

CASE REPORT

Neuroscientists Discharge Social Responsibility by Taking a Lead in Converting Medical Colleges into Health Promoting Hospitals through the Spirituality Path: A Tale of Two Cities

Praveen K Tripathi¹, Amar J Singh²

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ABSTRACT

Neurosurgery patients are often critically ill and face stress and postoperative pain. Neurosurgeons also face many problems, like burnout. There is a need for individual and organizational interventions to promote their well-being.

This article showcases the life shifts in the medical practice of a neurosurgeon, Dr Praveen Kumar Tripathi, Assistant Professor, SRMS-IMS, Bareilly, Uttar Pradesh, through his ventures into spiritual healing. His Shrimad Bhagavad Gita sessions held in hybrid mode on the hospital campus at his official residence are attended by 30–40 devotees (patients, doctors, and staff). They reported having positive thoughts, a better perception of life, and self-satisfaction.

Academicians' social responsibility (ASR) concept applied to medical colleges can help doctors improve their relationships with patients and the community. As a part of the ASR campus hygiene initiative, for more than 4 years, students from its Neuroscience Research Lab at the Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, have dedicated 2 hours every week to establish a cleaner and healthier environment. This also brought positive changes among staff, patients, and their caregivers.

Integrative healing services use non-pharmacologic, alternative therapies to improve patient outcomes by focusing on the whole person. There is also a need to use this regime to foster neurosurgeons' well-being. For example, an international workshop was organized at PGIMER in 2024 to sensitize doctors on the usefulness of practicing Yoga.

This way, neuroscientists from two medical institutes applied a health-promoting hospital approach to address healthcare workers' and patients' physical and spiritual needs.

Keywords: Academicians' social responsibility, Burnout, Case report, Neurosurgery, Patient satisfaction.

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INTRODUCTION

Globally, neurological disorders are among the main causes of mortality as well as quality of life compromised due to disability. Every year, millions of cases of stroke, traumatic brain injury, and hydrocephalus-related events require neurosurgery. Treatment options for cerebrovascular disease have been significantly improved after 21st century advances in safe and efficacious neurosurgical techniques. Neurosurgery helps significantly in preventing/treating stroke, aneurysm bleeds, arteriovenous malformations, and reversal of neurological deficits.^{1–4}

CASE PRESENTATION

This article attempts to showcase a unique blend of "science meet the spirituality" scenarios through the life shifts in the medical practice of a neurosurgeon. It presents how he ventured into spiritual healings and brought a 360° transformation in his as well as others' lives.

Dr Praveen Kumar Tripathi is Assistant Professor, SRMS-IMS, Bareilly, UP. He did his MBBS from SS Medical College, Rewa, Madhya Pradesh; MS from LLRM Medical College, Meerut, UP; and Master of Chirurgiae (MCh) Neurosurgery from RNT Medical College, Udaipur, Rajasthan.

As of now, apart from his professional commitments, he participates in discussions every Saturday in the ISKCON Jabalpur group through Zoom. He regularly attends *Ramcharitmanas* and

¹Department of Neurosurgery, SRMS-IMS, Bareilly, Uttar Pradesh, India

²Department of Community Medicine and School of Public Health, PGIMER, Chandigarh, India

Corresponding Author: Amar J Singh, Department of Community Medicine and School of Public Health, PGIMER, Chandigarh, India, Phone: +91 9814472226, e-mail: dramarjeet56@gmail.com

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Bhagwad Gita programs in Bareilly city. He actively participates in the *Shri Mad Bhagwad Geeta* sessions. He has also uploaded his discourses on spirituality to the YouTube channel (e.g., Craft of Life) (<https://youtu.be/XdQBnm8-8Pk?si=MJM2JFQhho6u7oAF>).

Since childhood, there has been a spiritual environment around him. At an early age, he started listening to *Durga Shaptshati* from his father (Mr Devi Shankar Tripathi), who used to take him to *pravachan* of sadhus, especially Vijay Kaushal ji Maharaj. His father

was a firm believer in Mata Durga and Hanuman Ji. Dr Tripathi is carrying forward his father's legacy in his life. He started reading *Ramcharitmanas* at the age of 7–8 years and completely read it by the age of 11 years. He started reading *Ramcharitmanas* in various *Akhand Ramayan paths* in the city. He started reading verses of *Bhagwad Gita* at the age of 12–13 years. Being fascinated with stories, by the age of 14–15 years, he had read *Gita Darpan*, *Sanchhipt Shiv Puran*, *Bhagwat Sudha Sagar*, and *Durga Shapthshati*.

During preparation for the medical entrance test, *Durga Shapthshati*, *Hanuman Chalisa*, and *Stuti* were his main emotional supports. After being selected for medical college, this routine continued. In 2002, he met Dr Himanshu Acharya, a postgraduate resident doctor in surgery, who introduced him to ISKCON. Dr Tripathi had his first visit to Vrindavan in 2004. He organized a preaching session for ISKCON in 2005.

After MBBS, he went to Delhi and was in contact with the ISKCON temple off and on. He started following *Rambhadracharya ji Maharaj*. During MS, there was a break in all these activities due to paucity of time. After MS, he joined as a senior resident in neurosurgery at UCMS, Delhi. He again started visiting the ISKCON temple and listening to *Rambhadracharya ji Maharaj*. All this continued in MCh and thereafter. He was quite interested in preaching and discussing *Ram Charit Manas*. In 2021, he joined Banaras Hindu University (BHU), and this routine continued. Then he came back to join SRMS IMS Bareilly, UP, and became a part of the group of super-specialists. Most of them were usually busy with gym-based exercises and evening parties.

Then he decided to start spiritual talk sessions, starting with *Hanuman chalisa*. He completed 12 weekly episodes and decided to start discussions on *Bhagwad Gita*. And since then, it has continued. He is now a part of various spiritual groups in many cities. The sessions were held in hybrid mode. About 30–40 devotees (patients, doctors, paramedics, and clerical staff) attend the sessions physically or through virtual mode. During the sessions, their queries and doubts are also addressed.

Its real-life impact was experienced by many members after they attended a few sessions of *Shrimad Bhagavad Gita* discourse organized on the hospital campus at his official residence by Dr Tripathi. Feedback from them revealed that they reported having positive thoughts, a better perception of life, self-satisfaction, inner peace, and being able to have self-control to better deal with the stress. They stopped taking nonvegetarian food and changed the way of their routine lives. A reduction in blood pressure and serum cholesterol levels was also noticed.⁵⁻⁷

Here, it needs to be noted that Dr Tripathi did not compromise on his hospital duties. The following text gives a sample of the outline of his professional achievements.

Dr Tripathi successfully operated on a 58-year-old male patient affected by a rare and major middle cerebral artery aneurysm who reported in his Outpatient Department (OPD), complaining of frequent episodes of intense and severe headache. After the operation, there was substantial relief in the symptoms. He talked about the case, "Such aneurysms are abnormal focal dilation of a brain artery due to weakening of its inner muscular layer. A blister-like dilation develops, which can rupture without warning when the artery wall become thin. This results in bleeding into the space around the brain. This is called a subarachnoid hemorrhage. This can lead to a stroke, coma, and/or death.

Aneurysms may range in size, from three mm (small)—to one inch (giant). These are usually found at the base of the brain in the

subarachnoid space just inside the skull. Most (90% or more) of SAHs are due to ruptured cerebral aneurysms. Giant aneurysms are difficult to treat due to high risk. Hypertension, smoking, genetics, injury to blood vessels, and blood infections etc. may contribute to the formation of cerebral aneurysms, though the exact mechanisms by which cerebral aneurysms develop, grow and rupture are unknown."

Dr Tripathi continues to pave the way for cutting-edge treatments in neurosurgery. He recently achieved an incredible medical breakthrough by laparoscopically removing a complex brain tumor of a young male patient, who presented at his OPD with an intense and severe headache. There was a diminution of vision also. It was relieved after the surgery. Dr Tripathi performed this remarkable surgery using a minimally invasive procedure. With his expertise and precision, he successfully navigated the intricate pathways of the patient's nasal passages to reach the tumor site, deep within the lower portion of the brain, near the pituitary gland. It marked a significant advancement in the field of neurosurgery. This approach not only minimized trauma but also greatly reduced recovery time for the patient.

DISCUSSION

Neurosurgery patients are often critically ill and are in a severely compromised state with many pre/postoperative problems, including pain/stress. Even after excellent neurosurgical interventions, patients' situation can still be critically compromised, adversely influencing their future quality of life. Patient-friendly nursing care is, therefore, vital in all countries to improve the experiences of such patients. Use of non-medicinal, complementary alternative medicine systems as supportive therapy can also be helpful for them.¹⁻⁴

Not only the patients, the neurosurgeons themselves face many problems. They have many personal as well as professional responsibilities and needs. To tackle these, they require proper rest/sleep. They need privacy and personal/family time for good nourishment. They need a positive ambience at work with healthy relations with coworkers/patients. They need opportunities to think and attain self-discovery, restoring energy and resilience. All this is missing in neurosurgeons' lives because of the fast pace of life with multiple highly volatile and rapid chaotic disturbing changes occurring in the 21st century, leading to a huge rise in burnout incidents in them.⁸⁻¹⁰

There is a need to cater to their daily immediate needs like meals, occupational health hazards, participation in physical fitness programs and skill updating, individual relaxation, and stress reduction techniques. Usually, like most surgical disciplines, neurosurgeons are mostly busy in operation theatres, and many aspects of supportive clinical care need to be handled by others.^{9,11,12}

Though neurosurgery is a high-priority career choice for resident doctors with an inclination to pursue surgical specialties, frequent burnouts are commonplace in this discipline because of its demanding nature. Satisfaction levels among them remain low, coupled with emotional exhaustion, depression, and depersonalization. This may lead to medical errors, besides affecting their resilience and productivity.⁸⁻¹²

There is a need to use both organizational- and individual-level interventions to promote the well-being of neurosurgeons. The former gives short-term results, while the latter yields longer-lasting and more effective outcomes.

Many surgeons across the United States also endeavored to protect themselves against burnout and related issues by developing personal routines and methods independently.^{9–12} Still, individually, neurosurgeons themselves cannot address all the professional, technological, scientific, societal, financial, political, and legal aspects contributing to burnout.

As an institutional responsibility, organizational-level structural/cultural changes at the primary prevention-related interventions are needed to create an efficient, sustainable, respectful, and effective environment at the workplace, fostering doctors' welfare.

Here, integrative medicine has the potential to improve patient outcomes. It focuses on the whole person to achieve optimal healing using non-pharmacologic, alternative therapies individualized for every patient. Improvements in users' satisfaction are possible through such holistic management.^{11,12} This includes music therapy, acupuncture, pet therapy, healing touch, Yoga, meditation, relaxation, and counseling.

Integrative medicine reaffirms focusing on the whole person to achieve optimal health and healing, utilizing appropriate therapeutic and lifestyle approaches. This can be used to improve the experiences of neurosurgery patients so that they feel satisfied with their hospitalization.

Using these principles through an integrative healing services (IHS) approach in the neurosurgery wards, Roufail et al.¹¹ reported improved satisfaction among the patients who participated in their therapy (physical/occupational), resulting in improved pain scores, better mobility, and increased levels of independence. It resulted in a smooth recovery period with better healing.

There is also a need to use IHS to create a sustainable, efficient, effective, and respectful workplace ambience fostering neurosurgeons' welfare. This will help to ensure good-quality, safe, appropriate, and reasonably cost-effective services to every Indian.

The abovementioned description of Dr Tripathi's career path also reflects IHS applications in the professional lives of neurosurgeons. In the contemporary medical field, doctors are required to go beyond their immediate academic and patient care pursuits to ensure the well-being of the users as well as the providers.

The concept of corporate social responsibility is quite relevant here, reflecting a commitment by business enterprises to fulfill their obligation to the societal welfare and to improve the standard of living of the employees and their families. This concept can also be applied to college/universities as well as university/academicians' social responsibility (USR/ASR). Universities have a huge scope to provide to their students, staff, and teachers an ambience, encouraging them to commit themselves to work for improving the quality of life and service of the neighborhood and society.^{13,14}

Basically, medical colleges serve the basic needs of their students, staff, and faculty members. In medical colleges also, the ASR/USR concept may be applied. Introducing the concept of USR/ASR in medical colleges can help doctors diversify their scope of service provisions to patients and their families. This will also enthruse the doctors to excel themselves in research and education. This will provide a mechanism for the doctors to give back to the medical college and to society from where they gained knowledge, training, recognition, and livelihood.^{13,14}

In this context, the WHO's health promoting hospitals (HPHs) movement of the 1980s needs to be revisited to substantially

change the traditional image of 21st century hospitals from a curative services-oriented facility to healthful living centers providing comprehensive promotive, preventive, curative, and rehabilitation services to the patients as well as staff.¹⁵

Here, it is not out of context to share an example from the Postgraduate Institute of Medical Education and Research (PGIMER). For more than 4 years, as a part of the ASR campus hygiene initiative, students from its Neuroscience Research Lab have been dedicating weekly 2-h service to establish a healthier and cleaner environment in and around the institute. This venture has created around the institute a clean and healthy environment. Also, among patients, their caregivers, and the staff of the institute, it brought positive changes.¹⁴

In India, presently, the neuroscience-related activities are provided as a part of the allopathic services. But it has been given a unique Indian touch, paralleling the ancient Ayurvedic system. For example, at PGIMER, Chandigarh, on January 8, 2024, an international workshop on "Mind Body Intervention: Emerging Status" was held for sensitization of healthcare workers/doctors about the benefits of Yoga. On January 9–10, a meeting of experts discussed the implementation-related intricacies, integrating research evidence of Yoga into modern medical practice, and tackling the issues pertaining to burnout among health professionals. Dr Akshay Anand, the Neuroscience Professor at PGIMER, Chandigarh, chaired the organizing committee of the event. The workshop aimed to increase public awareness and bring the science of Yoga to a broader audience.^{16,17}

The growing acknowledgment of Yoga's benefits, such as stress reduction, increased flexibility, lifestyle disorders, and improved mental well-being, has helped healthcare workers and patients to learn the coping skills offered by generic disease-specific Yoga.

The National Health Policy, 2017, also recognized the need to mainstream the potential of AYUSH with the general health system. It sought to introduce Yoga at workplaces as part of the National AYUSH Mission (NAM) for promotion of good health. The policy harps on sensitizing the practitioners of each system to the others' strengths.

For improving the health of the community Ministry of AYUSH, India released a standardized Yoga protocol for all age groups meant for the International Yoga Day, incorporating meditation, *pranayama*, and *asanas*, i.e., various Yoga aspects and protocols validated by scientific fraternity.

CONCLUSION

Thus, these examples amply demonstrate how neuroscientists from two medical institutes took the lead in adopting a HPH approach to address the physical and spiritual needs of healthcare workers as well as the patients.

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REFERENCES

1. Withrow J, Todnem N, Rahimi S. The evolution of the neurosurgical treatment of ischemic stroke. *J Cerebrovasc Endovasc Neurosurg* 2018;20:53–60. DOI: 10.7461/jcen.2018.20.1.53.

2. Lartigue JW, Dada OE, Haq M, et al. Emphasizing the role of neurosurgery within global health and national health systems: A call to action. *Front Surg* 2021;8:690735. DOI: 10.3389/fsurg.2021.690735.
3. Modak A, Raju B, Jumah F, et al. A modern history of neurosurgery and neurology in India: Lessons for the world. *J Neurosurg* 2023;138:1467–1472. DOI: 10.3171/2022.7.JNS22456.
4. Ganapathy K. Neurosurgery in India: An overview. *World Neurosurg* 2013;79:621–628. DOI: 10.1016/j.wneu.2013.02.071.
5. Srimad Bhagavad Gita. Gorakhpur: Gita Press; 2009. ISBN: 100015841588.
6. Bhaktivedanta G, Prabhupada HD. Bhagavad Gita As It Is. Los Angeles California, USA: Bhaktivedanta Book Trust International; 1972. ISBN: 10-89213-268-X.
7. Tripathi PK, Arun R, Rai PL, et al. Prevention and control of chronic non-communicable diseases in 21st century through the teachings of Bhagavad Gita. *SJOPS* 2024;14:79–82. ISSN: 10972-4613.
8. AbdulWahid J, Ismail M, Al-Mosawy MS, et al. Ins and outs in deciding a future career in neurosurgery: A medical student's perspective. *Surg Neurol Int* 2022;13:530. DOI: 10.25259/SNI_884_2022.
9. Mahmoud NN, Rothenberger D. From burnout to well-being: A focus on resilience. *Clin Colon Rectal Surg* 2019;32:415–423. DOI: 10.1055/s-0039-1692710.
10. Zaed I, Jaaidane Y, Chibbaro S, et al. Burnout among neurosurgeons and residents in neurosurgery: A systematic review and meta-analysis of the literature. *World Neurosurg* 2020;143:e529–e534. DOI: 10.1016/j.wneu.2020.08.005.
11. Roufail J, Sahyouni R, Malik S, et al. A novel integrative healing services approach for neurosurgery inpatients: Preliminary experiences and cost calculations. *Interdiscip Neurosurg* 2018;13:124–128. DOI: 10.1016/j.inat.2018.04.012.
12. Seetharaman M, Krishnan G, Schneider RH. The future of medicine: Frontiers in integrative health and medicine. *Medicina (Kaunas)* 2021;57:1303. DOI: 10.3390/medicina57121303.
13. Singh AJ, Anand A, Jaswal N. Implementing university/academicians' social responsibility conceptual framework in medical colleges. *Ann Neurosci* 2019;26:8–9. DOI: 10.1177/0972753120923166.
14. Anand A, Banik A, Minhas G, et al. Creating a role model for "Academicians" Social Responsibility (ASR) synergizing with Swachh Bharat Abhiyaan: A campus hygiene initiative by PGIMER, Chandigarh. *Ann Neurosci* 2019;26:75–81. DOI: 10.5214/ans.0972.7531.260207.
15. Ahuja PK, Gupta AK, Jain B, et al. Health Promoting Hospitals. In: Singh AJ, Goel S and Kathiresan J.(editors) *Health Promotion: Need for Public Health Activism Vol II*. Germany: LAP LAMBERT Academic Publishing; 2013. ISBN: 10: 3659471836.
16. Sharma K, Pannu V, Sayal N, et al. Effects of one month of Common Yoga Protocol practice appear to be mediated by the angiogenic and neurogenic pathway: A pilot study. *Explore (NY)* 2021;17:451–457. DOI: 10.1016/j.explore.2020.09.007.
17. Sharma K, Battu P, Anand A, et al. Management of type II diabetes by modulating the modifiable risk factors: A future roadmap for prevention of cerebrovascular complications. *Ann Neurosci* 2020;27:266–272. DOI: 10.1177/09727531211000041.