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QUEST FOR PEACE IN MANIPUR**

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HOW DO PATIENTS LOOK AT A HOSPITAL?

What is their perspective? Those are loaded and layered questions. For example, a colleague recently quipped: “In the history of hospital discharges, nobody has been discharged in the morning.”

From experience, I must agree. The previous night, the doctor would have said that one could leave in the morning. And then one would dream of lunch at home and a siesta in a familiar bed. But by the time the discharge summary is ready, unused medicines are returned, bills settled, and insurance forms signed, it would invariably be late afternoon or even sundown. That is a familiar perspective about hospitals.

This week’s issue of your favourite magazine is the annual special on India’s best hospitals, backed by THE WEEK-Hansa Research Best Hospitals Survey 2025. Patients are at the centre of the main article by Principal Correspondent Pooja Biraia, with many of them sharing testimonies about doctors and nurses who went the extra mile to bring them back from death’s doorstep.

The survey covers 19 cities (plus the National Capital Region). A primary survey was conducted among health care experts—788 general physicians and 1,609 specialists.

Professors Amit Sethi of IIT Bombay and Dr Swapnil Rane of the Tata Memorial Centre have contributed a column that calls for a mission-driven and public-first approach to using AI in health care. Sethi and Rane caution India against mimicking the west and insist that AI alone will not heal India’s health care problems.

This is also a very special week for us as THE WEEK Health Summit 2025 is being held in Delhi. The chief guest is Anupriya Patel, minister of state for health and family welfare, and chemicals and fertilisers. Other speakers include Bansuri Swaraj, our columnist and member of the Lok Sabha; popular author Chetan Bhagat; Dr Sudarshan Ballal, chairman, Manipal Hospitals; Dr M. Srinivas, director, AIIMS (Delhi), and other stalwarts.

For me, the showstopper is Dr G. Thomas Budd, professor of medicine at Cleveland Clinic Lerner College of Medicine. He is the principal investigator of the breast cancer vaccine trials. And joining him on stage will be an old friend of THE WEEK, Dr Jame Abraham, chairman of the department of hematology and medical oncology at Cleveland Clinic.

In other news, Chief of Bureau (Delhi) Namrata Biji Ahuja travelled to Manipur to cover the return of Thuingaleng Muivah, general secretary of the National Socialist Council of Nagalim (Isak-Muivah). The patriarch’s defiance came as a surprise to New Delhi, Namrata writes, while hoping for peace in those beautiful hills.

Returning to the cover on how patients view hospitals, I am reminded of Dr Ida Scudder’s statement that it was three knocks in the night that changed her life. Her father, Dr John Scudder, was a missionary doctor. While she was spending her holidays with her parents in Tamil Nadu, three men from different communities knocked on their door in a single night, asking for a female doctor to assist their wives during childbirth. As there was no one, the men returned into the darkness. All three women died.

John would not be allowed to see them as he was a man, and then there was the spectre of caste. Moved by the death of the women and their unborn babies, Ida returned to the US and graduated from Cornell University Medical College in 1899, among the first batch of women. She started her medical work in Vellore in 1900. This year, CMCH Vellore marks its 125th anniversary.

Today, our girls are specialists and superspecialists in medicine. The Union government is powering a massive push to provide care to all citizens. And I am sure no one shuns a doctor based on caste anymore.

Philip Mathew,

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INDIA'S BEST HOSPITALS

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For next-gen actors like Ira Dubey, **Junaid Khan** and Zahan Kapoor, theatre is as captivating as stardom in cinema



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"Indian politics has its own shepherd boy. For more than a decade, he has stood upon his favourite hilltop, waving his arms and warning of monsters that never arrived. Each time, the public gathers, patient and curious. And each time, they discover not the wolf of corruption or collapse, but merely another mirage of melodrama."

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Tejashwi's political baggage

The BJP-led alliance is likely to have an easy victory in Bihar ('Mandal versus millennial', November 9). In a year when India clean bowled Pakistan with Operation Sindoor, a sweep anywhere in the Hindi heartland seems inevitable. Tejashwi Yadav remains weighed down by his political baggage—the past continues to haunt him, and few in Bihar wish to return to the chaotic rule of Lalu Prasad and his associates.

Nitish Kumar may not have done everything right, but with full support from the Centre, Bihar's double-engine government should continue to work to the state's advantage.

Mukul Tyagi,
On email.

The promises of jobs and welfare reveal both the urgency of youth frustration and the limits of populist politics. Bihar's young voters—studying on riverbanks and railway platforms—are seeking opportunity, not rhetoric. Nitish's social engineering and Tejashwi's

employment vision appeal to different aspirations but face the same test: turning slogans into structural change. Unless governance shifts from short-term relief to sustainable job creation, Bihar's cycle of migration and dependency will continue.

The next government's

credibility will depend on work, not words.

K. Chidanand Kumar,
On email.

Tejashwi really does not deserve to be the chief minister of Bihar. The jungle raj of his father, Lalu, still haunts him. Bihar needs a dynamic leader like Yogi Adityanath if it is to see real progress.

Anil Deshpande,
On email.

Tejashwi's promise to create jobs and curb migration is inspiring, but it requires a clear roadmap and decisive action. Migration from Bihar is driven not just by the search for livelihoods but also by the pursuit of better education and health care—issues that need equal attention.

Vijay Navalayal,
On email.

It is likely that the NDA alliance will win in Bihar, but Nitish may not be the right leader to take the state forward. Bihar's development needs stronger momentum, as it still lags behind many other states.

A large number of Biharis continue to migrate to other states for menial

jobs, which does little to uplift the state's image or economy.

Manish Singh,
On email.

He will set a benchmark

A regular evaluation of colleagues' performance should lead to timely course corrections, befitting a leader of the masses ('Cleaning the cabinet', November 9). The onus of accountability rests squarely on the party heading the government. Chief Minister Devendra Fadnavis is well-equipped to handle the pulls and pressures of coalition governance and to set a benchmark in ethics and efficiency.

Sachidananda Satpathy,
On email.

Adopt scientific measures

The common cause behind most tragedies is a lapse in security—a fact that becomes evident only after the damage is done. Each such diabolical incident shatters the collective conscience of society, yet the findings of the perfunctory inquiry commissions that follow are seldom revealed ('Ritual of inquiry',

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Modern Trends in the Treatment of Prostate Cancer

By Swati Amar

Greater awareness among people and better access to diagnostic screenings have contributed to increased detection of prostate cancer," says Dr. Sandeep Bafna, Consultant Urologist & Genito Urinary Reconstructive Surgeon, Apollo Hospitals, Greams Road, Chennai. He says increased incidence of prostate cancer is due to lifestyle changes such as unhealthy diet, lack of physical activity, obesity, smoking, family history and genetic mutations.

Time for a Doctor Visit

A visit to a urologist is warranted if the following symptoms are observed:

- ◆ Frequent or urgent need to urinate, especially at night
- ◆ Difficulty in passing urine
- ◆ Pain or blood in the urine or semen
- ◆ Unexplained weight loss
- ◆ Unexplained pain in the lower back, hips or thighs

Diagnosis

After a physical examination, a prostate-specific antigen (PSA) test is the common initial screening tool. In case of elevated PSA, digital rectal exam (DRE) is done to feel the prostate for abnormalities. The next step is Multiparametric MRI of the prostate that creates detailed images of the prostate and helps doctors in detection, localization and staging of prostate cancer or other conditions such as infection or enlargement.

Detection of abnormalities in MRI warrants PSMA-PET-CT scan, a more effective imaging technique to detect the spread of cancer to other parts of the body. Further confirmation is done through a biopsy. Transperineal prostate biopsy, which involves taking tissue samples through the skin of the perineum is an advanced technique where infections are grossly reduced in comparison to the conventional transrectal approach, which uses a probe into the rectum to create an image of the prostate.

AI in the Diagnosis and Treatment

AI plays a significant role in the diagnosis and treatment of prostate cancer. Through precise analysis of images and data from various diagnostic tests, AI improves detection and grading accuracy. Also, by predicting outcomes, it helps doctors

categorize patients as early, intermediate or high-risk and guides in developing personalized treatment plans based on patient's specific data.

Modern Trends in Surgery

Conventional surgery for advanced prostate cancer has been bilateral orchiectomy, to remove both testicles. Open prostate surgery or open prostatectomy for advanced prostate cancer removes the prostate gland through a single, large incision in the lower abdomen or perineum. Risks in this surgery such as extensive bleeding, infection and damage to the surrounding organs and longer recovery time have shifted focus to newer techniques such as robotic prostatectomy. This is a minimally invasive surgical procedure that removes the prostate gland using a robotic system controlled by the surgeon. It leads to faster recovery, lesser blood loss, shorter hospital stay and better outcomes.

AI has enhanced patient outcomes in robotic prostatectomy, improving surgical precision. AI analyses real-time data and helps surgeons navigate complex anatomy accurately, enabling a nerve-sparing approach and leads to negative surgical margins.

Immunotherapy stops the spread of cancer and has shown better results than chemotherapy. PSMA is a targeted treatment for prostate cancer (Lutetium-177 PSMA therapy) that uses a radioactive substance to destroy cancer cells through radiation. It improves survival rates and quality of life for patients with advanced, metastatic prostate cancer.

Focal therapy or high-intensity focused ultrasound (HIFU) uses high-frequency ultrasound waves to heat and destroy

cancer cells with minimal damage to the surrounding healthy tissue, preserving urinary and sexual function. Proton beam therapy uses a precise, high-energy beam of protons to destroy cancer cells, sparing the healthy tissue. Doctors offer various options and guide the patient to select a treatment of choice.

“Prostate cancer is curable and early detection through regular check-up is the key. If identified early, modern treatment approaches offer fantastic curative results, greater life expectancy and a good quality of life.”

Dr. Sandeep Bafna



Dr. Sandeep Bafna, Consultant Urologist & Genito Urinary Reconstructive Surgeon, Apollo Hospitals, Greams Road, Chennai

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November 9). These commissions rarely prevent potential hazards.

While crowd frenzy is difficult to contain, security personnel must adopt scientific measures to manage vulnerable venues effectively.

T.S. Sanath Kumar,
On email.

Inquiry commissions, in most cases, serve little purpose. Stampedes are man-made disasters. No venue should ever be allowed to become overcrowded.

Political parties often try to showcase the size of their gatherings as a measure of popularity—a dangerous trend. Have we ever heard of stampedes in the US? Hardly, because effective crowd management is in place there.

From his next election rally, Prime Minister Narendra Modi should ensure that attendance is limited to 500-600 people. By setting such a standard, he can lead by example, and others will follow.

Tarun Mehta,
On email.

I solely hold actor Vijay responsible for what happened in Karur. He should know that he is an actor, too, who has millions of followers. He should have been careful. Likewise, elders should ensure that children are not taken to such crowded places. Stampedes should cause

a general fear in the hearts of the people and that is the only way to prevent them from happening.

K.M. Pradeep,
On email.

Emotionally tied to films

Dilwale Dulhania Le Jayenge is an iconic film that firmly established Shah Rukh Khan's place in Bollywood ('When life gives you *DDLJ*', November 9). It also had a wonderful collection of memorable songs.

But I fail to understand the logic behind watching any film more than 20 or 30 times—isn't that a waste of time? I think only Indians tend to do such things, as we are emotionally attached to films.

Vismay Kothari,
On email.

Shah Rukh Khan is undoubtedly a great actor and an outstanding achiever. However, calling him the best or the king seems a bit of a stretch—more of a media label than a fact.

There are several other accomplished actors who have ruled Bollywood for over two to three decades, such as Aamir Khan, Salman Khan, Akshay Kumar, Ajay Devgn, Saif Ali Khan and Hrithik Roshan. Many of them enjoy fan bases as large—if not larger—than SRK's. Each of them is a king in his own right.

Neha Mongia,
On email.

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Not many people in the world get to live their dream as a profession. My dream was always to be a cricketer, and I am lucky that I did not have to think of a plan B or C. Every step of the way has been a beautiful phase for me. There is so much that I have learned through the ups and downs.

K.L. Rahul,
cricketer

If you see the progress of science, every invention, including automobiles and railway engines, has been resisted by the people. They think such advancements are going to badly affect society. But science is not immoral. Whether it is right or wrong, science is going to move forward.

Javed Akhtar,
lyricist

India is practically friendless in South Asia. West Asian countries are forging new arrangements among themselves and with Israel, without India. It is time to acquire some humility and go back to the policy drawing board.

P. Chidambaram,
Congress leader

India needs a capable [Union] home minister, not a full-time 'hate campaign minister'. Isn't it Amit Shah's duty to protect both our borders as well as our cities? Why is he failing so spectacularly on all counts?

Mahua Moitra,
TMC leader, after the blast near the Red Fort in Delhi

There are very few people with whom you feel zero discomfort—not even a milligram. Gulshan is one of them. He brought three or four different pillows from his vanity van: one small, one big and fluffy, another stiff, and asked me to choose whichever felt most comfortable.

Girja Oak Godbole,
actor, on actor Gulshan Devaiah ensuring her comfort while shooting sex scenes in an upcoming web series
Therapy Sherapy



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WORD PLAY

Guess what's the latest gardening trend! It is called the **mullet garden**: well-maintained and trim at the front, and wild at the back.

MILESTONES



RAINING SIXES

Meghalaya's Akash Choudhary, 25, became the first player to hit eight consecutive sixes in cricket while on course to record the fastest first class half-century in 11 balls, during a Ranji Trophy Plate Group match against Arunachal Pradesh in Surat. He broke the record held by Leicestershire's Wayne White, who hit 50 in 12 balls.



AFP

NEW PRESIDENT

Rodrigo Paz Pereira, 58, son of former president Jaime Paz Zamora, has been sworn in as Bolivia's new president, ending nearly two decades of socialist rule in the country. Paz belongs to the centre-right Christian Democratic Party.



AP

BOOKER PRIZE

Canadian-Hungarian-British author David Szalay won the 2025 Booker Prize for his novel *Flesh*, beating five other finalists.



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The mayor & the grammar—hands off

Zohran Mamdani, who has Indian blood running in his Mississippi-long veins, has become New York mayor. Yet most Indians and expats, who had burst crackers when Rishi Sunak kissed the king's hand, are washing their hands off him. Bad grammar, bad politics.

First the grammar. If you don't want to be responsible for what someone else is doing, the right thing to do is to wash your hands of it—not off. Read King James Bible. Roman magistrate Pontius Pilate washed his hands of the Jesus case, when Jewish priests asked for his blood. Did Covid-era rules prevail under *lex Romana*?

Modern judges don't get into this handwash business. They recuse themselves, or cite limited jurisdiction. They'd have said the Jesus case involved Jewish law, whereas they had been sent to administer Justinian's law, and disposed of the case.

Rightly so, juridically and grammatically. Most of us dispose off the stuff that we want to throw away, when we can actually dispose of all the stuff with a single *f*.

Now let's talk politics. Indians usually toast with scotch—these days distilled in India, and named Indianly as Indri or Amrut—when anyone with an Indian first name, middle name or surname makes it to a town crier's post in Thimphu or Timbuktu. Yet Mamdani, who has become the lord of the richest city in the richest country, hasn't been adopted by flag-wavers in India or Diwali lamp-lighters in America.

Last July, Mamdani had made a strong case before them. He set the Mississippi (with his mother-made masala) on fire by eating rice with hands. Yankee WASPs and such nasty creatures in the west stung him like hornets on social media with unsocial comments.

I thought all the cultural rightists and those of us who lead hand-to-mouth lives in the literal sense

would jump to his side and beat the cutlery-armed white knights with bare hands. Nothing of the sort. Most of them kept their hands off him, rightly with a double *f*.

Why? Simple! Though his mother has an Indian surname that is spelt like a Malayali but is actually Punjabi, he was fathered by an India-born Ugandan citizen of Muslim faith.

The libs and the lefties have since adopted him to trash the Trumpists, racists, monoculturists, cultural supremacists, and running dogs of imperialists. Sociological treatises are being readied in PhD factories about culinary imperialism, bromatological bias, and gastronomical racism, while cultural nutritionists are

coming out with WhatsApp treatises on the health benefits of eating with hand, quoting all the medical and spiritual texts from Arabic to Persian to Sanskrit. The hypotheses are already out on social media.

I'd say—hands off, *manyavar*, *janab* and gentlemen! When in Rome, do as the Romans do. Ayurvedic texts may tell us that it's healthier to eat with hands, but Cardinal Richelieu invented the table knife because you

can't eat a steak with bare hands. Try it, and William Hanson will cook you alive and eat you with Sheffield cutlery.

We don't have to impose our values on others. Eating a banana leaf-spread Kerala *sadya* with knife and fork would be as ridiculous as eating fish-and-chips with bare hands. There's nothing nationalistic about either; Gandhi, the greatest nationalist who wore loincloth, also ate with a fork.

The rule is simple. Eat western food with your household silver or restaurant cutlery; eat your roti-rice and curry with your hands. Eating habits are conditioned by climatic conditions and culinary traditions.

And the ultimate lesson—eat with your hands, fork or chopsticks, but wash them well before eating.



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SMOGGY LOGIC

India's vastness is both its strength and its weakness. Chaos on one side and progress on the other—the nation balances on averages. Mid-day meals served on newspapers in Madhya Pradesh? No problem! Kerala has recently turned a dump yard into a stadium.

So, when Union Environment Minister

Bhupender Yadav was asked about Delhiites choking on polluted air, he responded: "Look at my constituency, Alwar (Rajasthan). The AQI is low there." The minister's message was clear: Whether the glass is half full or half empty just depends on where you're breathing from.



ILLUSTRATIONS JAIRAJ T.G.



ERA'S LUCKNOW MEDICAL COLLEGE AND HOSPITAL

Era's Lucknow Medical College and Hospital functions as a Center of Excellence in medical education, healthcare, training and research. Besides undergraduate (MBBS) teaching and training, it also offers postgraduate degrees in 19 subjects. With more than 900 beds, the well equipped, multi-speciality hospital provides medical facilities especially to the weaker section of the society at highly subsidized rates. The large inflow of patients and a high bed occupancy provides our students with the exposure necessary to be confident and competent professionals.

The college is listed with the World Directories of Medical Schools and is recognized by the Government of India. Era's Lucknow Medical College and Hospital has consistently secured a place among the 'Top Medical Colleges of India', according to the surveys conducted by various leading agencies. This highlights the significant academic, clinical and research achievements of ELMC&H, which was established barely 25 years ago when compared to other top colleges with an average standing of 82 years.

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REAL JUSTICE

On a plea seeking a framework to regulate artificial intelligence in the judiciary, Chief Justice of India B.R. Gavai couldn't resist a quip: "Yes, yes, we've seen our morphed pictures, too." The courtroom burst into laughter. In an era where AI can help draft orders, translate judgments, and sometimes even fake a judge's face, his parting line—"You want it dismissed now or after two weeks?"—landed with equal parts humour and irony. As he prepares to demit office, the moment felt like a gentle reminder that while technology may mimic efficiency, it can't quite code the charm of human wit in justice.

BOSS MOVES

The expulsion of senior AIADMK leader K.A. Sengottaiyan—a popular western belt face—has sent shockwaves through the ranks. Party general secretary Edappadi K. Palaniswami's move wasn't just about ousting a dissenter; it was a show of being in control. He swiftly contained support for Sengottaiyan both within the party and the NDA alliance. As Sengottaiyan met other sidelined former AIADMK leaders like T.T.V. Dhinakaran, O. Panneerselvam and V.K. Sasikala, two southern AIADMK seniors met BJP state president Nainar Nagendran with a clear message from Palaniswami: no support, no comment. The message reached Delhi, too. The most rattled? BJP's K. Annamalai, who had tried to mediate between the factions. He later told reporters, "I won't comment—Amit Shah asked me to keep a low profile." For Palaniswami, it wasn't just a victory over rebels. It was also a silent checkmate against Annamalai—the man who once called him illiterate.

COCONUT CRASH COURSE

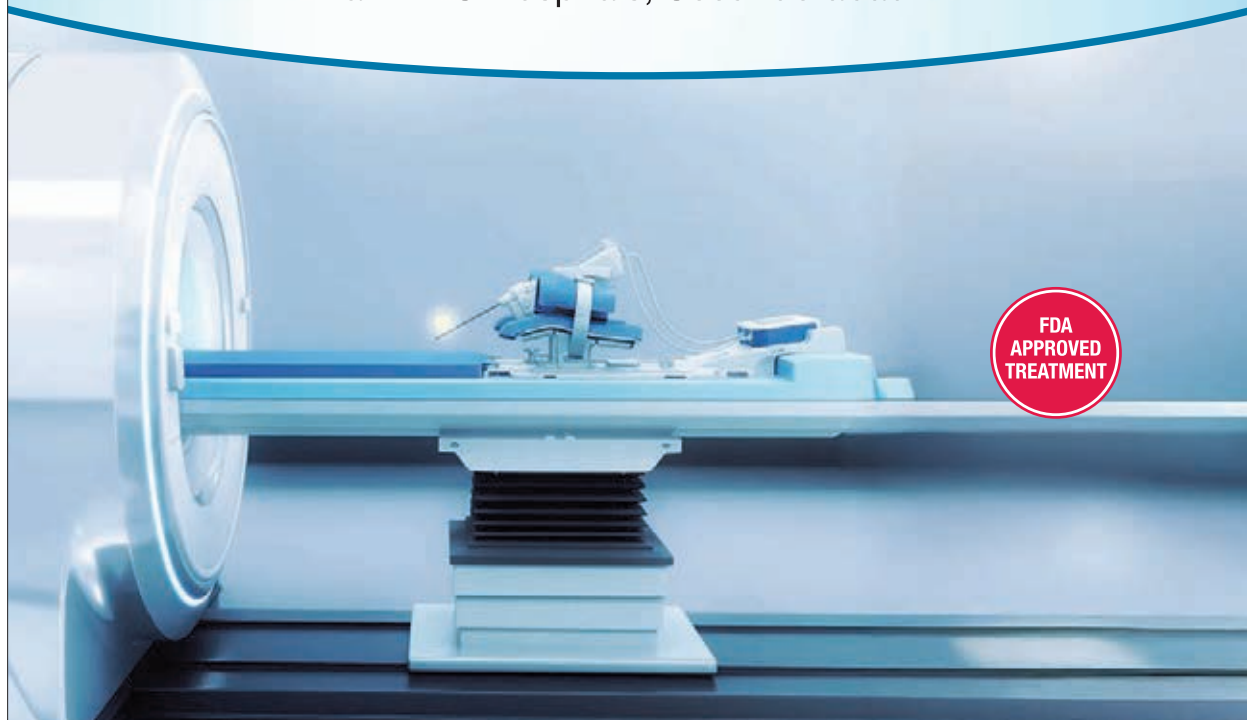
In Kerala, breaking a coconut is a common ritual among Hindus, symbolising the removal of negativity before a new beginning. But BJP state president Rajeev Chandrasekhar's "beginning" needed some hands-on help. At the launch of the party's local body poll campaign in Thiruvananthapuram, Chandrasekhar was handed a coconut topped with burning camphor. Unsure what to do, he gingerly placed it on the ground. After an awkward second, a party colleague took his hand and guided him through the ritual. Chandrasekhar looked visibly relieved on finishing the task. But, social media was merciless, pointing out that the BJP leader, who came to "save the Hindus", did not even know the basics of a Hindu ritual.



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SLEEPING BEAST

Kashmir-centric terror outfits may be shifting focus from guerrilla operations in J&K to targeting urban centres elsewhere through sleeper cells

BY SANJIB KR BARUAH
AND KANU SARDA

At the morgue in Delhi's Maulana Azad hospital, a woman in her 30s leaned over a covered body. "Maa... Kriti," she whispered hoarsely, voice trembling as she pointed to tattoos on the charred forearm that she recognised as her husband's.

Amar Kataria, a Chandni Chowk businessman, had been in his car near the Red Fort metro station on the evening of November 9. At about 6:52pm, a sudden flash and a deafening boom tore through the air, instantly taking Kataria from



TERROR HITS HOME
Union Home Minister
Amit Shah at the blast site

PTI



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Medicover Hospitals is one of the fastest-growing multi-specialty healthcare chains in India and one of the largest healthcare groups in Europe with presence in 12 countries across the globe.

Medicover Hospitals (India) has been making great strides in the healthcare sector with 1800cr turnover in the financial year of 2024-25 under the leadership of the Chairman Dr. Anil Krishna, who is also a renowned interventional cardiologist in South India. The doctor-turned-medical-entrepreneur brings a wealth of leadership and healthcare experience to Medicover Hospitals. He founded Hyderabad-based MaxCure Group of Hospitals in 2015, which was later branded as Medicover Hospitals (India). Medicover Group of Hospitals boasts 6500+ beds, treating millions of patients every year with a clear focus on raising the standards of health care in India and successfully created a unique identity for itself in the healthcare sector. Its footprint in India comprises multi-specialty hospitals, woman & child hospitals, cancer institutes and fertility centers. Medicover Hospitals (India) has 26 hospitals in Telangana, Andhra Pradesh, Maharashtra, and Karnataka with 10 more hospitals in the pipeline for next 5 years in metro and Tier-I Cities of Tamil Nadu, Karnataka, Telangana, Maharashtra and Andhra Pradesh adding another 4000+ beds focusing on Oncology Centers and Multispecialty hospitals.

It strives to deliver exceptional care and treatment choices across numerous clinical specialties. Its team is supported by ground-breaking healthcare technologies for offering unmatched treatment in specialties like cardiology, interventional cardiology, cardiothoracic surgery, surgical oncology, Radiation oncology, neurosurgery, neurology, nephrology, joint replacement, pulmonology, pediatrics, pediatric surgery, vascular surgery, spine surgery, urology, gastroenterology, ENT, endocrinology, diabetology, Multi-Organ Transplants, fertility treatment. What's more, it offers affordable healthcare to patients with even the rarest conditions.

Medicover Hospitals is home to some of the most renowned doctors and surgeons who are pioneers in their respective arenas and have also made world records. In September 2020, the doctors at Medicover Hospitals saved India's youngest COVID-19 positive patient (a two-month-old infant) using Plasma Therapy. The healthcare specialists at Medicover Hospitals make use of the most advanced surgical techniques with world class equipment. They are backed by a well-trained and compassionate nursing team that plays a key role in boosting patient care quality.



Dr. Anil Krishna
Chairman & Managing Director
Medicover Hospitals, India



KRITAJNA NAIK

GRIEF BEYOND MEASURE

Family of victim Nouman Ansari after seeing his remains

his family. A blazing inferno raged as nearby vehicles caught fire. Human bodies and body parts lay strewn all around. “He loved tattoos,” said Mohan Sharma, a relative of Kataria. Sharma confirmed to THE WEEK that they identified Kataria based on his tattoos—maa and Kriti (daughter). The doting father’s phone, recovered from the debris, still showed his last call: “Kriti Home”.

At last count, 13 people have lost their lives in the explosion, while dozens were injured. Among the dead were Ashok Kumar Singh, a 34-year-old DTC bus conductor; Nouman Ansari, a 29-year-old cosmetics trader from Jhijnjhana in Uttar Pradesh’s Shamli district, and Pankaj Sahni, a 22-year-old cab driver from Bihar’s Samastipur—ordinary people going about their daily lives.

“Different place, same loss,” said Ashok Randhawa, president of the Sarojini Nagar Market Traders’ Association and a survivor of the 2005 Delhi serial blasts.

Randhawa was among the first to reach the LNJP Hospital and the Maulana Azad Medical College. “Every time there’s a blast, I rush to the hospitals,” he told THE WEEK. “It’s not duty, it’s memory.... After 20 years, the same pattern repeats.”

A series of connected events preceded the November 9 blast.

From October 19 onwards, police in Jammu and Kashmir began investigating the sudden appearance of posters, purportedly put up by Jaish-e-Mohammad, vowing vengeance on security forces. These posters appeared in Bunpora, Nowgam and Srinagar.

Questioning of three suspected JeM overground workers led to a maulvi in Shopian, Irfan Ahamed, who revealed an intricate network spanning Kashmir, Faridabad and Mewat in Haryana, Delhi and Saharanpur in Uttar Pradesh.

Investigations uncovered a “white-collar terror ecosystem” involving radicalised professionals and students in contact with foreign handlers operating from Pakistan and other countries.

Significantly, before the Delhi

blast, J&K Police had issued an official statement announcing the unearthing of an “inter-state” and “transnational” terror module. The release stated: “The group has been using encrypted channels for indoctrination, coordination, fund movement and logistics. Funds were raised through professional and academic networks, under the guise of social/charitable causes.”

Soon, several people including the now infamous doctors—Dr Muzammil Ahmad Ganaie from Faridabad (originally from Pulwama), Dr Adeel Ahmad Rather from Saharanpur (originally from Qazigund) and Dr Shaheen Sayeed from Lucknow—were arrested.

The accused are believed to have links with JeM and the Al Qaeda-affiliated Ansar Ghazwat-ul-Hind, both based in Pakistan, though recent investigations suggest connections with handlers in Afghanistan and Turkey. These outfits have declared the “liberation” of Kashmir as their central goal in waging war against India.

What has alarmed security agencies is the module’s extensive activity

THE WEEK

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— CURRENT EVENTS —

DELHI BLAST



RAPID RESPONSE

A suspect's father being taken in for questioning in Pulwama

rity agencies.

Though the busting of the terror module may have prevented more 'spectacular' attacks, it remains alarming that the group managed to stockpile around 2,900kg of ammonium nitrate, along with detonators, timers, batteries and sophisticated firearms right under the nose of the security forces.

A dilemma for New Delhi is to whether publicly name Pakistan as the key patron of the module and the Delhi blast. Doing so would raise pressure to respond, especially since Operation Sindoor—after the April 22 Pahalgam terror attack—had already brought India and Pakistan to the brink of an all-out war.

Two days after the Delhi blast, in Bhutan's Thimphu, Prime Minister Narendra Modi vowed retribution: "Our agencies will get to the bottom of this conspiracy, and the conspirators will not be spared... all those responsible will be brought to justice."

That same day, a suicide bomber struck a district court in Islamabad, killing 12. Pakistan's prime minister, Shehbaz Sharif, promptly blamed India, while also terming the Delhi blast "mysterious".

As narratives and counter-narratives continue and probe into the Red Fort explosion unfolds, many questions remain.

Was the November 9 blast intentional or accidental? Is there a broader strategy driving these networks? What could be the impact on regional security?

With the network and its tentacles unravelling by the day, one thing grows clearer: the danger may no longer be coming from across the border alone. It may already be within—lurking in more sleeper cells waiting for the next opportunity to strike. ①

so close to the national capital.

Several aspects stand out.

One, Kashmir-centric terror outfits may be shifting focus from hit-and-run guerrilla operations in J&K to targeting urban centres elsewhere.

In a couple of years leading up to 2023, "hybrid" terrorists in J&K targeted soft civilian and migrant worker populations to derail signs of normalcy in the Union Territory. As security forces tightened their grip, militants altered tactics in 2023—luring security personnel into ambush zones in the hills and forests, where they could engage with volleys of heavy gunfire from vantage positions, provisioned with ample supplies of weapons, ammunition and food. As with jungle warfare techniques, the vantage point was selected to also ensure a secure exit route after inflicting the maximum possible damage. As a result, such encounters often stretched on but ultimately ended with the terrorists being neutralised.

Now, evidence suggests a new shift: sleeper cells are being activated to strike beyond Kashmir. For this, terror elements from the valley are

said to be establishing contact with the remnants of dormant fundamentalist groups in other parts of India.

Two, attacks in major cities outside Kashmir attract far greater international attention.

On October 31, National Security Adviser Ajit Doval, speaking at the Sardar Patel Memorial Lecture in Delhi, had said that terrorism had been effectively countered and that the last major attack in India's hinterland took place in 2013. "Except for Jammu and Kashmir, which had been a theatre of a proxy war or a covert warfare for Pakistan, which is a different ballgame, the whole country has remained secure from terrorist attacks," he noted. The November 9 blast may well have been intended to challenge that assertion.

Three, the perception of a terrorist as uneducated or economically deprived no longer holds true. As the arrests of the doctors show, the new-age militant may be educated, articulate and well-heeled with a degree of sophistication that may not typically be associated with an ultra orthodox Islamist radical—making detection far more difficult for secu-

THE RED FLAG IN YOUR URINE: Understanding and Detecting Bladder Cancer



**“Cancer is just a chapter in our lives
and not the whole story”**

The bladder is an organ which stores urine, which is produced by the kidneys. The bladder is a hollow, viscus organ that holds it for a few hours before it is eliminated. While it can occur at any age, the median age of diagnosis is typically 70 years or older.

Risk factors:

Smoking is the leading cause of bladder cancer, with current smokers being four times more likely to develop the disease than non-smokers. Tobacco smoke contains carcinogens. These are filtered by the bladder, and over time, these toxins can cause DNA damage, leading to cancer. The risk of developing bladder cancer decreases after quitting, but former smokers still have a higher risk compared to those who never smoked.

The bloodstream, filtered by the kidneys, and concentrate in the bladder, damaging the cells.

Workplace Exposure: People who have worked with certain industrial chemicals, especially aromatic amines found in dyes, rubber, leather, textiles, and paint manufacturing, are at increased risk.

Age and gender are another risk factors. Symptoms: Hematuria, that is, blood in the urine, is one of the most alarming signs, especially if it is painless. Even though infection, stones, and prostate-related issues can also cause hematuria.

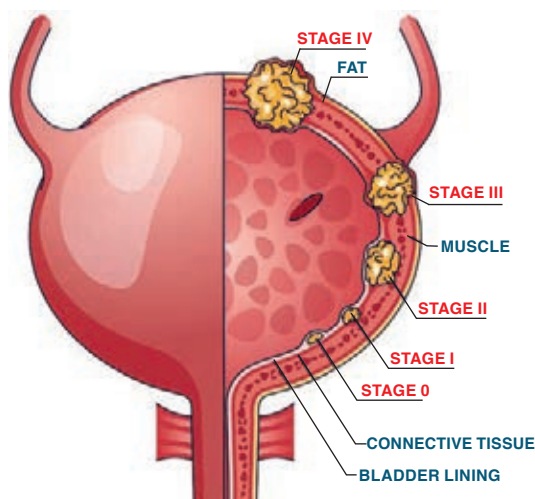
Frequent urination, burning, and retention can be symptoms if hematuria is severe. Loss of appetite and



Dr. Prashanth Adiga

Professor & Head Department of Urology
Father Muller Hospital, Mangalore, Karnataka

STAGES OF BLADDER CANCER



weight loss usually appear in the later stages of the disease. Usually, bladder cancer can be either non-muscle-invasive or muscle-invasive. The diagnosis is usually made with ultrasound of the abdomen, urine cytology, and a contrast-CT. Cystoscopy is usually both diagnostic and therapeutic in non-muscle-invasive bladder cancer.

Non-muscle-invasive bladder cancer is usually treated with endoscopic resection (TURBT). It might require adjuvant treatment, like a single dose of mitomycin, as well as adjuvant intravesical chemotherapy and intravesical BCG therapy in the high-risk group.

In muscle-invasive disease, it usually requires chemotherapy followed by a radical cystectomy. Non-muscle-invasive disease requires stringent follow-up in the form of cytology, ultrasound of the abdomen, and cystoscopy at regular intervals for 5-10 years to prevent recurrence.

Prevention: While you cannot change your age or gender, you can significantly lower your risk of bladder cancer: Quit smoking, drink plenty of water, eat a healthy diet rich in fruits and vegetables, and avoid exposure to harmful chemicals whenever possible.

To conclude, carcinoma of the bladder is a curable disease if it is detected early, but it requires stringent follow-up with cystoscopy for 5-10 years to detect recurrence and treatment.



Smart Hearts

How Technology is Transforming Heart Disease Care



**Dr Anand Marthanda Pillai, MBBS
FACC FHRS**

American Board-Interventional Cardiology, Heart Rhythm, Heart Transplant, Senior Consultant Interventional Cardiologist and Electrophysiologist, Ananthapuri Hospitals and Research Institute.

was more common in the 40s and 50s, youngsters in the 20s and 30s are getting diagnosed with diabetes. This underlines the importance of periodic health screening for risk factors at an earlier age starting in the 20s and then every few years henceforth.

Early detection of heart attacks: Early screening and detection of Coronary Artery Disease (CAD) or blockages in the heart arteries is becoming easier and more accessible. In high risk individuals or those with symptoms, CAD can be detected with a Tread Mill Test (exercise with live ECG monitor). CT scans can measure the calcium deposit (surrogate marker for atherosclerosis in CAD) as well as obtain an angiogram with dye injection and confirm the presence of blockages with a 2-minute scan.

Unblocking the heart: Interventional Cardiology (branch of cardiology dealing with opening blockages and valves) has advanced phenomenally over the years. Tools to open up the most complex and calcified vessels (Rotational and Orbital atherectomy to drill calcium, Intra-Vascular Lithotripsy to crack thick calcium deposits) make it possible to open up the toughest blocks. Imaging inside the vessels (Intra Vascular Ultrasound – IVUS and Optical Coherence Tomography -OCT) helps us better study the complex blocks and deliver stents in a very precise manner. Coronary stent has evolved to become more deliverable, absorbable stents which dissolves overtime and now being replaced with drug coated balloons which does not leave any metal behind.

Cardiac arrest and heart rhythm

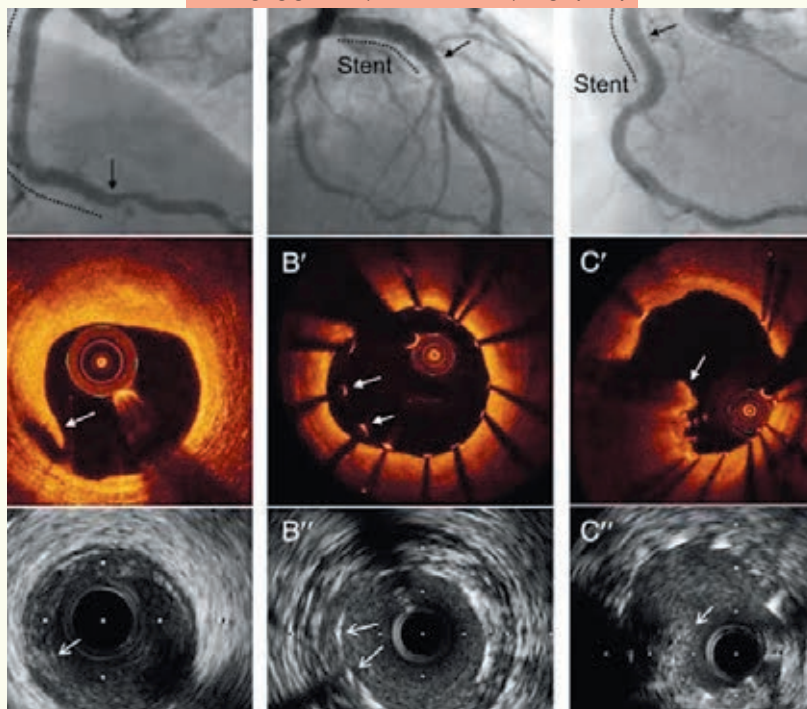
The burden of heart disease:

Heart disease continues to be the leading cause of death worldwide. Better public awareness is helping detect heart problems at an early stage and at an earlier age. Advanced technology is helping us treat heart diseases better, precisely and less invasively. Despite both the above improvements, heart disease deaths have increased by 30% over the last decade. Hectic and stressful work-life with less exercise, work from home options with sedentary habits, fast food culture etc are some of the major lifestyle changes over the years which could be influencing the increasing heart disease trends.

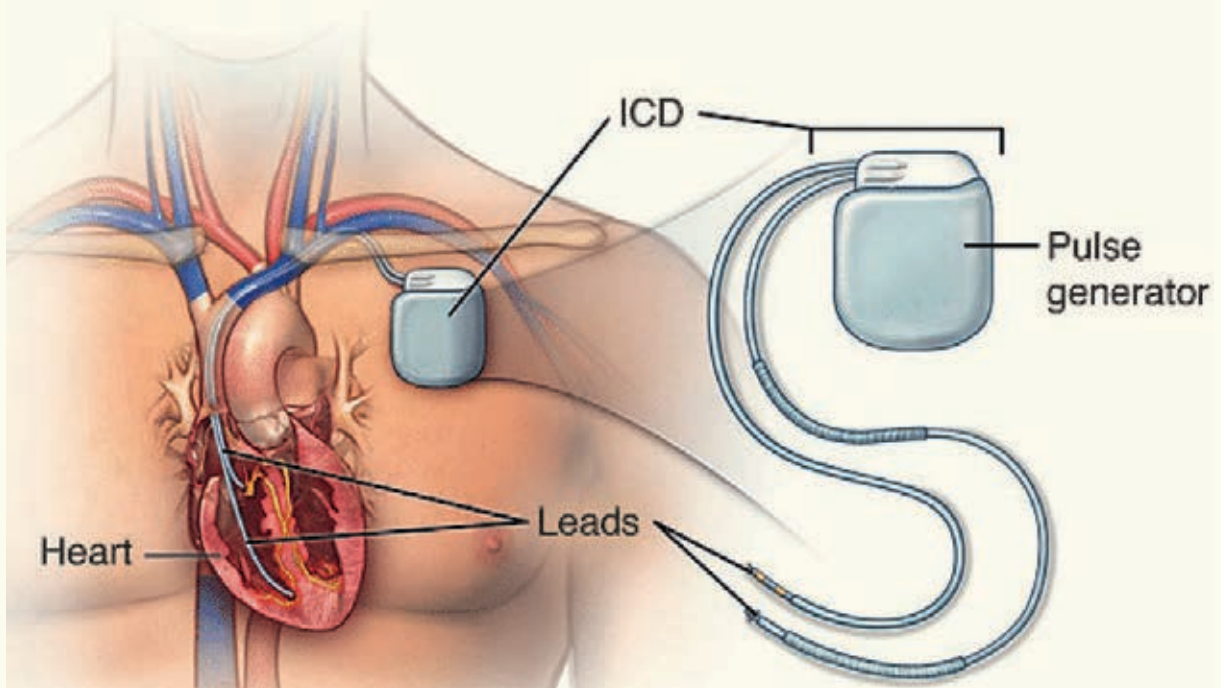
Risk factors for heart disease:

Diabetes, high cholesterol, high blood pressure, obesity, lack of exercise and smoking are the major risk factors for heart disease. An increasing trend of heart attacks at a younger age is again attributable to lifestyle changes, earlier onset of diabetes and smoking. Of all the risk factors diabetes is a major one and as opposed to the past when diabetes onset

Imaging guided (IVUS and OCT) angioplasty



Implantable cardioverter defibrillator (ICD)



problems: Palpitations and fainting attacks are common cardiac symptoms related to the rhythm and rate of heart beats. These are caused by abnormalities in the conduction system of the heart. These can be accurately diagnosed with an ECG, Holter (prolonged ECG monitors) and Electrophysiology tests (intra-cardiac ECG). Abnormal palpitations can be treated with Radio Frequency Ablation (RFA) by modifying the extra wires causing short circuits leading to fast heart palpitations. Fainting attacks from slow heart beats may reflect problems with heart's own biological pacemaker and often requires artificial pacemakers. Certain fainting attacks are from cardiac arrest in those with damaged hearts from previous heart attacks. These fainting attacks can be fatal. Those at risk of such fatal heart attacks can be screened early and protected with Internal Implantable Cardiac Defibrillators (ICD), which are advanced pacemakers which can automatically detect and treat cardiac arrest.

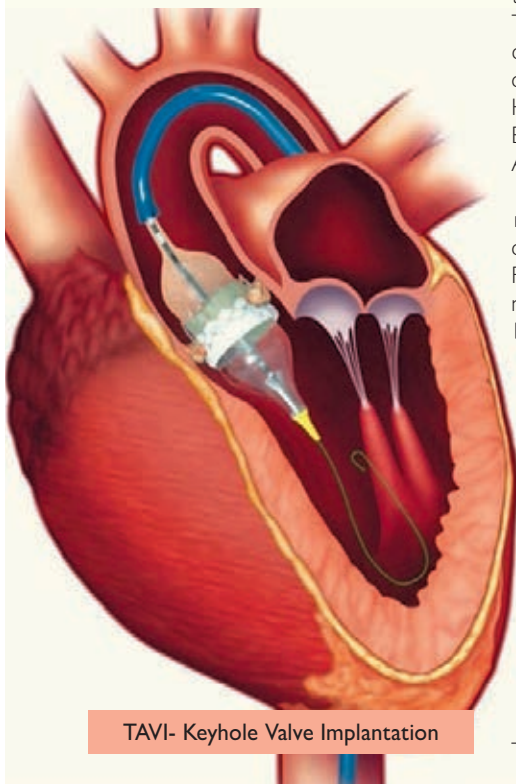
Heart valve diseases: Heart valves can become blocked or leaky; picked up as murmurs and lead to breathing issues. They need close yearly follow-up with

echocardiogram assessments. Often valves get damaged beyond medical treatment requiring valve repair or replacement. Keyhole procedures such as Trans Aortic Valve Implantation (TAVI) and Mitra-clip can be offered for stenosed aortic valve and leaky mitral valve making valve repair minimally invasive.

Beating heart bypass surgery:

Angioplasty can take care of most of the heart blockages. But with increasing age and diabetes causing multiple calcified complex blockages, bypass surgery is required to surgically address such patients. Beating heart bypass surgery has made open heart surgery more conducive with faster recovery. Open heart valve repair or replacement can be done with minimal access or with the help of robotic surgery making heart surgery less invasive with faster recovery.

Technological advancements are making treatment of heart disease more accessible and simpler. But with adverse lifestyle changes and increasing age, the burden of heart disease is on the rise. Prevention of heart disease through heart healthy diet, exercise and lifestyle remains the mainstay in tackling this ever-growing public health challenge.



TAVI- Keyhole Valve Implantation



The white matter

If the cortex is the city where thoughts are born, the white matter is the road network that carries them around. It is what lets the brain's neighbourhoods talk to each other. The motor area sends a memo to the spinal cord. The temporal lobe files a report to memory. The frontal lobe emails the cerebellum (sometimes forgetting to 'cc' logic). It's a busy place. The white matter doesn't sparkle under the microscope like the grey matter does, but it is the reason we function as one coherent story instead of as a collection of confused committees.

A few months ago, I saw Ravi, a burly man in his late 50s who came in after a small stroke. He could move his limbs, remember his address, even crack jokes. But his wife noticed something odd. "Doctor," she said, "he's talking fine, but not connecting." When I asked him to show me his left hand, he showed me his right. When I asked him to draw a clock, he placed all the numbers on one side. His brain was a city with working buildings but a collapsed bridge. The cortex was intact; the white matter had short-circuited.

On the MRI, a lesion sat in the deep white matter near the internal capsule—a small clot in a critical junction. The cortex was sending instructions; the body just wasn't receiving them on time. I explained to his wife that the white matter is made up of fibre tracts, bundles of nerve fibres (axons) that carry messages between distant parts of the brain. When these cables fray, it is like losing network coverage. "So, he's in airplane mode?" she asked. "Exactly," I said.

Under the microscope, white matter looks less like matter and more like meaning—gleaming fibres running in every direction, shimmering like silk threads. They're coated in myelin, the brain's version of insulation, helping signals travel fast. Every emotion, every gesture, every word that escapes our mouths depends on these fibres firing in synchrony. When they falter, people lose not just movement or speech, but connection. They become islands.

Ravi's stroke was small, and with therapy, his words slowly began to find their roads again. Watching him recover was like watching a city rebuild its flyovers, one lane at a time. By the fourth week, his wife said, "He's back to

arguing, doctor!" That's how I knew the white matter had reconnected.

The brain, like society, survives on connection. The cortex may create ideas, but it is the white matter that carries them into the world. It is the unsung middleman, the Mumbai local that makes the city function. When it breaks down, chaos ensues—both in the brain and on the tracks.

We surgeons are always navigating through these white matter tracts to reach deeper tumours or aneurysms. The challenge is to get where you need to without cutting the wrong cable. Each fibre bundle carries a different signal: movement, vision, speech, thought. It is a daily exercise in restraint. Operating in the brain's white matter feels a

bit like rewiring an entire city during a power cut and hoping the lights come back on in the right homes.

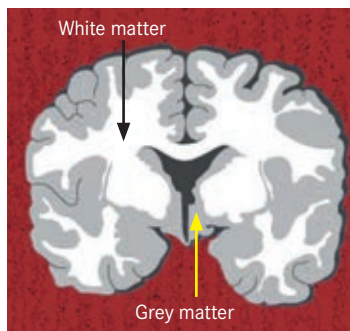
I sometimes think our white matter is also a metaphor for how we live today: endlessly connected, rarely communicating. We have more networks than ever, but fewer true connections. The brain, at least, has the excuse of anatomy; we have only distraction.

One evening, Ravi came for a follow-up. He was sharper, laughing, even driving again. "I'm fine now," he said,

"but my wife still said I forgot her birthday!" "That's not your white matter," I said. "That's a universal male deficit. No known cure."

The white matter is not glamorous. It doesn't think or dream or compose poetry. But it keeps everything that does in conversation. It is the quiet fabric that turns thought into motion, intention into speech, and chaos into coherence. When I look at it under the microscope, it reminds me that medicine is not just about fixing organs but restoring connections—between brain and body, and sometimes, between people.

We spend our lives trying to stay connected: to Wi-Fi, to work, to one another. But the most important connections are still inside our heads—unseen, silent, endlessly patient. And when they falter, all we can do is wait, hope, and try to rebuild the bridge. The next time your internet drops, be grateful it isn't your white matter. One reconnects with a reboot; the other requires a miracle (or me).





Recognising a heart attack early can save a life



Dr. Senthilraj Thangasami
MD, (General Medicine,
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Fellowship in Structural Heart
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Consultant Interventional
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Hospital, Pallikaranai, Chennai**

A heart attack occurs when blood flow to the heart muscle is suddenly blocked — most often by a blood clot forming within a narrowed coronary artery. Without prompt treatment, the affected part of the heart begins to suffer irreversible damage.

Recognising the warning signs early is crucial. Common symptoms include:

- Persistent chest pain, pressure, or heaviness (often lasting more than a few minutes)
- Pain radiating to the arms, neck, jaw, or back
- Shortness of breath
- Cold sweats, nausea, or light-headedness

If you or someone around you experiences these symptoms, seek emergency medical help immediately. Every minute counts.

One of the most effective life-saving treatments is Primary Percutaneous Coronary Intervention (Primary PCI) — also known as angioplasty. In this minimally invasive procedure, cardiologists open the blocked artery using a tiny balloon and usually place a stent to keep it open.

PCI quickly restores blood flow to the heart, reducing muscle damage, improving survival rates, and allowing faster recovery. Studies show that performing PCI within the first 90 minutes of symptom onset — the so-called “golden hour” — offers the best outcomes.

Early recognition, prompt hospital care, and timely PCI can mean the difference between life and death.

**ACT FAST
SAVE A HEART
SAVE A LIFE.**

LANDMINE IN THE ALLIANCE

A land deal involving Ajit Pawar's son **Parth** has further damaged the image of the Devendra Fadnavis government

BY DNYANESH JATHAR

AJIT PAWAR, once again, finds himself up a creek without a paddle. But this time, it was his son Parth who put him in the canoe.

On May 20, Parth's company Amadea Enterprises LLP—in which he and cousin Digvijay Patil own 99 per cent and 1 per cent, respectively—allegedly bought 40 acres of Mahar *watan* land in the posh Koregaon Park area of Pune for ₹300 crore; the market price of the plot is said to be around ₹1,800 crore. Moreover, only ₹500 was paid as stamp duty instead of the required ₹21 crore.

A *watan*, in old Marathi usage, was land granted to a person for providing a service to the village or state. In this case, the land originally granted to the Mahar community, which the state took over post independence.

On November 6, Ajit, the deputy chief minister, told reporters that he had nothing to do with the deal. "When children become adults, they do their own business," he said. "I don't support any wrong deed. If I make a mistake, I try to correct it. But in this case, I am not involved."

Chief Minister Devendra Fadnavis, already embattled with allegations against several leaders in the ruling alliance, immediately or-

dered an inquiry. "Prima facie, the issue appears to be serious," he said. "I have sought all the information from relevant departments and orders have been given to conduct an investigation."

It was a regional news channel that broke the story and, as soon as word spread, the Congress and the Shiv Sena (UBT) sought Ajit's resignation. They also questioned how a company that had a share capital of only ₹1 lakh could raise ₹300 crore. In response, Ajit said he had never flouted any rules in his career and if anyone from his family had done something wrong, he would never support it. "I have called Chief Minister Fadnavis and told him that he can order a probe," he said.

Interestingly, Supriya Sule, NCP (Sharad Pawar) working president, said she did not think Parth could do something like this. Sharad Pawar, too, stepped in, taking a balanced stand that a fair investigation must be conducted and that family and politics were different.

As per reports, the deal was struck on the basis of a power of attorney (PoA) granted by 272 "owners" to businesswoman Sheetal Tejwani. These people were supposed heirs of the original owners of the land—given as grant pre-independence—and in that capacity granted the PoA. Having gotten them to agree, Tejwani apparently made the deal with Amadea.

However, the 7/12 extract—a key land ownership record in Maharashtra—shows the state government as the owner of the 40-acre plot, making any sale that had happened legally untenable. Moreover, Pune District Collector Jitendra Dudi



AMEY MANSABDAR

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Dr Sunil Richardson

Craniofacial Surgeon

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Chairman & MD

Richardsons Dental & Craniofacial hospital

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2) <https://facesurgeon.in/>

FACE MAKE OVER



BILATERAL CLEFT



TMJ





ALLY ACHE

Fadnavis
(right) with
Ajit Pawar

told reporters that the land was on lease to the Botanical Survey of India till 2038.

Vikas Kharge, additional chief secretary in the state revenue department, has been asked to investigate the deal; the timeline set for the probe is one month, said Maharashtra Revenue Minister Chandrashekar Bawankule.

An FIR has been registered against Patil and Tejawani, but Parth has not been named.

Shiv Sena (UBT) leader Ambadas Danve argued that such a deal would not have been possible without Ajit's influence, and the fact that Parth had not been named in the FIR was proof of this influence.

"How could a transaction involving government-owned *watan* land even take place?" asked Maharashtra Congress president Harshwardhan Sapkal, adding that Fadnavis should show the courage to expel Ajit from the cabinet.

Sapkal also claimed that Amadea had plans to develop an IT park on the land and, shockingly, the state's directorate of industries gave approval for the project within 48 hours. "Ajit Pawar, who lectures farmers saying, 'Why do you always ask for things for free? Try working harder,'

has had stamp duty worth ₹21 crore waived in this deal," he said. "Why does he feel pain when it comes to waiving farmers' loans, but not when he gets free land?" He demanded that the deal be scrapped, all officials involved be suspended, and a high-level inquiry be conducted.

Ajit, meanwhile, defended his son by claiming that the deal had been scrapped and documents to cancel the sale deed had been submitted to the registering authority. He also said that it was just an agreement of sale and no payment had actually been made, and that Parth did not consult any legal expert or him before making the deal. He blamed the subregistrar for registering the deal and said Parth was not named in the FIR because he had not signed any papers.

As per reports, the registrar has asked Amadea Enterprises to pay about ₹42 crore in stamp duty (original amount and the duty for cancellation).

Notably, this is not the first time a land deal in Pune has been in the political limelight. In 1999, Manohar Joshi, the first Shiv Sena chief minister, had to resign following controversy over the allotment of land reserved for a school to a firm associated with

his son-in-law. Then, in 2016, revenue minister and BJP leader Eknath Khadse had to resign following allegations of impropriety in a land deal involving him.

There is no doubt that the latest controversy has caused huge damage to the Fadnavis government's image. It was Fadnavis who, as opposition leader, had led the charge against Ajit in the infamous irrigation scam controversy in the 2000s. Again, it was Fadnavis who, in his 78-hour stint as chief minister in 2019, stood by as Ajit—his deputy—was given a clean chit in the same case.

Now, in his third term as chief minister, Fadnavis continues to get a bad name because of NCP (Ajit Pawar) leaders. In March this year, former minister Dhananjay Munde was sacked from the cabinet after his close aide Walmik Karad was named as an accused in the murder of BJP activist and Beed sarpanch Santosh Deshmukh. Fadnavis had to personally intervene to clean up the police administration in Beed district.

Another NCP (Ajit Pawar) leader, Manikrao Kokate, was convicted in February in a cheating case from 1995; a court in Nashik later stayed the conviction. Kokate, as agriculture minister, was often found making derogatory remarks against farmers. When the opposition had cornered him, his portfolio was changed and Dattatray Bharane, a close confidant of Ajit, was made agriculture minister.

But it is not just the Ajit camp. Some ministers and legislators from the Shiv Sena (Eknath Shinde) have also created trouble for Fadnavis with their wild statements.

Perhaps concerned by this, Fadnavis had recently announced a performance assessment of his cabinet colleagues. It is a step in the right direction, but if he wants to do it sincerely, he would have to start the process with Ajit Pawar. ●



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FLAMING SPIRIT
Thuingaleng Muivah at
the pine torch lighting
ceremony in Somdal

The long road home

After the ethnic clashes in Manipur, the government recognises that growing anxieties among communities over identity and land encroachment will persist until a long-term solution involving the Meiteis, Kukis and Nagas is found

BY NAMRATA BIJI AHUJA/MANIPUR

It is harvest time in Somdal, a tiny village nestled in the lush forested hills of Ukhrul in Manipur. The flowers are in bloom and there is an air of celebration. In the middle of the village lies a barren patch of land where a church once stood. It was here that

Thuingaleng Muivah, the 91-year-old legendary Naga leader, landed by helicopter on October 22 from Camp Hebron in Nagaland, the headquarters of the National Socialist Council of Nagalim (Isak-Muivah), the oldest and largest Naga insurgent outfit.

Days later, Naga tribesmen gathered at the barren patch to celebrate Muivah's homecoming. As dusk descended, he stepped forward to light a pine-torch, an ancient Tangkhul Naga tradition that honours ancestors, reclaims identity and offers hope. Across Somdal, villagers lit their own pine torches, the warm glow flickering across the dark hills. The church ground turned into a sacred space as villagers sang carols, danced and celebrated the homecoming of a man who shaped much of Naga political history. Among the crowd was his wife Ikhres Muivah, watching quietly as the ceremony unfolded. The Nagas say they will build a new church on the same ground.

"After uncle Muivah left, people went back to their paddy fields. It seems like a festival is over. But there is a sense of belonging that has been instilled in the younger generation who have been able to connect their history with the present. The future



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WELCOME HOME

A large crowd of Naga people turned up to see Muivah at Senapati district in Manipur

SALIL BERA



lies in peace. All communities in the northeast will benefit once the Naga problem is resolved,” says Nin-greingam Ruivah, Muivah’s nephew, who lives in Imphal.

Somdal is a dominant Tangkhul Naga village—the community that forms the backbone of the NSCN-IM movement. What made the moment extraordinary was that it marked a departure from the divided sentiments that have defined the landscape over the last two years, and an embrace of the long-missed sense of unity. For once, Nagas across tribes came together to grant the patriarch a final homecoming.

After the Meiteis (who predominantly live in the valley) and Kukis (in the hill districts), Nagas form a significant population in Manipur. Competing claims of territory, ethnicity and identity led to the clashes between the Meiteis and Kukis in 2023, leaving hundreds dead and thousands displaced. While Nagas have remained neutral during the ethnic clashes, the government is aware that growing anxiety among different communities over threats to identity and land encroachment

will not go away until there is a long-term solution that involves all three groups.

At the heart of the Naga question lies the aspiration for integration of all Naga-inhabited regions of Manipur, Nagaland, Arunachal Pradesh, Assam and Myanmar, often described by the NSCN-IM as ‘Greater Nagalim’. In Manipur, the idea, though decades old, has sparked unease among Meiteis who have rejected the idea of division of the state; Kukis have opposed Naga dominance in the hills; and the state government has ruled out division. This is one of the major reasons why Muivah could not visit his village after he joined the Naga insurgency movement in 1964. Village fables, however, have it that Muivah came disguised to a church ceremony in 1973 and hid in a cave near the razed church ground.

Muivah became the chief architect of the framework agreement signed between the government and the NSCN-IM in 2015. On the table has been the NSCN-IM’s charter of demands for a separate flag and constitution and the basic premise of creating an atmosphere for enduring,

inclusive and peaceful coexistence. The government has outrightly rejected the idea of a separate flag and constitution, arguing that the solution can only be found within the framework of the Indian Constitution.

Naturally, Muivah’s homecoming raises serious questions about the intended outcome for the people of the strife-torn state as well as the Central government which facilitated the visit. Sources disclose that the peace talks between the Meiteis and Kukis have reached a deadlock, especially after the Kukis, who are demanding Union territory status for the hill regions, refused to tone down their demands.

Delhi’s options are narrowing as Manipur’s assembly remains in suspended animation following chief minister Biren Singh’s resignation in February. With the opposition Congress indicating that any extension of the assembly in its current form after February next year will face resistance, the Centre is under pressure to accelerate peace talks.

Interestingly, the elders of various Naga groups have been playing medi-



Transcatheter Aortic Valve Replacement (TAVR), a new era for heart care

The aorta is the largest artery in the human body, carrying oxygen-rich blood from the heart to the rest of the body. The aortic valve, located at the beginning of the aorta, controls blood flow from the left ventricle of heart. When this valve gets obstructed due to calcification or aging, it is known as Aortic stenosis. This condition leads to reduction in cardiac output, leading to breathlessness, chest pain, fatigue, or even heart failure if untreated.

One of the most advanced treatment for this condition is Transcatheter Aortic Valve Replacement (TAVR).

What is TAVR?

Earlier, the only way to replace a damaged aortic valve was through open-heart surgery, which involves opening the chest and temporarily stopping the heart. Today, with TAVR, aortic valve can be replaced without major surgery.

In this minimally invasive procedure, doctors insert a thin tube (catheter) through a blood vessel in the lower limb, the femoral artery. A crimped artificial valve is passed through this tube and positioned inside the old valve. Once in place, it is expanded to take over the function of the diseased valve. The procedure is performed under local anesthesia or mild general anesthesia and allows faster recovery.

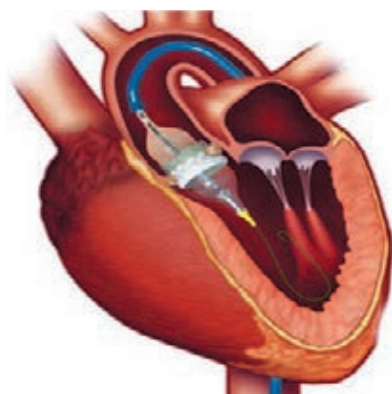
Advantages of TAVR

Compared to open-heart surgery, TAVR involves less pain, smaller incisions, and lower risk. Patients generally recover quickly, with shorter hospital stays and faster return to normal life.

The chances of complications such as stroke, kidney failure, infection, or



Dr Arshad M.,
MD, DM, FACC (USA), FSCAI (USA), FESC
Director, Cathlab Services
Senior Interventional Cardiologist
SK Hospital, Trivandrum



bleeding are significantly lower. For elderly patients or those with other health problems that make open heart surgery riskier, TAVR is often the safest and most effective option.

Who can benefit from TAVR?

TAVR is especially suitable for:

- Older adults with severe aortic stenosis

- Patients who are at high or moderate risk for open-heart surgery
- Individuals who are too frail to undergo major surgery

Today, with improvement in technology and safety, even younger and lower-risk patients are increasingly choosing TAVR as a preferred treatment option.

How to plan TAVR

TAVR requires careful planning and detailed medical evaluation. The decision is made after discussion among patient, family, and medical team. Tests such as echocardiography and CT angiography are crucial to confirm whether TAVR is feasible.

CT angiography provides vital details about the size of the valve, the presence of calcium, the structure of the aorta, origin of coronary arteries and the diameter of the femoral arteries which are essential for accurate planning before TAVR procedure.

Limitations of TAVR

In some patients, the femoral arteries may be too narrow for the catheter to pass through. The structure of the aorta and position of coronary arteries may also make the procedure technically difficult. Another important challenge is cost—TAVR valves are more expensive than traditional surgical valves. However, with increasing use and advancement in technology, the price is expected to come down in the coming years.

For enquiry: 8075758307
(coordinator).

ators since the outbreak of violence. “Violence only destroys relationships that took generations to build,” says G. Gaingam, former president of the United Naga Council (UNC), who has been involved in back-channel talks with the Kukis and Meiteis. “We must remember that we were neighbours. We celebrated festivals and mourned deaths together.”

The government-appointed interlocutor A.K. Mishra seems to have sensed an opportunity in Muivah’s visit. With the Nagaland government on board and governor’s rule in place in Manipur, New Delhi’s green-signal to Muivah was meant to open doors for deeper engagement and out-of-the-box solutions.

First: the gesture is one of peace that could give a fresh push to the protracted Naga peace talks. Second: the assertion of Naga identity in Manipur brings a third stakeholder to remind the two warring sides in the valley and hills that if any demands for a separate hill administration are made, the Nagas can be equal stakeholders to such claims, if not more. Third: the people of Manipur—whether Kuki, Meitei or Naga—do not want an impasse that brings further misery upon their people who have already suffered violence and unrest in the past when the three communities clashed. Fourth: the olive branch to Nagas could drive the Kukis and Meiteis to the talking table faster.

But while the optics were carefully chosen, the direction the visit took caused some unease within sections of the security establishment. Muivah’s close security detail of the Naga army had reportedly been advised to keep their arms concealed and the number of armed cadres capped at 35. But they came uniformed and armed. For years, security agencies have alleged that weapons used by the outfit are either illegally held or smuggled from across the border. The public display of these arms on

Manipur soil led to embarrassment within the security setup.

Adding to the concerns was Muivah’s speech, which urged the Nagas to continue their “struggle until the goal is achieved”. His words were in sharp contrast to the Centre’s intent of sending a reconciliation message to the people recovering from last year’s ethnic clashes. A section of the security establishment is worried that Muivah’s renewed reference to “Greater Nagalim” could disturb the fragile calm. The timing is also delicate as the rhetoric could embolden Naga youth in Manipur, where NSCN-IM’s influence is waning.

“The NSCN-IM’s top leadership is ageing and the outfit is struggling to keep its relevance. Due caution needs to be exercised to prevent the outfit from getting a new lease of life,” says D.K. Pathak, former chairman of the Ceasefire Monitoring Group (CFMG), which monitors the ground rules of the ceasefire with the insurgent outfit.

Sources say back-channel communications between government representatives and NSCN-IM have taken place, urging restraint in tone and optics. Yet Muivah’s defiant message, which also accused the

government of “divide and rule”, raised eyebrows in the security setup in Manipur. More critically, the assertive homecoming injected new energy—and possibly new uncertainty—into India’s longest-running insurgency movement.

The question staring at New Delhi and Kohima is whether Muivah’s symbolic return will open a path to peace, or has it stirred a hornet’s nest in an already fractured society?

Those who understand the intricacies of the Naga struggle argue that the government’s conciliatory gesture should not be linked to Muivah’s message. “It comes as no surprise that Muivah has reiterated the Naga sentiment. However, a general message has also gone out to all communities that there is room for engagement for a roadmap towards peaceful coexistence,” says a senior security official.

However, people’s patience is also wearing thin as they wait for outcomes. “The massive turnout at Muivah’s homecoming reception in Ukhrul and Senapati districts should be a clear message to the government in Delhi that the Naga people still hope and yearn for peace,” says Kho John, former president of the UNC.

As short-term measures, some Naga civil society members believe that more autonomy for the hill districts, protection of identity, culture and heritage and allaying concerns of land ownership among different ethnic groups could help take the negotiations forward. “We are not a lost people. We are led by light,” says Yarngam Muivah, pastor of the Tangkhul Baptist Church in Bengaluru. Will Manipur be lifted from darkness and discard divisive discourses, or will it enter the next phase of the struggle for another homecoming? The answer lies not just with the Nagas, but also the Meiteis, Kukis and others who have lived through their darkest hours awaiting a new dawn. ①

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**MUIVAH’S DEFIANT
MESSAGE RAISED
EYEBROWS IN THE SECURITY
SETUP IN MANIPUR.
MORE CRITICALLY, THE
ASSERTIVE HOMECOMING
INJECTED NEW ENERGY—
AND POSSIBLY NEW
UNCERTAINTY—INTO
INDIA’S LONGEST-RUNNING
INSURGENCY MOVEMENT.**

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White Spot Lesions in Dentistry

White spot lesions (WSLs) are the earliest visible signs of dental caries, appearing as chalky white or opaque areas on tooth surfaces. They indicate early enamel demineralization and can be seen with the naked eye. Early recognition and management are essential to prevent progression into cavities.

Etiology

- ◆ **Dental Plaque:** Poor oral hygiene causes plaque buildup. Bacteria converts sugars into acids and lower pH thus dissolving enamel minerals (mainly calcium and phosphate), leading to WSLs.
- ◆ **Traumatic Hypomineralization:** Trauma during pre-, peri-, or post-natal stages can disturb enamel formation, causing localized hypomineralization.
- ◆ **Natural Lesions:** Tiny (<0.5 mm) white spots may naturally occur on incisor surfaces.
- ◆ **Fluoride Exposure:** Both insufficient and excessive fluoride during tooth development can lead to enamel defects.
- ◆ **Orthodontic Treatment:** Brackets and wires retain plaque, making cleaning difficult and increasing the risk of WSLs.

Clinical Features

- ◆ **Appearance:** Opaque, chalky, or milky-white areas.
- ◆ **Texture:** Rough and porous with subsurface demineralization beneath an intact surface.
- ◆ **Drying:** Lesions appear whiter when teeth are air-dried.
- ◆ **Color Change:** Over time, they may pick up stains and turn yellow or brown.
- ◆ **Location:** Common near gingival margins and orthodontic brackets.
- ◆ **Consistency:** Slightly softer than sound enamel.



Dr. Siva Suneetha
BDS, Cosmetic Dental Surgeon

Diagnosis

Traditional Methods:

Visual and tactile examination under good lighting after drying the surface. Gentle probing helps differentiate carious (rough) from non-carious (smooth) lesions.

Advanced Tools:

- ◆ **Bitewing Radiographs:** Detect lesion depth.
- ◆ **QLF (Quantitative Light-Induced Fluorescence):** Measures mineral loss.
- ◆ **ECM (Electronic Caries Monitor):** Assesses electrical conductivity to estimate demineralization.

Management

1. Remineralization:

- ◆ **Topical Fluoride:** Toothpaste, varnish, or gels promote mineral gain.
- ◆ **CPP-ACP (Casein Phosphopeptide-Amorphous Calcium Phosphate):** A milk-derived agent that enhances remineralization and appearance.



Dr. Siva Srinivas
MDS

2. Minimally Invasive Treatments:

- ◆ **Resin Infiltration:** A low-viscosity resin penetrates enamel pores, sealing and strengthening the surface while improving appearance.
- ◆ **Microabrasion:** Gently removes a thin enamel layer and may be combined with bleaching or resin infiltration for better results.

3. Cosmetic Options:

- ◆ **Teeth Whitening:** Lightens the tooth to make white spots less visible.
- ◆ **Combination Approaches:** Using fluoride with resin infiltration or microabrasion gives better outcomes in advanced cases.

Resin Infiltration Technique

Principle:

A minimally invasive method where resin fills porous enamel, blocking acid diffusion and arresting lesion progression.

Conclusion

Resin infiltration offers a simple, aesthetic, and non-invasive treatment for white spot lesions. It preserves tooth structure and restores natural appearance.

"Preservation of what remains is more important than the meticulous replacement of what has been lost." — Müller De Van

Director:

Anand bagh dental hospital
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Vishnu Puri.
MALKAJGIRI Hyderabad-500047
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World Diabetes Day

A Call to Awareness and Action

Observed annually on 14 November, World Diabetes Day serves as a vital reminder of the growing burden of diabetes and the urgent need for prevention, early diagnosis, and effective long-term management. In India, this message holds particular weight, given the country's unfortunate position as the diabetes capital of the world.

Recent data from 2022 revealed that India had more than 21.2 crore adults living with diabetes—over a quarter of the global total. Even more concerning, a significant portion of these individuals remain undiagnosed or untreated. It is estimated that more than 13.3 crore adults with diabetes in India

were not receiving any form of treatment in that same year. This silent and often misunderstood condition continues to pose one of the most significant public health challenges the country faces.

The dramatic rise in diabetes cases can be attributed to a combination of factors. Rapid urbanisation, sedentary lifestyles, increasing obesity rates, unhealthy dietary habits, and genetic predisposition are all contributing to the surge. While the prevalence of diabetes has historically been higher in urban areas, rural regions are catching up fast, indicating that this is no longer a problem confined to city populations.

Raising awareness is the first and perhaps

most critical step in turning the tide. Many people still see diabetes as a mere issue of "sugar levels" and not as the chronic, multi-system condition it truly is. Diabetes, particularly type 2, can silently damage the heart, kidneys, nerves, eyes, and blood vessels, often without any overt symptoms in the early stages. The lack of knowledge and education about the condition means many people do not seek medical advice until serious complications have already developed.

Public health campaigns and educational outreach are key tools in closing this awareness gap. In recent years, greater emphasis has been placed on reaching younger and working-age adults, particularly in metropolitan areas. Alarming, those aged 25–34 now account for over half of diabetes-related consultations in some cities. This is a stark indicator that what was once considered a condition of the middle-aged



Multispecialty Diabetes Care Under One Roof



FOCUS

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- Nephrology and Dialysis Unit
- Cardiology
- Intensive Care Medicine
- Diabetology
- Pathology
- Radiology
- Urology
- Gastroenterology
- Andrology
- Gynaecology



- Oncology
- Ophthalmology
- Pulmonology
- Diet and Physiotherapy
- Cardiac catheterization laboratory
- Surgical department offering Bariatric Surgery, Orthopaedic Surgery, ENT Surgery, Diabetic Foot Surgery, Plastic & Reconstructive and General Surgery and Vascular Surgery
- Diabetic Foot Care Unit - Western India's only full-fledged unit

Chellaram Ultra Wellness Clinic

Chellaram Ultra Wellness Clinic offers a holistic approach to address the physical, mental, emotional, and spiritual aspects

of health. The clinic uses a unique integrative approach to health combining conventional medical practices with complementary and alternative therapies to promote a disease-free life. Our unique and supportive environment for transformation offers a holistic solution for achieving optimal wellness.

Key therapies

Hyperbaric Oxygen Therapy (HBOT), cryotherapy, physiotherapy, yoga, nutritional counseling, psychological counseling and structured fitness programs. Additional services include specialized programs for post-surgical recovery, gut health improvement, hormonal balance, and enhanced cognitive function.



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EXPERIENCE WORLD CLASS DIABETES AND MULTISPECIALITY CARE



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*THE WEEK 2024, TIMES HEALTH SURVEY 2025



SPECIALITIES

Endocrinology

Cardiology

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Nephrology

Pathology

Radiology

Nutrition and Dietetics

FACILITIES

Dialysis Centre

Modular Operation Rooms for
Bariatric, Eye and Foot Surgeries

Endoscopy Suite

Cath-lab (Angiography/Angioplasty)

Intensive Care Unit (ICU)

CT Scan

Physiotherapy

Wellness Centre

and elderly is now becoming prevalent among India's youth.

Early detection remains one of the most effective strategies for managing and preventing the complications of diabetes. Simple blood tests, such as fasting blood sugar or HbA1c, can identify elevated glucose levels even before full-blown diabetes develops. Individuals with risk factors—such as obesity, family history, high blood pressure, or sedentary lifestyles—should be encouraged to undergo routine screening.

The symptoms of diabetes can be subtle or even absent, especially in the early stages. When present, they may include frequent urination, excessive thirst, unexplained weight loss, fatigue, blurred vision, and slow healing of wounds. Public health initiatives must work to ensure that people recognise these warning signs and seek timely medical care. Community screening camps, workplace health check-ups, and school-based education programmes have shown promise in bringing these services to a broader population, particularly in underserved areas.

Beyond detection, lifestyle interventions play a central role in both preventing and managing diabetes. Given that over 90 per cent of diabetes cases in India are type 2—largely preventable—modifying behaviour remains a cornerstone of any effective strategy.

Healthy eating is essential. Diets high in refined carbohydrates, sugary drinks, processed foods, and saturated fats are strongly linked to the development of diabetes. Instead, individuals should be encouraged to consume a balanced diet rich in whole grains, legumes, vegetables, fruits, lean protein, and healthy fats. Portion control and mindful eating are equally important in maintaining a healthy weight and stabilising blood sugar levels.

Physical activity is another vital factor. At least 150 minutes of moderate exercise each week—such as brisk walking, cycling, or swimming—along with strength training sessions, can significantly improve insulin sensitivity and help maintain a healthy weight. Even modest weight loss, in the range of 5–10 per cent for overweight individuals, has been shown to dramatically reduce the risk of developing diabetes.

In a culture where sweets are often central to celebrations and daily life,

changing dietary habits can be challenging. However, public campaigns and support systems are beginning to make a difference. A recent survey revealed that 69 per cent of households in some Indian states reported high levels of sugar consumption. Addressing these cultural and behavioural habits requires sensitivity, persistence, and the support of families, communities, and schools.

While lifestyle interventions are essential, medical treatment often becomes necessary, especially once diabetes has been diagnosed. Oral medications such as metformin, sulphonylureas, and newer classes like DPP-4 and SGLT2 inhibitors are widely used in India. Insulin therapy is essential for those with type 1 diabetes and for many with type 2 diabetes whose condition is not well controlled through tablets alone.

Effective management involves not only medication but also routine monitoring and screening for complications. This includes regular checks of blood glucose, blood pressure, cholesterol, kidney function, and eye and foot health. Diabetic retinopathy, a major cause of blindness in India, can often be prevented with timely intervention. Similarly, kidney damage and foot ulcers—which can lead to amputations—are largely avoidable with early detection and care.

Integrated care is increasingly being recognised as essential. This includes the support of multi-disciplinary teams comprising endocrinologists, diabetes educators, dietitians, ophthalmologists, and podiatrists. Diabetes self-management education (DSME) empowers patients to take control of their health through diet, exercise, medication adherence, and regular check-ups. Telemedicine and mobile applications have made this kind of support more accessible, even in remote regions.

On the policy front, India has taken

several steps to address the diabetes crisis. The National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) aims to provide screening, diagnosis, and treatment through primary healthcare facilities across the country. Thousands of non-communicable disease clinics have been established to provide ongoing care. However, challenges remain in terms of access, affordability, and quality of services—especially in rural and marginalised communities.

What can individuals, families, and communities do? First, take personal responsibility for health. Adults over 30, and particularly those with risk factors, should undergo regular blood sugar checks. Making small but consistent changes in diet and physical activity can have a large impact. Parents can model healthy habits for their children. Schools and workplaces can promote healthy eating and exercise. Communities can host screening camps, encourage walking groups, and advocate for safe and accessible spaces for physical activity.

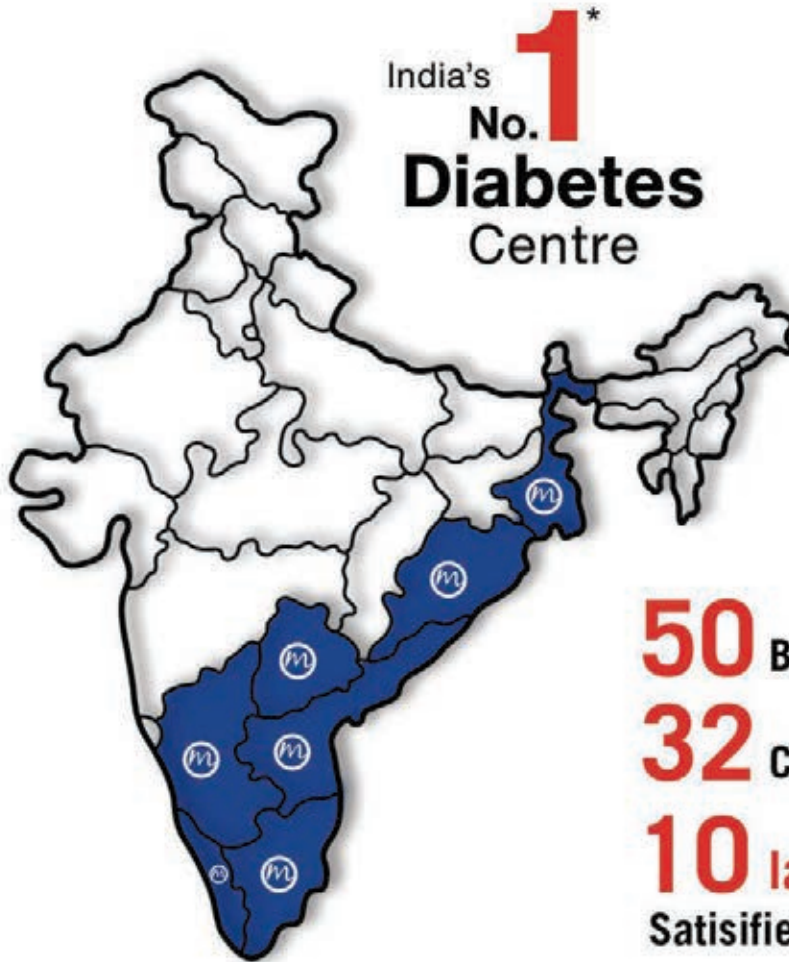
The message of World Diabetes Day is not just about highlighting a problem—it is about inspiring action. In a country as vast and diverse as India, no single approach will be sufficient. We must combine individual responsibility with collective action, grassroots efforts with policy reform, and medical solutions with community-based prevention. Bridging the gaps in diabetes awareness, detection, treatment, and care will require sustained commitment from every sector of society.

Diabetes does not have to be a life sentence. With early diagnosis, proper treatment, and healthy living, millions of Indians can live full, active, and complication-free lives. On this day, let us commit to breaking down the barriers to diabetes care, educating ourselves and our communities, and supporting a healthier future for all.





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Let's pledge to create a

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The published Map herein is not the Political Map of India

*TOI & THE WEEK



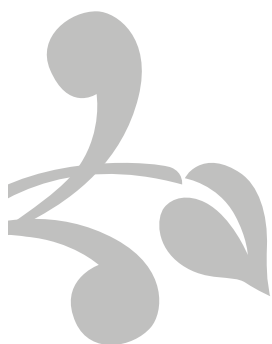
2017

Shreya
Siddanagowder's
hands soon after
the transplant

INDIA'S BEST HOSPITALS.

There is no better metric than patient experience to judge a hospital. For, it offers a peek into everything, from doctors and nurses who walk the extra mile to provide timely cure and care to technology that is redefining treatments

BY POOJA BIRAIA



THROUGH THE EYES OF THE PATIENT.



2018

Shreya
Siddanagowder's
hands after
a year of
rehabilitation





Shreya Siddanagowder underwent a double hand transplant at Amrita hospital in Kochi



Today, she lives an independent life in Mumbai

Earlier this year, doctors in a small Assam hospital fought the clock for 75 minutes and won.

Hotelier Sanjay Poddar, 59, collapsed inside Dibrugarh's Apeksha Hospital after suffering an acute myocardial infarction—medical parlance for a massive heart attack. Before doctors could wheel him in for an angiogram, his heart stopped altogether. “The heart had gone into an absolute standstill,” recalls Dr Raja Roy, the intensivist on duty. “We started chest compressions—full CPR with ventilation—and revived him after about eight minutes. But he went into arrest again, and again. Each time we brought him back, the heart would stop.”

Resuscitation is rarely continued beyond 30 minutes, as the chances of meaningful recovery are “very remote”. In the waiting area, Poddar’s son Shubham, 31, watched the clock stretch into eternity. “His pulse was only there when they were pressing his chest; the moment they stopped, it flattened,” he recalls.

Yet the Apeksha team refused to stop. “My back was already pushed to the wall,” says Roy. “We had nothing to lose. The arrest was happening right in front of us—a witnessed arrest—which statistically gives a slightly better prog-

nosis.” The team then did what was almost unheard of, especially in small-town hospitals—open the blocked artery, even with ongoing compressions.

Roy calls it a defining moment in his career. “Medicine is not just protocol; it is judgment and persistence,” he says. “When a team believes there is still a rhythm to find—even faint—you try. That’s what care means.”

When the team opened Poddar’s heart, what they found astonished them: the main coronary artery was 100 per cent blocked. As soon as the stent went in, the monitor began to beep with a steady rhythm. After 75 minutes of continuous CPR, Poddar’s heart was beating again.

Poddar spent 10 days in the ICU, and was then airlifted to Mumbai’s Kokilaben Dhirubhai Ambani Hospital for months of neuro-rehabilitation under Dr Abhishek Srivastava, who calls it “nothing short of a miracle”. But inside that small ICU in Dibrugarh, the miracle began with a team that refused to give up.

Poddar’s story is one among many that define India’s best hospitals—not only through their cutting-edge technology or success rates, but through the lives they have rebuilt. These are places where science meets spirit, where survival transforms into second chances. India’s top hospitals are rewriting what recovery looks like, and they are doing so with

emotion and precision.

At P.D. Hinduja hospital, Mumbai, empathy, science and faith came together to save a man on the brink. When Giles Taites, 74, was brought in, his oxygen saturation had plummeted to 82. What followed was a 21-day battle that tested not only the limits of medicine, but also the perseverance of the medical staff.

Taites, who had long been under treatment for arthritis, developed an unusual, persistent cough for which he was rushed to Hinduja's emergency department in March. Within hours, he was moved to the ICU. "By next morning, he had curled up like a prawn and was shivering. His oxygen had dropped to 71," recalls his son Adrian.

The medical team initially suspected interstitial lung disease—a chronic, often irreversible lung condition. Yet, test after test came back negative. When nothing worked, the doctors opted for a bronchoalveolar lavage—a complex procedure in which fluid is inserted into the lungs and retrieved for analysis. They had to put him on the ventilator for that. But for over 10 days, he lay sedated, his breathing dependent on the ventilator. The family watched as costs spiralled. "We didn't have insurance," says Adrian. "In 21 days, we had spent nearly ₹16 lakh. Every day in the ICU was about ₹85,000." They began to lose hope. "There was no improvement. He wasn't getting worse either, but it was just... stagnant," recalls

Adrian. They were ready to withdraw life support but didn't on the advice of pulmonologist Dr Lancelot Pinto. "He said, 'Let's give him some more time. I still believe he can make it,'" says Adrian.

Neurologist Dr Roop Gursahani even held a counselling session with the family. "They didn't let us feel like we were alone or being unreasonable. They were fighting for him as much as we were," says Adrian.

But as the situation worsened, and the lungs began to collapse further, another senior consultant reviewed his case and told the family gently: "His lungs have deteriorated. We have tried everything. Maybe he has another 48 hours."

The family began preparing for the inevitable—calling relatives, alerting the church and even planning his funeral. "We had made peace with it," Adrian says quietly. "My mother even called the parish priest. We gave him his final sacrament."

Next morning though, the family woke up to a miracle. Adrian's brother called him and said, "The ventilator is off—and dad is breathing on his own!" Within hours, Taites's oxygen requirements dropped drastically. "From 75 per cent ventilator support, it went down to 30 per cent as his lungs had started functioning again," says Adrian.

Within days, Taites was discharged. For the family, the experience has redefined trust in medicine.



Sanjay Poddar with wife. Earlier this year, he had a massive heart attack but a team of efficient doctors from Dibrugarh's Apeksha Hospital brought him back from the brink of death

"It was empathy, not just expertise, that brought him back," says Adrian. Today, months after the episode, his father is at home in Bandra—walking, talking and "dancing again".

At the country's leading tertiary hospitals such as AIIMS Delhi, Apollo Hospitals, Christian Medical College, Vellore, and Tata Memorial Hospital, Mumbai, each ward carries its own epic of endurance. The hospital becomes a support system not just during treatment but for years beyond that.

Siddhi Bacche, moth-

er of 18-year-old Sahil, turns emotional when she speaks about the role Tata Memorial Hospital in Mumbai has played in his life. He was diagnosed with blood cancer at just four-and-a-half years. "They did everything—not just with the treatment but they also supported him with his education," she says. "They continue to support him in his rifle shooting national championships. They sowed the seeds of the sport in him, as they take all cancer survivor children to Moscow for games each year." Shalini Jatia, officer

in charge, ImPaCCT Foundation, paediatric oncology, Tata Memorial Centre, says that the foundation's focus has always been on holistic care. "Our survivorship model extends far beyond cure, offering lifelong followup, access to medicines, counselling, education, skill-building and support in overcoming post-treatment challenges," she says.

In a number of cases, it is the calm conviction of the medical experts and the "calculated risks" they take that lead to second chances for patients. Uma Sangameswaran, 74, a Palakkad-based retired English professor and Carnatic singer, first noticed what seemed like a tongue ulcer in early 2011. She dismissed it as a passing irritation, perhaps caused by the instant coffee she had been gulping down during the condolence visits after her mother's death. "I didn't bother about it for two months," she recalls. But then she visited her family doctor for severe leg pain, and casually mentioned the ulcer to him. He asked her to get checked immediately.

Sangameswaran was referred to a hospital in Palakkad, where a biopsy threw up a diagnosis of cancer. She was advised to undergo surgery, followed by radiation therapy. "I asked the doctor about my speech and singing ability," she says softly. "He said both would be affected because they would have to chop off a part of my



AMEY MANSABAR

tongue."

For Sangameswaran, that was unthinkable. "Music is my life. I have been trained in Carnatic music," she says. "I give spiritual discourses, and I always end them with *bhajans*—my audience would repeat after me. Without a tongue, what would I do?"

That is when Sangameswaran consulted Dr Subramania Iyer, chairman, head and neck surgery/plastic and reconstructive surgery, Amrita Hospitals in Kochi. "He had actually stayed back after hours for me," she remembers. He told her that her cancer was progressing to stage two but assured her that he could

Giles Taites with granddaughter Tyra. His family had even made funeral preparations after he had a severe lung infection in March-April, but the team at Hinduja hospital did not give up on him

operate on her tongue and reconstruct it. The term reconstruct was unfamiliar to her. "I couldn't comprehend it fully, but there was a calm confidence in his voice." Her tongue was reconstructed using tissue from her left arm. The recovery, which took almost a year, was gruelling and the pain excruciating. Looking back, Sangameswaran credits Iyer not just with saving her life, but also her voice. "He didn't just remove my cancer; he gave me back my ability to speak, to sing and to live with dignity," she tells

THE WEEK from Belgium, where she now lives with her son and his family.

Beyond empathy and care, medical advancements and breakthroughs that were considered impossible earlier have now transformed treatment in unimaginable ways. Take the case of Sangameswaran. "To me, her case represents one of the most remarkable achievements of modern reconstructive microsurgery in head and neck cancer. You could call it a prime example of how far we have come," says Iyer.

Likewise, two years ago at Indraprastha Apollo hospital in Delhi, Anshika, 8, underwent a transplant that “wouldn’t have been possible a decade ago.” Anshika was diagnosed with Wilson’s disease, a rare genetic disorder that affects copper metabolism. “We all consume copper through our diet,” explains group medical director and senior paediatric gastroenterologist Dr Anupam Sibal, “but because of an inherited defect, the body fails to process it. Over time, this copper starts accumulating in different organs, most often in the liver.”

In children, this buildup can be devastating. It damages the liver and causes cirrhosis. The blood vessels in the food pipe swell and can burst, leading to bleeding. The abdomen bloats, jaundice develops and, in advanced cases, copper seeps into the brain, sending the patient into coma. The symptoms usually show up suddenly once the child reaches the age of seven or eight.

Anshika was brought into the hospital with acute liver failure, a life-threatening emergency. She was put on ventilator support, and started on plasma exchange therapy to reduce toxins affecting her brain and on dialysis to control brain swelling. Dr Neerav Goyal, head of liver transplant, describes those few days as “a race against time.” “In such cases, you get just 72 to 96 hours to perform a liver transplant,” he says. “Beyond that, the survival chances are minimal.”



Priyanka Kharwe's long fight with avascular necrosis came to an end with a robotic hip replacement at Nanavati Max Super Speciality Hospital, Mumbai

Moreover, her mother, the only suitable donor, had an incompatible blood group. “The child was blood group B, and the mother AB—what we call an ABO-incompatible transplant. Even under normal circumstances, acute liver failure is challenging. But to perform an ABO-incompatible transplant in that emergency window—that’s an entirely different level of risk,” says Goyal. The team had no option but to improvise. “We had to first reduce the antibodies in the child’s system against the mother’s blood group through multiple plasma

exchanges,” recalls Goyal. “Normally, we give a drug called Rituximab that suppresses those antibodies, but it takes seven to 14 days to act. We didn’t have that time. So we gave it just 12 hours before the transplant, after bringing down the antibody levels artificially.” The surgery was successful.

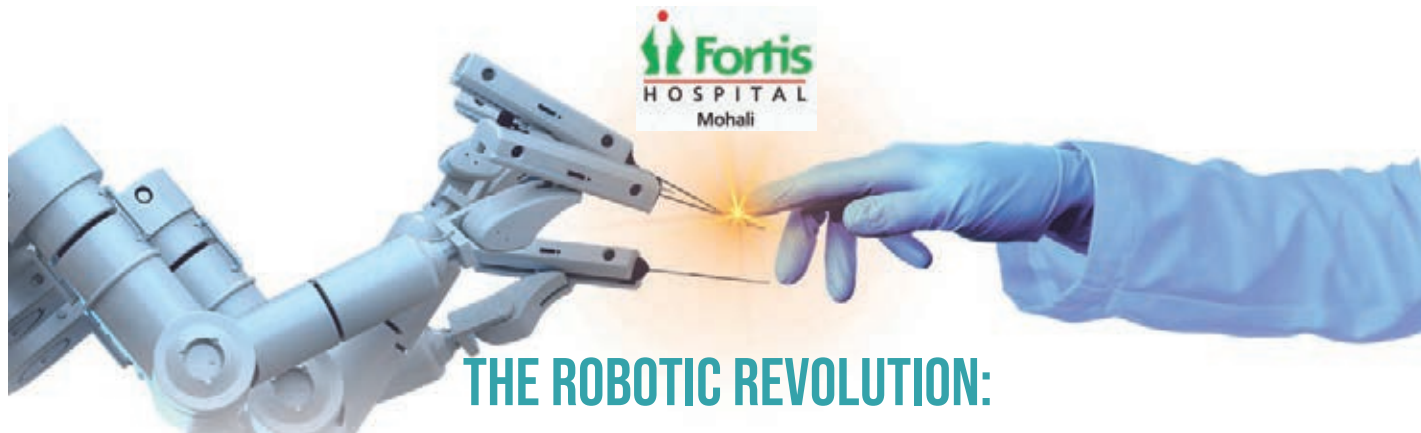
“A few years ago, performing an ABO-incompatible emergency transplant like this simply wouldn’t have been possible,” says Goyal. “What made it feasible were advancements in technology—plasma exchange systems, the availability of

newer immunosuppressive drugs and a better understanding of how to manage incompatible transplants. If this had happened 10 years ago, the child likely wouldn’t have survived.”

For Sibal, Anshika’s case is “just one example of the complexity of transplants we now do.” “Our programme has crossed 5,000 liver transplants—the first in the country to reach that milestone,” he says. “We performed India’s first liver transplant back in November 1998 at Apollo Delhi, in a 20-month-old baby who is now a doctor himself.”

Another example is of a procedure that repaired a failing heart without opening the chest. A 73-year-old man from Delhi, already living with a fragile heart and a history of bypass surgery, came in with severe breathlessness and heart failure. Another surgery was unthinkable. His heart was leaking badly, blood was flowing back through the mitral valve each time it tried doing its job and his lungs were under crushing pressure. But at Indraprastha Apollo Hospitals, a team of cardiologists and cardiac surgeons offered something different. “He was far too high-risk for a conventional operation,” says Dr Sai Satish, clinical lead for transcatheter heart valve therapies, Apollo Hospitals Group. “That’s why we chose the MitraClip—a transcatheter repair system that allows us to fix the valve through a small puncture in the leg.”

Using real-time imaging, doctors thread a catheter



THE ROBOTIC REVOLUTION: REDEFINING PRECISION AND OUTCOMES IN MODERN SURGERY

Robotic Surgery - The Best Choice for Fertility Preservation in Endometriosis Treatment

Endometriosis is a condition which beyond grade 2 cannot be managed medically. Patients with grade 3 or 4 experience severe pain affecting quality of life. Quoting a case of a 28-year-old woman with grade 4 endometriosis and bilateral endometriotic masses, who came to us in debilitating pain. Being unmarried, she was kept on hormone therapy by several doctors but continued to suffer cyclical pain, constant period pain and dependency of daily painkillers. CA 125 helps assess endometriosis, but MRI with contrast and clinical examination are best for diagnosis. She was a clear surgical candidate, but her parents were hesitant. After counselling on risks like blocked tubes and worsening pain over the years, we proposed the option of surgery with fertility preservation. Adhesions were present, but her tubes were saved, cysts removed, and she was placed on hormone therapy post-surgery. Two years

later, she married and delivered a healthy baby. Early treatment, even at 16–18 years, preserves fertility. Any girl with grade 3 or 4 endometriosis unresponsive to medication or dependent on painkillers needs surgery, regardless of marital status.

Initially, conservative management is tried for three to four months for every patient, but surgery should be considered if it does not help. Surgery types include open, laparoscopic, and robotic. Open surgery is not a favourable option especially in young girls who end up getting a big scar on the belly.

Endometriotic spots and adhesions can be as minute as 5mm and adhesions can be hidden anywhere in the abdomen, hence laparoscopic is not a good option as it fails to give this kind of magnification and also does not prevent recurrence of the disease.



Dr Swapna Misra
Director – Obstetrics, Gynaecology &
Robotic Surgery
Fortis Hospital, Mohali

Robotic surgery offers 10x magnification, minimal recurrence, and faster recovery. Since adopting robotics in 2020, our recurrence has been nearly zero compared to 20–50% with other techniques.



Dr Rohit Dadhwal
Consultant – Urology, Andrology &
Robotic Surgery
Fortis Hospital, Mohali

Robotic Precision - Redefining Prostate Cancer Surgery

Prostate cancer is second most common cancer among men worldwide and is one of the fastest-rising cancers among Indian men, especially those above 50 years of age. According to recent data, prostate cancer is now among the top three cancers in Indian males.

Diagnosis of prostate cancer begins with regular screening especially after the age of 50 with a Prostate-Specific Antigen (PSA) blood test and a digital rectal examination (DRE). If abnormalities are detected, an MRI scan followed by a prostate biopsy helps confirm the diagnosis and assess the severity. The Gleason score, assigned on biopsy, indicates how aggressive the cancer is.

Among the various treatment options—ranging from active surveillance to radiation or surgery—robotic-assisted radical prostatectomy has emerged as the gold standard for localized prostate cancer. Here is a case of a 62-year-old gentleman with localized prostate cancer (Gleason score 4+3) who recently

underwent nerve-sparing robotic radical prostatectomy with bilateral pelvic lymph node dissection with us. It was due to the advanced robotic technology that we were able to operate with enhanced precision, 3D visualization, and minimal blood loss. The robotic arms enabled us to do delicate and controlled actions, for precise removal of the cancer while sparing the surrounding nerves responsible for urinary continence and sexual function. The patient regained urinary control within two weeks and preserved his erections. His post-surgery PSA was < 0.01, indicating complete cancer removal—an ideal outcome demonstrating the benefits of robotic surgery.

With shorter hospital stays, quicker recovery, and excellent functional outcomes, robotic surgery is truly transforming lives. Early detection through regular PSA screening and timely robotic treatment can ensure that prostate cancer is not just curable—but curable with quality of life intact.

For more details, call- +91 7272872728



Dr Dharmender Aggarwal
Consultant - Uro-oncology and
Robotic Surgery
Fortis Hospital, Mohali

Kidney Sparing Robotic Surgery - A new Hope for Cancer Patients

Robotic surgery has a very important role in management of urological cancers, especially kidney cancers. It has not only revolutionized the cancer surgery but has also brought unexpected outcomes to patient care. Previously, kidney cancer patients used to undergo major open surgeries which most of the time led to complete removal of kidneys. With the advent of robotic surgery, now partial nephrectomy surgery has become a new norm for kidney cancer patients.

A 56-year-old man who had a kidney transplant about 7 years back, unfortunately developed a 3 cm tumour in his precious transplant kidney. Usually, this type of cases are managed with complete removal of transplant kidney followed by dialysis. But for this patient, we opted for a robotic transplant partial nephrectomy. A completely new arrangement was designed for port

placement and blood vessels supplying to kidney were blocked temporarily. Whole tumour was removed from transplant kidney and kidney was preserved. Patient did not require any blood transfusion or any dialysis after surgery. He recovered fast due to minimally invasive technique and was discharged in 3 days after surgery. He remains cancer free after about 1 year of follow up and his kidney is still working completely normal. Robotic surgery is considered a boon for kidney cancer patients as it helps in saving kidney with complete removal of tumour, with greater magnifications, minimal blood loss, and faster recovery. A newer technique of retroperitoneal robotic partial nephrectomy has also been developed recently which allows for this surgery without entering into abdomen part of patient, which further helps in faster recovery.

Transforming Gynae Cancer Management with Robotic Precision

For so many women, the diagnosis of gynae cancer means facing not only the fear of the disease but also the grueling reality of a major surgery – long hospital stays, big scars, postop pain and time away from family. But through robot-assisted surgery, we are combining science with sensitivity and making it easier and gentler for our patients.

To quote a case, recently we had a 65-year-old woman with morbid obesity, liver dysfunction, diabetes, hypertension and chronic kidney disease and was diagnosed with uterine (endometrial) cancer. Although radical surgery offered the best chance for long-term survival, she was a high-risk candidate for the procedure. Another 73-year-old lady with advanced ovarian cancer, post chemotherapy with uncontrolled diabetes needed radical surgery for better survival.

Gynae cancers often affect women in old age, when

presence of other medical conditions makes them more vulnerable to surgical risks. Moreover, cancer surgeries are usually extensive and good surgical outcomes depend on precision, meticulous technique and strict adherence to oncological principles to ensure full disease clearance. Robotic surgery can help achieve excellent clearance through tiny incisions leading to less blood loss, reduced postop pain, fewer complications and faster recovery, while maintaining equivalent survival rates as that of traditional open surgery, as proven by multiple studies.

Today, robotic surgery has become the standard of care for endometrial cancers across the globe. It can also be offered to select patients with ovarian and cervical cancers. As a gynae oncologist, my target is to give excellent oncological outcomes while maintaining good quality of life for my patients.



Dr Shweta Tahlan
Consultant – Gynaec Oncology Surgery &
Robotic Surgery
Fortis Hospital, Mohali

Minimally Invasive, Maximally Effective - Bariatric Surgery with Robotics

Based on the data from National Family Health Survey 5 (2019-21), approximately 24 % of women and ~23 % of men in India are overweight or obese (BMI > 25kg/m²). The indications for Bariatric Surgery include a BMI greater than 30kg/m² with concomitant obesity related comorbidities (Type 2 Diabetes mellitus, Metabolic Syndrome, Hypertension, Obstructive sleep Apnea etc) or a BMI > 35 kg/m² regardless of presence or absence of comorbidities.

Robot aided Bariatric and Metabolic Surgery uses a computer-assisted surgical system – commonly the da Vinci Xi Surgical System to perform Bariatric (weight-loss) surgeries. The use of robotic platform translates and replicates the surgeon's hand movements into precise, scaled movements of miniaturized wristed instruments inserted through small incisions. The benefits of robotic system also include a 3D view, improved depth perception, better access to confined spaces and lesser torque on the abdominal wall. These translate

into a surgery which has high precision, minimal blood loss and faster recovery.

Patients have a remarkable postoperative recovery following Robot aided Bariatric Surgery. The patients are mobilised within 6 hours and are discharged on day 1 or day 2 following the surgery without the need of stay in intensive care unit (ICU). We recently performed Robot aided Bariatric Surgery in a 22 years old gentleman whose weight was 210 kg and BMI was 93.3 kg/m². The patient had an excellent recovery and was discharged within 48 hours without any complications.

Bariatric Surgery is as safe as any other common procedure; like a surgery for gall bladder stones, hernia surgeries, hysterectomy or appendectomy. The benefits of bariatric surgery using robotics go a long way in resolving issues like diabetes mellitus, sleep apnea, reducing risk of cardiovascular diseases and cancers. It also quickly helps them get back to a normal and healthier life.



Dr Vitish Singla
Consultant GI, Minimal Access & Bariatric
Surgery | Fortis Mohali



THE WEEK-HANSA RESEARCH SURVEY 2025

BEST HOSPITALS

BEST MULTISPECIALITY HOSPITALS

ALL INDIA

RANK	HOSPITAL	CITY
1	All India Institute of Medical Sciences	Delhi
2	Christian Medical College	Vellore
3	Post Graduate Institute of Medical Education & Research (PGIMER)	Chandigarh
4	Apollo Hospitals	Chennai
5	Medanta - The Medicity	Gurugram
6	Indraprastha Apollo Hospitals	Delhi
7	Sanjay Gandhi Postgraduate Institute of Medical Sciences	Lucknow
8	Kokilaben Dhirubhai Ambani Hospital & Medical Research Centre	Mumbai
9	Jawaharlal Institute of Postgraduate Medical Education and Research	Puducherry
10	Sir Ganga Ram Hospital	Delhi
11	Apollo Health City	Hyderabad
12	Manipal Hospital	Bengaluru
13	P.D. Hinduja Hospital & Medical Research Centre	Mumbai
14	Amrita Institute of Medical Sciences (Amrita Hospitals)	Kochi
15	Lilavati Hospital and Research Centre	Mumbai
16	KEM Hospital and Seth G S Medical College	Mumbai
17	Jaslok Hospital & Research Centre	Mumbai
18	Max Super Speciality Hospital	Delhi
19	Aster Medcity	Kochi
20	Bombay Hospital & Medical Research Centre	Mumbai
21	Ruby Hall Clinic	Pune
22	Apollo Multispeciality Hospitals	Kolkata
23	BLK-Max Super Speciality Hospital	Delhi
24	Fortis Memorial Research Institute	Gurugram

Precision in Motion

The New Age of Spine Surgery

Spinal health is essential to our daily lives. From long hours at desks to constant phone use and reduced physical activity, back and neck pain have become a part of modern living. Fortunately, advances in spine care now make it possible to treat most spinal problems safely, accurately, and with minimal discomfort.

Taking care of your spine begins with small, consistent habits. Maintaining correct posture while sitting or lifting, walking regularly, and strengthening back and core muscles can go a long way in preventing problems. Eating a balanced diet and keeping body weight under control also help reduce stress on the spine.

However, when pain persists or interferes with daily activities, it's important not to ignore it. Many spine problems can be managed without surgery through physiotherapy, medication, or lifestyle changes. But in cases where surgery is needed, modern technology has transformed outcomes.

Minimally Invasive Spine Surgery (MISS) allows doctors to treat spinal conditions through tiny incisions, minimizing muscle injury, pain, and hospital stay. Patients often return to normal activities much sooner than before. Endoscopic Spine Surgery, one of the latest techniques, offers direct visualization of the affected area through a camera, allowing precise treatment with minimal tissue disturbance.



With today's technology, spine surgery has become far safer and more patient-friendly. The focus is on faster recovery and restoring quality of life"

Dr Kamlesh Singh Bhaishora
Director Brain and Spine Surgery
Medanta Lucknow

Modern tools such as navigation-guided surgery and real-time imaging provide surgeons with a GPS-like roadmap, improving accuracy and safety during procedures. Additionally, intraoperative neuromonitoring continuously tracks nerve function, further reducing the risk of injury, especially in complex cases.

"With today's technology, spine surgery has become far safer and more patient-friendly. The focus is on faster recovery and restoring quality of life," says Dr Kamlesh Singh Bhaishora, Director Brain and spine surgery, Medanta Lucknow.

These advancements mean spine surgery is no longer something to fear. With early diagnosis, proper medical guidance, and the right technology, patients can expect reliable, predictable outcomes — often with less pain and quicker recovery.

This World Spine Day, let's take a moment to prioritize our backs — by staying active, sitting right, and seeking timely care when needed. A healthy spine is truly the backbone of a healthy life.

Disclaimer: Issued in public interest by Medtronic. Views expressed are independent and intended for general information and educational purposes only, not as a substitute for medical advice.

up through a vein into the heart, and deploy a tiny clip that grasps the faulty valve leaflets, closing the leak instantly. The technique, known as Transcatheter Mitral Valve Repair, spares patients the trauma and long recovery of open-heart surgery.

"It's like mending a tear in fabric without opening the whole garment," explains Dr Varun Bansal, senior consultant, cardiothoracic and vascular surgery.

For the patient, the difference was immediate. Within hours of the procedure, his breathing eased, his oxygen levels normalised, and he was off the ventilator in four hours. "He was discharged within 48 hours," says Dr B.N. Das, chief cardiothoracic and vascular surgeon at Apollo.

Every patient story has a parallel one, that of parents who sleep on benches outside ICUs, of siblings who stand in endless queues for blood donation, of spouses who hold on to hope in waiting rooms that blur night and day. At AIIMS Delhi, the caregiver shelters outside the main complex are now being redesigned with shaded areas, food counters and counselling kiosks for families who travel from afar. CMC Vellore runs programmes where trained volunteers help families navigate hospital procedures and accommodation. This is indicative of how hospitals believe that healing is not limited to the person on the bed, rather



Uma Sangameswaran's (centre) tongue ulcer turned out to be cancer. She could have lost her speech and ability to sing but for the advanced reconstructive surgery at Amrita hospital

emotional recovery is collective and it begins when the family feels supported.

Medicine saves lives. But what people do with that second life is where the real story begins. Shreya Siddanagowder, 27, underwent a double hand transplant about eight years ago and now lives a successful, independent life. In 2016, she was 18, and had just begun her engineering degree when she met with an accident. She was travelling from her Pune home back to college in Manipal when her bus overturned and skidded along the road for nearly 100m. "The friction between metal and road tore through the vehicle and through my body," she says. When she woke up in the hospital, she was shocked to find that she had lost both her forearms. "The physical pain was one thing, but it was the mental helplessness that broke me. I had to take a break from college. I didn't know what to do, or what my life

could look like any more," she tells THE WEEK.

She found hope in Iyer, who had already performed three successful hand transplants by then. By August 2017, she was ready for surgery. "The team at Amrita not only gave me new hands but, in many ways, gave me my life back," she says. "Rehabilitation was hard—a year and a half of daily exercises, physiotherapy and learning to trust these hands as my own. But slowly, they began to move, respond and feel. And with every small motion—grasping a cup, buttoning a shirt—I regained a little bit of who I used to be."

After the surgery, she decided to pursue economics instead of engineering and later did an MBA from IIM Calcutta. Today, she

lives alone in Mumbai and works as a consultant. She now sees her life in two halves: before the accident and after—both versions existing in harmony, stitched together by resilience and modern medicine.

Then there is Priyanka Kharwe's long fight with avascular necrosis, a condition in which a portion of bone loses its blood supply, collapses and eventually crumbles. For three years, every step felt like a trap. At first the pain was small, something she let slide. Then it became sharp and constant, and woke her from sleep. She limped. Crutches became her companion. Tasks most people take for granted—getting up, walking to the toilet, leaving the house—turned into decisions she dreaded. She was in her early 30s

and had just got married. "It was very, very depressing.... the worst year of my life," she recalls. "As your bone starts rubbing against your other bone, it becomes very, very painful. I did not want to waste my young years in pain."

Kharwe consulted Dr Pradeep Bhosale, principal director, robotic joint replacement, hip and knee surgery, Nanavati Max Super Speciality Hospital, Mumbai, who recommended robotic hip replacement with a dual-mobility implant—a choice aimed at maximising range of motion and reducing the risk of dislocation in a young, active patient. On October 22, 2024, she underwent the surgery and within three months could walk unassisted. A year on, she recently went on a trek for 12km. "I have got a new lease on life. I owe my life to him (Dr Bhosale)," she says.

And then there are cases that make even medical experts marvel. Take Aafiya, now 11. When she arrived at the Kokilaben Dhirubhai Ambani Hospital in Mumbai in early 2023, Dr Santanu Sen, consultant, paediatric haemato-oncology, wasn't sure she would make it through the week, let alone the year. "She beat the odds about five times in her life," he says. "There were at least a couple of occasions when we ourselves were convinced that she may not survive the next few days. But today, I see her smiling and happy—it's a complete miracle," he says.

Aafiya had been



**TO ME,
[SANGAMESWARAN'S]
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REMARKABLE
ACHIEVEMENTS
OF MODERN
RECONSTRUCTIVE
MICROSURGERY IN
HEAD AND NECK
CANCER.**

Dr Subramania Iyer
chairman, head and
neck surgery/plastic and
reconstructive surgery,
Amrita Hospitals, Kochi

diagnosed with aplastic anaemia, a rare, life-threatening condition in which the bone marrow stops producing blood cells. "Your body stops making red cells, white cells and platelets," Sen explains. "So, you need regular blood transfusions every three to four weeks, and platelet transfusions two to three times a week. You are constantly at risk of bleeding and infection. The only curative option is a bone marrow transplant,

and that must be done as soon as possible."

That is easier said than done in India. By the time Aafiya came to Sen, she was fighting a severe pseudomonas bacterial infection—one that simply refused to respond to antibiotics. "She was sinking before our eyes," recalls Sen. "Nothing was working. And we realised that if we waited for her infection to settle before transplanting, she would die. So, we had to take a very risky, balanced decision—to go ahead with the transplant even with an active infection."

Going into a transplant in such a state is "a high-risk proposition". The patient receives seven to 10 days of aggressive chemotherapy, which wipes out all remaining bone marrow and renders them even more vulnerable to infections. "But she had no choice," says Sen. "This was her only shot at life."

Luckily, Aafiya found a donor in her sister, and the transplant went ahead. After about six weeks, she went home. But three months after discharge, she returned with a virulent tuberculosis infection—one so aggressive that it was "almost eating her from inside". And once that stabilised, she came back in December 2023 with mucormycosis, the deadly 'black fungus' that had claimed countless lives during the Covid-19 pandemic.

The MRI showed the infection had destroyed her eye, spread to the base of

the brain, the jaw and the ear. "When our surgeons opened her up, everything was a mess," says Sen. "The conventional approach would have meant removing half her face—her eye, upper jaw and part of her forehead. For a pretty little girl of nine, that was unimaginable." With surgery ruled out, the doctors took an uncharted path. "We decided to start her on a novel combination of three antifungal drugs—something nobody had really done before," he says. "We had nothing to lose. Why not go all out and give her every possible chance?" To everyone's surprise, the treatment began to show results. "None of us thought she would survive," says Sen. "We just thought we will make her comfortable."

Then, two months later, a video arrived from Aafiya's father. The little girl was playing in her room. Laughing. Alive. Her father still sends Sen photos and short videos every few months.

Best hospitals are also places where caregivers form strong emotional bonds with their patients, often transforming the doctor-patient equation. At AIIMS Rishikesh, Dr Amit Sehrawat, associate professor, medical oncology, still remembers the first time he met the little boy who would become one of his unforgettable patients. "He was just five years old when I met him—one of the most active, notorious kids I have ever seen," says Sehrawat. "He used

to come running into my OPD, straight to my table, open my drawer and grab chocolates. Even before saying hello, he would ask for a second one! Whenever he was around, you didn't need to look for him—you'd know from the laughter and commotion in the room."

But behind the boy's cheerful mischief was a story of extreme hardship. The boy was diagnosed with rhabdomyosarcoma, an aggressive soft tissue cancer. "It is a very aggressive malignancy, but in children, it is also curable if you follow international treatment protocols," explains Sehrawat. "His social support was very poor. His father was an alcoholic, and his mother was frail, undernourished and struggling with gynaecological problems. Sometimes she was too unwell to bring him, and a neighbour would accompany the child instead."

Despite her frailty, the mother "was very motivated" and "never missed his treatment unless she was hospitalised herself".

The family's economic situation was dire, but help came through CanKids, an NGO that assisted with travel, investigations and even free medications when their Ayushman Bharat card couldn't be activated. "They provided logistical and financial support, and most important, a child psychologist who helped the mother understand the long journey ahead," says Sehrawat.

The boy had a relapse, but even in recurrence, their intent was curative, not palliative. "A relapse usually means Stage IV cancer. Theoretically, survival chances fall to around 20 per cent at five years," explains Sehrawat. "But we decided to aim for cure. We designed a specific, precision-based chemotherapy protocol, keeping in mind his malnourished state and



WE PERFORMED INDIA'S FIRST LIVER TRANSPLANT BACK IN NOVEMBER 1998 AT APOLLO DELHI, IN A 20-MONTH-OLD BABY WHO IS NOW A DOCTOR HIMSELF.

Dr Anupam Sibal
group medical director
and senior paediatric
gastroenterologist,
Indraprastha Apollo
Hospital, Delhi

fragile condition."

For Sehrawat, treating paediatric cancer isn't just about medical science, it is about emotional and social care. "In paediatric oncology, you don't just treat the child," he says. "The child doesn't understand the magnitude of what's happening. You have to treat the entire family." That philosophy guided every part of the boy's care. "When his mother had heavy menstrual bleeding, we even got her admitted at AIIMS for treatment," he recalls. "Because if she collapsed, the whole system of support for the boy would fall apart. We had to look after both of them."

After three relentless years—multiple sessions of chemotherapy, surgeries, nutritional rehabilitation and counselling—the little boy finally beat the odds.

For Sehrawat, it is not just a success story; it is a reminder of what compassionate, community-based medicine can achieve. ①

Research methodology

The survey covered 19 cities (plus the National Capital Region) that are important medical centres. Top hospitals for 10 specialisations were also ranked.

Perceptual data collection

A primary survey was conducted among health care experts—788 general physicians and 1,609 specialists. The sample was selected ensuring proper representation of all cities and specialities.

The experts were asked to nominate and rate the top 10 multispeciality hospitals in India and within their city. Specialists

were also asked to nominate and rate the top 10 hospitals for their specialisation. Experts' responses for hospitals they are associated with were not taken into account.

Validation of findings

Data collected from the survey was validated using factual data from hospitals and other secondary sources. The final list was validated by leading doctors. Specialisation rankings were validated by experts who are opinion leaders in their field. City rankings were validated by experts from respective cities. The core research team

conducted telephonic interviews with 81 experts across cities and specialisations to validate the findings.

Ranking methodology

The final rank for a hospital is based on the number of nominations received, ranks given, and the ratings on the following five parameters:

- Overall reputation
- Competency of doctors
- Infrastructure and facilities
- Research and innovation
- Patient care

Note: Ranking for a city is based

on the perception of the experts surveyed from that city. Hence, the order in city rankings may vary from all India rankings. Zonal rankings are derived by applying filters to all India rankings.

How to use it

The rankings make the opinion of health care experts available to the public. While immense care has been taken to provide an honest assessment, the needs of each patient can be different. So, while this list can be used as a guideline, decisions should be based on what works best for the patient.



Quality and ethics in patient care

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In India, over 65 per cent of health care spending is out of pocket, and access to qualified medical advice is often a privilege reserved for those in big cities.

Only about a fifth of cancers are caught in early stages—when they are most treatable—because screening programmes and radiologists are scarce. Even among patients whose cancers could benefit from targeted therapies such as trastuzumab for HER2-positive breast cancer or tyrosine kinase inhibitors for EGFR-positive lung cancer, only about a third receive the necessary diagnostic tests. India has barely a fifth of the radiologists and pathologists it needs, and even fewer oncology experts. The contrast with western systems, where early diagnosis and precision care are routine, is stark.

Artificial intelligence is often hailed as the great equaliser for such shortages. But we must be clear about what it can—and cannot—do. AI cannot conduct clinical trials, invent drugs, perform surgeries, or offer the empathy that defines care. What it can do is improve prevention, early detection, diagnosis, treatment planning and hospital

AI ALONE WON'T HEAL INDIA'S HEALTH CARE

India needs a mission-driven, public-first approach in using AI for health, not a race to mimic the west

BY AMIT SETHI & DR SWAPNIL RANE



operations. It can transcribe notes, route patients efficiently, predict resource needs and flag anomalies in scans for doctors to review. Used wisely, AI can be the overworked doctor's ally and force multiplier, not his or her replacement.

Yet health care is not a market commodity. Education, policing, defence and health care exist for public welfare, not shareholder value. Left to market forces, profit motives can lead to unnecessary procedures, inflated claims and catastrophic medical debt—as the US experience shows. If guided solely by commercial interests, AI-driven health care risks deepening inequities and creating new silos. The government must therefore play a pivotal role, not just as regulator, but as a mission leader ensuring AI serves national health goals first.

The starting point must be a clear definition of health challenges that

demand national-scale action. India has proven its capability with polio, smallpox and Covid-19 eradication efforts. The same mission-driven resolve is needed to combat tuberculosis, sickle-cell anaemia, diabetes, cardiovascular disease and our most prevalent cancers. A “problem-first” mindset ensures that AI is used where it truly helps, not where it is easy or fashionable.

We must also chart our own course rather than mimic the west. Their health priorities are shaped by their environments, lifestyles and demographics. Nor should India chase the prestige of massive, resource-hungry AI models designed for publication glory. Just as ISRO succeeded not by being the biggest but the most resource-efficient, India's AI for health must focus on frugal innovation—smaller, focused models solving real problems.



SHUTTERSTOCK

To power this, India needs a strong data backbone. US researchers rely on The Cancer Genome Atlas, a vast open repository of cancer images and genomic data. India's department of biotechnology has begun similar initiatives such as the Cancer Image Biobank at the Tata Memorial Centre, but these must scale beyond major hospitals to reflect India's diversity. Representative datasets spanning geography, hospital type and patient backgrounds will allow AI to learn patterns unique to Indian populations. With scale and diversity, our data can also serve global science, just as India already supplies medical professionals, treatment services and IT expertise to the world.

Responsible data sharing requires balance. Privacy is essential, but excessive fear of data exchange can paralyse research. India's success with Aadhaar and

UPI shows it can build secure, interoperable digital systems at massive scale. Health care deserves similar clarity: anonymised, standardised datasets accessible under strict oversight. The Indian Biological Data Portal and initiatives like the Biotech PRIDE Guidelines and FeED protocol are promising steps in that direction.

Focus, too, is vital. Medical AI cannot thrive if resources are spread thin across general AI research. India needs centres of excellence in medical AI embedded within hospitals, led jointly by clinicians and technologists. Senior doctors must be freed—at least part-time—from routine clinical duties to lead AI initiatives. These centres must also attract skilled AI engineers with competitive pay, autonomy and growth paths. Tata Memorial Centre's department of digital and computational oncology exemplifies this

vision—training oncologists to use and guide AI responsibly. Partnerships like the Koita Centre for Digital Oncology and Koita Centre for Digital Health at IIT Bombay show how public-private collaboration can amplify government initiatives and ensure last-mile reach.

At the heart of this transformation lies trust. Doctors must remain in the pilot seat. AI systems should be explainable, transparent about uncertainty and cautious when data quality is poor, just as a junior doctor knows when to defer to a senior. The goal is not to make doctors complacent or over-reliant, but to strengthen their judgment with reliable, well-calibrated insights.

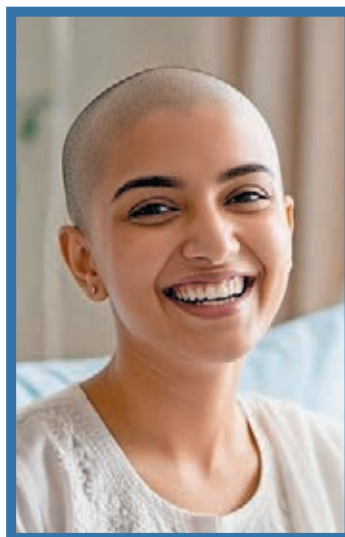
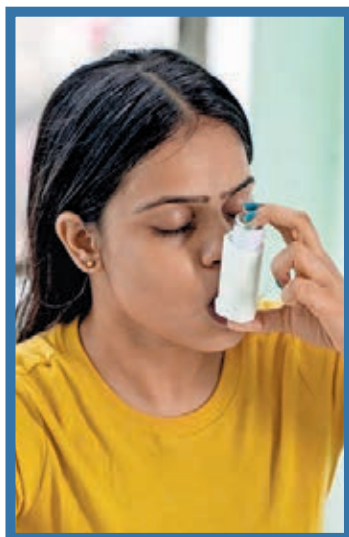
Amit Sethi is a professor of electrical engineering at IIT Bombay, and **Dr Swapnil Rane** is a professor of pathology and head of digital and computational oncology at Tata Memorial Centre. They are developing open cancer image datasets and AI models for clinical testing, focusing on systems that remain robust to noisy data and cautious in their recommendations when faced with poor quality data or difficult cases.

Trust grows when AI developers work within hospitals rather than apart from them. At Tata Memorial Centre, for instance, predictive models for cancer mutations and survival rates have emerged from close collaboration between oncologists, pathologists and computer scientists. AI adoption, like medicine itself, is built on confidence and shared responsibility.

Still, enthusiasm must be tempered with humility. AI trained on biased or poor-quality data can amplify inequities. Automated predictions should never replace clinical judgment. The promise of AI is not to make medicine more mechanical but more humane.

India has already shown through UPI that interoperability and open standards can transform public systems. If we apply the same mission-oriented design to health care data, AI infrastructure and talent development, we can not only reform our health care system but set a global example for equitable, data-driven medicine.

AI alone will not heal India's health care. But guided by public purpose, scientific discipline and compassion, it can help deliver what every Indian deserves: timely, trusted and affordable care. ●



About six months ago, **Renuka Sachdev, 56, was diagnosed with hypertension and diabetes.**

A sales professional with a leading corporate firm in Mumbai, she had never had a smoke or a drink. What she did have, however, were long workdays, erratic meal timings and a near-permanent relationship with stress. “The anxiety to thrive at work had seeped into me so much that it became normal for me to remain tensed about deadlines and sales all the time,” she says. Her doctor told her that stress had caused her psoriasis and diabetes. “I have been asked to either take a break, find another job or simply shift the industry I work in. So I am now trying to take it slow by making some time for myself,

RESET MINDSET

India’s non-communicable diseases crisis is as much a social problem as a medical one, and needs urgent, systemic lifestyle changes to tackle it

BY POOJA BIRAIA

especially in the first four hours of the morning.”

Sachdev is not alone. Across India, doctors are reporting a troubling trend—non-communicable diseases (NCDs) like diabetes, cardiovascular diseases, chronic respiratory disorders and cancers are striking younger people and growing at an alarming pace.

The World Health Organization estimates that 73 per cent of all NCD deaths are in low- and middle-income countries. It says that cardiovascular diseases account for most NCD deaths, at least 19 million in 2021, followed by cancers (10 million), chronic respiratory diseases (4 million) and diabetes (over 2 million including

kidney disease deaths caused by diabetes). These four groups of diseases account for 80 per cent of all premature NCD deaths. It further states that tobacco use, physical inactivity, excessive use of alcohol, unhealthy diets and air pollution all increase the risk of NCD deaths.

As per a 2023 report by Shifa Habeeb and colleagues from the department of community medicine, Amrita Institute of Medical Sciences, Kochi, published in *The Lancet Diabetes & Endocrinology*, India has an estimated 101 million people living with diabetes, which is higher than the 74.2 million previously reported by the International Diabetes Federation. Similarly, the prevalence of hypertension stands at 35.5 per cent, significantly higher than the 28.5 per cent recorded in the National NCD Monitoring Survey. The authors note that awareness, treatment and con-



PHOTOS SHUTTERSTOCK

trol rates remain dismally low—46 per cent, 36 per cent and 16 per cent for diabetes, and 28 per cent, 15 per cent and 13 per cent for hypertension, respectively. Even in Kerala, one of India's most advanced states in terms of literacy and health care access, diabetes prevalence is 25.5 per cent, with control rates of just 15 per cent for diabetes and 12 per cent for hypertension.

The Union government's target under the National Multisectoral Action Plan is to reduce premature mortality from NCDs by one-third by 2030, in line with the UN Sustainable Development Goals. But experts warn that without urgent, systemic lifestyle changes, that goal may remain out of reach. "Over the past decade, the age of diagnosis has dropped by at least a decade," says Dr Rajiv Kovil, diabetologist and founder of United Diabetes Forum. "In the US, diabetes is typically

diagnosed in the late 50s. In India, we are seeing it at 40, sometimes even in the early 30s. Post pandemic, the curve for NCDs has become frighteningly linear." Blame it on our lifestyle. "We have normalised unhealthy living," he says. "People eat dinner at 10:30pm, skip breakfast, sit all day and consider that normal."

Cardiologists say they are seeing similar trends in hypertension and cardiac ailments. "The number of young hypertensives is worrying," says Dr Rahul Gupta, director-cardiology, Gleneagles Hospital, Mumbai. "Earlier, we would see hypertension in the 50s or 60s. Today, we are seeing 30-year-olds with dangerously high blood pressure. Add obesity and stress to the mix, and you have a generation heading towards early heart disease."

The overlap between NCDs is significant: diabetes predisposes people

to cardiovascular disease; obesity heightens the risk of certain cancers; and air pollution worsens chronic respiratory conditions. "The body doesn't compartmentalise illness the way we do," says Gupta. "If your lifestyle is unhealthy, everything begins to collapse—your sugar levels, your cholesterol, your heart, your sleep."

One of the starkest drivers of India's NCD epidemic is diet. From ultra-processed convenience food to sugar-laden beverages, poor nutrition cuts across income groups. "We talk about millets on paper but eat nothing close to a balanced meal," says Kovil. "Even middle-class families in cities like Mumbai rely on sandwiches, dosas or street food, which are convenient but nutritionally poor."

The problem, he argues, is as cultural as it is economic. "Healthy food is expensive, and we celebrate everything with sugar," says

Kovil. "Our average sugar consumption per person is 23.5kg a year, higher than some developed nations."

Health activists agree that prevention must begin with changing public behaviour. India cannot medicate its way out of the NCD crisis, they insist. "We need a population-level approach that makes early screening, active living and healthy eating a part of everyday life. That's where partnerships between government, industry and civil society are essential," says Dr Sridevi Paladugu, consultant endocrinologist, Apollo Clinic.

Novo Nordisk, for instance, runs several awareness and screening programmes across India under its 'Changing Diabetes' initiative. "As a nation, we have to overcome this with collective enthusiasm and dedicated efforts," says Gupta. "For many patients, the common complaint is long working hours or commute to work

is cumbersome. If there is a legislation that can regulate the work hours of employees, it might help. Better infrastructure can reduce the travel time and give individuals more time to themselves."

For 44-year-old homemaker Ankita Sharma (name changed) from Delhi, diabetes was never a concern until a sudden blackout led to an ER visit last year. "My blood sugar was 300," she recalls. "I was shocked. I thought only overweight people get diabetes, I am not even 60kg."

Her case, doctors say, underscores the changing

face of NCDs. "We are now seeing thin diabetics, young hypertensives, non-smokers with heart attacks," says cardiologist Dr Pravin Kahale, Kokilaben Dhirubhai Ambani hospital in Mumbai. "This is no longer about wealth or weight. It is about what we eat, how we live and how much we move."

Meanwhile, for daily wage workers and the urban poor, the problem is different. "They cannot afford healthy food," says Kovil. "Street food is cheap, accessible and satisfying, but full of oil, salt and sugar. Unless healthy options become cheaper, we cannot expect real change."

The Union government has, in recent years, introduced measures to curb the NCD wave—

from health taxes on sugary beverages to mandatory front-of-pack labelling on packaged foods. But implementation remains uneven.

"Food labelling is the biggest untapped weapon we have," says Kovil. "People buy products labelled 'no added sugar' or 'high protein' without realising how misleading those claims can be. The Food Safety and Standards Authority of India needs to come down hard on mislabelling."

Experts also emphasise the need for built environments that support healthy living. "If you tell a 78-year-old to walk, where will he walk?" asks Kovil. "There are no safe pavements, no parks, no clean air. Even exercise is a privilege."

Experts agree that the most effective interventions must begin in child-

hood. "We teach history and geography, but not nutrition," says Kovil. "If we can make food literacy part of school curriculums and gamify nutrition for kids, we can change lifelong habits."

He cites the example of the US, where soda manufacturers were barred from using cartoon characters like Disney princesses on sugary drinks. "Rewarding healthy behaviour works," he says. "We should reward wellness—for children, teachers and corporate employees alike."

Ultimately, experts agree that India's NCD crisis is as much a social problem as a medical one. "We must stop normalising poor lifestyle," says Kahale. "That means reducing sugar in religious offerings, creating walkable cities, regulating food marketing and making preventive health aspirational."

For Sachdev, that change has already begun, one step at a time. She now takes brisk walks each morning and monitors her blood pressure weekly. "My doctor said this isn't about curing something," she says. "It is about preventing what's coming next."

If India is to meet its 2030 target of reducing NCD-related deaths, millions like her will need to make the same shift from reactive treatment to proactive living. As Kovil puts it, "Health must become a cultural choice, not just a medical one." **1**

WE SHOULD REWARD WELLNESS—FOR CHILDREN, TEACHERS AND CORPORATE EMPLOYEES ALIKE.

Dr Rajiv Kovil
diabetologist and founder of United Diabetes Forum.



Revolutionising hospital in Kerala's capital

A new beacon of advanced health care near Thiruvananthapuram Medical College

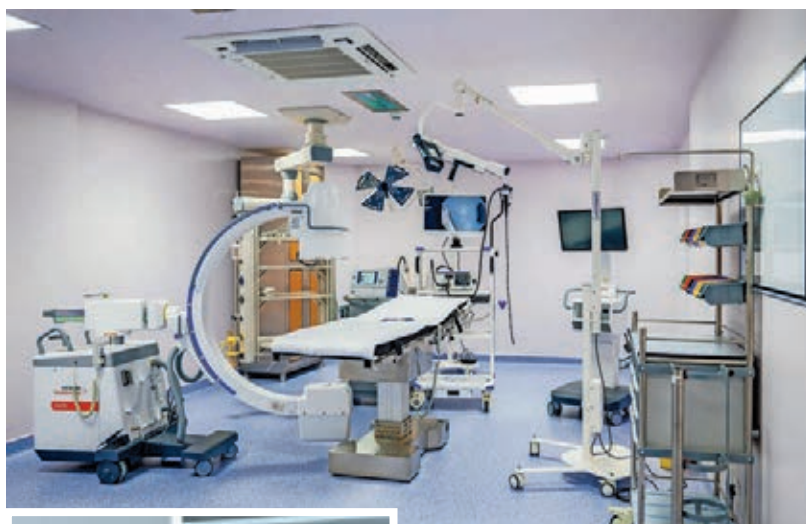
In a significant boost to Kerala's already renowned health care ecosystem, a state-of-the-art hospital has opened its doors just a stone's throw from the iconic Government Medical College in Thiruvananthapuram. This advanced facility aims to elevate diagnostic and procedural capabilities, meeting the growing demand for precise, efficient medical services amid rising health awareness and complex disease patterns, potentially reducing wait times for specialised tests and interventions.

The hospital features a high-tech laboratory with cutting-edge automation and precision technology. Its high-throughput analyzers process hundreds of samples daily, from routine blood work to advanced molecular diagnostics for oncology and infectious diseases.

Complementing these are two dedicated procedure rooms equipped for endoscopies, colonoscopies, minor surgical procedures and daycare procedures, designed to enhance patient comfort and reduce hospital stays. Sterile environments and real-time imaging suites ensure safety and efficacy, enabling same-day procedures at par with international standards.

What sets Dr Thomas Eapen Panicker apart is his innovative approach to leadership. He is a staunch advocate for "health as a human right," a principle that underpins Cornerstone Health Hospital's annual free health camps. These camps enable the early detection of lifestyle-related diseases.

Today, Cornerstone Health Hospital boasts 100% patient satisfaction rate, thanks to Dr Panicker's emphasis on empathy-driven care—staffs are trained not just in medicine, but in cultural sensitivity and emotional support. From dreaming in Cleveland's halls to transforming lives in Thiruvananthapuram, Dr Panicker is crafting a legacy of compassionate world class health care for all. While working at Cleveland Clinic, Dr Panicker envisioned establishing a state of the art hospital in



Dr Thomas Eapen Panicker

his home town of Thiruvananthapuram, Kerala. His "health care with humanity" ethos shapes Cornerstone Health Hospital's mission, introducing initiatives like free health camps for chronic disease screening and telemedicine services. He believes a hospital's success is measured by the hope it restores.

With changing dietary habits and lifestyles in Kerala, gastrointestinal malignancies are rising, underscoring the

need for enhanced early detection and diagnostic facilities. Cornerstone Health Hospital addresses these challenges by focusing on timely interventions for lifestyle-related conditions like cancers, peptic ulcers, oesophagitis, fatty liver, and gastrointestinal bleeding linked to obesity, smoking, and sedentary habits. Dr Panicker highlights that lifestyle diseases, contributing to nearly 60% of cancer cases in India per recent studies, can be mitigated through timely screenings and awareness. By integrating advanced diagnostics and community outreach, Cornerstone Health Hospital's initiatives, inspired by global best practices, emphasize proactive health checks to detect cancer early, saving lives and reducing treatment burdens.

The hospital's team of highly qualified doctors specialises in Gastroenterology, Endocrinology, Neurology, General Medicine, Pulmonology, Orthopedics, Gynecology, Pediatrics, Neonatology, Developmental Pediatrics, Nephrology, and Oncology, ensuring comprehensive, expert care across disciplines. Dr Panicker's legacy is clear: he is not just building a hospital, but a healthier tomorrow. For those seeking inspiration in medicine's noble pursuit, Dr Panicker is a name to watch and emulate.



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Recognised Nationally and Globally

- **Ranked among India's Top 10 Multi-Specialty Hospitals (The Week, 2024)**
- **Named among World's Best Specialized Hospitals in Cardiology, Paediatrics, and Pulmonology (Newsweek, 2024)**
- **Accredited by NABH and NABL**
- **Collaborations with international institutions including The Christie International Fellowship Programme**

 **011-4225-5225**



Centres of Excellence Powered by Technology

Sir Ganga Ram Hospital consistently integrates innovation into patient care, ensuring treatment is precise, advanced, and effective.

Robotic and Minimally Invasive Systems

The hospital uses the Hugo™ Robotic-Assisted Surgery System, enabling surgeons to perform highly precise and less invasive procedures.

Advanced Oncology Care:

The Comprehensive Cancer Care Centre brings together precision & compassion equipped with:

- TomoTherapy Radixact X9 with Synchrony for targeted radiation
- Flexitron HDR Brachytherapy
- Somatom go.Sim Simulator with 4DCT for motion-based treatment planning
- HIPEC for advanced abdominal cancers

Our State-of-the-art Technology



Tomo Therapy Radixact™



TrueBeamSTXM



SiemensGoSim



Flexitron
Brachytherapy



MRgFUS



PET-CT-Scanner



Hyperbaric
Oxygen-Therapy



EVA Scalp
Cooling System



Dr. (Prof.) D.S. Rana
Chairman
Sir Ganga Ram Trust Society

“We are not content to rest on our laurels. We are constantly looking for new ways to improve our services & expand our reach”

“Era of Advanced Technology, Laser, & Robotics, Sir Ganga Ram Hospital promises complete satisfaction. We Heal. We Care. 7 Decades of Legacy.”



Dr. Ajay Swaroop
Chairman
Board of Management

BEST MULTISPECIALITY HOSPITALS

GOVERNMENT

RANK	HOSPITAL	CITY
1	All India Institute of Medical Sciences	Delhi
2	Post Graduate Institute of Medical Education & Research (PGIMER)	Chandigarh
3	Sanjay Gandhi Postgraduate Institute of Medical Sciences	Lucknow
4	Jawaharlal Institute of Postgraduate Medical Education and Research	Puducherry
5	KEM Hospital and Seth G S Medical College	Mumbai

BEST MULTISPECIALITY HOSPITALS

PRIVATE

RANK	HOSPITAL	CITY
1	Christian Medical College	Vellore
2	Apollo Hospitals	Chennai
3	Medanta - The Medicity	Gurugram
4	Indraprastha Apollo Hospitals	Delhi
5	Kokilaben Dhirubhai Ambani Hospital & Medical Research Centre	Mumbai
6	Sir Ganga Ram Hospital	Delhi
7	Apollo Health City	Hyderabad
8	Manipal Hospital	Bengaluru
9	P.D. Hinduja Hospital & Medical Research Centre	Mumbai
10	Amrita Institute of Medical Sciences (Amrita Hospitals)	Kochi
11	Lilavati Hospital and Research Centre	Mumbai
12	Jaslok Hospital & Research Centre	Mumbai
13	Max Super Speciality Hospital	Delhi
14	Aster Medcity	Kochi
15	Bombay Hospital & Medical Research Centre	Mumbai
16	Ruby Hall Clinic	Pune
17	Apollo Multispeciality Hospitals	Kolkata
18	BLK-Max Super Speciality Hospital	Delhi
19	Fortis Memorial Research Institute	Gurugram

BEST MULTISPECIALITY HOSPITALS

PRIVATE (LISTED ON THE STOCK EXCHANGE)

RANK	HOSPITAL	CITY
1	Apollo Hospitals	Chennai

Healing the Heart Without Surgery: A Leap in Structural Interventions

Heart disease remains the leading cause of death in India, affecting millions each year. For decades, patients with diseased heart valves had only one option — open-heart surgery. It was life-saving but also complex, painful, and often too risky for elderly patients. In recent years, however, a revolution has quietly transformed this landscape. Through structural heart interventions, valves can now be repaired or replaced without opening the chest. These procedures have redefined the limits of modern cardiology, offering patients new hope and faster recovery.



Dr Vishal Rastogi

Director Interventional Cardiology and Head Advanced Heart Failure Program,
Fortis Escorts Heart Institute, New Delhi

The Minimally Invasive Solution

Two most common valve diseases are aortic stenosis, where the heart's aortic valve becomes narrowed and restricts blood flow, and mitral regurgitation, where the mitral valve fails to close properly, causing blood to leak backward. Both conditions force the heart to work harder, eventually leading to heart failure if left untreated.

Traditionally, these patients faced a difficult choice: undergo risky open-heart surgery or manage symptoms with medication while their condition gradually worsened. Many elderly patients with multiple health issues were simply deemed inoperable.

Enter TAVR (Transcatheter Aortic Valve Replacement) and TEER (Transcatheter Edge-to-Edge Repair) – procedures that are changing the game entirely. These innovative treatments allow cardiologists to repair or replace damaged heart valves without cracking open the chest.

TAVR involves inserting a new valve through a small incision, typically in the groin, and guiding it to the heart through blood vessels. The new valve is then expanded inside the diseased valve, taking over its function immediately. Similarly, TEER uses a clip delivered through a catheter to repair the leaky mitral valve, much like clipping together fabric edges.

What makes these procedures remarkable is their simplicity from the patient's perspective. Most patients are awake or lightly sedated, the procedure takes 1-2 hours, and recovery is measured in days rather than months. Patients often walk the next day and return home within 2-3 days – a stark contrast to the weeks of hospital stay and months of recovery required after open-heart surgery.



The Make in India Advantage

Until recently, these life-saving devices were imported, making them prohibitively expensive for most Indians. But now, Indian manufacturers have developed high-quality TAVR and TEER devices that match international standards while costing significantly less.

This isn't about cutting corners. These

indigenous devices have undergone rigorous clinical trials with robust scientific data validating their safety and efficacy. Indian manufacturers have published peer-reviewed studies demonstrating outcomes comparable to multinational products, ensuring that affordability doesn't mean compromising on quality.

The impact is profound. What once cost upwards of ₹25-30 lakhs for an imported device can now be done for a fraction of that cost with Indian alternatives. This democratization of advanced cardiac care means thousands more patients can access these treatments, regardless of their economic status.

A Healthier Future

The convergence of medical innovation and manufacturing capability has positioned India as both a beneficiary and contributor to the structural heart intervention revolution. As more hospitals acquire expertise in these procedures and awareness grows among physicians and patients, we're witnessing a fundamental shift in how heart valve diseases are treated.

For patients who once faced limited options, these minimally invasive procedures offer not just survival, but a return to active, fulfilling lives – a truly heartening development in Indian healthcare.

2	Indraprastha Apollo Hospitals	Delhi
3	Apollo Health City	Hyderabad
4	Max Super Speciality Hospital, Saket	Delhi
5	Aster Medcity	Kochi
6	Apollo Multispeciality Hospitals	Kolkata
7	BLK-Max Super Speciality Hospital	Delhi

BEST MULTISPECIALITY HOSPITALS

EMERGING HOSPITALS

RANK	HOSPITAL	CITY
1	Apollo Hospitals	Mumbai
2	Aster CMI Hospital	Bengaluru
3	Apollomedics Superspeciality Hospitals	Lucknow
4	Manipal Hospital, Whitefield	Bengaluru
5	Meittra Hospital	Kozhikode
6	Naruvi Hospitals	Vellore
7	Apollo Spectra Hospitals, Ameerpet	Hyderabad

Emerging hospitals are those which started after 2015

BEST HOSPITALS BY ZONES >>>

BEST MULTISPECIALITY HOSPITALS

NORTH

RANK	HOSPITAL	CITY
1	All India Institute of Medical Sciences	Delhi
2	Post Graduate Institute of Medical Education & Research (PGIMER)	Chandigarh
3	Medanta - The Medicity	Gurugram
4	Indraprastha Apollo Hospitals	Delhi
5	Sanjay Gandhi Postgraduate Institute of Medical Sciences	Lucknow
6	Sir Ganga Ram Hospital	Delhi
7	Max Super Speciality Hospital	Delhi
8	BLK-Max Super Speciality Hospital	Delhi
9	Fortis Memorial Research Institute	Gurugram

BEST MULTISPECIALITY HOSPITALS

EAST

RANK	HOSPITAL	CITY
1	Apollo Multispeciality Hospitals	Kolkata



In the Region
by Times All India
Hospital Ranking Survey



sarvodaya
HEALTHCARE



At Sarvodaya, victory is being able to put a smile back on someone's face.

Victory is giving someone the freedom to do what they like again. Victory is every time we are able to help a patient leave pain behind and win their trust. For us that is our biggest reward. It is also our motivation to push boundaries with next-generation technology and medical expertise.

800 Beds | 175 ICU Beds | 21 Operation Theatres | 3500 + Medical Professionals

Sarvodaya Hospital Network:

Sector - 8, Faridabad | Sector - 19, Faridabad | Gaur City 2, Greater Noida West

Our Centres of Excellence

Cancer Care | Cardiac Sciences | Neurosciences | Robotic Joint Replacement
Kidney Transplant & Renal Sciences | Institute of Robotic Surgery

For Appointment, Call: 1800 313 1414



2	IPGME&R - SSKM Hospital	Kolkata
3	All India Institute of Medical Sciences	Bhubaneswar
4	Apollo Hospitals	Bhubaneswar
5	CK Birla Hospitals CMRI	Kolkata
6	Manipal Hospitals (Formerly AMRI Hospital), Dhakuria	Kolkata
7	Fortis Hospital, Anandapur	Kolkata
8	Manipal Hospitals (Formerly Medica Super Speciality Hospital), EM Bypass	Kolkata
9	Peerless Hospital & B.K. Roy Research Centre	Kolkata
10	Manipal Hospitals, Broadway	Kolkata
11	Woodlands Hospital	Kolkata
12	Rabindranath Tagore International Institute of Cardiac Sciences	Kolkata
13	Nil Ratan Sircar Medical College & Hospital	Kolkata
14	Medical College	Kolkata
15	Manipal Hospital Bhubaneswar (Formerly AMRI Hospital Bhubaneswar)	Bhubaneswar
16	Kalinga Institute of Medical Sciences (KIMS)	Bhubaneswar

BEST MULTISPECIALITY HOSPITALS

SOUTH

RANK	HOSPITAL	CITY
1	Christian Medical College	Vellore
2	Apollo Hospitals	Chennai
3	Jawaharlal Institute of Postgraduate Medical Education and Research	Puducherry
4	Apollo Health City	Hyderabad
5	Manipal Hospital	Bengaluru
6	Amrita Institute of Medical Sciences (Amrita Hospitals)	Kochi
7	Aster Medcity	Kochi

BEST MULTISPECIALITY HOSPITALS

WEST

RANK	HOSPITAL	CITY
1	Kokilaben Dhirubhai Ambani Hospital & Medical Research Centre	Mumbai
2	P.D. Hinduja Hospital & Medical Research Centre	Mumbai
3	Lilavati Hospital and Research Centre	Mumbai
4	KEM Hospital and Seth G S Medical College	Mumbai
5	Jaslok Hospital & Research Centre	Mumbai
6	Bombay Hospital & Medical Research Centre	Mumbai
7	Ruby Hall Clinic	Pune

BEST MULTISPECIALITY HOSPITALS

NORTH - PRIVATE

RANK	HOSPITAL	CITY
1	Medanta - The Medicity	Gurugram
2	Indraprastha Apollo Hospitals	Delhi
3	Sir Ganga Ram Hospital	Delhi
4	Max Super Speciality Hospital	Delhi
5	BLK-Max Super Speciality Hospital	Delhi
6	Fortis Memorial Research Institute	Gurugram

BEST MULTISPECIALITY HOSPITALS

EAST - PRIVATE

RANK	HOSPITAL	CITY
1	Apollo Multispeciality Hospitals	Kolkata
2	Apollo Hospitals	Bhubaneswar
3	CK Birla Hospitals CMRI	Kolkata
4	Manipal Hospitals (Formerly AMRI Hospital), Dhakuria	Kolkata
5	Fortis Hospital, Anandapur	Kolkata
6	Manipal Hospitals (Formerly Medica Super Speciality Hospital), EM Bypass	Kolkata
7	Peerless Hospital & B.K. Roy Research Centre	Kolkata
8	Manipal Hospitals, Broadway	Kolkata
9	Woodlands Hospital	Kolkata
10	Rabindranath Tagore International Institute of Cardiac Sciences	Kolkata
11	Manipal Hospital Bhubaneswar (Formerly AMRI Hospital Bhubaneswar)	Bhubaneswar
12	Kalinga Institute of Medical Sciences (KIMS)	Bhubaneswar

BEST MULTISPECIALITY HOSPITALS

SOUTH - PRIVATE

RANK	HOSPITAL	CITY
1	Christian Medical College	Vellore
2	Apollo Hospitals	Chennai
3	Apollo Health City	Hyderabad
4	Manipal Hospital	Bengaluru
5	Amrita Institute of Medical Sciences (Amrita Hospitals)	Kochi
6	Aster Medcity	Kochi

BEST MULTISPECIALITY HOSPITALS

WEST - PRIVATE

RANK	HOSPITAL	CITY
1	Kokilaben Dhirubhai Ambani Hospital & Medical Research Centre	Mumbai
2	P.D. Hinduja Hospital & Medical Research Centre	Mumbai
3	Lilavati Hospital and Research Centre	Mumbai
4	Jaslok Hospital & Research Centre	Mumbai
5	Bombay Hospital & Medical Research Centre	Mumbai
6	Ruby Hall Clinic	Pune

BEST HOSPITALS BY CITY >>>

BEST MULTISPECIALITY HOSPITALS

PUNE

RANK	HOSPITAL
1	Ruby Hall Clinic
2	KEM Hospital
3	Jehangir Hospital
4	Sahyadri Hospitals
5	B.J Government Medical College and Sassoon General Hospitals
6	Jupiter Hospital
7	Poona Hospital & Research Centre
8	Armed Forces Medical College
9	Noble Hospital and Research Centre
10	Manipal Hospital

BEST MULTISPECIALITY HOSPITALS

KOCHI

RANK	HOSPITAL
1	Amrita Institute of Medical Sciences (Amrita Hospitals)
2	Aster Medcity
3	Medical Trust Hospital
4	Lisie Hospital
5	Rajagiri Hospital
6	VPS Lakeshore Hospital
7	Polakulath Narayanan Renai Medicity
8	Lourdes Hospital Post Graduate Institute of Medical Science and Research
9	General Hospital Ernakulam
10	Ernakulam Medical Centre
11	Apollo Adlux Hospital

BEST MULTISPECIALITY HOSPITALS THIRUVANANTHAPURAM

RANK	HOSPITAL
1	KIMS Health
2	PRS Hospital Private Limited
3	The Government Medical College
4	Ananthapuri Hospitals and Research Institute
5	Cosmopolitan Hospital
6	SUT Hospital
7	NIMS Medicity
8	S P Fort Hospital
9	Sree Gokulam Medical College and Research Foundation
10	SK Hospital

BEST MULTISPECIALITY HOSPITALS

BENGALURU

RANK	HOSPITAL
1	Manipal Hospital, HAL Airport Road
2	Apollo Hospitals, Bannerghatta Road
3	Fortis Hospital, Bannerghatta Road
4	Narayana Health City
5	Aster CMI Hospital
6	St. John's Medical College Hospital
7	Sakra World Hospital
8	M S Ramaiah Memorial Hospital
9	Glenagles BGS Hospitals, Kengeri
10	Manipal Hospital, Yeshwanthpur
11	Fortis Hospital, Cunningham Road
12	Aster RV Hospital
13	Sparsh Hospital
14	Manipal Hospital, Hebbal
15	Sagar Hospitals
16	Manipal Hospital, Sarjapur Road
17	Manipal Hospital, Whitefield
18	Fortis Hospitals, Nagarbhavi

BEST MULTISPECIALITY HOSPITALS

AHMEDABAD

RANK	HOSPITAL
1	Zydus Hospitals
2	Apollo Hospitals
3	Marengo CIMS Hospital
4	Civil Hospital
5	KD Hospital
6	HCG Multispeciality Hospital
7	Narayana Multispeciality Hospital
8	Shalby Hospitals
9	Sardar Vallabhbhai Patel Institute of Medical Sciences and Research (SVP)
10	Dr. Jivraj Mehta Smarak Health Foundation
11	BAPS Yogiji Maharaj Hospital

BEST MULTISPECIALITY HOSPITALS

CHENNAI

RANK	HOSPITAL
1	Apollo Hospitals
2	Sri Ramachandra Hospital
3	Rajiv Gandhi Government General Hospital, Madras Medical College
4	Kauvery Hospital
5	MGM Healthcare
6	MIOT International Hospital
7	The Madras Medical Mission Hospital
8	Apollo Speciality Hospitals
9	Gleneagles Hospitals
10	Vijaya Hospital
11	MGM Healthcare, Malar (Formerly Fortis Malar)
12	Billroth Hospitals
13	Mehta Multispeciality Hospital
14	Apollo Speciality Hospitals - OMR
15	Hindu Mission Hospital
16	Stanley Medical College and Hospital

BEST MULTISPECIALITY HOSPITALS

BHUBANESWAR

RANK	HOSPITAL
1	All India Institute of Medical Sciences
2	Apollo Hospitals
3	Manipal Hospital (Formerly AMRI Hospital)
4	Kalinga Institute of Medical Sciences (KIMS)
5	Care Hospitals
6	IMS and SUM Hospital
7	Kalinga Hospital
8	Utkal Hospital
9	Capital Hospital
10	Hi-Tech Medical College and Hospital
11	Sparsh Hospitals & Critical Care

BEST MULTISPECIALITY HOSPITALS

CHANDIGARH

RANK	HOSPITAL
1	Postgraduate Institute of Medical Education and Research
2	Government Medical College and Hospital
3	Fortis Hospital, Mohali
4	Max Super Speciality Hospital, Mohali
5	Alchemist Hospital, Panchkula
6	Livasa Hospital, Mohali
7	Government Multi Speciality Hospital
8	Indus International Hospital, Dera Bassi
9	Mukat Hospital and Heart Institute
10	MY Hospital

BEST MULTISPECIALITY HOSPITALS

MUMBAI

RANK	HOSPITAL
1	Kokilaben Dhirubhai Ambani Hospital & Medical Research Centre
2	P.D. Hinduja Hospital & Medical Research Centre
3	Lilavati Hospital and Research Centre

4	KEM Hospital and Seth G S Medical College
5	Jaslok Hospital & Research Centre
6	Bombay Hospital & Medical Research Centre
7	Nanavati Max Super Speciality Hospital
8	Fortis Hospital
9	Apollo Hospitals
10	Dr L H Hiranandani Hospital
11	Breach Candy Hospital Trust
12	Saifee Hospital
13	Lokmanya Tilak Municipal General Hospital
14	Sir J.J. Group of Hospitals
15	K.J.Somaiya Hospital & Research Centre
16	B.Y.L. Nair Charitable Hospital
17	S. L. Raheja Hospital - A Fortis Associate
18	Fortis Hiranandani Hospital

BEST MULTISPECIALITY HOSPITALS

DELHI

RANK	HOSPITAL
1	All India Institute of Medical Sciences
2	Indraprastha Apollo Hospitals
3	Sir Ganga Ram Hospital
4	Max Super Speciality Hospital, Saket
5	BLK-Max Super Speciality Hospital
6	Max Super Speciality Hospital, Patparganj
7	HCMCT Manipal Hospital
8	Fortis Hospital, Shalimar Bagh
9	Safdarjung Hospital
10	Dr. Ram Manohar Lohia Hospital
11	Fortis Fit. Lt. Rajan Dhall Hospital
12	Max Super Speciality Hospital
13	Lok Nayak Jai Prakash Narayan Hospital
14	Guru Teg Bahadur Hospital
15	Pushpawati Singhanian Hospital and Research Institute (PSRI Hospital)
16	Dharamshila Narayana Superspeciality Hospital

BEST MULTISPECIALITY HOSPITALS

DELHI NCR

RANK	HOSPITAL
1	Medanta - The Medicity, Gurugram
2	Fortis Memorial Research Institute, Gurugram
3	Fortis Hospital, Noida
4	Asian Institute of Medical Sciences, Faridabad
5	Artemis Hospitals, Gurugram
6	Max Super Speciality Hospital, Vaishali
7	Fortis Escorts Hospital, Faridabad
8	Metro Hospitals & Heart Institute, Noida
9	Manipal Hospital, Gurugram
10	Kailash Hospital & Heart Institute, Noida
11	Narayana Superspeciality Hospital, Gurugram
12	Yashoda Super Speciality Hospital, Kaushambi, Ghaziabad
13	Manipal Hospital, Ghaziabad
14	Max Super Speciality Hospital, Noida
15	Paras Hospitals, Gurugram
16	Max Hospital, Gurugram
17	Sarvodaya Hospital, Sec 8, Faridabad
18	Accord Superspeciality Hospital, Faridabad

BEST MULTISPECIALITY HOSPITALS

HYDERABAD

RANK	HOSPITAL
1	Apollo Health City
2	Krishna Institute of Medical Sciences
3	CARE Hospitals, Banjara Hills
4	Yashoda Hospitals
5	Nizam's Institute of Medical Sciences
6	Continental Hospital Pvt Limited
7	KIMS - Sunshine Hospitals
8	Gleneagles Hospitals
9	Medicover Hospitals

10	Gandhi Medical College & Hospital
11	Kamineni Hospitals
12	Star Hospitals
13	Apollo Spectra, Ameerpet

BEST MULTISPECIALITY HOSPITALS

INDORE

RANK	HOSPITAL
1	Choithram Hospital & Research Center
2	Bombay Hospital
3	Apollo Hospitals
4	CARE CHL Hospitals
5	Medanta Super Speciality Hospital
6	Sri Aurobindo Institute of Medical Sciences
7	Mahatma Gandhi Memorial Medical College
8	BCM Kokilaben Dhirubhai Ambani Hospital
9	Vishesh Jupiter Hospital
10	Shalby Hospital
11	Gokuldas Hospital

BEST MULTISPECIALITY HOSPITALS

COIMBATORE

RANK	HOSPITAL
1	Kovai Medical Center and Hospital (KMHC)
2	PSG Hospitals
3	G. Kuppuswamy Naidu Memorial Hospital
4	Royal Care Super Speciality Hospital
5	Sri Ramakrishna Hospital
6	Coimbatore Medical College Hospital
7	Kongunad Hospitals
8	KG Hospital and Post Graduate Medical Institute
9	Sree Abirami Hospital Pvt Ltd
10	Sri Lakshmi Medical Centre & Hospital

BEST MULTISPECIALITY HOSPITALS

NAGPUR

RANK	HOSPITAL
1	Max Super Speciality Hospital, Nagpur (A Unit Of Alexis Multispeciality Hospital Pvt Ltd)
2	Care Hospital
3	KIMS-Kingsway Hospitals
4	Wockhardt Super Speciality Hospital
5	CIIMS (Central India Institute of Medical Sciences)
6	SevenStar Hospital
7	Aureus Hospital
8	Orange City Hospital & Research Institute
9	Government Medical College & Hospital
10	Indira Gandhi Government Medical College & Hospital
11	New Era Hospital and Research Institute
12	Lata Mangeshkar Multi Speciality Hospital

BEST MULTISPECIALITY HOSPITALS

JAIPUR

RANK	HOSPITAL
1	Santokba Durlabhji Memorial Hospital
2	Eternal Hospital
3	Sawai Man Singh Hospital
4	Fortis Escorts Hospital
5	Narayana Multispeciality Hospital
6	Manipal Hospital
7	CK Birla Hospitals Rukmani Birla Hospital
8	Mahatma Gandhi Medical College & Hospital
9	Apex Hospital
10	Metro MAS Hospital

BEST MULTISPECIALITY HOSPITALS

KOLKATA

RANK	HOSPITAL
1	Apollo Multispeciality Hospitals
2	IPGME&R - SSKM Hospital
3	CK Birla Hospitals CMRI
4	Manipal Hospital (Formerly AMRI Hospital), Dhakuria

5	Fortis Hospital, Anandapur
6	Manipal Hospital (Formerly Medica Super Speciality Hospital), EM Bypass
7	Peerless Hospital and B K Roy Research Centre
8	Manipal Hospital, Broadway
9	Woodlands Hospital
10	Rabindranath Tagore International Institute of Cardiac Sciences
11	Nil Ratan Sircar Medical College & Hospital
12	Medical College
13	Belle Vue Clinic
14	Ruby General Hospital

BEST MULTISPECIALITY HOSPITALS

LUCKNOW

RANK	HOSPITAL
1	Sanjay Gandhi Postgraduate Institute Of Medical Sciences
2	The Gandhi Memorial & Associated Hospitals, King George's Medical University
3	Dr. Ram Manohar Lohia Institute of Medical Sciences
4	Apollomedics Superspeciality Hospitals
5	Medanta Super Speciality Hospital
6	Vivekananda Polyclinic & Institute of Medical Sciences
7	Era's Lucknow Medical College and Hospital
8	Chandan Hospital
9	Balrampur Hospital
10	Charak Hospital

BEST MULTISPECIALITY HOSPITALS

KOZHIKODE

RANK	HOSPITAL
1	Aster MIMS
2	Baby Memorial Hospital
3	Meitra Hospital
4	Government Medical College Hospital
5	IQRAA International Hospital & Research Centre
6	Starcare Hospital

BEST MULTISPECIALITY HOSPITALS

VELLORE

RANK	HOSPITAL
1	Christian Medical College
2	Naruvi Hospitals
3	Apollo KH Hospital
4	Sri Narayani Hospital and Research Center
5	Government Vellore Medical College Hospital
6	Kumaran Hospitals

BEST MULTISPECIALITY HOSPITALS

PUNE - PRIVATE

RANK	HOSPITAL
1	Ruby Hall Clinic
2	KEM Hospital
3	Jehangir Hospital
4	Sahyadri Hospitals
5	Jupiter Hospital
6	Poona Hospital & Research Centre
7	Noble Hospital and Research Centre
8	Manipal Hospital

BEST MULTISPECIALITY HOSPITALS

KOCHI - PRIVATE

RANK	HOSPITAL
1	Amrita Institute of Medical Sciences (Amrita Hospitals)
2	Aster Medcity
3	Medical Trust Hospital
4	Lisie Hospital
5	Rajagiri Hospital
6	VPS Lakeshore Hospital
7	Polakulath Narayanan Renai Medicity
8	Lourdes Hospital Post Graduate Institute of Medical Science and Research
9	Ernakulam Medical Centre
10	Apollo Adlux Hospital

BEST MULTISPECIALITY HOSPITALS

THIRUVANANTHAPURAM - PRIVATE

RANK	HOSPITAL
1	KIMS Health
2	PRS Hospital Private Limited
3	Ananthapuri Hospitals and Research Institute
4	Cosmopolitan Hospital
5	SUT Hospital
6	NIMS Medicity
7	S P Fort Hospital
8	Sree Gokulam Medical College and Research Foundation
9	SK Hospital

BEST MULTISPECIALITY HOSPITALS

BENGALURU - PRIVATE

RANK	HOSPITAL
1	Manipal Hospital, HAL Airport Road
2	Apollo Hospitals, Bannerghatta Road
3	Fortis Hospital, Bannerghatta Road
4	Narayana Health City
5	Aster CMI Hospital
6	St. John's Medical College Hospital
7	Sakra World Hospital
8	M S Ramaiah Memorial Hospital
9	Glenagles BGS Hospitals, Kengeri
10	Manipal Hospital, Yeshwanthpur
11	Fortis Hospital, Cunningham Road
12	Aster RV Hospital
13	Sparsh Hospital
14	Manipal Hospital, Hebbal
15	Sagar Hospitals
16	Manipal Hospital, Sarjapur Road
17	Manipal Hospital, Whitefield
18	Fortis Hospitals, Nagarbhavi

BEST MULTISPECIALITY HOSPITALS AHMEDABAD - PRIVATE

RANK	HOSPITAL
1	Zydus Hospitals
2	Apollo Hospitals
3	Marengo CIMS Hospital
4	KD Hospital
5	HCG Multispeciality Hospital
6	Narayana Multispeciality Hospital
7	Shalby Hospitals
8	Dr. Jivraj Mehta Smarak Health Foundation
9	BAPS Yogiji Maharaj Hospital

BEST MULTISPECIALITY HOSPITALS CHENNAI - PRIVATE

RANK	HOSPITAL
1	Apollo Hospitals
2	Sri Ramachandra Hospital
3	Kauvery Hospital
4	MGM Healthcare
5	MIOT International Hospital
6	The Madras Medical Mission Hospital
7	Apollo Speciality Hospitals
8	Gleneagles Hospitals
9	Vijaya Hospital
10	MGM Healthcare, Malar (Formerly Fortis Malar)
11	Billroth Hospitals
12	Mehta Multispeciality Hospital
13	Apollo Speciality Hospital - OMR
14	Hindu Mission Hospital

BEST MULTISPECIALITY HOSPITALS BHUBANESWAR - PRIVATE

RANK	HOSPITAL
1	Apollo Hospitals
1	Manipal Hospital (Formerly AMRI Hospital)

3	Kalinga Institute of Medical Sciences (KIMS)
4	Care Hospitals
5	IMS and SUM Hospital
6	Kalinga Hospital
7	Utkal Hospital
8	Hi-Tech Medical College and Hospital
9	Sparsh Hospitals & Critical Care

BEST MULTISPECIALITY HOSPITALS CHANDIGARH - PRIVATE

RANK	HOSPITAL
1	Fortis Hospital, Mohali
2	Max Super Speciality Hospital, Mohali
3	Alchemist Hospital, Panchkula
4	Livasa Hospital, Mohali
5	Indus International Hospital, Dera Bassi
6	Mukat Hospital and Heart Institute
7	MY Hospital

BEST MULTISPECIALITY HOSPITALS MUMBAI - PRIVATE

RANK	HOSPITAL
1	Kokilaben Dhirubhai Ambani Hospital & Medical Research Centre
2	P.D. Hinduja Hospital & Medical Research Centre
3	Lilavati Hospital and Research Centre
4	Jaslok Hospital & Research Centre
5	Bombay Hospital & Medical Research Centre
6	Nanavati Max Super Speciality Hospital
7	Fortis Hospital
8	Apollo Hospitals
9	Dr L H Hiranandani Hospital
10	Breach Candy Hospital Trust
11	Saifee Hospital
12	K.J.Somaiya Hospital & Research Centre
13	S. L. Raheja Hospital - A Fortis Associate
14	Fortis Hiranandani Hospital

BEST MULTISPECIALITY HOSPITALS

DELHI - PRIVATE

RANK	HOSPITAL
1	Indraprastha Apollo Hospitals
2	Sir Ganga Ram Hospital
3	Max Super Speciality Hospital, Saket
4	BLK-Max Super Speciality Hospital
5	Max Super Speciality Hospital, Patparganj
6	HCMCT Manipal Hospital
7	Fortis Hospital, Shalimar Bagh
8	Fortis Flt. Lt. Rajan Dhall Hospital
9	Max Super Speciality Hospital
10	Pushpawati Singhanian Hospital and Research Institute (PSRI Hospital)
11	Dharamshila Narayana Superspeciality Hospital

BEST MULTISPECIALITY HOSPITALS

DELHI NCR - PRIVATE

RANK	HOSPITAL
1	Medanta - The Medicity, Gurugram
2	Fortis Memorial Research Institute, Gurugram
3	Fortis Hospital, Noida
4	Asian Institute of Medical Sciences, Faridabad
5	Artemis Hospitals, Gurugram
6	Max Super Speciality Hospital, Vaishali
7	Fortis Escorts Hospital, Faridabad
8	Metro Hospitals & Heart Institute, Noida
9	Manipal Hospital, Gurugram
10	Kailash Hospital & Heart Institute, Noida
11	Narayana Superspeciality Hospital, Gurugram
12	Yashoda Super Speciality Hospital, Kaushambi, Ghaziabad
13	Manipal Hospital, Ghaziabad
14	Max Super Speciality Hospital, Noida
15	Paras Hospitals, Gurugram
16	Max Hospital, Gurugram
17	Sarvodaya Hospital, Sec 8, Faridabad
18	Accord Superspeciality Hospital, Faridabad

BEST MULTISPECIALITY HOSPITALS HYDERABAD - PRIVATE

RANK	HOSPITAL
1	Apollo Health City
2	Krishna Institute of Medical Sciences
3	CARE Hospitals, Banjara Hills
4	Yashoda Hospitals
5	Continental Hospital Pvt Limited
6	KIMS - Sunshine Hospitals
7	Gleneagles Hospitals
8	Medicover Hospitals
9	Kamineni Hospitals
10	Star Hospitals
11	Apollo Spectra, Ameerpet

BEST MULTISPECIALITY HOSPITALS INDORE - PRIVATE

RANK	HOSPITAL
1	Choithram Hospital & Research Center
2	Bombay Hospital
3	Apollo Hospitals
4	CARE CHL Hospitals
5	Medanta Super Speciality Hospital
6	Sri Aurobindo Institute of Medical Sciences
7	BCM Kokilaben Dhirubhai Ambani Hospital
8	Vishesh Jupiter Hospital
9	Shalby Hospital
10	Gokuldas Hospital

BEST MULTISPECIALITY HOSPITALS COIMBATORE - PRIVATE

RANK	HOSPITAL
1	Kovai Medical Center and Hospital (KMHC)
2	PSG Hospitals
3	G. Kuppuswamy Naidu Memorial Hospital
4	Royal Care Super Speciality Hospital

5	Sri Ramakrishna Hospital
6	Kongunad Hospitals
7	KG Hospital and Post Graduate Medical Institute
8	Sree Abirami Hospital Pvt Ltd
9	Sri Lakshmi Medical Centre & Hospital

BEST MULTISPECIALITY HOSPITALS

NAGPUR - PRIVATE

RANK	HOSPITAL
1	Max Super Speciality Hospital, Nagpur (A Unit of Alexis Multispeciality Hospital Pvt Ltd)
2	Care Hospital
3	KIMS-Kingsway Hospitals
4	Wockhardt Super Speciality Hospital
5	CIIMS (Central India Institute of Medical Sciences)
6	SevenStar Hospital
7	Aureus Hospital
8	Orange City Hospital & Research Institute
9	New Era Hospital and Research Institute
10	Lata Mangeshkar Multi Speciality Hospital

BEST MULTISPECIALITY HOSPITALS

JAIPUR - PRIVATE

RANK	HOSPITAL
1	Santokba Durlabhji Memorial Hospital
2	Eternal Hospital
3	Fortis Escorts Hospital
4	Narayana Multispeciality Hospital
5	Manipal Hospital
6	CK Birla Hospitals Rukmani Birla Hospital
7	Mahatma Gandhi Medical College & Hospital
8	Apex Hospital
9	Metro MAS Hospital

BEST MULTISPECIALITY HOSPITALS

KOLKATA - PRIVATE

RANK	HOSPITAL
1	Apollo Multispeciality Hospitals
2	CK Birla Hospitals CMRI
3	Manipal Hospital (Formerly AMRI Hospital), Dhakuria
4	Fortis Hospital, Anandapur
5	Manipal Hospital (Formerly Medica Super Speciality Hospital), EM Bypass
6	Peerless Hospital and B K Roy Research Centre
7	Manipal Hospital, Broadway
8	Woodlands Hospital
9	Rabindranath Tagore International Institute of Cardiac Sciences
10	Belle Vue Clinic
11	Ruby General Hospital

BEST MULTISPECIALITY HOSPITALS

LUCKNOW - PRIVATE

RANK	HOSPITAL
1	Apollomedics Superspeciality Hospitals
2	Medanta Super Speciality Hospital
3	Vivekananda Polyclinic & Institute of Medical Sciences
4	Era's Lucknow Medical College and Hospital
5	Chandan Hospital
6	Charak Hospital

BEST MULTISPECIALITY HOSPITALS

KOZHIKODE - PRIVATE

RANK	HOSPITAL
1	Aster MIMS
2	Baby Memorial Hospital
3	Meitra Hospital
4	IQRAA International Hospital & Research Centre
5	Starcare Hospital

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BEST MULTISPECIALITY HOSPITALS

VELLORE - PRIVATE

RANK	HOSPITAL
1	Christian Medical College
2	Naruvi Hospitals
3	Apollo KH Hospital
4	Sri Narayani Hospital and Research Center
5	Kumaran Hospitals

BEST HOSPITALS BY SPECIALISATION >>>

BEST HOSPITALS

CARDIOLOGY

RANK	HOSPITAL	CITY
1	All India Institute of Medical Sciences	Delhi
2	Apollo Hospitals	Chennai
3	Medanta - The Medicity	Gurugram
4	Narayana Health City	Bengaluru
5	Fortis Escorts Heart Institute & Research Centre	Delhi
6	Christian Medical College	Vellore
7	Sri Jayadeva Institute of Cardiovascular Sciences and Research	Bengaluru
8	U. N. Mehta Institute of Cardiology & Research Centre	Ahmedabad
9	Post Graduate Institute of Medical Education & Research (PGIMER)	Chandigarh
10	The Madras Medical Mission Hospital	Chennai
11	Sanjay Gandhi Postgraduate Institute of Medical Sciences	Lucknow
12	Apollo Health City	Hyderabad
13	Sree Chitra Tirunal Institute for Medical Sciences & Technology	Thiruvananthapuram
14	Max Super Speciality Hospital, Saket	Delhi
15	Aster Medcity	Kochi
16	Rabindranath Tagore International Institute of Cardiac Sciences	Kolkata
17	Amrita Institute of Medical Sciences (Amrita Hospitals)	Kochi
18	BM Birla Heart Research Centre - CK Birla Hospitals	Kolkata
19	Apollo Hospitals	Ahmedabad
20	Marengo CIMS Hospital	Ahmedabad

Precision Driven IVUS-NIRS Technology is Transforming Cardiac Care

Dr Balbir Singh, Chairman and Head of Cardiology at Max Healthcare, is a recipient of numerous prestigious honours, including the Padma Shri, for his exceptional skills and contributions in interventional cardiology and electrophysiology. Dr Singh has performed thousands of Intra-Vascular Ultrasound (IVUS) driven Angioplasties. IVUS is used in angioplasty to provide doctors with a detailed, real-time, three-dimensional view of the artery's interior, which helps them to precisely assess blockages, guide stent placement, and confirm the success of the procedure.



Dr Balbir Singh
Chairman-Cardiac Sciences
Head of Interventional Cardiology &
Electrophysiology
Max Superspecialty Hospital, Saket

Heart attack incidence amongst fit and young people, many of whom are regular gym goers, is on the rise. The sudden death of young people considered to be fit has brought heart attacks into the spotlight. What are the reasons for such incidents and their correlation, if any, with vulnerable plaque? How do we detect susceptible plaque, and how does it help prevent sudden cardiac deaths? Has it got something to do with vulnerable plaque?

Vulnerable plaque occurs when a patient has mild stenosis, yet the vessels are prone to rupture. Those who smoke, have high cholesterol, a family history or do not exercise are the ones who have vulnerable plaques. This plaque can rupture under stress and vigorous exercise, causing sudden blockage in the artery, which cannot be controlled like the arrhythmias in acute heart attack cases. Many do not get the time to recognise the symptoms and reach the hospital, leading to their sudden death. Thus, vulnerable plaque is far more severe than stenosis, which develops over time and is predictable. Multiple factors, such as extreme cold, early morning hours, strenuous exercise, stress, and alcohol consumption, contribute to these conditions, which we are aware of.

You have been quite vocal about the use of dual modality imaging, specifically with IVUS NIRS. How do you see technologies like IVUS-NIRS shaping the future of cardiac care in our country?

Intra-Vascular Ultrasound (IVUS) with an additional NIRS, which is a Japanese technology, is now available in India. The NIRS is a predictive device that can investigate the lipid content and

the severity of vulnerable plaque. The technology helps us decide whether to insert a stent or treat the problem with medicines that can dissolve the plaque in the arteries. IVUS-NIRS also features a chemogram, which provides information about the plaque's chemistry, including the lipid score, indicating the amount and type of lipid present in the vessel. Once the physician becomes aware of the patient's lipid parameters, it becomes easier to plan the kind of treatment needed. Today, we have enough data supporting the use of the IVUS procedure during stenting, which is likely to reduce mortality in patients.

How is IVUS-NIRS technology different from angiography, and what are its advantages in terms of extra information that helps a doctor in better decision-making during a heart procedure?

Information about the affected heart vessels can be obtained through a CT scan or an angiography by inserting a catheter that reaches the outside of the vessel but does not penetrate it. By injecting contrast or using a luminous graph/impression, the artery can be visualised, but it does not provide an image of what is inside the artery. In an IVUS-NIRS procedure, the catheter, using an ultrasound/spectroscopy beam, penetrates the artery and pulls back to show the entire core of the vessel. This hi-tech methodology (NIRS) helps decipher the chemical composition of the plaque to the advantage of the physician in decision-making.

What motivated you to adopt this technology, and how has it changed the way blockages in the heart are treated?

IVUS-NIRS is an easy and safe cardiac intervention with zero complications. It provides the exact idea of the type of stent

to use or the treatment path. I can also tell my patient that the lipid is high and put them on aggressive treatment to prevent a heart attack. The fantastic technology of IVUS-NIRS provides me with information beyond what the eye can see, hence a boon for us.

India is seen as a fast adopter of new cardiac technologies. What role do you think Indian cardiologists play in shaping global interventional practices?

Today, Indian interventional cardiologists are treating more highly complex diseases because of the high incidence of diabetes, small vessels, etc., as compared to the West. When we present such challenging medical cases to the Western world, they are amazed at the kind of work being done in India. This is truly a proud moment for us because our technologies are as advanced as those enjoyed by the West for so many years. We are already close to being on par with them, and sooner or later, we shall surpass that level. Data says that the penetration of IVUS-NIRS technology is 5-10 per cent in most cath labs, but all Max centres have this latest technology.

What is your advice to young cardiologists embarking on using imaging technologies like IVUS-NIRS in their practices?

As we move forward with more youngsters opting for interventional practices, they should be open to adopting new interventional technologies, which is becoming increasingly easier. It also provides a tremendous scope for advancing their careers.

BEST HOSPITALS

OPHTHALMOLOGY

RANK	HOSPITAL	CITY
1	All India Institute of Medical Sciences	Delhi
2	L V Prasad Eye Institute	Hyderabad
3	Sankara Nethralaya	Chennai
4	Aravind Eye Hospital and Postgraduate Institute of Ophthalmology	Madurai
5	Narayana Nethralaya	Bengaluru
6	Aravind Eye Hospital and Postgraduate Institute of Ophthalmology	Coimbatore
7	Sankara Eye Hospital	Bengaluru
8	Sankara Eye Hospital	Coimbatore
9	Centre for Sight Eye Hospital	Delhi
10	Sankara Eye Hospital	Guntur
11	Sankara Eye Hospital	Jaipur
12	Sankara Eye Centre	Indore
13	L V Prasad Eye Institute	Bhubaneswar
14	Dr. Shroff's Charity Eye Hospital	Delhi
15	Christian Medical College	Vellore
16	Dr. Agarwal's Eye Hospital	Chennai
17	Sharp Sight Eye Hospital	Delhi

BEST HOSPITALS

DIABETES CARE

RANK	HOSPITAL	CITY
1	All India Institute of Medical Sciences	Delhi
2	Dr. Mohan's Diabetes Specialities Centre	Chennai
3	Christian Medical College	Vellore
4	Post Graduate Institute of Medical Education & Research (PGIMER)	Chandigarh
5	Chellaram Hospital - Diabetes Care & Multispeciality	Pune
6	Dr.A.Ramachandran's Diabetes Hospitals	Chennai
7	M V Hospital For Diabetes	Chennai
8	Apollo Hospitals	Chennai
9	Jawaharlal Institute of Postgraduate Medical Education and Research	Puducherry

10	Medanta - The Medicity	Gurugram
11	Sanjay Gandhi Postgraduate Institute of Medical Sciences	Lucknow
12	Dr V Balaji Dr V Seshiah Diabetes Care and Research Institute	Chennai
13	Amrita Institute of Medical Sciences (Amrita Hospitals)	Kochi
14	Max Super Speciality Hospital	Delhi
15	S. L. Raheja Hospital - A Fortis Associate	Mumbai

BEST HOSPITALS

PAEDIATRICS

RANK	HOSPITAL	CITY
1	All India Institute of Medical Sciences	Delhi
2	Post Graduate Institute of Medical Education & Research (PGIMER)	Chandigarh
3	Christian Medical College	Vellore
4	Apollo Children's Hospital	Chennai
5	Kanchi Kamakoti CHILDS Trust Hospital	Chennai
6	Rainbow Children's Hospital and BirthRight by Rainbow Hospitals	Hyderabad
7	Institute of Child Health and Hospital for Children	Chennai
8	Sir Ganga Ram Hospital	Delhi
9	Kalawati Saran Children Hospital Services (Lady Hardinge Medical College)	Delhi
10	Jawaharlal Institute of Postgraduate Medical Education and Research	Puducherry
11	KEM Hospital and Seth G S Medical College	Mumbai
12	Indraprastha Apollo Hospitals	Delhi
13	Manipal Hospital	Bengaluru
14	Kokilaben Dhirubhai Ambani Hospital & Medical Research Centre	Mumbai
15	Bai Jerbai Wadia Hospital for Children	Mumbai
16	Narayana Health SRCC Children's Hospital	Mumbai
17	Rainbow Children's Hospital and BirthRight by Rainbow Hospitals	Bengaluru
18	Ankura Hospital for Women & Children	Hyderabad

BEST HOSPITALS

PAEDIATRICS (STANDALONE HOSPITALS)

RANK	HOSPITAL	CITY
1	Apollo Children's Hospital	Chennai
2	Kanchi Kamakoti CHILDS Trust Hospital	Chennai

3	Rainbow Children's Hospital and BirthRight by Rainbow Hospitals	Hyderabad
4	Institute of Child Health and Hospital for Children	Chennai
5	Kalawati Saran Children Hospital Services (Lady Hardinge Medical College)	Delhi
6	Bai Jerbai Wadia Hospital for Children	Mumbai
7	Narayana Health SRCC Children's Hospital	Mumbai
8	Rainbow Children's Hospital and BirthRight by Rainbow Hospitals	Bengaluru
9	Ankura Hospital for Women & Children	Hyderabad

BEST HOSPITALS

GASTROENTEROLOGY

RANK	HOSPITAL	CITY
1	Asian Institute of Gastroenterology	Hyderabad
2	All India Institute of Medical Sciences	Delhi
3	Post Graduate Institute of Medical Education & Research (PGIMER)	Chandigarh
4	Christian Medical College	Vellore
5	Sir Ganga Ram Hospital	Delhi
6	Medanta - The Medicity	Gurugram
7	Apollo Hospitals	Chennai
8	Sanjay Gandhi Postgraduate Institute of Medical Sciences	Lucknow
9	The Institute of Liver and Biliary Sciences (ILBS)	Delhi
10	Govind Ballabh Pant Institute of Postgraduate Medical Education and Research	Delhi
11	Indraprastha Apollo Hospitals	Delhi
12	Apollo Multispeciality Hospitals	Kolkata
13	Amrita Institute of Medical Sciences (Amrita Hospitals)	Kochi
14	GEM Hospital Institute of Gastroenterology, Laparoscopic & Robotic Surgery	Coimbatore
15	Max Super Speciality Hospital, Saket	Delhi

BEST HOSPITALS

ORTHOPAEDICS

RANK	HOSPITAL	CITY
1	All India Institute of Medical Sciences	Delhi
2	Ganga Medical Centre & Hospitals Pvt Ltd	Coimbatore
3	Christian Medical College	Vellore
4	Post Graduate Institute of Medical Education & Research (PGIMER)	Chandigarh
5	MIOT International Hospital	Chennai
6	Apollo Hospitals	Chennai

Mahatma Gandhi Cancer Hospital & Research Institute, Visakhapatnam

MANAGING DIRECTOR'S MESSAGE

As we mark the completion of 20 years of compassionate and comprehensive cancer care at Mahatma Gandhi Cancer Hospital & Research Institute, we feel deeply humbled and proud of the journey that began in 2005 with just a modest 6-bedded facility has now transformed into the largest and most trusted teaching cancer institution in this part of the country, serving as a beacon of hope for thousands of patients and families.

Over these two decades, our mission has been guided by a simple yet profound principle – to cure when possible, to care always, and to ensure dignity and quality of life for every cancer patient.

We have tirelessly worked on all fronts of the cancer care spectrum – from awareness, prevention, early detection, to evidence-based, multi-disciplinary precision treatments, delivered by our well-trained and experienced team of oncologists. Our commitment to rehabilitation, pain relief, and palliative care has been unwavering.

We are proud that Mahatma Gandhi Cancer Hospital & Research Institute has embraced the latest technologies and global standards in diagnosis and treatment, and equally committed to super-speciality training in oncology and cutting-edge clinical and translational research, ensuring that future generations of caregivers are prepared to carry forward this mission.

In these 20 years, we have been privileged to touch the lives of over 2,00,000 patients and families, many of whom belong to the most vulnerable sections of society. Our close collaboration with NGOs such as Shreya Cancer Foundation has enabled us to extend vital support to those in need, reflecting our core value of affordable and accessible cancer care for all.

This milestone would not have been possible without the unwavering trust and support of medical professionals, and the encouragement and inspiration from our industry friends and well-wishers. To each of you, we extend our heartfelt gratitude.

With immense pride and renewed commitment, we thank you for walking with us on this journey and for being a part of our vision. Together, we shall continue to transform lives and create hope for generations to come.

Dr. Murali Krishna Voonna

Founder & Managing Director, Mahatma Gandhi Cancer Hospital & Research Institute, Visakhapatnam



Dr Murali Krishna Voonna
MS, M.Ch, MBA.
Managing Director and
Chief Surgical Oncologist

THE FUTURE OF AI & TECHNOLOGY IN CANCER CARE IS HERE

At Mahatma Gandhi Cancer Hospital & Research Institute (MGCHRI), we believe the future of cancer care lies in innovation. By embracing Artificial Intelligence (AI) and advanced technologies, we are transforming how cancer is detected, diagnosed, and treated. Our mission is to bring world-class care closer to patients in Andhra Pradesh and Odisha.

NEXT-GENERATION TECHNOLOGIES AT MGCHRI

1 AI-Powered Screening & Early Detection

3D Mammogram with Tomosynthesis: AI-assisted breast imaging for superior clarity, especially in dense breast tissue.

iBreast & VELscope: Handheld and fluorescence-based tools for early detection of breast and oral cancers.

Smartscope: Digital colposcopy with AI-powered image analysis for enhanced cervical cancer screening.

2 Surgical Precision & Innovations

Robotic Surgery: Minimally invasive, AI-assisted robotic systems ensuring precision, faster recovery, and better outcomes.

SLN Biopsy & ICG Services: Sentinel Lymph Node mapping and Indocyanine Green imaging for accurate staging and safer, less invasive surgeries.

3 Advanced Radiation Therapy

Tomotherapy: Combines CT imaging with targeted radiation for highly personalized treatment.

Adaptive Radiotherapy: AI-driven adjustments in real time to match tumor changes, maximizing precision and safety.

4 Supportive Care Technologies

Scalp Cooling Therapy: Technology to minimize chemotherapy-related hair loss, helping patients maintain confidence.

5 AI in Patient Data & Research

AI-Driven Patient Data Analysis: Predicts treatment responses, personalizes therapy, and improves clinical decisions.

6 Shaping the Future of Cancer Care

The next era in oncology is driven by data and precision treatment, using Molecular Oncology, Multi-omic science, and Advanced Analytics to enable early diagnosis and guide Targeted therapies, Immunotherapies, and CAR T-cell therapies, ensuring minimal morbidity and the best survival outcomes.

7	Sancheti Institute for Orthopaedics and Rehabilitation	Pune
8	KEM Hospital and Seth G S Medical College	Mumbai
9	Kasturba Hospital	Manipal
10	Kokilaben Dhirubhai Ambani Hospital & Medical Research Centre	Mumbai
11	Medanta - The Medicity	Gurugram
12	Indraprastha Apollo Hospitals	Delhi
13	P.D. Hinduja Hospital & Medical Research Centre	Mumbai
14	Max Super Speciality Hospital, Saket	Delhi
15	CK Birla Hospital	Gurugram
16	HOSMAT Hospitals	Bengaluru
17	Sparsh Hospital	Bengaluru

BEST HOSPITALS

NEUROLOGY

RANK	HOSPITAL	CITY
1	All India Institute of Medical Sciences	Delhi
2	National Institute of Mental Health and Neurosciences (NIMHANS)	Bengaluru
3	Sree Chitra Tirunal Institute for Medical Sciences & Technology	Thiruvananthapuram
4	Post Graduate Institute of Medical Education & Research (PGIMER)	Chandigarh
5	Christian Medical College	Vellore
6	Apollo Hospitals	Chennai
7	Sanjay Gandhi Postgraduate Institute of Medical Sciences	Lucknow
8	Kokilaben Dhirubhai Ambani Hospital & Medical Research Centre	Mumbai
9	Medanta - The Medicity	Gurugram
10	Indraprastha Apollo Hospitals	Delhi
11	Max Super Speciality Hospital	Delhi
12	Govind Ballabh Pant Institute of Postgraduate Medical Education and Research	Delhi
13	KEM Hospital and Seth G S Medical College	Mumbai
14	Institute of Neurosciences	Kolkata
15	Amrita Institute of Medical Sciences (Amrita Hospitals)	Kochi
16	P.D. Hinduja Hospital & Medical Research Centre	Mumbai
17	Nizam's Institute of Medical Sciences	Hyderabad
18	Sir Ganga Ram Hospital	Delhi
19	Aster Medcity	Kochi
20	Fortis Hospital, Bannerghatta Road	Bengaluru

Advancing Spine Health: Safer, Smarter, and Stronger Backs

As we focus on improving overall health and wellbeing, it's essential to prioritize spine care, a crucial aspect often overlooked until problems arise. In India, back pain and spinal problems are becoming increasingly common, affecting people of all ages. Thankfully, with new advancements in medical technology, spine care has become much safer and more effective.



Dr Manharjot Singh Malhi
Adesh Hospital, Bathinda

Back pain and spinal problems are becoming increasingly common, affecting people of all ages. Thankfully, with new advancements in medical technology, spine care has become much safer and more effective.

First and foremost, prevention is always better than cure. Simple habits like regular exercise, maintaining the right posture while sitting or working, and keeping a healthy weight can help protect your spine. But sometimes, despite our best efforts, back or neck pain can persist. In such cases, it is important to know that you have many safe and reliable treatment options available.

Most spine problems do not require surgery. Many patients get good relief with physiotherapy, medicines, and small lifestyle changes. However, when surgery is needed, today's techniques are far less invasive than before. Thanks to minimally invasive spine surgery (MIS), doctors can operate through very small cuts, leading to less pain, less blood loss, and a faster recovery. Many patients can go home sooner and return to their daily routines quickly.

One of the recent advancements is the use of Navigation or GPS technology during surgery. Just as GPS helps drivers find the best route, this

technology guides surgeons with great accuracy, reducing the risk of errors and making the procedure much safer. In addition, real-time nerve monitoring during the operation allows doctors to keep a close watch on the nerves, so they can avoid any injury. This is especially important in delicate spine surgeries.

Another key aspect of spine health is awareness and timely action. Ignoring back pain or delaying consultation often leads to chronic issues that are harder to treat. Simple lifestyle habits—like stretching regularly, staying active, avoiding prolonged sitting, and using

supportive chairs or mattresses—can go a long way in maintaining a healthy spine. Remember, your spine is central to your overall well-being; taking care of it today ensures a stronger, pain-free tomorrow.

If you or your loved ones are advised spine surgery, don't be scared and ask your doctor what is right for you. With the right awareness and the latest technology, back pain need not hold you back from enjoying life. If you have any concerns about your spine health, do consult a qualified spine specialist – early treatment can make all the difference.



BEST HOSPITALS

ONCOLOGY

RANK	HOSPITAL	CITY
1	Tata Memorial Hospital	Mumbai
2	All India Institute of Medical Sciences	Delhi
3	Cancer Institute (WIA), Adyar	Chennai
4	Apollo Cancer Centre	Chennai
5	Kidwai Memorial Institute of Oncology	Bengaluru
6	Basavatarakam Indo-American Cancer Hospital & Research Institute	Hyderabad
7	Rajiv Gandhi Cancer Institute and Research Centre	Delhi
8	Christian Medical College	Vellore
9	The Gujarat Cancer & Research Institute	Ahmedabad
10	Tata Medical Center	Kolkata
11	Regional Cancer Centre	Thiruvananthapuram
12	Post Graduate Institute of Medical Education & Research (PGIMER)	Chandigarh
13	Kokilaben Dhirubhai Ambani Hospital & Medical Research Centre	Mumbai
14	HCG Cancer Centre-(Healthcare Global Enterprises Ltd)	Bengaluru
15	HCG Cancer Centre, Newtown	Kolkata
16	Omega Hospitals	Hyderabad
17	Medanta - The Medicity	Gurugram
18	Manipal Hospital, HAL Airport Road	Bengaluru
19	Apollo Proton Cancer Centre	Chennai
20	HCG Aastha Cancer Centre	Ahmedabad
21	Max Super Speciality Hospital, Saket	Delhi
22	Aster Whitefield Hospital	Bengaluru
23	HCG Cancer Centre	Nagpur

BEST HOSPITALS

PULMONOLOGY

RANK	HOSPITAL	CITY
1	Post Graduate Institute of Medical Education & Research (PGIMER)	Chandigarh
2	All India Institute of Medical Sciences	Delhi
3	Christian Medical College	Vellore
4	Apollo Hospitals	Chennai
5	Indraprastha Apollo Hospitals	Delhi
6	Sanjay Gandhi Postgraduate Institute of Medical Sciences	Lucknow
7	Sir Ganga Ram Hospital	Delhi

INDIA'S BEST B-SCHOOL

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8	Vallabhbhai Patel Chest Institute	Delhi
9	Jawaharlal Institute of Postgraduate Medical Education and Research	Puducherry
10	Medanta - The Medicity	Gurugram
11	National Institute of Tuberculosis and Respiratory Diseases	Delhi
12	Apollo Hospitals	Bengaluru
13	P.D. Hinduja Hospital & Medical Research Centre	Mumbai
14	Max Super Speciality Hospital, Saket	Delhi
15	Narayana Health City	Bengaluru
16	Amrita Institute of Medical Sciences (Amrita Hospitals)	Kochi

BEST HOSPITALS

INFERTILITY

RANK	HOSPITAL	CITY
1	All India Institute of Medical Sciences	Delhi
2	Jaslok Hospital & Research Centre (Jaslok FertiTree- International Fertility Centre)	Mumbai
3	Christian Medical College	Vellore
4	Lilavati Hospital and Research Centre	Mumbai
5	Sir Ganga Ram Hospital	Delhi
6	P.D. Hinduja Hospital & Medical Research Centre	Mumbai
7	Max Multispeciality Centre, Panchsheel Park	Delhi
8	Ruby Hall Clinic	Pune
9	CRAFT Hospital & Research Centre	Kochi
10	The Madras Medical Mission Hospital	Chennai

BEST HOSPITALS BY SPECIALISATION (ZONAL) >>>

BEST HOSPITALS

CARDIOLOGY

RANK	HOSPITAL	CITY	ZONE
1	All India Institute of Medical Sciences	Delhi	North
2	Medanta - The Medicity	Gurugram	
3	Fortis Escorts Heart Institute & Research Centre	Delhi	
4	Post Graduate Institute of Medical Education & Research (PGIMER)	Chandigarh	
5	Sanjay Gandhi Postgraduate Institute of Medical Sciences	Lucknow	
6	Max Super Speciality Hospital, Saket	Delhi	



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BEST HOSPITALS

OPHTHALMOLOGY

RANK	HOSPITAL	CITY	ZONE
1	All India Institute of Medical Sciences	Delhi	North
2	Centre for Sight Eye Hospital	Delhi	
3	Sankara Eye Hospital	Jaipur	
4	Dr. Shroff's Charity Eye Hospital	Delhi	
5	Sharp Sight Eye Hospital	Delhi	

BEST HOSPITALS

DIABETES CARE

RANK	HOSPITAL	CITY	ZONE
1	All India Institute of Medical Sciences	Delhi	North
2	Post Graduate Institute of Medical Education & Research (PGIMER)	Chandigarh	
3	Medanta - The Medicity	Gurugram	
4	Sanjay Gandhi Postgraduate Institute of Medical Sciences	Lucknow	
5	Max Super Speciality Hospital, Saket	Delhi	

BEST HOSPITALS

PAEDIATRICS

RANK	HOSPITAL	CITY	ZONE
1	All India Institute of Medical Sciences	Delhi	North
2	Post Graduate Institute of Medical Education & Research (PGIMER)	Chandigarh	
3	Sir Ganga Ram Hospital	Delhi	
4	Kalawati Saran Children Hospital Services (Lady Hardinge Medical College)	Delhi	
5	Indraprastha Apollo Hospitals	Delhi	

BEST HOSPITALS

GASTROENTEROLOGY

RANK	HOSPITAL	CITY	ZONE
1	All India Institute of Medical Sciences	Delhi	North
2	Post Graduate Institute of Medical Education & Research (PGIMER)	Chandigarh	
3	Sir Ganga Ram Hospital	Delhi	

4	Medanta - The Medicity	Gurugram	North
5	Sanjay Gandhi Postgraduate Institute of Medical Sciences	Lucknow	
6	The Institute of Liver and Biliary Sciences (ILBS)	Delhi	
7	Govind Ballabh Pant Institute of Postgraduate Medical Education and Research	Delhi	
8	Indraprastha Apollo Hospitals	Delhi	
9	Max Super Speciality Hospital, Saket	Delhi	

BEST HOSPITALS

ORTHOPAEDICS

RANK	HOSPITAL	CITY	ZONE
1	All India Institute of Medical Sciences	Delhi	North
2	Post Graduate Institute of Medical Education & Research (PGIMER)	Chandigarh	
3	Medanta - The Medicity	Gurugram	
4	Indraprastha Apollo Hospitals	Delhi	
5	Max Super Speciality Hospital	Delhi	
6	CK Birla Hospital	Gurugram	

BEST HOSPITALS

NEUROLOGY

RANK	HOSPITAL	CITY	ZONE
1	All India Institute of Medical Sciences	Delhi	North
2	Post Graduate Institute of Medical Education & Research (PGIMER)	Chandigarh	
3	Sanjay Gandhi Postgraduate Institute of Medical Sciences	Lucknow	
4	Medanta - The Medicity	Gurugram	
5	Indraprastha Apollo Hospitals	Delhi	
6	Max Super Speciality Hospital, Saket	Delhi	
7	Govind Ballabh Pant Institute of Postgraduate Medical Education and Research	Delhi	
8	Sir Ganga Ram Hospital	Delhi	

BEST HOSPITALS

ONCOLOGY

RANK	HOSPITAL	CITY	ZONE
1	All India Institute of Medical Sciences	Delhi	North

2	Rajiv Gandhi Cancer Institute and Research Centre	Delhi	North
3	Post Graduate Institute of Medical Education & Research (PGIMER)	Chandigarh	
4	Medanta - The Medicity	Gurugram	
5	Max Super Speciality Hospital, Saket	Delhi	

BEST HOSPITALS

PULMONOLOGY

RANK	HOSPITAL	CITY	ZONE
1	Post Graduate Institute of Medical Education & Research (PGIMER)	Chandigarh	North
2	All India Institute of Medical Sciences	Delhi	
3	Indraprastha Apollo Hospitals	Delhi	
4	Sanjay Gandhi Postgraduate Institute of Medical Sciences	Lucknow	
5	Sir Ganga Ram Hospital	Delhi	
6	Vallabhbhai Patel Chest Institute	Delhi	
7	Medanta - The Medicity	Gurugram	
8	National Institute of Tuberculosis and Respiratory Diseases	Delhi	
9	Max Super Speciality Hospital, Saket	Delhi	

BEST HOSPITALS

INFERTILITY

RANK	HOSPITAL	CITY	ZONE
1	All India Institute of Medical Sciences	Delhi	North
2	Sir Ganga Ram Hospital	Delhi	
3	Max Multispeciality Centre, Panchsheel Park	Delhi	

BEST HOSPITALS

CARDIOLOGY

RANK	HOSPITAL	CITY	ZONE
1	Apollo Hospitals	Chennai	South
2	Narayana Health City	Bengaluru	
3	Christian Medical College	Vellore	
4	Sri Jayadeva Institute of Cardiovascular Sciences and Research	Bengaluru	
5	The Madras Medical Mission Hospital	Chennai	

6	Apollo Health City	Hyderabad	South
7	Sree Chitra Tirunal Institute for Medical Sciences & Technology	Thiruvananthapuram	
8	Aster Medcity	Kochi	
9	Amrita Institute of Medical Sciences (Amrita Hospitals)	Kochi	

BEST HOSPITALS

OPHTHALMOLOGY

RANK	HOSPITAL	CITY	ZONE
1	LV Prasad Eye Institute	Hyderabad	South
2	Sankara Nethralaya	Chennai	
3	Aravind Eye Hospital and Postgraduate Institute of Ophthalmology	Madurai	
4	Narayana Nethralaya	Bengaluru	
5	Aravind Eye Hospital and Postgraduate Institute of Ophthalmology	Coimbatore	
6	Sankara Eye Hospital	Bengaluru	
7	Sankara Eye Hospital	Coimbatore	
8	Sankara Eye Hospital	Guntur	
9	Christian Medical College	Vellore	
10	Dr. Agarwal's Eye Hospital	Chennai	

BEST HOSPITALS

DIABETES CARE

RANK	HOSPITAL	CITY	ZONE
1	Dr. Mohan's Diabetes Specialities Centre	Chennai	South
2	Christian Medical College	Vellore	
3	Dr.A.Ramachandran's Diabetes Hospitals	Chennai	
4	M V Hospital For Diabetes	Chennai	
5	Apollo Hospitals	Chennai	
6	Jawaharlal Institute of Postgraduate Medical Education and Research	Puducherry	
7	Dr V Balaji Dr V Seshiah Diabetes Care and Research Institute	Chennai	
8	Amrita Institute of Medical Sciences (Amrita Hospitals)	Kochi	

BEST HOSPITALS

PAEDIATRICS

RANK	HOSPITAL	CITY	ZONE
1	Christian Medical College	Vellore	South

2	Apollo Children's Hospital	Chennai	South
3	Kanchi Kamakoti CHILDS Trust Hospital	Chennai	
4	Rainbow Children's Hospital and BirthRight by Rainbow Hospitals	Hyderabad	
5	Institute of Child Health and Hospital for Children	Chennai	
6	Jawaharlal Institute of Postgraduate Medical Education and Research	Puducherry	
7	Manipal Hospital	Bengaluru	
8	Rainbow Children's Hospital and BirthRight by Rainbow Hospitals	Bengaluru	
9	Ankura Hospital for Women & Children	Hyderabad	

BEST HOSPITALS PAEDIATRICS (STANDALONE HOSPITALS)

RANK	HOSPITAL	CITY	ZONE
1	Apollo Children's Hospital	Chennai	South
2	Kanchi Kamakoti CHILDS Trust Hospital	Chennai	
3	Rainbow Children's Hospital and BirthRight by Rainbow Hospitals	Hyderabad	
4	Institute of Child Health and Hospital for Children	Chennai	
5	Rainbow Children's Hospital and BirthRight by Rainbow Hospitals	Bengaluru	
6	Ankura Hospital for Women & Children	Hyderabad	

BEST HOSPITALS GASTROENTEROLOGY

RANK	HOSPITAL	CITY	ZONE
1	Asian Institute of Gastroenterology	Hyderabad	South
2	Christian Medical College	Vellore	
3	Apollo Hospitals	Chennai	
4	Amrita Institute of Medical Sciences (Amrita Hospitals)	Kochi	
5	GEM Hospital Institute of Gastroenterology, Laparoscopic & Robotic Surgery	Coimbatore	

BEST HOSPITALS ORTHOPAEDICS

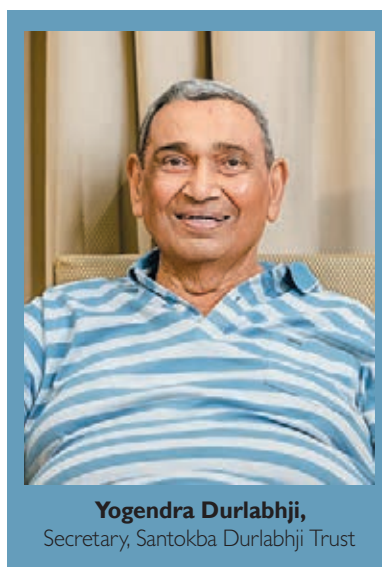
RANK	HOSPITAL	CITY	ZONE
1	Ganga Medical Centre & Hospitals Pvt Ltd	Coimbatore	South
2	Christian Medical College	Vellore	
3	MIOT International Hospital	Chennai	
4	Apollo Hospitals	Chennai	
5	Kasturba Hospital	Manipal	
6	HOSMAT Hospitals	Bengaluru	
7	Sparsh Hospital	Bengaluru	

SDMH

WHERE COMPASSION MEETS WORLD-CLASS HEALTHCARE

Santokba Durlabhji Memorial Hospital (SDMH) Jaipur, established in 1971 and inaugurated by the then Prime Minister Smt. Indira Gandhi, began with 80 beds and a modest set of specialties. Guided by the mission to offer quality healthcare to all, it has grown into a 525-bed multi-speciality institution with over 140 ICU beds and virtually every major clinical department. Over the past five decades, the hospital has touched the lives of more than six million people, remaining steadfast to its founding ethos that no patient should be denied treatment for want of resources. This unwavering commitment to compassionate care has earned SDMH honours such as the News-week USA “World’s Best Hospitals” Award for two consecutive years, along with several national accolades.

A notable milestone in our journey is the establishment of a state-of-the-art Oncology Centre—now one of the most comprehensive cancer care facilities in the region. The Centre integrates advanced diagnostic systems, high-precision radiation therapy technologies, modern nuclear medicine, dedicated chemotherapy and immunotherapy units, specialized cancer surgeries, and a team of experienced oncologists. Equipped with the latest PET-CT technology, TrueBeam linear



Yogendra Durlabhji,
Secretary, Santokba Durlabhji Trust

accelerators with HyperArc capability, and advanced brachytherapy systems, it offers complete cancer care under one roof—from early diagnosis and staging to surgery, radiation, chemotherapy, targeted and immunotherapy, and long-term follow-up. This development ensures that patients no longer need to travel outside Rajasthan for any component of cancer treatment, marking a significant leap forward for healthcare in the state.

SDMH’s humanitarian initiatives continue to reinforce its core values. The Outreach Programme has conducted more than two hundred rural health camps, bringing essential

medical services to underserved communities. Avedna Ashram, established in 1996, provides dignified and holistic palliative care to patients in the final stages of illness. Project Prayatna, the hospital’s longstanding initiative against thalassemia, has carried out over four lakh free screenings, while the “Little Heart” programme supports timely detection and treatment for children with congenital heart disease.

The hospital also operates one of Rajasthan’s most advanced blood banks, uniquely offering NAT-tested blood and supporting numerous hospitals across the state. SDMH has further expanded its social commitment through initiatives in geriatric healthcare—conducting preventive health activities, workshops, and engagement programmes for senior citizens—and through mental health awareness sessions delivered by psychologists and counsellors across schools in Jaipur, addressing issues such as peer pressure, anxiety, and the effects of technology overuse.

As SDMH continues to grow and innovate, it remains anchored in the values of compassion, dignity, and service. With each milestone—most notably the establishment of its advanced Oncology Centre—the hospital reaffirms its promise to deliver world-class healthcare while upholding the humane principles on which it was founded.

BEST HOSPITALS

NEUROLOGY

RANK	HOSPITAL	CITY	ZONE
1	National Institute of Mental Health and Neurosciences (NIMHANS)	Bengaluru	South
2	Sree Chitra Tirunal Institute for Medical Sciences & Technology	Thiruvananthapuram	
3	Christian Medical College	Vellore	
4	Apollo Hospitals	Chennai	
5	Amrita Institute of Medical Sciences (Amrita Hospitals)	Kochi	
6	Nizam's Institute of Medical Sciences	Hyderabad	
7	Aster Medcity	Kochi	
8	Fortis Hospital	Bengaluru	

BEST HOSPITALS

ONCOLOGY

RANK	HOSPITAL	CITY	ZONE
1	Cancer Institute (WIA), Adyar	Chennai	South
2	Apollo Cancer Centre	Chennai	
3	Kidwai Memorial Institute of Oncology	Bengaluru	
4	Basavatarakam Indo-American Cancer Hospital & Research Institute	Hyderabad	
5	Christian Medical College	Vellore	
6	Regional Cancer Centre	Thiruvananthapuram	
7	HCG Cancer Centre-(Healthcare Global Enterprises Ltd)	Bengaluru	
8	Omega Hospitals	Hyderabad	
9	Manipal Hospital, HAL Airport Road	Bengaluru	
10	Apollo Proton Cancer Centre	Chennai	
11	Aster Whitefield Hospital	Bengaluru	

BEST HOSPITALS

PULMONOLOGY

RANK	HOSPITAL	CITY	ZONE
1	Christian Medical College	Vellore	South
2	Apollo Hospitals	Chennai	
3	Jawaharlal Institute of Postgraduate Medical Education and Research	Puducherry	
4	Apollo Hospitals	Bengaluru	
5	Narayana Health City	Bengaluru	
6	Amrita Institute of Medical Sciences (Amrita Hospitals)	Kochi	

A Lifeline of Hope

Compassionate Revolution ft. Sushena Health Foundation

In a world often focused on metrics and outcomes, a quiet but profound revolution based on compassion and equitable access is being envisioned.

Sushena Health Foundation is a movement born from a powerful conviction: true health is not the mere absence of disease, but the presence of well-being—in body, mind, and community. This is where clinical excellence finds its soul, where modern medicine is powered by empathy.

Sushena is redefining public health by placing humanity at its centre. Its mission is to build a future where holistic care is a right, not a privilege.

At the very heart of this mission beats the Dhaatri Mothers' Milk Bank, a beacon of light for the most fragile lives. For premature and critically ill newborns fighting for survival, Dhaatri is a literal lifeline. It is built on the sacred truth that breast milk is nature's most potent medicine, a liquid gold that no formula can replace.

This initiative ensures that no child is deprived of this vital nourishment due to circumstances. As founder-director, Dr. Santhosh Kumar Bharadwaj passionately states, "Breast milk is the best milk. Say yes to mother's milk, say no to formula."

This conviction has sparked a nationwide movement of care. Dhaatri's network of more than 12 mothers milk bank spanning from Niloufer Hospital in Hyderabad to Noida, Gorakhpur, and beyond—has saved 8,814 newborns. It has supported and counseled 73,481 mothers, collecting over 3 million mL of life-saving donor milk.

The impact is measured in miracles, not just millilitres.

For mothers like Asrita, it was everything. "When my baby was born, she had to be kept in the NICU... I struggled with a very low milk supply," she shares. "At that time, Dhaatri Mother's Milk Bank became a lifeline for us... I received proper counselling... [and] safe, pasteurized donor milk so my baby could get the nourishment she needed."



Dr Santhosh Ji and Jwala Gutta Garu

This spirit of giving creates a powerful circle of connection. Renowned badminton player Jwala Gutta, who donated over 30 litres to the Dhaatri centre at Niloufer Hospital, Hyderabad, captured this ethos perfectly: "I decided to donate to government-supported institutions because that is where the real need lies."

This life-saving work is the pinnacle of Sushena's broader philosophy: empowering communities before illness strikes. Through vibrant health drives,

is proving that real change happens when we work together.

Looking ahead, Sushena envisions a healthier, more compassionate India. In a world of complex challenges, their message is a powerful reminder that the true essence of healing lies in humanity itself. In their own words:

"When care is compassionate and communities are empowered, health becomes a shared heritage — not a privilege."

school programs, and women's wellness camps, the Foundation nurtures preventive habits as a shared social responsibility. They teach empowering thousands of mothers with vital education on yoga, nutrition, hygiene, meditation, mindfulness, mental-well being through their "Aaryajanani project on First Thousands days of life".

By forging powerful collaborations—bridging hospitals, government agencies, and NGOs—Sushena

BEST HOSPITALS

INFERTILITY

RANK	HOSPITAL	CITY	ZONE
1	Christian Medical College	Vellore	South
2	CRAFT Hospital & Research Centre	Kochi	
3	The Madras Medical Mission Hospital	Chennai	

BEST HOSPITALS

CARDIOLOGY

RANK	HOSPITAL	CITY	ZONE
1	U. N. Mehta Institute of Cardiology & Research Centre	Ahmedabad	West
2	Apollo Hospitals	Ahmedabad	
3	Marengo CIMS Hospital	Ahmedabad	

BEST HOSPITALS

DIABETES CARE

RANK	HOSPITAL	CITY	ZONE
1	Chellaram Hospital - Diabetes Care & Multispeciality	Pune	West
2	S. L. Raheja Hospital - A Fortis Associate	Mumbai	

BEST HOSPITALS

PAEDIATRICS

RANK	HOSPITAL	CITY	ZONE
1	KEM Hospital and Seth G S Medical College	Mumbai	West
2	Kokilaben Dhirubhai Ambani Hospital & Medical Research Centre	Mumbai	
3	Bai Jerbai Wadia Hospital for Children	Mumbai	
4	Narayana Health SRCC Children's Hospital	Mumbai	

A VISION OF HEALTH HEALING AND HUMANITY

These are the words of Mrs. Sangita Singh, the doyen of the Sangi family, while forming the Sangi Hospital Unit, which was constituted to envision healthier India — “where healthcare is not a privilege but a basic right”. Guided by the vision of “Health, Healing, Humanity, the hospital has been devoted to delivered with compassion, quality treatment, personalized care, affordability, accessibility and preventive care creating an inclusive and patient-centric healthcare environment and a human touch to every patient who walks through the doors.

Sangi Hospital Mathura the Flagship Hospital of the Unit was set up in January 2022, from its humble beginnings as a 150-bedded multi-specialty hospital. The hospital offers comprehensive diagnostic and therapeutic services, including, all under one roof. Each department is equipped with modern infrastructure, advanced technology, and a dedicated team of doctors and nursing professionals ensuring personalized patient care 24×7.

At Sangi Hospital, our mission extends far beyond treatment with a vision to establish a network of hospitals in every district of the nation, ensuring that every citizen has access to advanced medical care within their reach. This visionary initiative aims to strengthen the healthcare network across rural and semi-urban areas that even the most remote communities have access to top-quality healthcare and early diagnosis facilities, promoting wellness and awareness at the grassroots level. Through this initiative, Sangi Hospital strives to make healthcare simpler, faster, and more reachable — for everyone, for poor patients where no charges were levied for the bed, food, operation theatre or doctor's charges. The free outpatient department was also set up, where free consultation was provided to the needy patients.

Later, Hon. Mrs. Sangita Singh put up an idea of, setting Free Awareness Bootcamps on Menstrual Health, PCOD/PCOS, UTI, provide affordable and accessible healthcare to every individual, regardless of location or background, extent the network of each new branch which will serve as a hub of healing and health awareness, provide the best healthcare under one roof and bridge the gap between rural and urban communities, and offer free treatment to the needy and underprivileged. She held a particular place in her heart for the Sangi Hospital.



“At Sangi Hospital, we do not just treat diseases — we nurture lives with empathy, innovation, and integrity. Our vision is to bring world-class healthcare to every doorstep, making health and healing a right, not a privilege.”

—Mrs. Sangita Singh,
Chairperson, Sangi Hospital

She would frequently ask about the standard of care, especially for the underprivileged and destitute. She also inducted and induced the network has transformed Sangi Hospital, into the largest and finest Multi-Super-Specialty Care Medical Centre.

Under her active supervision focusing on the backward areas and underprivileged, with a view to cater to the medical needs from the Central India, the Sangi Hospital Unit has set up a state-of-the-art of Multi Super Specialty Care Hospital at Raya (Mathura), Laxmi Nagar (Mathura), Aligarh, Baghpat, Mainpuri, Shikohabad and many more under planning in the heart of Uttar Pradesh. In just a short span of less than 4 years, Sangi Hospital Unit has become the largest care and referral hospital for whole which have always been striving hard to provide world class health care delivery at an affordable cost to the common man. We have a unique model that is focused at: “True healing goes beyond medicine— it begins with empathy,” we treat every patient like family, delivering care with comfort, compassion, and commitment to provide care treatment, in an academically stimulating environment.

Salient Features of Sangi Hospital

Raya	Laxmi Nagar	Aligarh
<ul style="list-style-type: none"> Comprehensive Multi-Specialty Healthcare Services Under One Roof. 150-Bed Facility. Team of Senior & Experienced Medical Consultants. Modern Intensive Care & Emergency Support Systems. Dedicated Operation Theatre & Critical Care Units. Fully Functional Diagnostic Setup for Accurate Results. Skilled Nursing Staff Ensuring Quality Care & Attention. Hygienic, Sanitized & Patient-Safe Hospital Premises. Cashless & TPA Facility Available. 	<ul style="list-style-type: none"> Advanced Multi-specialty Care Hospital in the Region 24×7 Emergency, Trauma & Critical Care Services. Fully Equipped Modular OTs, ICU, NICU & HDU Facilities. State-of-the-Art Diagnostic Centre (CT, X-Ray, USG, Lab). Experienced Specialist Doctors Across Major Departments. Structured IPD & OPD Patient Flow for Seamless Treatment. In-House Pharmacy & Ambulance, Round-the-Clock. Strict Clinical Hygiene & Safety Protocols Followed. 	<ul style="list-style-type: none"> Modern 150-Bed Multi-specialty Hospital. Senior Medical Specialists Across Core Medical Fields. 24×7 Availability of Emergency & Critical Care Support. Well-Equipped Operation Theatre & ICU Facility. Full-Service Diagnostics for Quick & Accurate Assessment. Experienced Nursing Team Delivering Compassionate Care. Smooth Admission, Discharge & Follow-Up Process. Focus on Safe, Comfortable & Ethical Treatment. Patient-Oriented Care Insurance Provide
Baghpat	Mainpuri	Shikohabad
<ul style="list-style-type: none"> Full-Scale Hospital Providing Reliable Medical Services. Emergency & Trauma Facilities Operating Day and Night. Updated Medical Equipment for Safe Treatment Delivery. Professional Doctors Supported by Trained Care Teams. Proper ICU, OT & Patient Care Facilities. Integrated Diagnostic Support for All Departments. Reasonable Care Costs with Cashless Facility Options. Patient-Friendly Care Environment Ensuring Comfort. 	<ul style="list-style-type: none"> Dedicated Multi-specialty Medical Consultation & Treatment. Clean & Organized Patient Wards and Rooms. Operation Theatres & Critical Care Backup. Pharmacy, Nursing & Support Teams Present Round-The-Clock. Accurate Diagnostics to Aid Fast Treatment Decisions. Transparent Billing & Patient Communication. Strong Focus on Patient Safety & Medical Hygiene. 	<ul style="list-style-type: none"> Structured Hospital Care with Modern Medical Services. Senior Consultants Available for Regular OPD & IPD. Emergency Medical Help Available 24×7. Diagnostic & Nursing Support Designed for Patient Ease. Comfortable Treatment Environment with Clean Facilities. Affordable & Ethical Healthcare Focused on Community Service.

BEST HOSPITALS

ORTHOPAEDICS

RANK	HOSPITAL	CITY	ZONE
1	Sancheti Institute for Orthopaedics and Rehabilitation	Pune	West
2	KEM Hospital and Seth G S Medical College	Mumbai	
3	Kokilaben Dhirubhai Ambani Hospital & Medical Research Centre	Mumbai	West
4	P.D. Hinduja Hospital & Medical Research Centre	Mumbai	

BEST HOSPITALS

NEUROLOGY

RANK	HOSPITAL	CITY	ZONE
1	Kokilaben Dhirubhai Ambani Hospital & Medical Research Centre	Mumbai	West
2	KEM Hospital and Seth G S Medical College	Mumbai	
3	P.D. Hinduja Hospital & Medical Research Centre	Mumbai	

BEST HOSPITALS


ONCOLOGY

RANK	HOSPITAL	CITY	ZONE
1	Tata Memorial Hospital	Mumbai	West
2	The Gujarat Cancer & Research Institute	Ahmedabad	
3	Kokilaben Dhirubhai Ambani Hospital & Medical Research Centre	Mumbai	
4	HCG Aastha Cancer Centre	Ahmedabad	
5	HCG Cancer Centre	Nagpur	
6	Sterling Cancer Hospital	Ahmedabad	

BEST HOSPITALS

INFERTILITY

RANK	HOSPITAL	CITY	ZONE
1	Jaslok Hospital & Research Centre (Jaslok FertiTree- International Fertility Centre)	Mumbai	West
2	Lilavati Hospital And Research Centre	Mumbai	
3	P.D. Hinduja Hospital & Medical Research Centre	Mumbai	
4	Ruby Hall Clinic	Pune	



Junaid Khan

Ira Dubey

New kids on the stage

For these
next-gen actors,
theatre holds
as much appeal
as stardom in
cinema

Zahan Kapoor

BY ANJULY MATHAI



As a child, Muhammad Ali Baig was convinced he would never follow in the footsteps of his father, the legendary thespian Qadir Ali Baig. He found theatre too intense. Then there was the inevitable disappointment—months of rehearsals, costume designing, stitching and set building would all go in a few shows. To young Muhammad, it seemed a waste of time and effort. So, after his studies, he went into ad filmmaking, directing over 450 ad films and social documentaries in seven countries in less than a decade. It did not satisfy, though. It was on his father's 20th death anniversary, when he heard from some of the top Indian theatre personalities about the high regard in which they held his father, that he realised he had a responsibility to safeguard Qadir's legacy. That was his initiation into theatre. He founded the Qadir Ali Baig Theatre Foundation and the Qadir Ali Baig Theatre Festival in Hyderabad in 2005.

"When we started, it was a five-day festival," says Muhammad. "Everyone said that to get audiences to come watch one play in Hyderabad would be a task, how do you expect them to come five days in a row? But they did, and what started 20 years ago as a son's tribute has now become a city's festival." He says it is extremely fulfilling to bring to life his father's vision of a vibrant theatre scene in the city. With theatre groups, local productions and venues mushrooming, and audiences growing manifold, the Qadir Ali Baig festival has revived theatre in Hyderabad.

In its 20th edition, the festival has a unique theme: 'Stalwarts to Next-Gen.' "We have presented the best



of theatre for the last 20 years," says Muhammad. "Now it should move to the next-gen, because there is a promising crop of actors, writers, directors and designers that is coming up. These are the people who will take theatre forward."

In the west, being a 'theatre kid' had a negative connotation, typifying an actor who was given to excessive showmanship. In 2013, for example, when Anne Hathaway had delivered an Oscar-winning performance as Fantine in *Les Misérables*, a critic told Hollywood.com that she was just a "theatre kid whose enthusiasm and earnestness was never reined in, and now she has an internation-

al stage from which to project her diaphragm." In India, however, the theatre kids are proud of the appellation; they own it and flaunt it. One of them, Zahan Kapoor, the grandson of Shashi Kapoor who built Prithvi Theatre in Juhu in 1978, says his favourite childhood memory is of listening to Zakir Hussain performing at Prithvi. For almost 40 years, he performed annually at a memorial concert in honour of Zahan's grandmother Jennifer Kendal. "It was one of the most beautiful things I had heard," he says. "There was, of course, his mastery over music, but there was also genuine friendship and love for Prithvi." The two plays that influenced him



PLAY TIME
Scenes from
Siachen and
(below)
Lockdown
Liaisons



greatly as a child, and which he has watched repeatedly, are Ramu Ramanathan's *The Boy Who Stopped Smiling* and Rajat Kapoor's *C for Clowns*.

Just like Muhammad, these theatre kids are committed to taking forward the legacy of their parents and grandparents. "I have a powerhouse of a mother," says Ira Dubey, the daughter of actor and theatre director Lillete Dubey, who founded the PrimeTime Theatre Company in 1991. Ira's grandfather was a scientist and her grandmother a doctor, so she understands what a maverick step it was for her mother to move to the arts and start a theatre company. "Theatre was not considered a lucrative profession and she had no guarantee that she could support herself," says Ira. "It must have been a very tough decision for her. Growing up seeing her do it all—producing, directing, acting and building this company—was hugely inspiring. I learned a lot."

She says as she gets older, she appreciates her mother more. "Ten years ago, when I was still living with her, we would have been driving each other nuts," she laughs. "But today, we have come to understand and respect each other. In the rehearsal room, she would be directing me as an actor, but when we get in the car, it would be like, 'Mom, I need to go for this blood test tomorrow'. Immediately, the relationship shifts. I am very grateful for this dynamic between us."

It is the same for Junaid, son of actor Aamir Khan. "My first play was with Arundhati Nag in *Mother Courage and Her Children*," he says. "Apparently, my dad used to do backstage work for her play. He told me how he had always wanted to act with her and now I had got the opportunity." Junaid says Aamir has come to watch most of his plays and that he has never been critical of his performance. "He has liked most of



MARRIAGE MADE ON STAGE

A scene from *Runaway Brides*



themes of displacement, identity, social justice, gender and climate change.

Faezeh's *Runaway Brides*, for example, is a farce about the chaos that ensues when two mothers elope before a wedding. "It is a fun play with 13 actors and three musicians onstage throughout," says Junaid, who stars in it. "Faezeh really likes her high comedies. It is very heavy on timing and physical comedy, which is not something you get to do much on-screen." Aditya's *Siachen*, starring Zahan, is a more sombre take on three soldiers stranded on the world's highest and coldest battlefield.

What distinguishes the theatre kids of today is how much they love theatre. They all have solid acting pedigree and with the inherent advantage their background offers them, one might think that they would be committed to pursuing stardom on-screen. In a movie-mad country, the comparative fame that theatre offers is negligible. Yet, they say they'll never give it up, because it offers them a connect with the audience that cinema never can. That, according to them, is the beauty of a collective experience like theatre, a respite from the digital age we live in.

Zahan says that 10 years ago, he was worried he would get bored with theatre, of doing the same play again and again. Today, his perspective has changed. It is more than two years since he started doing *Siachen*. "I can't describe how fulfilling it is to revisit the same text repeatedly. To allow time to pass, evolve as a human, constantly deepen your understanding of a single text and realise that there is an infinity of nuances, of human complexity there." 🕒

the things I have done," he says. "He's only critical with his own work. Otherwise, he is very easy to impress. My mother, on the other hand, is more difficult to impress."

In 1962, the famous thespian Habib Tanvir had bemoaned the state of theatre in India, with a shortage of playwrights who could hold the interest of the audience. When not reviving the classical drama through productions "dead as mutton", theatre workers follow "the worst sort of naturalistic styles... inspired by films or borrowed mechanically from the west," he said. The playwrights of the country sat up and took notice. As though in vengeance, they wrote some of the best plays the country has witnessed in the late 1960s and 1970s—Vijay Tendulkar in Marathi, Mohan Rakesh in Hindi and Girish Karnad in Kannada, among many others. Most of these plays were translated into many languages and performed across the country. After that, there was a lull. And now, there is a resurgence of young playwrights like Aditya Rawal and Faezeh Jalali, whose plays will be staged at the Qadir Ali Baig festival, who are experimenting with form and content and coming out with cutting-edge productions that address contemporary

What started 20 years ago as a son's tribute has now become a city's festival.

— Muhammad Ali Baig





Precision is the New Default

Why Robotic Surgery Has Become the Mainstream

In a world where our phones unlock with a glance and our cars can drive themselves, it would be unfair if the operation theatre remained trapped in yesterday's technology. Surgery today is about purposeful precision with every movement measured, every outcome intentional. The evolution of robotic surgery represents this very shift — from 'good enough' outcomes to outcomes that are consistently excellent and predictable.

Every procedure — whether it is a Hernia or Abdominal Wall Reconstruction, a Hiatus Hernia repair for GERD, Obesity - Metabolic surgery, Gall Bladder removal, or Colo-Rectal cancer resection — deserves this precision approach. These are not exotic operations where best outcomes are reserved for selected patients; these are everyday realities in modern surgical practice. Each surgery comes with its own intricacies — delicate tissues, difficult angles, deep recesses, or critical nerves — where the millimetric advantage of robotic technology can mean the difference between a major complication and a clean recovery.

The robot amplifies the surgeon's skill, extending human precision into places our hands alone could never reach. With 3-D magnified vision, tremor filtration, and wristed instruments that move beyond human articulation, robotic platforms offer a degree of control that traditional laparoscopic tools simply cannot match. When we talk of hernia or hiatus reconstruction, for example, the fine closure of delicate tissues and accurate mesh placement demand such precision. In colorectal surgery, where margins and nerve preservation are



"In an age where technology drives every aspect of our lives, surgical precision can no longer be optional — it must be the default."

Dr. Vishal C. Soni, Senior Consultant & Lead – Department of Minimal Access & Robotic Surgery; Director – Institute of Advanced Hernia-AWR & Bariatric Surgery.

non-negotiable, robotics helps us balance cure with quality of life.

Critics often speak of cost. But cost without context is a distorted discussion. What patients truly deserve to ask — and surgeons must help them understand — is value. If a technology reduces complications, shortens hospital stay, enables faster recovery, and enhances safety, then the conversation must move from "expense" to "investment."

As robotic platforms become more accessible and procedure volumes grow, costs are steadily balancing out.

As surgeons, we must also undergo a mindset shift. Complications should not be accepted as an occupational hazard but treated as potentially avoidable events. Every leak, infection, or recurrence avoided is a quiet triumph of precision and planning. Robotics, when coupled



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with sound judgment and discipline, allows us to execute that philosophy.

The next era of surgery will be defined not by the size of the incision but by the clarity of intent — to operate better, safer, and smarter. Robotic surgery is no longer the future. It is the present standard for those who refuse to compromise on outcomes. Precision, after all, is not luxury — it's responsibility.



Smothering instinct & the witches' brew

There are many minuses and pluses to children moving out of the nest to fly on their own. The house suddenly feels empty and too quiet. There is no one to help search for my misplaced spectacles. If I drop the TV remote, I myself have to stoop to the floor to pick it up. A big plus is that because of those two extra rooms, my wife and I manage to keep out of each other's hair. I now have a whole room as my study in which I pursue my hobbies! The missus has commandeered the other vacant bedroom for mysterious activities like power yoga and Zumba drops.

There is, however, one aspect of this broodless existence which is very distressing—and that is the absence of a beneficiary of my wife's mothering instincts. She used to lavish tender loving care on the brats but, now that they are gone, I often become the hapless target of all the TLC. Please understand that my wife is hardly the Sati Savitri kind. You know the Sati Savitri I am referring to, don't you? Sati Savitri is the six-sigma standard of virtue and devotion that all Hindu women are exhorted to achieve by becoming all-sacrificing, self-effacing, husband-caring creatures. But even as the missus pooh-poohs this concept of the ideal wife, she does not remain totally immune from the cultural influences of the ecosystem she lives in.

These compel her to fitfully stifle me with overwhelming affection and enforce random restrictions for my betterment. Thus, the command, "Never leave home without a cap in winter" is accompanied with the Hukum Nama to never use my cell phone in bed. And there are other fatwas. Don't eat more than two eggs a week. No red meat. No samosas. No jalebis. No this. No that. And, above all, no medicinal nectar in the evening. And no salted peanuts!

To be honest, though I would never want the missus to know it, even with her bossy ways

and recidivist maternal predilections, life with her is sufferable. But it becomes truly insufferable when I fall ill; as I did recently. It is then that her mothering instincts become all-powering smothering instincts.

For the six or seven days that I was laid up with fever, I had to suffer extreme care which only a wife can inflict on her husband. My dear missus is the brand ambassador for big pharma, as also the greatest practitioner of ayurveda this side of Kerala. She has mastered the Unani and homeopathic systems and could teach a trick or two about Tibetan medicine to HH the Dalai Lama's personal physician. In addition, she has a compendium of home remedies as long as her arm. So, besides suffering the fever, body ache and the burning sensation in my eyes, I had to submit to whatever slings and arrows outrageous fortune and a multidisciplinary medical regimen threw at me. The different schools of medicine ultimately impinged upon my happiness in the form of a wide array of tablets, potions, unguents and miracle-rubs.

My wife also insisted on taking my temperature every 15 minutes and cast aspersions on the ancestry of the thermometer for refusing to show any decrease. So, she got one more thermometer to check the temperature in my armpit. She would have got yet another one, but I told her that there was no question of going further south to take my temperature as they do for infants.

The vilest treatment was the special concoction that the missus so carefully prepared according to some secret recipe. She called it 'kadha'. I called it the witches' own brew. It may not have had among its ingredients the traditional eye of newt, wool of bat and fillet of a fenny snake but it certainly tasted as if it did. For all seven days that I had fever, I was subjected to extreme care and attention and a



ILLUSTRATION JOB P.K.

six-hourly dose of 'kadha.'

My wife's ministrations included waking me up several times at night to inquire solicitously whether I was asleep.

"No, I am awake, now," I would confess each time.

"Don't you worry," she would say. "You'll be able to sleep soon. Sleep is the best medicine. Go to sleep!"

Sleep indeed worked its magic, and I have now been fit and fine for the past 10 days.

Fully recovered, I have taken up a new hobby. I have started keeping notes about techniques that I will use to look after the old girl when she is down with the flu or some

other bug. So far, I have jotted down only a few random tips. One is to tell her that for a quick recovery she must keep silent from morning till evening. Another is waking her up in the middle of the night and asking if she would like a cup of tea. Yet another is to make her sit up all afternoon, breathing only through her mouth. I feel these remedies are good for starters. I am certain that by the time she next falls ill, I will have compiled many more adoring therapies that will be as effective as the 'kadha' she cured me with.

K.C. Verma is former chief of R&AW.
kcverma345@gmail.com



Dr. Ukkadapu Subbaiah Sastry
Founder of Sastry Balm

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SASTRY BALM
gives symptomatic
Relief from :

- 👉 Headache
- 👉 Cold
- 👉 Neck Pain
- 👉 Back Pain
- 👉 Knee Joint Pain



SASTRY BALM, a pain balm invented by **Dr. UKKADAPU SUBBAIAH SASTRY**, who is an ayurvedic doctor in his family with ayurvedic doctors through generations. He began sharing this with his loved ones and patients visiting his clinic for issues related to pain, cold, and headache. Soon, he discovered the potency of this product and obtained a license from the government, branding it as **SASTRY BALM** in 1992. Since then, this product has gained popularity among his patients and locally for its fast and powerful action. It slowly gained popularity among the people, and he planned to go for commercial production. But he faced financial struggles at the Time, and with the help of **smt. AKURATI SWARAJYA LAKSHMI**, his wife, who was working as HEADMISTRESS in C.K. GIRLS HIGH SCHOOL, developed the commercial model for the product.



After the sudden demise of **Dr. SUBBAIAH SASTRY** in 2006, his son **Dr. RAMA MOHANA RAO UVK**, who is studying the B.A.M.S. (ayurvedic doctor) in Sri Venkateswara University in Tirupati, affiliated to N.T.R. University of Health Sciences, located in Vijayawada, took charge of the legacy of both patients and Sastry balm. By 2009, after marrying **RAMANATHAN VIDYA**, who had completed her B.Tech from the renowned K.L.C.E. university, they began laying the groundwork to build the **SASTRY BALM** empire.

They began their publicity efforts slowly, starting with palm plates and small campaigns, as well as medical camps. Both played a key role in increasing the product's popularity. By analyzing the product's potency, he planned to market it statewide and began conducting publicity on satellite channels. It gained popularity among many people due to its efficacy.

The product spread across the state through satellite publicity and word of mouth, primarily reaching the most satisfied consumers. They personally own this product and have started convincing other consumers to use **Sastyr Balm**.

Started with the sale of 250 to 300 units per month in 2009, now **Sastry Balm** is selling around 900000 (nine lakh) units per month only in the Telugu states and growing faster. As you are all aware, COVID-19 has created chaos worldwide and claimed many lives; however, it has also highlighted the need for creativity and new inventions in various fields. And it also allowed **Sastry Balm**. As people began using painbalm for inhalation and application to alleviate cold and breathing difficulties, we offered them the natural choice: **SASTRY BALM**. We worked tirelessly to meet the sudden surge in demand, and our sales have doubled since then. For other companies, the situation is similar to pain balm, but for **Sastry Balm**, it marks a turning point in its market establishment.

As expected, this sale is imminent. We have built a new plant equipped with high-capacity machinery, capable of producing 200 units per Minute. However, we are currently unable to meet the market demand with the existing infrastructure. We have decided to build a new factory of the future, with construction set to begin in 2024 in a prime location with a robust transportation system and state-of-the-art machinery, including robotic packing. This step will definitely help us in our expansion across other states. As many know, in the pain relief field, there are numerous giants competing in the market. We started with no godfather and no golden spoon behind us, and grew to dominate the state as one of the largest sellers of pain relief products in the Telugu states.

In 2021, we made a significant market entry with a new packaging design and a new product size. We initiated production of balm in small containers for rupees 5/-, with a filling volume of 1.7 ml. However, almost all distributors opposed our entry into that segment, as other players were already selling their products at 2/- rupees, which was a great success for them at the Time. However, my calculations differ, and I've convinced them to sell this. Initially, I offered it for free. But for the first year, the sale was a disaster and a big zero. Later, I initiated publicity efforts through video ads and campaigning across primary satellite channels, including the BIGBOSS show. This led to a significant boost in sales to one lakh units per month in 2023. And later in the year, it grew to 5 lakh units per month in 2024, and now we are selling around 1500000 (fifteen lakh units) per month.

INTERNATIONAL QUALITY HEALTHCARE MADE AFFORDABLE IN VELLORE

Naruvi Hospitals, creating new benchmarks in affordable world class health care, spreading its 'Fragrance of Care' in Vellore, and beyond. Naruvi Hospitals, in its operational existence of merely 5 years, has made its mark as a medical institution that sets standards in ethical health care and academics that is at par with decade old institutions in the country.

At a time when technology, artificial intelligence, machine learning and robots are the mainstays of medical treatment, Naruvi Hospitals boasts of the basic tenets of medical practice, namely clinical acumen, laced with the humane touch. Technology is rife across the country in all the hospitals. Naruvi Hospitals has the best of technology too. Naruvi Hospitals continues to live up to its promise of spreading its 'fragrance of care' among the sick and the suffering of Vellore, a destination historically known for medical care. With doctors trained in the best of institutions, who worked in institutes of national and international repute, Naruvi Hospitals is adorned with the best of experts who continue to rely on their clinical acumen, as they strive to touch human lives.

Equipping a hospital that is all of 500000 SF with 500 beds, with the latest technology and the best of equipment was a hurdle that came with a huge price tag. The 'priceless' foundation of principles, morals and ethics ingrained in the very construct and ethos of Naruvi Hospitals has made it an institution that stands tall in the skyline of reputed institutions in the country.



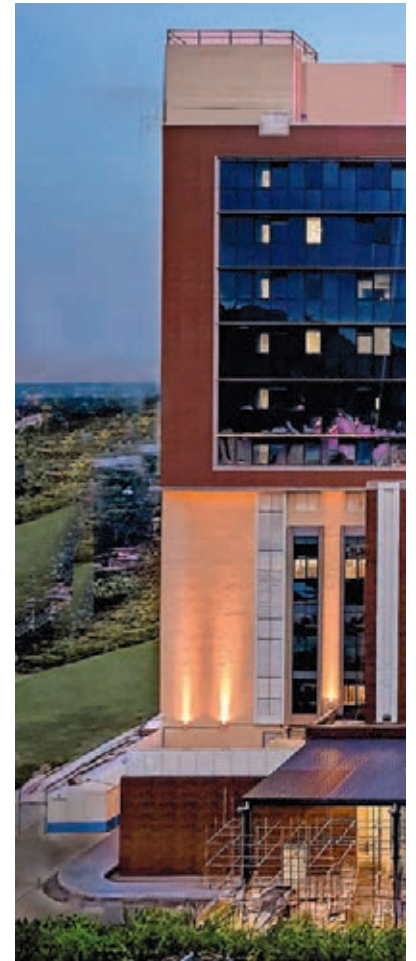
Dr G.V.Sampath

Dr. Sampath's unrelenting commitment to society and mankind gave him the strength to scale these seemingly unsurmountable peaks to realize his dreams of providing compassion and care to the people of Vellore.

Naruvi Hospitals is loaded with technology of the highest order, with the construction itself addressing every basic need of the patient and the medical personnel, so that the best medical care is given to all those who seek treatment at Naruvi Hospitals.

With over 25 medical specialty services, Naruvi Hospitals proudly proclaims that every patient who comes to Naruvi Hospitals is offered complete diagnostic and treatment options, and most importantly, with the quality and expertise that matches institutions the world over.

The specialties include Anaesthesia, Critical Care Medicine and Emergency Medicine, Dental Sciences, Dermatology and Cosmetology, ENT, Geriatric and Internal Medicine, General Surgery,



Paediatrics, Neonatology and more.

The Super-Specialties available are Cardiology, Medical & Surgical Endocrinology, Medical Gastroenterology & Liver Diseases, Neonatal Intensive Care, Nephrology, Neurology, Neurosurgery, Plastic & Reconstructive Surgery, Urology, Interventional Pulmonology, Interventional Radiology and Organ Transplant services for all solid organs. Medical Oncology and Clinical Haematology are very active in Naruvi Hospitals. Radiation Oncology and Bone Marrow Transplantation are soon to be added to this already rich basket of services.

The laboratories and Diagnostic Radiology services are top notch, with the best in-class equipment, the best of trained specialists heading



each of them, with External Quality Assurance Services (EQAS) that ensures standardised quality and reliable reports. All this speaks volumes for the International standards of care that Naruvi Hospitals is all about, says Dr. Sampath, Chairman of the hospital.

Naruvi Hospitals boasts of a strong team of nearly 200 doctors and 800 paramedical and support staff. The various diagnostic and therapeutic equipment in the hospital are all from top-class technology providers.

"Naruvi Hospitals brings ethical, honest and transparent medical care to Vellore, and beyond.

The unique state-of-the-art medical facilities at Naruvi Hospitals include:

- ◆ 3 Tesla Magnetic Resonance Imaging (MRI) scanner with in-bore experience

- ◆ 128 slice CT (Computerised Tomography) scanner that provides clear
- ◆ A dedicated Cardiac Catheterisation facility
- ◆ Interventional Pulmonology, a key discipline that does interventions in the lung and lung related organs, that has made non-surgical management possible in cases, which earlier would have required surgery
- ◆ 15 Modular Operation Theatres, all from HT Labor, Germany, one of the best modular OT manufacturers in the world
- ◆ 'Rosa Robot' for Epilepsy Surgery, a sophisticated equipment from France. This is the third such installation in India
- ◆ A Robotic Catheterisation Suite inside the Operation Theatre, called the

ROBOTIC HYBRID OT, first of its kind in South Asia, also from GE

- ◆ Modular Endoscopic Suites
- ◆ Cabinated ICU with several pods of 7-8 beds in each pod (individual rooms). This is a very effective design to prevent cross infection inside the Critical Care Unit
- ◆ 3D digital Mammography (for breast cancer detection in Women)
- ◆ Dexa Scan (to assess bone strength)
- ◆ 100% paperless and film free Hospital with digital X-ray imaging
- ◆ Pneumatic tube system from PEVCO US, to automatically carry blood samples, medicines etc. from one area to another
- ◆ Dedicated Pharmacy, Blood Bank and NABL (National Accreditation Board For Testing and Calibration Laboratories) accredited Labs, including RT-PCR test, confirmatory test for Covid-19

Less than 18 months from its inception, Naruvi Hospitals has the rare distinction of getting full NABH accreditation, in its maiden attempt.

The Naruvi Hospitals Central Sterile Supply Department (CSSD) is one of only 6 CAHO accredited CSSDs in South India.

Naruvi Hospitals was recognised as a training centre for DNB Courses in Anaesthesia, Radiology, General Medicine and Obstetrics & Gynaecology and DrNB Course in Critical Care Medicine by the National Board of Examinations. This is a testimony to the highest levels of academic excellence Naruvi Hospitals has been able to achieve in such a short period of time.

Naruvi Hospitals owes its successes to the unrelenting efforts of its faculty and staff, who are qualified and accomplished to the highest levels possible, as well as to its unshakeable ethics and moral obligation, to reach out to the not so fortunate people who come there looking for solace, with access to the best, honest and ethical medical care.

www.naruvihospitals.com



The boy who cried wolf

Aesop told the tale of a shepherd boy who, bored of his duties, decided to raise a false alarm. “Wolf!” he cried, and the villagers came running. There was no wolf, only laughter. He tried it again and again until the day the real beast appeared. He shouted for help, but by then, no one believed him.

Indian politics has its own shepherd boy. For more than a decade, he has stood upon his favourite hilltop, waving his arms and warning of monsters that never arrived. Each time, the public gathers, patient and curious. And each time, they discover not the wolf of corruption or collapse, but merely another mirage of melodrama.

The first outcry was over tailored suits and imagined bias—the charge that the government served only the rich. But soon, schemes like Jan Dhan, Ujjwala, and Ayushman Bharat revealed a welfare revolution unfolding beneath the rhetoric. The so-called “suit-boot” government, it turned out, was busy giving shoes to those who had none.

Then came Rafale—a thunderous accusation delivered with moral indignation and political choreography. “Scam!” he shouted, confident the echo would turn into truth. But the highest court of the land and the national auditor both found no trace of wrongdoing. When the people went to the polls, they reaffirmed their faith in the very *chowkidar* he had accused. The wolf, once again, was nowhere to be seen.

Next came Pegasus, the phantom of surveillance that was said to lurk in every phone. Committees were formed, headlines flared, and conspiracy bloomed like monsoon moss. Yet, when the dust

settled, the Supreme Court-appointed panel found no evidence of foul play. The villagers, summoned yet again, trudged back to their lives.

By 2023, the wolf had found a new mask, this time corporate. When the American short-seller Hindenburg released its report attacking India’s home-grown corporate giant, the shepherd boy seized it like scripture. He accused the market regulator of complicity and predicted an economic collapse. The markets steadied, the regulator’s integrity stood firm, and in a twist of poetic justice,

Hindenburg itself later wound up, undone by its own distortions.

Defeat, however, needed new villains. When none could be found among men, machines were blamed instead. Electronic Voting Machines (EVMs) became the convenient culprit for every loss, despite being the same devices that had delivered earlier victories. The shepherd’s imagination had expanded from wolves to wires.

And now, the latest cry is of “vote theft”. Having exhausted every script, the boy has turned upon democracy itself, insisting that the people’s voice has been stolen. There is no proof, no logic, only the weary sound of disbelief. The villagers do not come anymore. They have learned to tell the difference between danger and drama.

Aesop’s fable ends not with the wolf’s triumph but with the boy’s loss of credibility. The shepherd still shouts from his lonely hill, but his words drift unheard across the valley. Truth, once squandered, cannot be restored by volume. In politics, as in life, trust is the only currency that appreciates with silence and evaporates with noise!



Coming Soon

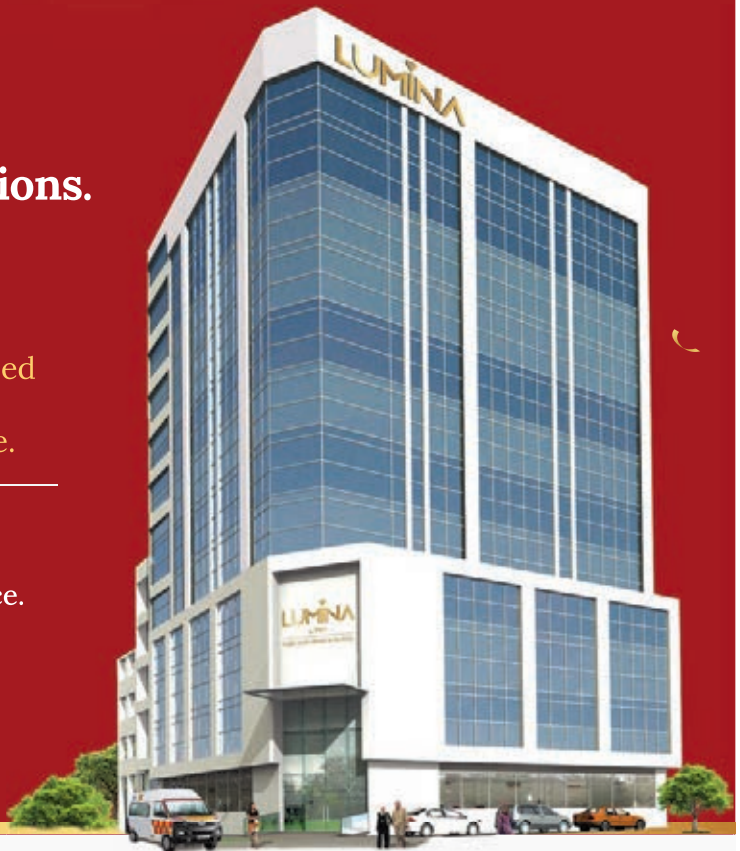

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