







## Dr. K. Sujatha Reddy (KMC - '65 batch) Founder and Leader SAI Health Fair

**Contributed by: Mahadev Desai**

Dr. Sujatha Reddy, who resides in Jonesboro/Atlanta, Georgia, initiated the SAI Health Fair, a 501 (C) 3 non-profit organization (<http://www.saihealthfair.org>), in July 2002, as a tribute to Mahatma Gandhi and also to promote his and Dr. Martin Luther King's philosophies of Non-violence, Community Service and Social Justice. The Mission of SAI Health Fair is *To provide health-related services to all members of the community without prejudice and to treat each individual with respect and care so that our efforts lead to the improved health of the individual and the greater community at large.* When asked why she named them SAI Health Fairs, Dr. Sujatha says, "I believe in the spiritual Guru Sai of Shirdi. SAI stands for Selflessness, Awareness, and Integrity of embodiment of truth".

The fairs are not only vehicles of social service and welfare, but a shining example of outreach of medical services to the needy and the neglected. SAI Health Fair has embraced the maxim "Cure the Patient Today and Protect the Community Tomorrow." It helps many, especially low income patients who might otherwise be forced to ignore their health needs to (1) undergo routine health exams; (2) seek medical treatments as necessary; (3) become more educated and aware of existing and potential health risks and issues; (4) adopt healthy habits to reduce future health risks.

SAI Health Fair strives to provide services in an atmosphere that is caring, non-judgmental, and compassionate, thus encouraging the patient to participate, to be as open and honest as possible with regards to their health issues and habits, and to respond appropriately to the results of the examinations and screenings. The principles adopted by Sai Health Fair are based on the commitment to approaching patients with an open mind, without regard to class, creed, race, religion, ethnic origin, income or any other category associated with discriminatory practices.



Dr. Sujatha Reddy at the 37th SAI Health Fair, April 2017

So far, Dr. Reddy has organized 37 Health Fairs in different locations. The Health Fairs have been in coordination with Rotary Club, Telugu Association of Metro Atlanta; Vishwa Hindu Parishad, Atlanta; Gandhi Foundation of USA; Georgia Association of Physicians of Indian Heritage; Georgia Indian Nurses Association; Hindu Temple of Atlanta; and Shiv Temple, to name a few. They are also supported by pharmaceutical companies, community and faith-based organizations. About 10,000 patients have availed of services of more than 30 physicians from 15 specialties, and over 400 nurses, and para-medical professionals representing. Blood tests are very popular at these Health Fairs. Cost-effective, basic quality comprehensive Chemistry profile of blood tests with HbA1c are carried out at a nominal fee of \$30 per test. It is noteworthy that the results of the blood work are mailed within ten days! The test results help to identify some life threatening conditions which are immediately notified to the participants. About 6,000 blood tests have been carried out so far at the Sai Health Fairs. The other noteworthy services provided are: EKG 4700; glaucoma and vision screening 1525; bone mineral density screening 1500; audiogram 425; vascular screening 100; to name a few. Dr. Reddy organized 28 blood drives. Two hundred bone marrow donors also signed up at the Health Fairs. All these would not have been possible without about 1500 disciplined, dedicated and courteous volunteers.



GINA Volunteers at the 37<sup>th</sup> SAI Health Fair, April 2017

Dr. Reddy has won many awards and recognitions for her exemplary humanitarian services, including Hindu Vibhushan award from the World Hindu Forum. Apart from Sai Health Fairs, she does a lot of voluntary work during her spare time. She is the past President of the Hindu Temple of Atlanta, and a long-standing devotee of the Temple. She is a member of many community organizations in Georgia.

Sujatha was born in Paparaju Palli in Chittoor District, Andhra Pradesh, India. She joined Kurnool Medical College in August 1965 and graduated in 1972. After completing her postgraduate training in Obstetrics and Gynecology at Niloufer Hospital in Hyderabad, she got married to Mohan Reddy, and then moved to the US in 1973. She completed her Residency at the University of Birmingham in 1980, and became a US Citizen. She has been employed with the state of Georgia Community Medical Health Centers since 1981. She is a member of the Georgia Medical Association and has received numerous awards throughout her career. Her husband, Mr. Mohan Reddy, who is an electrical engineer, is self-employed in Real Estate. They have two grown up sons, Shyam Reddy, Chief Administrative Officer, General Counsel & Corporate Secretary at BlueLinx Corporation in Atlanta, married to Renee Dye - Associate professor Emory University. The second son is Sai Prasad Reddy, an MBA from the University of Georgia, works in commercial real estate. Dr. Sujatha and Mohan Reddy, also have a grandson Beckett.



**Dr. Sujatha Reddy has been a Champion all through her life.**



As a medical student, Dr. Sujatha Reddy won Tennis Championship from Sri Venkateswara University, Tirupathi, India.



# 37<sup>th</sup> SAI Health Fair

## In Coordination with GAPI & GINA

(Georgia Association of Physicians of Indian Heritage)  
(Georgia Indian Nurses Association)



A tribute to the life and legacy of Dr. Martin Luther King Jr. and Mahatma Gandhi promoting their philosophy of non-violence, selfless service and social justice.

Date: Saturday, APRIL 1<sup>st</sup>, 2017 | Time: 8:00 a.m. - 1:00 p.m.  
Blood Tests: 8:00 a.m. - 12:00 p.m.  
Location: 5675 Jimmy Carter Blvd, Global Mall, Impact Conference Center, Norcross GA. 30071

<p><b>Fasting After Midnight 9 hours highly recommended</b> (Nominal fee \$30.00 Cash or if use credit card \$35)</p> <p><b>Blood Tests includes:</b></p> <ul style="list-style-type: none"> <li>• Complete Blood count, Sugar, Kidney and Liver function tests, Electrolytes, Lipid profile (Cholesterol, HDL, LDL, Triglycerides), Thyroid test, HbA1C.</li> <li>• Additional Tests: Vitamin D, Folic Acid, B12 and Iron (Extra Cost)</li> </ul> <p><small>*Results will be mailed in 10 days</small></p>	<p><b>CONSULTATION with various specialists</b> (Free Screening only)</p> <ul style="list-style-type: none"> <li>• Bone Mineral Density Test</li> <li>• Hearing Test</li> <li>• Vision Screening</li> <li>• Dental Screening</li> <li>• Vascular screening (over 40 diabetes, stroke, Heart disease)</li> <li>• Cardiovascular Assessment - BMI</li> <li>• Dietitian will educate on Diabetes, Nutrition Hypertension, Smoking Exercise</li> </ul>
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This event is made possible by the strong support of  
**Sangi Chetti Charitable Organization & Health Care professionals and volunteers**

**For additional information contact:**

Dr. Sujatha Reddy (Coordinator): 478-320-5136  
Dr. Shyamala Erramilli: 678-860-5416  
Dr. Sreeni Gangasani: 678-312-9100  
Vidya Kanagaraj RN (President-GINA): 678-779-4942

**Sponsored by:**



**FREE REFRESHMENTS WILL BE AVAILABLE DURING THE FAIR**

As a Physician, Dr. Sujatha Reddy Championed 37 SAI Health Fairs so far.

## A Physician is also a Philosopher...

The Physician, who is also a philosopher, is like unto gods. There is no great difference between medicine and philosophy, because all the qualities of a good philosopher should also be found in the physician; impartial, zeal, modesty, dignity of appearance, seriousness, tranquil judgment, serenity, decision, purity of living, knowledge of what is useful and necessary, rejection of all that is wicked, a soul free from suspicion and devotion to the divinity.

*Where there is love of man, there is also love of art.*

**- Hippocrates**



**Mahadev Desai** is an Atlanta-based journalist, with his fingers on the pulse of the Indian Community for over two decades. Pick up any ethnic Indian-American magazine in Atlanta and you are bound to see his writings. Tanzania born Mahadev Desai is a voracious reader and a prolific writer. His repertoire includes coverage of community events, literary reviews, short stories, 'humor' pieces, profiles of prominent community members, movie and play reviews. Mr. Desai has been qualified in Accounting and Taxation, and coauthored a book "Elements on Accounts". Growing up Mr. Desai had a penchant for games and sports, and represented his college in the Inter-College cricket team, in addition to winning prizes in table tennis. In recognition of his media services, Mr. Desai has been bestowed with several Awards. He dearly loves his community and is deeply grateful for all the support, advice and encouragement extended to him by his family, media colleagues, mentors and friends. Profile: [http://www.atlantadunia.com/dunia/News09/mahadev\\_desai.htm](http://www.atlantadunia.com/dunia/News09/mahadev_desai.htm)



# Bon Voyage

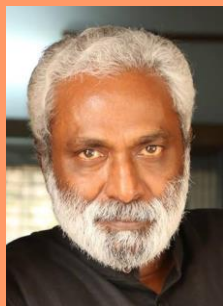


*Dr. Ramasubbareddy Dhanireddy, Medical Director, and Nurse Manager Kelley Smith of the Neonatal Intensive Care Unit (NICU) at the University of Tennessee, Memphis, have embarked on a two-week visit to Mahatma Gandhi Institute of Medical Sciences & Kasturba Hospital in the Indian village of Sevagram to share best practices and provide guidance to a recently established NICU there. As leaders of one of the oldest and largest neonatal intensive care units in the U.S., Dr. Dhanireddy and Kelley will be able to make a huge impact on this community. We wish all the best to them.*

The award-winning UT Neonatology team is led by Dr. Ramasubbareddy Dhanireddy, who also serves as Medical Director of the Newborn Center at Regional One Health and Le Bonheur Children's Hospital. Since his arrival in Memphis in 2005, he has spearheaded changes that have reduced the area's high infant mortality rate. Please read the rest of the article at: <http://universityclinicalhealth.com/ut-neonatology/>

**Best Wishes for a Successful Mission – KMC-ANA**





## My Experiences at the KMC-ANA Retreat

**Natarajan Manimozhi, MBBS, DHE**  
(KMC - '75 batch)



I am humbled by the kind gesture of the KMC- ANA Board inviting me to attend the Retreat and be honoured for my services in the prevention and management of leprosy in India. Being honoured by my alumni is a blessing I feel, which had charged me enough to continue my work for the most underserved and marginalised people affected by leprosy. “It’s my word and a promise”.

Being with my alumni in the US, the happiness, joy, and friendship cannot be explained in words. It can only be felt in my heart. However, I am sharing a few memories from my heart. It all started with me noticing an announcement about the KMC-ANA Retreat on social media, having attended one such Retreat in Dallas in 2009. That was a wild attempt by me, but I have been kindly welcomed by the KMC-ANA who treated me like their guest. But this time, although they invited me as a Guest of Honor, the problem I faced was expiration of my US visa. I had to apply for it within the short time left. With a great hope I tried and within 4 days I was able to get a multiple entry visa. So my travel plan was a reality, and I was able to attend the Retreat. Dr. Bellamkonda K. Kishore, who was an ideal role model to many of us, the juniors at the KMC, whom I affectionately address as Anna, took all the necessary steps and made my visit possible. A lot of unexpected incidents happened between Bangalore Airport and Bozeman Airport in Montana, especially a 24-hour lay of at Chicago Airport due to cancellation of our flight because of bad weather. So, we eventually reached the Big Sky Resort the night of August 4<sup>th</sup>, instead of August 3<sup>rd</sup>. The venue was just marvellous, which made me to forget all the turmoil faced during the travel. I could not even feel the effect of jet lag. It was a wonderful experience to travel to Bozeman with Dr. Madhusudhana Rao, and Dr. Mrs. Nagamani Madhusudana Rao, because of which I could not feel the boredom of lay of or felt alone or lost.

Next day morning alumni started to gather, greeting each other meeting the seniors and juniors of our dear college. I felt so pleased being received by Dr. Anupama Voodarla, one of the key organiser of the Retreat. I could realise once again how useful social media platforms like Facebook and WhatsApp are, I was no stranger to many there, since I was already known through Facebook. It becomes very important to keep in touch with each one of us and celebrate the happiness of fellowship as children of Kurnool Medical College. We will remain stronger as a large extended family rather than being alone. What really touched me were the words of Dr. Bellamkonda K. Kishore remarks, calling for a change in the the leadership of the KMC-ANA from an old boys club to younger alumni requesting them to come forward and take over responsibilities of the organization.

It was a wonderful experience attending the Continuing Medical Education - “Recent advances in Medicine and Health Care” which was so well organised and the topics looked so glued and related to each other, though they looked different. The program started off with a welcome note and introduction to the CME activity by the Program Director Dr. K. Kishore followed by Recent Advances in Oncology by Padmashree Dr. Dattatreya Nori, an alumna of our Kurnool Medical College; Pandemic of Diabetes, beyond Retinopathy and Cataract by Dr. Vadrevu K. Raju, well-known for his services in India and US in the area of prevention and treatment of childhood blindness; Probiotics: Their Role in Reducing Nosocomial Infections, and Countering Aging by Dr. Malireddy S. Reddy; Pathways from Table Salt to Cardiovascular Disease by Dr. Surender Reddy Neravetla; Interventional Radiology in the Management of the Liver Patient by Dr. Sanjeeva Kalva; Global Initiative for Chronic Obstructive Lung Disease by Dr. Prasad Garimella; The Aging Kidney by Dr. Bellamkonda K. Kishore; and Bioavailable Calcium and Minerals in Osteoporosis and Elderly Subjects by Dr. Malireddy S. Reddy. And finally the Concluding Remarks by the Program Director. It was indeed a wonderful experience listening to speakers, and updated knowledge. Each and every speaker did the best in briefing out their topics in the short duration of time they were allocated.

After the CME program, we had our lunch, and it seemed to me as if though I was not in US, relished the Asian dishes. In the evening we had a general session for all the attendees. It is like a dream, Kishore Anna introduced me to our alumni, and I was given a chance to speak about my work - Leprosy, which is so passionate for me, I started off my speech not using the right PowerPoint file - usually this doesn’t happen, but the excitement was so much, I got carried away. Presented the leprosy situation - we in India contribute to about 60% caseload of world leprosy cases, the challenges are increasing year after year. Deformity and disability care is a cumulative effect and is a constant challenge. The organization (AIFO - Italian Association of Raoul Follereau, Bologna, Italy) has been operating across the



globe since 1961. It is a secular non-profit International Organization (NGO). I work for it and it had outsourced me to Central Leprosy Division/National Leprosy Eradication Programme as NLEP Consultant. My work is more focused in the North Eastern region, Karnataka, Odissa along with Telengana/Andhra Pradesh. Thus, I have been carrying the KMC flag across reaching underserved areas.



My main focus and agenda was to inform you all - about the needs, and the support. I plead and request you all to come forward and participate in our programs. One of my senior's Dr. K. Rajaratnam, an Orthopedician by training, from the United Kingdom, had volunteered to participate in our Reconstructive Surgery Programme, which is scheduled to happen during the month of November. We look forward towards my niece and nephews (your children) to visit us for gaining experience and exposure to our services. It is also possible to carry out collaborative projects as a part of our Health System Research (HSR) between the AIFO and KMC-ANA.

I was overwhelmed to receive the beautiful plaque as a Guest of Honor from the hands of our dear Chairman Dr. Sadasiva Reddy. It is a great gesture of KMC-ANA carrying out this activity, which is encouraging us here in India to ensure that we undertake humanitarian services as medical professionals - that is a big tribute to our dear Kurnool Medical College.

I wish to thank each and every one of you there at KMC ANA, I hope we will all be together as a large extended family and cherish, paying our tributes, gratitude to our Mother Kurnool Medical College ... Keep in touch, communicate and do not be alone.

**Dr. Natarajan Manimozhi** is a Head Coordinator/NLEP Consultant of AIFO (<http://aifoindia.org/>), based in Bengaluru, India. He is also a Temporary Technical Expert Leprosy, WHO. A native of Tamil Nadu, Dr. Manimozhi obtained MBBS from the Kurnool Medical College. He holds a Diploma in Health Education from the All India Institute of Hygiene and Public Health, Kalkatta, and Certificate in Epidemiology from the Johns Hopkins Institute of Public Health, Baltimore, Maryland. Dr. Manimozhi received several awards for his exemplary work in the field of prevention and management of leprosy. Notable among them are: Raoul Follereau International Award for Best Teacher from Leprosy Italy; Sir Manohar Diwan Award from the Gandhi Memorial Foundation in Wardha for Best Doctor working for Leprosy; and Hansens Award for Best Doctor from Sumanahalli, Bengaluru. He can be contacted at [natarajanmanimozhi@gmail.com](mailto:natarajanmanimozhi@gmail.com)

*It has always been my concern to touch people with leprosy, trying to show in a simple action that they are not reviled, nor we repulsed. – Princess Diana*





# Love All, Serve All

**C. Madhusudana Rao, M.S., DLO, DNB**  
(KMC - '76 batch)

**C. Nagamani, B.Sc., M.B., B.S., DGO**  
(KMC - '81 batch)

**Madhumani Charitable Society, Nandyala, AP**



The very essence of human existence on this earth is to help the deserving and suffering fellow human beings by serving them in whichever way and form and extent possible to us. This makes our life lively and lovely the way we want to live our life happily. Keeping the above principle in 1991, we have started a service organization called **MADHUMANI CHARITABLE SOCIETY**. Since then we are doing various service activities as follows for the past 27 years.

**Madhumani Charitable Society** is doing service in the following fields:

- **HEALTH** - Free ENT Surgical Camps
- **EDUCATION** - Interest Free Educational Loans
- **SWARGADHAAMAM** - Renovation Of Hindu Grave Yards
- **SPORTS** - Madhumani Cricket Tropy
- **CULTURAL** - Kalaradhana Various Cultural Activities
- **PERSONAILITY DEVELOPMENT** - In Schools, Colleges, Groups etc.

**HEALTH: Free ENT Surgical Camps:** Since 1991 we are conducting FREE ENT Surgical Camps and selecting deserving poor people suffering from various ear nose and throat problems who need surgery. After selection we do all the services totally free of charge, such as investigations, anesthesia, drugs, operation theatre disposables, post-operative medicines and food during their stay in the hospital. We do 100 major operations every year for the poor people in the months of July or August. Major operations like tympanoplasties, stapes, functional endoscopic sinus surgery, nasal tumors, adeno tonsilleotomies, thyroid surgeries, benign head and neck swellings, septoplasties and many other surgeries in the ENT field are done on poor patients. This year we did a free ENT camp from July 25<sup>th</sup> to 31<sup>st</sup>.

**EDUCATION: Interest-Free Educational Loans:** We select deserving poor and meritorious students who cannot afford higher education after intermediate and give them interest-free educational loans for completing engineering, medicine, chartered accountancy, MBA, MCA and other professional courses. We give yearly financial help until they complete their course and they have to pay back in instalments. Every year we are giving 5 lakh rupees for educational loans.

**SWARGADHAAMAM: Renovation Of Hindu Grave Yards:** In our native place Nandyal the Hindu grave yards are in very horrible and unhygienic conditions with dogs and pigs roaming about and the surrounding people are using grave yards as public toilets. Our elders and friends are conducting the last part of the life journey in uncivilized conditions and surroundings. Keeping this in view **MADHUMANI CHARITABLE SOCIETY** in association with **NANDYAL NAVA NIRMANA SAMITHI** has started renovation of Hindu grave yards. We are making the graveyards a serene and respectable place for the departed souls. We have coined a name **SWARGA DHAAMAM**, for these places meant for the departed



**ICU Ventilation Section**



**Inauguration of Free ENT Camp**



**Patients operated in Free ENT Camp**



souls. We are also collaborating with **ISHA FOUNDATION OF SADGURU JAGGI VASUDEVA** of Coimbatore for technical and maintaining strategies. We have already renovated one grave yard and making another grave yard in 10 acres of land given by Nandyal Municipality and arranging all the facilities needed in the grave yard.

**SPORTS: Madhumani Cricket Tournament:** Every year in the month of November we are conducting a cricket tournament to promote sports in the degree, PG and professional colleges in Kurnool district on league basis. We give individual prizes and a rolling trophy for the winning team. We are doing this sports activity for the past 15 years and encouraging hundreds of young students to practice and send them for more district and state level tournaments.

**CULTURAL ACTIVITIES: Founding Member and President of KALARAADHANA:** As a Founding Member and President of the cultural organization called KALARAADHANA started in 2000, Dr. Madhusudana Rao has been doing various actives to promote cultural atmosphere in Nandyala area. Under this, we conduct the following programs.

**KALA SAADHANA\_(Free Summer Coaching Camp):** For the past 17 years during summer vacation in the month of May we give free training for school children in various cultural fields of their own interest for one month by experienced artists to promote and stimulate the students to nurture a cultural activity in the busy life of education. We give training in more than 20 fields like dance, drama, painting, drawing, music, mimicry, crafts etc. At the end of the training period, we award them a participation certificate. This is a free cultural service activity. About 300 students took free training in this camp since 2000.

**KALARCHAANA:** As a respect to the country before Independence Day celebrations for 15 days we conduct various competitions for school students in more than 20 fields and give prizes on the Independence Day. More than 5,000 students participate in this mega event every year in more than 20 fields.

**KALA VYBHAVAM:** We prepare good social message oriented theatre art dramas and participate in various competitions like NANDI DRAMA FESTIVAL OF AP GOVERNMENT and many other societies. We have already got gold, silver and bronze Nandi awards and also many prizes all over the state and at national level competitions.

**Personality Development Programs:** As part of social responsibility to make the youth and children develop high values in their lives we are providing personality development classes for school going children and college youth and also some voluntary organizations. We concentrate on topics such as:

- Exam Preparation Without Fear
- Goal Setting And Achievement
- Success Formulas
- Time Management
- How To Live Happily
- Stress and Anxiety Control and Many Other Topics

As a Rotarian and medical doctor Dr. Madhusudana Rao is taking active participation in many other social and service organizations to promote, nurture, propagate, participate and practice the principles of human values useful for the self and the society.

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Rural ENT Camp in Rayalaseema



Awarding Educational Loans



Visiting Faculty - Nepal



Guest Oration - Neapl



Vamana Vruksham - State Award Drama



Photo by [Megan Kahue](#) on [Unsplash](#)

# Live Like the Lotus

Bellamkonda K. Kishore, M.D., Ph.D., MBA  
(KMC - '71 batch)

*Lotus, the beautiful flower, is born in mud and slime  
At the bottom of the pond  
But it grows straight up, holding its head high above water  
Looking at the bright sun  
It refuses to get wet, although it sustains on water*

*The frogs and fishes in the water, the snails and leeches in the slime  
Which spend all their time in gobbling  
With no other purpose in their lives, never understand the beauty of the Lotus*

*But the Lotus is not concerned  
Because it knows well, that the moment it blossoms  
It can attract far better beings, which flock to it from far of regions  
The hardworking bees  
Collecting nectar to make honey, that keeps humans healthy  
And the colorful butterflies, which pollinate the flowering plants  
While they sip tiny droplets of nectar, and thus help the nature to nurture  
Bees and butterflies both show higher purpose in their lives  
They know the beauty of the Lotus  
And enjoy its sweet nectar, while serving the nature and humanity*

*We have to live like the Lotus, in this world, during our lives  
Without getting entangled, but rising above the mundane  
And paying no attention to those mundane people  
Who can never understand our values  
But longing for those noble ones that can appreciate our ideals and values*

*Nothing can stop us emulating the Lotus  
And living high above the mundane world  
It is our will that can make us a Lotus*

The author is a medical scientist and freelance writer, and lives in Sandy, Utah.  
<http://www.atlantadunia.com/dunia/Features/F172.htm>

This poem was first published in the Atlanta Dunia in March 2014





(Kakatiya – '83Batch)

*People are exploring the knowledge to fly rockets and  
into the orbit!  
But I am exploring the knowledge just to stay on the ground!!*

*People think connecting with 100's on social media is success!  
But I think I am successful if I can stay connected  
to my dear family!!*

*People are dreaming of tomorrow which they have not seen!  
But I am dreaming of just today and thank the Almighty  
for giving me a wonderful day!!*

*Best Wishes to Kurnool Medical College Alumni...*

*Anupama Gotimukula, M.D.  
Pediatric Anesthesiologist  
San Antonio, TX*



**Ranga Reddy, M.S., FICS**  
KMC '64 Batch

## *With the Best Compliments from Ranga Reddy, M.S., FICS*

*Former Chairman, Dept. Anesthesiology,  
Memorial Medical Center, Springfield, IL*

**President, KMC-ANA (1984-88)**

**Chairman, TANA Physicians (1988-92)**

**Member of the Board of Trustees of the American  
Society of Indian Anesthesiologists (ASIA, 1991-95)**

**President, American Association of Physicians of  
Indian Origin (AAPI, 1997-98)**

**Member, Board of Trustees (AAPI, 2000-2003)**



# NObesity Revolution

**Uma Koduri, M.D.**  
(Osmania - '80 batch)



Obesity is now a global epidemic. Urbanization and modernization with unhealthy, processed food and lack of physical activity is associated with obesity. India is following this trend and steadily becoming more obese like in USA. In June 2013, the American Medical Association classified obesity as a disease. Obesity is a risk factor for diabetes, heart disease, cancers and several other major health problems.

The World Health Organization has recognized that PREVENTION is the most feasible option for curbing this epidemic. By education and awareness programs we can empower to make the healthy choice the easy choice.

On 12-12-12, Dr. Uma Koduri founded **Walk World Walkathon Organization** and started the **NObesity Revolution**, a new initiative of "Wear Yellow" for Obesity Awareness by organizing Obesity Walks and Events with Yellow theme and promoting September as Obesity Month. Yellow stands for Energy, Motivation, Hope, Optimism, Joy and Happiness!



Several NObesity programs have been organized so far. In 2013, National AAPI pledged \$100,000 for childhood obesity events in 100 schools across USA. As of June 2015, AAPI physicians have organized events in 71 schools across 15 States in USA and GAPIO physicians in India including, the alma mater of Dr. Uma Koduri, the Rosary Convent. Obesity events were organized at conferences at her alma mater Osmania Medical College, AAPI in USA, GAPIO in UK & India, with latest one at United Scientific Group - International Obesity Summit 2017 in San Francisco, California on July 6-8, 2017.

Nationwide, among 211 facilities, the Wear Yellow theme won her VA Medical Center the second runner up award for Most Unique Event at fifth annual VA2K 2015 for Homeless Veterans and Employee Wellness. With this award money, a new initiative called VOAC- Veteran Obesity Awareness Campaign has been started recently on May 20, 2017 in collaboration with Veterans of Foreign Wars and WHEELS Global Foundation (IIT Alumni).





AAPI Obesity Week, Tulsa, Oklahoma, Sept. 24, 2016



Jubilee Hills Public School, Hyderabad, Sept. 4, 2015

**5210 for Childhood Obesity**

5 servings of fruits and vegetables  
 2 hours or less of recreational screen time  
 1 hour or more of physical activity  
 0 sugary drinks (more water and low fat milk)

**Modified 5210 for Adult Obesity**

5 fruits & vegetables. Half of your plate should be fresh fruits & vegetables.  
 Portion control - choose small plate, avoid second helpings.  
 2 hours or less of screen time. Avoid too much sitting. Get up & move at least every 90 minutes.  
 1 hour or more of physical activity. Aim for at least 150 min a week. Every 10 min session counts.  
 0 sugary drinks & soda. Drink more water.

**Website** - [www.yellowout.org](http://www.yellowout.org)

**Facebook Pages** - Walk World Walkathon Organization  
 AAPI Childhood Obesity Awareness Campaign  
 GAPIO Nutrition & Obesity Initiative  
 Veteran Obesity Awareness Campaign  
 NObesity Revolution  
 Yellow Out Fight Obesity

**Dr. Uma Koduri Speaking to the Students of Jubilee Hills Public School (JHPS), Hyderabad, India**

<https://www.youtube.com/watch?v=3PWiMLSMaPU>

**If interested in participating in NObesity Revolution, please contact:**

**Uma Koduri @ 918-261-9517 or [uma.koduri@gmail.com](mailto:uma.koduri@gmail.com)**

Inspired by her father Dr. B. Ramalingam, MD, Professor of Medicine at Osmania Medical College, Hyderabad, Dr. Uma Koduri got involved in community service in 2009. She studied at Rosary Convent High School, Saint Francis Junior College, Osmania Medical College and Wayne State University. She lives in Tulsa, Oklahoma with her physician husband and their 2 children who are medical students. **Community Service:** 2009 - As trustee of Hindu Temple of Greater Tulsa, organized the first Health Fair for Indians and since then once or twice a year for past 8 years; 2010 - 2012 -Founding President - AAPI Tulsa Chapter; 2011 - Founder - Walk World Walkathon Organization - NObesity Revolution; 2013 - 2014 - Chair - National AAPI Childhood Obesity Committee; 2015 onwards - Chair - GAPIO NOI (Global Association of Physicians of Indian Origin - Nutrition & Obesity Initiative); 2016 onwards - Physician Champion for Eastern Oklahoma VAHCS MOVE! Weight Management Program.

**The rise of childhood obesity has placed the health of an entire generation at risk.  
 Tom Vilsack (USDA Secretary – 2009-2017)**



# The Diabetic Pandemic and Public Health

**Vadrevu K. Raju, M.D., FRCS, FACS**

(Andhra Medical College - '65 batch)

**Leela V. Raju, M.D.**

(Marshall Univ. Class of 2003)



*It may be prognosticated that an idle man, who indulges in day sleep, of follows sedentary pursuits or is in the habit of taking sweet liquid, or cold and fat-making or emollient food, will ere long fall an easy victim to this disease. - Sushruta of Ancient India*

• **Diabetes: Mechanism, Complications, and Incidence:** During normal glucose use, the hormone insulin enters the bloodstream from the pancreas, and glucose enters the bloodstream from the digestive system and liver. Insulin leaves the bloodstream when it binds to cells. In response, the cell takes up glucose and uses it for fuel, maintaining a balance of glucose and insulin in the bloodstream. However, in individuals with diabetes, insulin is unable to bind with the cell. Glucose cannot enter the cell and remains in the bloodstream. Consequently, an unhealthy amount of glucose circulates through the bloodstream and the cell does not have glucose for fuel.

Diabetes affects a myriad of systems in the body, including the heart and blood vessels, eye, kidney, nerves, teeth, and skin. In particular, retinopathy, cataract, and glaucoma are diabetic eye diseases. Retinopathy is characterized by damage to small blood vessels in the retina. An individual with diabetes is nearly twice as likely to get glaucoma, which is increased pressure inside the eye. Cataract, or clouding of the eye's lens, develops at an earlier age in people with diabetes. Although a great deal of ophthalmic effort is directed towards decreasing the worldwide cataract burden, the number of patients at risk for vision loss from diabetes will soon be 10 times greater. Diabetic blindness tends to occur at a time when people are younger and more productive in society, resulting in a great societal and economic burden.

Currently, more than 100 million people in the US have diabetes or prediabetes. That means one-third of the country's population is affected. Public health practitioners in the US have made great advances during the 20th century, but prevention and treatment of diabetes remains a challenge. Diabetes is still poorly understood and generally poorly managed. The National Centre for Health Statistics reported in 1998 that the age-adjusted death rate relative to that in 1980 increased for diabetes, while it decreased for stroke, cardiovascular disease, and cancer.

• **Influence of Diet and Obesity on Diabetes:** In West Virginia, the adult obesity rate has steadily increased from 13.7% in 1990, 26.7% in 2004, and 35.1% in 2013. WV ranks first in adult obesity among all other states. The rates increased in 6 other states in 2013: Alaska, Delaware, Idaho, New Jersey, and Wyoming. In WV, 1 in 5 children in the fifth grade has high blood pressure, high cholesterol, or is obese. Logan County, WV represents a worst case scenario for the interaction between poverty, lack of education, and poor lifestyle choices. The population is 37,000, where 15% of people over 20 years old have diabetes. Logan County is home to 37 fast food restaurants and the local Wal-Mart sells more snack cakes than any other Wal-Mart in the world.

The food industry also plays a role in promoting products with detrimental effects on health. Coca-Cola is the world's largest producer of beverages with high sugar content. The company recently promoted a "science-based" solution for obesity: exercise more without worrying about calorie consumption. This campaign was launched in response to recent widespread efforts to tax sugary drinks and remove them from schools. The industry giant funded influential scientists to back their message that their products were not largely responsible for the recent increases seen in obesity and type-2 diabetes. However, it is known that exercise has less of an effect on weight than poor diet.

The influence of society on lifestyles choices has been well documented. For example, a recent study in the New England Journal of Medicine found that over the course of 32 years, a person's chance of becoming obese increased by 57% if he or she had a friend who became obese, 40% if siblings become obese, and 37% if the spouse does. Friends and family members of the same sex had more influence than those of the opposite sex. The same study also found that friends and families who lost weight imparted a similarly powerful influence on people's odds of losing weight themselves. Statistically significant effects could be seen even with friends-of-friends.

• **The US Public Health Perspective:** Last year, the US spent close to \$3 trillion on healthcare, which is equivalent to the entire economy of France. The amount spent on institutional care, outpatient care, and outpatient medication



and supplies steadily increased from 2002 to 2012. Many countries tend to be influenced by the US public health perspective. If other countries follow the example of the US and begin a futile attempt to focus on the treatment of diabetes, it could have ruinous consequences for local economies and fragile health care systems. For example, in many African countries the cost of one vial of insulin may be the equivalent of a month's salary.

The paradox of disease prevention is that it is celebrated in principle but resisted in practice. Prevention of disease is not good for the economy. Six potential strategies could mitigate this: 1) pay for preventive services; 2) make prevention financially rewarding; 3) involve employers to promote health; 4) make prevention simple (reengineer); and 5) policies to reinforce; 6) multiple media channels to educate. Doctors should counsel patients regarding lifestyle modification that enables them to control their glucose levels; these changes include regular exercise and a healthy diet.

• **Public Policy:** Social structure (social position), environmental (places), lifestyle (individual behaviors), and physiological influences (the body) contribute to type 2 diabetes. Healthy public policies can address social structure, which is affected by social class, age, sex, and race/ethnicity. Geographical location, housing conditions, occupational risks, and access to services all act as environmental influences and must be targeted by organizational and community interventions. Primary and secondary prevention efforts are crucial for lifestyle influences, such as smoking, nutrition, physical activity, and psychosocial factors. Cigarette smoking kills 434,000 Americans each year, which is more than alcohol, car accidents, drunk driving, cocaine, crack, heroin, homicides, suicides, fires, and AIDS combined. Secondary prevention alone can ameliorate physiological influences, including high blood pressure, high cholesterol, and obesity. Therefore, a balanced whole-population public health approach to diabetes must simultaneously involve interventions at all levels: upstream public policy, midstream primary and secondary prevention, and downstream tertiary treatments. One example of an upstream healthy public policy is the Tobacco Control Bill of 1998, which proposed to institute measures that would have simultaneously curtailed both the production and consumption of tobacco. Policy, systems, and strategies for environmental change advocated by coalitions, partnerships, and limited by leverage funds and community resources, must trickle down to all sectors of the population, including schools, the workplace, the community, and health care settings. This in turn affects policy, city and county ordinances, and system and environmental change, ultimately leading to sustainability.

A National Diabetes plan would require national health insurance, tax incentives, healthy lifestyle education in school, exercise programs, and city planning. At the community level, diabetes prevention guidelines, community-based screening and prevention programs, intervention manager training, and healthy workplace policies are necessary. Providers would be responsible for management structure, quality management, physical education, and secondary prevention programs. Importantly, individuals would need to understand the intervention materials, provide feedback, and make choices conducive to a healthy environment.

Unfortunately, public health can never be an entirely objective, value-free enterprise. Facts and values cannot be separated in scientific research. Scientific facts, legal issues, personal values, political realities all feed into public policy. Therefore, ultimately, it is the responsibility of each individual to take control of their own health.

**Dr. Vadrevu (V.K.) Raju - UT Global Medical Missions Hall of Fame 2017**

<https://www.youtube.com/watch?v=e0Ab3RC229o>

**Dr. V.K. Raju** obtained MBBS degree from the Andhra University Medical College, Visakhapatnam. He is a Clinical Professor of Ophthalmology at West Virginia University, Fellow of the Royal College of Surgeons, Fellow of the American College of Surgeons, Director of the International Ocular Surface Society, Director of the Ocular Surface Research and Education Foundation, Chairman of Goutami Eye Institute in Rajahmundry and is the President and Founder of the Eye Foundation of America. The partial list of his awards and honors include: AMA Foundation Nathan Davis Excellence in Medicine International Award, Martin Luther King Jr Achievement Award from WVU, Distinguished Community Service Award from AAPI, Pride of the Pride Award from Lions International District 29, Vaidya Ratna (conferred by Sankaracharya of Kanchi), Melvin Jones Fellow from Lions Club International Foundation, Paul Harris Society from Rotary International, the West Virginia State Medical Association President's Award for Lifetime Achievement. Recently he was inducted into the Class of 2017 University of Toledo Global Medical Missions Hall of Fame.

**Dr. Leela V. Raju:** After graduating from the Brown University with a degree in Biology, Dr. Leela Raju received her MD degree at Marshall University. She completed an Ocular Pathology fellowship at Johns Hopkins University and Ophthalmology residency at the University of Pittsburgh. She completed a Cornea, Anterior Segment and External Disease fellowship at Baylor College of Medicine. Currently, she is Ophthalmology Chief of Service at Bellevue Hospital and an Associate Professor at New York University Department of Ophthalmology. Her clinical interests include ocular surface reconstruction, complicated cataract surgery, herpetic eye disease, and anterior segment reconstruction. Dr. Leela Raju is the Secretary and Education coordinator for the non-profit Eye Foundation of America, with the goal of improving eye care around the world, and has traveled to Ghana and Tanzania. She makes a yearly trip to India to visit Goutami Eye Institute in Rajahmundry, AP to see patients, perform surgery and teach.

# ***Best Wishes to Kurnool Medical College Alumni of North America!***

**Please join the mission to raise awareness about the dangers of table salt.**

## **Table Salt-Related Health Problems**

**High Blood Pressure**

**Stroke**

**Heart Disease**

**Obesity**

**Osteoporosis**

**Asthma**

**Stomach Cancer**

**Dementia**

**Autoimmune Diseases**

**Erectile Dysfunction**

**...and now Type 2 Diabetes**



**Respectfully submitted,**

**Surender Reddy Neravetla, MD, FACS**

**Director Cardiac Surgery**

***Springfield Regional Medical Center, Springfield, OH***

**Author of**

***Salt Kills***

***Salt: Black America's Silent Killer***

***Table Salt and Dementia***





# Harmful Sequel of Chronic Stress: The Healing Effects of Spirituality and Meditation

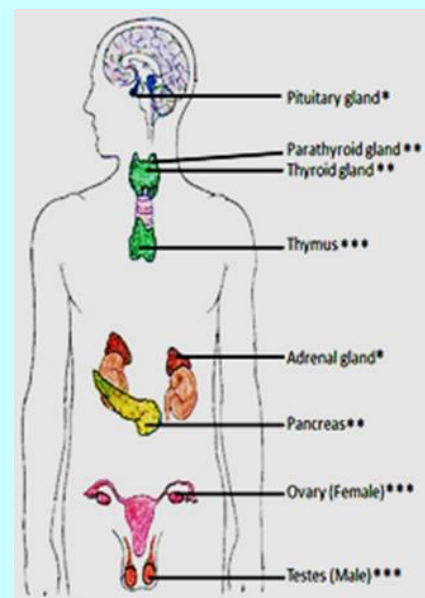
**Dr. Malireddy S. Reddy, BVSc (DVM), M.S, Ph.D.**

**President & CEO**

**American Dairy and Food Consulting Laboratories, Inc. (ADFAC)  
&  
International Media and Cultures, Inc. (IMAC)**

**What is Stress?** Before we go into specifics of this subject, let me define the stress. The following is my simplified version of the meaning of stress. Stress is a multifactorial syndrome negatively affecting various organs in the body through acute or chronic excitement of the sympathetic nervous system and subsequent repairable or irreparable, major or minor, hormonal imbalance. Stress can be induced physically or through vivid negative mental imagination (which is not real), because human being has the most well developed central nervous system, which is capable of dreaming both negative as well as positive aspects of the past as well as the future (with equal intensity). Stress is the ultimate root cause for the genesis of several diseases including but not limited to heart attacks, stroke, irritable bowel syndrome (IBS), chronic constipation, Eco imbalance in the GI tract (reduction of number of Probiotics in relation to the non-Probiotic harmful microorganisms) leading to hypercholesterolemia, allergies, migraine headaches, pulmonary diseases, autoimmune diseases, arthritis, premature aging, chronic fatigue, depression, obesity, hypertension, diabetes, vulnerability to various bacterial and viral infections due to hypoactive immune system, immune deficiency diseases, certain cancers, Alzheimer's, and various other unexplainable metabolic disorders.

**How Does Stress Manifest Itself in the Human Body?** Let me summarize in a simplified format the pathophysiology behind the 'fight or flight' mechanism which will ultimately result in a chronic stress syndrome. Fear starts the fight or flight mechanism, which exists in the body, to protect us from the perceived danger. When somebody is confronted with an unexpected danger, such as a tiger suddenly appearing in front of you in a forest etc., the immediate response is to either fight or run away from the scene. This fight or flight mechanism and the physiology behind it were originally discovered by the Harvard Physiologist Dr. Walter Cannon. It is designed to protect us from bodily harm, when we experience excessive fear or panic either from internal worry or external circumstances. When we are confronted with an enemy who can hurt us either physically or through verbal abuse, the following sequence of involuntary events take place in our body: the eyes and ears or both send the information to the amygdala, an area of the brain that contributes to the emotional processing. The interpretation of the intensity of panic scene is done by the amygdala. When it perceives a real danger, it instantly sends a distress signal to the hypothalamus. The hypothalamus then activates the sympathetic nervous system by sending signals through the autonomic nerves to the adrenal glands. As a response, the adrenal glands produce and pump the hormones epinephrine (adrenaline) and norepinephrine into the blood stream. These hormones which are being circulated by blood, brings about a series of physiological changes in various parts of the body. They are as follows: the heart starts beating faster; pulse rate and blood pressure go up; rapid breathing; increased blood supply to the muscles, heart and other vital organs; release of excess blood sugar and fats (fatty acids) into the blood to increase the energy to all parts of the body. All of the above reactions happen in a spur of the moment, without even a slightest notice to the person experiencing it. As a second step, after the initial surge of epinephrine and norepinephrine subsides, the hypothalamus activates the second component of the stress response called "HPA Axis", which involves Hypothalamus, Pituitary gland and the Adrenal glands. If the brain continues to perceive the danger, the hypothalamus releases Corticotrophin Releasing Hormone (CRH), which travels and triggers the production and release of AdrenoCorticoTropic Hormone (ACTH) by the pituitary gland. The ACTH hormone instantly activates the adrenal glands to release cortisol. This cortisol maintains and improves (by acting as a booster to the fight or flight mechanism) the physiological changes already brought about by epinephrine and norepinephrine, to cope up with the persistent danger. When there is no longer a threat, the levels of cortisol drop gradually and the parasympathetic nervous system gets activated to dampen or negate or put a break to the stress response. Figure 1 shows the



**Fig 1:** Human endocrine system which is involved in fight or flight mechanism and the resultant stress syndrome. \*Directly involved; \*\*Indirectly involved; \*\*\*Not involved but gets affected.

location of endocrine glands (Pituitary and Adrenal) involved in the production of hormones which have direct influence on fight or flight mechanism. I have also included the glands that are indirectly involved, such as islets of Langerhans in the pancreas, which get activated to produce more glucagon and insulin to convert glycogen to glucose and also to improve the uptake of glucose by the activated cells of stimulated tissue. In addition, the endocrine glands involved in the production of estrogen and testosterone have been pointed out to show the negative effects of low level stress to reduce the production of sex hormones, which will ultimately result in the lack of interest in sex (reduced libido), impotency, erectile dysfunction, osteopenia, osteoporosis, sarcopenia etc.

**Effects of Chronic Low-level Stress:** Unfortunately several individuals are unable to put breaks on stress and end up living with chronic low-level stress. This chronic-low-level stress keeps the HPA axis activated for a longer time than it is required (to maintain the level of cortisol in the blood and to reduce the effects of parasympathetic nervous system, which can dampen the stress syndrome). This chronic-low-level stress contributes to the onset of several health problems. The frequently repeated and persistent epinephrine surges will undoubtedly damage the blood vessels and arteries due to increased blood pressure, which will ultimately lead to heart attacks and strokes. In addition, the abnormally elevated cortisol surges (frequently repeated) in the blood will bring about physiological changes to replenish the bodies energy reserves that are depleted during the stress response. Unfortunately, such a physiological change contributes to the buildup of fat or adipose tissue which leads to obesity. Cortisol not only increases the appetite so that people can eat more to obtain extra energy, but also increases the storage of unused nutrients as fat. Thus stress could be one of the major contributing factors for the increased prevalence of obesity in America. According to the survey conducted by the American Psychological Association, about 25 percent of Americans (88 million people) are experiencing high levels of stress (8 or more on a 10 point scale). The low level of stress (4 to 7 on a 10 point scale) has been experienced by 50% of the Americans (to be precise 165 million people). In other words 253 million Americans out of 330 million people have been experiencing the chronic stress syndrome. To sum it up, every adult in the United States has been subjected to stress. No wonder why the medical costs are so high (along with increased number of diseases), despite the fact the nutrition and health awareness are more in the United States than any other country in the world. In my opinion, this chronic stress syndrome plaguing the American society is due to the uncertainties in economy, social problems, increased divorce rate, increased monthly obligations, job insecurity, and more than all fear and anxiety associated with the day to day living. The excessive use of cell phones, emails, and over communication is also contributing to this stress syndrome, which is a silent killer.

**Stress in Modern Day Life:** As a classical example, fight or flight response has always been referenced as tiger attacking human being. In today's world, the tiger is no longer a threat. Then what is it? The following are some of the examples: an unscrupulous boss or supervisor constantly behaving like a tiger and threatening the employee; a spouse behaving like a terrorist and physically or verbally attacking his or her partner repeatedly and violently; a government putting unnecessary stress on the people; and fear due to unknown reasons which lead to stress and anxiety etc. The fight or flight mechanism enables a person either to fight or flee away. Either way, the physical activity involved will reduce the levels of stress hormones (the novel concept behind physical exercise). Unfortunately, in this day and age, you cannot either fight with your boss or spouse or run away from them. Thus the stress hormones stay intact in the system and constantly induce the chronic stress syndrome, which ultimately results in a specific or multitude of sicknesses and diseases. Another stress factor is, constantly thinking about bad experiences encountered in the past, and also anticipating the troubles and problems you are going to face in the future. According to the Buddhist principles, delving into the unpleasant past memories will cause pain and suffering, whereas imagining about the future anticipated problems create anxiety and stress. It is because amygdala perceives past bad memories or anticipated future problems as threats and automatically activates the uncalled for fight or flight mechanism. If a person lives and thinks in the present (not in the past or future), the level of stress will be significantly low. In reality, the past does not repeat and future does not exist, yet these two factors are contributing to this unnecessary stress which is destroying the health of people and thus dampening the progress of the world. A nation with full of sick people cannot be a productive nation.

**What Does Gita Say on How to Eliminate Stress?** Stress can be eliminated through optimism and happiness. Since stress is a psychological factor, involving the central nervous system and hormones, people have to learn to control it by understanding the pathophysiology behind the onset of this syndrome. The best way to control the stress syndrome is through development of positive mental attitude by practicing meditation. Several major medical organizations in the country, including their applied and basic researchers and scientists, are all in total agreement that the meditation is the best way to control the stress. Let me define and explain what meditation is? Meditation has no affiliation to any country, region, race or religion. Generally people relate the word meditation as part and parcel of Hindu religion, which is not true. Although meditation was the brain child of "Lord Krishna", who taught this concept to the world, perhaps over 5000 years ago, the concept and practice of meditation was introduced to uplift the depressed souls who were afflicted with the stress syndrome in a battle ground. The enlightened "Lord Krishna" taught meditation to King Arjuna, who was afflicted with pessimism and stress in Kurukshetra battle. These teachings were summarized in Bhagavad Gita or simply called "Gita", a holy script. In reality, Arjuna was subjected to fight or flight mechanism with an onset of stress syndrome. Apparently Arjuna has experienced all the stress symptoms such as: high blood pressure, higher blood glucose level, tremors etc., which I have outlined earlier. Lord Krishna made him realize that his thoughts in subconscious (soul) were not in tune with his mind and body.



In addition, the body, mind, and soul (consciousness) of Arjuna was not in tune with the super consciousness. Lord Krishna made Arjuna realize that his subconscious (soul) is God (irrespective of any religious affiliation), and since God is in him there is nothing to worry or fear about confronting any unpleasant event with least stress. Thus in my opinion, meditation is nothing but realization of the power of the inner soul (God given human potential) and integrating or uniting the soul with the mind and body, to direct the human actions in right path with least stress. There are several techniques to practice meditation. The best and simple approach is, give an imaginary shape to your subconscious, and communicate with the subconscious image on a daily basis regarding your goals, health, thoughts, and actions. Once you start to communicate with your own subconscious, your level of self-confidence will be greatly improved and thus you will not have any fear or anxiety or stress.

One has to realize (medically) that stress is a neurological and psychological reaction to an unpleasant situation. When once you are in total command of a situation, positively, no unpleasant circumstance can make you prone to the stress and thus into bad health. I am not able to present total details of meditation in this article due to the limitation of space. Meditation not only synchronizes and subdues the stress inducing hormones but also activates the seven energy centers in the body (Chakras) according to Yogic traditions. Since these chakras are energetic rather than physical structures, they are not considered as part of physical anatomy. The energy thus liberated from the energy centers greatly improves the health and outlook of the person and eliminates fear, anxiety and stress. Figure 2 shows the approximate locations of 7 energy centers. I have also included pictorial presentations showing Lord Krishna uplifting the depressed soul of stressed out Arjuna by teaching the essence of meditation (Figures 3 and 4).

**How Meditation Relieves or Eliminates Stress?** I have included graphic presentation of the hormones and organs controlled by seven energy centers which can be activated or harmonized through meditation (Figure 5). Meditation is an approved alternative medical practice which is governed by the division of the National Center for Complementary and Alternative Medicine (NCCAM), under the domain of mind-body medicine. The "NCCAM" comes under the umbrella of the National Institute of Health (NIH). Consequently any practicing allopathic Doctor in the United States can legally recommend meditation as a therapeutic aid to reduce the stress of his or her patients.

**The Relationship between Stress and Swadharma/Paradharma as Exemplified in the Gita:** Several people question how meditation can control or normalize the hormonal imbalance, which is experienced in chronic stress syndrome. Before answering this question, if you analyze it philosophically and spiritually, stress is a

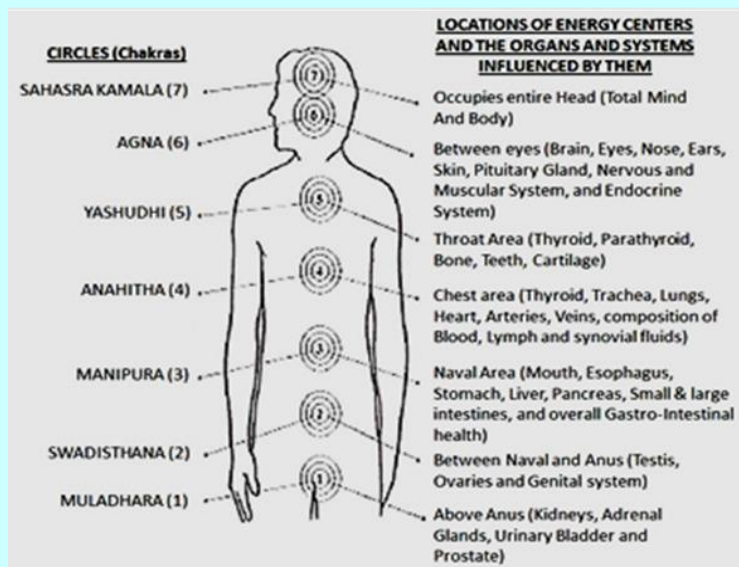


Fig 2: Location of energy centers (Chakras) in the human body.

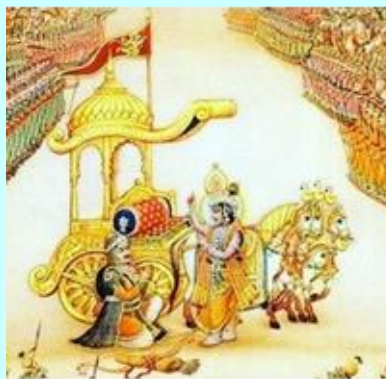


Fig 3: King Arjuna (sitting down with depression in the battle ground) affected by stress syndrome and pessimism, prior to understanding the theory and practice of meditation and optimism.



Fig 4: Energized King Arjuna (cured from stress syndrome) after the teachings of Lord Krishna (Gita) regarding meditation and optimism.

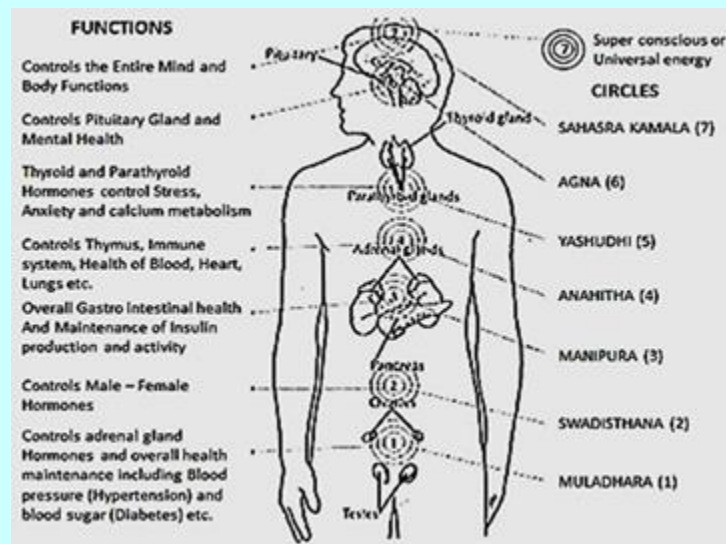


Fig 5: Effect of meditation on activating the energy centers and harmonizing the functions of endocrine system.

psychological syndrome and even a person who is doing well in his profession gets stressed because he is constantly comparing himself with others. This creates a sense of insecurity, which diminishes self-confidence, resulting in inferiority complex in a person which will in turn create constant mental agitation with an ingrained imaginary negative image of himself or herself. Thus he or she develops a chronic stress syndrome, which will subsequently lead to severe depression, unhappiness and irreparable bad health. Another cause for the stress is the inability of several human beings not able to do what they really wanted to do in life or not having an opportunity to do it. Greed destroys their beliefs and purpose of their lives, thus leads to unhappiness, stress, and disease. To put it in philosophical terms, they are doing more Paradharma than their own Swadharma. An individual who is carrying on duties (against his inherent passion) or in accordance with those dictated or expected by others (Paradharma), will never be a happy soul. It is because he is fulfilling dreams of others with no full commitment, and such an action always gets criticized, which will lead to pessimism, unhappiness and such person ultimately develops chronic stress syndrome and diseases. Whereas the man who carries on the duties in which he has inherent passion (Swadharma) is always happy and thus keeps the stress syndrome at bay and leads a happy and healthy life. Self-satisfaction and commitment are extremely important to develop self-confidence and to eliminate fear and stress. This concept was beautifully exemplified nowhere else than in the Gita, when Lord Krishna says ***“One’s own dharma, however imperfect it may be, is better than following the dharma of another, even if it is well discharged. If one dies doing one’s own dharma it is better than following the dharma of others. Because, the dharma of others is fraught with danger”*** (Gita: Chapter 3: Verse 35). This concept of Swadharma/Paradharma is very relevant to counter stress in the modern world, where people tend to be tempted by the work of others, rather than focusing on their own and be content. Even parents tend to push their children for professions of their choice rather than allowing their children to follow their Swadharma.

Our beloved Adi Shankara has introduced the concept of Advaita or non-duality (about thousand years ago) to eliminate human misery and stress. He has emphasized the fact that soul is God and the God is in every living being (*Aham Brahmasmi*), since we all originated from the same source. Adi Shankara, in his teachings of Advaita Vedanta, clearly stated that “Atman is Brahman”, referring to the human soul or subconscious (Atman) which is never really different from God (Brahman). If someone meditates through clear thinking, he or she would realize that God was himself or herself all along. Anyone who realizes this phenomenon will experience tranquility, fearlessness and greater quality of life with least stress. Such an individual will have the improved self-confidence and faith in himself. Swami Vivekananda brilliantly interpreted the principle of Advaita as the main tool of success. Swami Vivekananda taught that the fear (followed by stress) is the root cause of human disintegration or destruction. He has also highlighted the fact that having belief in yourself (Soul) is the best weapon to attack any adversity you face in your life with least stress. Mother Teresa saw Jesus in every human being and treated them with loving care. All these philosophers and spiritual leaders taught us one thing - stress is the worst enemy to human being and every human being should make genuine effort to eliminate it through meditation and optimism.

Now, to answer the question, in my opinion, meditation gives inner strength, self-confidence, healthy central nervous system, and the way we look at our life. If you scientifically analyze it, meditation alters the perception of the amygdala about the intensity of perceived danger and its intensity of subsequent reaction to activate the hypothalamus, pituitary gland and the adrenalin gland hormones involved in the fight or flight mechanism. In addition, through meditation the energy centers can be tuned to perform in harmony with the total central nervous system including the activation and timely suppression of hormones and the neurotransmitters. The effects of meditation have been scientifically proven to reduce hypertension, stress etc. A person who meditates looks at the threats in a different fashion (with least stress) than an ordinary human being who is always in a panic mode, and thus experiences high levels of stress. **To summarize, since the genesis of several diseases is due to stress, let us put a genuine effort to eliminate this unnecessary evil (stress) to build a better world with happy and healthy people.**

**Acknowledgement:** I sincerely thank Dr. Bellamkonda Kishore, M.D., Ph.D., MBA, for enlightening my knowledge regarding several spiritual and philosophical concepts of Gita and the reality of life. Thanks are due to Dr. Siva Prasad Kumpatla, M.Sc (Ag), M.S (Bioinfo), Ph.D., for help in editing the text and preparation of the figures.

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# Saving the Starfish, One at a Time

Bellamkonda K. Kishore, M.D., Ph.D., MBA  
(KMC - '71 batch)

There is a well-known story about saving the starfish, one at a time, and thus making a difference in everyday life. This story has a deep meaning which really impacts our thinking and lives. The story centers around a little girl on the beach at sun rise and just when the tide started receding, leaving hundreds or thousands of starfish on the sand. The starfish were lying helplessly on the wet sand. They could not go back into the ocean, and soon they would be eaten by the birds and other predators. Obviously they needed help to go back to the water in order to survive. The compassionate little girl, who understood the helpless nature of the starfish and felt the urge to save them, started picking up the starfish and gently throwing them one at a time into the water. Very ardently she was repeating this process. A young man, who was jogging on the beach, stopped for a few seconds and asked the little girl, “what are you doing with the starfish?” The little girl replied that she was helping the starfish survive, because they cannot go back to the water on their own. The young man told the little girl that as there were a lot of starfish on the beach, she could not possibly make a difference to them. Upon hearing that, the little girl gently threw another starfish into the water, and said “I made a difference to this one” and then she smiled to the astonishment of the young man. This moved the young man so much that he could not resist picking up a starfish and throwing it into the water before resuming his jogging. ***Such is the impact the compassionate act of the little girl made on the mind of a young man.*** There are several versions of this touching story on the YouTube, and here is one:

## Starfish Story: Making a Difference Every Day

I am sure we all can appreciate the sublime and elevating message in the above story, especially after watching the video clip of it with the smiling little girl. But the million dollar question here is, can we transform ourselves and act like that compassionate little girl in our day-to-day life? While we wish to do so, however, most of us find it not practical for various reasons. I can imagine at least two common reasons put forward by many whose hearts were tugged with this starfish story, but who were still reluctant to act. The first reason is the same as the young man expressed - ***we cannot possibly make a difference because so many millions of people are in need in this world.*** The second reason, often felt by those who consider that even a small difference is worth making is - ***lack of time or wealth.*** Here I would like to dissect these reasons and present compelling and rational or scientific argument that these reasons are either myths or born out of our own ignorance.

Let us first examine the argument that ***we cannot possibly make a difference because so many millions of people are in need in this world.*** What if I ask an undergraduate student who aspires to become a physician: why s/he wants to become a doctor? That person may tell that s/he wants to become a doctor to treat patients and alleviate their suffering. Then, if I say to that person “you cannot possibly make a difference because there are so many millions of patients in this world”, then that person will react immediately saying “yes, it is true there are millions of patients in this world; but I can make a difference in the lives of those patients I can treat during my lifetime”. Similarly, what will we hear if we pose the same question to a person who wants to pursue a profession that benefits the community directly or indirectly, such as a teacher, policeman, or a firefighter or a medical scientist? In all these cases, the answer will be the same: to educate as many students as possible (aspiring teacher) or catch as many criminals as possible (aspiring policeman) or save as many lives as possible from fire accidents (aspiring firefighter) or to invent as many new medicines as possible to cure diseases.

Interestingly, none of these aspirants consider the absolute number of people they have to tackle if they want to make a difference statistically. On the other hand, all of them only consider how much they can accomplish in their own lives is more important than the actual amount of work out there in the world. However, ironically, the very people who display such a great spirit of service in choosing their professions often admit that they cannot make a difference in their personal ability to help others because there are so many millions suffering with poverty or disease in this world. Why this dichotomy in our lives? Because people tend to see the suffering in this world through their own profession or lives and thus shape their responses to the suffering they see around themselves. People do not see the suffering in the world in its totality or reality. However, they mentally expand their limited professional work to embrace the whole humanity in need. A doctor may think that s/he is alleviating the suffering of the patients while pursuing his/her profession and making a living out of it. The same is true for teachers or policemen or firefighters or even medical scientists. But once we take out ‘making a living out of our own professions’, very few of us will be left

behind to serve the needy without seeking any return for their efforts. Despite this hard fact, we often think that we are serving the world without any selfish motive, while we are actually pursuing our own agenda and think that we are selflessly serving the world. But once we understand this logic, we may change and we will be willing to serve without seeking return or remuneration for our effort. If we can do that, then we qualify ourselves for “nishkama karma” or ‘selfless work’ which Bhagawad Gita defined as a form of Yajna. The true meaning of Yajna is “an act directed to the welfare of others, done without desiring any return for it, whether of a temporal or spiritual nature” (The Philosophy of Yajna; <http://www.mkgandhi.org/momgandhi/chap46.htm>). In fact, as per Gita, any act that does not constitute Yajna will entangle us in bondage and cycles of birth and death. It is understandable that one has to pursue one’s profession to make a living. But still one can dedicate at least certain amount of one’s professional or personal time for doing Yajna and alleviate the suffering in this world using one’s knowledge, skills and abilities and thus disentangle oneself from the karmic bondage. By doing so, one will also enrich one’s life physically, mentally, intellectually and spiritually. That brings more happiness into our lives than mere pursuit of our professions for a living.

Now, let us turn to the second reason often advanced by those who consider that even a small difference is worth making, i.e., ***lack of time or wealth***. In real life, we may be busy and may not have enough wealth to take care of the needs of others. But, research conducted by Dr. Zöe Chance and her colleagues Drs. Cassie Mogilner and Michael I. Norton, at the Yale School of Management, the Wharton School of the University of Pennsylvania, and the Harvard Business School are presenting compelling data to convince us that time and wealth are relative aspects in our lives depending on our mental perception. Their findings on the perception of time were first published in the journal *Psychological Science* (Giving Time Gives You Time, volume 23, pages 1223-1238, year 2012) and later defended by the lead author Dr. Cassie Mogilner in the Harvard Business Review (September 2012 issue, pages 28-29). The salient finding of this captivating study is ***spending time helping others leaves people feeling as if they have more time, not less***. It may sound absurd, but it is true and is proven scientifically.

Briefly, in a battery of studies, these researchers assigned some test subjects (volunteers) to either help a person in need (e.g., writing a note for a sick child, or editing student’s essay) or simply left them to do whatever they wanted (this group wasted their time doing things that do not benefit any other person). The outcome of the study was clear - in each experiment the people who lent a helping hand to others felt as if they had more time than the people who did not. What is the reason for this unexpected outcome of the study on perception of time? Dr. Mogilner explained “people who give time (to others) feel more capable, confident, and useful. They feel they’ve accomplished something and therefore, that they can accomplish more in the future. And this self-efficacy makes them feel that time is more expansive” (Harvard Business Review, September 2012 issue, pages 28-29). Perhaps this may be the reason that we find people who are compassionate and often help others never say that they are busy, whereas people who do not care to help others always utter “I am very busy”.

Similar to the above published study on the perception of time, the research work of Dr. Zöe Chance and Dr. Michael I. Norton on wealth shows that people feel richer when they give money away. Their study results are intriguing, and suggest that “just as acts of conspicuous generosity signal wealth and power to others, they trigger feelings of subjective wealth and power in those who give - despite decreasing their objective wealth” (Dr. Zöe Chance personal communication; please see below for full reference).

The above two studies, although originated in business schools, nevertheless, have profound meaning and application in philanthropy and altruism motivating people to share their time and wealth, however limited they may be. By doing so, people gain enormous subjective feeling of affluence in time and wealth, and thus enjoy confidence and satisfaction in their lives. This exalted state of mind is comparable to the expansive nature of human mind and self, aptly cited not by a philosopher, but a great scientist, Albert Einstein: ***“A human being is part of a whole, called the Universe, a part limited in time and space. He experiences himself, his thoughts and feelings, as something separated from the rest a kind of optical delusion of his consciousness. This delusion is a kind of prison for us, restricting us to our personal desires and to affection for a few persons nearest us. Our task must be to free ourselves from this prison by widening our circles of compassion to embrace all living creatures and the whole nature in its beauty.”***

**Acknowledgement:** Thanks are due to Dr. Zöe Chance of the Yale School of Management for kindly sharing her research findings and previewing this article. This article was originally published in the Atlanta Dunia on March 2, 2012. **Reference:** [Chance Z et al, I Give, Therefore I have: Giving and Subjective Wealth.](#)

The author is a medical scientist and freelance writer, and lives in Sandy, Utah.  
<http://www.atlantadunia.com/dunia/Features/F172.htm>





# Modern Medicine and Role of Ayurveda

Vadrevu K. Raju, M.D., FRCS, FAMS

(Andhra Medical College - '65 Batch)



*Man may be the captain of his fate, but he is also the victim of his blood sugar.*

- Wilfred Oakley (1962)

*It may be prognosticated that an idle man, who indulges in day sleep, of follows sedentary pursuits or is in the habit of taking sweet liquid, or cold and fat-making or emollient food, will ere long fall an easy victim to this disease.*

Sushruta of Ancient India  
(600 BC)

In a recent JAMA (Dec 13 2016) the following article was published: "As opioid epidemic rages, complementary health approaches to pain gain traction." This is an excellent, credible review on selected complementary health approaches. A previous review of clinical evidence published in the Mayo Clinic proceedings by National Institute of Health (NIH) suggests that complementary health techniques have a legitimate place in a physician's pain relief toolkit.

Today, the complementary role of Ayurveda cannot be underestimated. Yet, in the in the past there was a considerable amount of negative information that has appeared (JAMA Oct 2 1991, Vol 266, No 13). This often was due to unreasonable and unrealistic expected benefits of Ayurvedic medications and treatments touted by dubious "celebrities".

However, it cannot be ignored that our personal habits, both dietary and mental, create the body we live in. Headlines were made in the winter of 1988, when a San Francisco cardiologist, Dr. Dean Ornish, proved that forty advanced heart patients could actually shrink the fatty plaque deposits that were progressively blocking their coronary arteries. Rather than relying on conventional drugs or surgery to unblock their arteries, Dr. Ornish's group used simple yoga exercises, meditation, and a strict low-cholesterol diet. This was remarkable because mainstream medicine had never before acknowledged that heart disease can be reversed once it had started. Decades ago, psychologist William James hinted at the mechanism that allows us to turn back the physiologic clock, "One of the greatest discoveries of my generation was that human beings can alter their lives by altering their attitudes of the mind."

No one questions that Ayurveda (and other complementary therapies) may well have potential usefulness as an adjunct to established medical practices, but more conclusive research is necessary. The major issue with most of these therapies has been due to over-promotion and cost. Out of pocket spending on complementary health treatments for adults and children in the US added up to 30.2 billion in 2012, according to National Health Interview Survey data.

The US spends 18% of its GDP on health care (2011 statistics). If complementary medicine would also need to be covered it would undoubtedly increase.

## The Diabetic Pandemic and Complementary Role of Ayurveda:

"Man may be the captain of his fate, but he is also the victim of his blood sugar"

-- Wilfred Oakley (1962)

"It may be prognosticated that an idle man, who indulges in day sleep, of follows sedentary pursuits or is in the habit of taking sweet liquid, or cold and fat-making or emollient food, will ere long fall an easy victim to this disease."

--Sushruta of Ancient India

A number of studies on Ayurvedic herbal remedies have shown reduction in blood sugar, but high quality studies are lacking. Ayurveda (life science) is regarded by many scholars to be the oldest healing science. It is a holistic approach to health designated to help people live long, healthy, balanced lives. It has been practiced in India before the construction of the pyramids.

However, the aggressive marketing of Ayurvedic medications, as dietary supplements not subject to FDA approval, has avoided the need for proof that the components are safe or beneficial, and has led to the presence of metals in some Ayurveda products making them potentially harmful. A study published in the August 27, 2008 issue of the Journal of the American Medical Association (JAMA) demonstrated that one fifth of US manufactured and Indian manufactured Ayurvedic products bought on the internet contained detectable lead, mercury, or arsenic. In Ayurveda, certain metals have been considered to have therapeutic effects.

Historian, Lois N. Magner writes on Ayurvedic treatments: "Diseases caused by improper diet called for remedies that accomplished internal cleansing but physicians often began treatment with a seven day fast. Some patients recovered during this period and needed no other remedies; some died and also needed no further remedies." There are many skeptics of complementary medicine, including Ayurveda, and only through rigorous research and a non-commercial approach can the true benefits be known, especially in chronic disorders and illnesses.

The old adage of "an ounce of prevention is worth a pound of cure" certainly embodies Ayurveda philosophy of three elements:

1. Eat right
2. Exercise right
3. Don't take yourself too seriously.

The other three fold management of diseases according to Ayurveda, Ahara (diet), Vihara (exercise) and Aushada (drug). Further reading:

1. Journal of American Medical Association, Vol 316, N 22
2. Proceedings of Charaka Club Vol 1, NY, William Wood and Company MDCCCCII, 1902
3. Ayurveda and Modern Medicine: the missing links  
(On the web: [www.EyeFoundationOfAmerica.org](http://www.EyeFoundationOfAmerica.org))
4. History of Charaka Club (On the web: [WWW.EyeFoundationOfAmerica.org](http://WWW.EyeFoundationOfAmerica.org))
5. Musings on Medicine, Myth and History: India's Legacy. (available on Amazon.com)

**Date:** Saturday, August 5, 2017

**Venue:** Talus Room, Summit at Big Sky Resort, Montana

## Day at a Glance

## Registration for CME Program

## CME Activity

Faculty Committee: Dr. Anupama D. Voodarla & Dr. Ramdass Satya

Please see the following pages for details of the CME Activity

## Lunch & Break

## KMC-ANA Meeting (Cocktails & Hors d'oeuvre)

Welcoming Address: Dr. Sadasiva T. Reddy

Chairman, Board of Directors of KMC-ANA

Presentation By: Dr. Bellamkonda K. Kishore (Incoming President of KMC-ANA)

## Homage to Deceased Board Members

## Felicitations to Past Board Members

## Open Discussion

## Banquet

### Keynote Addresses and Felicitations:

Dr. Surender Reddy Neravetla (Springfield, OH)

Dr. Dattatreya N. (New York, NY)

Dr. Vadrevu K. Raju (Morgantown, WV)

Dr. Malireddy S. Reddy (Denver, CO)

### Guests of Honors & Felicitations:

Dr. Natarajan Manimozhi (Bengaluru, India)

Dr. C. Madhusudhana Rao (Nandyala, India)





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## Recent Advances in Medicine and Health Care

**Date & Time:** Saturday, August 5, 2017, 8:15 AM to 1:15 PM

**Venue:** Talus Room, Summit at Big Sky Resort, Montana

**Program Director:** Bellamkonda K. Kishore, M.D., Ph.D., MBA, FASN, FRSB

**Planning Committee:** Anupama D. Voodarla, M.D. & Ramdass Satya, M.D.

### Activity Details:

7:30 – 8:15 AM	<b>Registration</b>
8:15 – 8:30 AM	<b>Welcome and Introduction to CME Activity by the Program Director</b>
8:30 – 9:05 AM	<b><i>Recent Advances in Oncology</i></b> Speaker: Dattatreyyudu Nori, M.D, FACR, FACRO, New York, NY
9:05 – 9:40 AM	<b><i>Pandemic of Diabetes: Beyond Retinopathy and Cataract</i></b> Speaker: Vadrevu K. Raju, M.D., FRCS, FACS, Morgantown, WV
9:40 – 10:15 AM	<b><i>Probiotics: Their Role in Reducing Nosocomial Infections, and Countering Aging</i></b> Speaker: Malireddy S. Reddy, D.V.M., Ph.D., Denver, CO
10:15 – 10:50 AM	<b><i>Pathways from Table Salt to Cardiovascular Disease</i></b> Speaker: Surender Reddy Neravetla, M.D., FACS, Springfield, OH
10:50 – 11:10 AM	<b>Break</b>
11:10 – 11:40 AM	<b><i>Interventional Radiology in the Management of the Liver Patient</i></b> Speaker: Sanjeeva Kalva, M.D., FSIR, Dallas, TX
11:40 AM – 12:10 PM	<b><i>Global Initiative for Chronic Obstructive Lung Disease (GOLD): 2017</i></b> Speaker: Prasad Garimella, M.D., FCCP, FAASM, Lawrenceville, GA
12:10 – 12:40 PM	<b><i>The Aging Kidney</i></b> Speaker: Bellamkonda K. Kishore, M.D., Ph.D., Salt Lake City, UT
12:40 – 1:10 PM	<b><i>Management of Dyslipidemias</i></b> Speaker: Anupama D. Voodarla, M.D., Simsbury, CT
1:10 – 1:15 PM	<b>Concluding Remarks by the Program Director</b>

### Standby Lectures:

***Bioavailable Calcium and Minerals in Osteoporosis and Elderly Subjects***

Speaker: Malireddy S. Reddy, D.V.M., Ph.D., Denver, CO

***Cardiovascular Pathways to Dementia***

Speaker: Surender Reddy Neravetla, M.D., FACS, Springfield, OH

**Target Audience:** This CME Program primarily targets Internal Medicine or Family Practice Physicians. However, physicians specialized in various branches of Medicine and Surgery will also benefit from this CME Program.

**Concepts and Methods:** The recent and rapid developments in medicine and health care - *encompassing new and/or revised diagnostic or monitoring criteria, evidence-based management and evaluation of prognosis, increased need/demand on the part of internists or family practice physicians to be aware of the guidelines, be proactively involved in health care, and make critical and ethical decisions within the context of available resources and system* – have dictated the need for this CME activity. The program is designed with didactic lectures by experts in the field with the aid of PowerPoint slides, followed by discussion. Each presentation has defined and clear learning objectives. Thus, the overall objective of this CME activity is to bridge the knowledge gap between the recent developments in medicine and health care and the day-to-day clinical practice, and thus empower the practicing physicians.

**Learning Objectives:** After the conclusion of this activity, the participants should be able to:

- Describe the recent advances in early diagnosis and treatment of cancers.
- Discuss the manifestations and complications of diabetes mellitus and how to manage them.
- Recognize the beneficial effects of probiotics in reducing deadly hospital-acquired (nosocomial) infections, including methicillin resistant staphylococcus aureus (MRSA) and in countering the normal aging process.
- Define the pathways that lead excess salt intake to hypertension and cardiovascular complications, and the AHA guidelines on salt intake.
- Discuss the role and utility of minimally invasive treatment options for diagnosis and treatment of acute and chronic liver diseases, and recent advances in interventional radiology management of portal hypertension and its complications.
- Discuss the assessment and management of COPD patients as per the GOLD 2017 guidelines. Outline optimal evidence-based treatment of hospitalized patients with COPD.
- Delineate age-related changes in kidney structure and function, identify co-morbid conditions that influence the aging process of the kidney, and discuss the potential therapeutic applications of the knowledge thus gained.
- Define various dyslipidemias, and their management, and new treatment strategies for hypertriglyceridemia.
- Discuss the bioavailability of calcium and other minerals, and the conditions under which the active and passive transport of these minerals are affected. The age-dependent reduction in the absorption of the minerals and how to overcome the age-related problems in the bioavailability of minerals.
- Define the prevalence of dementia, its categories, and social and economic impact. Discuss the cardiovascular pathways to dementia and prevention of different types of dementia.

**Conflict of Interest Disclosure Statement:** All Faculty, CME Planning Committee Members, and the CME Office Reviewers have disclosed that they do not have any relevant financial relationships with commercial interests that would constitute a conflict of interest concerning this CME activity.

**Accreditation Statement:** This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of The University of Arizona College of Medicine - Tucson and the Kurnool Medical College Alumni of North America (KMC-ANA). The University of Arizona College of Medicine – Tucson is accredited by the ACCME to provide continuing medical education for physicians.

The University of Arizona College of Medicine – Tucson designates this live activity for a maximum of 4.5 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Commercial Support:** None

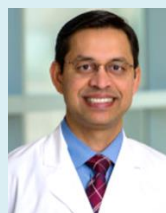
**CME Fee:** The fee for this CME activity is \$100 plus \$25 for certification, which are included in the registration fee for the Kurnool Medical College (KMC) alumni. Non-KMC physicians will pay \$125. All Residents and Fellows will pay \$25 certification fee only.

**ADA Statement:** Persons with a disability may request a reasonable accommodation, such as sign language interpreter, by contacting (Dr. B. K. Kishore @ (801) 598-3389 or nephron369@yahoo.com). Requests should be made as early as possible to allow time to arrange the accommodation.



**Faculty Credentials:**

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Clinical Investigator  
Gwinnett Biomedical Research  
Gwinnett Pulmonary Group  
Lawrenceville, Georgia  
<http://gwinnettlung.com/physicians/dr-garimella.php>



**Sanjeeva Kalva, M.D., FSIR**  
Associate Professor of Radiology &  
Interventional Radiologist  
Univ. of Texas Southwestern Medical Center  
Dallas, Texas  
<http://profiles.utsouthwestern.edu/profile/140680/sanjeeva-kalva.html>



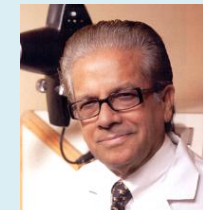
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<http://www.cooperhealth.org/physicians/anupama-voodarla-md>

***The Physician is also a Philosopher...***

*The Physician, who is also a philosopher, is like unto gods. There is no great difference between medicine and philosophy, because all the qualities of a good philosopher should also be found in the physician; impartial, zeal, modesty, dignity of appearance, seriousness, tranquil judgement, serenity, decision, purity of living, knowledge of what is useful and necessary, rejection of all that is wicked, a soul free from suspicion and devotion to the divinity. **Where there is love of man, there is also the love of art.***

- Hippocrates

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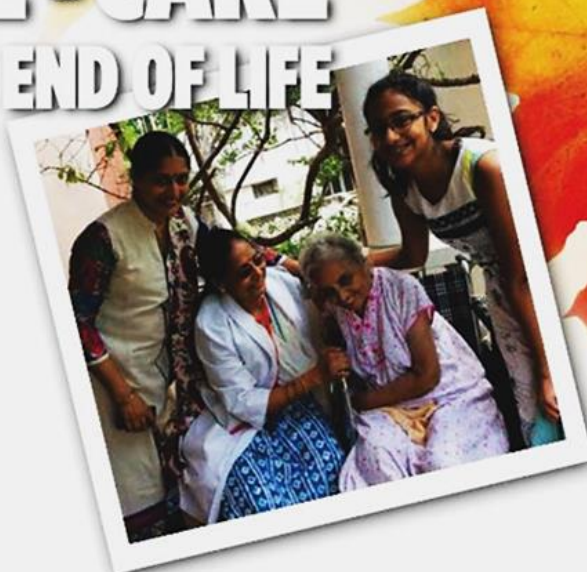
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