



# Ankur

....a seedling for the future growth of NEPAS....

Official Newsletter of Nepal Paediatric Society

Special Issue on the occasion of 40<sup>th</sup> NEPAS Day

## Editorial

Our world has evolved into a global village, enabling individuals from any part of the world to easily communicate and share information with people in remote areas almost instantly. This development has brought people closer together in numerous ways. While it has fostered greater connectivity among many, people have also become more discerning, thus limiting their social circles. Considering both the advantages and disadvantages, our Quarterly bulletin, Ankur, acts as a unified platform for all paediatricians in Nepal. This platform provides you with the opportunity to express your thoughts, showcase your creativity, share intriguing or challenging cases, and contribute to collaborative events. There are no limitations to your participation; Your poems, jokes, short stories, photos, and more can contribute to the future growth of Ankur, much like a tree.

We aspire to expand our influence based on your active involvement and strive for inclusivity across all provinces of Nepal. In a brief span of time, we have endeavored to engage pediatricians from diverse regions, making the bulletin more participatory. Our objective is to stay connected with significant yet unexplored aspects within our professional community. Your engagement and feedback are vital for the enhancement and long-term sustainability of this Bulletin. We hope you enjoy reading it.

Jay NEPAS! Jay Ankur !!

### EDITORIAL BOARD

Advisor/Patron:

**Dr. Arun Kumar Neopane**

Editor in Chief:

**Dr. Santosh Pokhrel**  
[drsantoshpokhrel@gmail.com](mailto:drsantoshpokhrel@gmail.com)

Editors:

**Dr. Love Kumar Sah**  
**Dr. Prakash Jyoti Pokhrel**  
**Dr. Shipra Chaudhary**  
**Dr. Anoop Singh Ranahotra**  
**Dr. Ram Chandra Bastola**



## Newly Elected President's Speech on NEPAS Day 17<sup>th</sup> June 2023

Respected seniors, friends, colleagues, juniors, and others, I am grateful to be unanimously elected as the New President of Nepal Paediatric Society (NEPAS) for the coming two years (2023-2025). I accept this honour with utmost humbleness and happiness.



Since its establishment in 1981, NEPAS has made significant progress, continually expanding its efforts to enhance the healthcare standards for children in Nepal. Each passing year has witnessed the growth of our organization as we remain committed to our primary objective of advancing the quality of children's health. NEPAS has consistently played a comprehensive role, engaging in various initiatives to bolster the well-being of Nepalese children. This includes advocating for healthcare system improvements at a national level, implementing changes in healthcare delivery, conducting community-level activities to raise public awareness about preventable childhood illnesses, and promoting measures to reduce childhood morbidity. Additionally, NEPAS is dedicated to fostering excellence in education, clinical practice, community research, and innovation to elevate the standards of care for children in clinical settings.

Building upon the aforementioned points, it is crucial for the society and its members to unite and actively cooperate, and work collectively towards driving meaningful and positive transformations. We must support this endeavour with our fundamental principles of accountability, transparency, responsibility, fostering mentorship, promoting excellence in research and education, prioritizing the well-being of children, fostering partnerships, cultivating team spirit, advocating good governance, and promoting a sense of camaraderie.

As the President of NEPAS, I will shoulder this newer responsibility and ask for and expect continuous active guidance, feedback, and participation from my seniors, contemporaries, juniors, and national and international alliance members who have been working together with NEPAS in the field of Child Health.

Despite advancements in preventive, promotive, and rehabilitative child healthcare, significant disparities persist in healthcare delivery and outcomes across providers and communities. Variations in the utilization of appropriate healthcare services, discrepancies in care for ethnic and minority children, and concerns about safety and



quality of care are still evident. The volatile political climate, geostrategic dynamics, and socio-economic inequalities directly impact child health, hindering the achievement of strategic objectives outlined by the SDGs. The fragmented three-tier governance system, lacking coordination among different levels of healthcare services, poses challenges to the effective implementation of strategic plans. Insufficient budget allocation for child health programs further impedes their progress. Given these circumstances, the involvement of paediatricians in national-level decision-making processes is crucial.

At this juncture, we must also recognize the significant contribution of private medical establishments and institutions in supporting child health in Nepal and complementing the national child health strategy. We should not underestimate their impact. Countless paediatricians and healthcare workers tirelessly provide specialty and subspecialty services in both urban and rural areas in their own capacity. Similarly, paediatricians working in medical colleges contribute to academics, research, and healthcare services for children in Nepal. However, there is a need for enhanced coordination and cooperation to strengthen and support national policies effectively.

The presence of international sister organizations such as IPA, APPA, SAPA, as well as individual country organizations like IAP, AAP, RCPCH, BPA, PPA, SLCP, etc., plays a critical role in supporting NEPAS in advancing its vision, mission, and objectives. Additionally, organizations like UNICEF, WHO, STC, and others provide further support through government channels or directly, contributing to the enhancement of child health in Nepal. This partnership must continue in the days to come.

It is pertinent to state that our own government bodies and non-government organizations are also vital for NEPAS to function efficiently. MoHP, Department of Health Services, Maternal and Infant Health Division, IPD, EDCCD, NHTC, etc., have always been supportive in the role that NEPAS has been performing, and we are indeed sure that it will continue.

In my role as the newly appointed President of NEPAS, I recognize the significant generation gap that exists among paediatricians, ranging from those who are just starting their careers with immense potential to those who have gained

extensive experience and wisdom. In spite of all these, it is evident that as paediatricians, we still feel somewhat disconnected from each other. To re-establish connections, we must enhance the membership drive, facilitating increased interactions in the areas of academics, policy development, and welfare initiatives. It is important to emphasize the significance of fostering a "fraternal ethos," which entails understanding, respecting, and mentoring one another. Regardless of one's level of expertise, the respect for senior professionals holds utmost importance in any field. Likewise, sharing knowledge and experiences by seasoned individuals helps to keep the flame of knowledge alive.

Last but not least, I assure you that NEPAS will adopt a highly proactive approach in the days ahead. We will diligently address a wide range of issues, including advocating for child health policies in government decision-making, fostering knowledge enhancement, education, and skill development for our members. We are committed to promoting paediatric subspecialty services and workshops, providing regular updates, and facilitating training opportunities for our fellow members. Similarly, we intend to restart the monthly CMEs, republish the quarterly newsletter *Ankur*, start a professional Planning, Research, and Development sub-committee, rekindle the various subspecialty sub-committees, support the provincial chapters, make our social media handles more active, and much more. Furthermore, we aim to encourage clinical and community research, and most importantly, create an even more child-friendly environment. We also welcome constructive criticism and ongoing feedback from our members as we move forward.

My executive team and I will present you all the "NEPAS-Action Plan" for the future very soon, which includes the vision of transformation of this society into an academy, namely the Nepal Academy of Paediatrics (NAP). We have plans to initiate our work soon.

Let's be active, let us meet, let us work, and let us enjoy this journey.

Thank you.

**- Maj. Gen. Dr. Arun Kumar Neopane (Retd)**  
*President, Nepal Paediatric Society*

\*\*\*

## CONTACT

**Office:** NEPAS newsletter section, NEPAS office, Kanti Children's Hospital, Maharajgunj, Kathmandu, Nepal.

E-mail: nepas2010@gmail.com, Tel: 01-4412648

## नेपाली वाङ्मयमा बालरोग विशेषज्ञ डा. नवराज केसीको चर्चित कृति 'शून्यको मूल्य'

**ब**ाल रोग विशेषज्ञ भएर सुर्खेतलाई आफ्नो कर्मथलो बनाउनु भएका डाक्टर नवराज केसी अहिले आएर नेपाली सहित्य संसारमा चर्चित बन्न पुग्नु भएको छ । पहिलेदेखि ग्रीन एण्ड किलन सुर्खेत अभियान चलाइरहनु भएका डाक्टर केसीको यो पुस्तकबारे धेरैले चर्चा गर्नु भएको छ । पुस्तकबारे बुझ्न हामीले कान्तिपुर दैनिकमा सरिता गिरीले गर्नु भएको विश्लेषणको केही अंश प्रस्तुत गर्दछौं ।

किताबका विषय, भूगोल र पात्र कर्णाली क्षेत्रसँग जोडिँदै व्यक्त भएकाले यसलाई 'कर्णाली चिन्ने किताब' नै भन्न पनि सकिन्छ तर यो त यसको एउटा आयाम मात्रै हो । अथाह गरिबी, भोक, दुःख र ती सबैसँग लड्ने बेहिसाब संघर्षको कथा भन्ने कुनै किताब या सिनेमा कहाँ उभिएर लेखिन्छ वा कुन ठाउँमा टेकेर खिचिन्छ, त्यो स्थानिक मात्रै हुँदैन, खास गरी नेपालजस्तो देशका सन्दर्भमा । केही थान पात्र र तिनले भोगिरहेका कठोर स्थितिहरूका माध्यमबाट समकालीन समाजको सिंगो अनुहार र कमजोर अर्थतन्त्रका लुला गोडामाथि उभिएको देशको गति अनुभूति गराउने यस किताबले 'विकास' को प्रचलित मानकमाथिको हेराइ नै बदल्दिने दृष्टि दिन्छ ।

बालरोग विशेषज्ञका आँखाबाट समकालीन समाज पढ्ने चेष्टामा हामी कस्ता देखिँदा रहेछौं ? हाम्रा योजना, राज्यको रातो किताबले खाकामा राखेका विकास लक्ष्य, विकासको 'ग्लोबल मिसन' र हामीले भुक्तमान काटिरहेको परिवेशबीच टुफ्लुक्क आइपुगेर एउटा डाक्टरले हामीतिर फर्केर गर्ने संवाद कस्तो हुने रहेछ ? समाजका फक्ल्यौटा चिरेर, यी हेर्नुस् यो हो हाम्रो असफलता र हामीले व्यक्तिगत/संस्थागत जागरुकता र जिम्मेवारीका ससानै प्रयत्न गर्दा पनि हात लाग्ने सफलता यीयी हुन् भन्न कुन स्तरको संवेदनशीलता चाहिन्छ ? यी सबै कुराको उत्तर डा. नवराज केसीले दिएका रहेछन् आफ्नो किताबमार्फत ।

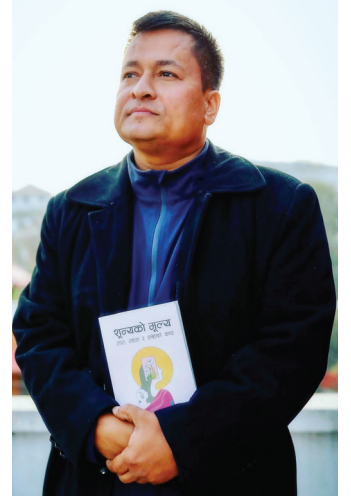
'शून्यको मूल्य' मा मूलतः तीनवटा सरल प्रस्ताव छन् । राज्यले विकास र समृद्धिका नाममा फूलबुट्टे शब्द खिपेर, रातो किताबका पाना भरेर मात्रै समय र पैसा खेर नफालोस् । विकासलाई मानवीय मूल्य र विवेकको उत्थानसँग जोडेर कर्णालीजस्ता राज्यको आँखाबाट कोसौं पर रहेका ठाउँमा साधारण प्रयत्नले फत्ते गर्न सकिने ती प्रस्ताव हुन्- एक, नागरिकमाथि लगानी गर र त्यसका लागि बालबालिकाबाट थाल । दुई, गुणात्मक मातृत्वका लागि बलिया र सुरक्षित महिलाको निर्माण गर । अनि तीन र सम्भवतः यसअघि कुनै पनि सरकार र योजनाकारले नभनेको प्रस्ताव हो- भविष्यको

सबल अर्थतन्त्रका लागि पहिलो र तेस्रो पुस्ताको बाक्लो संवाद हुने परिवार संरचनालाई प्रोत्साहित गर ।

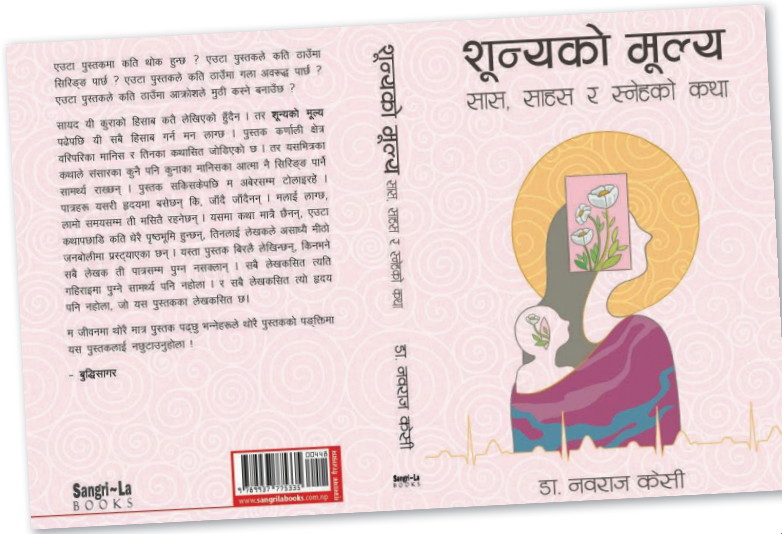
भुनभुनेकी आमा (जसको नाम उनैलाई समेत थाहा छैन), बुधेकी फुपूआमा, भेडिनी कान्छी, पुतली आमा - यी प्रत्येक आमाको कथाका गुम्फनमा तपाईं खास वाद र सिद्धान्त त भेट्न सक्नुहुन्न तर यतिचाहिँ बुझ्नुहोस्, यी सबै पात्रले बाँचेको जीवनलाई साक्षी बनाएर 'विकास' का प्रचलित मानकको समीक्षा गर्न र राज्यका असफलताको जरो कारण पहिल्याउनु लेखकले गरेको जमर्को भने साधारण छैन । पढ्नेहरूको होस-चेत उडाउने यी कथा लेख्ने डाक्टरभित्र संवेदनाका कति विकट रचनागर्भ र त्यसका तहहरू होलान् !

नागरिकमाथि लगानी गर्ने आधार तह हुन्- स्वस्थ आमा र तिनले जन्माउने/हुर्काउने स्वस्थ बालबालिका । स्वस्थ आमा भन्नुको अर्थ आमाहरू मानसिक, सांस्कृतिक र आर्थिक रूपले समेत स्वस्थ हुनुपर्छ भनेको हो । बालबालिकालाई स्वस्थ र तन्दुरुस्त जीवन दिन राज्यले आमाको मानसिक स्वास्थ्यमाथि सबैभन्दा बढी लगानी गर्नुपर्छ भन्ने लेखकको प्रस्तावमा असहमत हुने ठाउँ नै छैन । जुन देशमा आमाहरू घरदेखि समुदाय र समाजसम्म कठोर हिंसामा छन्, जहाँ आज पनि स्त्रीको स्थान ज्यालादारी कामदेखि नागरिकता प्राप्तिसम्मै दोस्रो दर्जामा छ, जहाँ महिलाले आत्मसम्मानसाथ उभिन मात्रै खोज्दा पनि हिंसाको शिकार बन्नुपर्ने अवस्था अझै छ, जहाँ आज पनि महिनावारीजस्तो शरीरको जैविक प्रक्रियालाई विभेदको आधार बनाइन्छ, त्यहाँ महिलाले 'स्वस्थ आमा' बन्ने सुविधा कहिले कसरी पाउलिन् ? यो बहस भने बाँकी नै छ ।

डा. केसीले राखेको तेस्रो प्रस्ताव हजुरआमाहरूले बुढेसकालमा थग्न सक्ने र बनाउन सक्ने उन्नत अर्थतन्त्रसँग जोडिन्छ । परिवार मनोविज्ञान अनुसार पहिलो र तेस्रो पुस्ताबीच संवाद हुने परिवारका बालबालिका स्वस्थ, प्रतिभाशाली र तीक्ष्ण हुन्छन् भन्ने कुराका लागि डाक्टरले सन् २०१४ मा बेलायती प्रधानमन्त्री डेभिड क्यामरूनलाई उद्धृत गरेका छन्, 'हाम्रा हजुरआमाहरूले आफ्नो जीवनको अन्तिम समयमा पनि यो देशलाई करिब सात अर्ब डलर वार्षिक रूपमा कमाएर दिने







दोब्बर हुने तथ्य जोड्दै डाक्टर कल्पना गर्छन्- नेपालका हजुरआमाहरूले बुढेसकालमा नाति-नातिनासँग सामीप्य स्थापित गर्न पाउँदा हाम्रो अर्थतन्त्रमा कत्रो योगदान पुगला ?

आफ्नी हजुरआमासँग गहिरो भावले जोडिएकी बच्चीको उपचारका क्रममा उनले विचार गरेका रहेछन्- हजुरआमाले हुर्काएका बच्चा कृषक, डाक्टर, नेता या अरु कोही पनि बनून्, ती हजुरआमाबिना हुर्केका बच्चाभन्दा धेरै स्वस्थ र सक्षम हुन्छन् । त्यसैले नेपालजस्तो देश र कर्णालीजस्तो क्षेत्रमा हजुरआमामाथि गरिने स्वास्थ्य र शिक्षाको खर्च खर्च होइन, आउने पिँढीको समष्टिगत विकासको लगानी हो । रोजगारी र आर्थिक गतिविधिका लागि दिनानुदिन परिवार खण्डीकरण र एकल परिवारको अभ्यास मौलाएको वर्तमान स्थितिमा हजुरआमा र नातिनातिनी पुस्ता सँगै रहने बस्ने कुरा कति सम्भव होला, यसै भन्न गाह्रो छ । यो परिवार व्यवस्थापनको साधारण समस्या होइन, बृहत् अर्थराजनीतिक जटिलताले घेरिएको विषयसमेत हो । तथापि यो प्रस्तावमाथि सबैको उचित ध्यान जानु जरुरी छ ।

गर्छन् ।' क्यामरूनको यो भनाइसँग 'अक्सफोर्ड ह्यान्डबुक अफ इभोल्युसनरी साइकोलोजी' मा उल्लिखित मानवैतर प्राणीहरू हात्ती, डल्फिन र ह्वेलमा समेत हजुरआमाले दिने पोषण र सुरक्षा हजुरआमाबिना हुकिने बच्चाका तुलनामा

\*\*\*

**POEM**

**स्टेथ स्कोपको क्षितिज**

भाषण धेरै सुनेर पाकी रोएको चोकमा  
 ऐठनमाथि ऐठनले थाकी अनिदो भोकमा  
 स्टेथ स्कोप बोलेछ, घायल हृदय लवज  
 मुटुको व्यथा सहेर कायल आँशुको आवाज:

जन्मियौ जब धर्तीमा तिमी, म सास दिएथें  
 आमाले तिम्लाई काख लिनुअघि म काख लिएथें  
 म भएँ साथ, आँशु र तिम्रा पीडाका घडीमा  
 भाँचेका हड्डी जोडेथें तिम्रा, जिउका कडीमा

चौबिस घण्टा म थिएँ साथ जब थ्यौ अचेत  
 जोर्नीको व्यथा, अर्बुद, पीप, पीडाको संकेत !  
 मृगौला तिम्रो विग्रंदा मैले छानेथें रगत  
 आँखा नदेख्दा फर्काएँ दृष्टि देखाउन जगत !

न विदा न घर, न निजी प्रहर, दैनिक जीवन  
 समाज र तिमी मिलेर चुँड्छौ सपना रिबन  
 यो देहमाथि बर्सिंदा हुंगा तिम्रो मन छुँदैन  
 म मरेपनि म भरेपनि यो शहर रुँदैन

रोगको मूल जरो भेटेर निदान समेट्न  
 विनय गर्दा अस्तित्व भूत आउने लखेट्न  
 गएमा धेरै रुखको नजिक जङ्गल भुलिन्छ  
 विहंग दृष्टि नराखे भुटो उपचार चुलिन्छ

माटोको बाटो फेरिने सपना बुनेको भूमिमा  
 देखिन्न खोज अन्वेषण र क्यै स्टेथ गरिमा  
 पर्खाल ठूलो, खुर्सानी धुलो सहने कसरी  
 छिरेको नयाँ विज्ञान यहाँ रोएछ धरधरी !

भाषण होइन कैले त विज्ञानमार्गलाई चाखिदेऊ  
 सम्मान केही चाहिन्न, थोरै मर्यादा राखिदेऊ  
 शक्तिको पूजा गरेर निदाई, हाँसेर नहाँट  
 जीवन दिने स्टेथको गला रेटेर नकाट

फेरि नि देख्छु, क्षितिजमा ज्योति, हिमाली छायामा  
 अझै नि लेख्छु, विज्ञान मियो, नेपाली कायामा  
 कल्पिन्छु एक उज्यालो बिहान, चक्षुको महिमा  
 स्टेथ स्कोप नरुने कैल्यै यो तपोभूमिमा !



- डा. धर्मागत भट्टराई

डा. धर्मागत भट्टराई नेपालका प्रथम “डाक्टर अफ मेडिसिन” “इन्च्युनोलोजी एवं पेडियाट्रिक र्युमाटोलोजी” विद्यावारिधि विशेष-विज्ञ (superspecialist) चिकित्सक हुन् । उनी हाल इन्च्युनोकेयर एडभान्स्ड सेन्टर फर इन्च्युनोलोजी एण्ड र्युमाटोलोजी, महाराजगन्ज, काठमाडौं तथा ओम अस्पतालमा इन्च्युनोलोजी, एलर्जी एवं बाल बाथजन्य रोग विशिष्टीकृत विज्ञ रूपमा कार्यरत छन् ।

# RCPCH Global

## Nepal Neonatal and Emergency Paediatric Care Programme

- Dr. Love Kumar Sah

We all Paediatricians from Janakpur, Birgunj, Rajbiraj, Bardibas, Lahan, and Sarlahi of Madhesh Province gathered and formed NEPAS Madhesh Province on 02/08/2077. Under the advisory Guidance of Prof. Dr. Hukumdev Sah, Dr. Shyam Sundar Das and Dr. Pramod yadav formed with consensus as president Dr. Baliram Mishra, Vice president Dr. Ashok Das, Secretary Dr. Dipak Gupta, Treasurer Dr. Love Kumar Sah and Members Dr. Shailesh Thakur, Dr. Anand Jha, and Dr. Saroj Kumar Yadav. Since the formation we are regularly conducting Monthly CME and running Nepal Neonatal and emergency Paediatric care programme in Collaboration as a pilot study with RCPCH Global and in coordination with Central NEPAS, Kathmandu.

### Nepal Neonatal and Emergency Paediatric Care Programme

Nepal Neonatal and Emergency Paediatric Care Program (NNEPCP) is a collaborative Program between Nepal Paediatric Society (NEPAS) and Royal College of Paediatric and Child Health (RCPCH Global) with generous funding from Unicef

This is the pilot programme designed to improve newborn and paediatric outcomes and reduce mortality and morbidity through the development of national standards of care and the development of strategic approaches to care quality in 12 Governmental Hospitals in Madhesh Pradesh with the aim to scale up based on results

### Major programmatic scope includes

- Development of national guidelines and protocols based on key causes of mortality and morbidity within the hospital setting.

- Development of remote and virtual modes of training and technical consultation between the Nepal Paediatric Society (NEPAS), Royal College of Paediatrics and Child Health (RCPCH), UNICEF and participating facilities and stakeholders under the aegis of the Ministry of Health and Population (Nepal).
- Delivery of in-situ field hospital-based QI processes – including gap analysis for each participating facility, training, and practical hands-on mentoring supported by teams of NEPAS and RCPCH clinical mentors.
- Continuous monitoring, data-gathering, analysis and hospital-based feedback on key indicators, allowing both for local data-driven action, and programme impact assessment and reporting.



*Programmatic Discussion*



## ARTICLE

## Paediatric Immunology & Rheumatology in Nepal

- Dharmagat Bhattarai

MBBS, MD, DM, FESID

*Advanced Centre for Immunology & Rheumatology (ACIR), Immunocare,  
Maharajgunj, Kathmandu and Om Hospital*

Clinical immunology is often a missed horizon in resource-limited countries. Paediatric immunological and rheumatological diseases (PIRDs) are grossly missed in these settings. These disorders are widely heterogeneous, multisystemic and obscure with overlapping features. Logistic constraints, lack of awareness of IELs among laity and clinicians coupled with low index of suspicion account for a missed diagnosis, late diagnosis, and poor outcome in resource-constrained settings. Inborn errors of immunity (IEIs) (primary immunodeficiencies and immune-dysregulation), allergy, angioedema, immune lymphoproliferative diseases, and secondary immune deficiencies are major subgroups of paediatric immune disorders. Paediatric rheumatological disorders encompass chronic arthritis, connective tissue disorders, autoimmune disorders, vasculitides, autoinflammatory disorders, non-inflammatory musculoskeletal disorders, and reactive diseases. Though they have distinct patterns of presentations, these diseases may seemingly begin with single organ affliction clinically (e.g., pan-uveitis in Behcet disease, allergy in *ARPC1B* deficiency, pyogenic arthritis in PAPA syndrome). Trend of thinking rheumatic diseases only in joint- or skin-related presentation results into missing of huge number of PIRDs. Arthritic diseases contribute only a minor proportion of PIRDs. Exercise to investigate the root cause is highly desirable before labelling any disease as 'idiopathic'. Premature misuse/overuse of steroids or antibiotics in patients with suspected rheumatological diseases without reaching definitive diagnoses may lead to a disaster.

Most of IEIs including immunodeficiencies and immune-dysregulation disorders (IDDs) have varied and myriad presentation and may easily be missed if we do not explore meticulous history since birth and through clinical

examinations. PIRDs must be thought in children with unexplained presentation, conglomeration of systemic manifestations, unexplained hematological/dermatological issues, periodic symptoms, and infections with unusual frequency, severity, or organisms. Some immunological and rheumatological diseases have acute presentations and should be diagnosed and treated promptly (e.g., hemophagocytic lymphohistiocytosis/Macrophage activation syndrome, systemic autoinflammatory syndromes, Kawasaki disease). Horizon of IEIs is ever expanding and more complex nature of presentation of these disorders are explored. IEIs can present at any age group (including adults) depending upon the basic immune defect of the disorder. PIRDs are diagnosable and treatable conditions. If we think about them, life of children with IEIs and IDDd can be changed.

Super-specialty science of 'Paediatric Immunology & Rheumatology' is at its early stage of infancy in Nepal. Lack of awareness and lack of index of suspicion remain as huge barrier for diagnosis. Treating diseases symptomatically or missing the systemic associations result into devastating consequences of PIRDs. Unavailability of adequate and proper diagnostic and therapeutic measures are other worrisome issues. With the availability of subspecialist of this science, PIRDs are recently been diagnosed with increasing frequency and accuracy in Nepal. However, a stupendous iceberg of PIRDs is yet to be explored ahead if we compare population proportionate statistics and currently diagnosed case burden. Level of awareness about PIRDs in Nepal about PIRDs among laity and physicians (2% and 17%, respectively) seems too low in Nepal. So, the clinicians, especially paediatricians should be aware, vigilant, and keep high index of suspicion for PIRDs. PIRDs are not rare diseases. They are around us. Let's think lateral! Think zebra!

\*\*\*

### GLIMPSES OF NEPCON 2023





### GLIMPSSES OF NEPCON 2023



**POEM**

**पेशागत संवाद : चिकित्सक अनि कवि**

- डा. सन्तोष पोखरेल, बुटवल



हाम्रो टाउकोभित्र हुने देब्रे र दाहिने कर्टेक्समध्ये एउटाले साहित्य सृजना गर्ने रैछ अर्कोले मेडिकल विद्या पढ्दो रैछ । दुबैलाई अर्कोको जीवन कति रमाइलो छ आफ्नो चै बर्बाद छ जस्तो लाग्ने रैछ । सुनौं उनीहरू बीचको कुराकानी जस्ताको तस्तै ।

**देब्रे कर्टेक्स (साहित्यिक):**

नमस्कार है दाहिने बन्धु क्या मेहेनत गर्छौं, छत्तीस घण्टे डिउटी पनि फुर्ती साथ टाचौं; मुटु फियो अस्थिरपन्जर खै के खै के पढ्छौं, कैले काहीं त पढ्दा पढ्दै त्यसैसँग ढल्छौं; शुक्ष्म अध्ययन गर्न भनि भित्र भित्रै नियाल्यौं, गर्न मन नि लाग्दैन कि तिमीलाई बसिवियाँलो ॥

**दाहिने कर्टेक्स (मेडिकल):**

म त तिमीलाई हेरेपछि नत्मस्तक नै हुन्छु, कति धैर्य गहकिलो अनि शान्त छौं सम्झिन्छु; मेरो संसार अटाएको छ यही मानव शरीर भित्र, तिम्रो संसार कल्पना सागर - ब्रम्हाण्ड नै विचित्र; मैले गर्छु खोज अध्ययन तथ्याङ्कले केलाउँछु, आफ्नो पना राख्नै नपाउने इथिकल कमिटी समाउँछु; तिम्रो रचना स्वच्छन्द छ खुला सरकमा तैरिन्छ, यसैको रसले उर्जा मिल्छ, लङ्गडो पनि दौडिन्छ ॥

**देब्रे कर्टेक्स (साहित्यिक):**

नभन भाई तिमी पनि लड्छौं मृत्युसँग, दोसाधकोले जीवन पाउँदा कति हुन्छन दङ्ग; रङ्गिन जीवन जिउने बेला डिउटी मात्रै धायौं, त्यसैले त अलङ्कार नि भगवान कै पायौं; बिरामीलाई मलम लाउँदा खुशी हुँदै भुल्यौं, भोक निद्रा सुख सयल भित्रै बाट भुल्यौं; म त फगत विचार कोछु बुझेले गरोस् माया, कैले भित्रै गद् गद् हुन्छु कैले छिया छिया ॥

**दाहिने कर्टेक्स (मेडिकल):**

तिम्रो विचार शक्तिशाली दुनियालाई दृष्टि मिल्छ, हाड छालामा फगत के छ, भावले ज्यान दिन्छ; अजम्बरी कवि बन्छ लोक लोकमा गुन्जिन्छ, लौ भन्नुस् यी वैद्यका पछि अप्सरा कहीं भुण्डिन्छ ? आनन्द जति छ यो कविको रसमा वैद्य विधामा कहाँ छ, नत्मस्तक भै संसार भुल्छ साहित्य साधना जहाँ छ । यी मांशपेसी र कोषिकाको पढाई एक ठाउँमा गई टुङ्गिन्छ, तर साहित्यको अपार गहिराइ भन कहाँ कहाँसम्म पुगिन्छ ॥

**देब्रे कर्टेक्स (साहित्यिक):**

खुशी लाग्छ साहित्यबारे तिमीलाई यति ज्ञान छ, डाक्टरको जस्तो समाजमा कविको कहाँ सान छ; तिमी मेरो परिभाषा बुझ्छौं, मलाई त मेडिसिन शुन्य हो, अरुकै पेशा उचित लाग्ने मनुष्य चोला धन्य हो; पुकार गर्छु अर्को जुनीमा मेडिकलकै कर्टेक्स बन्न पाम, चहराइ रहेका घाउमा किन्तु मैले नि मलाम दल्न पाम ॥

**(देब्रे - दाहिनेको यस्तो कुराकानी सुनेपछि मेरो पुरा दिमागले फ्युजन गरेर निष्कर्ष निकाल्दै भन्छु):**

देब्रे अनि दाहिने कर्टेक्स मिलेर कुरा सुन, दुबै नै अपरिहार्य छौं खुशीसँग जिउन; रुची गर्छ साहित्यतिर हात मुख जोर्न छैन, मेडिकल विधा समातेपछि त्यसको चिन्ता रहेन; चिन्ता मलाई यही कुरा कै, कि फुर्सद मलाई कम छ, यही कम फुर्सदमा पनि कविता कोर्ने दम छ; अब सिक्याछु विरामी हेर्दै लेखनको उर्जा मिल्ने, उसको व्यथा आफ्नो कथा अक्षरम्स सजाउने; लेख्न सक्ने चिकित्सक बन्धु लेखिहाल्नु होला, मेडिसिन साहित्य फ्युजन गर्ने अब आएको छ बेला ॥ मेडिसिन साहित्य फ्युजन गर्ने अब आएको छ बेला ॥

\*\*\*

**NEPAS Executive Committee 2023-2025**

**President**

Maj. Gen. Dr. Arun Kumar Neopane (Retd.)

**Treasurer**

Dr. Keshav Agrawal

**Members**

Dr. Love Kumar Sah  
Dr. Pawana Kayastha  
Dr. Ramchandra Bastola  
Dr. Santosh Adhikari  
Dr. Santosh Pokhrel  
Dr. Smriti Mathema  
Dr. Srijana Basnet  
Dr. Sujeeta Bhandari

**Office Assistant**

Mr. Harikrishna Shrestha

**Immediate Past President**

Prof. Dr. Ganesh Kumar Rai

**Joint-Secretary**

Dr. Sangita Shakya

**Vice President**

Dr. Ram Hari Chapagain

**Joint-Treasurer**

Dr. Deepak Rajbhandari

**General Secretary**

Dr. Prakash Joshi