

The Symphony

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PATAN ACADEMY OF HEALTH SCIENCES UNDERGRADUATE STUDENT SOCIETY



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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.



डा. सुधा गौतम
मन्त्री
स्वास्थ्य तथा जनसङ्ख्या मन्त्रालय
रामशाहपथ, काठमाडौं, नेपाल



Dr. Sudha Gautam
Minister
Ministry of Health & Population
Ramshapath, Kathmandu, Nepal

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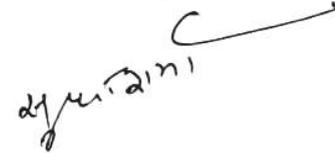
शुभकामना

पाटन स्वास्थ्य विज्ञान प्रतिष्ठानको १८औं PAHS दिवसको अवसरमा स्नातक तह विद्यार्थी समाज (PAHS-UGSS) ले "The Symphony" पत्रिकाको छैठौं संस्करण प्रकाशित गर्न लागेको जानकारी पाउँदा खुशी 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 सजृनशीलता, नविनता र विविध प्रतिभा मार्फत चिकित्सा क्षेत्रको थप विकासमा योगदान पुऱ्याउनेछ भन्ने विश्वास 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 मिलोस भन्दै "The Symphony" वार्षिक पत्रिकाको छैटौं संस्करण प्रकाशनको सफलताको शुभकामना तथा अध्ययनरत सम्पूर्ण विद्यार्थीको उज्ज्वल भविष्यको कामना गर्दछु।
धन्यवाद।

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डा. सुधा गौतम शर्मा
मन्त्री



MESSAGE

from

VICE CHANCELLOR

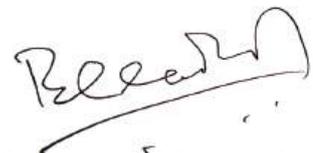


It gives me great pleasure to share a message for this sixth edition of *The Symphony*, a vibrant reflection of your talent, creativity, and dedication beyond your academic commitments and professional duties. *The Symphony* has always been a student-led magazine, and I firmly believe that an institution like PAHS truly comes alive when students take ownership of ideas, reflect thoughtfully on their experiences, and express their perspectives with confidence. This magazine stands as a fine example of that spirit. As in music, the impact of the health sciences reaches its fullest potential when diverse voices work in harmony. Each article, reflection, and idea you contribute to this volume, while valuable on its own, becomes far more powerful when combined with others. I encourage you to listen to one another, respect differing perspectives, and strive for a balance between science, compassion, and creativity. When these elements come together, *The Symphony* can resonate far beyond these pages and inspire

meaningful change in the lives we serve.

I believe the articles published in this volume beautifully highlight the unique blend of science and art within medicine, capturing the human stories behind illness, suffering, and healing. I am confident that these pages—rich with captivating poems, memoirs, stories, and personal reflections—will be filled with inspiration, insight, and a sense of connection that resonates deeply with readers, making this edition a truly special and memorable read.

My sincere thanks go to everyone who has worked tirelessly to make this edition of *The Symphony* possible.



Prof. Dr. Buddhi Prasad Paudel

Vice Chancellor

Patan Academy of Health Sciences



MESSAGE

from

RECTOR



It is with great pleasure and pride that I am writing this message in recognition of the students' creative initiative, beyond academics.

Life years can never be captured within the walls of the classrooms, stacks of books and high valued degrees, as human minds have no limitations and feelings understand no boundaries. We all know that life is a blend of emotions, feelings, responsibilities and aspirations, and at different times and phases one over powers the other. To keep a nice balance and remain stable and focused we need healthy outlets and expressions. Creativity in the form of writing and art are some of those mediums through which one gets to know oneself and the life better which makes him/her a better person with the ability to feel, empathize and understand people and their sufferings, making the person a complete human

being. I believe each of the creative pieces in this magazine tells us a story of such human being in making.

The coordinated team effort behind this magazine calls for a huge applause and I wish 'Symphony' as the name suggests, will continue to entertain the audiences with its creative and meaningful compositions and will continue to stand as the voices of the students that enquire, inspire and lead the generation.



Prof. Dr. Shrijana Shrestha

Rector

Patan Academy of Health Sciences



MESSAGE

from

Registrar



I extend my heartfelt congratulations to Team Symphony and everyone involved in the release of the new issue of The Symphony. I offer my sincere gratitude to the contributors from the medical fraternity who generously devoted their time and shared their inner reflections through this literary journal—an exceptional and inspiring initiative.

In a discipline rooted in science and precision, your dedication to literature demonstrates a profound understanding of the human experience that lies at the very core of medicine. By giving space to creativity, reflection, and empathy, this journal gracefully bridges the art of healing with

the power of words. I commend your vision, commitment, and collaborative spirit, and wish The Symphony continued success in nurturing thoughtful, compassionate, and well-rounded medical professionals.

Thank you all for your continued dedication, and may this inspiring endeavor continue to flourish.



Prof. Dr. Paras Kumar Acharya

Registrar

Patan Academy of Health Sciences



MESSAGE

from

Dean, School of Medicine



Symphony—born of the harmonious collaboration and collective efforts of the undergraduate medical students of PAHS—stands as a reflection of the values central to health sciences education. It serves as an invaluable platform for nurturing active learning through engagement, critical thinking, thoughtful writing, and an appreciation of the human dimensions of science and medicine among both students and faculty alike. It is with great pride that I commend the editorial team and all contributors of Symphony for successfully compiling the sixth edition of this magazine, which continues to embody the intellectual curiosity, creativity, and social consciousness of our students. The discipline, perseverance, and collaboration required to bring this publication to fruition mirror the very qualities expected of future healthcare professionals—

commitment, precision, teamwork, and integrity. I encourage our students to continue striving for excellence in both scientific rigor and humanistic insight, in alignment with the mission and vision of PAHS. May this edition of Symphony inspire meaningful reflection, foster academic growth, and amplify informed voices capable of shaping healthier communities.

Once again, I extend my sincerest appreciation to everyone involved in this edition of Symphony and convey my best wishes for a successful publication.



Prof. Dr. Nabees Man Singh Pradhan
Dean, SOM



MESSAGE

from

Dean, School of Nursing and Midwifery



It gives me immense pleasure to share a message for *Symphony*, a magazine that truly reflects the spirit of collaboration, creativity, and youthful energy among our undergraduate medical and nursing students.

Symphony stands as a testimony to what is possible when future doctors and nurses come together—not only in clinical settings, but also in thought, expression, and shared vision. The articles, reflections, and creative works presented here highlight intellectual curiosity, social responsibility, and a deep commitment to human healthcare.

As a nursing dean, I strongly believe that the foundation of quality healthcare lies in inter-professional respect and teamwork. This

magazine beautifully mirrors that belief by creating a common platform where medical and nursing students learn with, from, and about each other. I commend the editorial team and contributors for their dedication and thoughtful effort. May *Symphony* continue to inspire innovation and unity, and may it encourage you all to work in harmony for the betterment of patients and communities.

With warm regards and best wishes for continued success,

Prof. Shanti Awale (Maharjan)

Dean, School of Nursing and Midwifery

Forewords



Greetings and warm wishes,

It is a privilege to share a few words through the esteemed edition of VI Symphony from Patan Academy of Health Sciences, Undergraduate Student Society. The publication stands as a mirror of our academic community, bringing ideas, creativity, and dedication together under one roof.

I extend my sincere appreciation to the editorial team whose tireless efforts have truly gone the extra mile. Your commitment and perseverance have laid the foundation for a publication that speaks with clarity and purpose.

To all contributors, thank you for stepping forward and lending your voice. Your work has added depth and perspective to these pages, proving that many hands make light work when guided by shared passion and vision.

I would like to acknowledge our sponsors and

supporters, whose continued encouragement has played a key role in turning aspirations into achievements. Your trust and support have helped us keep the wheels turning and move confidently in the right direction.

As you turn these pages, may this edition of Symphony spark thoughtful reflection and inspire fresh ideas. Let us continue to raise the bar, support one another, and work hand in hand toward a future marked by excellence.

With warm regards

Manisha K.C.

President

PAHS,UGSS.



WORDS

from

THE COORDINATOR



I still remember the day when I first heard about The Symphony. It was at a time when I had just joined medical school and was unsure about what the future held in store.

In the year leading up to medical school, I recall through lockdown, a dark cover had descended over humanity. It shrouded me in darkness, and I looked for ways out. With time, a small sprout of hope pierced through it, seeking the sun. It was my daily blogs, where the tumult and turmoil that boiled within could find notes of their own, to make music, which if not always pleasant, was original and mine. I see parallels with the Symphony, where notes and melodies from all the hands and hearts across PAHS, come together as an orchestra that speaks of the struggles and joys that make us human. Music which is original and collectively ours.

Naturally, I jumped at the opportunity. Through the years as an editor and even from

the administrative perspective of the student society, I have learned to cherish the hallowed establishment that is The Symphony, and am proud to be its coordinator, as my time at PAHS as a student comes to its twilight.

Congratulations to the entire team behind this sixth edition – this symphony was not without its rehearsals, missed beats and days that were off-key. The important thing is the team stuck together, for us to deliver our most heartfelt crescendo.

Dear reader, I am honoured to present –
Symphony Edition VI

Aaditya Rimal
Coordinator
Symphony VI



WORDS

from

THE COORDINATOR



Greetings fellow readers,

As I sit down to write this, I find myself suspended in a familiar deliberation. Should I speak of the immense gratitude I feel for this opportunity, or should I admit, perhaps a little more candidly, how profoundly exhausted I am at this very moment? The truth, I suspect, resides somewhere in the interstice. It almost always does.

When I look back, I remember being part of the editorial team for the fourth issue; earnest, wide-eyed, and learning on the move. There was a version of me then who advanced with more conviction than experience, propelled by a great deal of enthusiasm and a quiet audacity. From that point to now, the trajectory feels almost cyclical, if not gently ironic: from editor, to Editor-in-Chief for the fifth issue, and finally, to Coordinator for the sixth.

Somewhere along the way, Symphony ceased to be merely a magazine. It evolved into a space of belonging, growth, and quiet persistence. A part of me belongs to it, and a part of it, if I may say so, belongs to me. Between drafts and deadlines, revisions, emails, Google Forms, and far too many

open tabs, something enduring took form.

This journey was never solitary. It was shaped by an exceptional editorial team, by authors who entrusted us with their words, by readers who animated those words with meaning, and by everyone who believed in what Symphony could become. For all of this, I carry an abiding sense of gratitude.

As the Coordinator, I am pleased to welcome you to the sixth issue of Symphony. I hope these pages offer you pieces that linger, ideas that provoke, emotions that resonate, and words that feel both intimate and enduring.

Thank you for being here. And thank you, above all, for being part of Symphony.

Signing off, as I close my final chapter with Symphony. May yours continue beautifully.

Regards,

Ritika Shrivastab

Editor-in-Chief, The Symphony V
Coordinator, The Symphony VI

WORDS

from

VICE COORDINATOR



“Some journeys don’t just teach you skills, they quietly shape who you become.”

The first thought that clicked in my mind when I heard about Symphony was simple yet exciting “The annual magazine of Patan Academy”. Being a part of Symphony felt interesting and meaningful from the very beginning. My journey started as an editor in Symphony V, which was my first experience working on a magazine. I loved photography, videography, and editing, but Symphony taught me something far greater, how a magazine is not just edited, but built. It is a whole book, one that the entire Patan Hospital would read, reflect on, and remember. That realization made the experience truly special.

Now, standing here as the Vice Coordinator of Symphony VI, I look back at the past few months as a complete rollercoaster, challenging, overwhelming at times, yet deeply rewarding. These moments will always remain some of the best memories of my college life. The transition from editor to vice coordinator felt like turning a new chapter in the same book, filled with responsibilities, leadership, and growth.

Working as a vice coordinator and executive member for this issue has shaped me in ways I never expected.

Amid the stress, deadlines, and the constant struggle to balance studies with Symphony work, every effort proved fruitful. Each moment spent in Symphony, as I recall now, feels incredibly rewarding. I wasn’t just working, I was learning, growing, and evolving.

I am truly grateful for the opportunities I received while working as a Symphony Vice Coordinator. I believe these experiences will help me in one way or another in the future. And today, I am beyond ecstatic to present Symphony VI to all of you.

My heartfelt thanks to my fellow coordinators, editors, and everyone who contributed their time and effort to make this possible.

Lastly, this is not the end, it is the beginning of something beautiful.

Regards,
Laxmi Gurung
Vice Coordinator
The Symphony VI



WORDS

from

EDITOR-IN-CHIEF



Editing The Symphony VI felt a lot like the magazine itself: curious, occasionally chaotic, and unexpectedly rewarding. There were days of excitement, days of learning something entirely new, and yes, the rare moment of boredom (very rare, I promise). Mostly, though, it reminded me how much there still is to learn and how much of that learning comes from the people around us: seniors, juniors, friends, and authors who bring their own perspectives into the mix.

This issue is a collection of voices, ideas, and imagination of the minds of PAHS. You'll find creativity in many forms, opinions that make you pause, crafts that deserve attention, and stories that might otherwise go unheard. With new and revised superlatives and a spotlight on our unsung

heroes, this edition is our way of celebrating the people who make this space what it is.

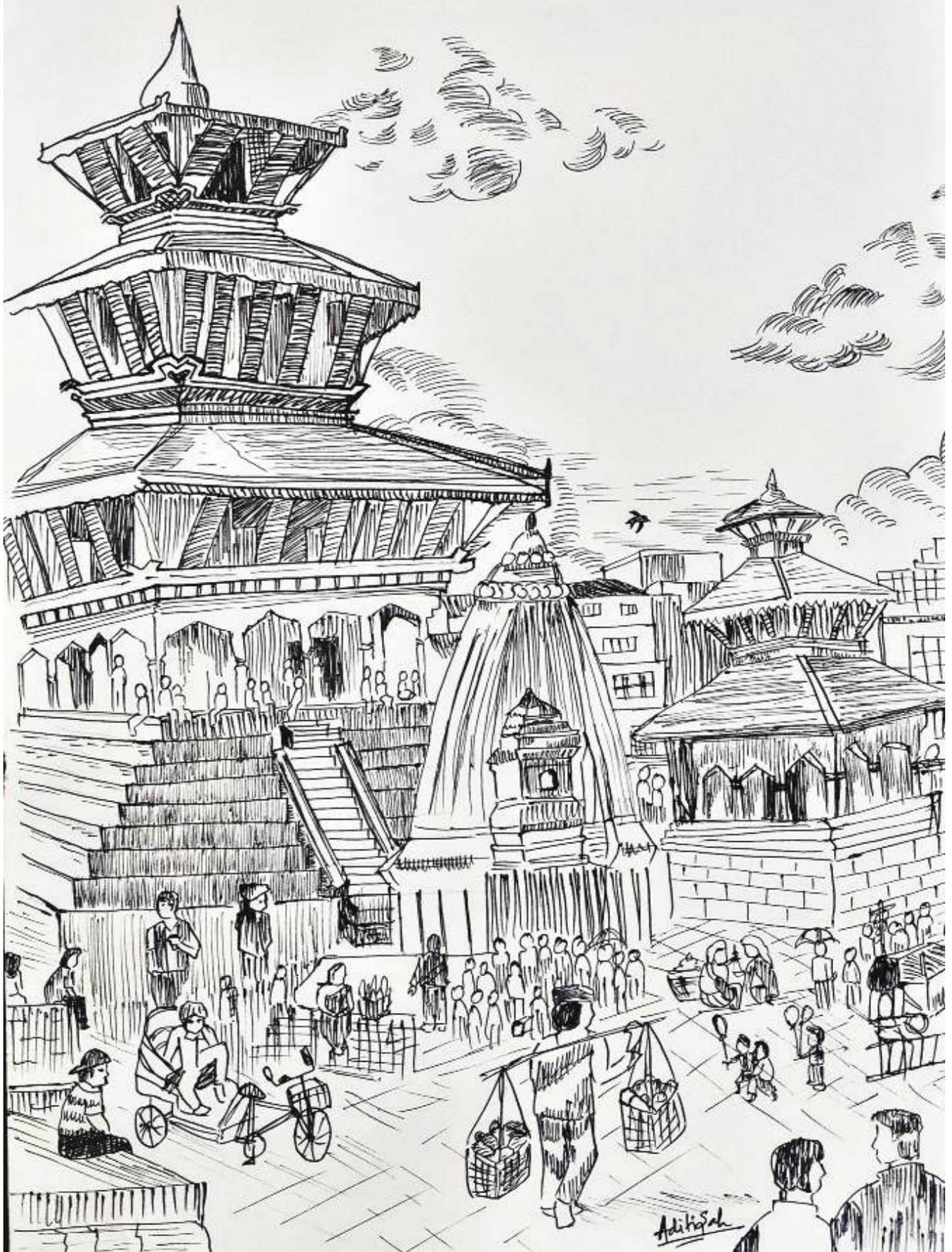
I'm deeply thankful to the editors, writers, artists, and our sponsors, whose time and effort turned scattered ideas into these pages. The Symphony has always been about creating something together and this issue is exactly that.

I hope you enjoy exploring it as much as we enjoyed putting it together.

Warm regards,
Neha Chaudhary
Editor-in-Chief
The Symphony VI

Aditi Sah

12th batch, MBBS



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Superlatives (No spoilers. Scroll... we mean, flip.)

Stock market and my journey so far: why it's the best side hustle that you can do as a medico!



Aayush Niraula
11th Batch, MBBS

My journey started after year 2020, the covid era, the era of dawn which claimed many lives and what not. However, because of nationwide lockdown, something positive came out for stock market.

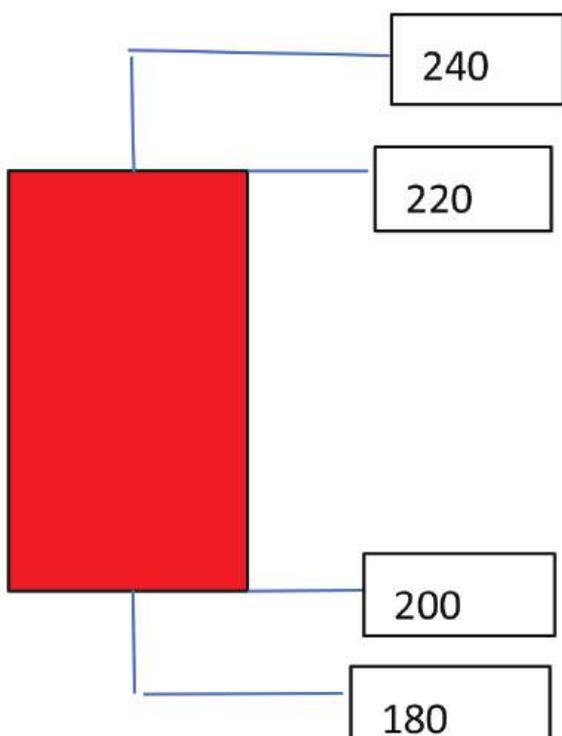
Ok, let me start this article with one confusing question, is money everything? Well, there should be so many opinions about this, but I would like to state my opinion with an experience of mine! I used to travel to my college in a public microbus while I was in high school. Not that I didn't enjoy it at that time but what I didn't enjoy was the toll it took on time and struggle to get enough space to stand as it was usually crowded with people more than its capacity. I used to reach home usually after an hour or so, completely exhausted with no willingness to study or do my work. Time travel to the current scenario where I have my own bike, takes 15-20 mins to reach my college at my own pace, very comfortable and along with that I enjoy the ride. With this, I have adequate spare time and have more time to enjoy, become more efficient in doing my everyday task and what not. So, money does matter to some extent in my opinion but it definitely is not everything!!!! Now let's get to the point because getting swayed by emotions won't get you anywhere (especially if its stock market lol). Stock market is an amazing place to make passive income (the one where you sleep and the money is being made, if you took the

right trade that is!) and in my opinion is a must learn skill for all the medicos. We start earning at a pretty late age and we better have a skill where we don't have to participate actively in order to make money because let's be honest no one wants to work extra hours for extra cash after a tiresome day of seeing so many people in your workplace.

My journey started after year 2020, the covid era, the era of dawn which claimed many lives and what not. However, because of nationwide lockdown, something positive came out for stock market. For the first time ever in 2021, our country had a fully automated online trading platform for trading shares and physical trading was completely stopped. Till then people used to buy and sell shares by manually visiting the broker office or by giving a call to their broker (there is a scene in wolf of wall street showing this if anyone has watched it!). This was the time when I started to develop interest in financial market. Now there are basically two ways of approaching this market, one being fundamental analysis and the other technical. There is always a debate between who is right and who is wrong between the two (better learn both and

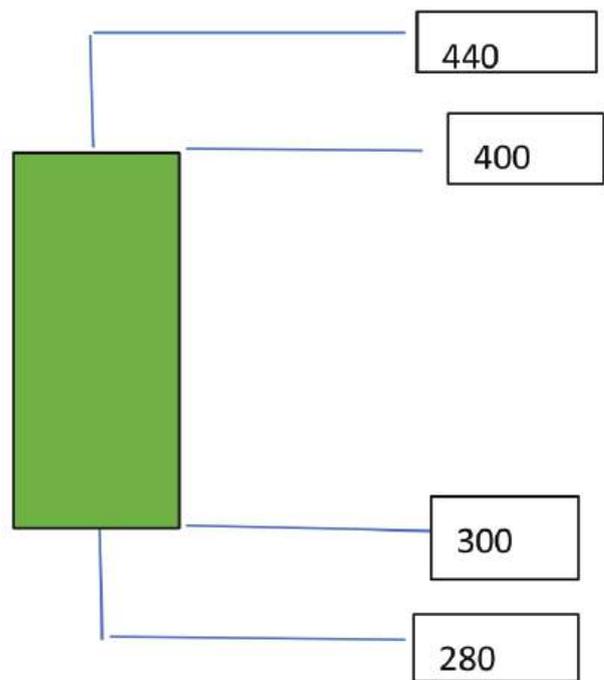
apply it if you can!) Fundamental analyst looks for the profit and loss statement, balance sheet and financial ratios of a company. Technical analyst looks for price action and volume in the chart. Basically, you choose which company to buy using fundamental analysis and choose the price at which you will buy and sell with technical analysis. Now talking about technical analysis, which I have started understanding through many watch hours of YouTube videos, courses, books and looking at the charts of course, there are these candles i.e. red and green. In red candle opening is at top and closing is at bottom. So, let's say if a company traded at an opening price of 220 (it means the company traded at this price at exactly 11 am i.e. when the market starts in Nepal) and closed at a closing price of 200 for the day and let's consider 240 as the highest amount the price traded at and 180 as the lowest amount the price traded at for that day, below candle represents the overall price movements during the day.

Similarly in green candle, opening is at bottom and closing is at top. So, let's say if a company traded at an opening price of 300 and closed at a closing price of 400 for the day and let's consider 440 as the highest amount the price traded at



and 280 as the lowest amount the price traded at for that day, below candle represents the overall price movements during the day.

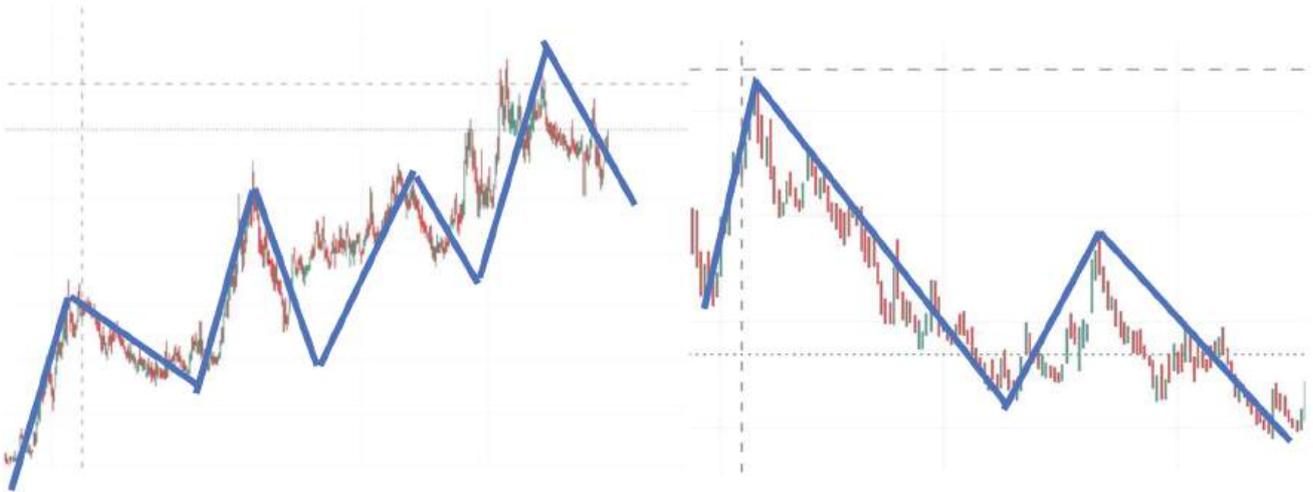
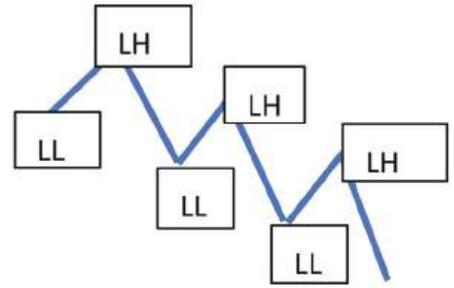
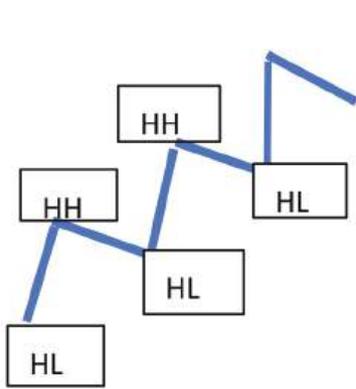
Now we look at these candles and see in overall if they are making higher highs(HHs) and higher lows(HLs). If that is the case the market is in bull run (it comes from the fact that a bull attacks from down to top, so the bull run means market



making HHs and HLs, crazy right!) Similarly, if the market is making lower highs(LH) and lower lows(LL) the market is in bear run (again comes from the fact that bear uses its paws from up to down, again crazy!). Or, the market could be in sideways or range bound. I have put all these into perspective with sketches below!

Not the textbook example but we can see the price making higher lows and higher highs so it's a bullish trend in the left pic and lower highs and lower lows in the right pic.

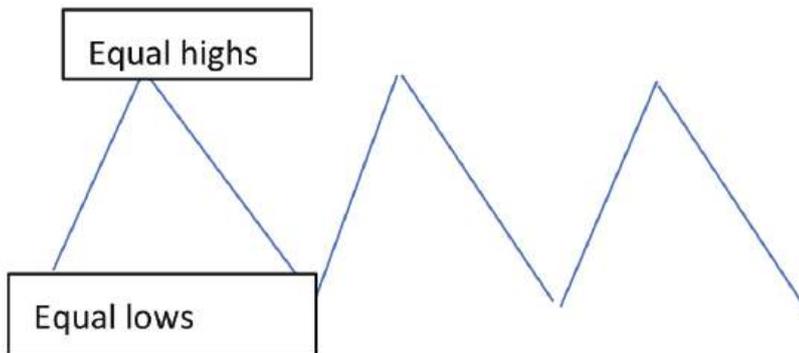
Similarly, a range bound market would look something like this!



This was N index in consolidation before the breakout of 2200-2300 zone happened!

Now, there is a very popular notion in trad-

ing world named "Trend is your friend" which means go long (going long means buying!) when the primary trend is a bull trend and go short (sell



first at a higher price and buy back later on at a lower price) when the primary trend is a bear trend. Since, we don't have a short selling system in Nepal yet, we only make money when the market goes up. Now what is this primary trend? Well, it's the trend of the stock or index in a larger timeframe or a bigger timeframe (could be monthly, weekly or daily depends on the kind of trader you are!). There are secondary market trends within those primary trends as well and we need to have a thorough understanding of all these trends (in different time frame) if we want to be successful in the world of trading. Basically, to break it down, we need to buy at higher low and target selling a company at higher high so we can realize the profit and get that capital to catch the next move. We look at the overall index first, analyze the sector under it and choose a company to buy under that sector. We correlate these different indexes to increase our chance of success. For example, let's say NEPSE is now at lower high, now we find the sector which is at a lower high and similarly the stock under that sector which is at lower high and buy it with a plan to sell it at higher high. Now, does this sum up the entire technical analysis? Not at all. This is just the tip of ice berg and I just wanted to sensitize those who are really interested in this, but you can definitely learn this skill (just like any other skill) if you put your mind and energy into it (Hell yeah!!!!).

Before wrapping up this article, I would like to list out my few successes that I have had so far trading in NEPSE which should be enough to push those who are really passionate about this! Like I said, it started in 2021 when I sold the IPOs (Initial Public Offering) that my mother had filled to use it as a capital (shout out to her for this!) and entered this trading world and then with time I managed to multiply the money and bought my first bike from the profit that I made. The Royal Enfield Hunter 350, which looks and rides like a beast btw! I had an amazing scooter before I

bought this bike but just took it up as a challenge and finally made enough to buy it. Besides this I have other successes but let's not get into that now. Now the popular question that should be lingering in everyone's mind is what if we don't have that capital? Well, first of all, it's never too late to start filling IPOs, so don't forget to do so from now on and that too from all of your family members demat account. Next, start trading with a small capital. You don't master the game of trading unless you put your real money in the picture. There is a thing called paper trading or simulation trading that can be used to trade the market with fake money but with time you will realize the thing that's most difficult to master will be your emotions. And your emotions will come into play when you put real money in the market. Once you start becoming consistent with your profit, you will have confidence to leverage your capital and hence have a bigger profit percentage. Before the final wrap up of this article, day trading is also on long-term vision as per our current finance minister where you can buy and sell your stock in the same day contrary to the current system where you can only sell the stock that you bought after at least 3 days or vice versa ($t+2$ days where t is the day of transaction) so this is probably the best time to enter into this trading world and learn the game (this literally is a game once you understand the price movement) because once there is day trading you can literally take this thing as a job (or your retirement plan) Also, there is a way to trade the market using prop firm which are these funding companies that provide you money if you can pass their trading test but it's more like a freelancing thing that you can get into once you have mastered the art of trading but it needs continuous practice and should only be a long-term vision for all those starting out. So, to sum it up, if you are really passionate, the opportunities are endless!

Running away from responsibilities



Aaditya Rimal
11th Batch, MBBS

Those first runs, between the street vendors of Patan Durbar Square, under the shade of the Pulchowk Canopy and across the bridge to the hustle and bustle of Kathmandu, are rose-tinted memories. Nostalgia will do that for you.



Why are you running? WHY ARE YOU RUNNING? - Random Nigerian man from the meme

“How was the run?” people ask.

‘If only you knew,’ I think, before trying to find words of positivity to describe an act that can only be described as enjoyable the moment it ended. “It was great,” I say, “you should come along next Saturday.”

It wasn’t always like that.

Well, it kind of was. I’ve always had a penchant for dragging people down with me, but in my de-

fense, on this occasion it was good for them. First of all, those of you who follow me on Instagram. I am sorry. Strava is our generation’s way of gamifying running. It gives you a buzz, tying it down with the social media addiction. It’s like those Wall Street folks hooked on that white powder, adding dopamine to an otherwise torturous way of living. Hang on a second, where was I going with this?

More often than not, the answer was, “I absolute-

ly hated it, when are we going to do it again?"

The more I think about it, the simpler it becomes. I discovered running at a time when I was beginning to question a lot of things in life. A quarter-life - crisis is a strong word, re-evaluation of sorts.

"I can't help feeling, I could blow the ceiling, if I just turn and run" - Fake Plastic Trees - Radiohead

And so, when my friend invited me to a run club in Sanepa, that he learnt about from his girlfriend's friend, it was really up my alley. I was down to give it a go.

I got there in a Manchester United kit and the only pair of vaguely sporty shoes I had. Just a short 5 km run, I thought. It'll be fun.... I thought.

The events of that day can only be described as a vintage Manchester United performance... and no, not from Sir Alex's time. I'm talking from the hallowed Ten Hag era. We are talking about a

7:00 performance (minutes per kilometer). I ran for 10 minutes or so, and at my blistering pace that was about a kilometer and a half. The bulk of the group had outrun me and my friend decided that I was too much of a disaster to be left alone. He semi-walked with me to the endpoint, where I decided running was not for me. But coffee was, so when we were welcomed by the checkered flag, I decided to laugh in the face of the exercise gods and drink double the calories I had burned in Sanepa's warm September sun.

I got home that day, showered, and ate breakfast. I was on my phone, scrolling through Instagram. My trendy run club had a trendy Instagram page. I gave it a follow. Then it hit me, that first Instagram story, me sat on the steps of the temples at Patan Durbar Square, a place that hits close to home. The 20 or so other people who decided to wake up early on Saturday to run that loop. It felt nice, I hit share.



“I think I’ve got a feeling I’ve lost inside” - Roll With It - Oasis

A thought arose. What would it take to be able to run through the entire loop without walking? Physically, mentally, emotionally. It felt so far away that I didn’t give it much thought. I decided to give it a try the next time I could.

I went home for Dashain, and my parents announced that I was a runner to members of our family who were meeting me for the first time, based off that one story. That eye-watering label job was about as true as the consultant promising to give you your pen back in the ward, but in a way it reminded me of that thought I had. Getting out of my comfort zone seemed pretty cool. By the time I was back in Kathmandu after all the festivities had died down, I decided to give it a go.

Those first runs, between the street vendors of Patan Durbar Square, under the shade of the Pulchowk Canopy and across the bridge to the hustle and bustle of Kathmandu, are rose-tinted memories. Nostalgia will do that for you. I wanted to see myself get through the 6 km on the weekends. I turned Strava on and just let my legs do the work. I didn’t have a particular goal in mind. In my head, I was already past what I had expected of myself by the first step I took. It was all a bonus. In a strange way, what I used to think of as a terrible punishment, was now an expression of freedom. I could run until I didn’t feel like it and that took me further and further each time. Then one Saturday, I decided to carry that carefree attitude to the run club. Before I knew



it, I had finished the 6 km circuit and actually felt like I had more to give. It was a great feeling. What was even greater was the fact that I had a group of crazy friends who thought it was a good idea to get up on a frosty winter morning just to run. The post run banter was unmatched. Running was like a defibrillator to the static that was life. Boom - reset, then all is calm (if you survive the shock).

“I wake up every evening, with a big smile on my face - and it never feels out of place.” - Gives you hell - All American Rejects

Wednesdays and Saturdays were quickly becoming ‘run days’. Fridays and Tuesdays were quickly becoming ‘get to bed quick’ days. Meta

was meta-ing, and the more I thought about the intricacies of running, the more I got recommended new running shoes. My feed was full of people talking about mid-foot strikes and the best cadence and posture I should be focusing on. The satisfaction of going back home, tired as hell, waking up in the evenings, with a big smile on my face.

It was just two hours a week, but the impact it had on my life was nothing short of incredible. I have never considered myself to be particularly sporty, but the kind of person who woke up on Saturdays to run and have fun while they did it, was the kind of person I aspire to be. I just didn't know it before I laced up my shoes for that first run in September. By this point, there were a few of us who had kept going, running through winter and spring and in Kathmandu and Biratnagar and Bakaiya, too. It was a part of my day as natural as the sun rising and setting as the earth cycled through night and day. A part of me sought to break some barriers. I had been very cautious in my approach to increasing the volume of my exercise. I knew from experience that consistency beats intensity 99 times out of 100.

That all changed when, after one of our 6 km runs at our run club, we were convinced by a friend to sign up for a half marathon. Explaining to my parents that I needed money to register for a race I knew I would not win was interesting, but something within me was buoyed on by the same curiosity I held when I first wondered what it would take to complete that first 6 km in the hot Sanepa sun. What would it take to run 21.6 km? I remember talking to my friends, talking



about how we would practice. Like absolutely everything else in life, we left it to the very end, only increasing our intensity a month before the race, but in between community postings and running through the dusty lanes of Kathmandu, we were ready to take on our first challenge.

The rest is history, and the rest is unwritten, too. Even though it is tough to look back without appreciating how far we have come, it is very heartwarming to realise that we have as long as we live (or our knees let us) to keep pushing the boundary of what is possible. Life is full of ups and downs. When you have to defend a complicated case for your learning log the next day, your heart may decide to pound out of proportion to the threat that tomorrow poses, but some-



thing that worked for me is putting my poor heart in such a pickle on Saturday mornings that it thought twice before deciding to go too hard for trivial things. Running that first sub-25-minute 5K (the amount of work that goes into being a very mediocre runner is ridiculous) made my heart rethink quite a bit. This is not peer-reviewed, and I have not reviewed the literature, but a healthy body does seem to naturally progress to a healthier mind. Getting paced by a Nepali built like the GOAT Kipchoge is worse than a lot of what life throws at you. Such a cheerful thought! Suf-

fer more on your own accord than anyone could imagine inflicting on you.

We are all children who pretend to know what we are doing. If it takes a village to raise a child, a significant portion of my village has been the people who have braved the elements, the valley's pollution, and early mornings with me running about the streets. PAHS has a vibrant running community, something we hope grows and builds on the foundation of aspiring to be healthy and happy— an example for ourselves and inevitably the people we interact with. No, I am not running and trying to be a little more healthy for this sole purpose— but I would love to ask my patients one day to join a run club where they might see me put my money where my mouth is.

So, dear reader, I implore you to consider experiencing this: listening to your favorite songs, 3 km into a long run, where your legs start to move themselves and you attain that holy grail of the runner's high. Oh, and the coffee afterwards, and being surrounded by people who are just as confused and hopelessly optimistic about what it all means. You might just get hooked.

Riddles

- ❖ I begin silently, hiding behind vague fatigue and weight loss. Over time, I carve cavities in lungs, steal appetite, and stain sputum red. I thrive where poverty lives and weaken the young and old alike. Yet with discipline and months of therapy, I can be defeated. Who am I?
- ❖ I creep slowly, raising blood pressure without pain. I scar kidneys, blur vision, and strain the heart, often unnoticed until damage is done. They call me a silent killer for a reason. Who am I?

Beyond the Myth: The Hymen in Forensic and Social Perspective



Dr. Samjhana Ghimire

Assistant Professor, Department of Forensic Medicine,
Patan Academy of Health Sciences
General Secretary, Medico-Legal Society of Nepal
(MeLeSoN)

Hymen, a little tissue considered a fortress of an honorable woman, who controls herself, is a fold of mucous membrane at the vaginal outlet. It carries social function in many patriarchal cultures i.e. controlling female sexuality by acting as a physical barrier to sexual assaults on women's honor. Its condition is wrongly equated with purity and moral character — creating huge psychological, social, and sometimes legal consequences for women.

The hymen is simply a vestigial anatomical structure formed during fetal life. It serves no known physiological function, yet continues to bear social, emotional, and legal weight. Understanding its true nature is essential for both forensic experts and society.

Hymen is formed during fetal development from the remnants of the solid tube through which vagina develops. It actually is the remnant of the junction between the urogenital sinus and the vaginal lumen. By birth, it is seen as a thin mucous membrane partially covering the vag-

The hymen cannot serve as evidence of chastity or sexual behavior, it is just a social construct and not a biological state.

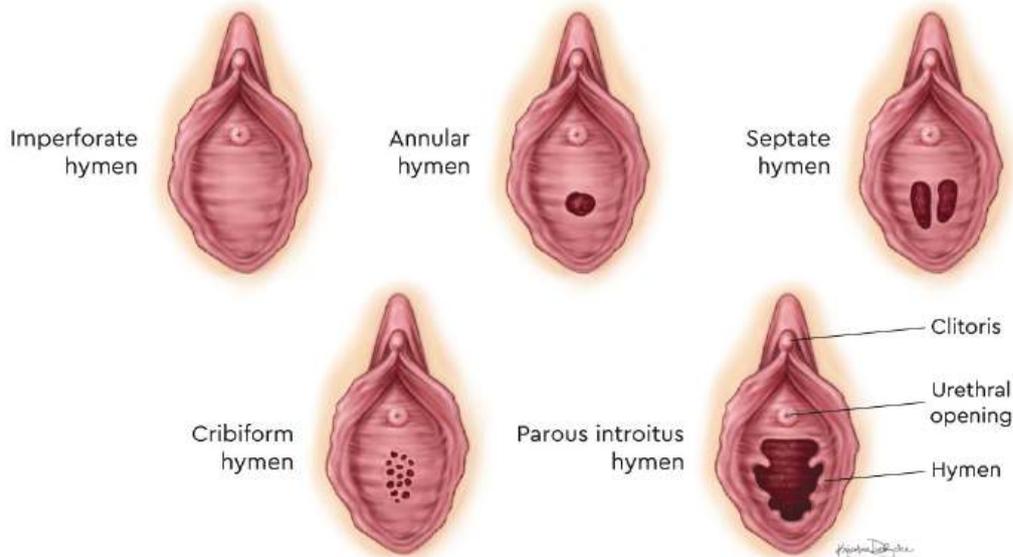
inal opening. The hymen has relatively few blood vessels, and minor injuries may not bleed significantly unless adjacent tissues are also involved. The shape, thickness, and elasticity of hymen vary among individuals and across different stages of life due to hormonal influence.

In newborn babies it is usually thick, pink and may have folds or projections, while they are under the influence of maternal hormone. It changes and becomes relatively thin with smooth edged membranes during the pre-pubertal period. It thickens and elasticity increases during puberty. Decrease in estrogen during menopause leads to thinning and decrease in elasticity of tissue. There are many configurations of the hymen that are seen.

This variability highlights that no single “normal” hymen exists.

In some parts of the world virginity testing is still prevalent. It involves inspection of the hy-

Hymen types



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men or inserting fingers into the vagina to assess its “tightness” which is scientifically invalid, ethically unacceptable, and psychologically traumatic. The hymen cannot serve as evidence of chastity or sexual behavior, it is just a social construct and not a biological state.

This misconception persists in many communities, where the presence or absence of an “intact hymen” determines a woman’s moral character and this is the biggest myth. Such beliefs ignore scientific facts — the hymen can remain unchanged even after sexual intercourse, or may tear from completely unrelated causes such as sports injuries, medical procedures, or tampon use.

The misinterpretations regarding the hymen in individuals also have been documented and prioritized as evidence amongst investigators, lawyers and judges associated with the cases of sexual assault. Some physicians with little knowledge have false belief that the sexual acts

always result in changes to the hymen or that an injury to the hymen is a solid proof of sexual assault.

So, it is very essential to document the hymenal findings with precision and caution. Terms like “intact” or “broken hymen” are vague and misleading. Instead, examiners should describe the type, site, depth, and orientation of any tears or notches, preferably using a clock-face reference and diagrammatic representation. These signs may have significance.

Lesser elasticity of hymen and smaller vagina in pre-pubertal girls increases the likelihood of trauma after penetration, but studies have shown no physical evidence of penetration in most reported cases of consensual and non-consensual sexual intercourse even in pre-pubertal girls. Vaginal penetration may lead to minimal or no injury in post-pubertal women due to elasticity of hymen. A study compared hymenal morphology in adolescent girls with or without

a history of consensual sexual intercourse and showed 52% of cases had no injury although they admitted to have had sexual intercourse.

There are several non-sexual activities that can alter or lacerate the hymen, such as accidental straddle injuries (falls on bicycle bars, poles, or fences), use of tampons, medical or gynecological examinations, poor hygiene leading to local irritation and scratching etc.

Thus, injury to the hymen is a non-specific finding that must always be interpreted in the context of history and corroborative evidence. It is very difficult in differentiating traumatic injuries from normal anatomical variations even for experienced examiners. The common normal findings that are mistaken for trauma include partial hymenal notches, congenital clefts, thinning at the posterior rim, or failure of mid-line fusion. Inadequate training or subjective interpretation results in discrepancies between medical reports

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Hence, only forensic professionals and trained doctors should perform such sensitive examinations. So, we need clear national standard guideline for documentation and terminology in examining such cases and also train the medical students and health professionals involving in such examination to handle and examine the cases of sexual assault with sensitivity, objectivity, and respect for patient dignity. The conclusions of examination of such cases should rely on the totality of evidence — history, physical findings, laboratory results (e.g., spermatozoa, or DNA), and psychological assessment — rather than appearance of hymen alone.

Hymen neither defines purity nor determines truth in sexual assault cases. As forensic experts, we must move beyond myths and focus on science, compassion, and justice.

In the court of law, it is not the hymen that decides innocence or guilt — it is evidence, expertise, and ethics.



Unsung heroes: Voices of PAHS

Ramesh Deula & Sanu Deula

Interviewed by
Abhipsa Subedi & Neha Chaudhary

The mortuary at Patan Academy of Health Sciences is quiet in the early hours. Before the doctors arrive, Long before the forensic doctors arrive, **Ramesh Deula** and **Sanu Deula** have already been inside, rinsing steel tables, aligning instruments. They do not talk much in the mornings. After so many years, they do this without speaking much. The routine is familiar. Ramesh joined the hospital in 2047 B.S., Sanu in 2045 B.S. They did not come as autopsy technicians. At the time, Patan was a mission hospital, and they worked as sweepers. Back then, sweepers were also expected to help during postmortem examinations. When a formal forensic department was established about ten years ago, their work finally gained a name. They became autopsy technicians, though the work itself had not changed much.

When a body arrives, they help position it and assist the forensic doctors during the examination. They handle instruments, help with incisions, organs, and suturing. The doctors lead the process, but Ramesh and Sanu are always there, steady and attentive. Years of experience have made their movements precise. They clean afterward, preparing the room for the next arrival, which could be an hour away or days later. Death does not follow a schedule, so neither do they.

The work demands constant availability. With only two technicians serving the entire hospital, leave is more theoretical than real. So they

are on call day and night, during holidays and festivals. Dashain usually brings just one day off. They have worked through earthquakes, political cases, COVID-19, and deaths involving infectious diseases. Protective gear is always used, but uncertainty remains, especially when the cause of death is unclear.

At first, the job was frightening. Ramesh remembers being disturbed by small things, like a body's open eyes. They remember the smell, the sudden intimacy of being so close to death. Over time, they learned to accept death as final. Still, some cases are harder than others. Deaths involving children or mutilation stay with them. Students often struggle when they first enter the mortuary. Some turn pale, some faint. Ramesh and Sanu understand this well. "Aatmabal baliyo hunuparyo," they say. They tell them that fear is natural, but courage is necessary. Forensic medicine, they say, is important work, and with time, the mind adjusts. What matters is staying. They work quietly, rarely noticed. Yet every autopsy at PAHS depends on them. Day after day, they stand behind the scenes, helping the living find answers, and ensuring the dead are treated with care and dignity.

And they will return tomorrow morning, before the hospital fully wakes, to prepare the room once again.

मौनताभिन्नको करुणा

अभै पनि आउँछन् ति चिमोटिने यादहरू
ती पल सम्झदा मुटुको धडकन ढक्ढक् बढ्दै जान्छ
रातको सन्नाटामा पनि कानमा ध्वनि गुन्जिरहन्छ ।

शरीर यथास्थित छ
मस्तिष्कले स्मृतिका पानाहरू पल्टाउन थाल्छ
अनि यी हातले वियोगको त्यो गीत गाँउछ ।

तिम्रो सङ्घर्षको लेखाजोखा सायदै राख्न सकिन कि ?
तिम्रो पिडाको त्यो तितो स्वाद सायदै चाख्न सकिन कि ?
तिम्रो आँखाको शैलीलाई मेरो बुझाईले पस्किन सकिन कि ?
तिम्रो अपमानलाई न्यायको कठघरामा उभ्याउन सकिन कि ?

यो मन फेरि गहिरो चिन्तनमा जान्छ
अँ त्यो रात — —
त्यो रातको सन्नाटामा पनि तिमी आवाज खोजी रह्यौ
त्यो मनभरीको तिरस्कारलाई तिमी स्वीकार गरी रह्यौ
सायद कति सहनशक्ति हो तिम्रो
तिमी सहनशीलताको दयाङ्गो ठोकी रह्यौ ।

कति शुन्य थिए ती गन्तव्यहरू
तिम्रो मयुर नाचले नै शुन्यतामा चट्याङ्ग बज्रपात गरि रह्यो
समाजले त तिम्रो शरीरलाई मुर्दा बनाई रह्यो
मुर्दा त्यो शरीरमा पनि तिमी उज्यालो खोजी रह्यौ ।



मनिसा केसी
बि.एन.एस. आठौँ ब्याच

तिम्रा ती नियतिले ठगिएका टुहुरालाई ओत दिई रह्यौ
होसला विहिन त तिमी आफै थियो, अरुका होसला भने सधै
बनी रह्यौ
भोक, निन्द्रा, अपमान, तिरस्कार सायदै तिमी यिनको धनी
रह्यौ
तर तिम्रो टुहुराको उज्यालो दीप सधैँ बनी रह्यौ ।

ओछ्यान चिसो थियो सायदै भरिले बर्सायो कि?
त्यहाँ त तिम्रो आँखाको भरि रहेछ
तिमी आँखाको भरि बसाई रह्यौ, ओछ्यान चिस्याई रह्यौ ।

त्यो घरमा अन्नको भकारी भने रिँतै थियो
तर नुनको अभाव भने कहिल्यै थिएन
तिम्रो त्यो रोदनले नुन सधैँ जन्माई रह्यो ।

वियोगको यो गीत धेरै गाउन सकिँन
यो कविता, यो आँसु, यो मन
सबै तिमीमा समर्पित छ आमा ।

कस्तो होला



लक्ष्मी थापा मगर
बि.एन.एस. आठौँ ब्याच

सम्भ त एकपटक त्यो दिन त्यो रात कस्तो होला,
सँगै निदाउदा तिम्रो सरानी मेरो हात कस्तो होला ।

तिम्रो काखमा लुट्पुटिदै दुःख-पीडा सबै बसएर,
सँगै जिउने कसम खादै गरेका बात कस्तो होला ।

मनको मान्छेले छुँदा पनि आयु बढ्छ भन्छन्,
तिम्रो हातले धोई पकाएको दाल भात कस्तो होला ।

नहुने रहेछ डर मर्ने अनि पागल बन्ने बनाउने,
मृत्यु पनि हाँसेर स्वीकार्न सन्ने जात कस्तो होला ।

Endless Night



Dr. Inesh Khanal
10th Batch, MBBS



It was early morning during pre-round, I stood by his bed, leaning forward as I asked the simplest question, “आज कस्तो छ हजुरलाई ?”

Sunlight had spilled across the tiled floor, the promise of discharge hung in the air, and relief was palpable. He had fought his way through a stroke and a myocardial infarction within the span of a week. After days tethered to machines in the ICU, he was shifted to the ward and nearly free to return home. The paperwork was ready the day before. His belongings were packed. His family was waiting for him.

It was early morning during pre-round, I stood by his bed, leaning forward as I asked the simplest question, “आज कस्तो छ हजुरलाई ?” He smiled faintly; words never came easily between us. He and his family spoke no Nepali, and my halting attempts at broken Hindi/Bhojpuri and gestures had been our only bridge. Still, we understood enough: the nods, the hand squeezes, and the shared relief that the discharge was planned.

And then, before I could take a step forward, his eyes rolled back, his body stiffened. I rubbed on his sternum with my fist and held his hand with my other hand, it was unusually cold. He had no pulse. One moment, he was alive, on the verge of leaving the hospital. The next, he collapsed, was being re-hooked to the monitors and they exploded into alarm. All of a

sudden, I found my hands pressed rhythmically into his chest, the well-rehearsed steps now bound to a reality I could barely comprehend. It was my first CPR.

Compressions, breaths, counting; my world collapsed to those movements. The morning sunlight spilled through the windows, bright and indifferent, as though mocking the gravity of what was happening.

His family stood beside him, shielded by the curtains and screens, their faces frozen with shock. Their fear needed no translation. Out of the corner of my eye, I could sense their hopeful looks. I desperately wanted to reassure them, to tell them that we were trying everything. But I had no language for that moment, except the one written by my hands on his chest. I pressed harder, breathed deeper, counted faster and begged silently: *come back! Please come back!*

Compressions, breaths, shocks.

We tried. We gave everything for nearly 45 minutes. But to no avail.

The compressions ceased, and silence engulfed the ward. Just a few moments earlier, he had been preparing to walk out into the sun. Now, he was gone. His

family's hope collapsed into grief, their sobs filling the spaces where words could not. The ghastly silence was finally broken. And there I was, a new doctor with trembling hands, realising how brutally sudden the line between life and death can be and how powerless even the best of efforts sometimes are.

That morning taught me more than any textbook or academic round ever had. Medicine is not just about knowledge, precision or technique. It is about

standing at the fragile edges of life, giving all you can, even when the outcome is loss.

The ward moved on. Other patients stirred awake, nurses carried out their routines, the hospital resumed its rhythm, rounds started and ended as if nothing had happened. The sun rose higher but for me that morning has never ended. It remains the endless night, the kind that lingers even under the brightest sun.

This rainy night

This rainy night where the sky is
covered with dark clouds
Leaves have left the tree and are
rustling loud

The dim moon hidden in the cloud is
choosing the open sky
Fluttering its wings, the sparrow is trying
to get dry

Leaving the sky, rain has come to visit
the earth
Soil has become soft and life is
getting mirth

Mother sparrow is cradling its baby
in her womb
Ants, tired after a long day of work
are coming home

Darkness has created silence; night has
lost in its time
Eye and mind imagining all those
scenes have got their enthusiastic rhyme



Ishani Joshi

7th Batch,
Bsc. Nursing,

Gloves Painted with Blood: The Perfect Confirmation

After years of dissecting cadavers and meticulously memorizing pathways, the transition to clinical postings felt less like a calculated step and more like a terrifying, **exhilarating leap into the deep end**. For the past three weeks in the Gynaecology and Obstetrics Department, the wards have not just replaced the lecture halls—they have replaced my entire perspective, rewriting the curriculum in the raw, beating heart of the hospital.

The third week, in particular, was a rush of sheer adrenaline and a kaleidoscope of firsts. I remember the **paralyzing fear** and the slight, undeniable tremble in my hand as I was guided through my first procedure: inserting a **Foley catheter**. It was a small, intimate moment of trust with a patient, and when the catheter was inserted successfully, a wave of relief and **pure, unadulterated triumph** washed over me. It was the electrifying realization that **I was finally part of the team**—that the abstract lines of my anatomy textbook could now genuinely contribute to the comfort and care of another human being.

That same day, the stakes were



Pradeep Kumar Muraw
13th Batch, MBBS

The intensity, however, peaked as the excitement of the day wound down. I was allowed to observe a laparotomy for an ectopic pregnancy



suddenly raised, culminating in **an experience I will never forget**. My friends and I were there merely as silent observers for a **Marsupialization surgery** when, in a sudden, electrifying moment, Madam asked one of us to glove up and step in. There was **no time for hesitation**, no room for self-doubt—only the powerful **instinct** to seize the opportunity. **I snatched the gloves, the cold latex warming in my hands**, and plunged into the center of the surgical field. Standing shoulder-to-shoulder with the team, I was acutely aware of the **breathhtaking privilege and the immediate terror** of being useful. Every instruction, every precise movement I helped execute, was a direct, high-stakes lesson. The OT room became the most demanding and utterly rewarding classroom I had ever entered, **a profound personal victory** that settled deep in my bones when I looked down and saw **my gloves painted with blood—the perfect things**. This was the happiest, most visceral confirmation I could have ever asked for: the tangible, emotional proof that I had crossed the threshold into the life I was meant to live, probably **one step closer toward my**

dream profession of becoming a surgeon.

The intensity, however, peaked as the excitement of the day wound down. I was allowed to observe a **laparotomy for an ectopic pregnancy**. Here, the atmosphere was charged with a different kind of energy—a silent, **intense reverence for life** hanging in the balance. Witnessing the rapid, precise movements required to manage this surgical emergency brought a profound, **sobering weight** to the word ‘medicine.’ It was a life-and-death intervention witnessed in real-time, cementing the solemn **responsibility** and immense **privilege** of our chosen path.

These three weeks have been a visceral, emotional shock to the system—a true **awakening**. They have stripped away any lingering self-doubt and replaced it with an unshakeable sense of purpose and joy. **The wards are where the real journey begins, where theory meets tenacity,** and where we discover the profound, humbling satisfaction of being able to help. I leave this rotation inspired, exhausted, and more fiercely committed than ever to the life ahead. This day will always be there as a moment to be cherished in the corner of my heart.

Light of abode

An ode to those who are blinded by the city lights, and long for the quietness of home.

The fields of paddy rustle with the wind
While streams of water tinkle and bend
And as the setting sun paints the sky in red
The man by the river turns his head.

Nearby, cows graze in the lush green grass
And the shepherd, he sings all the tunes he has.
While the trees turn gold in the evening light
Temple bells ring to welcome the night.

A muddy track leads the way home.
And around it, fireflies dance and roam.
The man trudges along, a smile on his face
His eyes are lost in a peaceful daze.

As dusk makes its way to dawn,
He reaches an abandoned unkept lawn.
And hidden in the dark is an empty shed
Memories once made, now buried and dead.



Parinda Karki
15th Batch, MBBS

The smiling man gazes around,
And reminisces of days full of color and sound,
He listens for the laughter hidden in the walls
For the fluttering insects and their musical calls.

Like dewdrops, the past returns, fresh and damp,
And he sees a little boy with a kerosene lamp
Lost in his own train of thought,
The boy dreams of everything he hasn't got.

At last, the smiling man sits on the floor
And he smiles a little more.
For thought time took him to the city, and left him free to roam,
His senseless heart, it still rejoices at home.



सुशान्त सिंह
१९औं ब्याच, एमबिबिएस

मेरो देश

चन्द्रमा जस्तो शीतल छ
सूर्य जस्तो छ तेज
वीरहरू जन्मेको भूमि
नेपाल हो मेरो देश ।

भाषा र धर्म धेरै छन्
मन छ मेरो नेपाली
आज पनि इतिहासले गाउँछ
गीत हो वीर गोरखाली ।

ढाका र टोपी पहिचान मेरो
संस्कृतिमा धनी मेरो देश
आज पनि हृदय रमाउँछ
जब सुन्छु हिमाल, पहाड र मधेस ।

मातृभूमिको प्रेम छ ठूलो
स्वास्थ्यमा सेवा मेरो धर्म
आँखा अगाडि सपना छ
नेपाललाई विश्वमा चिनाउने मेरो कर्म ।



डा. गणेश क्षेत्री
एम.डि. रेजिडेन्ट (दोस्रो वर्ष)

खुसी छ भने नबोल

विरोधी चिन्न केही गर्नु पर्दैन, अलिकति प्रगति गरे पुग्छ
तिमी त भन् सर्वोत्कृष्टको होडमा, मबाट अली पर सरे पुग्छ
दूरी बनाउनु र हुनुमा फरक खोज्, धेरै पहिलै छोडिसकेँ
प्रतिक्रियामा दुःख बनी, मैतिर फर्किने कसमहरू तोडिसकेँ
तिमी मनको कुरा नखोल्दा, खोल्दा भन्दा खुसी छौ भने नखोल
तिमी मसँग नबोल्दा, बोल्दा भन्दा खुसी छौ भने नबोल ।

म त विषको बदलामा, धेरै अमृत सेवन गराउनेमा पर्छु
अमृतबाट सन्तुप्त भै, त्यही महासभामा हराउनेमा पर्छु
थाहा छैन कहिलेसम्म हराउन सक्छु, र धन्यवाद भन्छु
आशीर्वाद दिन नसक्ने दिनबाट, आफ्नै उल्टो गिन्ती गन्छु
तिमी अमृतमा अमृत नघोल्दा,
घोल्दा भन्दा खुसी छौ भने नघोल
तिमी मसँग नबोल्दा, बोल्दा भन्दा खुसी छौ भने नबोल ।

तिमीलाई काँडाले घोच्ला भनेर काँडा तोड्दा चोट लाग्यो
भनेकै हो मसँग नाम नजोड, बेकार तिमीलाई खोट लाग्यो
अब त पक्कै तर्सियो होला नि, राम्रो देखिने फूलहरूसँग
भनेको त हो नखोल भो, बेहोसीमा गरेका ती भुलहरूसँग
तिमी मायाको फूल नफुल्दा, फुल्दा भन्दा खुसी छौ भने
नफुलाऊ
तिमी मसँग नबोल्दा, बोल्दा भन्दा खुसी छौ भने नबोल ।

मधुर उज्यालो दिने दियोमा, अन्धकार खोज्छु तिम्रो साटो
अक्मकिने स्वर भन्दा चुप्प बस्नु, रोजेपछि समथर बाटो
साँभमा दियो बालेर कुरेकै हो, तिमी भन्दा पहिले हुरी आयो
अङ्गालो फिजाएर वर्षौ बस्दा, आशावादी सामिप्यले के पायो
तिमी मायाको दियो नमोल्दा, मोल्दा भन्दा खुसी छौ भने नमोल
तिमी मसँग नबोल्दा, बोल्दा भन्दा खुसी छौ भने नबोल ।

Resilience Under Pressure: Young Health Sciences Students' Journeys

I recently learned about a mature defense mechanism in psychology called sublimation, but I realize I have been practicing it since childhood. As a school and college topper, I faced academic pressure and high expectations early on.



Sudarshan Paudel

CHS Chair, SOPH

Young health sciences students and professionals often face strong social expectations—both from their families and communities—regarding career success, behaviour, and personal responsibilities. These pressures can influence their emotional wellbeing, decision-making, and ability to set healthy boundaries. While they are trained to care for others, they may struggle to seek support for themselves, including accessing mental health services such as therapy.

Within the Patan Academy of Health Sciences (PAHS)—across the School of Medicine (SOM), School of Public Health (SOPH), and School of Nursing and Midwifery (SONAM)—students and early-career professionals are immersed in an education, service, and research culture that emphasizes community engagement, empathy, and social accountability. This environment shapes their academic identity and professional values, but it may also magnify personal and social expectations. Understanding how they perceive these pressures and the coping mechanisms they use is essential for strengthening PAHS's supportive learning environment and for promoting resilient, compassionate health professionals.

In this context, I explored their experiences, focusing on how they manage social pressure, maintain personal boundaries, and consider reaching out for help when needed. Here is what

they had to say.

‘As a medical professional, I often navigate the space between personal expectations and professional responsibilities. I cannot ignore the expectations of my family, society, or peers, yet I also cannot accept everything placed on me. To stay balanced, I follow a middle path—meeting some expectations while protecting my core duties. My priorities always remain my patients, my work, and my hospital responsibilities. When pressures rise, I intentionally step back: I take leave, visit home, and rest. Physical activities help me manage stress, and at times I go trekking to reset and gain a complete change of environment. – **MBBS 5th Batch; MO & chief of Palika Hospital,**

‘I often feel pressure from my family, teachers, and even myself. Sometimes these expectations motivate me, but other times they feel overwhelming. When it gets too much, I try to slow down and understand what I'm really feeling. I go for a walk, take a short break, or talk to someone I trust. Sharing my worries usually helps reduce my anxiety. I also enjoy participating in extra-curricular activities because they help divert my mind and keep me balanced. Most importantly, I remind myself that I don't have to be perfect. These small routines support my wellbeing and

help me stay grounded’. - **BMS 3rd Year**

‘Instead of reacting with anger, I try to handle intense pressure through self-kindness. First, I remove myself from the situation and reflect on the pressure—its intensity, type, and source—and whether it can be avoided. If it is within my control, I calmly explain my situation to the person involved. If it is not, I accept that some pressure is part of my profession. I also try to limit time with people who drain my energy. When the pressure feels overwhelming, I talk to a senior, friend, mentor, or sibling who understands academic demands. Sharing usually lightens the emotional load. Finally, I spend a few quiet moments listening to music and writing poetry, which helps me release stress and regain balance’. - **MBBS 11th batch**

‘Thank you for giving me time to reflect on how I handle high-pressure situations. When stress rises, my first step is to distance myself from the person or situation causing the pressure. This usually helps because it prevents unnecessary conflict and gives me space to think clearly. Next, I talk with people I trust—those who genuinely care about my well-being. Sharing what I’m going through helps me process the situation and return to my routine, whether that’s studying or other daily activities. For me, discussing the issue and reaching some clarity is essential. I don’t always need to confront the person involved; simply expressing my feelings to someone supportive helps me feel relieved and cope better with the moment. – **MN 1st year**

Yes, I have faced such situations often. My main coping strategy is calming myself by saying, “Everything will be fine; you can handle this.” I remind myself that stress often comes from not trying, and once I take action, things usually fall into place. When stress becomes overwhelming, I sometimes cry, which helps release emotions. I also share my problems with trusted people, and their support helps me analyze and manage the

situation. Being an overthinker, stress can hit me harder, so I try to avoid it at times, but ultimately, I have to face challenges. Taking breaks from my busy schedule and going out to refresh myself also helps. Recently, I have started yoga classes, which have been beneficial for my mental well-being. - **Bsc Nursing 4th year**

When I feel overwhelmed by social expectations, I pause to assess the situation before reacting. I start by prioritizing the expectations, identifying their source, evaluating their validity, and considering their impact on my mental, physical, and social well-being. If needed, I take a break and create temporary distance from the pressure to regain clarity. During this time, I engage in restorative activities such as enjoying good food, chocolate, or spending time with friends. I then break the pressure into manageable tasks and address them step by step, ensuring that I handle each responsibility at a pace that feels healthy and sustainable. This approach helps me stay grounded, maintain balance, and respond thoughtfully rather than reacting impulsively to social demands. – **MBBS 12th Batch**

I recently learned about a mature defense mechanism in psychology called sublimation, but I realize I have been practicing it since childhood. As a school and college topper, I faced academic pressure and high expectations early on. Rather than feeling burdened, I have always used these challenges as motivation to improve. I am outgoing and fortunate to have a strong emotional support system, which helps me overcome hurdles. I have a diverse friend circle to discuss different aspects of life, which enriches my coping strategies. Currently, I am learning to set boundaries and express my emotions clearly, both personally and professionally. I also manage stress through gym workouts, movies, hiking, and occasional online shopping. Prioritizing mental, emotional, and physical health, while unlearning unhealthy habits, has been crucial in navigating challenges with the support of family and friends. – **MBBS**

7th Batch

How we cope often depends on how often we face such situations. If it happens for the first time, it is natural to feel overwhelmed—whether by sadness, anger, or frustration. With repeated experiences, however, people may become more resilient. Taking every remark personally only harms my own wellbeing and can momentarily shake my self-esteem. Talking to family or close friends helps, but it works best after I have processed my emotions and reached a calm, nonjudgmental conclusion. Listening to music or stepping outside for fresh air also supports emotional clarity. Ultimately, clear and respectful communication with the concerned person or authority can make a significant difference in resolving the issue. – **MBBS 12th Batch**

When I feel overwhelmed by others' expectations, I take some time alone. I put my phone away and sit quietly in my room, and sometimes I cry, which helps me feel lighter afterward. I also talk to my close friend or my mother, sharing what's bothering me. If the pressure continues, I go for a short walk or listen to calming music. These small actions help me clear my mind and remind me that I don't have to please everyone at once. Taking these moments for myself allows me to regain balance and face challenges with a calmer, more centered perspective. - **MPH 7th Batch**

When I feel overwhelmed by social expectations, I pause, try to understand the situation, and step back a little. I remind myself that not every circumstance requires perfection. I often go for a short drive, take a walk, or listen to music. Sleeping when things feel out of my control is another strategy—a simple but powerful suggestion a teacher once gave me. Life moves forward, and every moment demands attention, yet taking a break doesn't stop the process. Doing things that bring me joy helps lift my spirits, and reaching out to friends when needed makes me feel lighter. These small practices help me regain

perspective, manage stress, and navigate life's pressures with more calm and clarity. – **MBBS 10th Batch**

At first the way I feel about these expectations have changed now in comparison to far days. I don't take it as a burden, rather I expect it to happen and still it hardly affects me. But, yeah sometimes when it feels heavy, I cope with taking pause and reviewing myself than reacting to it. Sometimes I just watch some informative videos, listen to bhajan, watch football, reading books to feel myself good. Or sometimes I just sleep like it never happened. In summary, I think it's normal and its all okay to have people expectations from you. It's all how you take it. I usually dont go that much deep into these things so that it could be a burden for me. **MBBS 9th Batch**

Family expectations have always mattered most to me, but my family places even greater value on societal norms—something I struggle with. Over the years, I've realized that constantly trying to meet these expectations slowly destroys you from within.

Growing up in a remote village in an uneducated community was extremely difficult. It created many emotional struggles that turned me from an extroverted child into an introverted adult. Whenever I feel overwhelmed by expectations I cannot meet, I shut down. I cut off communication, stop eating until I feel dizzy, avoid self-care, and isolate myself.

Sometimes I manage to read, and occasionally going out alone for fresh air helps a little. But mostly, I cope by staying quiet, being alone, and sorting everything out in my mind. That remains my strongest and most natural way of dealing with the weight of unfulfilled expectations from my family and relatives. **MBBS 7th Batch**

First, I try to understand their expectations from their point of view. These expectations might be related to my career, dreams, personal life, or choices (e.g., marriage) or support from my side.

If I can fulfill their expectations without losing my identity or personal well-being, I try to do so. But if the expectations start to overwhelm me, I look for ways to fulfill them only if they are valid. If it starts to compromise my well-being, I simply deny.

If things still don't improve, I seek guidance from mentors (usually my uncle, friends, or teachers). During the process, if I feel emotionally drained, I meditate, write in my diary, practice art, or write poems. These activities help release my emotions and clear my mind (that helps me to think better) Sometimes I watch podcasts or videos of prominent figures, which motivate me and help me find new paths toward solutions. **MBBS 12th Batch**

Many times, I have faced such challenges in my student life, especially after joining MBBS. My family has many expectations from me, which sometimes puts me under a pressure. To handle this, I often remind myself and them that I am still at the beginning of my journey. Even though it is not always true, I sometimes describe myself as being at a lower level just to stay grounded and humble. In society too, people expect a lot from me. They call me "doctor" and ask me to diagnose their problems. Their expectations make me feel proud and motivated, but too much of it can also put me under pressure, affect my freedom, and sometimes even make me feel low or stressed. **MBBS 15th Batch**

During college, I chose to step away from some social circles. The more I tried to talk, think, and act like others, the more I felt that I did not truly belong. The pressure to fit in—speaking confidently in English, appearing more urban, or following certain social norms—was tiring. Trying so hard to conform hurt me, and I eventually realized that staying true to my own identity and strengths was more important than meeting others' expectations. **MPH 1st Batch**

The first step for me in dealing with social pressure was becoming more aware of myself. I began to notice how friends and social expectations were influencing my choices and slowly pulling me away from my own values—those shaped by my family, culture, and upbringing in Nepal. I started asking myself what would happen if I continued the same way, and what might change if I chose differently. I also realized that some of this pressure came from emotional gaps and insecurities that started earlier in my life. When I found it hard to break these patterns on my own, I learned that it was okay to seek help—from a counselor, a teacher, or a mental health professional. Help is available, and change is possible. - **MPH 3rd Batch**

I have learned that focusing on my responsibilities helps me handle pressure better. I try to prioritize what truly matters and avoid unnecessary circles and their expectation just to keep up with others. It is not always easy, but reminding myself of my goals helps me say no when I need to. **MD 3rd Batch**

I became clear about my values and priorities by writing down my goals. Seeing them on paper helped me say no to things that did not match who I am. I learned to say no and set boundaries without feeling guilty. Slowly, I built confidence in myself and understood that I do not need to spend money to feel accepted. My kindness, creativity, and effort are enough. True friends value me for who I am, not for my clothes, bags, or social media posts. **MPH 3rd Batch**

First thing I do is share with my partner about how I am feeling and we discuss it which will eventually lead to self-realization and free from worry. If there is no one to share, then I keep it to myself and continue on what I am doing. I always try to do my best for my family, peers, and society so if there is more expectation then I just console myself that I did my best. **MPH 5th Batch**



Bishal Raut
Finance Department

Echoes of Patan

Almost four years, how fast have time flown,
These familiar walls is where I have truly grown.
From my first day to this very last one,
It feels like a new chapter have just begun.

Through early mornings and some late nights,
Through laughter shared and some quiet fights,
I found not just work - but a second home,
A family bound and together by care alone.

Everyday here had its own form of gentle grace,
With purposes shining in everyone's face.
I walked through doors both bright and dim,
Each story learned, written and engraved deep
within.

I also saw some kind souls who never rest,
Whose silent strength always tried giving their
best,
I was taught that service that is done with heart,
Is where the social contribution finds its start,
That sustainable progress occurs when people
unite,

Not for their own gain - but for what is actually
right.

Our actions shall speak more than our voice,
And integrity shall guide our each and every
choice,
Talk less, work more, that is the better way,
For ignoring the misleading noises that clouds
the day.

For office - politics and problems fade with
time,
But kindness lasts, and it is the most sublime.
Each progressive deed, each person's inner
smile,
Makes memory of journey truly worthwhile.

I also had tried, mostly in my own traditional
way,
To work and contribute my best, come what
may,
Yet some are ought to remain behind,
Unfinished, but definitely not out of mind.

Still gratitude fills my heart today,
For each and everyone I have met this way,
The warmth, the hostility, the shared embrace,
Have left mark in my memory even time can't
erase.

So now it is time that I stand and bid adieu,
I carry a memory and lesson from each one of
you.

This isn't definitely an end, but a gentle bend,
A chapter closed, for some new ones to mend.

And when I look back, I will softly smile,
At every trial I was put into was worthwhile.
For every joy, every rise and fall,
Made me who I am, through it all.

The SUPERLATIVES



THE MASTER PROCRASTINATOR

MBBS 11th Batch (5th Year): Crischal Neupane
MBBS 12th Batch (4th Year): Shailesh Neupane
MBBS 13th Batch (3rd Year): Saesta Praveen
MBBS 14th Batch (2nd Year): Prasis Devkota
MBBS 15th Batch (1st Year): Anish Acharya
BSc Nursing 7th Batch (3rd Year): Neelam Devkota
BSc Nursing 8th Batch (2nd Year): Shrinkhala Shrestha
BNS 7th Batch (3rd Year): Lizala

THE "EVERYTHING BUT MEDICINE" EXPERT

MBBS 11th Batch: Abhash Kumar Mandal
MBBS 12th Batch: Adarsh Khanal
MBBS 13th Batch: Shyam Sundar Baitha
MBBS 14th Batch: Dayakrishna Joshi
MBBS 15th Batch: P. Anish Benedict
BSc Nursing 7th Batch: Archana Aryal
BSc Nursing 8th Batch: Ritika Moktan
BSc Nursing 6th Batch: Sneha



THE BINDAAS BUDDY

MBBS 11th Batch: Victor Makhim
MBBS 12th Batch: Roshan Kumar Yadav
MBBS 13th Batch: Piyush Pandit
MBBS 14th Batch: Prasis Devkota
MBBS 15th Batch: Suraj Sah
BSc Nursing 7th Batch: Prashreesha Thapa
BSc Nursing 8th Batch: Amrita Kumari
BSc Nursing 6th Batch: Rajesh
BNS 7th Batch (3rd Year): Ritu

THE GOSSIP EMPEROR / EMPRESS

MBBS 11th Batch: Amit Chand
MBBS 12th Batch: Prisma Pathak
MBBS 13th Batch: Sushmita Gotame
MBBS 14th Batch: Soumya Kumari
MBBS 15th Batch: Bimarsh Gyawali
BSc Nursing 7th Batch: Amisha Chimariya
BSc Nursing 8th Batch: Madhuri Mandal
BSc Nursing 6th Batch: Soniya
BNS 7th Batch (3rd Year): Poonam



The SUPERLATIVES



VOICE OF THE BATCH

MBBS 11th Batch: Aayush Niraula
MBBS 12th Batch: Sandip Kandel
MBBS 13th Batch: Prabuddha Bajracharya
MBBS 14th Batch: Subham Thakur
MBBS 15th Batch: Aasif Iqbal Siddiqui
BSc Nursing 7th Batch: Rustam Rai
BSc Nursing 8th Batch: Usha Baitha
BSc Nursing 6th Batch: Diva Laxmi

THE JUGAAD QUEEN / KING

MBBS 11th Batch: Aastha Neupane
MBBS 12th Batch: Sudha Pandey
MBBS 13th Batch: Mahesh Dahal
MBBS 14th Batch: Aastha Ojha
MBBS 15th Batch: Raju Mahato
BSc Nursing 7th Batch: Kashish Belabase
BSc Nursing 8th Batch: Shrinkhala Shrestha
BNS 7th Batch (3rd Year): Pratistha



THE AQUA-MAN

MBBS 11th Batch: Asmita Acharya
MBBS 12th Batch: Sumana Khakurel
MBBS 13th Batch: Roshani Siwakoti
MBBS 14th Batch: Bishop Gautam
MBBS 15th Batch: Parinda Karki
BSc Nursing 7th Batch: Asmita Ayer
BSc Nursing 8th Batch: Monalisha Gurung
BSc Nursing 6th Batch: Ruby

THE PANIC BUTTON

MBBS 11th Batch: Nisha Pokharel
MBBS 12th Batch: Sunaina Giri
MBBS 13th Batch: Diksha Rajbhat
MBBS 14th Batch: Krishna Pandey
MBBS 15th Batch: Sabita Barai
BSc Nursing 7th Batch: Niharika Neupane
BSc Nursing 8th Batch: Sachina Khadka



PERPLEXED YET COMPOSED?



Anup Timsina
11th Batch, MBBS

He has now seen young children fall to their knees, shaken; young souls taking on new challenges, and the elderly drift toward their fate.

The night of winter is when he imagined the life he was going to have, oblivious to what lies ahead. In his imagination, he sees a dream that not only empowers his ability to save lives, but also pushes his mind to strive for something exciting each day. Each insight takes him to another world of wonder, where he envisions himself as a man of value, integrity, honesty, and charisma.

But to his wonder, the reality that's present is beyond what was dreamt of. Each day, each passing night, each morning, each summer, each spring, each autumn felt like a battle. He succumbed to what he decided to be. Is this what he desired? A young boy with dreams of becoming a fighter pilot now remains an admirer of lost hopes, living in an odd, bizarre admiration of greatness. Was this his sole purpose? He asked. The answer is unknown.

He who has never known failure has questions. What is success? Is it the thrill of getting something new, or the process that tests his feet against greater obstacles, yet lets him complete it with little misstep? And of course, the challenge to himself

was his stimulus to keep going. The journey he was on was not a ruin of winter fading away or a blossoming flower of spring; these were the sprouts of hope he needed to tackle and grow.

He has now seen young children fall to their knees, shaken; young souls taking on new challenges, and the elderly drift toward their fate. Acts of honour, gestures of gratitude, and the quiet emotional unravelling of long-depressed people—he has witnessed it all.

He who has understood his ability now stands tall on his path. He has watched as human life evolves, from birth to the breath of death. The turmoil of someone's loss to the joy of another's life.

From life to death, he has seen it all, and witnessing this has lifted his wings again. He is flying again—like an eagle in the open blue sky—his cheerfulness toward his decisions, making him truly joyous.

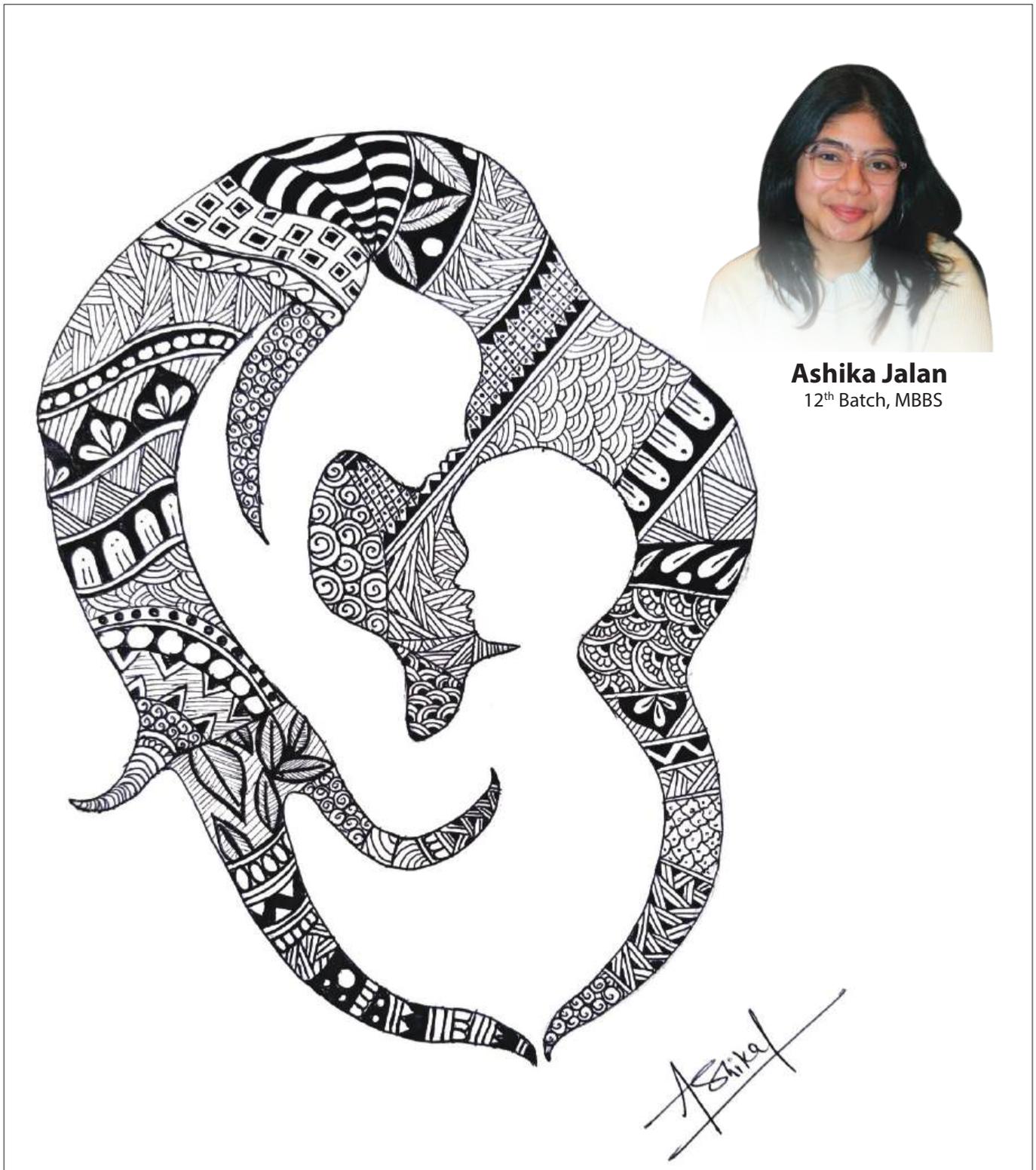
He is content with what he has—envisioning and living a life devoted to giving life to others. He can now proudly say he was once confused but remained composed, steady

himself with every word. Those words kept him from breaking.

And with uncertainty replaced by clarity, he walks forward with a quiet conviction. Not because the path has grown easier, but because he has learned to walk it with purpose. His past

dreams did not fail him; they shaped him. His struggles did not break him; they carved the contours of the man he has become.

Perplexed he may have been, but composed he remains.



Ashika Jalan
12th Batch, MBBS

The Evolution of a Nursing Leader: Her Academic Achievements, Research Portfolio, and Strategic Vision



Prof. Shanti Awale, the newly appointed Dean of the School of Nursing and Midwifery at Lalitpur Nursing Campus, brings decades of experience in clinical practice, teaching, research, and academic leadership. From her early days as a staff nurse to her extensive work in nursing education and research, she has dedicated her career to advancing the profession and promoting compassionate patient care. In this interview, she takes us through her journey reflections on nursing, and her vision for the future of the school and the profession in Nepal.

Interviewers: Laxmi Gurung, Saluja Shrestha, Prasansa Neupane, Kabita Dhimi

1. To begin softly, could you share a little about your early life, how you started nursing, and your academic journey?

I completed my SLC from Prabhat Madhyamik Vidyalaya, Lalitpur and joined Lalitpur Nursing Campus in 1986 for PCL Nursing. After

graduation, I worked nearly nine years as a staff nurse at Patan Hospital across emergency, maternity, medical, surgical, and pediatric wards. I also worked at Ampipal Mission Hospital, Gorkha for one year in the initial time of my career. This diverse exposure shaped my interest

in healthcare and strengthened my commitment to patient care.

I completed bachelor in nursing (hospital Nursing) in 2000 and joined as an Assistant Lecturer in Lalitpur Nursing Campus in 2001. Teaching made me realize the gap between my PCL and BNS studies, which inspired me to further strengthen my knowledge and skills. In 2008, I completed my Masters in Adult Nursing from Maharajgunj Nursing Campus, Kathmandu.

2. Was there a particular moment, experience, or person that inspired you to consider nursing as a career?

I was uncertain about my career until completing SLC, and nursing was not my initial plan. My father, a farmer and active social worker, always dreamed of seeing me become a nurse. His dedication to helping others deeply influenced me. At the same time, I discovered my own passion for caring for people in need. Guided by my father's dream and my desire to serve, I ultimately chose nursing as my career path.

3. What were some memorable moments from your early clinical or training years that remain meaningful to you today?

My early inspiration came from my father, and my passion for nursing grew with my studies. I was fortunate to be mentored by respected late Bishnu Rai Ma'am, a pioneering nurse who guided us during my study in PCL. Through her leadership, discipline, and unwavering dedication, she set standards that continue to guide us today. We are truly indebted to her enduring legacy in nursing education and practice.

I recall caring for an elderly woman in my student life whose son later stopped his car on the way to our college and sincerely thanked me. It was a quiet moment that deeply touched my heart. There were also moments of profound loss; a young burn patient we grew attached to

while caring for a month, who unfortunately passed away, and a one-year girl child with pneumonia at Amppipal Hospital, where ICU facilities were unavailable. I also remember a blind young man who brought a destitute patient for treatment in the surgical ward, Patan Hospital and visited him regularly with unwavering care. These experiences taught me that nursing is not just clinical work, it is empathy, humanity, and service.

4. Ma'am, during your PCL Nursing years, you were in the same batch as Nepal's first male nurse. How did students, teachers, and society react when male nurses were first introduced?

Before that, I hadn't realized nursing could include men. Yet when they joined, it felt refreshing rather than strange. Our batch had eight male students, many with CMA backgrounds and work experience. Observing and learning from them boosted our confidence.

Male nurses were supportive during duty hours and community postings. While society often viewed nursing as a female profession, a perception that still lingers; teachers welcomed male students. Interestingly, after four batches, male enrollment temporarily stopped but fortunately, the practice has since resumed, bringing diversity and new perspectives to the profession.

5. What led you to transition from full-time clinical practice to the world of academics and administration? Were there any key turning points?

Initially, I never imagined moving into teaching. During my BN studies, respected Radha Devi Bangdel Ma'am taught educational science and often asked if we were interested in academics, I usually said 'no' as I used to enjoy being a clinical nurse. But her way of teaching inspired me to become a teacher.

Similarly, over time, after finishing my BN study, I realized that, as a nurse, I could care for one patient at a time, but as a teacher, I could indirectly impact countless patients through my students. This understanding of broader impact became a key turning point, inspiring me to transition into academics and administration.

6. With such a demanding academia and research career, how do you find balance in your personal life?

From juggling unpredictable nursing shifts to navigating the constant demands of academia, finding balance can be challenging, especially for women. The key is prioritization of tasks and time management; knowing which personal and professional tasks truly matter, allocating one's time wisely, and tackling each day with focus. When done right, it's possible to thrive both at work and at home. It is also possible because of my supportive parents, family members, relatives, co-workers, friends and many others.

7. What hobbies, routines, or interests bring you joy outside of work?

Outside of nursing, I find joy in gardening, listening to music, and reading or watching inspiring life stories. On breaks, I love exploring scenic places, but my greatest pleasure these days is spending time with my daughter and young grandson, making the most of every family moment.

8. Are there life experiences unrelated to academia that have shaped your character or leadership style?

My leadership journey didn't start in a boardroom, it grew naturally through experience. Beginning as an Assistant Lecturer at a nursing college, I progressed through roles from Lecturer to Professor. Along the way, mentoring students and junior faculty and handling administrative

responsibilities helped me realize the importance of management, guidance, and collaboration. Over time, these experiences shaped not only my leadership style but also my understanding of responsibility, teamwork, and supporting others to succeed.

9. How has the nursing profession evolved since your early days, and how do you envision it changing for future generations?

Nursing has transformed dramatically since my early days. When I completed my PCL Nursing, there was only one college offering the degree, and Master's programs were nonexistent. Career paths felt limited, and many believed nurses would spend their entire lives as staff nurses. Today, the landscape is vastly different. Opportunities for advanced education, specialization, and research abound at both the Bachelor's and Master's levels, with even PhD programs and fellowships available. Nurses now exercise greater clinical autonomy and decision-making, reflecting a stronger professional identity. Societal perceptions have also shifted, especially post-COVID, when the demand, respect, and recognition for nurses grew enormously. Global exposure has expanded as well. Nurses are now aware of international standards, protocols, and opportunities, making the profession more interconnected worldwide. While nursing remains service-oriented, the new generation is increasingly career-driven, combining dedication with professional ambition. The profession has evolved from a purely service role into a dynamic, empowered and globally aware career.

10. What is your broader vision for the future as a dean of the school of nursing and midwifery, Lalitpur nursing campus?

Being Dean of Lalitpur Nursing Campus is a great honor. My vision is to build a strong

foundation on its 60+ year legacy and produce nurses who are competent, compassionate, and dedicated nurses who will serve the people of Nepal with excellence and integrity. For this, we are aiming on expanding programs, from PhDs to fellowships and super-specializations, upgrading infrastructure with simulated skill labs, and fostering a research-driven, evidence-based culture where faculty and students grow together. My goal is to make Lalitpur Nursing Campus, a center of excellence, shaping the future of nursing in Nepal and beyond.

11. How do you foresee the role of nursing and midwifery evolving over next decades or rather, what are your expectations for current nursing students?

Whether at the Bachelor's or Master's level, I expect nursing and midwifery students to enter the field with a genuine spirit of service. While career opportunities and global prospects are important, true success comes from a desire to care for those in need. This mindset not only enriches their learning but also ensures they carry compassion and professionalism throughout their careers.

12. What message would you like to share with the next generation of nurses and leaders?

To nurses: As the medical field evolves, new technologies and protocols are constantly emerging. Whatever your specialty, whether medical-surgical nursing, child health nursing or another, you must stay updated through study and research and embrace technology as a partner in providing the best care.

To leaders: Leadership is not limited to titles. Whether you are a bedside nurse, educator, administrator, or policymaker, your voice matters. Advocate for patients, for professional standards, and for the rightful place of nursing in health policy and decision-making. Support one

another. Build a culture of respect, mentorship, and unity within the nursing profession. When nurses uplift nurses, the profession and the nation moves forward.

13. You have an impressive research background. What topics have you focused your research on?

I began research after completing my Master's degree and during the COVID-19 period. Some of my published studies include:

- Perception of nursing students and faculty on problem based learning.
- Health related quality of life among patients' family members visiting hospital during COVID-19.
- Awareness of cardiovascular diseases risk factors among people residing in an urban community.
- Knowledge and attitude towards COVID-19 among nursing students.
- Association of lifestyle with high blood pressure among clients attending diabetic clinics.

I also involved as co-investigator in many other researches. These studies reflect my interest in both clinical and educational research, aiming to improve patient care and learning experiences.

14. What inspired you to undertake these research studies?

My inspiration to undertake these nursing research studies grew from daily clinical and academic experiences where I repeatedly saw gaps between what nurses know, what they do, and what patients actually need. Working closely with patients, students, and practicing nurses made me realize that many challenges in nursing practice are not due to lack of commitment, but due to limited context-specific evidence, especially in settings like Nepal.

For me, research is a form of continuous learning.

As we guide Bachelor's and Master's students in their research study, I realized that having hands-on research experience and staying updated is essential to mentor effectively. This desire to support and guide my students inspired me to engage in research.

15. What disease early screening programs were you involved in?

I co-authored a breast cancer screening project and guided a Master's student participating in it. Beyond that, we regularly conducted community screening programs for breast and cervical cancer, heart disease, diabetes, kidney disease and problems related to eyes. We also provide awareness programmes on non-communicable diseases (such as cancers, cardiovascular diseases, diabetes and kidney failure), mental health, breast self-examination and promotion of healthy diets. These initiatives raised awareness and supported early disease detection.

16. In Nepal, what challenges did you face while conducting screening projects?

The biggest challenge was a lack of awareness, many people did not understand the importance of early screening, making awareness sessions essential frequently. Participation was another hurdle. Even after repeated invitations, turnout was often lower than expected, which made achieving the full impact of the programs challenging.

17. When you reflect on your journey—from your early beginnings to where you are today—what do you hope your legacy will be?

When I reflect on my journey from a staff nurse at the bedside to serving as a nursing dean today, I hope my legacy is defined not by the position I held, but by the people and the profession I helped strengthen.

I hope to be remembered as someone who upheld the dignity of nursing, placing patient-centered, ethical, and compassionate care at the heart of education and practice. Having begun as a staff nurse, I never forgot the realities of the ward, and I tried to ensure that nursing education remained grounded in clinical relevance, not just theory.

I hope my legacy includes empowered nurse graduates who are clinically competent, critical thinkers, confident leaders, and advocates for patients and communities, especially within the Nepalese healthcare context. If my students go on to provide safe, evidence-based care, lead change, and serve with integrity that would be my greatest achievement.

18. Concluding all these reflections, if not nursing, what do you think you would be doing?

(Laughs) If I weren't in nursing, I'd most likely be a homemaker or social worker. I enjoy organizing, being helpful to others, and staying actively engaged, so I believe I would have found fulfillment in that path as well.

As our conversation concludes, reflecting on the path she has traveled, her journey reminds us to lead with empathy, embrace life's flow, strive for continuous growth, and remain steadfast in our efforts. From her early days as a staff nurse to her current role as Dean, she has consistently demonstrated that true leadership is rooted in compassion, dedication, and service to others. Her story shows us that nursing is not merely a profession, but a calling, one that shapes lives, uplifts communities, and inspires the next generation of caregivers. In the end, it is her unwavering values and commitment to excellence that leave the most lasting impression, reminding us all of the profound impact one person can have when guided by purpose and heart.

From Health Post to District Hospital

(An Unforgettable Tale)



Sushant Singh
11th Batch, MBBS

*“Babu, kati tada bata
aaunu vayo? Bari ko fresh
saag ra aalu khanu.”*



During orientation, when I was surrounded by new faces—just like me, feeling naive, wearing white aprons, filled with ambition and ready to pave a new path—the session began. Everyone halted in their seats, and a magical voice welcomed us with praise. As we listened, our hands grew warm from clapping. The strangers around me slowly became partners in this journey, and time passed by.

It felt like different flowers from all over the country were blooming together. A subject called *Community Health Sciences* appeared, and we were told it would stay with us throughout our course like a soul—something we would need at various points in life. The more we loved it, the more it would become our strength.

After the first year, as we approached the last block, the moment arrived when we would live outside our homes in the community. I went with my six partners to see how the health system works at the ground level—and there it was: the health post. Turning the register pages, reviewing data, conducting IDIs and KIIs—these made me realize how the process truly works. The place we stayed in became our second home, and eating *dudh* and *dhido* at night made me silently give thousands of compliments to the CHS department.

The story continued, and this time we stepped onto the second rung of the ladder. After finishing the renal exam, I received an email about CDP orientation. I was excited, and on the orientation day, I knew this phase would be different. We were given questionnaires—I still remember that *aalau daada*. From climbing uphill to reaching distant houses, carrying water and a chocolate bar, measuring blood pressure, and counselling people about a healthy lifestyle—it was all an experience. A family offered me food saying, *“Babu, kati tada bata aaunu vayo? Bari ko fresh saag ra aalu khanu.”*

That moment made me proud to be Nepali. But then came a sad moment when a *baje* said, *“Babu, Swathachauki pugna nai 2 hrs lagcha,”* and his blood pressure was 170/120 with hematuria. I counselled his family, and he was curious why all colleges do not adopt this practice of community posting, as it would be highly beneficial for them.

Then began the clinical journey. After completing the third-year final

exams, the bell rang for PHCC posting. This time the duration was one month, and the excitement doubled because exams were finally over. The day everyone was waiting for had arrived, the group list and location of our new adventure.

I was placed in the Gajuri group. The PHCC was within walking distance from our building. Our theme of study was health insurance. After meeting the in-charge, I learned a lot about the PHCC and how it functions. We formed groups and rotated through different departments. A special bond developed with my group members—we felt like a family. The environment was perfect for learning. It was one of the most refreshing postings for me.

Finally, I reached the final chapter of our community posting without realizing how quickly time had passed. The last posting, rural health posting began. After the fourth year ended, my name appeared in the first half. I was nervous but excited. I packed my bags and headed to Dhading again. What a coincidence!

After arriving, a young energetic gentleman wearing glasses, along with four senior *didis*, greeted us. We later learned he was a third-year general surgery resident from the first PAHS batch. The next day, we met the pioneer of the hospital, Mesu Sir, who welcomed

us with a cheerful face and tika. After introductions, he gave us our schedule. Interestingly, my first rotation was in Obs/Gyne.

I met a consultant who was serving his bond, a PAHS graduate, which created a special connection. She taught me many things. I saw patients during OPD, and assisting her in a C-section was an incredible experience. Working with limited resources made me realize that choosing this career was the right decision.

Walking into the hospital with big dreams, wearing a white coat, gave me a special feeling. Working in OPD and wards, listening to patient stories, and counselling them made me understand the importance of communication skills. Even after three months, the vibes still feel like day one. So many memories were created with peers, all making this journey unforgettable.

Now that I'm at the end of my MBBS journey, looking back at all the bits and pieces, I've realized the true importance of community-based learning. Even after ten years, when I look back on today, these postings will hold a special place in my heart.

Thank you.



Riddles

- ❖ I strike suddenly with crushing chest pain, radiating to the arm and jaw. Sweat pours, fear rises, and time becomes muscle. If arteries open quickly, I forgive. If not, I scar forever. Who am I?
- ❖ I arrive at night with breathlessness and wheeze. I love dust, pollen, and cold air. Inhalers tame me, but neglect invites me back. Who am I?

Unsung heroes: Voices of PAHS



Dambar Bahadur Magar

Interviewed by Laxmi Gurung & Saluja Shrestha

Introducing Dambar Bahadur Magar, who is behind the wheels before the sun is up, making sure students get to their hospital placements safely. He navigates the traffic so that students can focus on navigating their textbooks. He began his journey at the nursing school in 2052 B.S. as a night guard, ensuring the safety of the campus through the quiet hours. In 2055 B.S., he took on the role of driver, a position he has carried out faithfully for nearly 20 years. Each day, he ensures students arrive safely and on time, quietly supporting generations of future nurses.

He reflects; "For the past 20 years, this college has been like a second home to me. While the transition from the United Mission to Nepal (UMN) to PAHS brought about significant changes, I be-

lieve these changes occurred for a positive purpose. My responsibility has always been to bring the students safely and on time, and I have tried to do that with honesty and care. Watching them grow into confident nurses and witnessing their whole journey gives me great happiness. As a driver, I also urge the students to keep the bus clean, no wrappers or masks thrown in the bus; after all, it's your own property (giggles). Even though my work is simple, I feel proud knowing I am part of their success. Serving the students and this institution has always been an honor for me."

We focus on the pulse, but Dambar Dai focuses on the path. Without his steady hands on the steering wheel, we students couldn't put our hands to clinical learning. Here's to the man who keeps our clinicals and our spirits moving forward. They say it takes a village to train a nurse, and we are so incredibly thankful that he is a part of ours. Thank you to him for everything he does.

Tiny Hospital, Big Lessons: My Journey Beyond PAHS

Graduating from Lalitpur Nursing Campus (LNC), Patan Academy of Health Sciences (PAHS) and carrying my prior work experience into Chautara felt profoundly different. My years of experience in previous workplaces and at LNC, PAHS had shaped me with strong clinical grounding, discipline, responsibility, and skills I only fully appreciated after leaving. For that, I carry deep gratitude. Moving away from a familiar environment into a completely new landscape brought a change I had not expected.

Life beyond my workplace first took me to LNC and life beyond LNC brought me to Chautara Provincial Hospital as a bonding staff. The transition was raw. The Outpatient Department (OPD) was quiet, the hospital tucked away from the main road and the surrounding silence felt unusual. The pace, the people and the atmosphere did not match what I had known. I wondered why the hospital was so far inside but, the real question was why everything felt so distant from the life I was used to. Accepting that I would live and work here took time.

Slowly, the place began revealing itself. Some experiences strengthened me, others drained me. One night, I heard the siren. I was new and unsure of the protocol, but instinctively, guided by past experiences, I rushed to the Emergency Room (ER). A patient was crashing. We tried everything, but we could not save him. The weight of that loss stayed with me, especially knowing how different the outcome might have been in a fully equipped system.

Days passed, and when the orthopaedic Operation Theatre (OT) began operating, a sense of familiarity returned. In Kathmandu hospitals, scrubbing for major surgeries like Whipple's, Coronary Artery Bypass Grafting (CABG), Vid-



Dipika Khadka

Nursing Officer

Chautara Provincial Hospital, Sindhupalchok
(BNS-2024 Passout)

eo-Assisted Thoracoscopic Surgery (VATS), craniotomy or hip and knee replacements felt routine. Here, every procedure, whether Kirschner Wire (K-wire) fixation, nail removal, Intramedullary (IM) nailing or plating, became a moment of collective celebration. Each success reflected progress for the entire community, turning what felt like minor work in the city into meaningful milestones here.

Chautara reshaped my understanding of healthcare. Here, we do not carry specialized labels. There are no pediatric, psychiatric, ICU or OT nurses. We become what the situation demands. One day maternity, the next emergency, then ward or OT. We are what Chautara has and we give all that Chautara needs.

We welcome every staff member warmly, but meeting another PAHS graduate, whether a nurse, medical officer or physician, brings a special joy. Even living away from PAHS, that name carries warmth and a sense of familiarity and reminds us of home in a new place. It is a simple, heartfelt feeling that adds meaning to our daily work.

Without being asked, we all naturally take responsibility for our patients and for one another. We prepare one another, share knowledge, some knowing a little and others a little more, and support each other to provide the best care possible. This honest exchange and mutual support is the truest form of learning and upliftment of one another.

The connection with patients is entirely different. In Patan, thousands arrived daily and faces changed constantly, though we built connections there too. Here, patients return often; they know our names and we know theirs. When someone passes away at home, the news reaches the hospital and it never feels like losing just a patient. They were our aama and buwa, people with whom we shared conversations, hopes and laughter. Their loss leaves a quiet ache in the corridors.

The limitations of this hospital are real. Resources are scarce and specialists are rarely available. Emergencies stretch the system to its edge. I see general physicians hustling to keep patients safe, medical officers enduring exhausting duty hours and orthopedic surgeons performing surgeries with the bare minimum. Nurses shift roles constantly and all staff do the same. With only 3–4 nurses in the entire hospital, one or two Health Assistants and a single medical officer at night, every crash call sends all quarter staff running to save a life. No personal space, no true off-time. Whether superintendent, general physician, orthopedic surgeon, medical officer, nurse or Health Assistant, the dedication comes from somewhere deep; I do not know where, but it comes.

Natural disasters add to the challenge. Landslides block roads, delaying referrals. Nationwide protests create obstacles for patients in urgent need. At times, essential equipment or medications are unavailable and human resources run thin. Still, we work with what we have. I hear a general

physician saying, “I am ready to stay the whole day and night for a patient in labor. I just need the baby to be safe.” That emotional connection is something I witness up close.

Patients with Chronic Obstructive Pulmonary Disease (COPD) struggle with concentrators due to electricity issues and many cannot reach tertiary centers. They come with Myocardial Infarction (MI), acute abdomen or eclampsia, conditions needing specialist care. Emergencies often turn into long nights where we stay alert with whatever resources we have.

Yet within these hardships, there is quiet beauty. Pregnant women walk in after finishing household chores, husbands leave postpartum wives to return to work and families walk for hours to reach care. For them, this hospital is not just a facility, it is hope. For staff, it is a lifetime lesson. For the nation, it is a reminder of the fundamental right to healthcare.

Working here has taught me the true value of healthcare, time, skill and acknowledgment. It has made me realize how privileged I was to grow in a setting with specialists always nearby. Here, I learned how significant even small interventions can be. I saw how every staff member leaves behind something meaningful, often without realizing it.

Chautara humbled me. It made me slow down, reflect and appreciate life more deeply. It grounded me with gratitude for everything I once took for granted. It showed me that being a large fish in a small pond is not about size. It is about impact, connection, presence and sincerity.

This journey beyond LNC, PAHS taught me that true impact is not measured by the size of a hospital, but by the lives touched, the trust earned and the hope restored. It strengthened my hands, opened my heart and shaped me not just as a nurse but as a human being, forever grateful, forever changed and forever committed to serving with purpose.

Vision Beyond the Ordinary: Shaping Minds and Futures



Mr. Tankeshwor Acharya

Assistant Professor, Department of Microbiology

Interviewer- **Deepa Acharya, Dikshya Kattel, Smarica Dhungana, Dipesh Roka, Sandeep Kushwaha**

Some conversations linger not because of the answers they offer, but because of the questions they invite. This interview with Mr. Tankeshwor Acharya—microbiologist, educator, digital advocate, and founder of Edusanjal—took place as a moderated table discussion with students of PAHS, creating a space for open conversation rather than a conventional question-and-answer exchange.

Gathered around a table, the discussion unfolded

through shared curiosity, honest reflection, and thoughtful pauses. Mr. Acharya spoke not only about his professional journey—from academia to entrepreneurship—but also about the values, uncertainties, and responsibilities that shaped his choices along the way. Topics ranged from transparency in education and the future of medical learning to the role of technology, social media, and self-discipline in an increasingly complex world.

This conversation captures more than insights and opinions; it reflects a meeting of generations, where experience met inquiry and learning extended beyond the classroom. What follows is a record of that exchange—rooted in dialogue, shaped by reflection, and guided by a quiet but persistent curiosity.

Q. You began your career in microbiology and later moved into teaching, entrepreneurship, and digital advocacy. Going back to when you were a teenager, what particular events in your life shaped your path - from being a student of microbiology and an educator to ultimately founding edusanjal?

My journey from the village of Pyuthan to the founding of edusanjal was never a straight line; it was a series of pivots driven by family duty, academic pressure, and the dawn of the internet. Growing up under the shadow of Dr. Bharat Mani Pokharel, Nepal's first Microbiology PhD, my path felt pre-decided. Despite a brief "rebellion" where I tried to switch to an MBA to escape the rigors of science, I ultimately returned to Microbiology to honor my family's wishes. This period was defined by a heavy sense of responsibility—I wasn't just studying for myself; I was studying to prove my worth to a father who had hoped for a medical doctor.

The true transformation occurred at the intersection of personal crisis and the digital revolution. While I was a top-scoring Master's student, the era of cyber cafes and MSN Messenger began, opening my eyes to the power of connected information. My plans to pursue a PhD abroad were halted when my father was diagnosed with CLL (leukemia). Choosing to stay in Nepal as the youngest son, I transitioned from a student to an Assistant Professor, but the struggles

I faced navigating the education system—the lack of transparency and the difficulty of finding the right information—stayed with me.

Ultimately, edusanjal wasn't just a business idea; it was a digital solution born from my own history of navigating a fragmented educational landscape. I realized that while my career began in a lab, my true calling was advocacy and entrepreneurship—using technology to ensure that the next generation of students wouldn't have to struggle as much as I did to find their way.

Q. Before Edusanjal was founded, what was the landscape of educational information in Nepal like? What inspired you to create Edusanjal in the first place?

Before Edusanjal, the educational landscape in Nepal was a culture of information hiding. Information was treated as a guarded secret rather than a public resource; even close friends would often hide details about international scholarships until they had already applied. There were no platforms to compare courses or colleges, leaving students to rely on fragmented word-of-mouth. While a few websites existed just to check pass/fail results, there was a "complete void of guidance" for those trying to plan their future. The inspiration to bridge this gap came from my role as a village scholar. Relatives constantly sought my advice on where to send their children for nursing or engineering, making me realize that reliable information was a luxury many couldn't afford. I was driven by the belief that educational access should be democratic, not dependent on who you know.

I founded edusanjal to move away from limited information decisions and create a

platform where "every student—regardless of their background—could access the same opportunities." My goal was to transform the way Nepali students navigate their careers by turning a fragmented system into a transparent, digital gateway.

Q. Edusanjal has informed millions of students over the last decade. Looking back, what achievement are you personally most proud of? How has Edusanjal evolved with changes in the needs of Nepali students and global educational trends?

Looking back at over a decade of impact, the achievement I am most proud of isn't just a single award, but the validation of an idea. In the early days, I would travel by public tempo, hiding my laptop in my bag, and overhear strangers discussing edusanjal to check their results or find college info. That "feel-good vibe" of seeing my "brainchild" become a household name was incredible. From being the official "TU result partner" to winning the "World Youth Summit Award". Every milestone proved that a platform built on transparency could truly serve the masses.

To stay relevant, we have evolved from a simple information portal into a dynamic digital ecosystem. We started with blogs and scholarship lists to combat the information hiding culture of the past. As student needs changed, we shifted toward audio-visual content and integrated course databases, allowing students to make informed decisions rather than guesses. We've bridged the gap between traditional local schooling and global educational trends, ensuring that a student in a remote village has the same digital resources as one in the city.

Edusanjal has grown from a personal mission into a national infrastructure. It survived the challenges of the 2015 earthquake and the shifting bureaucracy because its core purpose "democratizing education" never changed.

Q. Edusanjal has been a front-runner in the 'Study in Nepal' campaign. What structural or policy-level changes do you believe are necessary for Nepal to retain more of its students?

During a recent panel at Hotel Himalaya, in front of MEC Chair Shree Krishna Giri, Vice Chancellors, Deans, and other academic leaders, we discussed the critical issue of retaining students in Nepal, marking one of my first public appearances and providing a platform to highlight the Study in Nepal Campaign. Global development is driven by knowledge economies; Japan through education, the U.S. through research, and the Middle East through resources. Companies like Nvidia, Tesla, Apple and major AI firms succeed because they invest in education and research. Nepal cannot progress without strengthening its universities and research culture. Nepali students finish plus by 18, while rational decision-making matures around 25. Under family pressure and unregulated consultancies, many are sent abroad for income-focused courses, costing families NPR 15–16 lakhs per student money that could instead build strong local institutions. We advocate completing bachelor's degrees in Nepal and pursuing higher studies abroad through merit-based scholarships. The Study in Nepal Campaign works to retain students, prevent scams, and build quality education at home—reducing dependence on insecure foreign jobs and securing Nepal's future human capital.

Q. PAHS is known for its innovative and

community-oriented curriculum. In your experience, what makes PAHS students different from students in other medical colleges?

PAHS is known for its innovative, community-oriented curriculum that develops soft skills alongside academic knowledge. In today's information-rich world, critical thinking, communication, teamwork, and problem-solving matter more than memorized content. PAHS emphasizes this through its Problem-Based Learning (PBL) curriculum, which fosters holistic development by treating students as adults in their learning process. Students learn to analyze information critically, identify knowledge gaps, prioritize tasks effectively, and synthesize insights. The value of these skills is clear in real-world roles. Though resource-intensive, PBL gives students practical experience to navigate such complexities, helping them become well-rounded individuals who can excel globally, both academically and personally developing the whole person, not just a medical professional.

Q. You along with faculties of PAHS have been advocating for PBL based learning model in different medical colleges of Nepal. What limitations or challenges do you think PBL still faces in the context of Nepal?

We conducted training sessions at NAIHS, Madhesh Institute of Health Sciences, and most recently at Karnali Academy of Health Sciences. We observed that, unlike Western systems where students enter medicine after premedical or postgraduate education, Nepali medical students show limited diversity in academic background as "many students have not yet fully developed the maturity expected of adult learners. While PAHS strictly follows Problem-Based Learning (PBL), many other colleges are still transitioning

to this approach. Since medicine cannot be mastered through lectures alone, students must be taught how to read effectively, recognize knowledge gaps, and prioritize learning.

Q. What advice would you offer to medical students to stay motivated and consistent in their studies? How can they cope with the challenges that come with medical education?

One of the most important lessons medical students should learn early is to say "NO". Entering medicine is an emotionally intense phase of life: New freedom, New friendships, Homesickness and Constant comparison with others. It's easy to feel overwhelmed, but being here is not coincidence, it reflects your years of hard work and resilience. Studying medicine does not mean sacrificing your life entirely-you need balance and time to reflect, and you also need to understand how to separate emotional impulses from rational thinking. Motivation does come from within, from understanding your own journey and striving to become a little better each day. With eight billion people in the world the only real competition is yourself.

Q. If you could describe your teaching philosophy in one sentence, what would it be?

For me, teaching is about nurturing the future generation. I don't really feel like I'm teaching Microbiology- I am teaching my students how to prioritize contents. I am not ever sure if they realize this yet- maybe someday they will.

Q. You're known for your wide-ranging knowledge across domains. How do you cultivate such breadth while maintaining depth in your core field?

Honestly, I no longer need to constantly study

microbiology just to teach it. During my master's degree, I focused on understanding the concepts rather than rote memorization. Writing blogs on microbe.online.com further deepened my knowledge, answering questions from readers around the world helped ideas settle into long term memory and expanded my thinking.

This approach gave me time to explore my other interests. Edusanjal now runs largely on autopilot, supported by a strong team, so I am not involved day to day. With more time, I enjoy reading, podcasts, and learning across the fields instead of mindless scrolling. I am very aware of how easily I get absorbed in things, so when I realize something isn't serving me, I consciously change direction. This mindset helps me keep depth in my core field while staying curious about everything else.

Q. Sir, regarding the one-day-a-week social media detox you recommended, could you guide us on how to implement it effectively and what changes we can expect in our academic performance or mental clarity?

I once believed my phone was indispensable. While running MicrobeOnline and managing an office, constant communication felt unavoidable. That belief changed when I learned about the CEO of Telegram, who fully owns the platform yet rarely uses a mobile phone except for testing his app's features. It made me realize that a social media detox might actually be possible. For me, social media is noise. It runs on dopamine—likes, attention, validation. While the need for validation is human, social media amplifies it, making trivial things feel important and leaving little room for introspection. We end up living more in other people's lives than our own. Without social media, you are left with

yourself and that's where clarity begins. You start listening to your body, noticing your breath, and learning to sit with boredom. Even everyday acts, like eating, regain meaning when you're fully present. I began my detox around Laxmi Puja and eventually committed to Tuesdays. Staying home and spending time with my kids brought focus. I read more, stopped consuming anger-driven news, and posted less about it. Surprisingly, my efficiency improved, and fewer things felt urgent.

You can try it too. Call your parents. Stop anticipating notifications. Sit with yourself. The ability to be fully present is rare and deeply valuable today.

Q. Among the microorganisms you teach, which one do you find particularly fascinating—and why?

Microorganisms are fascinating. *E. coli* amazes me as it is almost everywhere. But viruses intrigue me the most. Their evolution and ability to integrate into our genome forming a significant part of human DNA challenge our understanding of life itself. Though they may seem repetitive on paper, as biological entities, viruses are complex and mysterious, which is precisely what makes them so compelling.

Q. You are known for being fearless and outspoken on social media. What motivates you to speak openly on educational and social issues?

I don't plan my posts in advance. I write only when something feels worth saying—when a book moves me, or when I need to release anger or frustration. It always comes from my state of mind at that moment. Sometimes, I post simply to preserve memories, like a personal journal.

I write for myself. When these posts resurface later, they bring nostalgia for who I once was. It's not about social validation; it's about enjoying the process without worrying about how others respond and that's why I do it.

Q. In the context of medical education, what opportunities and risks do you see AI bringing to teaching, diagnosis, and patient care?

Actually, if you are closely following developments in Artificial Intelligence is transforming medicine, biotechnology, and healthcare. Demis Hassabis, the CEO of Google DeepMind and a Nobel Prize winner in Chemistry for AlphaFold, which solved protein-folding in a short time; a task that would otherwise take tens of thousands of PhD researchers years, eventually saving billions of research hours and accelerating drug discovery. Along with Google-backed Morpheus Lab, and tools like CRISPR and Next Generation Sequencing (NGS), medicine is entering a revolution where a person's genome can be sequenced cheaply and combined with gene-editing and protein-structure data for precise drug development. NGS can provide results within two hours, compared to days required for culture and sensitivity tests.

In many cases, AI can now detect cancers earlier than even highly experienced oncologists, suggesting that radiology, pathology, and microbiology image analysis may become largely automated. Consider Nikhil Kamath, the founder of Zerodha, a billionaire surpassing even traditional industrialists such as Binod Chaudhary. Recently, he interviewed Elon Musk, where he said, "In the future, work may become optional: people can choose to work if they want, but it will no longer be necessary for survival". Universal Basic Income may rise,

possibly increasing mental-health challenges and the importance of psychiatry. Surgery will remain relevant, with robotic systems like the Da Vinci already assisting surgeons, and future AI-encoded surgical skills enabling scalable robotic and telemedicine care. While Nepal has limited adoption, wearable devices abroad already track sleep patterns, REM cycles, glucose levels, and other physiological parameters. In the near future, such devices will allow comprehensive real-time monitoring of patients, with all relevant information accessible instantly, further enhancing healthcare delivery and personalized medicine.

Q. What advice would you give to students who want to pursue unconventional paths—whether in medicine, entrepreneurship, or digital advocacy?

What I feel is that there are several philosophical perspectives, sometimes contradictory, but it is helpful to distinguish between imagined reality and absolute reality. You, as an individual, represent absolute reality, whereas institutions like PAHS or even one's country exist as imagined realities. Your lifespan is fixed, though its boundaries may be unknown, and it is your responsibility to decide how to live it. No one can dictate your life—you don't need to please everyone, and it is always okay to say no. You are free to pursue anything that doesn't harm others, and within this freedom, you must find your own meaning. Past choices cannot be undone, so the responsibility to think, decide, and determine life's purpose rests entirely on you. Advice from others, even parents, reflects their experiences and may not suit you.

Happiness and fulfillment come from within. While outcomes such as exam results like the

CBSE result, may be beyond your control, but your effort and integrity are what truly matter. Liberty should be exercised yet comes the responsibility. Accountability should be taken by oneself, and if they can do that, then they will feel content because of their decision and their life.

Q.Can you also share any one of your memorable experiences in your life?

After hearing the question, I began reflecting and realized there are many experiences I could share, but I have chosen two that truly shaped my perspective and, in a sense, saved my life.

The first occurred: When I was younger, I freely climbed trees and wasn't afraid of heights. About nine years ago, we traveled to Mustang with Prem Sir and Bibek Sir (faculty of biochemistry who now live in Australia) and others. On our way, I spotted a rarely used shortcut, "Goreto bato," where only a few people used to walk to collect some timber and firewood and decided to take it while waiting for others. Near the top, I suddenly faced a steep cliff caused by a landslide—one misstep could have been fatal. Fear gripped me; my body went cold and hands trembled. Clutching a tree, I carefully descended step by step. Since that near-death experience, I've been cautious near edges. What once felt routine now feels intimidating without support—a lasting reminder of survival instinct.

So another second one is: While a cholera outbreak was ongoing in Kathmandu, my wife and I were selected for poster presentations at the American Society of Microbiology meeting in Atlanta. While living in Baltimore with her brother, we thought our flight was at night

the next day, but the next morning I suddenly received a notification that check-in had already started. My wife was sleeping next to me, and I felt cold all over. I had mistaken the timing—I thought the check-in was in the evening, but it was actually in the morning. Realizing that the airport was over an hour away. The fear of missing the flight was intense, not just because we would have to buy a new ticket, but also because it would look bad, as if I had deliberately delayed the trip to stay longer. Reflecting on that incident later, I realized how important proper communication and documentation are. Luckily, the ticket was in my email, which saved us. I still vividly remember running with our bags, feeling extremely anxious, and finally reaching the airport just in time.

That experience became an unforgettable memory in my life. Since then, whenever I travel abroad or anywhere else, I always make sure to keep my ticket safely and verify travel details in advance ensuring that such stressful moments are avoided.

Q. If you could send a message to your younger self, just starting out in this field, what would you say?

One thing I would like to say to my younger self is you should learn how to say NO. Saying no is such a powerful word. I don't know whether you guys would realize it or not now or in future but that word has a power. With No- you take control of your life you will do whatever you like to do. So many times we overthink like what they will think or feel, but take control of your life by saying no.

“The Last Leaf” by O. Henry

In “The Last Leaf”, Johnsy, a young, ill woman, loses hope of living and believes she will die when the last leaf on a tree outside her window falls. However, one leaf never falls. Seeing it gives her hope, and she begins to recover. What she doesn’t know is that the leaf isn’t real; it was painted by Behrman, an elderly artist in a storm. He catches pneumonia during the process and, unfortunately, dies, but his act of kindness and sacrifice gives Johnsy the **hope** and **strength** to fight for her life.



Sakuna Pahari
12th Batch, MBBS



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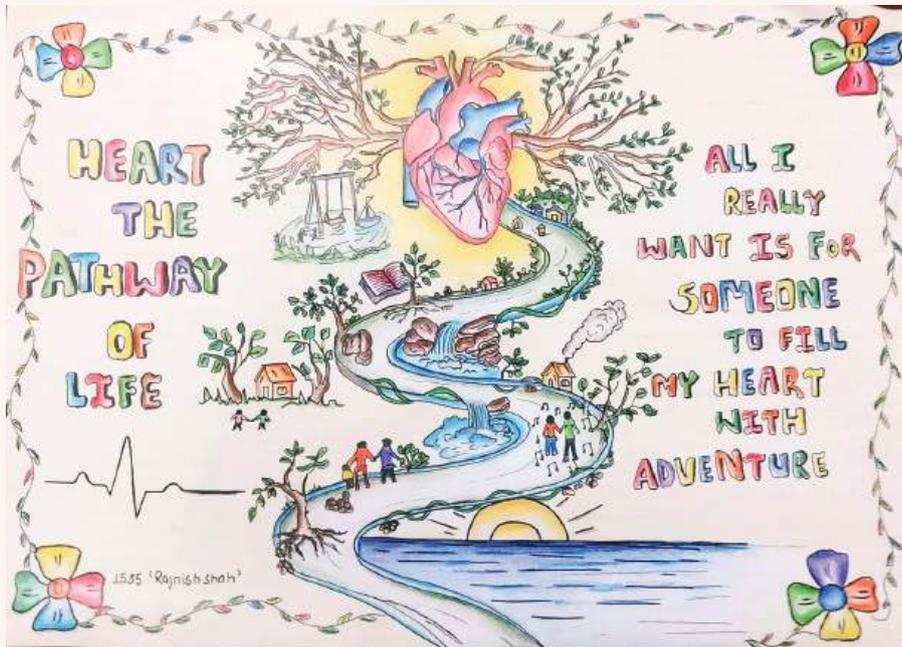
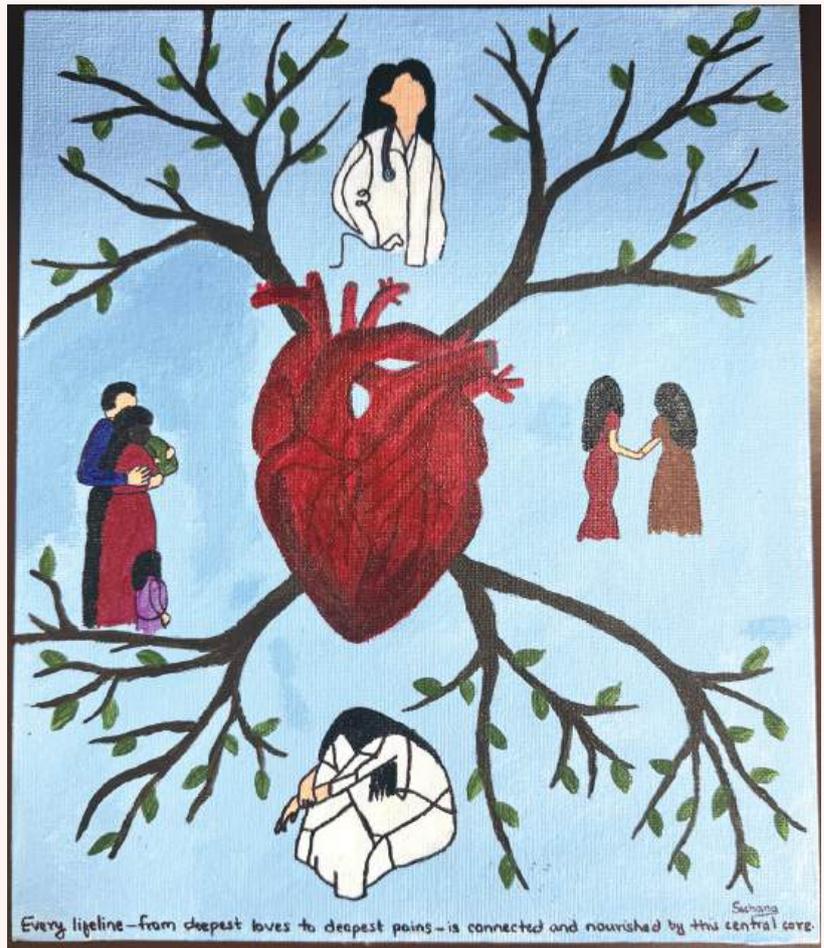


yetichem@mos.com.np



Suhana Chaulagain
15th Batch, MBBS

This art achieved 3rd position in 'My Heart : My Art' competition.



Rajnish Shah
15th Batch, MBBS

This art achieved 3rd position in 'My Heart : My Art' competition.



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ओहो पाटन अस्पताल

ओहो पाटन अस्पताल
हाम्रो साथी तिमी
करोडौँ मान्छेहरूको
बिरामी र बेसहाराहरूको
आशाको एक धरोहर तिमी
ओहो पाटन अस्पताल
हामी सबैको अस्पताल
धेरै असहायहरूलाई
साहारा दिँदै
हाम्रो सिङ्गो देशको
प्रतिनिधित्व गर्दै
लगनखेलसँगै
ठिङ्ग उभिएको छौ तिमी
मृत्युसम्म होइन
स्वस्थ भएर बाँच्न भनी
गुणस्तरीय जीवन दिन भनी
सधैं हौस्याउँदै
प्रोत्साहन गर्छौ तिमी
को साना
को ठूला
धनी-गरिब नभनी
रोगी-बिरामीहरूलाई
सेवा-सुविधा दिन्छौ तिमी
अँध्यारोमा हराउँदा
उज्यालो आशाको किरण तिमी
हाम्रो पाटन अस्पताल तिमी
पक्कै थाकेको त होइन
तिमीलाई पनि अप्ठ्याराहरू छन्
लाखौँ सेवाग्राहीहरूको
जीवन-मरणको
जिम्मा लिएको छौ
सपना तिमी
भरोसा पनि तिमी
तिमीलाई पनि त पोल्दो हो
भतभती दुख्दो हो
अभाव अनि आपत्को चाड
खड्किँदो हो



निता राई

स्टाफ नर्स, पाटन अस्पताल

आखिर बिरामीको मात्र होइन तिमी
म अनि म जस्ता धेरैको
ब्याकबोन हौ तिमी
सपोर्ट हौ
ढाड बनेर उभिएको हौ तिमी
यस प्रतिष्ठानमा आबद्ध
सम्पूर्णको
इच्छा अनि आकांक्षाको
आपूर्तिको स्रोत हौ तिमी
सधैं जिम्मेवार छौ तिमी
त्यसैले त तिमीलाई
कहाँ कतै छुट छैन
निरन्तर अधि बढ्छौ तिमी
मेरो अनि उसको मात्र होइन
सबै-सबैको घाउमा
मलम-पट्टी गर्छौ तिमी
मनभित्रका पीरहरू
धोइदिन्छौ तिमी
यसरी नै सधैंभरि
शिर उच्च गर्दै
उभिइरहन्छौ तिमी
देशमा आमूल परिवर्तन भयो
जनआन्दोलन भयो
राजतन्त्र हुँदै
प्रजातन्त्र अनि लोकतन्त्र आयो

कोभिड-१९ भित्रियो
जेन-जीको आन्दोलन पनि आयो
तर अझै
तिमीले हात उठाउन मिल्दैन
तिमीलाई दुख हुँदैन
तिमी थाकेर हार्न सक्दैनौ
ठूलो म्याग्निच्युडको
भूकम्प आउँदा पनि
तिमी भाग्न हुँदैन
त्यो त्रास-कोभिड-१९ को
त्यस्तो अभाव अनि दुःखबीच
सधैं पीडितहरूको सेवामा

निरन्तर लागिरह्यौ
जस्तोसुकै आपत आए पनि
जति सहनु परे पनि
फेरि पनि शिर उच्च गर्दै
यसरी नै
टिङ्ग उभिइरहनेछौ
मेरो लाखौं
शुभकामना तिमीलाई
ओहो हाम्रो अस्पताल
हाम्रो देशको शान
हामी सबैको मान
पाटन स्वास्थ्य विज्ञान प्रतिष्ठान !



शिशिर बिक
एम.बि.बि.एस. नवौं ब्याच

स्तनपानको महत्त्व

शिशुको जीवनको सुभारम्भै बाट गराऔ स्तनपान
कम्तीमा दुई बर्ष अनिवार्य खुवाइ गराऔ जीवनदान ।
नवजात शिशुलाई दैनिक ८ देखि १२ पटक सम्म स्तनपान
गराउन अपरिहार्य
कोही आमाहरू पनि नछुटौ स्तनपान गराउन आफ्नो दिनचर्या ।

जन्मेको ६ महिनासम्म निरन्तर आमाको दुध मात्रै पिलाऔ
यो शुभकार्य गरि आफ्नो नानीलाई आत्मसन्तुष्टि दिलाऔ।
सबै पोषक तत्व र पानी को मात्रा आमाकै दुधबाट आउँछ
स्तनपानले गर्दा नै शिशुले जीवन प्रतिरक्षा पाँउछ ।

कोलोसट्रम अर्थात् बिगौती अति उत्तम, शिशुलाई अमृत
निरन्तर आमाको दूध खान पाए शिशु हुन्छ तृप्त ।
आमाको दूध नै शिशुको लागि सर्वोत्तम पूर्ण आहार
आमाकै दूध खान पाउनु प्रत्येक शिशुको नैसर्गिक अधिकार।

रोगसङ्घ लड्ने शक्ति बढाउने र बुद्धि विकास हुने राम्रो
शिशुलाई स्तनपान गराइ हुर्काउने बढाउने कर्तव्य हाम्रो।
आमा र नानीको स्वास्थ्य अवस्थामा पुर्याऔ है विशेष ध्यान
अति नै सरल र सहज छ है जानी राखौ स्तनपान ।

जीवनको प्रारम्भिक समयमा स्तनपान अतिनै आवश्यक पर्छ
यसको अभ्यास समयले आमा र नानीलाई एकअर्कामा चिन्न
मद्दत गर्छ।

सबै आमाहरूले यो क्षणमा गर्नु हुन्न है मदिरा र धूम्रपान
यसरि स्तनपान गराउदा नानीको पर्छ है जोखिममा ज्यान।

स्तनपान बाहेक छैन है कुनै पनि अरु उत्तम विकल्प
हरेक आमाले नानीलाई स्तनपान गराउन गरौ है सङ्कल्प।

आमा बोट अनि नानी त्यसको फूल यस्तै साहारा दिनुपर्छ
स्तनपानले नै नानीको स्वास्थ्यमा सकारात्मक प्रभाव पर्छ।

शिशु जनम्यो हर्ष उमङ्ग छायो गराऔ है स्तनपान
वास्तवमा जीवनदान दिने यहि नै हो अमृत समान ।।।।



Unsung heroes: Voices of PAHS

Amar GC

Interviewed by

Aaditya Rimal & Dibya Dev Aryal

Mr. Amar GC has always been a man of action. He spent his formative years serving bravely in the Armed Forces of the Government of Nepal. After 17 years and 17 days of service (a detail he recalls with pride), he could have chosen a life of rest. Instead, driven by a desire to give back, he applied for a security position at Patan Hospital. Initially waitlisted, fate intervened when other candidates failed to attend the interview, and he joined the hospital 26 years ago—beginning a journey through decades of profound change.

When Mr. GC joined, Patan Hospital was run by the United Mission to Nepal, under the leadership of Dr. Mark Zimmerman. He remembers seeing Dr. Mark as a young man—marrying, raising children, and watching them grow—before the hospital was eventually handed over to Nepalese control. As the institution moved toward independence, funding became a major challenge. Advances that had sustained the hospital for two decades were suddenly cut off. These were difficult years, but Mr. GC remained steadfast.

He oversaw security during the devastating earthquake, when hundreds of deceased were brought to the hospital—an experience that revealed to him the fragility of human life and the importance of resilient infrastructure. He recalls the severe cooking gas shortage that followed, when courtyard trees were cut down for firewood to keep the hospital kitchens running.

During the COVID-19 pandemic, Mr. GC once again helped maintain order amid chaos. Working quietly behind the scenes, his calming presence

allowed healthcare professionals to work without fear or added stress. While speaking about the importance of a safe environment for health workers, he paused, gazing into the distance, before recounting a cold night 15 years ago. Following a maternal death, an angry mob formed around Kumaripati and advanced toward the hospital. As tensions escalated and people attempted to force their way in, Mr. Amar acted swiftly—shutting the hospital gates and physically holding them closed against multiple attackers.

“Weren’t you scared?” we asked. He smiled.

“I was a young man then. I wasn’t scared of anything.”

When asked why violence against health professionals is increasing in Nepal, his answer was simple: doctors must better understand patient psychology. Clear communication, in words patients can truly grasp, is essential.

He speaks with pride about the hospital’s growth—the expanding buildings and the introduction of technologies like CT and MRI. This is our institution, he reminds us—one we protect today, and may depend on tomorrow.

Now posted near the library and the Vice Chancellor’s office, Mr. GC’s time at PAHS is nearing its twilight. Yet his quiet strength, unwavering presence, and perseverance through the hospital’s most testing times will not be forgotten.

Thriving in Thin Air!



Dr. Prince Singh
MBBS, PAHS-SOM

In 2019, I was trekking through the Annapurna Circuit when I developed a headache. At the time, I was not aware that, “any headache at high altitude is altitude illness until proven otherwise”. I got myself checked at a public health post in Manang, and I was cleared to continue. After a one day rest period without following any acclimatization protocols, I crossed the Throngla Pass at 5416 m (one of the highest trekkable passes in the world), reaching Muktinath. Little did I know it was just the start of my journey into the mountains.

I was eager for more and went on many treks and motorbiking trips, including Paachpokhari (4300 m), Langtang-Kyanjin (3870m), Tilicho lake(4919m), Manaslu Circuit trek (5106 m), Annapurna Base Camp (4130 m), Narphu-Kangla pass (5320 m). I was always waiting for my university exams to be over so I could plan my next trip.

After my internship, I was selected as a volunteer physician for the Himalayan Rescue Association Nepal’s (HRA) five day temporary health camp at

Gosaikunda Lake, located in the Langtang region at 4380 meters. Gosaikunda is a high altitude glacial lake and the source of Trishuli river. Every year for Janai Purnima (Full Moon), thousands of Nepali pilgrims trek to this sacred lake to receive blessings. Many, as I once did, have no knowledge of altitude illness. Consequently, many pilgrims reach Gosaikunda in only two days and get quite sick, whereas it should take at least five days for proper acclimatization. Additionally, many pilgrims lack appropriate gear for both trekking and the cold climate at altitudes. Many pilgrims experiencing altitude illness believe their symptoms are not from the altitude, but rather the fragrance of the Sunpati flower found ubiquitously along the trail.

HRA’s goal is to reduce casualties in the Himalayas by not only treating altitude illness but also preventing it. Before we had even started the health camp, we raised altitude illness awareness by giving informal hotel dining rooms talks along the trek to Gosaikunda Lake and distributing informational pamphlets.

In just five days, we evaluated 406 patients, 175 of whom were diagnosed with high-altitude illness, an umbrella term that includes acute mountain sickness (AMS), high altitude cerebral edema (HACE), high altitude pulmonary edema (HAPE), high altitude headache, and acetazolamide associated tingling. I had the privilege of witnessing the magical effect of dexamethasone in temporizing HACE symptoms, and I was hooked.

Picture 2: From Left- Dr. Sameer basnya, Dr.

Prince Singh, Dr. Padam Joshi, Dr. Sujan Poudel, Dr. Anil Sah

Here I discuss one of my more memorable cases from Gosaikunda on the last day of the camp. A 48-year-old male was brought in by police; shivering outside a hotel without proper insulation (only a thin shirt and windbreaker). During my initial evaluation, he was unable to speak, and I was concerned about hypothermia.

The patient was immediately given blankets from the nearby “Tharpu” and pilgrims in the next room, but he continued to shiver. One of the paramedics, Dawa Sherpa, wrapped him in an aluminium blanket, which finally provided some relief. I suddenly remembered a trick I



was taught in a wilderness medicine course: we could use rubber hot water bottles to increase the patient’s core body temperature faster. Since we did not have any rubber hot water bottles, we improvised using plastic water bottles.

Picture 3: Evaluation of patient at Gosaikunda

The police inspector brought the patient some warm food. However, the patient was still quite ill and unable to feed himself. His wife, who was also lacking appropriate winter clothing and was dressed in a saree, fed him with her hands. “When did you have your last meal?” I asked the

wife. “Two days ago” she replied. I was shocked to hear that they were surviving on an apple a day for the last two days since they did not have any money.

I implored the wife to share her husband’s food. She smiled and said, “I can’t eat from my husband’s plate.” It is not culturally acceptable. I didn’t argue and provided her some more food once he had finished eating.

After being rewarmed, the patient was finally able to speak and endorsed a headache. I was now additionally concerned for AMS. We thus



provided him acetazolamide, the first line treatment for AMS, as well as oral rehydration solution, ibuprofen, warmth and observed him overnight.

The next morning, he was unresponsive to verbal stimuli, but he responded to light touch. I had significant difficulty waking him up. It was already 11 AM by the time he was standing at the door of the clinic, balancing with a stick. Initially, I didn’t make much of his lack of coordination since he had just woken up.

Picture 4: Patient with hypothermia (Pictures taken with consent)

By 1 PM, we had our bags packed and were ready to descend. I looked up and saw the patient



Picture: Patient being carried by Nepal army and Nepal Police to lower altitude.

near the temple about 50 meters away from the clinic. I had a gut feeling and made everyone wait, while I went to reevaluate him.

He was profoundly ataxic and dizzy, swaying towards support. I knew this was a hallmark of HACE and gave him an intramuscular injection of a steroid called dexamethasone immediately. I counseled the patient and his wife about HACE, emphasizing the only definitive treatment is immediate descent. Since he was unable to walk

on his own, I coordinated with the Nepal Army, Police and Rasuwa district hospital for his rescue to a lower elevation. The Nepal army arranged a meal for him in the nearby hotel and carried him to Buddha Mandir, a village about two hours walk away at 4000 meters. He significantly improved even with this modest decrease in elevation and was able to continue to descend, walking on his own. He was admitted to Dhunche District Hospital for two days and made a complete recovery.

My experience in Gosaikunda empowered me to continue working at high altitude. My passion for the mountains counteracts the challenges of working in austere regions with minimal resources. It is said that “ignorance is bliss”. During medical school, I did not know about altitude illnesses, but I am currently volunteering at Himalayan Rescue Association’s Pheriche Aid Post at 4300 meters, where I give daily lecture on altitude medicine.

The information that we provide is something everyone should know before starting their trek into thin air. Stay tuned to hear more about my experience in Pheriche.

Riddles

- ❖ I begin with fever and headache, followed by confusion and neck stiffness. Light becomes painful, and delay becomes deadly. Lumbar puncture reveals my identity. Who am I?
- ❖ I lurk in veins of the legs after immobility. One moment I stay silent; the next I travel to the lungs, turning breath into panic. Who am I?

Healing Beyond the Joint: A Conversation with Dr. Buddhi Paudyal

On a calm, sunlit day, Dr. Buddhi Paudyal speaks with the quiet assurance of someone who has walked a long road—one shaped by service, discipline, and an unwavering commitment to patients. An early riser by habit and by temperament, he begins his mornings in reflection, reading, and movement, setting the tone for days that often stretch across classrooms, wards, and administrative halls.

Born into a modest farming family in rural Rupandehi, Dr. Paudyal's journey into medicine did not follow the most direct or privileged path. It was forged instead through perseverance, early responsibility, and a deep sense of purpose shaped by personal loss and lived experience. From working as a Community Medical Assistant

in a remote hospital to graduating with a Gold Medal in MBBS, and later becoming one of Nepal's pioneers in rheumatology, his career mirrors the evolution of Nepal's own health system.

In this conversation, Dr. Paudyal reflects on the formative moments that shaped him—as a clinician, teacher, researcher, and leader. He speaks candidly about the realities of medical education in earlier decades, the challenges of building rheumatology services from the ground up, and the responsibility of leadership in an academic institution committed to equity and excellence. Above all, he returns repeatedly to the human core of medicine: listening, caring, and standing beside patients through long



Interviewed by **Aditya Shrestha, Abhipsa Subedi, Chandradev Gupta, Dipesh Kishwor Roka, Rajeev Mijar**

journeys of chronic illness.

Segment I – Opening

1. How are you today, sir? How's your day?

I am well, thank you. It has been a beautiful day today.

2. Before we dive into your story in medicine, tell us about your hobbies and interests.

I am an early riser and enjoy getting up early in the morning and going for walks. I love reading and read all kinds of books and articles—novels, novellas, short stories, personal memoirs, and scientific articles. Whenever I have longer free time, I enjoy hiking.

Segment II – Early Life & Motivation

3. What was your childhood like? What first drew you toward healthcare—family influence, a teacher, or something you witnessed?

I was born into a low-middle-class farming family in a small village in Rupandehi district, which now lies within Butwal Sub-Metropolitan City. I was the third child among six siblings. I studied up to grade ten at a local high school and passed the SLC in the first division, which was considered a remarkable achievement for a student from a rural school in those days.

From an early age, I was interested in becoming a healthcare worker—partly due to an inherent desire to serve people, and partly because my father suffered from a chronic illness. I wanted to help my family in whatever way I could.

4. You started your journey through the CMA route. Why did you choose CMA, and why did you later pursue MBBS? How challenging was that transition?

As I mentioned earlier, my family's economic condition was not strong, and it was difficult for my parents to afford sending me to Kathmandu

for higher studies. I had learned that one could pursue Health Assistant training after serving for a few years as a Community Medical Assistant (CMA) in a health post or sub-health post. Thus, a combination of financial hardship and my aspiration to work in healthcare led me to undertake a one-year CMA training program in Tansen. Looking back, it was the right decision for me.

After completing my CMA training, I began working at Amp Pipal Hospital, where I met Dr. Mark Zimmerman in 1986. He was an excellent teacher and regularly conducted medical classes for paramedical staff. In a subsequent in-hospital examination for healthcare workers, I secured the highest marks, surpassing even two senior colleagues who had already completed Health Assistant training. This achievement strengthened my confidence and motivation and opened the door to further training. I then joined the Proficiency Certificate Level Health Assistant (HA) course at the Institute of Medicine (IOM), Maharajgunj.

I completed my HA training during the height of the People's Movement of 1990. After graduation, I returned to Amp Pipal Hospital and worked there for two years. In 1992, I succeeded in the highly competitive MBBS entrance examination at IOM and was admitted to medical school, which I completed with a Gold Medal. All of this was built upon the foundation laid during my initial CMA training.

5. What was medical education in Nepal like in those days, and what has changed the most since then?

Medical education was beyond the reach of most people at that time. There was only one medical school in the country. Later, institutions such as BPKIHS in Dharan and Manipal Medical College in Pokhara began offering medical training. The number of seats in each institute was also significantly smaller compared to today.

At IOM, there were two entry streams: one for

candidates with a health sciences background—such as those who had completed Health Assistant or similar certificate-level training—and another for students who had completed 10+2 in science. Those entering through the health sciences stream had often worked in various parts of the country and were better equipped with essential life skills. PAHS has several senior faculty members from that stream, including two former Vice Chancellors and several other prominent faculty members.

6. Was there ever a time when you doubted yourself or considered changing your path? How did you overcome that?

Fortunately, that was not the case for me. Struggle and opportunity came hand in hand. Working at Amp Pipal Hospital under the guidance of Dr. Mark Zimmerman proved to be the turning point in my medical career.

Segment III – Becoming a Rheumatologist

7. What first attracted you to rheumatology?

My father suffered from severe, deforming rheumatoid arthritis. At that time, treatment relied mainly on NSAIDs, as DMARDs were not yet commonly used, especially outside Kathmandu. I remember him taking many NSAIDs, including drugs like phenylbutazone, which are now banned. Caring for my father sparked my initial interest in rheumatology. Later, I had the opportunity to work with a rheumatologist at Patan Hospital. This combination of personal experience and clinical exposure deepened my passion for rheumatology and ultimately shaped my professional path.

8. When you began, what was the state of rheumatic care in Nepal?

The state of rheumatic care was quite concerning. There was no trained workforce, and awareness among both doctors and the general public was limited. Many believed that painkillers

were the only solution for arthritic conditions. Rheumatology training was not readily accessible even in neighboring countries. As a result, most patients with rheumatic diseases were managed by paramedics, Ayurvedic practitioners, or orthopedic surgeons.

9. How did you start building a rheumatology service at Patan Hospital, and what obstacles did you face?

Dr. Hom Neupane had begun seeing rheumatology patients in the medical outpatient clinic in the early 2000s. Soon after I returned from my fellowship, we established a formal rheumatology clinic and service. Initially, some faculty members were hesitant about this new initiative, but things settled quickly. For a single physician, however, the outpatient and inpatient workload was overwhelming.

Gradually, more rheumatology faculty members joined the department. Ultimately, in October 2018, we were able to launch the country's first rheumatology training program at PAHS—a long-held dream of mine.

10. Can you recall a patient story that captures why this work matters?

Early in my rheumatology career, I encountered a patient referred from Tilganga Eye Hospital with severe necrotizing scleritis in both eyes. Her eyes were on the verge of rupture. Beyond her ocular disease, she had recurrent rhinosinusitis with bloody nasal discharge, multiple large skin ulcerations, and blood-streaked sputum. She had visited many doctors over several years, yet no one had attempted to integrate these features into a single diagnosis.

This was a case of Wegener's granulomatosis, now known as granulomatosis with polyangiitis. She initially responded well to immunosuppressive therapy but suffered multiple relapses and eventually passed away due to a CNS flare.

This case underscores the importance of a strong foundation in internal medicine for practicing

rheumatology. Rheumatic diseases are multisystem disorders, and effective treatment depends on synthesizing diverse clinical clues. Prescribing immunosuppressive drugs to a patient with an underlying infection can be life-threatening.

11. What is the current status of rheumatology in Nepal, and what is your vision for its future?

We do not yet have robust data on the burden of rheumatic diseases in Nepal, though clinical experience suggests they are as common and challenging as in Western countries. Osteoarthritis of the knees is particularly prevalent, likely due to our rugged terrain. Rheumatoid arthritis, lupus, and inflammatory back diseases are also common. Gout and uric acid-related disorders are increasing, probably due to lifestyle changes. Interestingly, the burden of psoriatic arthritis appears lower than in the West.

The rheumatology workforce is gradually expanding, but significant effort is still required to meet the WHO recommendation of one rheumatologist per 100,000 population. Several hospitals within and outside the Valley have now established rheumatology services, and PAHS fellows are contributing to care across the country.

I firmly believe rheumatology is an integral part of internal medicine, and every tertiary hospital in Nepal should strengthen this essential service.

12. What are common misconceptions about “bāth rog,” and what advice would you give to aspiring researchers?

There is a significant lack of awareness about rheumatic diseases. In our society—and even among many doctors—bāth rog is often thought to involve only the joints. Because many rheumatic illnesses progress slowly, they are not taken seriously. People often rely on NSAIDs, over-the-counter steroids, and unproven Ayurvedic remedies, which can cause harm.

There are many research opportunities in this

field. Young researchers can begin with well-documented case reports, as we encounter many cases worth sharing globally. Hospital-based studies on infection risk, medication adherence, complications, and adverse drug reactions are also valuable.

Segment IV – Academic & Research Journey

13. What inspired you to start publishing early on, and which studies feel most meaningful to you?

Our studies were small-scale and hospital-based, mainly describing the clinical and laboratory profiles of patients at Patan Hospital. While important, we should not be satisfied with these alone. Nepal needs large, comprehensive, community-based studies.

14. Were there any findings that surprised you or contradicted global data?

To the best of my recollection, we did not find major differences from Western data, though minor variations may exist.

15. What are the biggest challenges in conducting clinical research in Nepal?

The greatest challenge is lack of funding. Research often receives limited attention due to competing national priorities. Infrastructure is another major barrier, including the absence of electronic medical records, robust computer systems, and research laboratories. Despite these challenges, we must continue to strengthen research culture and support young investigators.

Segment V – Leadership & Vision

16. What are your immediate priorities for the university?

We plan to introduce new academic programs, including a PhD in Public Health and an MPH in Nutrition. We are working with students and

alumni to establish a formal alumni association. The academy is also moving toward complete digitalization.

Clinically, we aim to expand services, including neurology, strengthen community outreach in collaboration with Lalitpur Metropolitan City, and expand hospital infrastructure as resources permit. We are also seeking international collaborations for research and program evaluation.

17. How do you balance administration, teaching, clinical duties, and personal life?

Because I wake up early, my days tend to be long. When I do not have meetings, I devote the first hour of the morning to clinical teaching, including handovers and resident presentations. Each week, I run a private clinic and conduct ward rounds. I also participate in bedside teaching and lead the rheumatology academic half-day.

At home, I spend time reading and reflecting. Overall, I have managed to maintain a healthy balance between professional and personal life.

18. As a leader, how do you stay grounded and prevent bureaucracy from overshadowing compassion?

I try to remain humble and transparent and consider myself a lifelong learner. I make decisions guided by core values and purpose. Daily meditation and yoga help me stay grounded. So far, bureaucracy has not overshadowed my sense of compassion.

Segment VI – Human & Reflective Moments

19. How do you process grief after losing a patient?

Losing a patient is always painful, especially when it involves a young life. As doctors, our busy schedules often mean grief fades with time,

but sharing experiences with colleagues helps in processing it.

20. What message would you give to patients living with chronic rheumatologic disease?

Chronic diseases require long-term follow-up and commitment. Patients should understand their condition, adhere to prescribed treatment, and maintain healthy lifestyles—avoiding smoking and alcohol, exercising regularly, and managing stress.

21. What personal sacrifices has this career demanded, and were they worth it?

Long-term care demands time and commitment. I have had to decline many invitations and missed important events, but the fulfillment this work provides makes it worthwhile.

22. If you could speak to your younger self, what would you say?

Medicine is about healing and caring for others. It is one of the most meaningful professions, with the power to bring comfort and hope to countless lives.

23. What does success mean to you?

Success means personal satisfaction—fulfilling one's duty, achieving academic goals, and maintaining work-life balance, beyond material wealth or prestige.

Segment VII – Vision for Nepal's Health System

24. What is your dream for Nepal's health system 10 years from now?

I envision universal enrollment in the National Health Insurance scheme, well-equipped tertiary centers in every province, and ethical, patient-centered care. Medical education should meet global standards while remaining rooted in Nepal's needs. I also hope to see a strong research culture contributing to national health

improvement.

25. If you could pass one policy tomorrow, what would it be?

I would strengthen the health insurance scheme by integrating public, private, and community facilities and emphasizing preventive and promotive health alongside curative care.

Segment VIII – Lightning Round & Closing

26. Advice for medical students?

Respect every patient, master the basics, understand the reasoning behind decisions, and work as part of a team. As William Osler said, “The good physician treats the disease; the great physician treats the patient who has the disease.”

27. Physicians who inspire you?

Dr. Mark Zimmerman, Dr. M. D. Bhattarai, Dr. Vincenzo Pezzino, and Dr. Simon Carette have all profoundly influenced my career.

28. If not medicine, what career would you have pursued?

I would likely have been a teacher in a school or college.

29. How would you like to be remembered?

As a clinician who cared deeply for patients and a teacher who helped shape compassionate physicians.

30. Your thoughts on AI in education and healthcare?

AI tools, when used ethically, can enhance education and clinical decision-making. I use tools such as UpToDate and OpenEvidence and believe they can improve institutional performance.

31. Any final words for colleagues and students?

Let us work together to strengthen PAHS and

Nepal’s health system. Stay curious, stay compassionate, and remember that your work can touch countless lives.

As the conversation draws to a close, what remains most striking is not the list of achievements, titles, or programs initiated, but the consistency of values that have guided Dr. Buddhi Paudyal throughout his career. Whether speaking as a clinician confronting complex multisystem disease, a teacher shaping young physicians, or a leader envisioning the future of Nepal’s health system, his compass remains firmly oriented toward humility, compassion, and purpose.

For Dr. Paudyal, success is not measured by prestige or position, but by the quiet satisfaction of having fulfilled one’s duty—with integrity, balance, and care. His vision for Nepal’s health system is ambitious yet grounded: universal access, strong public institutions, context-appropriate medical education, and a culture of research rooted in local realities. To students and colleagues alike, his message is simple but enduring: master the basics, respect every patient, work as a team, and never forget that medicine is ultimately about people, not just diseases. In an era of rapid technological change and growing complexity, his life and work stand as a reminder that compassion, curiosity, and commitment remain medicine’s most powerful tools.

As he himself hopes to be remembered—not merely as a specialist or administrator, but as a clinician who cared deeply, and a teacher who helped shape thoughtful, humane physicians—Dr. Buddhi Paudyal’s journey continues to inspire those who follow in his path.



डा. ओमकार दुङ्गेल
एम.डि. साइकाइट्री



राधिका सञ्जेल
कार्यालय सचिव

स्वर्ग

चितामा जली खरानी हुने देहलाई साँच्दैछौ
मनमा बेथा पालेर तिमी पिडामा हाँस्दैछौ
आकाश धर्ती भएर पनि गरिबी देखाउँछौ
आमाकै आँशु नरोकी तिमी बहादुर बनिन्छौ ?
किन देहलाई साँच्दैछौ अनि पिडामा हाँस्दैछौ

बल र बुद्धि खै किन आज ज्यान लिन लगाउँछौ
आ-आफ्नै घरमा आफैले जानी आगो है सल्काउँछौ
आफन्त मिल्काउँछौ अनि बैरीलाई पल्काउँछौ
भाषा र भुषा नराम्रो भनी आफैलाई जिस्काउँछौ

मरेर जाने देहाका निम्ति पृथ्वी फोर्दैछौ
दुर्गति अनि कुबुद्धि लगाई कुन रेखी कोर्दैछौ
कलंक अनि पापको पोको शिरमा मोर्दैछौ
अज्ञानी तिमी सम्पत्ति भनी कागज सोर्दैछौ
बाबा र आमा भएर पनि अनाथ बन्दैछौ
ती वृद्ध वृद्धा छाडेर तिमी पैसालाई गन्दैछौ
घर र देश छाडेर तिमी विदेश रोज्दैछौ
नेपाली माटो बिर्सेर तिमी कुन स्वर्ग खोज्दैछौ ।

विदेशीन थाले युवा

सानो हाम्रो नेपाल राम्रो, सुन्दर, शान्त विशाल
हेर कति मनमोहक छ तराई, पहाड, हिमाल
विविध धर्म संस्कृतिले सजिएको गाथा,
नेपाल शान्त बनाउने बुद्धका उपदेश
बुद्ध जन्मे यो देशमा भृकुटी र तारा
पासाङ ल्हामु हिमाल चढे सहास फैलियो सारा

विश्वको अग्लो शिखर नेपाल देश चिनाए संसारलाई,
माया गर्छौ सारा नेपाली यो जन्मभूमिलाई
जसो तसो शिक्षा लिन पाए पनि यहाँ
रोजगार पाउन साह्रै गारो परिराछ,
जेहेन्दार मेहेनती बेरोजगारी भाछन्
जसो तसो गर्नेले नोकरी राम्रै पा'छन् ।

यही कारणले युवाहरू विदेशीन थाले,
डाक्टर पढे नेपालमा, अमेरिका पसे
पछिल्लो यो तथ्याङ्कले बताउछ जहाँ,
बुढाबुढी केटाकेटी मात्र हुन्छन् यहाँ
रोक सरकार युवाहरू विदेशीनलाई
रोजगार राम्रो भए बस्छन्, आफ्नै परिवारसँगै
रोजगार राम्रो भए बस्छन्, आफ्नै परिवार सँगै ।

The SUPERLATIVES



THE COMIC RELIEF

MBBS 11th Batch: Abhash Kumar Mandal
MBBS 12th Batch: Anup Dhital
MBBS 13th Batch: Bhakti Raj Rai
MBBS 14th Batch: Aakash Poudel
MBBS 15th Batch: Yogesh Chimariya
BSc Nursing 8th Batch: Sobha Sah

THE FOOD CRITIC

MBBS 11th Batch: Sarvesh Raj Pandey
MBBS 12th Batch: Yashoda Gupta
MBBS 13th Batch: Piyush Pandit
MBBS 14th Batch: Alisha Thapa Magar
MBBS 15th Batch: Sudip Dura
BSc Nursing 7th Batch: Akriti Pandey
BSc Nursing 8th Batch: Ritika Moktan



THE SLEEPYHEAD

MBBS 11th Batch: Sudarshan Pandey
MBBS 12th Batch: Ashika Jalan
MBBS 13th Batch: Sadikshya Nepal
MBBS 14th Batch: Ridha Adhikari
MBBS 15th Batch: Swecchya Khatri
BSc Nursing 7th Batch: Sunita Gautam
BSc Nursing 8th Batch: Neera Shrestha
BNS 7th Batch (3rd Year): Niruta

THE CAFFEINE ADDICT

MBBS 11th Batch: Nikita Gyawali
MBBS 12th Batch: Sumana Khakurel
MBBS 13th Batch: Diksha Rajbhat
MBBS 14th Batch: Ridha Adhikari
MBBS 15th Batch: Smita Adhikari
BSc Nursing 7th Batch: Sirina Chiluwal
BSc Nursing 6th Batch: Rachana
BNS 7th Batch (3rd Year): Reshma



The SUPERLATIVES



MR. / MS. PERFECTIONIST

MBBS 11th Batch: Aaditya Rimal
MBBS 12th Batch: Rupashana Maharjan
MBBS 13th Batch: Prabuddha Bajracharya
MBBS 14th Batch: Malbika Chaudhary
MBBS 15th Batch: Sulav Supratik
BSc Nursing 8th Batch: Shreeya Upreti
BNS 7th Batch (3rd Year): Pabitra

THE NIGHT OWL

MBBS 11th Batch: Sarvesh Raj Pandey
MBBS 12th Batch: Shailesh Neupane
MBBS 13th Batch: Bivek Kushwaha
MBBS 14th Batch: Ishak Ahmad Gaddi
MBBS 15th Batch: Aakash Sah
BSc Nursing 7th Batch: Neelam Devkota
BSc Nursing 8th Batch: Purnima Bist
BSc Nursing 6th Batch: Alish
BNS 7th Batch (3rd Year): Sapana



"WE'RE GOING TO FAIL" GROUP LEADER

MBBS 11th Batch: Sneha Bhatta
MBBS 12th Batch: Sunaina Giri
MBBS 13th Batch: Sadikshya Nepal
MBBS 14th Batch: Sushambhav Khanal
MBBS 15th Batch: Aayusha Dhakal
BSc Nursing 7th Batch: Priya Nembang
BSc Nursing 8th Batch: Pas Jasmine ang Dolma Sherpa

THE HUMAN CAFFEINE

MBBS 11th Batch: Aastha Neupane
MBBS 12th Batch: Adarsh Khanal
MBBS 13th Batch: Bivek Kushwaha
MBBS 14th Batch: Nabendra Kumar Sah
MBBS 15th Batch: Dikshya Gurung





Kashish Belbase

Bsc. Nursing 7th Batch

Echoes in the hospital

The smell of the hospital isn't just a smell;
It is a smell of pain, suffering, trust, and hope
The trust that the one bestowed upon us
The beam of hope still in the heart

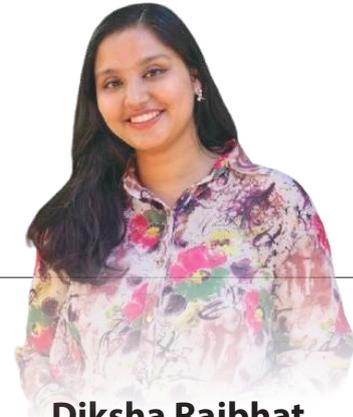
Countless prayers praying in the allies
With the belief on my dear lord
Wrapping the brittle fragments of heart
Carrying the pain, still expecting the warmth

The bright white floors, a polished, endless
track
Reflecting the movement of the white aprons
Toiling day night to keep the fragile system
running
Till the faintest flicker of life remained
With a desperate gamble to turn the inevitable
tide

In a frantic race against the final toll
The judgement is not the warmth desired
But that's the unwritten code
One must leave the world to serve our dearest
lord

The one is finally gone leaving the aprons red
and cold
The corridors filled with the echoes of souls
drifting apart
That beam of hope shattered into thousands

Thus, the smell of hospital isn't just a smell;
It is the smell of suffering, pain, trust and hope.



Diksha Rajbhat

13th Batch, MBBS

Carrying through the Light

She stands with all her grace and courage,
Walking the path already worn by countless steps.
Her eyes still shimmer with hope
Not for the battle she lost,
But for the strength to rise
And reshape what the world has handed her.

Hovering like a silver lining on a dark, bruised
cloud,
Fragile, yet humming the promise of brighter days.
Seeds of promise stir through pale autumn,
And every moment she chases multiplies her
hope,
Soft, steady, and enough for her to grow,
Enough to take a contented deep breath again
And calmly win the race with gratitude in her
heart.

Her dreams to fly again, to touch the sky,
Were once shattered when she was wounded
Ripped apart, broken and trodden yet trusted with
her dignity and peace.
But she rebuilt her own era, that era
With a sparkling impact and a bravery
Unshakable rhythm of her feminine grace.

Slowly, beautifully, she climbed her mountain.
Still the world turned her off again, tried to silence
her,
But she knows to turn the every stone unturned
Became enough to conquer the very world
That once tried to break her.



Prasansa Neupane

Bsc. Nursing, 7th Batch

THE VOICES

And suddenly, the voices came.
Is the purpose of life just to be alive?
A long pause...
Why is there such a rush to proceed with such haste?
Every time I feel close to success,
Greater challenges loom ahead of me...
Oh dear! It's not so easy.
What if you can't reach there?
For once, I feel scared.
I came into this beautiful world,
I'll age with time,
And will eventually meet the end.
Then what's the sole purpose of existence?
The voice yells at me...
I looked at myself very keenly,
Those dreams seen through my tiny eyes
Making a difference in people's lives.
The aim is to live life as I've imagined.
Oh! Yes, I can fly,
To touch the sky,
To be free from this labyrinth of life,
To achieve my definition of success.
Shhhhh...
The voices slowly fade away.
Then I breathe peacefully,
And again, I look at the world.
It is now welcoming me with
Rays of great hopes and possibilities...



Yashoda Manish Gupta

12th Batch, MBBS

TRUTH

Truth is a word with different sides.
Your soul is where your truth lies.

It is a die with infinite faces.
You can never erase its traces.
When you roll that die,
you never know whether what comes up next
might be a lie.
Is it a lie, or someone else's truth?
Truth is a word with different sides.
Your soul is where your truth lies.

It might be as small as a one,
but it is your all, not none.
It has a probability of coming up anytime.
Will you be ready to hear a creaky wind chime?
Is it the truth, or someone else's lie?
Truth is a word with different sides.
Your soul is where your truth lies.

The anxiety you go through, thinking your truth
might be next to come up,
and then you wish for everyone to shut up.
Your truth might be a life-changing hurricane for
you.
It might be as small as a breeze for those dealing
with life's sticking glue.
Is it the truth, or someone else's joke?
Truth is a word with different sides.
Your soul is where your truth lies.

One day, it has to flash out,
no matter how many seeds of fear in your heart it
might sprout.
The only way to face it is acceptance.
Maybe give yourself another stance.
Is it the truth, or your fear?



Unsung heroes: Voices of PAHS

Pawan Shrestha

Interviewed by **Amit Chand**

We often say that donating blood is donating life. Yet every time a single pint of blood is collected, there is someone quietly working in the background, ensuring that this precious gift reaches those who need it most. He is always there—calm, familiar, and dependable—though many of us rarely pause to notice him. That person is Mr. Pawan Shrestha of Patan Hospital.

Now in his 50s, Mr. Shrestha has dedicated decades of his life to patient care through laboratory and blood bank services. He began his career in biochemistry and microbiology laboratories, later serving at Kanti Children’s Hospital, before joining Patan Hospital, where he is now an integral part of the blood bank team. Currently working at the 8th level “Kha,” he carries with him not just technical expertise, but a deep sense of

responsibility and quiet pride in his work.

When asked if he is happy with his decision, his answer is simple and heartfelt—he is more than happy. With visible pride, he shares that working at Patan Hospital enabled him to educate his daughter, who completed her MBBS here and is now a registered doctor. That achievement, he says, is his greatest satisfaction. While he feels content with his journey, he gently hopes that blood bank services will receive the focused attention they deserve, and that promotion processes will become more transparent and aligned with established rules. Through years of silent service and unwavering dedication, Mr. Pawan Shrestha continues to save lives—making him a true unsung hero of Patan Hospital.

Riddles

- ❖ I steal sensation from toes first, then climb upward slowly. I follow chronic sugar like a shadow and punish poor control. Who am I?
- ❖ I bring tremor, heat intolerance, weight loss, and restless hearts. Eyes may bulge, hands may shake, and metabolism races. Who am I?
- ❖ I whisper at first—sadness, fatigue, poor sleep. If ignored, I steal motivation, appetite, and joy. Yet with help, I loosen my grip. Who am I?

हृदयले नेतृत्व गरेको : चार दशकको नर्सिङ यात्रा

पाटन अस्पताल, पाटन स्वास्थ्य विज्ञान प्रतिष्ठानसँग बितेका ४० वर्षहरू केवल पेशागत यात्रा मात्र होइनन् – युनाइटेड मिसन टु नेपाल (गःले) बाट सुरु भएर पाटन स्वास्थ्य विज्ञान प्रतिष्ठान (एब्ज्) सम्मको यो यात्रा सेवा, समर्पण, परिवर्तन र आत्म-खोजको अद्भुत कथा हो। यी चार दशकका हरेक वर्षले मलाई नयाँ चुनौती, अवसर र नेतृत्वका आयामहरू दिन सफल भयो ।

यी ४० वर्षका यात्रामा मैले धेरै चुनौती, अवसर र नेतृत्व पाएँ । आज म पाटन अस्पतालमा बिताएका आफ्ना चार दशक लामो यात्रा सम्झँदै यहाँ उभिएकी छु। यो यात्रा केवल पेशा होइन, मेरो जीवनकै यात्रा बनेको छ – जीवनभरको सेवा, अनुभव, संघर्ष र करुणाको अद्भुत कथा। चार दशकमा मैले हजारौँ बिरामी, परिवार र सहकर्मीहरूसँग भेटेकी छु । मैले डराएका बिरामीका हात समाएको छु, आशा र हौसला दिएकी छु, परिवारसँग आँसु बाँडेकी छु, र कहिलेकाहीँ गहिरो पीडा देख्दा आफ्नो मन पनि रोएको छ। यी अनुभवहरूले मलाई नर्सिङ मात्र होइन, मानवताको वास्तविक अर्थ पनि सिकाएका छन् ।

एक युवतीले नर्सबाट सुरु गरेर नर्सिङ निर्देशकसम्मको यात्रामा धेरै चुनौती देखिन्— अत्यधिक भीड, सीमित स्रोत, बदलिँदो उपचार अभ्यास, र बढ्दो अपेक्षाहरू तर प्रत्येक चुनौतीले हामीलाई अझ सक्षम, अनुशासित र नवप्रवर्तनशील बनाउँदै लगेको। चार दशक मेरो लागि केवल कोसेढुंगा होइन; यो जीवनभरको सेवा, भोगाइ, सिकाइ, नेतृत्व र मानवताको यात्रा रह्यो। यस यात्रामा धेरै राष्ट्रिय तथा अन्तर्राष्ट्रिय मेन्टरहरूको साथ र सहयोग, हौसला र प्रेरणा साथै वरिष्ठ, कनिष्ठ र सहपाठीहरूको साथ-सहयोगले मैले धेरै कुरा सिक्ने अवसर पाएँ ।

चुनौतीहरू:

समयसँगै स्वास्थ्य सेवा क्षेत्रमा धेरै परिवर्तन आए। सुरुमा मैले सामान्य बेडसाइड नर्सिङ केयरबाट काम सुरु गरें, तर यात्रामा थुप्रै चुनौतीहरू भेटिए ।

- अत्यधिक बिरामीको भीड र सीमित स्रोत: कहिलेकाहीँ श्रोत सीमित हुँदा बिरामीको अपेक्षा पूरा गर्न कठिनाइ भयो।
- बदलिँदो उपचार अभ्यास र नयाँ प्रविधि: नियमित प्रशिक्षण, गोष्ठी, सेमिनार र सिमुलेशन सत्रहरूले नयाँ ज्ञान आत्मसात गर्न सहयोग गरे।



शान्ता डङ्गोल

नर्सिङ निर्देशक, पाटन अस्पताल

- उच्च अपेक्षा र जिम्मेवारी : नर्सिङ निर्देशकको भूमिकामा जिम्मेवारी बढ्दा नेतृत्व, व्यवस्थापन र सहकार्यमा सुधार गर्न बाध्य पारियो ।
- सहकर्मी र टोली व्यवस्थापन: विभिन्न पृष्ठभूमिका कर्मचारीहरूसँग समन्वय र सहकार्य गर्नु कहिलेकाहीँ चुनौतीपूर्ण थियो ।
- मानसिक र भावनात्मक दबाव: बिरामीको पीडा, परिवारको आशा र उच्च जिम्मेवारीले कहिलेकाहीँ तनाव उत्पन्न गर्‍यो।
- १९९९-१९ महामारीको चुनौती:
- यो यात्रा विशेष रूपमा यादगार रह्यो COVID-19 महामारीको समयमा ।
- अत्यधिक सङ्क्रमित बिरामी, सीमित पर्सनल प्रोटेक्टिभ उपकरण (PPE) ।
- १२ घण्टा कार्य समय र डरको बीचमा हामीले बिरामी र समुदायको सेवा जारी राख्यौं ।
- यस महामारीले मानसिक दबाव, भावनात्मक चुनौती र नेतृत्व क्षमताको परीक्षा लियो ।

तर हाम्रो टोलीको समर्पण, धैर्यता र करुणाले हरेक कठिन परिस्थितिलाई पार गर्‍यो। COVID-19 को समयमा नर्सहरूको योगदानले स्वास्थ्य प्रणालीमा अमूल्य भूमिका निर्वाह गर्‍यो। यी चुनौतीहरूले पाटन अस्पतालमा नर्सिङको शक्तिशाली र प्रेरणादायी विरासत निर्माण गर्न मद्दत गरेको छ।

साधारण बेडसाइड नर्सिङ केयरदेखि सुरु भएको अभ्यास आजसम्म नर्सिङ अनुसन्धानलाई आधार मान्दै प्रमाणमूलक अभ्यासलाई अघि बढाउन पाएको अवसर अमूल्य रह्यो । नियमित कार्यशाला गोष्ठीहरू, सेमिनार, जर्नल क्लब, सीएनएमई (CNME), नेतृत्व तालिम, सिमुलेशन सत्र तथा धेरै स्वास्थ्य दिवसहरूले पाटनका सम्पूर्ण नर्सहरूलाई "आजीवन शिक्षार्थी" को

पहिचान दिए साथै नर्सिङ सशक्तिकरणमा सहभागिता अनुभवले ठूलो योगदान पुऱ्याएको छ । समुदाय अभियान, जनचेतना कार्यक्रम, नर्सिङ गतिविधिहरू— जुनसुकै मंच होस् — पाटनका नर्सहरूले आफ्नो योग्यता, नेतृत्व र करुणाको छाप छोडिरहेका छन्।

अस्पतालले डिजिटलाइजेशनमा गरेको फड्कोसँगै हातले लेखिने रिपोर्टदेखि इलेक्ट्रोनिक डकुमेन्टेसनसम्मको रूपांतरण अनुभव गरियो। यस परिवर्तनलाई आत्मसात् गर्दै नर्सहरूले देखाएको उत्साह र अनुकूलन क्षमता नेतृत्वकर्ताका लागि गर्वको विषय रह्यो। आधुनिक उपकरण, इलेक्ट्रोनिक हेल्थ रेकर्ड र टेलिहेल्थसम्म— सबैले नर्सिङ अभ्यासलाई अझ सुरक्षित, प्रभावकारी र व्यवस्थित बनायो । तर प्रविधि मात्र पर्याप्त छैन । साँचो शक्ति नर्सको ज्ञान, अनुभव, धैर्यता र करुणामा छ । प्रविधि र उपकरणले सहयोग गर्छन्, तर बिरामीको पीडा बुझ्ने, आशा दिने, विश्वास कायम गर्ने क्षमता केवल नर्समा हुन्छ । मैले पाटन अस्पतालमा काम गर्ने हरेक नर्सको दृढता, समर्पण र करुणालाई नजिकबाट देखेको छु । उनीहरूले केवल सेवा पुऱ्याउने मात्र होइन, बिरामी र परिवारको जीवनमा विश्वास र उज्यालो थपेका छन् । हाम्रा नर्सहरूले नेतृत्व, सृजनशीलता र जिम्मेवारीको उदाहरण प्रस्तुत गर्दै सम्पूर्ण स्वास्थ्य प्रणालीलाई मजबुत बनाइरहेका छन् ।



जीवन आचार्य
एम.बि.बि.एस.
एघारौँ ब्याच

गजल

मलाई उनी र भरी उस्तै लाग्छ,
दिन्छन् खुशी मनभरि उस्तै लाग्छ ।

यी मनका कुरा नथाकी सुनिदिने,
दुःख-सुखको चौतारी उस्तै लाग्छ ।

हर दिन, हरपल याद आइरहने,
छन् कतै वरिपरि—उस्तै लाग्छ ।

नभइ नहुने भएर बिगार्ने,
सताउँछन् घरी-घरी उस्तै लाग्छ ।

यस यात्राले सिकाएको पाठः

४० वर्षको अनुभवले मलाई एउटा गहिरो सत्य सिकायो कि नर्सको मुटु नै स्वास्थ्य सेवाको आत्मा हो । यही मुटुले चुनौतीको सामना गर्छ, विश्वास सिर्जना गर्छ र समाजमा सकारात्मक परिवर्तन ल्याउँछ ।

आज यहाँ उभिएर, म केवल मेरो यात्रा सम्भिरहेकी छैन; म हाम्रो सबै नर्सहरूको योगदानलाई सम्मान गर्दैछु —हामी सबै मिलेर समाजका जीवन परिवर्तन गर्दैछौं । आज म फर्केर हेर्दा, मेरो मन कृतज्ञताले भरिन्छ। हामीले सामना गरेका हरेक कठिनाइ र पाएका हरेक अवसरहरूले पाटन अस्पतालमा नर्सिङको एउटा सुन्दर, शक्तिशाली विरासत निर्माण भइसकेको छ ।

म विश्वास गर्छु— यो यात्रा भविष्यका नर्स र चिकित्सकहरूको लागि प्रेरणाको स्रोत बन्नेछ।

सबै नर्सहरूका लागि मेरो सन्देशः

“तपाईंहरूको ज्ञान, सीप र करुणा, डिजिटल दक्षता र नेतृत्वले हामीलाई अझ नयाँ उचाइमा पुऱ्याउनेछ । आफ्नो मुटुलाई कहिल्यै नबिर्सनुहोस् — यो नै हाम्रो शक्ति, उज्यालो र स्वास्थ्य सेवाको आत्मा हो ।

मुक्तक-१

त्यो मिठो मुस्कानमा मन पग्लेको हो ।
ढाट्या छैन कसम, तन पग्लेको हो ।
तिमी छ्यौं नै त्यति माया लाग्दी,
यस्तै त कहाँ यो जीवन पग्लेको हो ।

मुक्तक-२

तिमी आगो हुँदा म पानी बन्दिउँला,
आँखामै राख्दा नबिजे नानी बन्दिउँला ।
साँचो प्रेमको प्रतीक बन्नुपर्छ, ए माया—
तिम्रो हरेक दिनको बिहानी बन्दिउँला ।

My Four-Year Journey of Finding Myself Through Nursing

I used to faint just watching my own blood being drawn. I was terrified of needles, of pain, of the hospital environment itself. But nursing has a way of turning fear into skill and hesitation into confidence.



Biddhya Neupane
5th Batch, Bsc. Nursing

When I first stepped into this journey, I had no idea that four years could hold the power to transform a person so deeply. I arrived with a mix of excitement and fear, a young girl suddenly placed in a completely new environment, surrounded by new faces, new expectations, and rules stricter than anything I had ever known. People always said the hostel I joined was one of the strictest in Nepal, and at that time, it truly felt like stepping into an unknown world. But now, looking back, I realize that those very restrictions became my discipline, those challenges became my lessons, and that environment helped unravel parts of me I never knew existed.

Living away from home for the first time, I slowly learned what independence truly meant. I learned what it meant to wake up and take responsibility for myself, to solve problems on my own, to fall apart quietly and gather myself again because there was no choice but to stand back up. And yet, in that struggle, I found strength I didn't know I possessed. I found a version of myself who was braver, calmer, and more capable than the girl who first walked into that hostel gate.

My classrooms became a reflection of Nepal itself, girls from the eastern hills to the far west-

ern plains, each carrying stories of their own. Different languages, different cultures, different dreams, all melting together in one room. Being surrounded by such diversity opened my mind and heart. I didn't just learn anatomy, physiology, and pharmacology, I learned patience, empathy, and acceptance. I learned to listen, to understand, and to appreciate life beyond the boundaries of my own upbringing. I learned that a classroom full of girls is a powerhouse of courage, laughter, and silent battles.

The truth is, I joined nursing without even knowing what a nurse really does. I entered the profession with a blurry idea, unaware of the depth, responsibility, and emotional weight it carried. But year by year, experience by experience, my perception shifted from uncertainty to admiration, from fear to pride. I began to understand that nursing is not just a profession, it is a living, breathing commitment to humanity.

Being the youngest in my family, I had never guided anyone younger than me. But here, I got the chance to mentor juniors, to hold their hand through confusion, to teach them skills, to encourage them when they doubted themselves. I still remember the warmth I felt guiding my juniors during teaching-learning sessions, watching

them grow with the same spark I once had. It made me realize that leadership isn't about authority, it's about kindness, patience, and the willingness to lift others as you climb.

If someone had told me four years ago that I would someday assist in operations, witness surgeries, or even confidently withdraw a patient's blood, I would have laughed in disbelief. I used to faint just watching my own blood being drawn. I was terrified of needles, of pain, of the hospital environment itself. But nursing has a way of turning fear into skill and hesitation into confidence. The first time I assisted during a procedure, I remember feeling my heart race with equal parts of fear and excitement. Today, those experiences feel like steppingstones towards the person I've become.

Nothing compares, though, to the emotional weight of witnessing the cycle of pain and joy in the maternity ward. Watching a woman endure labor, a pain often described as ten times worse than menstrual cramps shook me deeply. I saw strength in its purest form. And then, moments later, the room would fill with the fragile cry of a newborn. Those few seconds, waiting anxiously to hear that cry, my heart beating almost as fast as the baby's tiny chest... those are moments I will never forget. They taught me that life and hope begin in the most vulnerable spaces, and nurses have the privilege of witnessing those miracles up close.

Reaching the final year opened another door, Research. It felt intimidating at first, something vast and unfamiliar. But slowly, I realized that research is the backbone of progress. It taught me to question, to explore, and to create solutions. It made me believe in the power of curiosity. Truly,

where there is a will, there is a way and research proved that to me in the most meaningful way.

Today, as I stand at the edge of completing this journey, my heart is full. None of this would have been possible without the people who walked beside me. My institution has been a home of learning and growth. My teachers, each one of them played a role in shaping me into the nurse and person I am becoming. Their patience, guidance, and belief in us are gifts I will forever be grateful for. My friends who became my family, shared my laughter, stress, sleepless nights, and countless memories. They were the shoulders I leaned on, the voices that encouraged me, and the hearts that understood without needing explanations.

And how can I ever forget my own family? They carried me emotionally even from miles away. Whenever I felt frustrated, lonely, or exhausted, they lifted me up with words of encouragement and unwavering love. Their support has been the quiet foundation beneath every achievement, every exam passed and every fear conquered.

Four years, it feels long and short at the same time. But these years have transformed me completely from a confused girl who feared blood to a confident nursing student ready to step into the profession with purpose and passion. These years taught me resilience, compassion, responsibility, and the beauty of human connection.

This is more than just my academic journey.

This is the story of finding myself.

The story of breaking, learning, healing, and growing. The story of becoming a nurse in the truest, most human way.

From Heat to Head Trauma: My Bakaiya Month

It was a reminder that medicine is not just textbooks, rounds, and taking vitals; it is constantly stepping in and out of situations where people's lives can change in seconds.



Ritika Shrivastab
12th Batch MBBS

Mornings in Bakaiya came with a heatwave no one warned me about: Kartik or not, Makwanpur had its own rules. Adjusting from the valley felt like learning a new climate on fast-forward.

That first week? It stretched endlessly. Every tiny thing reminded me of home, from the bed that was not mine to the noise that was not my own. I missed my space so much it felt like a personality trait. But slowly, without noticing when it happened, the place began to settle around me. And somehow, it started to feel a little like home.

My mornings, which used to start at a respectable 7:00 a.m., suddenly became 5:00 a.m., adventures thanks to our group's ambitious fitness plan. Most of the group walked from the tiny bridge on the way to Shreepur all the way to Tama Khola, while a few of us actually ran, pretending we were training for something serious.

Bakaiya had its own quirks though: everyone, including me, was mildly terrified of the morning dogs because of past rabies cases in the area, so we always moved in pairs like kindergarten kids on a field trip. Somewhere along those routes, we met the sweetest Ganga baa, who would offer us the even sweeter ukkhu, and we made our own version of "Ukkhendra Bahubali". We caught sunrises emerging from the sea of clouds, took silhouette photos we were way too proud of, and yes, we even stumbled upon actual human bones by the riverside. Bakaiya never fails to surprise.

On days when we were feeling extra adventurous, we explored random hiking trails with our Kumar dai AKA Dora the Explorer. Some days we ended up covering 20 km, yes, we really did.

The occasional doughnuts and black tea that were meant to be cheat days somehow turned into daily essentials. Evenings were long with badminton, shout out to our badminton pro Aashish dai, random cardio, and everyone pretending they were not exhausted, but somehow, it all felt worth it. Of course, we still went to the hospital. OPD, ER, ANC... we did not skip duties.

The day that stayed with me the most was a small celebration evening. It started on a joyous note with a little party alongside our medical officers: Kishor dai's special daal, Nabin dai's delicious paneer, and laughter that felt like a reward after long days.

Halfway through dinner, one of the MOs got a call about an RTA in the ER. Four people were involved. Everyone rushed in, but the on duty MO was the one handling the head injury, and by the time he returned, he was drenched in blood. You could see in his face and posture how intense those minutes had been. The shift from laughter and celebration to urgency and chaos was so sudden it left me breathless. I was not sure if it was adrenaline, shock, or just reality hitting, but at that moment, I understood a little better the kind of life I had signed up for. It was a reminder that medicine is not just textbooks,

rounds, and taking vitals; it is constantly stepping in and out of situations where people's lives can change in seconds. I swear I had my cinematic moment right then and there, and my admiration for this field climbed a couple more steps without even trying.

Even with moments like that, or maybe because of them, Bakaiya slowly grew on me. The heat, the early mornings, the long walks, the doughnuts, and even the small bursts of hospital chaos somehow blended into a rhythm I started to love. By the end, it genuinely felt like Bakaiya and its people casually waited for us on our daily walks, as if we had become a tiny part of their routine too.

I came back with more than medical skills:

patience, teamwork, a deeper appreciation for small moments, and a clearer sense of what it means to truly show up for people. And honestly, the MOs were the sweetest, patient, kind, and simply genuinely good humans. Along with these lessons, I carried memories for a lifetime and people I will never forget. I know I will miss this place more than I expected, from the early morning walks to the laughter filled evenings. Bakaiya quietly became a part of me, and saying goodbye felt harder than I ever imagined.

Overall, it felt like a month-long vacation from the valley's chaos but one designed to teach real life skills. Big shout out to PAHS for such an amazing curriculum.

The SUPERLATIVES



THE ONE-MAN QUESTION BANK

MBBS 11th Batch: Mohammad Adnan Adil

MBBS 12th Batch: Aarti Thapa

MBBS 13th Batch: Samir Ahamed

MBBS 14th Batch: Ankesh Poudel

MBBS 15th Batch: Aman Kumar Jha

BSc Nursing 8th Batch: Bhumika Khadka

Najeeb Shriyasha Aryal

BNS 7th Batch (3rd Year): Ayusha

MINI DR. NAJEEB

MBBS 11th Batch: Mohammad Adnan Adil

MBBS 12th Batch: Rupesh Kumar Yadav

MBBS 13th Batch: Prabhu Rauniyar

MBBS 14th Batch: Anish Jha

MBBS 15th Batch: Aakash Verma

BSc Nursing 7th Batch: Saliha Shrestha

BSc Nursing 8th Batch: Sriyasha



The SUPERLATIVES



THE WALKING SPOTIFY PLAYLIST

MBBS 11th Batch: Rajeev Mijar
MBBS 12th Batch: Yashoda Gupta
MBBS 13th Batch: Abhipsa Subedi
MBBS 14th Batch: Soumya Kumari
MBBS 15th Batch: Gokarna Bhandari
BSc Nursing 7th Batch: Roshni Chaudhary
BSc Nursing 8th Batch: Jasmine Neupane

THE EXCUSE ENGINEER

MBBS 11th Batch: Amit Chand
MBBS 12th Batch: Roshan Kumar Yadav
MBBS 13th Batch: Mahesh Dahal
MBBS 14th Batch: Dikshya Kattel
MBBS 15th Batch: Suraj Sah
BSc Nursing 7th Batch: Kashish Belabase
BSc Nursing 8th Batch: Ranjana Chaudhary
BNS 7th Batch (3rd Year): Monika Bade

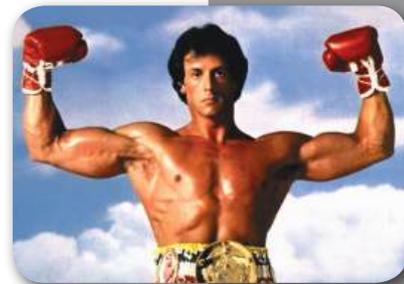


THE LIBRARY GHOST

MBBS 11th Batch: Suraj Senchury
MBBS 12th Batch: Sandip Kandel
MBBS 13th Batch: Sweeti Shah
MBBS 14th Batch: Sandeep Kushwaha
MBBS 15th Batch: Bhuwan Gurung
BSc Nursing 7th Batch: Erika Baral
BSc Nursing 8th Batch: Sangya Shakya
BSc Nursing 6th Batch: Himani
BNS 7th Batch (3rd Year): Sojana

ALL-ROUNDER ATHLETE

MBBS 11th Batch: Sunil Kunwar
MBBS 12th Batch: Asmit Pandey
MBBS 13th Batch: Sandip Raut
MBBS 14th Batch: Rohan Bhusal
MBBS 15th Batch: Aasif Iqbal Siddiqui
BSc Nursing 7th Batch: Rachana Yesmali
BSc Nursing 8th Batch: Roshna Khadka
BSc Nursing 6th Batch: Priya



Rethinking Residency: How I Learned to Stop Worrying and Love the Skin



Dr. Mahendra Raj Pandey
1st Year Resident, Dermatology

"Dermatology? Really? That's too... superficial for someone like you." (They'd laugh, pleased with their pun.) "You should've gone for medicine or surgery. Something substantial."

Let me tell you something honest.

When I was a child, I loved three things equally and obsessively: science, philosophy, and spirituality. I'd spend mornings dissecting the mechanics of how birds fly, afternoons wondering if free will exists, and evenings reading about Buddha and his exploration to end human suffering. My notebook was a chaotic mess of Newton's laws, Aristotle's quotes, and poorly drawn Buddha sketches.

Then I grew up, and somewhere along the way, I was made to lose that charm.

Medical school does that, doesn't it? (or maybe let's blame adulthood in general)

Medical school teaches you to be efficient, focused, and specialized. We learn to distinguish between the "relevant" and the "irrelevant." Philosophy becomes a luxury you can't afford when you're memorizing the Krebs cycle. Spirituality feels out of place in a world governed by evidence-based medicine. By spirituality, I mean the childish "why are we here in this planet" version, not the "who's the god" one.

But here's what nobody tells you: losing that multiplicity doesn't make you a better doctor. It just makes you a narrower human being.

The "undecided" Brain Affair

I fell in love with the brain early. Deeply, hopelessly in love.

I mean, how could I not? Here was an organ, three pounds of wrinkled tissue that somehow generated everything: consciousness, memory, love, fear, art, mathematics, the very sense of "I" that was observing & interrogating itself. The recursiveness of it felt almost spiritual.

I devoured everything I could find. Oliver Sacks vs Ramachandran. Robert Sapolsky's lectures on human behavioral biology, the way he seamlessly wove together neuroscience, endocrinology, evolution, and philosophy, taught me that the best science is always interdisciplinary.

Naturally, I dreamt of neurosurgery (or maybe neuromedicine). I romanticized it, the delicate choreography of standing at the border between life and death, the privilege of touching the physical substrate of the mind itself.

I was ready to spend my life there, in the deep anatomy of thought.

But destiny, as it turns out, had other plans.

The Confusion (And the Judgment)

When I matched into dermatology, I was confused. Genuinely, deeply confused.

And everyone around me made sure I stayed that way.

"Dermatology? Really? That's too... superficial for someone like you." (They'd laugh, pleased with their pun.) "You should've gone for medicine or surgery. Something substantial."

"What happened? Couldn't survive neurosurgery or medicine?"

Even I started doubting myself. Here I was, someone who'd spent years thinking about consciousness and the nature of reality, and now I was going to spend my life treating... rashes? Acne? Was this my version of settling?

I remember my first week of residency. I stood in the OPD, looking at a queue of patients with fungal infections and eczema, and thought: What am I doing here?

Then, slowly, something shifted.

The World is Written on Skin

Did you know that skin is where self meets non-self?

It's the largest organ, the most exposed, the boundary that separates your internal universe from everything else. It's where immunology becomes philosophy. Where does "you" end and "the world" begin? Your skin decides that, every single second.

I started seeing it everywhere. I've created my own little philosophy in derm. The Langerhans cells patrolling like sentinels, deciding what's friend and what's foe. The keratinocytes building barriers. The melanocytes painting identity onto our surface. The microbiome, an entire ecosystem of bacteria and fungi living on us, with us, as us.

The skin is not superficial. It's the most exposed expression of who we are, biologically and socially.

And then there's the evolutionary poetry of it all. Did you know dinosaurs had scaly skin? That the same keratin that makes your hair and nails once made their armor? The "Jurassic Park" fanboy in

me tries to connect the dots now. That we carry ancient defense mechanisms in our epidermis, remnants of when our ancestors needed thicker skin to survive?

Keeping the skin thick. We say it metaphorically, but it's literally what our bodies try to do when stressed or attacked. "Acanthosis," "Hyperkeratosis." The skin remembers its protective past.

I fell in love all over again.

Learning the Whole Body (Again)

Here's what nobody tells you about dermatology: you end up learning all of medicine.

Diabetes? Check the feet for neuropathic ulcers and necrobiosis lipoidica.

Lupus? Watch for malar rash and photosensitivity.

HIV? Kaposi's sarcoma, seborrheic dermatitis, opportunistic infections, you name it.

Sarcoidosis? Lupus pernio.

Liver failure? Spider angiomas, jaundice, and palmar erythema.

Renal disease? Uremic frost, calciphylaxis.

The skin is the window to everything happening inside. It's the medicine you can see or let's name it "External Medicine".

And the immunology- oh, the immunology. Every autoimmune disease I'd studied abstractly in textbooks suddenly had a face. Pemphigus. Pemphigoid. Dermatomyositis. Scleroderma. The immune system turning against itself, writing its chaos on the skin in blisters, plaques, and sclerosis.

Pathology too. I spend hours looking at skin biopsies now, seeing the architecture of disease at the cellular level. It's beautiful in a strange, unsettling way, like looking at abstract art that happens to be malignant melanoma.

Every Patient Tells a Story

But what really changed me wasn't the science. It was the people.

The leprosy patients who still come to our OPD, decades after the world declared it "eliminated." They carry the stigma in their eyes before they show me their anesthetic patches. Leprosy is a massive public health problem in Nepal that we don't talk about enough. These patients don't just need dapsons; they need their dignity back.

The psoriasis patients who've tried everything—steroids, methotrexate, phototherapy—and still wake up to scales on their pillow. One young man told me he stopped dating because he was tired of explaining his skin. Another woman said she avoids wearing dark clothes because the scaling is too visible. This isn't vanity; this is suffering.

The pemphigus patient I admitted last month during a severe flare. Blisters everywhere—oral mucosa, trunk, extremities. Nikolsky's sign positive. She was crying, not from pain but from exhaustion. I held her hand (carefully, so as not to trigger more blisters) and promised we'd get her through this flare.

She looked at me and said, "You're the first doctor who didn't seem in a hurry."

That moment taught me more than any textbook.

The Visual Side (And Why It Matters)

I'm loving the visual aspect of dermatology in ways I didn't expect.

Pattern recognition becomes almost meditative. Sherlock Holmes of Human skin. The violaceous, flat-topped papules of lichen planus. The herald patch of pityriasis rosea. The targetoid lesions of erythema multiforme.

It's like learning a new language where the vocabulary is written on human bodies.

And unlike most of medicine, where you're piecing together invisible clues from history and investigations, in dermatology, the diagnosis is

right there. You just have to learn to see it.

There's something deeply satisfying about that. About trusting your eyes. About knowing that if you look carefully enough, the skin will tell you its secrets.

Living Like a Doctor, Dying Like a Philosopher

So here's what I've learned about choosing your residency (or anything, really):

Don't let other people's hierarchy dictate your passion. Medicine has this unspoken caste system (at least in our heads)—surgery (we all wanted to be Neuro or cardio-surgeons at some point) and medicine at the top, everything else somewhere

below. It's nonsense. Every specialty has depth if you're willing to look for it.

Your interests don't have to make sense to anyone but you. I still read philosophy. I still think about consciousness. I still wonder about the universe. The brain still fascinates me. And now I also think about the immunopathogenesis of pemphigus. These things coexist just fine. And the best part, Dermatology provides you with the time to think about things outside of medicine.

The "superficial" is often the most profound. The skin is where biology meets society, where genetics meets environment, where self meets world, or maybe where the distinction between the two dissolves. That's not superficial. That's everything.

If you are curious, you will rediscover your curiosity. I chose the brain because it fascinated me. I stayed with the skin because it seemed to offer me with the freedom of exploring my fascination. You best learn things when they remain your hobby, not compulsion.

You're allowed to change your mind. Dreams evolve. The dream doesn't die; it just wears a different coat. I'm still asking the same big questions I asked as a child. I'm just asking them

through a dermatological lens now.

A Final Word (Before You Choose Your Residency)

If you're a medical student trying to choose your path, here's my advice:

Ignore the prestige. Ignore what people say is "hardcore" or "superficial."

Ask yourself: What makes you curious enough to read about it on your day off? or Whats the speciality that offers you a day off in the first place? (Wink)

For me, it turned out to be the skin. The organ that remembers dinosaurs and fights invisible battles and carries stigma and heals—always, remarkably, heals.

I wanted the brain, but destiny gave me the skin.

And honestly? I was quick in getting into the skin of things, with the help of passionate teachers and kind friends. So here's to choosing wrong and discovering it was right all along.

Here's to staying vulnerable in a profession that demands toughness.

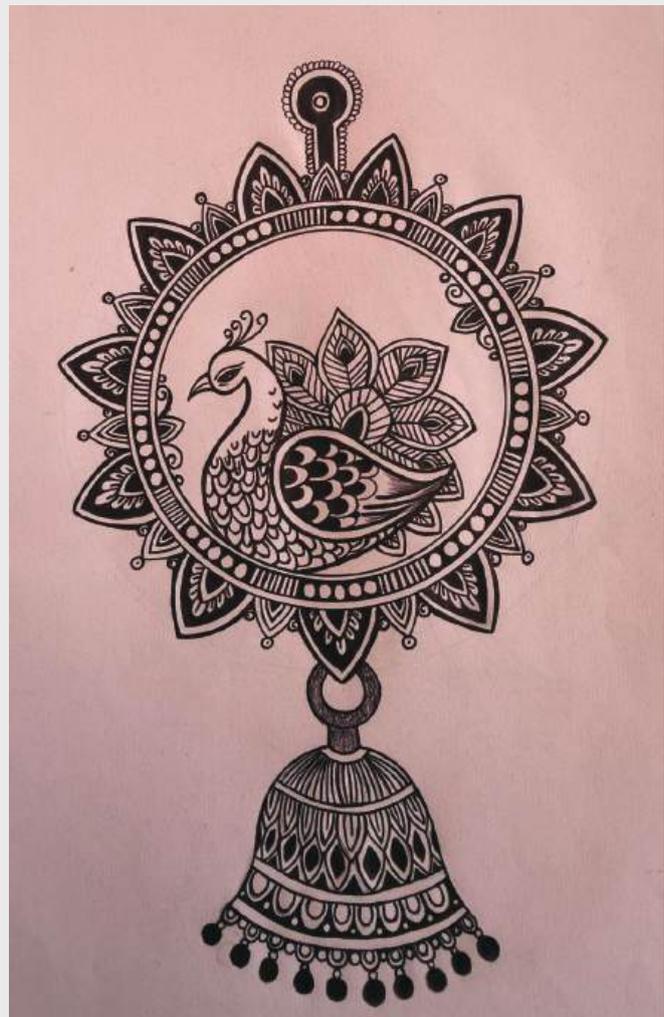
Here's to living like a doctor and dying like a philosopher.

Here's to keeping your skin thick but your heart soft.

- A Dermatology Resident Who Still Reads Sapolsky



Shobha Sah
8th Batch
Bsc. Nursing



म जाँदै छु

म जाँदै छु ।
तिमीलाई पछ्याउँदा पछ्याउँदै,
तिम्रा यादका डोब मेटाउँदै-मेटाउँदै
मेरो मन थाकिसकेको छ ।
आँसुले भिजेर मुटु चिसिएको छ ।
अब म सकिदैन
यति भारी मुटु बोक्न ।
सम्भिन पनि चाहन्न,
तिमीलाई बिर्सिन असफल प्रयास गर्दै-गर्दै
म जाँदै छु ।

मेरै यादले, कल्पनाले
टिकेको यो सम्बन्ध
म आज छोडेर जाँदै छु ।
तिमी खुसी हुनु,
तिमी 'तिमी' रहनु ।
तिमीलाई कहिले कसैको याद आयो भने,
दुःखमा मायाले बोलायो भने,
यो सम्बन्धको दियो फेरि बल्न सक्छ,
मेरो मुटु फेरि पोल्न सक्छ ।

म डुबेको थिएँ
त्यो सागरी मायाको गहिराइमा ।
त्यसबाट हिँड्न ताराहरूलाई समाउन खोज्दा
हातमा पराजित चन्द्रमाको उज्यालो मात्र पर्थ्यो ।
म एक भएर हुन खोज्थेँ,
तर याद भने उसैको आइरहन्थ्यो ।

म त सोभो,
शान्त-गैरीको नारायणीजस्तै ।
बगर तिमी देखिएपछि
म रोकनै सकिनँ आफैलाई ।
बग्दै-बग्दै रोकिएँ,
बगर तिमी देखिएपछि ।
सोच्छै-बगरसँगै बगेको भए?
तर सोचाइ सोचाइमै रोकियो;
म बग्ने पन्यो ।
के नै लाग्छ र नदी छेउको बगरलाई,
जमिन नै प्यारो भइसकेपछि?

एकातिर भ्रमचञ्जलभ कानमा हुन्छ,
त्यसमै संगीत चलिरहन्छ,
मेरो आफ्नै संसारको धुन ।
अर्कातिर मन आफ्नै तालमा हुन्छ,
तिम्रो तस्वीरमा मेरो मन टाँसिन्छ ।
संगीतको धुनमा मन चिर्ने दुख
फेरि पनि आनन्द बनिरहन्छ ।



किरण भुषाल

एम.बि.बि.एस. चौधौँ ब्याच

आँखाबाट सपना बग्छन्,
मन हलुका-हलुका हुँदै
भिन्ने-भिन्न खोक्रो भइसकेको छ ।
उहाँ खोक्रोमा तिम्रो यादको टुक्रा
बोकी कहाँ जाऊँ म अब?
थाकिसकै ।
यतै छाडेर
तिम्रो धुन,
छुन खोज्दै त्यो आकाश, त्यो जुन,
म बाफ बनेर उड्दैछु,
म जाँदै छु ।
न रोक मलाई,
म भन्नै ।
म चिन्छु तिमीलाई
तिमीले 'रोक' पनि भन्नै
न सोध मलाई
मेरो मनको उत्पीडन,
कुन घाउ कहाँ पोलिरहेको छ ।

म भन्नै,
म चिन्छु तिमीलाई,
तिमीले मलम लगाउने प्रयास पनि गर्दैनौं
म किन त्यहीँ घाउमा पानी हालिरहूँ?
किन घाउ कोटिँदै रगतमा रमाऊँ?
त्यसैले जहाँ यो सम्बन्धको दियो सेलाउँदैछ,
जहाँ मेरो भत्किएको मन बिसाउन पाउँछ,
म त्यहीँ स्थानको खोजीमा,
त्यहीँ मान्छेको खोजीमा,
म जाँदै छु ।

त्यहाँ जहाँ मेरो चिसिएको मुटु
न्यानो अँगालोले पग्लनेछ,
पग्लिएर जहाँ बग्नेछ,
त्यहीँ बहावमा म रमाउनेछु ।
म जाँदै छु,
नरोक मलाई ।
म जाँदै छु ।

Things I Learned While Waiting for the Bus That Never Came



Sumana Khakurel

12th batch MBBS

The संयुक्त यातायात bus was supposed to arrive at 7:15 a.m.

It did not.

At first, I did what any reasonable person would do, took the fact that we go by Nepali time into consideration. 5 minutes in and slowly the anxiety starts to kick in. I checked the time repeatedly, refreshed my phone to see if there's a probability that CR texted that class is going to start 30 minutes late (a probability hovering somewhere between none and never), and scanned the road as if my intense staring might summon the bus into existence. It turns out it cannot. Ten minutes passed. Then twenty. Then, thirty.

But while the bus never came, something else did.

As the minutes passed, hope slowly went into observation mode. Time began to stretch like a poorly elastic band. The wrist watch began to tick slower and slower. And when you wait long enough, you begin to notice things that never make it into textbooks. Things you usually ignore. The rhythm of footsteps passing by. The way the morning light shifts. The distant rings of morning prayer bells. The huffs and puffs of folks

Uncertainty is deeply uncomfortable, but also strangely honest. There is no announcement. No explanation. Just absence. And in that absence, we learn that control is mostly imaginary. We plan schedules, set alarms, and make lists believing we are in charge. But sometimes, a bus doesn't come.

up for their morning walks. The silence between honks that feels oddly peaceful.

Impatience often comes from the illusion that life owes us punctuality.

You arrive with a plan, a timetable, and a sense of purpose, a motivation to conquer the day as per your own whims, only to discover that reality has its own rules. People rarely come neatly packaged. Problems rarely come well labeled. And sometimes, what you expect simply does not arrive at all.

As the minutes stretched on, I noticed the people around me. The ones who were waiting for the same bus as I was. The bus was well noticeable, with its blue and white stripes and the soundtrack consisting of flawless Tamang selos so good they practically demanded recognition. I looked around. Some looked impatient. Some vanished into melodies only they could hear through their headphones. Some looked annoyed. Some resigned. One elderly shopkeeper smiled at everyone who passed as he lit his incense sticks, as if delays were a normal and acceptable part of existence. Watching them all hit me; everyone has their own way to navigate uncertainty and

delay. The bus, the people, and the waiting create a little ecosystem of impermanence. Nothing is static, even waiting has its own rhythms.

Uncertainty is deeply uncomfortable, but also strangely honest. There is no announcement. No explanation. Just absence. And in that absence, we learn that control is mostly imaginary. We plan schedules, set alarms, and make lists believing we are in charge. But sometimes, a bus doesn't come. And no amount of preparation can fix that. All you can do is adapt - walk, wait longer, or change direction entirely. There is so much grace in acceptance.

Eventually, I stopped checking the road. My mind wandered back to half remembered lectures and the topic I was supposed to present that day. Waiting has a way of stripping distractions and leaving you alone with your own reflections. I

looked at a stray dog that was curled up near the bus stop, entirely unbothered by timetables, schedules or bus arrivals. I noticed how life continued smoothly for everyone else, even while my plan fell apart. That's when it struck me: delays are not interruptions to life - they are part of it.

I booked a ride online, hoping that I would make it to the 8 am forensic lecture (I made it woohoo!!!). I did so having learned something. Not every delay is a failure. It might just be a momentary pause, a pause that can reveal subtle truths the hurried eye often misses.

The bus didn't come.

But perspective did.

And honestly, it arrived right on time.



Dr. Amit Gupta
10th Batch, MBBS

Dear December...

Dear December,
So... you've come again.
It's been a long time, hasn't it?
Still...
It's strange and lovely
To meet you once more.

You know you're different,
Different because
When the whole world drowns itself
In Christmas lights and New Year noise,
There are some quiet, hidden beings
Still living in the shadows
Of months that are past, gone,
January through November,
Pressed behind their eyes.
They hold their silence like a lantern,
Trying to see what slipped away,
How their winter began a year ago,
And where they would have wanted
Through the tail end
Of all your cold.

Between these moments
Fall the memories of monsoon rains,

With each drop landing on earth,
Collecting, stirring, awakening
The stories that are left behind.
As rain becomes remembrance,
A mirror of their sorrow,
A stage built from mud and ache.
And one misstep
Is enough to fall into that abyss
From where return feels impossible,
As though they themselves
Were lost to it.

Then autumn arrives,
Beautiful, tender,
Leaves drifting down
Like soft confessions,
Each one carrying
A color, a sentiment, a secret.
There is calm, there is hope,
But still,
We circle back.

And here comes winter again.
A season that feels
Lonely and hollow,
A quiet fog
Under which destiny hides.
Somewhere in all that white,
Life's purpose is buried,
Waiting to be found.
And when the snow
Finally exhales from the sky,
Dressing the earth in softness,
It tries — so gently —
To flood them with the happiness

That once they deserved.
Yet the thoughts return,
Twisting in opposite directions,
And so, December moves on,
Another cycle lived,
But the same contours traced.

You know this, December.
You're the month
That pulls thoughts deeper,

And isn't it strange
What people discover?
A cigarette,
A glass of wine,
A silent room,
With the moon above,
And the quiet wondering
Of all the times
That might have shone.



Prabuddha Bajracharya
13th Batch, MBBS

that white coat

that white coat
knows everything
all of us are just borrowing
its confidence
until ours arrives.

that white coat
sees everything
it stares at us in silence
through all the notes and log making,

and in rounds that felt like ever going.
it has been there

since year one of medical college,
and it will be there till the last year and beyond,
watching us grow into the shape
we initially pretended to fit in.
it has seen us stumble,
mumble, fumble
and how all these circumstances
have made us humble.
like a strong tree in a storm,
it stays with us through thick and thin,
through tests that seemed too big,
but only helped us grow.

when someday we finally lift it over our
shoulders
when our hands stop trembling
it will still keep its silence and not say a word.
we will have grown into it,
and only then will we realize
that this borrowed confidence
was ours all along.

The Paediatric Research Unit: 20 Years of Growth, Dedication, and Impact (2005–2025)



Dr. Meeru Gurung

Senior Research Fellow and Project Co-ordinator
Paediatric Research Unit, Patan Academy of Health Sciences

When I joined the Paediatric Research Unit in 2011, I found myself part of a team with a rich history and a clear sense of purpose. My seniors often told stories of the Unit's beginnings in 2005 and the passion of its founders, and these stories showed the resilience and vision that still

guide us today.

The Unit, then known informally as “Pedstudy,” began in an unlikely space: an old burn bathroom in Patan Hospital, barely large enough for four people. Consultant Paediatrician Dr. Stephen Thorson of the Unit often described how, despite



Burn Bathroom as Research room

such humble beginnings, the founding team remained focused on a single mission: to generate high-quality evidence that could improve child health across Nepal.

In 2005, one of the Unit's earliest milestones took shape with the launch of Invasive Bacterial Disease (IBD) surveillance at Kanti Children's Hospital and Patan Hospital. Supported initially by SAPNA with Gavi funding, and later by PneumoADIP and WHO SEARO, this effort marked the beginning of an enduring collaboration. Remarkably, the surveillance has continued without interruption for two decades, even through the 2015 earthquake and the COVID-19 pandemic, reflecting the Unit's commitment to continuity and scientific responsibility.

A major milestone was the introduction of the BACTEC automated blood culture system in 2009. Supplies were uncommon in Nepal, so the team had to plan carefully and ensure everything was ordered and stored for the year ahead. Maintenance required support from India, with the BACTEC engineer visiting initially twice

a year, and later yearly. Initially used only for paediatric blood cultures, the system enhanced the accuracy and reliability of results. Since 2009, every child at Patan Hospital needing a blood culture has received this service free of charge. Today, BACTEC supports all blood cultures across the hospital, and the system has since become widely used in many hospitals across Nepal, greatly simplifying diagnostics and maintenance.

Another foundational challenge was the decision to use sheep blood for culture media, at a time when most laboratories relied on human blood, which does not allow some bacterial pathogens to grow. Initially, two sheep were kept in a small space within the hospital. Their care demanded constant effort, but this step was crucial for ensuring reliable, high-quality culture media. As our work expanded, the sheep were moved to a well-managed farm in 2017. Today, fifteen sheep provide blood several times a week, supporting microbiological diagnostics hospital-wide.

In the early years, bacterial isolates were shipped to Christchurch, Otago University in New



Celebrating 20 years on 5th November 2025



Current Study Team Picture 2025

Zealand for further testing. Now, as a WHO sentinel site, Patan Hospital routinely sends isolates to Vellore, India, while maintaining a strong record in international quality assurance programs including Vellore EQAS, UK NEQAS, WHO NICD, and NPHL assessments. Over time, our laboratory capacity has strengthened to the point where one of our own technicians now performs in-house serotyping, completing more than 8,000 serotypes to date.

When I first joined the Unit, we were still a small but dedicated team. Today, the Paediatric Research Unit has grown to more than thirty staff members, and our work has helped shape Nepal's vaccine policies. Our Pneumococcal Conjugate Vaccine (PCV) journey began in 2010, when PCV13 was available only in private clinics and far too expensive for most families. That same year, we launched the Patan/Oxford PCV study to find the best schedule for Nepali children. The results showed that the 2+1 schedule with

a booster at 9 months offered stronger, longer-lasting protection and helped guide Nepal's 2014 decision to introduce PCV10.

In 2015, as Nepal introduced Injectable Polio Vaccine at 14 weeks, the standard PCV schedule would have meant multiple shots at a single visit, raising concerns for both parents and vaccinators. When Nepal boldly shifted the second PCV dose from 14 to 10 weeks, our Unit was called in to validate this new schedule. Our study confirmed that the modified 6 and 10-week schedule with a 9-month booster was safe and effective. Nepal's data, including our study, were later reviewed by WHO SAGE when they evaluated global PCV evidence. SAGE accepted the 2+1 schedule and noted that in special circumstances, the interval between the first two doses could be shortened to four weeks if the booster is given on time. Seeing PCV move from expensive private clinics to a routine, free vaccine for every Nepali child has been a powerful reminder of what strong

local research and partnerships can achieve.

Much of what we have achieved today is thanks to our dedicated current team. Research fellows, nurses, laboratory technicians, CMAs, data personnel, research operations officer, clinicians, office assistants, and support staff work tirelessly behind the scenes to keep surveillance and other study activities running smoothly, maintain research quality, and handle the demands of busy OPD seasons, outbreaks, or other logistical challenges. Their hard work, resilience, and teamwork form the backbone of the Paediatric Research Unit, carrying forward the same spirit of dedication that began in 2005.

Our growth has been strengthened by the institutional support of the Patan Academy of Health Sciences (PAHS) and the Department of Paediatrics at Patan Hospital. As one of Nepal's busiest centres for paediatric care, Patan Hospital has created a unique environment in which research and clinical needs align seamlessly.

On Karthik 19, 2082 (5 November 2025), we celebrated 20 years of the Paediatric Research Unit at a commemorative event attended by national leaders, including the former President of Nepal, the Minister of Health and Population, the Mayor of Lalitpur, representatives from the World Health Organization (WHO), senior collaborators from the Oxford Vaccine Group, and a representative from the Nepal Health Research Council (NHRC). The event also brought together medical professionals, members of the Nepal Paediatric Society, and delegates from national and international partner organizations. This milestone was not only a celebration of scientific achievements but also a tribute to the people and partnerships that have sustained this collaboration for two decades.

We remain profoundly grateful to the late Professor Dr. Neelam Adhikari, who, together with Prof. Sir Andrew J. Pollard of the Oxford Vaccine Group and Prof. David Murdoch of Otago University, founded the Unit. We also acknowledge the foundational roles of Dr. Stephen Thorson, Professor Dominic Kelly, Clinical Programme Director Sarah Kelly from University of Oxford and the past and present Chairs of Paediatrics, including Dr. Anil Raj Ojha, as well as our current Head, Prof. Dr. Shrijana Shrestha. Their leadership and mentorship have shaped the Unit's development at every stage.

The contributions of our former staff and study team including two senior research fellows, fifty-five junior fellows, twelve research nurses, four CMAs, two laboratory technicians, a data manager, two research assistants, and numerous visiting researchers from the University of Oxford have been central to our progress. Many former fellows now hold influential positions in Nepal and abroad, carrying forward the spirit of collaboration and scientific rigor they developed here.

As I reflect on our journey from the small burn bathroom of 2005 to the strong and active Unit we are today, I feel deep respect for those who laid our foundations and gratitude for the opportunity to contribute to this remarkable legacy. Our beginnings were modest, but our purpose has always been clear guiding us as we continue to generate meaningful evidence to improve child health in Nepal.

It remains my privilege and honor to be part of this journey as Senior Research Fellow and Project Coordinator, and I look forward to all that we will achieve together in the years ahead.

नर्सिङ: नेपालको स्वास्थ्य प्रणालीको मेरुदण्ड



अर्चना बगाले

सहायक प्राध्यापक
ललितपुर नर्सिङ क्याम्पस
पाटन स्वास्थ्य विज्ञान प्रतिष्ठान

नेपालको स्वास्थ्य प्रणालीको मेरुदण्ड नर्सिङ हो । देशभरका नर्सहरूले आफ्नो जीवन समर्पित गर्दै बिरामीको हेरचाहमा दिनरात मेहनत गरिरहेका छन् । उनीहरूको परिश्रम, अनुशासन, र संवेदनशीलताले स्वास्थ्य सेवा प्रणालीलाई बलियो बनाएको छ । तर, यस पेशामा देखिएका संरचनागत कमजोरी, असमान कार्यसंस्कृति, कम तलब, र हाइरार्की-आधारित सम्बन्धहरूले नर्सिङलाई अझ चुनौतीपूर्ण बनाइरहेको छ । यसले दक्ष नर्सहरूको विदेशिने प्रवृत्ति बढाएको छ र दीर्घकालीन रूपमा स्वास्थ्य सेवा प्रणालीमा असर पारिरहेको छ ।

अस्पतालमा कार्यसंस्कृतिका चुनौतीहरू

अस्पतालहरूमा नर्सहरूको कार्यसंस्कृति प्रायः कडा पदानुक्रममा आधारित छ । वरिष्ठ-कनिष्ठ सम्बन्धले सहकार्य र सिकाइमा अवरोध ल्याउँछ । नयाँ नर्सहरूले पर्याप्त मेन्टरसिप र प्रशिक्षण नपाउँदा उनीहरूले काम सिक्न कठिनाई अनुभव गर्छन् । पदोन्नति र मान्यता प्रायः व्यक्तिगत सम्बन्ध वा निष्ठामा निर्भर हुँदा वरिष्ठ-कनिष्ठबीच ईर्ष्या र मनोबल घटाउने व्यवहार उत्पन्न हुन्छ ।

नर्सहरूले बिरामीको हेरचाह, आपतकालीन व्यवस्थापन, औषधि वितरण र रिपोर्टिङ-जस्ता जिम्मेवारी बहन गर्छन्, तर तलब र सम्मान पर्याप्त हुँदैन । निजी अस्पतालमा तलब कम छ भने सरकारी अस्पतालमा स्थायित्व भए पनि बढुवाको अवसर सीमित छ । यस्तो वातावरणले नर्सहरूको उत्साह घटाउँछ, सहकार्य कमजोर बनाउँछ, र धेरै नर्सहरू विदेश जाने प्रक्रियामा रहँदा दीर्घकालीन रूपमा स्वास्थ्य प्रणालीमा चुनौती पैदा हुन्छ ।

नर्सिङ शिक्षामा देखिएका चुनौतीहरू

नर्सिङ शिक्षण क्षेत्रमा पनि वरिष्ठ-कनिष्ठ भगडा, ईर्ष्या, र शक्ति प्रदर्शनको प्रभाव देखिन्छ । नयाँ शिक्षक वा ट्युटरले पर्याप्त मेन्टरसिप नपाउँदा आधुनिक शिक्षण पद्धति, अनुसन्धान

र नवप्रवर्तन सिक्न कठिनाई हुन्छ । अन्तर्राष्ट्रिय अभ्यास र प्रविधिको पहुँच कम हुँदा विद्यार्थीहरूको सिकाइ सीमित रहन्छ । यस्तो संरचना शिक्षक र विद्यार्थी दुवैको व्यावसायिक विकासमा बाधा पुऱ्याउँछ ।

ब्रेन ड्रेन र त्यसका कारणहरू

नेपालका धेरै दक्ष नर्सहरू विदेशिने प्रक्रियामा छन् । उनीहरू कम तलब, सम्मानको अभाव, अत्यधिक कामको बोझ र विदेशमा उच्च मागका कारण विदेश जाने निर्णय गर्छन् । विदेशमा तलब, अवसर र पेशागत सम्मान उच्च भएकाले उनीहरू आकर्षित हुन्छन् । यस्तो प्रवृत्तिले नेपालमा अनुभवी नर्सको कमी निम्त्याउन सक्छ, जसले स्वास्थ्य सेवा प्रणालीको गुणस्तर र पहुँचमा असर पार्नेछ ।

सुधारका सम्भावना र उपायहरू

अस्पताल स्तरमा वरिष्ठ नर्सहरूले कनिष्ठलाई व्यवस्थित मेन्टर सिप दिनु पर्छ । कार्यस्थलमा दुर्व्यवहार र असमानता विरुद्ध नीतिहरू लागू गर्नुपर्छ । नर्सहरूको कामको उचित मूल्याङ्कन र प्रोत्साहन सुनिश्चित गरिनुपर्छ । पदोन्नति प्रणाली पारदर्शी र योग्यता आधारित हुनुपर्छ ।

शैक्षिक क्षेत्रमा पनि सुधार आवश्यक छ । वरिष्ठ शिक्षकले कनिष्ठ शिक्षकलाई मार्गदर्शन दिनुपर्छ । आधुनिक शिक्षण पद्धति, अनुसन्धानमा पहुँच र अन्तर्राष्ट्रिय अनुभवको अवसर बढाउनुपर्छ । खुला छलफल, सहकार्य र नवीन विचारलाई प्रोत्साहन गर्नुपर्छ ।

ब्रेन ड्रेन रोक्न योग्यता अनुसार तलब र स्पष्ट बढुवा पथ सुनिश्चित गर्नुपर्छ । निरन्तर शिक्षा र तालिमको अवसर दिनुपर्छ । विदेश अनुभव आर्जन गरेपछि नर्सहरूलाई घर फर्केर नेतृत्व भूमिका ग्रहण गर्ने वातावरण बनाउनुपर्छ । सहयोगी पेशागत समुदाय र मेन्टरसिपको संस्कृतिले उनीहरूको पुनः देशमै सेवा गर्ने प्रेरणा बढाउँछ ।

नेपालमा नर्सिङ पेशा परिवर्तनको मोडमा छ । नर्सहरूले समर्पण, करुणा, र अथक श्रम देखाइरहेका छन्, तर उनीहरूले योग्य मूल्याङ्कन, सम्मान, सुरक्षा र व्यावसायिक उन्नतिको स्पष्ट मार्ग चाहन्छन् । यदि अस्पताल र शैक्षिक संस्थाहरूले सुधारको पहल गरे भने नेपालले दक्ष, जिम्मेवार, र प्रेरित नर्सहरूको पुस्ता तयार पार्न सक्छ । यसले केवल स्वास्थ्य सेवा सुधारने मात्र होइन, नर्सिङ पेशामा स्थायित्व र आत्मसन्तुष्टि पनि सुनिश्चित गर्नेछ ।

Navigating Life after PAHS

For a person who always wanted their life to be remembered, I sure have forgotten half of what I have lived. It was a cold and gloomy November afternoon back in 2017, or perhaps it was a warm and sunny one; I am not sure anymore. Since I am writing this on a cold December night, let's go with the former.

I don't remember the exact weather of the day I first stepped through the entrance of Lalitpur Nursing Campus (my first association with PAHS). The weather is not actually pertinent. But on my way back home with my father, as I held those admission papers and a little blue booklet about the rules of the campus, I remember thinking, "Is this going to be a new beginning of my life?"

That moment, insignificant at the time, marked a journey that took me years to decipher. Even today, as I am writing this, I am still unsure whether every path I took was the right one or not. I felt as if I had lived a lifetime during those 4.5 years at LNC. The person who entered was not the same one who left but I think that is a given. Change is inevitable. You are bound to change with time and circumstances. You cannot hold on to who you used to be, no matter how hard you try.

This is turning into a journal entry where I should be writing about what my life is like since graduating from PAHS.

But the thing is, I am still here at PAHS still in between these walls where I had spent all those years during my clinicals. I started working here at Patan Hospital somewhere around March of 2023. It was a warm spring morning, and I remember it exactly. The weather is still not pertinent, by the way. It feels like yesterday since I joined here, yet it will be three years in three months. That is what I find fascinating about my life these days: everything seems to be going so fast but yet so slow. For someone whose life consists of the most mundane things, it sure seems to be passing swiftly.



Anna Maharjan
Bsc. Nursing 2nd batch

Life after PAHS has been somewhat uneventful, if I am being honest. I have not made any significant changes in my life, and I find myself feeling quite empty while writing this. Should I erase everything and write about something else? But you are reading this right now, so I must have pulled through and continued writing about the boring life I have been living.

I am either at home or at work. Sometimes I am out with my friends or family, but most of the time I am in my bed, doom-scrolling for hours. This is also my crucial overthinking time, as I can't help but wonder: "Is this what your 20s are supposed to be like"? When I was in my teens blissfully naive. I used to think I would have the world in my hands when I will become an adult. Now that I have become one, the only world in my hands can be experienced through a phone screen.

Your 20s are such a strange phase of your life. On one hand, you are attending your friend's wedding, and on the other, your mother is still pressing your clothes for you to attend that very wedding. You gradually start to lose touch with friends you thought were forever. You begin

making new friends in places you never imagined. Nobody is at fault here. Not everything is constant—except for change, I guess.

There is a saying: “Life is a race.” You feel it the most in your 20s. You often see people who started the marathon with you at the same starting line miles ahead of you. There are also times when people who started the race much later achieve things you could have never dreamt of. It sounds disheartening, but the sooner you realize it, the easier it becomes to move forward. Life is a race you are not always meant to win, but you have to keep running. You have to find your own finish line.

Now this is turning into an excerpt from a self-help book when I should still be writing about what my life is like since graduating from PAHS.

But sadly, there hasn't been anything particularly worthwhile for me to write about. This makes my life sound pathetic when it hasn't been that

bad at all. At the end of the day, I am grateful for the life I have been given. The truth is, I am still finding my own way to move ahead in this journey, and I don't know how long will it take? I cannot offer you any insightful lessons because I'm yet to receive. I apologize if you read this expecting to gain something meaningful but were disappointed instead.

This was also very impromptu writing. I wanted to write everything that came to my mind in one sitting and not psych myself out of writing it.

I find it fitting to end this with one of the few lines that resonated with me from a book I was reading:

“As passive as I am, I share everything. Perhaps I am bad at making detailed plans or unable to imagine a neat future because of these tendencies.”

I want to die but I want to eat tteokbokki

Baek Sehee

Beyond PAHS



Puja Karki

Bsc. Nursing 4th batch

Hi everyone, I am Puja Karki, a past student from the 4th batch of Patan Academy of Health Sciences (Lalitpur Nursing Campus). My nursing journey there was truly wonderful and meaningful. PAHS provided an environment where I could learn, grow, and discover my strengths. The guidance from teachers, the supportive learning atmosphere, and the hands-on experiences helped shape me into the person and pro-

fessional I am today. It was a place that taught me discipline, compassion, and confidence, and I am proud to say that PAHS played a major role in my personal and professional development.

I am now working as an AIN in Australia while preparing to obtain my nursing registration here. The knowledge and foundation I received from PAHS continue to guide me every day in my career. I carry the values and lessons from PAHS wherever I go. I am truly grateful for the journey I had there and for being part of such a strong and inspiring institution.

To all the new students—consider yourselves incredibly lucky to be part of Lalitpur Nursing Campus. Trust me, you will be proud of yourselves one day. The journey may sometimes feel challenging and like a roller coaster, but once you make it through, you will realize how strong, capable, and accomplished you have become.

From PBLs to Periodic Breathing: The Mountains Have a Syllabus of Their Own

If you had told first-year me, fresh out of board exams, running on the hospital canteen's 'doctor set' and Chiya, that one day I would be treating patients at 4,410 meters, making independent emergency decisions with limited resources, I would have laughed, panicked, and probably asked if there was WiFi. And yet, here we are.

In April 2019, I went on a solo trek to Gosaikunda, thinking it would be a short break in between the PBLs. I returned with sore legs and a sunburn I did not ask for. I didn't know then that the mountains were quietly preparing a syllabus of their own, one that would shape how I understood both medicine and myself. The thin air, biting cold, and overwhelming silence humbled me in a way no viva ever had. Somewhere between struggling for breath and staring at snow-covered ridges, I developed a deep respect and passion for life at high altitude.

That trek opened a door I kept walking through with a bunch of my mates- Annapurna Circuit, Annapurna Base Camp, Paanchpokhari, Tsho Rolpa, Tilicho, and eventually Manaslu Circuit. Each journey taught me something textbooks never explicitly say: endurance is learned slowly, resilience is built step by step, and rushing- whether up a mountain or through life- comes with consequences. I even experienced symptoms of acute mountain sickness (AMS) myself, which turned a theoretical concept into a very real headache, nausea, and a lesson in humility. It made me a more attentive trekker and later, a more empathetic doctor.

I first heard about the Manaslu Circuit in February 2020, from a group of porter brothers at Thorong High Camp en-route Annapurna Circuit trek. We were all gathered around a heater, sipping warm



Dr. Sarmita Shrestha
MBBS, PAHS SOM

water like it was luxury tea, sharing life stories, and mentally preparing for Thorong Pass(5416m) the next morning. This was right after our first-year board exams, when simply surviving felt like success. They said Manaslu was the toughest trek they had ever done steep, relentless, no mercy. At that time, it felt impossible. Medical school schedules were tight, leaves were rarer than full sleep cycles, and while we managed shorter treks, Manaslu stayed on the "maybe someday" list. Someday finally came- immediately after our final board exams. Manaslu became my eighth and final trek during medical school, and fittingly, the most transformative. We moved every day- no two meals at the same place. Every trek is part torture, part therapy. Days start before dawn and stretch into 12 hours of walking. My legs scream, my lungs protest. Ironically, we hustle more than we ever did in college, yet feel freer than ever. Crossing Larke La Pass is the closest I've come to questioning all my life choices and loving every excruciating, breathtaking step of it. As the body grows tired, the mind grows clearer. The heart is the happiest, and the mind at an unbelievable peace. Who knew exhaustion could feel so

therapeutic?

Fast forward to today: I now work as a licensed medical practitioner at The Mountain Medical Institute, Dingboche(4410m), at an altitude where even walking to the toilet counts as cardio. I see how seamlessly those journeys prepared me for this role. Who knew I would be writing this article for my college magazine with this magnificent view of Mt. Aama Dablam right in front of my eyes, surrounded by Mt. Thamserku, Kang Tenga, Kang Thari, Lobuche, Cholatse, Island

peak on all sides. At Dingboche, I manage everything from altitude illnesses and trauma to chronic outpatient conditions. I provide inpatient care, stay on 24/7 emergency call, perform minor procedures, make independent clinical decisions in a resource-limited setting, and very importantly, I am learning to rely on my training. In just over a month, I saw 332 patients, 156 foreigners, 176 locals, including 17 critically ill for whom immediate helicopter evacuation was done. There are cases of AMS, HAPE, HACE, respiratory infections, gastrointestinal illnesses most commonly traveller's diarrhea, polycythemia, hypertension, Khumbu cough, tendon rupture, dental abscess, intestinal obstruction, cellulitis, scabies, alcohol withdrawal, STDs, UTI, epistaxis, hyperventilation syndrome, IDA, Paronychia, Cheyne Stokes Breathing, electrolyte imbalances, arrhythmias(PAC/PVC), periodic breathing of altitude, musculoskeletal injuries, frostbite, Scalp laceration caused by impact from a rock sliding down a hill, bladder outlet obstruction and emergencies that tests every bit of my training and intuition.

Some cases stay with me deeply: a porter brought in semi-conscious with no informant, later developing seizures and found out after tracking down his family members with great

difficulty and thorough history taking that he had stopped antiepileptic medication; a three-year-old local child with dangerously low oxygen saturation and febrile seizure; a young trekker whose persistent headache was like a puzzle unsolved; and frostbite cases- trekkers who lost their way and spent a night outdoors above 4,900 meters. Working at altitude taught me what medical school never fully can: clinical judgment sharpens when investigations are limited, prioritization becomes instinctive, and endurance isn't optional. Long nights, early morning evacuations, and full OPDs the next morning test not just knowledge, but endurance beyond textbooks. It is exhausting, humbling, and profoundly rewarding. Years ago, I had attended altitude sickness classes at PAHS by Dr. Buddha Basnyat. Today, those lessons feel less like lectures and more like preparation for where I'm meant to be.

To my juniors especially: medical school is important, but it is not life in its entirety. Study sincerely but also rest, travel, laugh, make memories, and take care of yourself. Burnout is real. Refreshment is not laziness or luxury; it is survival. You cannot pour from an empty cup, especially when you're expected to save lives. Life is short. Experience it in all its shades. Make memories with friends while you still can. Walk when you can, pause when you must, and don't forget to live your own life while learning how to save others.

Working in the mountains is hard - unpredictable weather, limited resources, long hours, but it is also deeply fulfilling. The challenges are real, but so is the reward. And sometimes, the hardest paths are the ones that quietly lead you home.

With love, gratitude, and very tired legs,

Sarmita



राजिब बयलकोटी
एम.बि.बि.एस. एघारौं ब्याच

सोचाइ - जीवनको

मृत्युतीतो सत्य हो,
जीवन मिठो भूटभै हो ।

जीवन अन्त्य नै होला सायद,
तब त मृत्यु एक शानदार सुरुवात हुन सक्थ्यो ।

एक थोप्लाबाट सुरु भएको रेखाले
यहाँ एउटा चक्र बनायो ।
तेही चक्रभित्र अलमल्लिँदै,
तिमीले त्यसलाई "जीवन चक्र" नाम दिएकी छौ ।

म त भन्छु -त्यो त मृत्युको चक्र हो!
जीवन त यहीं बदनाम छ ।
यहाँबाँच्नका लागि कोही बचेका छैनन् ।
असलमा, तिमी मर्नकै लागि बाँच्ने नाटक गरिरहेकी छौ -
हो, तिमी र यो सारा संसार ।

भूतलाई भूटको नजरले हेर्यौ,
भविष्यलाई सत्यको रूपमा लियौ भने,
वर्तमान त पक्कै मिथ्या नै होला ।

सायद यही मिथ्यामा अल्झिएका छौ हामी ।
छुनु पर्ने चन्द्रमा थियो सायद,
तर तिमी जमिन खोतल्दै खोजिरहेकी छ्यौ ।
न त चन्द्रमामा भेट्नेछ्यौ तिमीले,
न कुनै तारा नै भेट्नेछ्यौ तिमीले ।

सायद भेट्नुपर्ने तिमीले आफैलाई नै थियो त्यहाँ ।
त्यतिबेला तिमी मृत्युको सुन्दर परिभाषा बुझ्थ्यौ । यसरी
टुंग्याउँदा ठीक होला जस्तो लाग्यो मलाई - मानौं, तिमी
आउने र जाने बाटो एउटै हो ।
यो नै ध्रुव सत्य कु रा हो ।

तिमी आज जहाँसम्म आइपुगेकी छ्यौ,
फर्केर जानुपर्ने उद्गम बिन्दु पनि त्यही हो ।
बीचमा, बाटोमा जे-जे भोगिरहेकी छ्यौ,
सायद त्यसलेनै सिकाउँछ तिमीलाई,
सायद त्यसलेनै अँगालछ तिम्रो जीवित अस्तित्वलाई ।

जहाँसम्म तिमी पुग्नेछौ,
त्यति सम्मकै लागि बनेको यात्रा हो तिम्रो ।
बाटो फरक-फरक छन् सबैका ,
तर यात्राको तरिका र यात्री पक्कैफरक छन् यहाँ ।
यसर्थ, फेरि पनि भन्छु -
कठिन त जीवन हो,
जसको निर्देशन तिम्रो भोगाइले दिइरहेको छ ।
गन्तव्य त पक्कै त्यो सुन्दर मृत्युसम्मकै हो ।
तिमी मान या नमान्,
सत्यलाई त अँगाल्नेपर्छ ।
कठिन तिम्रो बाटो होइन, भोगाइ हो ।
भोगाइ तिम्रो जीवन होइन,
भोगाइ त केबल, जीवनको एक अभिन्न अङ्ग हो ।
तिमीले भोगेका ती भोगाइहरूको सुन्दर महलमै
तिम्रो मृत्युको विमर्श हुनेछ,
र फेरि नयाँ जिन्दगीको पानाको सुरुवात हुनेछ, जहाँ तिम्रो
रूप र स्वस्व बिलकुलै फरक हुनेछ..



प्रतिभा कापैर
एम.बि.बि.एस. तेह्रौँ ब्याच

हामी कहाँनिर अल्मल्लियौ त ?

सेवामा सच्चाइ राख्ने वाचा,
मनमा करुणा, उज्यालो आभा।
दुखेको मनको मलम बन्छु,
प्रत्येक जीवनको सम्मान गर्छु।

सही-गलतको बाटो फर्किन्छ ,
मन भत्रै एउटा आवाज घन्किन्छ ।
कसलाई सुनूँ, कसलाई मानूँ,
नीतिको तराजु कहाँ भुक्छ भनूँ ।

कहिले दया, कहिले कर्तव्य,
दुवै अगाडि उभिन्छ बलपुर्वक
हृदय भन्छ "मानवता रोज"
बुद्धि भन्छ-"नयमको डोज"।

शब्दहरू ठूला, निर्णय कठिन,
भिन्नभिन्नै चलछ अदृश्य युद्ध भिन्नभिन्न।
कागजले नियम लेखिदियो ,
तर मनले फेरि प्रश्न उठायो।

कसको पक्ष लिदा राम्रो होला?
आफ्नो सत्य कि सबैको भलो होला?
यस्तै सोच्दा रात लामो बन्छ,
द्वन्दको धुन मनमै बजिरहन्छ ।

तर, अन्त्यमा एकै कुरा बुझ्न्छ,
सहीपन सधैं सरल हुँदैन; खोजिन्छ
मानवता, इमान, र सत्यको मेल,
त्यहीँ टेकेर नैतिक द्वन्द पलन्छ धेरै बेर ।



चन्द्रदेव गुप्ता
एम.बि.बि.एस. तेह्रौँ ब्याच

एक परिवेश

जीवनको रंगमञ्चमा नाटकको पात्रभैँ ऊ नाचिरहेको छ।
कहानी लाग्दो यो अभावको पलमा पनि भाव खोज्दै ऊ
बाँचिरहेको छ ।

अनगिन्ती पीडालाई पनि मुसुक्क अँगालो मार्ने कस्तो उसको
प्रवृत्ति हेर,
एक छिन मनका भारी विसाउँभन्दा भाग्न खोज्छ जतिखेर।

किन लम्कियो यो पथमा सोध्दा एक्कासी ऊ बिउँफन्छ,
तर फेरि पञ्चशीलको प्रभुत्वले सिद्धार्थ पनि बुद्ध बनेको हो
भन्दै गर्जन्छ ।

जीवनभरि क्रन्दन र आशुको मूल्यलाई शून्य बनाउने बाटो
रोज्यो,
त्यसैले त मरिहत्ते गर्ने ऊ आज रुखबाट पैसा फार्दै छ।

समयले दिएको चोटलाई अङ्क-अङ्कमा सजाउँदै ऊ प्रबल बन्दै
छ,
त्यै पनि शंका र प्रश्न-प्रश्नको खेती गरी सफलतामा रम्दैछ।

भावना र थकानलाई लुकाउन प्रयास किन ऊ गरिरहन्छ?
कतै बिलिन भई सामिप्यतामै सृष्टिको गरिमा गाउने गायक त
होइन?

म भस्किन्छु उसको मानवहीन रहरलाई सुन्दा,
कहिले देशमा त कहिले परिवेशमा सहर बनाउने प्रहरसम्म
पुग्दा।

घरी-घरी सत्यलाई आडम्बरको पर्दाले नछेक भन्छु म,
रूँदापनि ढुक्क भएर रोऊ अनि हाँस्दा पनि मन खोलेर हाँस्नु
भन्छु मा!

Equity in Medicine and Health Service Delivery : Reflection from Rukum

✍ **Dr. Milan Malla**

MBBS, PAHS SOM



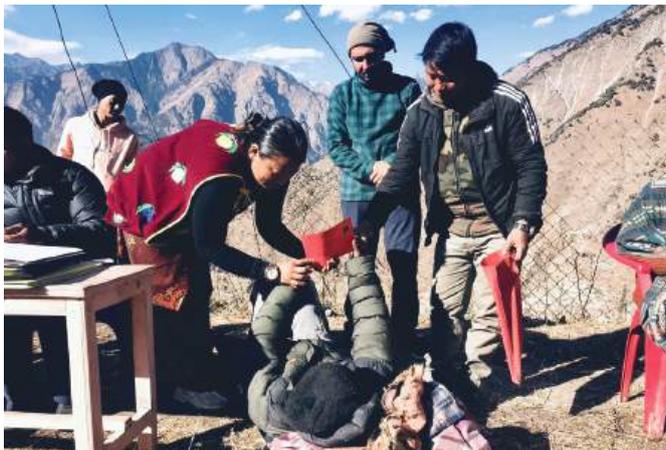
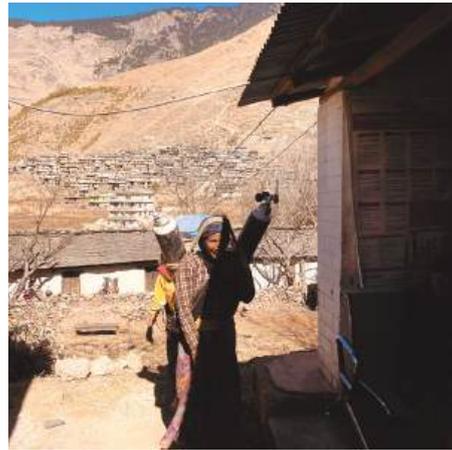
Until and unless we add social justice, equity, and empathy to medicine, medicine can never be complete. If people are not able to experience or benefit from the developments in medicine, it will remain like a rocket enclosed inside a glass lab, visible but untouchable, something you can see, but never feel.

This is Rukum. Although my tenure there was brief, it was marked by meaningful contributions in innovation, leadership, and personal growth. You can guess from the name itself (especially if you are from Nepal) how remote this place is and how marginalized the people living there are, having faced inequalities in basic health services, education, and other facilities for years, even centuries. Patients often had to walk for two to three days to reach this center, and another two days to reach a tertiary hospital.

Those with emergency conditions either died on the way or had to spend five to ten lakhs, or sell everything they owned, to afford a helicopter to transport the patient. Moreover, Rukum was one of the two districts where the Maoist party (under the aegis of the United Peoples Front) began developing its ideologies. Consequently, the ten-year civil conflict between the Maoists and the government (1996 to 2006) affected this place the most.

I worked on developing and formulating several health policy reforms for the local-level government. I also envisioned a People-Centric Health Service model for Putha Uttarganga Rural Municipality (a model based on a need-driven, reverse decentralization approach that can and should be replicated elsewhere), and implemented it by establishing two pioneering strategies of their kind in Nepal: the Health Workers at Doorsteps and Rural Telemedicine programs. This was further achieved by upgrading the health post into a Basic Hospital and introducing emergency, inpatient, X-ray, USG, laboratory, and free health insurance services for targeted families, as well as telemedicine facilities that connected other remote villages and health posts, right from the OPD table in the lap of the Himalayas.

By sharing these ideas, innovations, impacts, and reflections from a remote, local level of Nepal to the global stage, I strongly believe and insist that medicine should be empathetic, equitable, and reachable. Advancement in medicine is incomplete unless it reaches every corner of the world, unless every single person on Earth gets to experience it, feel it, and cherish it.



डोल्पाबाट फर्किँदा बुझिएको पाटन

“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.”

पाटन स्वास्थ्य विज्ञान प्रतिष्ठानको यो मिसन सुरुमा पढ्दा गज्जब लाग्थ्यो तर मन भित्र एउटा प्रश्न पनि उठ्यो, यथार्थमा यस्तो सम्भव होला र चिकित्सक जति पलायन हुने देशमा के दुर्गम बसेर स्वास्थ्य क्षेत्रमा योगदान दिने दक्ष जनशक्ति उत्पादन भएर जालन र, यो देशमा करिव १७ वटा मेडिकल कलेज छन् जसले चिकित्सक उत्पादन गरिरहेका छन् त्यहाँ बाट उत्पादन भएका चिकित्सक हरू पनि दुर्गममा त पक्कै गएको छन् अनि तै पनि किन पाटनले मात्र दुर्गम लाई फोकस गरेर चिकित्सक उत्पादन गर्न बढेको छ भन्ने लाग्थो ।

White coat Ceremony मा उपस्थित हुनुहुने विज्ञ अतिथिहरूले आफ्नो मन्तव्यमा पनि “PAHS is Different then Other” भन्ने मन्तव्य दोहोराईरहदा पनि अचम्म लाग्थ्यो किन यसो भनिरहनु भएको छ, आखिर सबैले उत्पादन गर्ने त डाक्टर त्यो पनि नेपाली डाक्टर नै हो भनेर । तर पढाईको सुरुवातमा कति एयकतफल देखि अन्तिमको District posting सम्म पुग्दा साच्चै पाटन अरू भन्दा फरक छ भन्ने विश्वास भयो ।

देशका दुर दराजमा आज पनि चिकित्सकलाई भगवानको जस्तै किन् मान्छन् भनेर त्यति बेला थाहा पाए जति खेर दुर्गममा बसेर काम गरे। पाटन स्वास्थ्य विज्ञान प्रतिष्ठानबाट एमविबिएस सकाएर छात्रवृत्ति करारमा २ वर्षको लागि आफ्नै गृह जिल्ला डोल्पा को डोल्पा जिल्ला अस्पतालमा काम गर्न जादाँ त्यहाँ काम गर्दै गर्दा बास्तवमै पाटन स्वास्थ्य विज्ञान प्रतिष्ठान ले सुरुवात देखि समुदायमा गराउने पोष्टिडले यो देशको स्वास्थ्य कन् सिस्टममा चल्छ अनि कसरी चल्छ भन्ने कुरा सहजै थाहा हुने रहेछ। अझ भन्नु पर्दा पोष्टिडले स्वास्थ्य प्रणालि कागजमा



डा. अखण्ड उपाध्याय

MBBS, PAHS-SOM

मात्र होइन व्यवहारमा कसरी चल्छ र चलाउनुपर्छ भन्ने कुरा सिकाउदो रहेछ जुन काम गर्दा महसुस गरे ।

यसरी २ वर्षको लागि डोल्पामा आएको म ४ वर्ष सम्म एउटै अस्पतालमा बसेर काम गरे । यो ठुलो उपलब्धि होइन होला तर पाटनबाट उत्पादित चिकित्सक भएकाले पाटनको मिसनलाई केहि हद सम्म भएपनि न्याय गर्न सके भन्ने अनुभूति आफैलाई ठुलो लाग्छ ।

डोल्पा जिल्ला मात्र होइन यो देशका थुप्रै त्यस्ता जिल्ला छन् जहाँका सेवाग्राहिले आज पनि दक्ष चिकित्सक भेट्न पाउन मुस्किल छ, १७/१८ वटा मेडिकल कलेज भएपनि, अनि त्यहाँ बाट वार्षिक १८/१९०० चिकित्सक उत्पादन भएपनि छात्रवृत्ति करारमा दुर्गम जाने कम हुन्छन् । प्रायको रोजाई सुगम र सहज ठाँउ हुन्छ भने दुर्गममा जानेले पनि १ वर्ष बसेर सुगम अझ राजधानि आउनेको सख्या बढि नै हुन्छ, जस्का कारण पनि दुर दराजका जिल्लामा चिकित्सक पाउन पनि मुस्किल छ ।

दुर्गममा हुने चिकित्सकको अभावलाई अन्त्य केहि हद सम्म भएपनि गर्न तयार हुने दक्ष जनशक्ति उत्पादन गराउन लागि पर्ने साहसिक प्रयास नै पाटन स्वास्थ्य विज्ञान प्रतिष्ठान को आत्मा हो जस्तै लाग्छ । दुर्गममा काम गर्दै जादाँ अझ थाहा पाएको, कागजमा लेखिएको मिसन मात्र होइन, पाठ्यक्रम,

शिक्षण पद्धत , समुदायमा आधारि पोष्टिंग, त्रिति निति (पहिले हामि पढ्दा आफै निति नियममा छात्रवृति दिने बेलाको समय र सेवामुखि सोचमार्फत त्यो मिसन लाई व्यवहारमा उतार्ने प्रयास गरेको रहेछ भन्ने कुरा समयसँगै म चाहे प्रष्ट हुदै गए, सायद अरु पनि होला ।

४ वर्ष काम गरिसकेपछि फर्केर हेर्दा आज पनि भन्न मन लाग्छ, पाटनले उत्पादन गर्ने डाक्टर केवल नेपाल मेडिकल काउन्सिलको लिष्टमा संख्या बढाउने डाक्टर मात्र होइन जसले (अरु लाई होचाएको चाहे होइन), यहाँ बाट उत्पादन हुने डाक्टर समुदाय बुझ्ने, स्रोत साधनको अभावमा पनि निर्णय लिनु सक्ने र उपलब्ध सिमाभित्र उपचार गर्न सक्ने हुन्छन् ।

यसमा एउटा आफ्नै उदाहरण दिन मन लाग्यो, अस्पतालमा काम सुरु गरेको भर्खर २ महिना जस्तो भएको थियो, कानमा सिमिको गेडा परेर एक जना ११ वर्षको बच्चा ल्याएर आउनु भएको थियो, हामि सँग अस्पतालमा Foreign Body तान्न कुनै पनि उचित साधन थिएन, अनि त्यतिको लागि रिफर गर्न पनि मनले मानेन र अस्पतालमा उपस्थित कर्ण दाई जो अहेब हुनुहुन्थ्यो उहाँ सँग सल्लाह गरेर १० एम एलको सिरिन्जको टुप्पा लाई बग्याएर सिमिको गेडा तानेका थियो जस्का कारण रिफर गर्दा हुने बिरामिको खर्च जोगाएका थियो । त्यस्तै कहिले साधनको अभावमा भ्यासेक्टोमि गर्दा प्रयोग हुने फोरसेप प्रयोग गरेर पनि नाकमा अड्केको मकैको गेडा तानेका थियौ तसर्थ लाग्छ पाटन बाट पढेका हामि चिकित्सक भनेको रिफर गर्न मात्रै होइन उपलब्ध सिमाभित्र उपचार गर्न सक्ने चिकित्सक हुनु पर्छ र यो सबै चिकित्सकका लागि पनि हो ।

मैले काम गरिरहदाँ, आफ्नै ठाँउ भएर पनि कैयौँ कुरा हरु जोडिएका होलान् तर दुर्गममा काम गर्दा भनेको जस्ते उपकरण छैन, विशेषज्ञ छैन, बाटो छैन, एम्बुलेन्स छैन, यि सबै विच पनि विरामिको आँखामा भरोसा देखेर, उनिहरूको आफुप्रति विश्वास देखेर काम गर्न सक्ने आत्मबल पाटनले ने सिकाएको हो भन्नमा अझ विश्वसत बने ।

डोल्पामा ४ वर्ष काम गर्दा पाटन बाट उत्पादन भएका ६ जना चिकित्सक सँग काम गर्ने सौभाग्य मिलेको थियो अनि उहाँ

हरु सँग काम गरिरहदा एउटा साभा विशेषता देखे, पाटनबाट निस्केका धेरै चिकित्सकहरू दुर्गममा जानु पर्ने वाध्यता भन्दा पनि बस्न सकिने सम्भावना खोज्ने रहेछन्, आवश्यकता परेका लाई सेवा दिनु पर्छ भन्ने हुदारहेछन् र हुन्छन् ।

आजको दिन सम्म आईसक्दा पनि देशमा डाक्टर उत्पादनको संख्या बढदै जानु आफैमा उपलब्धि हो, तर उत्पादन स्वास्थ्य सेवा नपुगेका ठाँउसम्म नपुगेसम्म अधुरो ने रहन्छ। पाटनले यही खालि ठाउँमा हस्तक्षेप गरेको छ जस्तो लाग्छ, संख्या भन्दा उद्देश्यलाई, सुविधा भन्दा सेवाललाई, शहर भन्दा दुर्गम र पिछडिएको समुदायलाई प्रातिकतामा राखेर ।

त्यसैले पनि पाटनको नाम आउँदा दुर्गम जिल्लाका सेवाग्राही, स्वास्थ्यकर्मी र स्थानिय निकायको आखामा अभै जाशा देखिन्छ। त्यो आशाको पूर्ति पाटनको अब आउने हरेक चिकित्सकले गर्नु पर्छ। समय फरक छ, देशको परिस्थिति बदलिदो छ, बाहिर जान उचालिएका खुटाहरूले पनि एक पटक देशको दुर्गमका जनताको नाडि छामिदिने उर्जा पलाओस, त्यो उर्जा पाटनका चिकित्सकहरूमा सहजे आउछ जस्तो लाग्छ ।

अन्ततः पाटन स्वास्थ्य विज्ञान प्रतिष्ठानको मिसन केहि थान विज्ञ सर म्याम् बसेर बनाएको कुनै आदर्श वाक्य, सन्दा राम्रो लाग्ने मात्र होइन। नेपाल जस्तो भौगोलिक र सामाजिक रूपमा असमान देशमा स्वास्थ्य क्षेत्रमा समानताको दिशामा चालिएको एउटा सचेत कदम हो भन्ने मैले बुझे भने त्यहि बुझाई सायद पढ्दै गरेका भाई बहिनिमा पलाउदै गएको होस ।

देशका पिछडिएका क्षेत्रका जनताले एक जना चिकित्सक बाट सेवा सदैव पाउनका लागि अभै धेरै चुनौती छन्, अभै धेरै सुधार आवश्यक छ राज्यबाट, चिकित्सकको तलब देखि उसको लागि थप सुविधा र सुरक्षा सम्म । तर कम्तीमा दुर्गमका लागि पनि दक्ष चिकित्सक सम्भव छ, यो देशको सामाजिक अस्तित्व बुझेका चिकित्सक सम्भव छ भन्ने विश्वास जगाउने काम पाटनले गरिसकेको छ र त्यो विश्वास ने हाल सम्म पाटनको सबै भन्दा ठूलो उपलब्धि हो र यस्लाई जोगाउन हामि उत्पादित चिकित्सकहरूको दायित्व हो, र स्वास्थ्य प्रणालीसँग जोडिएका हामि सबैको साभा जिम्मेवारी पनि हो ।

पचास वर्ष



राम प्रसाद प्रजापती

लेखा शाखा

नेपालको स्वास्थ्य क्षेत्रको इतिहासमा शान्त भवन अस्पतालको नाम पनि उल्लेखनीय छ । यो अस्पतालले १९५६ देखि १९८२ साल सम्म निरन्तर रूपमा विभिन्न बिरामीहरूको निस्वार्थ रूपले उपचार गरिरह्यो । उपचारात्मक, निरोधात्मक तथा प्रतिकारात्मक स्वास्थ्य सेवाको क्षेत्रमा शान्त भवनले खेलेको भूमिका सद्धानीय छ । स्वास्थ्य क्षेत्रमा यो अस्पतालले गरेको सेवा भित्र बालबालिकाहरूको लागि सर्वोत्तम पिठो, जीवनजल बनाउने र ग्रामीण जनतालाई ती बनाउने सिकाउने कामहरू पनि पर्दथ्यो । वि. सं. २०३२ साल कात्तिक महिनामा त्यही अस्पतालमा बरिष्ठ सहायक (सिनीयर बिजीनेस अफिस असिष्टेन्ट) मा म नियुक्त भएँ । त्यसको १७ महिना पछि अधिकृत (बिजीनेस म्यानेजर) मा बढुवा भएँ । त्यहाँ मैले लेखा र प्रशासन सम्बन्धी काम गर्थेँ । शान्त भवन अस्पतालको प्राय सबैजसो कर्मचारीहरू इमान्दार र मेहनती थिए । सबैसँग मिलेर काम गर्दा सात वर्ष बितेको पत्तै भएन । युनाइटेड मिशन टू नेपालद्वारा संचालित शान्त भवन अस्पताल र नेपाल सरकारद्वारा संचालित ललितपुर जिल्ला अस्पताल गाभिई २०३९ साल कात्तिक २१ गते पाटन अस्पतालको स्थापना भएको हो । तत्कालिन राजा श्री ५ बीरेन्द्र बीर बिक्रम शाह देवबाट २०३९ साल कात्तिक २३ गते यसको उद्घाटन भएको हो । बिक्रम सम्बत २०६३ साल भदौ सम्म पाटन अस्पताल, नेपाल सरकार, यु. एम. एन र कम्प्युनिटीको प्रतिनिधीहरूले बनेको पाटन अस्पताल बोर्डद्वारा संचालित थियो । २०६३ साल भदौदेखि २०६४ साल माघ २३ गतेसम्म पाटन अस्पताल, पाटन अस्पताल विकास समितिद्वारा संचालित थियो । हाल पाटन अस्पताल, पाटन स्वास्थ्य विज्ञान प्रतिष्ठान अन्तरगत रहेको छ । यही पाटन अस्पतालमा २०३९ साल कार्तिक २१ गते म बरिष्ठ अधिकृत (सिनीयर बिजीनेस म्यानेजर) मा नियुक्त भए ।

पाटन अस्पतालमा सुरुमा १३८ वेडहरू थियो भने कर्मचारीहरू २११ मात्र थिए । यो अस्पतालले २०४९ कार्तिक महिनामा तत्कालिन प्रधानमन्त्री गिरिजा प्रसाद कोइरालाको उपस्थितिमा दशौं वार्षिक उत्सव धुमधामसँग मनाएको थियो । दश वर्षसम्म अस्पतालको वेड १३८ रहेतापनि बहिरङ्गको बिरामीहरू र अन्तरङ्ग बिरामीहरू बढी रहेकोले दशौं वार्षिक उत्सव मनाउदा ३९६ जना कर्मचारीहरू कार्यरत थिए । २०६४ कार्तिक महिनामा अस्पतालको पच्चीसौं उत्सव भव्य रूपले मनाइएको थियो । उक्त समारोहमा पनि तत्कालिन प्रधानमन्त्री गिरिजा प्रसाद कोइरालाको उपस्थिति थियो । २०६४ साल पाटन अस्पतालको इतिहासमा अत्यन्तै गौरवमय रह्यो किनभने यहि वर्षको माघ २३ गते पाटन स्वास्थ्य विज्ञान प्रतिष्ठानको स्थापना भयो । २०६२ साल कार्तिक ८ गते पनि पाटन अस्पतालको लागि महत्वपूर्ण दिन थियो । यो दिन १४० सैया क्षमता भएको नयाँ सुत्केरी वार्ड श्रीमान तथा श्रीमती जिम साइमन्सहरूको सहयोगमा निर्माण सुरु गर्न शिलान्यास भयो । २०६५ साल भदौ

१ गते सुत्केरी वार्ड निर्माण सम्पन्न भइ तत्कालिन प्रधानमन्त्री पुष्प कमल दाहालबाटै उद्घाटन भयो । यो वार्डको निर्माण पछि अस्पतालमा ४५८ भन्दा बढी सैयाहरू भए । लगनशीलता र इमानदारीपूर्वक काम गरेवापत अस्पतालमा मलाई २०५९ साल मंसिर २ गतेदेखि २०६६ साल असोज ७ गतेसम्म प्रमुख कार्यकारी अधिकृत (कार्यकारी निर्देशक) भई काम गर्ने अवसर प्राप्त भयो ।

स्वास्थ्य विज्ञानको क्षेत्रमा उच्चस्तरीय अध्ययन र अनुसन्धानको व्यवस्था गरी मुलुकलाई आवश्यक पर्ने दक्ष जनशक्ति उत्पादन गर्न तथा स्वास्थ्य सेवा प्रणालीलाई सुदृढीकरण गरी सर्वसाधारण जनतालाई गुणस्तरीय स्वास्थ्य सेवा उपलब्ध गराउनको लागि पाटन स्वास्थ्य विज्ञान प्रतिष्ठान स्थापना र सञ्चालन भएको हो । प्रधानमन्त्री प्रतिष्ठानको कुलपति र स्वास्थ्यमन्त्री सहकुलपति हुने व्यवस्था छ । उपकुलपति प्रतिष्ठानमा पुरा समय काम गर्ने प्रमुख पदाधिकारी हो । यो प्रतिष्ठान अविच्छिन्न उत्तराधिकारवाला स्वशासित संस्था हो । प्रतिष्ठानमा सभा, प्राज्ञिक परिषद, कार्यकारी परिषद, सेवा आयोग, विद्या परिषद, संकाय, अनुसन्धान केन्द्र, शैक्षिक संस्था, अस्पताल र आवश्यक अन्य निकायको व्यवस्था छ । पाटन स्वास्थ्य विज्ञान प्रतिष्ठानको शैक्षिक एवम् प्राज्ञिक कार्यक्रमहरू मातहतमा स्कूल अफ मेडिसिन, स्कूल अफ पब्लिक हेल्थ र स्कूल अफ मिडवाइफेरि संचालनमा रहेका छन् । हरेक वर्ष ६५ जना विद्यार्थी एम. बी. बी. एसमा र १५ जना एम . पि. एचमा अध्ययन गर्दछन् । यहाँ एम. डी. एम. एस. र नर्सिङको पनि पढाइ हुन्छ । हाल प्रतिष्ठानमा करीब १११२ जना विद्यार्थी विभिन्न विधाका विभिन्न वर्षमा अध्ययनरत छन् ।

यस्तो गौरवमय प्रतिष्ठानमा मैले २०६६ साल असोज देखि २०६९ माघसम्म प्रमुख आर्थिक अधिकृतको रूपमा काम गर्ने अवसर प्राप्त गरें । त्यसपछि विधिवत रूपमा अवकाश प्राप्त भएतापनि हालसम्म करारमा कार्यरत छु । यो मेरो लागि ठूलो अवसर हो ।

पाटन स्वास्थ्य विज्ञान प्रतिष्ठानको निरन्तर प्रगति र उन्नति होस् । यहाँ काम गर्ने कर्मचारीहरूको कल्याण होस् । यहाँ अध्ययनरत विद्यार्थीहरूको उत्तरोत्तर प्रगति होस् । यहाँ उपचार गर्न आउने बिरामीहरूले राम्रो उपचार सेवा प्राप्त गर्न सकून् ।

Altruism: “Give and Get, Not Give and Take”



Dr. Ashis Shrestha

Associate Professor
Department of General Practice and
Emergency Medicine
Patan Academy of Health Sciences



Yagya reminds us that true exchange is “give and get, not give and take.”¹ It is about generosity without force, hope without entitlement, and relationships that are built on trust rather than transactions.

Setting the Stage

“Yagya” is a sacred form of exchange where “Yajman” offers food with sincerity and receives blessings in return. This ancient ritual teaches us something deep about human life: giving is almost never just one-directional. It creates a respectful flow between two beings, a balance of offering and receiving. Yagya reminds us that true exchange is “give and get, not give and take.”¹ It is about generosity without force, hope without entitlement, and relationships that are built on trust rather than transactions. This is the basis of giving without expecting. In modern science, it is known as Altruism.

Altruism: Defining Value at PAHS

Altruism is the concern for the well-being of others; it is selfless and genuine.² It often involves actions (Karma) that help someone else, even when it may come with personal cost or risk. At its heart, altruism is a motivation to improve another person’s welfare without expecting anything in return. Professionalism rests on several core pillars: accountability, excellence, humanism, and altruism.³ It is one of the core competencies of medical education at the Patan Academy of Health Sciences (PAHS). It shapes how future health professionals learn to serve their patients

and communities with integrity and compassion.

But altruism does not mean becoming empty or burnt out. Altruism builds a cycle of mutual respect, and deepens human connection when it is practiced wisely. It is a phenomenon of reciprocity, a social psychological principle that motivates us to return kindness with kindness.⁴ This is different from “give and take,” which is transactional, competitive, or even exploitative. “Give and get” reflects a healthier balance. When we offer help with sincerity, society responds with trust, cooperation, and support. This cycle helps communities survive and grow.

Brain Science Behind Giving

Modern neuroscience shows that giving without expecting anything in return is not only noble, it is good for our mental and physical health. Acts of generosity activate the brain’s reward centers, releasing dopamine, oxytocin and endorphins. It produces a warm, uplifting feeling known as the helper’s high.⁵ Non-transactional giving reduces stress, improves mood, builds purpose, self-esteem, and strengthens relationships and belonging.

Opportunity at the Door

In the field of medical science,

we are uniquely privileged to experience this form of giving every day. Our profession does not require us to search for opportunities to serve. Opportunities come to us. Patients walk through our doors seeking care, trust, and compassion. Each encounter becomes a chance to help, heal, and make a meaningful difference.

In medicine, altruism is not just a virtue; it directly improves patient outcomes. Studies show that altruistic doctors can decrease hospitalization, decrease emergency visits, and lower annual healthcare costs.^{6, 7} Altruistic physicians experience less burnout and enjoy their work more.⁸ Serving with compassion reinforces purpose, the very reason many of us chose medicine.

As a medical person, we meet people in their most vulnerable moments. We give our time, our skills, and often our emotional energy, sometimes without recognition. But the principle of “give and get” reminds us:

- We give because it is right.
- We receive healing, trust, gratitude, and personal growth in return.
- We do not take; we serve.

Altruism does not demand perfection. It asks for sincerity, humanity, and the courage to offer yourself to others without fear of losing. When we practice this, the exchange creates meaning for both sides, much like the “Yajña”, a sacred circle of giving and receiving.

Closing Thoughts

Altruism is not an abstract ideal. It is the living heart of professionalism and the soul of medical education at PAHS. When we embody “give and get, not give and take,” we help build a healthcare culture rooted in trust, compassion, and human dignity.

In the end, **what we give may leave our hands, but it never leaves our life.**

Intellectual Anchors

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Declaration

Perplexity was used for literature search. NotebookLM was used for extraction of the summary. Language refining was done using ChatGPT version 5.0. The AI generated content has been verified, validated and as per the COPE statement on Authorship and AI tools.



डा. शर्मिला गार्डेजु
रेजिडेन्ट, पिडियाट्रिक्स

पात र पर्खाइहरू

रुखमै सुकेर
निष्प्राण बनी हाँगामै टाँगिएका
ए! सुख्खा पातहरू
आखिर के को प्रतिक्रिया छौ तिमीहरू?
सामान्य हावाको भोका सँगै
फत्रक्क टुक्रिएर
ओल्टि-पल्टी गर्दै
बिस्तारै-बिस्तारै भर्नेछौ
र भुइँमा पछारिने छौ तिमीहरू
भर्खरै या केही क्षणमा केही दिनमा
अन्ततः नियति त यही नै हो
के तिमीहरू त्यही हावाको
सामान्य भोका को पर्खाइमा छौ?

जवाफमा पातहरूः
के बुझ्छौ र तिमी!?
आफ्नो अन्त्य पर्खिनुको बिवशता
अन्यौलतामा समय बिताउनुको अत्यास
अनिश्चितताको सकस र अधैर्यता!
अह बुझ्न सक्दैनौ ।

त्यसो त
मलाई यी हाँगाहरूमै टाँगिरहने
कुनै शोख छैन
र यो सम्भव पनि छैन
यो स्वाभाविकता सङ्ग कुनै गुनासो पनि छैन

तर भुइँमै खस्न पनि
पटकै मन छैन ।

के यस्तो हुन सक्दैन
म भर्दै गर्दा
यो पृथ्वीको गुरुत्वाकर्षण
अकस्मात शून्य भइजाओस्
र म बिचमै अडिन पाउँ
या त
के यस्तो हुनसक्दैन
म भर्दै गर्दा
कसैले अलौकिक जादु गरिदेओस
अनि म उत्तिखेरै बिलिन भइदिउ
र भेट्टिदिउ कुनै अर्को सन्सारमा
या फिर
के यस्तो हुन सक्दैन
म भर्दै गर्दा
कसैले आफ्नो हत्केला थामिदेओस्
अनि जतन गरेर
आफ्नो डायरीका पानामा
सजाएर राखिदेओस्
ता कि म निर्जीव नै बने पनि
बाँचीरहन पाउ
कसैको भावनाहरूमा, खुसीहरूमा,
स्मृतिहरूमा, मायाहरूमा ।
के यस्तो हुन सक्दैन?
शायद ।

वास्तवमा
मलाई भुइँमा भरेर
माटोमा मिसिएर मेटिनु छैन
त्यो सस्तो समाप्ती स्वीकार्य छैन

त्यसैले
महोदय,
म केवल भर्नुको हैन
सम्भावनाहरूको खोजीमा छु
असिमताहरूको अपेक्षामा छु
अनन्तताको पर्खाइमा छु
आफ्नो अस्तित्वको अमरत्वको आशामा छु ।

पेन्डुलम



डा. दिक्षान्त सितौला
रेजिडेन्ट, डर्माटोलोजी

नाममा डाक्टर मिसिएपछि, निद्रा देखेका छैनन्
उसका आँखाहरूले ।
उसका आँखाहरूले
हेर्न थालेका छन् समाजको अवस्था
खोज्न थालेका छन् सुरक्षित भविष्य,
बस्, निद्रा देखेका छैनन् उसका आँखाहरूले ।
ऊ ताजा चिकित्सक हो, भर्खरै बजारमा आएको
एम् बी बी एस् को कारखानाबाट ।
उसलाई थाहा छ ऊ डाक्टर हो
अनभिज्ञ छ के को डाक्टर हो?
उसले सब पढेको छ, मुटु कलेजो मष्तिष्क छाला
उपचार जानेको छ, पखाला दम लुतो पिलोको ।
तर ऊ लडिरहेछ अस्तित्वको भयङ्कर ठूलो लडाइँ
मान्छेहरूको एउटै प्रश्नको उत्तर खोज्दै,
“तपाईं के को डाक्टर?”
ऊ रातको पेन्डुलम भएको छ ।
पल्टदै बस्छ, दायाँ, बायाँ, दायाँ, बायाँ ।
ऊ दायाँ फर्किन्छ, देख्छ अमेरिका, स्ट्यान्फोर्ड, जोन
हफ्किन्स
कल्पिन्छ उज्ज्वल भविष्य, श्रमको कदर, पेशागत सुरक्षा ।
ऊ बायाँ फर्किन्छ, देख्छ सराङकोट, माछापुच्छे, फेवाताल ।
सम्झिन्छ दर्शनको टिका, पशुपतिको आरती, आमाको हाँसो ।
यो जाडोमा भाटभटेनीमा ब्याङ्केट किन्न नि पुगेन
उसको पहिलो कमाइले ।
साँची अचेल उसलाई उस्तै लाग्छ
भाटभटेनी र स्वास्थ्यकर्मीको टाउको
जसले जतिखेर नि फोरिदिन्छ ।
यो कलियुगमा
जहाँ बादलले पनि आकाशलाई भाडा तिर्नुपर्छ
उसले खाएको छ
प्राचीन हिप्पोक्रेटसको सेवा सपथ ।
हेलमेट बोकेर क्लिनिकको ढोकामा घुमिरहन्छ
दिनमा घडीको सुई बनेर,
रातमा त ऊ पेन्डुलम बनेकै छ ।

(काव्य संगम प्रतियोगितामा तृतीय स्थान)



विवेक गौतम

एम.बि.बि.एस. एघारौं ब्याच

डिग्रीको भारी

म जन्मिएको सानो घर
तर, तर, घरका भित्ताभन्दा ठूला सपना
थाहा थिएन, त्यो बिपनाको दियो,
कुन चरिले कहिले बालिदिने हो ?
बुबाको कमिज,
हरेक दिन पसिनाको नुनले भिज्दा
एउटा मध्यम वर्ग,
सदैव, भन्थ्यो ।
भोलि त राम्रो होला नि !
आमाका ती चाउरिएका हातहरू
अनि, कुचिएका चाहनामा
अश्रुका ती बलिन्द्रधारा ।
साथी संगिनी त, सधैं थियो ।
भोलि त राम्रो होला नि !
परिस्थितिको उपज, अनि बाध्यताको डोरी,
मेरो पढाइ अनि घरको लगानी,
आज सम्झिन्छु म, अन्धकार भविष्यको त्यो गोरेटो,
घरको बीमा अनि, पढाइको कहानी !
बुलन्द आवाज, सधैं सुन्थेँ म
पढ छोरा, पढ छोरा
हामीले सकेनौं तैले गर ।
हामीले सकेनौं तैले गर ।
पुस्तकको पाना - पाना,
के दिन, के रात ?
बिध्याका ती ताना बाना

ती लुकामारी, अक्षर अक्षरका
के म फूल होइन र ?
कल्पनाको रंगमञ्च,
अर्को तमासाको केन्द्र,
किशोरको जवानीमा
नपत्याउने भेलको मन्त्र,
के म भूल होइन र ?
हातमा डिग्री आयो,
खुशीको चन्द्र आयो,
प्रमाणपत्रका ती चम्काइमा,
आमाको आँखा भन् भन् चम्किँदा,
बाध्यता र बोभ,
अगाडिको गोरेटोमा,
साथमा सम्झिए,
बुबाको ढाड केही हलुका भएछ ।
सबैले भने,
तेरो भोलि आइसक्यो !,
जुन, घरका भित्ता भित्ताले सुनेको थियो !
ती साक्षी थिए,
तर देश
तर मेरो देश चुप थियो ?
देशले सोध्यो, त को होस ?
देशले मलाई चिन्न पनि सामर्थ्य राखेन ?
सायद, त्यो भोलि अभै आएको थिएन ।
दरखास्तका फाइलहरू
इन्टरभ्युका चाडै चाडमा
पहुँचको कुर्सीभित्र
सधैं सुन्थेँ म ?
बारम्बार बारम्बार !
सिफारिस छ ?
सिफारिस छ ?
सायद म त व्यवस्थालाई धिक्कार्न पुगेँछु !
भोको पेट, दर्शन नचिन्ने भयो !
सपनाका ती भोकहरू,
नारा, बाजा र गाजा
नसह्य हुने भए,
उचाल्न खोज्छु पाइला अब,
देश छोड्ने विचार होइन,
स्वाभिमानको लडाइँ थियो !

आज सम्झिन्छु म, अन्धकार भविष्यको त्यो गोरेटो,
घरको बीमा अनि, पढाइको लगानी !
उड्नेछु, अवश्य उड्नेछु,
जहाँ मेरो स्वाभिमान बेचिनेछ,
मेरो नाम होइन,
श्रम मात्र गनिनेछ !
के म देशद्रोही हो र ?
के यो धोका होइन र ?
ती पूरा गर्न नसक्ने सपना,
किन देखायौ ?
युवालाई नारा बनायौ ?
तिम्रो आर्जनको स्रोत बनायौ ?
तर, भविष्य बनाएनौ ?
के यो धोका होइन र ?
चुनाव, भाषण, अनि सपना
के योग्य हुनु अपराध हो र ?
देशले बल्ल चिन्यो मलाई,
त्यो पनि,
विदेशी मुद्रामा,
देशले बल्ल चिन्यो मलाई, त्यो पनि,
विदेशी मुद्रामा,
स्वाभिमानको नाटकले पर्दा ढाक्दा
त्यो बिपनाको दियो त बल्ल बल्न पुगेछ !
एयरपोर्ट, आमाको आँसु,
अनि, कागजविहीन ती पाइलाहरू
मेरो भविष्य,
बुबाको हात भन्दै थियो,
देश सानो होइन, अवसर सानो थियो !
अर्काको देश,
कसैले सोध्यो ?
काम के गर्छौ ?
डिग्री भित्तामा थियो
पसिनाको मूल्य थियो !
किनकि, त्यो मेरो घर थिएन ?
घरको भित्ता थिएन ? जसले मेरो सपना सुनेको थियो ?
यहाँ, डिग्री भित्तामा थियो, काम हातले बोल्थ्यो !
पेटको भोकले, दर्शन चिन्न छाडिसकेको थियो !

लजाउने कुरा थिएन,
किनकि पसिनाको मूल्य थियो !
लाज त त्यति बेला थियो, जब सम्झनामा देश आउँथ्यो,
जहाँ त्यो पसिनाको मूल्य थिएन !
सपनामा फेरि देख्छु म,
सिफारिस छ ?
अर्काको देश, अनि पसिनाको सम्मान,
आफ्नो देश, अनि पसिनाको अपमान,
म त विवश छु, कुन अपमान ठूलो थियो !
रेमिटेन्सले देश चल्छ रे,
तर, तर,
देशले मलाई चलाएन ?
तस्बिरमा युवा चाहिन्छ,
नतिजाको कल्पना अनि व्यवस्थाको बागडोर
उमेरको जलपानमा,
नारा चिच्याउँदा, सीप त कहाँ हरायो, हरायो ?
युवाको जवानी, कुर्सीको रुमल्लि
अन्त्यमा त्यही
पासपोर्ट नि भन्छ ?
के तिमी फूल होइन र ?
एकदिन मेरो छोरा ले सोध्ला ?
बुबा,
तपाईंको देश कहाँ छ ?
सायद म भन्ने छु
मेरो मुटुभित्र छ !
फर्किँएमा, म माफी माग्ने छैन,
मेरो प्रश्न रहनेछ
डिग्री बोकेर देशमै बाँच्ने कहिले ?
योग्य हुँदा सजाय नपाउने कहिले ?
उड्नु बाध्यता नभई विकल्प हुने कहिले ?
डिग्री अभै भारी छ,
तर म भुकेको छैन
किनकि,
म भागेको होइन, धकेलिएको हुँ !
इतिहासले एकदिन अवश्य लेख्नेछ,
मैले देश छोडेको होइन,
देशले मलाई छोडेको थियो !
देशले मलाई छोडेको थियो !



पूजा काफले

रेजिडेन्ट, साइकाइट्री

म को हुँ?

म मेरो नाम होइन ।
म मेरो थर होइन ।
म मेरो घर पनि होइन ।
को हुँ म?

म मुटु हुँ भनौं भने
मैले बन्द मुटुहरूलाई सिपीआर (ऋएच) दिएर
फेरि बाँचेका 'म' हरू देखेको छु ।
म मस्तिष्क हुँ भनौं भने
मैले मस्तिष्क बाहेक का कलपुर्जा चलेर
लम्पसार बाँचेका 'म' हरू देखेको छु ।

न मुटु हुँ, न मस्तिष्क हुँ ।
न बाँचिरहेको शरीर हुँ ।
आखिर को हुँ म?

म सपना हुँ? इच्छा हुँ? आकांक्षा हुँ?
अहँ होइन ।

सपना इच्छा आकांक्षा भनेका त भूगोल हुन् ।
यो खाल्टो मा जन्मिएर पो मेरा सपना यस्ता छन् ।
कुनै पहाडमा जन्मिन्थे भने मेरा इच्छा अर्कै हुन्थे ।
कुनै फरक देशमा जन्मिन्थे भने मेरा आकांक्षा अर्कै हुन्थे ।
न सपना हुँ,
न इच्छा हुँ,
न आकांक्षा हुँ,
म को हुँ??

हिजो लाग्यो,
जिन्दगी की सफेद हुन्छ की कालो,
कालोमा पनि की डरलाग्दो निष्पट अँध्यारो
की त ध्यानी को आँखा बन्द हुँदा अनुभूत हुने शान्त ।
सेतोमा पनि की भर्खर सिउँदो पुछिएकी बैनीको बस्त्रभै उराठ
की त निखर, दागरहित, सफा, मिठो चित्र कोर्न मिल्ने
क्यान्भासजस्तो ।
आज बुझ्दैछु जिन्दगी न निखर सेतो रहेछ न कालो,
कस्तो छ जिन्दगी को रङ्ग?
यो जिन्दगी मलाई बाँच्न पठाउने को हो?
यो जिन्दगी बाँचिरहेको म को हुँ?
को हुँ म?

सत्य हुँ की असत्य हुँ,
भूत हुँ की भविष्य हुँ,
संयोग हुँ की नियोजित हुँ,
नश्वर हुँ की अमर हुँ,
रङ्गीन हुँ की फिका हुँ,
देव हुँ की दानव हुँ,
सुक्ष्म हुँ की स्थूल हुँ,
के हुँ म?
को हुँ म??
म को हुँ???

भयानक पठाउ राइड (अन्तिम अध्याय)



सुधा पान्दे

एम.बि.बि.एस. १२औं ब्याच

My crush ! उफ, मलाई त लाजै लाग्यो, नभनौं क्या हो। भैगो, मेरो पेटमा पचेन, म भनिहाल्छु । म दाइको room बाट hostel आइरहेको थिएँ । मैले एउटा पठाउ book गरें । केही बेरपछि एउटा scooty मेरो location मा रोकियो । त्यसमा सवार मान्छेले आफ्नो हेल्मेटको सिसा खोल्थ्यो । सूर्य अस्ताउन थालेको भएकाले आकाश अचम्मकै मोहक देखिएको थियो । तर त्यो भन्दा मोहक थिए त्यो व्यक्तिको आँखा । खोइ किन हो, आफ्नै जस्तो भावना आयो । कहिल्यै नचिनेको मान्छे भए पनि कसैलाई भेट्दा आफ्नै जस्तो लाग्ने, वा कसैसँग भन्ने पूर्वजन्मकै ऋण भएजस्तो मन पर्ने—अनौठो छ मेरो बानी । एकछिन त मलाई movie मा जस्तै guitar बज्छ होला जस्तो पनि लागेको थियो । त्यस्तो चाहिँ भएन, तर आँखा भन्ने मैले एकछिन नियालेर हेरें । सायद दुई सेकेन्ड मात्रै होला, तर त्यो क्षण धेरै लामो जस्तो लाग्यो । दिमागले त्यो पललाई slow-mo मा play गरेर होला । त्यसपछि म पुग्नुपर्ने location confirm गर्दै scooty को पछाडि बसेँ । त्यतिबेला बहकिरहेको imagination मात्र थियो, तर अफसोस—उसको मुहार मैले देख्न पाइनेँ । हामीबिच कुरा सुरु भयो । उसले मेरो बसाइ, पढाइ इत्यादि सोध्न थाल्यो । मैले पनि जवाफ दिँदै MBBS पढ्ने बारे बताएँ । उसले MBBS सुन्नेबित्तिकै भन्यो, “मलाई मन पर्ने मान्छे पनि health sector मा काम गर्छन् ।” (Me: “जग सुना सुना लाग्यो”) धत् ! यस्तो त योजना थिएन है । Vibes को लागि लेखेको हो । Back to story, दाइ चाहिँ मान्छे full हरियो फन्डा रहेछन् ।

दाइको भनाइमा “मलाई मनपर्ने मान्छे” को कुरा आएपछि मेरो मनमा प्रश्न उठ्यो । What about the girl ? उसलाई चाहिँ rider dai मन परेनन् ? मेरो मनमा story प्रति interest फन् जागेर आयो । बानी पनि मेरो प्याच्च बोलहाल्ने नै छ । मैले यही प्रश्न गरिहालेँ ।

Rider dai सेन्टी हुनुभयो र अलि हिचक्याउनु भयो । मैले उहाँको भावनाको दुविधा बुझें र फेरि प्रश्न गरिनेँ । त्यत्तिकैमा उहाँले गाडी अर्को बाटो लग्नुभयो । मैले त्यता ध्यान दिँदै भनेँ, “दाइ, यो त म जाने बाटो होइन ।” (मनभित्र भयानक Pathao ride वाला डर पनि थियो ।) उहाँ आत्तिँदै र हक्कबाउँदै बाटो

cross गर्नुभयो । हामीलाई धनै truck ले टोक्किन लागेको थियो, तर हामी सकुशल फेरि आफ्नो बाटोतर्फ लाग्यौँ । मैले दाइलाई भनेँ, “नआत्तिनुस्, कहिलेकाही यस्तो भइहाल्छ । “मैले सोधें, “हजुरले Pathao चलाउन थालेको धेरै भएको छैन हो?” यो प्रश्नको जवाफ दाइले दिनुभएन । तर उहाँले जे भन्नुभयो, त्यो मैले कहिल्यै बिर्सन सकिदनेँ । उहाँले भन्नुभयो, माया गर्ने मान्छे उहाँकी wife नै रहेछिन्, जो health sector मा काम गर्नुहुन्छ । तर उहाँले आफूले दिएको माया फिर्ता पाउन सक्नुभएन, किनभने उहाँकी wife ले अरु कसैलाई माया गर्नुहुँदो रहेछ । उहाँकी wife को first love त्यही मान्छे रहेछ, जससँग कुनै कारणवश विवाह हुन सकेको रहेनछ ।

उनी मसँगै हुन्छिन्, तर उनको मन अन्तै हुन्छ । मसँगै बस्दा पनि उनले video call गरेर उसलाई सबै देखाउने गर्छिन् । मलाई थाहा नदिई गर्न खोज्छिन्, तर मैले थाहा पाएर पनि नपाएजस्तै गर्छु । मैले उनको धेरै कदर गर्छु । मसँग job नहुँदा पनि उनले मेरो साथ छोडिन् । धेरै support गरिन् । सधैं मेरो प्रेरणा बनिन् । उनी पनि जीवनमा धेरै दुःख गरेर त्यो ठाउँमा पुगेकी छिन् । हुन त उनी पनि पीडित नै हुन् । आफूले माया गर्ने मान्छे आफूसँग नहुँदाको दुःख त मैले नै भोगिरहेकी छु । उनलाई पनि यस्तै पीडा भएको होला ।

म त निशब्द भएँ । मैले के भनूँ, के नभनूँ, केही थाहा भएन । भगवान्, मैले के गरूँ ? मलाई ती महिलामाथि रिस उठेर आयो । त्यस्तो निर्दयी पनि हुन रहेछन् मान्छे । होला उनको आफ्नै समस्या, तर दाइले divorce दिनुपर्छ जस्तो लाग्यो, त्यस्तो धोकेबाज भाउजूलाई, तर केही बोलिनेँ ।

दाइ अलि भावुक हुँदै आफूलाई सम्हाल्दै फेरि जोड्नुभयो । उहाँले भन्नुभयो, “उनले मलाई उसको बारेमा भनेकी छिन्। उनले भनेकी छिन्- मैले हजुरलाई स्वतन्त्रता दिएको छु, जे

मन छ गर्नुहोस् । मलाई पनि freedom दिनुहोस् । दाइ भन्नुहुन्छ, "उनले मलाई यस्तो भनेको भन्दैमा अरुप्रति कलक्क माया लगाएर आउँछ र ? यस्तो पनि freedom हुन्छ र? "उहाँले फेरि भन्नुभयो, "उनले मेरो सबैभन्दा पीडित अवस्थामा पनि साथ छोडेकी थिइन् । मेरो घरपरिवारले दिन नसकेको हौसला उनले दिएकी थिइन्, र अझै पनि दिन्छिन् । उनको मनको दोधारलाई मैले पनि बुझ्छु । उनी पनि दुखियारी नै हुन् । "तर दाइले अन्त्यमा भन्नुभयो, "आफ्नै अगाडि बसेर मसँग सानो कुरामा पनि भर्किएर, अर्काको हाँसो उनको मुटुमा सिजिएको देख्दा मन कटक्क खान्दो रहेछ ।" मनमा कसैले नराम्ररी गोपे जस्तै हुँदो रहेछ ।

मैले केटा मान्छेलाई यति भावुक कहिल्यै देखेकी सुनेकी नै थिइँ । दाइको कुरा सुनेर म पनि भावुक हुँदै थिएँ । तर पनि मन जुटाएर मैले सोधेँ, "दाइ, अनि अब हजुर कसरी बस्नुहुन्छ त ? यसरी त हजुर नै मानसिक बिरामी हुनुहुन्छ ।"

"मैले नानी, अब यो कुराको वास्ता गर्न छोड्ँ । बेला-बेलामा आफ्नो मनलाई सम्झाउँछु । उनले गरुन् उनलाई जे इच्छा छ । मैले उनलाई न त अरुसँग जाऊ नै भन्न सक्छु, न त यो कुरा अरुलाई share गर्न सक्छु। आज तिमीलाई भनिहालँ । अब यस्तो कुरा न आफ्नो बुबाआमालाई भन्न मिल्छ, न त उनको बुबाआमालाई । उहाँहरूको आँखामा जुन उनको लागि इज्जत छ, त्यो घटेको पनि म देख्न सकिदँ । यो कुरा म आफू

सँगै, आफ्नो चाहनामा लिएर जान्छु । मैले उनलाई छोड्न पनि सकिदँ ।"

मैले केवल "ए" भनेर जवाफ दिएँ । म लामो-लामो सुस्केरा हात्दै थिएँ । त्यसपछि हामी दुवै बोलेनौँ । मेरो hostel पनि आइपुग्यो । मैले QR मागेर पैसा pay गरें । मलाई दाइको आँखा हेर्ने हिम्मत आएन । हजुरलाई यो कथा पढ्दा कस्तो भावना आयो ? Hold that feelings=Now, मेरो crush वाला part छोडेर अब त्यो Pathao दाइलाई दाइ नभएर Pathao दिदी भएको सोच्नुहोस् त । यो कथा वास्तवमा एउटा महिलाको हो । उहाँले आफ्नो श्रीमान् धोकेबाज भएको पीडा सुनाउनुभएको थियो । पछि साथीहरूलाई पनि यो कुरा सुनाएँ । उनीहरूले "कस्तो हुनुहुन्थ्यो दिदी ?" भनेर सोधे । मैले भनेँ, "मुहार त हेरिँ, तर she had beautiful eyes with golden broken heart."

मान्छेको मन कति कुराले भरिएको हुँदो रहेछ । "सम्बन्ध" जति सजिलो सुनिन्छ, त्यसलाई सुमधुर बनाउन कति गाह्रो । मान्छेको मन र सम्बन्ध दुवै अस्थिर हुँदो रहेछ । परिपक्व मान्छेले यो सबै बुझेर दुःख बोकेर हिँड्दा रहेछन् । मलाई सबैले "बच्चा जस्तै छौ, अलि परिपक्व हुनुपर्छ" भन्छन् । म प्रयासमा छु, तर सांसारिक परिपक्वता भनेको सबै थाहा भएर हुने लाचारता रहेछ, तर समाजको र अरुको खुसीको लागि लाचार बनीरहनेको जीवनमा हिम्मत देखाएर अघि बढ्ने, choice is ours.



सतिश गुप्ता

१९औँ ब्याच एमबीबीएस

उपाध्यक्ष, UGSS

Messenger मा हाई भन्छिन्

माया गरे जस्तै गर्छिन्, मेसेन्जरमा हाई भन्छिन्
त्यहाँ देखेर फोन गर्छु, राखे अहिले बाइ भन्छिन् ।

नजिक भए जस्तो लाग्छ, त्यही देखेर
बिहे गरम् न अब भन्छु, हुन्न हुन्न नाई भन्छिन् ।

एकलै हुदा के हुन , के हुन सुन्नै नसकिने
देख्दा, सुन्दा अरूले क्या मज्जाले दाइ भन्छिन् ।

कसम खान्छु, भेट्ने जति दिदिबहिनी भन्छु भनी
नत्र भने भेटेपछि जानेछु म तिमीलाई भन्छिन् ।

के भन्ने भन्ने खोई, सारै दोधार भयो मलाई
मेरी भूपु. प्रेमिकाले धेरै धेरै बधाई भन्छिन् ।

MEDICAL CROSSWORD



1			4	5	5	6	7			7	8	9	10	11			12
13										15						19	14
15					17			16	17			18					
19																	
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25		25		20					27	28			27	28			29
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31		34	32														
36								36			37						
37			37		38	39						46		41			
39										50							
59					38									51			

ACROSS

- 1 Most common cause of endocarditis
- 4 Treats fungal infections (abbreviation)
- 7 Bullet-shaped virus, often transmitted by animal bite
- 8 Major artery checked during CPR
- 10 What beta blockers reduce
- 12 The main chewing muscle
- 15 Calcium channel blocker (4, 3)
- 17 Watery fluid of inflammation
- 18 "Ave maris stella" in the heart
- 19 Lemon juice level?

ACROSS

- 1 Side effect of opiates
- 2 Mallory-Weiss tear location
- 3 "Aunt Minnie" for gallstones
- 5 CN that controls lateral rectus (abbreviat)
- 6 Most common rhinitis cause (2, 4)
- 9 Container for blood samples
- 11 Heart CT scan with scoring system
- 13 First sign of hypocalcemia
- 14 Stool in cholestasis (descriptive)

DOWN

- 1 Side effect of opiates
- 2 Mallory-Weiss tear location
- 3 "Aunt Minnie" for gallstones
- 5 CN that controls lateral rectus (abbreviat)
- 6 Most common rhinitis cause (2, 4)
- 9 Container for blood samples
- 11 Heart CT scan with scoring system
- 13 First sign of hypocalcemia
- 14 Stool in cholestasis (descriptive)
- 16 Predicts mortality in cirrhosis (abbreviat)
- 17 X-ray equals in the abdomen

DOWN

- 1 Side effect of opiates
- 2 Mallory-Weiss tear location
- 3 "Aunt Minnie" for gallstones

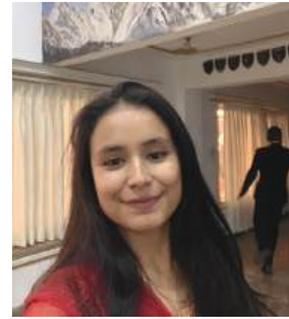
Hexaheart

Six girls met by chance-no plans, no expectations, just a shared moment. A few shy smiles turned into easy laughter and stories flowed, differences faded, and something warm settled in their place.

What began as a simple meeting quietly grew into an unexpected friendship-one built on kindness, comfort, and the feeling that somehow, they were meant to find each other.

In their togetherness, there was healing. Laughter softened old worries, shared stories eased unspoken pain, and for the first time in a while, no one felt like they had to pretend. Each girl arrived with her own fears and hopes, yet within that circle, they found acceptance without questions and love without conditions.

They became each other's safe place-the kind you don't realize you need until you find it. Six souls, once strangers, now holding space for one another, proving that some bonds are written not



Subina Khatri

Bsc. Nursing, 6th Batch

by time, but by the heart. And in finding each other, they found a little more of themselves.

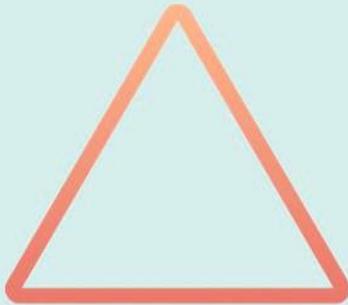
The journey that began to heal other people, headed our wounded heart. The ups and downs and the continuous love and support made the life complete in the incomplete. Oh dear, one day we leave back to our own journey but this heart will be incomplete without the six angles of our hexaheart.



? ? ? ?
Identify the
TRIADS



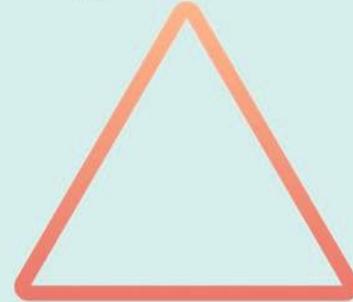
Hypertension



Irregular
Respiration

Bradycardia

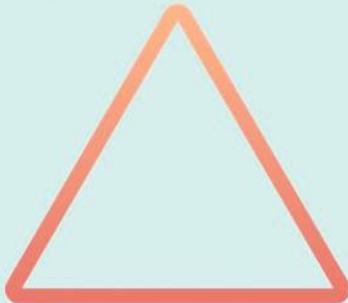
Hypotension



Jugular Vein
Distension

Muffled Heart
Sounds

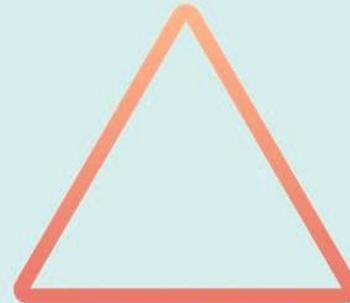
Hypercoagulability



Vessel Wall
Injury

Stasis

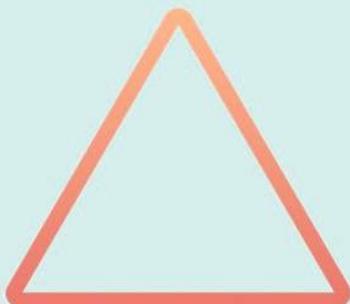
Tinnitus



Sensorineural
hearing loss

Vertigo

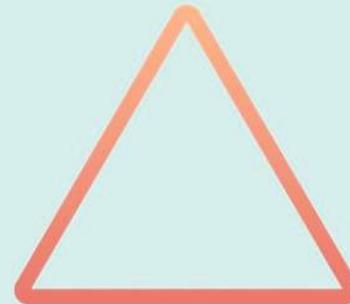
Urethritis



Arthritis

Uveitis

Confusion



Ophthalmoplegia

Ataxia



Santoshi Shrestha
15th Batch, MBBS

This art achieved 2nd position in 'My Heart : My Art' competition.



Smita Adhikari
15th Batch, MBBS



This art achieved 1st position in 'My Heart : My Art' competition.

Enjoy the life without regrets..as guilt is a pointless emotion.

-Dr. Bikash Yadav

From anatomy halls to hospital wards, this journey shaped me in ways I never imagined. Grateful for friends who stood by me, mentors who guided me, and lessons that went far beyond textbooks. MBBS complete — the journey continues.

-Dr. Jibaran Adhikari

Don't compare yourself with others—we all have different genes and different grounds." □

-Dr. Sangita Adhikari

Medical school took our time, our sleep and our sanity but gave us purpose, resilience, and lifelong bonds. Forever grateful, forever proud. Ready to wear the responsibility.

-Dr. Pradip pandey

From learning to healing, a journey woven gently through time - PAHS

-Dr. Anjali Kumari

What is grief, if not love persevering?

-Dr. Anusha Ghale

Vagwan le Timi sabai ko rakhsya garun

Dr. Benzene Thapa

A Symphony called Medicine.

-Dr. Sabita Shrestha

from the CLASS OF

PAHS is not just a place I studied—it is where I learned to love myself, realize my true potential and to care deeply for society; a chapter I will carry in my heart forever.

- Dr. Ankita Shrestha

Enjoy your college life to fullest.

-Dr. Shreya Dulal

Still not sure if I truly shandled MBBS or just navigated it in survival mode.

-Dr. Ichchha Amatya

Help each other and grow together.

- Dr. Suraj Sah

Six years in Patan taught me medicine and life together, it taught me humility and self love, and how finding your people makes the journey beautiful!

-Dr. Aagya Dahal

My MBBS journey reflects holistic growth encompassing academic excellence, meaningful friendships, leadership, cherished memories, and achievements in sports and other activities.

-Dr. Mukesh Kumar Baitha

Take life seriously but never yourself

-Dr. Rahul Bhandari

The fragility of a crystal is not its weakness, but its fineness.

-Dr. Swastika Dhakal



2025

10th Batch

Yes, you'll grind through MBBS like everyone else—but don't skip the trips and passions, because future-you won't reminisce about textbooks, only the moments you lived.

-Dr. Inesh Khanal

You imagined saving lives daily
Reality: writing paracetamol + pantoprazole 20 times a day

-Dr. Nabin Batala

Signing off-Five years of study with leadership drama at different times, plus one year of fellowship in Discharge summary with random skills learned at 1am.

To juniors: You may lose sleep, laughter, sports tournaments and sometimes stethoscopes but gain stories for life, so take your studying pills regularly and after that have sooo chill because exams will finish, duty will end but these legendary memories and unbreakable bonds deserve a lifetime refill

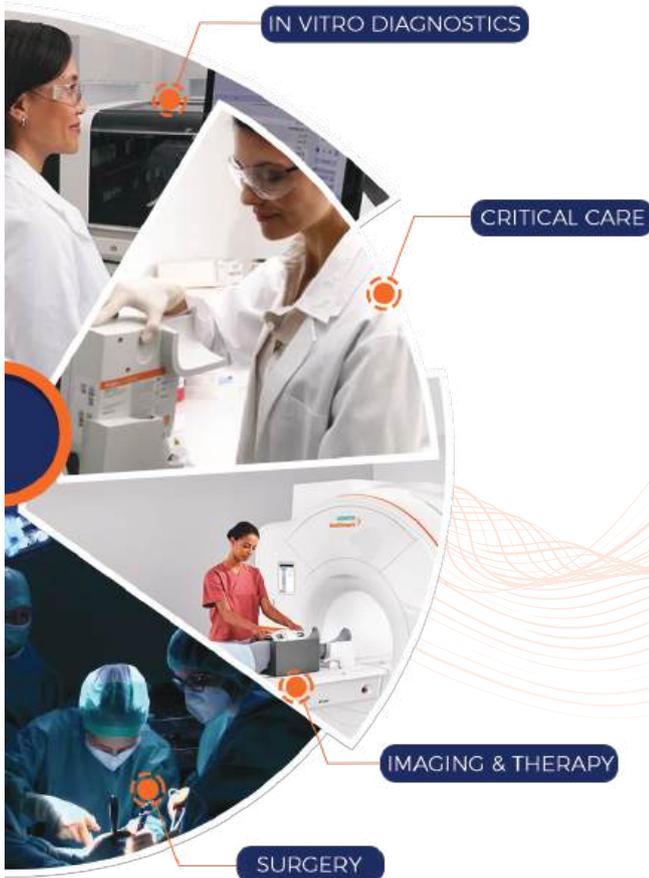
- Dr. Tapendra Dhakal

They say that when a perfume bottle breaks, it smells the greatest but for the last time. I wish that smell never fades away as I will be always ready to say my homies 'TU THODI DER AUR THEHER JAA'.

- Dr. Amit Gupta

Looking back, medical school shaped me to value the journey above the destination, effort above outcomes and calm logic above fleeting emotions."

- Dr. Shubham Shrestha



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LNC Administration



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Integrated Basic Science



Faculties of Anatomy



Faculties of Biochemistry



Department of Community Health Sciences



Department of Pathology & Lab Medicine



Faculties of Pharmacology



Faculties of Physiology

Note: Due to some unavoidable circumstances, the photos of the faculties of microbiology could not be included in this issue. We will surely miss them and hope to see them in the next issue.

Department of Clinical Sciences



Department of Anesthesiology



Department of Dermatology



Department of Radiology



Department of Forensic Medicine



Department of Dentistry



Department of Internal Medicine



Department of Otorhinolaryngology



Department of Obstetrics & Gynaecology



Department of Pediatrics



Department of Psychiatry



Department of Orthopedics & Trauma Surgery



Department of General Surgery



General Practice & Emergency Medicine



Department of Plastic Surgery



Department of Neurosurgery



Department of Ophthalmology

Staff of PAHS



Cash



Maintenance



Lab



Finance



Housekeeping Department



Patan Private Clinic



Pharmacy



Store Team



Physiotherapy



IT team



Kitchen



Security team



Library Staff



Exam Section



Nutrition and Dietetics Department



Biomedical Department



Account



OPD



Social Security/Services



Aditya Shrestha
MBBS, 11th Batch





10th Batch

From right to left

First Row: Dr. Roshila Thapa, Dr. Neeshma Joshi, Dr. Shrisha Bishwakarma, Dr. Alina Shrestha, Dr. Archana Kumari Gupta, Dr. Keshu Poudel, Dr. Shreya Dulal, Dr. Anjana Bishwakarma, Dr. Sangita Adhikari, Dr. Bhirkuti Yogi, Dr. Mamata Gurung, Dr. Kamala Raut, Dr. Jyotsna Karki, Dr. Parikshya Gurung, Dr. Aakripa Rani Shrestha, Dr. Sabita Shrestha, Dr. Anusha Ghale, Dr. Sonal Pradhan, Dr. Sneha Kafle, Dr. Swastika Dhakal

Second Row: Dr. Rajesh Sharma, Dr. Pankaj Kumar Chaudhary, Dr. Sagar Panthi, Dr. Sneha Yadav, Dr. Aagya Dahal, Dr. Ankita Shrestha, Dr. Sangita GC, Dr. Kushal Marahatta, Dr. Aakash Kumar Chaudhary, Dr. Shubham Shrestha, Dr. Nikol Guragain, Dr. Mohammed Aftab Alam, Dr. Jibaran Adhikari, Dr. Ameen Bhotiya, Dr. Mukesh Baitha, Dr. Anamol Kunwar, Dr. Deepak Ghimire, Dr. Bikash Yadav, Dr. Adesh Darji, Dr. Shitanshu Dhakal, Dr. Rajan Yadav, Dr. Avineet Chaudhary.

Third Row: Dr. Rahul Bhandari, Dr. Amit Gupta, Dr. Suraj Sah, Dr. Benzene Thapa, Dr. Sanjay Neupane, Dr. Ankit Shrestha, Dr. Inesh Khanal, Dr. Pratik Mani Gajurel, Dr. Tapendra Dhakal, Dr. Pradip Pandey, Dr. Nirmal Lageju, Dr. Bibek Acharya, Dr. Aditi Karn, Dr. Anjali Rauniyar, Dr. Pranila Shrestha, Dr. Priya Mishra, Dr. Riddhi Aryal, Dr. Saffron Maharjan



11th Batch

From right to left

First Row: Suraj Senchury, Sudarshan Pandey, Drishty Gaire, Annapurna Bastola, Nikita Gyawali, Dipma Pandey, Ashuka Rani Karni, Aarya Gnawali, Aastha Neupane, Manisha Budha Magar, Pooja Pandit, Neelam Dhami, Kritika Kumari Paswan, Chandani Mahato, Bhawana Kothari, Vivek Bhandari, Sneha Bhatta, Nisha Pokharel, Manju KC

Second Row: Ravi Kant Thakur, Kailash Bhandari, Niraj Bhatta, Nischal Raj Chaudhary, Amit Chand, Subash Chandra Sah, Kaustuv Jha, Umesh Pant, Aditya Shrestha, Dibya Dev Aryal, Sandip Devkota, Crischal Neupane, Aaditya Rimal, Pushap Raj Pandey, Khagol Acharya, Mohammad Adnan Adil, Aayush Niraula, Anil Kumar Oli, Satish Gupta, Mahesh BK, Krishan Khang Mandal, Abhash Kumar Mandal, Sushil Silwal

Third Row: Shailesh Khadka, Rahul Yadav, Salon Adhikari, Rajeev Mijar, Anup Timsina, Sunil Kunwar, Jeevan Acharya, Victor Makhim, Sushant Singh, Gaurav Parajuli, Anish Shrestha, Abhishek Prasad Kharel, Indra Bahadur Tharu, Himanshu Jha, Abishek Chaudhary Tharu, Bibek Gautam, Sarvesh Raj Pandey, Ragish Bhandari, Gyani Shankar Yadav, Aarati Kumari Das, Bibek Lamsal, Ashmita Acharya.



12th Batch

(From right to left)

First row: Samjhana Upadhyay, Sakuna Pahari, Aditi Sah, Sandesh Trital, Ashik Jalan, Ritika Shrivastab, Sumana Khakurel, Prisma Pathak, Riya Saru, Khushi Upadhyay, Sudha Pandey, Divya Bhandari, Puja Thapa, Bandhu Gharti Magar, Bandhu Gharti Magar, Srijana Shrestha, Rupashana Maharjan, Sunaina Giri, Grishma Nepali, Afarina Khan, Aarti Kumari Chauhan, Karina Tuitui

Second row: Sudip Chapagain, Kamal Kishan, Deepak Kapadi, Ashish Kumar Chaudhary, Nischal Prasad Pantta, Rohit Bhatta, Kiran Kandel, Pranaw Bhattarai, Prince Neupane, Yashoda Manish Gupta, Tirtha Devi Chaulagain, Sapana Acharya

Third Row: Amrit Neupane, Udhir Subedi, Adarsh Khanal, Prabhas Bhandari, Pravin Devkota, Omkar Yadav, Asmit Pandey, Nayan Dhital, Gaurav Yadav, Bhim Prasad Chapagain, Sandip Kandel, Manoj Mukhiya, Aashish Lamichhane, Manipal Kayasthya, Prashant Chaudhari, Samir Mahara, Niroj Basnet, Bigyan Dhakal, Manoj Bhusal, Kiran Thami



13th Batch

(From right to left)

First row: Saeesta Praveen, Aminath Saafiya Moosa Manik, Manju Joshi, Neha Chaudhary, Pratibha Kapair, Binisha Pokhrel, Sapana Shah, Roshani Shiwakoti, Rubina Basnet, Sushmita Gotame, Aarati Budhathoki, Sugam Adhikari, Susmita Bayalkoti, Aishwarya Joshi, Riya Shrestha, Aarya Adhikari, Sweety Kumari Sah, Abhipsa Subedi

Second Row: Samir Ahmad Musalman, Manoj Yogi, Mansi K Jha, Prakash Khadka, Sugov Budhathoki, Chandradev Gupta, Prabuddha Bajracharya, Diksha Rajbhat, Sanskar Acharya, Rijan Parajuli, Bandana Belbase, Pradip Kr Muraw, Prabhu Rauniyar

Third Row: Anjan Shrestha, Sadish KC, Shyam Sundar Baittha, Sugam Baniya Chhetri, Ajaya Luitel, Sujjan Kandel, Sunil Yadav, Bibek K Mahato, Saurav Yadav, Prajjwal Pangeeni, Mahesh Dahal, Adesh Patel, Arbin KC, Prakash Bagdas, Sameep Singh Thapa, Mahesh Paudel, Roshan Shahi, Sandip Raut, Bhakti Raj Rai, Binod Rawat



14th Batch

(From right to left)

First row: Nabendra Kumar Shah, Aayush Bandhu Pokhrel, Dayakrishna Joshi, Lalit Sharki, Richa Adhikari, Dikshya Kattel, Smarica Dhungana, Deepak Acharya, Alisha Thapa Magar, Aastha Ojha, Nishitha Yadav, Ambika Kumari, Nikisha Khadka, Malbika Chaudhary, Sweta Bishokarma, Laxmi Samant, Dhairaj Prakash Yadav, Pradeep Gaire

Second Row: Aayush Sapkota, Aman Bala, Manish Subedi, Sushambhav Khanal, Binod Khadka, Dipak Kumar Pandey, Krishna Pandey, Kartik Pandey, Anubhav Niroula, Ankesh Poudel, Sangken Rai, Rohit Lahera, Ishaq Ahmad Gaddi

Third Row: Anish Jha, Prasis Devkota, Subham Thakur, Gaurav Kushwaha, Kailash Dawadi, Kiran Bhusal, Bishop Gautam, Sajan Nepali, Aayush Kumar Gupta, Nand Kishor Arya, Sudip Khanal, Sonu Mandal, Utkarsh Lal Karn, Sandeep Kumar Kushwaha, Pratham Panthi, Nishan Rana, Suraj Kumar Agrahari, Pranav Mukund, Aadiya Raj Chaudhary, Shashant Madai



15th Batch

(From right to left)

First row: Nabendra Kumar Shah, Aayush Bandhu Pokhrel, Dayakrishna Joshi, Lalit Sharki, Ridha Adhikari, Dikshya Kattel, Smarica Dhungana, Deepak Acharya, Alisha Thapa Magar, Aastha Ojha, Nishtha Yadav, Ambika Kumari, Nikisha Khadka, Malbika Chaudhary, Sweta Bishokarma, Laxmi Samant, Dhiraj Prakash Yadav, Pradeep Gaire

Second Row: Aayush Sapkota, Aman Bala, Manish Subedi, Sushambhav Khanal, Binod Khadka, Dipak Kumar Pandey, Krishna Pandey, Kartik Pandey, Anubhav Niroula, Ankesh Poudel, Sangken Rai, Rohit Lahera, Ishaq Ahmad Gaddi

Third Row: Anish Jha, Prasis Devkota, Subham Thakur, Gaurav Kushwaha, Kailash Dawadi, Kiran Bhusal, Bishop Gautam, Sajjan Nepali, Aayush Kumar Gupta, Nand Kishor Arya, Sudip Khanal, Sonu Mandal, Utkarsh Lal Karn, Sandeep Kumar Kushwaha, Pratham Panthi, Nishan Rana, Suraj Kumar Agrahari, Pranav Mukund, Aadiya Raj Chaudhary, Shashant Madai



Bsc. Nursing 5th batch



Bsc. Nursing 6th batch



Bsc. Nursing 7th batch



Bsc. Nursing 8th batch



Bsc. Nursing 9th batch



BMS 2nd batch



BMS 3rd batch



BMS 4th batch



BNS 7th batch



BNS 8th batch



BNS 9th batch

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23
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आज, भौलि र सधैं

२३ वर्षको यात्रामा हामीले बैकिङ मात्र गरेौं, अटुट विश्वास र सद्भावसँगै जित्दै आ्यौं।

सभना देख्ने हरेक अवसरिन सुरक्षित अविश्वतर्ण घालिने हरेक कदमसम्म डिजिटल प्रविधि र सुदृढ प्रणालीको साथ हामी तपाईंको मनोसाको साकेदार बनेर मौलिको बैकिङलाई अझ सहज, सुरक्षित र सुलभ बनाउँदै सतमावना र सकारात्मकतासहित अघि बढिरहेका छौं।

Siddhartha Bank

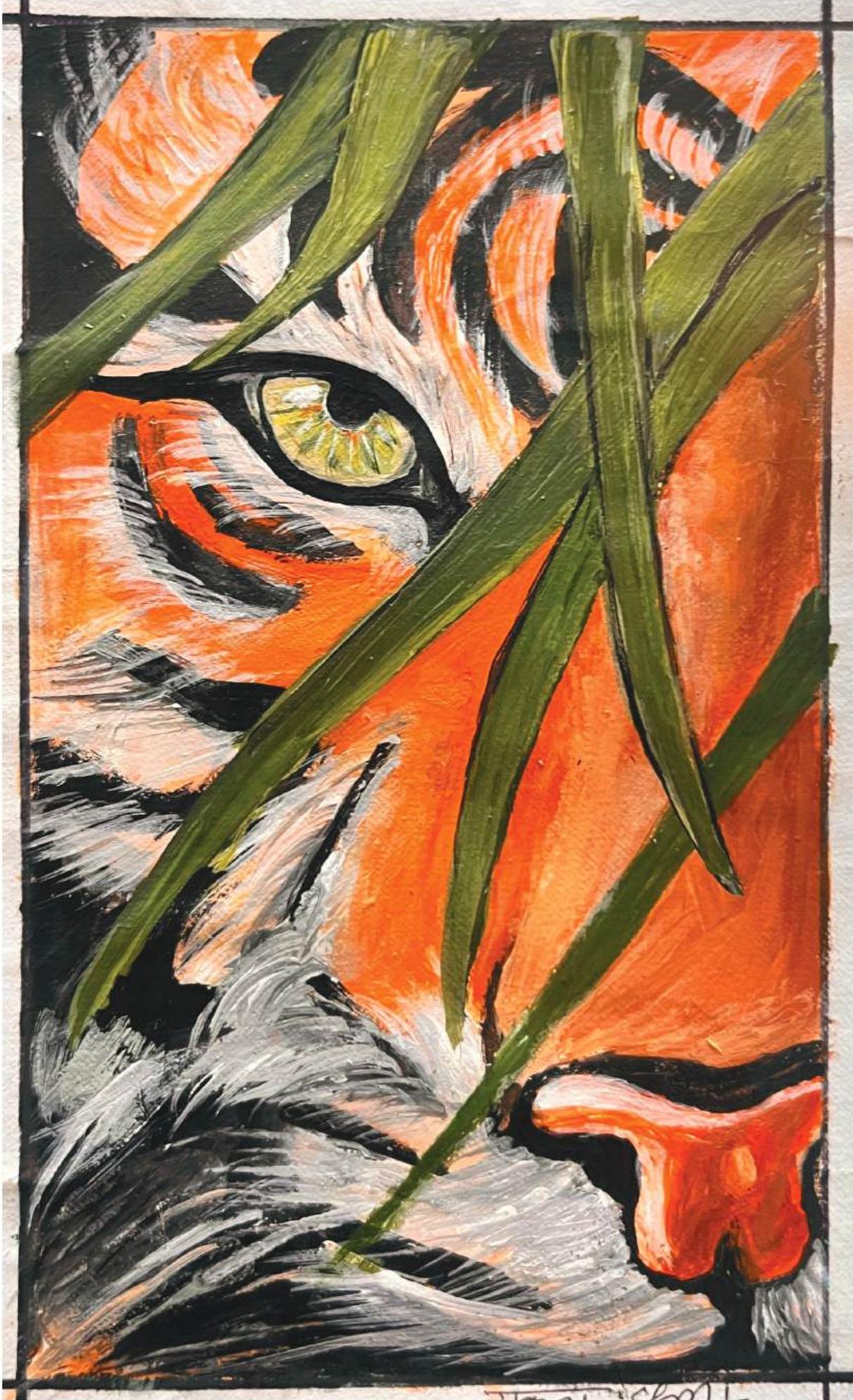
सम्बन्ध सर्वभरिलाई



Sabina Rai
6th Batch
Bsc. Nursing



Behind every mask is a hero who chooses
courage over comfort.



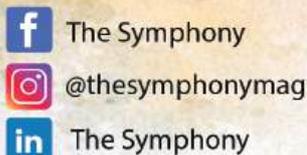
Art by: Sakuna Pahari

*Dear Reader,
The Symphony VI stands as a reminder that art
lies within all of us; we just need to be brave
enough to seek it. Through these pages, we hope
you catch a glimpse of the lives, aspirations and
hurdles harboured by the hearts and minds of the
Patan Academy of Health Sciences (PAHS)
Until next time,*



the symphony

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