 2nd Year: Sirisa/Sirina/Amisha/Bhawana (BSC Nursing), Sojana Shrestha (BNS)
- 3rd Year: Alisha Napit (BSC Nursing), Usha Mahato (BNS)
- 4th Year: Nibha Kumari Mandal (BSC Nursing)



# THE SUPERLATIVES

## THE FLIRTY

### MBBS Batchwise:

- 10th Batch: Bikash Yadav, Sneha Kafle
- 11th Batch: Suraj Senchury, Annapurna Bastola
- 12th Batch: Ashish Chaudhary, Sumana Khakurel
- 13th Batch: Shyam Sundar Baitha, Aarati Budhathoki
- 14th Batch: Aakash Poudel, Ridha Adhikari

### Nursing Yearwise:

- 1st Year: Roshna Khadka (BSC Nursing)
- 2nd Year: Prashreesha Magar (BSC Nursing), Samridhi Khadka (BNS)
- 3rd Year: Sneha Acharya (BSC Nursing), Muna Paudel (BNS)
- 4th Year: Mamta Baraghare Magar (BSC Nursing)



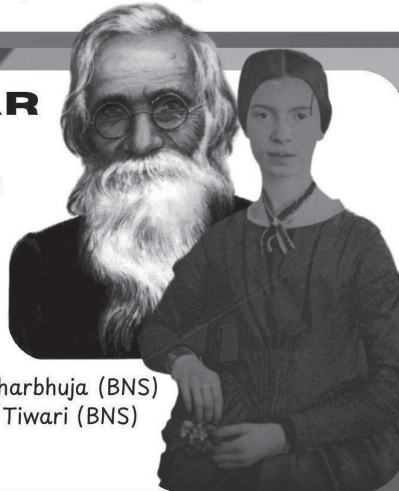
## THE SAHITYAKAAR

### MBBS Batchwise:

- 10th Batch: Tapendra Dhakal, Sangita Adhikari
- 11th Batch: Bibek Gautam, Dristy Gaire
- 12th Batch: Manoj Mukhiya, Karina Tuitui
- 13th Batch: Sameer Ahmed, Roshani Shiwakoti
- 14th Batch: Kiran Bhusal, Laxmi Samant

### Nursing Yearwise:

- 1st Year: Manisha Hamal (BSC Nursing)
- 2nd Year: Ishani Joshi (BSC Nursing), Anisha Kharbhujja (BNS)
- 3rd Year: Divya Devkota (BSC Nursing), Sweta Tiwari (BNS)
- 4th Year: Prayukti Parajuli (BSC Nursing)



## THE SOCIAL MEDIA STAR

### MBBS Batchwise:

- 10th Batch: Dhanendra Shahi Thakuri, Shitanshu Dhakal
- 11th Batch: Suraj Senchury, Nisha Pokharel
- 12th Batch: Bhim Prasad Chapagain, Yashoda Manish Gupta
- 13th Batch: Shyam Sundar Baitha, Sandhya Bastakoti
- 14th Batch: Kiran Bhusal, Ambika Kumari

### Nursing Yearwise:

- 1st Year: Usha Baitha (BSC Nursing)
- 2nd Year: Prasansa Neupane (BSC Nursing), Lijala Shrestha (BNS)
- 3rd Year: Sneha Acharya (BSC Nursing), Sunita Chand (BNS)
- 4th Year: Samridhi Shrestha (BSC Nursing)



## THE LIBRARY GUY/GIRL

### MBBS Batchwise:

- 10th Batch: Rahul Bhandari, Sneha Kafle
- 11th Batch: Khagol Acharya, Pooja Pandit
- 12th Batch: Sandip Kandel, Sunaina Giri
- 13th Batch: Pradeep Kumar Murraw, Sweety Kumari Sah
- 14th Batch: Dipak Kumar Pandey, Aastha Ojha

### Nursing Yearwise:

- 1st Year: Sachina Khadka (BSC Nursing)
- 2nd Year: Saluja Shrestha/Ashmita Ayer (BSC Nursing), Dhana Kumari Disuwa (BNS)
- 3rd Year: Himani Lammichhane (BSC Nursing), Ranjana Bati (BNS)
- 4th Year: Isha Maharjan (BSC Nursing)



# THE SUPERLATIVES

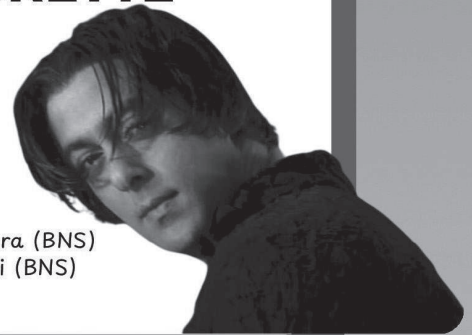
## THE MOST ELIGIBLE BACHELOR/BACHELORETTE

### MBBS Batchwise:

- 10th Batch: Nirmal Lageju, Ankita Shrestha  
11th Batch: Abhash Kumar Mandal, Ashuka Rani Karn  
12th Batch: Udhir Subedi, Sudha Pandey  
13th Batch: Manjit Lama, Sushmita Bayalkoti  
14th Batch: Manish Subedi, Deepa Acharya

### Nursing Yearwise:

- 1st Year: Shriyasha Aryal (BSC Nursing)  
2nd Year: Neelam Devkota (BSC Nursing), Pabitra Mishra (BNS)  
3rd Year: Ruby Shrestha (BSC Nursing), Manisha Panthi (BNS)  
4th Year: Biddhya Neupane (BSC Nursing)



## THE FITNESS FREAK

### MBBS Batchwise:

- 10th Batch: Shubham Shrestha, Shitanshu Dhakal  
11th Batch: Rahul Yadav, Nikita Gyawali  
12th Batch: Deepak Kapadi, Rashmi Mahara  
13th Batch: Yogesh Bokati, Aarya Adhikari  
14th Batch: Rohit Lahera, Nishtha Yadav

### Nursing Yearwise:

- 1st Year: Ritika Moktan (BSC Nursing)  
2nd Year: Rachana Yasmali (BSC Nursing), Reshma Shrestha (BNS)  
3rd Year: Vishakha Pokhrel (BSC Nursing), Usha Mahato (BNS)  
4th Year: Ganga Shrestha (BSC Nursing)



## THE DRAMA KING/QUEEN

### MBBS Batchwise:

- 10th Batch: Mukesh Baitha, Priya Mishra  
11th Batch: Amit Chand, Nisha Pokharel  
12th Batch: Anup Dhital, Prisma Pathak  
13th Batch: Mahesh Dahal, Diksha Rajbhat  
14th Batch: Sushambhav Khanal, Malbika Chaudhary

### Nursing Yearwise:

- 1st Year: Ranjana Chaudhary (BSC Nursing)  
2nd Year: Rabina Rawal (BSC Nursing), Punam Bhunjel (BNS)  
3rd Year: Diya Khanal (BSC Nursing), Sushmita Pant (BNS)  
4th Year: Biddhya Neupane (BSC Nursing)



## SARBAGUN SAMPANNA

### MBBS Batchwise:

- 10th Batch: Inesh Khanal, Ankita Shrestha  
11th Batch: Suraj Senchury, Aastha Neupane  
12th Batch: Bigyan Dhakal, Sumana Khakurel  
13th Batch: Manjit Lama, Kripa Devkota  
14th Batch: Rohan Bhusal, Nikisha Khadka

### Nursing Yearwise:

- 1st Year: Shriyasha Aryal (BSC Nursing)  
2nd Year: Alisha Ale (BSC Nursing), Sapana Sunar (BNS)  
3rd Year: Alisha KC (BSC Nursing), Shikha Ghimire, Sweta Tiwari (BNS)  
4th Year: Astha Dhami (BSC Nursing)



# Navigating the Terrain of Sexual Health: Differentiating Between STDs and Sexual Disorders



 **Dr. Vikash Paudel, MD**  
Dermatologist & Venereologist

Sexual health is an integral aspect of overall well-being, encompassing physical, emotional, and social dimensions. It is indeed a fundamental component of human well-being, extending far beyond mere physical aspects to encompass a holistic understanding of individuals' physical, emotional, and social dimensions.

## 1. *Physical Dimension:*

At its core, sexual health relates to the physical well-being of an individual's reproductive system and sexual organs. This dimension encompasses aspects such as reproductive health, sexual functioning, and the prevention of STDs. Physical well-being in the realm of sexual health involves practices like safe sex, regular sexual health check-ups, and access to contraception and family planning services. It also involves understanding one's body and its sexual responses, as well as maintaining overall physical fitness and wellness, which can positively impact sexual function.

## 2. *Emotional Dimension:*

The emotional aspect of sexual health refers to the feelings, attitudes, and perceptions individuals have about their sexuality, sexual experiences, and intimate relationships. It involves aspects such as self-esteem, body image, sexual identity, and emotional intimacy. A positive emotional dimension of sexual health fosters a sense of self-worth, confidence, and acceptance of one's sexual desires and preferences. It also involves the ability to communicate openly and honestly with sexual partners, express emotions related to sexuality in a healthy manner, and navigate the complexities of intimate relationships with empathy and respect.

## 3. *Social Dimension:*

Sexual health is intricately linked to social factors, including cultural norms, societal attitudes, and

interpersonal relationships. The social dimension encompasses aspects such as gender roles, sexual rights, sexual education, and access to supportive social networks. It involves promoting equity and inclusivity in sexual health services and policies, advocating for reproductive rights and sexual autonomy, and challenging stigmatization and discrimination based on sexual orientation, gender identity, or sexual behavior.

However, sexual health can be compromised by various factors, including sexually transmitted diseases (STDs) and sexual disorders (SDs). While these terms are often used interchangeably, they refer to distinct conditions with unique characteristics and implications. Understanding the differences between STDs and sexual disorders is crucial for accurate diagnosis, appropriate management, and effective prevention strategies.

### A. *Sexually Transmitted Diseases (STDs):*

Sexually transmitted diseases (STDs) are infections that are primarily transmitted through sexual contact, including vaginal, anal, and oral intercourse. These diseases can be caused by a variety of pathogens, including bacteria, viruses, parasites, and fungi. They can affect various parts of the body, including the genitals, mouth, eyes, rectum etc. Understanding the common STDs, their causes, treatment options, and prevention strategies is crucial for promoting sexual health and reducing the spread of these infections.

#### *Common STDs:*

##### 1. *Syphilis:*

It is caused by the bacterium *Treponema pallidum* which progresses through stages chancre or ulcer (Stage 1), or skin lesions (Stage 2) and can lead to severe neurological and cardiovascular complications if untreated. Most of the patient

present to OPD in latent stage where they do not have physical signs or symptoms but are serologically positive.

## 2. *Chlamydia:*

It is caused by the bacterium *Chlamydia trachomatis*. It is one of the most common STDs worldwide. It can lead to pelvic inflammatory disease (PID) in women and infertility if left untreated. In male, it can cause urethral discharge along with gonorrhea or can cause lymphogranuloma venereum.

## 3. *Gonorrhea:*

It is caused by the bacterium *Neisseria gonorrhoeae*, gonorrhea can cause serious complications such as pelvic inflammatory disease, infertility, and joint infections if untreated. The primary mode of presentation is per urethral discharge in male with minimal or no discharge in females.

## 4. *Genital warts:*

It is caused by certain strains of the human papillomavirus (HPV), genital warts appear as growths or bumps in the genital area. HPV infection can also lead to cervical, anal, penile and other types of cancer.

## 5. *Molluscum contagiosum:*

Caused by the *Molluscum contagiosum virus* (MCV), it presents as small, raised bumps on the skin and can be transmitted sexually.

## 6. *Genital herpes:*

Caused by the herpes simplex virus (HSV), genital herpes manifests as painful sores or blisters in the genital area. It is a lifelong infection with periods of active outbreaks and dormancy.

## 7. *Human immunodeficiency virus infection (HIV):*

HIV attacks the immune system and can lead to acquired immunodeficiency syndrome (AIDS) if left untreated. It is transmitted through contact with infected bodily fluids, including blood, semen, vaginal fluids, and breast milk

### *Treatment:*

Treatment for STDs varies depending on the specific pathogen involved. Antibiotics are commonly used to treat bacterial STDs such as chlamydia, gonorrhea, and syphilis. Antiviral medications may be prescribed for viral STDs like HIV and genital herpes. Cryotherapy or electrosurgery can be used for certain infections like genital warts or *Molluscum contagiosum*.

However, "4C" protocol is followed in all types of STDs. Condom promotion, Counselling, Contact Tracing along with treatment and Compliance with Treatment are core elements of STDs treatment and prevention.

Practicing safe sex: Using condoms consistently and correctly during sexual activity can reduce the risk of STD transmission.

1. **Getting vaccinated:** Vaccines are available for certain STDs, including HPV. Vaccination can prevent infection and related complications, including cancer.

2. **Routine screening:** Regular STD screening is recommended for sexually active individuals, especially those with multiple partners or high-risk behaviors. Early detection allows for prompt treatment and reduces the risk of further transmission.

3. **Partner communication:** Open and honest communication with sexual partners about STDs, testing, and risk factors is essential for preventing transmission and promoting sexual health.

## **B. *Sexual Disorders:***

Sexual disorders encompass a wide range of conditions that affect an individual's ability to engage in satisfying sexual activity. These disorders can arise from physical, psychological, or interpersonal factors and may manifest as difficulties with sexual desire, arousal, orgasm, or pain during intercourse. Examples of sexual disorders include erectile dysfunction, premature ejaculation, sexual arousal disorder, hypoactive sexual desire disorder, and vaginismus. Diagnosis of sexual disorders often involves a comprehensive evaluation by a healthcare provider, including a medical history, physical examination, and, in some cases, psychological assessments. Treatment approaches vary depending on the underlying cause and may include psychotherapy, medication, lifestyle modifications, or couples therapy. Education and communication are also important components of managing sexual disorders, as they can impact interpersonal relationships and overall quality of life.

## **C. *Distinctions and Overlaps:***

While STDs and sexual disorders are distinct entities, there can be overlap between the two. For example, some STDs, such as genital herpes or HPV, may cause physical symptoms that contribute to sexual dysfunction or distress. Additionally, individuals with sexual disorders may be at increased risk of contracting STDs due to difficulties with communication, intimacy, or condom use. Recognizing these intersections is essential for providing comprehensive care to individuals with sexual health concerns.

These distinctions and overlaps are important to recognize in the realm of sexual health. While they are distinct entities, there are instances where they intersect and influence one another, affecting individuals' overall well-being and requiring a comprehensive approach to care.

## **D. *Distinct Entities:***

STDs refer to infections transmitted through sexual contact, caused by bacteria, viruses, parasites, or fungi. They primarily affect the genital, oral, or rectal regions and can lead to various symptoms and complications if left untreated. Sexual disorders encompass a range of

conditions that affect an individual's ability to engage in satisfying sexual activity. These disorders can arise from physical, psychological, or interpersonal factors and may manifest as difficulties with sexual desire, arousal, orgasm, or pain during intercourse.

#### **E. *Overlap and Intersections:***

##### **1. *Physical Symptoms:***

Some STDs, such as genital herpes or HPV, may cause physical symptoms such as genital lesions or warts that can contribute to sexual dysfunction or distress. These symptoms may affect individuals' self-esteem, body image, and sexual confidence, leading to challenges in intimate relationships and sexual satisfaction.

##### **2. *Psychological Impact:***

Both STDs and sexual disorders can have significant psychological effects on individuals. The stigma associated with STDs, fear of transmission to partners, and concerns about fertility or long-term health consequences can contribute to anxiety, depression, and other mental health issues. Similarly, sexual disorders can cause distress, embarrassment, and relationship conflicts, impacting individuals' emotional well-being and quality of life.

##### **3. *Risk Factors:***

Individuals with sexual disorders may be at increased risk of contracting STDs due to difficulties with communication, intimacy, or condom use. For example, individuals with erectile dysfunction or low sexual desire may be less likely to use condoms consistently, increasing their vulnerability to STDs. Similarly, individuals experiencing pain during intercourse (dyspareunia) may avoid sexual activity altogether or engage in behaviors that put them at risk for STD transmission.

#### **F. *Comprehensive Care Approach:***

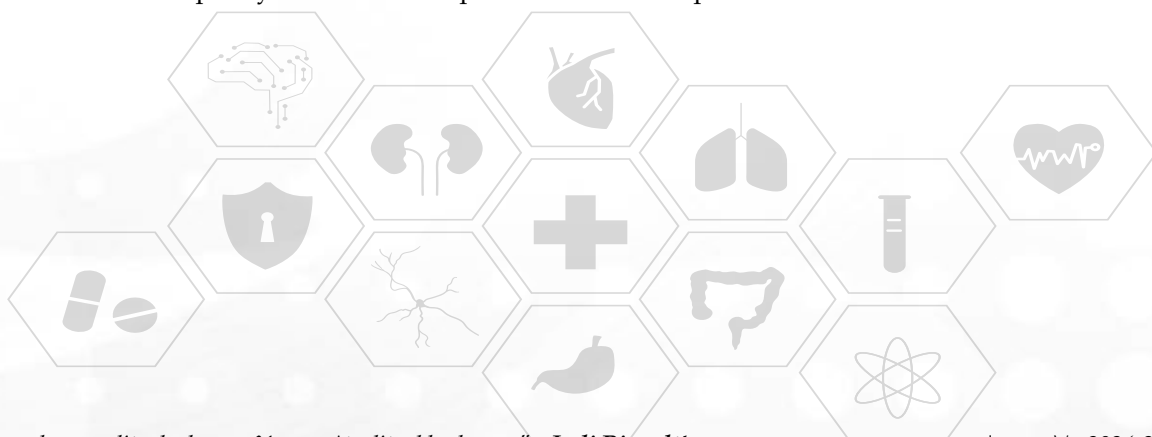
Recognizing the intersections between STDs and sexual disorders is essential for providing comprehensive care to individuals with sexual health concerns. Healthcare providers should assess both physical and psychological factors when evaluating patients presenting with sexual health issues, addressing any coexisting STDs and sexual dysfunctions.

Treatment may involve a combination of medical interventions, psychotherapy, sexual counseling, and support services tailored to the individual's needs. Emphasizing patient education, communication skills, and safer sex practices can help individuals manage both their STDs and sexual disorders effectively and improve their overall sexual health outcomes.

While STDs and sexual disorders are distinct entities, they often intersect and influence one another, impacting individuals' physical, emotional, and relational well-being. Recognizing these complexities and addressing them within a comprehensive care framework is essential for promoting sexual health and enhancing individuals' overall quality of life.

#### **G. *Conclusion:***

In conclusion, sexually transmitted diseases (STDs) and sexual disorders are separate yet interconnected aspects of sexual health. STDs are infections transmitted through sexual contact, while sexual disorders encompass a range of conditions affecting sexual function and satisfaction. By understanding the distinctions between these entities, healthcare providers can offer more accurate diagnoses, tailored treatment plans, and targeted prevention strategies. Ultimately, promoting sexual health requires a holistic approach that addresses both physical and psychological aspects of well-being, aiming to enhance individuals' overall quality of life and interpersonal relationships.



## म, मूर्ख

✍ किरण भुसाल  
चौधौँ ब्याच, एम.बि.बि.एस

कोठा छेउ तिरको टेबलको मुन्तिर छ  
एउटा कालो रंगको डायरी  
जसको बीच तिर कलम सिउरिएको छ  
मेरो दुख कोर्नलाई  
जो पखिरेहेको छ  
मेरो मनको बोझ आफ्नो शब्दमा बोक्रलाई  
  
साँझको बेला  
तिम्रो याद आएको बेला  
बसेर राति अबेला  
लेख्छु तिमै कविता  
कविता मै लुक्छन अपुरा सपना  
गरेरै तिम्रै कल्पना  
घुम्दै डुल्दै  
आइपुगछु तिम्रै नयनमा  
सम्झाउँदै सोजो मनलाई  
नियाल्छु, जुन गगनमा  
  
सोच्छु, म कति मूर्ख रहेछु  
नबोली नबोली मनै मन तिम्रीलाई सजाएछु  
आफ्नो कहानी को मदन म अनि मुना तिम्रीलाई बनाएछु  
सायद, गल्ति त मेरै हो  
तेती चोखो माया व्यर्थै नफाल्न पर्नी हो  
अहिले सायद तिम्रो याद कम हुन्थ्यो कि

सायद तनाव कम हुन्थ्यो कि  
तर मलाई यो तनावले सताउँदैन  
मन पर्छ ... त्यो अन्धकारमा जुन जस्तै  
कृष्णलाई राधा अनि कुबेरलाई सुन जस्तै  
  
तर माया गर्ने  
माया येति गर्ने,  
आफैलाई हानि नोक्सानी गर्ने  
थाहा पाँए म कति कम्जोर रहेछु  
साच्चै, म कति मूर्ख रहेछु  
  
दिनमा त सबै साफ हुन्छ  
रातमा कालो बाफ हुन्छ  
पुराना साथीसंग  
तिम्रै गफ गाफ हुन्छ  
भन्छन,  
पैलो माया 'पहिलै' हुन्छ  
दिनमा त खै कहाँ पुगछौ  
साँझमा आँसु भै चुहिन्छौ  
मनमा धेरै बसेउ तिम्री  
भनन, तिम्रो याद लिएर कहिले फर्किन्छौ  
अझै तिम्रै पर्वाईमा बस्दै छु  
है? म कति मूर्ख रहेछु ।



# Challenges and Opportunities of Leading a Basic Hospital: Experience of a Doctor in Federal Nepal



 **Dr. Pragyans Basnet**  
Medical Officer

Bodgaun Primary Hospital,  
Indrawati-11, Sindhupalchowk,  
PAHS MBBS 7th Batch.

Nepal is a federal democracy divided into 7 provinces and 753 local levels. The Constitution of Nepal has clearly stated that health is the shared responsibility of all levels of the government. These days many local levels have realized this responsibility and have been taking initiatives to provide better health facilities to its residents. One such initiative is establishment of at-least one basic hospital in their local levels. These local level basic hospitals can be 5, 10 or 15 bed hospitals. The staffs of 5 and 10 bed hospitals is led by a medical officer while that of a 15 bed hospital is led by a medical generalist. I have been working in one such basic hospital, Bodgaun Primary Hospital, for last eight months and in this article I will be sharing some of my experiences in this new health initiative.

Bodgaun Primary Hospital (BPH) is a 5-bed hospital located in Indrawati Rural Municipality of Sindhupalchowk district, Nepal. It is jointly run by Indrawati Rural Municipality and a non-profit organization (NGO) Jay Nepal consisting of volunteer medical professionals from Italy. BPH was formerly run as Bodgaun Medical Center by Jay Nepal from 2018 to 2023 and was handed over to the rural municipality in June 2023. I was hired in this hospital in May 2024 and have been working in this hospital as an only medical doctor. There are nine staffs in this hospital including myself. There are two health assistants, one auxiliary health worker, one staff nurse, one auxiliary nurse midwife, one lab assistant, one pharmacy assistant and one house keeping staff. This hospital provides out-patient services, X-ray services and lab services along with 24 hours emergency and in-patient services. The hospital is governed by the hospital management committee under the leadership of rural municipality chairperson. The management committee has also established a technical committee comprising of healthcare experts from Italy and Nepal who guide the staffs and hospital in terms of technical

matters. There is a whatsapp group of the staffs with technical committee where we can communicate regarding any confusion while handling the case. This group has been really helpful which helps us in the interpretation of ECG, X-rays and management of cases.

I am the first medical officer arriving at this hospital after its handover to the rural municipality. Hence, I had to take several initiatives to make the hospital function properly. I tried to organize the workflow of the hospital in a systematic way. First, I managed a proper system for out-patient and emergency ticketing. Then with the help of rural municipality price for ticketing and other hospital services was allocated. A minimal charge has been decided for various hospital services to make it sustainable and self-reliable. Then an emergency record card which would help in fast and smooth documentation of emergency patients was developed. We started a system to keep record of all the emergency patients by doing a photocopy of the records while providing the patients with original copy. With the help of staff nurse, an emergency crash cart where all the emergency medicines are kept was developed. Staff nurse was made responsible for daily review of all the items in the crash cart and replenish items from the pharmacy whenever needed. This helped in the management of ER patients especially during the night time. Previously reporting of all the health events was done using different paper registers provided by the government. Now, we have started using electronic health management information system (e-HMIS) of the government of Nepal and have been recording and reporting of the health events digitally. In future, we also aim to make the entire out-patient department paperless with the use of e-HMIS software.

My responsibility in this hospital also involves carrying out various health awareness and follow-up programs. In this community we're carrying out

follow-up programs of chronic patients. Once every month our health workers visit the homes of chronic patients and senior citizens. During this visit they measure the vitals and also refill their regular medications. We have also maintained record file system of all the chronic patients. Whenever a chronic patient visits hospital or when a health worker visits them we record their findings in this file.

Besides clinical initiatives I also found an opportunity to participate in some social initiatives which ultimately improves health. I identified child marriage as the major problem of the community. The village is only 3 hours' drive from Kathmandu, however, it is surprising to see child marriage common among the local people. Child marriage was especially high among girls and they eloped with their partners while studying at school. This meant that many girls wouldn't complete their school and get pregnant in their teenage. Teenage pregnancy itself has a lot of health complication to both mother and child. Besides that, it also results legal and social complications. In Nepal, the legal age of sexual consent is 18 years and the legal age of marriage is 20 years. Sexual contact with a girl before the age of 18 is considered as rape and marriage before the age of 20 is nullified and cannot be registered. Due to this, these marriages are unreported and if they give birth to children, the birth is also not registered until the mother reaches 20.

Understanding this complex problem, I took an initiative to establish a ward level committee to tackle child marriage under the leadership of ward chairperson. This community comprises of local police, school principal, local politicians, social workers, school students and health workers. The main purpose of this committee is to raise social awareness regarding child marriage. Besides, we have also formed a quick response team comprising of ward chairperson, police and school principal to quickly respond and stop child marriage in case of emergency situations. After its establishment, a drama and child marriage awareness program was conducted by school students on the occasion of children's day. There has been two child marriages in this community after its establishment and the quick response team has successfully taken action against these marriages. I hope this committee will be successful in raising awareness and tackle child marriage as this is formed in collaboration with local stake holders.

Having said this, there are challenges of working in rural area and at a rural municipality owned basic hospital. When you are an only doctor for an entire village then sometimes you feel overwhelmed and as a junior doctor may even find it difficult to tackle challenging cases. In my case, the provision of technical committee and tele-medicine has been

helpful to solve some of the confusion. Despite this, there are times when I feel helpless because of inability to help some patients. At such times, I convince myself remembering those for whom I could offer some help. Besides, we may also feel lonely occasionally because we are far away from other colleagues. This problem can be solved by interacting more with the local community and by being in constant communication with friends and colleagues using digital media.

There are some other challenges for a doctor working in a basic hospital. One problem can be the leadership issue. After around one month, I took the responsibility of hospital chief from the management committee and have been continuing on this responsibility. When this does not happen and the leadership of the hospital is given to others in lower hierarchy, this may bring frustration among doctors. We've seen several instances when this becomes a major issue of conflict and in my opinion, this issue should be dealt before we start working in such centers. Even if one doesn't want leadership roles, it is still advisable to not shy away to maintain proper chain of command for smoothly running a hospital.

Another problem while working under rural municipality is that the health center under the leadership of medical officer has to report to the health division of rural municipality led often by paramedical staffs. The head of rural municipality is also the head of the hospital management committee which means that the medical officer is not working as a subordinate staff of the health division. However, hospital under rural municipality has to report to the health division and this often creates confusion as well as a feeling of superiority in the health division. There are several instances when the health division even gives instruction to the medical officer regarding the management of clinical cases and hospital which is the basis for frustration among doctors. I also faced one instance when I had informed to the beurocracy and the health division that due to unavailability of skilled birth attendant (SBA) in our hospital, we are facing difficulties in attending vaginal delivery. The rural municipality has several SBAs in surrounding health posts, however, our center being a hospital has none. When patients were offered a choice of delivery between a hospital with no SBA and health posts with SBA they chose health posts as they considered it a safer alternative. It was a daunting task to make the rural beurocracy and the health division understand that the patient has right to choose service provider. It is important to eliminate home vaginal delivery and it is the task of any health professional to attend in case of emergencies. However, rest of the time, patients should be allowed to choose. Similarly it is the responsibility of the rural municipality to arrange

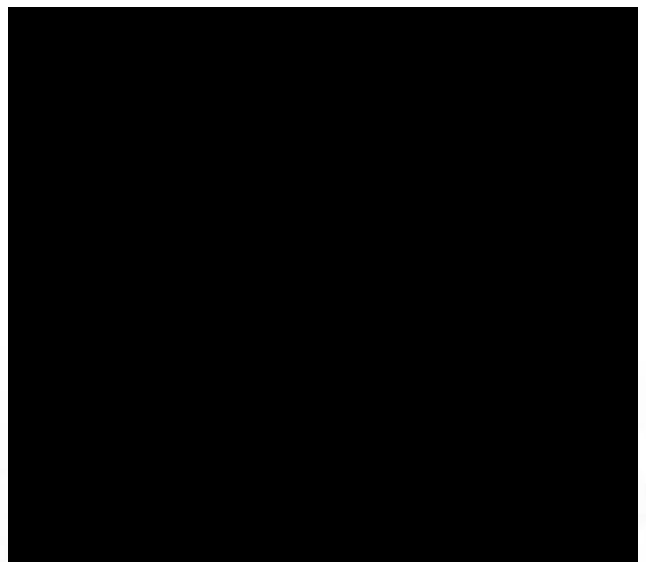
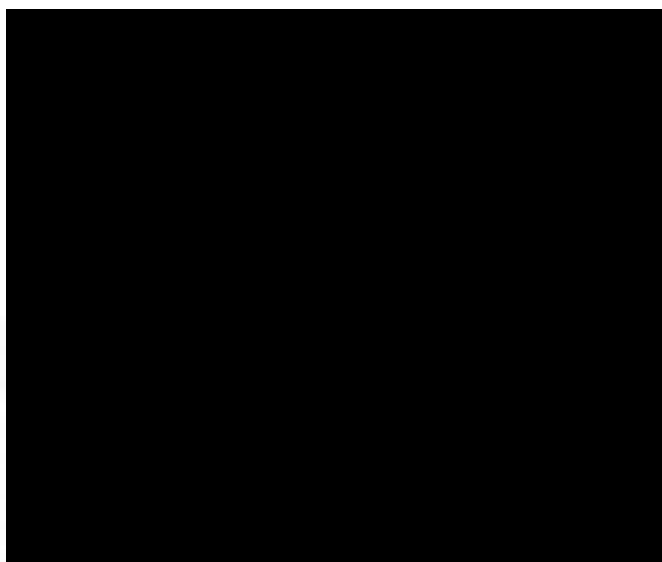
highly skilled professionals for the hospital. However, like in our case the rural municipality is under immense social and political pressure weakening their ability to transfer staffs from one center to other.

Next challenge one can face is while dealing with paramedical staffs who have years of experience. When I came to this hospital, I had six months of working experience at the emergency department of PAHS. After arriving here, one has to deal with paramedics who are from the local community and have decades of experience. Sometimes, there may be conflict while managing a case.

Every challenge can be turned into an opportunity. I believe it depends on our attitude, how we approach the problem. I strongly believe that the reporting of a health center run by a medical officer should be done to the district health office as it eases a lot of confusion. However, it's not in our hand and we should focus on things that we can do to improve the situation. Even today medical officers are respected in rural communities and it is a prestige for the rural municipality to run a hospital hiring a medical doctor. You can turn this situation into your advantage while dealing with the beurocracy and the health division. Similarly, one should drop his/her ego that s/he is a medical doctor and should stop looking towards paramedics with a sense of distrust. We should be empathetic towards them and recognize their contribution to the society and then we can truly understand their point of view. Besides this, I gave the responsibility of recording and reporting of the health events to a health assistant in my hospital which eliminated the need to appear in the monthly reporting meetings of the rural municipality. It was easier for the health division as well to give necessary instructions to the paramedics than a doctor. Another thing I did was to remain in constant communication with the rural chairman, head of beurocracy and head of health division.

Constant communication helped boost a good rapport and ultimately helped me to solve complex problems. While dealing with experienced local health workers, you should always remember to turn this into an opportunity. I initiated continuing medical education (CME) program in the hospital where we would discuss in depth regarding the management of various cases. This also helped me to develop some protocols in the management of complex cases and I used their decades of experience to my advantage. We need to remember that in many rural areas we may be treated as an outsider and people may not trust us as they trust the local staffs. Rather than being offended by the fact that local people trust paramedics more than the doctor, we should try to be empathetic and use this for the benefit of patients. There was one instance when I started an IV line in a patient suffering from snake bite and found myself in a difficult situation surrounded by locals where they were accusing us of spreading poison in the body by starting an IV line. At such a situation, I took help from a paramedic staff who was from the same community as the locals and when she explained people believed.

There are several complexities when a rural municipality runs a hospital. Since federalism is a new concept in Nepal, there are still things mainly related to hierarchy and management which are yet to be solved. However, this is the first time in history of Nepal when the local levels are themselves taking initiatives to invest in health. They have the power of monitoring and supervision of health institutions which makes these centers answerable to the people's healthcare needs. Basic hospitals are relatively new concepts which are mostly led by medical officers. This is definitely an upgrade in quality of care compared to other health centers run at grassroots. One should take this as a leadership opportunity to bring about changes in health in a small community.





## Anchored by HOPE

 **Pramila Dhamala**  
B.S.C.Nursing Alumni

Currently working as a Nursing Officer at Hetauda Hospital

“And, when you want something, all the universe conspires in helping you to achieve it.”

These words by Paulo Coelho, from *The Alchemist*, have always struck a chord within me. One day, I found myself contemplating not about whimsical fantasies or a man in a white unicorn, but rather about these very words – universe, conspires, achieve. Their depth led me down a path of introspection, pondering a question that shook me to my core: Am I an optimist or a realist? And which of these is the key to living a simpler, healthier life?

Speaking of optimism, I cannot deny its impact in my life. Time and again, I’ve clung to hope, believing things would turn out well. And more often than not, they have. But optimism does not equate to being a naïve person; rather, it’s the quiet assurance that no matter how murky the waters, clarity lies ahead or it is like a light at the end of the tunnel. So, where does that leave me? An optimist at heart, perhaps, but one grounded in reality.

After all, tomorrow is another day, a new day with no mistakes in it yet. Often, in conversations with friends, I find myself exuding this hopeful perspective – which sometimes amuses them and other times irritates them. Yet, I believe deeply in the power of hope. To me, hope is not just a fleeting feeling; it is the essence of resilience.

This doesn’t mean that life will always be a bed of roses. Grief and despair are inevitable companions on this journey. There will be days when you won’t want to leave your bed, when the promises you made to yourself about self-care and healthy choices will be broken. And that’s okay. But hope is something that allows us to rise from the ashes, like a phoenix, stronger and more determined than before.

Reflecting on my journey as a nursing student, I realize how optimism has shaped me. I truly believe I

enrolled in one of the best institutions to pursue my dream. To my juniors reading this, let me reassure you: you are in the finest hands. Here, you will learn not only the science of nursing but also the art of resilience. You will set the bar high and undoubtedly surpass it graciously.

It’s true, nothing worth having comes easy. But perhaps there’s a twist to that saying. What if the universe really does conspire in our favor, turning the seemingly impossible into something achievable with faith and perseverance?

To all dreamers and doers out there: keep moving forward. Take that first step, no matter how small, and let the universe do its part. Optimism isn’t about denying life’s hardships; it’s about facing them with courage, resilience, and an unyielding belief that brighter days are ahead.

So, Dare to hope! Dare to believe!

Because when you do, you’ll find that life’s worth truly lies in its challenges, and your wins will shine all the brighter.



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## The First Cut & The Many Stitches: From PAHS Student to PAHS Faculty as an Orthopedic Surgeon

### Interviewer:

Abhipsa, Aaditya, Adarsh, Ritika, Udhir

 **Dr. Pravakar Parajuli**  
Lecturer

Department of Orthopaedic & Trauma Surgery

**Q. First of all, let's talk about this wonderful post I saw on social media of you and your wife celebrating your wedding anniversary. Could you please tell us the story of how you two met?**

It was 2018 when I started my post-graduate studies at GMC Pokhara. That was when I met her for the first time. She was doing her internship and was a member of the first group of interns I met. She was there to help me out and guide me. We spent a lot of time together, and in that way, our friendship grew. We were in a relationship for about four years before we got married. She is always there for me, helping me understand what I need. She is very understanding and cooperative, and I am truly blessed to have her. She supports me and is like my backbone.

**Q. That is very beautiful to hear! Now, we'd really love to learn a bit more about your journey. Let's begin with your childhood. Could you please tell us a bit about it?**

I was born in Sindhupalchowk, but when I was 1 year old, we moved to Kathmandu. I grew up in Bouddha. I did my schooling at Arunima Secondary School and my +2 at Golden Gate. I was the first batch at both my school and my college. After finishing high school, I prepared for MBBS and was able to join PAHS (1st batch). After MBBS, I went to GMC, where I was also part of the first batch. Somehow, maybe it's destiny, I have been in the pioneering batch in all stages of my educational path.

**Q. How do you think all those 'firsts' influenced your experience, especially here at PAHS?**

I feel very lucky and privileged to be a member of the first batch. There were challenges, but we also got a lot of love and attention. It was very easy for us to talk to the faculty and integrate. However, at times, it felt like we were part of an experiment. Overall, it was a very nice and positive experience.

**Q. What was the most memorable moment of your MBBS journey? What about the biggest challenges?**

The CBLE posting, especially the final rural posting in Nuwakot (6 months), was memorable. We worked hard but also had lots of fun—moments I often revisit. The challenges were mainly exams, particularly the exit exams. The initial 6-month introductory block revisiting physics and chemistry was stressful. The final year exam was tough due to the unpredictability of external questions. Clinical postings had their ups and downs but weren't particularly stressful.

**Q. Did you know even then that you would pursue orthopedics?**

I had absolutely no idea! All I knew was that I wanted to be a doctor. I didn't think much about what I would do next. During my rotations, I leaned toward surgical fields, but I wasn't certain. It was as a medical officer that my preference really solidified. Another factor that influenced my decision was witnessing the brilliant orthopedic care provided during the 2015 earthquake when I was in my final year. That made me realize how rewarding the field is.

**Q. There have been so many transitions in your story; from undergraduate to postgraduate, and now you've come full circle, from a student to a faculty member. How has that been?**

In Nepal, there are very limited postgraduate seats compared to undergraduates. Getting into a particular field is tough, as it depends not only on your results but also on others. When I started, there were many exams, no fixed structure for postgraduate training, and even the fee structure wasn't set. We were the first batch where MEC set the cost for postgraduate training in private colleges, so we faced several challenges.

Adjusting to my role as a faculty member after completing my M.S. in orthopedics took time. I worked in peripheral centers in Butwal and Dhangadhi, then applied for a vacancy and got in. Transitioning has been a mix of pride and nostalgia. I initially wondered if it would be difficult to find my footing, but the faculty has been very supportive. Now, as a teacher, I feel a much greater sense of responsibility.

**Q. If you had to give advice to a student aspiring to enter a surgical field—or even orthopedics—what would you say?**

If you want to enter the medical field, it requires a lot of effort. Knowledge is needed in everything, but in this field, there is also the matter of natural skills. Skills come in two forms: some people have them naturally (gifted), while others need to work harder. The time it takes can vary, but no one is incapable. Some might take two months, while others might take just 10 days. There is no secret to entering the surgical field; hard work is the key. The basic knowledge applies to all fields, but mastering the skills takes time and dedication. Some people pick up the minor skills quickly, while others take more time. Ultimately, anyone can do it with dedication and perseverance.

Some people think women shouldn't go into orthopedics because it requires muscle power. I want to clarify that this is not true. Orthopedics is more about skills and knowledge than power. The methods and approach might vary, but overall, it's the same.

**Q. How is Patan's teaching-learning methodology different from other colleges? As a PAHS graduate, do you notice differences in decision-making, empathy, and patient counseling compared to other graduates working here?**

Patan's teaching-learning methodology is not just innovative, but also more rewarding than other colleges. Having done postgraduate studies in a different institution and gained experience, I can say that Patan's approach to self-directed learning, problem-based learning, community-based learning, and research involvement has been exceptional for students. While in MBBS, we may not realize its value, but later in our careers, it becomes clear how much it helps. Otherwise, the curriculum is pretty much the same everywhere.

**Q. What has been your most memorable case or proud moment in your career as a surgeon?**

Rather than individual cases, the most proud moments are when I've been able to make each patient happy and send them home in good condition. If I had to name a specific case, my first surgery stands out as a very memorable experience. The cases I did during my residency are also unforgettable.

**Q. You are also involved in research alongside your clinical responsibilities. What advice would you give to students who are interested in research?**

The medical field is all about learning from the past and discovering new things. Involvement in research is about becoming a proficient clinician. After becoming a faculty member, research becomes even more important. Patan's curriculum is excellent for research. Students are involved in research, from small articles and studies to larger research projects, even while doing MBBS. As we progress, research becomes an integral part of our careers.

**Q. There is a trend of going abroad for further studies in Nepal. You pursued both your undergraduate and postgraduate studies here. Do you regret it?**

To be honest, I regret it financially. We spend nearly 9-10 years to become an orthopedic surgeon. After completing MBBS and postgraduate studies, it can still be hard to find a job, and sustaining oneself on a salary can be difficult. However, I never considered going abroad. I wanted to stay in Nepal in the long term. I believe that by staying here, I can grow and contribute to the country.

**Q. There are many students who want to do MBBS in Nepal. There is a lot of hype around medicine. What would you say to them?**

The current system in Nepal, where students pursue MBBS after +2, is not ideal. At that age, one hasn't yet decided what career to choose. If a student excels in science, they may think about becoming either an engineer or a doctor. Many people think that doctors earn a lot of money, but this idea needs to be clarified. Proper career counseling is essential. Students need to understand what MBBS truly involves, where it leads, and the benefits and struggles associated with it. The culture of portraying doctors as gods should slowly fade away.

**Q. You have practiced medicine in Kathmandu, Butwal, and Sudurpaschim. What differences did you observe, and where did you find it more fulfilling to work?**

The differences largely stem from development levels. In Kathmandu, patients are well-informed and ask specific questions. In Sudurpaschim, expectations are lower, and patients are genuinely grateful for simple treatments, making recovery more rewarding. However, limited resources make it more challenging, requiring doctors to deliver optimal care within constraints and know when referrals are necessary.

**Q. Our college fosters an amicable senior-junior relationship without ragging, unlike some colleges where juniors must appease seniors to progress. What are your thoughts on such environments and the difference they make?**

Regarding ragging, there's none at PAHS. At most, there's some light banter. Ragging, in my opinion, is entirely harmful and has no long-term benefits, only disadvantages.

I agree, people are suppressed for years and genuinely when they get a moment, it becomes their choice whether to repeat the same cycle of toxic hierarchy to get out their frustration or be a better person. I believe hierarchy is necessary to create a balance in the system and as long as everyone maintains their boundaries, it should all work out really well.

**Q. On a scale of 1 to 10, how hectic is your life as an orthopedic doctor? Is maintaining work-life balance difficult? How do you separate private and professional life?**

In terms of my life, I would rate it 7.5 out of 10 in terms of hecticness. It depends on how you approach it. You need to manage according to your priorities and needs. If I start work at 7 a.m. and return home by 5 p.m., and I manage to balance my private life after that, then it works out. You need to make some sacrifices. Balancing the two can be challenging and there isn't a hard-and-fast answer to this, but you need to keep yourself mentally sound and push yourself. If you allow a hectic work environment or emotional stress to take over and don't invest in leisure time for yourself, maintaining balance becomes very difficult.

**Q. As medical students, we often notice that conversations with peers and faculty are dominated by medical jargon, making us feel like we're developing a one-dimensional personality. Do you think doctors' lives tend to become narrow and tunnel-visioned?**

Medicine studies have been made quite stressful. A medical student's life is inherently demanding. In this regard, PAHS is slightly better compared to other medical colleges. Here, students can pursue other interests alongside medicine. I have seen that in other institutions, maintaining a work-life balance is extremely challenging. In such environments, people struggle to explore other domains, as all their time is consumed by their duties and basic responsibilities. This type of experience leaves a lasting impression on the mind, which can also impact one's personality in the long term. If the environment instead encourages students to travel, engage in music, and pursue their interests, it would help them develop a broader vision. Without such opportunities, it becomes difficult to cultivate a multidimensional personality.



✍ संगिता अधिकारी  
दशौँ ब्याच, एम.बि.बि.एस

## उनी संसारकै सुन्दर थिइन् ।

उनी काली थिइन्,  
यसैले उनलाई घामले डढ्ने डरै थिएन ।  
उनलाई नजिक बोलाउने कमै थिए,  
र त जहाँ-तहीं पुग्न उनलाई करै थिएन ।।

उनी होची थिइन्,  
यसैले उनको शिर कहिल्लै झुकेन ।  
उनी आफू स्वयंको सारथी थिइन्,  
अनिपो उनको हिम्मत कहिल्लै टुटेन ।।

उनी मोटि थिइन्,  
यसैले हावाको झोकाले उनलाई उडाएन ।  
उनी अरुको लागि कुरूप थिइन्,  
तब धन्न फर्केको जोवन, कसैले चुडाएन ।।

उनको ओठ पान पाते थिएन,  
तापनि, खुर्सानी पाते ओठले दिव्य मुस्कान छर्थे ।  
उनको आँखिभौँ सुरिला थिएनन्,  
तर कसिङ्गरबाट बचाउन अघि सर्थे ।।

उनको ओठमाथि जुँघाको रेखी थियो,  
यसैले उनी आफूलाई क्षेत्रीय ठानथिन् ।  
उनको शरीर मास्कुलिन थियो,  
अनी त आफूलाई बहादुर मन्थिन ।।

उनको हात कोमल थिएन,  
तर ती हातलाई उनी पौरख भन्थिन् ।  
उनका कुरा सुन्दिने को नै थियो र ?  
सायद यसैले, उनी धरहरा झै शान्त रहन्थिन ।।

उनको जिउ मिलेको थएन,  
यसैले होला, कामुक नजरबाट बाँचेकी थइन् ।  
उनलाई कसैले माया साट्न सिकाएन,  
तसर्थ संपूर्ण प्रेम, कोही खासकालागि साँचेकी थइन् ।।

उनको आवाजमा लज्जा थिएन,  
यसैले उनी निडर थिइन् ।  
उनलाई बाटो देखाउने कोही भएन,  
अतः आफ्नो जीवनको स्वयं लिडर थिइन् ।।

उनी, कागको हुलमा बाकुला,  
यसैले त तुलनाको तराजुमा तौल परिन् ।  
सारा संसारले बदसुरत भनेपछि,  
आफ्नै सुन्दर संसारको रचना गरिन् ।।

उनी, अरुले नरुचाएको मान्छे  
तर आफू स्वयंको प्यारो थिइन् ।  
उनी त, उनको संसारकी राजकुमारी,  
यसैले, उनी सबैभन्दा सुन्दर थिईन् ।।



✍ महेश वि.क.  
एघारौँ ब्याच, एम.बि.बि.एस

## देउडा

केटा : भैंसी गयो बाटै बाट गाई गयो गोरेटी

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केटी: उति राम्रो जीउडाल मेरो रूपकी गोरी हुँ

कम मुखी जनठानेई बाज सूदुरकी छोरी हुँ

केटा : बाउसी र कोदाली लिइ गैरी खेत खन्नेछ्या फुलबारी कसैको नभ्या मुइ माली बन्नेछ्या

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कम छैन सुवाको राजा सरकारी जागिरे

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राधा र कृष्णका जसो हाम्रो जोडी होइजाउ

# Fractured Echoes



Dr. Sagar Adhikari  
9<sup>th</sup> Batch, MBBS

## Chapter 1: The Incident

In the bustling streets of Kathmandu, I was known as Sudena, a girl whose beauty had always turned heads, either in admiration or envy. Life was mostly simple until that one night—a gloomy Sunday night that changed everything. The streets were unusually quiet, and I was walking back home alone after a late study session at a friend's house. That's when it happened.

Two boys, reeking of alcohol, appeared out of nowhere. Their eyes were wild, their intentions clear. I tried to run, but they cornered me in a dark alley. The details of that night are too painful to recount, but it was a night that shattered my life, leaving me unconscious and broken. The next morning, I was found and taken to the hospital. The police arrested the boys a few days later, and justice, in the legal sense, was served.

But justice in the eyes of society was another story. I quickly became "that girl"—the girl who was raped. My identity was no longer Sudena, the bright college student with dreams; I was now a symbol of tragedy, someone to be pitied or shunned. Even in college, I could feel the stares, and hear the whispers behind my back. My friends stopped calling, and I began to isolate myself, feeling as though I was a crack in a castle of glass, something broken beyond repair.

## Chapter 2: The Spiral

My so-called boyfriend, who had once promised me the world, left without explanation. "I need a break," he said over the phone, his voice cold and detached. But I knew the truth. He couldn't stand being with me anymore, knowing what had happened. It wasn't me he was leaving; it was the stigma attached to me.

I stopped going out. I stopped caring about myself.

I even stopped eating. My world was a dark, silent void, with no escape. Then, the final blow came. My uncle was hosting a puja ceremony and I wasn't invited. When I asked why, the answer was simple: "You're impure."

Impure: the word echoed in my mind, over and over. How could they think that? I was a victim, not a willing participant in my own violation. But in the eyes of my family, and my community, I was tainted.

Nights became unbearable. Every time I closed my eyes, I relived that night. Sleep was impossible; all I could do was think and cry. It was during one of those long, sleepless nights that I made a decision—a decision that seemed like the only way out. I would end my life.

## Chapter 3: The Decision

It was Saturday morning, the day I had chosen to die. I planned everything meticulously, like a soldier preparing for battle. I would use the scarf my mother had given me on my last birthday, a symbol of the love that had once surrounded me. At least, I thought, I would die with something of hers close to me.

The night before, I could barely eat. I just stared at my plate, pushing food around with my fork. My parents didn't notice; they were busy with preparations for the puja. I went to bed early, though sleep was the last thing on my mind. I lay there, thinking about how my parents would react, how society would react. The hours passed like years, each one filled with sorrow and regret. When morning came, I locked myself in my room, took out the scarf, and began tying it to the ceiling fan. My heart was pounding, not out of fear, but from the overwhelming sadness that had consumed me. I was ready to slip the knot around my neck when there was a knock on the door.

“Sudena! Sudena, open the door!” My mother’s voice was urgent, frantic.

For a moment, I froze. Did she know what I was about to do? The knocking became louder, more desperate. I quickly untied the scarf and scattered my blankets to make it look like I had been sleeping. My heart was racing as I unlocked the door.

My mother grabbed my hand and pulled me towards the front door. I was still in shock, unsure of what was happening. Then I saw it—Kapil uncle’s house, our neighbor, was on fire. The flames were high, licking the sky, and people were running, shouting for water, for help. My mother’s fear wasn’t for me; it was for the fire that could have spread to our house.

#### ***Chapter 4: The Turning Point***

The fire was eventually put out, and our house was spared. But something had changed in me. The fear, the adrenaline—it shook me, made me question what I had been about to do. For the first time in weeks, I felt something other than despair. I wasn’t sure if it was relief, guilt, or something else, but it was enough to keep me from trying to end my life again, at least for now.

Three days later, my mother approached me. “Sudena, I’ve asked Jaya aunty’s son to come over and help you with your studies,” she said gently. “He’s a good boy, very smart. Maybe it will help you get back on track.”

I didn’t care about studies anymore, but I didn’t have the energy to argue. So, that afternoon, when the doorbell rang, I opened the door to find a tall, handsome boy standing there, his expression kind but serious.

“Hi, I’m Bikash,” he said with a smile. “My mom sent me over to help you with your studies. You’re Sudena, right?”

I just nodded, too tired to respond. My mother appeared and ushered him in, offering him tea and biscuits. Bikash sat down and began to explain some complex math problems, but my mind was elsewhere.

#### ***Chapter 5: The Conversation***

Bikash had been coming over for two weeks. He was patient, never pushing me too hard, but also never giving up on me. Slowly, I began to focus on the work, if only to distract myself from the thoughts that plagued me. But I was still the same,

empty shell of a person.

One Saturday morning, during our usual session, Bikash suddenly stopped. “Sudena,” he said softly, “I know you’re going through something really difficult. My mom told me a little, but I didn’t want to bring it up until now.”

I looked up at him, startled. No one had directly addressed what had happened to me in weeks. I felt a knot form in my stomach, but I didn’t say anything.

“You don’t have to talk about it if you don’t want to,” he continued, “but I want you to know that I understand, at least a little. When I was younger, someone close to me tried to hurt me in a way no child should be hurt. My father stopped him, but the damage was done. I was angry, scared, and I didn’t know how to go on. But my brother never gave up on me. He kept telling me that I was stronger than what happened to me, that I could get through it.”

I listened, feeling something shift inside me.

“I just want you to know that you’re not alone,” Bikash said. “You don’t have to be okay right now, but you don’t have to give up, either. If people talk behind your back, let them. They’re just jealous of your strength, because you’re still standing, even after everything. That’s something to be proud of.”

For the first time in weeks, I felt a flicker of something—hope, maybe. Bikash smiled at me, and I found myself smiling back, just a little. It wasn’t much, but it was a start.

#### ***Chapter 6: The Road to Recovery***

As the weeks went by, Bikash continued to help me with my studies, but more importantly, he helped me find a reason to keep going. He didn’t try to fix me; he just listened, talked, and was there. Slowly, the pieces of my shattered life began to come back together. I started eating again, taking care of myself. I even began to go out a little, testing the waters of the world that had once seemed so hostile.

It wasn’t easy, and there were still days when the darkness threatened to overwhelm me. But now I had something I hadn’t had before—a friend, someone who believed in me when I couldn’t believe in myself.

Bikash never treated me like I was broken. To him, I was just Sudena, a girl who had been through something terrible but was still standing. And for

the first time in a long time, I started to believe that maybe, just maybe, I could be strong enough to face the world again.

### *Epilogue: The Smile of Hope*


Months passed, and the pain didn't vanish, but it became something I could live with. I returned to college, held my head high, and ignored the whispers. I wasn't just "that girl" anymore; I was Sudena, a survivor.

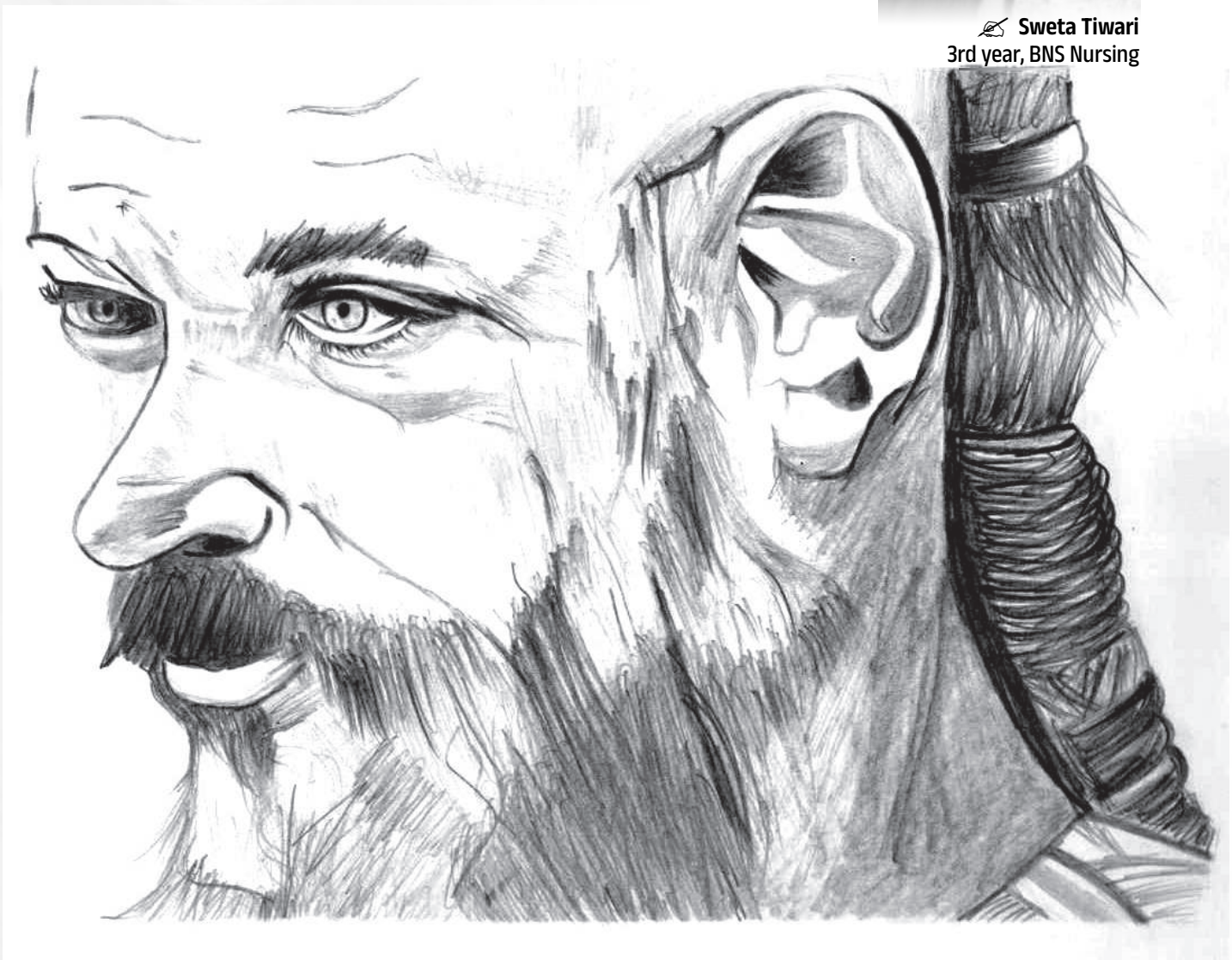
One day, as Bikash was leaving after a tutoring session, he waved goodbye, as he always did. And for the first time, I didn't just nod or look away. I smiled-a real, genuine smile. It wasn't the end of my journey, but it was a new beginning, a step towards healing.

**And that smile? It was the smile of hope.**

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# The 5-Second Rule: How to Stop Overthinking and Start Doing



Deepa Acharya  
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We all know the drill. You sit down, ready to get some work done, but then...bam.....your phone buzzes. Instagram, Twitter, a new YouTube video. Before you know it, hours have passed, and you're left wondering how time disappeared like a magician's trick. We've all been there, right? The art of procrastination is real, and let's face it, it's one we're all too good at. Sure, the dopamine rush feels amazing, who doesn't love scrolling mindlessly through social media or binge, watching the latest series? But let's be real, when those deadlines start breathing down your neck, it's a different story.

We've all promised ourselves, "Next time, I'm going to crush it. I'll work harder, smarter, and actually do things." And yet, here we are, putting off our resolutions like we put off our study sessions. It's a classic case of trying to ease our guilt, isn't it? But what if there was a way to stop this never-ending procrastination cycle? A way to make the jump from, "I'll do it later" to "I'm doing it now."

Enter the "5-Second Rule" a simple but powerful technique that changed my game, and I'm betting it could change yours too.

## What is the 5-Second Rule?

The 5-Second Rule is all about getting out of your own way. It's the idea that if you can stop your brain from overthinking for just five seconds, you're more likely to actually do the thing you've been avoiding. Essentially, it's about breaking the habit of thinking and just acting.

## How does it work?

Recognize the urgency: What's the task you need to tackle? Whether it's getting out of bed, starting a project, or working on your fitness, pinpoint the task that needs your attention.

Count down from 5 to 1: Like a rocket launch: 5... 4... 3... 2... 1. Don't overthink it. Just do it. The

countdown is your mental trigger.

Act immediately: Don't give yourself time to think. The moment you hit "1," you have to get up, start typing, or start moving. Do whatever it takes to get the ball rolling.

## Why does it work?

You might be wondering: Why five seconds? Seems simple, right? But there's actual science behind it.

It breaks the cycle of overthinking: Overthinking is the biggest roadblock to action. It's easy to talk yourself out of things, to come up with excuses, or to get stuck in the "what if" spiral. The 5-second rule stops that right in its tracks.

It activates your prefrontal cortex: The prefrontal cortex is the part of your brain responsible for decision-making and controlling impulses. By counting down, you're essentially "hacking" your brain into action before it has a chance to go into lazy mode.

It builds momentum: Once you start, it's much easier to keep going. The hardest part is the first few seconds. After that, you're in the zone, and momentum takes over.

## Examples of the 5-Second Rule in Action

Waking up in the morning - Let's face it, your bed is a sacred place. The snooze button is your best friend, and the thought of getting up is... well, miserable. But what if, instead of thinking about how tired you are or how comfy your bed is, you just counted down from 5 and jumped out. Sounds crazy, right? But it works.

Fitness motivation - We all have those days when the gym seems like a distant dream. But when you feel the laziness creeping in, just countdown from 5 and get moving. You don't even need to think about the whole workout, just the first step. After that,

you'll probably feel like a champ.

Conquering fear – Whether it's public speaking, starting a new project, or asking someone out (no judgment), fear loves to hold us back. The 5-second rule helps you push through those first moments of hesitation. Just count down and take action. It's the key to transforming fear into confidence.

### ***Why is it so effective?***

The beauty of the 5-Second Rule is its simplicity. It doesn't require special tools, fancy apps, or motivational speeches. It's just you, your mind, and the power of taking immediate action. It's like a mental trigger to break through inertia, shake off your comfort zone, and take that first step toward the life you want.

Let's be honest, no one's got time for endless planning or procrastination. The world moves fast, and so should you. The 5-second rule gives you the chance to grab life by the reins and stop overthinking everything. It's a small change with a huge impact.

### ***In Conclusion:***

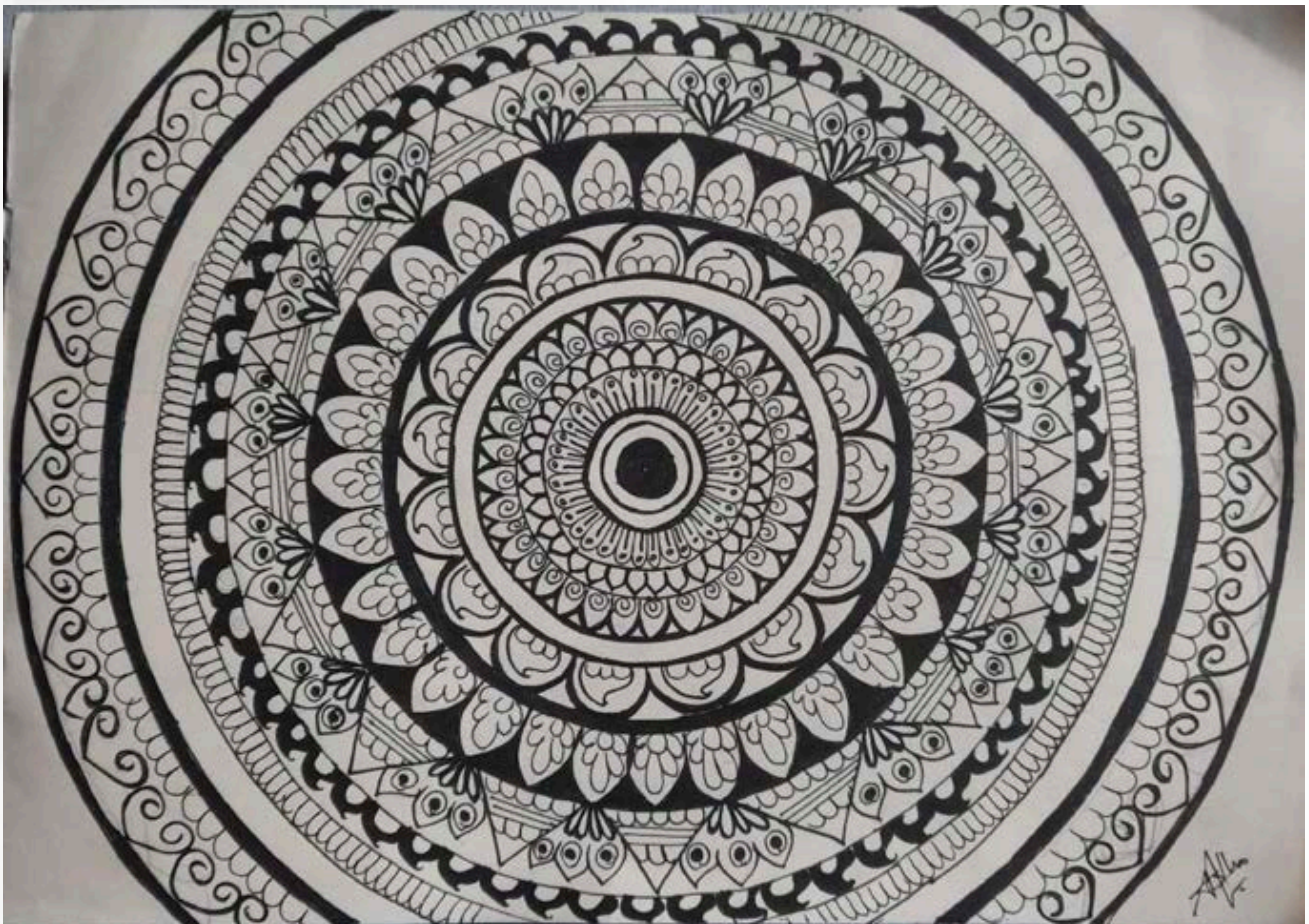
Life is full of distractions, challenges, and moments when the couch or the bed calls your name. But if you want to move forward, you have to beat your brain at its own game. The 5-Second Rule is like your own personal hack to trick yourself into action. So next time you find yourself stuck in the procrastination trap, just count down from 5 and go for it. Trust me, your future self will thank you.

***Remember: Five seconds. Act now. Thank me later.***

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 **Astha Dhami**  
4<sup>th</sup> Year, BSc. Nursing

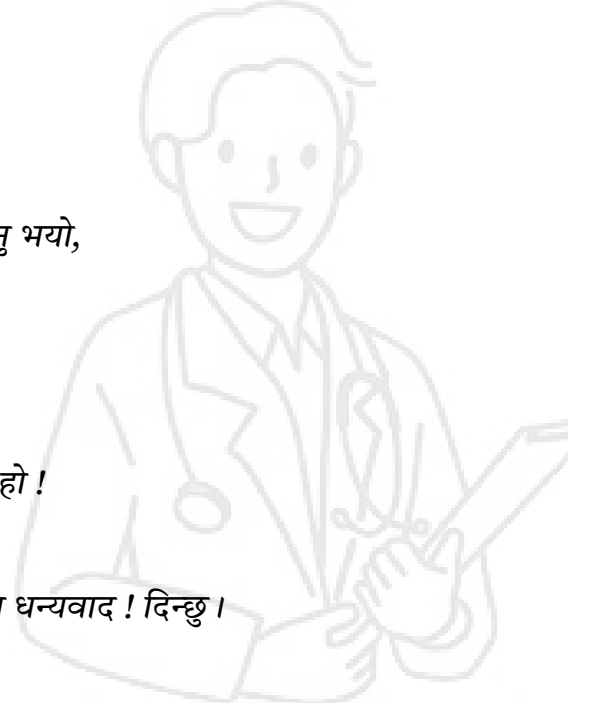




✍ राधिका संजेल  
कर्मचारी, डीनको कार्यालय


## डाक्टर हुन् महान्

सानो परिश्रम र लगानीले कहाँ बन्न सकिन्छ र डाक्टर ?  
बालपन देखिको कडा परिश्रमले , अनि आफ्ना अभिभावकका ठूलो लगानीले,  
बल्ल वर्षौंको परिश्रमले आज म डाक्टर भएको छु ।  
सेतो कोट लगाएर एक सर्जन डाक्टर भएको म ,  
बिरामीको रोग फालेर कयौंको परिवार बचाएको छु ।  
आमा, बुबा, छोरा, छारी, दिदी, बहिनी, दाजुभाई, सबैलाई,  
समान रूपमा उपचार गरी, सेवा गर्न पाउँदा गर्व लाग्छ मलाई ।  
एक आमाको कोखबाट यो धर्तिमा जन्म लिएर ,  
अनेक घाउहरुमा मलम लगाउने डाक्टर पेशा हो मेरो ।  
मेरा बिरामी नै मेरा हौसला हुन्, हौसला बढाउने तागत हुन् ।  
बिरामी भएर आई मलाई बचाउनुहोस डाक्टर साहेब भन्छन् ,  
मैले अप्रेसन गरी उनीहरुको भित्री रोगहरु सबै सफागरी दिन्छु ।  
उनीहरु मेरा सामुन्ने आएर भन्ने गर्छन्, हजुरले मेरो जीवन बचाउनु भयो,  
हजुर महान् हुनुहुन्छ डाक्टर साहेब भन्छन् ।  
मैले जानेको सबै चेकजाँच गरेर रोगको जरा उखेली दिन्छु ,  
अनि उनीहरु खुशी हुँदै भन्छन् , डाक्टर साहेब हजुर महान् हो ।  
मेरो शरीरको रोग फालेर जीवन बचाई दिनुभयो , हजुर भगवान हो !  
हजुरको जय जय होस् भनेर प्रशंशा गर्दछन् , यो सुन्दा मलाई  
अति आनन्द लाग्छ । मलाई मेरा आमाबुबाले डाक्टर पढाएकोमा धन्यवाद ! दिन्छु ।  
मेरो बिरामीले मेरो पशंशा गरेको सुन्दा अति आनन्द लाग्छ ।  
जन्मेर जीवनमा राम्रो काम लिएँ जस्तो लाग्छ , मन प्रफुल्ल हुन्छ अनि मलाई पनि भन्न मन लाग्छ  
डाक्टर महान् हुन् ।  
धन्यवाद !



## उच्च शिक्षाको बैश्विक परिबेस र पाटन स्वास्थ्य विज्ञान प्रतिष्ठानको पहल



 सुदर्शन पौडेल  
सहप्राध्यापक, डिपार्टमेन्ट अफ कम्युनिटी हेल्थ साइन्सेस

पाटन स्वास्थ्य विज्ञान प्रतिष्ठानको स्थापना कालमा शैक्षिक उन्नयनमा केही नयाँ थालनी गर्न प्रतिष्ठानको सकल परिवार दृढ संकल्पित थियो । त्यसै संकल्प स्वरूप स्थानिय सभ्यता र समाज बुझेको स्वास्थ्य जनशक्ति उत्पादन गर्ने अभिप्रायले समुदायमा आधारित सिकाई शिक्षालाई सघनरूपमा कार्यान्वयन गर्ने यकिन गरियो । प्रतिष्ठान भित्र र बाहिरका ब्यक्तिहरु यस प्रकारको चिकित्शाशास्त्रको सिकाई शिक्षाप्रति आशंका ब्याप्त गर्दथे । उनीहरुको विचारमा यो शिक्षा पद्धतिमा विद्यार्थीहरु चिकित्शाशास्त्रको पढाईमा कमजोर हुन सक्ने, सुरक्षामा असुर पर्न सक्ने, निकै खर्चिलो, अनुगमन मूल्याङ्कनमा कठिनाई हुने, समुदाय थकित हुने, शिक्षकहरु माथि निकै दवाव पर्ने जस्ता आशंका ब्यक्त गर्दथे भने केही ब्यक्तिहरु हिमाल पहाड तराई सबैतिर विद्यार्थीको पोस्टिड जाराउन सुझाउथे । यो सिकाई पद्धति असफल हुने उन्नानसय कारण हुन सक्थे तर सफलताको एकमात्र आधार भनेको समुदाय र स्वास्थ्य प्रणालीलाई विश्वासमा लिई उनीहरुको अभिभावकत्वमा विद्यार्थीहरुलाई स्थानिय सभ्यता, समाज र स्वास्थ्य सेवाको व्यवहारिक ज्ञान दिनु । यो नयाँ पद्धतिको सिकाई र शिक्षाको कार्यान्वयनको संयोजन गर्ने जिम्मा समुदाय स्वास्थ्य विज्ञान विभागमा मैले पाएँ । यो जिम्मेवारी मेरा लागि सहज थिएन तर असंभव पनि थिएन ।

मैले लामो समय मकवानपुर जिल्लाको स्वास्थ्य र सामाजिक विकासको क्षेत्रमा काम गरी उक्त भूगोल र त्यहाँको जनसमुदायलाई नजिकबाट बुझ्न पाएको हुदाँ नै यस्तो सिकाई शिक्षाको बारेमा कौंध थाप्ने आँट आएको थियो । यो जिल्ला आफैमा उच्च पहाड, पहाड र भित्री मधेशमा बाँडिएको, सामाजिक सांस्कृतिक आर्थिक अवस्थामा पनि निकै विविधता भएको, प्रतिष्ठानबाट नजिक पर्ने आदी कारणले हामीलाई शिक्षण सिकाईका लागि उपयुक्त भयो । त्यसका लागि प्रतिष्ठानका पदाधिकारी लगायत समुदाय स्वास्थ्य विज्ञान विभागका शिक्षकहरु र अन्य सहयोगी कर्मचारीहरुलाई उक्त भूगोल र त्यहाँको जनसमुदाय, स्वास्थ्य प्रणालीसंग परिचित गराउनु थियो । त्यसका लागि स्थानिय समुदायको सहकार्यमा विभिन्न स्थानमा प्रतिष्ठानले अवलम्बन गर्न लागेको शिक्षण सिकाईको बारेमा अभिमुखिकरणको थालनी गरियो । यस प्रकारको गातिबिधिबाट प्रतिष्ठानको दीर्घकालिन सोच, उद्देश्य अनुरूपका चिकित्शक तयार पार्न समुदायले सहयोगको प्रतिबद्धता पाईयो ।

समुदायको तयारीसंग संगै समुदाय स्वास्थ्य विज्ञान विभागले निकै साबधानीपूर्वक विभिन्न चरणका समुदायमा आधारित सिकाई शिक्षाको अभिमुखिकरण, त्यसको कार्यान्वयन र मूल्याङ्कनको ढाँचाहरु तयार पायौं । उक्त जगमा संचालन गर्दै आएको समुदायमा आधारित सिकाई शिक्षा आज पनि समयसापेक्ष सुधार गर्दै निरन्तरता पाईरहेको ।

शुरुवाती दिनमा जम्मा जम्मी सात पटक समुदाय आधारित सिकाईको ढाँचा तय गरिएको थियो । पहिलो पोष्टिड ठूला शहर भित्र लुकेको सामाजिक आर्थिक असमानता र त्यसले जनस्वास्थ्यमा पार्ने प्रभावबारेमा बुझाउने देखि अन्तिममा जिल्ला अस्पताल र स्वास्थ्य कार्यालयमा करिव छ महिनाको ब्यवहारिक सिकाई समेटिन्छ । सबै पोष्टिडहरु रोमान्चक सिकाईले भरिपूर्ण रहेको विद्यार्थीको अनुभव छ । त्यस मध्ये पनि दोस्रो पोष्टिड निकै महत्वको र चुनौतिपूर्ण समेत हुने गर्दछ जहाँ विद्यार्थीहरु स्थानिय परिवारसंगै वस्दछन, उनीहरु कै मान्छाको खाना खाने, घर परिवारको दैनिकीमा सहभागी भै ग्रामिण जीवन(जगतको नजिकबाट अध्ययन गर्दछन । यसै अवधिमा सामुदायिक महिला स्वयंसे विकाले राष्ट्रिय स्वास्थ्य प्रणालीमा पुर्याएको योगदानका बारेमा नजिकबाट बुझ्ने मौका पाउँछन । यस किसिमको सामाजिक र पारिवारिक सामिप्यले विद्यार्थीमा ग्रामिण समुदायको विकासका लागि गरिनु पर्ने प्रयासलाई आत्मसात गर्न मद्दत मिलेको छ भने सामाजिकरूपमा बढी जिम्मेवार चिकित्शकहरु तयार पार्ने प्रतिष्ठानको सोचले मुर्त रूप लिदैछ ।

पाटन स्वास्थ्य विज्ञान प्रतिष्ठानको स्नातक तहमा चिकित्शाशिक्षाको करिव एक तिहाई सिकाई शिक्षालाई स्थानिय परिवेश, मानिसको चाहना, संभावना चुनौतिहरुलाई राष्ट्रिय स्वास्थ्य प्रणालीका विभिन्न तहहरुमा प्रत्यक्ष सहभागिता र अध्ययनको माध्यमबाट दीक्षित हुने अवसर प्रदान गरिदै आएको छ । त्यो कार्यका लागि समुदाय स्वास्थ्य विज्ञान विभागलाई प्रतिष्ठानको नेतृत्वबाट पूर्ण विश्वासका साथ आवश्यक समन्वय, सहयोग र परामर्श पाई रहै । पछिका दिनहरुमा विद्यार्थीको चाप समेतलाई मध्ये नजर गर्दै यस्तो अध्ययन मकवानपुरका अलावा गोरखा, दक्षिण ललितपुर हुदै यदाकदा अन्य जिल्लामा समेत जारी निरन्तरता दिईदै आएको छ ।

पाटन स्वास्थ्य विज्ञान प्रतिष्ठानले स्थापनाको छोटो अवधिमा चिकित्शाशिक्षामा हासिल गरेको उपलब्धि (जनविश्वास)का धेरै कारणहरु मध्ये एक बलियो आधार यही सिकाई र शिक्षा पद्धतिलाई मान्न सकिन्छ । यहाँबाट दीक्षित चिकित्सकहरु सामाजिकरूपमा उत्तरदायी, स्वास्थ्य सेवाको विकास र विस्तारमा आफ्नो स्थानबाट नेतृत्वदायी भूमिका खेल्न सक्ने सक्षम छन । प्रतिष्ठानले शुरु गरेको यो र अन्य नविनतम सिकाई र शिक्षालाई पछिका दिनमा नेपाल सरकारले शिक्षा र सिकाईका अन्य क्षेत्रमा पनि क्रमशः अंगिकार गर्दै गएको छ ।

### बैश्विक परिवेश र अविष्यको चिन्ता:

संयुक्त राष्ट्रसंघले हालै स्वीकृत गरेको प्याक्ट फर द फ्युचर (अविष्यको मस्यौदा)ले विभाजित संसारलाई एक ठाउँमा ल्याउनको लागि प्रत्येक राष्ट्रले शिक्षाको माध्यमबाट स्थानिय विकास प्रयासहरु जस्तै सामाजिक, वातावरणीय, प्राविधिक आवश्यकताहरुको सामना गर्न प्रतिबद्ध नागरिकहरु उत्पादन जारी दिगो र न्यायपूर्ण अविष्य सुनिश्चित गर्न आह्वान गरेको छ । नेपाल लगायतका विकासोन्मुख देशहरुले गरिबी, असमानता, विभेद, अस्थिरता, जलवायु परिवर्तनका असर, परम्परागत र नयाँ ज्ञान प्रविधिको टकराव आदी थुप्रै चुनौतीहरुको सामना गरिरहेको छ । यस्तो परिवेशमा नयाँ पुस्ताहरुले जीवन र जगतलाई बुझेर त्यस अनुरूप सामाजिक सांस्कृतिक, भौगोलिक र प्राकृतिक संभावनाहरुको अधिकतम उपयोग जारी देशको उन्नत अविष्यको लागि आशा जगाउनु पर्ने हुन्छ । उक्त मस्यौदामा बहुपक्षीय सहकार्य, स्थानिय ज्ञान र प्रविधिको समुचित विकासबाट समाजको सकारात्मक परिवर्तन गर्न सक्ने विश्वास लिईएको छ ।

उक्त मस्यौदाले ग्लोबल डिजिटल कमप्याक्टलाई (प्राविधिक) उच्च शिक्षाको आधारको रूपमा अंगिकार गर्न सुझाएको छ । नेपालको सम्बन्धमा पनि डिजिटल साक्षरता प्रवर्द्धन गर्दै कृत्रिम बुद्धिमत्ता र डिजिटल उपकरणहरुको फाइदा लिन ठूलो सम्भावना छ । तर, यी प्रविधिहरु सबैका लागि पहुँचयोग्य बनाउनु चुनौतीपूर्ण छ, किनकि देशको डिजिटल विभाजनले ग्रामीण क्षेत्रहरुलाई सहरको तुलनामा कनेक्टिभिटी र डिजिटल साक्षरता सम्बन्धी पछाडि पारेको छ ।

शिक्षा र स्वास्थ्यमा विश्वमा नविनतम सोच र उपलब्धि हासिल भएको परिपेक्षमा पाटन स्वास्थ्य विज्ञान प्रतिष्ठानले देशको परिवेश सुहाउँदो चिकित्शाशास्त्रको शिक्षण सिकाई पद्धति अवलम्बन गरेको हो । प्रतिष्ठानले स्थानिय समुदायको सहकार्यमा उपलब्ध (सिमित) भौतिक तथा डिजिटल प्रविधिको अधिकतम प्रयोग गर्दै नविनतम शिक्षण सिकाईको अभ्यास गर्दै आएको छ । यो शिक्षण सिकाई पद्धतिको बारेमा थप अध्ययन अनुसंधान जारी आवश्यकता र औचित्यका आधारमा सामाजिक विकासका अन्य विधामा पनि अंगिकार गर्न राज्यले पहल गर्नु सान्दर्भिक हुन्छ ।

### नेपालमा शिक्षाको सर्वाङ्गीण सुधारका अवसर:

नेपालको मूलधारमा उच्च शिक्षा पद्धति आजका दिन सम्म पनि परम्परागत शैलिबाट संचालित हुदै आएको छ । परिवर्तित परिवेश अनुसार नयाँज्ञान विकासका लागि शिक्षण संस्थाहरुले विद्यार्थी (र शिक्षकलाई) प्रयोगात्मक अध्ययन अनुसंधान तर्फ उत्प्रेरित गर्न सक्नु पर्दछ । त्यसका लागि उच्च शिक्षाको पाठ्यक्रममा समयसापेक्ष परिमार्जन जारी जीवन र जगतका घटनाका सम्बन्धमा ठोस धारणा बनाउन प्रेरित गरिनु पर्दछ । यसका लागि तथ्यमा आधारित भएर अविष्यको आंकलन गर्न सघाउने प्रविधि ढक् को उचित प्रयोग गर्न जान्नु पर्दछ । विश्वले निर्धारण गरेको दिगो विकास लक्ष्य प्राप्त र गुणस्तरिय जीवनयापनका लागि नेपालले पनि आर्थिक तथा सामाजिक विकासको कसीमा र ऱ्सेर स्थानीय र राष्ट्रिय आवश्यकता र संभावनाहरुको प्राप्तिका लागि शैक्षिक प्रतिष्ठान र त्यहाँ आवद्ध विद्यार्थी एवं प्रबुद्ध समुहलाई शुरुवाती चरणदेखि अभ्यस्त बनाउन सक्दा राष्ट्रले दीर्घकालिन फाईदा लिन मद्दत मिल्नेछ ।

नेपालको शिक्षा र स्वास्थ्य क्षेत्रले त्यो बाटामा पाईला चाल्दै छ । त्यसकालागि डिजिटल नेपाल फ्रेमवर्कले स्वास्थ्य शिक्षा लगायतका

सामाजिक विकास आठवटा क्षेत्र पहिचान गरेको अवस्थामा नेपालका शैक्षिक संस्थाहरूले त्यसको नैतिक र न्यायपूर्ण प्रयोगको लागि लगानी जुटाउनु पर्दछ । अवका दिनमा स्वास्थ्य सेवाको गुणस्तर र उपयोगिता प्रबर्धन गर्न समुदायको सहभागिता र नविनतम डिजिटल प्रविधिमा उच्चतम उपयोगमा ध्यान दिनु आवश्यक हुन सक्दछ ।

उक्त दिशातर्फ लाग्नका लागि विद्यार्थीलाई घोकन्ते शिक्षाबाट मोडेर जीवन र जगतले भोगेका दैनदिनीमा घटना जस्तै जीवनशैलिमा आएको परिवर्तन, प्राकृतिक अनुकूलन, राष्ट्रिय स्वास्थ्य प्रणालीको उपयोगिता, र आर्थिक, सामाजिक, सांस्कृतिक विकासको शुक्ष्मविश्लेषण गरी त्यसबाट सहज र सुलभ जीवनयापनको आधार गर्ने तर्फ शिक्षा परिलक्षित हुनु पर्दछ । प्रतिष्ठानको अनुभवको आधारमा भन्नु पर्दा नेपालमा संभावनाहरू छन त्यसका लागि नमै नहुने भनेको राज्यको अहं प्राथमिकता, शिक्षा र स्वास्थ्यमा लगानी, प्राप्त उपलब्धीहरूको ईमानदारि पूर्वक कार्यान्वयनको प्रतिवद्धता हो ।

अन्तमा, प्याक्ट फर द भ्युच जस्ता विश्वव्यापी पहलहरूलाई नेपालले अवसरको रूपमा उपयोग गर्न सक्नु पर्दछ । यसका लागि सरकारको अभिभावकिय भूमिका निकै महत्वपूर्ण हुन्छ । त्यसका अलावा देशका शैक्षिक निकाय त्यहाँको उच्च नेतृत्व र आवद्ध हरेक व्यक्ति वा सरो कारवालाहरूले आफ्नो तर्फबाट ईमानदार प्रयाश गर्दा केही हदमा भए पनि भविष्यको आवश्यकतापूर्ति गर्न सक्ने शिक्षा, प्रविधिको उचित प्रयोग, स्थानिय स्रोत साधन र ज्ञानको अधिकतम उपयोग गरी सामाजिक आर्थिक सास्कृतिक रूपान्तरण, र दिगो विकासमा राष्ट्रिय रणनीतिहरू सुदृढ गर्न अवसर प्राप्त गर्न सकिने छ । शिक्षक, विद्यार्थी, अनुसंधानकर्ता, नीति निर्माता, र राजनैतिक नेतृत्व र कर्मचारी संयन्त्र, विकास साभे दार र आम मानिसको यथोचित नेतृत्वदायी भूमिकाले नेपालले आषना विकास चुनौतीहरूको सामना गर्दै विश्वव्यापी लक्ष्यहरू अघि बढाउन महत्वपूर्ण भूमिका सेल्न सक्छ ।





रेशनी सिवाकोटी  
तेह्रौँ ब्याच, एम.बि.बि.एस

## रुँदैछिन् आमा

आफ्नो गर्भमा हुर्काइ,  
आफ्नै छातीले पोषेर,  
भएभरको सारा माया खन्याइ  
जेनतेन गरि पालेका सन्तानलाई  
आज... लैजाँदैछ परदेशले

रित्तिसके गाउँ, सहर;  
सुनसान छन् घर डेरा  
उल्लास उजाडिएछ चाडबाडमा  
भजिसक्यो फाटेको मजेत्रो  
लाखौँ सन्तानको आँशुले  
जहाजमा पठाइ, बाकसमा फर्काउँदा  
रित्तो, निरीह रुँदै छिन नेपाल आमा

उनको सारीको सप्कोले  
अब सक्दैन छोरीचेलीको इज्जत जोगाउन  
कोखका सन्तान तमिसिएका छन् भागबन्डा गर्न  
तैँलाई उति, मलाई यति,  
मलाई यो भएन, तलाई यो पुगेन  
चुपचाप, लाचार रुँदै छिन नेपाल आमा

बेलाबखतमा सम्झिन्छिन,  
उनको अस्तित्व जोगाउन सहिद भएका  
उनका वीर सन्तानहरू,  
झल्याँस्स तसाँउँछ वर्तमानले  
त्रसित नजरले हेर्छिन,  
दिनानुदिन दानव बन्दै गएका  
अहिलेका सन्तानलाई,  
रक्तिम आँसु रुँदै छिन नेपाल आमा!



Sugam Adhikari  
13<sup>th</sup> Batch, MBBS

## The Tapestry of Life

Life unfolds like a woven thread,  
In vibrant colors, joy and dread,  
Moments stitched, both dark and bright,  
A tapestry of day and night.

With every breath, a story told,  
Adventures waiting, brave and bold,  
Laughter dances, tears may fall,  
Each experience shapes us all.

Paths diverge, some twist and turn,  
Lessons learned, and fires that burn,  
In the silence, whispers find,  
The strength within, the ties that bind.

Time flows on, a river's grace,  
Carving memories, we can't erase,  
Yet in the chaos, find the peace,  
In every heartbeat, love's release.

Embrace the journey, rise and fall,  
For life's a canvas, vast and tall,  
In every challenge, find the light,  
And paint your dreams, with all your might.



होमासति गै  
तेश्रो वर्ष, बि.एन.एस. नर्सिङ्ग

## के मधेशमा पनि दशैं मनाइन्छ त??

के मधेशमा पनि दशैं मनाइन्छ त??

तराईमा बडादशैंलाई दुर्गापूजा, नवस्था, नवरात्रि वा दशहरा भनेर चिनिन्छ। दशैंका सुरुका दिनदेखि नै विशेषगरी बालबालिकालाई दुष्ट प्रवृत्तिबाट जोगाउन नाभिमा कालो टीका लगाउने, घाँटीमा लसुन म्हुन्ड्याउने, आँसामा काजल लगाइदिने र टोल-छिमेकमा नहिँड्न सुभावे दिने परम्परा आजसम्म पनि कायम छ।

घटस्थापनाको दिनलाई “कलस्थापन” पनि भनिन्छ। यस दिन बिहानै घर र आँगन जोबरले लिपपोत गर्ने चलन छ। तर शहरका ठाउँमा जोबर उपलब्ध नभए घर सफा गरी पूजा सुरु गरिन्छ। केही स्थानमा घटस्थापना अघि कलश यात्रा निकाल्ने प्रथा पनि छ। यही दिनदेखि दुर्गा पूजाको विधि आरम्भ हुन्छ। नवदुर्गाको पूजालाई नवरात्रि भनिन्छ, जसमा धेरैजसो मानिसहरूले अलिनो मात्र खाने वा फलाहार गर्दै दैनिक पूजा र आराधना गर्ने गर्छन्।

जमरा राख्दैनन्?

मधेशमा टीकाको दिन जमरा लगाएर हिँड्ने चलन कम देखिए पनि यहाँ जमरा नराखिने होइन। तराईमा कतिपय ठाउँमा शक्तिपीठ, देवस्थान वा मन्दिरहरूमा सामूहिक रूपमा जमरा राख्ने परम्परा छ। केहीले घरमा नवरात्रिको पूजा गर्दै जमरा राख्ने गर्छन्। कतै दुर्गा भगवतीको माटोको मूर्ति पण्डालमा स्थापना गरिन्छ। यस्तो स्थलमा जमरा राखी, पूजा गरी, टीकाको दिन पुजारीले भक्तजनलाई आशीर्वादका रूपमा जमरा र टीका लगाइदिने चलन छ।

बोका काटिदैन??

दशैंको रमाइलो पक्ष भनेको खसी काट्नु पनि हो। मधेशी समुदायमा बोका काट्ने भन्दा पनि “बलि” दिने मात्रै हुन्छ भन्दा पनि हुन्छ। तर बलि चाहिँ बोकाको हुन्छ भन्ने छैन। सामान्यतया घटस्थापनाको दिनदेखि मूर्ति स्थापना गरिए पनि मूर्तिको आँखा भने छोपेर राखिएको हुन्छ। पूजापाठ हुन्छ तर आँखा खोलिएको हुँदैन।

सप्तमीको दिनमा मूर्तिको आँखा खोलिने चलन रहेको छ। दुर्गा भगवतीको आँखा खोलेपछि देवीलाई बलि दिने चलन रहेको छ। भक्तजनहरूले भाकल गरे अनुसार तथा दक्षता अनुसार खसी, बोका, रँगा, परेवा, हँस आदिको बलि दिन्छन्। शाकाहारीहरूले धिरौंला, कुभिण्डो आदिको बलि दिन्छन्। मधेशी समुदायका शाकाहारीहरूले दशैंको बेला धिरौंला, कुभिण्डोलाई बलिको प्रतीक मानेकाले खाने गर्दैनन्।

“मिठमिठ्या नृत्य”

मधेशी समुदायको नवरात्रको विशेषता “मिठमिठ्या नृत्य” हो। लोक नाच, सांस्कृतिक भाँकी जे भने पनि यसले मधेशको दशैंलाई अझ बढी रोमाञ्चक र अलौकिक बनाएको हुन्छ।

महिलाहरूले धैटोमा दियो बालेर टाउकोमा राखी गाउँ-गाउँमा नाचगान गर्छन्। यो नृत्यले अन्धकारमाथि प्रकाशको विजय र नकारात्मक शक्तिविरुद्ध सकारात्मक सोचको सन्देश दिन्छ। दश दिनसम्म विशेष रूपमा मिठमिठ्या नाच नाच्ने चलन रहेको छ। पूर्णिमाको दिन मिठमिठ्याको विशेष पूजा हुन्छ। र, पानीमा विसर्जन गरेर त्यसलाई समापन गर्ने चलन छ।

खोइच गर्ने चलन

मधेशमा फूलपातीकै दिनदेखि दुर्गा भवानीलाई खोइच गर्ने परम्पराको पनि आफ्नै विशिष्ट महत्त्व छ। फूलपाती मिर्चाइसकेपछि बिहानदेखि अबेर रातिसम्म तराई जिल्लाका मन्दिरहरूमा तराईका मात्र नभई भारतका विभिन्न ठाउँबाट पनि आउने भक्तजनहरूको खोइच गर्नका लागि



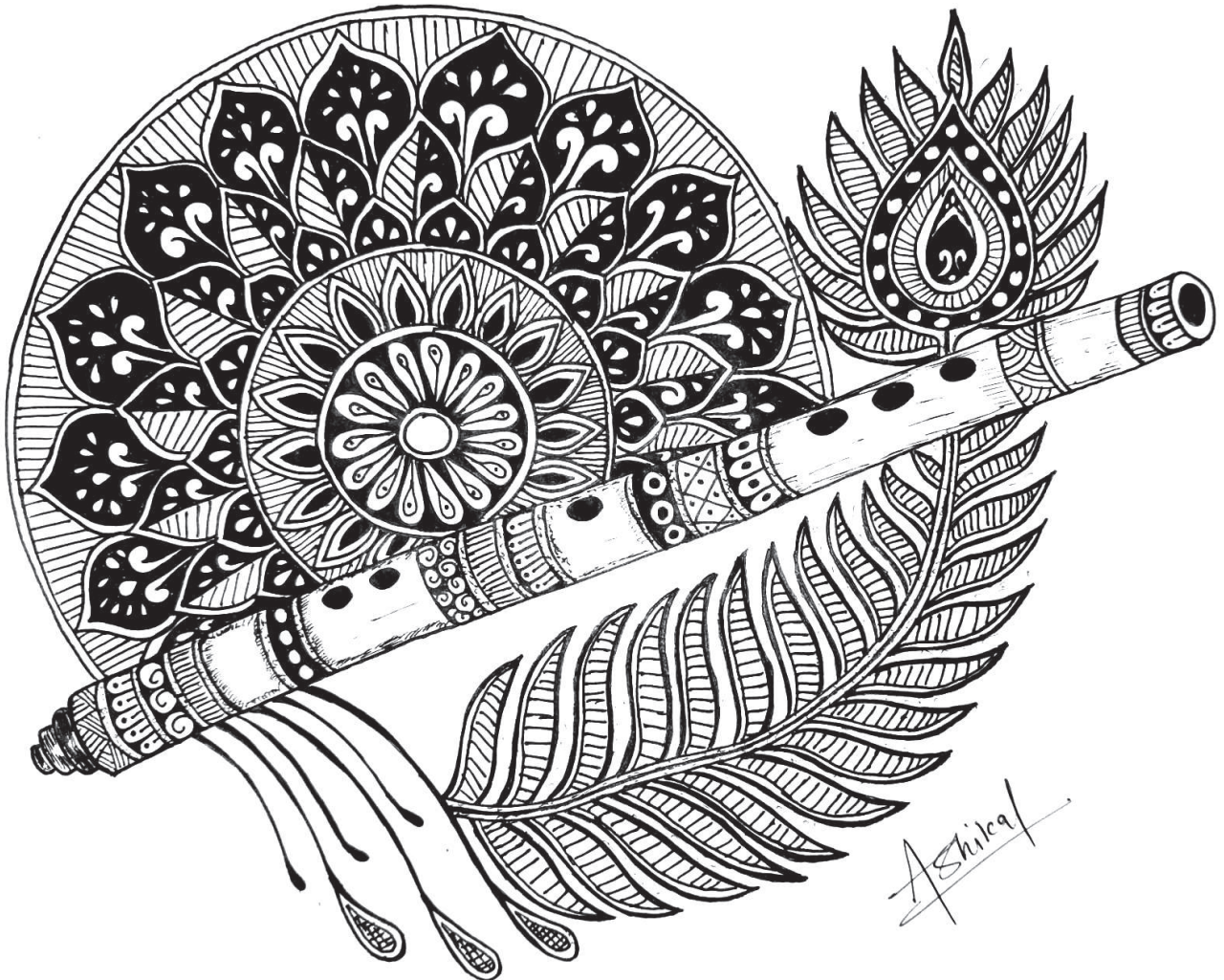
घईंको लाउने गर्दछ । मधेशी समुदायका महिलाहरूले भने खोइच देवी दुर्गाको मुख्य "चढावत" भएको मानिन्छ । साडीको आँचल थापेर देवीलाई खोइच चढाउँछन्, जसले मनोकामना पूरा हुने विश्वास गरिन्छ ।

खोइच भने महिलाले नुहाई धुवाई गरेर, उपवास गरेर देवीको मूर्ति अगाडि आफ्नो मनोकामना सहित साडीको आँचल (खोइच) थापेर पूजा गर्ने हुन्छ । तराईमा नवबेहुलीलाई माइतबाट पूजा गर्ने हुन्छ । तराईमा नवबेहुलीलाई माइतबाट घर वा घरबाट माइत जाँदा खोइच दिने परम्परासँग मिल्दोजुल्दो रूपमा दुर्गा भवानीलाई खोइच दिने चलन छ । यो परम्परामा अहिले तराईमा बस्ने पर्वते महिलाहरू पनि सहभागी हुन थालेका छन् ।

तराईमा दशैंका लागि पण्डाल, मूर्तिहरू, धार्मिक मेला, र नटुवा नृत्यको पनि प्रचलन छ । यो चाडलाई मौलिक मधेशीहरूले दशैं मनाउँदैनन् भन्ने सोच्नु चाहिँ गलत नै हो । तर मनाउने तरिका अलिक फरक छ । मौलिकता र विशेषता बोकेको तराई वा मधेशीहरूको महान् चाड दशैं पनि हो भन्दा फरक नपर्ला ।



 **Ashika Jalan**  
12<sup>th</sup> Batch, MBBS



## The Doctor's In: And He's Got Jokes



 Adarsh Khanal  
12<sup>th</sup> Batch, MBBS

~The case for comedian as a doctor

Doctors are great. They save lives, heal wounds, look you dead in the eyes, crease their limitless foreheads (limitless because, normally, the forehead is superiorly bounded by hairline, and one must have hair to have a forehead-bounding hairline. I'm not saying all, but most doctors have traded their hair for stress and their combs for stethoscopes. Ahem, ahem—sellouts). And, of course, they occasionally deliver devastating news in such a monotonous voice, you'd swear they were narrating a documentary about hair transplants. But you know who'd make an even better doctor? A comic. That's right. A comedian with a stethoscope and a prescription pad. And before you protest, let me explain why Dr. Chuckles, MD (Master of Dad Jokes) might be your new favorite healthcare provider.

Your average doctor strolls in with 4 MD residents they verbally roast daily just to feel a tiny bit better about themselves, 7 clueless MBBS students, and a clipboard with your medical records—like they're auditioning for Toughest Boss of the Year competition, and an aura of doom that screams, "How dare you get sick? Do you have any idea how much hair I've lost because of you?" But a comic? The great Dr. Chuckles, He'd saunter in, assess the situation, and immediately break the tension with a perfectly timed, "So, who else in here feels like their body is trying to murder them?" Boom. Instant connection. That's how it's done. Suddenly, that awkward paper gown feels a little less humiliating.

And let's talk about diagnoses. A regular doctor might tell you, "You've got bronchitis." Straightforward, but not exactly memorable. Dr. Chuckles, though? They'd hit you with, "Congrats! Your lungs have decided to throw a wild party, and phlegm, the guest of honor. Too bad you weren't invited." It's the same news, but now it's a story you'll want to tell at dinner parties.

Then there's the prescription process. You've just been handed a slip of paper with what looks like the results of a toddler's crayon experiment. A comic doctor, however, would ensure clarity. "Take two of these like you take your memes -without hesitation and with a good laugh, and call me in the morning. Unless, of course, you've turned into a lizard overnight, in which case, congratulations on your new career as a supervillain." You'll leave knowing exactly what to do—and chuckling all the way to the pharmacy.

A comic doctor's greatest asset, though, is their ability to deliver bad news with grace. Imagine hearing, "Well, the MRI results are in. Good news: your brain is still there. Bad news: it's hosting an inflammatory party to Methicillin-resistant Staphylococcus aureus who came in as unwanted visitors. I mean, hey, think about the plus side, your otherwise empty brain now has Methicillin-resistant Staphylococcus aureus. Sure it's bacteria and it's making you suffer from meningitis and it might kill you, but at least your brain is not empty!" Sure, it's still terrifying, but at least you're laughing while panicking. And that's what we call multi-tasking.

Then there's the waiting room. Under the care of Dr. Chuckles, it would no longer be a over-crowded dreary pit of outdated magazines, back-breakingly uncomfortable chairs, symphony of Tuberculosis-ishq coughs, broken clock and rude doctor's assistant. Instead, it'd be a full-on comedy club. Open mic nights for nervous patients? Why not? One-minute sets for every name called? Genius. You'd leave healthier and with abs sore from laughter.

Let's not forget about medical conferences. Imagine a room full of professionals listening to someone crack jokes about the "latest breakthroughs in not screwing up appendectomies." It'd be the TED Talk meets roast session we didn't know we needed. Honestly, I would want the recording of the conference to be aired as a Netflix special. And who wouldn't want to

attend a seminar titled, "Why Your Colon Hates You: A Gastroenterologist's Revenge"?

With Dr. Chuckles there would be Less Awkward Exams – that's right, No more uncomfortable silences during checkups, just well-placed jokes. You're sitting on the exam table in that flimsy paper gown, dreading the awkward silence as your doctor listens to your heartbeat. But instead of the usual, Dr. Chuckles hit you up with, "Well, good news—your heart's still beating. Bad news? That means you have to keep paying taxes." Or during the reflex test: thwack, "Congratulations, you're not a mannequin." A comedian-doctor wouldn't just check your vitals; they'd check your vibe, turning every uncomfortable pause into a perfectly timed punchline.

These aren't the only places where Dr. Chuckles would shine, Dr. Chuckles would just make everything better. Hospital Stays Would Be Fun- You'd almost wish you were in the hospital more often, just to hear the next doctor's comedy bit!, comedian doctor would boost staff morale – Nurses wouldn't complain anymore because they'd be too busy trying not to laugh while working!, he'd kill fear of Needles – You won't even notice the needle; you'll be too busy laughing at your doctor's terrible puns!, he'd make Medical Charts hilarious – Instead of 'patient is stable' you get 'patient survived doctor's terrible jokes!', Doctors Already Work Miracles— Why Not Be Funny Too? – "They already saved your life; now they're saving your sense of humor!"

I could spin my pen and fill an entire book writing about the reasons as to why Comedians Would Make Better Doctors. But, At this point, do I even need to give you more rationale for why a comic

doctor is the best thing that can happen to the world? No right? You're smart, you see the logic, you see the rationale. Of course, you understand. You see the bigger picture. A world where medical expertise and comedic timing converge into a single, unstoppable force of healing. You're not like the skeptics, the doubters, who utters in chipmunk's squeaky voice, "But what if the moment calls for seriousness, and Dr. Chuckles drops a joke anyway?", you've got brains. You understand that comedy isn't just about laughter—it's about timing, precision, and reading the room with a surgeon's touch. A great comedian doesn't force humor where it doesn't belong, just as a great doctor doesn't prescribe medicine for an ailment that isn't there. They adapt, they calibrate, they know when to be serious. And when to say, "Welp, you've got two weeks—better start binge-watching your favorite show." And let's be real, doctors don't have to be serious everyday, half the job of a doctor is handling hypochondriacs with Wi-Fi. A comedian-doc would quip, "Ah, you consulted Dr. Google? Did it diagnose you with everything from allergies to cancers to apocalypse? Here's a prescription: GET LOST."

In conclusion, medicine is a serious business—so serious, in fact, that it could use a good dose of humor. A comic doctor might not be the most conventional choice, but they'd certainly be the most entertaining and memorable. They'd heal with humor, diagnose with wit, and prescribe with a punchline. Because, at the end of the day, laughter truly is the best medicine. Except for antibiotics (Definitely take those). And hey, if your condition doesn't improve, at least you'll have laughed your way to the grave. Which, if you think about it, is the ultimate mic drop.



## के हो किटो डाइट ?

### किटो डाइट रोजे कि सन्तुलित भोजन ?

योगिता सापकोटा

डिपार्टमेन्ट अफ न्युट्रिसन एण्ड डाइटिक्स

आधुनिक जीवनशैलीले जन्माएको असन्तुलित आहारविहार र दिनचर्याको एउटा खराब नतिजा अनावश्यक मोटोपन भएको छ । त्यो मोटोपनबाट मुक्ति पाउनका लागि मानिसहरु विभिन्न उपायहरु अपनाउने गर्छन् । तीमध्ये एउटा उपाय हो- खानपानको पथपरहेज । यस सिलसिलामा सबैभन्दा चर्चामा आउने गर्छ – किटो डाइट । तर यो किटोडाइट पनि विवादमुक्त भने छैन । किटो डाइट नेपालमा पनि लोकप्रिय बन्दै गएको छ । थुप्रै सञ्चारकर्मी, मोडल र विभिन्न व्यक्तित्वले पछिल्लो समय किटो डाइट अनुसरण गर्न थालेका छन् । आखिर के हो त किटो डाइट ?

किटोजेनिक डाइटसमेत भनिने किटो डाइट एउटा यस्तो डाइट हो जसमा कार्बोहाइड्रेटको मात्रा घटाएर न्यून बनाइ, चिल्लो र प्रोटीनको मात्रा बढाइएको हुन्छ ।

१९२४ मा बालबालिकामा छारे रोगको उपचारको निमित्त किटो डाइटको प्रयोग सुरुवात गरिएको थियो । उक्त डाइटमा कार्बोहाइड्रेट ४%, प्रोटीन ६%, चिल्लो ६०%, समावेश गरिएको थियो ।

समान्यताय किटो डाइटमा ५० ग्राम भन्दा कम कार्बोहाइड्रेट समावेश गरिएको हुन्छ । किटो डाइटले शरीरमा किटोसिथ गराउँदछ । किटोसिथ शरीरको एउटा मेटाबोलिक अवस्था हो जसमा शरीरको शक्तिको स्रोत ग्लुकोजको अभावमा किटोन बडीज बन्दछ र मस्तिकलाई शक्ति प्रदान गर्दछ । स्टाण्डर्ड केटोजेनिक डाइटमा न्यून कार्बोहाइड्रेट (१०%), मध्यम प्रोटीन (२०%) र उच्च चिल्लो (७०%) समावेश गरिएको हुन्छ ।

यो डाइटमा चिल्लोको स्रोतहरु जस्तै घ्यू, बटर, चिज, जैतुनको तेल, एभोकाडो, आलस, एक दुई किसिमका साग, कुखुरा-खसीको मासु, माछा, अण्डा प्रयोग गरिन्छ । यसमा फलफूल भने खानु मिल्दैन । सुरुवात अवस्थामा प्रयोग गरिएको किटो डाइटको विभिन्न रूपान्तरित डाइट नै अहिलेको अवस्थामा प्रयोगमा आएको पाइन्छ ।

#### कसरी हुन्छ तौल कम ?

किटो डाइटले दुई-तीन दिनदेखि नै असर देखाउन थाल्छ । हप्ता-१० दिनभित्र यसको असर मज्जाले देखिन थाल्छ ।

किटोजेनिक डाइटमा कार्बोहाइड्रेट मात्रा न्यून (५० ग्रामभन्दा पनि कम) हुन्छ २ देखि ४ दिन सम्म कम कार्बोहाइड्रेट भएको किटो डाइट खाँदा शरीरमा ग्लुकोजको सञ्चय कम हुन थाल्छ । शरीरमा चिल्लोको सामान्य अक्सिडेसन र केन्द्रीय स्नायु प्रणालीमा ग्लुकोजको आवश्यकता पर्दछ । केन्द्रीय स्नायु प्रणालीले ग्लुकोजको अभावमा बोसीय अम्लहरुलाई प्रयोग गर्न सक्दैन । फलतः तीनदेखि चार दिनमा कार्बोहाइड्रेट बन्देज गरिएको किटो डाइट खाएको अवस्थामा केन्द्रीय स्नायु प्रणालीले वैकल्पिक शक्तिको स्रोत खोज्दछ । यो अवस्थामा कलेजोमा चिल्लो टुक्रिएर किटोन बडिज् बनेको हुन्छ । शरीरको चिल्लो टुक्रिने यही क्रममा तौल घट्दछ ।

#### शरीरमा किटो डाइटको असर

तपाईंको कलेजो वा पित्त थैलीमा पहिलेदेखि नै कुनै समस्या छ भने तपाईंले यो डाइटबाट हुने दुष्परिणाम दुई वा तीन दिनमा नै देख्न थाल्नुहुन्छ । तर कुनै समस्या छैन भने यसको गलत प्रभाव देखिन तीनदेखि चार महिना लाग्न सक्छ ।

साधारणतया एक दिनमा शरीरलाई जम्मा क्यालोरीको २५ देखि ३० प्रतिशत फ्याट चाहिन्छ। तर किटो डाइटमा यो बढेर ७०-६० प्रतिशत हुन्छ, यसको असर तपाईंको कलेजो र पित्त थैलीमा पर्नेछ।

यहा अब ऊर्जाको स्रोत कार्बोहाइड्रेट नभएर फ्याट्स हो। तपाईंको तौल त कम भइरहेको छ तर तपाईंको कलेजो र पित्तथैलीका लागि तपाईंले सेवन गरिरहनुभएको फ्याटलाई पचाउन मुश्किल हुन्छ किनभने तपाईंको शरीरले २५ देखि ३० प्रतिशत फ्याट पचाइरहेको हुन्छ र तपाईं किटो डाइटमा गएपछि यसले एक दिनमा ६० प्रतिशतसम्म फ्याट पचाउनुपर्नेछ। यस्तोमा तपाईंका यी दुबै अंगले यसलाई पचाउन थुप्रै गुणा बढी मिहिनेत गर्नुपर्ने हुन्छ। तपाईंको कलेजोमा समस्या छ भने यसले जन्डिस पनि निम्त्याउन सक्छ। यसले पित्त थैलीमा पत्थरी पनि बन्न सक्छ।

**किटो डाइट अनुसरण गरेपछि विभिन्न समस्या निम्तिन सक्छन्।**

हड्डीमा मिनरल्सको घनत्व पनि कम हुनसक्छ, शरीरमा भिटामिन र मिनरल्सका कमी हुनसक्छ। यस्ता समस्या लामो समयपछि देखिने गर्छ।

किटो डाइट अनुसरण गरेलगत्तै पनि धेरैलाई समस्या देखिन थाल्छ। जसमध्ये वाकवाकी लाग्ने, टाउको दुख्ने, रिङ्गटा लाग्ने, निद्रा नलाग्ने, कब्जियत हुने, पाखावाला चल्नेलगायतका समस्या देखिन सक्छन्। यी असरहरु केह दिन वा हप्तामै देखा पर्न सक्दछ। यी असरहरुलाई संयुक्तरूपमा किटो फ्लु भनिन्छ। यसलाई कम गर्न पर्याप्त मात्रामा पानी र झोल पर्दाथ पिउनु पर्दछ।

**किटो डाइटका अन्य बेफाइदा**

किटो डाइटको असर व्यक्तिअनुसार भिन्न हुने पाइएको छ। कोही व्यक्तिमा यसको असर देखिन्छ भने सबैमा एकै किसिमको असर नदेखिन पनि सक्छ। जो व्यक्तिलाई अनियन्त्रित मधुमेह छ र इन्सुलिन वा खाने औषधीको प्रयोग गरिरहेका छन्, उनीहरुमा सुगर लेभल घट्न गई रगतमा चिनीको मात्रा कमी हुने समस्या भएको पाइन्छ। यस्तै किटो डाइट अनुसरण गर्ने व्यक्तिहरुमा जलविनियोजन र लवणहरुको असन्तुलन हुन सक्ने भएकाले रक्तचापमा असन्तुलन हुनसक्ने जोखिम हुन्छ।

किटो डाइटमा चिल्लो र प्रोटीनको मात्रा अत्याधिक बढी हुने भएकाले पाचन प्रक्रियामा गडबड हुन सक्ने सम्भावना हुन्छ। विशेष गरी जनावरहरुमा आधारित प्रोटीन जस्तै माछा, मासु, अण्डा बढी समावेश गरिएको किटो डाइट अनुसरण गर्दा यी खानेकुराहरुले शरीरमा बढी अम्ल उत्पादन गरी एसिडिटीको समस्या गराउन सक्दछ। साथै, किटो डाइटमा चिल्लो र प्रोटीनको स्रोत बढी समावेश हुन्छ र कार्बोहाइड्रेटको स्रोत न्यून हुन्छ। जसकारण तरकारी, फलफूल अति न्यून मात्रामा समावेश गरिएको हुन्छ। यसकारण किटो डाइटमा रेसादार खानेकुरा पर्याप्त हुँदैन। परिणामस्वरूप यसले कब्जियतको समस्या निम्त्याउँछ।

**कस्ता समस्या भएकाहरुले किटो डाइट अपनाउनु हुँदैन ?**

टाइप वान डायबिटिजका रोगी, इन्सुलिन र औषधीको सेवन गरिरहेका टाइप टु डायबिटिजका रोगीले किटो डाइट अनुसरण गर्नुहुँदैन। यस्तै, मृगौला रोगी, पित्तथैलीमा पत्थरीको समस्या हुनेहरु, गर्भवती र स्तनपान गराइरहेका महिला किटो डाइटबाट टाढै बसुपछ।

**कस्तो बेला किटो डाइटको सल्लाह दिइन्छ ?**

अत्यधिक मोटोपन भएका कारण तौल घटाउन जरुरी भएका व्यक्ति, अटिजम, माइग्रेन, डिप्रेसन, स्नायुसम्बन्धी समस्या भएका व्यक्ति, औषधिलाई प्रतिरोध गर्ने छारेरोगहरुमा काम्रे समस्यालाई घटाउन, मेटाबोलिक रोग सम्बन्धी समस्या भएकाहरु, डिम्बाशयबाट एउटाको सट्टा अत्यधिक अण्डाहरु निष्कासन हुने समस्या), मोटोपनका कारण डायबिटिज भएकाहरुलाई यो डाइटको आवश्यकता छ।

के यसले मृत्यु नै हुन्छ त ?

किटो डाइट गरेकै कारण मृत्यु हुने कुरा कुनै पनि अनुसन्धानले पुष्टि गरेको पाइँदैन ।' पहिले नै अस्वस्थ व्यक्तिले पोषण विशेषज्ञसँग सल्लाह गरेर मात्र यस्ता डाइट अनुसरण गर्नु उपयुक्त हुन्छ । किटो डाइट अहिले निककै नै लोकप्रिय भएको छ । यसको परिणाम छोटो अवधिमै महसुस गर्न सकिन्छ । तर यो डाइट दीर्घकालीन रूपमा अनुसरण गर्न कठिनाई हुन्छ । आर्थिक रूपले पनि यो डाइट महँगो छ । त्यसैले पोषणविदहरूको किटो डाइटको सट्टामा सन्तुलित भोजन अनुसरण गर्न सल्लाह दिन्छन् ।

अन्त्यमा किटो डाइट मात्र नभई कुनै पनि पोषण सम्बन्धी सही जानकारी पाउन त्यसलाई स्वस्थकर ढंगले दैनिक जीवनमा अपनाउन एउटा दक्ष र प्रमाणित पोषण र आहारविदसँग परामर्श लिनु आवश्यक छ । गुगल र युट्युबजस्ता सामाजिक सञ्जालमा पाइने सूचनाहरूको भर परेर जथाभावी विभिन्न किसिमका डाइट प्रयोग गर्नुहुँदैन । सुन्दा रोचाक लाग्ने यस्ता डाइटहरूले दीर्घकालमा स्वास्थ्यमा नकारात्मक असर पार्ने खतरा बढी रहन्छ ।

कविता

नर्स



प्रिया सुनार  
तेश्रो वर्ष, बिएससी नर्सिङ

देख्दा शालीन छिन् उनी अनि शितल पनि  
सेतो पहिरनमा खुब सुन्दर देखिन्छिन् उनी  
कति नम्र बोली छ उनको, कति मिल्दो स्वभाव  
ख्याल गर्छिन सबैको कसैलाई नगरी भेदभाव ।

हो भन्नलाई एउटै नर्स उनी  
झुल्के घाममै आउछिन् अस्पताल  
कारखे बच्चा घरमै छोडी  
पिर व्यथा अनेकौ हुँदो हो तर पनि  
बिरामीसँग बोल्दा मिठो बोली नै हुन्छ पहिलो औषधि  
नर्स हुन् उनी घरको भन्दा बिरामीको ख्याल राखिन्छ  
बढी ।

आफूलाई गाह्रो पर्दा सोधिने कोही पनि नहुँदा  
खै! किन हरेस खादिनन् मनभरी व्यथा र पीडा भरिदा  
कहिले भोकै हुन्छिन् त कहिले अनिदो नै  
बिरामीको सेवा गर्न पाउँदा भोक, प्यास, निन्द्रा  
उनको मेटिन्छ सबै नै ।

आफ्नो ज्यानको त्रास छैन  
बिरामीहरूलाई जोगाउन सधैं तत्पर उनी  
कोरोनाको त्यस्तो महामारीमा पनि  
निडर भई अगि सरिन् जुद्ध पनि  
नर्स हुन् उनी कसैलाई चोट लाग्दा  
मन रुन्छ उनको पनि ।

कतिले आफ्नो ज्यान नै गुमाए  
कति भए आफै नै सिकारी  
हो, भन्नलाई एउटै नर्स हुन् उनी  
आफ्नो ज्यानको बाजी राखेर  
बिरामीको लागि गर्न सकिन्छ उनी जे पनि  
हो, सक्रे जति जे पनि गर्न तयार हुने  
एउटै नर्स हुन् उनी ।।



तपेन्द्र ढकाल  
दशौं व्याच, एम बि बि एस

## व्याक्सी नं ३६: भाग ३ (अन्तिम भाग)

(भाग १ र भाग २ सिम्फोनीको तेस्रो र चौथो संस्करणमा पढ्न सक्नुहुन्छ)

श्रावणको महिना, आकाश गड्यङ्गुडूडू गदैं बेस्सरी चिच्याइरहेको छ, चट्याङका तरंगहरू बिजुलीझै चम्किरहेका छन्। बादलले पूरै उज्यालो ढाकेको छ, मानौं बादल र आकाशको सम्बन्धमा कुनै दरार आएको छ। दुई दिनदेखि निरन्तर झरी परिरहेकोले मण्डला सहरका बाटाहरू सबै हिलोले भरिएका छन्। तर, मण्डला प्रहरी चौकी भने केही दिनदेखि शान्त छ, नहोस् पनि किन, केहि दिनदेखि इन्स्पेक्टर सम्शेर राणाको कुनै खबर चौकीलाई छैन। उनी कता गए, कसैलाई केही थाहा छैन।

दिउँसो एघार बजे, प्रहरी चौकीको फोन घनघनाउँछ। "हेल्लो! हामी साँझ मण्डला पुग्दैछौं है। व्याक्सी नम्बर ३६ केसको केही सुराग भेटिएको छ।" इन्स्पेक्टर सम्शेर राणाको गम्भीर स्वर सुनिन्छ।

"हुन्छ, सर!" चौकीबाट एक जना प्रहरी जवाफ फर्काउँछ।

रोमलको बुबाले आफ्नो बयानमा, आफूले छोराको हत्या कसरी गर्नसक्छु भन्दै त्यो रात भएको सम्पूर्ण घटान विस्तारमा बताएका थिए। त्यो रात, उनी छोरालाई भेट्न कोठामा गएका थिए तर कोठामा रोमेललाई नदेखेपछि उनी त्यहाँबाट बाहिर निस्किए। बाहिर निस्कँदै गर्दा, उनले बेसमेन्टमा बत्ती बलिरहेको देखें, त्यहाँ राति कसैले बत्ति बालेको देखेर उनलाई आश्चर्य लाग्यो र उनी बेसमेन्ट तिर गए। बेसमेन्टमा उनले रोमेललाई भित्ताभरि विभिन्न पत्र टाँस्दै केही गहन अध्ययन गरिरहेको देखे। त्यो दृश्यले उनी छक्क परे, नपरुन पनि कसरी मानसिक रूपमा अस्वस्थ भई औषधि सेवन गरिरहेको रोमेल यसरी कुनै अनुसन्धानमा लिप्त देख्दा उनका आँखामा शंका, आश्चर्य र चिन्ताको त्रिवेणी मिसियो।

"रोमेल!"

बुबाको आवाज सुनेर झस्किँदै रोमेलले पछाडि फर्केर हेर्‍यो।

"किन यहाँ आएको? के गरिरहेको यस्तो?" रोजेनको स्वरमा हल्का डर र आशंका मिसिएको थियो।

"केही हैन, बुबा.. ममीको याद आयो, अनि...", रोमेलले मलिन स्वरमा जवाफ दियो।

रोजनले चारैतिर आँखा दौडाए। छोराले बनाएका चित्र, लेखिएका नोटहरू, पत्रपत्रिका सबै कुराहरू अनौठो नजरले नियाल्दै थिए। त्यसै क्रममा उनको आँखा व्याक्सीको नम्बर प्लेटमा गएर अड्कियो, "बा ३ छ, ३६३६"

यत्तिकैमा पछाडिबाट केही आवाज आयो। उनी झस्किँदै पछाडि फर्किए, त्यहाँ उनले शिल्पा उभिएकी देखे। शिल्पाको उपस्थितिले उनलाई झन् व्याकुल बनायो। छोरालाई उनीहरूको सम्बन्धबारे केही थाहा नहोस् भन्ने चाहन्थे, एकछिन सोचमग्न भएपछि उनी शिल्पाको नजिक गए। रोमेलले थाहाँ नपाउने गरी गाडीमा पहिले देखिनै रहेको केहि रकम दिएर भोलिदेखि काममा नआउनु भन्दै त्यहाँबाट पठाए। त्यसपछि छोरालाई कोठामा गएर सुत्न भने। बिहान जब उनी छोराको ढोका खोल्न पुगे, रोमेललाई मृत अवस्थामा भेटे।

त्यो ट्याक्सी भने विगत डेढ वर्षदेखि बेसमेन्टमै थन्किएको थियो र त्यो ट्याक्सी रोमेलका बुबा रोजेनको थिएन। केही वर्षअघि, रोजेनको "बसिएन इन्टरप्राइज" नामक कम्पनीको काम सँगै पारिवारिक घुमघामको सिलसिलामा रोजेनको परिवार पहरिपुरबाट महानडाँडा जाँदै थिए। पहाड काटेर बनेको बाटो भिरालो र साँघुरो थियो। यात्राका क्रममा, अचानक विपरीत दिशाबाट अनियन्त्रित गतिमा एउटा ट्याक्सी उनीहरूतिर हुँदै आयो। त्यसबेला कार रोमेलकी ममीले हाँकिरहेकी थिइन्। उनले ट्याक्सीबाट बच्न खोजिन्, तर कार नियन्त्रण बाहिर गयो र भीरको पर्खालमा ठोक्कियो। त्यही दुर्घटनाले रोमेलकी ममी सधैँकालागि बिदा भइन्। रोमेलको टाउकोमा गम्भीर रूपमा चोट लागेको थियो। केही बेरसम्म अर्धचेत अवस्थामा रह्यो, जब होस खुल्यो, उसका आँखा ट्याक्सी को नं प्लेटमा पर्यो, "बा ३ छ ३६३६"

प्रहरी अनुसन्धान अघि बढ्यो, तर न त्यो ट्याक्सी कहिल्यै फेला पर्यो न त ट्याक्सीको चालक नै। अनुसन्धानमा खटिएका प्रहरीलाई उक्त ट्याक्सीको खोजी नगर्न माथिल्लो तहबाट आदेश आयो। यो कुरा रोमेलका बुबा, रोजेनले अनुसन्धान टोलीका एकजना पदाधिकारीबाट थाहा पाएका थिए। रोमेलका बुबाले भने हार मानेका थिएनन् र आफ्नो क्षमताले भ्याएसम्म उक्त ट्याक्सीको खोजी गरिरहे।

केही महिना पछि, रोजेनले उक्त ट्याक्सी पहरिपुरको एउटा ग्यारेजमा छ भन्ने खबर पाए। आशा र भय बोकेर, उनी पहरिपुर पुगे। ग्यारेजको मालिकसँग कुरा गर्दा उक्त ट्याक्सी विजय नाम गरेका व्यापारीले बेचेका रहेछन्। रोजेन केही क्षण सोचमग्न भए अनि ट्याक्सी किन्ने निर्णय गरे। उनले ट्याक्सी ग्यारेजबाट किनेर आफ्नै बेसमेन्टमा ल्याए। अब उनका लागि त्यो ट्याक्सी कुनै धातुले बनेको साधन थिएन, उनकी पत्नीको मृत्युको एकमात्र मौन साक्षी थियो।

रोजेनले एक जना चिनजानको प्रहरीको सहयोगबाट ट्याक्सी समर भन्ने व्यक्तिको नाममा दर्ता भएको पत्ता लगाए। अर्को दिन उनि प्रहरी चौकी गएर प्रहरीलाई थप अनुसन्धान गर्न अनुरोध गरे। प्रहरीले अनुसन्धान अगाडी बढाउने आश्वासन त दिए, तर त्यो आश्वासन भित्रको खोक्रोपन भने सजिलै देखिन्थ्यो। त्यही रात उनको फोन घनघनायो, स्क्रीनमा एउटा अपरिचित नम्बर देखियो।

उनले फोन उठाए।

"सुन, रोजेन..." फोनको पल्लो किनारबाट एक गहिरो, कठोर आवाज सुनियो।

"त्यो ट्याक्सीको पछि नलाग। धेरै खोजी गरिस् भने... छोरालाई पनि सम्झँदै रुनु पर्ला।", फोन काटियो

रोजेन स्तब्ध बने, उनि झन् रहस्यको भुमरीमा घुम्थाले।

उता, प्रहरी विभिन्न बहाना देखाइरहेका थिए भने यता, एक महिनासम्म विभिन्न अपरिचित नम्बरहरूबाट उस्तै धम्कीहरू आइरहे। हिजोसम्म आशाले भरिएको उनको हृदय, अब डरले ग्रस्त हुन थाल्यो र अन्ततः, थकित हुँदै, उनले त्यो लडाइँबाट आफ्नो हात झिके। त्यो ट्याक्सी भने अझै बेसमेन्टमै थियो, हिर्दयका आँशु जस्तै, मौन।

इन्स्पेक्टर सम्शेर र हवलदार शाह समरलाई लिन पहरिपुर गएका थिए। समर पहरिपुरका ठूला गाडी व्यापारीमध्ये एक हो, जसको व्यापारिक मात्र होइन, राजनीतिक दबदबा पनि उत्तिकै छ। तर, सम्शेर ती प्रहरीमध्येको एक हो, जो न पैसासँग झुक्छ, न त दबाबसँग। इन्स्पेक्टर सम्शेर समरको घर भित्र छिर्छ, खाना खाईरहेको समरले नजर उठाएर हेर्ने नपाउँदै, सम्शेरले उसको काँधमा सिधै हात राक्छ।

"उठ्!"

समर छानाबाट खसेझैं हुन्छ। "के, के भयो इन्स्पेक्टर?"

सम्शेरले कुनै जवाफ नदिई उसलाई घरबाट बाहिर निकाल्दै सिधै गाडी तर्फ तान्छ। छरछिमेकीहरू चकित भएर हेरिरहेका हुन्छन्। घरका मान्छेहरू आक्रोशित हुँदै विभिन्न प्रश्नहरू गर्दै हुन्छन्। सम्शेरले कसैको नसुनी समरलाई गाडीमा हाल्छ। अनि ड्राइभरलाई गाडी चलाउन आदेश गर्छ। बाटोको हिलो छिचोल्दै प्रहरीको गाडी तिव्र गतिमा अघि बढ्छ।

गाडीमा सम्शेरले प्रश्न सोध्छ, "रोमेलको हत्या किन गरिस्?"

समर झसङ्ग हुन्छ। उसको मुख निलो पर्छ। केही बेरअघि सम्म "म तेरो जागिर खाइदिन्छु, इन्स्पेक्टर" भन्दै गर्जिएको समर अब अक्क न बक्क पर्छ।

"को हो रोमेल? म त चिन्दैनँ", उसले ठूलो स्वरमा प्रतिकार गर्न खोज्छ।

तर सम्शेर हाँस्दै उसको आँखामा हेर्छ। दुई झापड हान्छ, "अब सम्झना आयो?"



त्यसपछि शम्शेरले रोमेलको फोटो देखाउँछ

"चिन्चस् हैन?"

"चिन्दैन", समर टोलाउँछ । ऊ केहीबेर केही बोल्दैन ।

त्यसैबेला, सम्शेरको फोन बज्छ, "इन्स्पेक्टर सम्शेर, तपाईं कता हुनुहुन्छ?"

सम्शेरले झर्किदै बोल्छ, "माछा मादैछु, को हो तपाईं?"

"आईजीपी", फोनको अर्को किनारबाट आवाज आउँछ ।

"जय नेपाल, सर!"

"तपाईंले जुन मान्छेलाई गाडीमा राख्नुभएको छ, उहाँलाई घर पुर्याइदिनुहोस् । बाँकी कुरा भोली गर्छु", फोनको अर्को किनार बाट आदेश आउँछ

समर हाँस्दै भन्छ, "गाडी फर्का, इन्स्पेक्टर! मैले खाना अझै खाएर सकाएको छैन ।" सम्शेर एकछिन् केही बोल्दैन । उसले आफ्नो गोजीबाट फोन निकाल्छ, झ्यालबाट बाहिर फाल्छ । त्यसपछि मुस्कुराउँदै समरको गालामा बेस्सरी थप्पड हान्छ, "खाना पाक्दै छ जेलमा, अब त्यतै खान्छस् ।"

जसरी जमिनसँग झरीको नोकझोक चलिरहेको छ, त्यस्तै नोकझोक गाडीभित्र इन्स्पेक्टर सम्शेर र समरबीच चलिरहेको छ । गाडी आफ्नै गतिमा अघि बढिरहेको छ, झरी झनै बसिरहेको छ । जङ्गलका घुमाउरा बाटाहरू, बादलका गड्याङ्गुडुङ्गु, र टायरले उछाल्ने पानीका छिटाहरू, सबैले प्रकृतिको गतिलाई प्रश्न गर्दैछन् ।

इन्स्पेक्टर सम्शेर पछाडिको सिटमा बसेर समरलाई यातना दिइरहेका छन् ।

"बोल्!"

समर हल्का मुस्कायो, "इन्स्पेक्टर, थाहा छ त कहाँ गल्ती गर्दैछस्? मेरा मामा प्रदेशका मुख्यमन्त्री हुन् । म एक दिनमै बाहिर निस्कन्छु ।"

सम्शेरले उसको आँखामा सोझो हेर्छ अनि रिसले पिस्तोल निकाल्न थाल्छ

"ठीक छ, सुन," समर बोल्न सुरु गर्छ ।

"त्यो रात, विजय र म ट्याक्सीमा थियौं । पार्टीको रकम बोकेर गइरहेका थियौं । ट्याक्सी तीव्र गतिमा थियो र हामी थोरै नसामा पनि थियौं । अचानक... ट्याक्सी अनियन्त्रित भएर कारसँग ठोक्कियो । हामी केहीबेर अलमलियो, तर

जब भित्र कोही गम्भीर घाइते भएको आभास भयो, हामी भाग्यौं । त्यसपछि मैले मामालाई सम्पर्क गरे, उहाँले बाँकी सबै सम्हाल्नुभयो । प्रहरीलाई निर्देशन दिनुभयो अनि त्यो केस बन्द भयो ।"

समरले थप्दै भन्यो, "तर रोजेनले ग्यारेज बाट उक्त ट्याक्सि किनेको थाहा पाएपछि म चकित भए । केही समयपछि रोजेन फेरि केस खोल्न तिर लाग्यो । त्यो बेला मैले धम्कि दिएको थिएँ ।"

"तर... ठूलो समस्या त के थियो, थाहा छ, इन्स्पेक्टर?"

"उसको छोरो, रोमेल । रोमेल र उसका कानुन पढिरहेका साथीहरूले मलाई र विजयलाई पक्राउ गराउने योजना बनाएका थिए । उनीहरूले हामीविरुद्ध प्रमाण पनि जुटाएका थिए । त्यसैले एकदिन म रोमेलको कलेजमा पुगें, उसलाई सम्झाउन खोजें, पैसाको अफर गरें, उसले मानेन । धम्क्याएँ, उसको बाबुलाई नै गायब पार्ने धम्की दिएँ तर ऊ अडिग थियो ।"

"उसले दुई दिनपछि मुद्दा दर्ता गर्न आँटिसकेको थियो । त्यसैले त्यस रात, म र विजय रोमेलको घरमा गयौं । उसको कोठा खुल्लै थियो । उसलाई केहीबेर कुर्यौं, जब उसले हामीलाई देख्यो, ऊ झस्किएर कराउन थाल्यो ।"

"विजयले उसको मुख छोप्यो । मैले दुई झापड हानें । तर रोमेलले टेबुलमा रहेको कम्पासले मेरो पाखुरामा घोपी दियो । पीडाले रिस उठ्यो । मैले उसको घाँटी समातेँ बेडमा फाले अनि सिरानीले मुख छोपें । त्यसपछि के भयो, भयो । विजयले मलाई तान्यो अनि त्यो बेला मात्र थाहा पाएँ, रोमेलले सास फेर्न छोडिसकेको थियो ।"

"हामी त्यो बेला एकदमै धेरै आत्तियोँ तर विजयले त्यो घटनाआत्महत्या जस्तो देखिने बनाउने योजना निकाल्यो । हामीले रोमेलको शव फ्यानमा झुण्डायौं । सकेजति सबै प्रमाण मेटायौं र त्यहाँबाट निस्कियोँ ।" समर रोकियो ।

शम्शेरले फेरि दुई झापड समरको गालामा हान्यो ।

गाडीभित्र गहिरो मौनता छायो । इन्स्पेक्टर सम्शेर सोचमग्न भयो, मानौं अझै धेरै प्रश्नको उत्तर उसले पाएको छैन । "अनि शाह के लाग्यो तँलाई" इन्स्पेक्टरले हवलदारको काधमा हात राख्दै सोध्यो ।

"अचम्म लाग्यो सर" शाहले जवाफ फर्कायो ।

I'm not a blanket, yet I cover the ground; a crystal from heaven that doesn't make a sound. What am I?

"ल, सर, पुग्यौं।" झाड़भरले आवाज दियो। गाडी ट्याक्के मण्डला प्रहरी चौकी अगाडि रोकियो। इन्स्पेक्टर सम्शेरले गाडीको ढोका खोल्दै समरलाई बाहिर निकालेर चौकि तिर लग्यो। चौकी तिर जाँदै गर्दा समरको आँखा चौकी अगाडि पार्क गरिएको ट्याक्सीमा अडियो, अलि पुरानो, खिइसकेको..."बा ३ छ ३६३६"

ऊ मुस्कुराउँदै चौकी भित्र छियो।



## सोराई

✍ ललित सार्की  
चौधौं व्याच, एम बि बि एस

जीवन छुट्टै छ है, बेग्लै यो वातावरण पनि ।  
त्यहाँ मान्छे, यहाँ त हरदिन मेला छ झन्  
धमाधम हिन्छु बाटोमा गाडीहरु छककाउँदै  
सयमा तीन, पचासमा दुई आवाजहरु गुन्जिन्छ  
जे चाह्यो सबै यहाँ छ है, तर किन चित्त यो डोला छ खै ?  
खानलाउन कमी छैन, गम्म लुगा, टन्न दाल भात,  
हप्ता मा तीन दिन मासु, ठूलो कोठा, मिल्ने मित्रहरु  
के को कमी छ खै ?  
घरै घरको यो सहरमा एक घरको त कमी छ है ।  
रंगी विरंगी रमाइलो ठाउँ छ है,  
यस्तो ठाउँमा शान्त सादर दृश्य खोज्ने  
यी आँखालाई कुन बानी परेछ खै?  
रमाइलो सहरमा रमाईरहेको मान्छेको मन  
किन घोरार्इ रहेछ खै ?  
तीतो हुने अनुभव यो घर परिवारको सोराई रहेछ है ।  
पेट दुख्दा पेट थामे, टाउको दुःखे रुमाल बाँधे  
बरु बिरामी भए हस्पिटल थुप्रो,  
रातमा पनि अँध्यारो नहुने धर्तीको यो टुक्रो,  
कसैलाई फकाउँदै, कसैलाई लुट्दै छ,  
लामो लाइन, कसैलाई सुट्टै छ  
त्यसैले त जीवन यहाँको छुट्टै छ ।



✍ Rajan Yadav  
10<sup>th</sup> Batch, MBBS

## Dream

One day  
We're here without a why?  
We grow and live  
And always try.  
We seek each day  
The reasons why  
And push each day  
Against the tide.  
At first, we seek  
To find our dreams  
But dreams are never what they seem  
Some are fast, and some fall behind.

## MAZE



 **Abhipsa Subedi**  
13<sup>th</sup> Batch, MBBS

"Do you see the house with the blue gate?"

"Yes... I guess."

"Okay, turn east and walk until you see that bookshop."

"Wait, which way is east?"

Have you ever wandered into a place you know well, only to realize you have no idea how to get where you're going? Do you, an otherwise competent adult, manage to get lost like a first-time tourist in your own city, let alone an entirely new one? If so, welcome to the club of the "directionally challenged".

You'd think that in the age of GPS, getting lost would be impossible. But technology isn't foolproof and GPS doesn't really help when you're lost inside a building. Your phone battery can die, or you might blindly follow directions without paying attention, and..... you're lost. So, what do you do? You ask for directions. Or you trust your gut and take a guess. Most of the time, you find your way. Until, of course, you don't.

But over time, you learn to embrace these moments. Getting lost isn't always a mishap, it's a reminder that control is an illusion (I'm definitely not coping!). How often do we meticulously plan our lives, convinced that everything will unfold as expected, hoping to tick off items on our checklists? But life doesn't care about our roadmaps. And so, it throws us off course, and we're forced to navigate the unknown. That's when we realize that certainty is overrated.

Getting lost shows you that no path is absolute. Sure, you might not be an expert on shortcuts, but you begin to understand that one wrong turn doesn't automatically spell disaster. It just means a new route... and sometimes, that route is even better than the one you originally planned.

Losing your way makes you more observant, more present. Whether you're meandering through the

gallis of Patan or getting turned around on a main road, you learn to slow down and notice the details. It might not be the most fun when you're running late or when you have to walk an extra kilometer to reach the same place. But it's only when you're lost that you discover that the other galli leads to a beautiful hidden park... or that the turn down the other side of the road takes you to the chaat place that sells the best papdi chaat you've ever had. These are the things Google Maps won't tell you.

Perhaps the most valuable lesson is the often forgotten art of asking for help. In a world where we rely on technology to guide us all the time, there's something deeply human (and humbling) about stopping to ask a random local, an absolute stranger for directions. It's an act of trust, a reminder that kindness is alive and well (and that some people are terrible at giving directions).

Of course, your friends, with their built-in GPS, will be deeply entertained by your terrible sense of direction. There's a good chance they don't understand how you manage to get lost so often. But after reading this, hopefully, you'll stop seeing it as a flaw but rather as an opportunity for adventure (plus, it makes for some great stories). Who knows? Maybe your friends will even begin to envy you.

So here's to the wrong turns that lead us to places we never planned to go.

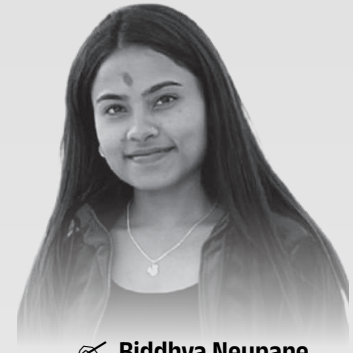
Here's to the wisdom that comes from wandering.

Here's to getting lost.

*(Inspired by true events).*

"Some men see things as they are and say why. I dream of things that never were and say why not." — George Bernard Shaw

## My gene, my innovation!



 **Biddhya Neupane**  
3<sup>rd</sup> Year, BSc. Nursing

In a world full of obstacles and unknowns, someone whose courage, love, and concern shine like a light of hope appears. Putting the needs of others before their own, a special person of mine is a living example of compassion, lending assistance and kindness to those in need. Their quiet fortitude in confronting hardship head-on, motivating others to rise and conquer their own challenges, defines this person's bravery. We are all reminded by their unshakeable commitment and genuine empathy of the enormous influence that a single, loving heart can have in inspiring us and creating a sense of community.

### *Can you guess who the person is to me?*

Of course, here I am describing my grandmother. I'm sure it's not just me with the same answer. Without a doubt, grandmothers often occupy a special place in our hearts, embodying a blend of love, wisdom, and warmth unmatched by any other people. My grandmother is a remarkable woman whose loving and caring nature has profoundly shaped my life. She embodies innocence in her outlook, devotion in her actions, and understanding in her approach to life. Through her daily interactions and the lessons she imparts, she has become an irreplaceable figure in my world.

### *I just don't know how someone can love selflessly?*

Her caring nature extends beyond her immediate family. She is known in our neighborhood and among relatives for her kindness, always willing to lend a helping hand and offer a listening ear. Her selflessness teaches me the importance of empathy and compassion. She believes that every small act of kindness contributes to a greater good, and this belief inspires me to cultivate the same qualities in myself. She has dedicated her life to ensuring that her loved ones are well-cared for and supported. I have watched her sacrifice her own desires for the sake of others, demonstrating the true meaning of devotion. Her unwavering support during difficult times has been a source of strength for me. She never hesitates

to remind me of my potential and encourages me to pursue my dreams with determination. And whenever I try to show anger to anyone, she is always there to calm me down.

### *So now you want to know more about her?*

My grandmother has been a pillar of love and support ever since I can remember. She has a remarkable talent for making everyone feel valued. She has a special way of making me feel safe and cherished, whether it's with her soothing words, warm embrace, or delicate touch. Her warm grin has the power to transform any despair into happiness, regardless of how my day has gone. Her love is more than simply an emotion; it diffuses through our house and fosters a sense of calm and contentment. Her ability to empathize with my feelings, whether I am happy or sad, fosters a deep bond between us, allowing me to share my thoughts and fears without reservation. Also worth mentioning, though she has transferred her emotional gene to me, these days she is way too strong, perhaps because she has been through experiences that helped her channel her emotions in a way that now appears as resilience or strength. This shift can be a beautiful testament to her journey through life, showing how one can adapt, grow, and develop emotional balance.

### *Every emotion and feeling can't be expressed in words, right?*

So, whenever I heard about the Symphony V, I thought about sharing details of a special person: **MY GRANDMOTHER**. All in all, my grandmother is a kind, considerate, naive, loyal, and perceptive woman who has had a big influence on my life. She taught me the importance of love, kindness, and perseverance through her deeds and attitudes. Her constant encouragement and support motivate me to reach my full potential. I genuinely appreciate the opportunity to have such a wonderful grandmother, and I treasure every second I get to spend with her. As I develop further, I aspire to be like her, showing compassion and love to others as she has shown me.



✍ बिबेक गौतम  
एघारौं व्याच, एम बि बि एस

## फर्केर हेर्दा !!!

सम्झना छ PBL को, Lecture मा हाई आउँदा !  
नपढेको दिनमा अझ, Reflection को बाढी आउँदा !!  
Key infos को सागरमा, Problem लाई छान्दा छान्दा !  
Learning issue कस्तो-कस्तो, Hypothesis रिसाउँदा !!

झरी बनी आयौ तिमी, PBL मा आँखा जुध्छ !  
कसले हेर्ने ? कसले बोल्ने ? अंग्रेजी पो बीचमा आउँछ !!  
पीडा अब Feedback को, मुटु तल हुंगा माथि !  
हेर्दा हेर्दै कालो भयो, त्यहि अधिको सेतो पाटी !!

पोखरी झैं पौडीएको, CHS को सागरमा !  
कता जाउँ अलपत्र, MCQs छ तगारोमा !!  
गोली बारुद चारैतिर, उड्न खोज्छु चरी बनी !  
PBQ झन् मुस्कुराउँछ, Retake मा भेटुम भनी !!

White coat शानै बेग्लै, ICM को साहारामा !  
History अनि Exam का, बेमौसमी चरणमा !!  
दम थ्यो आवाज Percussion को, Inspection मा नदेखेनी !  
Palpation मा छाम्दा छाम्दा, Auscultation नसुने नि !!

बिरामीको दाया फर्क, पहिलो शब्द नमस्कार !  
बोली फुट्ला मरी जाउँ, घरमा सुत्दा लम्पसार !!  
धन्यवाद छ अन्तिम बाणी, याद आउंछ सँधै भरि !  
बिचको संसार के हो ? कस्तो ? Exam मा कठै बरी !!

बिषयनै बिसिन्छ कि ? Anatomy कस्तो कस्तो ?  
Vessels अनि Nerves का कुरा, माकुराको जालो जस्तो !  
अङ्ग अङ्ग ठेगानाको, छिमेकी नि चिन्नुपर्ने !  
त्यति मात्र नपुगेर, सम्बन्ध नै बाँध्नुपर्ने !!

हात माथि खुट्टा तल, सम्झने पो कसो गरी !  
बादल बनी, उडी जान्छन्, Revision लाई भेट्नु भनी !!  
पाट पुर्जा, के हो ? कस्तो ? Embryo, नाम नजन्मिदै !  
दुख पनि कति दिन्छ ? न्वारन पनि नसकिंदै !!

सुन्दर मुहार याद आउंछ, Anatomy बिसिए नि !  
Maam को स्वरमा जादु थियो, म त कता हराए नि !!  
बाँध फुट्छ कल्पनाको, समयका चक्र संगै !  
प्रेमको धागो सोझिएछ, पवनका हर्ष संगै !!

Protein, sugar, thyroid आदि, Biochem को पोल्टा भित्र !  
Lipid लाई रिस उठ्दा, LFT चैं डोको भित्र !!  
खरानीको डल्लो जस्तो, Cata, Ana, Meta हरु !  
ATP को चालबाजीमा, चंचलताका भष्महरु !!

घरी घरी याद आउंछ, Glycolysis आफ्नै गति !  
बिचको बाटो कता कता, Krebs's cycle सबको साथी !!  
खान खाईबस आउंछु भन्छ, Insulin ले सुम्सुम्याउंदा !  
राख्ने, फ्याँक्रि, के चाहिं गर्ने ? Enzyme ले जिस्क्याउंदा !!  
Virus अनि Bacteria, Microbio जिउ नै भरि !

*Stool* अनि *urine* चैं, *Blood test* को पिरमै परि !!  
*Antigen* को यात्रा भरि, *Antibody* मारन आउंछ !  
कसले जित्छ कसले हाँछ ? *Exam* मा *Question* आउंछ !!

*Gram stain* रातो *violet*, संगै हिङ्ने मित्रहरु !  
देखें मैले *Microscope* मा, रंगी चंगी चित्रहरु !!  
कुन चाहिं के थ्यो ? किन तेस्तो ? आधार थ्यो छुट्याउने !  
सबै पढ्दा, सबै जान्दा, आफ्नै नाम बिसिजाने !!

*Pathology* चम्किरहंदा, *Inflammation* आफ्नै मति !  
*Histology* चिच्याउँदा, *Gross* र *Micro* आफ्नै साथी !!  
*Neoplastic* सागरमा, *Mutation* का उत्पातहरु !  
भोकाएका तिरवाएका, अन्यायका मुर्तिहरु !!

भेट्न खोज्छु पर सछ्नु, निशानाका लोलाहरु !  
छरपष्ट *Pathology*, *MCQs* का गोलाहरु !!  
रोग लाग्छ कसरि त्यो ? मानब शरीर लुकामारी !  
आयो *Robin*, हिंड्यो *Cotran*, चित्रे मैले कसो गरी !

गोली बोकी *Pharma* आउंछ, आशाको केन्द्र बनी !  
खुशी अनि संचारको, पुर्णिमाझें चन्द्र धनी !!  
नामै गार्हो गोली चिह्न, *MOA* को चन्द्र लोकमा !  
*Indication* कुरै छोडुम, *ADR* त परलोकमा !!

गोली कुद्रे बाटो कस्तो ? निहुँ खोज्छ परै सरि !  
च्वास घोच्ने, खाने आदि, *KDT* का हरियाली !!  
एउटा हेर्दा, अर्को देख्छु, *MCQs* का पानै भरि !  
कति दिने ? कसलाई दिने ? अर्को पीर छ मनै भरि !!

थाहा हुन्न कसको पालो, *Physio* लाई रिस उठ्दा !  
*Hormone* अनि *electrolyte*, सन्तुलनको बाटो छोड्दा !!  
*Flow sheet* को दुनियामा, तस्बिरलाई केलाउंदा !  
टाउको दुख्छ *function* को, *exam* ले तर्साउँदा !!

रोग आदि नलागोस रे ? *Physio* को कथा राम्रो !  
फेद भेट्दा शीर गायब, *PBQ* चैं सारै चाग्रो !!  
तानाबाना जोड्न खोज्छु, प्रियशीका हल्ला सरि !  
बढ्न खोज्दा रोकिन्छु म, मनका कुरा पल्ला भरि !!


देखाएका, सिकाएका, अनगिन्ति बाटाहरु !  
लम्किनेछन् ती मुहार, संघर्षका गाथाहरु !!  
भविष्यको संकल्पमा, यथार्थका किरणझैं !  
चम्किनेछन् विशाल ती, नम्रताका मिलनझैं !!

आभारी छु अनन्तकाल, ज्ञानको ज्योति सदा पाऊँ !  
क्षमाप्रार्थी रहनेछु, गल्ती भए माफी पाउँ !!  
कामना छ सुस्वास्थ्यको, गुरु पुज्ज सदा पाउँ !  
बिश्रामले पाउ छुन्छ, आजलाई बिदा पाउँ !!







 **Samridhi Shrestha**  
4<sup>th</sup> Year, Bsc. Nursing

## 10<sup>th</sup> June

I don't want to dwell on Jinxed June  
'Cause I recall, it was the last time I heard your tune  
You fled through the clouds even before I could catch you  
My beloved, how could you even leave me all alone out of the blue?  
You showed me love through actions  
Now I just wander, lost in distractions

I was so close to you, yet felt so far  
My dear mother, there's nothing bigger than this scar  
My touch lingered on your arms as the tears cascaded down like a heavy rain  
Oh, my poor heart wanted to scream, overwhelmed from all these pain

As the white cloth draped your body,  
I was longing to witness your chest rise and fall once more  
Who would even believe how anguished is my core  
I could see the fire burning in your form  
Helplessly, I stare, unable to form a word  
I hated how everybody wanted an answer  
Stupid people, be careful; the ADRs of medicines could be more dangerous than cancer

Do not ask me, "How are you doing?"  
'Cause I'm tired, so tired of pretending to be fine  
When you know I wanna crush my soul and fill my body with 120 tabs of olanzapine

Stop! I do not want to forget your voice  
Mother, the voice notes you sent me are my only choice  
I wanna run to you and say, "Mom, do you know what happened today?" and give on every tiny detail of my day  
Now I can't even utter 'Mom' without tears at the bay  
If you could respond,  
Tell me mom, if my love wasn't enough to make you stay?  
Tell me love, if I should've cried enough to make you stay?

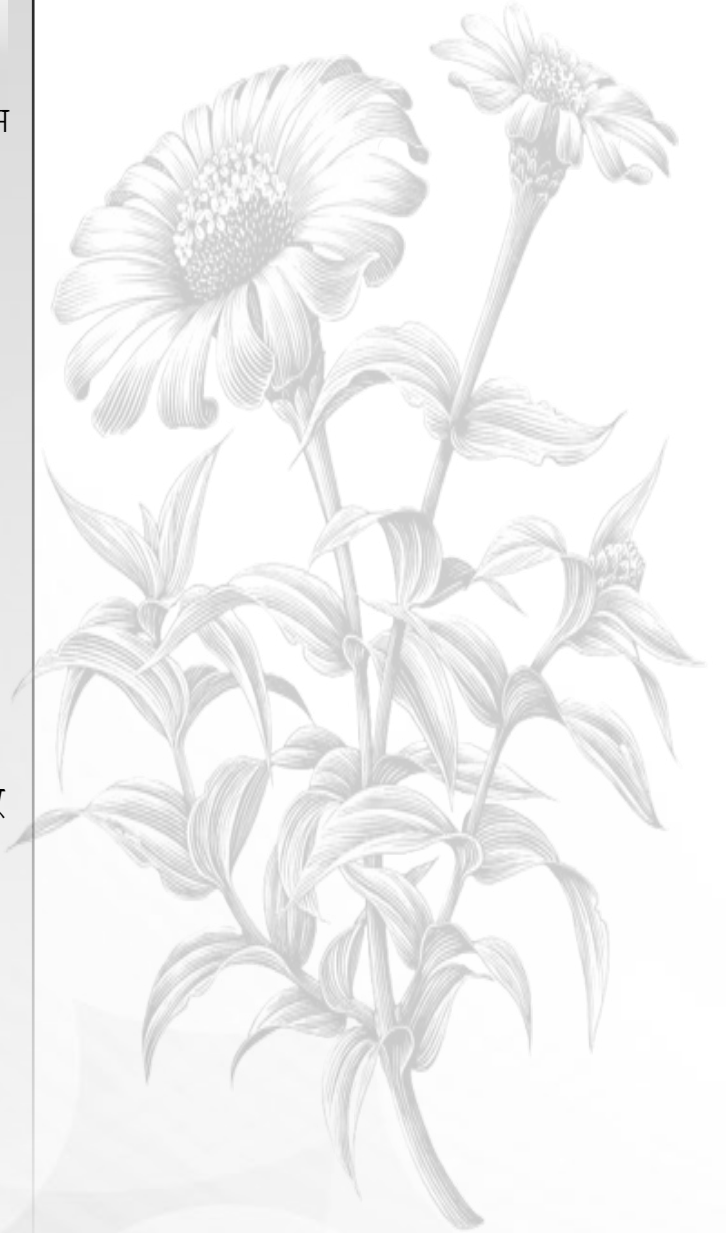
Hey there heart, can we stop thinking about it now?  
It's been couple of years already  
Does writing not possess the power to mend my heart and help me move on?  
But now that I've actually written about you, why does my heart ache more and my soul  
crave your love even more?  
Why do my tears flow like a river?  
Why does my face fall like the leaves in autumn?  
Why do I feel you when I look up at the moon?  
Yes, I yearn to erase the painful memory of 10th June!!!



## लेख

✍ राजिब मिजार  
एघारौँ व्याच, एम बि बि एस

रचिएका यी मेरा धमिला लेखहरुसंगै  
हुँदै छु बिलिन म पनि,  
सेतो पानामा कालो मसिले भरिएका यी मेरा लेखहरु,  
उस्तै भैदियो यो जिन्दगि पनि !!  
मानौ, सफेद सुखलाई काले मोरो दुखको धब्बा लाग्दैछ !  
म कलम भएर आउदा, त्यो भित्रको मसि थियौ तिमी,  
आज यो कलममा भएका सारा मसि सुकिसकेकाछन् ।।  
न म कुनै लेख कोर्न सक्छु, न त कुनै सिर्जना रचन नै,  
मात्र, टोलाएर एउटा अँध्यारो कुनामा रुम्मलिन सक्छु !  
लेख्न सुरु गर्दा, ति बचेका अलिकति अक्षर पनि लुप्त हुदै छन्  
ओहो! आशुको इरेसेरले त कलमको मसि नि मेट्ने रहेछ  
भावनामा बहकिएकै भरमा चलने मेरो यो सुन्दर कलम,  
आज, पक्षघात भएर निष्क्रियतामा लम्पसार परिरहेछ !!  
सुनौला समय, सुवर्ण दिनहरु कोर्ने मेरो कलम,  
आज, न त दिन न त रात नै पहिलाउन सकिराकोछ !!  
जहिले, मनको घाउको मलम बन्ने मेरो कलम,  
आज, सामर्थहीन एक स्तम्भ भएर बसिरहेछ !!!!!!!





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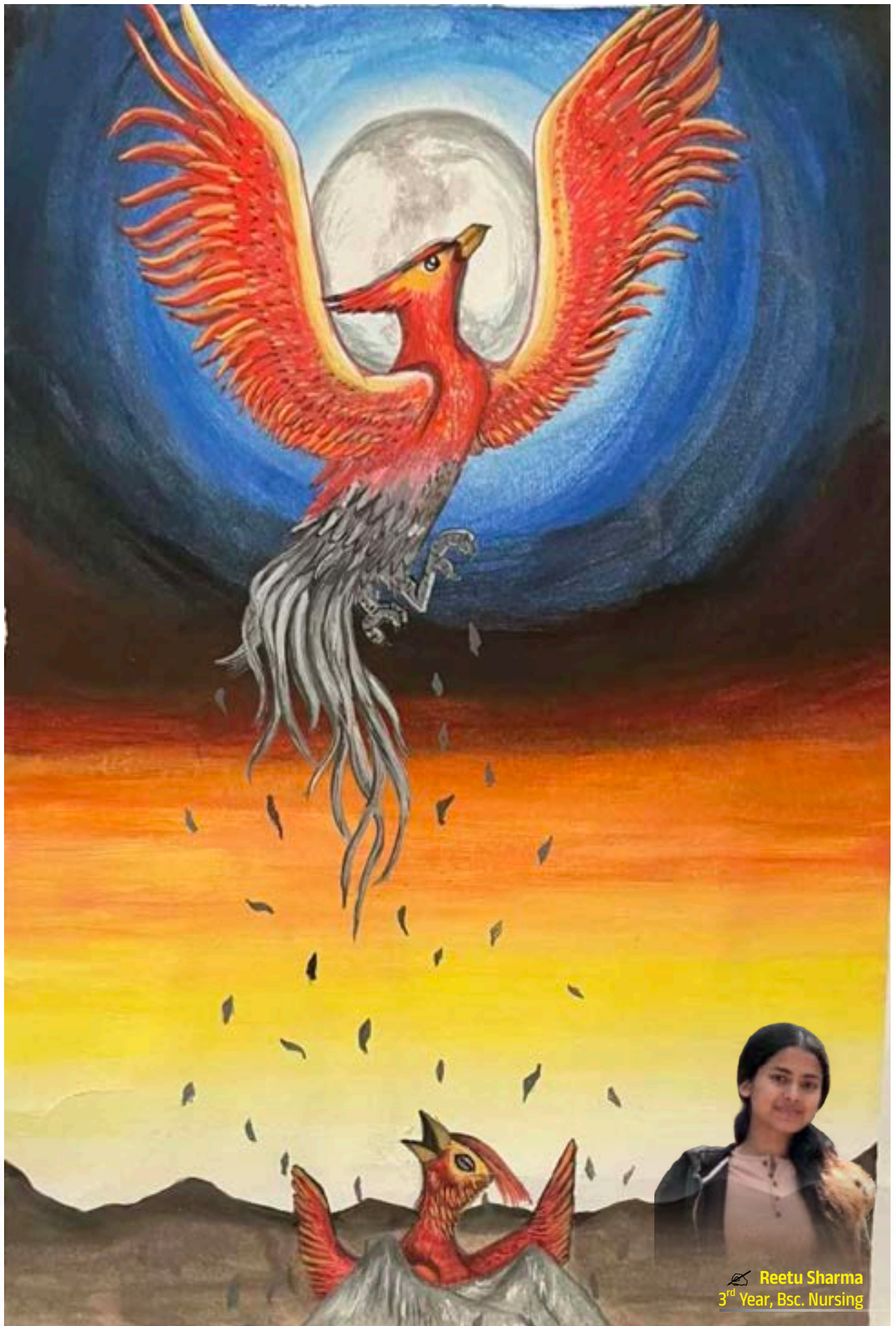
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*No Research without Action, No Action without research- Basics of Research Writing*

## घरका बारे

आस्था धामी  
चौथो वर्ष, बिएससी नर्सिङ

आज... आज म उसका बारे लेख्दैछु,  
अ... उसका बारे लेख्दै छु  
जसले म सानो हुदाका मेरा पाइलाका डोबहरु आफ्नो मनमा गाडेको छ,  
जसले मलाई कलिलो बिरुवाबाट फुलेको फुलझैँ हुर्कन देखेको छ ।  
म, आज उसका बारे लेख्दै छुँ,  
म आज 'मेरो घरको' बारे लेख्दै छुँ |

जसबाट छुट्टीदा फेरी भेट्न आतिन्छ मेरो मन,  
जहाँबाट टाढिदा पत्तो नै नदिइ रोइदिन्छन् मेरा आँखाहरु ,  
हो... म आज त्यसका बारे लेख्दै छुँ,  
म आज मेरो घरका बारे लेख्दै छुँ |

पहिला २४सै घण्टा सँगै हुदा पनि कहिले कतैको त कहिले  
कतैको, सक्किदै नसकिने बात माने गथौँ हामी  
जससँग जति बात मारेपनि धितै मर्दैन |  
म उसका बारे लेख्दै छुँ,  
म आज मेरो घरका बारे लेख्दै छुँ |

यस शहरको कठोरता बिच म जसको सौम्यता खोज्छु,  
चुनौतीका चर्का किरण बिच म जसको शितल छाहारी खोज्छु,  
म त्यसका बारे लेख्दै छुँ,  
म आज मेरो घरका बारे लेख्दै छुँ |

यति धेरै मानिसहरुको कोलाहलमा हिड्दै गर्दा

जब आत्तिन्छ मेरो मन, अलि डराउँछु म...

तब... जहाँ पाउँछु म शान्ति

म त्यस ठाउँका बारे लेख्दै छुँ,

म आज मेरो घरका बारे लेख्दै छुँ |

साँझ पख आकाश हेर्दा हुलै बनाई, खुशीका गीतगाउँदै चराहरु घर फर्कीरहेको देख्छु,

जहाँ दिनभरको थकाई मेट्न, साँझपख फर्किन म खुशी हुन्छु

म आज त्यहाँका बारे लेख्दै छुँ,

म आज मेरो घरका बारे लेख्दै छुँ |

भन्ने गर्छन् कसैलाई कति माया गर्छौं भन्ने थाहा पाउन छुट्टीनु पर्छ भनेर,

फर्किने टुङ्गो नै नभई छुट्टीए म जो सँग

म आज उसका बारे लेख्दै छुँ,

म आज मेरो घरका बारे लेख्दै छुँ |

जहाँ हुदाँ सबै कुरा ठिक लाग्छ,

जहाँ पुग्दा सबैकुरा ठिक हुन्छ,

म... म जहाँ पुग्न पखि रहेकी छुँ,

म त्यस ठाउँका बारे लेख्दै छुँ

म आज मेरो घरका बारेमा लेख्दै छुँ |





## The Silent Fight



In the quiet corridors of sterile halls,  
A soul wandered, bruised by countless falls.  
A medical student, bright in the light,  
But shadowed by demons waging their fight.

Borderline whispers in the depths of his mind,  
A chaos, relentless, cruel, unkind.  
A fragile heart, split between hope and despair,  
Yearning for rescue that was never there.

Sleepless nights beneath clinical charts,  
The weight of the world crushing his heart.  
Board exams loomed, a gate to his dream,  
Yet failure came – another tear in the seam.

A year slipped by, the clock unkind,  
Lost to the ache of a fractured mind.  
The blade of betrayal from love's fleeting kiss  
Left him drowning in an abyss.

He cried for help in subtle ways,  
Through smiles that masked the darkest days.  
But no hand reached, no ear could hear,  
His battle fought in lonely fear.  
Time after time, he tried to let go,  
Surrendering to waves of sorrow's flow.  
But each attempt a cry, not for death,  
But for the life he craved with every breath.

The world looked on with clinical gaze,  
Blind to the fire that set him ablaze.  
A student, a lover, a soul in pain,  
Falling through life like relentless rain.

Oh, how we fail the ones who bleed,  
Lost in the shadows of urgent need.  
May his story not fade; may it ignite  
Compassion's flame, a guiding light.

For every life, no matter how small,  
Deserves to be lifted before it can fall.  
And though he's gone, his voice remains,  
A whisper in the wind, a plea through the pain.



## इनकारको प्रतिफल

"मेरी छोरीलाई कसैको नजर नलागोस "  
भन्दै म सानीछँदा आमाले लगाइदिएको  
कालो टीकाको आयु  
सायद अहिले सकिएछ;  
त्यो कालो टीकालाई  
कसैको कालो नजरले  
फिक्का बनाइदिएछ ।

मलाई यो खुल्ला गगनमुनि  
अमन भएर  
उड्न मनपर्छ  
तर, त्यो निलो आकाशले  
अहिले मलाई अमिलो आभास  
दिलाउन खोज्दै छ ।

रातो रंग,  
रातो रंग त प्रेमकै प्रतिक होइन र!  
त किन मलाई  
उसको रातो गुलाबको बदला  
तातो तेजाबको सिकार बन्नुपर्यो?  
उसको प्रेम प्रस्तावलाई  
इन्कार के गरेकी थिएँ,  
झटपट गोजीबाट  
तेजाब निकाल्दै  
मेरो मुहारमा  
प्रहार गरिदियो:  
" तँ मेरो होइनस्  
त कसैको होइनस्!"

तेजाबको तापले  
तपतप  
मैन पग्लेझै  
मेरो मुहार पग्लिँदै थियो;  
मेरो रूपसंगै  
जीवनको स्वरूप बिग्रिँदै थियो ।

दृष्टि गैरै  
एघारौँ ब्याच, एमबिबिएस

छिनभरमै बदलिएको जीवन देखेर  
अलिक छटपटाएर  
यो जीवन हरण गर्ने  
नसोचेकी होइन;  
तर म त फिनिक्स चरी,  
आफू कमजोरीएको  
मानूँ म कसरी?  
थाहा छैन यी आँखाले  
कति सपना देख्न बाँकी थिए  
किन्तु  
हत्केला काटियो,  
हत्केलाका रेखा मेटिए,  
भाग्य त मेटिएको छैन!  
उसले मेरा  
सपना देख्ने नयन छिनिदियो,  
सपना साँच्ने यो मन त होइन;  
मुसुक्क मुस्काउने आधार खोसिदियो,  
खुसीले रमाउने यो तन त होइन!  
मलाई त अझै फकृनु छ  
अधैरीका उजेला ताराजस्तै  
चम्किनु छ  
मन लोभ्याउदा बगैँचाका फूलजस्तै  
जीवनरूपी क्यानभासमा रङ्गिनु छ,  
मलाई रङ्गिनु छ;  
किनकि यो अन्तर्मनको द्वन्द्वमा  
एउटै आवाजले जित्ने गर्छ:  
"तँ सुन्दर छेस्,  
तँ सुन्दर छेस् ।।"

## अंतिम पत्र

सुरज सेन्युरी  
एघारौं ब्याच, एमबिबिएस

भनम कि नभनम? सुनाम या नसुनाम?  
हिजो नि यहि दुविधा मेरो, आज पनि त्यही  
अन्तिम पत्र,  
सायद भाग्यले नै जुरायो हाम्रो भेट हुन  
तर! गहिरो निन्द्राको नाटक गर्ने तिमीलाई  
बिचरा म के सक्थेँ र, उठाउन !

खैर!  
जब देखेँ पैलो चोटी तिमी मुसीको मुस्कान  
हाय! लाग्यो हे लाटा, लाटी उनी नै त हुन  
लाली पाउडर नि डराउछन् गाढे! सुन्दरताको  
रानी, तिमी देख्दा तः भाग्छन् होला है जुन  
तिम्रो सुरिलो बोलीले मोहित आफू, कोईली पनि  
हैन! कुन चरी हो भन्दै सुन्छ होला है, कुन?

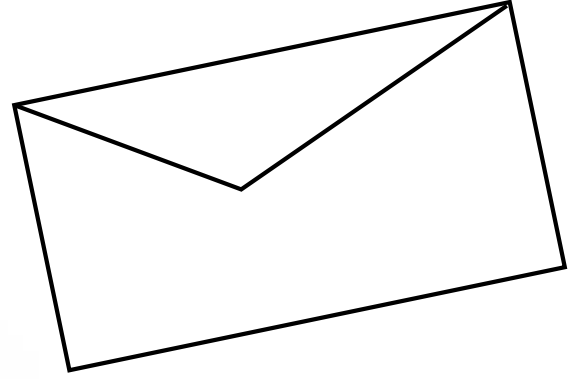
हिमाल पनि,  
के टलकिदो हो तिमी नीलमणिको अगाडि  
दुई पाङ्गे मोटरमा जीवनको यात्रा गरम्ला,  
म बसेँ अघि, के बस्छौ? तिमी पछाडि  
लौन! सोचको भूमरीमा हराउन थालेछु  
कतै, पिरतीको जालमा फसेकी कि?  
या भनमः त्यही जाललाई समात्दै



समात्'दै, अघि बढ्न थालें कि

तर जाल घुमउरो परेछ,  
यता देखिन मेरी माकुरा खै कता गएछ?  
उता मलिलो माटोमा अकैले बिऊ छर्न खोजेछ  
देख्न सकेन यी आँखाले तसर्थ बन्द भएछ  
बन्द आँखामा एक वर्ष, कचेरा पर्न थालेछ ।

अब संसार देख्न छोडें मैले, अचानक!  
के जादु चल्यो? पोस्र आयौ मेरो आँसु तिमले  
उखुको जुससँगै मायाको रस पिलाई  
मेरो रक्त भरी फैलीयो, त्यो बेमानी एक दिनले  
ती रगत,  
दिमागमा पुग्यो त डुबी रहन्छ, तिम्रो सोचले  
मुटुमा पुग्यो त ढुक-ढुकिन्छ केवल तिम्रो नामले



अनि त! दिउँसै सपनाको तालमा पौडिन थालें  
च्यानकुटी-झ्याङ्गै नभई छोरा छोरीको नाम सोचन थालें  
आफूलाई नै भुलेर, उनकै पछि पछि लाग्न थालें  
पुसे ठन्डीलाई तिमी चैते घामले न्यानो पछौं बुझ्न थालें

बिस्तारै गुलिया गुलिया बात गर्दै रात कट्न थाल्यो  
उनकै छेउमा बसी जिस्कदै दिन हरु बित्न थाल्यो  
पोटिला गाला त थेन उनको, तान्दै कुची कुची भन्ने मन्थ्यो  
कपाल झर्दा अगाडी सैलाउँदै कान पछि राखिदिने मन्थ्यो

त! हिम्मत गरी भने  
त! हिम्मत गरी भने: जीवन साथी बन्छौ? तर  
जीवनलाई रेटी-काटी फ्याल, केवल साथी बनम भन्यौ  
है कति सजिलै भन्यौ.. है कति सजिलै भन्यौ..  
चुलेसीले टुक्रा-टुक्रा पारिदियो मुटु, जसोतसो सिलाउँदै छु  
खतै-खतले भरिए'छन् शरीर, तसर्थ सारो-चाम्रो बन्दै छु

हात नसमाएकै बेस हुन्थ्यो,  
हात नसमाएकै बेस हुन्थ्यो, यदि सँगै हिड्नु थेन भने  
अल्छी लागदा खेल्ने साधन, मात्रै चाइया थियो भने  
कोमलको फूल भए तिमी, म हिलो बनी दिन्थे बरु  
तिमी ओइलाउँदा सुगन्ध हराउँदा नझरुञ्जेलसम्म  
निस्वार्थ काँध दिने, फूलको डाँठ बनी दिन्थे बरु

आकाश र पाताल त देखेँ, क्षितिजमा जोडिन्छ  
तर पूर्व र पश्चिमलाई जोड्ने बाटो खन्न सकिन  
मैले बुझिन या त बुझाउन सकिन, ठिकै भयो  
जात धर्म हैसियतको लडाईं पछि लड्न परेन  
ठिकै भयो लडाईं पछि लड्न परेन!

आज पनि,  
खोकी सुन्दा कसैको, तिमी हौ कि हेर्न खोज्छु  
छ एउटा फोटो तिम्रो, मनमा टाँसी सुत्न खोज्छु  
दिमाग पनि लरबरियो.. मुटु सँग लड्न खोज्छु  
बेचैनीलाई थाती राखी तिमीलाई म भुल्न खोज्छु  
बेचैनीलाई थाती राखी तिमीलाई म भुल्न खोज्छु

अंतिम मा,  
तिमी हिड्ने फूलको बाटोमा, म काँडा नबिछर्ष्य कै राम्रो  
साँची! भेटै भाको थेन सोचु, मेटाई दिनु याद हाम्रो  
म पागल भने,  
नबोलेका-नभेटेका दिन गन्दै, हेरम्'ला पात्रो  
फुर्सद भए मेरो अन्तिम क्षणमा, बोकी आउनु कात्रो  
फुर्सद भए अन्तिम क्षणमा बोकी आइदेऊ कात्रो ।।



## सिटामोल



कुमार न्यौपाने  
छैठौ ब्याच, एमपिएच

परारसाल सिटामोल नपाएर उजेली दिदी मर्दा म  
सानै थिए काखमा २ बर्सको छोरो छोडेर बिदा  
भइन सिटामोल के हो मलाई थाह छैन !

तर  
हाम्रा लागि त अनमोल छ, जस्तो अनमोल सास छ  
गास, बास, कपास छ ।

गडाधर काका आफू जस्तै बूढो मन लिएर  
कापिरहन्छन ।

मृत्युको पर्खाई भनम या सिटामोलको पर्खाई उस्तै  
हो, कहिले बाचनलाई पखिइन्छ कहिले मर्न नसकेर  
पखिइन्छ !

रसायन शास्त्रले के भन्छ, मलाई थाह छैन ?  
मेरा लागि त अमृत जस्तै अरु केही हो सिटामोल  
सुन्दैछु अब हेलिकप्टरमा जुम्ला खलंगा र हुम्ला  
सिमिकोटमा सिटामोल जाने भयो रे !

सदरमुकाममा ठुलै लाईन बस्यो, सुत्केरी महिलाको  
लाईन बच्चा बृद्धको लाईन बाचन खोजेका र मर्न  
पर्खेकाको लाईन, सेता पत्ता भित्र सेतै भरिएर  
आएको सिटामोल ! मेरो हातमा सिटामोल पाएपछी  
सबैभन्दा खुसी भएको मेरो मन, पृथ्वीबाट ३ फिट

माथी उफ्रिन्छ यसरी त सानोमा मैले लाताले हानेको  
फुटबल घरको छानामाथी उफ्रिन्थ्यो ।

मेरो मन खुसी भयो, अब उजेली दिदी जस्तै मर्नु  
पर्दैन गडाधर काका जस्तै काष्ठ पर्दैन र उजेली  
दिदिका छोराछोरी जस्तै रुनुपर्दैन । अब त बाचु  
पर्छ मैले खोजेको पनी यहि हो बाँच्ने आधार  
चाहियो, सरकार चाहियो र सिटामोल चाहियो ।

जाजरकोट र कालिकोटका आकाशमा उड्न नसके  
चरा नबनोस मुगु र बाजुरालाई ढाक्र नसके बादल  
नबनोस एकचोटी साउनको झरी जस्तै बर्सिदियोस,  
मेरो घाँटी सेकाउनु छ मेरा हजुरबुवाको मन  
सेलाउनु छ र सपना देख्नु छ काठमाडौं हाँस्दा,  
रुकुम हासु छ !

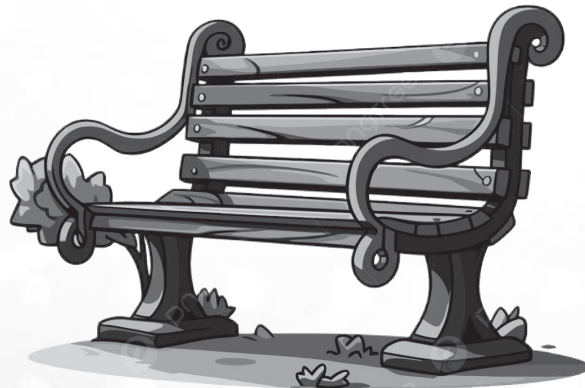




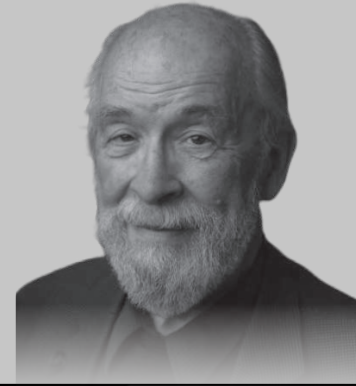
 **Diksha Rajbhat**  
13<sup>th</sup> Batch, MBBS

## Unheard Echoes

I can sense the beat of a heart, the blink of an eye,  
The terror, the anguish tremor – Ahh! It's difficult to deny.  
Craving for help, for hope, and for blessings,  
Like a beam of shine through dark, gloomy settings.  
When no one identifies the suffering and scars,  
Every pain seems faint, like a lost cloud in the sky's brilliant stars.  
Bitter emotions – neither to hold nor to share,  
As if we listen to reply, not to truly care.  
Crippled by loneliness, a layered spark inside,  
We don't want to be okay in this transitory moment, though we try.  
Delusion, illusion, and insomnia –  
A shout-out to all, with faces in different persona.  
Breaking the chains of shame, blurred fame, and silence,  
Fighting through the silent storm, forging own way with resilience .  
Let's learn to listen, not just to claim grand promises,  
And let people bloom like roses, amid prickly thorns, where hope never dismisses.



# The PAHS Effect: Doctors who deliver more than just medicine



**Facilitators: Deepa Acharya, Dikshya Kattel, Suraj Kumar Agrahari**  
**Interviwee Dr. Robert Woollard**

**1. Dr. Woollard, what inspired you to come to Nepal in the early 2000s, and what roles and experiences have shaped your journey while working here?**

At a major international meeting in Copenhagen, Denmark, I met Dr Arjun Karki and we discussed social accountability and medical schools. Some time later, in 2004, he and several colleagues called to see if I could conduct a feasibility study for a new medical school centred in Patan hospital but designed to focus on the health of rural and lower caste citizens. At that time, the nation was at civil war and a contributing cause was the fact that the life expectancy of folks in rural Nepal was two decades less than those in the Kathmandu valley. I conducted extensive interviews with a wide range of folks across the spectrum of interests and influence. The King was out of the country planning a subsequent coup which adversely affected the proponents of the school but once he and his family were deposed, those proponents, including Dr Karki, were treated as heroes and the Patan Academy of Health Sciences (PAHS) came into existence and in subsequent years schools of public health, nursing and midwifery followed based on existing and new programs. It became my privilege to be Co-chair of an International Advisory Board of leaders in health education from around the world. We met yearly to provide initial support for the design and implementation of the curriculum—including a highly sophisticated selection process that has proven its merit in selecting students from all regions of Nepal and inculcating values that showed themselves when student blood was on the floor of the Vice-chancellor’s office that they were occupying in protest about an inappropriate appointment of someone attempting to turn a values driven initiative into a for-profit institution potentially indifferent to the suffering it was designed to address. When I visited the class a few weeks later and asked what they were thinking they patiently said “Professor Woollard, she was going to destroy the mission. We are only here because of the mission. We couldn’t let her destroy the mission.” I wept tears of admiration and satisfaction that this innovative institution was fostering such students, staff and faculty. For two decades I returned from one two three times per year to be inspired by the development of PAHS.

**2. How do you envision Patan Academy of Health Sciences adapting to Nepal’s evolving healthcare needs? In what ways can students and young professionals support this vision?**

PAHS has already demonstrated its capacity to adapt to the evolving needs of Nepal—whether it be leading the disaster response to the 2015 earthquake, the Indian boycott, the pandemic or the mor gradual evolution and distribution of qualified health personnel serving the nation’s greatest needs—in rural areas and marginalized populations. The curriculum has evolved to embrace the humanities, and a distributed palliative care system is extending across the country. One concern I have is the standardization of a national admissions exam that lacks the focussed attention to student dedication to service as a criterion for entrance but I was reassured in my recent visit with the idealism and commitment demonstrated by the newly admitted class.

Students can support this vision by continuing to embrace a curriculum devoted to developing, not only



the knowledge to attain a high level of professional practice but to have the attitude of serving where and when they are needed—where they can make the greatest positive difference to the people of Nepal. The active participation in the affairs of PAHS and the communities it serves.

**3. *How would you characterize the evolution of PAHS from its inception to its state, particularly regarding infrastructure, academic programs, and overall institutional development?" How do you feel about the institution's growth from its early days to the present?***

In ways mentioned above, PAHS has matured without ossifying into yet another doctor/nurse/midwife factory cranking out competent practitioners more dedicated to their own careers (often overseas) than service to the people that need them most. The range of curricular and geographic placements has significant infrastructure needs but is proving worthwhile. In recent years I have been focused on the development of the recently established University of Nepal and have not been as closely engaged with PAHS as in the past. None-the-less, when I visit with the current students, staff and faculty I get my regular dose of enthusiasm from seeing the idealism that is still maintained and practiced.

**4. *Nepal faces challenges as a developing country with limited healthcare resources. What inspired you to advocate for improvements here, and what motivated your work toward establishing the University of Nepal?***

I met Nepal's Prime Minister on a plane a few years ago and said that I thought Nepali society had a congenital defect. The concerned PM was taken aback and asked what that was. I said: "Nepalis frequently fail to see that something can't be done....so they go ahead and do it!" PAHS is a good example. In my initial feasibility study I said: "There are a thousand reasons that this could fail and only one that it will succeed....if enough people believe in the vision and are willing to work for it then it will happen!"

I have worked in and with many countries throughout the world ranging from the poorest to the most wealthy, and it is evident to me that the absolute level of fiscal resources is far less important than the level and esprit of a nation's people.

**5. *Could you share some of the biggest challenges you've faced in your career, specific hurdles you've overcome, and how these experiences shaped your path in a positive way?***

I grew up in a rural area of Canada, graduating high school (10+2) with a dozen other folks in a very small school. My grandfather was illiterate, and my parents did not get to high school but were very firm that the way out of poverty was education and our job was to get educated. In the end their four sons were two lawyers, an engineer and myself. I was fortunate that society, including the coal miners' union, provided scholarships so what might have been a challenge turned into a remarkable opportunity. In Canada we do not go straight to medicine, so I studied history and philosophy but still applied to medicine. I was accepted in medicine but the head of the history department offered to get me into the London School of East Asian studies and I had the challenge of deciding which way to go. I asked a friend what I should do and he, shooting billiards at the time, said "I don't know Bob but if I make this shot go into medicine....if I miss go into history." It was a difficult double bank and I still remember the sound of the ball dropping into the pocket...a sound that launched me into my career and ultimately to the work I have been able to do with Nepal. I mention these two challenges to illustrate how a career is shaped as much by gifts and luck as anything—if one is able to see opportunity and seize it. We are arrogant indeed if we start to believe that we have earned our good fortune and so we have a duty to pay it forward in service to others. I have a reminder on my office board:

Gifts + Luck = Duty<sup>2</sup>

I am also reminded that without challenges there is no creativity.

**6. *With more Nepali doctors preparing for exams like USMLE and PLAB to work abroad, what are your thoughts on this trend? Do you see it as a challenge for Nepal's healthcare, and what might encourage more doctors to stay and practice locally?***

I have observed the migration of doctors from poorer countries to wealthier ones such as Canada and am

both alarmed and shamed that a country as wealthy as Canada attracts graduates from less prosperous nations. Indeed, this was one motivation for my work with Nepal—when I did the feasibility study some 85% of medical graduates left the country within 2 years, most never to return to work. PAHS can take pride in reversing this trend by its graduates but there are many factors that influence these choices and they are not really economic ones. In my interactions around the world, I think one major factor is that in rural areas newly trained doctors do not have the infrastructure to do their best work and that frustration is soul destroying...watching a baby die when you know what you needed to do but lacked the equipment, colleagues or medications to do it lays a burden on one's heart. In the early years of PAHS, we worked with the Health and Education ministries to ensure teaching sites had the equipment and connections needed to serve and learn. Even with limited resources these problems can be addressed through advocacy and teamwork—both in the field and in the policy tables where health professional (and student!) influence can be powerful. It is a far from perfect world but it is our collective duty to make it a better one for others...and besides, it is fun and always a joy to meet people like those who are putting Symphony, and our joint learning, together.

*Thank you for considering this, it would be a privilege to include you in our Symphony!*

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Fill in the missing numbers

The missing values are the whole numbers between 1 and 25.

Each number is only used once.

Each row is a math equation.

Each column is a math equation.

Remember that multiplication and division are performed before addition and subtraction.



## समुदायमा आधारित सिकाई र शिक्षा: सम्झनाका सुटकेसहरु

✍ अजय राजभण्डारी

सह-प्राध्यापक, समुदाय स्वास्थ्य विज्ञान विभाग

स्थापनाको छोटो अवधिमा नै चिकित्सा शास्त्र अध्ययन गर्न चाहने बिधार्थीहरु माझ अध्ययन गर्न इच्छुक संस्थाको श्रेणीमा पाटन स्वास्थ्य विज्ञान प्रतिष्ठान अग्रस्थानमा स्थापित हुनु हामी सबैको लागि नितान्त गर्वको बिषय हो। फरक अवधराना र पृथक शैलीका साथ शुरु गरिएको यस शिक्षण संस्थामा प्रयोग गरिने विभिन्न अध्ययन-अध्यापन पद्धतिहरु मध्ये *Community Based Learning and Education (CBLE)* अर्थात् "समुदायमा आधारित सिकाई र शिक्षा" पनि एक हो। यस पद्धति अन्तर्गत हाम्रा विधार्थीहरु आफ्नो एम. बि. बि. एस. को विभिन्न अध्ययन वर्षहरुमा कम्तिमा ५ पटक सम्म धदिङ्ग, गोर्खा, मकवानपुर, सिन्धुली, दक्षिण ललितपुर लगाएतका विभिन्न जिल्लाहरुका फरक-फरक समुदाय र स्वास्थ्य संस्थाहरुमा गई, त्यहाको भौगोलिक, आर्थिक, वातावरणीय लगायत विभिन्न सामाजिक आयामहरुलाई आत्मसात गर्दै नेपालको स्वास्थ्य प्रणालीको बारेमा गहन अध्ययन गर्ने गर्दछन्। पोस्टिंग अरु मेडिकल स्कूलहरुमा पनि नहुने होइनन् तर हाम्रो यस्ता केहि पोस्टिंगहरुमा विधार्थीहरु व्यवसाहिक हिसाबले स्थापना भएको कुनै होटेल वा होम स्टेमा 'पाहुनाको' रुपमा नभई घरमा 'परिवारको एक सदस्यको' रुपमा रहने अवसर प्राप्त गर्दछन्।

गज्जबको संयोग नै मान्नु पर्ला, यो लेख लेख्दै गर्दा म व्यावसाहिक जीवनको अनौठो संघारमा उभिएको छु। एक दशक भन्दा लामो *CBLE* संयोजकको भूमिकाबाट बिट मारनै लाग्दा यो लेख मार्फत मलाई आफ्नो अनुभव साट्ने अवसर जुरेको छ। *The Symphony* परिवारबाट आफ्नो अनुभव बारे लेखको लागि आग्रह हुदा मेरो मानसपटलमा सयौ थरिका भाव र अनुभवहरु तरंगित हुनथाले। कार्य सम्पादन गर्ने क्रममा थुप्रै अनुभव प्राप्त गरे तापनि ति अनुभवहरु संगालिएका सुटकेसबाट के-के कुरालाई लिपिबद्ध गर्ने भन्ने विषयले म निकै समय अलमलमा पनि परे। तैपनि मेरो मन मस्तिस्कमा भित्री जरा गाडेका केहि व्यक्तिगत अनुभवहरु साझा गर्ने जमर्को गरेको छु।

सन्दर्भ चित्लांग निवासी श्यामा बस्नेत दिदीको हो। महिला स्वास्थ्य स्वयम् सेविकाको रुपमा ३० वर्ष भन्दा धेरै समयदेखि समुदायमा निरन्तरसेवा दिदै आउनुभएको, निकै हक्की स्वभावकी श्यामा दिदी हाम्रा विद्यार्थी नानीहरुलाई आफ्नो परिवारको रुपमा अध्ययन अवधि भरि आश्रय उपलब्ध गराउदै आउनु भएकी व्यक्तित्व हुन्। घटना गत सालको हो, स्थानीय पालिकाद्वारा महिला स्वास्थ्य स्वयम् सेविकालाई लक्षित गरि आयोजना गरिएको मुक्तिनाथ दर्शन यात्रा र हाम्रो १४ ब्याचका विद्यार्थीहरुको हेल्थ पोष्ट पोस्टिंग एकै समयमा जुधेको रहेछ। सदा झैँ यस वर्षपनि पाटनबाट बिधार्थीहरु आउने भन्ने खबर पाए पछि दिदीले मुक्तिनाथ दर्शनको त्यो दुर्लव अवसरलाई सहर्ष अस्वीकार गर्नु भएको रहेछ। वहाले गर्नु भएको समर्पण र त्यागको त्यो खबर हामीले केहि दिन पछि मात्र थाहा पायौ र त्यसो नगर्नु भएहुन्थ्यो, वरु हामीहरु अन्य विकल्प खोज्यौ नि दिदी भन्दा वहाले "त्यो तिर्थवर्त भन्दा धेरै धर्म म मेरो पाटनबाट आउने छोरीहरु लाई सहयोग गर्दा पाउछु" भन्नुभएका ति शब्दहरुले मलाई नतमस्तक नै बनाएको थियो। यी त एक प्रतिनिधि घटना मात्र हुन्। काम गर्ने क्रममा यस्ता थुप्रै दृष्टान्तको साक्षत्कार हुन पाएको छु। धन्य छ श्यामा दिदी तपाई र तपाई जस्ता थुप्रै ति प्रेरक व्यक्तित्वहरुलाई।

हुन पनि हाम्रा विद्यार्थीद्वारा देखाइएको आचरण र व्यवहारले नै होला, आफ्नो अध्ययन अवधि सकी घर फर्निने क्रममा हामीहरु धेरै पटक बिदाईको भाव विव्हल दृश्यको साक्षी बनेका छौ। हाम्रा विद्यार्थी भाई-बहिनीहरुलाई उनीहरु बसेको घर परिवारले बाटोमा खानको लागि भनि स्नेहपूर्वक सेलरोटी बनाएर दिएको, आफ्नै बारीमा फलेको तरकारी, साग, फलफुल

इत्यादि पाहुन स्वरूप प्रदान गर्नुभएको र यात्रा अवधिको क्रममा गन्तव्यमा पुगे/नपुगेको जानकारी लिन परिवारबाट गरिएका ति फोनकलहरू हाम्रा विद्यार्थीहरूले छोटै समय परिवारसंग गासेको त्यो आत्मिय सम्बन्धलाई देखाउन प्रयाप्त थियो । साढे ५ वर्षको कूल अध्ययन अवधि भित्रका समुदायसित सामिप्यता भएका केवल ति साढे ५ दिनमा जीवन र जगत बुझ्न हाम्रो विद्यार्थीहरूले गतिलै अवसर पाएको मैले थुप्रै पटक महशुस गरेको छु ।

त्यस्तै गरि, पाचौं व्याचको विद्यार्थीहरूको मार्खुमा हेल्थ पोष्ट पोस्टिंग हुँदा, यात्राको पहिलो दिन तत्कालिन स्वास्थ्य व्यवस्थापन समितिको एक सदस्यको घरमा केही छोरी विद्यार्थीहरूको बस्ने व्यवस्था मिलाइएको थियो । करिब ८ बजे तिरको समय थियो, रातिको खान खाई सके पश्चात भोलिको दिनको कार्य योजना बनाउँदै गर्दा, एक जना विद्यार्थी आफु बसेको पलंगको खुट्टामा करिब तीन फिट लामो सर्प बेरिएर बसेको देख्दा केहि समय त हामी सबैको हंश नै उडेको थियो । तर तत्कालिन अवस्थाको गम्भीरता हेरि हामी सबैले आफुलाई सैयमित राख्दै, त्यस बखत खटिनु भएको हाम्रो सवारी चालक मित्र श्री कमल देउलाद्वारा सर्पलाई धपाउने क्रममा त्यो सर्पपनि आफ्नो आत्मरक्षाको लागि एउटा कोठाबाट अर्को कोठा, अर्कोबाट अर्को कोठामा परेदा केहि समय त आतंकको माहौल नै सिर्जना भएको थियो । अन्तमा शौचालयमा रहेको झ्यालको माध्यम हुँदै त्यो सर्प नजिकैको बारी तिर लागेको थियो । अभिभावकद्वारा आफ्नो सन्तानको जिम्मा हाम्रो विश्वासमा सुम्पिनु भएको अवस्थामा त्यो साँझ हामीले कुनै जोखिम लिन चाहैनौं । रातिको १० बजे तिर आपतकालीन बसाईको अर्को व्यवस्था मिलाउने क्रममा त्यो बेला हाम्रो विद्यार्थीहरूले देखाएको साहस र परिपक्व व्यवहारले मलाई निकै नै प्रभावित पारेको थियो । आज पनि त्यो दिदीको घर जाँदा वा त्यो घटना सम्झिदा आगै सिरिङ्ग हुनपुग्छ ।

त्यस्तै गरि कुरा आज भन्दा करिब ५ वर्ष अघि को हो विद्यार्थीहरूलाई आ-आफ्नो गन्तव्यमा परिचालित गरेर फर्कने क्रममा हाम्रो बस त्रिभुवन राजमार्गको सुनसान सडकमा बिग्रिन पुग्यो । साझको बेला थियो, त्यस बखत चालक बाहेक सिंगो बसमा म र मेरो एक जना सहकर्मी साथि मात्र थियौं । इन्जिनमा कुनै ठुलै खराबी भएको हुनाले मोबाईलको प्रकाशमा गाडी बन्नपनि करिब ३-४ घण्टा नै लागेको थियो । काठमाडौं फर्किँदा रातिको करिब २ नै बजेको थियो । यहाँ कुरा गाडी बिग्रिनको होइन, यात्रा गर्ने क्रममा यी सामान्य कुरा हुन् । तर त्यो दिन, तत्कालिन विभागीय प्रमुख लगायत डिन डा. सिर्जना श्रेष्ठज्यू स्वयम् द्वारा पटक-पटक फोन गरि हाम्रो स्थितिको अपडेट लिनु भई, काठमाडौं नपुगुन्जेलसम्म निरन्तर आफ्नो फोन सम्पर्कमा रहि, प्रत्यक्ष सरोकार राख्नु भएको ती व्यवहारले मलाई निकै नै प्रभावित पारेको थियो । नेतृत्वमा रहदा गर्नुभएको त्यो अभिव्यक्तिले मलाई पनि आफ्नो काम प्रति कर्तव्यनिष्ठ रहन सदैव प्रेरित गरिरहन्छ । साथै, CBLE को कुरा गर्दा बिर्सिनै नहुने पात्र भनेको हाम्रो सवारी चालक दाजुभाई पनि हुन् । दर्जनौं पटक यात्रा गर्ने क्रममा, वहाहरूले दिन-रात नभनी, भोको पेटको कहिलै गुनासो नगरी, आफ्नो कार्य सम्पादन गर्दा देखाउनु भएको लगन प्रति व्यक्तिगत रूपमा म वहाहरू प्रति सदैव आभारी रहने छु ।

सन्दर्भ पोस्टिंग अवधिको मात्र पनि होइन, संयोजन गर्ने क्रममा विभिन्न जिल्लाका थुप्रै स्वास्थ्य संस्था, स्वास्थ्य संयोजक र स्थानीय सरकारहरूका पदाधिकारीसंग औपचारिक / अनौपचारिक अन्तरक्रिया गर्ने क्रममा पनि, यस पाटन स्वास्थ्य विज्ञान प्रतिष्ठानबाट उत्पादित चिकित्सकहरूमा व्यवसाहिक दक्षताका साथै उपचार गर्ने क्रममा बिरामीसंग गरिने व्यवहारमा सामाजिक पाटो अलि गहकिलो रहेको सकारात्मक प्रतिक्रिया पाउदा प्रतिष्ठानले गरेको लगानी केहि हदसम्म सार्थक भएको भान हुन्छ । करिब दुई हप्ता अघि मात्र को कुरो हो, मकवानपुर स्थित थाहा नगरपालिकाबाट त्यहाको प्राथमिक स्वास्थ्य संस्थाकालागि पाटन स्वास्थ्य विज्ञान प्रतिष्ठानबाट उत्पादित डाक्टरको लागि गरिएको आग्रहले पनि हाम्रा विद्यार्थी र यस प्रतिष्ठानबाट उत्पादित चिकित्सकहरूले समुदायमा एक बिशिष्ट स्थान बनाएको सजिलै अनुमान लगाउन सकिन्छ ।

विगत लाई फर्केर हेर्दा, काम गर्ने क्रममा केहि विद्यार्थी र सहकर्मी प्रति कुनै अप्रिय निर्णयपनि लिनु पर्यो होला । प्रतिष्ठान र प्रणालीको हितलाई सदैव सर्वोपरी राखेर गरिएका ती निर्णयहरू प्रति मेरो कुनै पछुतो वा गुनासो छैन । अन्तमा, यसै लेख मार्फत मलाई संयोजकको भूमिका निर्वाह गर्ने क्रममा सदैव साथ र सहयोग गर्नु हुने यस प्रतिष्ठानका पदाधिकारीज्युहरू, PAHS प्रशासन, विभागीय प्रमुख ज्यू, मेरा सहकर्मी मित्रहरू तथा मेरा प्यारा विद्यार्थी भाई-बहिनीहरूमा आभार तथा कृतज्ञता व्यक्त गर्न चाहन्छु । नेपाली बिरामी र तिनका शरीरमा आश्रित रहेर आर्जन गरेका ती ज्ञान र शीपहरू केहि निश्चित वर्षलाई भएपनि नेपाली माझ आफ्नो सेवा प्रदान गरेर मातृभूमि र नेपाली प्रतिको भार तिर्न हाम्रा विद्यार्थीहरू सफल हुन्, यहि नै मेरो शुभ कामना !



निमा महर्जन  
सिनियर टिचिङ्ग असिस्टेण्ट

## "शिक्षण यात्रामा सामुदायिक घरदैलो कार्यक्रममा भोगिएका जीवन्त अनुभवहरु"

हामी स्वास्थ्य पेशामा आबद्धले आफ्नो अध्ययन अध्यापनको यात्रामा पक्कै पनि घरदैलो कार्यक्रम वा Home Visit गरी विभिन्न त्यस समुदायका स्वास्थ्य सम्बन्धी समस्याहरुलाई पहिचान गरी कयौं जटिलता र प्रारम्भिक अवस्थामा विभिन्न सेवाहरु प्रदान गरिने कुराहरु पक्कै पनि नयाँ वा अनौठो अवश्य होइन, हैन त ?

विभिन्न अनुभवहरुको संगालो जहाँ Home Visit वा घरदैलो कार्यक्रमले गर्दा भोगिएका जीवन्त अनुभवहरु जुन हु-बहु यी पानाहरुमा उतार्न मनलाग्यो । यसो सम्झिदा म कम्प्युनिटि नर्स : आशा हुन्छ, अनि भरोसा पनि । समुदायको वास्तविक समस्या पहिचान गरी विभिन्न समस्याको पूर्व जानकारी दिनु साथै जटिलताबाट बचाउनु । तसर्थ यही मनोसाय लिई आफ्ना विद्यार्थीहरुका साथ घरदैलोमा गई तथ्यांक संकलन गरी समस्याको पहिचान र आवश्यकता अनुसार स्वास्थ्य शिक्षा र कार्यक्रम गरी सोको प्रस्तुतीकरणको क्रममा केही मिठा मिठा जुन शब्दबाट कोर्ने कुनै शब्दै छैन भने केही -अनुभवहरु जुन मनलाई छिया छिया पार्ने कुनै हतियार नै चाहिदैन ।

मिठा अनुभवहरुमा : जहाँ समुदायमा हामी गयौ त्यहाँको जुन माथि प्रस्तुत गरिएको अनुसार कामहरु गर्दा, हामीलाई हजुरहरु आएर स्वास्थ्य समस्या पहिचान हुँदा मेरो छोराछारी, श्रीमती वा श्रीमान, आफ्नो आफ्नो नाताअनुसार सम्बोधन गरी, हजुरहरुले बचाई दिनु भयो । रिफर गरिदिनु भयो । हामीलाई थाहा थिएन, अबदेखि हामी यसरी खानेकुराहरु मिलाएर खान्छौ र साना हाम्रा जुन लालावालाई हजुरले भन्नु र सिकाउनु भएजस्तै गरी सर्वोत्तम पिठो लगायत अन्य स्वास्थ्य सम्बन्धी हेरचाह गर्छौं । "हजुरहरु आइरहुनुस है हामीलाई के थाहा, बस त शहरमा बसेका छौं नि तर के गर्ने हामी धेरै अन्जान छौं यस स्वास्थ्य सम्बन्धी चेतनामा ।" यस्तो उहाँहरुको आग्रह, माया र अबोधपनले मलाई कहिलेकाहीं यस्तो अनुभव हुन्छ कि, साँच्चै रोग लाग्न नदिनको लागि यहीं मेरो पेशा ठीक रहेछ ।

यस्तै गरी म कम्प्युनिटि नर्स, जहाँ प्रत्येक वर्ष विद्यार्थी लिएर घरदैलो (Home Visit) मा जादाँ कतिपय उच्च रक्तचाप, सुस्त मनस्थिति र डायबिटिजका समस्या भएकाले पनि आफूमा चेतनाको अभाव र उपयुक्त रिफरल ठाउँको जानकारी नहुँदा अन्योलमा परेका र औषधी नै नखाई बसेका लागि उपयुक्त ठाउँमा रिफर गरी उपयुक्त स्वास्थ्य सम्बन्धि सरसल्लाह दिँदा सो समुदायका व्यक्तिहरुले अत्यन्त उपयोगी यो घरदैलो स्वास्थ्य शिक्षा अनि तपाईंहरुको समुदाय प्रति सेवा भनि हामीलाई प्रोत्साहन अनि प्रशंसा गर्दा सो दिन साच्चै नै मेरो मन प्रफुल्लित हुन्छ अनि त्यो शब्द यी ... कानहरुमा गुन्जिरहन्छ अनि .... फेरि... फेरि म त्यही शब्दहरु आफ्नो मनले सम्झिँदा एक्कलै हाँस्छु अनि फेरि खुशी हुन्छु ।

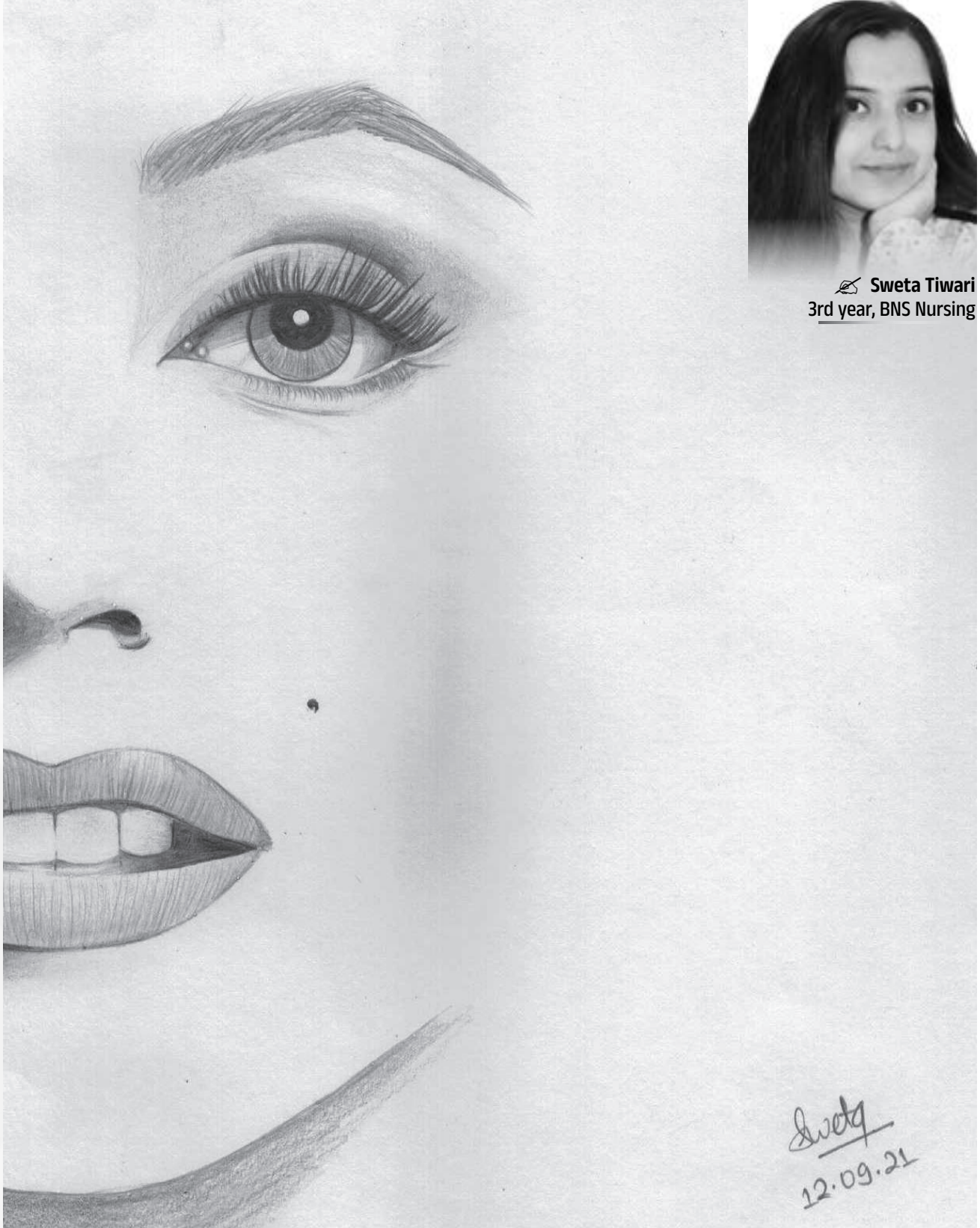
अनि केही शब्दहरु, मेरो मनले छुटाउन चाहिरहको छैन । जुन इन्द्रजात्राको बेला, हामी विद्यार्थीहरु र शिक्षहरु मिलि उक्त रक्तचाप सम्बन्धी नाटक तयार गरी समुदायमा प्रस्तुत गरिएको थियो । जुन केही समय अगाडि समुदायमा स्वास्थ्य कार्य गरिएको थियो । सो अत्यन्त प्रभावकारी भएकोले वडा कार्यालयको मार्फत विशेष अनुरोधमा फेरि इन्द्रजात्रामा सो नाटक प्रस्तुत गरिएको थियो । सबै जनाले सोको यति प्रशंसा गर्नुभयो कि सायदै विचरा त्यो अबोध समाजमा सो सम्बन्धी गहिरो छाप पर्यो कि कुन्नि ... धेरै खुशी ... अनि हौसला ... त्यो दिन, रमाइलो अनुभव, र्खै ... कसरी व्यक्त गरौं.


अब र्खै ? कसरी व्यक्त गरौं ? तीता अनुभवहरु जहाँ समुदायको तथ्यांक संकलन गर्ने क्रममा कुकुर छोडिदिने, सर्भे पेपर (Survey tool) च्याटिदिएको सार्वजनिक पाटीमा बस्दा पनि पैसा माग गरिएको र स्वास्थ्य शिक्षाको क्रममा ढोका लगाएर बाहिर ननिस्किएको जस्ता केही अनुभवले मलाई फेरि केही प्रश्नहरु आफैमा उब्जाई सो प्रश्नको उत्तर खोज्न मन लाग्छ र नमिठो अनुभव हुन्छ । सो प्रश्नहरुमा; कहिलेसम्म हाम्रो हामी यस्तै अज्ञानतामा बाचिरहने त ? कहिलेसम्म ? अनि यस्तै यस्तै....

यसलाई समग्रहमा यसरी व्यक्त गर्न मन लाग्यो । हामी र हाम्रो समुदायमा सर्ने रोग भन्दा नसर्ने रोगको (Non Communicable

Disease) विकराल रूप दिनप्रतिदिन बढ्दो छ । विश्व स्वास्थ्य संस्था का अनुसार विश्वमा बर्सेनि ७४% मृत्युदर नसर्ने रोगको कारणले मृत्यु भइरहेको छ ।

सो विकराल अवस्थालाई न्युनीकरण गर्न प्राथमिक सेवा जस्तै घरदैलो स्वास्थ्य सेवा, शिक्षा र कार्यक्रमलाई विशेष प्राथमिकता साथ प्रदान गरिएमा पक्कै पनि समाज, देश र विश्वको लागि अतुलनीय टेवा पुग्ने छ र सो को लागि कम्युनिटि नर्सिङ्ग अत्यन्त महत्वपूर्ण हुन सक्छ ।



 Sweta Tiwari  
3rd year, BNS Nursing

## Community Posting Diaries

*My first CBLE posting was challenging yet memorable. Without proper halls, we held an FGD, inviting women of reproductive age, but then grandma's team overpowered the young ones. My major takeaway was meeting Laxmi Pariyar, whose story of resilience touched me deeply. Married at just 13, she soon faced pressure to conceive, turning pregnancy into a survival challenge. Despite her condition, she was forced to work in India, washing utensils for minimal wages. "I had no choice," she said, "I was a child myself, but I had to earn." In Kathmandu, she and her husband took any job to survive, driven by hopes for their son's future. Even after delivering a baby girl two years ago, maternity leave was a luxury she couldn't afford. Yet, she is still thriving to facilitate the life of her family. It just melted my heart. I still vividly remember those times and get excited about new challenges.*

*Dikshya Kattel, 14th Batch, MBBS*

*During a community posting in a remote area, we visited a house with two outdoor toilets: one was old, filthy, and smelly, while the other was new and locked. We found out that the poor farmer's family who lived there had faced taunts from the community for their old toilet. Though they wished to improve it, they lacked funds. Eventually, tired of the mockery, the farmer took a loan and, with help from his son's small earnings, built a new toilet. Now, they work hard to repay the loan while managing basic needs. The locked toilet symbolized their pride and struggle, something achieved through sacrifice. This experience revealed to me the immense value even a simple toilet can hold. It's good the community values sanitation, but constructive support for those in need would be a more compassionate approach.*

*Sudha Pandey, 12th Batch, MBBS*

*The first CBLE posting is an unforgettable experience for each and every student of PAHS but it was a thrilling experience for our group. We were posted on Balkhu for our slum posting. The posting itself went very well but on the day of our presentations our file corrupted just before the program started. At the auditorium we were scared to death as all our hard work was about to go down in vain. Then the program coordinator informed us that we were at queue number 4. With an estimated 1 hour of time we started making a new presentation from scratch while the groups before us were presenting. I started dictating the whole presentation and our group member Himanshu started typing at the speed of sound. Just in the nick of time we completed our presentation which went well. Till this day the teachers don't know the heist that we pulled off that day (not anymore).*

*Aditya Shrestha, 11th Batch, MBBS*

*I am BNS student of 3rd year. As a BNS student, I am also a civil servant of Nepal Government. My working background is also community. So, I am so glad to express my experience in community. During my posting one breech delivery was conducted by me. She was primi gravid woman who was under 20 years old. During delivery baby was not cry. Immediately I cut the cord and transferred in resuscitation table. I counted heart rate of neonate. It was 100 b/m. I started resuscitation. I continued the resuscitation process by bag and mask. After 30 minutes neonates breath normally. Immediately I refer him to tertiary level hospital. In this I could save one neonate in a community and I think I also did some effort to reduce neonatal mortality rate of Nepal. So proud of being nurse, being midwives!*

**Rashmi Shahi, BNS 3rd Year**

**-Jay Nepal**

### *"The power of Vocal Anesthesia"*

*During an Incision and Drainage at Dhading Hospital Operation Theater, local anesthesia was given before the procedure began. The patient was a 10 year old child with an abscess on the right foot. As the procedure went on, it got slightly prolonged. As children are, he started crying because he was feeling pain when the anesthesia started wearing off. His cries were echoing through the halls of the Operation Theater. In came the Anesthesia Assistant, a flamboyant character with her bellowing voice. She managed to subdue the patient so well with her bombastic voice and over the top jokes and that the kid literally started smiling and joking before the procedure ended. Without missing a single beat, she comes near me and says, "See the power of Vocal Anesthesia?"*

*Disclaimer: Do not try this method of anesthesia anywhere (Reserved for professionals only).*

**Inesh Khanal, 10th Batch, MBBS**

### **यात्रा माल्टा अनि म भित्रको**

ग्रामिण पृष्ठभूमिकी मलाई माल्टाले आफ्नो सौन्दर्यता बिछ्याई स्वागत गर्यो। यसले मेरो मातृभूमि नै त बिर्साएन तर झझल्को भने मेटाइदियो।

मलाई सरलता र सकरात्मकता सुखी जिवनका पर्याय हुन् भन्ने भान भयो जब मैले गाऊँलेहरूको मलिन मुहारको मिठो मुस्कानभित्र संघर्ष र जिवनप्रतिको सकरात्मकता मिसिएको कथा देखें।

एक सौझ गाऊँ घुम्न निस्कँदा एऊटा घरमा अपांग बुढिआमा र उहाँको जन्मजातै दुर्बल छोरोलाई भेट्यौं जो एकअर्काका साहारा थिए अनि जिऊने आधार पनि। गफगाफ गर्दा आमाले आँखाभरि आँसु पाउँ भन्नुभयो “कहिले काँही मर्न पाए हुन्थ्यो जस्तो नि लाग्छ फेरि मेरो सेखा पछि यसको के होला भन्ने सुताँले साहँ सताउँछ। त्यहि भएर मनभित्रबाट मरे पनि यसकैलागि बाँचिरहेकी छु।”


हामी निस्कने बेलामा दाईले आफुसँग भएमध्यको सबैभन्दा राम्रो लुगामा फोटो खिचाइ यति मरख्व पर्नुभयो कि आफैलाई देखेर त्यति हर्षित हुने मान्छे मैले सायदै देखेकी थिएँ। आमा भने सौझमा आएका देऊता सरह पाहुनालाई खाली मुख फर्काउँन हुँदैन भनि घसारिँदै चिया पकाउँन जानुभयो। त्यो आत्मियता र सत्कारले म भावव्हिल भएँ।

पानी मरिसकेका आँखाहरू भिजाउँदै सुस्वास्थ्यको कामना गरी आमाले हामीलाई विदा गर्नुभयो। कति सरल, अनि भावुक हुन्छन् ति मान्छे जसले जिन्दगीको जतिसुकै कठिन परिस्थितिमा पनि कहिल्यै अरूको कुभलो चिताउँदैनन्।

**Roshni Siwakoti, 13th Batch, MBBS**





 **Kiran Kandel**  
12<sup>th</sup> Batch, MBBS

## Sinus Rhythm

There it lies, my first real piece of medical instrument, not just an instrument, but a symbol of the immense responsibility I've yet to fully grasp. My stethoscope. It sits on my desk, catching the morning light like it's basking in its own importance. When I first unwrapped it, my hands trembled slightly. Not out of excitement, but something closer to reverence. Because this isn't just any instrument; this is the stethoscope. An instrument that has bridged countless generations of doctors and patients in medicine's long history. How many hearts has one like this listened to? How many last breaths? And how many first cries has it welcomed into the world? And now, it sits before me, waiting, perhaps wondering if I'm ready to hear what it has to say.

Imagine the year 1800. The world was dimly lit by candlelight, and doctors entered patients' homes equipped with nothing but their intuition and experience. A fever wasn't merely a symptom; it was the disease. The human body was a mystery box, hiding within its walls of flesh and bone the signs of health and illnesses alike. In those times, diagnosis meant asking questions, relying on what patients described, and, oftentimes, pressing an ear directly to their chest to piece things together. Enter René Laennec. The story goes that, one fateful day, faced with the challenge of hearing the heartbeat of a generously proportioned young lady, he rolled up his notebook into a cylinder and pressed it against her chest. In that moment, the silence of the human body broke open. The heartbeat, the breath; the very music of life, was now clearly audible.

I guess you could say Laennec really got to the heart of the matter. Did I mention that the hospital Laennec worked at was called the Necker Hospital? Laennec. Necker. Perhaps that's why we drape stethoscopes around our necks today, right?

Did Laennec know what he had started? Could he have imagined that his paper tube would evolve into this device that now sits before me? That it would become not just a tool, but a symbol that strikes both awe and anxiety in the hearts of those who wear it and reverence in the hearts of those who don't?

Every morning, I see them in the hospital corridors, the attending physicians, senior residents, their stethoscopes draped confidently around their necks, moving with purpose, their steths an extension of their being. They make it look so natural, so effortless. As if their stethoscopes narrate stories; while mine still fumbles over the first few words. We talk about this sometimes, in whispered conversations in the corridors or over cups of tea after college. How strange it feels to wear this symbol of authority when we're still struggling to tell a normal heart sound from an abnormal one. How we practice draping it around our necks in front of mirrors and cameras, trying to look the part, hoping that somehow the knowledge will also seep in if we just get the angle right. And sometimes, we look at it like it might break us, aware of the gulf between who we are and what it represents. No longer ordinary people, not yet true healers.

The corridors. They have become a strange stage for us where we play both actor and audience. Someone calls out "Doctor!" and I still look around to see who they're talking to before realizing - oh, they mean me. Inside, I'm doing cartwheels of joy, but outside, I maintain what I hope is a professional nod. Though sometimes I wonder what gives me away as a doctor-in-training. Is it the confident stride I've been practicing? Or perhaps is it my rapidly receding hairline? Just yesterday, a patient looked at me with trusting eyes and asked, "What do you hear... doctor?" Doctor. That word hung in the air between us. And I felt my ears turn red under my still-too-new stethoscope. I wanted

to say, "Oh, I'm just a student," but instead, I heard myself mumbling, "Well, I can definitely confirm your heart is beating." which, technically, was the most accurate medical assessment I could make at that moment. Small victories, right? After all, Rome wasn't built in a day, and neither was the ability to recognize a split S2.

I often dream of becoming like Laennec; of making discoveries that will revolutionize medicine forever. Other times, I'd settle for just being able to hear what my professors hear when they press their stethoscopes to a patient's chest. "Listen here," they say, "Can you hear that murmur?" Perhaps I could... if my own heart wouldn't be so loud. Sometimes I wonder if Laennec ever sat at his desk, staring at his invention, feeling the same mixture of awe and inadequacy that I feel sometimes. Of course, his version was basically a fancy paper tube, so maybe he had it easier. At least he didn't have to figure out which way the ear pieces go in. Perhaps the true legacy of Laennec's invention is not just the ability to hear the body's inner sound, but this rite of passage it established. This is the moment when we stand at the doorway of medicine, holding in our hands both an instrument and a symbol, feeling simultaneously anxious and hopeful. Today, we have machines that can think, machines that can see inside our bodies. Yet here we are, still pressing metal tubes against people's chests to hear lub-dub sounds. And somehow, that's still incredibly cool. Maybe it's because metals have low specific heat capacity (I'll see myself out.) Or maybe it's because there's something profoundly human, something meaningful, about the simple act of listening.

For now, it still sits there on my desk, catching the morning light. Some days it feels like a medal of honor, other days like a question mark around my neck. Sometimes I look at it and see all my inadequacies reflected in its shiny surface - every missed crepitation, every uncertain differential, every moment of doubt. But then I remember Laennec with his rolled-up paper, probably just as hopeful, just as uncertain, yet daring enough to listen. That's the lesson, isn't it? To embrace the uncertainty and still press forward, one patient, one heartbeat at a time. So here's to you, my metal friend, a symbol of both my hopes and my fears, you may be just a tube that makes whooshing sounds audible, but you're also a bridge - between science and art, between knowledge and wisdom, between the doctor I hope to become and the student I still am. And as I watch you glow in the light, I realize that perhaps, for now, this place, of hope and fear, is exactly where I need to be.



## तिमीले म बन्नू पर्देन

(पा.स्वा.वि.प्र. स्नातक विद्यार्थी समाजद्वारा आयोजित काव्य संगमः  
चौथो कविता वाचन प्रतियोगिता २०८१ मा तेस्रो स्थान प्राप्त गरेको कविता)

दृष्टि गैरै  
एघारौँ ब्याच, एमबिबिएस

प्रिय छोरी माया,  
हिजो जस्तै लाग्छ,  
तिमीलाई यस धरतीमा टेकाएको  
कति चाँडै पन्ध्र वर्ष बितेछ है ।  
मन त थियो,  
सबै आमाले जस्तै तिमीलाई ती सारा खुसी दिलाउने ।  
तिमीलाई खेलौना किन्दै घर फर्किने,  
तिमीलाई साइकल चलाउन सिकाउने,  
तिमीलाई निडर भएर साथीहरू संग खेल्ल दिने ।  
तर छोरी,  
मैले तिमीलाई पंख दिलाउन चाहें,  
समाजको गिद्धे नजरले मलाई बाँधिरह्यो  
हिजो मात्र स्कूलबाट फर्किदा आँसु बगाउँदै भन्यौ,  
'अंकलले नराम्रो तरिकाले छोए ।'  
तिम्रो आँसुको धार मेरो हारको प्रमाणको रूपमा  
टिलपिल टिलपिल चम्कियो  
म रातभरि सुत्न सकिनँ छोरी,  
ओख्यानमा बेचैन हुँदै कोल्टे फेरिदै गर्दा,  
टुटेको रेकर्डको उही दुखी धुन फेरि बज्ज थाल्यो  
त्यो कालो कोठरिाको  
भयावह भुमरीमा भासिएको रातको

त्यस रात  
मेरो रातो रगतको खोली बग्दा  
सारा सपना टुक्रिएर किरिङ किरिङ झरे  
तिमीले इतिहास दोहोर्याउनु पर्देन छोरी,  
तिमीले म बन्नू पर्देनै  
मेरो गरिबी र अभावको भोक मेट्न  
त्यस बेला जो उपाय पाएँ, मैले त्यही अपनाएँ ।  
वेश्याको पेशा, मेरो आहारको आधार बनाएँ ।  
म बाध्य थिएँ छोरी,  
तिमीले म बन्नू पर्देन ।  
तिमीले मेरा बा को हुन् भन्दै, दाको छोदेर रुँदा  
मैले भाको- नभाको कहानी बनाएर तिमीलाई सुनाउँने ।  
तिम्रो कलिलो उमेरलाई मेरो कहलिलागदो कोलाहलमा  
ढाक्र चाहन्न थिएँ छोरी, म बाध्य थिएँ ।  
हिजो तिमीले रुँदै घर फर्किदा  
मेरो शरीरको कण कणले प्रण लिन चाह्यो ।  
तिमीलाई आफैं दोर्याउँदै स्कूल लाने,  
तर छोरी, बाटोमा तिम्री आमालाई  
घृणाले छेड्ने दृष्टि र तुच्छ शब्दहरूले  
तिम्रो निर्दोष संसार भत्काइदेला

म विवस्ताको बसमा बाँधिँ छोरी,  
म बाध्य भएँ ।

तिमी मेरी इन्द्रेणी हौ छोरी,  
मेरो झरीले रंगहीन बनाएको संसारलाई  
रंगीन बनाउने इन्द्रेणी ।  
तिम्रो लागि मैले ठूला सपना साँचेर राखेकी छु ।

कहीं कहिल्यै,  
कसैबाट सुरक्षित महसुस नगरे,  
तिमी हावाको गति संगै बिलाएर जानु छोरी,  
तिमी भागेर जान् ।

तिम्रो जतन गरेको तनलाई  
कुनै पिशाचले एकै सासमा निलिदिए,  
मै फेरि हार्नेछ छोरी, तिमी भागेर जानु ।

आफ्नी आमाको काम बुझेपछि  
तिमीलाई बदनाम महसुस होला ।  
तिमीलाई यस भयावह दहमा बस्न मन नलागे

तिमी भागेर जानु छोरी,  
टाढा कतै

खुला आकाशलाई घर बनाई  
आँड तानेर सपना सजयी  
तिमी भागेर जानु,

तिमी मेरो अस्तित्वको नयाँ लय हौ छोरी  
मेरो प्रानो सङ्गीतको धुन तोडेर  
आफ्नौ संसारको नयाँ ध्वनि बनाउनु ।  
तिमी भागेर जानु,  
तिमीले म बन्नु पर्दैन,

भुइँसम्मै टेके मैले,  
तिमी टेक्नु धुरी,  
पाखुरीमा ताकत रहेसम्म बोकी हिँड्छु,  
हालेर काँधेकुरी....



## तिमी फर्केर आउँछौ

(पा.स्वा.वि.प्र. स्नातक विद्यार्थी समाजद्वारा आयोजित काव्य संगमः  
चौथो कविता वाचन प्रतियोगिता २०८१ मा चौथो स्थान प्राप्त गरेको कविता)



सुजना भण्डारी  
तेश्रो वर्ष, बि.एन.एस. नर्सिङ्ग

मलाई सबैले भन्ने कुरा उ फर्केर आउला तर तिमी उ सँग  
नफर्किनु उ आउनु अघिनै तिमीले मनको ढोका बन्द गरिदिनु तर  
के ऊ फर्केर आउला र उसको फर्काइको झिनो मसिनो आशमा  
जीवनको गति अघि बढाइरहेकी म त्यसो गर्न नसकौली ।

भनिन्छ जान दिन बहादुरी हो तर जो मेरो कहिल्यै थिएन, जो  
मेरो नै होइन उसलाई कहाँ र कता जान दिऊँ र म

ऊ त खुला आकाशमा उड्ने पंक्षी सरी हो

ऊ त आफ्नो गती नडगमगाइकन बगी रहने पानी सरी हो

ऊ कहाँ कसैको कैदमा बस्छ र खोजेकी पनि त हैन नि उसलाई  
कैद गर्न

तिम्रो सम्झनाको तस्बिरमा मैले साना केटाकेटी जसरी गर्ने  
झगडाका पलहरू कैद छन कि छैनन् होला

हामीले सँगै हिँडेका सडकका पेटिमा हाम्रा पाइलाका डोबहरू  
मेटिए मेटिएनन् होला पानीले बगाएरै लगेतापनि माटोमा हाम्रो  
स्पर्शको छाप भने पक्कै जिवितै होला

तिमीलाई याद छ र, मैले आकाश र जुनका बारे गफ गर्दा  
तिमीले मेरो मुहार एकटक हेरिरहेको अनि तिमीले आफ्ना  
अनुभवका गाथाहरू मेरो अगाडि पस्किदिदा तिम्रा आँखा  
तारासरी चम्चमाएको

तिमीलाई थहा छ हरेक दिनको घाम र साँझको जुन तिम्रै  
पर्वाइमा ढल्छन मेरा तर अर्थहीन र बेबुनियाद ।

तर के ऊ फर्केर आउँछ

अनि जब ऊ फर्केर आउँछ, मेरो हरेक रुप बुझ्ने प्रयास गर्लाति

उसले कता, कता कुत, कुन कुनामा घर बनाएर गएको रहेछ  
भेटाउला त

ऊ फर्केर आएको दिन उसका हातमा फुल नभएपनि  
मेरो लागि झोली भरी सम्मान बोकेर आएको हुनुपर्छ  
म बिचरी लागेर गएको ऊ, फर्केर आउँदा म बहादुर लागेको  
हुनुपर्छ

ऊ फर्केर आएको दिन उसले भने जानदिने कला राम्रो संग  
सिकेर आएको हुनुपर्छ

कुनै दिन तिमी फर्केर आउँदा

कुनै दिन तिमी फर्केर आउँदा मलाई अझ बलियो भको  
देखि खुसी मान्छौ या पिर गर्छौ होला

मलाई अंगालोमा बेरी आफ्ना आँशु झार्ने साहस गर्छौ गर्दैनौ  
होला

तिमी फर्केर आउँदा हामीले हाम्रा लागि बनाउन नसकेको  
घर देखि फेरी इटा हाल्न मेरो हात धान्छ थाम्दैनौ होला ।

मेरा मुटुका थुप्रै कोठाहरूका भित्ता पत्रपत्र भई उकिएका  
छन् के तिमी यसमा रंग लगाउने आँट गर्छौ होला मलाई  
तिमीसँगै तिम्रो त्यो आकाशमा उड्न लग्छौ लग्दैनौ होला

के तिमी फर्केर आउछौ होला र तिम्रो फर्काइको झिनो  
मसिनो आशमा जीवनको गति अघि बढाइरहेकी म  
तिमीसँगै फर्केर नजान आँट गर्न सकउली या नसकौली ।

## नग्नता !!

(पा.स्वा.वि.प्र. स्नातक विद्यार्थी समाजद्वारा आयोजित काव्य संगमः  
चौथो कविता वाचन प्रतियोगिता २०८१ मा दोश्रो स्थान प्राप्त गरेको कविता)



✍ मनोज मुखिया  
बाहौँ ब्याच, एमबिबिएस

अचेल  
सूर्य बिहान उदाउँछ तर अस्ताउँछ बिसिएको छ,  
हिमालको मुस्कान जुन हराउँछ एक साझा अध्यारोको गर्भमा  
अनायासै,  
चन्द्रमाको उज्यालो जो  
कुनै एउटा गाउँको साघुरो गल्लिमा ढिलपिलढिलपिल गर्दै  
लडबडिन्छ,  
आखिर यो सबथोक के हो ?  
एउटा गम्भीर पहाड  
सुटुक्क भन्छ  
यो  
सूर्य  
हिमाल  
र  
चन्द्रमाको नग्नता हो ।  
  
नग्नता ,  
जसको कुनै राष्ट्रको जस्तो निश्चिति परिधी छैन ,  
जसको कुनै एउटा भकुण्डो जस्तो ठेट आयतन छैन ,  
जो कसैलाई कारवा कसैलाई पाखा गर्दैन ,  
साच्चै एक जोर आँखा जस्तै  
छुट्टै नसक्रे साथी हो रहेछ नग्नता : प्रकृति र मानवको ।

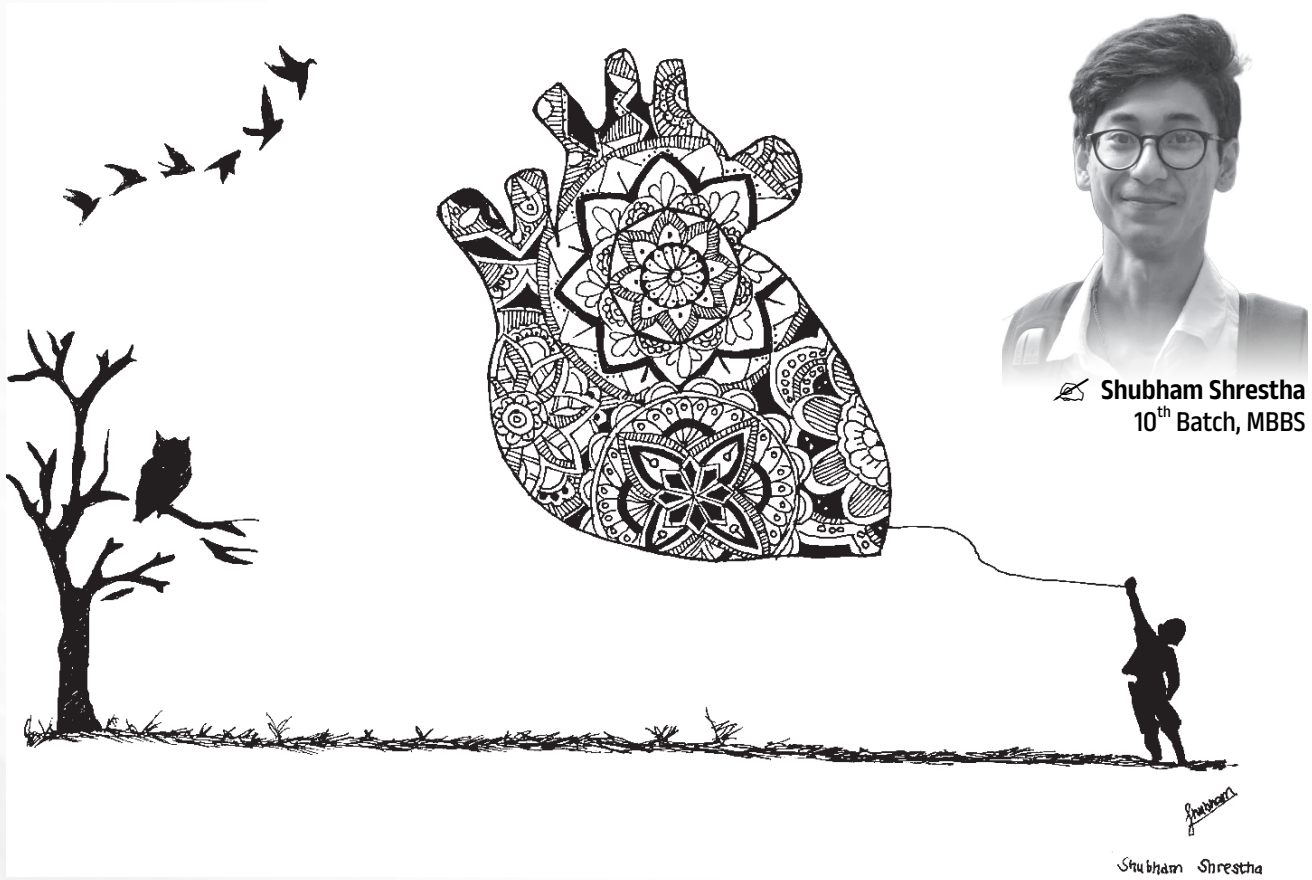
बा भन्छन्,  
मान्छे नडिगाएपछि हो ;  
मानवता तुहिएको तपतप तपतप ,  
जिवनले लय गुमाएको कहिल्यै समतल नसक्रे गरि ,  
कसरी भनौ म  
एउटा मान्छेको आँशुमा अर्को मान्छेले फोर्छ ठुलाठुला  
खुशीका डल्लाहरु  
र निल्लि घुटुघुटु ।  
एउटा मान्छेको आक्रोशमा  
अर्को मान्छे गाउँछ सुन्दर गित  
र  
भन्छ  
यो मेरो संगीत हो ।  
एउटा मान्छेको कलिलो ढाँडमा कुल्चिएर  
अर्को मान्छे चढ्छ सफलताको अग्लो शिखर  
र  
झार्छ बिजयको खोक्रो शान ।  
  
आमा भन्छिन्,  
बाबु  
कुनै ठुलो भुडिँ भएको मान्छेकै लागि ज्यान दिएर  
नाङ्गिएको हो ;  
मेरो रातो टीकाले धपक्क बल्ने निधार ।

छिमेकीकि छोरी भन्छे , आफ्नै बुबाको स्वाभिमान,  
दाइको कर्तव्य ,  
साथीको स्वच्छता,  
नाङ्गिएपछि हो  
उसको आकाशको आकार जत्रो अस्मिता कच्याक  
कुचुक भएको पनि ।

कुनै वियोगान्त प्रेमी जस्तो एक्लो भएको छ इतिहास  
तर  
वर्तमान भन्छ ;  
बलभद्रको बिरता ,  
वेदको शुद्धता ,  
बुद्धको वाणी ,  
गाउँको सरलता ,  
सहरको सहजता ,  
नेताको ईमानदारि,  
माझीदाइको ढुँगा ,

गन्धर्वको सारङ्गि ,  
मुनामदनको प्रेम ,  
बिरामीको भगवान  
अनि  
कविको कविता ,  
सबैथोक नाङ्गिएका छन् ।  
खै अरु सबै नाङ्गिएपछि  
आफ्नोपनको कपडाले  
हराएको अस्मिता ढाक्र सक्छन् कि सक्दैन ?  
तर  
हेर्नुहोस्  
कविको कविता नाङ्गियो भने  
रवि नपुगेको ठाउँमा को पुग्रे हो  
कसैलाई थाहा छैन  
त्यसैले बिन्ती छ  
एउटा कविलाई नाङ्गिन नदिनुहोस् ।

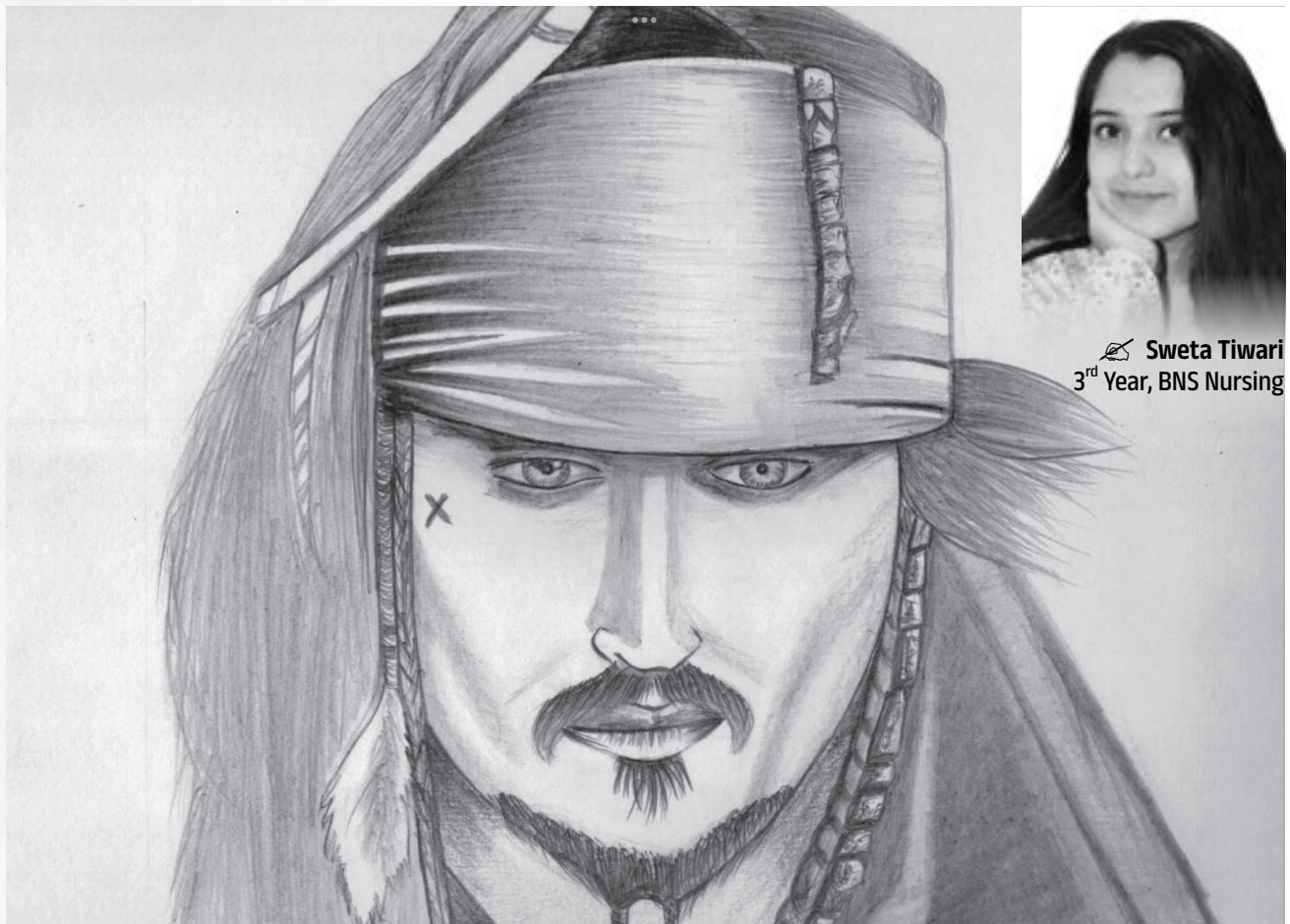





 **Shubham Shrestha**  
10<sup>th</sup> Batch, MBBS

*Shubham*

Shubham Shrestha



 **Sweta Tiwari**  
3<sup>rd</sup> Year, BNS Nursing





Executives of PAHS



Faculties of School of Nursing and Midwifery

# Intregated Basic Science Department



Faculties of Anatomy



Faculties of Biochemistry



Department of Community Health Sciences



Faculties of Physiology



Faculties of Pharmacology



Department of Pathology & Lab Medicine

*Due to some unavoidable circumstances, the photos of the faculties of Microbiology could not be included in this issue. We will sorely miss them and hope to see them in the next issue.*

# Department of Clinical Sciences



Department of Anesthesiology



Department of Dentistry



Department of Dermatology



Department of Forensic Medicine



General Practice- Emergency Medicine



Department of Internal Medicine



Department of Obstetrics and Gynaecology



Department of Ophthalmology



Department of Orthopedics & Trauma Surgery



Department of Otorhinolaryngology



Department of Pediatrics



Department of Psychiatry



Department of Radiology



Department of General Surgery



Department of Neurosurgery



Department of Plastic Surgery

## Staff of PAHS



Account



Biomedical



Diet



Finance, Procurement & Administration



Housekeeping



IT



Kitchen



Lab

## Staff of PAHS



Library



OPD



Patan Private Clinic



Pharmacy



Physiotherapy



Security



Store



MBBS: 9<sup>th</sup> Batch

**First Row:**

Dr. Prince Singh, Dr. Abhay Kushwaha, Dr. Rabi Rimal, Dr. Nischal Joshi, Dr. Raman Aryal, Dr. Salraj Kumar Singh, Dr. Abhay Kumar Patel, Dr. Prashant Kumar Mishra, Dr. MD Imran Ansari, Dr. Shyam Sah, Dr. Ramesh Poudel, Dr. Rahul Thapa, Dr. Nabin Shahi, Dr. Dip Raj Shah, Dr. Saugat Poudel, Dr. Saroj Acharya, Dr. Manikant Thakur, Dr. Sisir Dhungana, Dr. Himlal Karki

**Second Row:**

Dr. Ashish Giri, Dr. Sandeep Bhushal, Dr. Aashish Dev, Dr. Puja Thakur, Dr. Preeti Yadav, Dr. Rashmi Kumari Mandal, Dr. Rajni Kumari Yadav, Dr. Yaman Karki, Dr. Sibal Thapa, Dr. Siddha Raj Bhatta, Dr. Madhu Pandey, Dr. Aashish Poudel, Dr. Kamana Neupane, Dr. Suman Kumar Pandey, Dr. Eliza Rai, Dr. Kiran Shrestha, Dr. Niyanta Poudel, Dr. Seema Devi Shahi, Dr. Shakshi Karn, Dr. Preeti Kumari Sah, Dr. Praveen Jaiswal, Dr. Binita Basnet, Dr. Rahul Jha, Dr. Swechha Gautam, Dr. Sundaram Mahaseth, Dr. Rupak Prakash Jyoti, Dr. Keshav Gaire, Dr. Sagar Adhikari





MBBS: 10<sup>th</sup> Batch

**First Row:**

Riddhi, Aakripa, Archana, Keshu, Shrishta, Alina, Roshila, Sabita, Kamala, Anusha, Aditi, Bharosha, Sangita, Parikshya, Mamata, Anjana, Anjali, Saffron, Sneha, Swastika

**Second Row:**

Mukesh, Nirajan, Inesh, Kushal, Aakash, Prateek, Chiranjibi, Aftab, Adesh, Ankita, Aagya, Shreya, Shitanshu, Riya, Vivek, Dhanendra

**Third Row:**

Jibaran, Tapendra, Amit, Benzene, Priya, Sneha, Sonal, Sangita, Pramila, Bhirkuti, Nikol, Deepak, Pradip, Ankit, Nirmal, Pankaj, Sanjay, Rahul, Suraj, Avineet, Anamol, Shubham, Bibek, Rajesh, Sagar



MBBS: 11<sup>th</sup> Batch

**First Row:**

Suraj, Sudarshan, Drishty, Annapurna, Nikita, Dipma, Ashuka, Aarya, Aastha, Manisha, Pooja, Neelam, Kritika, Chandani, Bhawana, Vivek, Sneha, Nisha, Manju

**Second Row:**

Ravi, Kailash, Niraj, Nischal, Amit, Subash, Kaustuv, Umesh, Aditya, Dibya, Sandip, Crischal, Aaditya, Pushap, Khagol, Adnan, Aayush, Anil, Satish, Mahesh, Krishan, Abhash, Sushil

**Third row:**

Shailesh, Rahul, Salon, Rajeb, Anup, Sunil, Jeevan, Victor, Sushant, Gaurav, Anish, Abhishek, Indra, Himanshu, Abhishek, Bibek, Sarvesh, Ragish, Gyani, Aarati, Bibek, Ashmita.



MBBS: 12<sup>th</sup> Batch

**Third Row:**

Ashish, Rohit, Prince, Aashish, Kiran, Bigyan, Kiran, Sudhir, Udhir, Arbind, Manoj, Pravin, Bhim, Sandesh, Niroj, Suman, Nayan, Samir, Anup

**Second Row:**

Sudip, Adarsh, Kamal, Kiran, Amrit, Deepak, Rupashana, Prabhas, Nischal, Manipal, Sandip, Manoj, Siddhant, Shiv, Pranaw, Yashoda

**First Row:**

Tirtha, Sumana, Sapana, Sunaina, Srijana, Prisma, Ritika, Divya, Riya, Pujja, Bandhu, Arati, Sakuna, Samjhana, Afarina, Sudha, Grishma, Karina, Aditi, Ashika, Khushi



MBBS: 13<sup>th</sup> Batch

**First Row (Left to right)**

Binisha, Aishwarya, Riya, Aarya, Susmita, Sugam, Mansi, Aarati, Sapana, Neha, Abhipsa, Roshani, Kripa, Sadikshya, Sandhya, Sushmita, Pratibha, Sweety, Manju, Urvashi, Saeesta, Rubina

**Second row (Left to right)**

Ajaya, Bandana, Aminath, Diksha, Prakash, Piyush, Bhargav, Prabuddha, Sugam, Dilliram, Mahesh, Samir, Sunil, Pradeep, Chandradev

**Third row (Left to right)**

Roshan, Manjit, Bivek, Sugov, Sujjan, Sameep, Saurav, Bhakti, Adesh, Aashish, Purpachhya, Sandip, Anjan, Yogesh, Rijan, Sadish



MBBS: 14<sup>th</sup> Batch

**First Row:**

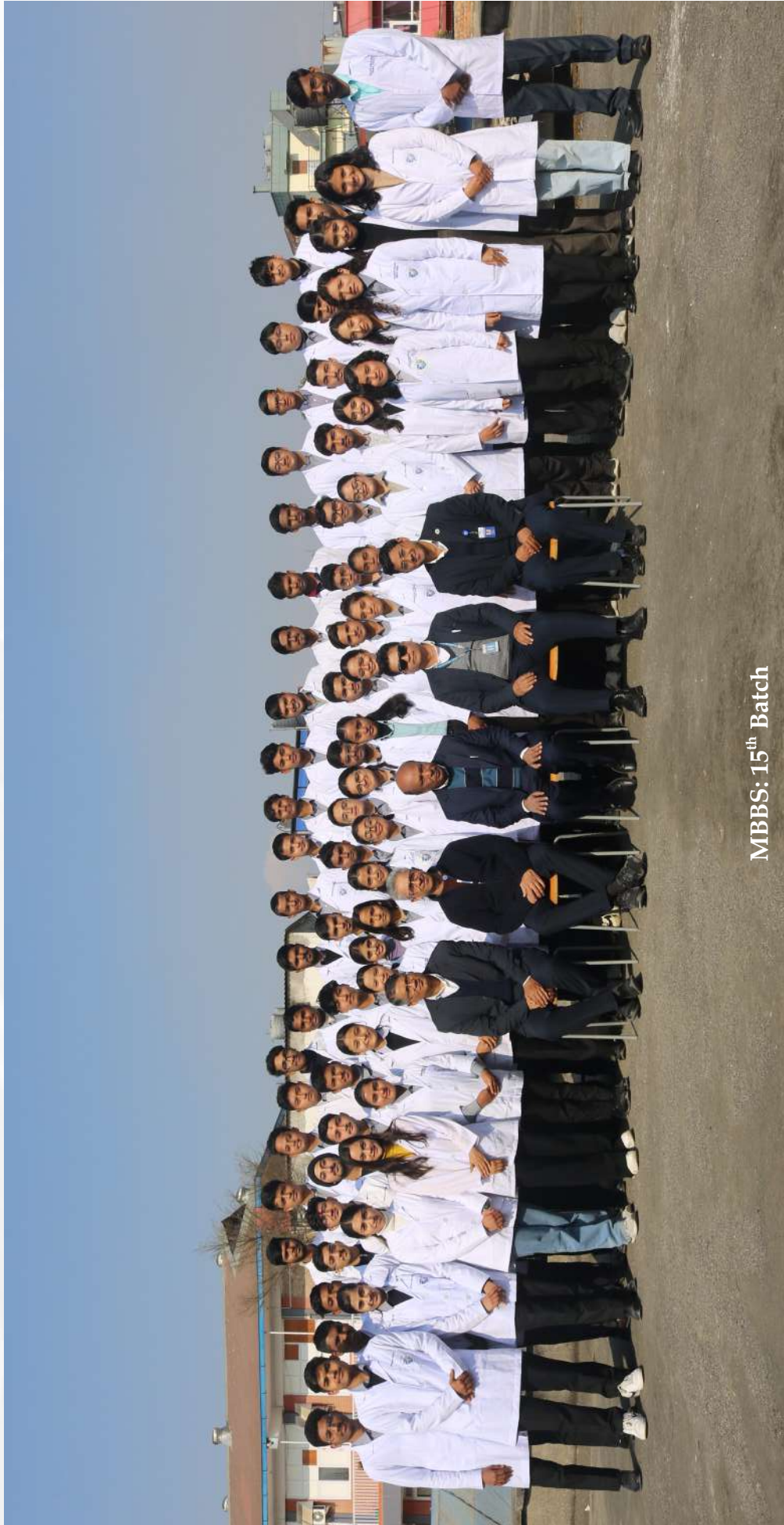
Gaurav, Dayakrishna, Ayush, Malbika, Nikisha, Alisha, Deepa, Dikshya, Sweta, Smarica, Aastha, Laxmi, Nistha, Ambika, Soumya, Ridha, Aarushi, Rajan, Dhiraj, Nabendra

**Second Row:**

Rabi, Bishop, Chandan, Aayush, Sajjan, Kartik, Nandkishor, Himanshu, Manish, Sandeep, sushambhav, Pratham, Pradeep, divyanshu, Binod, Subham, Ankit, Sangken, Dhananjay, Pranav, Ishak

**Third Row:**

Aman, Utkarsh, Aayush, Kiran, Prasis, Anish, Lalit, Nishan, dipesh, Sashant, Sudip, Akash, anubhav, Kailash, sonu, Krishna, Suraj, Rohit, Dipak, Rajkumar



MBBS: 15<sup>th</sup> Batch

**Third Row**

Ujwal, Aman, Sachidanand, Yunish, Aayush, Ajeet, Abishek, Aashish, Sujit, Suraj, Gyansagar, Ashim, Ravi, Sonu, Ranveer, Sirish, Manoj, Sudip, Yogesh

**Second Row**

Kaushal, Nabin, Bimarsh, Gokarna, Sulav, Nishchal, Bibek, Samir, Anish, Rajnish, Saugat, Aakash, Samip, Sanu, Anish, Akash, Mukesh, Bhuwan, Saugat, Asif,

**First Row**

Susan, Pawan, Samiksha, Smita, Bharosa, Aayusha, Ranjita, Diksha, Prakriti, Sabita, Isha, Santoshi, Bibudh, Karuna, Kritika, Nileshwari, Kriti, Sonali, Sumnima, Suwechhha, Parinda, Purnima, Suhana, Saumyaa, Raju



**Bachelor of Nursing Science 3<sup>rd</sup> Year**

**Top Row (First Row)** – Shrishma, Ritima, Ashma, Aastha, Sweta, Homasati, **Second Row** – Ranjana, Sarita Panthi, Tara, Rasho, Ranjita, Rachana, Ankita, Muna, Fulmaya, Nitu, Susmita, Usha Shah, Ishwori, Sikha, Anisha, Ashmita, Krishna, **Third Row (Bottom Row)** – Samjhana, Sarita Katel, Arya, Sushmita, Pujan, Sudikshya, Preshma, Anjana, Prajapati, Pramila, Usha Mahato



**Bachelor of Nursing Science 2<sup>nd</sup> Year (Old)**

**Front row :** Samriddhi, Asmi, Anu, Sanji, Nikita, Manisha, Ayastha, Archana, Punam, Anisha, Pabitra, Sojana, Subina **Middle row:** Pratisha, Puja, Reshma, Anjila, **Back row :** Amikshya, Khema, Chhahari, Kalpana, Dhana, Esha, Rojina, Manisha, Monika, Nitura, Kamana, Pooja, Alina, Sapana, Ritu, Lizala



**Bachelor of Nursing Science 2<sup>nd</sup> Year (New)**

**Front row:** Anjali, Rakshya, Sangita, Asmita, Anjali, Bhima, Simran, Laxmi, Prekshya, **Top row:** Srijana, Ganga, Srija, Jasmine, Roshani, Amisha, Chandra, Shradha, Rakshya, Priyanka, Sabita, Sangam, Srijana, Arika, Trisana, Subhanu, Abhilgail, Mega, Manisha, Sajana, Anita, Ranjana, Laxmi, Sarswati, Nikita



**Bachelor of Nursing Science 1st Year**

**Front row :** Sara, Parbati, Shikha, Pramila, Anu, Roshni, Maya, Sushila, Sanu, Manisha, Niruta, Sita, Sarita, **Middle row:** Alina, Susan Ma'am, Rashmi Ma'am, Shova Ma'am, Sheetal Ma'am, Pramila, Dina, **Top row:** Ishwori, Sarala, Sarita, Simana, Tripti, Urmila, Shreestee, Babita, Kanchan, Archana, Susmita, Ranjana, Kalpana, Samikshya, Riti, Arati, Kamala



**Bachelor in Midwifery Sciences 3rd Year**

**Left to right name list:** Mahima, bijaya, Rupa, Aashista, Puja, Shanti, Ayushma, Manisha



**Bachelor in Midwifery Sciences 2nd Year**

**Last row :** Sushmita, Lalita, Pooja, Prativa, Miju, Sudikshya, Bipana, Gita, Anjana, Sushila, Sabina, Anisha, Bishnu Maya, Rooje





Bachelor of Science in Nursing 4<sup>th</sup> Year



Bachelor of Science in Nursing 3rd Year

**Front row :** Ruby, Sabina, Aayusha, Dipshikha, Kabita, Divya Laxmi, Rushma, Mitra, Subina, Puja, Soniya, Barsha, Samikshya, Aayushma, **Middle row:** Himani, Diya, Seema, Sadikshya, **Last row :** Alish, Subina, Kamana, Ashika, Nikita, Rita, Alisha, Anjali, Nika, Divya, Sneha, Anima, Sumina, Vishakha, Hema, Menaka, Priya, Sanisha, Rachana, Riku, Rajesh



Bachelor of Science in Nursing 2nd Year (Old)

**First row :** Ichchha, Aakanshya, Kritika, Archana, Rabina, Prakriti, Kanchan, Rojita, Prasansa, Niru, Ishani, Niharika, Kabita, Rustam, **Second row:** Chadani, Neelam, Roshani, Erika, **Third row:** Aakarti, Laxmi, Rachana, Kashish, Radhika, Sabitri, Juni, Amisha, Sirisa, Sirina, Bhawana, Saluja, Durga, Bonita, Alisha, Trilochana, Nikita, Priya, Prashreesha Thapa, Ashmita, Sunainya



**Bachelor of Science in Nursing 2nd Year (New)**

**Front line:** Binita, Jashmin, Sabita, Shriyasha, Sangya, Renu, Tej, Rejina, Neera, Anisha, Dilasha, Nikita, Madhuri, **Middle line:** Samjhana, Amrita, **Last line:** Bhumika, Arju, Jasmine, Bhumika, Ranjana, Soniya, Reeve, Usha, Monalisha, Roshna, Sumita, Alisha, Reebina, Shreeya, Anjali, Akanshya, Manisha, Pasang, Manika, Chiniya, Shobha, Shrinkhala, Ritika



**Bachelor of Science in Nursing 1st Year**

**Front row:** Asmita, Roji, Radhika, Grishma, kavya, Ribha, Ayushma, Pabina, Bibhuti, Dina, Vanshika, Shristi, Sneha, **Second row:** Roja, Bipisha, Aashika, Adina, Aayushma, Dawa, Sandhya, Sapana, Isha, pratiksha, Sushila, Helen, Dipsikha, Dicha, Anuska, Dikshika, Sharmila, **Back row:** Anu, Deeya, Rejina, Himita, Ashma, Seema, Nischal, simrika, purnima, Anisha, Jasmine, Asmita, Shreeya, Subiksha, Shreya, Sadhana, Sangita, Preety



**Skill, Speed, & Spirit Collide on the Futsal Ground**



13<sup>th</sup> Batch Assemble - Fresher's party



Winner Winner Chicken Dinner ! -PUBG Tournament



Kistfest - Cricket Competition



Blood Donation Program



Art Competition



*Poetry comes alive with recitation:  
Poem Competition*



*Celebrating the unsung heroes who make  
healthcare possible- International Nursing Day*



*Art speaks louder than words: Poster Competition*



*Extempore Competition*



*Health Camp*



*PAHS Futsal Tournament-2081*



*Futsal: Fast Feet, Fierce Game*



*World Environment Day*



*From Everest to PAHS: An Experience Sharing*



*Welcome & Farewell*



*Autism Awareness*



*Research Writing : Less Confusion, More Conclusion*



*PAHS Futsal Tournament-2081*



*Participation in IOM Mini Olympics*



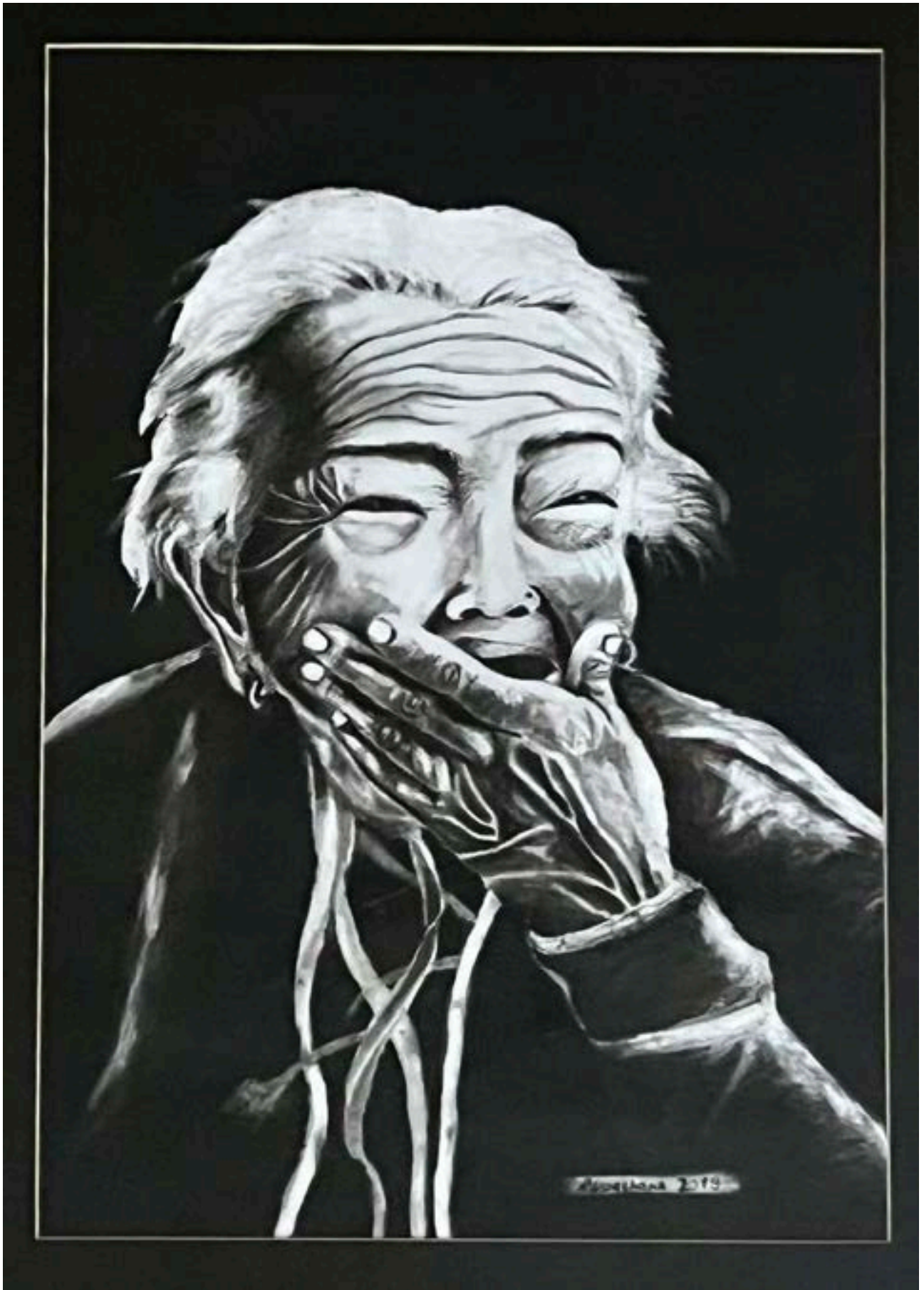
*Health Camp at Manav Sewa Ashram*



*Kist Fest 2081 (Football Winner)*



*Sports Week-2081*



Artist  
Rupashana Maharjan



**Dear Readers,**

***The Symphony - Issue V is a celebration of the creativity, talent, and voices of the Patan Academy of Health Sciences (PAHS) community. This issue brings you a vibrant mix of articles, stories, interviews, and artwork, capturing the essence of the year at PAHS and the unique experiences of our students, faculty, and staff.***

***Beyond academics, The Symphony reflects the diverse perspectives, challenges, and triumphs that shape our journey at PAHS. It is a space where thoughts meet expression, where knowledge blends with creativity, and where every contribution adds to the symphony of our shared experience.***

***We hope you enjoy exploring these pages, finding inspiration, joy, and a sense of connection along the way.***

**Happy Reading!**

Scan to see our website

