

Best time to buy apples in Hyderabad, prices have never been this low

Hyderabad: A sweet surprise for people in Hyderabad! The encouraging arrivals of apples this season from Kashmir and Himachal Pradesh to the twin cities has triggered a price drop, making it the best time to indulge. As a result, a good quality apple now costs Rs. 18 in the market while a dozen costs Rs. 180. The regular quality of the fruit is sold for around Rs 10 each.

M Srinivas, secretary, Batasingaram market, said everyday around 20 trucks carrying apple loads arrive at the market from Kashmir and Himachal Pradesh. The trucks also arrive at Mozamjahi Market, and Bowenpally markets. Good availability of apples has subsequently led to a drop in price. The prices will continue to be within reach of a common man until January end," said the official. A truck carries between 600 and 1,000 boxes of apples and the fruit to the city comes from Shimla, Chamba, Kahaul-Spiti, Mandi, Kinnaur and Kullu dis-

tricts of Himachal Pradesh. The Kashmir variety grown is in all districts of the valley and is sourced by the local wholesale traders. Varieties like Kulu Delicious, Kinor, Jonthon, Maharaji, BalgariaTrel, Dodhi Ambri, Chari Ambri, Walayati Amberi and Mah Ambri are grown in the valley. In Himachal Pradesh the widely grown and quality apple varieties are Royal Delicious, Dark Baron Gala, Scarlet Spur, Red Velox and Golden Delicious.

Traders point out that the pricing is basically done after sorting out the fruit from the boxes. "Depending upon the taste, size and other features, the sorting is done and price for the apples fixed," said Farooq Ahmed, a fruit trader at Mozamjahi Market. The arrival of apples in the city begins from August end when the produce from Himachal Pradesh is transported to the city. The prices are high around August and September but after October when the Kashmir



varieties start arriving the prices slowly come down. Between November and January

around 2200 trucks arrive in the city from Himachal Pradesh and Jammu & Kashmir.

Telangana faces growing health crisis as 50,000 unqualified 'doctors' spread quackery, medicine abuse



Hyderabad: Telangana State is staring at a significant public health crisis due to unchecked quackery and irrational use of antibiotics, steroids and pain killers. As the State government and its health care machinery remain silent spectators, quackery is flourishing and fuelling the abuse of medicines that should otherwise be prescribed by a qualified MBBS degree holder. The State Public Health Wing, especially the District Health and Medical Officers (DM&HO), under Clinical Establishment Act, have special powers to take action on unqualified medical practitioners. However, according to the estimates from Telangana State Medical Council, there are anywhere between 50,000 and 53, 000 Unqualified Medical Practitioners, who practice allopathy without MBBS

degree. In Hyderabad alone, by rough estimates, there could be over 10,000 such unqualified individuals who are illegally practicing allopathy without a qualification.

While the DM&HOs have shied away from taking action on quacks, it is Telangana State Medical Council and TS Drug Control Administration (TSDCA), which have been actively involved in identifying such persons. Over the last few months, the DCA has seized significant stocks of antibiotics, steroids and painkillers and initiating legal action on them. "Quackery is a major challenge for public health system in Telangana. We have observed large number of patients, especially from districts who come to NIMS, OGH and Gandhi Hospital with resistance to high-end antibiotics. The reason is the

practice of irrational and unscientific use of antibiotics, steroids and pain killers etc by quacks on vulnerable patients," says vice-chairman, Telangana State Medical Council, Dr G Srinivas. Non-availability of doctors A major reason why people, especially in villages and districts still visit quacks is non-availability of doctors. Based on available data, Telangana State has close to 5, 500 sub-centres with each facility covering at least 2 to 3 villages. However, there are no qualified doctors (medical officers), nursing staff, pharmacists and related medical infrastructure at the sub-centre level.

"Medical officers and other staff must be available to people in districts 24X7. That's why Kerala model of public health is

far ahead that ours because of availability of qualified health care workers at the primary health care level," says Dr Srinivas. Apart from the sub-centres, there is a requirement for 30 percent increase in the number of Primary Health Centres (PHCs) and 50 percent additional Community Health Centres (CHCs), with proper manpower allocation i.e. each additional facility must have doctors and nursing staff round the clock to take care of the patients. "The argument that doctors are unwilling to accept positions in districts or rural areas is totally false. Recently, while recruiting 600 medical officers posts at PHCs in Telangana State, for one single post, at least 10 doctors had applied. The best way to deal with quacks is to improve accessibility of doctors," says Dr Srinivas.

Hyderabad's Osmania Medical College doctors win RBI90 quiz zonal round, advance to national finals

Hyderabad: Young doctors from Osmania Medical College (OMC), Hyderabad, Syed Mohammad Hashmi and Hussain Ahmed have emerged victorious in the second zonal round of the RBI90 Quiz, organised by Reserve Bank of India (RBI) in Kochi. The win in the zonal round secures the OMC doctors a place in the national round of RBI90 Quiz, to be held on December 6, 2024 in Mumbai. The teams from PES University, Karnataka and Mar Ivanios College, Kerala, secured the second and third places, respectively in the zonal round. The top three teams won prizes of Rs 5 lakh, Rs 4 lakh,

and Rs 3 lakh, respectively. The RBI is conducting the RBI90 Quiz nationwide for undergraduate students as part of the ongoing celebrations commemorating 90 years of the Reserve Bank. Speaking on the occasion, R.S Ratho, ED, RBI said that the RBI90Quiz was a key initiative taken to mark 90 years of the RBI, with the objective of engaging with undergraduate students who are future professionals and decision-makers. He also highlighted the importance of financial literacy and drew attention to various steps taken by RBI to promote financial awareness among the student community.

Lagacharla row in Telangana: Pharma dreams face farmers' defiance

The approach to Lagcherla village, nearly 130 km from Hyderabad, is under lockdown-like security. Multiple police checkpoints have been set up along the Tunkumetla-Kosgi road, where vehicles are stopped, and identification is meticulously scrutinised before allowing further access. The intensified measures follow the November 12 attack on Vikarabad District Collector Prateek Jain, Kodangal Area Development Authority (KADA) Special Officer K. Venkat Reddy, and other government officials by locals during a contentious public hearing. The hearing, held to discuss land acquisition for a proposed 'Pharma Village' project by the Telangana government, turned chaotic when residents, mainly from Roti Banda thanda and Pulicheru thanda — now part of Roti Banda thanda gram panchayat — allegedly attacked the officials. The incident, the first of its kind on this scale in Telangana, has sparked outrage among government officials and ministers alike. Collector Jain downplayed the attack as a 'sort of confrontation', amid demands from officials for strict action against the perpetrators.

Lagcherla, a sleepy village 17 km from Tunkumetla in Kodangal Assembly constituency represented by Chief Minister A. Revanth Reddy, now resembles a war zone. Police personnel and barricades dominate the landscape, and tensions, though under control, linger. This village is home to around 3,000 people of various communities, including upper castes. Official sources say the acquisition plan involves 1,358 acres of land, including 547 acres of assigned land, 90 acres of government land, and 721 acres of private holdings. Around 800 farmers, mainly from poor and tribal communities, stand to lose their land and are seeking compensation of ₹30 lakh per acre, citing loss of livelihood and generational land. The area is considered one of the more backward regions of the State, plagued by arid climatic conditions. Government officials, for their part, reportedly proposed a Rehabilitation and Resettlement (R&R) package that includes financial aid of ₹10 lakh per acre, a house under the Indiramma housing scheme, and a 125-square-yard plot for every acre of land surrendered. However, farmers argue that the compensation undervalues their land and does not account for the socio-economic impact of displacement. But officials maintain the project is crucial for industrial development and employment generation, with promises of further negotiations to address farmers' grievances. These talks, however, ended in chaos, with farmers attacking officials during a public hearing. For over eight months, landowners from Lagcherla, Roti Banda thanda, and Pulicheru thanda had been opposing the project. Their resistance peaked during the planned boycott of the November 12 public hearing, marked by a 'Vanta-Vaarpu' protest — a symbolic form of agitation reminiscent of the Telangana statehood movement. "When the Collector arrived without police protection, protesters began chasing and attacking him with sticks. People of our village were not involved; it was mainly those from nearby thandas and outsiders," an elderly resident says.

Patolla Ravinder Reddy, ex-member of the Mandal Parishad Territorial Constituency, attributes the turmoil to dissatisfaction with the compensation package. "Landowners

were offered ₹10 lakh per acre and 125 square yards of house site per acre, but the market value is ₹25 lakh even in the village, while roadside land is valued at ₹30-₹60 lakh per acre. Many would be willing to part with their land if the government offered ₹15 lakh per acre," he said, accusing officials and local Congress leaders, including the Chief Minister's brother, A. Tirupathi Reddy, of 'mishandling' the situation. Protests escalated into violence when a mob attacked officials near a tent, 2 km from Lagcherla village. Police said KADA Special Officer Venkat Reddy, Additional Collector Lingya Naik, and Vikarabad DSP Srinivas Reddy were severely injured. Subsequently, authorities arrested several suspects, including former Bharat Rashtra Samithi (BRS) MLA from Kodangal Patnam Narender Reddy and local BRS leader Bogamoni Suresh Raj, both accused of inciting violence for political gain, allegedly at the behest of BRS working president and Sircilla MLA K.T. Rama Rao. Roads and Buildings Minister Komatireddy Venkat Reddy claimed individuals from neighbouring villages had been brought in to stir unrest. So far, 24 persons, including members of the Lambada tribe, have been arrested, and police are identifying more suspects. Cases have been registered under various sections, including attempted murder and obstruction of official duties, at Bomraspet police station. IGP Multi Zone-II V. Satyanarayana revealed that 19 of the 50 suspects identified do not own land in the village.

Meanwhile, Additional DGP (Law & Order) Mahesh M. Bhagwat has launched an inquiry into the incident. On November 16, he held discussions with district police officials at the Vikarabad District Police Office, accompanied by Vikarabad SP Narayana Reddy and other senior officers. Bhagwat also met the Collector to assess the situation, while special teams ramped up efforts to apprehend those involved. The government transferred Pargi DSP Karunasagar to the DGP office due to his alleged failure to prevent the incident. A senior police officer notes that the DSP could have stopped the officials from leaving their tents, and his absence during the attack was cited as a major lapse. Farmers and villagers have expressed frustration over alleged provocation, inadequate compensation, and police excesses. Rathod Laxmi, 67, a farmer from Roti Banda thanda, says, "Compensation of ₹10 lakh per acre is insufficient when even half an acre cannot be purchased for that amount." The unrest has drawn the attention of rights activists, Opposition leaders, the State SC/ST Commission and the National ST Commission, who have called for action against alleged police brutality and demanded justice for the affected villagers. On November 18, National ST Commission member Jatoth Hussain Naik visited the area to hear the villagers' grievances. The villagers claimed they were unaware of the Collector's presence during the protest and alleged police misconduct, including harassment and indecent behaviour during midnight searches.

Political colour The agitation against land acquisition intensified on October 25, when Congress Mandal president A. Shekhar was locked in the gram panchayat office by villagers. He was accused of threatening residents of Roti Banda thanda to part with their



lands in exchange for 'paltry' compensation. Shekhar is said to be a key supporter of the CM in Kodangal constituency. The mention of Rama Rao in the remand report of ex-MLA Narender Reddy has intensified political tensions. The report alleges that the latter, under Rama Rao's direction, masterminded the attack on November 12, describing it as 'criminal conspiracy'. Police claim Narender Reddy confessed to receiving assurances of protection from a 'prominent party leader'. However, both the BRS and legal experts have dismissed the claims as politically motivated. BRS has accused the Congress-led government in the State of exploiting unverified confessions to malign Rama Rao's reputation. Further, concerns have been raised over the inadequate police presence at Lagcherla, despite rising tensions over land acquisition for the proposed pharma village. Congress leaders, including CM Revanth Reddy, have openly blamed the BRS for the incident, and accused them of being "anti-development" for obstructing the project. In contrast, BRS leaders, including Rama Rao, led delegations to New Delhi to meet with the ST Commission and other statutory bodies.

Meanwhile, tribal farmers, accused of attacking the Collector, met with Telangana State Commission for Scheduled Castes and Scheduled Tribes chairman Bakki Venkataiah, accompanied by MLC Satyavathi Rathod. They alleged police brutality during their arrests and urged action against the personnel involved. Venkataiah assured the farmers of justice, condemning the actions of the authorities. He termed the forced acquisition of tribal lands for the pharma village as unjust and expressed concern over impact on tribal families dependent on land for their livelihood. He also promised to visit the affected villages and take action against the guilty officials while Rathod called for registering cases against police officials under the SC and ST (Prevention of Atrocities) Act, accusing the government of mishandling the situation and unfairly targeting tribals. The BJP has also condemned the incident. Telangana BJP president and Union Minister G. Kishan Reddy has demanded action against the culprits, while ensuring protection of farmers. Malkajgiri MP Eatala Rajender has raised the issue with the National Human Rights Commission, alleging third-degree torture of farmers in police custody. He also criticised the Congress-led government for continuing the land acquisi-

tion policies of the previous BRS administration. He further pointed out discrepancies in the compensation being offered to the affected farmers.

Land acquisition vs industrial growth Land acquisition for projects remains a sensitive issue, regardless of the project's purpose or promises of a relatively higher compensation and job opportunities for families relinquishing their land. Hyderabad Pharma City is not the first project in Telangana to face opposition in recent years, but what sets it apart is the government's focus on developing an at-scale, integrated, and one-of-its-kind facility. The project's features helped fuel interest among prospective investors and also contributed to stoking opposition, especially given the pharma industry's reputation as a polluter and a few research studies holding it responsible for anti-microbial resistant bacteria in water bodies near Hyderabad. Thus, it came as no surprise when Rama Rao, as then Industries Minister ahead of the first public hearing for the project in October 2017, stressed that "utmost care" will be taken to safeguard environment and handle pollution "very efficiently". "We are setting ourselves up for scrutiny," he had declared, outlining the project's scope — spread over 19,333 acres, with ₹64,000-crore investment and direct job creation for 1.7 lakh people. However, the road to implementation has been fraught with challenges, including legal disputes over land acquisition, the COVID-19 pandemic, and inadequate financial support from the Centre, all of which delayed its rollout ahead of 2023 State Assembly elections. The Congress party, which had opposed the ambitious project, wasted no time scrapping it after coming to power.

However, with thousands of acres already acquired by the previous BRS government, fully abandoning the project proved challenging for the new administration. As a result, the Revanth Reddy-led government scrapped the Pharma City but unveiled plans to establish a clutch of smaller pharma clusters across the State. It was decided to call those Pharma Villages, as 'city' implied scale. "These [pharma villages] will be smaller in size and decentralised in different parts of the State and in all directions," Special Chief Secretary for Industries and IT, Jayesh Ranjan says. The objective behind this shift is to avoid concentrating the pharma industry in one area, which could exacerbate pollution.

Telangana Anti-Narcotics Bureau launches initiatives to combat drug menace, improve NDPS conviction rates

Hyderabad : To combat drug menace and improve prosecution rates of Narcotics Drug and Psychotropic Substances (NDPS) cases, the Telangana Anti-Narcotics Bureau (TGANB) has launched training programs for police and excise officials across Telangana State. The conviction rate in NDPS cases booked by Prohibition & Excise Department stands roughly at four percent while that for cases registered by the police is 11 percent. Sandeep Shandilya, Director, TGANB said the bureau has identified the root cause for low conviction rates in NDPS cases and to increase the conviction rates, training programs in investigation techniques related to drug cases were started.

Training programmes are being conducted regularly for the investigation officers, police and Prohibition & Excise Department officials, the Court Duty Police Officers (CDPOs). Also the trainee constables at PTC Amberpet, PTC Medchal and RBVRR TGPA were trained the latest procedure in investigation of NDPS related cases. "So far, TGANB has imparted training to as many as 21,246 personnel from across the State," said Sandeep Shandilya. The TGANB in order to create awareness about consequences of drug abuse, formed Prahari Clubs in all High Schools and in Anti-Drug Committees (ADCs) in all educational institutions (Professional colleges, Medical Colleges, Technical Colleges, PG/Degree, Intermediate and High Schools) to wean away children from drug abuse. As part its efforts to spread awareness among different stake holders, the TGANB is conducting a mega awareness program at Dr. Marri Channa Reddy Human Resource & Development



Institute (Dr. MCRHRDI) between November 26 and November 29.

Correspondents of private corporate high schools, universities, professional colleges and IT Companies, NCC and NSS, etc., are being imparted training on "Drug Abuse in Youth, Intervention Strategies for Prevention, Awareness & Rehabilitation,"

with the support of the State government, said Sandeep Shandilya. The main objective of this awareness campaign is to make students, youth, teachers, Lectures, professors, villagers, software employees, Telangana citizens to become completely aware about the ill-effects of drugs. So far, TGANB has conducted 148 Awareness Programs cov-

ering 57,129 students and also 590 awareness programs were conducted by the law and order police covering 68,120 students, the official explained. The TGANB appealed to the people to come forward and give information of drug cultivators, manufacturers, suppliers, transporters, receivers, peddlers and consumers on toll free number 1908.

Telangana High Court takes serious note of food poisoning at Govt schools



The Telangana High Court has taken serious note of the students taking ill due to suspected food poisoning at government-run schools and directed that samples from mid-day meals be collected from all such schools for lab analysis.

Hyderabad: The Telangana High Court has taken serious note of the students taking ill due to suspected food poisoning at government-run schools and directed that

samples from mid-day meals be collected from all such schools for lab analysis. The court passed the orders on a Public Interest Litigation (PIL) about food poisoning at a gov-

ernment-run school in Narayanpet district.

Pulling up the officials for their negligence, the High Court asked if they would react only if children died of food poisoning. It asked the officials to adopt a humane approach saying they too have children. The court also pulled up the government for not taking the issue seriously. It directed the government to take action against the officials responsible for the incident and submit a report by next Monday. A bench comprising Chief Justice Alok Aradhe and Justice Srinivas Rao observed that the second incident of food poisoning at the same school within a week is a serious issue. It remarked that the incidents reflect negligence of the officials. Additional Advocate General Imran Khan told the court that the students who took ill had brought some snacks from outside.

As many as 21 students of Maganoor Zilla Parishad High School took ill on Tuesday. The students complained of vomiting and diarrhoea after consuming the mid-day meals. They were rushed to the Government Hospital at Maganoor. This was the second incident at the same school in less than a week. Around 50 students had taken ill after consuming the mid-day meal served to them on November 20. Chief Minister A. Revanth Reddy has taken serious note of the first in-

cident and directed the district Collector to conduct an inquiry and take action against those responsible. Three officials were suspended and the contract given to an agency for supplying mid-day meals was also cancelled. However, despite the action taken by the authorities, the school was rocked by another incident of food poisoning. Anticipating protests over the incident, the police imposed assembly of five or more persons and imposed other curbs around the school on Wednesday. The incident came a day after a 16-year-old student of a tribal welfare residential school succumbed on Monday, nearly a month after falling critically ill due to food poisoning. C. Shailaja was one of the 60 students who had taken ill at the residential school at Wankidi in Komaram Bheem Asifabad district on October 30. The opposition Bharat Rashtra Samithi (BRS) has blamed the state government for the death of the student and demanded Rs 50 lakh compensation for her family. BRS working president K. T. Rama Rao every month food poisoning in residential schools claiming the lives of three students. BRS leader K Kavitha alleged that since the Congress-led government took power in Telangana, 42 students have died from food poisoning in government schools.

HDFC Bank Launches Pragati Savings Account for Semi-Urban and Rural India

HDFC Bank, India's leading private sector bank, announced the launch of its Pragati Savings Account, designed specifically to meet the banking needs of rural and semi-urban people across India. With 51 per cent of its branches in semi-urban and rural areas, HDFC Bank continues to support rural economies and drive financial inclusion. The Pragati Savings Account by HDFC Bank aims to build a comprehensive banking ecosystem for India's agricultural sector, including farmers (both traditional and those in cattle breeding, fisheries, poultry, and dairy farming), self-employed individuals, rural residents, self-help groups, and cooperatives. HDFC Bank's 4600+ branches in semi urban and rural locations will act as touch points to leverage the product to reach about two thirds of India's population, driving rural economic development. Further, the new offering will bring many industry-first features, such as a partnership with BigHaat, empowering over 17 million farmers with discounts and access to farming resources for improved productivity. In

addition, the Bank brings wide range of curated propositions including Discounted Asset offers on Two-wheeler Loan (TWL), Tractor Loan (TRL), Gold Loan, KISAN Gold Card (KGC) products and Cattle insurance in partnership with HDFC Ergo General Insurance Company Limited. In addition, eligible customers will have access to Bank's unique offering – Vishesh, a curated HNI offering for SURU customers, to cater to the rising strata of agriculturists with different needs. HDFC Bank's Pragati Savings Account aims to bridge the financial services gap for the agricultural community by offering tailored solutions, including savings accounts, credit support, digital banking tools, insurance, and access to government subsidies.

Aligned with the bank's focus on promoting rural digitization, the initiative empowers farmers and rural residents with better access to farming techniques, quality inputs, and financial resources, driving financial inclusion and fostering sustainable growth in rural areas. Key Features of the Pragati Sav-



ings Account: •Exclusive Discounts: HDFC's partnership with BigHaat offers exclusive discounts on farming tools, seeds, and fertilizers through its online platform, providing farmers with access to competitive pricing and better quality products. Tailored Offerings: The Pragati Savings Account comes with customised features such as low-maintenance requirements and special benefits for rural and semi-urban customers.

Enhanced Digital Access: With this product, HDFC Bank aims to promote financial literacy and empower rural residents with access to technology that simplifies bank-

ing and financial management. "HDFC is committed to financial inclusion and agricultural empowerment. Through our Pragati Savings Account, we are introducing several industry-firsts, such as our partnership with BigHaat to empower farmers and rural communities with tools and resources to improve productivity, access credit, and achieve better financial outcomes. We aim to foster an inclusive and sustainable ecosystem that supports rural development and uplifts local communities." said, Mr Parag Rao, Country Head – Payments, Liability Products, Consumer Finance & Marketing.

OPPO K12x 5G records over 5 Lakh unit sales on e-commerce platforms during Sep-Oct 2024



Reiterating its popularity in the entry-level smartphone segment, OPPO India today announced that the OPPO K12x 5G achieved a significant sales milestone during September-October 2024. The toughest 5G smartphone in the under INR 15K segment, the K12x 5G registered over 5 Lakh unit sales during the festive months on e-commerce platforms. The smartphone's appeal was highlighted by the sale of nearly 1 lakh units in a single day during an online marketplace's festive sale event. Within months of launch, the K12x 5G has gained popularity for its segment-leading durability profile with MIL-STD-810H certification, IP54 water and dust resistance, Splash Touch technology, etc. The K12x 5G has witnessed strong demand across regions, including Uttar Pradesh, Gujarat, Haryana, Bihar,

West Bengal, Maharashtra, Madhya Pradesh, Delhi, Punjab, and Rajasthan.

According to the latest IDC Quarterly Mobile Phone Tracker Report, the K12x 5G was among the highest-shipped 5G models in 3Q24. Overall, in the third quarter, OPPO grabbed second position among the Top 10 brands in India's smartphone market and registered the highest growth amongst the top 5 brands - a market share of 13.9% and a strong Year-on-Year growth of 47.6%. Anshuman Bhatt, Head, e-commerce at OPPO India, said, "Customers are looking for durable, high-performance, and value-driven smartphones in under INR 15K segment, and the OPPO K12x 5G excels on every parameter. The smartphone has garnered significant popularity within just a few months, and it is reflected in the latest IDC

Quarterly Mobile Phone Tracker report for 3Q24. E-commerce is a key focus for OPPO India, and we are committed to strengthening our presence in this category with exciting new models." The K12x 5G is available in three attractive colours: Feather Pink, Breeze Blue, and Midnight Violet, on the OPPO e-store, Flipkart, and across mainline retail outlets. Adding to the durability promise, the phone features a 360° Damage-Proof Armour Body, a twice-reinforced Panda Glass display, and a High-Strength Alloy Frame. The 7.68mm ultra-slim

OPPO K12x 5G weighs just 186g and is powered by the MediaTek Dimensity 6300 5G chipset. It includes a 5100mAh battery, supported by a 45W SuperVOOC™ charger. The phone is equipped with a 32MP AI dual-camera setup for stunning photos and advanced features like Dual View video and AI Portrait Retouching. For uninterrupted connectivity, the K12x 5G includes AI Linkboost to ensure stable signals in crowded environments. The devices come in two storage and RAM variants: 128GB/6GB (INR 12,999) and 256GB/8GB (INR 15,999).

Mahindra launches two new EVs 'BE 6e' and 'XEV 9e'

Chennai: Mahindra has launched its flagship Electric Origin SUVs, the BE 6e and XEV 9e on Wednesday. The newly launched EVs are built on a ground-up revolutionary electric origin architecture INGLO and are powered by MAIA. The introductory prices* of BE 6e and XEV 9e were announced at the Global Premiere.

In a press release, the automaker said that the vehicles embody Mahindra's vision of "Unlimit India"— an era where Indian innovation and design not only challenge global benchmarks but set new ones. The BE 6e, with its sporty, performance-driven appeal, is crafted for explorers and those who love pushing boundaries. The XEV 9e, on the other hand, offers unparalleled luxury with refined elegance, the press release said. Automotive Sector, Mahindra & Mahindra Ltd. and Joint Managing Director, Mahindra Electric Automobile Limited President, Veejay Nakra said, "The insight that inspired our brand idea is rooted in the most



powerful human emotion – Love, which is eternal, inspires our deepest choices and defines who we are. Our electric origin SUVs, BE 6e and XEV 9e are about Unlimit Love that will inspire our customers to live a life without limits, filled with experiences that will make them feel alive." Automotive Product Development, Mahindra & Mahindra Ltd. and Joint Managing Director, Mahindra Electric Automobile Limited President, R Velusamy said, "The BE 6e and XEV 9e are the next Indian icons that will be world beaters.

Battle Of The Bulge: Are semaglutides the answer?

Hyderabad: In the winter of 1944, Nazi Germany unleashed its final major offensive to stop the Allied forces from using the strategic Belgian port of Antwerp and to split enemy lines. It was called The Battle of The Bulge — a key turning point in World War II. Today, our world is living through two major wars — Russia-Ukraine and Israel-Gaza-Lebanon. And, it is on the brink of a full-blown escalation that many fear may manifest in World War III. While top diplomats, leaders of State and geopolitical analysts are yet again in a huddle to save humankind, this time from ballistic missiles and drones, another 'Battle of The Bulge' is ensuing far, far away from the frontlines — in the glistening urban landscapes where vanity is up against wellness and cosmetic against health in the race to look like a million bucks. With every passing day, as lifestyle changes for the worse — blame it on technology, sedentary work culture, lack of discipline or arrogance — our world is spending every waking moment fighting OBESITY. According to a recent study published in Lancet, 70 per cent of India's urban population is obese, which puts the country in the midst of a global obesity crisis. More than one billion people worldwide are obese, which makes them prone to several diseases such as heart ailments, diabetes and cancer, the study states. While each of us should aim to be fit as a fiddle, how we achieve our fitness goals is the real question. Today, many believe that the wait to rid ourselves of weight has ended. Enter Ozempic and Wegovy!

Formulated to manage blood sugar levels in type-2 diabetics, Ozempic is the new buzzword. It is a semaglutide subcutaneous injection that has caught the fancy of celebs and influencers for its rapid weight-loss properties. With many in the West — notably Elon Musk and Oprah Winfrey — drastically shedding those pounds due the injectable, it's being touted as a 'miracle drug', a 'gamechanger'. The drug has become an internet sensation; people are jabbing themselves with it even if it is just to lose those last few extra kilos. Drugs with semaglutide as their active ingredient trick your brain into making you feel full. They mimic the role of Glucagon-like Peptide-1 (GLP-1), which is a hormone that is secreted when we eat. It signals the body that there's food entering and to get ready to convert the nutrients into energy. Drugs like Ozempic do just that — they suppress appetite and induce satiety. The success of Ozempic in terms of attaining weight loss has been such that drug maker Novo Nordisk came out with Wegovy — another semaglutide injection that it markets purely as a weight-loss drug. While these two are not yet available in India, people either import them or procure them from the grey market, wherein they run the risk of using counterfeit products. "Ozempic, which is a Type-2 diabetes medicine and also used off-label for weight loss, and Wegovy, the first USFDA-approved medicine for weight management, are both semaglutide injection products from Novo Nordisk. These may be imported for personal use by submitting an application in Form 12A to the Central Drugs Standard Control Organisation (CDSCO) and obtaining permission in Form 12B from the CDSCO. However, the instances of

Ozempic injections being sold in the grey market were detected by the Drugs Control Administration, Telangana. Stocks of Ozempic were seized at a medical shop in Nampally, Asha Medical Hall, in September 2023. A case was filed against the offenders," says VB Kamalasan Reddy, Director General of Telangana State Drugs Control Administration (TSDCA). These come at a steep price. A month's supply can set you back by over Rs 80,000, according to reports. For example, Ozempic has to be taken weekly once, with each dose, if imported, costing around Rs 20,000. Meanwhile, manufacturer Novo Nordisk sells the same semaglutide medication for type-2 diabetics in a pill form in the country under the brand name Rybelsus, which needs to be taken every day. A Rybelsus strip of 10 costs around Rs 3,000, each pill costing Rs 300.

But experts warn that semaglutides are not for all. "All drugs come with side effects. Weight loss is a side effect of Ozempic, which has gained prominence. If one has to take a weight loss drug, it has to be done under strict medical supervision by a doctor. Additionally, drugs like these are not prescribed to anyone, the patient must fit the criteria. These drugs are usually administered to those with a Body Mass Index (BMI) higher than 27, when the body needs extra assistance to lose weight. But there are riders to this. Just taking the medication doesn't do it, one has to back it up with eating right and exercising regularly," says Mumbai-based celebrity wellness and nutrition specialist Dr Namita Jain. She also insists against self-administering these drugs. As miraculous Ozempic is being made out to be, the rapid weight loss it causes shows up on the face. Many users have shared how they started to look aged after taking the in-



jectable. They call it the 'Ozempic Face'. But it would be unfair to blame this solely on the 'top selling diabetic drug'. Doctors say when the body loses mass drastically through any means — be it diet, exercise, illness or medication — it sheds facial fat too. When that happens, the skin begins to sag, the face looks gaunt and the areas around the eyes turn hollowed. But for those who can afford it, there are always dermal fillers to the rescue. Dr Jain warns that weight-loss drugs can be addictive. When one starts taking them and begins to see the quick results, it's just hard to stop. "Patients lose 5-8 per cent body weight in about six months. But, this is not the cure to obesity," she says. Dr Jagadeesh Kumar V, a senior physician, diabetologist and internal medicine specialist at KIMS—Secunderabad, strongly believes that Ozempic is no gamechanger in diabetes. "It's a new molecule that needs more

studies. One major side effect is sarcopenia, wherein the patient loses muscle mass. But we need more authentic trials to ascertain the side effects," he says, adding that if the goal is to treat diabetes effectively, there are many other safer and tested options in the market, which are cheaper too. He points out that most people, amidst all this hype, have overlooked the fact that Ozempic comes with a black box warning by the US FDA — the drug could cause thyroid malignancy, i.e., thyroid tumours and thyroid cancer. "There are no shortcuts to weight loss. It's all about discipline. In cases wherein one has to opt for medical weight loss, it has to be done under close supervision of a doctor. And, as far as possible, surgeries for weight loss should be avoided," he concludes. If you want that 'perfect bod', you have to sweat it out, eat clean, stay away from processed foods and get a good night's sleep.

India needs a bold approach to bridge the access, affordability gap in cancer care

India has made notable progress in recent years in its fight against cancer, with breakthroughs in research and increasing public awareness. Yet, cancer incidence in the country is rising at an alarming rate and is expected to surpass global averages — from 1.39 million in 2020 to 1.57 million by 2025, becoming a major national concern. While inadequate healthcare infrastructure is a significant concern, it is only the tip of the iceberg when it comes to the fight against this illness. The escalating cancer crisis is fueled by deep-rooted socio-economic disparities and limited health tech access, resulting in alarmingly low screening rates and inadequate preventive measures — challenges that hit developing nations hardest. In India, one in nine individuals is projected to be diagnosed with cancer in their lifetime. In 2022 alone, 1.4 million people were diagnosed, making India the third-highest globally in terms of cancer burden, behind the United States of America and China. This burden is predicted to climb further due to rising pollution, urbanisation, and poor diets and lifestyles.

In Asia and other developing countries, cancer is often diagnosed at later stages (stage 3 or 4), while in North America and Europe, it's typically detected earlier (stage 1 or 2). These disparities are largely due to the absence of effective cancer care networks, particularly in smaller countries where population sizes may not justify the establishment of comprehensive cancer infrastructure, including tertiary cancer centres. Existing and planned cancer care facilities are insufficient to address India's growing cancer burden. For example, India has only one radiotherapy machine per 1.5 million people, while the World Health Organization recommends at least one machine per 2,50,000 people. A study finds that nearly 70% of Indian population lives in rural India but nearly 95% of cancer care facilities are in urban India. Cancer research too, is heavily skewed across similar lines with most clinical trials taking place in the likes of the U.S. or France. Although advanced gene editing techniques like CRISPR or IIT Bombay's CAR-T cell therapy, hold promise for revolutionising treatment, these innovations

alone will not be enough to tackle the rising cancer burden across the world and at home. While institutes such as IIT Madras are making strides in cancer research with their recent patent to use Indian spices to treat cancer, there is still a need for more Indian patients to sign up for cancer clinical trials to move forward on the road to recovery. In India, the average medical expenditure during hospital stay per cancer hospitalisation across public and private hospitals, stands at ₹61,216, a heavy price to pay for most of the population. Cancer treatment is one of the most financially demanding healthcare challenges, contributing to what is often referred to as 'financial toxicity'. Reducing modifiable risk factors To address the root cause of cancer, India's control efforts should focus on reducing modifiable risk factors like tobacco, alcohol, menstrual hygiene in rural India and obesity. There should also be a stronger emphasis on increasing access to care and improving outcomes for those already diagnosed. Currently, most efforts are directed towards expanding and upgrading treatment facilities.

Using the body's own defences to fight cancer: new research offers a clue from COVID-19

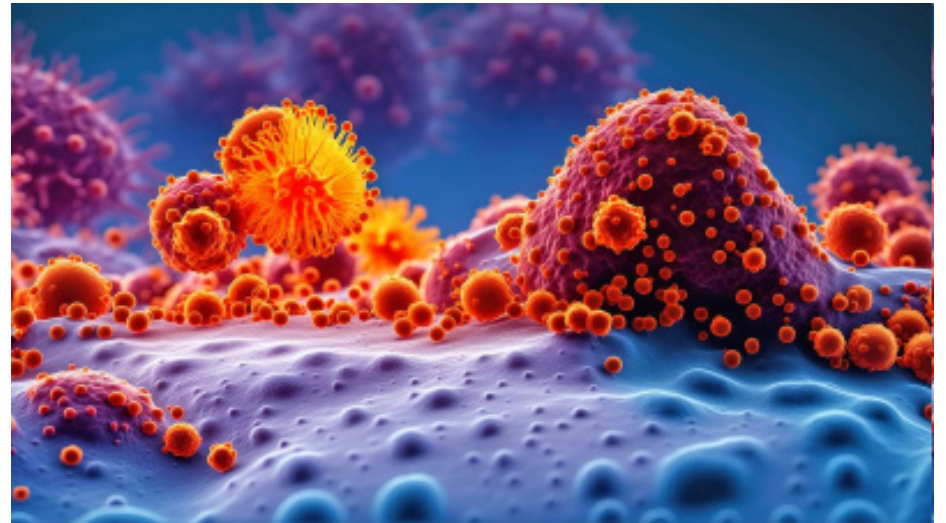
Cancer, often called the “emperor of all maladies,” remains a formidable adversary despite decades of scientific progress. However, research in recent years has brought us closer to unlocking new ways to combat it. A study from Northwestern University in Chicago, published in the November issue of *The Journal of Clinical Investigation*, has gained attention for discovering that white blood cells activated by severe COVID-19 demonstrate cancer-fighting abilities. Working with laboratory mice, researchers showed that the spread of cancer, also known as metastasis, could be slowed by a specialised type of white blood cell called induced non-classical monocytes (I-NCMs). These cells can be generated through severe infections like COVID-19 or by using certain chemicals. Once activated, I-NCMs are able to leave blood vessels and migrate to tumours, where they launch an attack on cancer cells. COVID-19 is known to cause worse outcomes for older individuals and those weakened by ailments including cancer. However, there are rare reports of cancer going into remission (absence of disease) following COVID-19. A 2023 study by De Nigris and colleagues in the *Journal of Translational Medicine* described 16 such cases involving different types of cancer, including leukemia, lymphoma, myeloma, and kidney cancer. However, it is unclear if these outcomes were directly caused by COVID-19 or were part of the natural progression of the disease. This raises the question: Can cancers go away on their own? While extremely rare, the answer is yes. The most well-studied example is neuroblastoma, a rare childhood tumour that occasionally disappears without treatment. Such spontaneous improvement may be due to a newly-activated immune system gaining the ability to target cancer cells.

Broadly speaking, cancer is a rogue colony of body cells that grow uncontrollably, feed on the body's resources, and spread to other parts of the body through the bloodstream. Cancer cells often reprogramme the body's immune system to protect themselves from detection and destruction, much like a thief bribing a security guard to look the other way. Immunotherapy aims to overcome these defences by empowering the body's immune cells to fight back. The Northwestern University research showed that injecting a specific type of white blood cell, I-NCMs, into mice was effective in combating cancer metastasis.

I-NCMs are derived from monocytes which circulate in the bloodstream. Monocytes are involved with fighting off infections, immune regulation and repairing damaged tissue. When exposed to certain bacterial or viral infections or chemicals, a small number of these monocytes transform into I-NCMs. If white blood cells represent all adults in a town and monocytes are those who made it to military selection, think of I-NCM's as the select few from the military who qualified for a specialised commando unit. Unlike regular monocytes, I-NCMs possess a unique receptor, CCR2, which acts like a specialised antenna to detect signals emitted by certain types of cancer cells or inflamed tissues. These signals guide I-NCMs to the source, where they perform specific tasks. For example, at an infection site, they help eliminate pathogens. At a tumour site,

they recruit other immune cells called natural killer (NK) cells, which are effective at destroying cancer cells. Natural killer cells are a vital component of the immune system, directly targeting and eliminating abnormal-appearing cells, such as cancer cells or virus-infected cells. Unlike T cells and B cells, natural killer cells do not require prior approval from the body's adaptive immune system. This ability to act swiftly and assertively makes them a critical part of the body's innate immunity. They work as frontline defenders against infections and cancer. The Northwestern University study found that I-NCMs play a crucial role in summoning these NK cells to tumour sites. So, how can these specialised I-NCMs be generated? The researchers discovered that infections like COVID-19, caused by the SARS-CoV-2 virus, can trigger their formation. However, this does not mean that all COVID-19 patients will experience improvements in cancer outcomes. Bacterial products like peptidoglycans and NOD2 agonists such as MDP (muramyl dipeptide) analogues can also be used to convert regular monocytes to I-NCM's.

The idea of using the immune system to fight cancer is not new. In the late 19th century, William Coley, a surgeon at Memorial Hospital in the United States, observed that some cancer patients who developed bacterial infections showed better outcomes. He injected bacterial toxins into cancer patients and found that it helped to prevent cancer recurrence after surgery. These “Coley's toxins” were used until the mid-20th century, eventually giving way to treatments such as chemotherapy and radiation. Although Dr. Coley's work fell out of favour, it laid the foundation for modern immunotherapy, which has seen remarkable success in select patients. A groundbreaking study published in *The New England Journal of Medicine* in 2022 by Cersek et al. demonstrated this potential. In the study, carefully-selected patients with rectal cancer achieved complete remission—without surgery—using an immune checkpoint inhibitor. These are agents that remove the checkpoints or brakes on T cells that were preventing them from recognising cancer cells. Once the T cells are able to recognise cancer cells, they go on to destroy them. The key to the success of immune checkpoint inhibitors in rectal cancer lay in the specific characteristics of the patients' tumours. These patients had locally advanced mismatch repair-deficient (dMMR) rectal cancer, a condition where the tumour's DNA repair mechanism is impaired. This impairment leads to the accumulation of numerous DNA errors or mutations, resulting in the production of abnormal proteins that are readily recognisable to the immune system. This baseline handicap made these tumours vulnerable to immunotherapy. Another form of immunotherapy is the use of CAR-T where the patient's own T cells are reprogrammed in the lab and reintroduced into the body to attack the cancer. This is used in certain blood cancers like leukaemia and lymphoma. Not all cancers respond to immunotherapy, and even when treatments show initial success, cancer cells can adapt and develop resistance. Factors such as the tumor microenvironment, the number of mutations, and PD-L1 expression, play a role in determining the



effectiveness of immune checkpoint inhibitors. Similarly, attempts to generate non-classical monocytes (I-NCMs) using chemicals like MDP analogues, such as mifamurtide, have shown limited success when tried in actual cancer patients. Complete remission remains elusive. At present, mifamurtide is approved only as an additional therapy for a rare type of bone cancer in children and young adults, showcasing its limited scope. The Northwestern University

study highlights the potential of using I-NCMs in treating cancer metastasis, independent of adaptive components of the immune system like T cells and B cells. If these findings can be replicated in humans, they could add a new dimension to cancer treatment. While we are still far from a universal cure for cancer, this research offers a glimpse into a future where the body's own defences could be effectively harnessed to fight one of humanity's greatest challenges

Good sleep linked to healthy aging: Study



New Delhi: A team of Chinese researchers found that healthy and successful ageing is determined by sleep patterns. The team from Wenzhou Medical University in China defined successful ageing, as the absence of major chronic diseases such as diabetes, cancer, chronic lung diseases, heart disease, and stroke; having good cognitive and mental health; and with no physical impairments. The study called for maintaining stable and adequate sleep durations to promote healthy ageing. “The findings underscore the critical importance of monitoring dynamic changes in sleep duration in middle-aged and older adults,” said the team in the paper, published in the journal *BMC Public Health*. In the study, the team analysed 3,306 participants who were free of major chronic diseases in 2011 and had

reached age 60 or older by 2020. The team combined nighttime sleep and daytime naps to calculate total daily sleep hours in 2011, 2013, and 2015. The researchers identified five distinct sleep duration trajectories: normal-stable (26.1 per cent of participants), long-stable (26.7 per cent), decreasing (7.3 per cent), increasing (13.7 per cent), and short-stable (26.2 per cent). People with increasing and short stable sleep trajectories exhibited significantly lower odds of successful ageing. The decreasing sleep pattern also showed reduced odds. Overall, just 13.8 per cent of the cohort met the definition of successful ageing by 2020. The team found that regular shorter and longer sleep durations may hamper successful ageing, as it can disrupt physiological and psychological well-being.

Understanding why chemotherapy is a lifeline in cancer care

On November 13, at a government hospital in Tamil Nadu, the son of a woman who was receiving chemotherapy for Hodgkin Lymphoma, stabbed her doctor, disturbed by the suffering that his mother was undergoing. Notably, the family had been to other hospitals and were advised everywhere that one of the side effects of the chemotherapy the woman was undergoing would affect her lungs. As his mother found it difficult to breathe, her son decided to attack the doctor who was offering her the treatment. Cancer is one of the leading causes of death in India and the world. India registers over 1.4 million new cancer cases annually as per the national cancer registry, and the numbers are expected to rise due to ageing populations, lifestyle changes, and environmental factors. Common cancers in India include those of the breast, lung, cervix, and stomach, with tobacco use contributing significantly to oral and lung cancers. Cancer is not a single disease but a term used for various illnesses, just like the word "vehicle" can refer to cars, trains, or planes. Similarly, cancers can vary greatly depending on the type, location, and their behaviour in the body. It is a disease caused by a breakdown in the body's normal processes that control how cells grow, divide, and develop into specialized types. Cancer cells that have undergone abnormal changes (known as neoplastic transformation), often display markers on their surfaces that resemble those found in immature or foetal cells. These cells may also show chromosomal abnormalities like structural rearrangements (translocations). Research has shown that within a tumour, there is often a small group of cells called tumour stem cells. These cells can multiply repeatedly and may contribute to the growth and spread of cancer.

What is chemotherapy?

Treating cancer usually requires one or more of three main approaches: surgery, radiotherapy, and chemotherapy. Surgery involves removing the tumour from the body through surgery. Radiotherapy uses high-energy rays to target and destroy cancer cells. Chemotherapy, which means chemical therapy, refers to using medicines to treat cancer, targeting cells that grow and divide quickly. While each of these treatments can work alone in some cases, they are often used in combination depending on the type of cancer and how far it has spread. Based on this understanding, chemotherapy is designed to disrupt the cell cycle. By targeting specific stages of the cycle, chemotherapy drugs aim to stop cancer cells from growing and dividing. Cancer cells grow through a sequence called the cell cycle, which consists of phases where the cell grows, duplicates its DNA, and divides. Cancer cells divide uncontrollably, unlike healthy cells, making them particularly vulnerable to treatments that interfere with DNA replication or cell division. Chemotherapy drugs target specific stages of this cycle. Some drugs disrupt DNA synthesis during the 'S' phase; others prevent cell division in the 'M' phase, while certain drugs attack cancer cells regardless of stage, making them versatile tools in cancer therapy.

How is it delivered?

Chemotherapeutic agents are administered through different routes, including oral pills, intravenous infusions, or injections into the tumour site. Depending on the cancer's stage and type, chemotherapy can serve as the main treatment. Primary chemotherapy means that chemotherapy is the main treatment used to fight cancer, especially in blood cancers like leukaemia or lymphoma, where other treatments like surgery or radiation are not as effective. On the other hand, neoadjuvant chemotherapy means it plays a supportive role with other therapies like surgery or radiation. Chemotherapy, while effective, faces challenges like drug resistance and toxicity that necessitate careful planning and management. Drug resistance occurs when cancer cells adapt to evade the effects of chemotherapy, either by mutating, repairing damage more effectively, or expelling the drugs. To combat resistance, combination therapy is often employed, using multiple drugs with different mechanisms of action to target cancer cells. The key principles of combination therapy include balancing efficacy and toxicity, ensuring optimum scheduling to maximise impact during sensitive phases of the cancer cell cycles. The complications of chemotherapy range from acute toxicities like nausea, vomiting, and immune suppression to delayed toxicities such as pulmonary fibrosis, organ damage, or secondary cancers. These side effects can significantly affect the patient's quality of life.

Why does chemotherapy cause side effects?

All cancer treatments—surgery, radiotherapy, and chemotherapy—have side effects because they do not exclusively target cancer cells. Chemotherapy is a form of systemic cancer treatment, meaning it travels through the bloodstream to attack cancer



cells throughout the body. Since some healthy cells -- such as those in the hair follicles, bone marrow, and digestive tract -- also divide quickly, and since chemotherapy drugs exploit the rapid division of cancer cells, these healthy can be inadvertently harmed, leading to side effects. The inability of chemotherapeutic agents to differentiate between cancerous and healthy rapidly dividing cells leads to its most common side effects. Damage to hair follicle cells results in hair loss, while suppression of bone marrow activity reduces red blood cell production, leading to fatigue. The gastrointestinal lining is also affected, causing nausea and vomiting, and the immune system becomes compromised due to decreased white blood cell production, increasing susceptibility to infections. Anti-nausea (vomiting) medications, growth factors to stimulate white blood cell production, and improved drug formulations have significantly reduced the treatment's impact on healthy cells, making it more tolerable for patients. Innovations in chemotherapy have led to improved safety,

efficacy, and precision. Advances in targeted drug delivery, such as liposomal formulations, ensure that chemotherapy drugs attack cancer cells while sparing healthy tissue. Pharmacogenomics tailors chemotherapy regimens based on a patient's genetic makeup, enhancing treatment effectiveness and minimises side effects. While chemotherapy may be feared for its side effects, its role in saving lives cannot be overstated. With ongoing advancements in drug design, delivery methods, and supportive care, chemotherapy continues to evolve as a more precise and effective treatment. Chemotherapy plays a critical role in managing the growing epidemic of cancer. Despite its reputation for severe side effects, chemotherapy remains an essential treatment modality, especially for cancers that cannot be addressed by surgery or radiation.

While innovations such as immunotherapy and precision medicine are gaining attention, chemotherapy remains a primary line of defence.

Are You in a Reading Race?

I look at my reading stats on the Goodreads app. And find myself in a reading race. Two days later, I finish *Never by Ken Follett* and head for my app to update my books tracker. After that I read a YA book called *Almond* with a sense of triumph – I'm now at 94 !! notice many of my reader friends are also in reading races. "I can't read *Nexus* by Yuval Noah Harari, it's too long. I need novellas to hit this year's reading target" says a friend. Huge numbers of books are being published every day and we now have access to them all. The new Sally Rooney, the new Amor Towles, the new Richard Osman, the new Manu Pillai, the new Malcolm Gladwell...the list is limitless. Then there are the literary prizes – the Booker, the Pulitzer, the Nobel, the Woman's prize, the JCB, the Lit Live, the Crossword Awards etc. Each prize produces a much anticipated long list. After which there is a splashy shortlist and then finally the winner. The prize committee stagger their longlists and shortlists to heighten the suspense and to give us time to read the list. It's hard to resist this temptation - but what a lot of reading it is – and all of this to a deadline. Other reading deadlines come from our favourite communities – the

book clubs. And there are many of these - the celebrity book clubs, the online book clubs, the offline book groups, reading communities like Gurgaon Reads or Juhu Reads that are mushrooming in every city. These are fabulous - and much needed, they provide bonding over books and the rituals of community that modern life so lacks. Yet each book club demands its own reading. And then there are the booklists – 'The Best Books of 2024', 'The 100 Must Read Books of 2024', 'Authors pick the best books of 2024' and so on...we love lists but oh my God the pressure they can bring. And finally the TBR – our very own to-be-read book list. What could be an exciting list of books becomes a dead weight, a burdensome (and burgeoning) list of the books we should have already read. When I was growing up in Jamshedpur we had a limited supply of books -we borrowed from each other or from the library. We were perpetually starved of print, reduced to reading encyclopaedias and old news on paper bags we picked up from the kirana store. In all my years as a reader, the only place I encountered a TBR was in a school syllabus – for the rest, you read whatever was available.

And when you had run through everything around you, you re-read. You read *A Secret Island* by Enid Blyton and *Circus Shoes* by Noel Streatfeild ten times, and *The Thorn Birds* and *Pride and Prejudice* many more times. I wonder whether we can go back to a slower way of reading, to reading fewer books and being able to absorb and imbibe them better. Can we simply set aside the FOMO of not having read the latest prize winner? And curl up into the cosy comfort of re-reading a favourite book - so stories sink in and marinate in our minds? 1. I will try not to be too influenced by the hype around recently published books – in fact I will alternate every new book I read with a book published at least 5 years ago. 2. I will re-read – at least one book every month. 3. I will resist the urge to finish every book I pick up – if I am not enjoying it by page 40 I will give it up. 4. I will stop tracking my books on Good Reads and move to a reading journal where I will note the books I read, but I will not number them. What about you dear Reader? Do you believe in reading targets? Does your TBR feel like a pleasure or is it a pressure? Do write in with suggestions and recommendations.

At his best, Gukesh plays only the best moves — just like a chess engine: Daniil Dubov

Daniil Dubov won the 2018 World Rapid Chess Championship against a field that included Magnus Carlsen and Hikaru Nakamura. The Russian prodigy, who became a Grandmaster at 14, has also worked as Carlsen's second for two World Championship matches. Excerpts from an interview Dubov gave *The Hindu* at Kolkata, during the Tata Steel Chess India tournament: You were Magnus Carlsen's second for two World Championship matches, in 2018 and 2021. How do you look at the upcoming title match between Ding Liren and D. Gukesh? This will be somewhat a strange experience for me, as I was part of the last three World title matches in different capacities. In 2018 and 2021, I worked as Magnus' second. And at the last World Championship, I was commentating for the official broadcaster. But this time, I will be following the match from the couch. I want Gukesh and Ding to fight. I don't want the match to be over with three games to go, or something like that. Yes, I think Gukesh is the favourite, but not to the extent some people seem to believe.

Why do you think Gukesh starts as the favourite? Is it because of his form and Ding's lack of form?

Gukesh has been the better player over the last two years. Why wouldn't he over the next two weeks? It has to be said that matches [a series of games] are generally different, and I think, sometimes, even when you are better, there are certain opponents who are probably not as good as you, but they are really tough to crack.

What do you like about Gukesh's chess?

I like that when he is at his best, he plays only the best moves — just like a chess engine. He plays the way that is sort of difficult to explain. Very often he plays moves that have nothing in common. It is like there is no basic idea behind them, but they are all the best moves still. I mean that is the feeling that you normally get from the engine. Like, one move on that side, then another move on that side. I mean like five random moves, and then suddenly the engine is winning. That is the same with Gukesh. When Magnus is playing, the move seems more human to me. That is, I can see the idea behind the moves. With Magnus, you always get the logic. Sometimes you guess all his moves, but still you lose. He makes it look simple. Gukesh is exactly the opposite. We are going through some tipping point in chess history, I feel. If Gukesh becomes the World champion, my mind realises that it is well deserved — he is almost 2800 [in Elo rating] and beating everyone — and still my soul refuses to accept that this little boy is 18. Chess is getting younger. Garry Kasparov was 22 when he won the World Championship. Before that, Mikhail Tal was 23. Gukesh perfectly embodies everything that chess is going through. How do you look back at your time with Carlsen as his second, for his matches against Fabiano Caruana and then Ian Nepomniachtchi? Magnus had a team of four to five people, and we would basically have to prepare some opening ideas. I was one of the people responsible for making his openings better. I apparently was doing my job

well, as I was invited for a second time. I was helping with openings that had been a part of my repertoire for many years, like the Catalan obviously. For the match against Caruana, the Sveshnikov and Rossolimo [variations in Sicilian Defence] were also coming from me. It kind of makes sense. Magnus wants to learn from the people who are doing it for their whole life.

How important do you think the role of the seconds is in a World title match?

I think seconds used to be way more important previously. Now we all have the same engines, and there is basically no room for, say, brain competition, you know. When I worked for Magnus, especially the first term, it used to be completely different. You could analyse a certain position for two weeks, and still you wouldn't be sure if it is good or bad for you. A few Russian players criticised you for helping Carlsen against Nepomniachtchi, a Russian. And you replied then that working with Carlsen would help you as a player because of which Russian chess could benefit. Yes and only a couple of players [were critical], really. The rest were supporting me. I was glad to take up the offer from Magnus. There was no downside to it. You basically get paid for working in the best team on Planet Earth with the best player in history. I would be happy doing it for free.

And what did you learn from working with Carlsen? I have learned a lot, but it is hard to specify, like I learned these five things. It was generally the way he looks at chess, the way he prepares or chooses openings... For the rest of the people, it is probably a bit more mysterious why he is playing this opening against a certain opponent, and then he plays another one against another guy. But I started to get his general take on chess, and the preparation... It is not that I agree on everything. How did you find playing at the Tata Steel Chess India tournament here in Kolkata, at the Dhono Dhanyo Auditorium, in front of capacity crowds? It is always pleasant to see so many people in the audience. Sometimes it can cause some lack of comfort for players, but looking at the larger picture, I like it. It inspires me way more than prevents me from making a particular move. It is not my first time in India, but it is my first time playing in India actually. It is impressive. There is this old saying about the Soviet Union that every random guy plays better than you when you come to the USSR. You can say the same about India now. It feels like everybody plays chess pretty well. Yes, India is like what the USSR used to be, chess-wise, that is.

Are you surprised by the speed with which Indian chess has moved ahead?

Not at all. I remember saying it aloud in Russia five or six years ago that India was going to sort of overtake us, and that their juniors would be better because I know the way they work and what conditions they are given to work. I was saying in Russia we either need to provide the same kind of conditions for our best juniors or we would be overtaken. So there is no surprise for me here. There is, of course, Vishy, first of all. His role has been very, very big. Are you happy with the way your career has progressed, especially after winning the World



Rapid Championship in 2018? No. It could have been better. But when I was at my best, COVID happened. Then the war happened.

I cannot play in events like the Olympiad, but that is fine, I have no worries. If people stop dying, I will be happy.

Around a bonfire, the eternal debate over rebirth

On a crisp cold evening in Mussoorie recently, as we sat around a roaring bonfire, the conversation turned to the question of rebirth. There were those who were convinced that rebirth is an unquestioned reality. There were others who rejected the possibility outright. And, as always, there were the fence sitters, who either had no views, or were willing to go with both extremes. The proponents of rebirth argue the theory of karma, which is a widespread belief, not only relevant in Hinduism but in some other faiths as well. Depending on your deeds in your past life, you reap the rewards in the present one; and as you act in this one, will determine how you will fare in the next one. They said that this human life, governed by certain definitions of good and bad, cannot be just a random happenstance. Someone is keeping an account, and will hand out the dividends, if not in your current incarnation, then in the next. They also cited some cases where living people actually remembered accurate factual details of their past lives: who they were, where they were born, what they did, and in what circumstances they died. Their accounts, the believers said, were tested, by taking them to places and people who they vividly recalled, and they were proven right. None could cite more than one or two examples, and were unsure or hazy about names, but the stories as told sounded quite dramatic. In the Hindu faith, the Bhagwad Gita says that death is but a transient experience, where the physical body perishes, but the soul survives, and moves on. The soul is eternal, imperishable, and indestructible. Like a person changing one set of clothes for another, rebirth is just another version of the same soul in a new form. But there is another interpretation of this well-known shloka from the Gita. In the Advaita school of Hindu philosophy, which is derived from the Upanishads, nothing exists except consciousness. The Upanishads call it Brahman. This consciousness pervades the cos-

mos. It is omnipotent, omnipresent, omniscient, and nirguna or attribute-less. It was never born, never dies, never was not, and never will not be. In us, this Brahman exists as our Atman. It is this Atman that does not die. After death it is merely released from the captivity of its physical body, and merges with the Brahman. Where then does the question of physical rebirth arise? Of course, at the saguna-leela level of divinity, Hindus believe in reincarnation. Ram and Krishna were avatars of Vishnu. And, there are stories galore of similar avatars in our Puranas and mythology. But Shiva, supposed to be the very symbol of Brahman, is ajanman, unborn. He, like Brahman, always was, and will always be, beyond birth and rebirth. Buddhism too is supposed to believe in karma and rebirth. But in my view, this is a human distortion of what the Buddha actually taught. Buddhism differs from Hindu philosophy by stating that there is nothing like an enduring Brahman or Atman. In this non-self (anatta), what exists is only the rupa (body) and the nama (mind). All is inherently nairatmaya (unsubstantial), and all experience is kshana bhanga vada (a series of impressions, conceived and extinguished in the same instance). Nirvana, is the realisation of the emptiness of the notion of self, a process of blowing out and extinguishing oneself from the shackles of the web of life: samsara. This Nirvana is to be achieved in this life, because after we die, we merge into the nothingness that we always were. Christians believe in the Resurrection of Jesus Christ after his crucifixion on Good Friday. Two days later, occurred the Resurrection, celebrated as Easter. This seems to give validity to the theory of rebirth, and Christians widely believe that it is the truth. But whether it was applicable only to Christ, as God, or to ordinary human beings is a matter of debate among Christian theologians.