

Bheja Fry

Praise for the Book

‘Sharp as a scalpel and warm as a bedside conversation, *Bheja Fry* is a rare book – one that peers into the human brain while gently exposing the human heart.’ – *Boman Irani*

‘Reading Mazda Turel makes you feel that one should have 2B (brain and back) issues so that not only can he cure you but also make you laugh even while he is doing so.’ – *Sunil Gavaskar*

‘Mazda Turel is the latest entrant to the brilliant Indian doctor-writer pantheon. A master storyteller, his writing is as incisive as his knife. A fascinating look inside the human brain that is also entertaining and funny as only a “mad bawaji” can be. I highly recommend this book to anyone who has a brain.’
– *Sooni Taraporevala*

Bheja Fry

Heartfelt Stories From a Neurosurgeon's Clinic

Dr Mazda Turel

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*To all my patients, who survived in spite of me.
To all my family and friends, who keep masquerading as patients.*

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Introduction

VEGAS → VELLORE



A neurosurgeon lives at the intersection of precision and unpredictability. We work in millimetres and live in uncertainties. We approach the body through the scalp, skull, spine, nerves and blood vessels – but what we really trespass upon is identity, memory, language, fear and hope.

People often ask what we do. The simplest answer is that we operate on the nervous system. The more dramatic answer is that we are entrusted with the wiring of human existence. We remove tumours that threaten memory; clip aneurysms that could erase a lifetime in a heartbeat; drain blood that steals speech, balance or the self; fix fractures that paralyse; sit with families who are about to lose someone they love and occasionally, against biology, odds and common sense, we bring people back to life – however pompous that may sound.

The nervous system does not merely control movement or sensation. It governs breath and beat, love and longing, gladness and grief, appetite and addiction, faith and fear. It is the conductor, archivist, tyrant, poet and saboteur. It can heal, deceive, improvise, rebel and surrender – sometimes all within a single hour.

To work in neuroscience is to watch biology exemplify philosophy in real time. A man awakens after surgery and remembers every detail of his childhood but not his daughter's wedding.

A woman, paralysed from the neck down, laughs before she cries. A tumour distorts a personality and, when removed, restores a marriage. A haemorrhage turns a professor into a child who must learn to walk again.

In the clinic, in the operating room and in the corridors outside ICUs, we see the entire spectrum of human emotions play out at close range: terror, denial, doubt, courage, fury, tenderness, numbness. The brain has a way of revealing people to themselves and to others. Neurosurgery is not merely a speciality; it is also a vantage point from which one can see what it means to be human.

Medicine is full of stories. And like all good stories, it contains dichotomies: triumph and loss, humour and tragedy, absurdity and awe. There are days when the heart sinks, days when it soars and days when both happen before breakfast. You learn that no scan captures the battle inside a waiting room. That no monitor records a mother's prayer. That healing is not only anatomical but relational, emotional, spiritual, occasionally chaotic and frequently mysterious.

My lifelong tryst with my vocation began when I was a kid, watching my father, also a neurosurgeon, operate with an artist's patience. I would sit beside him while he watched his surgical videos at night, sipping a single malt and explaining anatomy with the reverence of a man analysing constellations. By the time I was eight, I had decided that I too wanted to work on the brain and the spine, though I would later discover that it was not always as glamorous as childhood imagination suggested.

My sojourn in medical school began at Grant Medical College in Mumbai. Since I had secured admission without us needing to sell any family jewellery or property, my parents allowed a friend and I to backpack across the US. They felt that

this small act of independence deserved an act of indulgence. So there we were. Caesars Palace, Las Vegas. Three in the morning. Two medical students in a city that has all kinds of gambling devices: dice, roulette, slot machines and wedding chapels. The casino's age limit was 21 and we were 18, but we had come prepared. We had fake identity cards from the Rutgers University in New Jersey, had grown out our freshly sprouted facial hair and walked as if we had boils in our armpits. Nobody doubted us. It was an advantage that my friend was 130 kg at the time, which is considered average American size.

As I said, I had wanted to become a neurosurgeon since childhood, but that night in Vegas, between neon lights and naughty nightclubs, I realized that the brain may only be my second favourite organ. After six weeks of whirlwind travel, we returned home with a mild refractive error from staring too long at things one does not speak about in polite company.

Grant was legendary. It seemed every doctor of repute had either studied there or, at the very least, passed through the building. Pioneering malaria research had been conducted within those walls. The Bombay blood group had been discovered here. Waldemar Haffkine had worked on the plague vaccine in the very pharmacology hall in which generations of students slept dutifully through lectures, unaware that history had once sat upright in their seats. Robert Koch had conducted research on cholera in our labs. Vandyke Carter, spirochetes, relapsing fever – the list went on. Even the dean of our rival college had trained at Grant. We were a modest institution, except when it came to boasting.

In my five years there, this tradition of significant discoveries continued. The canteen acquired more items than the menu could accommodate. The boys' common room stayed open longer

than officially permitted. Couples discovered and colonized new architectural spaces. The college festival was stretched from four days to one glorious week. Attendance remained theoretical, but patient care was sacred. We might have skipped classes, but we never skipped a ward round. Our shoes may have appeared worn out, but our conscience was polished.

We tossed our caps at the oath ceremony inside the 150-year-old anatomy hall, every wooden bench holding not just students but also memory and lineage. Our teachers taught us lessons beyond anatomy and physiology: do more than care, help; do more than belong, participate; do more than forgive, forget. They shaped our moral vertebrae before we ever touched a spine.

And then I got the opportunity to enrol at the Christian Medical College (CMC) in Vellore. I arrived on 15 August 2005 with the confidence of a man who thought independence was a constitutional right and not a refundable deposit. Before I even entered the city, my freedom was quietly taken away.

I was a pre-resident. That meant a year of working, proving yourself and studying for the entrance exam that would decide whether you would be accepted into or discarded from the residency programme like expired medication. It was also, as I was gently informed, one of the ways the system prevented suicides in young surgeons. Neurosurgery does not merely test intelligence; it also tests stamina, faith, insomnia, bone marrow and, occasionally, sanity.

The hostel room I was assigned that afternoon looked like the aftermath of a failed revolution. Beer bottles strewn like fallen soldiers. Cigarette packets formed archaeological layers. The bathroom was a sociological study in neglect. The toothbrush and toilet brush looked interchangeable except for philosophical differences. The smell suggested that something

had died, been resurrected and died again. I shut the door, said a quiet prayer for whoever had lived there and went looking for a safer habitat.

Which is how I ended up at a modest lodge across the hospital. From my third-floor window, I could see the hospital standing tall with a cross on its chest, stoic and eternal. My room had granite tiles pretending to be marble, a bed with ironed white sheets, a ceiling of odd angles and a television with only Tamil channels. The toilet did have provision for hot and cold water but only in terms of colour coding. I bought a cream-coloured plastic chair and an olive-green study table and declared it my penthouse. The terrace outside served both as a party space and a laundry museum. A massive water tank presided over my life like a benevolent deity, from where the entire city of Vellore spread itself out like a patient waiting to be examined.

Saajan, the manager, was a man of deep hospitality and questionable toasting skills. I learnt that every shade of brown bread represents a philosophical evolution of burnt toast. My *dhobi* [laundryman] was efficient in ways I did not anticipate: black underwear turned grey, jeans became pyjamas, full sleeves became half sleeves and pants were retired as capris. With two pairs of clothes, I lived an unexpectedly varied and adventurous life. A busy, noisy street with numerous autorickshaws – whose drivers either looked like Rajinikanth or proudly displayed his photo on their vehicle – separated my heritage structure from the hospital. Everything was available in an instant, though it took me a lifetime to convey my needs.

Gandhi Road was the Las Vegas Strip of Vellore. If Vegas offered temptation, Gandhi Road offered survival. Shops blared Tamil rock music regardless of whether they sold

electronics, vegetables or divine salvation. Coconut vendors stood against posters of voluptuous heroines, as if hydration itself required motivation. Sweets glittered under silver foil and flies, guaranteeing a steady hospital inflow. Armani shirts could be purchased for ₹60, and I dutifully bought souvenirs for my friends, because love must be economical.

Work was relentless. Residency, someone told me, is a dog's life. Divorces matured like complication rates. One registrar looked like he had been born tired. Another prescribed antidepressants to his patients and took some himself in solidarity. We all walked fast and looked worried in order to appear indispensable.

Unfortunately, despite all my hard work, I failed my entrance exam the first time around, but quickly learnt to cremate disappointment instead of embalming it. I stayed back another year. I studied harder. 'Better is always possible,' says bestselling author, American surgeon and public health researcher Atul Gawande. 'It does not take genius. It takes diligence. It takes moral clarity. It takes ingenuity. And above all, it takes a willingness to try.' I passed the second time and, for the first and perhaps only time in my life, came first. I wonder if patients ever consider that half the doctors in the world graduate from the bottom half of their class.

Dr Jacob Chandy's presence lingered in Vellore like a quiet benediction. The father of neurosurgery in India, he had passed away earlier that year at the age of 97, and soon after I joined, the hospital decided to honour his memory with the Jacob Chandy Oration – a day-long meeting where people travelled from across the country to celebrate the man and his legacy. He founded the first department of neurological sciences in India at CMC, Vellore, in 1949, and went on to become the founding

president of the Neurological Society of India. What began as a unit of neurology and neurosurgery eventually grew to include neurophysiology, neurochemistry, neuropathology and neuroradiology – like an orchestra slowly gathering its sections until the music felt complete.

Chandy had many offers when he returned from Montreal and Chicago, which is where he studied, but he chose Vellore for its values: institutional work, shared purpose and service to those who could not afford care. It was not glamorous and it was certainly not lucrative, but it was meaningful. For his contributions to the neurological sciences in patient care, education and research, he was awarded the Padma Bhushan in 1964.

A multitude of his students were present at the oration that day, telling stories about him, because none of his contemporaries were alive anymore. His son spoke about how he first saw his father when he was five, because Chandy had left for training in America while his wife was pregnant. It was a reminder of a generation that had built institutions with grit, sacrifice and very little technology, at a time when the craft was closer to faith than science. For over 12 hours, speakers shared memories while we were served breakfast, lunch, snacks, high tea and dinner in sequence. I was deeply inspired, and a little overwhelmed. I promised myself that one day I too would be celebrated, but with a fame modest enough that people could wind up their tributes by lunchtime.

Until that happened, I had a residency to complete. Sleep was a rumour. One night, around three in the morning, I drilled my first burr hole. The skull powdered softly, the dura turned a poetic shade of blue from the underlying blood and when the clot was released, the brain rose like a relieved sigh. It was like

watching the air return to the lungs of someone who had been underwater for a while. And right away, the patient promptly woke up and abused us with astonishing linguistic range – which in my culture, and, as I later learnt, even in Tamil Nadu, is a reassuring sign of neurological recovery.

The time had come to shift from my modest penthouse into MIQ, the Men's Intern Quarters at CMC. After bribing the superintendent with a box of sweets, I secured a room on the top floor, the only level where we could install our own window air conditioners. Without one, the Vellore heat could melt bone; though, to be fair, the volcano within us was always active anyway.

The room itself was a familiar 12-ft by 12-ft hovel: cracked walls, a stone floor that had lived several lives, broken furniture and a toilet that looked like it had seen combat. But this time, there was no retreating. I realized that creativity, combined with my parents' bank balance, could work miracles. I had the toilet scrubbed with acid, whitewashed the walls, polished the furniture and then slowly populated the space with hope – a fridge, an AC, a television and a geyser to begin with.

Cool rugs covered stained floors, a giant collage of a hundred beloved faces masked the cracks on the wall and the old wooden windows were replaced with glass panes through which I could watch the mountains stretch awake each morning. A bamboo plant sat in a corner, doing double duty as greenery and feng shui. A foam mattress was placed on the bed, a comforter was brought in from Mumbai and tiny plastic jars of cashews, chocolates and other dry fruits started filling the corners like small emotional investments. Cheese and energy drinks rotated briskly through the fridge. And just like that, I created my own little luxury apartment – only, this time, I had earned it with

equal parts effort, humour and stubborn survival instinct.

Training in neurosurgery in India means working 20, even 24, hours a day in suboptimal conditions, sacrificing family, friends and a four-letter word that also starts with 'F': food. A residency in the field also serves as the best contraceptive. Years passed in exhaustion and grace. We were constantly between 12 and 14 on the Glasgow Coma Scale, which was appropriate because most of us functioned in moderate confusion; for reference, a completely coherent person has a score of 15. But hardship has a strange alchemy. It chisels judgement. It sharpens instinct. It replaces arrogance with humility. It teaches you to ask every day, 'Am I doing the right thing for this patient?'

Life became a blend of sterility and chaos, of prayers whispered under masks, of midnight coffee and early morning despair, of triumphs that felt like grace and losses that lingered like scars. I trained for five years, taught as an assistant professor for two and received a medal named after the man who had pioneered the field in India with courage and faith. I then travelled to Toronto, Chicago and Shanghai over the next three years for advanced fellowships, finally returning home to Mumbai to begin again.

Along the way, I began to encounter not just patients but also stories – stories that stayed with me even after the patients were discharged. A tumour that rewrote a family. A fracture that repaired a marriage. A child with epilepsy who taught us resilience. A man who returned from the brink and changed the way we thought about faith. A woman who laughed her way through tragedy because she did not know any other way to live. Neurosurgery became the language through which I learnt to read the world. And eventually, almost accidentally, it became the language through which I began to write.

I did not set out to write a book. I set out to survive Sundays. Seven years ago, Tinaz Nooshian, the then editor-in-chief of *Mid-Day*, decided it might be a good idea for me to write a newspaper column to humanize doctors and enthuse the common man with medical stories of grit, gumption and grace. Somewhere along the way, people began reading them. Worse, they began remembering them and urging for me to publish them, and Juggernaut obliged.

I wrote them in between surgeries, on planes, in airport lounges and at home after I put my daughters to bed. I wrote them after rewarding days in the operating room and after days that refused to leave me alone at night. I wrote them because neurosurgery is full of stories, and in stories, endings matter.

I have written about tumours and tenderness, aneurysms and affection, fractures and forgiveness, inflammation and intimacy. I have written about the people we save and the people who save us. I have written about victories that felt undeserved and failures that taught me more than success ever could.

The brain, for all its brilliance, is a poorly behaved organ. It forgets, it lies, it panics, it dreams and, occasionally, it sabotages its owner. We celebrate it as the seat of intelligence and consciousness but spend most of our lives trying to manage its moods. As a neurosurgeon, I get to look at it up close. As a writer, I get to look at what it does to us.

These essays are not about being clever. They are about being human in places where humanity is often overwhelmed by machines, monitors and numbers. They are about the moments that do not make it into medical textbooks: the jokes cracked before administering anaesthesia, the silences after bad news, the families who wait, the patients who surprise you and the ones who never leave you even after they are gone. They are about how

medicine can be both funny and tragic at the same time.

In all these stories, I've honoured the indestructible force of the human spirit, but we've also learnt that nature has the final word. In an attempt to provide the reader with a glimpse into the life of a surgeon, I've shared some deeply personal experiences – the highs, the lows, the resilience of families, the determination of doctors and the dissonance of nature. I've laid bare what it means to lose patients you care for with savage tenacity and the exuberance of saving lives that were deemed impossible to survive. I believe these narratives have allowed people an honest entry into a world of medicine about which they often have so many preposterous presumptions.

Diseases have a way of lacerating families and pulverizing dreams. The ongoing challenge in life as a surgeon is how to maintain outward confidence and stoicism in the face of internal cataclysm and upheaval. How to achieve an inner stillness amidst extraneous cacophony. How to make loss a reason to live more deeply.

There is one truth that neurosurgery teaches you over and over again: medicine is not a linear science but a landscape of uncertainties. We work with scans, algorithms, experience and reason, yet so much of what unfolds on the operating table lies beyond prediction. Two patients may have the same diagnosis, the same anatomy, the same surgery – one walks out of the hospital, the other never wakes up. A minor procedure spirals into catastrophe, while a hopeless case returns from the brink and asks for tea. You begin your career believing that outcomes are earned, that success is a reward for skill and diligence; you grow older and realize that biology has its own moral code. Standing so close to life and death has not made me arrogant about understanding science, it has made me reverent towards

the unknown. Neurosurgery humbles you into accepting that we are not masters of fate, only its participants. And somewhere in these mysteries – in the inexplicable recoveries, in the unanswerable losses – lies the deeper reason I write, which is that the brain does not merely challenge our knowledge; it also deepens our awe.

If this book has a philosophy, it is a simple one: medicine is an art and a science practised by people on people. No algorithm can replace presence of the doctor. No machine can measure hope. And no surgeon, however skilled, operates alone. You do not need to understand anatomy to read this book. You only need to have lived in a body, worried about your health, loved someone who was unwell or sat in a waiting room pretending not to be afraid. In other words, you need to be alive.

Somewhere between Vegas and Vellore, I realized that the nervous system is not only an organ system but a way of looking at life. It governs every movement and memory, and it governs longing, imagination, pain, love, grief, ego and meaning. To work with it is to witness the fragility and magnificence of being alive. To write about it is to attempt, however imperfectly, to honour that privilege.

This book is called *Bheja Fry* because that is what life does to us eventually. It heats us up, stirs us around and leaves us a little scrambled. But if you cook it long enough with care, and with the right amount of spice, it can still taste surprisingly good.

Section 1

CONSULTING ROOM CONFESSIONS

These are stories from the small rectangular room where patients walk in with illnesses – and unpack entire lives instead. Here, fear comes wrapped in humour, grief arrives with bravado and medicine becomes equal parts diagnosis, listening and gentle negotiation. These are encounters had across the table, where conversation heals as much as surgery ever can. These essays explore the art of listening to symptoms, to silences and to the quivering space between what a patient says and what they mean – reminding us that sometimes the hardest surgery is the one performed on pride.

Food for Thought

‘Good evening, Doctor *Saab!*’ Jayesh Bhai walked in with his wife to meet me. The couple were in their mid-fifties and seemed pretty jovial. He had a round face that sat atop an even rounder torso. The buttons of his bright yellow shirt were struggling to keep its two halves together. Through two of those buttons, his navel looked like his third eye, staring me in the face. Sensing my unwavering gaze at his centre of mystical enlightenment, his wife remarked, ‘He loves to eat,’ which I acknowledged because I do too. ‘And I love to cook for him,’ she continued dotingly.

It was of little concern to them that Jayesh Bhai had a brain tumour. ‘I was having headaches and my GP asked me to do an MRI. He said he had heard a lecture of yours where you mentioned that people with persistent headaches should get an MRI,’ he explained. I peered through the scan to note it was a benign tumour arising from the pituitary stalk and pressing against his hypothalamus – the control centre for hunger and satiety, besides a myriad of other functions such as regulating hormones, body temperature, heart rate, blood pressure, thirst, mood, sleep and sex drive. He had no issues with any of the other functions, he clarified, and his wife confirmed. The weight he was putting on had simply been attributed to his love for food. I explained to them that not everyone who lives to eat has a brain tumour, but subtle shifts of patterns should not be neglected. He had put on over 20 kg in the past six months.

‘Can I continue to eat *dhokla*, *khandvi* and *undhiyu* before

surgery?’ he questioned, listing out his favourite food items.

‘Of course,’ I said without hesitation, ‘but we will need to check your hormone and sugar levels,’ I cautioned. I detailed a battery of blood investigations and booked an appointment with our endocrinologist, who helped manage such patients perioperatively.

Before leaving, he asked, ‘Is it true that you become hot-tempered if you consume too much spicy food?’ He smiled at his wife, who shook her head, denying the allegation.

‘It’s possible,’ I said, having read this in a publication.

‘I’m telling her to eat more sweets but she’s just not listening,’ he said, as both of them left the room laughing.

He came back really upset a few days later. ‘The endo doctor you sent me to has stopped all my desserts! No chocolate, no cake, no jalebi, no gulab jamun, not even *aam ras* [sweetened mango puree]! Season is coming to an end. What does one eat?’ He questioned, disapproving of medical nutrition. ‘One day, science will show that sugar is really good for us and the whole medical community will have to eat its words,’ he muttered, disgruntled.

‘As long as we are eating only words, we won’t put on any physical weight,’ I punned, only later realizing that the emotional burden of eating one’s own words is even heavier.

‘Let us quickly get this surgery over with, so that I don’t have to deal with all these dietary restrictions,’ he told me.

I agreed, adding, ‘It’s also possible that you might not want to eat as much after the surgery relieves the pressure on your hypothalamus,’ and watched his face shrink with dismay.

Patients often ask what foods to avoid after brain or spine surgery, and unless they have a specific medical condition, my answer is always peppered with the sagacity of ancient wisdom:

everything in moderation is okay. I advise them to eat fresh fruits and vegetables, go easy on the carbs and avoid red meat. People wonder if certain foods will affect wound healing or cause a tumour to grow back. They wonder even more if eating too many pizzas, dosas or spring rolls might have caused the tumour in the first place. I also often get asked what foods are good for the brain, and the answer is berries, nuts, green leafy vegetables, avocado, fish and eggs. And, if you're Parsi, eggs on top of eggs. The foods we eat should bring us both health and happiness.

We operated on Jayesh Bhai a few days later. The tumour had a large cyst with golden fluid within it, resembling the crystalline oil his jalebis were fried in. We peeled it off the hypothalamus and the pituitary stalk in the hope of restoring his internal balance.

'Your hospital food is very tasty,' he later proclaimed, sipping on cream of tomato soup, but with his eyes fixated on the pudding next to it.

'Can I eat *pav bhaji* at home?' he asked, before getting discharged. I nodded. 'And a small drink once in a while is okay?' he winked. I granted permission with a big smile.

According to a lot of data, research and science, we are what we eat. But we are also the five people we spend most of our time with. We are the culmination of the experiences of our several lifetimes. We are the ratio of the suffering we caused to the suffering we endured. We are the failures we were unable to fathom and the successes we were able to surpass. We are the hopes we racked up and the sorrows we shared. We are the strings we pulled and the ropes we hung on to. We are how stoically we portray ourselves and also how vulnerable we might choose to be. We are the questions that quench and the answers

that ask more questions. We are the ships we sailed in and we are also the ships we saluted from the shore. We are our insight and intuition. We are our hunger and our cravings, our weight gain and our weight loss. We are the stories we tell ourselves. We are all. We are one.

Jayesh Bhai came back three months after surgery for a follow up. He had lost 10 kg. Now he was Jayesh Bhai Jordar. His shirt fit well. The third eye had closed.

‘Doctor *Saab!*’ he greeted me in his trademark fashion, handing me a box of chocolates. ‘Can I eat sweet and sour pickles that may sometimes be spicy also?’ I don’t know if there was any item on the menu that he hadn’t cross-checked with me in our time together.

‘Besides human beings, you can eat whatever you want,’ I proclaimed with folded hands.

The Real Therapist

Zane walked into the office holding Sanjana's hand, who shuffled in with a bit of a limp. They were a young couple in their forties, but they helped each other settle into their chairs like 80-year-olds do – slowly, gingerly, tenderly. As I directed my gaze towards Sanjana to ask about her problem, she shook her head sideways, pointing her thumb at her husband. 'Don't look at me; he's the patient,' she said, articulately lifting the veil of bias we subconsciously carry within us.

I asked him what the issue was.

'I had an aneurysm that ruptured in June 2020,' he said, a little saliva drooling from the corner of his mouth. His speech was slightly slurred and garbled, with the intonation of someone who was intoxicated. 'They did an operation in Singapore to treat it, but now we've moved back to Mumbai and I need someone to fix back the skull, which they had removed at the time of the operation because of brain swelling,' he explained, taking off his monkey cap to show me the defect over the right side of his head, which caved in like a saucer.

'They tried to place it back nine months after surgery, but it got infected twice and they had to discard it,' Sanjana chipped in, pointing to the scarred areas on his scalp that now looked like a battlefield after the war was over.

I explained how we would have to treat the skin with tissue expanders before we could design a customized titanium plate to refashion his skull, and that that process would take a few months.

‘While you’re at it, perhaps you could also help me get his life back. He’s just not the same person anymore. It’s like he’s completely checked out. He’s physically in the same room, but emotionally or mentally, I don’t know what he’s thinking or feeling any more. He’s not willing to get a job; he sits at home all day long and goes through intense bouts of anger.’ She gave me the emotional side of clinical medicine, which we, as doctors, often don’t have time to indulge in.

‘Tell me more about him.’ I wanted to help.

‘He worked at BusinessTech, in the travel domain, and was head of management consulting for Asia, Africa and the Middle East – the blue-eyed boy at work until this happened and turned our life around completely,’ she said, her eyes glassy. Before I could reach out, she got up and walked across the office to grab a tissue from above the washbasin. Zane looked at her with concern.

‘And why are you limping?’ I asked curiously.

‘I was run over by a drunk driver when I was eight,’ she said with unparalleled stoicism. ‘I needed three surgeries where my leg was amputated at the hip. I contracted Hepatitis B during the first blood transfusion, and was in the hospital for 60 days, my parents were told to wait for me to die from the hepatitis. I have somehow programmed myself to overcompensate so that people can see me before my disability,’ she said, mentioning that the gait was due to her prosthesis, which goes up the hip and needs to be disarticulated every time she needs to use the washroom.

She told me she had met Zane through common friends, and surprisingly, he never saw her differently like most other people did. ‘Till date, I am amazed by his ability to love and accept people as they are,’ she said with glee. She had the best kind