

We left the shores 2 years ago and decided to swim across the great ocean called 'Project Naruvi' - a unique medical facility in South India. The decision, in good faith, to swim the seas, are finally paying off. We have started sighting the shores again. This time, it is the shores of completion of this project.

We are barely 6 months away from launching our long-awaited services to the people of our country, at large, and Vellore in particular. It is nothing but providence, honest and truthful intentions and the untiring efforts of the entire team, that is drawing us closer to the shores of 'Project Naruvi'.

The whole exercise has not been without its share of hiccoughs and nature's way of lending everything its fair share of dawns and dusks. As we approach the 'grand finale' of 'Project Naruvi' and look forward to the curtains rising on Naruvi Hospitals, the high levels of excitement and a sense of achievement and accomplishment hangs so palpably in the air.

The countdown has started. The launch date is to be finalised. I thank everyone, statutory agencies, approval issuers, the construction teams, the project team and all the others associated with Project Naruvi, for their unflinching support and assistance, without which I would not have been in a position to send you all this message.

Iai Hind.

"You can never cross the ocean unless you have the courage to lose sight of the shore"





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the last month

The Naruvi team has expanded further. There are representatives from almost all administrative departments working out of our office.

The Chairman and Executive Director were invited to attend the Vth Varian summit held in Calcutta on the 5th of August 2019. They met and had detailed discussions with the global leaders of Varian, regarding the way forward for the Naruvi Institute of Oncology.

They were delighted to know that we have signed up for an end-to-end Varian Oncology solutions, with the latest technology in Radiation Therapy, the HyperArcTM High-definition Radiotherapy.

The Executive Director was invited by the DANAHER company to address their top national management on the Naruvi philosophy and to discuss ways to take the world's first ONE DANAHER handshake to the highest levels possible not only for the purpose of diagnosing disease, but also by holding hands in conducting meaningful research, translating clinical expertise and experiences into better diagnostic techniques, for the ultimate benefit of the people and society.

The campus is teeming with activity, with the arrival of consignment after consignment of overseas shipments. The whole place is dotted with containers sporting the top names in medical equipment across all continents. It is nothing short of a list of the who's who in the world of medical technology partners.

Creation of the various manuals for every single activity envisaged in the hospital, has attained frenzied levels. The manuals for standard operating protocols and other systems and processes are being created to world class standards. Teams of people are going through these documents over and over

The hospital information software (HIS) is nearing completion, with the testing to start soon.

again, to make sure they are impeccable.

Interior work on the building is progressing very fast. Mock ups of various areas are being done to get a feel of the final appearances. Furniture has been chosen. The external facade work is about to start.

The launch are being kept in sight even with the eyes closed. In all, everything is moving ahead as planned.

Let us all look forward with bated breath for Naruvi to launch itself into orbit by the turn of the decade.



the last month

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Gowda and colleagues' and Uchida and colleagues' contributions on components of the physical exam bring back a restrained nostalgia for a time past. I used to take pride in demonstrating physical findings during beside rounds. I think the residents and students appreciated my effort and at least learned to do exams carefully and thoroughly. Good medicine is learned at the bedside by observing, listening, feeling, touching; the laying on of hands is as old as medicine. We are provided with an intimacy, an ability to physically touch other people—almost a taboo in our society—to enter their space and query their most intimate thoughts, yet nothing connects us more directly with our patients than holding their hands or touching them while discussing difficult issues. Maintaining physical contact is a bond and bridge that we should first create and then cross with pride and expectation that it

will be a major part of our therapeutic plan. I laud the effort to define a core physical exam to complement the teaching of a comprehensive one, but I worry that these efforts will eventually be futile. We seem to be headed inexorably toward "chief complaint" exams, relying heavily on small portable ultrasound devices, ordering CT scans and MRIs before seeing patients, treating charts instead of people, and attaching every kind of digital monitor and skin sensor while heading away from anything like comprehensive or core physical exams (much less bedside exams and teaching), or in-person review of biological specimens. Today, work rounds are often sit-down affairs impersonalized further by multiple handoffs. Teaching by example is becoming a lost genre.

Productivity demands, time constraints, lack of role models, and the clear evolution to more automated, hands-off approaches to patient care make it imperative that we rethink more than just the key components of the physical exam. Of great importance is the need for a whole new approach to educating physicians for maintaining the human touch in an era of patient care with much less touching.

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In contemporary health care, touch – contact between a doctor's hand and a patient – appears to be on its way out. The expanding role of CT and MRI imaging is decreasing reliance on touch as a way of making diagnoses. Pressures to move patients through the system more quickly leave health professionals with fewer opportunities to make contact. Our experience suggests that when doctors spend fewer minutes with patients, less time is available for touch.

Yet despite the rise of scanners, robots and other new medical technologies, the physician's hand remains one of medicine's most valuable diagnostic tools. Touch creates a human bond that is particularly needed in this increasingly hands-off, impersonal age. Medical practice is replete with situations where touch does more than any words to comfort and reassure.

The USC psychologist Leo Buscaglia, whose habit of hugging those he met soon earned him the sobriquet "Doctor Love," bemoaned our neglect of touch in his book, "Love," in these terms:

Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.

For thousands of years, touch has been recognized as an essential part of the

continued

healing arts. Native American healers relied on touch to draw out sickness, and kings and queens were long believed to possess the "Royal Touch," through which the mere laying on of hands could heal. The Bible contains numerous stories of the healing power of touch.

Touch is an essential part of our well-being

An indication of our need for touch can be found among our primate relatives. Psychologists have observed that many such species spend upwards of five hours of each day touching one another, partly through grooming. For many human beings, however, the daily dose of touching would be measured not in hours but minutes, perhaps even seconds.

Lack of touch can be hazardous to health. In experiments with primates some 60 years ago, researcher Harry Harlow demonstrated that young monkeys deprived of touch did not grow and develop normally. Mere food, water and shelter are not sufficient – to thrive, such creatures need to touch and be touched.

The same can be said for human beings. During the 20th century, wars landed many babies in orphanages, where their caretakers observed that no matter how well the infants were fed, they would fail to thrive unless they were held and cuddled on a frequent basis. Touch offers no vitamins or calories, yet it plays a vital role in sustaining life.

More recent studies have corroborated these findings. "Kangaroo care," using papoose-like garments to keep babies close to their mothers, decreases the rate at which they develop blood infections. Touching also improves weight gain and decreases the amount of time that newborns need to remain in the hospital.

Touch creates a bond between doctor and patient

Novelist and physician Abraham Verghese has argued that touching is one of the most important features of the patient-physician interaction.



When he examines a patient, he is not merely collecting information with which to formulate a diagnosis, but also establishing a bond that provides comfort and reassurance.

The notion that touch can reassure and comfort has a scientific basis. Ten years ago researchers used MRI scans to look at the brains of women undergoing painful stimuli. When subjects experience pain, certain areas of the brain tend to "light up." The researchers studied subjects when they were alone, when they were holding a stranger's hand, and when they were holding their husband's hand. They found the highest levels of pain activation when the women were alone. When they were holding a stranger's hand, the pain response was decreased. And levels of activation were lowest of all when they were holding their husband's hand. Interesting, the higher the quality of subjects' marriages, the more pain responses were blunted.

Touch from parents helps kids in intensive care

We have been studying this phenomenon in our own institution, looking at the effect of touch not only on patients but on the parents of patients admitted to the pediatric intensive care unit.

The project, called ROSE (Reach Out, Soothe, and Embrace), sought to determine whether increasing opportunities to touch patients could promote parent well-being without compromising patient safety.

healing touch



Instead of merely determining whether patients could be taken off the ventilator or fed, we also identified patients who could be safely touched and even held in their parents' arms. When a patient was deemed safe to hold, a magnet bearing the image of a red rose embraced by two hands was placed on the door to the patient's room.

While we are still analysing the results and further study is needed to fully delineate the health benefits of touch, several findings are already clear.

First, increasing opportunities for touch does not compromise patient safety. Second, the subjective well-being of family members is enhanced when touching is encouraged. Third, promoting touch empowers family members to become more involved in their child's care.

To be sure, inappropriate and unsafe touching can be harmful. But when touch is encouraged in the right ways and for the right reasons, it is good for patients, family, friends and health professionals alike. Touch is one of the most fundamental and effective ways to create a sense of connection and community among human beings.

In the words of the 20th-century theologian Henri Nouwen, who wrote in his book, "Out of Solitude":

When we honestly ask ourselves which person in our lives means the most to us, we often find that it is those who, instead of giving advice, solutions, or cures, have chosen rather to share our pain and touch our wounds with a warm and tender hand.

So next time you find yourself confronted by a person in distress, remember the power of touch. Medicines and words both have healing power, but so does touch, and it is perhaps the most widely available, financially responsible and safest tool in the healing arts. When we touch, we connect, and when we connect, we create a healing bond for which there is simply no substitute.

























