



RAPTI ACADEMY OF HEALTH SCIENCES

Ghorahi, Dang, Nepal

Tel.:- +977-082-563973, e-mail :- info@rahs.edu.np, website :- www.rahs.edu.np

RAHS Souvenir 2023

Setting new milestones



राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान
RAPTI ACADEMY OF HEALTH SCIENCES

SOUVENIR



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प्रधानमन्त्री

काठमाडौं, नेपाल



राप्ती स्वास्थ्य विज्ञान प्रतिष्ठानले स्थापनाको छैठौं वार्षिकोत्सवको शुभ उपलक्ष्यमा स्मारिका (Souvenir) प्रकाशन गर्न लागेकोमा खुसी लागेको छ।

नेपाली जनताको आधारभूत स्वास्थ्य सेवा प्राप्त गर्ने मौलिक हक बमोजिम प्रतिष्ठानले लुम्बिनी प्रदेश र त्यस क्षेत्र आसपासका जनताको स्वास्थ्य सम्बन्धि विभिन्न विषयमा विशेषज्ञ उपचार सेवामा पहुँच अभिवृद्धि गर्न पुन्याएको योगदानप्रति धन्यवाद व्यक्त गर्दछु।

शैक्षिक सत्र २०७९/०८० देखि यस प्रतिष्ठानले BSc Nursing र BNS कार्यक्रममा पठन पाठन शुरु गरेको र आगामी शैक्षिक सत्र देखि Postgraduate तहमा शैक्षिक कार्यक्रम सञ्चालन गर्न MD (Gynaecology and Obstetrics), MDGP र Orthopedics विषयका साथै Geriatrics विषयमा १ वर्षे Fellowship सञ्चालनका लागि आवश्यक विशेषज्ञ चिकित्सक तथा पूर्वाधार समेतको व्यवस्था गरेकोले उक्त कार्यले आगामी दिनमा स्वास्थ्य क्षेत्रको विकास र विस्तारमा थप महत्वपूर्ण योगदान पुन्याउने विश्वास लिएको छु।

अन्त्यमा, यस स्मारिका प्रकाशनमा संलग्न सबैलाई धन्यवाद दिदै प्रतिष्ठानको उत्तरोत्तर प्रगतिको शुभकामना व्यक्त गर्दछु।

१२ असोज, २०८०

Pushpa
पुष्पकमल दाहाल 'प्रचण्ड'

मोहन बहादुर बस्नेत
Mohan Bahadur Basnet

स्वास्थ्य तथा जनसङ्ख्या मन्त्री
Minister for
Health and Population



नेपाल सरकार
Government of Nepal

स्वास्थ्य तथा जनसङ्ख्या मन्त्रालय
Ministry of Health and Population



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शुभकामना



राष्ट्री स्वास्थ्य विज्ञान प्रतिष्ठानले स्थापनाको छैठौं वार्षिकोत्सवको शुभ उपलक्ष्यमा स्मारिका प्रकाशन गर्न लागेकोमा खुशी लागेको छ ।

नेपाललाई स्वास्थ्य क्षेत्रमा आत्मनिर्भर गराउँदै लैजान, गुणस्तरीय सेवा प्रवाह गर्न, स्वास्थ्य क्षेत्रको विकासका लागि मुलुकको आवश्यकता अनुसार दक्ष जनशक्ति तयार गर्न चिकित्सा विज्ञान तथा स्वास्थ्य क्षेत्रका अन्य विषयहरूमा स्नातक, स्नातकोत्तर तथा विद्यावारिधि तहसम्मको शिक्षा प्रदान गर्ने लक्ष्य अनुरूप राष्ट्री स्वास्थ्य विज्ञान प्रतिष्ठान ऐन, २०७४ बमोजिम स्थापित यस प्रतिष्ठानले स्थापनाको छोटो अवधिमा सेवा विस्तार गरी विभिन्न थप विषयमा विशेषज्ञ उपचार सेवा पुऱ्याएको, BSc Nursing र BNS कार्यक्रम सञ्चालन गरिसकेको र आगामी शैक्षिक सत्र देखि स्नातकोत्तर तहको Orthopedics, Gyane/Obts र MDGP शैक्षिक कार्यक्रम र एक वर्षे Geriatrics विषयको Fellowship सञ्चालन गर्न पाठ्यक्रम तयार गर्नुको साथै आवश्यक शिक्षक, चिकित्सक जनशक्ति र पूर्वाधारको व्यवस्था गरेकोमा हार्दिक धन्यवाद दिन चाहन्छु।

नेपाली जनताको आधारभूत स्वास्थ्य सेवा प्राप्त गर्ने मौलिक हक बमोजिम प्रतिष्ठानले लुम्बिनी प्रदेशका तराई र भौगोलिक रूपमा विकट पहाडी जिल्लाहरूका साथै कर्णाली प्रदेशका केही जिल्लाका बासिन्दाहरूलाई स्वास्थ्य सेवा पुऱ्याउन प्रदेशको एकमात्र स्वास्थ्य विज्ञान प्रतिष्ठानको काँधमा गहनतम जिम्मेवारी रहेको कुरामा दुई मत छैन। नेपाली जनतालाई केन्द्रमा राखी स्वास्थ्य उपचार सेवा पुऱ्याउने कार्यमा प्रतिष्ठानलाई आवश्यक सहयोग गर्न नेपाल सरकार सदा तत्पर रहेको व्यहोरा समेत जानकारी गराउछु ।

अन्त्यमा, यस स्मारिका प्रकाशनमा संलग्न सबैलाई धन्यवाद दिँदै प्रतिष्ठान आफ्नो लक्ष्य हासिल गर्न सफल होस भन्ने शुभकामना दिन चाहन्छु ।
धन्यवाद ।

मोहन बहादुर बस्नेत
मन्त्री



नेपाल सरकार

स्वास्थ्य तथा जनसंख्या मन्त्रालय

(.....शाखा)



फोन नं.

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प्राप्त पत्र संख्या :-

पत्र संख्या :-

चलानी नं. :-

रामशाहपथ,

काठमाडौं, नेपाल ।

मिति :



विषय :-

शुभकामना

राप्ती स्वास्थ्य विज्ञान प्रतिष्ठानको स्थापनाको छैठौं वार्षिकोत्सवको शुभ उपलक्ष्यमा स्मारिका (Souvenir) प्रकाशन गर्न लागेकोमा खुशी लागेको छ ।

हरेक प्रदेशमा एउटा स्वास्थ्य विज्ञान प्रतिष्ठान स्थापना गर्ने सरकारको लक्ष्य अनुरूप राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान ऐन, २०७४ बमोजिम स्थापित यस प्रतिष्ठानले उपचार सेवा विस्तार गरी विभिन्न विषयमा विशेषज्ञ उपचारको व्यवस्था गरेको, BSc Nursing र BNS कार्यक्रममा पढाई शुरु गरिसकेको तथा आगामी शैक्षिक सत्र देखि स्नातकोत्तर तहको Orthopedics, Gynae/Obst र MDGP विषय र १ वर्षे Geriatrics विषयको Fellowship कार्यक्रम संचालन गर्न पाठ्यक्रम तयार गरी आवश्यक विशेषज्ञ चिकित्सक लगायतका पूर्वाधारको व्यवस्था गरेकोमा धन्यवाद दिन चाहन्छु ।

नेपाली जनताको आधारभूत स्वास्थ्य सेवा प्राप्त गर्ने मौलिक हक बमोजिम प्रतिष्ठानले लुम्बिनी प्रदेशका तराई र पहाडी जिल्लाहरुका बासिन्दाहरुलाई स्वास्थ्य सेवाको सहज र सरल पहुँच पुऱ्याउन र स्वास्थ्य संबन्धी अध्ययन अध्यापनको कार्यमा प्रतिष्ठानलाई आवश्यक भौतिक पूर्वाधार, निर्माण तथा विशेषज्ञ चिकित्सकको व्यवस्थापनमा सहयोग गर्न नेपाल सरकार सदा तत्पर रहेको व्यहोरा समेत जानकारी गराउछु ।

अन्त्यमा, प्रतिष्ठान आफ्नो लक्ष्य हांसील गर्न सफल होस् भन्ने शुभकामना व्यक्त गर्दछु ।

डा. रोशन पोखरेल
सचिव



राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान Rapti Academy of Health Sciences

घोराही, दाङ नेपाल (Ghorahi, Dang Nepal)



Message from the Vice Chancellor

I am delighted to put forth this publication of the Souvenir of Rapti Academy of Health Sciences on the occasion of 6th annual day of RAHS. It reflects the tremendous growth of the institute over the years and our perseverance to accomplish its goals and objectives.

RAHS at Lumbini province, following its establishment and till date has made a remarkable growth. The extension of new Emergency block, Maternity ward, Geriatric ward, Medical ward, NICU/PICU and Dialysis ward have enormously addressed the great need of health services of this region. To add on top, we're pleased to have started BSc and BN nursing programs. Also, MD/MS programs will soon be seeing their dawn in RAHS. The exponential growth in patients both in OPD and inpatient is a reflection of proving RAHS as a major tertiary care center of this region.

We are immensely grateful to the local government, provincial government, central government and various organizations who have always been the supporters on the betterment of the institute. With my special thanks to the entire team and staffs of RAHS, working whole heartedly for the betterment of the institute, I believe RAHS will be an established academia of the country in near future.

Thank you.

With best wishes,

Dr. Bikash Lamichhane

Vice Chancellor



राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान Rapti Academy of Health Sciences

घोराही, दाङ नेपाल (Ghorahi, Dang Nepal)



Message from the Rector

It is with immense pleasure and a deep sense of pride that I welcome you to this commemorative souvenir. As the Rector of Rapti Academy of Health Sciences, I am honored to extend my warmest greetings.

This souvenir serves as a testament to the remarkable journey we have undertaken together. It is a repository of cherished memories, a glimpse into the past, and a vision for the future. As we turn the pages of this beautifully crafted keepsake, we are reminded of the dedicated efforts, unwavering commitment, and boundless passion that have defined our institution.

The pages that follow will recount the milestones we have achieved, the challenges we have overcome, and the remarkable individuals who have contributed to our success. This is a celebration of not only the institution but also the spirit and resolve of our students, faculty, staff, and alumni.

The last one year of RAHS was a year of success and pride. We cherish the glory of commencing the academic programs Bachelor of Science in Nursing (BNS) and BSc Nursing. Apart from this many academic activities like workshop seminars and CMEs, CNEs were also conducted. Some remarkable events were faculty development workshop, curriculum development workshops in OBGYN, Orthopedics, Emergency medicine and General Practice (MDGP), Geriatric medicine (Fellowship). Likewise, trainings like Primary trauma care, ethics in health research etc. were accomplished successfully. Our efforts were boundless and we are eagerly looking forward in commencing Postgraduate programs in the year 2024 in various disciplines.

I would like to express my deepest gratitude to all those who have played a part in making this souvenir a reality, from the dedicated editorial and the entire RAHS family. Your hard work and contributions have helped capture the essence of our institution.

Thank you for believing in me, my leadership roles and supporting me and my entire team for these endeavors. Thank you for being a part of our remarkable story, and I look forward to the adventures and accomplishments that await us in the years to come.

Warm regards,
Basant Lamichhane, MD
Rector



राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान Rapti Academy of Health Sciences

घोराही, दाङ नेपाल (Ghorahi, Dang Nepal)



Message from the Registrar

Rapti Academy of Health Sciences (RAHS) was established on the ground of Rapti Sub-Regional Hospital, at Ghorahi, Dang as per the provision of the RAHS Act, 2074 which is permitted by the Parliament of Nepal on October 15, 2017. The objectives of the establishment is to produce the proficient human capital to enhance medical education, research, and patient care with dedicated and skilled faculties and nursing care, excellent infrastructure and sophisticated hospital set up.

As an institute registrar, I have always contributed to upgrading hospital facilities in order to provide outstanding and innovative patient-centred care in the given set up. I have done my best to maintain the system and practice good governance. To maintain excellent standards, RAHS continuously upgrades clinical expertise, medical equipment and the latest diagnostic and imaging services. As an institute's team player, I am providing my best effort to achieve a diversified self-sustaining infrastructure thereby delivering high-quality services and enhancing patient care and research.

Our team has also been operating towards developing a new hospital and the production of skilled medical professionals from both graduate and postgraduate programs. We will always strive to meet the challenges of the future and manage the responsibilities of the medical profession in accordance with the current health care standards.

I would like to specifically acknowledge the professionalism shown by the executive team members, doctors, nurses, paramedics, administrative and supporting staff. Additionally, I would like to express my sincere gratitude to Centre, Province and Local government for their continuous backing.

Thank you.

Mr. Prakash Thapa
Registrar



राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान Rapti Academy of Health Sciences

घोराही, दाङ नेपाल (Ghorahi, Dang Nepal)



Message from the Dean

First of all, it is my pleasure to be a part of third souvenir of Rapti Academy of Health Sciences.

The COVID-19 pandemic has spread around the world, undermining society, the economy and people's mind in unprecedented ways. In Nepal as well, the increase in the number of infected people has greatly affected the delivery of the medical system, and the physical interaction of the medical society has shrunk significantly. The hope to acquire herd immunity by vaccines has as far seen relative success as the death rate has dramatically reduced as compared to the previous waves of infection.

We would like to aim to show the direction of future academic activities as the dawn of a new era of post-corona. First of all, it is important to reconfirm that from this Fiscal Year we have started Bachelor of Nursing (BNS) and BSc Nursing courses. We have fulfilled all the criteria as per MEC. Hopefully we will be bringing the further academic program like MD/MS in few subjects like MS Orthopedics, MD (Obstetrics & Gynecology) and MD (Emergency Medicine & General Practice) this year in our academy.

Lastly, I would like to thank everyone for giving a chance to use this platform. Looking forward for coming edition.

Assoc. Prof. Dr. Sagar Panthi

Dean



राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान Rapti Academy of Health Sciences

घोराही, दाङ नेपाल (Ghorahi, Dang Nepal)



Message from the Director

आदरणीय सबै,

राप्ती स्वास्थ्य विज्ञान प्रतिष्ठानको ६औं वार्षिकोत्सवको उपलक्ष्यमा यस प्रतिष्ठानको निर्देशकिय भूमिका निर्वाह गरिरहेको परिप्रेक्ष्यमा यस अस्पतालमा कार्यरत सम्पूर्ण प्राविधिक एवं प्रशासनिक कर्मचारीको तर्फबाट सम्पूर्ण सेवाग्राही एवं शुभेच्छुकप्रति हालसम्मको विश्वास, साथ एवं समर्थनको निमित्त हार्दिक हार्दिक धन्यवाद ज्ञापन गर्दछु ।

यो ऐतिहासिक दिनले हाम्रो जीवनमा निकै नै महत्वपूर्ण भूमिका निर्वाह गर्दछ र यसले हामी सबैलाई एकताको शूत्रमा बाध्ने र आगामी दिनमा यस क्षेत्रका नागरिकको गुणस्तरीय तथा विशिष्टकृत स्वास्थ्यसेवाका निमित्त थप प्रतिवाद्ध हुने अवसर पनि प्रदान गर्दछ । यो अवसरमा म यस अस्पताल मार्फत समाजप्रतिको आफ्नो दायित्वलाई न्याय गर्ने अभियानमा दिनरात, भोक-तिर्खा नभनी होमिनुभएका समस्त चिकित्सकहरु, नर्सिग कर्मचारी, पारामेडीकल कर्मचारी, प्राविधिक तथा प्रशासनिक एवं सुरक्षा तथा सफाई कर्मचारीहरु प्रति हार्दिक आभार पनि व्यक्त गर्दछु ।

आजको यो अवस्थामा आइपुग्न हामी सबैले अनेकौं आरोह-अवरोहको सामना गर्नुपरेको विषय हामी सबैले स्वीकारेर अनुभूत पनि गरेका छौं र कुनै पनि विषम परिस्थितिमा पनि अविचलित नभइकन समाज र राष्ट्रप्रतिको आफ्नो कर्तव्यप्रति इमान्दार रहदै आएका छौं ।

हामीले द्रुत गतिमा बदलिदो सामाजिक एवं विश्व परिस्थितिमा पनि हामीलाई थप परिमार्जित एवं परिष्कृत गर्दै सेवाग्राहीको पिडामा मल्हम लगाउदै हाम्रो समुदायलाई उच्च गुणस्तरीय स्वास्थ्यसेवा प्रदान गर्ने उद्देश्यमा हामी सधै प्रतिवद्ध रहने विषयमा यसै अवसरमा प्रण पनि गर्दछु ।

डा रमेश कंडेल

कायम-मुकायम निर्देशक

राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान

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Table of Content

• A GLIMPSE ON RAHS	1
• सिकिस्त बिरामी-स्वास्थ्यकर्मीको जिम्मेवारी	11
• Unraveling Alzheimer's Disease: A Layman's Guide	13
• Challenges in Preventing and Controlling of Non-communicable Diseases and Nursing Role	16
• बहुउद्देश्यीय लक्षित राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान, दाङ	20
• नागरिक समाज र राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान	22
• Quality of Patient care	26
• Departments at RAHS (Gallery)	28 to 40
• Drawing- Shreejana Chaudhary BNS (First Batch)	40
• चिया प्रपोजल	41
• Nurses Abroad Oppurtunity or Threat	42
• Anesthesia: Beyond keeping patient to sleep	44
• First Sight, Second Smile, Third Touch and Final Goodbye Dr. Prajwol Bhattarai	46
• स्वास्थ्यकर्मीको पीडा - कविता	46
• महिला विरुद्ध लैङ्गिक हिंसा	47
• राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान	48
• युवा मन - कविता	49
• स्वास्थ्य - कविता	49
• समयले धेरै कुरा सिकाउदैछ - कविता	50
• डाक्टरहरुको अपजसी कर्म - कविता	51
• Drawing	52
• Academic Events (Gallery)	53-54
• Miscellaneous Events (Gallery)	55-56

A GLIMPSE ON RAHS

Rapti Academy of Health Sciences, Ghorahi, Dang is an institution committed to excellence in Medical Services, Medical Education and Research. The Legislature-Parliament unanimously endorsed the 'Rapti Health Science Academy Bill, 2074' on 10 October 2017. Following the government's resolution "One state owned medical college in each province", the bill was passed with the aim of promoting the Rapti Sub-Regional Hospital into Rapti Academy of Health Sciences in Lumbini Province.

This is a landmark step towards expanding medical access to the public in the region. The service will be outstanding, innovative, and patient centered care transforming the health care delivery system in the region. RAHS apart from being the hub hospital of this region, it serves to be the primary tertiary referral centers. Its catchment areas include Kabilbastu, Arghakhanchi, Rukum, Rolpa, Pyuthan, Dang, Salyan, Baanke, etc.

Vision

RAHS will be national leader in education, research and patient care, recognized for supporting and empowering its students and faculty to realize their passion for discovery, healing, health and life and for its ability to transform medical education, health care and research.

Aim

Rapti Academy of Health Sciences (RAHS) has been established by an act of Parliament of Nepal with the following major aims:

- To produce qualified manpower in health sciences starting from undergraduate to postgraduate.
- To provide quality education.
- To provide high quality health service to the people of Nepal. .
- To conduct research in health sciences.
- To expand the specialty health services and research in different parts of the country.

Mission

- To inspire and educate individuals to be exemplary physicians, leaders in medicine, scholars in discovery and adopters in innovative technology to improve the health and well-being of all.
- Patient centered mission is achieved by outstanding medical care and services, ground breaking research, and leading edge medical and biomedical education enriched in a diverse population.

Goals

- Excel in medical and biomedical education
- Excel in medical science and health care
- Provide outstanding, innovative, patient centered care while transforming health care delivery
- Achieve a diversified self- sustaining infrastructure to support future operations

Clinical Health Services

OPD Services: RAHS provide outpatient services (OPD) daily from Sunday to Thursday (Full time) and on Friday (half day). OPD services comprises of General surgery, Medicine, Obstetrics and Gynecology, ENT, Ophthalmology, Dental, Radiology, Psychiatry, Orthopedics, Pediatrics, Physiotherapy, Dialysis and Nutrition. It has recently added "urology subspecialty". As a non- practicing institute of the region, patients may get services through Extended Health Services (EHS) after OPD hour.

Over the past year, RAHS has revolutionized in the hospital health services. The number of OPD patient exceeding more than 700 per day along with increasing number of inpatient and bed occupancy of more than 90 percent is a reflection of RAHS proving itself as a successful tertiary Center.

The modern Operation Theatres, ICU, Dialysis Unit, NICU/ PICU, Maternity Unit, Emergency Ward, Geriatric Ward, Pediatric Ward, Medical Ward, Post Op Ward, Private cabin provides better glimpse of

how RAHS has metamorphosed in such a short span of time. Away with the evolving changes in the infrastructure, increasing number of human (HR) resources has definitely been a great support in executing quality services to the people of this region. Today RAHS stands to be a family of 435 members.

Major and Minor Departments at RAHS

Medicine and Geriatrics

Department of Medicine serves the patients with medical issues of various organ systems. The various services provided by the department are as follows:

- a) OPD for communicable and non-communicable disease through Pulmonology, Cardiology, Hematology, Nephrology, Neurology, Gastroenterology, Hepatology, Infectious disease, Endocrinology services.
- b) In-patient Medical Ward
- c) Geriatric OPD and Geriatric Ward
- d) Day care procedures including Hemodialysis, Endoscopy services, ECG and Echocardiography services.
- e) Services to people living with HIV through ART clinic
- f) Services to people diagnosed with Tuberculosis through DOTS clinic.

Services to people diagnosed with Sickle Cell Disease and Thalassemia through Social Service Unit.

General Surgery:

General Surgery is a major department in RAHS which provides various kind of services in Out patient department and inpatient department. Ranges of surgeries performed in the department includes minimal invasive GI surgeries such as Laparoscopic cholecystectomy and appendectomy, thoracic and vascular surgeries, plastic and reconstructive surgeries, breast surgeries, pediatric surgeries. All kind of life saving emergency surgeries from head to abdomen were performed. Recently, Urology a subspecialty services is added that provides all kind of uro services. It is such a great privilege to initiate urology in RAHS.

Orthopedics & Traumatology

Skeletal frameworks are formed by bones around which various body organ are placed. It gives us a form and also helps us to move around and perform necessary actions. However, bones can become weaker & joints can be worn out and injured if they are not well taken care of.

At RAHS, we can take care of any problem you may face in your bones; joints. The team of orthopedic surgeons in our department can take care of any difficulties arising in your bones; joints and help solve your problem so that you can get back to your normal life & live it to the fullest.

Department of Orthopedics & Traumatology at RAHS is renowned for the sophistication, yet patient friendly treatment. At RAHS, we have treated and have a series of successful joint replacements. With the well trained surgeons in joint replacement, we are able to cater almost all orthopedic needs of our patients, simple or complicated.

The back which holds the body is a vital organ and the back-ache is one of the common complaints the patients come to the hospital for. Our specialized team of surgeons evaluate the patient's thoroughly and are treated either with medicine, physiotherapy. Beside this our team has successfully treated operative management of spinal injuries patient.

A dedicated team of trauma surgeons take care of trauma, which mostly involves the limbs and the bones. With no delay, the surgeons manage trauma immediately and procedures are planned and executed so that the patient can have early recovery and less chances of complications.

Obstetrics and Gynecology

We believe

“Transforming Communities by Enhancing Women’s Health.”

The health of women is not only her capital but in a true sense it is also the capital of a community, a province, a country and the world. This belief of Department of Obstetrics and Gynecology at Rapti Academy of Health Sciences, Dang establishes itself as one of the largest and busiest department of RAHS. Apart from imparting quality care to the people of Lumbini Province as well as Karnali Province, our effort serving the communities have been emphasized on proper counseling, safety, patient autonomy and privacy as well.

Our Services at RAHS

A. Out Patient Department

- (i) Antenatal clinic
- (ii) High risk Antenatal Clinic
- (iii) Well Women and HRT
- (iv) General Gynecology
- (v) Immunization and Family Planning
- (vi) Cancer Screening
- (vii) UV Prolapse Screening and Management

B. Inpatient

- (i) Gynecology and Obstetrics Wards
- (ii) ICU
- (iii) Operation Theatre
- (iv) Post-operative ward
- (v) Private ward

C. Maternal and Child Health Care (Safe Motherhood Program)

- 24 hour services available
- under safe mother hood program
- (i) High risk Antenatal ward
- (ii) Pre-delivery Antenatal wards
- (iii) Post natal wards
- (iv) Abortion Services (Post abortive care – PAC)
- (v) Counselling Room
- (vi) CTG Services
- (vii) NICU, PICU

D. Procedure/ Operative Services

- (i) Hysterectomy (Total, Subtotal, Vaginal)
- (ii) Myomectomy
- (iii) Laparotomy
- (iv) LSCS
- (v) Hydrotubation, Marsupialization
- (vi) D/ C, uterine exploration, etc.

Academy Activities:

We currently are involved in training and teaching paramedics (like HA, SN) and MBBS students (Pre-intern and internship) allocated from MOH (Ministry of Health and Population)

Our Activities:

1. CME
2. Bed Side Teaching
3. Problem Based Learning
4. Medical Audits

Pediatrics

Children are the future heritage of every nation who is going to take responsibility of the various aspects in near future. For this universally accepted concept, health and wellbeing of every child is the top priority of nation. Due to poverty, unemployment and illiteracy, pediatric population are being deprived of basic, essential and emergency health services in developing and resource limited nations like Nepal. To address and solve this urgency, RAHS has been regarding Pediatrics department as special part of hospital services since its establishment.

With the mission of '**Dedicated to serve every child with trust and love**', Department of Pediatrics has been providing quality, evidence based, point of care and patient centered care for different age group of children who visit RAHS from wide geography of western Nepal with firm belief and expectations.

Available Services

1. Outpatient Department

Day wise different subgroups of patients

Sunday, Thursday, Friday - General Pediatrics

Monday, Wednesday - Pulmonology

Tuesday, Thursday - Neonatology

2. Inpatient

a. General Pediatric Ward[10 bedded]

b. Neonatal Intensive Care Unit[8 bedded]

c. Pediatric Intensive Care Unit[8 bedded]

d. Nutrition Rehabilitation Home[6 bedded]

3. Emergency service

Three Pediatric friendly beds with monitors are allocated in newly opened well equipped ER where sick child are stabilized and transferred to respective areas.

Department of Emergency Medicine and General Practice

Department of Emergency and General Practice is the major department of any hospital and academic health institutions with high responsibility.

The mission of RAHS Department of Emergency And General Practice is to deliver outstanding emergency and OPD care for our patients through excellence in clinical care, education, research and innovation.

RAHS hospital has been providing 24-hour accessible, high-quality emergency services for the patients with non-urgent to life-threatening illnesses and injuries. We provide the best possible care for all patients with a holistic approach. Our 30 bedded emergency department is equipped with 17 cardiac monitors, center supply of oxygen and suction ports and well equipped minor operation theatre with 2 beds. We provide bedside e.FAST and echocardiography services for critically ill and trauma patients. Beds and spaces are separated as Red, Yellow and Green zones, patients are kept in appropriate beds after triage.

Department of Emergency and General Practice is staffed with 2 Professors, junior faculties, medical officers, paramedics and other trained supporting staffs.

Doctors and staff duty room is located inside the department for easy availability of medical personals round the clock.

We also provide OPD services 6 days /week for all types of patients.

This department sees approximately >30000 patients (21000 emergency and 9000 OPD) cases/ year.

Academics:

We are involved in training and teaching paramedics (HA, SN) and MBBS students (Pre-intern and internship) allocated from MOH (Ministry of Health and Population) and BN and BSc Nursing students.

Postgraduate program:

The Postgraduate program for General Practice and Emergency Medicine (MDGP/EM) will be started under our department this year once approved by MEC. The curriculum is not only limited to medical expertise but also other competency domains like coordination, communication, leadership, professionalism, collaboration and health advocacy, which are vital for a competent GP/EM specialist.

Training:

We are conducting following trainings

- Basic Life Support
- ACLS
- Primary Trauma Care
- CME programs

Otorhinolaryngology (ENT-HNS)

The Department of Otorhinolaryngology (ENT-HNS) deals with a broad spectrum of Medical as well as Surgical Treatments for ear, nose and throat related problems for the patients from Lumbini Provinces, Karnali as well as from certain parts of India (Boarder Area). The department of ENT-HNS of RAHS is a combination of Innovation expertise and excellent patient care.

Facilities

The Department of ENT is equipped with sophisticated operating Microscopes, diagnostic Endoscopes and Audiology labs.

Treatments

We have a wide scope of skills for treating various diseases of Ear, Nose and Throat.

Endoscopic as well as Microscopic Surgery

- Myringoplasty
- Tympanoplasty
- Mastoid Surgery
- Ossiculoplasty

Nose

Functional Endoscopic Sinus Surgery (FESS)

Septoplasty

Rhinoplasty

Throat

Tonsillectomy + Adenoidectomy

Thyroid Surgeries

Parotid

Submandibular Gland Surgeries

Oesophagoscopy

Bronchoscopy

Urology

It is a new subspecialty added in the hospital service with the aim of providing care in urological disease. Services provided here includes minimal invasive surgeries that includes PCNL, cystolithotomy, cystoscopy, TURP etc. This department hopes to provides highly standard services.

Ophthalmology

The Ophthalmology department of RAHS provides comprehensive range of medical & minor surgical eye care, dedicated to protection, preservation, enhancement & restoration of vision, for all age groups. Here, at RAHS, our team provides individual attention and treats each patient with their needs in mind. Our team helps patients with refractive errors, dry eyes, glaucoma, cataract, retina problems and other eye diseases. We are committed to initiate cataract surgery with intraocular lens implantation in the near future.

Our integrated health system also enables us to collaborate with physicians and other specialists to develop a tailored treatment plan to help preserve, improve or restore vision.

We have one ophthalmologist, one optometrist, two ophthalmic assistants and one office assistant within the department who are diligently dedicated in OPD to offer quality eye services. We have an optical station installed within the department which facilitates us in providing glasses to patients within the premises.

Pathology

Central laboratory Department is the largest department of RAHS comprising of 25 staffs and equipped with modern fully automated instruments. Our Central Laboratory is a primary part of medical service and plays crucial role in early detection, diagnosis and treatment of patient. We aim to provide uncompromising quality results in diagnostic medicine for the people of Lumbini Province.

Our Services at RAHS:

1. Fine Needle Aspiration Cytology (FNAC) & Fine Needle Biopsy (FNB) for diagnosis of various diseases including cancer.
2. Exfoliative cytology test for detection of various diseases including cancer.
3. Cervical cancer screening with PAP smear
4. Peripheral blood smear examination for detection of blood disorders like anemia, clotting/coagulation disorder, infections and blood cancer.
5. Hematology/Biochemistry tests like Complete blood count, Cardiac Troponin Thyroid function test, Renal function test, Liver function test, Lipid profile, Diabetes screening, Serology for HIV, Syphilis, Dengue, Hepatitis etc.
6. Parasitology, Culture and sensitivity testing.

7. PCR test for Covid-19/Gene Xpert for Tuberculosis

9. Other services and activities:

i. Training and teaching paramedical laboratory technicians (BMLT, CMLT) during their internship training

ii. Involve in laboratory research and publications.

10. Services to be added in near future are Histopathology, Bone marrow aspiration and Biopsy, Blood bank service including immunology screening, serology and ELISA test

Radiology and Imaging

"We work to provide quality radiological services for best patient management"

This well-equipped department is one of the largest departments at RAHS, the only public medical institution to have these services in the Lumbini province and west part of the country, providing qualitative and quantitative services to people residing in Lumbini and Karnali provinces.

Our Services

A. DIGNOSTIC RADIOLOGY:

1. ULTRASOUNG (USG) Service:
2. X- RAY Service
3. Computed Tomography (CT) Service
4. Magnetic Resonance Imaging (MRI) Service
5. Image guided procedure

B. INTERVENTIONAL RADIOLOGY

Image guided therapeutic procedures

1. Drain placement.
2. Image guided therapeutic drainage.
3. Image guided PTBD, PCN placement

Psychiatry

RAHS is the only hospital in Dang district to provide regular psychiatric services with notion that mental health is an integral part of health care system.

In Nepal where there is 0.22 psychiatrist for one lakh population currently department of psychiatry, RAHS is able to facilitate the services. Newer service such as ECT has been started.

This department provides outpatient as well as inpatient services. These services include treatment and management of depressive disorder, anxiety disorder, psychotic disorder, seizure disorder, alcohol use disorders and others. Besides, services as counseling and psychotherapies are also available. Along with residents of dang, patients from Rolpa and Rukum are also making psychiatric care visit.

In near future we plan to extend services as EEG, community services, etc. and aim to minimize unmet mental health needs.

Anesthesiology & Critical Care

The department was established with the academy in 2017. It provides regular hospital services in form of Anesthesia for Elective and Emergency Surgeries, Day Care anesthesia, pre anesthetic checkup, intra and post-operative pain management.

The department takes charge of 10 bedded ICU patients and attends call for critical care in emergency and

other departments in the academy.

The department is up next to continue medical education, acute and chronic pain management service, research activities, anesthesia for modified electroconvulsive therapy and expand ICU beds and services as per need. Procuring further advanced equipment's and strengthening its current services are in the minds in addition to continuing the excellence in education and research activities.

Services:

Anesthesiology -> Routine, Emergency & Day care Anesthesia.

--> Preanesthetic Check up.

--> Post operative pain management

Intensive Care Unit-> Covid and non covid.

Forensic Medicine

Forensic Medicine is a field of medicine which acts as a bridge between medicine and law and this department has been dealing with various medico-legal cases.

Services that we provide:

- Medicolegal autopsies,
- Age Estimation
- Injury examination
- Drunkenness examination
- Medicolegal examination of victim and perpetrators of sexual assault
- Torture victim examination and various other medicolegal cases.

Similarly, other gender-based violence related cases are also being frequently examined in OCMC.

This department is being headed by Forensic Medicine Specialist Dr. Bibhuti Sharma and is being assisted by various efficient medical officers. The Department has also been helping the legal system frequently by visiting the court as an expert witness. It has almost all the necessary equipment's for conducting medico legal autopsies and sample collection. There are also facilities for the storage of dead bodies.

This department is in its growing phase and has planned to develop Toxicological Garden where we can grow various plants of Toxicological values so that undergraduates and Postgraduates can learn toxicology and also has planned to establish museum for teaching learning process.

Dermatology

- Dermatology Department in RAHS provides care for Medical and Surgical dermatology problems.
- Department provides services for Skin, hair and nail related disorders, Venereal diseases and Leprosy and related problems.
- Procedures performed in the department :
 - Skin Biopsy
 - Electrosurgery
 - Radiofrequency surgery
 - Intralesional Injection
 - Dermal rollers
 - Fractional CO2 Laser
 - CO2 laser surgery
 - Cryotherapy
 - Mole excision
 - Immunotherapy

- Chemical Peeling
- Vitiligo surgery
- Scar Management
- Scooping
- Cyst excision
- Chemical cautery

Dentistry

Our department deals with screening, diagnosis, prevention, and treatment of oral health; diseases of teeth, gums, and supporting structures; and diseases of the soft tissue of the oral cavity.

Services that we provide from our department:

- Regular dental check up
- Oral prophylaxis and OHI (Scaling)
- Extraction of mobile teeth and those teeth that cannot be restored
- Restoration/filling of decayed tooth
- Endodontic procedures (Root canal treatment, pulpectomy)
- Replacement of missing teeth
- Minor and major surgical procedures
- Periodontal surgery
- Correction of misaligned or irregularly placed teeth

Academic Programs

Programs	Commencing on	No. of Batch	Total students
BSc Nursing	Running	1 st and 2 nd	40
BN Nursing	Running	1 st and 2 nd	40
MDGP	Waiting for approval		
MS (Orthopedics)	Waiting for approval		
MS (Obstetrics and Gynecology)	Waiting for approval		
Fellowship in Geriatric Medicine	On process		

Research Activities

1. On the process on accreditation of institutional review committee (IRC) from Nepal Health Research Council (NHRC)
2. On process of publishing Journal of RAHS
3. Various teachings related to research activities.

Executive Council



*Dr. Bikash Lamichhane
Vice Chancellor
Chairperson*



*Dr. Basant Lamichhane
Rector / Member*



*Dr. Sagar Panthi
Dean / Member*



*Dr. Ramesh Kandel
Officiating Director/
Member*



*Mr. Prakash Thapa
Registrar /Member
Secretary*

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Rector, Rapti Academy of Health Sciences — Chairperson*
- 2. Professor Dr. Kedar Prasad Baral,
President, Service Commission Patan Academy of Health Sciences, Lalitpur — Member*
- 3. Prof. Sarala K.C.,
Dean (School of Nursing), Patan Academy of Health Sciences — Member*
- 4. Prof. Ambika Paudel,
Nursing Coordinator, Rapti Academy of Health Sciences — Member*
- 5. Assoc. Prof. Dr. Ramesh Kandel,
Head of Department, Department of Medicine, RAHS — Member*
- 6. Dr. Rajan Shakya,
Head of Department, Department of Anesthesiology, RAHS — Member*
- 7. Dr. Bom B.C.,
Head of Department, Department of Radiology, RAHS — Member*
- 8. Dr. Sagar Panthi, Dean, RAHS — Member Secretary*

सिकिस्त बिरामी-स्वास्थ्यकर्मीको जिम्मेवारी



प्रा. डा. नारायण सिंह गुरुड
HOD, Emergency
Medicine & General Practice

स्वास्थ्यकर्मीको पहिलो प्रमुख जिम्मेवारी अर्थात कर्तव्य बिरामीलाई मृत्यु हुन बाट जोगाउने प्रयास गर्नु हो भने दोश्रो कर्तव्य अपाङ्ग हुन बाट जोगाउने प्रयास गर्नु हो । कर्तव्य निर्बाह अरुका लागि हैन, आफ्नै लागि गर्नु पर्छ । के हामी स्वास्थ्यकर्मी बिरामी हुँदैनौ र ?

मृत्यु बाट जोगाउन मृत्यु कसरी हुन्छ ? जानकारी हुनु आवश्यक छ । जन्म पश्चात मृत्यु तीतो यथार्थ हो । मृत्युको सर्वमान्य विश्वव्यापी परिभाषा छैन । मृत्यु प्रमाणित गर्न स्वास्थ्यकर्मी वा चिकित्सकले परिक्षण गर्ने पर्छ भन्ने छैन । सामान्यतया ५ मिनट भन्दा बढी समय सम्म कुनै पनि शारिरिक वा मानसिक प्रतिक्रिया नदेखाउने, मुटुको धड्कन वा नाडी को चाल नभएको, सास नफेरिरहेको व्यक्तिलाई मृत भनिन्छ ।



तर कुनै पनि शारिरिक वा मानसिक प्रतिक्रिया नदेखिनु, सास(प्रश्वास, नाडीको चाल, मुटुको धड्कन, तथा रक्तचाप मापन नहुनु, आँखाको नानी ठुलो हुनु तथा कुनै प्रतिक्रिया नदेखिनु, कमसेकम ५ मिनट भन्दा बढी समय सम्म इसिजिको रेखा सिधा हुनु जस्ता मृत्युका चिन्हहरू प्रमाणित नभए सम्म बिरामी को मुटुको धड्कन रोकिएको (Cardia arrest) ठान्नु पर्छ र कार्डिओ-पल्मुनरी रिससिटेसन (cardio-pulmonary resuscitation) गरेर बिरामीलाई जोगाउने प्रयास गर्नु पर्छ ।

जब मुटुले सदाका लागि काम गर्न छोडेको प्रमाणित हुन्छ तब बिरामीलाई मृत घोषित गरिन्छ । के साच्चै मृत घोषित गरिएको ब्यक्तिको मुटुले फेरी काम गर्न सक्दैन त ? नेपाली मूलका डा. कुमुद धिताल र उनको टीम ले मृत घोषित ब्यक्तिको मुटुलाई फेरी ज्युदो पारेर सफल प्रत्यारोपण गरी दुनियाँलाई आश्चर्यचकित तुल्याइ दिएका छन । यस प्रकृत्यामा अक्सिजन र पोषक तत्व अत्यधिक भएको भोल राखिएको Heart in box नामक भाडोमा मृत ब्यक्तिको मुटुलाई डुबाउदा अचल मुटु फेरी चलन थाल्छ । के यो भोल अमृत होइन त ? यसैले भन्न सकिन्छ मृत्यु रहस्यमयी छ ।

हाम्रो शरीर कसरी बनेको छ ?

हाम्रो शरीर कसरी बनेको छ ? प्रश्न सोध्ने हो भने सहजै उत्तर प्राप्त हुन्छ हाम्रो शरीर कोशीका बाट बनेको हुन्छ । तर नपढेका बुढापाकाहरू लाई सोध्ने हो भने हाम्रो शरीर हावा, अन्न र पानी बाट बनेको छ भन्ने उत्तर प्राप्त हुन्छ । आकस्मिक अवस्थामा गरिने उपचारको आधार पनि हावा, अन्न र पानी को सन्तुलन मिलाउनु नै हो । यी तीनै तत्वको सन्तुलन मिलेन वा कुनै पनि रोगले यी तीन तत्वको सन्तुलन बिगारिदियो भने ज्यानै जाने आकस्मिक अवस्था उत्पन्न हुन सक्छ ।

मृत्यु कसरी हुन्छ ?

भनिन्छ संसारमा असम्भव भन्ने केही छैन तर प्राण वायु बिना जीवन असम्भव छ । तर कस्तो अचम्म ! यस्तो जीवनरक्षक औषधी oxygen महत्वका साथ औषधी विज्ञान (Pharmacology) मा समेत पढाईदैन । हामी सबैले बुझ्नु पर्छ ? मृत्युबाट जोगाउने सबै भन्दा महत्व पूर्ण औषधी प्राणवायु हो । हामी सहजै अनुमान गर्न सक्छौ, हाम्रो देशमा मृत्युको प्रमुख कारण बायु मण्डलमा जताततै पाइने प्राणवायु आकस्मिक अवस्थामा औषधीको रुपमा उपलब्ध नहुनु हो । जेहोस कोभिडको महामारी पछि

प्राणवायु को उपलब्धता बढेको छ ।

कहाँ पाईन्छ प्राण वायु ?

हामीले श्वास फेर्ने हावा मा २१% सम्म अक्सिजन पाईन्छ । भूयाल ढोका बन्द गरिएको कोठा, भिडभाड भएको ठाउँमा अक्सिजनको मात्रा कम हुन्छ । यसैले कुनै पनि बिरामीलाई चिसो नहुने गरी हावा खेल्ने ठाउँमा राख्नु पर्छ । बिरामीको वरिपरि भिड-भाड गर्नु हुँदैन ।

औषधीको रूपमा प्रयोग गरिने अक्सिजन सिलिन्डर अथवा उत्पादन गरिने ठाउँबाट पाइपद्वारा बिरामीसम्म पुर्याइन्छ । बायु मन्डलमा भन्दा बढी प्रतिशतमा आवश्यकता अनुसार बिरामीलाई अक्सिजन दिने पद्धती लाई अक्सिजन थेरापि भनिन्छ । रगतमा अक्सिजनको मात्रा कम भयो भने गरिने उपचार हो अक्सिजन थेरापी । ज्यानै जान सक्ने अवस्थाका जुन सुकै बिरामीलाई अक्सिजन दिनु पर्दछ ।

अन्न अर्थात चीनी शक्तिको श्रोत हो । कतिपय अवस्थामा रगतमा चीनीको कमी मृत्युको कारण बन्न सक्छ । होस गडबड भएका वा बेहोस जुनसुकै बिरामीको रगतमा चीनीको मात्रा तुरुन्तै जाच गरीहाल्नुपर्छ । चीनीको मात्रा कम भएमा तुरुन्तै डेक्सट्रोज दिनु पर्छ चीनी,अक्सिजन, लबण तथा अन्य औषधीहरु कोशीका सम्म पुर्याउने माध्यम पानी अर्थात भोल पदार्थ हो । भोल पदार्थ (Normal saline, Ringer lactate, DNS etc.) लाई शरीर भित्र पठाएर गरिने उपचार बिधिलाई फ्लुड थेरापी भनिन्छ ।

यसैले कुनै पनि सिकिस्त बिरामीलाई हावा अर्थात अक्सिजन, आवश्यकता अनुसार अन्न अर्थात ग्लुकोज तथा लबण र जीवन रक्षक औषधीहरु कोशीका सम्म पुर्याउने माध्यम पानी अर्थात भोल पदार्थ मात्रा मिलाएर तुरुन्तै दिइहाल्नु पर्दछ । समस्याको कारण पत्ता लगाएर उपचार गरिहाल्नुपर्छ ।



The man told his doctor that he wasn't able to do all the things around the house that he used to do. When the examination was complete,

He said, "I can take it. Tell me in plain English what is wrong with me."

"Well, in plain English," the doctor replied, "you're just lazy."

"OK," said the man. "Now give me the medical term so I can tell my wife."

Why do surgeons wear masks?

So no one will recognize them when they make a mistake

Unraveling Alzheimer's Disease: A Layman's Guide



*Dr Ramesh Kandel
Geriatrician,
Officiating Director*

Introduction

Alzheimer's disease is a formidable adversary that strikes at the very core of what makes us human - our memories, our ability to think, and our capacity to recognize our loved ones. This essay aims to explain Alzheimer's disease in simple terms that anyone can understand. We'll explore what it is, what causes it, how it affects people, and what can be done to help those living with the condition.

I. What is Alzheimer's Disease?

At its core, Alzheimer's disease is a brain disorder that slowly steals a person's memory and thinking skills. Imagine your brain as a complex computer that stores your life's memories and processes your thoughts. Alzheimer's disrupts this computer, causing it to malfunction over time.

II. The Brain's Building Blocks

To understand Alzheimer's, you need to know a bit about the brain's building blocks: neurons and synapses. Neurons are like the brain's messengers, and synapses are the bridges they use to communicate. Imagine them as a vast network of tiny cables connecting different parts of your brain.



III. The Role of Plaques and Tangles

In Alzheimer's disease, harmful substances build up in the brain. Two troublemakers are beta-amyloid plaques and tau tangles. These are like the "junk" that clogs up the communication lines between neurons, causing them to misfire and eventually die.

- Beta-amyloid plaques: These are sticky clumps that gather outside neurons and prevent them from talking to each other.
- Tau tangles: These are twisted fibers that form inside neurons and disrupt their normal function. Think of beta-amyloid plaques as gum stuck to the wires and tau tangles as knots in the cables, making it difficult for information to flow.

IV. How Alzheimer's Disease Progresses

Alzheimer's usually starts quietly, with subtle memory problems and mild confusion. Over time, it becomes more serious, impacting various aspects of a person's life.

1. Memory Loss: People with Alzheimer's often forget things, like where they placed their keys or

the names of their loved ones.

2. **Trouble with Tasks:** Simple tasks, like cooking a meal or paying bills, can become overwhelming as the disease progresses.
3. **Getting Lost:** Some individuals may wander and get lost, even in familiar places.
4. **Changes in Behavior:** Alzheimer's can alter a person's mood and behavior, leading to irritability, confusion, or even aggression.
5. **Losing Independence:** As the disease advances, individuals may need help with daily activities like bathing, dressing, and eating.

V. Risk Factors

Certain factors increase the risk of developing Alzheimer's disease:

1. **Age:** Aging is the most significant risk factor. Alzheimer's is more common in older adults.
2. **Genetics:** While not everyone with a family history of Alzheimer's will develop it, there's a genetic component that can increase the risk.
3. **Lifestyle:** An unhealthy lifestyle, including lack of exercise, poor diet, smoking, and excessive alcohol consumption, may contribute to the risk.

VI. Diagnosis

Diagnosing Alzheimer's can be challenging. Doctors use a combination of methods to assess memory, thinking, and behavior. They may perform tests, ask about medical history, and involve brain scans. An accurate diagnosis is essential to rule out other conditions and start appropriate treatment and support.

VII. Living with Alzheimer's

A diagnosis of Alzheimer's is life-changing, not just for the person with the disease but also for their family and caregivers. Coping with the challenges requires patience, understanding, and support.

1. **Medications:** While there is no cure, some medications can help manage symptoms and slow down the progression of the disease.
2. **Supportive Environment:** Creating a safe and familiar environment can make daily life easier for those with Alzheimer's.
3. **Caregivers:** Caregivers play a crucial role in providing physical and emotional support. They often need assistance and respite to prevent burnout.
4. **Communication:** Finding new ways to communicate as language skills decline is essential for maintaining relationships.
5. **Planning Ahead:** Advanced care planning helps families make decisions about future care and legal matters.



VIII. Research and Hope

Scientists worldwide are working tirelessly to unlock the secrets of Alzheimer's disease. They're exploring ways to detect it earlier, developing new treatments, and searching for a cure.

Early Detection: Research aims to identify signs of Alzheimer's long before memory problems become severe, allowing for early intervention.

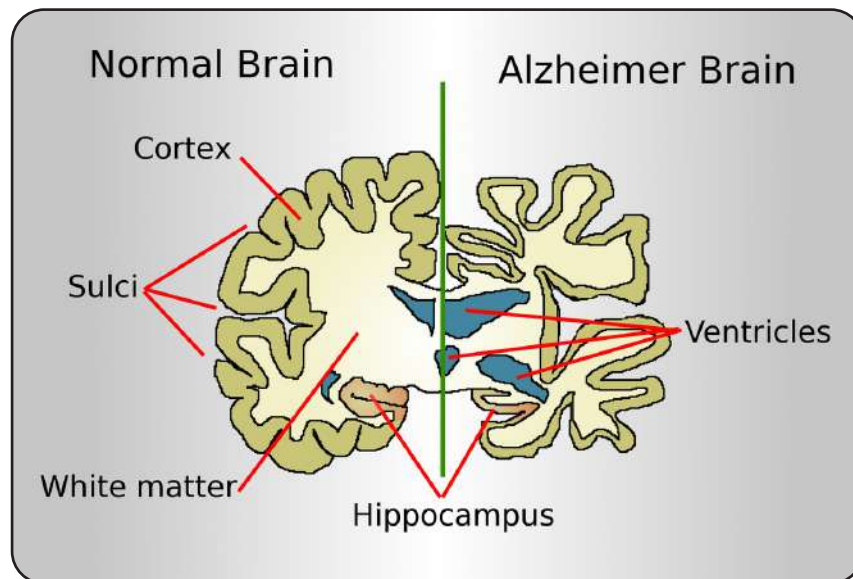
2. Targeted Therapies: New drugs are being tested to reduce beta-amyloid plaques and tau tangles, potentially slowing the disease's progression.

3. Lifestyle Interventions: Studies are underway to understand how diet, exercise, and mental stimulation can help reduce Alzheimer's risk.

4. Support for Caregivers: Research also focuses on providing better support and resources for caregivers to improve their well-being.

Conclusion

Alzheimer's disease is like a thief that gradually steals a person's memories, thoughts, and independence. While there is no cure yet, science is making progress. In the meantime, compassion, understanding, and support are the greatest tools we have to help those living with Alzheimer's disease. Together, we can shed light on the darkness of Alzheimer's and work towards a world where memories are cherished and never forgotten.



RETHINK!

"A nurse is one who opens the eyes of a newborn and gently closes the eyes of a dying man. It is indeed a high blessing to be the first and last to witness the beginning and end of life." -Unknown

"Nurses are there when the last breath is taken, and nurses are there when the first breath is taken. Although it is more enjoyable to celebrate the birth, it is just as important to comfort in death." — Christine Bell

Challenges in Preventing and Controlling of Non-communicable Diseases and Nursing Role

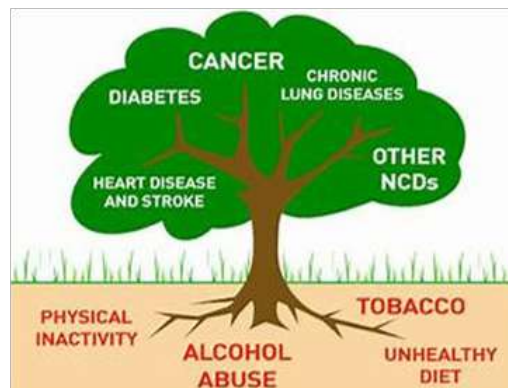


*Prof. Ambika Poudel
Chief (School of Nursing)*

Introduction

Non-communicable diseases (NCDs) are the number one cause of death and disability in the world. The term NCDs refers to a group of conditions that are not mainly caused by an acute infection, result in long-term health consequences and often create a need for long-term treatment and care. These conditions include cancers, cardiovascular disease, diabetes and chronic lung illnesses.

Non-communicable diseases (NCDs) kill 41 million people each year, equivalent to 74% of all deaths globally. Each year, more than 15 million people die from a NCD between the ages of 30 and 69 years; 85% of these "pre-mature" deaths occur in low- and middle-income countries. Cardiovascular deaths, or 17.9 million, account for over 80% of



respiratory diseases (4.1 million), and diabetes (1.5 million). These four groups of diseases account for over 80% of all premature NCD deaths.

The 2030 Agenda for Sustainable Development recognizes NCDs as a major challenge for sustainable development. As part of the Agenda, heads of state and government committed to develop ambitious national responses, by 2030, to reduce by one third premature mortality from NCDs through prevention and treatment (SDG target 3.4). WHO plays a key leadership role in the coordination and promotion of the global fight against NCDs and the achievement of the Sustainable Development Goals target 3.4. In 2019, the World Health Assembly extended the WHO Global action plan for the prevention and control of NCDs 2013–2020 to 2030 and called for the development of an Implementation Roadmap 2023 to 2030 to accelerate progress on preventing and controlling NCDs. The Roadmap supports actions to achieve a set of nine global targets with the greatest impact towards prevention and management of NCDs.

In Nepal, there has been an epidemiological transition from communicable diseases to non-communicable (NCD) as the major cause of illness / disease, disability and death. Its impact of poverty, long term treatment, care cost leading to loss of productivity that threatens household income and lead to productivity loss of individuals and their families and economy of the nation.

Every year 703 000 people take their own life and there are many more people who attempt suicide. Suicide occurs throughout the lifetime and was the fourth leading cause of death among 15–29-year-

olds globally in 2019. Suicide does not just occur in high-income countries, but is a global occurrence in all regions of the world. In fact, over 77% of global suicides occurred in low- and middle-income countries in 2019. ([tps://www.who.int/gho/ncd/mortality_morbidity/en](https://www.who.int/gho/ncd/mortality_morbidity/en))

Challenges in prevention of NCD

Overcoming Non-Communicable Diseases (NCDs) is a complex and multifaceted challenge that requires coordinated efforts from governments, healthcare systems, communities, and individuals. Several key challenges need to be addressed to effectively combat NCDs:

NCDs typically have multiple risk factors, including genetic, behavioral, environmental, and socio-economic factors. This complexity makes it challenging to identify and address all the contributing factors effectively. Many NCDs are strongly linked to lifestyle choices such as diet, physical activity, smoking, and alcohol consumption. Changing behaviors are due to cultural, social, and economic factors. It makes it challenging to motivate individuals to adopt healthier lifestyles for long-term disease prevention. Mostly affect vulnerable populations and individuals with lower socio-economic status. Addressing health inequities and ensuring that prevention and treatment efforts are accessible to all is a major challenge. Urbanization and globalization have led to changes in dietary patterns, reduced physical activity, and increased exposure to risk factors, contributing to the rising prevalence of NCDs in many countries. Many people are unaware of the risks associated with NCDs and may not recognize early warning signs. Raising awareness and educating the public about NCDs is a critical challenge. In many regions, healthcare systems may not be adequately equipped to manage and treat NCDs, especially in lower-resource settings. Treating NCDs can be expensive, and the financial burden can be overwhelming for both individuals and healthcare systems. Reducing the cost of treatment and increasing access to affordable healthcare is a challenge. Political commitment and effective policies are necessary to address NCDs comprehensively. Research and data collection efforts must continue to improve our understanding of these diseases and their risk factors. Preventing and controlling NCDs require collaboration across various sectors, including health, education, agriculture, and urban planning.

Overcoming these challenges requires a multi-pronged approach involving governments, healthcare systems, non-governmental organizations, communities, and individuals. This approach should prioritize prevention, health promotion, and addressing health inequities while fostering collaboration and innovation in healthcare and research.

NCDs threaten progress towards the 2030 Agenda for Sustainable Development, which includes a target of reducing the probability of death from any of the four main NCDs between ages 30 and 70 years by one third by 2030.

Preventive Measure

Preventing Non-Communicable Diseases (NCDs) often involves lifestyle changes and proactive health management. Here are some preventive measures for NCDs:

Early detection and management are key strategies in addressing NCDs and reducing their impact on public health.

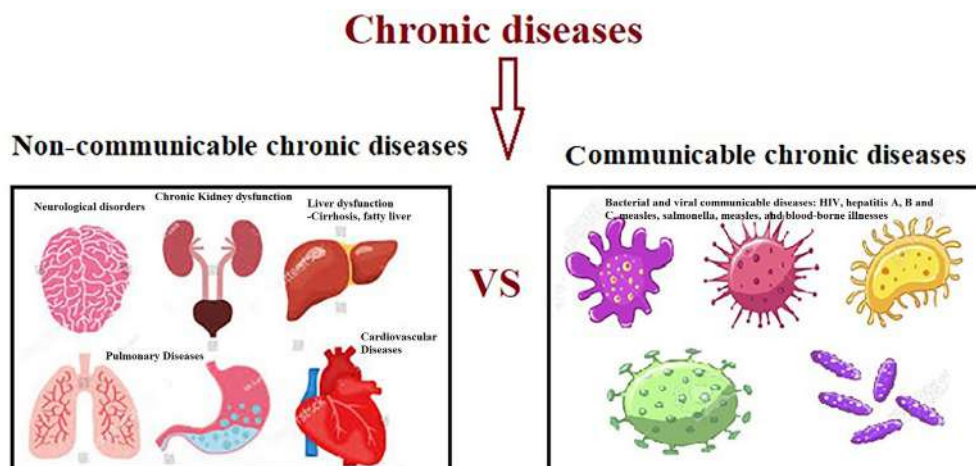
Promote the consumption of a balanced and nutritious diet rich in fruits, vegetables, whole grains, lean proteins, and healthy fats. Reduce the intake of processed foods, sugary beverages, salt, and trans fats. Raise awareness about portion control and mindful eating. Advocate for regular physical activity, aiming for at least 150 minutes of moderate-intensity aerobic exercise per week. Encourage a variety of activities, such as walking, cycling, swimming, and strength training. Promote physical activity as part of daily routines, especially for sedentary individuals. Conduct smoking cessation programs and support or those looking to quit smoking. Implement and enforce policies to reduce tobacco use, such as higher taxes. Raise awareness about the risks associated with excessive alcohol consumption. Encourage regular health check-ups and screenings for NCD risk factors, such as high blood pressure, high cholesterol, and diabetes. Promote early detection of cancer through screenings like mammograms, Pap smears, and colonoscopies. Promote immunization against infectious diseases that can increase the risk of certain NCDs (e.g., hepatitis B and HPV vaccines to prevent liver and cervical cancer). Ensure access to vaccinations as part of routine healthcare. Educate individuals about stress management techniques, such as mindfulness, relaxation exercises, and seeking support from mental health professionals. Raise public awareness about NCDs, their risk factors, and prevention strategies through educational campaigns. Ensure that everyone has access to affordable healthcare. Prevention of NCDs requires a multi-faceted approach involving individuals, healthcare providers, policymakers, and communities. By implementing these strategies and fostering a culture of health and wellness, the burden of NCDs can be significantly reduced, leading to better overall public health outcomes.

Role of Nurses for prevention of NCDs

Nurses play a crucial role in controlling and managing non-communicable diseases (NCDs) through various perspectives. Non-communicable diseases, such as heart disease, diabetes, cancer, chronic respiratory diseases, and mental problem are responsible for a significant portion of global morbidity and mortality. Here are some nursing perspectives for controlling NCDs:

1. Nurses can educate different setting like school, college. Individuals and communities about the risk factors associated with NCDs, such as poor diet, lack of physical activity, tobacco use, and excessive alcohol consumption. They can provide information on prevention strategies, healthy lifestyle choices, and early detection. Communities people can help raise awareness about NCDs and their risk factors through local events/ practice, workshops, and educational campaigns. They can also use social media, community newsletters, and local media outlets to disseminate information.
2. Nurses can actively engage in primary prevention by promoting healthy behaviors, such as proper nutrition, regular exercise, smoking cessation, and immunizations. They can also collaborate with other healthcare professionals to develop community-based programs and policies aimed at reducing NCD risk factors.
3. Nurses can conduct screenings and assessments to identify individuals at risk for NCDs. They can perform blood pressure checks, cholesterol screenings, blood glucose tests, and cancer screenings, and refer individuals for further evaluation and treatment when necessary.

4. Nurses play a critical role in managing individuals with existing NCDs. They can help develop care plans, provide medication management, monitor patients' progress, and offer ongoing support and education to help patients manage their conditions effectively.
 5. Nurses can provide counseling and support to individuals with NCDs to help them make necessary lifestyle changes. This includes assisting with dietary modifications, exercise plans, stress management, and medication adherence.
 6. Nurses can participate for plan policies and initiatives that promote NCD prevention and management at the community, province, and national levels. They can participate in public health campaigns and raise awareness about the impact of NCDs.
 7. Nurses can contribute to research related to NCDs by collecting data, participating in clinical trials, and implementing evidence-based interventions in their practice. Research can lead to better strategies for prevention and management.
 8. Collaboration with other healthcare professionals, such as physicians, dietitians, and physical therapists, is essential in providing comprehensive care for individuals with NCDs. Nurses can work as part of a healthcare team to ensure coordinated and holistic care.
 9. Engaging with the community is vital role for addressing the social determinants of health that contribute to NCDs. Nurses can work with community organizations and leaders to develop programs that promote health equity and access to care.
 10. Nurses can contribute Keeping up-to-date with the latest developments in NCD prevention and management is essential for nurses. They can pursue continuing education and training to enhance their knowledge and skills in this area.
- In summary, nurses play a multifaceted role in controlling non-communicable diseases by focusing on prevention, early detection, management, education, advocacy, and research. Their efforts are integral to reducing the burden of NCDs and improving the overall health and well-being of individuals and communities.



बहुउद्देश्यीय लक्षित राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान, दाङ



चन्द्रराज पन्त

पूर्व संयोजक, नागरिक समाज दाङ

राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान, दाङ जिल्लामा स्थापना हुनु जिल्ला कै शौभाग्य हो, किनभने स्वास्थ्य उपचारका लागि आवश्यकताअनुसार विशेषज्ञ सेवा प्राप्त भइरहेको छ। हाल यो पूर्णता भइसकेको छैन होला क्रमश हुदै जाने नै छ। मुलुककै ठुला विर अस्पताल महाराजगंज को टिचिङ अस्पतालहरुमा पनि सबै प्रकारका विशेषज्ञहरु नहुन सक्दछन् भने पुर्णताको विषय सधै नै अपुरो रहन्छ तर प्रतिष्ठानको नियत र कोसिसलाई मूल्याङ्कन गरिनु पर्दछ। स्वास्थ्य र शिक्षा नागरिकका आधारभुत आवश्यकता हुन। प्रारम्भीक चरणको शिक्षा र स्वास्थ्यनागरिकलाई उपलब्ध गराउने सरकारको दायित्वपनिहो। सरकारले स्थापनागरिदिएको राप्ती स्वास्थ्य विज्ञान प्रतिष्ठानलाई दाङवासीले अधिकतमउपयोग गर्नुपर्ने हुन्छ। खाली सरकारको मुखताकेर मात्रहुदैन आआफनो क्षेत्रवाट क्षमताअनुसार सहायोगगात्मक कृयाकलापहुनु पर्दछ। प्रतिष्ठान सबैको साभाहो। यो जिल्ला कै गौरव र प्रतिष्ठीत संस्थाहो। यसको इज्जत र शानप्रत्येक जिल्लावासीको सम्बन्ध रहेको छ।

राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान एउटा बहुउद्देश्यीय प्रकारको संस्थामान्नु पर्दछ औषधि उपचारका साथै डाक्टर, नर्स उत्पादनका लागि शिक्षालय तेस्तै मेडिकल साइन्स सम्बन्धी खोज तथा अनुसन्धान विभागहरु पनि स्थापना हुन्छन् सामान्य प्रकृतिका रोग वाहे क कहिले काही असमान्य खालका रोगहरुको अनुसन्धान उपचारका लागि औषधिको पनि अनुसन्धान खोज आदी तेस्तै डाक्टर, नर्सहरुलाई समेत विशेषज्ञ शिक्षादिई दक्ष जनशक्ती तयार पार्ने प्रतिष्ठानको उद्देश्य रहेको हुन्छ। प्रतिष्ठानको उद्देश्य व्यापक रहेको छ। दाङवासीको शौभाग्य किन पनि हो भने हाम्राप्रतिभाशाली भाई बहिनीहरुलाई जिल्लामै चिकित्सा क्षेत्रमाअध्ययनगर्ने अवसर मिलेको छ। आआफनो क्षेत्रमाक्षमता प्रर्दितगर्दै उच्च शिक्षा हाँसिल गर्ने विशेषज्ञता समेत प्राप्तहुने अवसर मिल्नेछ।

राप्ती स्वास्थ्य विज्ञान प्रतिष्ठानले मान्यताप्राप्त गरेको ६ वर्षे कार्यकाल को पछिल्लो चरणमा आयर मात्र जनसाधारण नागरिकहरुको मन जित्न सफलहुदैछ। दैनि सात आठ सय विरामीलाई सेवादिई रहेको अवस्थालाई सकारात्मक रुपमालिनुपर्ने हुन्छ। प्रतिष्ठानमा सेवा लिन अथवा विरामी भेटन गएका अधिकांस नागरिकवाट सन्तोषजनक रुपका प्रतिकृयाहरु रहेका छन्। तर पनि राप्ती स्वास्थ्य विज्ञान प्रतिष्ठानको नामअनुसार संस्थाले आफनो कार्य क्षेत्रलाई व्यापक र विस्तार गर्न धेरै वाँकी नै छ। भरखर ताते ताते गर्दै को जस्तो अवस्था रहेको छ। कुनै पनि संघ संस्थाको स्थापना गर्न खासै अप्थ्यारो पर्दोरहेनछ तर त्यसलाई उचित वातावरणका साथ उसको उद्देश्य अनुरूप गतिशिल वनाउन अनेकौ व्यवधान तेर्सिदो रहेछन्। व्यवधानलाई सफलतापूर्वक किनारा लगाउने मुख्य जिम्मेवारी निर्वाचित जनप्रतिनिधिहरुवाट मात्र सम्भव हुँदो रहेछ। मुलुकको वर्तमान राजनैतिक परिवेशले यसको पुष्टी गरेको छ। हुन त लोकतान्त्रीक प्रणालीमा राजनैतिक दलका जिल्ला स्तरीय नेताहरुको हैसियत पनि ओजनदार नै रहेको देखिन्छ तर पनि सत्तापक्षकै थाप्लोमा थपी पन्छीने नियत गैरजिम्मेवारी पनानै हो। स्वयम जिम्मेवार पक्षले समेत राजनैतिक पूर्वाग्राही भै आफनो हैसियत अनुसार सकारात्मक नहुनुलेत उसको क्षमताले नभ्याएको पनि हुन सक्छ खै र नागरिकहरुवाट त्यसको मूल्याङ्कन भएकै होला विगतमा पनि मुल्याङ्कन भएकै हो। राप्ती स्वास्थ्य विज्ञान प्रतिष्ठानले हाललाई विरामीहरुको स्वास्थ्य उपचारमा केन्द्रीतहुदै गत असार महिना देखि नर्सिङको पढाई पनि सुचारु भएको छ। त्यस्तै आउदो शैक्षिक सत्रदेखि एम.वि. वि.एस.को कक्षा संचालन गर्ने तयारी रहेको पनि छ। औषधि उपचारका साथै शैक्षिक गतिबिधिका लागि हाललाई भवनहरु पनि छन नै स्वास्थ्य मन्त्रालय त्रिभुवनविश्वविद्यालय लगाएत सम्बन्धीत निकायहरुवाट पटक पटक अनुगमनपनि भै इरहेको छ। अनुगमनका रिपोर्टहरु पनि सकारात्मक नै रहेको बुझिएका छन् तर पनि नेपालको कानुन दैवले जानुन भने भै एम. वि.वि.एस. पढाई संचालनको स्विकृती दिनमा सम्बन्धीत निकायले किन आलटाल गरिरहेको छ त ? त्यसतै लामो र

भून्भटिलो प्रकृया वावजुत प्रतिष्ठानको निर्देशिका अनुसारको जग्गा प्राप्तीको फाइल क्याबिनेट को बैठकमा पुग्न सकिराखे को छैन तेस्तै प्रतिष्ठानले समान्य आर्थिक साहयोग पनि पाइरहेको अवस्था छैन । सरकारले विशेषज्ञहरुको दरवन्दी पनि पूर्ति गर्ने तर्फ ध्यानदिएको देखिदैन थुप्रै योजनाहरु पाइपलाइनमै रहेका छन् तिनलाई गतिदिने सम्बन्धीत मन्त्रालय ले नै हो तर पटक पटक प्रतिष्ठानको नेतृत्व ले समन्यव गर्दा हुन्छ हुन्छ को जवाफ आउछ तर कार्यान्वयन भइरहेको हुदैन । स्वास्थ्य र शिक्षामा सरकार अनुदार देखिएको छ जव कि स्वास्थ्य र शिक्षा नागरिकका आधारभुत आवश्यकता साथै नैसर्गिक अधिकार पनि हो राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान को उपकुलपति पदमा डा. विकास लामिछाने पद वहाली भएको २ वर्षे कार्यकालको गति सन्तोषजनक रुपमा देखिएको र प्रतिष्ठानमा कार्यरत संपूर्ण पदाधिकारी डाक्टर, नर्स कर्मचारीहरु सबै सँगको मैत्रिभावले गर्दा क्रमश सबै आआफनो कार्यप्रति लगनशिल भैइरहेको देखिन्छ त्यसै गरी राजनैतिक पार्टी सम्बन्ध, संघ संस्था, जनप्रतिनिधि, समाजसेवि, पत्रकार, नागरिक समाजलगाएत सरोकारवाला सबै सँग समन्वय भैइरहेको देखिन्छ । यो सकारात्मक पक्ष हो किनभने दिनप्रतिदिन प्रतिष्ठानमा सेवाग्राहीको बृद्धिले व्यवस्थापकीय चुस्तदुरुस्त रहेको बुझिन्छ । मैजुदा साधन स्रोत जनसक्तीको अवस्थालाई मध्यनजर राख्दा सन्तोषजनक अवस्था रहेको देखिन्छ । प्रतिष्ठानको नेतृत्वप्राप्तभए पश्चात डा. विकास लामिछाने विविधकार्यहरुको सिलसिलामा पटक पटक काठमाडौंमा सरोकार मन्त्रालयहरुमा तुफानी दौड लगाइरहेका छन् तर पनि उनको मिसनले पूर्णतापाउन सकेको छैन आमसिक मात्र छ । यसमा हाम्रा जनप्रतिनिधिहरुको सकृया भुमिका अपरिहार्यताको खाँचो पनि छ । प्रतिष्ठानको प्रतिष्ठा बढाउन जनप्रतिनिधिहरु सकृय भएमा यसले गति पाउने छ । विगतमा अनेकौं अवरोधका वावजुत पनि प्रतिष्ठानको विकास र विस्तारले आफ्नो गन्तब्यको गोरेटो आफै फराकिलो पाउँ गएको थियो । जादै पनि छ, यो निरन्तरताको यात्रा हो किनभने महेन्द्र अस्पतालवाट राप्ती उपक्षेत्रिय हुँदै राप्ती स्वास्थ्य विज्ञान प्रतिष्ठानको मान्यता प्राप्त गन्यो विगत १५ वर्षको अवाधिमा २५ शैया वाट हाल ३०० शैया भएको छ ।

२०७४ असोज २९ गते राप्ती स्वास्थ्य विज्ञान प्रतिष्ठानले मान्यताप्राप्त गरेको ६ वर्षे कार्यकाल अत्यन्तै असहज परिस्थिती रह्यो, राप्ती उपक्षेत्रिय वाट प्रतिष्ठानलाई बुभुभुभारतको जिम्मेवारी सहज रुपमाहुनुपर्ने मा महिनौं सम्म अनेकन बाधाव्यवधान तेरसाइए जव कि प्रतिष्ठानको कुलपति स्वयम् प्रधानमन्त्री भएतापनि हस्तान्तरण प्रक्रियाको मस्केको गाठो कसीदै गयो यो विषयलाई कुलपति सँग पुग्ने नदिई विचैमा तुहाइएको थियो । परिस्थिति दिनानुदिन जटिल बन्दै उपक्षेत्रिय या प्रतिष्ठानको हैसियत समाप्तको अवस्थालाई मध्यनजर राख्दै जनस्तरवाट गठीत (२०६३ चैत्र ७) मा अस्पताल सरोकार समिति पुन सक्रिय भई महिनौ को सक्रियताले चरम राजनैतिक गोटी चाल मेडिकल माफिया साथै केहि स्वार्थ तत्ववाट कसिएको हस्तान्तरणको गाँठो फुकाउन सफल भएको थियो । शुरुका वर्षहरुमा प्रतिष्ठान भित्र आन्तरीक रुपमा अनेकौं उतार चढाव देखिएता पनि क्रमश सहज हुदै गयो । तेस विचको कोभिड महामारीले प्रतिष्ठानको गति केहि नर्मल पनि भयो । तर पनि कोभिडका विरामीहरुले अनेत्रको तुलनामा केहीभएपनि सुरक्षित महसुस गरे । प्रतिष्ठान् स्थापनाको संस्थापक नेतृत्वले राप्ती स्वास्थ्य विज्ञान प्रतिष्ठानको वलियो जग बसाल्न भने सफल भएकै हुन कुनै पनि शक्तीले अव प्रतिष्ठानको जन खलवलाउन सकदैनन संस्थापक उपकुलपति प्रा.डा.संगीता भण्डारी का केही कमी कमजोरी थियो होलान तर पनि अनेकौं अवरोधका वावजुद प्रतिष्ठानको वलियो जगवसाल्न सफल भएकोमा उनि धन्यवादका पात्र पनि हुन ।

राप्ती स्वास्थ्य विज्ञान प्रतिष्ठानको सामान्यतागति बढ्दै गएमा केहि वर्ष भित्रमै दाङ जिल्ला स्वास्थ्य र शैक्षिक संस्थाको हव बन्नेछ । प्रतिष्ठानमा दिनप्रतिदिन हजारौं को आवतजावत हुने हुँदा जिल्लाका कृषि, उद्योग, व्यापार, पर्यटन क्षेत्र समेत फस्टाउदै जाने हुँदा प्रत्यक्ष अप्रत्यक्ष रुपमा हजारौं दङ्गलीले रोजगारीको अवसर समेत पाउने हुँदा जिल्लाको आर्थिक अवस्था सुदृढ हुदै जानेछ ।

अत्यमा प्रतिष्ठान स्थापना दिवसको अवसरमा उत्तर उत्तर प्रगतिको हार्दिक शुभकामना ।

चन्द्रराज पन्त
पूर्व संयोजक, नागरिक समाज दाङ

नागरिक समाज र राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान



हरिप्रसाद पाण्डेय
सदस्य, नागरिक समाज दाङ

विषय प्रवेश

राजनीतिक नक्शाभिन्न शासन सञ्चालन गर्न निश्चित क्षेत्र भएको भौगोलिक सीमानाले छुट्टयाइएको स्वतन्त्र, अविभाज्य, अखण्ड, सार्वभौम, एक विशिष्ट भू-भागलाई देश वा राष्ट्र वा मुलुक भनिन्छ । देशभिन्न सनातनदेखि बसोबास गर्दै आएका परम्परागत वंशीय पुर्खाका सन्ततिहरू वंशजको नाताले नागरिक हुन्छन् । राष्ट्रको प्रचलित ऐन कानून बमोजिम नागरिक बन्ने जन्मसिद्ध अधिकारवाला व्यक्ति जन्मसिद्ध नागरिक र सरकारको इजाजतबाट स्थायी बसोबास गर्ने अधिकार प्राप्त व्यक्ति अङ्गीकृत नागरिक हुन् । समग्रमा भन्नुपर्दा यी सबै व्यक्तिहरूलाई नागरिक शब्दले सम्बोधन गरिन्छ । नागरिकहरूको समष्टिगत स्वरूप वा समूहलाई नागरिक समाज भनिन्छ । प्रत्येक जिल्लामा गठित नागरिक समाजले सार्वभौमसत्तासम्पन्न नेपाली जनताका हकाधिकार संरक्षण सम्वर्द्धन गर्ने कार्यमा बहस पैरवी गर्दै आएको छ । नागरिक समाज गाउँटोल, जिल्ला, प्रदेश हुँदै राष्ट्रियस्तर सम्म संगठित छ ।

नागरिक समाज दाङको गठनात्मक स्वरूप

देशमा राजनीतिक परिवर्तनको जनचाहना अनुरूप २०४६ सालमा राजनीतिक परिवर्तन गर्ने उद्देश्यले जनआन्दोलनको उद्घोष गरियो । नेपाली जनता जनसागरको रूपमा उर्लिएर आफ्नो शक्ति प्रदर्शन गरेका थिए । फलस्वरूप नेपाली जनताको चाहना बमोजिमजनभावनाको कदरगर्दै २०४६ साल चैत्र २६ गते मुलुकमा बहुदलीय शासन व्यवस्था लागु गर्ने घोषणा भयो । देशमा राजनीतिक परिवर्तनको सम्वाहकको रूपमा नेपाल अधिराज्यको संविधान, २०४७ जारी भयो । यही राजनीतिक परिवर्तन सँगै नागरिक समाजको जन्म भएको हो । नागरिक समाजले नागरिकका हकाधिकारको सन्दर्भमा बहसपैरवी गर्दै आएको छ ।

दाङ जिल्लामा नागरिक समाजको भूमिका विशेषगरी माओवादी द्वन्दकालमा अत्यन्तै सशक्त ढंगले अघि बढेको थियो । नेपाल सरकार र द्वन्दरत पक्ष नेकपा माओवादी बिच समन्वय गराउने कार्यमा नागरिक समाज दाङले खेलेको भूमिका अहिले पनि मानसपटलमा ताजै छ । २०६० साल पौष २० गते जिल्लाभरका नागरिक समाजका गतिविधिहरूलाई एकीकृतगरी बरिष्ठ पत्रकार एवं साहित्यकार, श्रद्धेय श्री नारायणप्रसाद शर्माको संयोजकत्वमा १४ सदस्यीय कार्य समिति गठनगरी नागरिक समाज दाङले आफ्नो कार्यारम्भ गरेको थियो । २०६४ वैशाख ५ गते श्री टीकाराम रेग्मीको संयोजकत्वमा १० सदस्यीय कार्य समिति गठन भयो । २०७४ माघ २७ गते श्री चन्द्रराज पन्तको संयोजकत्वमा १५ सदस्यीय कार्य समिति गठन गरियो । उक्त कार्य समितिले दाङ जिल्लामा नागरिक समाजको स्थापनाकालदेखि भएगरेका विभिन्न गतिविधिहरू समावेश गरेर नागरिक आवाज-२०७७ नामक पहिलो स्मारिका प्रकाशन गर्न सफल भयो । २०७७ साल फागुन २२ गते बरिष्ठ पत्रकार श्री के.वि. मशालको संयोजकत्वमा नयाँ कार्य समिति गठन भयो । वर्तमान कार्य समितिले दाङ जिल्लामा नागरिकका आवाज मुखरित गर्ने कार्यलाई निरन्तरता दिन प्रत्येक महिनाको ७ गते नियमित बैठक गरेर समसामयिक एजेण्डामा आफ्नो स्पष्ट दृष्टिकोण जनसमक्ष ल्याउदै आएको सर्वविदितै छ ।

नागरिकका मौलिकहक अधिकार

देशको मूल कानून संविधानले सार्वभौमसत्तासम्पन्न नागरिकको मौलिक हक र कर्तव्यको व्यवस्था गरेको छ । नागरिकले सम्मानपूर्वक बाच्च पाउने अधिकार देखि लिएर आधारभूत स्वास्थ्य सेवा, माध्यामिक तह सम्म निःशुल्क शिक्षा प्रदान गर्ने संविधान प्रदत्त यशस्वी कार्य हुन् । प्रत्येक नागरिकलाई समाजमा आफ्ना विचार र अभिव्यक्ति राख्ने, बिना हातहतियार शान्तिपूर्ण भेला हुने, संघसंस्था खोल्ने, राजनीतिकदल खोल्ने स्वतन्त्रता हुन्छ । नेपाली नागरिकले आफ्नो इच्छा अनुसार नेपालको कुनै पनि भू-भागमा पेशा रोजगार गर्ने, उद्योग व्यापार व्यवसाय सञ्चालन गर्ने, आवतजावत र स्थायी वा अस्थायी बसोबास गर्ने स्वतन्त्रता प्राप्त गरेको हुन्छ । कानूनको दृष्टिले सबै नेपाली नागरिकहरू समान हुन्छन् । कोही कसैलाई कानूनको

समान संरक्षणबाट बन्चित गरिनु हुदैन । प्रचलित ऐन कानूनको प्रयोगमा भाषा, धर्म, वर्ण, जातजाती, लिङ्ग, शारीरिक अवस्था, स्वास्थ्य स्थिति, बैबाहिक स्थिति, बैचारिक आस्था, आर्थिक अवस्थालगायत कुनैपनि आधारमा भेदभाव गर्न पाइदैन । समाजमा समानकामको लागि लैंगिक आधारमा पारिश्रमिक तथा सामाजिक सुरक्षामा भेदभाव गर्न हुदैन । पैतृक सम्पतिमा समेत लैंगिक भेदभाव बिना सबै सन्तानको समान हक हुन्छ । श्रम, रोजगार, खाद्य, आवास, महिला तथा बालबालिका, ज्येष्ठ नागरिक र सामाजिक न्याय जस्ता विषयमा संविधानले नागरिकको हकाधिकारको प्रत्याभूति गरेको छ । सामाजिक सुरक्षा, उपभोक्ताको हक, देश निकाला विरुद्धको हक लगायत संविधान प्रदत्त मौलिक हकाधिकार कार्यान्वयन गर्ने गराउने सन्दर्भमा संवैधानिक उपचारको माध्यमबाट न्यायिक निरोपण गरिनु पर्दछ ।

राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान

राप्ती अञ्चलकै जेठो स्वास्थ्य संस्थाको रूपमा दाङ जिल्ला सदरमुकाम घोराहीमा २०१६ साल पौष महिनामा महेन्द्र हेल्थ सेन्टरको नामबाट पहिलो स्वास्थ्य संस्था स्थापना भएको थियो । एकजना एम.वि.वि.एस. डाक्टरको नेतृत्वमा सञ्चालित स्वास्थ्य संस्थालाई २०२१ सालमा जिल्ला अस्पतालको रूपमा पन्द्र शैयामा विकसितगर्दै महेन्द्र अस्पताल दाङ नामाकरण गरियो । २०४६ सालको राजनीतिक परिवर्तन पश्चात सेवाग्राहीको भावना र आवश्यकतालाई दृष्टिगत गरी २०५९ सालमा स्तरबृद्धि गरेर २५ शैया, २०६४ असार ७ गते ५० शैया बनाइयो । दिनानुदिन बढ्दो शहरीकरण, जनसंख्या बृद्धि, नयाँ नयाँ रोग उत्पत्तीका कारण अस्पतालको स्तरबृद्धि गर्दै जान नेपाल सरकारलाई जनदवाब पर्न गयो । जनभावनाको सम्मान गर्दै नेपाल सरकारले २०६५ चैत्र १२ गते महेन्द्र अस्पताललाई क्षेत्रीयस्तरको अस्पतालका रूपमा विकसित गर्न राप्ती उप क्षेत्रीय अस्पताल नामाकरण गरी स्तरबृद्धि गर्‍यो । दैनिक आउने विरामीको चापलाई मध्येनजर गर्दै नेपाल सरकारको २०७१ जेष्ठ ८ गतेको निर्णयानुसार ५० शैयालाई एकसय शैयामा पुऱ्यायो ।

यो पद्धतिकारलाई राप्ती उप-क्षेत्रीय अस्पताल घोराही दाङले २०७३ साल जेष्ठ १२ गते दाङमा राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान बनाउनको लागि अवधारणा पत्र तयार गर्ने जिम्मेवारी दिएको थियो । राप्तीवासीको चाहना, भावना, आकांक्षा र आवश्यकतालाई सम्मानगर्दै दाङ जिल्लामा राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान स्थापना गर्ने अवधारणा पत्र मैले तयारगरी २०७३ जेष्ठ २३ गते राप्ती उप क्षेत्रीय अस्पतालमा बुझाई मलाई दिइएको उक्त जिम्मेवारी पूरा गरेको थिएँ । सोही अवधारणा पत्र अनुरूप घोराही दाङमा राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान स्थापना गर्न क्रमिक रूपमा कानूनी प्रक्रियागत कार्यहरू अगाडी बढ्दै गएँ । अन्ततोगत्वा व्यवस्थापिका संसदबाट पारित भई २०७४ साल असोज २९ गते सम्माननीय राष्ट्रपति ज्यूबाट राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान ऐन, २०७४ प्रमाणिकरण भयो । तत्पश्चात राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान ऐन, २०७४ को दफा १५(२) बमोजिम राप्ती उप-क्षेत्रीय अस्पताललाई राप्ती स्वास्थ्य विज्ञान प्रतिष्ठानमा रूपान्तर गरियो । राप्ती स्वास्थ्य विज्ञान प्रतिष्ठानले सार्वभौमसत्ता सम्पन्न जनतालाई प्रभावकारी स्वास्थ्य सेवा उपलब्ध गराउँन आफ्ना विभिन्न गतिविधिहरू सहित तिब्र गतिमा अघि बढ्दै गएको देखिन्छ ।

राप्ती स्वास्थ्य विज्ञान प्रतिष्ठानका गतिविधि

राप्ती स्वास्थ्य विज्ञान प्रतिष्ठानको कुलपति सम्माननीय प्रधानमन्त्री हुने व्यवस्था छ । राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान ऐन, २०७४ बमोजिम प्रतिष्ठानको उपकुलपति पदमा डा. विकास लामिछाने कार्यरत हुनुहुन्छ । सार्वजनिक जवाफदेहीको पदमा पदासिन हुने व्यक्तिको कार्यशैलीले जनमानसमा पार्ने सकारात्मक वा नकारात्मक प्रभावको सेवाग्राहीले शुक्ष्म रूपमा मुल्याङ्कन गरेका हुन्छन् । प्रतिष्ठानमा उपकुलपति डा.विकास लामिछानेले पद बहालीगर्दा बोल्नु भएको एउटै बाक्य “म उपकुलपति मात्र हाईन यहाँको सेवाग्राही पनि हुँ पदबाट सेवानिबृत्त भएपछि औषधोपचारको लागि प्रतिष्ठानमा आउदा आफूले प्रभावकारी स्वास्थ्य सेवा पाउन सक्ने ढंगले मेरो ब्रह्म विवेकले भ्याएसम्म जनपक्षीय कार्य गर्ने छु” । उपकुलपतिको उक्त भनाइले राप्ती स्वास्थ्य विज्ञान प्रतिष्ठानलाई सेवाग्राहीमैत्री बनाउँन खोजेको सकारात्मक सोचकारूपका लिन सकिन्छ ।

घोराही नगरपालिकाको मेयर पदको जिम्मेवारी सहित कार्यकारी अधिकृत पदमा रहदा मैले राप्ती उप-क्षेत्रीय अस्पतालको व्यवस्थापन समितिको बैठकमा सहभागि हुन्थे । उक्त बैठकमा दिएका सल्लाह सुझावहरू क्रमिक रूपमा कार्यान्वयन हुदै आएका छन् । उदाहरणको रूपमा अहिलेको ओ.पि.डी. भवनलाई लिन सकिन्छ । स-साना भवनहरू भत्काएर एउटै भवन निर्माण गर्ने प्रस्ताव स्वास्थ्य तथा जनसंख्या मन्त्रालयमा पठाइयो । मन्त्रालयबाट उक्त प्रस्ताव स्वीकृतगरी कार्यक्रम तथा बजेट विनियोजन भयो । फलस्वरूप अहिले ठूलो भवनमा ओ.पि.डी./इण्डोर सञ्चालन गरिएको छ । महेन्द्र अस्पताल, राप्ती उप-क्षेत्रीय अस्पताल हुदै राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान सम्म आइपुग्दा सार्वजनिक जवाफदेहीको पदमा रहदा वा नरहदा पनि मानव स्वास्थ्य सँग

प्रत्यक्ष सरोकार राख्ने यो संस्थालाई मैले औपचारिक तथा अनौपचारिक दुवै तरिकाले नजिकबाट नियाल्दै आएको छु ।

राप्ती स्वास्थ्य विज्ञान प्रतिष्ठानको उपकुलपति पदमा डा.विकास लामिछाने पदासिनभएपश्चात उहाँको नेतृत्वमा उल्लेख्य कार्य हुदै आएकोले अब प्रतिष्ठानले अग्रगति लिने देखिन्छ । प्रसुती सँग सम्बन्धीत अपरेशन लगायतका सम्पूर्ण सेवा निःशुल्क । सामान्य तथा मेजर शल्यक्रिया सहज ढंगले हुदै आएको । आधुनिक ल्याब (प्रयोगशाला) व्यवस्थापन । सिट.स्क्यान. तथा एम.आर.आई. सेवा सञ्चालन । फरेन्सी सेवा सहितको व्यवस्थित पोष्टमार्टम । एन.आई.सि.यु.तथा पि.आई.सि.यु. व्यवस्था । भेन्ट्रीलेटर सहितको आई.सि.यु. सेवा उपलब्ध भएको हुदा विरामीले ठूलो राहतको अनुभूति गरेको । किडनीका विरामीको लागि डायलोसिस सेवा प्रदान । स्टोरमा थन्कीएका नयाँ इक्वीपमेण्टहरू तथा सामान्य मर्मत गरेर कामयाब हुने अन्य औजारहरूसदुपयोग । राप्ती स्वास्थ्य विज्ञान प्रतिष्ठानका शिक्षाध्यक्ष एवं बरिष्ठ कन्सल्टेण्ट ज्ञानकोलोजिष्ट डा.वसन्त लामिछाने लगायतका ३४ जना विशेषज्ञ डाक्टर र २३ जना मेडिकल अधिकृतबाट प्रभावकारी स्वास्थ्य सेवा प्रदानावि.एस्सी नर्सिङ् तथा वि.एन कक्षा सञ्चालन । एम.डि.कक्षा सञ्चालनको लागि पूर्वाधार विकास । एम.वि.वि.एस.पढाई शुरु गर्नको लागि जग्गा व्यवस्थापन गरी भवन निर्माण गर्ने तर्फ विभिन्न सरोकारवाला निकाय सँग हारगुहार गरिदै आएको देखिन्छ ।

नागरिक समाजसँग जनअपेक्षा

सशस्त्र द्वन्द अन्त्य भएपछि शान्ति संभौतामा हस्ताक्षर पश्चात नयाँ संविधान जारी भइ तीन तहका सरकार गठन भएको अवस्था नागरिक समाजको आवश्यकता किन ? यदाकदा प्रश्न उठने गरेको पाइन्छ । जनस्तरमा उठेका जिज्ञासाका सन्दर्भमा नागरिक समाजले नेपाली नागरिकका आवाज बुलन्द गर्दै समसामयिक घटनाक्रमसँग जोडिएका विषयवस्तु समेत समावेश गर्दै सम्वद्ध निकाय समक्ष गरेको बहसपैरवीले प्रमाणित गर्दछ । नागरिक समाज दाङ सँग सार्वभौमसत्तासम्पन्न जनतालेदेहाय बमोजिमका अपेक्षा गरेकाहुन्छन् :-

- १) राज्यलेनेपाली नागरिकका लागि ग्यारेण्टी गरेका मौलिक हक लगायत प्रचलित ऐन कानूनमाव्यवस्थित हकाधिकार अक्षरस कार्यान्वयन गराउँन नागरिक समाजले पहलकदमी गर्नु पर्ने ।
- २) लोकतान्त्रिक मर्ममान्यता, समन्याय र नागरिक सर्वोच्चताको पक्षधर बन्दै सदासर्वदा वकालत गर्नु पर्ने ।
- ३) नेपाल सरकारले नागरिकलाई उपलब्ध गराउँने सम्पूर्ण सेवा सुविधा सरल तथा सहज बनाउँन नविनतम् प्रविधिको उच्चतम् उपयोग गर्दै सुशासनको अनुभूति दिलाउँन भरमगदुर प्रयास गर्नु पर्ने ।
- ४) संविधान र प्रचलित ऐन कानून प्रदत्त हकाधिकार कार्यान्वयन गर्दा कुनै पनि बाधा अवरोध उत्पन्न भएको अवस्थामा दवाव समूह तयार गरी स्थायी समाधान खोज्ने ।
- ५) पारदर्शीता,सुशासन,उच्च सामाजिक मूल्यमान्यताका पक्षमा सरकारलाई जिम्मेवार हुन दवाब दिनु पर्ने ।
- ६)समवद्ध विषयगत निकायलाई आ-आफ्नो क्षेत्रबाट गरिने भौतिक पूर्वाधार विकास निर्माण कार्य र सेवा प्रवाहप्रभावकारी बनाउदैलक्षितवर्ग सम्म पुर्‍याउँन ध्यानाकर्षण गराउँनु पर्ने ।
- ७) सार्वभौमसत्तासम्पन्न नेपाली नागरिक माथि नेपाल सरकारबाट हुन सक्ने सबैखाले शक्ति दुरुपयोग रोक्नःसशक्त विरोधका कदम चाल्नु पर्ने ।
- ८) सबै प्रकारका अनियमिता, भ्रष्टाचार, विकृति बिरुद्ध नेपाली जनताको आवाज समवद्ध निकाय समक्ष बुलन्द गर्ने गराउँने कार्यमा विशेष जोड दिनु पर्ने ।
- ९) नागरिकको आर्थिक, भौतिक, सामाजिक, शैक्षिक, साँस्कृतिक क्षेत्रको विकास गर्न विशेष पहल गर्ने ।
- १०) सरकारद्वारा नागरिक मैत्री राज्य सञ्चालन प्रणाली निर्माण तथा विकास गर्नको लागि महत्वपूर्ण योगदान पुर्‍याउँन नागरिक समाजले रचनात्मक भूमिका खेल्नु पर्ने ।
- ११) स्थानीय, प्रदेश र संघीय सरकारले नागरिकले उठाएका अल्पकालीन, मध्यकालीन र दीर्घकालीन आयोजना छनोट र सालवसाली रूपमा गर्ने भौतिक पूर्वाधार विकास निर्माण कार्यमा मापदण्ड मुताविकको गुणस्तर कायम गर्न गराउन समवद्ध निकायलाई निरन्तर घचघचाइ रहने ।
- १२) दाङ जिल्लामा क्रियाशील राजनीतिकदलहरूलाई दलीय स्वार्थ भन्दामाथि उठेर देश र जनताको राष्ट्रिय स्वार्थमा अहोरात्र खटिने वातावरण सिर्जना गर्न बहसपैरवी गर्नु पर्ने ।

राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान सँग नागरिक समाजको अपेक्षा

सार्वभौमसत्तासम्पन्न जनता नेपाल सरकारका मालिक हुन । जनस्वास्थ्य सँग प्रत्यक्ष सम्बन्ध राख्ने स्वास्थ्य सेवा प्रदायक निकाय नागरिकप्रति जिम्मेवार हुनु पर्दछ । नागरिक समाज दाडले माथि उल्लेखित नागरिकका आवाज सम्वद्ध निकायमा पुऱ्याउँने क्रममा देहाय बमोजिमका सेवासुविधा राप्ती स्वास्थ्य विज्ञान प्रतिष्ठानसँग अपेक्षा राख्दछ :-

- १) नेपालको संविधानले निर्देश गरेको आधारभूत स्वास्थ्य सेवानागरिकलाई निःशुल्क उपलब्ध गराउनु पर्ने ।
- २) राप्ती स्वास्थ्य विज्ञान प्रतिष्ठानले एम.वि.वि.एस. पढाई सञ्चालन गर्ने पूर्वाधार विकास गर्नु पर्ने ।
- ३) विषगत विशेषज्ञ उत्पादन गर्न एम.डि. कक्षा यथासक्यो चाडै सञ्चालन गर्नु पर्ने ।
- ४) कार्डियोलोजिष्ट,युरोलोजिष्ट,न्यूरोलोजिष्ट लगायतका अत्यावश्यक अन्य सबै विशेषज्ञ सेवा उपलब्ध गराउने ।
- ५) दिनानुदिन बढ्दै गएको क्यान्सर रोगको उपचार प्रतिष्ठानमा हुन सक्ने व्यवस्था गर्न पहल गर्नु पर्ने ।
- ६) मुटु, कलेजो, फोक्सो, किडनी, टाउको, आन्द्रा, पेट, ब्रेन ट्यूमर जस्ता मेजरअपरेसन सेवा विस्तारगर्दै जाने ।
- ७) अत्याधुनिक इक्वीपमेण्ट सहितको सबै परिक्षण गर्ने प्रयोगशाला व्यवस्थापन गर्नु पर्ने ।
- ८) सबै किसिमका औषधिहरू प्रतिष्ठानकै फार्मसीबाट उपलब्ध गराउँने व्यवस्था मिलाउँने ।

उपसंहार

नेपालको तत्कालीन विषम परिस्थितिमा सरकार र द्वन्दरत माओवादी पक्षलाई मूलधारमा ल्याउन अहम भूमिका निर्वाह गर्ने सन्दर्भमा नेपालमा संविधान सभाको निर्वाचन गर्नु पर्दछ भन्ने पहिलो आवाज दाड जिल्लाबाटै नागरिक समाज दाडले उठाएको इतिहास साँक्षी छ । समग्रमा भन्नुपर्दा नागरिक समाज दाडले नेपाल सरकार समक्ष नागरिकहरूका आवाज मुखरित गर्ने कार्यमा अहम भूमिका खेल्दै आएको छ । नागरिक समाज दाडले जिल्लामा क्रियाशील राजनीतिकदलहरूलाई दलगत स्वार्थ भन्दामाथि उठेर देश र जनताको राष्ट्रिय स्वार्थलाई सर्वोपरीस्थान दिदै आफ्ना गतिविधिहरू जनसमक्ष ल्याउन समय समयमाबहसपैरवी गर्दै आएको छ । राप्ती स्वास्थ्यविज्ञान प्रतिष्ठानको स्थापनाकालदेखि प्रतिष्ठानका विभिन्न गतिविधिमानागरिक समाज दाडले आफ्नो सपष्ट अवधारणा राख्दै आएको छ । राप्ती स्वास्थ्य विज्ञान प्रतिष्ठानको बृहत्तर हितगर्ने कार्यमा नागरिक समाज सदासर्वदा सकारात्मक भावनाले सहयोग गर्दै आएको सर्वविदितै छ । दाड जिल्लाको भौतिक पूर्वाधार विकास निर्माण कार्य लगायत सार्वभौमसत्तासम्पन्न जनतामा सुशासनको प्रत्याभूति दिलाउन नागरिक समाज दाड अहिले सम्म निर्विबादित ढंगले समन्वयात्मक भूमिका खेल्न सक्नुलाई ठूलो सफलताको रूपमा लिन सकिन्छ ।



*“Doctor, doctor, you’ve got to help me
— I just can’t stop my hands from shaking!”*

“Do you drink a lot?”

“Not really — I spill most of it!”

The doctor stood by the bedside of a very sick patient and said,

— “I cannot hide the fact that you are very ill. Is there anyone you would like to see?”

“Yes,” replied the patient faintly. “Another doctor.”

Quality of Patient care



Sharmila Sharma
Nursing Administrator

Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. Improving patient care has become a priority for all health care providers with the overall objective of achieving a high degree of patient satisfaction and achieving universal health coverage. Greater awareness among the public, increasing demand for better care, keener competition, more health care regulation, the rise in medical malpractice litigation, and concern about poor outcomes are factors that contribute to this change. The Sustainable Development Goals stress that quality is a key element of universal health coverage (UHC). SDG target 3.8 calls on countries to achieve UHC, including financial risk protection alongside access to quality essential health care services.

Framework for quality of care:

- Effective: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (i.e., avoiding underuse and misuse).
- Timely – reducing waiting times and sometimes harmful delays;
- Equitable – providing care that does not vary in quality on account of gender, ethnicity, geographic location, and socio-economic status;
- Integrated – providing care that makes available the full range of health services throughout the life course;
- Efficient – maximizing the benefit of available resources and avoiding waste. Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status

The quality of patient care is essentially determined by the quality of infrastructure, quality of training, competence of personnel, governance and management of organization and efficiency of operational systems. Patients and families know quality care when they experience it. A nurse's response time, a doctor's bedside manner, the hospital's atmosphere—all of these things affect how people feel about the quality of their healthcare.

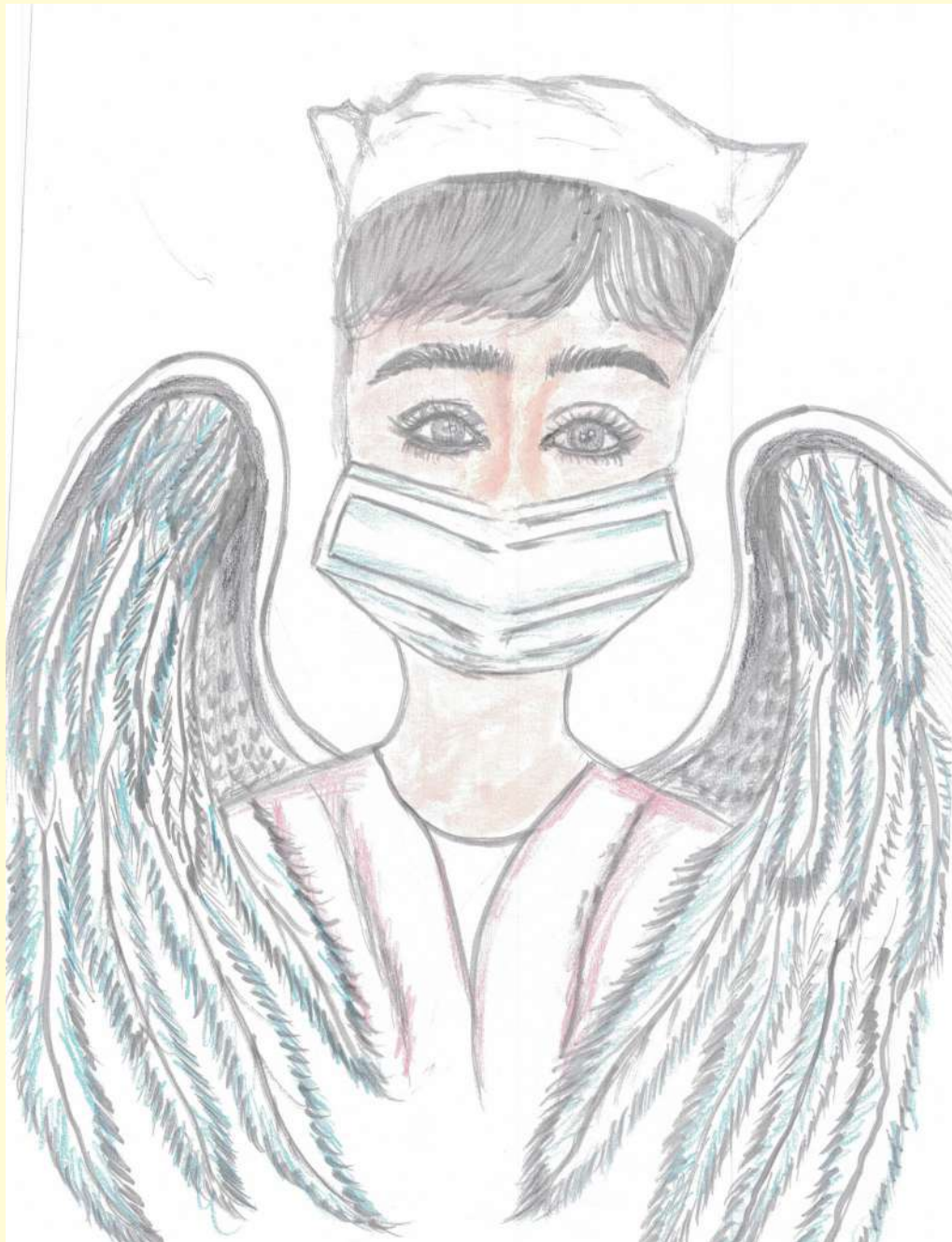
For ensuring highest quality of care to client, nurses and other health care professionals need to be aware of many factors, such as effective communication, competency, patient empathy, and person-centered approach or need based care. Patient satisfaction can often be improved by ensuring that a facility has adequate human resources, adequate supply and good working atmosphere. These elements combine to create effective and quality care and better health outcomes.

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Department of Medicine and Geriatrics



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Department of ENT - HNS



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Department of General Practice and Emergency



Department of Ophthalmology



Department of Radiology



Department of Psychiatry



OT



Post Operative ward



Department of Pathology



Dialysis Ward



Surgery Ward



ICU Ward



Institutional Research Committee (IRC) Member



Department of Engineering and Information Technology



OCMC



Pharmacy Section



Security



Nursing Faculty



BNS (First Batch)



BSC Nursing (First Batch)



Office Helper (Outsourcing)



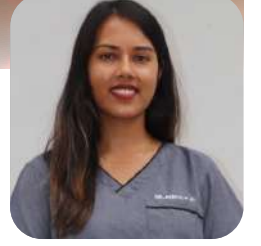
Department of Administration



Department of Administration



चिया प्रपोजल



डा. बनिता के.सी.
अप्याल्मोलोजिष्ट, लेक्चरर

म चिया पिउने मान्छे। मलाई चिया औधी मन पर्छ ।
चिया पिउन रुचाउनुको एक विशेष कारण पनि छ । तिमी ।

चिया पिउँदै तिमिलाई चियाएर हेर्नु मेरो दिनचर्या भैसक्यो ।
चियाको चुस्की लिँदै तिम्रो अधरको मुस्कान नियाल्छु म । पेटमा काउकुती अनि मनमा छटपटी एकैपटक महसुस हुन्छ ।
तिम्रो केशको व्यग्रता, कहिले यता कहिले उता, अनि तिम्रा निश्चल नयनको चंचलताले मलाई मेरो निस्सारता बोध गराउछन् ।
तर पनि तिमिलाई आफ्नो बनाउने आकांक्षा मेरो छातीमा सल्बलाईरहन्छ ।

कि त म मुख छु, कि त आँटी ।
तर म जे भए पनि, तिमी चै कुनै ईश्वरको अनुकम्पायुक्त भाग्यशालीको पुर्पुरोमा मात्र छ्यौ होला ।
के म आफ्नो पुर्पुरो हेराउन जाँऊ ?

आज मैले चियाको चुस्की लिँदै तिम्रो मन चोर्न खोजेको तिमिले चाल पायौकी जस्तो लाग्यो ।
तिमिले चाल पाएर पनि मलाई बाल दिइनौ भने त मेरो मुटुको चाल नै रोकिन्छ जस्तो लागिसक्यो
अब त ।

ढुक्ढुक मात्र गरेर के गर्छ यो मुटु पनि !
यसमा तिमिलाई राखेर संसारभरिको प्रेम दिन सकिन्न भने त, मेरो प्राण पनि ढुक्कले जादैन होला ।

एकदिन तिम्रो कमलो हातले बनाएको चिया पिउँदै
पल्लाघरेको चियोचर्चो गर्ने सपना बोकेको छ यो मनले ।
के यो सपना पूरा गर्छ्यौ त??
के म संग चिया पिउछ्यौ त???



Nurses Abroad Opportunity or Threat

*Geeta Belbase
Nursing Faculty*

Nurses are one of the pillars of the health care system. They play a vital role in providing holistic care, comfort and compassion for their patients and their families. They work hard, physically and emotionally, which can be very exhausting, though they have to stay calm and provide holistic care. Becoming a nurse starts with nursing school, a good foundation helps nurses understand and think critically about their duties. Nurses don't just provide clinical care and medication; they also provide emotional support and coordinate with other health team members so patients get the best treatment modalities. Technology is also involved in every aspect of nursing from electronic records, bedside technology, and use of gadgets; nurses need to know how to use it. Nurses should have outstanding theoretical and clinical knowledge as well as strong leadership and communication skills so they can tackle any situation effectively.

According to Nepal Nursing Council data, more than 30,000 nurses are unemployed. Most do not want to work as they do not get appropriate salaries and have extreme exploitation. According to Man Kumari Rai, the chairperson of the Nepal Nursing Council: "As per the minimum service standard set by the Ministry of Health, there is a requirement for an additional 52,000 nurses in the government health service." Government hospitals are facing a decrease in the number of job openings and the existing vacancies are not being adequately filled. This situation results in a shortage of health care professionals. In government hospitals, each nurse has to look after more than 30 patients, which deteriorates their physical and mental ability. Every day we hear of nurses and doctors being physically abused and mentally abused. Life as a medical professional is challenging in Nepal.

Nurses in Nepal working in different sectors are not satisfied with their salary, heavy work load, lack of respect, poor career opportunity and insecure future. Freshers are asked to work as volunteers in many hospitals. Political instability, poor policies, exploitation, lack of respect and poor treatment of nurses have started to drive them away from Nepal.

The scenario in developed countries is different as they are treated with respect and offered attractive salaries. Nurses abroad get paid with a starting salary of 3 to 4 lakh, which is extremely high in comparison to the salary in Nepal. Over the years, an increasing trend has emerged where nurses in Nepal are pursuing opportunities in the United States, United Kingdom, Canada, Australia, New Zealand and many more countries. They are moving with their families for better services and securing a better future for their upcoming generation.

The manner in which nurses are leaving will affect hospital management in the long run. Hospitals abroad give preferences to experienced and qualified nurses; as a result, there is a significant level of

completion among experienced nurses to go abroad. Currently Nepal Nursing Council have only data regarding nurses going abroad for study and there is no data regarding nurses who moved abroad for work purpose.

In order to address nurse's problem government should focus on education system because our programmes appear to focus on bringing nurses education system to an international standard and ignore to address domestic need. The reason for vacant hospital is that government is not able to recruit or retain health profession according to international market, poor incentive, absence of career development oppournity, high political influence and lack of proper social security are main reasons. Instead of focusing on developing health personal and discouraging international recruitment our government is still focusing on making agreement with different developed countries like UK to send their skilled man power for working in order welcoming high remittance. While the health profession is already infested with brain drain issues, numerous push and pulls factors also lead to the migration of health profession-als.

Even though nurses went abroad are guaranteed the same rights, privileges, protection and dignity as their counterparts in the destination country we all know how common is to exploits migrants from underdeveloped countries. Nurses need to have their voices heard and be recognized for their values. Remember the joy of moving nurses abroad is not a news of success and happiness. If scarcity of trained and experienced nurses continue in futurewe have to hire the nurses from the other countries for proper running of our health system which will increased the financial burden to the government. It is an invisible slap that government receives for the failure and will definitely have consequences in future. "When citizens leave their home countries for better opportunities, the government fails the country. Likewise, citizens fails when the experience of leaving their home country becomes something joyful rather than a burden of sorrow associated with not being able to work and serve their own country."

RETHINK!

"Sometimes I inspire my patients; more often they inspire me." -Anonymous

"The greatest of all mistakes is to do nothing because you think you can only do a little." -Zig Ziglar

Anesthesia: Beyond keeping patient to sleep



*Asst. prof. Dr. Rajan Shakya
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Anaesthesia term originates from the Greek word 'aesthesia' which means sense and the negative particle 'an', so the whole word means "without sense". The anesthetic state refers to a drug induced reversible state of unconsciousness with analgesia with or without muscle relaxation. When one talks about Anesthesia in Nepal, one thing comes to mind is "he is the one who keeps you to sleep during operative procedures." But patient need not be asleep in all the invasive procedures. There is much more to do by an anesthesiologist.

Sleep and general anesthesia are two entirely different conditions. During sleep, the brain moves between the slow waves of non-REM sleep and the fast waves of REM sleep. Under general anesthesia, brain waves are held hostage and remain in the same state for the length of operation till anesthetics are turned off. Under deep general anesthesia dream is not possible. But, in lighter state of sedation, one may dream. Coming out of general anesthesia is not the same sensation as waking up from good night's sleep. Sedative drugs can induce release of dopamine. So, after sedation people wake up with a good feeling and interpret it as being well-rested.

Anesthesiologist, a perioperative physician, establishes an anesthetic plan in coordination with the surgeon. He ensures patient readiness for operative procedure. Then first priority is patient safety through the procedure. If the patient is sick and could be made healthier, then he may postpone the operation for optimization of patient's medical condition and potential risk reduction. If one is about to get operation under general anesthesia, anesthesiologist puts an IV anesthetic agent in the vein. The world fades black in minutes. When its time to wake up, it feels only seconds passed. General anesthesia keeps body in a stable state by maintaining a consistent pulse, blood pressure, and temperature. Regional anesthesia blocks pain perception in a specific area without making patient unconscious.

Surgery would be a far unpleasant experience if it weren't for anesthesiologist. These specialists give medicine that keep patient pain free, relaxed and safe during surgery. They maintain hemodynamics throughout the invasive procedure and induce sleep if necessary. They will be with the patient before, during and after surgery.

Anesthesiologist just doesn't work in the operation theatre managing acute pain. They also perform role in non operative room anesthesia providing safety and care in day care surgery. Modified Electroconvulsive therapy is an example of it. Pediatric sedation for radiological investigations is conducted by anesthesiologist. They give pain relief in chronic pain conditions like back pain and cancer. Cardio, Neuro, Pediatric, Obstetrics, Gastro, Pain (acute and chronic) management, Regional, Hospice and Palliative care anesthesia is subspecialties of anesthesiology. Role of these specialists is well established during life

threatening conditions like COVID-19.

Every Surgical centers need anesthesiology experts to manage and monitor procedures. They work with many types of patients and serve various surgical and non surgical departments. They have flexible work schedule and are exposed to advanced technology and devices. However, there is an enormous pressure to succeed. A minor miscalculation by an anesthesiologist can be life threatening to the patient. Extended hours of work due to prolonged surgery and lack of appreciation can be challenging because most patient don't know who is his anesthesiologist.

Anesthesiology is not just putting patient to sleep. It's all about pain management, hemodynamics control, pleasant procedure and better patient outcome.



*Patient: "Doctor, are the test results ready yet?
I'm dying of curiosity!"*

Doctor: "Heh... not only from curiosity."

What is a double-blind study?

Two orthopedician reading an electrocardiogram.

First Sight, Second Smile, Third Touch and Final Goodbye

Dr. Prajwol Bhattarai
Anesthesiology and Critical Care, Lecturer

The first sight
With Zombie light
Whisper call
But Enough to fall
Never started that way
Yeah, It's the first, just to say

The second smile
With blushing face
The same dress
Still I can guess
Left the door
To the shore
With some words
Others....., left for lords

The third touch
Just I imagined
For the sake of god
Not to hurt
Falls "a short"
Disappear then
Not to fall again

The final good bye
Never from me
Just the sunset
I can see
Again, it will rise,
Yes dear, there, I will be.

स्वास्थ्यकर्मीको पीडा

सुस्मिता रोका (नर्सिङ स्टाफ)
सर्जिकल वार्ड

स्वास्थ्यकर्मी हुनुमा गर्भ लाग्नुको सट्टा
दिक्क लाग्दैछ किन ?
आफ्नै देशमा काम गर्नुको सट्टा
विदेशिने रहर जाग्दैछ किन?

के म स्वास्थ्यकर्मी बनेर गल्ती गरौं ?
भनेर सोच्नुपर्ने दिन
स्वास्थ्यकर्मी माथि गरेको व्यवहार देखदा
विदेश रोज्नुपर्ने दिन
अर्काको देशमा सिप बेचन जाँदा,
आफुलाई भाग्यमानी ठान्नुपर्ने
आफ्नो देशमा काम गर्दा,
विरामीको गाली अनि कुटाई खानुपर्ने

हस्पिटलमा विरामी मरे,
लापरबाही भो भन्छन्
घरमा विरामी मरे,
कालले मर्यो भन्छन्
आखिर कहिले सम्म,
आम मानिसले स्वास्थ्य पेशा नबुझेसम्म
आफुले सेवा गरेको विरामी मर्दा,
हाम्रो पनि मन रुन्छ
ए, हजुर विरामी मारने
हस्पिटल कुन हुन्छ ?

विरामी निको भइ घर जाँदा,
हामीलाई नि खुशी लाग्छ
अझ राम्रो सेवा गर्ने मन देखि रहर जाग्छ ।

महिला विरुद्ध लैङ्गिक हिंसा



रमिता गौतम

शाखा अधिकृत-प्रशासन

२१औं शताब्दी सम्म आईपुग्दा पनि हामीलाई महिला बिभेद, लैङ्गिक हिंसा, असमानता र यौनिक अल्पसंख्यकहरूका पिडा, समस्या र समाजमा घटने अधिकांश घटनाहरूमा पुरुषद्वारा महिलाहरू पिडित, प्रताडित, अनेकन हिंसा र समय सापेक्ष जघन्य अपराधका शिकारहरूमा समेत महिला तथा बालबालिकाहरू नै प्रमुख रूपमा पर्छ भन्नेखालका समाचार पढनुपर्ने र गाँउ समाज मा सुनुपर्ने अवस्था अभै पनि छ ।

बिगतलाई हेर्ने हो भने हाम्रो नेपाली समाजमा निकै छलांग मारेको अनुभूति हुन्छ, किनकी नेपालीहरूको साक्षरतादर बढेको छ, महिलाहरू आत्मनिर्भरता तर्फ उन्मुख छन् , शिक्षित महिलाहरूको संख्या ह्वात्तै बढेको छ अनि शिक्षित महिलाहरू भएपछि जागिरे महिलाको संख्यामा पनि बृद्धि भएकै छ तरपनि अभै महिलाहरूको समस्या, पिडा भोगाई दिनप्रति दिन समय सँगै अभि बिकराल, जटिल र सुन्दापनि जिउ जिरीग हुने खालका घटनाहरू सुन्नमा आउछन् । यस प्रतिष्ठानमा हिंसा कुटपिट भएर आएका पीडित महिलाहरू उपचार, परामर्श र पीडितलाई सेफहाउसमा राखी सुरक्षा दिईहेकोमा प्रतिष्ठानप्रति आभार व्यक्त गर्दछु । म आफैपनि यस राप्ती स्वास्थ्य बिज्ञान प्रतिष्ठानमा रहेर शाखा अधिकृत पदमा काम गर्न थालेको केहि बर्ष पुग्यो, यो अवधीमा मैले त्यस्ता धेरै घटनाहरू देखे, सुन्ने र पिडितलाई प्रत्यक्ष देख्न पाएको छु, उनिहरूको रोदन, चित्कार सुन्दा लाग्छ समाजका कुनैपनि पुरुषहरूको बिश्वास गर्न आवश्यक नै छैन । समाज कतातिर जादैछ भन्ने लाग्छ, किनकी आफ्नो जन्मदिने बुवा बाट, घरैका दाजुभाइ बाट, छोरा बाट समेत आमा, छोरी चेली बलात्कृत भएकी छन् , अनेकन हिंसाहरू सहेर बस्न बाध्य छिन् । यस्ता घटनाहरू सुन्दा लाग्छ समाज साच्चिकै कतातिर जादैछ ? समाजमा अनुशासन, सत्यता, नैतिकता भन्ने सबै कुराहरूके बिलय नै भएका हुन्त भन्ने भान हुन्छ ।



मान्छेहरूका लागि सबैभन्दा सुरक्षित स्थान भनेकै घर हो, अभि महिलाहरूको लागि भन्ने सुरक्षित स्थान हो घर, तर यहाँ पछिल्लो समयमा घटेका घटनाहरू सुन्दा लाग्छ महिलाहरू आफ्नै घरमा पनि सुरक्षित छैनन् किनकी अस्पतालमा दैनिक जसो चार देखि पाच संख्यामा आउने घटनाहरू देख्दा र सुन्दा ति कुराले महिलाहरू आफ्नो घरमा समेत सुरक्षित छैनन् भन्ने कुरा पुष्टि हुन्छ । फेरिपनि बर्षौ सम्म अनेक पिडाहरू सहेर महिलाहरू घरमा नै बसिरहेको अवस्था छ, किन पिडा सहेरै बस्छन् त महिलाहरू? यो प्रश्नको उत्तर एउटै छ, अभैपनि हाम्रो समाज पितृसत्तात्मक कुराले जकडिएको छ ।

नेपालमा पछिल्लो समय शिक्षित महिलाहरूको संख्या बढेको छ, जागिरे महिलाहरू पनि उत्तिकै छन् , महिलाहरूको नाममा जग्गा जमिन पनि देखिन्छ तर महिलाहरूले आफु खुसी निर्णय र त्यो जग्गाको भोकचलन गर्न पाएका छन् त ? अभैपनि हाम्रो समाजले पुरुषवादी सोच भएकाहरूको हातमा मुख्य बागडोर थमाएको देखिन्छ । बिगतमा घरमा बस्दापनि महिलाहरू हिंसा प्रभावित थिए, पिडित नै थिए अहिले समय फेरिदा पनि महिलाहरू दोहरो कामको मारमा छन् किनकी कामकाज महिलाहरूलाई घरको सम्पूर्ण जिम्मेवारी बहन गर्नुपर्ने र कार्यालयको जिम्मेवारी पनि बहन गर्नुपर्ने अवस्था रहेको छ ।

महिलाहरू जबसम्म आत्मनिर्भर र सक्षम हुँदैनन् तबसम्म महिला हिंसा बढि नै रहन्छ जस्तो लागिहदा शिक्षित महिलाहरूले पनि हिंसा सहेर बसेकै छन् किनकी शिक्षित महिलाहरूलाई पनि काम गर्ने स्थानमा महिला भएकै कारण मुख्य जिम्मेवारी दिन हिच्कीचाउने अवस्था अभैपनि छ । महिलाहरूले गरेका कामहरूमा शंका गर्नु, महिलाहरू जिम्मेवारीमा खरो रूपमा उत्रिएमा महि(लाहरूको आचरण माथि शंका गर्नु, अभि महिला र पुरुषले गर्ने एकै प्रवृत्तिको काममा समेत पारिश्रमिकमा फरक हुनु यो कुराले पनि महिलाहरू जति नै शिक्षित भएपनि कुनै न कुनै रूपमा हिंसा सहेर बस्न बाध्य छन् भन्ने कुराहरू प्रमाणित गर्दछ । पछिल्लो समय महिलाहरूको पक्षमा बोल्ने कानूनहरू बनेपनि ति महिला अधिकारका कुराहरू कागजका पानामा मात्रै सिमित भएका छन् । यदि कानूनले न्याय दिएपनि तपाइ हाप्रो समाजले त्यहि महिला माथि नै प्रश्न ठड्याउने गर्छ, जस्तै गर्दा महिलाहरूलाई समाजमा खुलेर बाच्च अभैपनि गाह्रो नै छ तर्सथ जबसम्म हामीमा महिलाहरूलाई हेर्ने सकारात्मक सोचको बिकास हुँदैन तबसम्म महिला हिंसाका घटनाहरू घटि नै रहनेछन् । आउनुहोस् सभ्य समाज निर्माणका लागि सकारात्मक सोचका साथ आजैदेखि हातेमालो गर्दै अधि बढौ ।

राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान – मेरो नजरमा

Sabitra Bohara
BSc Nursing (1st Year)

नेपालकै सबैभन्दा ठुलो भ्याली (valley) भनेर चिनिने दाङ भ्यालीको विचौबिच रहेको राप्ती स्वास्थ्य विज्ञान प्रतिष्ठानमा म पहिलो Batch को BSc Nursing पहिलो वर्ष पढ्दै गरेकी विद्यार्थी ।

पहिलो चोटि घरवाट टाढा अनि राप्तीलाई पहिलो चोटि नियाल्दा मलाई निकै अनौठो लागेको थियो । तर राप्ती मेरो नजर मा अहिले निकै फरक प्रस्तुत भएको छ । वरीपरी डाँडाकाँडा संगै ठुलो घोराहीबजार, मानिसहरूको चहलपहलले प्रतिष्ठानलाई सुन्दर बनाएको छ । विद्यार्थीलाई पढ्ने वातावरण निकै सरल बनाईएको छ । Expert and experienced नर्सिङ Faculties, उहाँहरूको साथ,सहयोग र हौसलाले Nursing पढन अभै उत्प्रेरित बनाएको छ । Practicalको लागि आफ्नै Hospital विद्यार्थीलाई को लागी विभिन्न प्रोग्राम (Programs/Competitions) refreshmentको लागी इन्डोर, आउटडोर Sports Week, टाढा बाट आउनेहरू को लागि घरसरह होस्टेलको व्यवस्था सिक्न सिकाउन आफ्नै Faculties मा Expert doctors/ Nurses, Library Room, Lab Unit साथै Teacher / Student बिचको अनुशासित सम्बन्धले राप्ती प्रतिष्ठानको शोभा नै उच्च भएको छ । चार महिनाको राप्तीको बसाईले मलाई पढाई मात्र नभएर धेरै नयाँ कुरा सिकाउनुका साथै विभिन्न ठाउँहरूको अमुल्य साथीहरू सँग भेट गराएको छ ।

समयसँगै अभै सकारात्मक परिवर्तन होस भन्ने चाहाना सँगै पहिलो Batchलाई यति सम्मको सरल वातावरण, निस्वार्थ सहयोग र हौसलादिनुहुने मेरा गुरु, गुरुआमाहरू र राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान प्रति म लगायत हामी सम्पूर्ण विद्यार्थी आभारी छौं । कहिले, कहाँ र कसरी सुरुवात गर्ने भन्दाभन्दै राप्ती स्वास्थ्य विज्ञान प्रतिष्ठान मेरो भविष्यको बाटो बनिसकेको पत्तो नै भएनछ । साँच्चै राप्ती मेरो नजरमा निकै फरक र विशेष बनेको छ ।



युवा मन !

टि. आर. भण्डारी
हेल्थ असिस्टेन्ट

युवा मन !
म एक युवा,
संघर्षशील जीवन बिताउन निस्केको एक यात्री !
नयाँ सोच, नयाँ जोश, र नयाँ तरिका
उमंगित मनका सपना थरि-थरिका
संयोग भनौ या दुर्भाग्य !

हिड्दा हिड्दै बाटोभरी, पानी बर्सियो
कुन्नि किन बिरालो पनि बाघ भैँ गर्भियो
दुनियाँलाई जित्ने हिम्मतिलो मेरो मन
खै किन किन आज तेसै तेसै तर्सियो !

तर पनि आसातित मन भन्छ
अब त हिउद लाग्यो पारिलो घाम लाग्ला
चाड पर्वहरूको चाँगै चांग लाग्ला
खुशीको त कुरै छोडौ कति हो कति !

हास्ने खेलने रमाउने ती रमाइला पलहरू
सोच्दा-सोच्दै बादल आयो !
हेर्दा हेर्दै फेरी पानी पयो, दृश्य धमिलो भयो
खै के गर्ने के नगर्ने, मन अनिर्णयको बन्दि भयो !

स्वास्थ्य

Dakshina Nepal
BSc Nursing (1st Year)

स्वास्थ्य नै जीवनहो, सबैले बुझ्नुपर्छ ।
स्वास्थ्य नै धनहो सबैले स्वीकार्नुपर्छ ।
तन,मन,वातावरण सधै सफा राख्नुपर्छ
रोगबाटबच्नलाई नै यति कुरा जान्नुपर्छ ।

शुद्ध खाऔं सफाखाऔं नियमितखाऔं
योग, ध्यान, कसरततिर पनि मन लगाऔं ।

रोगलाग्दातन मन हुन्छ सधै निन्याउरो
धन, पैसा खर्च हुँदामुहार पनिअध्याँरो
खाली पैसाभनि दौड्छौ आरामपनिगर्ने गरौं
दिनमा एक घण्टा योगमापनिध्यानदिऊ ।

स्वास्थ्यको जनचेतनाअशिक्षितलाई बताऔं
अस्वास्थ्यकर खानपिनको दुश्र्रभावनि सुनाऔं
व्यवस्थित र शुद्धताका खानपानगर्ने गरौं
फलफुल, अन्न, गोरसको पनि सेवनउत्तिकै गरौं ।

सर्ने र नसर्ने गरी हुन्छन दुई थरी रोग
खानपान र कसरतको ख्याल राखे पर्देन है शोक
दुईदिनको जिन्दगीहो हाँसीखुसीजिऔं
आफु संगैअरुलाई पनि रोगवाट बचाऔं ।

समयले घेरै कुरा सिकाउदै छ

दिपीका उपाध्याय
BSc Nursing (1st Year)

केही लेख्दैछु, कापीका पाना भर्दैछु ।

केही कोर्दै छु, केही बुज्दै छु ।

जिवन कतैत मोड्दैछु ।

आशा बोक्दै छु सपना बुन्दै छु

गन्तव्यको यात्रा जारी छ ।

आफुलाई गन्तव्य तिर धकेल्दै छु ।

जिवन यथार्थ बुज्दै छु ।

आपना पराया चिन्दै छु ।

आफुलाई अब सबै ढोडगी, नाटकी फरेबी

नाताहरुबाट मुक्त गराउदैछु ।

मनको गाठो खोल्दै छु ।

आफुलाई परिचित गराउदैछु ।

मन भारी भएको थियो ।

म मा विश्वास नगर्नेका अगाडी केही गरेर देखाएको

त्यो आनन्दताको वातावरणमा थकाई मर्दैछु ।

आफै रन्छु आफैलाई फकाउछु ।

अनी आफैलाई हसाउछु ।

यो पापी दुनियाँलाई भुल्दै

आफ्नो बेग्लै संसार संरचना गर्दैछु ।

आमाको याद आउदा भक्कानिएर रन्छु

अनि आमाको कोसेलीको सितलतामा आँसु सुकाउदै छु ।

पाईला डगमगाउदा आफै आफ्नो ख्याल राख्दैछु ।

पाईला नडगमगाओस भनेर

हरपल बाबाका कुरा मन्त्र जस्तै सम्जिदै छु ।

कसैले म मा विश्वास गरेका थिएनन् हेर

अब आफुले पाएको अवसरको मौका उठाउदै छु ।

परिवारको आशा र मेरो जिम्मेवारी

भीरमा बोकी आफैलाई सम्हाल्दै छु ।

अनेकथरी सोचमा हराउदै छु अनेक ईच्छा र सपना भुल्दै छु ।

पुरानो 'म' आफुलाई भुल्दै नयाँ यात्रालाई अड्गाल्दै छु ।

जस्तो छु त्यस्तो त पक्कै थिएन

चुलबुले त्यो 'म' साना खुसी खोज्ने 'म'

अब बास्तविकता बुज्दै छु,

पुरानो म जस्को नाम मात्र थियो उस्लाई मर्दै

अब कामले आफ्नो नाम बनाउदै छु ।

कसरी पेवा भयो ?

सिर्जना न्यौपाने (नर्सिङ स्टाफ)
NICU / PICU

बगिरहेको रगतभाच्चिएको हड्डीको साथीको थियो

बिग्रेकोमानसिक स्थितिमा तिम्रो लाठीको थियो

बाचे भगवाननसके राक्षस हामीलाईकसले बनायो ?

रोग हुन्छ मृत्युकोकारक त दोष कसरी पेवाभयो ॥

आमाको कोखवाटै तिम्रो ख्यालकसले राख्यो

जीन्दगीको सुरुवाट देखि अन्तय सम्मको साचीको रहयो

बाचे भगवाननसके राक्षस हामीलाई कसले बनायो ?

रोग हुन्छ मृत्युको कारक त दोष कसरी पेवाभयो ॥

सेतो कोट भित्रकापनिमानिस नै हुन खै तबुभेको

मृतकआफन्तको व्यपार के यो सहीहो ?

बाचे भगवाननसके राक्षस हामीलाई कसले बनायो?

रोग हुन्छ मृत्युकोकारक त दोष कसरी पेवाभयो ॥

स्वास्थ्यकर्मी माथीहातपातगर्न तिमिले कहाँसिक्थौ

दोष छ भने पनितिमिले कानुन कसरी हातमालियौ

बाचे भगवाननसके राक्षस हामीलाई कसले बनायो ?

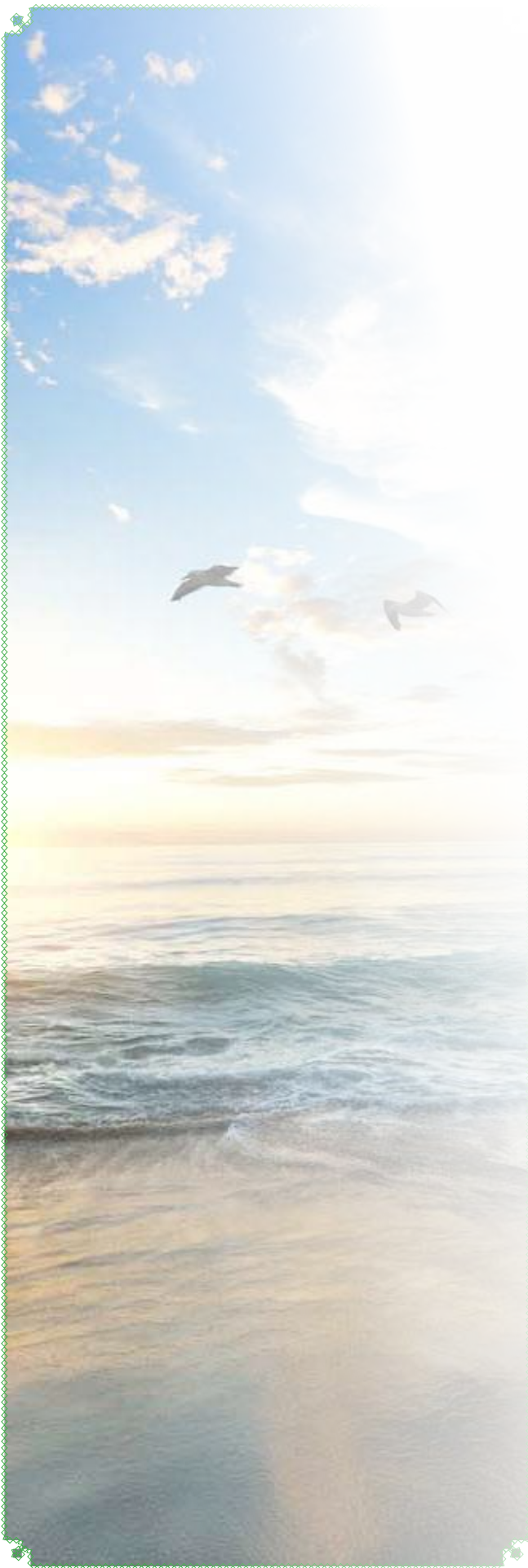
रोग हुन्छ मृत्युको कारक त दोष कसरी पेवाभयो ॥

मानसिक स्थिति सुधार गर्नेलाई रोगी कसरी बनायौ

सेतो कोटमा सजिएकालाई कसरीहत्यारा कहलायौ

बाचे भगवाननसके राक्षस हामीलाई कसले बनायो ?

रोग हुन्छ मृत्युको कारक त दोष कसरी पेवाभयो ॥



डाक्टरहरुको अपजसी कर्म



दुर्गा श्रेष्ठ
वरिष्ठ सहायक (प्रशासन)

भगवान भनेर पुज्नेहरु दुइगाले
प्रहार गर्न थालेका छन् ।

सदैव सेवामा खटीएका स्वास्थ्य कर्मचारीहरु
दयामदयाम कुटीन थालेका छन् ।

अस्पताल एउटा मन्दीर हो त्यहाँ खटीएका भगवान
तर यहाँ सबै पावर र पोजीसनले नै बलवान
बुभी नसक्नु छ हाम्रो देशको कानुन
खोइ अब त्यो कानुन जस्ले बनाको उसैले जानुन्

मृत्युको असह्य पीडामा छटपटीमा मलम बन्दै गरेको त्यो सेवा
आज दिन पुगेर जाँदा पनि हत्याराको दोषी भई
सजाय भोग्नु परेको छ
भन्दा कस्तो सुनिन्छ थाहा छैन मलाई
तर कलमले स्वास्थ्य सेवाको बारे लेख्दा
निकै नमजा लाग्दै छ मलाई
नत कुनै चाडपर्व नत कुनै निजी जीवन,
हरपल सेवामा खटिएको छ

फेरिपनि समय समयमा उनीहरु माथि नै हमला गरिएको छ
बडो अचम्मको छ मेरो देशको निती नियम
अनि न्याय यहाँको
अरु अन्यायको विरुद्ध सडकमा आउँदा माग पुरा
अनि चिकित्सकहरु मैदानमा उत्रिदा चौतर्फी विरोध सबैको
खै कस्तो शक्ति प्रदान गरेका हुन चिकित्सक भन्ने शब्दलाई
धेरै गर्व लाग्छ चिकित्सक संस्थामा संलग्न व्यक्तिहरु प्रति मलाई
जय स्वास्थ्य संस्था ।



Divya Thapa
Prepared by Divya Thapa

Divya Thapa (OA)
Department of Ophthalmology

Academic Events



Academic
Events









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Changes Through.....*

Research

Academic Excellence

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