

Mother



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Lying prone on the ground, he was writhing his limbs. The children with whom he was busy in playing ran to his home and got his mother with them. When the mother, while wailing, cleansed his foaming mouth, he for a moment was in his sense. The mother got him home and, helping him swallow little morsels of rice, she tried to admonish him, "Many a time I have tried to make you understand that you should not truant from home. You know you are not still quite well. When you are perfectly in your good health, nobody shall stop you from going outdoors to play with other children." But the words of his mother had no impact on the child as he was altogether ignorant about his ailment. Whenever he had an attack epilepsy, he fell prostrate, foamed through his mouth and scratched the ground. He was still a child though aged twenty, and enjoyed playing tip-cat with the boys of the local-

ity. And when he was not home to have his mid-day meals, his mother would go out in search of him, reach the spot of his play, and holding his hand got him home. Being rustic and naive, his parents did not pay much heed to his illness, they, on the contrary sought relief from the pirs and faquirs for some succour. It was not purposely that they ignored medical advice, but the matter of the fact is that none among the population of that far-flung hamlet knew about modern methods of curing the disease. And then there was neither any health-centre in the vicinity nor did anyone know about modern medicines; they were wont to using traditional methods of treatment. Most of their kids suffered from dreadful diseases like polio and TB. Being under the sway of superstition and ignorance, the yokels did not pay attention to such diseases.

It was the morning of the annual festival: his parents helped him in having his bath and then made him wear new clothes. Fresh and tidy, he went outdoors to play with the children of the village. Drums were being played in the open field and children danced on the rhythm. He too started moving his limbs, but soon he started tearing apart his clothes. Within a few moments he had a bout of epilepsy; he fell and started writhing his body. Luckily some bystanders observed it, and without wasting any time, they lifted him in their arms and carried him to his home.

A boy who happened to be a student of some college in the city was also among the folks who thronged in there. It was he who advised his parents to take the boy to the city and consult some physician.

After a couple of days the parents



took him to the city and consulted a reputed physician. After examining him thoroughly, the doctor told his parents that it was a hopeless case as they were too late to get an effective treatment. He told them that the blood vessels of his head were damaged beyond remedy and it portended insanity. The doctor prescribed some mild medicines, and they, utterly disappointed, returned home.

The mother took every possible precaution that he did not go outdoors. He had experienced three to four attacks of epilepsy in a month and the medicines no more showed any noticeable effect. The mother was all the time engrossed in keeping him under her constant vigil, but

when she was about to breathe her last, she implored her other sons that they did not cause any trouble to her ailing son.

After his mother's demise, it was his younger sister who took him under her custody. She used to wash his clothes, and made him eat food at proper time. But when she too was sent away in marriage, he was left forlorn. The brothers, who got married, had hardly any time to attend at him. And then a day came when there was division of the family; the brothers had their individual hearths and all the useful household things were distributed, but that priceless "thing" found no claimant. He was allotted a space in the pen of the goats, and his brothers provided

him food in turns.

The festival returned. The whole village was filled with rapture. The wives of his brothers made their kids savour delicious food, but no one paid any heed to him. He lay in the dark recess without any food and water. When his hunger grew uncontrollable, he calmly put his head under the belly of a goat and sucked milk from its udders. Since the milk was raw, he contracted fever and all his body was hot.

It was almost night when the wife of one of his brothers entered the pen to milk the goat, she found the udders of the animal completely drained. She observed some dots of goats milk on the ground. When she understood that the milk had disappeared, she went near him and in a fit of anger she tossed the bucket on his head, and uttering many vulgar words, she went out. The head of that semi-lunatic person was heavily bleeding. He, being wounded, kept squirming there till midnight, and when all in the house were asleep, he had a fresh attack of epilepsy. He sneaked out in the dark, tore his raiment and in negligee walked towards the graveyard. He was close to his mother's grave. He lamented for a long time. In order to soothe his wounded soul, he embraced his mother's grave.... Soon he felt reassured as if he was again in the lap of his mother and his brother crooned sweet lullabies to put him to sleep. Gradually he was overpowered with deep sleep... For a short moment his limbs quivered and the throb of his heart quickened. ... He opened his eyes. His mouth was filled with foam.

"Mother!" The word came out from his mouth, but for the last time.

(Translated from Urdu Short Story
MAA By Dr Basharat Khan)

Dry Leaf



Dr. Ratan Bhattacharjee

Anamika sat curled in her easy chair on the balcony, the morning sun casting long shadows across the mosaic floor. The hibiscus plant in the corner had shed its last bloom, and the leaves were curling at the edges—like her days, brittle and fading. She waited for Bijoy to return from his morning walk, a ritual he clung to with the stubbornness of old age. It was not just exercise—it was escape. These days were only days of loneliness and worry. The silence in their flat was not peaceful; it was accusatory. It reminded her of everything



that had changed since Deepak left for London. Their only son, once the heartbeat of their home, now existed in pixels and phone calls. The time difference was cruel. They saw their granddaughter Rudh only on weekend evenings, when she appeared on the screen with her curly hair and British accent, waving like a distant star.

Life had become a tree with dry leaves. The roots were still there, but the foliage had thinned. The laughter, the arguments, the clinking of tea cups—everything had faded into memory. Bijoy returned, his steps slower than usual. He wore his beige sweater, the one Anamika had knitted years ago, now fraying at the cuffs. He smiled faintly as he saw her, but the smile didn't reach his eyes. "Morning was cold," he said, settling beside her. "The park was empty. Even the pigeons seemed bored." Anamika nodded. "Did you see Bijoy?" "He's not coming anymore. His arthritis has worsened." They sat

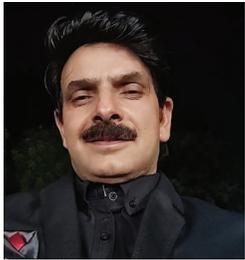
in silence, watching the street below. A schoolboy rushed past, his backpack bouncing. A vegetable vendor shouted prices. Life moved, but not for them.

"Do you remember," Bijoy said suddenly, "how Deepak used to run down that lane with his cricket bat? He'd shout, 'Ma, I'll be back before lunch!' And then forget all about it." Anamika smiled, her eyes misting. "I used to scold him for tearing his shirt. He'd say it was the price of victory." They laughed softly, the sound fragile like old paper. But the laughter quickly dissolved. "Do you think he misses us?" Bijoy asked. Anamika didn't answer immediately. "He loves us. But love changes when distance grows. It becomes polite." Bijoy looked away. "I sometimes wonder if we should have said no to London." "You know we couldn't. It was his dream."

"But dreams have shadows," Bijoy murmured. That evening, the phone rang. It was

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The Tear Behind the Prescription: Patients Trapped in a Market Maze.....



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Yesterday, a patient walked into my home with a strip of an anti-cancer drug in hand, Temozolomide 5 mg. His face was pale, not just from illness, but from a different kind of suffering. He asked me bitterly:

“Sir, why am I being drained of my hard-earned money in the name of this drug? The same strip costs me Rs 2,100 here in Srinagar, yet when I search online, the very same drug, of the same brand, same strength, and even the same company, is delivered at my doorstep for only Rs 810. Why is this happening? What kind of mafia is this? Doesn't anybody listen to our woes?”

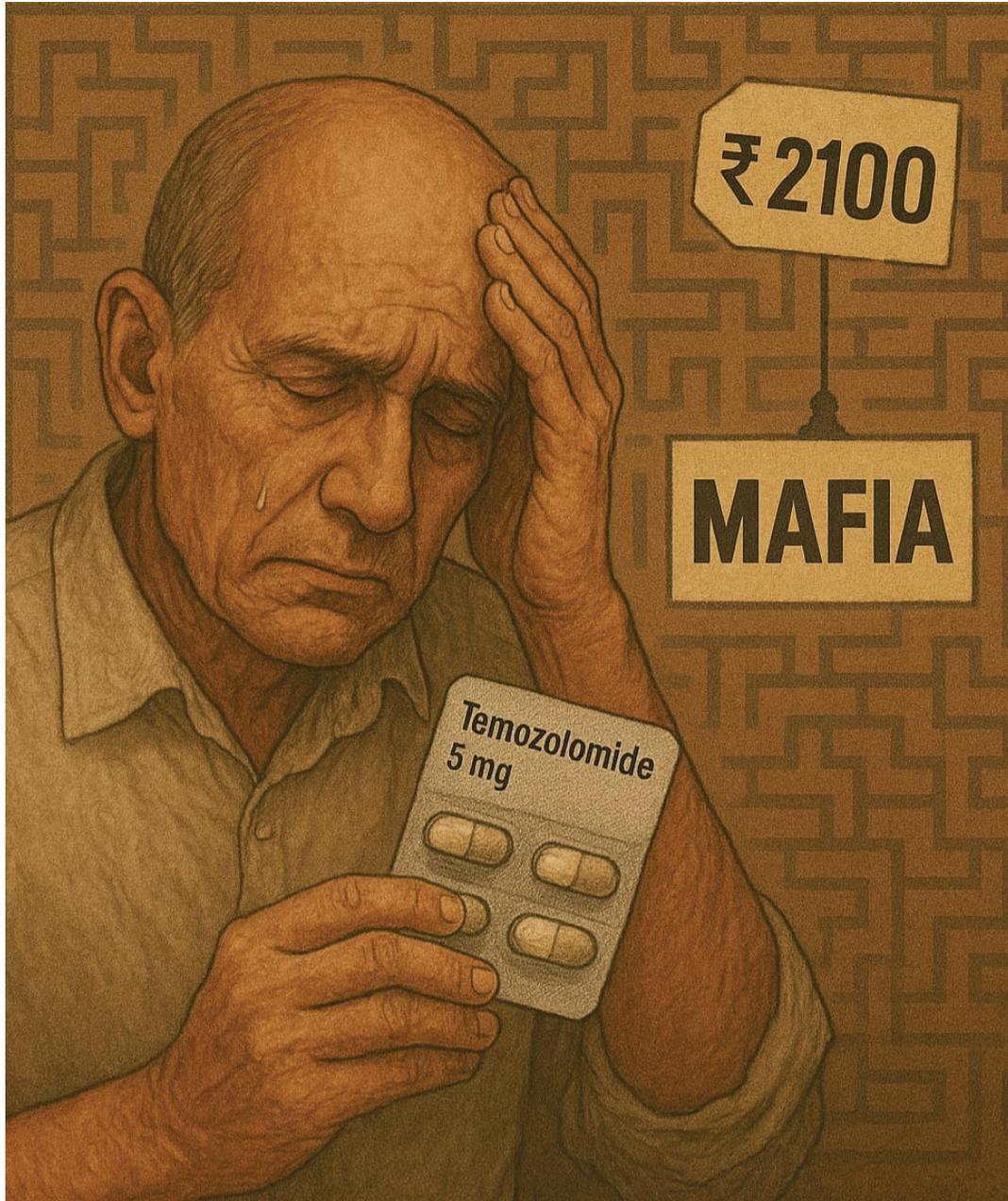
His pain pierced me, not merely as an expert, but as a fellow human being. It was a grim reminder for me too, forcing me to decipher why there exists such a whopping gap in the prices of medicines. Despite the presence of law-enforcing agencies and a regulatory framework that claims to impose strict adherence to pricing laws, such anomalies continue. Price capping exists on many anti-cancer drugs, barring some of the newer and “fancier” molecules, yet the Indian drug market remains wayward, throwing up startling revelations each time a patient goes to purchase medicines, whether from a local chemist or from an online pharmacy.

For the buyer, it is a head-shaking experience. Variations of Rs 10 to Rs 100 on common drugs are understandable, but how do we explain differences running into hundreds or even thousands of rupees for the same drug, the same brand, the same company?

This is not just a patient's problem. It is a collective moral crisis. As the proverb says, “When elephants fight, it is the grass that suffers.” In our case, when policy makers, regulators, and corporations lock horns, the one crushed is the vulnerable patient.

The numbers are chilling. Studies across India have consistently revealed shocking disparities in the pricing of anticancer medicines.

A comprehensive study of 52 formulations of anticancer drugs showed price variations ranging from 14% to over 700%, depending on the category. Hormonal



anticancer agents, in particular, displayed dramatic swings.

Another analysis covering 32 recently approved anticancer drugs reported even more staggering numbers:

Pemetrexed showed a price variation of 1,701%.

Sorafenib touched a jaw-dropping 4,000%.

Abiraterone varied by over 1,700%.

Numbers, however, only tell part of the tale. Behind each percentage lies a story of despair: families pawning their jewelry, selling land, or sinking into debt just to purchase a few more weeks of hope. In the words of a Kashmiri saying, “For a drowning man, even a straw is a lifeline.” For many cancer patients, that straw is a strip of medicine.

Why Does the Same Drug Cost So Differently?

The answer lies in a complex interplay of economics, regula-

tion, and exploitation, a web that entangles patients and caregivers alike.

1. Market-Based Pricing Loopholes

India's system of Market-Based Pricing (MBP) calculates ceiling prices using averages of existing market prices. But here lies the irony: when the well itself is poisoned, what use is drawing water? If the market is already inflated, the “average” remains high, giving no real relief. Instead of pulling prices down, the system legitimizes them.

2. Brand and Distribution Markups

Retail pharmacies, particularly in smaller towns, operate like islands. Their purchasing power is limited, overhead costs higher, and profit margins often stretched. Online pharmacies, on the other hand, operate like vast oceans—sourcing in bulk, cutting overheads, and passing discounts

to customers. Thus, the same strip of Temozolomide becomes a story of two worlds: Rs 2,100 in a local shop, Rs 810 at the click of a button.

3. Patchy Enforcement of Price Caps

The National Pharmaceutical Pricing Authority (NPPA) exists, yes. But in practice, it is like a watchman dozing at the gate. Many anticancer drugs remain outside price control, especially newer molecules marketed as “premium.” Even those that are covered often slip through the cracks because penalties are rare and enforcement slow.

4. Patient Vulnerability

Illness erodes not only the body, but also bargaining power. Patients and their families are too overwhelmed to compare prices or demand alternatives. As the saying goes, “A hungry man has no quarrel with stale bread.” Likewise, a cancer patient desperate

for survival has no energy left to shop around. This information asymmetry becomes fertile ground for exploitation.

5. Insurance and Out-of-Pocket Burden

India has one of the world's highest out-of-pocket (OOP) healthcare expenditures, accounting for nearly 63% of total health spending. Cancer, being both chronic and catastrophic, magnifies this burden. Insurance rarely covers outpatient drugs comprehensively. Thus, families are left exposed, like soldiers without armor, to the arrows of medical inflation.

The Human Cost: More Than Economics

When patients pay several times more for the same drug, it is not merely a matter of arithmetic. It is about lives interrupted, dreams derailed, and futures foreclosed.

Skipped doses mean diminished efficacy.

Incomplete treatment cycles mean relapse.

Financial exhaustion often means patients simply walk away from therapy.

One study noted that catastrophic health expenditure pushed 55% of Indian families below the poverty line when faced with cancer. Medicines accounted for the largest share of these costs. In such scenarios, biology is not the real killer, economics is.

It is heartbreaking to witness patients who could have been saved but are lost to the tyranny of unaffordable drugs. It reminds me of Shakespeare's lament in Measure for Measure: “Our natures do pursue, like rats that ravin down their proper bane, a thirsty evil, and when we drink, we die.” For cancer patients, the bane is not disease alone, but the unbearable price of its remedy.

The Regulatory Failure....

India's regulatory intent is strong on paper but fragile in execution.

Market-Based Pricing is flawed: pegged to existing inflated prices, it perpetuates rather than curtails exploitation.

Coverage is selective: many life-saving anticancer drugs, especially biosimilars and newer molecules, are excluded.

Enforcement is toothless: overpricing is common, but punitive measures are sporadic and delayed.

Insurance remains inadequate: schemes like Ayushman Bharat provide hospitalization benefits, but outpatient cancer drug costs remain uncovered.

Even government-backed schemes are not immune to this distortion. Ayushman Bharat, designed to shield the poor from catastrophic health expenditure

A Clap-back From the Church: How “The Great Theft” Revives Islam’s Lost Tunes

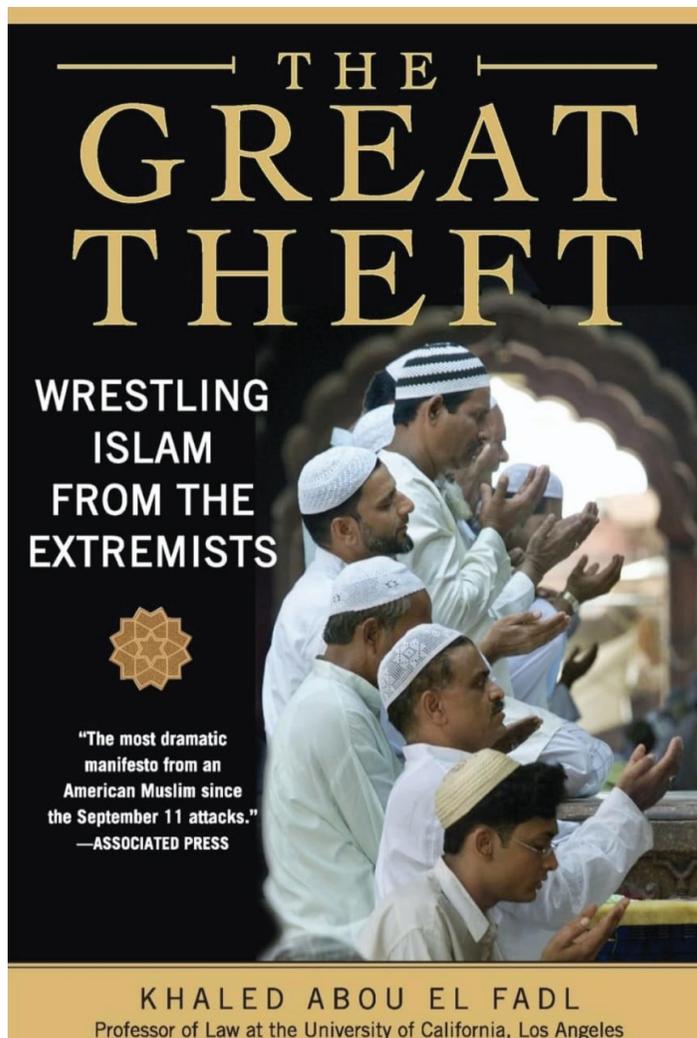


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So all right, let us do this, let us get our hands dirty and make it so none of that fug has a place on this academic prose. No hiding behind ten-dollar words and perfect punctuation. You have Khaled Abou El Fadl — this writer/thinker is not sitting in some ivory tower somewhere sipping tea and mumbling about Westwood etc. No, he is really shouting for the Muslims to wake up and reclaim their own heritage before the insane wackadoodles run away for good with it. “The Great Theft: Wrestling Islam from the Extremists” is not just a book; it is a big, neon warning sign to anyone who still operates under the false assumption that we have it all wrong, that Islam truly is the former “religion of peace” that the “fake news media” makes it out to be. As he observes, “Particularly after 9/11, there has been a virtual flood of materials published about Muslims, their beliefs, and loyalties... and yet it is fair to say that at no other time has there been as much confusion about Muslims and their beliefs, and Islam and its legacy.”

Crazy thing is how he draws a line from the mess we are in now back to the big rewrites of Christian history — the Reformation and all that drama. The extremists, Abou El Fadl writes, have hijacked Islam’s moral and intellectual tradition, they are just there to show all the sad saps who won’t take it, including the late Khalid Sheikh Mohammed, on their terms, that they are the ones, and the rest, the complete what-ers.? But in fact the moderate crowd — the crowd of people who believe that Islam is flexible, compassionate, and has something to do with the ethical riches of the world as it is — are the ones who are, in fact, keeping that tradition alive. As he puts it, “Although the schism between moderate and puritan Muslims has become distinct, pronounced, and real, this division is not explicitly recognized in the Muslim world... the dichotomy between the two groups is a lived and felt reality.”

And no, he is not just being shady for the hell of it. He has aced his homework, demonstrating that Islamic law (fiqh) was never decreed to be an all-embracing, rock-hard statute book. Sharia in its pure form? Untouchable, sure. But fiqh? That is the human, mortal part, and it is constantly changing, constantly malleable. “The Shari’a was richly diverse. Indeed, it is difficult to convey to modern readers the degree of richness and diversity that the Shari’a enjoyed.” The giants of Islamic history did not



sit down dolefully in a badger line and recite rules to which we all must ascribe; they wrangled and clashed to adjust the law to the hard business of human life. It is like, “Hello? We have done this before. Why stop now?” Abou El Fadl keeps returning to these old giants of the past, men like Muhammad al-Ghazali (not to be confused with the medieval philosopher, but the modern Egyptian firebrand). For him, that was all about pushing back at the “just follow the text, bro” crowd. He was slammed, banned and all but cancelled well before cancel culture was really a thing. But good men like him are why Islamic thought didn’t simply coagulate and die hundreds of years ago.

I swear to God, you can practically hear the exasperation dripping off of Abou El Fadl. He’s got the receipts — Yale, Princeton, Egypt, Kuwait — it is not like he is just conjuring all of this stuff up. And yet, he looks around at the world as it is and sees what he calls “a culture of ugliness.” One of these acts of ugliness involves drawing a line around the Muslim context, as he writes:

“The first and foremost must relate to what I call acts of ugliness surrounding the Muslim context. It is perhaps elementary that the vast majority of Muslims are not terrorists, and do not condone terrorism.” But the story continues, “Politics and political interests have obfuscated

and corrupted our ability to see Islam as a faith that is followed by well over a billion adherents in the world.”

This is not just academic flex. It is a battle cry. And if you care about the future of Islam, chances are you will not be able to ignore it. He is doing more than diagnosing the illness, though; he is also indicating what a cure might look like: “Understanding Islam has become an absolute imperative because achieving such an understanding will determine the type of people we are—whether tolerant or bigoted, whether enlightened or ignorant.” Enough with the academic puffery; what is The Great Theft actually doing? To be honest, we can do without another book preaching to the converted as to religious reform. Abou El Fadl zeroes in on the vacuity of authority in the Muslim world today — you know, the parade of pseudo-muftis and random online opinions floating around with no accountability. “However, in the modern era, Muslims have suffered a crisis of authority that has deteriorated to the point of full-fledged chaos.” He, like, despises how colonialism did a number on the medieval academy — “This whole complex edifice that supplied religious authority in Islam started to crumble with the entry of Western colonialism in the eighteenth century”—and left this massive void where anyone with the inclination can pass himself

off as a scholar. What is left? Chaos. Disconnection.

An ethical morass so thoroughly mind-bending that you have to ask yourself how things could have gone so sideways.

But there is a twist at all times in this book — a pulse of hope underlying it. Abou El Fadl is not scolding everybody; he is actually addressing the silent majority, those of us who aren’t extremists but have never had much of a platform anyway. He is not here to bring a new dogma, but to bring Islam back to what it is; intellect, spirituality, the works. He wants balance, not just one more rulebook. As he stresses: “The Qur’an, the Holy Book of Islam, enjoins Muslims to be a moderate people... the Prophet of Islam was always described as a moderate man who tended to avoid falling into extremes.”

Stylistically? The book is smooth, no lie. It is wise without talking down to you. The critics went a little doty for it, branding it “uncommonly rich” and, in a howler, “the most dramatic manifesto from an American Muslim since 9/11.” That is not nothing. Dusty relic though it is not, the book is actually forward looking — an effort to clean up the mess that modernity has brought not with Shkreli and Godfather analogies, but with the best tools that our tradition has to offer.

You can feel two large currents coursing through the pages. On the one hand, all that under the canopy: the deep well of Islamic tradition — legal disputes, reason, Sufi vibes, a whole buffet of history. On the other, this reformist urge, reminiscent of al-Ghazali or the Ottoman reformers.

Abou El Fadl loves the tradition, but he won’t allow it to rot. He is in this odd combination of nostalgia and restless creativity, clinging to what counts while slashing out the rot. “The battle for the soul of Islam takes place in every country, Muslim or non-Muslim, where puritans have clashed with moderates and have managed to make inroads.”

He does not speak only to Muslims, either. He has one foot in the West — where, as he observes, “commentators who disparagingly use the labels political Islam or Islamist draw a line between the private and public sphere” — and another firmly in the Muslim world, calling it out on its own problems. It is that rare balancing act, and he is managing it without playing the panderer to any one side.

And you do know it lands, from what you hear. If you go, browse around Reddit you can find people, right there, just recommending him, calling him a “beacon” for liberal Muslims. It isn’t just theory, either — it helps real people navigate the din and confusion of the American religious landscape.

The Great Theft is not just a book: it is a rallying cry, a work of love and a masterful guide to the dividing of Muslim ‘motion and stillness.’ It condemns the ugly crash of

medieval heritage against modern tumult. And then it shows a path forward — through careful interpretation, moral reclamation and the search for beauty. It is despair and hope, together in a tumble. It is deep as scholarship, and urgent as a voice for ignored millions.

Looking at the big picture, The Great Theft is no doubt be a landmark book. And so Abou El Fadl is not just returning to what has been undone; he is also building toward what Islam can be: contemplative, supple, benevolent and expressive. He isn’t selling nostalgia, or even restoration, so much as renewal, of a kind, in a tradition of his own that makes him one of the great reformers — al-Ghazali and the Sufis and the philosophers — who have always known that law without compassion is only cruelty, and a tradition that lacks curiosity is at an end.

This book helps to keep some scholars, some believers, and yes, even some agnostics, from settling too comfortably — to remind us that Islam has all these crazy-beautiful horizons, and to dare us to hold on to its true moral centre. And maybe even jot down a few new stories in the big book of divine mercy while they are at it.

Khaled Abou El Fadl’s The Great Theft? Now that is one helluva wake-up call. It is sharp, it is smart (not snooty), and, well, it really kind of makes you wish for books like this one instead of the infinity pool of matter with which to perpetually argue online. He defends Islam’s ethical foundation, is side-eyeing the extremists gumming up the works and pretty much drops a mic in the cause of reviving the real deal — moral and intellectual authority, all based the hell back, on what Sharia is supposed to be.

The Great Theft is a dirge on the way we have gotten ourselves ensnared in the mess we have created — but still, more in an obstinate dare of a whisper that says, “Yeah, things are pretty freaking broken, but whoa, whoa, whoa, you can’t count hope out just yet.” Abou El Fadl doesn’t provide you with a neat little fix-it blueprint; he does not spoon-feed us. No, he is more like that other friend who hands you a hand-drawn map and tells you, “It’s a bit of a hike, but trust me, it’s worth the trip.” There is a little guts in here, and a kind of rough honesty — of course, also a fiction — that we don’t have much of anymore.

Let us be honest: in a culture that seems to worship noise and hot takes, this book reads like somebody finally cracked open the window. It is a love letter to faith that doesn’t shy away from difficult questions — or the prospect of savouring a little beauty along the way. Change? Bring it on. Maybe that is how you turn chaos into something that truly sings again. Because in all the noise, some old tune is still playing — patience, reason — and then, it could use some jerk to crank up the volume.

Managing Obesity In The 21st Century: Science, Stigma, And Solutions



Dr. Tasaduk Hussain Itoo

Overweight and obesity have emerged as two of the most pressing health challenges of the modern world, posing significant threats to individual well-being and public health systems alike. These conditions are no longer limited to affluent societies but have become global epidemics, cutting across geographical, cultural, and socioeconomic boundaries. Obesity is associated with a wide range of chronic illnesses, including type 2 diabetes, hypertension, cardiovascular disease, degenerative joint disorders, sleep apnea, and certain cancers. Beyond the clinical complications, obesity also inflicts psychological and social burdens, as individuals often face stigma, prejudice, and discrimination.

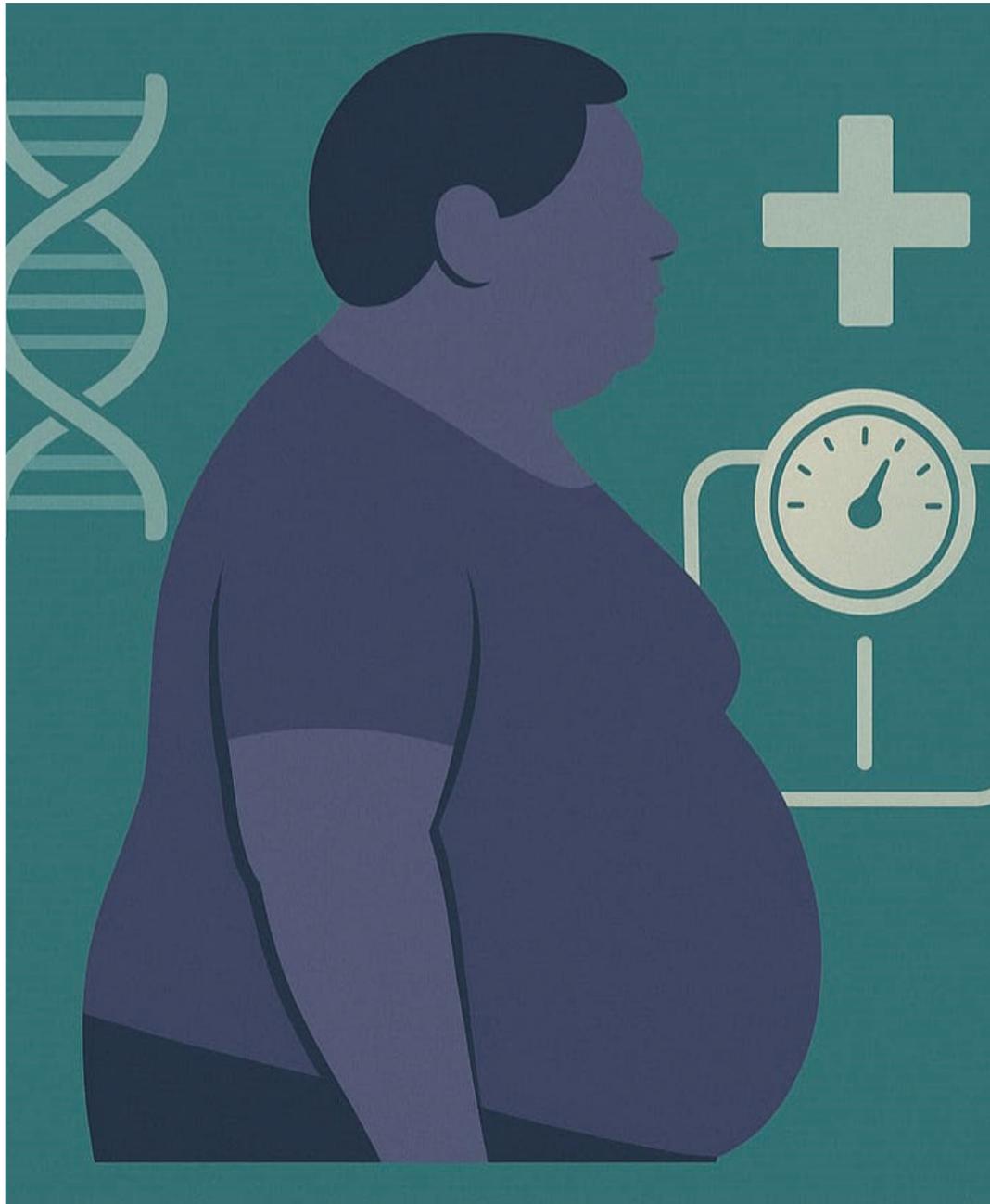
Traditionally, obesity was mistakenly seen as a simple consequence of unhealthy behavior—overeating, inactivity, or lack of self-discipline. This narrow perspective not only failed to capture the biological and environmental complexity of obesity but also perpetuated damaging stereotypes. Fortunately, modern medical science has shifted its understanding. Advances in the study of obesity's pathophysiology have highlighted that it is a chronic, multifactorial disease influenced by genetics, environment, metabolism, and behavior. These insights are paving the way for innovative pharmacological, surgical, and behavioral interventions that offer hope for more effective management.

Obesity as a Chronic Disease

Obesity must be recognized and managed as a chronic disease, much like hypertension or diabetes. It is not a temporary state to be reversed and forgotten once the desired weight is achieved. Patients who reach their weight goals remain at risk of relapse if support is withdrawn. This underscores the need for long-term management strategies and ongoing clinician-patient partnerships. Just as blood pressure control requires continuous attention, obesity management should not be discontinued but adapted over time as the disease evolves.

The Need for a Multidisciplinary Approach.

Effective obesity care is rarely the work of a single physician.



It demands a multidisciplinary approach that may include primary care doctors, endocrinologists, bariatric surgeons, dietitians, psychologists, and physiotherapists. Each discipline contributes unique expertise—whether through metabolic evaluation, surgical intervention, nutritional guidance, or behavioral therapy. Tailoring care to individual patients is essential, as obesity presents differently depending on genetics, comorbidities, lifestyle, and psychosocial circumstances. The severity of obesity and the presence of related conditions should guide the intensity of intervention.

Combating Stigma in Obesity Care

Perhaps one of the most overlooked aspects of obesity management is the stigma patients face.

Weight-related stigma discourages many individuals from seeking care, leading to delayed diagnosis and poor management of obesity and its associated diseases. Physicians must engage in compassionate, non-judgmental conversations about weight, focusing on health rather than appearance. Importantly, not all symptoms should automatically be attributed to weight. A thoughtful evaluation that considers other possible causes is critical in avoiding misdiagnosis. By reframing obesity as a complex medical condition rather than a personal failing, clinicians can help dismantle stigma and build trust.

Beyond Body Mass Index (BMI)

Body Mass Index (BMI) remains the most widely used measure to classify overweight and obesity. However, it is far

from a perfect tool. BMI does not account for differences in body composition, muscle mass, sex, or ethnicity. A muscular athlete and a sedentary individual with excess fat may have the same BMI, yet vastly different health profiles. As such, BMI should be considered a starting point rather than a definitive diagnostic measure. The development of more precise tools to assess obesity—such as body fat distribution, metabolic markers, and genetic factors—will be crucial in advancing care.

The Role of Lifestyle Modification

While lifestyle changes such as diet and exercise remain foundational in obesity management, evidence shows that they alone are often insufficient for long-term success. Less than half of patients in structured lifestyle programs

achieve even modest weight loss of 5% or more. The most effective diet, experts emphasize, is the one that a patient can adhere to sustainably while maintaining a calorie deficit. Exercise plays an important role in preserving muscle mass, improving metabolic health, and supporting psychological well-being, but lifestyle modification should be viewed as one component of a broader therapeutic strategy rather than the sole intervention.

Pharmacologic and Surgical Interventions

Recent years have witnessed remarkable progress in pharmacologic therapies for obesity. Drugs such as bupropion-naltrexone, orlistat, phentermine-topiramate, liraglutide, and semaglutide have expanded treatment options, offering meaningful weight reduction when combined with lifestyle interventions. On the surgical front, procedures like sleeve gastrectomy and gastric bypass remain highly effective for severe obesity, with newer, less invasive endoscopic procedures also gaining traction. Choosing among these options requires shared decision-making, where patients and clinicians carefully weigh benefits, risks, and personal preferences.

Toward A New Era of Obesity Care

As we move into an era of increasingly effective therapies, the future of obesity management looks promising. Better understanding of its biological underpinnings not only facilitates the development of targeted preventive and therapeutic strategies but also helps challenge outdated narratives that fuel stigma. Addressing obesity with the same seriousness as other chronic diseases can improve health outcomes and quality of life for millions worldwide.

Conclusion:

Overweight and obesity represent one of the defining health challenges of our time. Their management requires a nuanced, long-term, and multidisciplinary approach that integrates medical science with compassion. By embracing new pharmacological and surgical tools, refining diagnostic measures, and, most importantly, dismantling stigma, the medical community can help patients achieve not just weight loss but improved overall health and dignity. The fight against obesity is not about numbers on a scale—it is about empowering individuals to live healthier, longer, and more fulfilling lives.

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Oozing Wounds: A Select Flash Fiction of Dr Nazir Mushtaq



Professor Mohammad Aslam
Translator

Introduction

Flash fiction, also called microfiction, refers to short stories with a limited word count of less than 1000 words; there are also stories with just a few words. For instance, 'Missing Sheep' by Anne Carson has just 13 words: "We all play a bit of a game when in love, don't we?" Hiromi Kawaki's microfiction 'Happy New Year' has 20 words: "A long time ago, lots and lots of people lived on this island. Now there are only a few of us". 'The Battle Hymn of the American Republic' by a British writer, Louis Malloy, has 291 words. There are stories with 1000 or more words, also, but surely not as long as, say, the short stories of Edgar Allen Poe, Maupassant, or Arthur Conan Doyle.

Flash fiction has a focused plot, a small number of characters, a limited timeframe, and a unique idea or theme that make it a powerful tool for conveying a message or evoking emotions.

In Urdu, flash fiction is called afsancha (the diminutive form of afsana), or mini kahani (very short story)—the term microfiction is also used in Urdu. Afsancha has travelled from Europe and America to the world like its predecessor, afsana (short story). In this regard, Abbas Aqeel writes: "According to researchers, micro-fiction emerged in Latin America in the early twentieth century, from where it reached Western Europe and, in recent decades, reached Syria and Iraq. It was popular in Morocco and Tunisia. The Americans called it flash fiction, the Japanese called it a palm-sized story, and in China, it is also called a minute-long, smoke-long or smoking-time story" (dulhan aur dusre micro fiction (The Bride and Other Microfiction) 2016, 14-15). Many writers have used this genre and gained popularity in the Urdu literary world. One of the greatest fiction writers of the Subcontinent, Saadat Hasan Manto, has written many short short-stories, called 'mini kahani'. Some of them are: 'ishtirakiyat' (Communism), 'islah' (Reform), 'jaili' (Jelly), 'kasr-nafsi' (Humility) and 'peshbandi' (Precaution). Here are a few flash fiction—(1) is by Manto, and I don't know the authors of (2) and (3):

(1) "chalti gaari rok li gayi. jo dosray mazhab ke thay un ko nikaal nikaal kar talwaron aur goliyoon

se halaakardiya gaya. is se faarigh ho kar gaari ke baqi musafiroon ki halwe, doodh aur phalon se tawaza ki gayi.

gaari chalne se pehlay tawaza karne walon ke muntazim ne musafiron ko mukhatib kar ke kaha,

" bhaiyo aur behno, hamein gaari ki aamad ki ittilla bohat der mein mili. yahi wajah hai ke hum jis tarha hum chahtay thay is tarha aap ki khidmat nah



kar sakay."

(The moving vehicle was stopped. Those who were of other religions were selectively killed with swords and bullets.

Having finished with this, the remaining passengers of the vehicle were served halwa, milk and fruits.

Before the vehicle started moving, the organizer of the hospitality addressed the passengers and said, "Brothers and sisters, we received the information about the arrival of the vehicle very late. This is the reason why we could not serve you as we wanted."

(2) "aaj ik aur baras gaya uske baghair" (Another year has passed without her today.)

(3) "ajnabi ne phone band kar diya tha. phir us ke apne hi ghar ki lalten bujh gayi" (The stranger hung up the phone. Then the lantern of his own house extinguished.)

The author of the four afsanche below, Dr Nazir Mushtaq, is a medical professional who is very active on social media. He has a terrific command of the Urdu language and has already published two collections of his micro-/flash-fiction: tinke (translated by the present translator into English as The Micro Spots, 2021) and soch (Mindset). His canvas is varied and vast. As a medical professional, he reads the psyche of his patients and shares that with his readers by realistically portraying the fixed mindset that has beset the doctor-patient relationship or has made the patient vulnerable to many ailments. Dr Mushtaq is a sensitive writer and keeps his eye on the happenings around him. The endings of his microfictions are often shocking. The following short stories are a sampler of his brevity of language and the depth of his thought (soch). His themes are the oozing wounds of our society that never heal. Below are given four of his short short-stories (For reading the stories in Urdu, readers are invited to visit the author's Facebook wall):

1 Life

"You both, husband and wife, do not take care of your health. Apart from taking medication, there are many things you can do to stay healthy and live a long life. Look at me! How healthy I am! I take care of myself in every way. Today, I'll tell you both what you should do to live long and be healthy," a smart and healthy doctor told the patients sitting in front of him.

The doctor gave them both a long lecture. His throat became dry. He rang the bell and asked for water from the peon.

He put the glass filled with water to

his lips. Suddenly, the glass slipped from his hand and fell on the table, breaking. His eyes were filled with tears.

2 Equality

Everyone sitting in the hall was deeply impressed by the powerful speech of the famous religious leader, Maulana Samiullah Khatlani. The gist of his speech was that every human being in this world is the same. A human being, regardless of religion, nationality, colour, race, or social status, should embrace one another. There is no place for hatred, jealousy, high and low, and enmity in the world. All human beings are equal.

After the speech, he was surrounded by journalists. His son went home after listening to the speech.

In the evening, when Samiullah came to the dinner table, he saw that his old servant Jabbar Kaka was sitting in the chair in front of him. Jabbar stood up, unable to bear the bloodthirsty gaze of the master, but his young son told him to stay seated. Seeing this, Samiullah left the dining room, burning with rage.

3 Preference

"I saved up enough money throughout the year to perform the ritual of sacrifice, and you lost the entire amount due to your carelessness. Where was your attention? The pickpocket stole all the money from your pocket, and you didn't know. I don't know what face I will show to my friends and relatives. I had told everyone that this year we would also perform the ritual of sacrifice", Salima was shouting, and her husband Sajid was listening silently with his head bowed.

The day passed. Sajid got a message at night: "Friend, how can I thank you? After hearing my story at the Eidgah, you gave me the money, which I deposited in the hospital. My son's operation was successful. The doctor said that now his life was out of danger. He has got a new lease of life.

4 Obstacle

"Sir, we have traced the group supplying the forbidden meat. They have called a secret meeting in a hut near Panda Forest. We have surrounded the hut. Our gunmen are ready. What are your orders?" Police Officer Dilwar Khan Nazmi was telling the Minister.

The Minister replied, "Oh, whatever you have to do, do it within the ambit of the law."

At that moment, a call came from his home.

"Listen, my brother was calling just now. He's been surrounded by the police along with his group. Tell the police to let them go. He is my only brother."

The Minister called the police officer again. "Officer, let these people go at this time. They will be arrested sometime later."

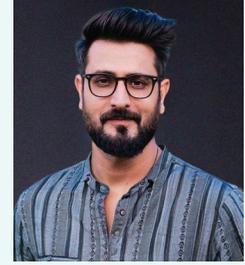
The police officer's temper shot up. "Sir, what are you saying? These people are murderers. Letting them..."

"Do what I said", the minister answered and hung up the phone.

The officer's assistant asked, "Sir, what should we do now?"

The officer thought for a while. Then, wiping the sweat from his face, he said, "Listen. Tell my driver that there's a can full of petrol in the car. Bring it and sprinkle it all around this hat. And, yes, here's my beautiful musical lighter..."

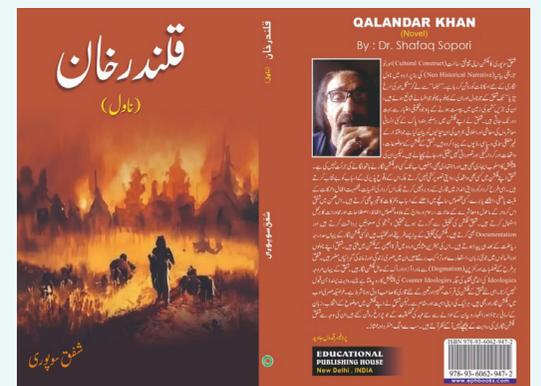
Shafaq Sopori's Novel "Qalandar Khan" A painful Document Of The Turbulent Conditions Of Kashmir



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Shafaq Sopori is an Urdu novelist who has pioneered the revolution of the fictional creativity of the new era. He has established a new narrative of fiction creativity where realism, symbolism and metaphor creates a language in which story, reality and character appears in the form of a trinity that can be likened to the pyramids of Egypt. His narrative contains those mysteries of artistry that leave the reader in a state of bewilderment. The language he uses in fiction is so creative that his fiction is thought to be poetry. The fact is that there is a thin line between the language and poetry of his fiction. Because he is a poet and better knows the creative use of language; images, metaphors and symbols become ornaments of his fiction.

Qalandar Khan is his seventh novel. In terms of the subject matter itself, every novel of Shafaq Sopori is distinguished. The distinction of Qalandar Khan is that it presents the turbulent situation in Kashmir in a fictionalized manner in such a way that the reader is forced to share the painful experience of the novelist. Although Shafaq Sopori has previously written a novel titled Firing Range Kashmir 1990 in the early period of the conflict in Kashmir, one can feel by reading Qalandar Khan that the novelist's perspective has changed. This changing perspec-



ive can also be felt in one of his short stories, "Raag Ragni Aur Virjat Sur". It is not that Shafaq has acted with sentimentality by changing his ideological and artistic perspective, but the feeling that intensifies in this novel depicts tragically violent and bloody situations at various places.

The novelist's change of ideology and perspective in Qalandar Khan is not a conscious act, but rather it is a period of awakening of consciousness as a result of changing circumstances where the novelist interprets the external motivations of turning Kashmir into a battlefield as the cause of the suffering and affliction of the Kashmiris. In this novel too, like Firing Range, the novelist's tendency towards peace, religious tolerance, tolerance for each other and a return to righteous values has given a message. Thus, Qalandar Khan becoming a part of militancy under oppression, Pandit Gopinath's avoidance of leaving Kashmir, the father of the militant who did not hand over his

Cont. on Page 7

FROM PAGE 6...

Shafaq Sopori's Novel...

weapon to the soldiers resulting in torture of his son and considered the gun as his son, Commander Qalandar Khan's fascination with Captain Dharam Singh of the army and Dharam Singh's appreciation of Qalandar Khan's character and military strategy are all such incidents which, despite being fictional, become

reality and come before our eyes in some form or the other.

An important character in this novel is Rahat Begum, whose entire family is destroyed by the militants, resulting in a psychological breakdown and loss of memory. Rahat Begum is afflicted with a strange and unfortunate condition. Her memory is stuck in

the past. There are also memories of the past, most of which have nothing to do with her personal life, but from these memories, the novelist has drawn a picture of a peaceful environment in Kashmir in which Hindus and Muslims lived with great innocence and love. The novelist has expressed these blurred memories of the

past in a very painful way. In this novel too, the novelist has not forgotten the pain of the migration of Kashmiri Pandits. He fully understands the plight of Kashmiri Pandits in temporary camps in Jammu or other places. And he also shares this experience with his reader.

Overall, this novel is a docu-

ment of a period in a conflict region, which requires not only courage to write, but also knowledge of the subtleties of art. Since the novelist himself is a witness to the events of this novel, the element of truth prevails in his experiences and observations. The great thing is that the novelist has not let objectivity go anywhere.

FROM PAGE 3...

The Tear Behind the...

ture, has paradoxically witnessed instances where empaneled hospitals charge for drugs and surgical consumables at rates far higher than prevailing market prices. This defeats the very ethos of the scheme. Instead of offering respite, it often amplifies financial strain, patients end up paying out-of-pocket for items that should have been fully covered. Multiple audits have flagged how simple consumables like syringes, stents, and catheters are billed at several multiples of their actual cost, while anti-cancer drugs supplied under the scheme have also been priced much beyond local pharmacy rates.

The outcome is predictable: a wide-open playground for pricing anomalies. As the old adage goes, "When the cat's away, the mice will play."

Possible Solutions: Charting the Way Forward.

The cure to this malaise lies not in lamentation, but in action.

1. Expand and Strengthen Price Controls

All essential anticancer medicines, including generics and biosimilars, must be brought under strict NPPA regulation with real-time enforcement.

2. Shift Toward

Value-Based Pricing

Drugs should be priced in proportion to clinical benefit. Countries like the UK (via NICE) and Canada have adopted this. India can learn and adapt.

3. Crack Down on Overpricing

Violators should face not symbolic, but stringent penalties. Overcharging should become a reputational and financial risk, not a routine practice.

4. Promote Generic Prescription Practices

Physicians should be encour-

aged, if not compelled, to prescribe generics. Simultaneously, quality assurance must be strengthened to build patient trust.

5. Enhance Insurance and Risk Pooling

Outpatient drug costs should be incorporated into both public and private insurance schemes. Cancer care must not end at the hospital door.

6. Build Patient Awareness and Transparency Tools

Imagine a government-backed portal where a patient can compare prices of the same drug across pharmacies. Information is power; transparency is liberation.

The Bigger Picture: Beyond 'Mafia' Narratives

When my patient asked if a "mafia" was behind this, I understood his anger. But the truth is more systemic and sinister. What we face is not a shadowy cartel in

smoke-filled rooms, but a system riddled with policy loopholes, weak enforcement, unchecked profiteering, and patient disempowerment.

Until this system is repaired, the cruel irony will persist: in the fight against cancer, the battle is not only against malignant cells, but also against malignant markets.

As Mahatma Gandhi once said, "The world has enough for everyone's need, but not for everyone's greed." It is this greed, dressed up in glossy pharmaceutical branding, that turns healing into a business and patients into prey.

Conclusion: A Call to Conscience

That patient's trembling voice still echoes in my heart: "Why is this happening? Who will listen to us?"

It is a question India cannot afford to ignore. Medicine is not a luxury; it is a right. And when life-saving drugs become unaffordable, even when cheaper options

exist, it ceases to be merely an economic failure. It becomes a moral wound, a breach of trust, a scar on the conscience of society.

The way forward is clear: enforce existing laws, expand price controls, improve insurance coverage, and empower patients with knowledge. Only then can we hope to heal not just bodies, but also the fractured trust between patients, doctors, and the healthcare system.

Until that day, every overpriced strip of medicine will remain a grim reminder of systemic failure, one that drains not only pockets, but also hope. As the Kashmiri proverb says, "A dried tree is not afraid of fire." Yet our patients are not dried trees, they are living, fragile, hopeful beings. It is our duty to shield them from the flames of exploitation.

FROM PAGE 2...

Dry Leaf...

Deepak. His voice was hurried, apologetic. "Ma, Baba, I'm sorry—I can't do the video call today. Rudh has a school project, and I have a meeting." Anamika's voice trembled. "It's alright, beta. We'll talk next week." Bijoy didn't speak. After the call, he went to the study and stared at the old photo frame—Deepak as a boy, holding a kite. The sky behind him was blue, endless.

The days passed. Anamika began to write again—short poems in Bengali, mostly about trees, rivers, and forgotten gods. She didn't show them to Bijoy. They were her way of speaking to the silence. Bijoy took to reading old newspapers. He circled obituaries, not out of morbidity, but recognition. Names he knew, faces he had once greeted at Durga Puja pandals, were vanishing.

One Sunday, Rudh appeared on the screen. Her face lit up the room.

"Dadun! Deemama! I made a

painting for you!"

She held up a drawing—a tree with golden leaves and two birds sitting on a branch.

"It's us," she said. "You and me." Anamika's heart swelled. Bijoy's eyes glistened.

"Why are the leaves golden?" Bijoy asked.

"Because they're old," Rudh said innocently. "But they're still beautiful."

After the call, Anamika placed the drawing on the fridge. It became their shrine. That night, Bijoy couldn't sleep. He sat by the window, watching the moon. Anamika joined him, wrapping a shawl around her shoulders.

"Do you think we've become burdens?" he asked. Anamika touched his hand. "No. We've become memories. And memories are not burdens. They're anchors." Bijoy nodded. "But anchors don't

move." "True," she said. "But they hold ships steady." One afternoon, a letter arrived. It was from Deepak. A real letter, not an email. Inside was a note and two tickets to London. "Come stay with us for a month," he wrote. "Rudh wants to show you her school. We miss you." Anamika's hands trembled. Bijoy read the letter twice. "Should we go?" he asked. Anamika looked at the dry leaves on the balcony floor. "Yes. Even dry leaves deserve one last breeze."

The preparations began. Anamika packed her saris carefully. Bijoy chose his books. They argued over which gifts to take. The house buzzed with a forgotten energy. At the airport, Anamika clutched Bijoy's hand. "Are we too old for this?" Bijoy smiled. "We're not old. We're seasoned." London was cold, but Rudh's hug was warm. She showed them her room, her

school, her favorite park. Deepak took leave from work. They cooked together, laughed, cried. One evening, Rudh brought out her painting again. "See, the leaves are still golden." Anamika kissed her forehead. "Yes, darling. And they're not dry anymore." Time during our happiness passes swiftly. So many places they visited in Europe. Anamika was thrilled to have the railway trip all over Europe. She enjoyed the stay in Switzerland and the site seeing over there. They took pictures in front of Eiffel Tower and the Tube Rail trip under the Thames. Bijoy was very happy to see the West Minster Abbey and the Stratford at Avon. Being a Professor of English it was his natural craving. One day they went to British Museum and met one journalist of BBC in the coffee shop. He wanted to know about the political situation of Bengal. Bijoy told him

about the Coffee House and College Street book shops. The journalist was elated to compare London with Kolkata. 'Yes in Charles Lamb's 'The Superannuated Man' the same description of Sunday London Street was given' said Bijoy. That was the best moment of life for Bijoy.

When they returned to Kolkata, the balcony felt different. The hibiscus had bloomed again. The dry leaves had been swept away. Bijoy sat in his easy chair, sipping tea. Anamika brought out her notebook. "Write something," he said. "About golden leaves." She smiled. "I will. But first, I'll write about the breeze."

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