

MAURITIUS TIMES

"Hard times are sometimes blessings in disguise. We do have to suffer but in the end it makes us strong, better and wise." -- Anurag Prakash Ray

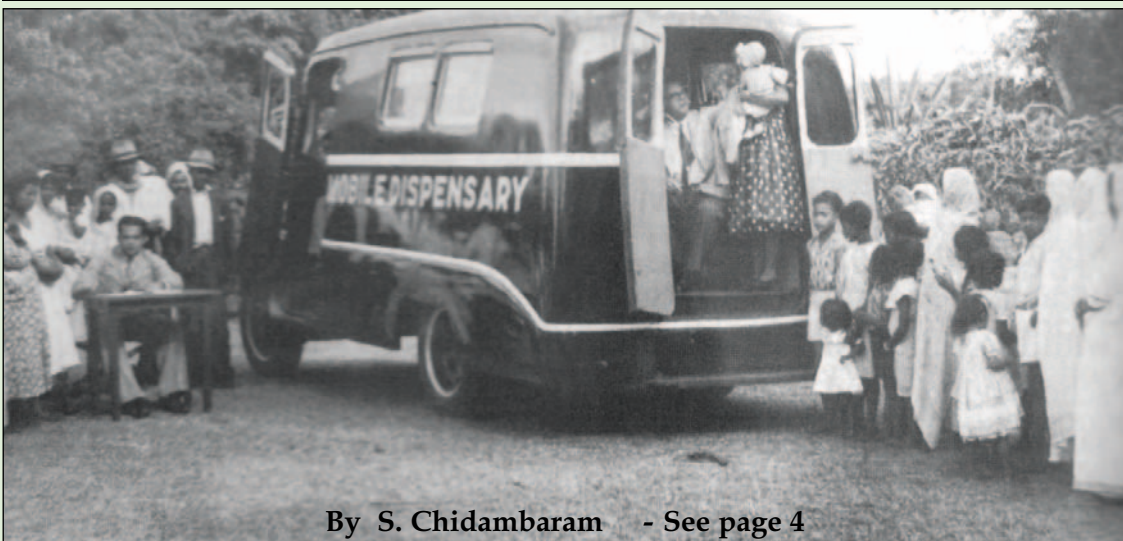
Testing times for health systems



By Dr R. Neerunjun Gopee See page 3

Without understanding, humility and strict conformity to the public health interventions that are being drummed into unwilling heads, I am afraid that - the worse is yet to come

States' Response to Epidemics in History



By S. Chidambaram - See page 4

“In England, the presence of the pandemic was denied, and the press continued to echo the official line in the public sphere. By the time the epidemic came to an end, the death toll in England had reached 284,000.

In Mauritius, too, when the malaria epidemic broke out in 1867, the majority of doctors thought that the fever was malarial but no formal view was expressed and the official view did not subscribe to it. What led the Medical Assessor on 23 January 1867 to recognize that an epidemic was in the making was not only the number of deaths, but that it had started to attack the rich...”

Covid-19 - The View from UK & India



By Dr K.D. Gopee, Neil Seepujak & Kul Bushan - See page 6 & 7

Musings

Thank You, Mother Nature

By Dr Rajagopal Soondron - See page 5

Post-Lockdown

What are we looking at post-lockdown? This will depend on our strategy during lockdown.

That strategy has to begin not only in isolating and treating patients who are ill, but also those who only display mild symptoms requiring no medical attention, and those who are asymptomatic.

We gather that quite an important number of those infected will only display mild symptoms or no symptoms at all. And also that symptoms may be so mild that people may not seek medical attention at all, and thus remain unknown to the authorities. However, these categories of people are probably the more effective virus carriers.

It also seems that we are now to accept that there is a community spread of the coronavirus. Dr Gujadhur himself gave the example of one person having most likely contracted the virus at a supermarket.

Confinement or lockdown until 15th April will quite obviously not address this fully.

This explains the WHO's prescription of 'testing, testing, testing'; testing for positive cases but also testing for antibodies to determine who may have contracted the virus and recovered. The best time for this would logically be during confinement or lockdown, and not after. In fact, this may well be a condition for lifting confinement or lockdown altogether.

We are still waiting what the authorities are doing in that respect. More worryingly, there is no indication yet that anything is being done.

As things stand, we will not have the guarantee that once lockdown is lifted there won't be anyone at large with the virus. This raises a number of issues.

First, there is a risk of a spike or surge after the lockdown is lifted that will not only bring us back to square one if not in a worse position.

Second, we need to consider the ongoing capacity of our healthcare system to deal with the virus and our general ills. Our health personnel would have been working around the clock during the lockdown, leaving themselves exposed, both with physical and mental

fatigue and the dwindling (if not simple lack) of their protective gear. We cannot expect them to remain on call in a state of emergency once the lockdown is lifted.

Third, it will be difficult post-lockdown to enforce social distancing in a society like ours. Social distancing was not applied fully during lockdown, let alone during the curfew. We need to account for the fact that we are geographically small and densely populated. Things that hitherto were our strengths can become our greatest weaknesses: think of cultural, familial or religious gatherings, think simply of the way that we go about and organise life and work, valuing close and direct interactions.

Fourth, there is our specific reality that most of those in positions of power or decision-making in the country, across the public and private spheres, are likely to be themselves in the most vulnerable group apart from the senior citizens.

Fifth, there is the inevitable and significant impact on our economy, which we also no doubt need to get up and running. A lot is also premised on having open borders. Now, the world will not have moved on. Do we keep our borders shut or have everyone coming into the country quarantined and tested?

It does not look that we can even consider a partial lift of confinement. This may be what government had in mind when it called for more civil servants to return to work. The difficulty however is how contagious the virus is. It takes one infected person to go back home and hug his child, who then goes to hug a grandparent, for us to go back to square one. Our school population is vulnerable. We need also stringent measures to protect our labour force.

It seems then clear what we need to make the most of the lockdown. Use it optimally. Dr Bruce Aylward, a senior adviser to the Director General of the World Health Organisation talks of guerrilla warfare against the virus. He calls for countries to use the lockdown to find every case and to rapidly isolate. At this point, it's difficult to see anything else that we can do, until that miracle vaccine is available.

S. Reddi

Could the World have Prepared Better?

As much of the world gets used to social distancing, school closures and restrictions in movement in response to the coronavirus pandemic, obvious questions are being asked about how governments and companies can prepare themselves for these sorts of extreme events.

One technique that has gained prominence in helping business people and officials deal with events that have a low probability but high impact is called scenario analysis or scenario planning. There are a number of different methods that can be used to model scenarios, but in essence these all involve developing stories about a number of possible ways that the future could unfold.

Probably the best known and most widely used approach, which was developed within Shell during the 1970s, involves groups of stakeholders discussing what happens when two unrelated but highly uncertain drivers of change interact in extreme ways. The eminent scenario analyst Kees van der Heijden, a former head of scenario planning at Shell, has described how one of the company's early scenario-planning exercises examined the government approach to the energy sector and the potential discovery of significant natural gas reserves.

This approach does not aim to predict the future, and in fact recognises that this is a fundamentally impossible and futile thing to do. Instead, it encourages what van der Heijden has called "strategic conversations", which allow those involved to have their world views challenged. The hope is that this makes business people and officials more aware of when things are not going according to plan - and so better able to respond.

Not a black swan event

There is little doubt that this sort of agile thinking has helped some officials and companies respond earlier and more decisively to the changing events of recent weeks. In some ways, the COVID-19 pandemic is a prime example of a black swan event - a term coined by the writer Nassim Nicholas Taleb to describe very high impact events that are unimaginable before they happen.

But the COVID-19 pandemic should not really be a black swan event. Epidemiologists have been warning for decades that a pandemic of a novel flu strain was inevitable. There have been a number of scares over the past two decades, such as the SARS outbreak in 2002-04, which was concentrated in southern China and Hong Kong, the swine flu pandemic that originated in Mexico in 2009, and H5N1 avian flu in the 2000s.

While all of these epidemics were serious, they weren't on the same scale as COVID-19. This may well have led to business and political leaders focusing their attention on what they perceived to be more pressing priorities in recent years. In the US, for example, the Trump



Getty Images

administration cut funding to disease security programmes as recently as 2018.

The behavioural economists Amos Tversky and Daniel Kahneman have developed the idea of the availability heuristic, which suggests that people overestimate the probability of things that are high profile and memorable, such as terrorist attacks.

However, the reverse is also the case, and the sustained absence of a pandemic such as COVID-19 - a high-impact, once-in-a-generation event - has led people to underestimate its likelihood and impact. A number of think tanks and consultancies provide early warning services about low-profile, high-impact events, such as conflict in the South China Sea. However, if they feature events that are considered far fetched, they risk losing credibility among their clients and readers.

Out ahead

It's probably no accident that a number of the countries that have responded effectively to the COVID-19 outbreak are in east Asia, where the SARS outbreak and H5N1 scares are relatively recent memories. For example, Taiwan has been praised for taking early action to contain the potential spread of the virus, and Singapore has been able to keep down infection rates through widespread testing for the virus, enabling effective quarantining and treatment of cases.

One key lesson that can be taken from the response to the pandemic so far is that companies and countries that are able to respond quickly, and change strategies in response to rapidly changing events, will do well.

Scenario analysis and some of its related underlying principles can offer some tools to prepare for and deal with highly disruptive events. However, they cannot predict where and when such events will take place, nor can they completely overcome the psychological traps that cause us to underestimate them, and as a result be underprepared. Perhaps our best hope is that by being more aware of these issues, and the fact that uncertainty dominates so much of our lives, we might be a little bit better able to respond to unexpected events, big and small.

Neil Pyper

Associate Prof, School of Strategy and Leadership, Coventry University

Mauritius Times

Founder/Editor: Beekrumsing Ramlallah - Aug 1954-Sept 2000

Editor-in-chief: M. Ramlallah
Senior Editor: Dr RN Gopee

*This epaper has been produced with the assistance of
Doojesh Ramlallah, Sultana Kurmally and Kersley Ramsamy*

Pearl House 4th Floor Room 406 - Sir Virgil Naz Street, Port Louis
Tel: 5-29 29301 Tel/Fax: 212 1313



mtimes@intnet.mu



www.mauritiustimes.com



facebook.com/mauritius.times



Dr R. Neerunjun Gopee

Testing times for health systems

Without understanding, humility and strict conformity to the public health interventions that are being drummed into unwilling heads, I am afraid that - the worse is yet to come

It is now widely acknowledged that practically all countries were unprepared to face the Covid-19 pandemic by the time it swept into them. This applies to even the richest countries with the most advanced health systems in the world, especially in Europe and North America. The comparative table below reveals some interesting details. It shows the statistics pertaining to Covid-19 as at **March 31, 2020, 12:34 GMT (Total cases & Deaths, Cases & deaths per million)**, as well as the latest available GDP figures (World Bank) as % of total government expenditure (2018 for South Korea, 2016 for the other countries).

Japan. And for obvious reasons Mauritius.

As with all previous epidemics, it is only well after it is all over that the complete statistics will be available for more comprehensive analysis. This means many months to go, and most likely not for a year after the pandemic is considered have been controlled and the Covid-19 has settled into a quiescent phase, like the influenza virus - that too if it does. Nobody can say at the moment.

This same kind of uncertainty has given rise to controversies about various aspects of the pandemic, leading to delays in decision making with consequential

An article by Doyin Odubango, Executive Secretary, Nigerian Academy of Science in *The Conversation* of March 30 discusses the issues and challenges which are equally relevant to our own situation. He observes 'that there are a myriad of factors to consider and that, particularly in Africa, countries have to take them all on board when making their decisions to curtail the spread of the virus.'

The factors include the dangers posed by false test results, the fact that testing data is being badly communicated leading to a rise in panic levels and the fact that testing capacity is limited in many countries'. Further, 'we should not just follow the admonition of the WHO to "test, test, test" without examining it in the context of our local peculiarities. Testing is important but countries should adapt guidelines for testing that work for them'.

I strongly recommend concerned parties to read this article, in particular because it makes very salient points about the test results especially false negative ones, and the manner of communication of positive test results and deaths which may generate unnecessary fear and panic.

According to some online posts, Italy, Spain and the Netherlands have returned test kits that were sent to them by China as they were defective. This should caution us to apply due diligence when procuring test kits, ensuring that they are compliant with approved regulatory standards.

Lockdown or no lockdown?

Central to breaking the chain of transmission of the virus, this measure has divided countries in their approach, and thus led to a lag in response with dire consequences in terms of rising numbers and deaths. This was first evident in Italy, which very rapidly became the epicenter of the pandemic in the West; this unenviable position is now occupied by the US. Paradoxically, the country with the highest GDP



“Mathematical modelling can help in forecasting the progression of the pandemic and provide insights about how to efficiently allocate limited resources and assess the consequences of public health measures so as to prevent as many deaths as possible. But there is no way of forecasting the number of deaths, as one epidemiologist tried to do in the case of the H1N1 pandemic locally, publishing an article in *Le Journal de la Reunion* which was given wide publicity. He predicted 600 deaths, and implied that the Mauritian authorities were deliberately hiding the figures. The finally tally of 28 deaths gave a big slap to the claim and the publicity...”

expenditure now has the highest number of cases, which far exceed China's, and finds itself like all other countries struggling to contain the spread of the pandemic. It has now extended the lockdown by another two weeks.

Shortage of equipment and human resources, illness and death among medical and nursing staff - Everything is in short supply - testing material, protective gear such as surgical masks and aprons, hospital beds, ICU beds, ventilators. All these are required by the millions; factories and businesses are ramping up production; others are being repurposed to meet the enormous demands.

As regards health staff, 63 doctors have died in Italy, 5 in France, and hundreds more infected and off work across the world. So too is the case with nurses, and the emotional trauma of seeing their colleagues wired up and struggling for their lives is demoralizing doctors and nurses.

An article in *Medscape Orthopaedics* (March 25), titled 'Hospitals Muzzle Doctors and Nurses on PPE, Covid-19 Cases' exposes the fear among health professionals, who are using online platforms 'to lament short supplies, share concerns, tell stories, and plead for help'.

Predictions about the pandemic - Mathematical modeling can help in forecasting the pro-

gression of the pandemic and provide insights about how to efficiently allocate limited resources and assess the consequences of public health measures so as to prevent as many deaths as possible.

But there is no way of forecasting the number of deaths, as one epidemiologist tried to do in the case of the H1N1 pandemic locally, publishing an article in *Le Journal de la Reunion* which was given wide publicity. He predicted 600 deaths, and implied that the Mauritian authorities were deliberately hiding the figures. The finally tally of 28 deaths gave a big slap to the claim and the publicity, but of course there was never any apology or rectification.

Such are the vicissitudes that are complicating our handling of this unprecedented global human tragedy. Without understanding, humility and strict conformity to the public health interventions that are being drummed into unwilling heads, I am afraid that - the worse is yet to come.

Laymen in the matter must stop bothering the health authorities about case statistics, and instead help themselves and their countrymen by assiduously practising the public health measures and help to spread awareness about them.

Coronavirus Cases: 802,831 -- Deaths: 39,020

As at March 31, 2020, 12:34 GMT

	GDP	Total cases	Deaths	Cases/m	Deaths/m
USA	17.7%	164 435	3 175	497/m	10/m
Italy	8.94%	101 739	11 591	1 683/m	192/m
India	3.66%	1 251	32	v. small	v. small
China	4.98%	81 518	3 305	57/m	2/m
Singapore	4.47%	926	3	158/m	v. small
Sweden	10.93 %	4 435	180	439/m	18/m
S. Korea	8.1%	9 736	162	191/m	3/m
Mauritius	5.7%	143	3	112/m	2/m

These countries have been selected for specific reasons. USA has the highest GDP expenditure; China is where the pandemic started; India has a population that roughly equals China's; Italy is the first European country to be affected by the pandemic, where it caused havoc to the health system from the very beginning; Singapore had prepared itself prior based on its 2003 SARS experience; South Korea swung into action immediately with extensive mass testing; Sweden, to the dismay of other EU countries, is persisting with its more relaxed approach, that is, no lockdown - which in fact is also the case with Singapore, South Korea and

straining of health systems' capacities. A major worry that is emerging now is the impact on health personnel.

To test or not to test?

Several issues have affected decision making, such as availability of test kits, type of test to be conducted (for antigen or for antibody), reliability of tests (90% at best), rapidity of test (how long to get the result), whether to do only contact tracing only or combine it with community testing, and of course the resources of the country in terms of capacity for analysis that includes skilled personnel and equipment. The WHO advice to 'Test, test, test' was not accepted by all.

States' Response to Epidemics in History

State propaganda has its limits. But ultimately the State has to shoulder its responsibility of provider of public goods and initiate reforms

S. Chidambaram

The outbreak of epidemics in the past threw all governments in a state of panic, and finding themselves on the horns of dilemma with their immediate response -- shaped by self-interest -- focusing on the control and manipulation of information. This was done for various reasons: economic, political and social, notwithstanding their deep commitment to deal with the epidemics. Even in countries where their governments' commitment was not in doubt, they did not lose sight of political considerations.

A few cases of past epidemics can enlighten us about State behaviour during those difficult times.

The outbreak of the Spanish flu of 1918 made headlines immediately after King Alfonso XIII and other officers fell sick. However since Spain remained a neutral country during World War I, no censorship of the press was imposed and the news reached several European countries. However, because of the War, most European states had already imposed censorship and gave little importance to the pandemic because they feared that such bad news might bring down the morale of the soldiers.



result that about 675,000 Americans died of influenza during the pandemic, ten times as many as during World War. In England, the presence of the pandemic was denied, and the press continued to echo the official line in the public sphere. By the time

thought that the fever was malarial but no formal view was expressed and the official view did not subscribe to it. What led the Medical Assessor on 23 January 1867 to recognize that an epidemic was in the making was not only the number of deaths, but that it had started to attack the rich.

Economic reasons rather the need to protect the population trumped the response of many governments to the pandemics. When news of a malaria epidemic broke out in Ceylon in 1934-1935 and made the headlines on many news channels, the BBC passed on the information to the Colonial Office which sought to allay fears of the epidemic lest it might disrupt trade and tourism. Press statements relayed by the Colonial Office to BBC and Reuters emphasized that there was no risk for visitors to Colombo or to the hill stations, and the news was disseminated in many British colonies.

On the other hand, colonial regimes had always pledged their concern for the people on medical

and humanitarian grounds. But one feature of the official propaganda during epidemics was to deflect criticisms of the State for its inaction and inertia and to blame the people for their behaviour and ways of life; in many cases it was the poorer classes who were criticised for their alleged "indiscipline" and "poor sanitation". When epidemics broke out in India, the colonial government always found fault with overcrowded tenements and other "filthy habits". In Mauritius, when 40,000 people died of malaria in 1867 in Port-Louis, again it was the poorer classes who bore the brunt of the criticisms although malnutrition, lack of quinine and health infrastructure as well as the failure of sanitary reform were also important contributory factors.

During periods of crisis, the State had to juggle with a number of conflicting interests -- those of the corporate sector, the privileged classes, its own political interests and the welfare of the people, with the latter coming last on its list of priorities. One could

not expect the State to make public its priorities; it always sought ways to conceal them as it had always been the case in many countries in the past.

Health attention towards the lower classes was completely ignored because epidemics and diseases were usually confined to working class areas. Things would change when the ruling class discovered that epidemics did not discriminate between different social classes and were the great leveller. From then on, sanitary reform, slums clearance and public health policy figured high on the agenda of governments in England and elsewhere.

One should not be surprised that advice and information from official sources - even when they are reliable - lack credibility not only because of poor communication but because the people either are suspicious of them or have their own cosmologies to explain the outbreak of epidemics and their spread. During the plague crisis in India in 1891, the people opposed colonial measures to deal with the disease because they had their own explanations and solution. They suspected that British colonial policy was designed to gain political control over the people, infringe their way of life and culture, particularly by imposing allopathic medicine over folk medicine -- the more so since the British used medicine to prop up their image as modernisers. Contesting Western medicine and its health measures intensified the struggle against British imperialism in India.

What do we find at the end of epidemics? Very often there were reports or commissions of inquiries that would extol the State for having accomplished its objectives and any policy failure was attributed to illiterate and backward populations, forgetting that the State bore a large part of the responsibility in the matter for denying education, employment and healthcare to large swathes of the population. However State propaganda has its limits. But ultimately the State has to shoulder its responsibility of provider of public goods and initiate reforms.

After the 1918 pandemic, the British government had to set up a Ministry of Health in England. Ironically the pandemic contributed to the weakening of colonial governments and their political control over the colonies; it was also a contributory factor to the rise and consolidation of nationalism. In other countries, the lessons were not forgotten and they spurred various reforms.

“Colonial regimes had always pledged their concern for the people on medical and humanitarian grounds. But one feature of the official propaganda during epidemics was to deflect criticisms of the State for its inaction and inertia and to blame the people for their behaviour and ways of life; in many cases it was the poorer classes who were criticised for their alleged “indiscipline” and “poor sanitation”. When epidemics broke out in India, the colonial government always found fault with overcrowded tenements and other “filthy habits”. In Mauritius, when 40,000 people died of malaria in 1867 in Port-Louis, again it was the poorer classes who bore the brunt of the criticisms...”

When the news reached the United States in March 1918, President Woodrow Wilson too imposed censorship of the press which, out of patriotic duty, followed the official line with the

the epidemic came to an end, the death toll in England had reached 284,000.

In Mauritius, too, when the malaria epidemic broke out in 1867, the majority of doctors

Thank You, Mother Nature



Dr Rajagopal Soondron

You surprised us, Mother.

How, Sonny?

You came out of the blue and struck us in between the eyes to dismantle our civilization and economic well-being.

No Sonny. I am just reminding you all that it's your natural way of life. You will strive to make 10 fast steps forward - then one day you will wake up and find yourself being forced

unwillingly backward in 9.5 steps. By so doing you will come face to face with the uncertainties of life, thereby stimulating you to gather various experiences for future happiness, Sonny. It's the law of biological evolution.

So that's why you sent us this notorious CV, Mother?

Yes, Sonny. Are you not happy that nowadays parents are spending more time with their children at home - re-establishing family life, maybe playing cards, domino, chess and conversing? Children are being pampered by parents after months of close living? Are you not happy that less and less pollution -- noise and dust pollution -- is happening and carbon dioxide will thus fall significantly from the atmosphere? It is happening after ages. Very few planes are taking off to the air - and as they contribute to a lot of atmospheric degeneration. Is it not a progress, Sonny?

For once the airports are quieter, men and women have stopped rushing about like crazy people to amass fortune at the expense of their psychologically weaker compatriots; now they may have more time to look around to watch the morning sun rising through their window, to listen to birds twittering in the tree tops, with some drizzle falling and dancing on the nearby lawn. You will stare as long as sheep and cows. You have suddenly realized that you could do without a lot of those semi-synthetic toxic foods, environment invasion by motor vehicles, unbridled crazy social events and all those excesses promoted by the multinational sharks - trying to con all of you so as to feed their egoism; all of which you have come to call progress. Possibly now you would think twice before you would kill those dumb friends of yours, after witnessing those food markets in the East. Are you not happy that all this is happening, Sonny?

Compassionate beings

No, Mother Nature -- all these happened at the expense of thousands of people who are dying at this very moment.

Oh Sonny, did you want to make an omelette without breaking an egg? Don't you know that previous famines, droughts and wars had all eliminated some people for the good of the survivors? Did not the aftermath of the bubonic plague (mid-14th century) and the 1919 Spanish Flu see the elimination of overpopulation -- hence giving the living more breathing space, more potable water and more food? Did not your society, Sonny, see improvement in standard of living after those catastrophes -- whereby you achieved more material progress, comfort and an increase in your GDP?

Did not your experts calculate that this blue planet can support optimally some 2 billion people comfortably -- yet you have gone on multiplying to 7.6 billions? Where will you get the food and water to support them? It's simple logic, Son. And you go on supporting those religious concepts that you people must go on multiplying to satisfy the edits of your artificial Gods? Can you be so unwise? Must I not abide by my own billion old plans -- keeping a check on the expansion of your population -- by eliminating



the weaklings?

Yes, Mother Nature - but at what cost! What tragedies!

Oh, now you are waking up. There is no free lunch, my Son.

I know, but can't you be considerate, generous and more magnanimous, Mother?

Oh, you forgot that my way of functioning is to eliminate the redundant. I protect the fitter individuals, the more robust at the expense of the weak so that the average will always climb up to a more solid standard. But you, Son, what did you do? You revive the dying, you keep the weak babies alive as long as possible, you go on caring for those poor kids with congenital diseases, you love those with genetic defects as never before. Well, I meant them to fade away, Sonny... so that the healthier one can survive and lead the fight against all odds. Most of those weaklings who survived would find life to be a real tragedy and hell, Sonny. Do you want to be in their place Sonny?

But Mother, we have become humane now! We have finer feelings and emotions, we are highly sensitive; we are intelligent. We cannot stand around and watch our children and the less capable being eliminated without putting up a

fight.

Yes, Sonny. I always wonder from where you inherited that sensitivity that loves business. Is it from Him?

Who's that, Mother?

He -- the universe. All that has never been part of my strategy. Sonny, have you noticed that the cleverer you become the more cruel you also tend to be -- learning to eliminate your other friends by greater ruse, inventing all sorts of arms of destruction and biological weapon as you progress: do you call this love and magnanimity Sonny?

Sonny, don't worry, your intelligence will lead you to an anti-vaccine to Covid-19; and you will discover that it is no worse than the common yearly flu you know all about already -- but meanwhile I am sure that shake off I have given you will lead you all to appreciate the fragile nature of existence. There will be new administrative, health, financial approaches to life. Your psychology will take a blow -- for the better; now you will react differently. Some of you will come back to my fold; many will start economizing in memory of that present setback.

Having regressed by 9.5 steps, you will yet again start going forward with a new concept of the uncertainties of life. You will come to appreciate it differently, realizing that in spite of all your differences you are all alike and are prone to the same natural risks. CV has taught you that there are no artificial borders and frontiers. You will come to respect my minute viral product, always waiting for a new version of it to surface at any time again. You will remember your present predicament for long; it will leave a psychological scar. It will induce your brain to think differently - opening new neural dormant pathways. That's evolution for you, Sonny.

The Karmic Law

Why frighten us so much, Mother? You seem to take 'malin plaisir' to scare the wit out of us, decimating our economy and rendering us poorer. The poor will become poorer and will continue suffering, be less happy and die prematurely.

Oh Sonny, it's the price to pay for going too fast - for exploiting me to produce all sorts of pleasurable devices, to push yourselves to the limit to extract maximum of pleasure from the environment. You have invented 'taste' and become a slave to it - wanting to prove yourself beyond limit, to tell others that you are better than them, just to be different. And to achieve that egoistical status, you are ready to denature me beyond recognition. There's always a price to pay, my Son.

But Mother, you could spare us so much stress and unhappiness.

Yes Sonny, but I know no other way to do it. Can you become more simple, more natural - so that you stop insulting me to cultivate that extremely impersonal synthetic, artificial way of life, Sonny?

I have no choice - its action and reaction, my job is to react... it's the karmic law, for I am also part of it. Until next time, Good Luck Sonny.

Thanks for the lesson, Mother.



Dr K.D. Gopee

Covid-19 - The view from the UK

The first confirmed case of Covid-9 in the UK was on the 29th of January, and a pandemic was declared by the WHO on the next day. By that time 9800 people had been confirmed as infected globally and 213 had died. The UK was supposed to be having two weeks of notice to prepare itself for the storm.

Initial approach controversial

Despite warnings from China, the WHO and the worsening situation globally, UK authorities decided to take a controversial approach, also seen as complacent. They opted for the idea of a "controlled epidemic" providing "herd immunity" with 60% of the population being allowed to get infected. Some epidemiologists and the editor of "The Lancet", a medical journal, were baffled by this stand, more so because stricter measures adopted by South East Asian countries were starting to show results. Advice was given in stepwise fashion: wash hands with soap and water more often, social distancing of 2 metres, work from home. More measures were not implemented at that stage because of cost, social and economic.

National Health Service unprepared

As the death toll continued to rise, it became apparent that the NHS was woefully unprepared for such an event. The proportion of ICU beds was already the lowest in Europe, ventilators were lacking, there were staff shortages of 100,000 and testing facilities were at a derisory level. Personal Protective Equipment (PPE) was found to be in very short supply. It came to light that a health economic assessment done a few years earlier had found it too costly to provide for eye protection as recommended by experts. WHO recommendations about PPE were watered down; it has been reported that some masks provided to paramedics were out of date.

The blame for the unpreparedness of

the NHS is placed squarely at the door of the government for its decades of austerity measures. Brexit and ideology also seem to be playing a part in the management of the crisis. Despite the lack of ventilators Britain refused to join a EU scheme to acquire more, citing a communication problem related to e-mails. A contract for the provision of ventilators has been allocated to a vacuum cleaner company whose owner is reportedly quite close to the party in power.

Public's reaction, social and economic impact

The government kept mentioning the future possible measures it could take. The public not receiving clear guidance became panicky. It went onto a buying rampage. Toilet rolls, sanitisers and disinfectants disappeared from the supermarket shelves along with foodstuffs and other necessities. Despite reassurance of availability of supply, panic buying continued and quietened down only after lockdown was instituted following an Imperial College report.

The social and economic disruption caused is unimaginable; to a certain degree palliative measures are possible but at enormous cost as the newly appointed Chancellor soon found out. Money, even amounting to billions, does not solve all problems for all people.

Socially the public has taken the lockdown measures in its stride and is

"One could easily paint a picture of what could happen when relatives spend a long time together - the brawls of Christmas would be like a pale imitation. There are already reports of an increase in domestic abuse, and other upheavals are expected long term such as an increase in divorce rates and births, amongst others. Loss of one's job is uppermost in people's minds as the economy takes a big tumble and recovery is only expected towards the end of next year..."



"As the death toll continued to rise, it became apparent that the NHS was woefully unprepared for such an event. The proportion of ICU beds was already the lowest in Europe, ventilators were lacking, there were staff shortages of 100,000 and testing facilities were at a derisory level. Personal Protective Equipment (PPE) was found to be in very short supply. It came to light that a health economic assessment done a few years earlier had found it too costly to provide for eye protection as recommended by experts..."

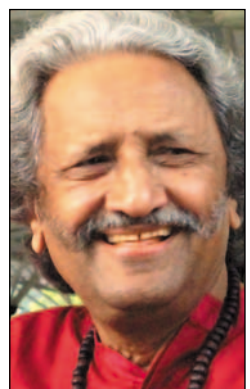
adapting because it cannot do otherwise. People are frightened but the stiff upper lip is still present. Confinement does not, in the longer run, bring out the best in ourselves. Distraction welcomed through technological means lasts up to a point but interpersonal relationships also need to be navigated through.

One could easily paint a picture of what could happen when relatives spend a long time together - the brawls of Christmas would be like a pale imitation. There are already reports of an increase in domestic abuse, and other upheavals are expected long term such as an increase in divorce rates and births, amongst others. Loss of one's job is uppermost in people's minds as the economy takes a big tumble and recovery is only expected towards the end of next year, provided a vaccine is found within the next few months.

Nobody can be sure what will happen when lockdown is removed, or when will we be really out of this plight. Let us hope that this life-threatening crisis urges us to reflect on life, relationships and what our

real priorities should be. To fanatics of all faiths, let this pandemic be a clear reminder that no religion has proved superior to another in protecting its followers. We are all in this together!

Hailing from Curepipe, Dr K.D. Gopee MD, FRCS is a UK based ophthalmologist where he relocated after his undergraduate medical studies in Belgium, and has been practising in the NHS for nearly 30 years. He has sent us his perspective on the UK government's response to the Covid-19 pandemic. It appears that there too, as in the worse affected European countries - Italy, Spain, Portugal and France - there has been a lag in the response that may partly explain the sharp rise that has been witnessed. It is of interest that late Dr Li Wenliang, who first identified the cluster of coronavirus pneumonia cases in Wuhan, was an ophthalmologist.



Kul Bushan, New Delhi

Saving with Lockdown

Self-imprisoned at home due to the global lockdown, most people miss their outdoor trips to their favourite restaurant for a meal, an evening at the movie theatre, shopping in the malls, a drink or

two at the bar, among other pleasures.

If you do, then just calculate how much money you are saving due to this lockdown because you were spending cash for all these activities. Let us estimate how much we spend during three weeks for:

1. Transport by own vehicle (fuel, parking, maintenance) or public means (bus, auto, metro, taxi)
2. Restaurant meals

3. Drinks at a bar or coffee at a cafe
4. Movie tickets and popcorn
5. Sports fees for playing outdoors,

tickets for matches and/or concerts

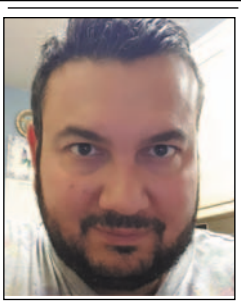
6. Any other expense during these three weeks

Just total it all and enjoy the thought of how much you have saved! And let me know the amount, if you like.

Hoping to hear from you about your online meditation too!

You can reach me on:
kb@kulbushan.net





Neil Seepujak

Ghost Town Manchester

My street is a ghost town. After a week of good weather -- relative to rain-soaked Manchester -- low clouds have descended again and the only activity outside is the occasional delivery van. I am working from a makeshift

office in my bedroom, my wife is working next door, my son is having his afternoon nap, and the only sounds now are the twittering of magpies on the roof of the house opposite. It is 3 pm.

We have noticed a resurgence of the sounds of nature, as if Manchester could return to a feral state in a matter of weeks, overwriting centuries of industry and pollution. One project we had been putting off was to try to re-wild the garden; attract bees and butterflies, and our bird feeders are full. While much of the country was buying up toilet paper, we got bird seed, compost and vegetable seeds. In a few months with luck we should have lettuce, radish and broccoli. I have started brewing my own beer again, and tonight I will learn to make Masala Dosa using the mix that has been in my kitchen cupboard for a year.

"Most people who read the news, I think, could see this coming. The speed at which it became apparent that the UK response was woeful, appears to have produced a public reaction that forced them to impose this lockdown. The *laissez-faire* rhetoric from Boris Johnson, speaking of letting everything carry on as normal, was quickly exposed as irresponsible; more *laissez-mourir* than any actual strategy..."

If this sounds a little too idyllic, it is. One of the other frequent sounds are police and ambulance sirens. I can spin this reality as anything, a poetic return to nature, the worrying descent into dystopia, or perhaps the most horrific of all, the sheer tedium of house arrest. How did we get to this? Lenin said that "there are decades when nothing happens, and weeks when decades happen". Apt indeed.

Most people who read the news, I think, could see this coming. The speed at which it became apparent that the UK response was woeful, appears to have produced a public reaction that forced them to impose this lockdown. The *laissez-faire* rhetoric from Boris Johnson, speaking of letting everything carry on as normal, was quickly exposed as irresponsible; more *laissez-mourir* than any actual strategy. The worst of British "stiff-upper-lip". But measures in place now are largely being respected, with some shocking exceptions.

So, to return to my street, it is quiet. My neighbours number among them sole business people: a self-employed accountant, a taxi driver and a driving instructor. All with precarious sources of income, all with children of school age, all having to shut down operations.

My household is fortunate: we are two salaried workers not in danger of losing income, and our son is too young for us to have to explain much about what is happening. Both our employers were very quick to act, instigating home working.

Our typical days consist of working in three-hour

segments while the other partner looks after our son. He is 2 years old, and we have taken this opportunity to potty-train him. His nursery is closed to all except the children of key workers such as nurses and doctors. We are allowed out once a day to exercise, and have a park nearby -- although we have to be careful as people still play sports there. It is a challenge keeping a little boy occupied and interested in an activity within four walls, without falling into the trap of endless cartoons.



Stay at home: Neil's family in the home garden

If I am honest, I would say the biggest strain is holding the family relationships together, and shielding our son from lasting emotional upheaval due to isolation from other children -- or picking up on our stress. We have used Facebook to alleviate this, to try to have as many video calls with his grandparents who he is very close to and loves spending time with.

Once he has gone to bed, it's typically on to Netflix, glass of wine, a book. Apps like Zoom, Twitch.tv and Houseparty have enabled us to keep up a semblance of a social life. My wife's choir meet up this way, our local comedy club broadcast a live show, and we had a meet-up with friends. The technology has been really vital -- I have a real horror of any interruption to the internet. "First-world problems"? Perhaps.

For contrast, my close family includes a front-line consultant doctor. She is a true hero. And a delivery driver. Absolutely key. We are not on the frontline. We are getting by. We have food. We are relatively fortunate.

Neil Seepujak is married with one son, and lives in Manchester. He is an official of the trade union, PCS, that represents the majority of workers in the UK Civil Service, thousands of which are still having to work in offices during Covid-19.

Food for Thought

Krishna and Balram

Once Krishna and Balram were walking through a dense forest. It was a scary forest full of fierce animals and demons. Suddenly a demon came before them. Balram was petrified seeing a demon and asked fearfully, "Who are you?"

The demon answered: "I am a demon the size of your fear." Hearing this, Balram was even more scared and the demon grew bigger. The bigger he grew the more scared Balram was. Seeing him grow, Balram fainted. Then the demon turned his attention to Krishna. He said: "I am demon the size of your fear."

Krishna looked at him nonchalantly and started playing his flute. The demon grew smaller and smaller till he disappeared. When Balram got up, he was surprised to see this and he realised his mistake.

We live in scary times today and we need to let our faith win over fears we have in our mind. Let's make a conscious effort to have our faith in good things in life.

1. Meditate and keep calm - Your positive energies can make your immunity higher.
2. Relax! Listen to good music, dance or do whatever that makes you happy.
3. Hear, say and listen to good things. There is a world beyond Covid-19.
4. Spend time with people who uplift you instead of those who bring you down.
5. Stay safe but be kind and loving too. People need healing and love in such times.

Let's remember that faith conquers fear any time and any day.

L.O.C.K.D.O.W.N. is a time to

- L**-isten to God's voice and reflect.
- O**-bey His word and His teachings.
- C**-all on God's name and be calmed.
- K**-now what is the purpose of all this.
- D**-well in His secret place. Do not panic.
- O**-ffer a prayer for everyone's safety.
- W**-ait and be patient. This too will pass.
- N**-uture our personal relationship with Him.



Recommendations from Psychologists

1. Isolate yourself from news about the virus. (Everything we need to know, we already know.)
2. Don't look out for death toll. It's not a cricket match to know the latest score. Avoid that.
3. Don't look for additional information on the Internet; it would weaken your mental state.
4. Avoid sending fatalistic messages. Some people don't have the same mental strength as you (Instead of helping, you could activate pathologies such as depression.)
5. If possible, listen to music at home at a pleasant volume. Look for board games to entertain children, tell stories and future plans.
6. Maintain discipline in the home by washing your hands, putting up a sign or alarm for everyone in the house.
7. Your positive mood will help protect your immune system, while negative thoughts have been shown to depress your immune system and make it weak against viruses.
8. Most importantly, firmly believe that this shall also pass and we will be safe. Stay positive. Stay safe.

The coronavirus lockdown could test your relationship. Here's how to keep it intact (and even improve it)

For a start, there are four behaviours you want to avoid



Make sure your daily routine includes quality time spent as a couple

With the raft of social distancing measures in place to control the spread of coronavirus, you may be spending more time with your partner than ever before.

If you're both working from home, and with nowhere to go out to in the evenings, there's a chance you might start to get on each other's nerves. Perhaps it's happening already.

This is normal, particularly given the increased stress we're all feeling right now. But since we could be in this predicament for a while yet, it's worth taking steps to ensure we get through this period with our relationships intact. We might even be able to come out stronger.

Steering clear of the Four Horsemen

American psychology researcher John Gottman proposed certain behaviours, or the "Four Horsemen of the Apocalypse", lead to the dissolution of romantic relationships.

The first horseman is criticism. This behaviour is defined as an attack on your partner's character, as distinct from offering a critique or voicing a specific complaint.

Particularly at a time like this, you might be keeping track of your partner's flaws but not saying anything so as to avoid conflict. But bottled up, anger and frustration will turn to resentment, which you may express by criticising your partner.

Psychologists explain criticism includes inflexible "always" and "never" statements such as "you always have to have the last word" or "you never listen".

The second horseman is contempt. This behaviour is defined as

an insult to your partner. People might do this verbally using sarcasm, or simply by rolling their eyes.

An example is when your partner is talking to you and you say "here we go again" without mindfully listening to what they are trying to say.

The third horseman is defensiveness. This behaviour is defined as a counterattack, most often in response to perceived criticism. People use this as a strategy to protect themselves when they are feeling victimised. They assign their partner responsibility for causing them pain.

You might be exhibiting defensiveness if you're constantly feeling criticised, misunderstood and blamed by your partner without cause, and have an "I am right and they are wrong" attitude.

The fourth horseman is stonewalling. This behaviour is defined by elaborate manoeuvres to avoid interacting with a partner. People who stonewall will often stop communicating with their partner, with the exception of negative non-verbal gestures.

Turn this crisis into an opportunity

People deal with stressful situations by rationalising the best way to protect themselves. This might mean pushing your partner away using the four horsemen.

Gottman estimated these behaviours are 90% accurate in predicting relationship dissolution if not addressed. In his research, couples exhibiting all four horsemen who divorced did so on average 5.6 years after marriage.

A lack of relationship skills - that's not being open to finding solutions

and not admitting any fault for relationship breakdown - is another key contributor to relationship dissolution. So it's important to do your best to work on your relationship at this time.

As well as making an effort to avoid the four horsemen, here are some other tips for how you and your partner can emerge from this crisis with your relationship intact - if not improved:

- monitor the balance between positive and negative interactions with your partner. Aim for a ratio of 5:1
- own your feelings: use "I" statements to voice your needs as opposed to "you" statements to explain what your partner needs to do or change
- listen to your partner's feelings and validate their response to this crisis as being OK. Don't become defensive and attack your partner for how they feel or act
- reassure your partner of their safety. Have a conversation about what safety means to both of you and how you plan to keep yourselves and other members the household safe. This might also include an exercise of discerning facts from myths around the current crisis
- make a new routine with your partner to fit around working at home and family commitments at home. This routine needs to include quality couple time (don't be afraid to touch, be intimate with your partner if you're both healthy)
- this new routine also needs to include time apart. Give each other time to work on individual hobbies and take it in turns looking after the kids or other family members at home
- make plans with your partner for after the crisis is over. It's important to accept the reality, but also acknowledge this is not permanent. Planning can help keep you positive and motivated to stay safe
- use this time to practise healthier habits such as eating well, sleeping, exercising, practising mindfulness and learning a new skill. These things improve mental well-being and if done together, can help build intimacy.

Raquel Peel

University of Southern Queensland

In A Light Vein

The smartest man in the USA

Plane with 5 passengers on board, Donald Trump, Boris Johnson, Angela Merkel, The Pope and a ten year old school boy. The plane is about to crash and there are only 4 parachutes.

Trump said 'I need one. I'm the smartest man in the USA and am needed to sort out the problems of the World!', takes one and jumps.

Boris said 'I'm needed to sort out Britain'. He takes one and jumps.

The Pope said 'I need one as the world needs the Catholic Church.' He takes one and jumps.

Angela said to the ten year old: "You can have the last parachute. I've lived my life, yours is only just starting."

The 10 year old replied: "Don't worry, there are 2 parachutes left, the smartest man in the USA took my school bag."

* * *

Lockdown relax with Mugabe

The late Zimbabwe ex-President Robert Mugabe will be remembered for his great wit and his colourful language. Read on, and relax:

1. When your clothes are made of cassava leaves, you don't take a goat as a friend.
2. If you are ugly, you are ugly. Stop talking about inner beauty because men don't walk around with X-ray machines to see inner beauty.
3. When one's goat gets missing, the aroma of a neighbour's soup gets suspicious.
4. Sometimes you look back at girls you spent money on, rather than send it to your mom, and you realise witchcraft is real.
5. If President Barack Obama wants me to allow marriage for same-sex couples in my country (Zimbabwe), he must come here so that I marry him first.
6. Cigarette is a pinch of tobacco rolled in a piece of paper with fire on one end and a fool on the other end.
7. Interviewer: Mr President, when are you bidding the people of Zimbabwe farewell? Robert Mugabe: Where are they going?
8. Racism will never end as long as white cars are still using black tires. If people still use black colour for bad luck and white for peace, if people still wear white clothes to weddings and black clothes to funerals; as long as those who don't pay their bills are blacklisted and not 'whitelisted'... But I don't care as long as I still use the white tissue paper to wipe my ass! With that only, I will always be very fine.
9. No African girl will choose six pack over six cars. So stop going to the gym and go to work!
10. How do you convince the upcoming generations that education is the key to success when we are surrounded by poor graduates and rich criminals?
11. If Adam & Eve were Chinese we would have been in paradise because they would have ignored the apple and eaten the snake.
12. A person can love you and still cheat, just like we love God and still sin.
13. It's better to sit in a bar thinking about God than to sit in a church thinking about beer.
14. Being kissed does not mean you are loved, ask Jesus about Judas.
15. If I am given a chance to travel through time, I will go back to 1946, find Donald Trump's father and give him a condom

Public health leadership paramount to emerging coronavirus pandemic

For decades, public health officials have directed the containment of emerging pandemics -- perhaps most notably -- the worldwide eradication of smallpox starting in the early to mid-1960s. Since then, surveillance systems have increased in number and sophistication with advances in data collection, analysis, and communication. From influenza to smallpox, the establishment of systematic reporting systems and prompt action based on results have enabled public health officials to lead the charge in containing emerging pandemics.

Researchers from Florida Atlantic University's Schmidt College of Medicine and Christine E. Lynn College of Nursing, in collaboration with the Christine E. Lynn Women's Health & Wellness Center, Boca Raton Regional Hospital/ Baptist Health South Florida and the University of Wisconsin School of Medicine & Public Health, have published a commentary online ahead of print in the American Journal of Medicine about the urgent need for public health leadership in the wake of the emerging coronavirus (COVID-19) pandemic.

Over the course of a decade spanning the tenures of U.S. presidents John F. Kennedy, Lyndon B. Johnson, Richard Nixon and Gerald Ford, using evidence-based leadership, public health officials led the U.S. and worldwide efforts that resulted in smallpox becoming the first human disease ever eradicated from the face of the earth. At the helm of this effort were Alexander D. Langmuir, M.D., who created the Epidemic Intelligence Service (EIS) and Epidemiology Program at the U.S. Centers for Disease Control and Prevention (CDC), and Donald A. Henderson, M.D., chief of the Virus Disease Surveillance Program at the



CDC in the 1960s.

"Based on the existing totality of evidence, it appears that coronavirus is comparable in communicability to influenza but with perhaps a tenfold higher case fatality rate," said Charles H. Hennekens, M.D., Dr.P.H., first author and first Sir Richard Doll Professor in FAU's Schmidt College of Medicine, who trained under Langmuir when he was a lieu-

tenant commander in the U.S. Public Health Service as an EIS medical epidemiologist with the CDC. "The anticipated number of deaths due to coronavirus may become comparable to the most lethal epidemic of influenza in U.S. history, which occurred in 1918 when approximately 675,000 Americans died."

In contrast, with respect to usual outbreaks of influenza, the 2018-19 flu season affected about 42.9 million Americans, of which 647,000 were hospitalized and about 61,200 died.

More than 80 percent of symptomatic individuals will experience only mild flu-like symptoms. However, more alarmingly, approximately 15 percent of affected patients will become seriously ill and 5 percent will need critical care. Younger and healthier people will represent a larger proportion of the population with mild to moderate symptoms. Those at highest risk -- the elderly, those with certain chronic diseases such as cardiovascular disease and lung disease as well as those receiving chemotherapy or who are otherwise immune compromised through illness or therapies.

The authors note that the staggering estimates of the potential numbers of hospitalizations could paralyze the U.S. health care delivery system. Moreover, the overcrowding of hospitals by patients with coronavirus could make it more difficult to provide care to those with life threatening conditions.

Health care providers as well as the general public should also be aware that any vaccine is likely to emerge in one to two years. Furthermore, there is a possibility that chloroquine phosphate (a class of drugs still used to prevent and treat malaria and was formerly used to treat inflammatory arthritis) may have apparent efficacy and an acceptable safety profile against COVID-19.

COVID-19 a reminder of the challenge of emerging infectious diseases



The emergence and rapid increase in cases of coronavirus disease 2019 (COVID-19), a respiratory illness caused by a novel coronavirus, pose complex challenges to the global public health, research and medical communities, write federal scientists from NIH's National Institute of Allergy and Infectious Diseases (NIAID) and from the Centers for Disease Control and Prevention (CDC). Their commentary appears in The New England

Journal of Medicine.

NIAID Director Anthony S. Fauci and CDC Director Robert R. Redfield, M.D, shared their observations in the context of a recently published report on the early transmission dynamics of COVID-19. The report provided detailed clinical and epidemiological information about the first 425 cases to arise in Wuhan, Hubei Province, China.

In response to the outbreak, the United States and other countries instituted temporary travel restrictions, which may have slowed the spread of COVID-19 somewhat, the authors note. However, given the apparent efficiency of virus transmission, everyone should be prepared for COVID-19 to gain a foothold throughout the world, including in the United States, they add. If the disease begins to spread in U.S. communities, containment may no longer be a realistic goal and response efforts likely will need to transition to various mitigation strategies, which could include isolating ill people at home, closing schools and encouraging telework, the officials write.

Drs. Fauci, Lane and Redfield point to the many research efforts now underway to address COVID-19. These include numerous vaccine candidates proceeding toward early-stage clinical trials as well as clinical trials already underway to test candidate therapeutics, including an NIAID-sponsored trial of the experimental antiviral drug remdesivir that began enrolling participants on February 21, 2020.

"The COVID-19 outbreak is a stark reminder of the ongoing challenge of emerging and re-emerging infectious pathogens and the need for constant surveillance, prompt diagnosis and robust research to understand the basic biology of new organisms and our susceptibilities to them, as well as to develop effective countermeasures," the authors conclude.

'Dheet Patangey': Shivin Narang had initially refused to do the film — here's why

Shivin Narang has been lauded for his fine performance

Beyhadh 2 actor Shivin Narang's recently released web film, *Dheet Patangey*, has been received well by the critics as well as viewers. It is streaming live on a popular OTT platform. Shivin, in particular, has been lauded for his fine performance in the film, which is set against the backdrop of Indian Cricket Team's 1983 World Cup Win. The actor was offered this film about two to three years ago when he was looking out to debut with a Bollywood film. Surprisingly, Shivin had initially refused to hear the script of *Dheet Patangey* as it was about four friends. Another reason why Shivin Narang did not wish to hear the script of this film will leave you surprised. In an exclusive interview, the actor revealed the same reason by saying that he was looking out for a grand Bollywood debut instead of a web-film. "Two to three years back I was looking for a good script. So I just met Ravi Adhikari, who is the director of our film. I got to know that he was making a film about friends, so I was very clear and told Ravi that I am not looking for the script about friends and all," he said.

Explaining the reason in detail, he further added, "I wanted to do a Bollywood film after television. I wanted to do something solo and something which is a love story, like a typical commercial film with a good launch. Since it is first, the launch should be like that as that's what I believed in. Three years ago, I had a different mentality."

Further, revealing how he finally decided to do *Dheet Patangey*, Shivin said, "I got to know about this project and Ravi told me to rethink. So, when I went for narration, I remember when Ravi narrated the film, I said I don't know about anything else but I want to do this (*Dheet Patangey*)."



'Yeh Meri Life Hai' actress Shama Sikander opens up on taking up Ayurveda

Actress Shama Sikander has turned vegan and has also taken up Ayurveda.

"Veganism has brought in a whole lot of changes in me. I am just loving this phase. It has cleansed old energies that I had and made me feel much more energetic and healthy now. We truly are what we eat," said Shama.

"Also, being a vegan has cut down so many problems that I was having like acidity or bloating. It also helps at times like these when we need to keep our immune system strong and ready to fight any virus. We need to get in touch with nature," she added.

Ayurveda has been an "amazing discovery" for her. "It has introduced me to the effects of deep cleansing. It's the oldest and the most effective way to treat oneself, still we are always looking for therapies from outside to cure us," she added.

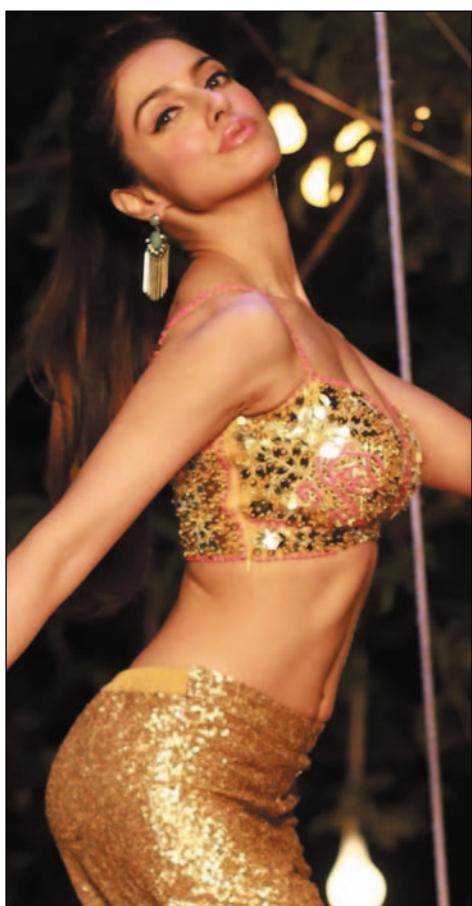
Meanwhile, she has been entertaining her fans by posting videos and photos with positive captions online.

Shama Sikander was last seen in 'Bypass Road' alongside Neil Nitin Mukesh. The actress made her small screen debut with 'Yeh Meri Life Hai' and went on to feature in Bollywood films as well



Satyameva Jayate 2's actress Divya Khosla Kumar

'You feel proud when you look at the women around you'



Actress and filmmaker Divya Khosla Kumar feels the world would be so dry without women, adding that several women around her are very inspiring. "I feel so proud being a woman because it's such a beautiful thing to be born a woman. I think men can never understand how beautiful it is to be born as a woman because you are gentle, you are so caring and there is so much you give and so much love you spread in the world. I think the world would be so dry without women. I can't even imagine a world like that," said Divya Khosla Kumar. "You feel very emotional and proud about the fact that you are a woman. You feel proud when you look at the women around you and when you see that they are so inspiring. I think in today's time each woman is adding to the world. I get inspired all the time from women around me."

Divya, who acted in films such as *Love Today*, *Ab Tumhare Hawale Watan Saathiyo* and the short film *Bulbul*, is the wife of Bhushan Kumar, the chairman and managing director of T-Series. They have a son, Ruhaan. She has

Divya Khosla Kumar will next be seen on screen in the John Abraham-starrer 'Satyameva Jayate 2'

also directed the films *Yaariyan* and *Sanam Re*, both produced by Bhushan Kumar. Asked if it is easy for a woman to make it to the top on her own, she replied: "Nothing is easy and I don't think it's a gender thing because in any field you work you have to put in hard work and your passion. In the same field, you compete with men and other women, so your strength, your desire to be there, your passion and hard work matter more than anything. I don't feel it's a gender thing."

Divya will next be seen on screen in the John Abraham-starrer *Satyameva Jayate 2*. "I am paired opposite John. I am really excited about the film. It's a patriotic film. I don't want to reveal much about it but I am just excited for my role," she said.

Satyameva Jayate 2 is a vigilante action film and a sequel of the 2018 film *Satyameva Jayate*. The film is co-produced by Bhushan Kumar and Nikkhil Advani and directed by Milap Zaveri.



Profile

Sakshi Tanwar of 'Bade Acche Lagte Hain'



Sakshi Tanwar started her career as a TV presenter and gradually she went on to become one of the most famous actresses of the Indian television industry. She came in the limelight after she played the role of Parvati in the serial *Kahaani Ghar Ghar Kii* which was produced by Ekta Kapoor's Balaji Telefilms. An profile by Nitin Bhatnagar of areporterlive.com

Childhood & Personal Life

Sakshi Tanwar is basically from Alwar, Rajasthan, but she has stayed in many cities as her father Rajendra Singh Tanwar, a retired CBI officer, got transferred on regular intervals. Sakshi is the youngest of three kids of her parents; she has an elder brother and a sister.

Sakshi studied in various Kendriya Vidyalayas due to her father's frequent transfers. In the year 1990, she pursued a pre-university course after which she got the chance to work as a sales trainee in a 5-star hotel and from Lady Shri Ram College, New Delhi, she completed her graduation.

After that, Sakshi Tanwar decided to give a try to government service exams and started preparing for them. During that period only, she also auditioned for Doordarshan's *Albela Sur Mela*, which was a reality show and she was selected to work as a presenter.

Career

Sakshi Tanwar made her debut with *Albela Sur Mela* as a host and subsequently, she acted in *Dastoor* but her big break came when she was casted as Parvati Agarwal in the show *Kahaani Ghar Ghar Kii*. It was one of the most popular serials of the Indian television at that time and was aired for 8 years.

Sakshi was also seen in *Kutumb*, *Devi*, *Jassi jaisi Koi Nahi* and *Balika Vadhu* but her second most popular serial was *Bade Acche Lagte Hain* in which she was casted opposite actor Ram Kapoor. She has worked as

a host for *Crime Patrol Satark* and has been a part of many projects.

Sakshi with Ekta Kapoor

She has also tried her hands in Bollywood as she has done a cameo in "*C Kkompany*" and in 2016, she was seen in movie "*Dangal*" in which she played the character of Aamir Khan's wife. She has worked in some other flicks and web series as well.

Relationships

There was a time when Sakshi Tanwar was linked up with her *Bade Acche Lagte Hain* co-star Samir Kochhar and there were also rumours regarding her getting married to a businessman in a secret manner. The actress has refuted all the reports and in the year 2018, she became a single mother after adopting a 9-month-old baby girl whom she named as Dityaa.

Controversies

A controversy erupted after Sakshi Tanwar kissed Ram Kapoor on-screen in the serial *Bade Acche Lagte Hain*.

Popular actress Hina Khan said that Sakshi is cross-eyed. Hina made this statement when she was in the house of *Bigg Boss*.

Awards and Achievements

In 2003, Sakshi Tanwar got the title of the Best Actress in Lead Role at Indian Telly Awards.

In 2004, she was awarded as the Best Actress by Kalakar Awards.

In 2013, she and Ram Kapoor were voted as the most popular onscreen couple of the Indian television.

Sakshi Tanwar: Biography

Name: Sakshi Tanwar

Date of Birth: 12 January 1973

Age: 47 years

Height: 5 feet 4 inch

Weight: Information not available

Birth Place: Alwar, Rajasthan, India

Nationality: Indian

Religion: Hindu

Educational Qualification: Graduate

Marital Status: Never Married

Boyfriend: Information not available

Skin Colour: Wheatish

Hobbies: Cooking, reading and travelling

Favourite Food: Aloo Matar and Rajma Chawal

Favourite Actress: Waheeda Rahman

Favourite Actor: Amitabh Bachchan and Abhishek Bachchan

Favourite Place: Europe

Salary: Rs. 80 thousand per episode

Net Worth: \$2 million (approx.)



'Naagin 3': Aditi Sharma's entry to bring in a new twist in Bela and Mahir's lives

Aditi Sharma, who is also known for her role as Meera in '*Kaleerein*' is the new glam entry into the supernatural serial '*Naagin 3*'

Aditi Sharma has revealed that she would soon be a part of the TRP topper of telly world, *Naagin 3*. The actress is very much excited to be a part of the third season of the supernatural series, which is much loved and appreciated by the fans. Aditi was last seen in serial *Kaleerein* as Meera, and the show also co-starred Arit Taneja. She was highly acclaimed for her role as Meera in the serial and the fans loved the duo's on-screen chemistry. Now, she is all set to become part of the Naagin team of Balaji Telefilms, reports PinkVilla. The series is now in its third instalment and is still quite a rage among the Indian audiences.

According to the reports, with her entry soon, there will be a new twist in the serial and she will be playing the character of Shivli. She would be forced to marry Bella's husband, Mahir, under some mysterious circumstances. Although Aditi has not revealed much about her character, it can be guessed that there are still a lot of twists and turns that are about to come up in the upcoming episodes of the series and obviously, she is excited about it too.

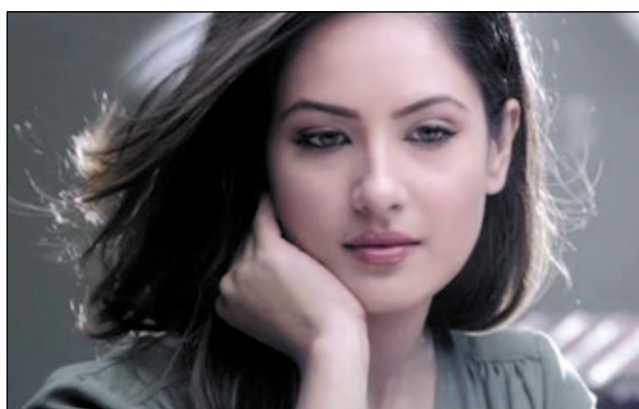
Aditi, also said to the portal that is very happy about choosing the role of Shivli in *Naagin 3*. She further added how she feels lucky to be a part of the serial which happens to be one of the super hit ventures under the Balaji Telefilms. Aditi also feels that it would be an all new experience for her as an actress.

This TV actress is the new 'naagin' of Ekta Kapoor's show

TV industry is going curious with the biggest question of the hour i.e. 'who's the *naagin* in Ekta Kapoor's *Naagin 4*?' The first tease of the show, which is entering its fourth seas, was dropped during the recently aired episode of *Bigg Boss 13*.

Two *naagins* were shown in that teaser, however their faces were not revealed. Ekta loves to keep her viewers in suspense doesn't she?

Talking to one of its sources, Tellychakkar happened to stumble upon the name that is likely to cross the winning post first. There have been many hot contenders for this role, but currently TV actress Puja Banerjee is leading by a decent margin. The contract has obviously not been signed as Ekta has yet to take the final call that rests with her. The other



modalities are also being worked out.

Not too long ago, Tellychakkar had reported that, "Ekta once again wants to create a benchmark with the show and doesn't want to compromise on any aspect. Audition care being done and many popular TV actresses have shown interest. But no one has impressed Ekta yet. We all know how Mouni Roy turned out to be a trendsetter followed by Surbhi Jyoti and once again, Ekta wants to introduce a face that can justify the legacy."

Puja rose to fame after playing Goddess Parvati in *Devo Ke Dev Mahadev*. She has also appeared in popular shows like *Qubool Hai*, *Comedy Nights Bachao*, *Jhalak Dikhlaja 7*, *Comedy Classes* and *Comedy Nights Live*.

Coronavirus: how long does it take to get sick?

How infectious is it? Will you always have a fever? COVID-19 basics explained



You're probably inundated with news and messages about coronavirus at the moment. But how do you know if you're consuming evidence-based information or just speculation and myth?

There's still a lot we don't know but here's what the evidence tells us so far about the coronavirus, called SARS-CoV-2, and the disease it causes, COVID-19.

How does it spread?

COVID-19 is transmitted through droplets generated via coughing and sneezing.

This means it can spread during close contact between an infected and uninfected person, when it's inhaled, or enters the body via the eyes, mouth or nose.

Infection can also occur when an uninfected person touches a contaminated surface.

What are the symptoms?

COVID-19 causes similar symptoms to the flu. Fever is the most common symptom, occurring in almost 88% of cases, while a dry cough is the next most common, affecting almost 68% of those with the virus.

Data from 55,000 cases in China also show other symptoms can include:

- fatigue, in 38% of cases
- producing sputum or phlegm, 33%
- shortness of breath, 19%
- sore throat, 14%
- headache, 14%.

Unlike other coronaviruses that cause the common cold, COVID-19 is hardly ever associated with a stuffy nose. This is seen in just 5% of cases.

Diarrhoea is also uncommon, affecting only 4% with the virus.

Can I be infected if I don't have a fever?

Yes, you can still have coronavirus if you don't have a fever. This occurs in about 12% of cases.

How long does it take to get sick?

The incubation is the period from when you're infected to when you become sick. For COVID-19, the range is 1-14 days, with an average incubation period of 5-6 days.

How sick do people usually get?

Most people who get sick (80%) have a mild illness which rarely involves needing to go to hospital. They recover after about two weeks.

But just over 20% of people sick with COVID-19 will need to be hospitalised for severe difficulties with breathing.

Of the 20% who need to be hospitalised, 6% become critically ill with either respiratory failure (where you can't

get enough oxygen from your lungs into your blood), septic shock, and/or multiple organ failure. These people are likely to require admission to an intensive care unit.

It appears to take about one week to become severely ill after getting symptoms.

How often do people die of it?

The case fatality rate refers to the number of deaths among those who have tested positive for coronavirus. Globally, the case fatality rate today stands at 4%.

But this rate varies country to country and even within countries. These variations may partially be explained by whether hospitals have been overwhelmed or not.

The case fatality rate in Wuhan was 5.8% (although one model says it may be lower at 1.4%). In the rest of China, it was at 0.7%.

Similarly in Europe, Italy's case fatality rate is (8.3%), greatly surpassing that of Germany (0.2%).

However the case fatality rate only includes people who are tested and confirmed as having the virus.

Some modelling estimates suggest that if you calculated the number of deaths from the total number of cases (those confirmed with tests and those that went undetected) the proportion of people who die from coronavirus might be more like 1%.

Who is most at risk of dying?

People aged over 60 years with underlying health problems are at highest risk of severe disease and death.

For people aged 60-69, 3.6% of those who are infected will die from COVID-19. This rises to 8% for 70-79 year olds and 14.8% for those over 80.

Among people under 50 years, just 0.2-0.4% will die from the disease and this rises to 1.3% for 50-59 year olds.

How infectious is it, and how does that compare with the flu?

COVID-19 and influenza are probably fairly similarly infections.

A single ill person with COVID-19 can infect more people than a single ill person with influenza. COVID-19 has a higher "reproduction number" of 2.0-2.5. This means one person will infect, on average, 2 to 2.5 people.

Seasonal influenza has a reproduction number of about 1.28, meaning one person will infect, on average, between one and two people.

But this is balanced by influenza's ability to infect more quickly. It takes, on average, 3 days to become sick with the flu, but you can still transmit it before symptoms emerge.

It takes 5-6 days to become sick with COVID-19. We still don't know if you can be infectious before getting coronavirus symptoms, but it doesn't seem to be a major driver of transmission.

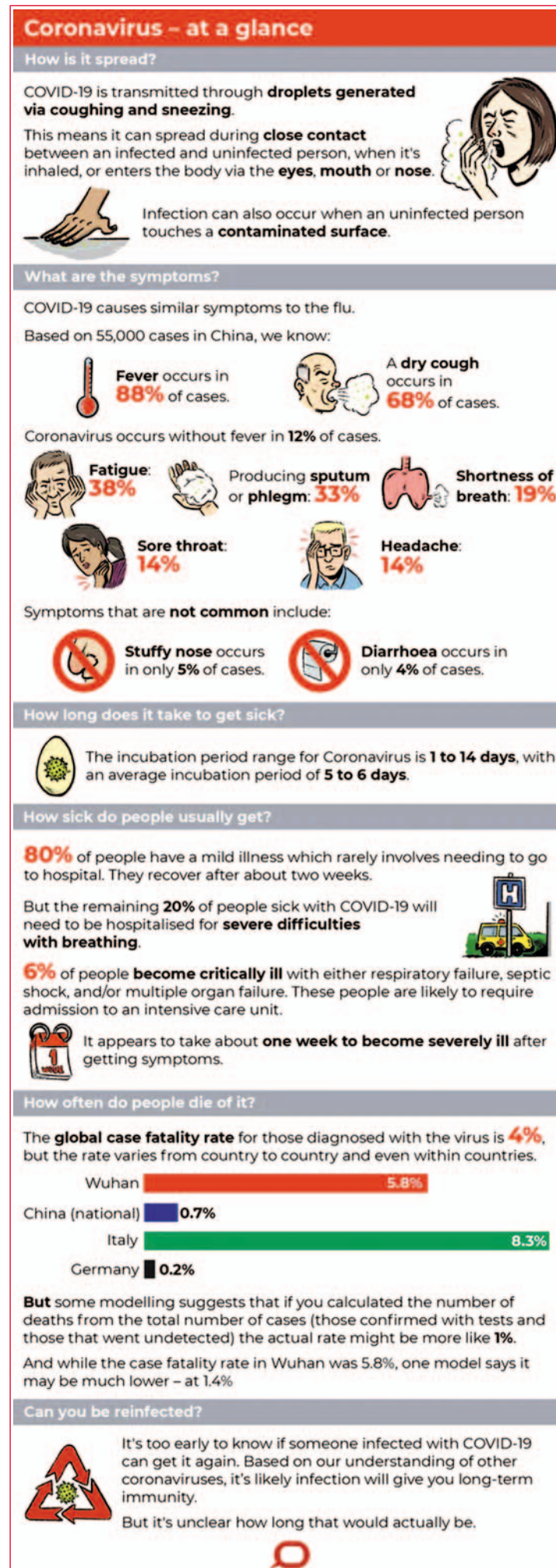
So influenza can spread faster than COVID-19.

The case fatality rate of COVID-19 is higher than that of seasonal influenza (4% versus 0.1%), although as noted above, the true fatality of COVID-19 is still not clear.

Can you be reinfected?

It's too early to know if someone infected with COVID-19 can get it again.

On the basis of what we understand about other coronaviruses, it is likely that infection will give you long-term immunity. But it's unclear whether that will mean one year, two years or lifelong immunity.



Sanjaya Senanayake

Australian National University