

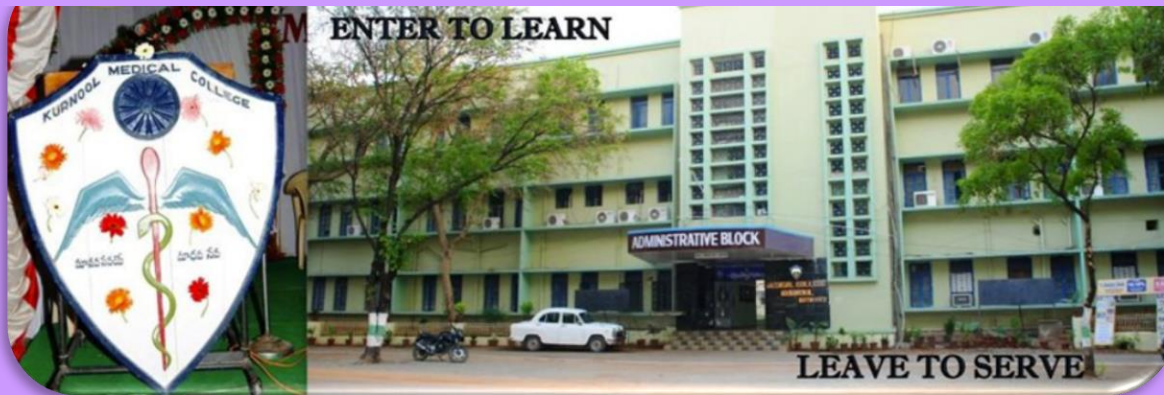
Souvenir



Kurnool Medical College
Alumni of North America

Retreat - 2017
August 5, 2017
Big Sky Resort
Yellowstone National Park
Montana, USA

MAKE KMC-ANA GREAT AGAIN



Tamasoma Jyothirgamaya

The Great Teachers of the Kurnool Medical College
Whose untiring efforts and dedication to their students
Leadership and academic values to their professions
Compassionate and caring attitude to their patients
Inspired and helped the alumni over the decades
To climb great heights in their lives and professions
Thus making our Alma Mater one of the best
Words are not enough to praise their contributions
And their dedication and sacrifice for our future
Their names have to be etched not in the Hall of Fame
But in our hearts forever with love and gratitude

With Best Compliments:

**Kurnool Medical College Alumni of North America
(KMC-ANA)**

KMC-ANA Retreat 2017 - Souvenir

Published by the KMC-ANA



Welcome to KMC-ANA



Anupama Voodarla
Secretary



Gopal Desai
Vice President



B K Kishore
President



Viswanatha Reddy
Treasurer



Ranga Reddy
Director



Sadasiva T. Reddy
Chairman, Board of Directors



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Dhanireddy
Director



Nyapati R. Rao
Director



Sivaprasad Madduri
Director



Subramanyam
Devarakonda
Director

Participants of KMC-ANA Retreat 2017, Big Sky Resort

Yellowstone National Park, Montana



Front Row: Lt to Rt: Vijaya Reddy, Junior Kalva, Vijaya, Madhuri Garimella, Ratnavathi Rolla, Suchitra Neravetla, Syama Reddy, Meera Yerrabolu, Nagamani, Anupama Voodarla, Rama Palwai, Venkata Lakshmi Doriparthi, Geetha Ghosala

Back Row: Lt to Rt: Sadasiva T. Reddy, Natarajan Manimozhi, Prasad Garimella, Venkat Yerrabolu, Bellamkonda Kishore, Dattatreyyudu Nori, Vadrevu K. Raju, C. Madhusudana Rao, Surender Reddy Neravetla, Malireddy S. Reddy, Sanjeeva Kalva, Prashanth Palwai, Kiran Padigala, Raghava Reddy Ghosala, Krishna Reddy Dyapa

CME Faculty KMC-ANA Retreat 2017

Big Sky Resort, Yellowstone National Park, Montana



Lt to Rt: Dr. Prasad Garimella, Dr. Sanjeeva Kalva, Dr. Dattatreya Nori,
Dr. Malireddy S. Reddy, Dr. Bellamkonda K. Kishore, Dr. Surender R. Neravetla,
Dr. Vadrevu K. Raju, Dr. Sadasiva T. Reddy (Chairman, Board of Directors), and
Dr. Anupama D. Voodarla

Message of the Chairman, Board of Directors of the KMC-ANA

Dr. Sadasiva T. Reddy



Dear KMCians,

Thank you all for coming to the Retreat. I also thank the speakers of the CME program, the presentations of whom were very beneficial even to me, a Radiologist by profession. I want to thank our special guests, who came all the way from India. My special thanks are due to Anupama and Kishore, who put so many hours of hard work in arranging the Retreat.

We have been working to create a Knowledge Center in the Kurnool Medical College, for which we need the support of the alumni. We request those of you who are not members of the KMC-ANA to become lifetime members by paying the membership fee. And those who can afford please contribute to the special fund created for the Knowledge Center by paying more than the membership fee.

For the Golden Jubilee Celebrations of the KMC, about 20 doctors from the United States went as delegates. We conducted a CME program there with the help of my hospital in the USA. It was a very successful event. Subsequently we had discussions with Dr. Ravindranath Reddy, the Health Minister of Andhra Pradesh, who was also an alumnus of the KMC. He approved the Knowledge Center project. But, unfortunately, we were stuck up now. But we want to move forward with your help. Please explore how we can help the Kurnool Medical College and the people of Andhra Pradesh, especially in the field of health care and education.

Next year we are planning to have the KMC-ANA meeting at the venue of NATA Convention in Philadelphia, July 6-8, 2018. This will be very convenient for many doctors. Currently we are working on the logistics of that meeting, Please mark the dates, which I am giving almost one year in advance. Please spread this information and attend the next year meeting.

Thank you all again

Sincerely Yours

Sadasiva T. Reddy, M.D.

Message of the President of the KMC-ANA

Dr. Bellamkonda K. Kishore



Dear KMCians,

Thank you all for responding so enthusiastically to the call of the KMC-ANA, attending the Retreat and making it a very successful event. Within weeks after forming a new Executive Committee, from April 2017 we started planning for a Retreat in a gorgeous location. The idea of having the Retreat in Yellowstone National Park seemed very attractive. Dr. Anupama Voodarla did research and came up with the proposal that Big Sky Resort in Montana is the most suitable location. Soon, we were making blue prints for everything – dates of the Retreat, flyers, gathering emails and opening up WhatsApp groups, CME program, speakers, etc. We were very fortunate that many potential speakers responded to our call, although some of them could not make it to the meeting due to other commitments. Of notable, the four dignitaries who gave the Keynote presentations during the banquet were very kind to respond to our invitation almost immediately. We also had three doctors from India as Guests of Honor. Importantly, all the Board of Directors fully supported our plans and efforts. We thank them all, and Drs. Sadasiva Reddy garu and Ranga Reddy garu, who have been the pillars of the KMC-ANA.

In Jan-Feb 2017 I had been to Kurnool to participate in the reunion of our 1971 batch. Looking at the pathetic conditions in the KMC and GGH I felt so bad that working in the United States, we are not able to help our own Alma Mater. Then I realized that no serious work in the KMC/GGH is possible unless the KMC-ANA, the engine of the global KMC alumni is strong and vibrant. So, let us come together and work for making the KMC-ANA great again, and thus accomplish our goal of strengthening our Alma Mater. It is the beginning for a new chapter in the annals of the KMC-ANA. We want young doctors come forward and take responsible roles in the KMC-ANA. We need more women participants also. Anupama was really great. She is very dynamic with a lot of drive, and is very hard working. Without her I could not have successfully managed to organize the Retreat, despite my past experience. So, please come forward and take up active roles. This is your organization.

Thanking you once again, and looking forward to see you in Philadelphia in July 2018.

Best Wishes

Bellamkonda K. Kishore, M.D., Ph.D., MBA
nephron369@yahoo.com

Message of the Secretary of the KMC-ANA

Dr. Anupama D. Voodarla



Dear KMCians,

Thank you all for attending the KMC-ANA Retreat at Big Sky Resort, Montana. It was a pleasure to have the opportunity to meet many of you in person and I hope that you enjoyed the event as much as I did.

First and foremost I thank Dr. Sadasiva Reddy garu and Dr. Ranga Reddy garu, who have been the pillars of the KMC-ANA for decades, for giving me this unique opportunity to work and serve our Alma Mater. They not only accepted our proposal, but also extended full support for the retreat plans. Another great person I came to know is Dr. Bellamkonda Kishore, very dynamic and an all-rounder, supported me in organizing this successful retreat. You can also see his hard work in this Souvenir, which he put together.

Our sincere thanks are to all CME and Keynote Speakers, who graciously accepted our request, and thus made us to put together a very successful program. All the attendees, including the non-physicians also, thoroughly enjoyed the program. Even the kids liked topics like the salt kills.

We have posted few photos from the event, please check them out. Our sincere thanks are to all the donors, who generously came forward and supported our KMC-ANA.

Please feel free to let me know if you ever have any questions about anything, group related or have ideas about other events you might like to see in the future. We are always looking for new ideas and volunteers, so let me know.

I hope to see you at the upcoming retreat in July first week 2018, details will follow. Please join us on social media, KMC-ANA Facebook page and whatsapp group, will post the upcoming events details.

Best Wishes

*Anupama D. Voodarla, M.D.,
avoodarla914@gmail.com*

Prof. P.S.R.K. Haranath, M.D., D.Sc., FAMS
Director of Medical Education, AP (Retired)
Dr. B. C. Roy Award (1978)



Dr. P.S. R.K. Haranath Sir and Late Dr. Savithri Madam
The Dedicated and Iconic Professors of KMC

The Department of Pharmacology was started in at KMC in 1957 with Dr. P.S.R.K. Haranath as first Professor of Pharmacology.

Dr. P.S.R.K. HARANATH, MD DSc FAMS DSc (Hon)
Director of Medical Education A.P. (Retd)

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4 August 2017

కర్నూల్ వైద్య కళాశాల పూర్వ విద్యార్థి సమ్మేళనానికి శుభాకాంక్షలు

నాటి రాజధాని
రెండు నదుల సారము నందిన సుగంధ సుమం
నేడు వైద్య కళా శాలలకు మకుటం
రాయల సీమలోనికి వందల వేళ్లాని
రాళ్ల సీమలో ఉర్వి పై వేలశాఖలు పెరిగి
ఖండాతరములలో ఖ్యాతి నంది
పండగలు చేసు కొనెడి విద్యా ఉద్యాన వనము నేడు
ప్రఖ్యాతులైన ప్రశస్తి శిష్య గణముల కెల్ల
పూర్వ స్మృతులతో నదా శుభాశీస్సులతో

P.S.R.K. HARANATH



**కర్నూల్ వైద్య కళాశాల 1963 -69 విద్యార్థి బృంద
50 వసంతాల పునస్సమాగమోత్సవానికి
శుభాకాంక్షలు**

మీరు ఎంచుకొన్నదొక పవిత్ర ఆశయం
చేరిన దొక ప్రఖ్యాత వైద్య విద్యాలయం
నిత్య చికిత్సా సాధన శోధనలకు ఆలయం
అనితర సాధ్యమైన యశస్సు నందిన దేవాలయం

కర్నూల్, నగరం కాదు, గ్రామం కాదు
ఆంధ్ర రాష్ట్ర పూర్వ రాజధాని
నల్లటి నేలలో తెల్లటి బంగారమిచ్చిన సువర్ణ గర్భ
రాళ్లలో రతనాలు నింపిన రాయలసీమ రత్న గర్భ

హంద్రి నది ఒడ్డున, నది పై పారెడి KC కాలువ హద్దు కాగ
వసతి గృహ సౌధాలతో విరాజిల్లెడి విఖ్యాత వైద్య కళాశాల
ఇందు చేరి అందరికన్న అధికులైన వంద మంది మీరు
సంద్రములు దాటి ప్రపంచపుటంచులు తాకగ
మాతృ సంస్థ కీర్తిని చాటి, మానవాళి ఆర్తిని బాపిన వారు.
ఏబడేండ్లాయెనా యని, ఎల్లలు లేని మాతృప్రేమ పిలుపు చేరగ
బారులుతీరి బహు దూరపు విహంగాల వలె
వడిగా వేడుకగా నేడిచ్చట చేరిరి.

తుంగ గంగవలె పొంగి కళశాల పాదాలు తాకెనట
హంద్రి నది వీధులెల్ల తిరిగి చూసినదట
వసతి గృహాలెల్ల నీటితో నిండెనట
లెక్క చేయని కళాశాల సౌధాలు చెక్కు చెదర లేదట

ఏబడేండ్ల ఊసులు, ఊహలు, విషయాలు, విశేషాలు
తరగని జ్ఞాపకాలు, మధురమైన గుర్తులు నెమరువేయాలి.

కురులు నెరిసేయా? బరువు పెరిగేరా? గుర్తు పట్టారా!
చిలిపి పనుల అల్లరి బుల్లోడు వీడేనా
తక్కువ మాటలతో పక్కున నవ్వెడి చక్కని చుక్క ఈమేనా
వీరే నా సతీ సుతా సుతులు,
వారే నా పతి, పుత్ర పౌత్రాదులని
పరిచయాలు చేయాలి

మాటల మూటలు, మల్లెల వాసనలతో నింపాలి
మరపు రాని మమతలని, మరల రాని రోజులని

గుర్తుందా! మన హంపీ విహార యాత్ర అపూర్వ పూర్వ వైభవాలు
ముక్కున వేలిడి ఎక్కువగా మక్కువలు పంచుకున్నాము.
ఏపూర్వ పుణ్యమో ఆనాడు వందమంది చేరేము
ఏబడేండ్లు దాటే, ఆనందముగ నేడు తిరిగి కలిసేము.

మీ వైద్య గరిమను జనులకెల్ల పంచి
కళాశాల గౌరవాన్ని శతవిధాల పెంచి
శాంతి సౌభాగ్యములనంది అందించి
దేవ దేవుని కృపను పొందుదురుగాక

అలనాటి అధ్యాపకుడు
Dr. P. S. R. K. HARANATH
MD DSc FAMS DSc (Hon)

The Great Sunset

Homage to Prof. Dr. D. Bhaskara Reddy garu



After shining brightly in the sky for more than half-a century
 The Great Sun (Bhaskar) has set on the horizon
 Spreading a gloom in the hearts of thousands of KMCitizens
 The Icon of the Kurnool Medical College has departed
 Leaving behind the global KMC alumni to carry on his mission
 A Legend in the history of medical education in AP has left
 However, the Legacy he created and nurtured will last forever
 And may not be replaced by anyone in our lifetime

When we entered the gates of the KMC as naïve teenagers
 With a mixture of excitement, joy and fear in our hearts
 He welcomed us and caringly took us into his abode
 Like a father with love, discipline, guidance and support
 When we did good things, he admired us like an angel
 When we did not-so-good things he roared like a lion
 But he never pounced and mauled us like a real lion
 Because he cared about our future, not just for our compliance
 He wanted us to carry the flag of KMC wherever we go
 Across the seven seas into the five continents on this planet
 And thus bring glory to the institute he passionately developed

He churned out great value to the community
 Out of his education, profession and work
 And thus he set a unique example to us all
 To value our own education, profession and work
 From a community perspective and thus
 Relentlessly serve for the welfare of all around us

During his earthly sojourn he gave more
 To the community than what he took from it
 Thus he left behind a huge positive balance
 And an illustrious son who became the jewel of the KMC
 'Help ever and hurt never' was the message of his life
 What else God expects from a Noble Person?

We, the KMC alumni are deeply indebted
 To our beloved Dr. Bhaskara Reddy garu
 We can never pay back our dues to him
 But we will not forget him in our lives
 May God Bless his Noble Soul

Composed by: Bellamkonda Krishna Kishore in April 2011 (1971-75 batch MBBS)



Our Vibrant Alumni in America

V. Ranga Reddy, M.S.
(KMC - '64 batch)



Kurnool, the erstwhile capital of Andhra Pradesh, would perhaps continue to be its virtual capital if we followed the same system as in the United States of America whereby all the state capitals are centrally located, typically in smaller and mid-sized communities. If that were to happen, I suppose, all the politics of division in the state of Andhra would have been minimized, with Kurnool developing into a major metropolitan city, and Kurnool Medical College (KMC) and hospital transformed into a much different type of establishments. Wishful thinking!! Let us be reflective. Kurnool was known for Kondareddy Buruju, Handri River, KC canal and the 3Ds - Dust, Donkeys and Doctors at that time. I hope with the passage of time, the first 2 Ds are vanquished and the third D is highlighted now.

Going back on the memory lane, I recall, the medical campus at Kurnool was ideally located with facilities comfortably spread around. The men's and women's hostels were separated by a natural barrier--Handri River. Medical college and hospital were next to each other and within the walking distance from the hostels. Kurnool was semi-urban in culture and living, making it ideal for learning without much distraction. In fact, in those days cinemas were the only source of outside entertainment. KMC was not only blessed with nice setting but also had a very high caliber faculty who gave us good education and training, and thus fully prepared us to go into the world.

Since its inception 60+ years ago, KMC has graduated more than 10,000 doctors, most being settled in the erstwhile Andhra Pradesh, particularly in and around Kurnool and in Hyderabad. Some of us, about 10 to 15%, immigrated to the USA, the process beginning from the early 70s. It is estimated that there are more than 1200 KMC alumni living and working in the USA at the present time, 200 of whom are recent graduates.

As new immigrants to the United States, we worked hard in our chosen specialities, adapted to new surroundings and raised our children in a cross-cultural environment. To a large extent we have been successful in our profession and achieved our financial goals, not to mention the access to the ease and comfort of the material world. Our children are bright and attended the best schools in America. With their academic and scholastic excellence, they set new standards in US schools. We take pride in their achievements. We are deeply indebted to our alma mater, the Kurnool Medical College, the institution that had helped us evolve into what we are today- successful physicians and esteemed members of the American society.

In 1982, we formed an association called, Kurnool Medical College Alumni in North America (KMC-ANA) with the goal of bringing together all the KMC graduates to promote friendship and camaraderie as well as to facilitate medical and technological exchange with our alma mater. KMC-ANA has been conducting several CME activities at Kurnool Medical College. Medical text books and Journals were sent to the library. Several BCLS work-shops were conducted. Scholarships for the meritorious students were started. \$30,000 worth of Neurosurgical equipment was shipped recently. Immediately after the floods in 2010, the KMC-ANA has donated 30 sets of books - each set consisting of books from Anatomy to Surgery - to the students who lost their belongings when the waters of swollen Hundri river entered the ground floors of the hostels. Much more can be done with greater cooperation and follow up from local authorities in Kurnool. Our alumni have donated \$125,000/ to the Kurnool Old Students Association (later renamed as KMC Alumni Association) headquartered in Kurnool for construction of a learning center. Even after 7 years nothing has happened. Money is sitting in the bank losing its value. Maybe we should use that money to renovate the library and the hall on the second floor. We have connection and are nostalgic about those facilities!

Some of our KMC Alumni have made outstanding contribution to their chosen fields and brought name and fame to themselves and to our alma mater. Just to name a few, Dr. Dattatreya Nori, Professor and Chairman of Radiation Oncology at the New York Presbyterian Hospital-Weill Cornell Medical Center has an international reputation as a pioneer and authority in radiation oncology and Brachytherapy. Dr. Rama Subba Reddy Dhanireddy, Professor of Pediatrics and Neonatology at the University of Tennessee, Memphis is a well-known researcher, teacher and a Colonel in United States Air Force Reserve. He is the only Indian American Physician who occupies an endowed Chair, named after him in Neonatology. Dr. Dev Gnanadev Appanagari, Chairman, Department of Surgery from the San Bernardino county Medical Center, California is a well-known leader in organized Medicine. Currently he is the President of the California Medical Board. Dr. Bellamkonda Krishna Kishore, a Professor and VA Investigator, at the University of Utah

Health and VA Medical Center, Salt Lake City, has a versatile personality - a world class researcher in basic Nephrology inducted as a Fellow of the American Society of Nephrology (FASN) and Fellow of the Royal Society of Biology (FRSB), artist, freelance writer, poetic composer, photographer and philanthropist. Dr. Nyapathi Rao, Psychiatrist from New York is nationally known in his field. And I am sure that there are many others that I did not come across.

Dr. Sadasiva T. Reddy, Radiologist from Detroit is the founding member of KMC-ANA who has served as its President as well as that of the American Telugu Association (ATA). He is a humanitarian and philanthropist of the first order. In the same mold, Dr. Krishna P. Reddy, Pathologist from Chicago and Dr. Adhishesha Reddy from Alabama served as Presidents of the ATA. Dr. Venkat Naidu, Gastro-enterologist from St. Louis is a respected community leader and philanthropist. Dr Siva Prasad Madduri, Urologist from Missouri is a prolific writer and debator. Dr. Sujatha Reddy, Psychiatrist from Atlanta is another community leader and social worker, who was awarded “Hindu Vibhushan” for her services and philanthropy through SAI Health Fair. She is often called the Health Fair Angel.

Among the younger KMC alumni in the USA, there are quite a few who are taking active lead in alumni affairs, Dr. Madhusudhan Reddy Pabbathi of Memphis TN, who along with Dr. Srinivas Jakkula of United Kingdom started the kmckurnool Yahoo group. This Yahoo group, which has a current membership of about 450, eventually became the main site for the alumni all over the world for vigorous debates, exchange of ideas, and brain storming. Dr. Ismail Suahail Penukonda of Dallas, TX, who is computer savvy with excellent literary skills, started the KMCitizens blogspot, where he has been archiving the pictures and biosketches of the KMC alumni from all over the world. Dr. Anupama D. Voodarla, an Internal Medicine Physician from the New Jersey/Connecticut area has emerged as a dynamic and resourceful leader and Board Member of the KMC-ANA. We need more women alumni to come forward as leaders.

On a personal note, I had the great opportunity and privilege to serve as the President of American Association of Physicians of Indian origin (AAPI), one of the most powerful, 50,000 strong ethnic medical associations in USA. Whenever I am introduced as the graduate of KMC at various forums I feel so proud of my college that helped me to evolve into what I am today. I am pretty sure that many more of us are doing much more commendable job worthy of mention.

Social and political environment for public institutions in India in recent times has rather been unkind in terms of fiscal support by the state. Notwithstanding the notable achievements of the past, KMC/GGH, like many other public institutions in India, is facing challenges whether due to lukewarm policies of the government, physician practice parameters or public expectations. We hear awful stories from the public, physicians and the media. If basic structural facilities for curricular offerings and training are lacking in post-graduate institutes and tertiary level hospitals, such as the KMC/GGH, it becomes almost impossible to train the doctors and treat the patients. There are no easy solutions to this dilemma or deadlock. May be the government should ease up its hold on these institutions and make them private and/or public partnership so that they can achieve financial self-sufficiency and able to deliver the services better. On their part, the doctors also have to be introspective about the pattern of their practices and ponder why a noble profession like medicine has deteriorated to the level of an exclusive business enterprise. The public at large has also to be appreciative of the stakes involved and not rush to criminalize adverse medical outcomes. Both patients and physicians have to learn about the medico-legal and ethical aspects of medical practice so as to enable the profession to pursue its cherished goals of alleviation of suffering and advancement of quality of life. Let us live up to the exhortation of the former President of India, Dr. A. P. J. Abdul Kalam, who in his simple but inimitable language urged us in the following way: “Each of us, wherever we are, can make a commitment in our lifetime to bring about positive change in the land of our birth (Janmabhoomi) and enhance its glory.”

Dr. V. Ranga Reddy is a Diplomat of the American Board of Anesthesiology, Academy of Pain Management, and a Fellow of the International College of Surgeon (FICS). He served as Chairman of the Dept. of Anesthesiology at the Memorial Medical Center, IL. Over the past few decades, Dr. Reddy has been an active member and office bearer of many civic and professional organizations, such as: 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 JAAPI, 2000-2003). As a professional, Dr. Reddy's contributions to India have been rich and varied. He received several awards in recognition of his public and community service, including the Distinguished Service Award from The American College of International Physicians (ACIP), and the Most Distinguished Service Award from the AAPI.

When you are surrounded by people who share a passionate commitment around a common purpose, anything is possible.

Howard Schultz, Chairman & CEO of Starbucks



APNA Foundation

Andhra Pradesh Physicians and Professionals of North America

When All is Given, All is Expected

~ Bill Gates Mother, Harvard University, 2007

Best compliments to Kurnool Medical College Alumni Association of North America. As you gather for a Retreat 2017 in the serene beauty of Yellowstone National Park, we wish you connect with nature, friends and classmates; be inspired to take action that leaves a lasting legacy.

APNA Foundation is a 501(C) (3) nonprofit organization. Its mission is to promote charitable activities primarily in the United States and in India. These activities will include but not limited to educational, scientific, cultural, and healthcare fields.

APNA Foundation will carry out its mission by raising money not only from philanthropic donors but also from for-profit and nonprofit organizations. We partnered with Benevity.org which helps us access and become eligible for corporate giving programs and collect gift matching funds efficiently from many corporations.

We help your donations go further and realize your charitable projects sooner. The foundation will maintain the funds in two broad categories. The general fund will not only be utilized to maintain the day-to-day activities of the foundation but also undertake some charitable activities. Under the direction of the Board of Trustees, APNA Foundation will directly undertake certain charitable activities.

The second broad category will be in the name of individual physicians and professionals who can park the money they are donated to APNA Foundation in their sub-account. They can direct the money to various charities of their choice that meet the criteria set for by the foundation and various US Government and other respective government agencies. The account of each individual donor/physicians will be accurately maintained.

Please visit our website or contact any of our officers for further details. Please get involved in APNA Foundation and make a difference.

Best regards,

Adishesha Reddy

Dr. Adishesha Reddy, Chairman

Ph: 205-345-0010

APNAfoundation@Gmail.com

Dr. VK Raju, President

<http://www.apnafoundation.org>

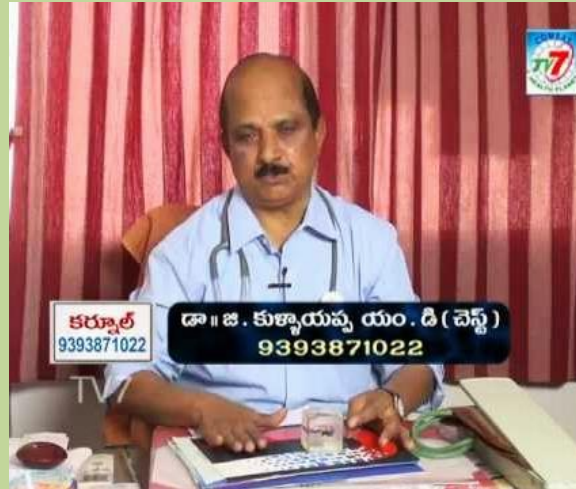
Dr. Kishan Rao, Treasurer

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A Chest Physician's Relentless and Single-minded Fight against Asthma

Dr. Gajula Kullayappa, M.D., Kurnool, Andhra Pradesh



Contributed by: Bellamkonda K. Kishore, M.D., Ph.D., MBA

One may find good and dedicated doctors everywhere in the world. One may find kind and compassionate doctors anywhere in the world. One may find many doctors who will go beyond their professional limits and help poor patients who cannot afford medical care. One may even find a few doctors who leave their comfort zone and go to remote places and serve patients selflessly. But, I am sure that it is very hard to find a doctor like Dr. Gajula Kullayappa, a retired Professor and Head of the Department of Chest Medicine at the Kurnool Medical College and the associated Government General Hospital, Kurnool, Andhra Pradesh. You may ask me what Dr. Kullayappa is doing? Since more than 12 years on every last Saturday of the month Dr. Kullayappa has been conducting **Free Asthma Camps** in Kurnool town, with his own resources. He does not solicit or accept donations. He only accepts free samples of medicines and inhalers from the pharmaceutical companies to freely pass on to his patients. During the past 13 years or more, Dr. Kullayappa never missed even a single camp, and as of today he conducted 159 camps. After retirement, Dr. Kullayappa has the option to lead a comfortable life and tour around the country or the world. But out of love and compassion for the asthma patients, most of whom belong to lower socioeconomic status, he decided to stay in Kurnool and serve the community using his knowledge, skills and abilities as a chest physician, as well as his own resources. While doing so, he derives immense satisfaction and happiness. Dr. Kullayappa's selfless service has been attracting patients from the nearby districts. Thus, Dr. Kullayappa personifies the famous quote of Hippocrates, the ancient Greek Physician, who aptly said: *Where there is love of man, there is also the love of art.*

Asthma is a common lung condition, affecting people of all ages. It is a chronic disease causing breathlessness, tightness in the chest and wheezing among other symptoms. Asthma is often triggered by breathing dust or particles from household waste or pets, pollen, molds etc. Perfumes, detergents, paper towels, hair dye, cosmetics, shaving cream, air fresheners, paints or even laughing can also trigger an asthmatic attack. Unfortunately, asthma is not a curable disease; but it can be controlled by medications. About 30 million people in India are suffering with asthma, of which about 60,000 die each year due to this disease. Quality of life and productivity are reduced in asthma patients. Absenteeism is more among school children and employees suffering from asthma. The burden of asthma measured by disability and premature death is greatest in children and in elderly patients. The cost of treating asthma is more than those of tuberculosis or AIDS.

For a typical **Free Asthma Camp**, which falls on the last Saturday of every month, Dr. Kullayappa enjoys meticulously planning and doing the following routine. Prior to the day of the camp, Dr. Kullayappa procures medicines and inhalers from pharmaceutical companies, which donate them generously because of the good will Dr.

Kullayappa earned through his service activity. Two days prior to the camp, flyers will be displayed at key places in the town. Shamiana and chairs are rented for the camp. Hospital staff and representatives join the camp as volunteers and help Dr. Kullayappa in guiding the patients and showing them how to use inhalers etc. Technicians carry out spirometry and lung function tests using the equipment. These tests are administered free of charge. In a clinical setting these tests cost about ₹650 each. After undergoing the tests and examination by Dr. Kullayappa, patients will receive medicines, asthma inhalers or inhalers for COPD (chronic obstructive pulmonary disease), or antibiotics, cough syrups, analgesics or oral bronchodilators or anti-histamines or medicines for high blood pressure, depending on the disease conditions. If purchased in a pharmacy, each inhaler costs ₹350 to ₹450. In addition to the camp day, free spirometry tests are done on 2nd and 3rd Mondays of every month. The number of patients seeking help for each camp varies seasonally, but averages from 100 to 120 patients.



Pictures depict typical workday in an Asthma Camp. A: Dr. Kullayappa giving free medicine to an elderly patient. B: Dr. Kullayappa examining a girl. C: Dr. Kullayappa with patients. D: Mr. Jamadagni, Technician, administering lung function test to a patient. E: Patients waiting under a shamiana.

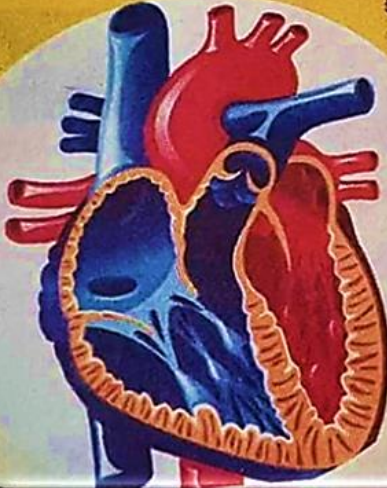
Apart from physical examination, lung tests and medications, the patients also receive health education in the form of brochures on asthma, tuberculosis, health hazards of smoking and alcohol consumption. In addition to the fixed days, free asthma camps are conducted on special occasions, such as the World Asthma Day, World TB Day, World No Smoking Day, World COPD Day. Dr. Kullayappa has been conducting these special camps for more than 20 years.

Finally, Dr. Gajula Kullayappa does not rest with these free camps. On any day, any person can come to him and can avail free physical examination, lung function tests and medicines. His doors are always open to any number of such patients on any day of the year. With the full cooperation and support of his wife Smt. G. Sridevi and son Sri G. Satish Babu, Dr. Kullayappa has been able to pursue his mission very successfully. And he is confident that he will continue to do so in the future.

Please visit the web site of Dr. Kullayappa <http://www.drgksevatrust.org/> to know more about the mission and values of this exceptional doctor. May God Bless him and his family.

KMC-ANA Congratulates Dr. Prabhakara Reddy for His Outstanding CV Surgical Skills and Selfless Service to the Community

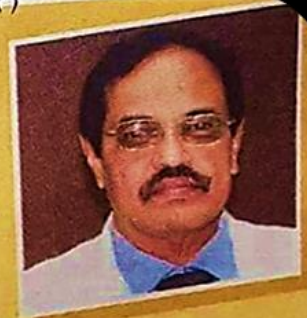
కర్నూలు స్వీట్ హార్ట్.. డాక్టర్ ప్రభాకర్ రెడ్డి



కర్నూలు ప్రభుత్వ సర్వజన వైద్యశాల కార్డియోథొరాసిక్ విభాగాధిపతి డాక్టర్ చింత ప్రభాకర్ రెడ్డి స్వగ్రామం

అనంతపురం జిల్లా తాడిపత్రి, ప్రభుత్వాసుపత్రుల్లో ఇప్పటి వరకూ 2000 మందికి ఓపెన్ హార్ట్ సర్జరీలు నిర్వహించిన ఏకైక సీట్ సర్జన్. 2014 నవంబర్ లో విశాఖ నుంచి కర్నూలు జీజీహెచ్ కు బదిలీపై వచ్చారు. రీజినల్ కార్డియోథొరాసిక్ సెంటర్ 2018లో ప్రారంభమైంది.

డాక్టర్ ప్రభాకర్ రెడ్డి సెప్టెంబర్ 22న నందికొట్కూరుకు చెందిన షాజిదాబీ అనే మహిళకు మొట్టమొదటి ఓపెన్ హార్ట్ సర్జరీని విజయవంతంగా నిర్వహించారు. ఇప్పటివరకు ప్రభుత్వ ఆసుపత్రిలో 2000 ఓపెన్ హార్ట్ సర్జరీలు నిర్వహించి రికార్డు సాధించారు. కర్నూలులో ఎన్టీఆర్ వైద్యసేవ ద్వారా 75 ఓపెన్ హార్ట్ సర్జరీలు హార్తి చేశారు. ప్రైవేట్, కార్పొరేటు ఆసుపత్రుల్లో ఎన్నో అవకాశాలు వచ్చినా వదులుకున్నారు. పేదలకు సేవ చేయాలన్న ఉద్దేశంతో ప్రభుత్వ ఆసుపత్రిలో కొనసాగుతున్నారు.



DECCAN Chronicle

Kurnool doc performs 100 heart surgeries

Kurnool: Setting a rare example, Prof C. Prabhakar Reddy, a cardio thoracic surgeon at Kurnool government hospital has performed one hundred (100) surgeries over a period of one year.

At a time when government hospitals were spurned by public for negligent medicare, this feat of cardio thoracic surgeon has reaffirmed the public's faith in government facilities, said District Collector S.

Satyanarayana. Hospital Superintendent Dr P. Chandrasekhar released a poster on the eve of Heart Day and called upon surgeons and medicos to emulate the work performed by Dr Prabhakar. The hospital got cardio thoracic department only a year-and-a-half back and the systems are state of the art, said Dr Reddy.

సించరీ దాటిన ఓపెన్ హార్ట్ సర్జరీలు

● పెద్దాసుపత్రిలో అరుదైన ఘనత

కర్నూలు(హస్పిటల్): కర్నూలు ప్రభుత్వ సర్వజన వైద్యశాలలోని కార్డియోథొరాసిక్ విభాగంలో ఓపెన్ హార్ట్ సర్జరీల సంఖ్య సించరీ దాటింది.



గత ఏడాది సెప్టెంబర్ 22వ తేదీన ప్రారంభమైన ఈ విభాగం 12 నెలల కాలంలోనే ఈ ఘనత సాధించడం విశేషం. అది కూడా ఒకే ఒక్క డాక్టర్ చేతుల మీదుగా వందకు పైగా ఆపరేషన్లు విజయవంతం కావడంపై ఆసుపత్రి వర్గాలు హర్షం వ్యక్తం చేస్తున్నాయి. ఈ సందర్భంగా శుక్రవారం కార్డియోథొరాసిక్ విభాగంలో అభినందన కార్యక్రమాన్ని ఏర్పాటు చేశారు. అతిథిగా ఆసుపత్రి సూపరింటెండెంట్ డాక్టర్ పి. చంద్రశేఖర్ మాట్లాడుతూ.. అతి తక్కువ కాలంలో అసాధ్యమైన సుసాధ్యం చేసిన డాక్టర్ ప్రభాకర్ రెడ్డి అభినందనీయుడన్నారు. ఏడాది క్రితం రూ.7కోట్ల ఖర్చుతో ఈ విభాగం రూపుదిద్దుకుందన్నారు. కార్డియోథొరాసిక్ విభాగాధిపతి డాక్టర్ ప్రభాకర్ రెడ్డి మాట్లాడుతూ. ఒక్కడితో డిపార్ట్మెంట్ ఎలా నడుస్తుందని పలువురు హేళన చేశారన్నారు. వారందరికీ సమాధానంగా ఈ రోజు వంద ఆపరేషన్లు విజయవంతంగా పూర్తి చేసి చూపించామని ఉద్వేగంగా చెప్పారు. ఈ విభాగంలో నెక్స్ట్ రేటును చూసి కర్నూలు జిల్లా నుంచే గాక అనంతపురం, వైఎస్ఆర్ కడప, చిత్తూరు, నెల్లూరు, రాజమండ్రిల నుంచి సైతం గుండె ఆపరేషన్లు చేయించుకునేందుకు వస్తున్నారని చెప్పారు. కార్డియాలజీ విభాగం అసిస్టెంట్ ప్రొఫెసర్ డాక్టర్ మహమ్మద్ అలీ, కార్డియాలజీ విభాగం వైద్యులు మాధవ స్వామి, సీహెచ్ వెంకటరమణ, సీటీవీఎస్ పీజీలు, సిబ్బంది పాల్గొన్నారు.



His hands are so delicate... he needs help to cut a cake.

పెద్దాస్పత్రిలో చిన్నపిల్లలకు గుండె శస్త్ర చికిత్సలు



వివరాలు వెల్లడిస్తున్న డాక్టర్ ప్రభాకర్ రెడ్డి

కర్నూలు(హాస్పిటల్): చిన్న పిల్లలకు వచ్చే గుండె జబ్బులకు శస్త్రచికిత్సలను కర్నూలు ప్రభుత్వ సర్వజన వైద్యశాలలో వైద్యులు ప్రారంభించారు. ఇందుకు సంబంధించిన వివరాలను సోమవారం కార్డియోథొరాసిక్ విభాగంలో హెచ్ఎచ్డి డాక్టర్ ప్రభాకర్ రెడ్డి వివరించారు. ఇప్పటి వరకు ఈ విభాగంలో పెద్దలకు వచ్చే గుండెజబ్బులకు మాత్రమే గుండె శస్త్రచికిత్సలు నిర్వహించేవారన్నారు. ప్రస్తుతం చిన్నపిల్లలకు కూడా ఆపరేషన్లు చేస్తున్నట్లు చెప్పారు. తెలంగాణ రాష్ట్రం గద్వాల జిల్లా ఐజ ప్రాంతానికి చెందిన ఇమ్రాన్(7)కు, కర్నూలు జిల్లా బనగానపల్లె మండలం రామతీర్థం గ్రామానికి చెందిన ఆరుణ్(9 నెలలు)కు జన్మతః గుండెలో రంధ్రం పడిందన్నారు. వీరికి గత రెండురోజుల్లో శస్త్రచికిత్స చేసి రంధ్రాలు పూడ్చి వేశామన్నారు. ఇలాంటి ఆపరేషన్లకు ఇకపై హైదరాబాద్ వెళ్లొచ్చిన అవసరం లేదని, ఎన్టీఆర్ వైద్యసేవ ద్వారా ఉచితంగా కర్నూలు పెద్దాస్పత్రిలో చేపానున్నారు. ఆసుపత్రిలో ఓక్కరోజు పాపకు సైతం వెంటిలేటర్ పెట్టి [3/17] లు ఉన్నాయని చెప్పారు.

Delicate surgery performed at KGH

SPECIAL CORRESPONDENT
KURNOOL

Video Assisted Thoroscopic Surgery (VATS), an advanced and complex procedure, was performed in Kurnool general hospital on a 47-year-old patient Mahaboob Basha, who is suffering from Myasthenia Gravis, a disease which had affected Bollywood actor Amitabh Bachchan, Head of Cardiothoracic surgery C. Prabhakar Reddy has said on Monday.

Mahaboob Basha of Tadipatri in Anantapur district suffered from Myasthenia Gravis, a disease in which the patient's muscles weaken and eyelids droop as dusk approaches and large doses of Pyridostigmine and steroids did not help. He developed a tumour in the Thymus, Dr. Prabhakar Reddy told the media in the hospital. The technically demanding four-



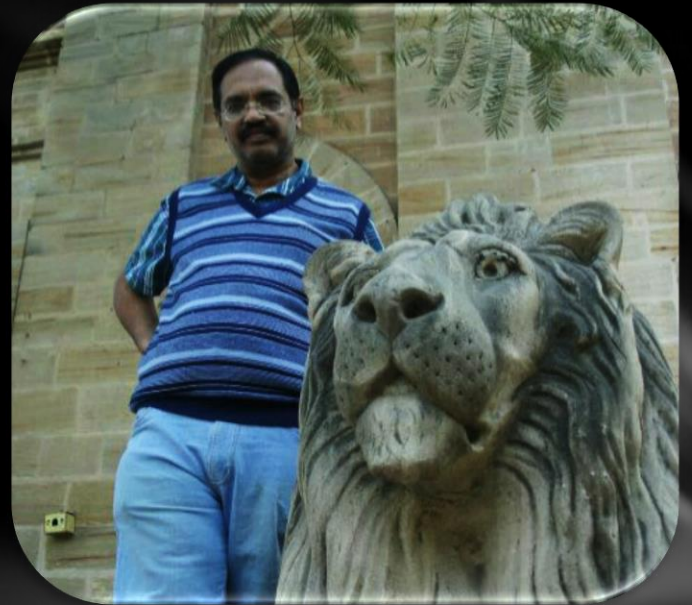
C. Prabhakar Reddy

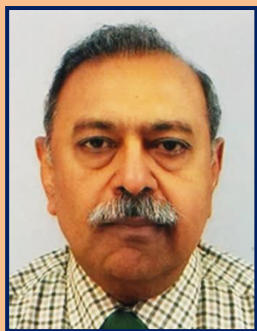
hour-long video assisted thoroscopic surgery was performed to remove the tumour, by making two five mm incisions and a 10 mm incision on his chest and by watching the interior on a television screen, he said.

The surgery, costing around ₹5 lakh, was performed free of charge under NTR Vaidya Seva, he said.

The cardiothoracic department was well-equipped with sophisticated equipment and advanced surgeries were being performed in Kurnool general hospital, he added.

The Lion of Kurnool





Revisiting the Alma Mater - My Thoughts

K. Raja Ratnam, M.S., M.Ch.
(KMC - '68 batch)

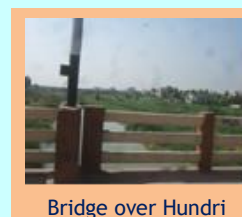


It was a bright sunny morning on the 15th of August 1975, the Tricolour was seen fluttering at every corner, children were rushing to their respective schools to reaffirm the day of Indian Independence. Having graduated as a 'doctor', I was there seated in the Kurnool-Gooty bus by the window seat about to start on a long segmented and arduous journey to reach my parents in Visakhapatnam. I had seen off all my friends in the preceding two weeks and it was my turn that day to leave Kurnool. My heart was feeling a strange heaviness within it while a flurry of thoughts and memories of life in the immediate past seven years were criss-crossing behind my eyes. I was just about getting into a stupor when I was startled by a familiar voice of a man standing by the side of the bus next to my window. By the way he addressed me (General Rajaratnam), I instantly knew it was none other than my good friend, BK Kishore. I was touched by his kind effort to make the journey to the bus stop that early in the morning to see me off. That emotion packed incident stayed ever-green in my memory. Hardly did we speak a word, when the majestic Ashok Leyland engine roared into action. We hurriedly wished each other 'good luck' and bade good bye. As the bus gained momentum, all those familiar scenes which were until then part of my daily life and taken for granted viz., Men's Hostel, the bridge over river Hundri, the college campus and the General Hospital turned out to be fleeting scenes and soon drifted into memory lane. As the road climbs a gentle plateau well after leaving the town behind one could get a glimpse of that iconic minaret, the "Konda Reddy Burju". I looked back for a moment craning my neck to have one last glimpse of the Buruju. That strange feeling was still eroding my heart. Closing my eyes and switching off my mind seemed the only remedy for it and I slowly drifted into a slumber.

Two thousand and seven, the year of Golden Jubilee for Kurnool Medical College & General Hospital. There was a justifiable buzz about it among the Kurnool Medical Clan. Generations of alumni within India and across the globe resorted to social media arranging for re-unions at Kurnool to coincide with the celebrations and in the districts around it. I thought it would be an excellent time for a pilgrimage to the Alma mater and show Shoba, my wife, the glory of KMC since she is used to boasting of JIPMER at the drop of a hat. With each passing week whipping up the excitement in me of reliving the memorable student life, the travel plans were made right in earnest but it turned out to be a tightly packed schedule without allowance for error. Soon it was time to travel. The day was gloomy and cold but not out of the normal for England. Manchester flight info did not report anything untoward until we reached the airport. Slowly things started to unravel the intentions of the weather God, which seemed a bit ominous for us. Yet we were allowed to board the flight but it was kept stranded on the tarmac as Frankfurt came under a snow storm. Delayed take off resulted in us missing the connecting flight. We were left with no alternative than to spend the night in Frankfurt. By the time we landed in Chennai, the celebrations at Kurnool were at full swing and we did not feel like going there when all our friends had left.

The disappointment only served to intensify the desire to visit my alma mater even more. I finally realised my dream in 2012. But I couldn't have dreamt of what I was to see on arrival. Miles before we even approached the so-called view point on the plateau, our driver said that we were already in Kurnool. Built up areas had sprung up all around. As our car drove up a raised ground I wanted to point out the Buruju to Shoba, but couldn't spot it. It was lost in the concrete jungle that grew all round it. Sensing my exuding curiosity to spot the landmarks in the city (yes, the town had turned into a city since) our driver assumed the role of a tour guide for us. The banks of KC canal were heavily built up. If it was not for the driver turned guide, I would have missed it totally. When I first joined the KMC, I stayed with five other batch-mates on the right side of the road as we approached the town. The Birla Mandir on the left of the road which used to stand out serenely on the skyline had become so inconspicuous, lost among the concrete outcrops.

The majestic front of the General Hospital I was looking for, presented a dilapidated and depressive sight. Due to haphazard additions to the hospital extending towards the banks of KC canal, it has lost its dominating presence. A little further the library building and the canteen next to it gave some consolation to me. As we drove past the college entrance, it lifted my spirits a bit more. Hundri river looked its usual self with an irregular stream of water flowing among islands of water-melon plantations. We then retired to our accommodation for the night.



Bridge over Hundri

The next day we started with a visit to the Men's Hostel. It was vacation time for the college and so only a handful of students were present. I asked Shoba to take some photographs of me standing in front of the rooms where all I stayed. I couldn't believe the pathetic sight of bathrooms and toilets. The gardens were overgrown and full of rubbish. I looked for the sand pit where we used to watch post-dinner movies under moonlit starry sky. It was almost disappearing under the bushes and grass. The kitchen was a veritable smoke-filled dungeon and the boys working there looked far worse than some of the Dickensian characters. We couldn't help giving them some pocket money which brought some cheer to their faces. I didn't dare taking my wife to the dining room, but I went up alone to depress myself further more.

All of sudden a young man who until then was sitting on a pile of luggage in front of a room on the veranda, engaged in an intense telephonic conversation, leapt of his seat and ran to us addressing us 'uncle' and 'aunt'. What a surprise it was! During conversation, it transpired that he had once travelled to England with his doctor parents, alumni of KMC, and happened to attend our Annual Alumni reunion. We did recognise him as he was introduced to us at the alumni meet by a common friend of ours. We were overjoyed to reconnect that way. Through him we learnt of the devastation caused by floods in 2009. He pointed out the watermarks on the walls of the hostel. It was horrifying to imagine the scene then. Still I could not reconcile to seeing the hostel in such dilapidation. I felt the management could have restored some decency since it was more than 2 years past those floods. Our surprise contact, on finding that we were going to the college next, warned us of what we were to encounter. Yet having gone on a so called 'pilgrimage' we didn't want to miss out on other sections of the 'holy land'.

As we entered the college campus passing under the arch at the main gate, memories of the heydays came gushing back. The office block and the old secretarial buildings remained in better repair. However soon we spotted a ghastly model of a dinosaur among the greenery in front of the buildings. Who on earth had thought of and executed such a monstrosity, I wondered??? Then we walked into the undergraduate departments to unravel further devastation of the floods. The museum which used to be the pride of Anatomy department was totally gone. The dissection room where "the dead taught the living" had a ghostly look. I stood for a few minutes remembering some of our superb teachers, Profs. Rama Murthy, Kanthamma, Prabhakar Raju, Mahazir, to name some, walking up and down the long room in their pristine white coats and engaging us dissections.

We met a staff member in the Microbiology department who let us in to the professor's office. I imagined Prof. Leela Naidu of my time seated on the chair. All the rest of the departments were closed at the time. I found the pathology gallery half open and a few domestic staff were chatting away to glory. With their permission I went in and sat on the top row where I always did those days and let Shoba take a photograph of me. Remembered Prof. Bhaskara Reddy lecturing on renal pathology, his favourite topic. Tried to look for the beautiful oil paintings on medical history that he commissioned during our time (the painter's name escapes my memory, could it be Jaffar?). I was lucky to find one. Though fading in colour and full of cobwebs it cheered me up.

With mixed feelings we crossed over to the hospital campus. Walking along the long corridors we approached the main building from its rear as we so often did during our hay days. My heart broke to see the crumbling walls and heaps of rubbish piled at every corner.



My Old Residence in Men's Hostel



Sand Pit and Garden Leading to Hundri River



The Iconic KMC Administrative Block



Anatomy Dissection Theatre

The pathway led into dimly lit corridors which were teeming with patients. I did not feel like wading my way through them adding to the congestion. I quickly had a glimpse from outside at the wards of Prof. CV Krishna Rao and Prof. N Ramachandra Rao where I did my internship. They too presented the same gloomy sight that it took time for me to recognise.

By then I was drifting into a state of 'depression'. Shoba, sensing my feelings, kindly avoided any further reference to her JIPMER and maintained the silence even to this day. Having retired I am now engaged in voluntary medical service in a few charitable institutions in India. During these visits I have come across young doctors passed out of KMC. Interrogating them I found them generally knowledgeable, confident, ambitious and with a focus in life. It only goes to show that despite archaic and disintegrating infrastructure, the products coming out of the institution are of good standard which is what counts ultimately.

Years rolled by, and finally in 2014 I had a pleasant reunion with my good friend, BK Kishore, with whom I could not spend much time at the bus station while leaving Kurnool. He was one of the Guests of Honour for the AMGR (Andhra Medical Graduates Reunion) in the UK. Upon my request, he flew directly to Manchester from the USA, and together we drove to Bedford, the venue of AMGR. It was a surprise to Shoba to watch Kishore and I melting into our college days, since until then she had no idea that such a good friend of mine had been hiding in my heart all these years.



Pathology Lecture Gallery



With BK Kishore in Manchester in 2014



The Great Sushruta at Work

My Alma Mater continues to inspire me and I shall always be proud of it!!!

Dr. Koppada Rajaratnam obtained his M.B.,B.S. degree from the Kurnool Medical College in 1974. After that he specialized in Orthopaedic Surgery at the Christian Medical College, Vellore and obtained D. Ortho (1979) and M.S. Orth (1983). Later in 1991 Dr. Rajaratnam graduated with M.Ch. Ortho from the University of Liverpool, United Kingdom. Between 1994 and 2015, Dr. Rajaratnam worked as Orthopaedic Surgeon in the Department of Orthopaedics & Traumatology, Macclesfield District General Hospital, Mcclesfield, Cheshire, United Kingdom. During his college days in Kurnool, Dr. Rajaratnam was a well-recognized leader and role model for many students. He served as the General Secretary of the college students association, Senior Under Officer of the NCC, and organized many events and service activities. After retirement in 2015, Dr. Rajaratnam has been active in leadership roles, as Honorary Treasurer of World Orthopaedic Concern, United Kingdom; Board Member, Friends of Vellore, United Kingdom; and Chairman of Friends of Rural Development Trust, United Kingdom. His hobbies are reading, traveling, philately, and numismatics.

Nostalgia is the aching realization that you can't go back again. The longing no matter how intense, can never be met. - R. C. Sproul, Jr



My Visit to KMC-ANA Retreat Yellowstone National Park, Montana

Kiran Padigala, M.D., M.S.

(KMC - '94 batch)



This is my first attendance at our alumni meeting in the United States. I was very excited to meet my friends and seniors. I was picked up in a big shuttle bus that drove me from Bozeman International Airport to Summit lodge in the Big Sky Resort. The drive is scenic and beautiful with winding rivers and streams, beautiful mountains and green pastures everywhere. I saw many people enjoying what's left of their summer vacation kayaking, canoeing, zip lining, rock climbing etc. I also saw many wild buffalos grazing in the green pastures off the ranch lands. After a short drive I was at the entrance of the Summit lodge with a beautiful elk chandelier hanging from the top at the entrance. There is also a huge painting of brown grizzly bears hanging above at the check in desk. As I checked in I also got free tickets to three lifts in the area (used to lift people to the ski slopes in winter). That afternoon I went up these lifts and soaked myself in the beautiful nature of Montana. The views outside from the hotel window and from top of the mountain were picture perfect. I thanked the organizers in my mind many times for selecting such an awesome place, I would not have thought of visiting otherwise. After one of the lifts I hiked down two miles from a mountain and saw many bikers who zipped past me. I passed the ski slopes that were just idling away in summer and probably preparing for a busy winter. Many people were busy with various summer activities including a visit to the top of the Lone Mountain. That evening we had an informal meeting and I was excited to meet all the seniors and speakers. After dinner I had a very restful sleep.



Scenic View at the Big Sky Resort, the Venue of KMC-ANA Retreat



Elk Chandelier at the Entrance of Summit Lodging



Large Painting of Grizzly Bears at the Frong Desk

Next morning was the day of meeting and talks. We all met at the breakfast and our day started. After quick introduction by Drs. Bellamkonda Kishore and Anupama Voodarla the talks by accomplished doctors and/or researchers started. We all were immersed in learning about a wide range of topics like recent advances in cancer by Dr. Nori Dattatreya, diabetes and eye disease by Dr. Raju Vadrevu, role of probiotics in Nosocomial infections by Dr. M.S. Reddy, dangers of salt and heart disease by Dr. Surender Reddy Neravetla, role of intervention radiology in a liver patient by Dr. Sanjeeva Kalva, GOLD (Global initiative for COPD) by Dr. Prasad Garimella and aging kidney by Dr. Bellamkonda Kishore. We also had lot of interactive moments and participants asked many questions. The meeting was educative, informal and friendly. It was like students of different batches sitting in the same classroom. We had excellent breakfast, lunch and dinner menu. That evening we had a banquet followed by Keynote addresses by the speakers. We heard about the community works and contributions of the accomplished doctors and scientists. It was an inspiration to learn how much some of our seniors have achieved both at work and beyond.

The meeting ended with felicitation of doctors from India, Dr. Natarajan Manimozhi (for his dedicated work on Hansen patients) and Drs. C. Madhusudhan Rao and Dr. Nagamani (for their community and charitable work in Nandyal, India). The Chairman of the KMC-ANA Board, Dr. Sadasiva Reddy closed the function and handed over the baton to Dr. Bellamkonda Kishore and Dr. Anupama Voodarla, our new President and Secretary of the KMC ANA, respectively. Everyone enjoyed the meeting and eagerly looking forward for the next meeting in Philadelphia on 7/5/18. In fact, everyone was so excited, they stayed in the meeting room beyond 11 PM talking and taking photos, until the concierge told us that it was time to leave the place for cleaning up. I left Montana with wonderful memories. I definitely learned a lot from the inspiring talks and still cannot stop wondering at the achievements of some of the speakers. I lost myself in thinking and enjoying during my ride back to Bozeman Airport when the driver said, we are at the airport and have a safe trip back home. As my flight took off I caught the last glimpse of the beautiful mountains and green pastures below. And it reminded me the few lines about the Yellowstone National Park, which the organizers printed on the top of the Retreat flyers:

The Yellowstone National Park
Where the Earth meets the Sky
Where the horizon is just a name
Where the Nature is at its pinnacle

Dr. Kiran Padigala is a native of Kurnool and a graduate of Kurnool Medical College 1994-2000 batch. After his Masters in Biology at Western Kentucky University, Bowling Green, KY he pursued residency in Internal Medicine at Temple Conemaugh Valley Hospital and a Nephrology Fellowship at Geisinger Medical Center in PA. He moved to Louisiana in 2011 and has been working as a Nephrologist with Ochsner Medical Center in Baton Rouge, LA. He lives with his wife Smita who is a Rheumatologist by profession, daughter Anshu and son Arnav. Kiran actively participates in the activities of National Kidney Foundation. He is a regular participant of Kidney Walk and also raises money for NKF. He participates in many community and fund raising events. In his free time he enjoys travelling and spending time with family.

Dr. Sadasiva Reddy, Chairman of the Board of Directors Felicitated the Dignitaries and Keynote Speakers, while Dr. Bellamkonda Kishore, President , highlighted their contributions.



Dr. Dattatreyyudu Nori



Dr. V. K. Raju



Dr. Malireddy S. Reddy



Dr. Surender R. Neravetla

Dr. V. K. Raju (USA)



Sky is the limit, if we look upwards.



There is no limit to happiness, if we live to serve the poor and the neglected.

**Dr. C. Madhusudana Rao (India) and
Dr. Natarajan Manimozhi (India)**

*Dr. Sadasiva Reddy, Chairman of the KMC-ANA Felicitated
Dr. Sanjeeva Kalva (Left) and Dr. Prasad Garimella (Right) for
their Outstanding CME Lectures*



*Dr. Sadasiva Reddy Felicitated Dr. C. Madhusudana Rao and his wife
Dr. C. Nagamani (Left) and Dr. Natarajan Manimozhi (Right) for their
Outstanding and Dedicated Community Service in India*



Our Departed Board Members



Kotiveeraiah Sangisetty, M.D., M.S., FACS

Dr. Koti V. Sangisetty passed away on July 5, 2013. Dr. Koti (as he was affectionately known), was a Star-Alumnus of the Kurnool Medical Collage (1968-75). While in the KMC, Dr. Koti attained several distinctions, including the University First in Medicine, Distinction in Pathology and Microbiology. Dr. Koti did Residency at the University of Rochester, New York (1977-79), followed by a Fellowship in Urology at the Ochsner Medical institution, New Orleans, LA (1980-83). Dr. Koti founded and established a surgical specialty center called Physicians Surgery Center & Physicians Surgical Specialty Hospital in Houma, Louisiana, and has been its Medical Director and Member, Board of Governors. During his career, Dr. Koti earned a name as one of the best urological surgeons, and was well-known for his compassionate nature and endless philanthropy, inspirational and energetic outlook and leadership qualities among others.

Within the context of KMC-ANA, Dr. Koti served as one of the Board of Directors, and Treasurer. He has been a driving force during several fundraising activities that benefitted the KMC and its students. He always used to think how to improve the conditions in his Alma Mater, the Kurnool Medical College.



Madhusudana Rao Ghanta, M.D.

Dr. Madhusudana Rao Ghanta passed away on August 21, 2015 in Oakdale, Louisiana, where he established a family practice in 1978. Dr. Ghanta did his M.B., B.S. from the Kurnool Medical College, and Residency at the Pontiac Affiliated Hospitals in Michigan. He served as Chief of Staff of Oakdale Community Hospital and Medical Director of Allen Oaks Nursing Home and Harbor Hospice. Dr. Ghanta frequently spoke of his philosophy of life: "Work Hard, Live Right". He embodied this in all aspects of his life, serving as a role-model to his friends and family.

Within the context of KMC-ANA, Dr. Ghanta was its Treasurer at the time of passing away. He was a very passionate worker, doing the KMC-ANA work meticulously on his own, spending a number of hours. When told that he can avail secretarial help in printing the flyers and mailing them, which he did by himself at his home, he used say "It is our college, and it gives me immense pleasure to do it myself". Such was the dedication of Dr. Ghanta for his Alama Mater. He was instrumental in streamling the accounts of the KMC-ANA, painstakingly updating the addresses and email IDs of the alumni, and preparing clear documents for the organization.



Indla's Shantivan

Indla Ramasubba Reddy, M.D., DPM

(Kurnool Medical College - '71 batch)

Vishal Indla, M.D., DNB

(Kasturba Medical College - '96' batch)



Physician Treats, but Nature Heals - Hippocrates

Indla's Shantivan, a residential facility aims at providing after-care and rehabilitation services within a structured serene peaceful environment with the help of specialized mental health experts. Indla's Shantivan is established with the sole purpose of providing a wide range of psycho-social rehabilitation services for patients suffering from various psychiatric illnesses and substance use disorders (drug addiction). Shantivan - A home away from home, to help patients attain remission, stay stable, prevent future institutionalization and be functional members of the society and achieve a better quality of life.



Located amidst lush green and peaceful surroundings in nature's lap, the center provides accommodation for around 120 individuals. Built in a sprawling 3 acres mango garden in the serene environs of Nunna, about 18 kilometers from Vijayawada Railway station and 20 kms from Vijayawada Airport, away from the hustle-bustle of the city, the set up comprises of separate wards for men and women and offers specialty services for all psychological disorders and drug addiction. Be it addiction to alcohol and drugs or major mental illnesses like Schizophrenia, Bipolar Disorder, Personality disorder, OCD, Depression, Intellectual Disability Disorder (Mental Retardation), Autism Spectrum Disorders, we have tailor-made programs to suit the individual needs. We provide patient centered short term or long term rehabilitation, De-addiction or Recovery oriented interventions as per the felt need.

The main objective of this center is to take care of the needs of chronic mentally ill patients, drug addicts and their families. Our highly qualified and experienced professionals help family and patient to understand and choose the type of intervention that would be most beneficial. This center aims to reduce the burden of caring on the patients' caretakers with chronic mental illness and drug addicts at affordable costs. The center also aims to help patients get back to their normal lives after their stay in the serene and caring environment provided by the expert staff and the peaceful environment.

Indla's Shantivan Rehabilitation and De-addiction Centre and Indla's Child Guidance Clinics (ICGC) are subsidiaries of VIMHANS Hospital. Indla's Shantivan Rehabilitation and De-addiction Centre is a 120 bedded specialty center.

Vision and Mission:

- To integrate those with chronic mental illnesses into the community.
- To provide relief to the burden of the carers of those with drug addiction and chronic mental illnesses.
- To provide a home away from home for those with above problems and to treat them with respect and dignity.
- To provide holistic rehabilitation services at affordable costs in the lap of mother nature.

Unique Features:

- Separate well-furnished wards for men and women.
- Spacious and well-ventilated rooms.
- Shantivan takes care of accommodation, food, medicines, counselling and overall care of the patient. Family members are not required to stay with the patient
- Low patient - staff ratio ensures personalized care.
- Comprehensive mental health team including psychiatrists, clinical and rehabilitation psychologists, yoga instructor, and dietician.
- Open air theatre for patient entertainment.
- Library with lots of informative books, magazines and newspapers.
- Well-equipped Gym and facility for indoor/outdoor games and vocational training.
- Affordable cost.
- Well balanced diet designed through the emerging concept of "Psychobiotics".
- Good medical care for taking care of the comorbid medical illnesses.

Our Core Values:

We believe that every individual is special and the environment at Shantivan helps to nurture and rediscover the individual's lost potential. It's like a home away from home, so family members can leave the care to us and breathe easy.

Shantivan also has a Mind Museum that has timeline of all the major scientific breakthroughs in the field of Neurosciences and Psychiatry and a separate section on Psychiatry in Cinema, focusing on how movies portrayed psychiatry.

MAUNA is another unique feature of Shantivan. The idea is to enhance the power of the subconscious and maximize mental harmony and tranquility by harnessing the power of silence. This space is not meant only for the rehab patients but also for public at large to come and experience the peace within the ambience of pin drop silence. The ambience created ensures one to look inwards and harness the power of calmness in the mind.

www.shantivanrehab.org



Open Air Theater



Mauna - Meditation Hall

Jeevinchu Sadhinchu | Psychologist Indla Ramasubba Reddy | | No.1 News

https://www.youtube.com/watch?v=9BXWX2_GOMo

At Work, Less is Really More | Vishal Indla | TEDxKLU

<https://www.youtube.com/watch?v=TXOH7jCpIY4>

Editor's Note: Dr. Indla Ramasubba Reddy single handedly changed the perception of mental illnesses among the people in Andhra. Prior to his entering the Psychiatry, mental illnesses had social stigma. But by his relentless educational activity in the community through media (print, radio and TV), Dr. Ramasubba Reddy accomplished a task which no governmental agency could do given their resources and manpower. In addition, Indla's Shantivan, created jointly by Dr. Indla Ramasubba Reddy and his brilliant and dedicated son, Dr. Vishal Indla is the unique and first of its kind in India. Thus, the father and son duo have made unique contribution to psychiatry in India.



Dr. Indla Ramasubba Reddy graduated with MBBS (1971-75) from the Kurnool Medical College, and specialized in Psychiatry from the National Institutes of Mental Health and Neurosciences (NIMHANS), Bengaluru. Before starting his practice, he worked as A Psychiatrist at the Christian Medical College in Vellore, JIMMER in Pondicherry, and NIMHANS in Bengaluru. Since the last 35 years Dr. Indla Ramasubba Reddy has been practicing as Consultant Psychiatrist and as Director of VIMHANS Hospital in Vijayawada. Apart from his clinical practice, he is a regular columnist in many Telugu and English magazines. The most popular Telugu periodical Swati Magazine has published his regular column continuously for five years. Dr. Ramasubba Reddy has written and published 8 books on mental health in Telugu, the first of their kind. He regularly gives talks in All India Radio and appears on many television channels, such as Doordarshan, Gemini, Teja, TV9, Etv etc. He is the former President of the Indian Psychiatry Society and the SAARC Psychiatric Federation. He is the first Telugu doctor to reach these high positions. He also serves as the

Chairman and First Class Magistrate of Juvenile Welfare Board for Krishna and Guntur Districts. Dr. Ramasubba Reddy published many scientific articles in various national and international journals, and participated in several national and international conferences.

Dr. Vishal Indla, after graduating with MBBS (1996-2001) from Kasturba Medical College, Mangalore, did M.D. in Psychiatry from the National Institute of Mental Health and Neurosciences, Bengaluru. Later he obtained DNB (Psychiatry) and FAGE (Fellow of Academy of General Education). A topper with a Gold Medal during his MD degree, Dr. Vishal Indla received the prestigious World Psychiatric Association Young Psychiatry Fellowship Award (2007) at Melbourne, Australia. He is recipient of several other awards. Dr. Vishal Indla is also a Principal Investigator in many Phase II and Phase III Research Clinical Trials in Psychiatry, dealing with Schizophrenia, Bipolar Disorder, Major Depressive Disorders, Child and Adolescent Psychiatric Disorders etc. He authored editorials in the Indian Journal of Psychiatry. At a relatively young age, he holds prestigious positions, such as Chairman, Task Force on Young Psychiatrists' Forum of Indian Psychiatric Society, Associate Editor of the Indian Journal of Psychiatry among others. Currently, he is the Chief Psychiatrist at VIMHANS, Vijayawada. Dr. Vishal Indla is the current President of the AP State Branch of the Indian Psychiatric Society. He has delivered a TEDxKLU talk entitled "At Work, Less is Really More."

There is no Health without Mental Health.

- *David Satcher, M.D., Ph.D., Former Surgeon General of the United States*



Rotary Eye Foundation of America



Since 1977
(World without childhood blindness)



The Eye Foundation of America's mission is to go where the need is the greatest...

The Eye Foundation of America has:
Served over 2+ Million People...
Performed over 300,000 Vision Saving Surgeries...
25,000+ on Children
Trained over 200 Ophthalmologists...
Served in at least 25 countries...

Dr. VK Raju AMA Foundation Award Link:

<https://www.youtube.com/watch?v=B23VwUaloN4>

**Dr. Raju: Class of 2017 Inductees Into The Medical
Missions Hall of Fame You Tube Link:**

[https://www.youtube.com/watch?v=e0Ab3RC229o
&index=4&list=PLoxZXXpP8dCz0O5By4MxWAh9hN](https://www.youtube.com/watch?v=e0Ab3RC229o&index=4&list=PLoxZXXpP8dCz0O5By4MxWAh9hN)
DnyOXi



Indian girl in 1980 and then on her wedding day in 1999.
Before and after strabismus surgery provided by
The Eye Foundation of America.

"Combating childhood blindness has been identified by the World Bank as the most cost-effective of health interventions."

"There can be no keener revelation of a society's soul than the way in which it treats its children." – Nelson Mandela

Our Trip to Montana

Sujana Reddy, M.D., MBA
(KMC - '92 batch)

Chair/Medical Director -PMMC
Clinical Assistant Professor
De Salles University
Center Valley, PA



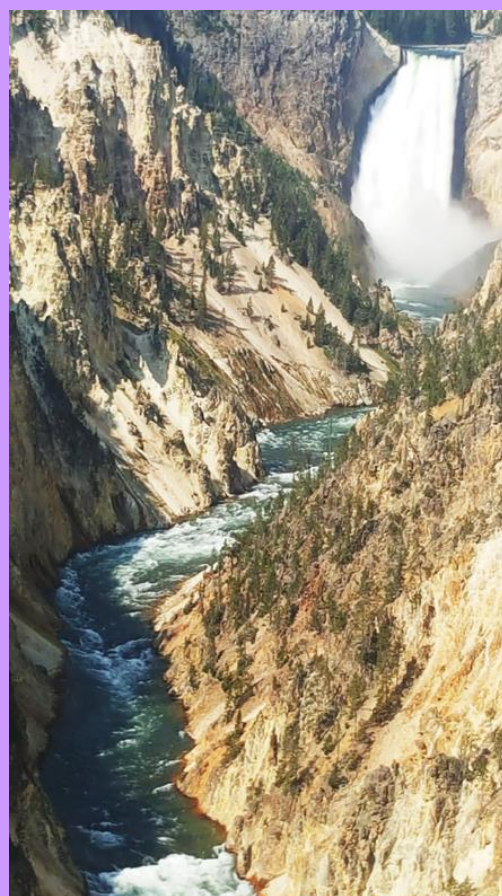
I acquiesced to the idea proposed, of going to Montana for KMC reunion and a CME conference. While the thought of Yellowstone National Park was tempting, the long flight from Philadelphia for just 4 days was a bit turn off. Between the battle of regret by not going and be with my good friends, and the laziness of making reservations and arranging for coverage at work, my intellection leaned more in favor of not wanting to miss the opportunity. Let's pack the bags and go far away from the mundane work, and be ourselves for a few days, enjoy the sky and Mother Nature - The very thought was very invigorating. Getaways are not new to us; we all have done and experienced them. What made this trip different from my previous one's - Well, unexpected surprises.

The Program directors and the coordinators from Dr. Sadasiva Reddy to Drs. Anupama and B.K. Kishore have done a good job of keeping the alumni with a guessing game, from the attendance to the catering. The conviction, hard work and the time spent by these individuals from reaching out to a many alumni as possible to organizing every single detail during our stay is quite admirable.

While the place picked up for accommodation is very commendable, the scenic beauty was breathtaking. Luck what it turns out to be was in our favor cooperating with a fantastic weather all thru our stay. OK, everything is fantastic let's get out of here and enjoy the park was actually our motto as soon as we landed in Montana.

We wanted to show our face at the breakfast on the morning of the CME and slip thru the cracked door. As we started exchanging pleasantries getting to know the presenters, a feeling of nostalgia swept us. After following them into the conference room, we wanted to hear the first talk. Even before we realized what the topics of discussion were, our deluded escape plan was out the window; here we were glued to our seats. Our Pre-planned lone peak expedition and white water rafting have to take a complete back seat. But who's disappointed NO ONE.

Kudo's to all the presenters with special Brownie points to the Drs. who came all the way from home India. Every single presentation was unique with the content that was very thoughtful and out of box. The topics were very interesting and insightful. It was definitely double bonus to all of us. While we got scientifically charged on the subject matter, we also got thermally charged with exotic beauty and the wonders of the Yellowstone Park. Its dramatic canyons, alpine river flows, hot springs and geyser eruptions, are only a few I could mention. The place is like the Womb of Mother Earth beholding all its secrets. We tried not to miss much of the animal species either, running into a bear on the road side, to a herd of bison charging towards our van. What a moment, Nonetheless to say "Zindagi Naa Milegi Dobara".

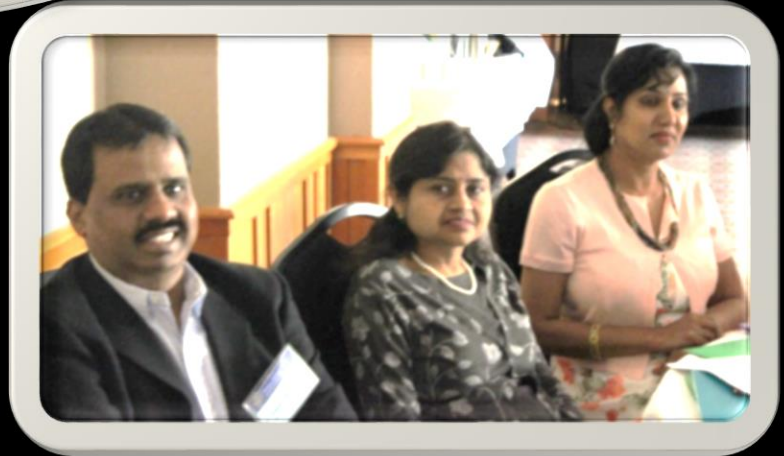


I am proud to say that I'm an alumnus from KMC, and will I choose to come back again for another reunion... you bet I will.





Happy Time









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 37th 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 Univeristy, Tirupathi, India.



37th 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 1st, 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>Fasting After Midnight 9 hours highly recommended (Nominal fee \$30.00 Cash or if use credit card \$35)</p> <p>Blood Tests includes:</p> <ul style="list-style-type: none"> • Complete Blood count, Sugar, Kidney and Liver function tests, Electrolytes, Lipid profile (Cholesterol, HDL, LDL, Triglycerides), Thyroid test, HbA1C. • Additional Tests: Vitamin D, Folic Acid, B12 and Iron (Extra Cost) <p><small>*Results will be mailed in 10 days</small></p>	<p>CONSULTATION with various specialists (Free Screening only)</p> <ul style="list-style-type: none"> • Bone Mineral Density Test • Hearing Test • Vision Screening • Dental Screening • Vascular screening (over 40 diabetes, stroke, Heart disease) • Cardiovascular Assessment - BMI • Dietitian will educate on Diabetes, Nutrition Hypertension, Smoking Exercise
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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

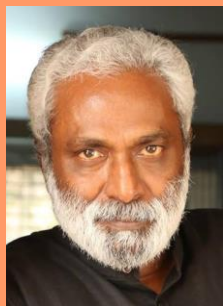
Bon Voyage



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 4th, instead of August 3rd. 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 alumnus of our Kurnool Medical College; Pandemic of Diabetes, beyond Retinopathy and Cataract by Dr. Vadrevu K. Raju, well-know 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 y 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, Odisha 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

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 tonsillectomies, 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 25th to 31st.

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 activities 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.

EMAIL: cmadhusudanarao@gmail.com
madhumaninursinghome@gmail.com

Website: www.madhumaninursinghome.com



Rural ENT Camp in Rayalaseema



Awarding Educational Loans



Visiting Faculty - Nepal



Guest Oration - Nepal



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

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=3PWlMLSMaPU>

If interested in participating in NObesity Revolution, please contact:

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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!

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Obesity

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Autoimmune Diseases

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...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

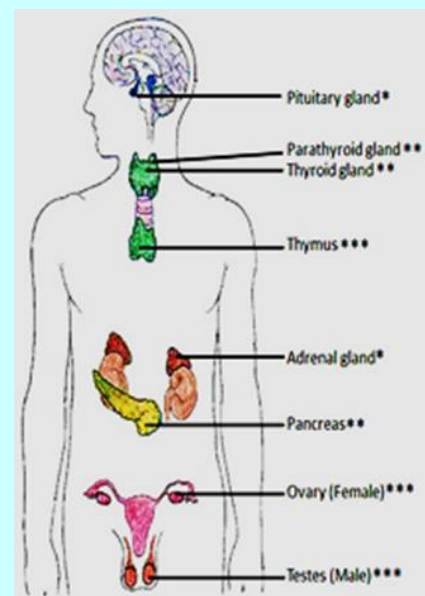


Fig 1: Human endocrine system which is involved in fight or flight mechanism and the resultant stress syndrome. *Directly involved; **Indirectly involved; ***Not involved but gets affected.

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.

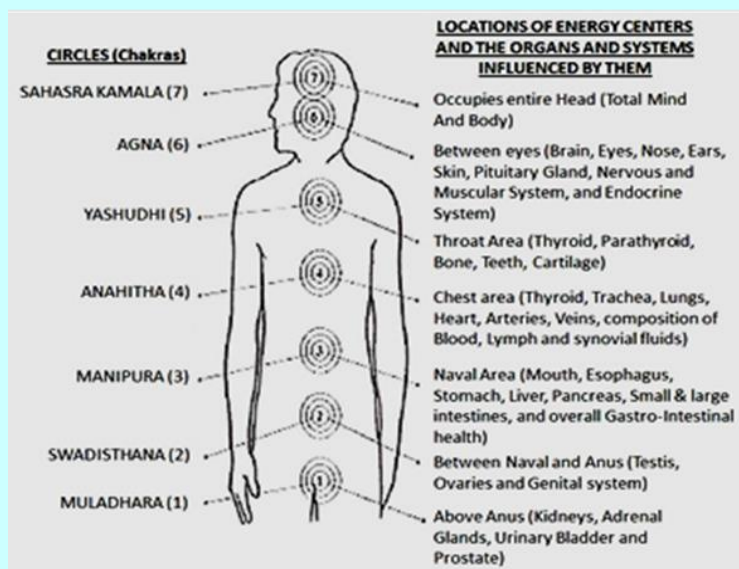


Fig 2: Location of energy centers (Chakras) in the human body.

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).

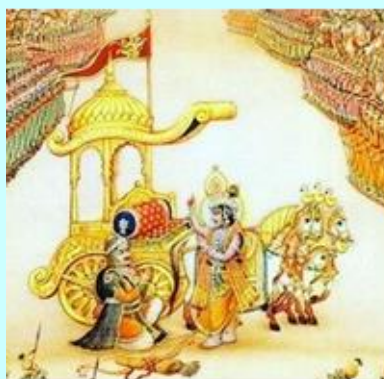


Fig 3: King Arjuna (sitting down with depression in the battle ground) affected by stress syndrome and pessimism, prior to understanding the theory and practice of meditation and optimism.



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

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

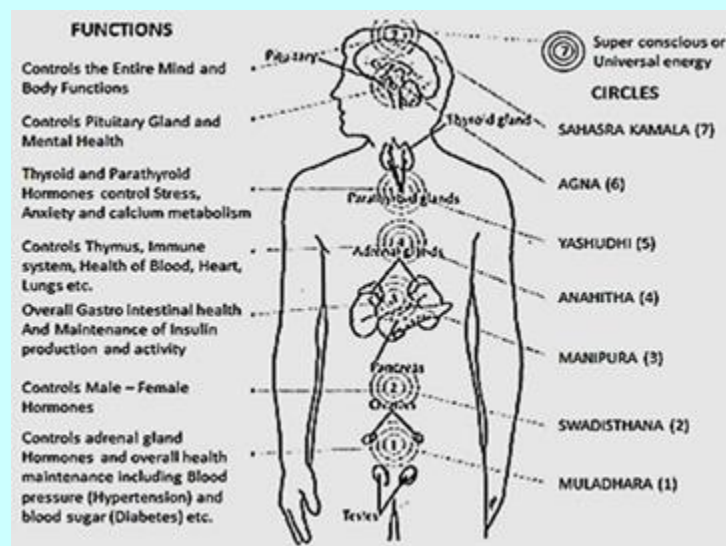


Fig 5: Effect of meditation on activating the energy centers and harmonizing the functions of endocrine system.

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.

Dr. M.S. Reddy (Malireddy Srinivasulu Reddy), was born in Uppalapadu, Nellore District, AP. Popularly known as “Cheese King”, Dr. Reddy has specialized in food technology and applied microbiology in India and the USA. He is the President and Chairman of the American Dairy and Food Consulting Laboratories (ADFAC, Labs), and the International Media and Cultures (IMAC, Inc.) in Denver, Colorado, with eleven manufacturing facilities in eight states. Dr. Reddy holds over 150 U.S. and international patents, which are contributing immensely to the field of biotechnology. He has published over 110 scientific articles and several books and received over 145 national and international awards and honors. In 2016 he was awarded the most prestigious medical and pharmaceutical award for publishing the best scientific paper about his discovery of Multiple Mixed Strain Probiotic Therapy to cure hospital acquired infections due to *C. difficile* and MRSA. He has received three lifetime achievement awards from various organizations from around the world. He has served as a technical consultant to over 70 national and international companies all over the world. He is a life member of AAPI and serves as an active committee member of AAPI’s complementary and alternative medicine division.

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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 MDCCCII, 1902
3. Ayurveda and Modern Medicine: the missing links
(On the web: www.EyeFoundationOfAmerica.org)
4. History of Charaka Club (On the web: WWW.EyeFoundationOfAmerica.org)
5. Musings on Medicine, Myth and History: India's Legacy. (available on Amazon.com)

Date: Saturday, August 5, 2017

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. Dattatreyudu Nori (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)



COLLEGE OF MEDICINE TUCSON
Continuing Medical
Education



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

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)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Commercial Support: None

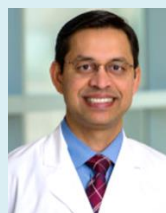
CME Fee: The fee for this CME activity is \$100 plus \$25 for certification, which are included in the registration fee for the Kurnool Medical College (KMC) alumni. Non-KMC physicians will pay \$125. All Residents and Fellows will pay \$25 certification fee only.

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.

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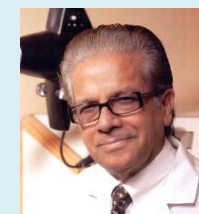
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The Physician is also a Philosopher...

*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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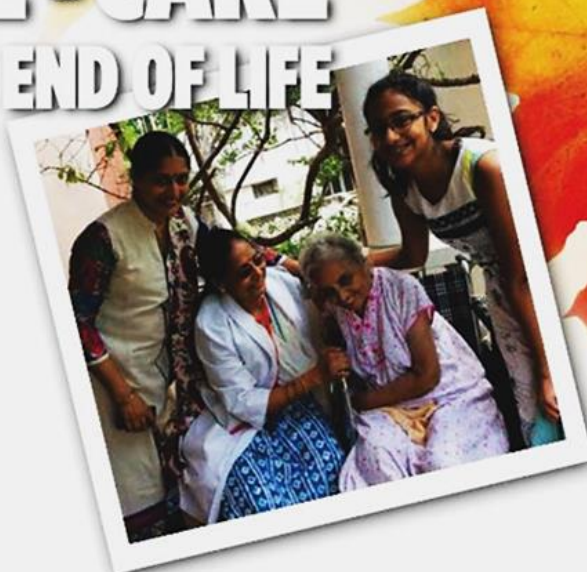


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Sparsh Hospice is an initiative of Rotary Club of Banjara Hills Charitable Trust, Hyderabad. The trust was established in the year 2011 to offer palliation (relief) to terminally ill cancer patients, free of cost. Sparsh Hospice means an end of life care option that provides comfort, compassion and dignity to dying patients and their loved ones.

At Sparsh Hospice, the focus is on caring and not curing. A 12 bedded facility, Sparsh is presently functioning from a rented premises with a plan to shift to a larger permanent independent facility.

The aim of offering solace to patients in the final stages of their life has been possible due to societal support.

We urge everyone to donate generously to the cause.

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*Congratulations & Best Wishes to
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