

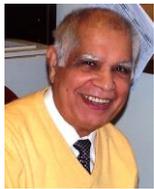
REFLECTIONS



A Hindu Cultural Center of Albany Hindu Temple Society's Newsletter devoted to the Capital District's Indian-American community particularly its seniors

Editorial: Our Indian-American Community as an Asset to the Capital District

By Ram Chugh



Namaste. In his inspirational address to the US Congress on June 7, 2016, Prime Minister Narendra Modi said,

"Connecting our two nations is also a unique and dynamic bridge of 3 million Indian Americans. Today, they are among your best CEOs, academics, astronauts, scientists, economists, doctors and even spelling bee champions. They are your strength. They are also the pride of India. They symbolise the best of both of our societies."

The Prime Minister's statement was greeted with loud applause and a standing ovation. The enthusiastic response was a genuine recognition of the role the Indian community plays in the U.S. economy and in

every community they are settled in.

Most Indians, while maintaining their cultural identity, have assimilated well within the American society and have become highly visible and productive members of their adopted homeland.

The population of Indian-Americans has doubled from 1.6 million in 2000 to over 3 million in 2015. They are spread across the U.S. and about 9,000 of them live in the Albany Capital District.

As elsewhere, the Indian community in the Capital District makes significant contributions in various professions, such as science and engineering, medicine, dentistry, information technology, higher education, business, finance, state and local governments, and community service.

Nearly half of us living in the Capital District are involved in these high-impact fields. We have about 200 physicians, 100 dentists, 40 university

professors, and a large number of IT professionals, engineers, and scientists, many of whom are world-leaders in their fields.

For example, several RPI and SUNY Albany professors, and GE engineers from our community have received national and international recognitions for their pioneering research, scholarship, innovation, and entrepreneurship. Some have been publicly recognized for their exemplary community service activities.

We must recognize that our community is inextricably linked with the Capital District's economic and social life. While we will always remain connected with India because of our birth and emotional ties but America is our adopted home.

We should take pride in being Americans by choice and contribute what each one of us can to enrich the larger community of the Capital District. Thank you. ■

The Abode of God is Temple (A Grandmother's Wisdom)

By Jyotsna Pachaury*



Mandir, as we say in India, is a place of God. They are very important and holy places for us Indians. There are thousands of mandirs/ temples in India. The

birthplace of Krishna (Mathura and Vrindavan) has lots of old temples and new huge and beautiful ones being built dedicated to him. Similarly, the birthplace of Lord Ram, Ayodhya, has many temples dedicated to Ram. In southern India the temples have such amazing architecture that people go for a tour of these big and beautiful temples.

Indians are God loving people. We

worship God in many forms like Ram, Krishna, Vishnu, Shiv and in feminine forms of devi Shakti, Saraswati, Lakshmi, Durga. Wherever we reside we build temples as a place of worship and meditation.

In America we have built many temples. They are of different forms of God and also we do special prayers on different days. Mondays are for Shiv, Tuesday for Hanumanji, Wednesday for Ganesh, Thursday for Vishnu, Friday for Goddess Lakshmi, Saturday for Hanumanji and Shani, and Sunday for Sun God.

Our Hindu religion is based on our holy scriptures like the Vedas, Upanishads, Geeta and Ramayana. Our scriptures say that whenever there is dominance of demonic traits like violence then God takes a form on earth to establish purity and dharma.

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In God's creation, human is the wisest as we have the intelligence and ability to distinguish between what is right and wrong. In the forms of Ram and Krishna, God took human form to tell us what is good for us. God is our father, guru, teacher, friend, and everything. We build temples to worship him. In the temples, we chant prayers to him; we feel bliss to see his form as idols. With his divine grace we receive peace, pleasure, hope,

harmony and tranquility of mind and soul.

Temples also serve our new generations so they should know about our religion, dharma, righteousness, spirituality and enlightenment to see the divine good. It's a great way to pass on our heritage including art and dance.

We Indians are also festival loving people. Most of our festivals are connected with a form of God. We celebrate Ram and Krishna's birthday; some festivals are dedicated to the Devi Durga. Diwali our biggest festival celebrates Ram's victory over Ravana and his joyous return home. Temples give our communities a chance to celebrate these festivals at a large scale.

Temple is the place where we get positive thinking and feel the presence of the almighty very strongly. It rejuvenates our heart and soul. ■

* Mrs. Pachaury is a proud grandmother and lives in Boston, MA. She was born in the janambhoomie of Lord Krishna and her father was a scholar of Hindu scriptures. She grew up in a very religious family and is trying to pass on those values to her grandchildren.

Exercise Guidelines

By Bansi Bazaz*, MD



American College of cardiology has come out with guidelines about exercise for general public. These get updated in their journal.

Exercise is the cornerstone of healthy lifestyle, which also includes maintaining ideal body weight, proper nutrition, restriction of salt (2400mg/day) (Mediterranean diet), not smoking, alcohol in moderation, regular medical check ups. Eighty percent of cardiovascular disease can be prevented. How we live our lives will determine when we die. Benefits of exercise include improved cardio respiratory fitness, reducing triglycerides, increasing high density

lipoprotein (HDL- good cholesterol), reducing blood pressure, improving glucose and insulin sensitivity, reducing body weight, reducing inflammatory markers.

Association between physical activity and cardio-vascular disease (CVD) outcome is curvilinear relationship. Change from inactive to mild or moderately active lifestyle yields a relatively large risk reduction, whereas further increasing exercise volume produces smaller risk reduction.

The least active, but still effective behavior is standing. Standing for more than 2hrs/day is associated with 10% reduction of all causes mortality, and standing 25% time 18%.

Every one should participate in 30 to 60 minutes of moderate intensity aerobic exercise 5 days, preferably 7 days a week, supplemented by daily lifestyle activities like household work, gardening etc. Only day you don't exercise is when you don't eat.

Moderate intensity aerobic exercises include brisk walking (>3miles/hr.), bicycling<10miles/hr.) water aerobics, tennis(doubles), ballroom dancing, general gardening.

A person needs to exercise 15-30 minutes per day. If able to exercise vigorously, which includes uphill or power walking, bicycling>10 miles/hour, running or jogging, singles tennis, aerobic dancing, heavy gardening (digging or hoeing), one needs to exercise 15-30 min/day.

It is highly recommended to gradually increase intensity and volume of your exercise in consultation with your physician. For people who exercise regularly, chances of sudden cardiac death or MI are low at 1 per 1.4 million hours.

Combination of aerobic and resistance exercise produce greater reduction in body fat, improvement in muscle strength and balance, increase in cardio pulmonary fitness. Weight exercises should be done 3 times a week

Heart rate increases with exercise. Ideally it should be 20-30 beats more than standing rate. That may not happen if person is on some drugs like Beta blockers.

Do warm up stretches before each exercise session and cool down afterwards. Remain well hydrated. Special precautions are warranted in cold winter months. Cold weather can suddenly boost blood pressure, increases oxygen demand of heart, while oxygen supply may be impeded by coronary constriction in vessels damaged by atherosclerosis.

People above 60 yrs. or persons with heart disease should not indulge in shoveling snow, because it is episodic, it is not aerobic but isometric. As it is correctly said, testosterone has no place on the driveway.

If you experience chest pain or pressure, shortness of breath, extreme fatigue, dizziness or nausea during or immediately post exercise, stop and immediately call your doctor. Weekend warriors are at much higher risk than people who exercise regularly year around. ■

* Dr. Bazaz is a cardiologist and practices in Ogdensburg, NY

Is daily chanting meaningful?

By Akashananda Sarasvati *

Chanting is a universal tradition. India has perhaps the richest and the longest *living* tradition of chanting hymns embedded with multilayered meanings set to meter. Chants are believed to prepare, nurture and tap into the sublime powers of the mind to realize one's potential to lead a fulfilling life. It is this premise on which the beautiful oral tradition of *nityaSIOkAs* (daily chants) is founded.

Chanting *SIOkAs* before or during different activities can empower, by creating a mindspace hued with clarity and intent, and cleansing negative thoughts and feelings. Here, we examine *nityaSIOkA* chanting and its import.

In India, children are usually introduced to prayer at an early age through chants that sing praises of deities (*devatAs*). The motive of chanting encomiums is to inculcate a sense of devotion (*Bhakti*) to be in touch with the Divine within oneself. For instance, we all have heard "Good Morning" (*supraBAtam*) hymns, an example of which is *karAgrE vasatE lakSmlhi...praBAE karadarSanam*. This *SIOkA* helps visually invoke *devatAs* of resource, knowledge and strength in one's palms, and absorb their energies by palming the eyes. Such kindling awakens, nurtures and connects us with our different psychological facets personified by *devatAs*.



Calling out to holy rivers (e.g., by chanting *gangE cayamuEcaiva...jalEsmi sannidhim kuru*) during bathing cleanses the mind as well and endows auspiciousness

to a routine activity. The mealtime hymn *brahmArpaNam brahmahavihi...brahmakarma samAdhina* identifies the food, the partaker and the act of eating, as united in divinity, and seeds gratitude and well-being. The bed time chant *karacaraNakrutam vAk...mahAdEvaSamBO* helps self-reflection of thoughts, words and deeds, and seek blessings for self-improvement. Similarly, *nityaSlokAs* exist for many activities such as ushering in dawn and dusk, effective learning, invoking courage, and getting good sleep.

All of us appreciate that sound has a profound influence on mind and body (e.g., music). Hence, even merely tuning into the hymn vibrations without knowing their meanings offers benefits. Just listening to chant vibrations quells mental noise. Regular practice of getting to this alert mental state is a valuable asset for giving one's best to any task with vigor, skill and creativity. Moreover, hymn vibrations themselves do embody intent, albeit subconsciously, just like unactivated genetic sequences in us.

As we gradually discover the chant meanings through learning and reflection, our deepened awareness unfolds the embedded intent. This process is akin to unveiling and unleashing the potential of unexpressed genes. Thus, vibrations are a vehicle for tapping into the subconscious mind to expands awareness and to realize specific intents (*sankalpa*) through focus and reiteration. Thus, chanting can be a potent tool to identify hidden talents, dispel false notions and perceived inadequacies, and develop confidence, humility and equanimity.

Chanting is integral to Yoga wherein specific vibrational frequencies are harnessed to activate and cleanse *nAdIs* and *cakrAs* for energizing the body and mind. Modern neuroscience has begun to recognize ancient assertions in Yoga and Ayurveda that consecrated sounds influence biochemical processes that correlate with emotional and mental states. For example, chants have been shown to trigger alpha waves in the brain, associated with increased alertness and tranquility. This has the power to counteract anxiety and depression.

In summary, chanting *nityaSIOkAs* is a simple and powerful means for self-discovery and personality development. This practice imbues daily activities with vitality and meaning, making one connect with oneself, and with the world. Chanting could be a foundation for living a fruitful life replete with achievement, contribution, and self-satisfaction.

Try it out !! Om !■

Cancer and the Art of Oncology

By Sudarshan Bhatia, MD*



Cancer is a disease characterized by rapid abnormal growth of cells in the body, with potential to invade other parts. Very likely

we all know someone affected by cancer. There are more than 100

types of cancer. Most common are Breast, Lung, Colorectal, Stomach and Cervix cancer in women and Lung, Colorectal, Prostate, Stomach and Liver cancer in men.

Most cancers are curable when detected and treated in early stages. However, when they spread (metastase) to other sites in the body, they are difficult to control and can ultimately cause death. About 15 million people are diagnosed with cancer per year worldwide and over 8 million die from cancer each year.

Factors known to increase risk of cancer are smoking; diet (excessive red meat); environmental pollution; exposure to chemicals, radon, radiation, immune-suppressive medicines (as used with organ transplant); infections like HIV, HPV; excess alcohol; lack of physical activity; obesity; diabetes; genetic susceptibility.

Recommended prevention strategies include:

1. Gastro-intestinal cancer prevention – keep normal body weight; stay active; sit less; avoid high-calorie foods & sugary drinks; eat more grains, vegetables, fruit and beans; limit red meat and avoid processed food; eat less salt; limit alcohol.
2. Breast cancer prevention - breastfeeding your baby for the first six months.
3. Lung cancer prevention – don't smoke; avoid radon exposure – check and mitigate radon levels in your basement.

Based on size, lymph node involvement and spread to other structures, cancer is classified as stage I (early) to IV (metastatic). Treatment modalities alone or in different combinations depend on the stage and type of cancer.

Treatment:

1. Surgery – operation to remove the cancer;
2. Chemotherapy – anti-cancer medicines;
3. Radiation Therapy – kills cancer cells with high powered X-ray beams. Other newer methods are –

Immunotherapy, Molecular Targeted therapy, and Gene therapy.

Art of Oncology (Oncology - the study and treatment of cancer) Disease alone is not the target. For successful long-term outcome, attention needs to be placed on the patient as holistic approach including social circumstances and impact on family.

When cancer strikes the bread-winner with lot of mouths to feed, activities to support, substantial medical expenses, limited vacation and worry of when they can return to work, imagine the fate of the family. A mother diagnosed with cancer, often questions – how will I get through treatment and still take care of young children? Suffering and distress in such cases clearly impacts more than just the patient. It's important therefore to consider family dynamics, social support, and relationships.

When a patient is investigated for cancer, there is extreme anxiety of finding out the results of biopsy. When the doctors inform the diagnosis of cancer, it can result in devastating effects to the patient and their family – as if the world has come to an end and there is anxiety of dying. We all fear death – but for the cancer patients, the feeling is a step closer.

Communication regarding cancer and its treatment is a challenge for the involved physician, the patient, and the family. An ideal physician engages patients in their medical decisions and helps make decision with them rather than for them.

Physicians need to be confident, empathetic, humane, forthright, respectful, and thorough, and are able to address patients needs, values, and preferences. Giving them hope for the best and supporting a backup plan for the worst.

Some people live with the disease for many years – undergoing multiple surgeries, long course of chemotherapy and/or radiation

therapy, suffering from multiple set of complications, infection, etc., Fatigue, frailty, multiple medical comorbidities, and worsening social support systems, can interfere with their ability to withstand anticancer therapy.

Support from the spouse, family, and friends can greatly improve coping with cancer. Conversely, lack of support and aversive support, such as friends and relatives making too many demands and/or being critical, impairs patients' adjustment to cancer. Some caregivers themselves have greater difficulty coping. Sometimes we don't realize how much we love someone until we realize that we may lose them.

Even after cure, there is scare of cancer coming back resulting in depression, diminished sleep, energy and self worth. Recurrence of cancer results in exhausting struggle like a roller coaster of success and setbacks. There is constant worry, grief, and uncertainty. Some cancer survivors feel isolated, and less than normal. They need attention and support. Be supportive, be there for them, listen silently, simple touch – can lessen the sense of isolation and be deeply comforting.

Involvement in various artistic endeavors such as expressive writing, music, art therapy, healing touch, yoga, can reduce side effects and improve quality of life. Doing so may help patients resume as normally as possible after therapy.

More than an article, this is a reference to direct you to deeper wealth of information contained in the Art of Oncology section of the Journal of Clinical Oncology. I recommend all to read some of these articles to get greater understanding of associated circumstances in the lives of patients diagnosed with cancer.

You will find true stories, dilemmas and controversies dealing with End of Life, Emotions of the Oncologists, Hospice Care, Patient Communication, Survivorship and

Ethics & Legal Issues. These full length/ pdf articles are open access on the web, just google Art of Oncology and you will get All Art of Oncology Articles at jco.ascopubs.org/cgi/collection/a007

* Dr. Bhatia is a radiation-oncologist and practices at the VA Hospital. in Albany.

Celebration of Life

By M.G.Prasad*, Ph.D.



The common question about human life is "What is the purpose of human

life?" Fortunately, there is an answer in Vedic literature rooted in Upanishads, Bhagavad-Gita and Brahma Sutras. The answer according to this Vedic literature is that the very purpose of human life is to celebrate life by attaining freedom from fetters and be established in blissful joy always.

It is well known that human beings are endowed with certain unique strengths and capabilities as compared to other forms of life namely in plants and animals. This is because a human being has five sheaths namely food, vital force, mind, intellect and bliss as described in the Taittiriya Upanishat.

The food sheath refers to the physical body as an integration of five elements namely earth, water, fire, air and space along with senses of perception and cognition. The vital force refers to the various elemental principles in the body contributing to health. The mind as is well known dwells on the desires (or worries) moving freely within and outside of a human being. The intellect refers to the focusing and decisive ability that is required to achieve anything by a human being. The bliss refers to the very core nature and purpose of life of a human being.

It is important to note that a harmony among the first four sheaths above

namely food, health, mind and intellect has to be achieved in order to establish and celebrate life in blissful joy. This harmony is to be achieved by understanding and acquiring the four-fold goals of human life.

MESSAGE FROM DR. SHASHI PATEL, CHAIR, HCC BOARD

On behalf of the HCC Board of Directors (BOD), I wish to express my sincere thanks to Ram Chugh for spearheading this Newsletter and to several individuals who took time to write articles. Their contributions have made *Reflections* a widely read Newsletter. In addition to providing articles on topics of special interest to our seniors, *Reflections* is striving to cater to the whole family; please note the announcement of publishing a special issue containing articles by children on Festivals.

Please send your comments and story ideas to Dr. Ram Chugh at:
reflections.hcc@gmail.com

I also wish to thank Rasik Shah, Sastri Sreepada, Richa Kaushik, and Vijay Oruganti for their valuable service to this project.

The newsletter is being sent out electronically using the email lists accessible to the HCC. Some of you might get duplicate copies because you may be on several e-mail lists. You may delete any duplicates. Let us know if you do not wish to receive this Newsletter.

The four-fold goals are dharma, artha, kama and moksha. Dharma refers to knowledge and practice of the principles and laws that govern and protect life in humans, animals, plants, and nature. Artha refers mainly to money or material wealth. However, Artha also refers to meaning or value. Kama although mainly refers to sensual and materialistic desires, but includes all types of desires. Moksha refers to freedom from fetters that cause miseries and suffering. Moksha also refers to the state of joyful bliss as related to the fifth sheath.

The order of these goals is important and should not be changed throughout the life. Also dharma and artha should be together which means that wealth earned or acquired has to be through the righteous (dharmic) way so that it would not result in any misery. Similarly, dharma and kama has to be together which means any desire aspired and satisfied has to be through the righteous (dharmic) way so that it would not result in miseries.

In the words of yogi-seer Sriranga Sadguru, *"In enumerating four objectives of life, the order of dharma, artha, kama and moksha are proper and should not be interchanged. This is because artha and kama must be pursued within the bounds of dharma and moksha."*

The four stages of life are well known as student, householder, elder and renunciation. These are to be synchronized with the four goals of life and five sheaths described above.

Knowledge and wisdom through learning has to be acquired not only through student years but also lifelong. The householder stage although focuses on artha and kama but always has to be in conformation with dharma. In the elder stage of life, the vision of life has expanded through wisdom and experiences. In this stage of life one celebrates life by giving and helping next generation. In stage of renunciation, one focuses on the Supreme Being and lives with blissful joy. ■

Thus the vision of Santana Dharma is that human life is an opportunity to achieve harmony in life and celebrate life. This celebration of life is based on the spiritual vision that "Whole Universe is One family".

* Dr. Prasad is a spiritual disciple of Yogi-Seer Sriranga Sadguru of Karnataka, India. He is a Professor of Mechanical Engineering at Stevens Institute of Technology. His website is www.taranga.us and her can be reached at mgprasad@comcast.net

Defining Palliative Care

By Nandini Ramanath*

Any illness can be challenging, more so when progressive, or incurable, requiring constant attention, guidance, care and comforting. It gradually strips away



roles that we take for granted – that of a wife, student, teacher, dancer or a father. In such a setting, every interaction with the professional community takes on tremendous significance, as we look upon them for guidance through the uncertain, difficult journey. Modern healthcare services have evolved around acute conditions with episodic care needs. Efficient protocols based on correcting investigational parameters have been very useful in managing this. But, the structure and processes have little to offer in addressing the concerns of chronic progressive illnesses.

Palliative care services were developed in the late 20th century, in response to major voids in caring for those with long term conditions. It focuses on enhancing quality of life of the person with illness, and positively influences the course of illness.

It integrates the care of physical concerns with psychological and spiritual aspects of care and offers a support system to help patients live as actively as possible with their disease. It provides support to help the family cope with the patient's illness. It upholds ethical principles, shared decision-making and treatment-planning to identify patients' priorities and goals for care. It affirms life and regards dying as a consequence of advanced incurable disease, as an ultimate reality to be accepted and cared for. It intends to neither hasten or postpone death.

In 2002, the World Health Organization defined palliative care as *"an approach that improves the quality of life of patients and their families facing the problems*

associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual."

Who needs palliative care? Any family with a person with chronic conditions like cancer, chronic lung, liver, kidney or heart diseases, HIV, paraplegia, Alzheimer's or old age related conditions would benefit from palliative care, where the impact of the persistent physical issues negatively influence all other realms of wellbeing.

An example is of a 52-year-old who has colon cancer that relapsed 4 years after an extensive surgical procedure. His disease is not only unresponsive to further treatment, but severe persistent pain has hindered his mobility, compromising his roles as a writer, husband, father and musician. His nausea, bouts of breathlessness and sleeplessness have rendered him anxious and frustrated. He wonders why he has this disease and if God is punishing him. He is fearful and thinks often about death, but projects a stoic front to his wife and children to minimize their anxiety. The family is very anxious as well, but avoids expressing it.

Here, the patient and his family would benefit from a trained palliative care team. Sensitive communications on ongoing transitions in the disease, would be an important early step. Along with competent management of physical symptoms, the multidisciplinary team would also listen and assuage the raging emotional turmoil.

The patient-family would be guided on arriving at realistic goals of care that is in alignment with their wishes. They would be empowered to provide useful care at home. The situation of despair thus gets gradually transformed into an experience of meaningful engagement, preparedness, deep love and bonding amongst the family members, that leaves positive

impressions in the memories of all involved.

Who provides palliative care? Ideally, every professional should learn and incorporate palliative care approach in their service, irrespective of their specialty. Expert level care may be provided by consultants who undertake special training in the field. The multi-disciplinary team approach helps address the complex intertwined psycho-social issues and existential questions.

When is it relevant? Palliative care is applicable early in the course of illness. The intensity of need may vary for each patient. It is best begun in conjunction with disease modifying therapies, like surgery, dialysis or medical therapies. This ensures early management of physical or emotional distress and empathetic communications with clarity and agreement on treatment plans.

Where is palliative care provided? Since patients with chronic illnesses have physical constraints and are emotionally fragile, palliative care is best provided close to home with support from the family and community. Hospitals and office consultations are best utilized to initiate, review or manage acute complications.

What is hospice care? In the US, 'hospice care' denotes caring for patients who are assumed to live no longer than 6 months. In other parts of the world, it means a philosophy of caring for a chronically ill person using a multi-disciplinary team approach based on the principles of palliative care.

Is palliative care same as terminal care? Terminal care is just one aspect of the continuous spectrum of palliative care, where the person is cared allowing for physical comfort, dignity, and choices unto the last moment of his life. Prevention and alleviation of pain and distress is an important goal. Advance directives are used to ensure that the person's choices are respected and the plan of management is in alignment with

expressed wishes. This avoids distressful, aggressive and futile interventions during in the terminal stages, when the person may be unable to participate in decision making.

■
* The writer is a Training Coordinator – Indo-American Cancer Association, Houston, TX
Academic consultant and Project coordinator – WHO Collaborating Centre for Training and Policy on access to Pain relief, India.

Some Notable Quotes

■ **Strength does not come from physical capacity. It comes from an indomitable will. (Mahatma Gandhi)**

■ **Just as fire is covered by smoke and mirror is obscured by dust, just as the embryo rests deep within the womb, wisdom is hidden by selfish desires. (Bhagvad GITA)**

■ **Whether you think you can or think you can't -- you are right (Henry Ford)**

■ **A physician tells of a patient who died of "grudgitis" ---a long-held hatred of another person. It is healthy to get rid of grudges; they seldom hurt the other person but they can make the holder sick. (Vincent Peale)**

■ **Take up one idea. Make that one idea your life - think of it, dream of it, live on that idea. Let the brain, muscles, nerves, every part of your body, be full of that idea, and just leave every other idea alone. This is the way to success. (Swami Vivekananda)**

SUGGESTIONS

Please send your comments and story ideas to Dr. Ram Chugh at:
reflections.hcc@gmail.com