CONFESSIONS *of an* Indian GYNECOLOGIST

Dr. Parul Saoji

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Disclaimer

This book is based on real-life experiences from the author's journey as a practicing Gynecologist and Obstetrician. While inspired by clinical encounters, all patient identities, personal details, timelines, and certain situations have been altered, fictionalized, or creatively adapted to protect privacy and maintain confidentiality.

Any resemblance to specific individuals is purely coincidental.

This book is written for storytelling, humour, awareness, and entertainment purposes only. It is **not intended to replace professional medical advice, diagnosis, or treatment.** Readers are advised not to self-diagnose or self-medicate based on the experiences or conversations described in these pages.

Please consult a qualified healthcare professional for any medical concerns.

The opinions expressed in this book are personal reflections of the author and are presented with humour, sarcasm, and storytelling elements intended to capture the realities of everyday medical practice in India.

No Online searches, message forwards, random aunties, or AI conversations were harmed during the writing of this book. 😄

Dedicated

To my patients —
who trusted me with their stories, their fears, and their hopes.

To the women who sat across me,
sometimes smiling, sometimes anxious, often stronger than they believed themselves to be — thank you for allowing me to be a small part of your journey.

Every consultation, every question, every moment you shared became a story… and somewhere, this book was born from those stories.

To my family —
who quietly stood behind the scenes of this life I chose.

For the late nights that turned into early mornings,
for the dinners that were paused mid-conversation,
for the plans that were always "maybe"
because a baby somewhere had decided it was time.

Thank you for understanding a life that never followed a fixed schedule… but always followed a purpose.

To my father — Sanjeev Sharma for being my foundation, for teaching me strength, discipline, and resilience, and for believing in me long before I fully believed in myself. For giving me this opportunity when the world opposed you to do so .

To my Mom – Vijeyta Sharma, Bhua – Savita Sharma , Brother – Abhineet Sharma -For standing next to me during my moments of giving up during my residency days and pushing me to be strong

To my grandparents — Shri A.S. Sharma and Shrimati Kailash Sharma for their warmth, values, and quiet blessings that continue to guide me every single day.

To my Father in law – Dr. Vinay Saoji -For being there as a pillar of support inside the operation theatres and also through the challenging decisions I took in my career specially when I chose Aesthetic Gynecology.

To my husband —Siddhartha -For being my constant in a life that is anything but constant. For your patience, your support, and for understanding that my profession is not just a job — it is a calling.

For standing beside me through the chaos, and making it all feel manageable.

For letting me accomplish every dream , for never questioning my choices , for being there as a cheer leader in initial days of practise inside operation theatre , from capturing me with his camera on the Ted X stage to holding it for me during laparoscopic surgeries , without you I would have not been here !!

And to my two sons — Yohaan & Yashveer my little worlds outside the clinic.

For reminding me, every single day, that beyond the labour rooms and late-night calls, there is a life filled with laughter, innocence, and unconditional love.

For being so understanding and forgiving when I have missed your annual functions , parent teachers meetings , for

being supportive when I travel for conferences , trainings and for being so mature and independent – saying " mumma we are fine !!you don't worry "when I am away .

For teaching me balance, for teaching me perspective, and for unknowingly making me a better doctor… and a better person.

This book exists because of all of you.

And in every page,
in every story,
there is a part of you woven quietly within it.

Foreword

Practicing medicine in India has always required more than clinical training. It requires an understanding of the society in which that medicine is being practiced, the beliefs that patients carry into the consultation room, the family dynamics that shape every decision, and the vast, unfiltered world of information that now arrives via Google, YouTube, and the family WhatsApp group before the doctor has said a single word. It is this reality that forms the heart of this book, and what sets it apart from most medical writing is the honesty and self-awareness with which that reality is examined.

This is not a textbook, nor is it intended to be. It is something rarer; an account of what gynecological practice in contemporary India actually looks like from the inside. The patients who arrive convinced that PCOD explains every symptom they have experienced in the last decade. The consultations navigated delicately around an overconfident mother-in-law. The deeply held myths about diet, delivery, and conception that no amount of clinical evidence has yet managed to dislodge. These are not peripheral observations. They are central to the daily experience of practicing women's healthcare in this country, and they deserve to be written about with the seriousness and candour that this book brings to them.

I read these pages and I thought of every patient who has ever felt too embarrassed to ask a question, every family that confused loudness with knowledge, every young couple

who came in looking like they were about to reveal a national secret. This book is for all of them. It is funny, yes; but it is also kind. And in medicine, kindness is not a small thing. It is, more often than not, the most important thing in the room. Read this book. Then recommend it to someone who needs it. Which, if you look around, is probably everyone.

Of course, the Doctor is a human being. Of course, though, many think genuinely that the Doctor is Super Human. Of course, however, in this Googalised and Chat-GP-tised world, the Doctor -- any Doctor in general and the Gynaecologist in particular -- is a necessary evil that cannot be avoided. But if Goggle emerges with an answer about how the Gynaecologist could be avoided, there will be the dawn of a new era.

Yet, the Gynaecologist must be visited. Thus begins a wonderful human drama with its own ethos -- which Dr. Parul Saoji has captured so wonderfully, so powerfully, and so fully in this extremely readable and captivating book. Had she not been a Medical Doctor, she could have been a litterateur of merit and substance. She still can be -- many Doctors are.

There should be no doubt that Dr. Parul Saoji has the trappings of a person of literature. She is also a person with a very sensitive and sensible mind, and an extremely matured approach to everything -- that enables her to distinguish between an information overload of the modern, Googalised times and genuine and serious but real-life human concerns -- of a mother-to-be, of her husband, of the ever-present MiL, of the whole family whose emotions hinge on the little one waiting to arrive. Dr. Parul Saoji has captured all the nuances so captivatingly.

Hats off to her!

In this book, she comes across as a human signature of medical profession. She demonstrates her great ability to accommodate every expression of human vulnerability and spirit. She knows that she has to be patient while handling her patients -- in flesh and blood. This deep awareness comes through every word, every sentence, every page Dr. Parul Saoji has written -- making this book a truly endearing reading.

Alongside, she achieves another feat -- of positioning herself as a perfect representative of all Doctors. She knows where to listen patiently, where to stop the patient's emotional flow, where to ask questions. In her unique style, she captures the essence of what happens in her clinic -- through crisp, one-or-two word questions and answers between her and the patient and the family. In the process, she creates the picture of what actually happens with a rare clarity.

The book will enrich every reader in countless ways. Dr. Parul Saoji does not claim to have written any great treatise, all right. Yet, in her unique style peppered with humour, she brings forth the actual challenges the Gynaecologist faces in her practice.

May the primordial Healer -- The Almighty -- give Dr. Parul Saoji a greater ability to keep writing even as she rises in her career scaling newer peaks of excellence. May she become a great tool in the hands of the Divine to deliver wellness -- to mothers and their little ones and the families. May she become an agent of happiness -- for all !

- Vijay Phanshikar,
Editor,
The Hitavada.

Some books are written with research.

Some with discipline.

Some with a carefully structured plan.

And then there are books like this one — written from life itself.

Dr. Parul Saoji has created these pages not from imagination, but from years of listening, observing, caring, counselling, and quietly collecting the unforgettable moments that only a doctor gets to witness.

The pages you are about to read come straight from the consulting room, the waiting room, the delivery room, and sometimes from those moments that happen just outside the clinic door. They are drawn from a world where science meets emotion, logic meets anxiety, and where every patient arrives not only with symptoms, but with hopes, fears, family advice, internet searches, and often a firmly held diagnosis from an unknown source.

Medicine today has changed dramatically. Information is available everywhere. Answers are one click away. Opinions are endless. Yet true understanding remains rare. And that is where experience, empathy, and clinical wisdom still matter most.

This book captures that reality beautifully.

With wit, warmth, honesty, and sharp observation, Parul opens the doors of everyday medical practice and allows readers to witness the conversations doctors hear every single day — the amusing, the touching, the frustrating, and the profoundly human. It reminds us that medicine is never only about tests and prescriptions; it is about listening,

reassuring, guiding, and sometimes smiling through the chaos.

What makes this work especially meaningful is that it does not mock confusion — it humanises it. Behind every anxious question is a person seeking clarity. Behind every misplaced internet search is a desire to feel safe. And behind every doctor's composed smile is years of training, patience, and compassion.

Readers will laugh. They will recognise themselves. They may blush at memories of midnight symptom searches or forwarded remedies from family groups. Most importantly, they will come away with renewed respect for the sacred, complicated relationship between doctor and patient.

Parul has transformed everyday clinic moments into stories that are relatable, insightful, entertaining, and deeply real.

This is more than a collection of stories. It is a mirror to modern healthcare, told with intelligence and heart.

So step inside these pages.

The clinic is open.

The stories are real.

And yes — picture abhi bhi baaki hai.

- Dr. Nandita Palshetkar
Obstetrician and Gynecologist
IVF specialist
Medical Director, Bloom IVF Group
Past President, FOGSI, ISAR, IAGE, AMOGS & MOGS
Trustee, Dr. D. Y. Patil University

Practicing medicine in India has always required more than clinical training. It requires an understanding of the society in which that medicine is being practiced, the beliefs that patients carry into the consultation room, the family dynamics that shape every decision, and the vast, unfiltered world of information that now arrives via Google, YouTube, and the family WhatsApp group before the doctor has said a single word. It is this reality that forms the heart of this book, and what sets it apart from most medical writing is the honesty and self-awareness with which that reality is examined.

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- Manu Sharma
Senior Advocate, Delhi High Court

"Confessions Of An Indian Gynaecologist"

The title itself is soo intriguing. So many people, whom you meet even casually are always asking us this question, share what ur day as a gynaec looks like... many TV shows and movies revolve around our crazy lives too.

From the utter joy of delivering a baby to the sadness of discovering and treating a cancer, we too move from one moment to another, travelling north pole to south pole in the flicker of an eye. It is one of the toughest professions to take up, and one has to be literally mad (extremely passionate) and love it, to keep doing this happily day in and day out...

One such passionate person is our dear author Parul Saoji. Not only is she a kind and compassionate doctor, but also an avid observer who has witty ways with her words and observations. Google and AI are imbibed by the patients, and they can be a boon and a bane, and Parul weaves these tales so beutifully while addressing patient concerns. She also has the panache to sustain stories from the word go to the very end.. You can follow her on social media and get the feel of this amazing person. She is a fantastic presentor, and conducts so many events and inaugurations with honor and humor, mixing her masala bollywood style and singing vandanas in the same breath. She is an absolute force to reckon with, and she can move mountains if she so desires...

I must admit this. Noone could have done a better job at writing this... you keep turning pages, not wanting to put this book down...

I really hope you enjoy reading this..

- Dr. Sejal Ajmera

Founder President IAVA

Aesthetic and Functional Gynecologist, Juhu, Mumbai

Dear Dr Parul Saoji

Congratulations for this wonderful book!

And Dear Readers,

Once again Dr Parul Saoji took the pen and created an amazing book. I am totally blown away by Dr Parul's brilliant observations. She has proved herself again as a prolific writer by penning down vibrant events, conversations in Ob-Gy OPD.

She mentioned Indian Ob-Gy OpD is like a Bollywood Movie Set. And it is really a unique blend of science, culture, custom and dominance of relatives, the most happening place in the Medical world.

The Waiting Room Aunties are like faculties of Obstetrics and consider themselves as authorities especially for normal delivery. In deep down of our hearts, we get desire to arrange debate with them but we have to remain quiet as we want to run the Ob-Gy web series is a decent way.

The Mother-in- Law Factor is very strong and with unmatched power. Nowadays married patient's Mother is also winning the Game. The Ball starts rolling from this to that way. We have realized that is 'Karma' (Shift from Mother in law to Mother but our position is same). And Dr Parul crafted it wonderfully in her lucid language. And we witness the Webinar of Generations with mother in laws and daughter in laws changing every time with new unmatched stories. But we all Ob-Gys are having the prime role in every discussions as the Director of the Webinar, guiding them but sometimes they overpower us in many things but not on context.

Type of patients depict various emotions, different natures in the society. With our special senses we need to decode the history to know the exact problem. So we can dig out the medical problem superimposed with customs, culture and social pressure. And here the new drama starts. Dr Parul perfectly captured the psychology and learnt to listen with patience to such patients.

And with new advances in medical field and we felt happy to become hi-tech Gynecologists. But we forgot that our patients are also superadvanced with Google Baba/Aunty, WhatsApp University, YouTube expertise, Instagram medicines. Today the patient arrives in hospital with two things- Symptoms and Internet derived medical knowledge. Dr Parul drove through these stories beautifully to every Stations of Internet that will simply give us honour of Best Marathon Listener. This Marathon never ends as the next question comes, " Doctor bas ek chhotasa sawal hai". And see the capacity of our listening. And the irony is that our patients know the answer through The Google Baba. Only they are challenging our medical knowledge and confirming the diagnosis which they have already diagnosed.

And the newly emerged population of PCOS is there with internet wisdom like a professor to take our viva. And you can't escape. They have answers for every solutions. They are there to teach you PCOS.

To show you many phenotypes till you get crazy. And Dr Parul again won by boarding flight with them and landing with them smoothly with New Film of ' PCOS'

And we agree that behind every Ob-Gy Clinic door there are 'N' number of moments filled with mixed emotions along with medical therapy.

But the Best Divine moment is ' First Cry' of Newborn- The Supreme creation of Universe!

Dr Parul's book gives insights of exceptional human relationships between patients and doctors.

This book also reminds us that beyond protocols, medicines and prescriptions there is a hidden story and different world.

So The Indian Ob-Gy doctor is Scientific, Family person, well versed with Social Skills than any other Ob-Gy doctor of other countries and other medical fraternity.

And this movie never ends.....

Life goes on....

All the Best for many more wonders in future from The Magic Pouch of Mind of Dr Parul Saoji.

- Dr Sushma Deshmukh
IVF Specialist, Nagpur
Accomplished Writer and Author

Before We Begin...

Hi, I'm Dr. Parul Saoji.

I am a gynecologist, a mother of two boys, a TEDx speaker, an occasional chaos manager, and a full-time witness to some of life's most dramatic moments.

Over the last decade, I have delivered babies, busted myths, answered thousands of "Doctor, bas ek doubt..." questions, and survived more midnight phone calls than I can count.

This book is a collection of stories from that wonderfully unpredictable world.

Preface

I didn't plan to write this book.

In fact, most days I don't even plan when I'm going to sleep— because babies don't believe in schedules, and neither do emergencies.

This book, like most clinic days, just… happened.

Being a gynecologist in India is not just a profession.

It is a full-time balancing act between medicine, emotions, expectations… and very strong opinions from sources that did not attend medical school.

Because in my clinic, I am not the only doctor.

There is also:

- Google
- WhatsApp
- ChatGPT
- and of course… the ever-confident aunty

All equally qualified in the eyes of the patient.

One day, a patient came to me with a fairly straightforward issue.

I examined her, explained the condition, reassured her, and advised simple treatment.

No unnecessary tests.

No panic.

Just clarity and counselling.

She listened… but wasn't convinced.

Because somewhere, somehow, we have started believing that **if no tests are advised, the doctor has not done enough.**

Before leaving, she said something I will never forget:

"Doctor, main ChatGPT se pooch ke aati hoon."

I smiled.

Partly because I found it amusing.
Partly because I knew… this story wasn't over.

A few days later, she came back.

Slightly embarrassed.

Holding a report.

"Doctor maine urine test karaya…"

For a condition that had absolutely nothing to do with urine.

At that moment, I realized something.

We have entered a new era of medicine.

Where information is everywhere.

But understanding… is not.

Don't get me wrong.

Technology is powerful.

Information is helpful.

But context?

Judgement?

Experience?

Those still cannot be downloaded.

That day didn't make me angry.

It made me smile.

Because it perfectly captured what modern medical practice has become.

A mix of:

- science
- search engines
- second opinions
- and silent confusion

And that is exactly why this book exists.

Not to prove a point.

Not to argue with Google or ChatGPT.

But to share what actually happens inside a clinic.

The real conversations.

The real misunderstandings.

The real stories.

Because behind every "Doctor Google ne bola…"

there is a patient trying to make sense of her health.

And behind every "Doctor bas ek doubt tha…"

there is a story waiting to be told.

Some stories will make you laugh.

Some will make you say, "This has happened with me!"

And some might quietly stay with you long after you've turned the page.

Because if you have ever:

- panicked over a late period
- trusted a WhatsApp remedy
- Googled your symptoms at 2 AM
- or walked into a clinic saying, "Doctor bas ek doubt tha…"

then you are already a part of this story

So welcome.

To my clinic.

Where medicine meets reality.

Where knowledge meets interpretation.

And where, despite everything…

picture abhi bhi baaki hai.

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PART 1

Act One: The Clinic

"Where every patient has a story and every story begins with 'Doctor, bas ek doubt tha…'"

Chapter 1

Picture Abhi Baaki Hai, Mere Dost

The first rule of being a gynecologist in India is simple:

You are not just a doctor.

You are also
a counselor,
a family therapist,
a myth-buster,
a dietician,
a relationship advisor,
an Internet fact-checker,
and occasionally…

a referee between a patient and her mother-in-law.

Medical college did not prepare me for this.

In medical college we studied serious things.

Hormones.
Ovaries.
Placenta.
Complicated surgeries.

But nobody warned us about the real challenges.

Like the patient who asks:

"Doctor pregnancy toilet seat se ho sakta hai kya?"

Or the husband who whispers nervously:

"Doctor… baby kick kab karega? Aur main faint toh nahi ho jaunga?"

Or the auntie in the waiting room who has already diagnosed everyone there with **PCOD.**

My Clinic is Basically a Bollywood Movie Set

Every morning when I open my clinic door, I feel like a Bollywood director.

Because inside that clinic…

there is drama.

There are emotional scenes.

There are villains.

There are plot twists.

And sometimes…

there are happy endings with a baby crying in the background.

The waiting room alone could win **three Filmfare awards.**

You have:
The Nervous Newly Married Couple.
The Overconfident Mother-in-Law.
The Internet Research Expert.
The "Doctor I Just Have One Small Question" Patient.

And the most powerful character of all:

The Waiting Room Aunties.

These aunties know everything.

Before the patient even enters my cabin, the aunties have already discussed:

her marriage
her weight
her pregnancy chances
and possibly her entire family history.

The Day I Realized This Profession Is Not Normal

My realization came very early in my practice.

A young couple entered the clinic looking extremely serious.

The husband closed the door carefully like he was about to reveal a national secret.

Then he leaned forward and whispered dramatically:

"Doctor… ek problem hai."

I nodded calmly.

Years of training prepared me for difficult conversations.

"Ji, bataiye."

He looked left.
He looked right.

Then he said: "Doctor… pregnancy ho sakti hai kya?"

I smiled politely.

"Of course."

Then he leaned even closer.

"Doctor… without trying?"

Pause.

My brain froze.

I waited.

Maybe he would clarify.

He didn't.

So I asked gently,

"Without trying… meaning?"

He replied confidently.

"Doctor matlab… without planning."

Inside my head a Bollywood dialogue echoed:

"Yeh kya ho raha hai bhai?"

Search Engines Have Entered The Chat

The biggest revolution in modern gynecology is not ultrasound.

Not IVF.

Not laparoscopy.

It is **Search Engines.**

It has created a new category of patients.

The **Search Engine Patient.**

These patients arrive with **screenshots.**

Lots of screenshots.

One patient once opened her phone and said proudly:

"Doctor maine research kiya hai."

Research.

That word is dangerous.

I asked politely,

"Achha kya research kiya?"

She scrolled.

And scrolled.

And scrolled.

Finally she said confidently:

"Doctor mujhe PCOD hai."

I asked,

"Kisne bola?"

She replied calmly:

"internet ne."

Inside my mind I wanted to say:

"Great. Then the search engine should treat you also."

But of course doctors are supposed to be polite.

So instead I said gently:

"your search engines, doctor nahi hai."

She nodded thoughtfully.

Then she said:

"Haan doctor… par symptoms match ho rahe hain."

The Famous PCOS/PCOM Epidemic

In India, there is one disease that is blamed for everything.

PCOM.

Weight gain?

PCOM.

Hair fall?

PCOM.

Pimples?

PCOM.

Mood swings?

PCOM.

Bad mood?

PCOM.

Bad husband?

Possibly PCOM.

Sometimes I feel if someone misses a train, they might come to me and say:

"Doctor lagta hai PCOM ki wajah se train miss ho gayi."

The Waiting Room Psychology

If you want to understand society, you don't need sociology books.

Just sit in a gynecology waiting room.

There you will see every type of human behaviour.

There is the **silent patient**.

There is the **over-sharing patient.**

And there is the patient who says:

"Doctor bas ek chhota sa sawal hai."

Let me explain something.

When a patient says "chhota sa sawal,"

that question is never small.

Never.

It usually starts with

"Doctor bas ek doubt tha…"

and ends 25 minutes later with

"Doctor aur ek last question."

At that point my brain quietly whispers:

"Picture abhi baaki hai."

The Mother-in-Law Factor

Every gynecologist eventually understands one important truth.

The patient is not always the patient.

Sometimes the **real patient is the mother-in-law.**

One consultation went like this:

Me: "Patient ko kya problem hai?"

Patient: (silent)

Mother-in-law: "Doctor periods irregular hai."

Me: "Kitne din ka cycle hai?"

Patient: (silent)

Mother-in-law: "Doctor 35 din ka."

Me: "Pain hota hai?"

Patient: (silent)

Mother-in-law: "Haan doctor."

Finally I looked at the patient.

She smiled shyly and said,

"Doctor main theek hoon."

At that moment I realized something important.

Sometimes my job is not just medicine.

It is also **family diplomacy.**

The Famous "Normal Delivery" Request

If there is one sentence every gynecologist hears daily, it is this:

"Doctor normal delivery hi chahiye."

Fair enough.

Normal delivery is wonderful.

Then comes the second sentence.

"Bas pain nahi chahiye."

Pause.

My brain starts calculating.

Normal delivery without pain.

This is like saying:

"I want to swim but I don't want to get wet."

Inside my head a Bollywood villain voice says:

"Mogambo khush nahi hua."

The Best Part of the Profession

Despite the chaos…

Despite the Internet research…

Despite the aunties…

Despite the dramatic consultations…

there is one moment that makes everything worth it.

The moment when a newborn baby cries for the first time.

In that moment, the labour room becomes completely silent.

Parents look at the baby like they have just witnessed a miracle.

And honestly…

they have.

Every time I hear that first cry, I feel the same thing.

A mix of relief.

Joy.

Gratitude.

And exhaustion.

Because behind that cry is hours of labour, anxiety, and prayers.

And sometimes, that cry reminds me why I chose this profession in the first place.

But of Course…

Just when you start feeling emotional…

a patient will walk in and ask:

"Doctor pregnancy toilet seat se ho sakta hai kya?"

And the Bollywood soundtrack in my head restarts.

Because in this profession…

the drama never ends.

As they say in Bollywood:

"Picture abhi baaki hai, mere dost."

Chapter 2
The Waiting Room Universe

If aliens ever come to Earth and want to study human behavior, I will not send them to a university.

I will send them to **a gynecology clinic waiting room in India.**

Because nowhere else will you see such a beautiful combination of:

- anxiety
- curiosity
- judgement
- gossip
- unsolicited advice
- and occasional medical myths strong enough to defeat modern science.

The waiting room is not just a room.

It is **an ecosystem.**

A living, breathing ecosystem where complete strangers suddenly become deeply invested in each other's reproductive health.

The Waiting Room Aunties

Let us start with the most powerful species in this ecosystem.

The Waiting Room Aunties.

These aunties have no official designation.

They are not doctors.
They are not nurses.
They are not hospital staff.

But they have **opinions on everything.**

And once they enter the waiting room, they automatically become:

Gynecology Consultants (Self-Appointed).

Within ten minutes they know:

- who is pregnant
- who is trying for pregnancy
- who is having "some hormonal issue"
- who should definitely drink more coconut water

No ultrasound machine in the world is as confident as these aunties.

The Scanning Technique

A waiting room aunty has a special skill.

The Human Ultrasound Scan.

She can analyze a woman in under five seconds.

Her diagnostic process goes like this:

Step 1: Look at the stomach
Step 2: Look at the face
Step 3: Look at the mangalsutra
Step 4: Nod mysteriously

Then she whispers to the lady next to her:

"Lagta hai pregnant hai."

This statement is made with the same confidence as a radiologist reading an MRI.

Accuracy rate?

Approximately **50%.**

But confidence level?

100%.

The Universal Conversation Starter

Within minutes, strangers start talking.

The opening line is usually very simple.

"First baby?"

This question is the social equivalent of unlocking a secret door.

Once it is asked, the entire conversation flows.

Suddenly life stories begin pouring out.

"Shaadi ko kitne saal ho gaye?"

"Treatment chal raha hai?"

"IVF karaya kya?"

At this point I often wonder if the waiting room should come with a sign:

"Warning: Privacy Not Guaranteed."

The Pregnancy Experts

If a pregnant woman enters the waiting room, the energy changes instantly.

Everyone becomes alert.

This is because pregnancy triggers a rare phenomenon.

The Advice Explosion.

Suddenly every woman in the room becomes a pregnancy consultant.

One auntie says:

"Papaya mat khana."

Another says:

"Papaya khane se kuch nahi hota."

Third one interrupts:

"Papaya se baby fair nahi hota."

No one knows how the discussion reached baby fairness, but here we are.

Meanwhile the pregnant woman is sitting quietly, probably wondering why she came to the clinic at all.

The Diet Gurus

Food advice in the waiting room is legendary.

If you combine all the suggestions given there, the pregnant woman will have to eat:

- coconut water
- dry fruits
- ghee
- milk
- laddoos
- saffron milk
- almonds soaked overnight
- fruits
- vegetables

- and possibly half the Indian grocery market.

One patient once told me seriously:

"Doctor mujhe sab bol rahe hain do logon ka khana khana chahiye."

I smiled and said,

"Yes… but not two **adults**."

The Weight Debate

Weight gain during pregnancy is another popular waiting room topic.

One aunty will say:

"Weight zyada badh gaya toh delivery mein problem hoti hai."

Another aunty will immediately contradict:

"Weight kam badha toh baby weak hota hai."

At this point the pregnant woman looks completely confused.

And honestly…

so would anyone.

Because in the waiting room, scientific accuracy is optional.

Confidence is mandatory.

The Silent Observers

Then there are the silent patients.

These patients don't participate in the gossip.

But they are listening very carefully.

They absorb every piece of information.

And then when they enter my cabin, they ask questions like:

"Doctor papaya se miscarriage ho sakta hai kya?"

At that moment I know exactly what has happened.

The waiting room university has conducted another successful lecture.

The Newly Married Couple

Another interesting category is the newly married couple.

They enter the waiting room looking slightly nervous.

The husband usually holds a file like it contains state secrets.

The wife looks embarrassed.

They avoid eye contact with everyone.

Because they are convinced the entire waiting room knows why they are here.

Which is ironic.

Because the waiting room actually knows everything.

The Fertility Detectives

If a couple is in the clinic for fertility consultation, the aunties detect it instantly.

Their logic is impressive.

They observe:
- married couple
- looking serious
- holding reports

Conclusion?

"Baby nahi ho raha hoga."

Sherlock Holmes would be proud.

The Waiting Room Time Distortion

Time behaves differently in waiting rooms.

Ten minutes feels like one hour.

And during this time, patients develop interesting theories.

"Doctor bahut busy honge."

"Emergency delivery chal rahi hogi."

"Operation ho raha hoga."

All these guesses are usually correct.

Because obstetrics is the only profession where your schedule is controlled by a tiny human who has not even been born yet.

The Children in the Waiting Room

Then there are children.

Children in a gynecology waiting room are fascinating observers.

They look at everything.

They ask questions loudly.

One small boy once asked his mother:

"Mumma yahan babies milte hain?"

The entire waiting room became silent.

His mother looked horrified.

Meanwhile I was inside the cabin trying not to laugh.

The Final Call

Eventually the nurse calls the patient.

That moment is very dramatic.

The entire waiting room looks up.

Some people secretly evaluate how long the consultation will take.

Others prepare their next round of questions.

And the patient entering the cabin carries with her:

- her own doubts
- her family's expectations
- and half the advice from the waiting room.

By the time she sits in front of me, I already know one thing.

Before I begin medical consultation, I must first undo the effects of **Waiting Room University.**

But Despite Everything…

I secretly love the waiting room.

Because it reflects something beautiful about our culture.

People care.

They worry.

They share experiences.

Sometimes they overshare.

But behind all the chaos is a genuine desire to help.

Even if that help occasionally includes advice like:

"Doctor ke paas jaane se pehle haldi doodh try karo."

And every time I hear the waiting room buzzing with conversation, I smile to myself.

Because that noise means one thing.

Life is happening.

Stories are being created.

And somewhere in that waiting room…

another chapter of my gynecologist diary is waiting to unfold.

And trust me…

the real drama hasn't even started yet.

Because the next chapter belongs to a very powerful character in every consultation.

Google.

And when Google enters the clinic…

the consultation becomes truly cinematic.

Chapter 3
G Baba Ki Jai Ho

There was a time when doctors were the primary source of medical information.

Patients came to clinics with symptoms.

Doctors examined them.

Doctors diagnosed them.

Doctors treated them.

Simple.

Then something happened.

Search Engine was born.

And suddenly every patient became **a part-time medical researcher.**

Now patients do not come to clinics with symptoms.

They come with **diagnoses.**

The G Consultation

A typical consultation today begins like this.

Patient sits down.

She opens her handbag.

She removes her phone.

Then she says proudly:
"Doctor maine research kiya hai."

Whenever a patient says the word **research**, I mentally prepare myself.

Because the research usually involves:

- three internet searches
- two videos
- one reel
- and a Forwarded message from an unknown auntie.

But the confidence level is extraordinary.

The Screenshot Files

One patient once entered my clinic with twenty-two screenshots.

Twenty-two.

She carefully opened her phone gallery and said:

"Doctor main aapko sab dikhaati hoon."

She started scrolling.

Image after image appeared.

Hormone charts.
PCOS diagrams.
Articles about fertility.
Random blog posts written by someone called "HealthyMom123."

After fifteen screenshots I gently asked, "Yeh sab kahan se mila?"

She replied proudly: "Google."

At that moment I realized something important.

Modern medicine has evolved.

We now have **two types of reports.**

- Laboratory reports
- G reports

The Famous Self-Diagnosis

One of the most common phrases in my clinic is:
"Doctor mujhe lagta hai mujhe PCOS hai."

I usually ask, "Test karaya?"

Patient:
"Nahi."
"Symptoms?"
"Internet pe padha."

Internet has single-handedly turned PCOS into the **most popular disease in India.**

Weight gain?

PCOS.

Hair fall?

PCOD.

Pimples?

PCOS.

Mood swings?

PCOS.

Sometimes I feel if someone loses their car keys they might say:

"Doctor shayad PCOS ki wajah se memory weak ho gayi."

The Videos Experts

Then there are the **video Doctors.**

YouTube has produced an entire generation of medical experts.

Patients often say things like:

"Doctor ek doctor ne video pe bola…"

This mysterious Video doctor is apparently the most trusted gynecologist in the world.

Even though:

- we don't know his qualification
- we don't know his experience
- we don't know if he exists.

But his video has **3 million views**, so clearly he must be right.

Gram Medicine

Instagram has introduced a completely new field.

Reel-based gynecology.

Patients now say:

"Doctor maine reel dekha hai."

These reels are fascinating.

In thirty seconds they claim to:

- cure PCOS
- fix infertility
- balance hormones
- reduce weight
- improve skin
- and probably solve global warming.

All with one magical ingredient.

Usually **cinnamon water** or **methi seeds.**

I sometimes wonder why medical colleges didn't teach this.

Imagine if treatment was that easy.

"Doctor kaun si surgery karni hai?"

"None. Just drink methi water."

The W University

If Google is the professor, WhatsApp is the university.

W forwards have created some of the most creative medical theories in human history.

One patient once showed me a message.

It said:

"If you drink saffron milk during pregnancy, the baby will be fair."

I asked her,

"Yeh kisne bheja?"

She said proudly,

"Family group mein aaya tha."

Family groups are extremely powerful.

If something appears there, it automatically becomes **scientific fact.**

The Coconut Water Theory

Pregnancy diet discussions are heavily influenced by WhatsApp.

One universal recommendation is:

Coconut water.

Apparently coconut water can:

- make the baby healthy
- make the baby fair
- improve intelligence
- increase amniotic fluid
- and possibly help the baby clear IIT entrance exams.

Coconut water has become the **multivitamin of Forwarded messages medicine.**

The Internet Rabbit Hole

Sometimes patients go deep into the internet.

Very deep.

One patient once came to my clinic extremely worried.

She said,

"Doctor mujhe serious problem hai."

I asked what happened.

She said,

"Doctor maine symptoms Google kiya."

This is always a dangerous sentence.

"What did Google say?"

She replied nervously:

"Doctor shayad cancer hai."

I checked her symptoms.

The problem?

Acidity.

This is the classic Google effect.

You search "headache" and within three minutes Google convinces you that you have a rare brain disease discovered in Antarctica.

The Husband Researchers

Husbands are also very active on Google.

Especially when their wives are pregnant.

They ask extremely detailed questions.

"Doctor baby ka brain development kaise improve kare?"

"Doctor pregnancy mein kaunsa music sunana chahiye?"

"Doctor baby genius kaise banega?"

I usually smile and say gently,

"First baby ko peacefully grow hone dijiye."

Because sometimes the baby is still the size of a lemon and the parents are already planning **IIT coaching.**

The Myth Destroyer Job

A large part of my job today is not treatment.

It is **myth destruction.**

Every day I clarify things like:

No, papaya smell se miscarriage nahi hota.

No, ultrasound baby ka colour change nahi karta.

No, eating ghee will not guarantee normal delivery.

And no, Google cannot replace your doctor.

But To Be Fair…

Google is not entirely bad.

Sometimes it helps patients become more aware.

Sometimes they ask intelligent questions.

Sometimes they understand their health better.

The problem is not information.

The problem is **too much information without context.**

And medicine is all about context.

The Real Consultation

When patients finally close their phones and start listening, something magical happens.

They relax.

They trust.

And real conversation begins.

Because at the end of the day, medicine is not just about facts.

It is about **human connection.**

And Google, for all its knowledge, cannot replace that.

But Still…

Every now and then, a patient will open her phone and say confidently:

"Doctor Google ne bola…"

And inside my head, a Bollywood dialogue quietly plays:

"Picture abhi baaki hai."

Because in the world of gynecology…

Google is just one of the many characters in this never-ending drama.

And the next character is even more powerful.

The patient who says:

"Doctor bas ek chhota sa sawal hai."

Trust me.

That "small question" is never small.

And that…is the story of the next chapter.

Chapter 4
Doctor, Bas Ek Chhota Sa Sawal

There are many dangerous sentences in the world.

"I think we need to talk."

"We should discuss this."

"Let's review the reports again."

But in a gynecologist's clinic, the most dangerous sentence is:

"Doctor, bas ek chhota sa sawal hai."

Because that question…

is never small.

Never.

In fact, in my experience, the smaller the patient claims the question is, the longer the consultation will become.

The Beginning of the Trap

The scene usually begins innocently.

Consultation is almost over.

Reports have been explained.

Prescription has been written.

Patient stands up.

Smiles.

And then suddenly pauses at the door.

"Doctor…"

I look up.

"Yes?"

"Bas ek chhota sa sawal hai."

This is the moment when time slows down.

Because I know what is coming.

The Five Question Rule

In theory, the patient said **one question.**

In reality, it becomes a full **question series.**

Question 1 leads to Question 2.

Question 2 leads to Question 5.

By Question 8 we are discussing topics that were not even remotely connected to the original consultation.

It is like opening a small drawer and discovering an entire wardrobe inside.

The Famous Pregnancy Question

One of the most common "small questions" is about pregnancy.

Patient asks politely:

"Doctor pregnancy kab plan karein?"

Simple enough.

I explain about timing, cycles, and general advice.

Patient nods.

Then comes the follow-up.

"Doctor ek aur chhota sa doubt."

Here we go.

"Doctor pregnancy mein kaunsa fruit best hai?"

Answer given.

Patient nods again.

Then the third question appears.

"Doctor pregnancy mein travelling allowed hai?"

Still manageable.

Then the fourth question arrives.

"Doctor baby ka brain development kaise improve karein?"

At this point the baby is not even conceived yet.

But clearly we are planning for **future Nobel Prize winners.**

The Diet Discussion

Food is another very popular question category.

"Doctor kya khana chahiye?"

I start explaining balanced diet.

Fruits.

Vegetables.

Protein.

Water.

But the patient is not satisfied yet.

Because she has a specific agenda.

"Doctor ghee zyada khane se normal delivery hoti hai kya?"

Ah.

The ghee theory.

India's most beloved obstetric myth.

Somehow ghee has acquired magical powers.

According to popular belief, ghee can:

- make delivery easier
- lubricate the birth canal
- improve baby strength
- and possibly increase family happiness.

Sadly, biology does not agree.

But explaining this sometimes feels like arguing with a centuries-old tradition.

The Exercise Question

Then comes exercise.

"Doctor walking karein kya?"

Yes, walking is good.

Patient looks relieved.

Then comes the twist.

"Kitna walking?"

I say thirty minutes.

Patient looks thoughtful.

"Doctor 10 minute chale toh chalega?"

Negotiation has begun.

Exercise advice in India often turns into **bargaining.**

Doctor suggests thirty minutes.

Patient counteroffers fifteen.

Final agreement settles somewhere near **five minutes and good intentions.**

The Internet Influence

Sometimes the small questions come directly from the internet.

"Doctor ek doubt tha."

"Yes?"

"Doctor papaya se miscarriage hota hai kya?"

"No."

Patient nods.

Then immediately asks:

"Doctor pineapple?"

"No."

"Doctor sesame seeds?"

"No."

At this point I feel like a myth-busting machine.

The Famous "Last Question"

Eventually the patient says something very important.

"Doctor last question."

Now this phrase is extremely misleading.

Because this is rarely the last question.

Usually it is the beginning of the **final round.**

After answering the "last question," the patient remembers another one.

"Doctor ek aur last doubt."

By the time the third "last doubt" arrives, I silently accept my fate.

The Husband's Question

Sometimes the husband participates.

Usually quietly.

But suddenly he asks a very technical question.

"Doctor baby ka height kaise increase karein?"

This question always surprises me.

Because the baby is currently the size of a mango.

But the father is already planning NBA eligibility.

The Mother-in-Law Follow Up

And then, occasionally, the mother-in-law appears.

If the patient has not brought her physically, she arrives through **phone call.**

The patient says:

"Doctor ek minute… mummy ji baat karna chahte hain."

Phone handed over.

Mother-in-law begins.

"Doctor ek chhota sa doubt tha."

At that moment the consultation has officially entered **Phase Two.**

The Clinic Time Paradox

From outside the cabin, the waiting room observes all this.

Patients sitting outside start calculating.

"Doctor bahut time le rahe hain."

"Consultation long chal raha hai."

What they do not realize is that inside the cabin, the conversation has evolved from:

menstrual cycle → pregnancy planning → baby diet → baby intelligence → school selection.

Yes.

School selection.

I once had a patient ask:

"Doctor pregnancy mein baby ko English medium school ka benefit milta hai kya?"

I paused.

I genuinely had no answer.

The Reality of These Questions

Despite the humor, these questions reveal something important.

People are anxious.

They want reassurance.

They want certainty.

Pregnancy, fertility, and women's health are emotional topics.

So patients search for answers everywhere.

Friends.

Family.

Internet.

And finally…

their doctor.

The Moment of Trust

When the patient finally closes the file, smiles, and says:

"Thank you doctor."

That moment matters.

Because behind all those questions is trust.

And trust is the most powerful medicine.

But Still…

Even after all that discussion, sometimes the patient stops at the door again.

Turns around.

And says softly:

"Doctor ek aur chhota sa doubt tha."

And inside my head, the Bollywood soundtrack starts again.

Because in a gynecologist's clinic…

the questions never truly end.

But neither do the stories.

And the next story belongs to one of the most influential characters in Indian healthcare.

A person who has never attended medical school.

Yet confidently guides patients everywhere.

The Mother-in-Law.

And when the mother-in-law enters the consultation…

the real drama begins.

Chapter 5
The Mother-in-Law Department

If hospitals had departments like corporate offices, gynecology clinics in India would definitely have one special unit.

Not Radiology.

Not Pathology.

Not even the Labour Room.

The most powerful department would be called:

The Mother-in-Law Department.

Because in many consultations, the patient may be sitting in front of me…

but the real decision-maker is sitting right next to her.

The Entry of the Saas

You can recognize the mother-in-law immediately.

She enters the cabin with confidence.

She carries the reports.

She answers the questions.

And sometimes…

she answers them **before the patient even opens her mouth.**

The consultation often goes like this.

Me: "What problem are you facing?"

Patient: (slightly opening mouth)

Mother-in-law: "Doctor periods irregular hai."

Me: "Since when?"

Patient: (trying to speak)

Mother-in-law: "Teen mahine se."

Me: "Pain hota hai?"

Patient: (silent)

Mother-in-law: "Haan doctor."

At this point I look gently at the patient and ask,

"Aap kuch add karna chahti hain?"

The patient smiles politely and says,

"Nahi doctor."

And just like that, the consultation becomes a **family meeting.**

The Experience Argument

Mother-in-laws possess a very powerful qualification.

Experience.

Many of them proudly declare:
"Doctor maine chaar bachche paida kiye hain."

This statement is usually delivered with the authority of someone who has completed a PhD in obstetrics.

And honestly, I respect that experience.

But medicine has changed.

Science has evolved.

And occasionally…

Google has confused everyone.

The Diet Controller

One of the biggest responsibilities of the mother-in-law department is **pregnancy diet supervision.**

According to them, the pregnant woman must eat:

- laddoos
- ghee
- dry fruits
- milk
- saffron milk
- more ghee
- and if possible, **even more ghee.**

Sometimes the patient looks at me desperately and whispers,

"Doctor weight bahut badh raha hai."

Meanwhile the mother-in-law says proudly,

"Doctor main isko achha khana khila rahi hoon."

And in that moment I feel like a referee in a very polite boxing match.

The Gender Prediction Experts

Another fascinating talent of the mother-in-law department is **gender prediction.**

Science has ultrasound.

Mother-in-laws have **intuition.**

They observe things like:

- stomach shape
- food cravings
- walking style
- face glow

And then confidently announce:

"Ladka hoga."

Sometimes they even say this inside the clinic.

And I gently remind them about the law.

But their confidence never shakes.

Because according to them, they have **seen everything.**

The Walking vs Rest Debate

Pregnancy activity advice is another major battlefield.

One mother-in-law says:

"Doctor zyada mat chalna."

Another says:

"Doctor roz walking karna."

The patient looks confused.

So I explain the scientific answer.

Moderate activity is good.

Walking is beneficial.

Then the mother-in-law nods thoughtfully and says,

"Haan doctor… par zyada nahi."

This is the universal compromise.

The Fertility Pressure

Sometimes the mother-in-law department arrives for fertility consultations.

These consultations have a slightly different energy.

The mother-in-law sits upright.

Very focused.

She begins with a serious question.

"Doctor shaadi ko do saal ho gaye hain."

Translation:

"Where is the baby?"

The couple sits quietly.

The pressure in the room is almost visible.

And this is where the gynecologist's role becomes delicate.

Because behind medical treatment there are emotions.

Expectations.

Family hopes.

And sometimes silent stress that no one talks about.

The Phone Call Consultation

Even when the mother-in-law is not physically present, she often participates through technology.

Patient sits in front of me.

Consultation is going smoothly.

Suddenly she says:

"Doctor ek minute… mummy ji baat karna chahte hain."

Phone appears.

Mother-in-law voice enters the cabin.

"Doctor ek doubt tha."

Now the consultation is officially a **conference call.**

The Protective Instinct

Despite the humour, I have also seen something beautiful.

Many mother-in-laws are deeply protective.

They worry about their daughters-in-law.

They want the pregnancy to go smoothly.

They want the baby to be healthy.

Sometimes their advice may not be medically correct.

But their concern is genuine.

And that matters.

The Delivery Day

The most emotional moment arrives on the day of delivery.

The mother-in-law waits outside the labour room.

Anxious.

Pacing.

Praying.

When the baby finally cries, she often becomes the first person to cry too.

And in that moment, all the earlier debates about diet, walking, and coconut water disappear.

Because now there is only one feeling.

Relief.

And joy.

The Hug

Sometimes after a successful delivery, the family returns to the clinic with the newborn.

The baby is wrapped like a tiny celebrity.

Everyone smiles.

And occasionally the mother-in-law says something that makes me laugh.

"Doctor aapne toh kamaal kar diya."

I smile politely.

Because the truth is…

the real hero of that story is the mother who carried that baby for nine months.

The Reality of Families

Indian medicine does not happen in isolation.

It happens within families.

Within traditions.

Within generations of beliefs and experiences.

And sometimes those beliefs create funny moments.

Sometimes challenging ones.

But they also remind me of something important.

Medicine is not just science.

It is also **human relationships.**

And So…

Every day in my clinic, I meet patients.

But I also meet mothers, mothers-in-law, husbands, sisters, and entire families.

Because when it comes to women's health in India…

no one comes alone.

And that is how Part 1 of my gynecologist diary begins.

With waiting rooms.

Google.

Endless questions.

And the legendary **Mother-in-Law Department.**

But trust me…

the real drama begins in the next part.

Because soon we enter the most cinematic phase of all.

Pregnancy.

And in pregnancy…

every family becomes a Bollywood production house.

And the story is just getting started.

Picture abhi baaki hai, mere dost.

PART 2

Act Two: The Pregnancy Blockbuster

"Featuring cravings, emotions, family advice, and special appearances by twenty-seven concerned relatives."

Chapter 6
Two Pink Lines = Full Family Drama

There are few moments in life that can change everything in under one minute.

One of them is when a woman stares at a small plastic stick…

waiting for **two pink lines.**

That tiny strip has more power than:

- a family meeting
- a financial decision
- or even a Bollywood climax scene

Because once those two lines appear…

life becomes a full family production.

The Test Before the Test

Before the test is even done, there is already tension.

Patient calls:

"Doctor period late hai."

"How many days?"

"Two days."

Two days.

At this stage, even the uterus is still deciding what to do.

But Google has already declared:

"Possible pregnancy."

The Test Moment

The actual test is always dramatic.

Some patients do it alone.

Some with their husbands.

Some with their mothers-in-law waiting outside like exam results.

And when the result appears…

there are only two reactions:

If negative:

"Test galat hoga."

If positive:

"Test sahi hoga???"

The Husband Reaction

Husbands react in very interesting ways.

Some become silent.

Some become emotional.

Some immediately ask:

"Doctor kya kya karna padega ab?"

And some…

start calculating school admissions.

The Phone Calls Begin

Once pregnancy is confirmed, one thing happens immediately.

Phone calls.

First call: mother
Second call: mother-in-law
Third call: best friend
Fourth call: entire extended family

Within two hours, at least **25 people know.**

Within 24 hours…

even the neighbor's aunty knows.

The Advice Flood

And then comes the most powerful wave.

Advice.

"Papaya mat khana."

"Travel mat karna."

"Zyada mat chalna."

"Zyada rest mat karna."

Confusing?

Yes.

Consistent?

Never.

The Doctor's Role

And then the patient finally comes to me.

Excited.

Nervous.

Overloaded with advice.

And I realize that before starting antenatal care, I must first perform:

Advice detox.

But Still…

Every time I see those two pink lines, I smile.

Because behind all the drama…

there is something beautiful.

A new life.

A new beginning.

And a new story waiting to unfold.

Chapter 7
The Gender Prediction Experts

There is one thing that is strictly prohibited.

Gender determination.

But there is also one thing that is very common.

Gender prediction.

And the interesting part?

Everyone except the doctor is an expert.

The Prediction Techniques

The methods are extremely scientific.

- Stomach shape
- Food cravings
- Face glow
- Walking style
- Dreams

And based on this, predictions are made with full confidence.

"Ladka hoga."

The Confidence Level

Ultrasound gives probability.

Aunties give certainty.

The Most Creative Logic

One patient told me:

"Doctor mujhe meetha khane ka mann karta hai… toh ladki hogi."

Another said:

"Doctor mujhe namkeen pasand aa raha hai… toh ladka."

At this point, I feel like I am in a food-based astrology session.

The Ultrasound Suspicion

Even after I clearly explain the law, some patients still try.

"Doctor hint de do."

Hint.

As if I am giving clues for a treasure hunt.

The Truth

Eventually I tell them gently:

Healthy baby matters.

Gender does not.

And when the baby is born…

all predictions disappear.

Because in that moment…

only one thing matters.

The baby is here.

Chapter 8

"Normal Delivery Hi Chahiye... Bas Pain Nahi"

This is the most iconic sentence in gynecology.

"Doctor normal delivery hi chahiye… bas pain nahi chahiye."

Every gynecologist hears this.

Every day.

The Expectation

Patients want:

- natural delivery
- zero pain
- perfect outcome

In short:
a painless miracle.

The Reality

Labour is called labour for a reason.

It involves effort.

Pain.

Time.

Emotion.

But explaining this sometimes feels like explaining gravity.

The Negotiation

Patient: "Doctor pain kitna hoga?"

Me: "Manageable."

Patient: "Pain kam kar sakte hain?"

Me: "Yes, options are there."

Patient: "Zero kar sakte hain?"

Pause.

The Epidural Debate

Then comes epidural.

Some love it.

Some fear it.

Some think it causes permanent back pain.

Some think it makes delivery easy like ordering food online.

Reality?

Somewhere in between.

The Final Moment

But when labour actually begins…

everything changes.

The same patient who said: "Pain nahi chahiye"

now says: "Doctor baby bas safe hona chahiye."

And that is the real shift.

Chapter 9
Pregnancy Diet Advisors

Pregnancy in India is not about eating.

It is about **being fed by everyone.**

There are many things that happen when a woman becomes pregnant.

Hormones change.

The body changes.

Sleep changes.

Appetite changes.

And suddenly, quite mysteriously, everyone around her develops a diploma in nutrition.

Not a certified diploma.

Not a university degree.

But a powerful, self-awarded qualification called:

"Experience."

And with experience comes confidence.

And with confidence comes advice.

Lots and lots of advice.

The moment a pregnancy is announced, a woman no longer belongs entirely to herself.

She becomes public property.

At least nutritionally.

Everyone suddenly develops a personal interest in what she is eating, what she is not eating, what she should be eating, and what she absolutely must never eat under any circumstances.

Somewhere between the positive pregnancy test and the first ultrasound, she acquires an entire committee dedicated to monitoring her meals.

It usually begins innocently.

A family member arrives carrying a bowl.

"Eat this."

The pregnant woman smiles politely.

Five minutes later, another relative arrives.

"Don't eat that."

Now the pregnant woman is confused.

Because "this" and "that" are often the same thing.

Within a few weeks, food stops being food.

It becomes a topic of national importance.

A simple breakfast suddenly requires discussion, analysis, and multiple opinions.

One person says:

"Eat more."

Another says:

"Don't overeat."

A third says:

"You're eating for two."

A fourth says:

"Don't gain too much weight."

By lunchtime, nobody knows what the correct answer is.

Least of all the pregnant woman.

The Food Pressure

Every relative becomes a diet expert.

“Do logon ka khana khao.

One of the most common statements heard during pregnancy is:

"You are eating for two."

This statement has probably survived longer than some civilizations.

It has travelled through generations, crossed cities, survived scientific discoveries, and continues to thrive.

The problem is that people interpret it literally.

Very literally.

Suddenly the pregnant woman is expected to consume enough food for a small wedding reception.

Every plate becomes larger.

Every serving becomes double.

Every refusal becomes a family discussion.

"Have one more."

"No."

"Just one."

"No."

"One more bite."

"No."

"You are eating for the baby."

At this point emotional blackmail enters the conversation.

And the poor woman takes another bite.

Not because she is hungry.

But because resistance is futile.

The Ghee Theory

Then comes the famous ghee season.

Every family has at least one person who believes that ghee possesses magical powers.

According to this theory, ghee can solve almost everything.

Need strength?

Ghee.

Need energy?

Ghee.

Need a healthy baby?

Ghee.

Need an easy delivery?

Definitely ghee.

Sometimes I feel if world peace ever becomes possible, somebody will suggest adding more ghee.

The faith people have in ghee is remarkable.

It is treated less like food and more like a sacred strategy.

I once met a patient who looked terrified.

"Doctor, everyone keeps giving me ghee."

"How much?"

She thought for a moment.

"Enough to lubricate a truck."

I laughed.

She didn't.

Because she was living through it.

Then there are laddoos.

Pregnancy laddoos.

Special laddoos.

Healthy laddoos.

Energy laddoos.

Traditional laddoos.

Medicinal laddoos.

Every household has a version.

Some contain dry fruits.

Some contain seeds.

Some contain ingredients nobody can identify.

But all share one common feature:

They are compulsory.

Refusing a pregnancy laddoo is considered an act of rebellion.

People take it personally.

As if rejecting the laddoo means rejecting centuries of tradition.

Meanwhile the pregnant woman is simply trying to survive another day of nausea.

And speaking of nausea…

Nothing is more fascinating than how everyone responds to morning sickness.

A woman says:

"I feel nauseous."

Immediately ten solutions appear.

Drink this.

Eat that.

Avoid this.

Try that.

Sip this.

Chew that.

By the end of the conversation, she has received more treatment plans than a hospital ward round.

The irony is that the pregnant woman often knows exactly what she wants.

Usually something simple.

Maybe toast.

Maybe fruit.

Maybe plain rice.

Maybe nothing at all.

But simplicity rarely survives pregnancy discussions.

The Dry Fruit Economy

Then comes the dry fruit phase.

Almonds.

Walnuts.

Dates.

Figs.

Pistachios.

Cashews.

More almonds.

Because apparently every future genius started with soaked almonds.

There is a belief that intelligence can be fed into a baby.

That somewhere between breakfast and dinner, brilliance can be transferred.

If that were true, medical entrance exams would be sponsored by almond manufacturers.

And then there is saffron.

The legendary ingredient.

Tiny strands.

Massive expectations.

People speak about saffron with great seriousness.

As if it possesses secret powers known only to grandmothers and ancient civilizations.

The confidence surrounding saffron is often far greater than the evidence surrounding it.

But faith is difficult to challenge.

Especially when it arrives in a glass of milk.

Pregnancy milk deserves a chapter of its own.

Milk appears everywhere.

Morning.

Evening.

Night.

Before bed.

After meals.

Between meals.

Some women genuinely enjoy it.

Others negotiate with it like hostile diplomats.

One patient told me:

"Doctor, I think the baby is floating in milk at this point."

Honestly, after hearing her daily intake, she may have had a point.

The most interesting thing about pregnancy food advice is that it changes depending on whom you ask.

Ask five people.

Receive ten answers.

One person says eat mangoes.

Another says avoid mangoes.

One says eat bananas.

Another says avoid bananas.

One says eat cold foods.

Another says avoid cold foods.

At some stage, even the fruits become confused.

And then there is the category of foods that suddenly become suspicious.

Foods that have lived peacefully for years.

Foods that nobody questioned before.

The moment pregnancy begins, they become controversial.

Everyone develops strong opinions.

Strong opinions delivered with great conviction.

The source of these opinions remains unclear.

The confidence, however, is unquestionable.

But beyond all the humour lies something beautiful.

Food has always been one of the ways families express love.

Especially in India.

People may not always know how to say:

"I'm worried about you."

Or:

"I care about you."

So they say:

"Have another serving."

Sometimes that extra spoonful is not really about nutrition.

It is about affection.

Concern.

Protection.

Love.

The challenge is finding balance.

Because pregnancy is not about eating everything.

Nor is it about restricting everything.

It is not about perfection.

It is about nourishment.

Consistency.

Moderation.

Listening to the body.

Unfortunately, moderation is rarely exciting.

Nobody writes dramatic stories about balanced meals.

Nobody passionately debates sensible portions.

Balance is quiet.

Practical.

And therefore much less popular.

Yet, time and again, that is what works.

Not miracle foods.

Not magical ingredients.

Not heroic quantities of ghee.

Just steady, sensible nutrition.

Day after day.

Week after week.

Month after month.

The truth is that most babies do not need exotic superfoods.

They need healthy mothers.

Mothers who are nourished.

Rested.

Supported.

And not constantly worried about whether they have eaten the correct number of almonds.

Because pregnancy is already full of enough questions.

Enough changes.

Enough uncertainty.

Food should not become another source of stress.

So whenever patients ask me:

"Doctor, what is the best pregnancy diet?"

They usually expect a complicated answer.

A secret formula.

A special trick.

A magical ingredient.

Instead, I tell them something disappointingly simple.

Eat well.

Eat sensibly.

Stay active.

Stay hydrated.

Enjoy your food.

And remember—

the baby needs a healthy mother far more than it needs the world's most perfect diet.

Of course, after hearing all this, many patients smile.

Then they go home.

And immediately encounter an army of diet advisors waiting for them.

Because while pregnancy lasts nine months…

pregnancy food advice lasts forever. 😁📖

Chapter 10
Baby Kick = Family Celebration

There are many milestones during pregnancy.

The positive pregnancy test.

The first ultrasound.

Hearing the heartbeat for the first time.

Seeing that tiny flicker on the screen that somehow transforms a medical report into a future human being.

But there is one moment that changes everything.

One moment when pregnancy suddenly becomes real in a way that no report, no scan, and no blood test can ever achieve.

The first baby kick.

Or at least what the mother believes is the first baby kick.

Because let's be honest.

The first few weeks of "baby movement" are often less of a scientific event and more of a guessing game.

It usually begins during a routine visit.

The patient walks in looking excited.

Very excited.

The kind of excitement usually reserved for exam results, wedding proposals, or cricket finals.

"Doctor!"

"Yes?"

"I think the baby kicked."

The word "think" is doing a lot of work in that sentence.

But the smile on her face says everything.

Something has changed.

Something has happened.

And whether it was truly a kick, a flutter, a bubble, or yesterday's lunch making one final appearance is almost irrelevant.

Because emotionally, the pregnancy has entered a new chapter.

Before this stage, pregnancy often feels theoretical.

There are scans.

There are reports.

There are numbers.

There are measurements.

The baby is discussed in millimeters and weeks.

But after that first movement, everything changes.

Now the baby has an opinion.

Now the baby is participating.

Now the baby has entered the conversation.

The descriptions patients use are wonderful.

No two are ever the same.

"It felt like butterflies."

"It felt like bubbles."

"It felt like popcorn."

"It felt like a fish swimming."

One patient told me:

"Doctor, it felt like somebody gently knocked from inside."

I remember smiling at that.

Because that is exactly what it feels like.

A tiny little knock.

A tiny little reminder.

A tiny little announcement.

"Hello. I'm here."

The first kick does not just affect the mother.

It affects the entire family.

In fact, the family often reacts as if the baby has personally called each member to announce the news.

The moment the pregnant woman shares it, celebrations begin.

The mother says: "Did you feel it?"

The grandmother says:

"I told you it would happen soon."

The father immediately becomes emotional.

The aunt becomes an expert.

And somebody, somewhere, inevitably starts predicting future careers.

Indian families are incredibly efficient at this.

A baby can be twenty weeks inside the womb and already have a projected career path.

One strong kick?

Future football player.

Two strong kicks?

Cricketer.

Three strong kicks?

Definitely an athlete.

If the baby moves during music?

Future musician.

Moves during a prayer?

Future saint.

Moves during dinner?

Future foodie.

The possibilities are endless.

The fathers deserve special mention here.

Because the first kick transforms many men overnight.

Until this point, pregnancy is something they know is happening.

They attend appointments.

They see scans.

They hear updates.

But it remains slightly abstract.

Then one day the wife grabs their hand dramatically.

"Wait. Wait. Put your hand here."

Suddenly the father freezes.

The room becomes silent.

Everyone waits.

The baby, meanwhile, has absolutely no intention of cooperating.

This is one of the great ironies of pregnancy.

Babies move constantly when nobody is watching.

The moment an audience gathers, they become professional performers on strike.

The father waits.

Nothing.

Five minutes pass.

Nothing.

Ten minutes pass.

Still nothing.

The mother insists:

"It was moving just now!"

The father starts looking skeptical.

And then finally...

A tiny movement.

A tiny kick.

A tiny tap.

And suddenly the man who was discussing stock markets ten minutes ago is fighting tears.

I have seen this happen countless times.

Strong, practical, logical men completely transformed by one tiny kick.

Because for the first time, the baby is no longer an idea.

The baby is real.

Then comes the famous movement monitoring phase.

This is where pregnancy becomes part medicine and part surveillance operation.

Patients begin observing every movement.

Every flutter.

Every wiggle.

Every roll.

The updates become increasingly detailed.

"Doctor, the baby moved seven times."

"Doctor, it moved more yesterday."

"Doctor, it moves after breakfast."

"Doctor, it sleeps after lunch."

"Doctor, it doesn't like when I sit for too long."

At some point, the baby develops a personality.

And everyone agrees with it.

One patient told me:

"Doctor, this baby is exactly like its father."

"How do you know?"

"It sleeps all day and becomes active at night."

I had absolutely no scientific response to that.

Some babies become famous within their families before birth.

Everybody knows their habits.

Everybody discusses their schedule.

Everybody has theories.

And somehow, the unborn child becomes the most talked-about member of the household.

Then there are the mothers who become detectives.

Every sensation requires analysis.

Was that a kick?

A stretch?

A roll?

A hiccup?

A dance performance?

A martial arts demonstration?

The investigation never ends.

I once had a patient arrive looking deeply concerned.

"Doctor, the baby was moving a lot yesterday."

"And today?"

"Today it is moving normally."

"And what exactly is the concern?"

She paused.

"I don't know. Yesterday it was more active."

Pregnancy has a unique ability to make people worry about both extremes simultaneously.

Too much movement.

Too little movement.

Too strong.

Too gentle.

The mother worries because she cares.

And honestly, that concern begins long before birth.

The family involvement during this phase reaches remarkable levels.

Everyone wants to feel the baby move.

Everyone.

Grandparents.

Aunts.

Uncles.

Older siblings.

Neighbours occasionally seem interested.

It becomes a group activity.

The baby, however, remains unpredictable.

And perhaps slightly mischievous.

The moment someone places a hand on the belly...

Silence.

Stillness.

Nothing.

The baby disappears.

The audience waits.

Nothing.

The baby has left the chat.

Then, five seconds after everyone gives up—

KICK.

The baby clearly understands timing.

One of my favourite moments is when older siblings feel movement for the first time.

Their reactions are priceless.

Some become excited.

Some become confused.

Some become suspicious.

And some immediately ask important questions like:

"When is the baby coming out?"

Or:

"Can we send it back if it cries too much?"

Reasonable concerns.

But beneath all the laughter lies something extraordinary.

A bond is being created.

Quietly.

Naturally.

Without effort.

The first kick changes the relationship between mother and baby forever.

Because now there is communication.

Not words.

Not language.

But connection.

The baby moves.

The mother notices.

And a conversation begins.

Long before the first cry.

Long before the first photograph.

Long before the first birthday.

This relationship has already started.

One kick at a time.

As a gynecologist, I never get tired of seeing this transformation.

The excitement.

The wonder.

The amazement.

The realization that there is a tiny person growing inside.

Medicine explains the biology.

Medicine explains fetal movement.

Medicine explains development.

But medicine cannot fully explain the emotion.

The emotion belongs to the family.

The emotion belongs to the mother.

Years later, parents may forget the exact ultrasound measurements.

They may forget hormone levels.

They may forget laboratory values.

But they rarely forget the first kick.

Because it is one of those moments that divides life into two parts:

Before the baby moved.

And after.

And perhaps that is why every family celebrates it.

Not because it is dramatic.

Not because it is rare.

But because it is magical.

A tiny foot.

A tiny movement.

A tiny reminder.

That somewhere inside, a little life is growing.

Getting stronger.

Getting ready.

Preparing for its grand entrance.

And as every gynecologist knows...

Once the kicking starts, the countdown truly begins.

Because before you know it, that tiny kicker will be in your arms, keeping you awake at night, refusing vegetables, and running around the house like a cyclone.

But for now...

It is just one beautiful kick.

One unforgettable moment.

And one family celebrating something they cannot even see.

Yet already love completely. ♡👣👶📖

And this is just the beginning.

Because next comes…

labour room drama.

Where Bollywood meets reality.

And trust me…

that is where the real story begins.

Pic

PART 3

Act Three: Hormones Strike Back

"The chapter where everyone blames hormones and hormones demand legal representation."

Chapter 11
Kabhi PCOD Kabhi Thyroid

There are two words that have achieved celebrity status in modern gynecology.

PCOD.
Thyroid.

These are not just medical conditions anymore.

They are **default explanations for everything wrong in life.**

The Universal Diagnosis

A patient walks in.

"Doctor mera weight badh raha hai."

Before I even ask anything, she adds:

"Lagta hai PCOD hai."

Another patient:

"Doctor hair fall ho raha hai… thyroid hoga."

Third patient:

"Doctor mood swings ho rahe hain… hormones problem hai."

At this point I feel like saying:

"Doctor bhi hoon, magician nahi."

The PCOD Branding

PCOD has become a **brand name**.

If something is unclear, label it PCOD.

It has replaced:

- "I don't know"
- "Let's investigate"
- "It could be multiple factors"

Now everything is:

"PCOD hoga."

The Symptom Collection

Patients come with a checklist.

- weight gain ✔
- acne ✔
- irregular periods ✔
- stress ✔
- hair fall ✔

Conclusion?

"Doctor confirmed PCOD."

Testing?

Optional.

The Thyroid Blame Game

Thyroid is PCOD's best friend.

If PCOD is not blamed, thyroid will be.

"Doctor mera energy low hai… thyroid."

"Doctor mujhe neend aa rahi hai… thyroid."

"Doctor mujhe neend nahi aa rahi… thyroid."

Thyroid apparently controls everything from metabolism to mood to possibly **Monday morning motivation.**

The Reality Check

Both PCOD and thyroid are real conditions.

Important conditions.

But not every symptom belongs to them.

Sometimes the cause is:

- lifestyle
- stress
- sleep
- diet
- or just… life

But "life" is not a satisfying diagnosis.

So patients prefer something more concrete.

The Internet Influence

Internet plays a big role.

Search "irregular periods."

Result:

PCOD.

Search "hair fall."

Result:

PCOD or thyroid.

Search "feeling tired."

Result: **everything from thyroid to existential crisis.**

The Emotional Side

Behind the humor, there is also fear.

PCOD and thyroid are linked with:

- fertility
- weight
- long-term health

So when patients say "mujhe PCOD hai,"

what they often mean is:

"I am worried."

The Doctor's Job

My job is not just diagnosis.

It is **clarity.**

To explain:

- what is PCOD
- what is not
- what needs treatment
- what needs lifestyle change

And most importantly…

to remove unnecessary fear.

But Still…

Every day, at least one patient will walk in and say:

"Doctor mujhe lagta hai PCOD hai."

And inside my head, a song plays:

"Kabhi PCOD, kabhi thyroid…"

Chapter 12
The Period Panic Hotline

If I had a separate phone line in my clinic, it would be called:

The Period Panic Hotline.

The Classic Call

Phone rings.

"Doctor period late hai."

"How many days?"

"Two days."

Two days.

At this point even the body is still deciding.

But panic has already begun.

The Early Pregnancy Fear

The next sentence usually is:

"Doctor pregnancy ho sakti hai kya?"

Sometimes yes.

Sometimes no.

Sometimes the answer is:

"Let's wait."

But waiting is the most difficult part.

The Opposite Panic

Interestingly, the opposite situation also causes panic.

"Doctor period jaldi aa gaya."

"Doctor colour alag hai."

"Doctor flow zyada hai."

"Doctor flow kam hai."

In short:

Everything is a concern.

The Calendar Math

Patients become mathematicians.

"Doctor mera cycle 28 din ka hota hai."

"Is baar 30 din ho gaya."

"Doctor abnormal hai kya?"

Two-day variation.

But anxiety level = 100%.

The Festival Effect

I have noticed something interesting.

Periods have a unique talent.

They arrive exactly when:

- a wedding is planned
- a vacation is booked
- a festival is coming

- or a religious function is scheduled

And then comes the question:

"Doctor delay kar sakte hain?"

At this point, periods are not just biology.

They are **event disruptors.**

The First Period Panic

Young girls coming with their first irregular cycles are the most anxious.

"Mumma ne bola doctor ko dikhao."

"Mera cycle regular kyun nahi hai?"

And I explain gently:

It takes time.

The body is adjusting.

Everything doesn't need immediate correction.

The Emotional Impact

Periods are not just physical.

They affect mood.

Energy.

Confidence.

So when cycles change, patients feel uneasy.

And that is valid.

The Doctor's Perspective

From a medical perspective, variation happens.

Bodies are not machines.

But from a patient's perspective:

every change feels important.

The Final Truth

If there is one thing I have learned, it is this:

Periods are predictable.

Except when they are not.

And every time my phone rings with:

"Doctor period late hai…"

I know one thing.

The hotline is active again.

Chapter 13
REEL Gynecology

Medicine has evolved.

From textbooks…

to journals…

to conferences…

and now…

to reels.

The Reel Doctors

Patients now say:

"Doctor maine reel dekha hai."

These reels are powerful.

In 30 seconds they promise:

- cure PCOD
- fix infertility
- balance hormones
- reduce weight

All with:

one magical ingredient.

The Trending Remedies

Some of my favourites:

- jeera water
- methi seeds
- cinnamon tea
- chia seeds
- karela juice

Each one is presented like a miracle solution.

The Before-After Magic

Instagram loves transformation.

"Before PCOD"
"After PCOD"

As if PCOD is a switch that can be turned off in 7 days.

The Comparison Trap

Patients feel:

"Unhone thik kar liya, main kyun nahi?"

But what they don't see is:

- individual differences
- medical background
- consistency
- reality

The Doctor vs Reel Battle

Sometimes consultations become debates.

"Doctor reel mein bola…"

And I gently explain:

Reel is general.

Your body is specific.

The Truth

Some lifestyle tips are useful.

But medicine is not one-size-fits-all.

But Still…

Every day, Instagram teaches something new.

And every day, I quietly correct it.

Chapter 14
Hormone Drama

Hormones are invisible.

But their effects are very visible.

If hormones had a public relations team, they would probably resign.

Because hormones get blamed for everything.

Everything.

Bad mood?

Hormones.

Good mood?

Hormones.

Craving chocolate?

Hormones.

Crying over a television advertisement featuring a puppy?

Definitely hormones.

Feeling irritated because somebody asked a stupid question for the fifteenth time?

Apparently also hormones.

Sometimes I feel hormones are the most overworked employees in the human body.

No matter what happens, they get the blame.

One of the most common conversations in my clinic begins with a patient sitting down, taking a deep breath, and saying:

"Doctor, I think my hormones are all over the place."

Now this statement can mean almost anything.

Sometimes it refers to mood swings.

Sometimes weight gain.

Sometimes acne.

Sometimes irregular periods.

Sometimes absolutely nothing specific.

Just a general feeling that something is not quite right.

And honestly?

That feeling is real.

The fascinating thing about hormones is that nobody can see them.

You cannot point to them.

You cannot hold them.

You cannot look in the mirror and say,

"Ah yes, that's definitely estrogen causing trouble today."

And yet their influence is everywhere.

They quietly control systems in the background while taking credit—or blame—for almost everything.

Some days, patients arrive convinced that hormones are plotting against them personally.

"Doctor, I cried because my tea wasn't hot enough."

"Doctor, I got angry because my husband breathed too loudly."

"Doctor, I laughed, cried, got angry, and then ate ice cream—all within thirty minutes."

To be fair, hormones can influence emotions.

But they are not running a criminal conspiracy.

They're just doing their job.

One of my favourite things about clinical practice is listening to how patients describe their symptoms.

Because the descriptions are often far more entertaining than any textbook.

Medical books say:

"*Mood fluctuations may occur.*"

Patients say:

"*Doctor, even I don't know what version of me will wake up tomorrow.*"

And honestly, that is much more accurate.

Then come the cravings.

Ah, the cravings.

The world's most famous hormonal celebrities.

People talk about cravings as though they arrive dramatically, wearing sunglasses and demanding attention.

And sometimes they do.

A patient once told me:

"Doctor, at 11 PM I desperately wanted pani puri."

Another said:

"Doctor, I sent my husband to three different shops because I wanted one particular brand of chips."

One husband reportedly drove across town searching for a specific flavour of ice cream because his pregnant wife declared it an emergency.

Now, technically speaking, it was not an emergency.

But every experienced husband knows that some situations are best not debated.

Hormones are fascinating because they don't just affect the body.

They affect perception.

Suddenly small things feel bigger.

Big things feel overwhelming.

And normal events acquire emotional background music.

A forgotten anniversary?

Problem.

A delayed text message?

Problem.

The last piece of cake disappearing?

National disaster.

Of course, not every emotion is hormonal.

This is where things get interesting.

Sometimes life itself is stressful.

Sometimes work is exhausting.

Sometimes family responsibilities pile up.

Sometimes people are genuinely overwhelmed.

And yet, because "hormones" sounds like a convenient explanation, everything gets placed into the same basket.

One patient once told me:

"Doctor, everyone keeps saying it's my hormones."

I asked her what was happening.

She was managing work, children, elderly parents, household responsibilities, and barely sleeping.

My immediate thought wasn't hormones.

My immediate thought was:

"Of course you're tired. You're doing the work of five people."

That is one thing I often wish women understood better.

Not every feeling needs to be blamed on hormones.

Sometimes you're exhausted because you're exhausted.

Sometimes you're frustrated because the situation is frustrating.

Sometimes you're emotional because life is emotional.

And that's okay.

Hormones are important.

Very important.

But they are not responsible for every human experience.

Otherwise, therapists, counsellors, and coffee would all be unemployed.

Then there is the famous phrase:

"Hormonal imbalance."

This phrase has become incredibly popular.

Patients arrive already convinced they have one.

The term sounds mysterious.

Powerful.

Almost dramatic.

Like something that explains every unanswered question.

The reality is usually more nuanced.

The body is a complex orchestra.

Hormones are part of the music.

But they are not the entire performance.

Sleep matters.

Stress matters.

Nutrition matters.

Activity matters.

Relationships matter.

Life matters.

Unfortunately, nuance is boring.

People prefer simple answers.

One villain.

One explanation.

One culprit.

And hormones often become the chosen suspect.

Social media has not helped.

Every third post seems to suggest that if you:

- drink a special tea,
- eat a magical seed,
- stand facing the moon,
- and avoid carbohydrates,

your hormones will suddenly become perfect.

If only it were that simple.

As doctors, we would all have significantly shorter clinics.

What I find most remarkable is the resilience of women.

Because despite the changes, despite the mood swings, despite the discomfort, despite feeling unlike themselves at times—they continue showing up.

They continue working.

Caring.

Managing.

Giving.

Functioning.

Sometimes they don't even realize how much they are handling.

They simply keep moving forward.

And perhaps that is why I have a soft spot for conversations about hormones.

Because underneath the laboratory values and medical explanations is usually something deeper.

A woman trying to understand her body.

Trying to understand herself.

Trying to make sense of changes she cannot fully see or control.

As a gynecologist, my role is not just to explain hormone levels.

It is to reassure.

To educate.

To help patients separate myths from reality.

And occasionally, to remind them that not every bad day is a hormonal catastrophe.

Some days you are emotional because hormones are shifting.

Some days you are emotional because life is difficult.

And some days you are emotional because somebody finished the last piece of chocolate.

All three are perfectly valid experiences.

So the next time someone says:

"It's probably your hormones."

Take a moment.

Maybe it is.

Maybe it isn't.

Maybe you're simply human.

And honestly, that explanation deserves far more respect than it usually gets.

Because hormones may create the drama...

but being human writes the script. 🎭🤍

Chapter 15
The Miracle Diet Plans

If there is one thing patients love, it is: **miracle diets.**

The Diet Cycle

First comes keto.

Then intermittent fasting.

Then detox.

Then juice diets.

Then ayurvedic plans.

Then back to normal.

The Karela Juice Era

At some point, almost every patient tries:

karela juice.

Because someone said it works.

The Expectation

Patients want:

- quick results
- easy solutions
- visible changes

The Reality

Health is slow.

Consistency matters.

There is no shortcut.

The Doctor's Advice

Simple:

Balanced diet.
Regular activity.
Patience.

But Still…

Every new trend brings new hope.

And every patient asks:

"Doctor yeh try karein kya?"

And that is the saga.

PCOD.

Periods.

Hormones.

Diets.

Confusion.

And a lot of learning.

And next comes…

The Doctor's Life Behind the Scenes.

Where patients see one side.

But doctors live another.

And that story…

is equally dramatic.

Picture abhi baaki hai.

PART 4

Act Four: Behind the White Coat

"No one sees the night shifts, the cold coffee, or the doctor desperately looking for her charger at 3 AM."

Chapter 16
The Night Shift Chronicles

There is a parallel universe that exists while the rest of the city sleeps.

Most people never see it.

Most people don't even know it exists.

A strange world where lights never switch off, phones never stop ringing, and nobody is entirely sure what day it is.

Welcome to the night shift of a gynecologist.

The Myth of "Doctor Will Sleep"

One of the biggest misconceptions people have about doctors is that we somehow get proper sleep.

Occasionally patients say to me:

"Doctor, aap toh raat ko rest karte honge."

I always smile.

Not because it is true.

Because it is adorable.

In obstetrics, babies have absolutely no respect for schedules.

None.

They do not care about clinic timings.

They do not care about weekends.

They do not care about public holidays.

They certainly do not care that the doctor finally decided to sleep early.

Babies operate under one universal rule:

"*Aaj hi aana hai.*"

And once that decision has been made, nobody gets a vote.

The Midnight Call

There is something fascinating about obstetric phone calls.

They almost never arrive at convenient times.

Nobody calls at 8 PM.

Nobody calls at 10 PM.

No.

The truly important calls arrive at times like:

2:17 AM.

2:43 AM.

3:08 AM.

3:31 AM.

The kind of times that make you wonder whether babies secretly coordinate with each other.

The phone rings.

I open one eye.

Stare at the screen.

And instantly know.

Nobody calls a gynecologist at 2:17 AM to discuss diet plans.

"Doctor, pain start ho gaya."

And just like that, sleep disappears.

Completely.

It is one of the strangest skills doctors develop.

One moment you're unconscious.

The next moment you're fully alert.

Adrenaline takes over.

The brain switches on.

The doctor version of you reports for duty.

Because this is not just a phone call.

This is the beginning of a story.

And stories in obstetrics rarely have predictable endings.

The Great Night-Time Escape

Then begins the ritual.

Quietly getting out of bed.

Trying not to wake the family.

Searching for keys.

Searching for glasses.

Searching for the phone you were just holding.

Doctors spend years learning anatomy.

Yet somehow still cannot find their car keys at 2 AM.

I tiptoe through the house like a professional thief.

Unfortunately, I have the stealth skills of a marching band.

Something always falls.

Something always makes noise.

And within minutes, I'm driving through empty streets.

The Silent Roads

There is something beautiful about driving through a sleeping city.

The roads are empty.

The traffic is gone.

The noise disappears.

Streetlights create long shadows.

Everything feels calm.

Peaceful.

Almost magical.

For a few minutes, the world feels paused.

Then I reach the hospital.

And immediately remember that calm was temporary.

The Labour Room Universe

The labour room at night has its own personality.

It feels different.

More intense.

More focused.

More intimate.

The lights are bright.

The monitors are beeping.

The nurses are alert.

The patient is breathing through contractions.

The family is anxious.

The husband is asking questions every seven minutes.

And me?

I switch into autopilot.

Years of training take over.

Instinct takes over.

Experience takes over.

The sleepy doctor disappears.

The obstetrician arrives.

Time Stops Existing

One of the strangest things about night shifts is what they do to time.

Time loses all meaning.

You look at the clock.

It's 2:30 AM.

You check again.

Surely hours have passed.

It is 2:42 AM.

Meanwhile the patient feels like she has lived three lifetimes.

Then suddenly labour progresses.

Things become busy.

Everybody becomes focused.

And the next time you check the clock...

it is 5:15 AM.

Nobody knows where those hours went.

They simply disappeared.

Night shifts operate according to a completely different version of physics.

The Emotional Rollercoaster

Every labour room tells a different story.

Some labours are smooth.

Some are dramatic.

Some move quickly.

Some move slowly.

Some babies arrive like disciplined students.

Others arrive like Bollywood heroes making a surprise entry.

You never know which story you're walking into.

And honestly, that unpredictability is part of what makes obstetrics addictive.

Every night feels different.

Every baby feels different.

Every family feels different.

No two stories are ever the same.

The Moment Everything Changes

And then it happens.

The moment we have all been waiting for.

The baby arrives.

For a brief second there is silence.

A pause.

A moment suspended in time.

And then...the cry.

That beautiful cry.

The sound every obstetrician loves.

Instantly everything changes.

The mother's face softens.

The father relaxes.

The grandparents stop praying.

The nurses smile.

And the room exhales together.

That one tiny cry somehow manages to erase hours of exhaustion.

Not permanently.

Let's not exaggerate.

I am still tired.

But for a moment...

the fatigue disappears.

The stress disappears.

The sleep deprivation disappears.

Because life has arrived.

And there is something extraordinary about witnessing that.

The Drive Home

Eventually the paperwork is finished.

The baby is stable.

The mother is smiling.

The family is celebrating.

And my role in the story is complete.

For now.

Then comes my favourite part of the night shift.

The drive home.

The city is waking up.

Tea stalls are opening.

Morning walkers are appearing.

Newspapers are being delivered.

The world is starting its day.

And I am ending mine.

There is something surreal about that transition.

The rest of society is stretching awake.

Meanwhile I have already experienced an entire lifetime of emotions before breakfast.

My Two Worlds

Sometimes I reach home quietly.

Open the door softly.

Walk inside.

And see my children sleeping.

Their tiny faces peaceful.

Completely unaware that somewhere during the night another baby entered the world.

And I pause.

Every single time.

Because it reminds me of something important.

I spend my nights helping families begin new chapters.

And then I return home to the chapter that matters most to me.

My own.

The Reality

Night shifts are exhausting.

Physically.

Mentally.

Emotionally.

They steal sleep.

They disrupt schedules.

They make coffee a personality trait.

But they also offer something extraordinary.

Something few professions ever experience.

The privilege of witnessing beginnings.

The privilege of watching families change forever.

The privilege of hearing a baby's first cry while the rest of the world sleeps.

And perhaps that is why, despite the sleepless nights, the cold coffee, and the 2:17 AM phone calls...

I keep answering.

Because somewhere, in those quiet hours, life is waiting to begin.

And honestly?

That's a pretty magical reason to lose sleep.

Chapter 17
The Delivery that Made Me Cry

Doctors are trained to be strong.

Calm.

Composed.

Professional.

But there are moments…

when even doctors feel everything.

The Case

Some deliveries are routine.

Some are complicated.

And some…

stay with you forever.

The Build-Up

This was one of those cases.

Long labour.

Anxious family.

Uncertainty.

The kind of situation where every minute feels heavy.

The Moment

When the baby was finally delivered…

there was a pause.

A long pause.

The kind that makes your heart stop for a second.

And then…

the baby cried.

The Release

That sound…

was everything.

Relief.

Joy.

Gratitude.

And suddenly, I realized…

I had tears in my eyes.

The Family Reaction

The mother cried.

The father cried.

The grandmother cried.

And quietly…

so did I.

The Truth

Doctors don't just perform procedures.

We carry emotions.

We feel the tension.

We absorb the fear.

And sometimes…

we release it.

The Memory

Years later, I still remember that case.

Not because it was complicated.

But because it reminded me:

I am human first, doctor second.

Chapter 18
When Patients Become Family

There is a unique relationship between a gynecologist and her patients.

Different from most other doctor-patient relationships.

Different because of time.

Different because of trust.

Different because of everything we witness together.

As gynecologists, we meet women during some of the most important moments of their lives.

We meet them when they are nervous.

When they are hopeful.

When they are confused.

When they are celebrating.

And sometimes, when they are terrified.

We see them at their most vulnerable.

And somehow, they trust us enough to let us into those moments.

That trust is something I never take lightly.

The Beginning

Every relationship starts the same way.

A first consultation.

A hesitant knock.

A nervous smile.

A patient sitting across from me wondering whether she should ask the question that brought her here.

Sometimes she is newly married.

Sometimes she is trying to conceive.

Sometimes she is pregnant.

Sometimes she is simply worried about something she has been carrying silently for months.

At that moment, we are strangers.

Doctor and patient.

Nothing more.

Neither of us realizes that years later we may still know each other.

The Unexpected Journey

One of the most beautiful things about gynecology is continuity.

We don't simply meet patients.

We grow with them.

A woman comes for infertility treatment.

Months later she comes with a positive pregnancy test.

A few months after that, she comes holding ultrasound reports.

Then she enters the labour room.

Then she returns carrying a baby.

Then she comes back pregnant again.

Suddenly years have passed.

And somehow we have travelled the journey together.

There are patients whose stories I remember chapter by chapter.

Not because their medical records were unusual.

But because I have witnessed so much of their lives.

Medicine may have introduced us.

Life kept us connected.

The Familiar Faces

One day a woman walks into the clinic.

You conduct a consultation.

Nothing unusual.

A few years later she returns.

Pregnant.

Then she returns with a newborn.

Then she returns again with a toddler holding her hand.

Then one day that toddler walks into the clinic talking nonstop.

And I suddenly realize:

I delivered this child.

Those moments are always surreal.

Because while doctors are busy living one day at a time, patients quietly become part of our timeline.

Sometimes a patient enters the clinic and says:

"Doctor, this is the baby you delivered."

And standing in front of me is a child who is now going to school.

Talking.

Running.

Arguing with parents.

Living life.

Those moments make me feel emotional.

And slightly old.

Mostly emotional.

Beyond Medicine

The funny thing about gynecology is that conversations rarely stay limited to medicine.

They start with periods.

Or pregnancy.

Or hormones.

And somehow end up discussing life.

Marriage.

Careers.

Motherhood.

In-laws.

Stress.

Dreams.

And occasionally recipes.

A gynecology consultation has a unique ability to become a life consultation.

Patients tell us things they haven't told anyone else.

Not because we have magical powers.

But because sometimes they simply need someone who will listen without judgement.

And often, that matters more than people realize.

I have had patients cry in my clinic.

Laugh in my clinic.

Celebrate in my clinic.

Complain about husbands in my clinic.

Then bring those same husbands to the next appointment.

Life is wonderfully unpredictable.

And somehow, I get a front-row seat to it.

The Messages

One of the hidden joys of this profession is the messages.

The unexpected photograph.

The festival greeting.

The birthday update.

The school admission picture.

The first birthday invitation.

Messages that arrive years after treatment has ended.

Years after the medical issue has been solved.

And yet, the connection remains.

Some patients send newborn photographs.

Others send family pictures.

Some simply send:

"Doctor, hope you're doing well."

Those messages are never expected.

But they are always appreciated.

Because they remind me that medicine is not just about diseases.

It is about people.

The Sweet Box Phenomenon

Every doctor knows this phenomenon.

The patient who arrives carrying sweets.

Now medically speaking, I should probably encourage moderation.

Emotionally speaking, however...

I know exactly what that sweet box means.

It means happiness.

Good news.

Relief.

Gratitude.

Sometimes it represents a successful pregnancy.

Sometimes a healthy delivery.

Sometimes simply a family wanting to share their joy.

The sweets are never really about the sweets.

They are about the emotion attached to them.

Though I must admit...

the sweets are usually excellent.

The Tiny Humans

One of my favourite parts of gynecology is meeting the children years later.

Children are wonderfully honest.

Dangerously honest.

Unlike adults, they do not care about professional titles.

They don't see a gynecologist.

They see "Mama's doctor."

They wave.

Smile.

Draw pictures.

Sometimes gift chocolates.

Occasionally ask deeply uncomfortable questions in public.

And somehow they always manage to make me smile.

Because they are living reminders of stories that once unfolded in labour rooms.

Stories that ended with a cry.

And continued with a life.

The Invisible Bond

The most important part of this relationship is something that cannot be measured.

It doesn't appear in prescriptions.

It doesn't appear in blood reports.

It doesn't appear in ultrasound findings.

Yet it exists.

Quietly.

Consistently.

A bond built through trust.

Through conversations.

Through shared journeys.

An invisible thread connecting doctor and patient.

Neither of us talks about it much.

Yet both of us know it exists.

The Reality

People often think medicine is purely scientific.

And yes, science matters.

Of course it does.

But after years of practice, I have learned that medicine is equally about human connection.

The ability to listen.

The ability to reassure.

The ability to walk beside someone during an important chapter of their life.

That is what makes this profession special.

Not the degrees.

Not the titles.

Not the certificates hanging on clinic walls.

The people.

Always the people.

Because somewhere between the first consultation and the follow-up visits...

between the pregnancy scans and the delivery room...

between the questions, worries, celebrations, and milestones...

something changes.

Patients stop feeling like appointments.

They stop feeling like names on a file.

And without anyone noticing exactly when it happened...

they become part of your story.

Just as you became part of theirs.

And that is one of the greatest privileges of being a gynecologist.

Not just witnessing lives.

But becoming a small part of them.

And carrying those stories with you long after the consultation ends.

Chapter 19
The Day Everything Went Wrong

Every doctor has one day.

The day that tests everything.

The Beginning

The day starts normally.

Routine OPD.

Regular cases.

Everything under control.

The Turn

And then something changes.

A complication.

An unexpected situation.

A moment where things don't go as planned.

The Pressure

Suddenly the room feels heavier.

Decisions need to be made quickly.

Focus sharpens.

There is no space for doubt.

The Responsibility

In that moment, the weight of the profession is real.

Because someone's life depends on you.

The Outcome

Sometimes things improve.

Sometimes they take time.

Sometimes the day stays with you long after it ends.

The Reflection

That day teaches something important.

Medicine is not perfect.

Doctors are not gods.

We try our best.

Every single time.

The Strength

And despite everything…

we show up again the next day.

Because that is what doctors do

Chapter 20
Why I Still Love this Profession

People often ask me a question.

Usually after hearing about the night calls.

The emergency deliveries.

The endless clinic hours.

The interrupted family dinners.

The patients who arrive with twenty-seven doubts and leave with thirty-two.

The calls at 2 AM.

The calls at 4 AM.

And occasionally, the calls at 2 AM that continue until 4 AM.

They look at me with genuine curiosity and ask:

"Doctor, how do you do it?"

Or my personal favourite:

"After so many years, don't you get tired?"

The honest answer?

Of course I get tired.

I am not powered by hospital electricity.

I am human.

I get exhausted.

I complain about my sleep schedule.

I have stared at my cold coffee wondering whether it still qualifies as coffee.

I have forgotten what day of the week it is.

I have occasionally walked into a room and forgotten why I entered.

So yes.

There are difficult days.

Days when the clinic feels endless.

Days when the phone won't stop ringing.

Days when every patient arrives with a complicated problem and leaves with even more questions.

Days when the paperwork feels larger than the medical work.

Days when I wonder if I should have chosen a profession with fewer emergency calls and more predictable lunch breaks.

And then something happens.

A small thing.

A simple thing.

A beautiful thing.

And suddenly I remember exactly why I chose this life.

The First Cry

It starts with the sound.

That sound.

The first cry.

I have heard it hundreds of times.

Perhaps thousands.

Yet it never becomes ordinary.

Never.

Every delivery has a moment when the entire room waits.

The baby arrives.

And for a brief second there is silence.

Then comes the cry.

That cry changes everything.

The mother's anxiety disappears.

The father's face softens.

The family's prayers turn into smiles.

The tension evaporates.

And suddenly there is joy.

Pure joy.

I have witnessed this moment countless times.

Yet every single time, it feels new.

Every single time, it reminds me that I am watching life begin.

Not many professions get front-row seats to that.

The Tiny Victories

People often imagine that doctors live for dramatic success stories.

The rare diagnoses.

The complicated surgeries.

The extraordinary cases.

Those moments matter.

But the truth is, the things that stay with me are often much smaller.

A patient whose pain finally improves.

A woman who regains confidence.

A mother who sleeps peacefully after weeks of anxiety.

A couple who finally receives good news after months of uncertainty.

Medicine is built on tiny victories.

One conversation.

One reassurance.

One successful outcome at a time.

And those victories add up.

The Thank You

There is a phrase that doctors hear frequently.

Two simple words.

"Thank you."

It sounds ordinary.

But sometimes it isn't.

Sometimes it comes from a patient who was terrified.

Sometimes it comes from a family that has been through a difficult journey.

Sometimes it comes from a woman who simply needed someone to listen.

And occasionally, it arrives years later.

A message.

A photograph.

A festival greeting.

A birthday update.

A reminder that someone remembers.

Those moments stay with you.

Far longer than most people realize.

The Trust

One of the greatest compliments a doctor can receive is not praise.

It is trust.

Trust is invisible.

You cannot frame it.

You cannot hang it on a wall.

You cannot add it to your CV.

But it means everything.

When a patient returns.

When she brings her sister.

Her friend.

Her daughter.

When she says:

"I wanted to come back to you."

That trust is earned.

Slowly.

Consultation by consultation.

Conversation by conversation.

And every time it happens, I feel grateful.

Because trust is one of the most valuable things a person can give another human being.

The Unexpected Teachers

One thing medical college never told me was that patients would become some of my greatest teachers.

They taught me resilience.

Patience.

Perspective.

Humility.

I have met women facing challenges I cannot imagine.

Yet they walk into the clinic smiling.

I have seen courage disguised as ordinary conversation.

Strength hidden beneath nervous laughter.

Hope surviving despite disappointment.

Many of my patients think I help them.

And I do.

But they have helped me too.

More than they know.

The Meaning

People spend their lives searching for purpose.

Looking for something meaningful.

Something that matters.

Medicine is not perfect.

Far from it.

It is demanding.

Unpredictable.

Emotionally exhausting.

But it has given me something rare.

Purpose.

Every day I wake up knowing that what I do matters to someone.

Maybe not to everyone.

But to someone.

A pregnant woman waiting for reassurance.

A couple hoping for answers.

A family waiting outside a labour room.

For those people, that day matters.

And therefore my work matters.

The Balance

Now let's not become too emotional.

Because medicine is also ridiculous sometimes.

There are days when I spend years studying complicated science...

only to answer questions like:

"Doctor, can my baby hear my mother-in-law talking?"

There are days when I provide a detailed explanation...

and the patient remembers only one sentence.

Usually the wrong one.

There are days when I solve a difficult medical problem...

and the family is most impressed by the fact that I remembered their name.

Medicine keeps you humble.

Very humble.

The Truth

After all these years, I have realized something.

I do not simply practice medicine.

I witness life.

I witness beginnings.

Pregnancies.

Births.

Families growing.

Children arriving.

I witness fear.

Hope.

Joy.

Relief.

Love.

I witness some of the most important moments people will ever experience.

And somehow, they allow me to be part of those moments.

That is an incredible privilege.

One I never take for granted.

And So...

Despite the sleepless nights...

the endless calls...

the unpredictable schedules...

the emotional weight...

the cold coffee...

the missed meals...

and the occasional husband who faints before the baby arrives...

I still love this profession.

Because every day brings something new.

A new story.

A new lesson.

A new challenge.

A new beginning.

And that is the secret life of a doctor.

Not always visible.

Not always understood.

But always meaningful.

And now...

we leave the clinic corridors.

We leave the consultation rooms.

We leave the night shifts behind.

It is time for the grand finale.

The Labour Room Drama.

The place where stories reach their climax.

Where families hold their breath.

Where mothers discover their strength.

Where babies make unforgettable entrances.

And where life announces itself with a cry.

So take a deep breath.

The final act is about to begin.

And as always...

Picture abhi baaki hai, mere dost.

PART 5

Act Five: The Grand Finale

"No background music. No retakes.
Just life making its dramati

Chapter 21

"Push! Push! Push!" – The Final Climax

If pregnancy is a Bollywood movie...

Then labour is the climax scene.

Not the romantic montage.

Not the emotional interval.

Not the family drama.

The climax.

The part where everyone is sweating.

Everyone is emotional.

Everyone is shouting instructions.

And nobody knows exactly how long it will last.

Unlike Bollywood movies, however, labour comes with no background music.

No slow-motion effects.

No retakes.

No stunt doubles.

And definitely no script.

Just one instruction echoing through the labour room again and again:

"Push! Push! Push!"

The Build-Up

Labour has a wonderful sense of timing.

By wonderful, I mean terrible.

It never arrives when convenient.

Never.

It doesn't care about holidays.

It doesn't care about birthdays.

It doesn't care that the family has just sat down for dinner.

Or that the hospital bag is still half-packed.

Or that the mother finally decided to take a nap.

It simply arrives.

Usually with complete confidence.

And very little warning.

I have received labour calls during weddings.

Family vacations.

Religious ceremonies.

Movie nights.

Birthday parties.

And once, during a patient's own baby shower.

The baby apparently decided:

"Enough celebration. Time to meet everyone."

Labour has one message:

"Your plans are cute. I have my own."

The Arrival

Once labour starts, everything changes.

The atmosphere shifts.

The family enters action mode.

Phones start ringing.

Cars are arranged.

Hospital bags are located.

Documents are suddenly missing.

And somebody always forgets something important.

Always.

Meanwhile the mother is experiencing contractions.

And everybody else is experiencing panic.

Welcome to the Labour Room

The labour room is unlike any other place in a hospital.

It has its own energy.

Its own rhythm.

Its own language.

Its own drama.

Bright lights.

Focused faces.

Monitors beeping.

Nurses moving efficiently.

Doctors watching carefully.

And somewhere in the middle of it all...

a woman doing one of the most extraordinary things a human being can do.

People often imagine labour rooms as chaotic.

The truth is more interesting.

It is organized chaos.

Everybody knows their role.

Everybody knows the objective.

Everybody is focused on the same goal.

A healthy mother.

A healthy baby.

The Dialogue Begins

Labour rooms have their own collection of iconic dialogues.

The most common?

"Doctor, pain ho raha hai."

Now, I completely understand why patients say this.

Pain is real.

Pain is intense.

Pain deserves acknowledgement.

But there is something slightly amusing about hearing this statement during labour.

Because labour without pain is like Bollywood without drama.

Technically possible somewhere.

But extremely rare.

Still, every patient says it as though it is a shocking new development.

"Doctor, pain ho raha hai."

Yes.

That is unfortunately the business model.

The Breathing Olympics

Then begins one of my favourite phases.

The breathing instructions.

"Deep breath."

"Breathe slowly."

"Relax."

"Don't panic."

These instructions are repeated so frequently that they begin sounding like meditation audio.

Sometimes patients cooperate beautifully.

Sometimes they look at me with expressions that clearly say:

"Doctor, you seem very calm. Why don't you try this for a while?"

Fair point.

Labour has a remarkable ability to make even the nicest people temporarily reconsider their friendships.

Especially with the person responsible for the pregnancy.

The Team Effort

One thing many people don't realize is that labour is a team sport.

The mother is obviously the star player.

No debate.

No competition.

But around her is an entire support team.

Doctors.

Nurses.

Family members.

Sometimes anxious husbands who are trying not to faint.

Everyone contributes.

Everyone encourages.

Everyone waits.

And everyone becomes emotionally invested.

The Famous Line

Then comes the moment.

The line every obstetrician has spoken thousands of times.

The line that deserves its own movie credit.

"Push!"

Suddenly the room synchronizes.

The nurse watches carefully.

The doctor guides.

The mother gathers strength.

And everybody focuses on one thing.

One effort.

One goal.

It is incredible to witness.

Every single time.

Because what the mother is doing is extraordinary.

Not ordinary.

Not routine.

Extraordinary.

The human body is accomplishing something astonishing.

And somehow women have been doing it for thousands of years while the rest of us continue acting surprised.

The Emotional Chaos

Labour is physical.

Obviously.

But it is also emotional.

Fear.

Hope.

Exhaustion.

Excitement.

Relief.

Determination.

All of these emotions exist together.

Sometimes within the same minute.

A mother may say:

"I can't do this."

Five minutes later she is proving that she absolutely can.

And that resilience never stops impressing me.

Never.

The Final Minutes

Then suddenly something changes.

The room feels different.

The energy shifts.

Everybody becomes quieter.

More focused.

More alert.

The finish line is close.

The baby is almost here.

Years of experience have taught me to recognize this moment.

The atmosphere becomes charged.

Not with panic.

With anticipation.

The entire room knows.

This is it.

The Grand Arrival

And then...

the baby appears.

Tiny fingers.

Tiny nose.

Tiny face.

A tiny human who somehow already has a huge audience waiting outside.

For a brief second, everything pauses.

The room holds its breath.

And then...

The First Cry

A cry.

Strong.

Beautiful.

Perfect.

There are few sounds in medicine more reassuring.

Few sounds more emotional.

Few sounds more powerful.

That cry changes everything.

Immediately.

The mother's face softens.

The family's anxiety disappears.

The room relaxes.

The tension dissolves.

Because life has officially arrived.

The Real Hero

People often congratulate the doctor after a delivery.

And while I appreciate the kindness...

I know the truth.

The hero was never me.

The hero is the woman who laboured for hours.

Who faced uncertainty.

Who found strength she didn't know she possessed.

Who kept going despite fear and exhaustion.

The hero is the mother.

Always.

The End... And the Beginning

And just like that...

the climax is over.

The baby is born.

The family celebrates.

Photographs begin.

Phone calls start.

Messages flood family groups.

A new chapter begins.

And somewhere, perhaps in another part of the city, another phone is ringing.

Another labour is starting.

Another baby is preparing for a dramatic entrance.

Because in obstetrics, every ending is really a beginning.

And every climax is simply preparation for the next story.

After all...

in true Bollywood fashion...

the sequel is already on its way.

Chapter 22
The Husband Who Fainted

Every labour room has one unpredictable element.

Not the contractions.

Not the baby's heart rate.

Not even the mother-in-law.

The husband.

No matter how many deliveries I have conducted, one thing remains constant:

You can predict labour.

You cannot predict husbands.

The Entry

The story usually begins with confidence.

A lot of confidence.

The husband walks into the hospital carrying bags, documents, water bottles, snacks, chargers, and enough supplies to survive a natural disaster.

Chest out.

Voice steady.

Determination visible.

"Doctor, main saath rahunga."

I nod.

Respect.

Modern fathers deserve credit.

Many genuinely want to be involved.

They want to support their wives.

They want to witness the birth of their child.

They want to be brave.

At this point, they believe they are fully prepared.

At this point, they are wrong.

The Reality Check

Five minutes later, labour begins doing what labour does.

The contractions become stronger.

The pain becomes visible.

The atmosphere becomes intense.

Suddenly the husband is seeing things no parenting book prepared him for.

His wife is uncomfortable.

She is breathing heavily.

She is gripping the bed rail.

And occasionally she is glaring at him as though he personally designed the entire reproductive system.

His expression slowly changes.

First confidence.

Then concern.

Then worry.

Then mild panic.

Then a shade of pale that doctors immediately recognize.

The Question Marathon

Every husband eventually reaches the question phase.

The questions arrive rapidly.

"Doctor sab normal hai na?"

"Yes."

"Doctor pain zyada toh nahi?"

"It's labour."

"Doctor aur kitna time lagega?"

I smile.

Because labour has one important rule:

Nobody knows.

Not the husband.

Not the patient.

Not even the doctor sometimes.

Babies follow their own schedule.

Ten minutes later:
"Doctor ab kitna time lagega?"

The answer remains unchanged.

Another ten minutes:
"Doctor ab?"

At this point I begin suspecting that the husband believes labour functions like food delivery apps.

Unfortunately there is no tracking screen saying:

Baby arriving in 23 minutes.

The Relationship Test

Then comes my favourite part.

The emotional turning point.

The contraction arrives.

The patient looks at her husband.

The husband looks at the patient.

And suddenly years of romance disappear.

"Tumhari wajah se ho raha hai!"

The accusation has been made.

The husband freezes.

There is no defence.

No counterargument.

No legal representation.

This is a dangerous moment.

Because the husband realizes that this is not merely a medical event.

This is also a relationship audit.

Every forgotten anniversary.

Every argument.

Every irritating habit.

Everything suddenly becomes relevant.

The safest response is silence.

Experienced husbands learn this quickly.

The Hero Phase

Many husbands try very hard to be supportive.

They offer water.

They offer encouragement.

They hold hands.

They say things like:

"You can do this."

Sometimes this helps.

Sometimes the patient replies:

"You try."

Which is fair.

There is a very specific helplessness that husbands experience during labour.

For perhaps the first time in their lives, they want to fix the situation but cannot.

They cannot reduce the contractions.

They cannot speed up the process.

They cannot take away the pain.

All they can do is stand there.

And that can be surprisingly difficult.

The Fainting Scene

And then...

occasionally...

the inevitable happens.

The husband sways slightly.

His face becomes pale.

He says:

"Doctor, mujhe thoda..."

And before he completes the sentence—

down he goes.

Yes.

The person who arrived to support the patient has now become a patient.

The first time this happened during my training, I was shocked.

Now?

Not so much.

Labour rooms have taught me many things.

One of them is this:

Never underestimate the power of anxiety, exhaustion, and seeing your loved one in pain.

The Role Reversal

The situation becomes unintentionally hilarious.

Suddenly there are two people requiring attention.

One is delivering a baby.

The other is recovering from witnessing it.

The nurses handle this beautifully.

Their expressions rarely change.

They have seen everything.

One nurse once looked at an unconscious husband and calmly said:

"Madam ko labour mein rakho. Sir ko glucose do."

Years of experience create a special kind of confidence.

The Recovery

A few minutes later the husband wakes up.

Confused.

Embarrassed.

Trying desperately to restore dignity.

"Doctor main theek hoon."

Of course.

You only briefly lost consciousness.

Nothing major.

Most husbands immediately ask the same question:

"Baby hua?"

Not "What happened to me?"

Not "Did I faint?"

Straight to the important issue.

And honestly, that is quite sweet.

The Unsung Heroes

The funny thing is that we often laugh about husbands in labour rooms.

But beneath the humour lies something meaningful.

They are scared too.

Nobody talks about that enough.

The mother is doing the hard work.

Absolutely.

No comparison.

But the father is experiencing his own emotional journey.

He is worried about his wife.

He is worried about the baby.

He is worried about whether everything will be okay.

And often he has no idea how to express those fears.

So he asks questions.

Lots of questions.

Repeatedly.

Sometimes the same question ten times.

Not because he isn't listening.

Because he cares.

The Truth

Despite the panic.

Despite the awkwardness.

Despite the occasional fainting episode.

Most husbands are trying their best.

They are stepping into a world they do not fully understand.

A world where they have very little control.

A world where someone they love is going through something extraordinary.

And when they finally hold their baby for the first time...

something changes.

The fear disappears.

The panic fades.

The questions stop.

For a moment, they simply stare.

At the tiny face.

The tiny fingers.

The tiny life they helped create.

And suddenly, the man who fainted twenty minutes ago looks like the strongest person in the room.

Which is perhaps the most beautiful plot twist of all.

Chapter 23
The Baby Who Entered Like a Superstar

Every baby is special.

Every single one.

But if you spend enough time in a labour room, you begin to notice something fascinating.

Some babies simply arrive.

And some babies...

make an entrance.

The kind of entrance that would make a Bollywood hero proud.

The kind where everything suddenly becomes dramatic, emotional, chaotic, and unforgettable.

The kind where, years later, everyone still says:

"Remember how this baby was born?"

The Grand Entry

Some babies believe in speed.

No warnings.

No lengthy preparation.

No dramatic build-up.

Just action.

One moment the mother is comfortably discussing dinner plans.

The next moment everyone is running.

Phones are ringing.

Nurses are moving faster.

The family is panicking.

And the baby has apparently decided:

"I'm coming. Please keep up."

These babies remind me of Bollywood heroes who arrive halfway through the movie with background music already playing.

No introduction needed.

Just instant impact.

The Slow Build

Then there are the opposite babies.

The perfectionists.

The planners.

The ones who take their own sweet time.

These babies treat labour like a long-running family drama.

Hours pass.

Then more hours.

Everyone waits.

Nothing happens.

Then something happens.

Then nothing happens again.

The mother is exhausted.

The father is confused.

The grandmother is praying.

And the baby?

Completely unbothered.

Comfortable.

Relaxed.

Possibly enjoying the attention.

These babies understand suspense better than most film directors.

The Labour Room Audience

The labour room may only have a few people physically present, but outside there is an entire audience waiting for updates.

Grandparents.

Uncles.

Aunts.

Friends.

Neighbours.

People who have suddenly developed a very deep interest in cervical dilatation despite never having heard the term before.

Every few minutes somebody asks:

"Any news?"

No.

Still waiting.

Five minutes later:

"Any news now?"

Still no.

Babies do not respond well to pressure.

The First Appearance

And then, after hours of waiting, hoping, encouraging, and countless rounds of "Push! Push! Push!"

The moment arrives.

A tiny head appears.

Then tiny shoulders.

Then suddenly...

an entire little person.

It amazes me every single time.

A few moments ago this baby existed only inside the mother's womb.

Now this baby is here.

In the room.

Part of the world.

Part of the story.

The Pause

There is always a pause.

A brief pause.

Only a few seconds.

But somehow those seconds feel longer.

Everyone watches.

Everyone waits.

The room becomes quieter.

More focused.

More alert.

And then...

The First Cry

A cry.

Loud.

Strong.

Beautiful.

The most reassuring sound in obstetrics.

A sound that instantly changes the atmosphere.

The tension dissolves.

The anxiety disappears.

The entire room exhales together.

For the family, it is the first time they hear their child's voice.

For the mother, it is confirmation that everything was worth it.

For the doctor, it is relief.

And for the baby?

It is their official announcement to the world:

"Hello everyone. I have arrived."

The Superstar Moment

Every superstar has a debut.

Every celebrity has a launch.

Every baby has that first cry.

And honestly, nothing compares.

There are no cameras.

No red carpets.

No media coverage.

Yet the excitement is greater than any movie premiere.

Because this is not entertainment.

This is life.

Beginning.

Right in front of us.

The Family Celebration

Outside the labour room, the reaction is immediate.

Phones appear.

Messages fly.

Family groups become active.

Calls begin.

Within minutes, people across cities, countries, and time zones know the news.

Somebody cries.

Somebody laughs.

Somebody immediately asks for photographs.

Somebody starts discussing who the baby resembles.

Even though the baby is approximately ten minutes old.

Indian families have remarkable confidence when it comes to identifying family resemblance.

The Naming Ceremony Begins Immediately

One of the funniest things is how quickly the baby acquires an identity.

A few minutes ago, everyone was saying:

"The baby."

Now suddenly:

"Mera beta."
"Meri beti."
"Nani ka laadla."
"Dada ki princess."
"Mummy ki jaan."

Titles appear instantly.

The child hasn't even opened both eyes properly and already has a fan club.

The Doctor's Secret Moment

There is a moment that most people never notice.

After the excitement settles.

After the family relaxes.

After the baby is safely with the mother.

The doctor quietly steps back.

And simply watches.

Not as a surgeon.

Not as a specialist.

Just as a human being.

Watching a family meet a new member for the very first time.

Watching grandparents become grandparents.

Watching parents become parents.

Watching love appear almost instantly.

It is one of the greatest privileges of this profession.

Why I Never Get Tired of It

People often ask me whether deliveries become routine after years of practice.

The answer is simple.

No.

Because every baby arrives carrying a completely new story.

A new beginning.

A new future.

A new chapter.

Every birth reminds me that life keeps moving forward.

Hope keeps showing up.

Families keep growing.

And stories keep being written.

For the family, that baby is the centre of the universe.

For the doctor, that baby is a reminder.

A reminder that despite the chaos, the sleepless nights, the emergency calls, and the unpredictability of this profession...

there is still magic in what we do.

And sometimes...

that magic enters the world like a complete Bollywood superstar.

Chapter 24
The Thank-You Hug

People often assume that doctors work for appreciation.

They imagine we collect compliments the way children collect stickers.

That every "Thank you, doctor" is the reason we do what we do.

The truth is more complicated.

We don't expect gratitude.

In fact, most days we are too busy moving to the next patient, the next emergency, the next phone call, the next crisis.

There is rarely time to pause.

Rarely time to reflect.

Rarely time to absorb what just happened.

And yet...

every once in a while...

something happens that makes you stop.

Something that reminds you why you started this journey in the first place.

Sometimes it is a smile.

Sometimes it is a message.

Sometimes it is a baby photo sent years later.

And sometimes...

it is a hug.

Not a dramatic Bollywood hug.

Not the kind where violins start playing in the background.

Just a simple, unexpected, genuine hug.

The kind that arrives without warning.

The kind that says more than words ever could.

Medicine is an unusual profession.

People rarely meet doctors on the happiest days of their lives.

Most people come to us because they are worried.

Scared.

Confused.

Uncertain.

They come carrying fears they often don't say out loud.

A woman may walk into the clinic smiling politely.

But inside, she is terrified.

Terrified about a report.

Terrified about a diagnosis.

Terrified about whether she will ever become a mother.

Terrified about whether her pregnancy is progressing normally.

Terrified about what comes next.

And for a brief period, sometimes a few days, sometimes a few months, sometimes years...

you become part of that journey.

You become the person they trust.

The person they call.

The person whose words they remember.

The person they look at when they need reassurance.

That responsibility is enormous.

Far bigger than prescriptions.

Far bigger than investigations.

Far bigger than treatment plans.

Because medicine is not just about healing bodies.

It is about helping people navigate uncertainty.

One of the things nobody tells you in medical college is that patients remember conversations you have long forgotten.

Years later, a patient will return and say:

"Doctor, do you remember when you told me not to worry?"

And I will think:

Honestly?

No.

Because that conversation happened between three deliveries, two emergencies, and a waiting room full of patients.

But she remembers.

Because to her, that moment mattered.

That realization humbles me every single time.

The things we say matter.

The way we speak matters.

The reassurance we offer matters.

Even when we don't realize it.

I remember a patient who came to see me after months of anxiety.

Every appointment had been filled with questions.

Questions about scans.

Questions about symptoms.

Questions about the baby.

Questions about everything.

The kind of patient who apologizes before asking a question and then asks seventeen of them.

Every visit ended with:

"Doctor, one last doubt."

There was never one last doubt.

There were always several.

Eventually her pregnancy reached its final weeks.

Then delivery.

Then a healthy baby.

Everything went beautifully.

A few days later she returned for follow-up.

The baby was asleep.

The family looked relieved.

Happy.

Lighter.

As they prepared to leave, she suddenly hugged me.

Without warning.

Without ceremony.

Without a speech.

And for a moment I didn't know what to say.

Because there are situations where medical training provides no guidance.

This was one of them.

She simply smiled and said:

"Thank you for being patient with me."

That was all.

Nothing dramatic.

Nothing elaborate.

But somehow it stayed with me.

Because she wasn't thanking me for surgery.

Or medicine.

Or treatment.

She was thanking me for patience.

And perhaps that is one of the most overlooked parts of healthcare.

Patients don't always remember what medication you prescribed.

But they remember how you made them feel.

I have learned that over and over again.

A woman may forget the details of a consultation.

But she remembers whether she felt heard.

She remembers whether somebody listened.

She remembers whether somebody cared.

Sometimes the greatest thing a doctor provides is not treatment.

It is confidence.

The confidence that everything will be okay.

Or if not okay today...

then manageable tomorrow.

The funny thing is that patients often think doctors are doing them a favour.

But they don't realize how much they give back.

Over the years, my patients have taught me lessons no textbook ever could.

They have taught me courage.

Patience.

Humility.

Resilience.

And occasionally...

how creative human beings can be when explaining symptoms.

Some of the funniest moments of my career came from patients.

Some of the most emotional moments too.

There are patients whose names I remember years later.

Not because their cases were unusual.

But because they touched my life in unexpected ways.

The woman who brought homemade sweets after delivery.

The family that still sends festival greetings every year.

The child who waves excitedly every time he visits the clinic.

The patient who says:

"My daughter is now ten years old."

And suddenly I realize ten years have passed.

Time moves differently in medicine.

You measure life in milestones.

Pregnancies.

Birthdays.

School admissions.

Second pregnancies.

Families growing.

Children growing.

Life moving forward.

And every now and then, somebody says:

"Doctor, this is the child you delivered."

The first time that happened, I felt old.

The second time, I felt emotional.

Now I feel both.

Because that is the extraordinary privilege of this profession.

We get front-row seats to life.

Not just birth.

Life.

We witness beginnings.

We witness growth.

We witness transformation.

And every so often, someone reminds us that what we do matters.

Not through awards.

Not through recognition.

Not through applause.

But through a simple gesture.

A smile.

A message.

A handshake.

Or a hug.

The Thank-You Hug is not really about gratitude.

It is about connection.

A quiet acknowledgement that for a brief period, two people shared a journey.

One needed help.

The other tried to provide it.

And together they reached the other side.

Those moments cannot be prescribed.

Cannot be measured.

Cannot be documented in medical records.

But they stay with you.

Long after the reports are filed.

Long after the prescriptions are forgotten.

Long after the clinic closes for the day.

Because at the end of it all...

beyond the medicine,

beyond the diagnoses,

beyond the labour rooms,

beyond the endless "Doctor, bas ek doubt..." conversations...

what remains are people.

And the connections we make with them.

That is the real reward.

And trust me...

it is worth more than any certificate hanging on a wall.

Because some days, one genuine hug can remind a tired doctor exactly why she chose this profession in the first place. ♡👩‍⚕️👶📖

Chapter 25
Picture Abhi Baaki Hai

There is a strange thing that happens when people discover you are a gynecologist.

At some point in the conversation, they smile and ask:

"So after all these years, after all these deliveries, after all these patients... doesn't it become routine?"

I always smile when I hear that question.

Because nothing about this profession is routine.

Absolutely nothing.

Not the patients.

Not the pregnancies.

Not the labour rooms.

Not the stories.

And certainly not the people.

Because every morning when I unlock my clinic door, I am not walking into a workplace.

I am walking into a collection of unfinished stories.

Some stories are just beginning.

A nervous newly married couple sitting quietly in the waiting room.

A young woman wondering why her periods have become irregular.

A patient holding a pregnancy test in her handbag, not quite ready to look at it.

A mother bringing her teenage daughter for her first gynecology consultation.

Every one of them carries a story.

A story I don't know yet.

A story I am about to become a part of.

And that, perhaps, is the privilege of this profession.

Doctors are invited into chapters of people's lives that most others never see.

The vulnerable chapters.

The emotional chapters.

The messy chapters.

The hopeful chapters.

The chapters people rarely discuss publicly.

Over the years, I have learned something important.

Patients never come with just symptoms.

They come with fears.

They come with expectations.

They come with memories.

They come with questions they have been carrying for weeks, months, sometimes years.

And often, they don't even realize it.

A woman may walk into the clinic complaining about irregular periods.

But what she is really worried about is whether she will ever become a mother.

A pregnant patient may ask twenty questions about her baby.

But what she is really asking is:

"Will everything be okay?"

A couple seeking fertility treatment may sit quietly across from me.

But behind that silence are years of disappointment, hope, pressure, and unanswered prayers.

Medicine teaches us to diagnose conditions.

Life teaches us to understand people.

And if this profession has taught me anything, it is that the second lesson is often more important than the first.

People often imagine doctors as calm, composed, perfectly organized individuals who always know exactly what to do.

I hate to disappoint you.

Most days we are simply trying our best.

Trying to make the right decisions.

Trying to say the right words.

Trying to balance science with humanity.

Trying to remember where we left our coffee.

Especially the coffee.

Because behind every polished consultation is a human being.

A doctor who gets tired.

A doctor who worries.

A doctor who occasionally reaches the hospital wearing mismatched socks because there was an emergency call at three in the morning.

Not that I am admitting anything.

The truth is, medicine has humbled me more than anything else in life.

Every time I think I have seen everything...

something happens.

A patient surprises me.

A family surprises me.

A situation surprises me.

Life reminds me that certainty is often an illusion.

One day, a patient walks in convinced she has a terrible disease.

The next day, someone arrives completely unconcerned about something that genuinely needs attention.

One family worries about everything.

Another worries about nothing.

One patient asks forty questions.

Another asks none.

And somehow, every one of them expects you to understand exactly what they need.

Sometimes they need treatment.

Sometimes they need reassurance.

Sometimes they need honesty.

Sometimes they simply need someone to listen.

And perhaps that is why this profession never becomes boring.

Because medicine is not just biology.

Medicine is people.

And people are endlessly fascinating.

I have met women who were stronger than they believed.

Women who survived heartbreak.

Women who survived loss.

Women who faced difficult diagnoses with extraordinary courage.

Women who taught me lessons they probably don't even know they taught.

I have seen mothers sacrifice sleep, comfort, careers, and convenience without hesitation.

I have seen fathers transformed by the sound of a baby's first cry.

I have seen grandparents become children again while holding a newborn.

I have seen entire families cry because one tiny baby entered a room.

These moments never get old.

Never.

Even after countless deliveries, the first cry still has power.

Even after years of practice, a healthy ultrasound still brings relief.

Even after thousands of consultations, a heartfelt "Thank you, doctor" still means something.

Maybe not because we need appreciation.

But because it reminds us that what we do matters.

And yes, there are difficult days too.

Days that stay with us.

Days that test us.

Days we replay in our heads long after they end.

Those days are part of the profession too.

They teach humility.

They teach resilience.

They teach perspective.

But if you ask me what I remember most after all these years, it is not the difficult days.

It is the people.

Always the people.

The woman who returned years later with a child she once thought she would never have.

The patient who still sends festive greetings.

The family who remembers you years after a delivery.

The child who walks into the clinic holding his mother's hand, completely unaware that you helped bring him into the world.

Those moments are impossible to measure.

No report captures them.

No degree guarantees them.

No award replaces them.

And speaking of awards...

People often assume success in medicine is measured by certificates on walls.

Those things are wonderful.

They matter.

But they are not the moments that stay with you.

The moments that stay with you are much simpler.

A relieved smile.

A grateful hug.

A healthy mother.

A healthy baby.

A family leaving happier than they arrived.

Those are the victories nobody posts about.

Yet they are often the most meaningful.

Sometimes I think about all the babies I have delivered.

Children who are now walking, talking, going to school.

Some are probably rolling their eyes at their parents right now.

Some are preparing for exams.

Some are becoming teenagers.

Which is slightly alarming because it means I am getting older too.

But it is also beautiful.

Because every one of those children is a reminder that life keeps moving forward.

Stories keep growing.

New chapters keep being written.

And perhaps that is why I chose this title.

Picture Abhi Baaki Hai.

Because every time a story ends, another one begins.

Every time a baby is born, another family starts a new chapter.

Every time a patient leaves, another patient walks in.

Every time I think I have heard everything...

someone asks:

"Doctor, bas ek chhota sa doubt hai."

And the adventure begins all over again.

This book contains many stories.

Funny stories.

Emotional stories.

Absurd stories.

Beautiful stories.

But the truth is, these are only a fraction of what happens behind clinic doors.

There are thousands more.

Stories that have not yet happened.

Stories that are unfolding right now.

Stories waiting in waiting rooms.

Stories waiting in labour rooms.

Stories waiting in phone calls at 2:37 in the morning.

And tomorrow, when my phone rings again at an unreasonable hour...

I will probably groan.

I will probably wonder why babies dislike office timings.

I will probably search for my glasses in the dark.

But then I will get up.

I will answer the call.

I will drive through quiet streets.

And I will step once again into the world I have grown to love.

A world filled with questions.

Chaos.

Drama.

Laughter.

Tears.

Hope.

Life.

Because being a gynecologist is not simply what I do.

It has become part of who I am.

And after every consultation...

after every delivery...

after every story...

life quietly whispers the same thing:

"Picture abhi baaki hai, mere dost."

And thankfully...

it always will be. ♡📖🎬👶👩

"Somewhere, a phone is already ringing.
Picture abhi bhi baaki hai."

Epilogue

One More Call. One More Story.

It is late.

The clinic is finally quiet.

The last patient has left.

The lights are dim.

The files are stacked.

The coffee is cold.

Again.

Some things never change.

After a long day, I sit back for a moment.

The kind of moment doctors rarely allow themselves.

A moment without questions.

Without phone calls.

Without reports.

Without somebody saying:

"Doctor, bas ek chhota sa doubt tha..."

The day replays in my mind.

A pregnant woman hearing her baby's heartbeat for the first time.

A nervous couple waiting for answers.

A mother bringing her daughter for her first gynecology visit.

A patient who finally smiled after weeks of anxiety.

A newborn wrapped in a blanket.

A grandmother trying to take photographs before anyone else.

A husband pretending to be calm while clearly panicking.

Just another day.

And somehow, never just another day.

That is the strange thing about this profession.

People often assume doctors become used to it all.

The deliveries.

The emotions.

The stories.

The tears.

The joy.

The heartbreak.

The gratitude.

The chaos.

But the truth is...

we don't.

Not completely.

Not if we are paying attention.

Because every patient arrives carrying a world we know nothing about.

A world of fears, expectations, dreams, disappointments, and hope.

And for a brief period, they allow us to step into that world.

Not as family.

Not as friends.

But as something equally important.

Someone they trust.

That trust has always amazed me.

A stranger walks into a room.

Sits across from you.

And slowly hands over pieces of her story.

Sometimes the story is simple.

Sometimes it is complicated.

Sometimes it is funny.

Sometimes it is heartbreaking.

But every story matters.

Over the years, I have learned that medicine is not really about diseases.

Diseases are only a part of it.

Medicine is about people.

It is about conversations.

It is about listening.

It is about reassuring someone when they are scared.

It is about celebrating with them when things go right.

And standing beside them when they don't.

Some of my most memorable moments were never medical achievements.

They were human moments.

A patient saying:

"Doctor, I was less scared because of you."

A family introducing me to a child years after delivery.

A handwritten note.

A thank-you hug.

A photograph sent on a birthday.

A message that simply says:

"you gave me the best gift of life "

Those moments never appear in medical textbooks.

Yet they are the moments that stay.

People often ask what the hardest part of being a gynecologist is.

The answer changes depending on the day.

Sometimes it is the long hours.

Sometimes it is the emotional weight.

Sometimes it is leaving your own family while helping another family grow.

Sometimes it is accepting that despite your best efforts, you cannot control everything.

And people ask what the best part is.

That answer never changes.

The people.

Always the people.

The women who taught me resilience.

The mothers who taught me strength.

The families who taught me gratitude.

The children who unknowingly remind me why this work matters.

And perhaps that is why I wrote this book.

Not to talk about medicine.

Not to talk about myself.

But to talk about the stories.

The wonderfully messy, emotional, hilarious, unpredictable stories that happen every day behind clinic doors.

The stories that never make it into medical journals.

The stories that are too human for textbooks.

The stories that make doctors laugh in the middle of exhausting days.

The stories that remind us that life is rarely perfect—but often beautiful.

If you have read this far, I hope you laughed.

I hope you smiled.

I hope you recognized someone you know.

Maybe your mother.

Maybe your wife.

Maybe your friend.

Maybe yourself.

And perhaps the next time you visit a gynecologist, you'll remember something.

Behind every clinic door is a doctor trying her best.

Trying to balance science with compassion.

Trying to answer every question.

Even the twenty-seventh "last question."

Trying to make sense of chaos.

Trying to help.

As for me...

Tomorrow will probably look a lot like today.

The clinic will open.

The waiting room will fill.

Someone will arrive with a pregnancy test.

Someone will arrive with a list of symptoms.

Someone will arrive after reading something alarming on the internet.

Someone will definitely say:

"Doctor, bas ek doubt tha..."

And another story will begin.

Because that is the beauty of this profession.

The stories never end.

They simply continue.

One patient.

One baby.

One family.

One chapter at a time.

And somewhere, perhaps at this very moment...

A phone is ringing.

A labour pain has started.

A family is getting ready.

A baby is preparing for a grand entrance.

And a gynecologist is reaching for her car keys.

The next story is already waiting.

After all...

Picture abhi bhi baaki hai, mere dost.

♡

– Dr. Parul Saoji

About the Author

Dr. Parul Saoji is an Obstetrician and Gynecologist, educator, TEDx speaker, trainer, and passionate advocate for women's health. She is the Director of **Oracle Clinic & Training Centre, Nagpur**, where she combines evidence-based medicine with compassionate patient care, helping women navigate every stage of life—from adolescence to motherhood and menopause.

A firm believer that medicine is as much about listening as it is about treating, Dr. Parul has built a reputation for simplifying complex medical issues and making healthcare conversations accessible, relatable, and sometimes even humorous.

She currently serves as the **Chairperson of the Aesthetic Gynecology Committee of AMOGS (2026–2028)**, **Co-Chairperson of Sexual Health, IMA Maharashtra State**, **Clinical Secretary of the Nagpur Obstetrics & Gynecological Society (NOGS)**, and has previously served as the **Chairperson of the AMOGS Young Talent Program Committee (2024–2026)**.

Over the years, her academic journey has been marked by numerous prestigious awards and recognitions. She is the recipient of the coveted **FOGSI Kamini Rao Oration**, one of the highest honors bestowed upon young gynecologists in India. She holds the distinction of being the **first gynecologist to receive all five Gold Medals awarded by the Nagpur Obstetrics & Gynecological Society**, a feat that

reflects her dedication to clinical excellence and academic achievement.

Her accolades include the **NOGS Gold Medal**, **P.K. Gold Medal for Preventive Oncology and Breast Cancer**, **Gold Medal in Infertility**, **YUWA Gold Medal**, **AMWI Golden Jubilee Award**, and the prestigious **Dr. Pravin Mehta Fellowship in Laparoscopy**. She was also honored with the **NOGS Yuva Oration Award (2023)**.

Beyond conference podiums and operating rooms, Dr. Parul has always embraced life with enthusiasm and curiosity. She was crowned **NOGS Dazzling Queen (2025)** and, alongside her husband, won the title of **Mr. & Mrs. Medico (2019)**—a reminder that doctors, too, have lives, dreams, and stories beyond their white coats.

An accomplished author, she has contributed to the field through her **Handbook in Aesthetic Gynecology** and continues to write, teach, and mentor extensively.

When she is not consulting patients, conducting workshops, speaking at conferences, or chasing deadlines, she can usually be found juggling the beautiful chaos of motherhood, trying to maintain work-life balance, or collecting the countless stories that eventually inspired this book.

Confessions of an Indian Gynecologist is her attempt to bring readers behind the consultation table—to share the laughter, heartbreak, surprises, absurdities, and life lessons that medicine rarely teaches but every doctor eventually learns.

Connect with the Author

If you enjoyed these stories, laughed at the chaos, related to the drama, or simply survived the journey through pregnancy, periods, hormones, labour rooms, and endless "Doctor, bas ek doubt..." moments...

I'd love to hear from you.

After all, every patient has a story.

And every reader does too.

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For:

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Women's Health | Pregnancy Care | Fertility | Menopause | Preventive Gynecology

Speaking Engagements

For workshops, keynote talks, healthcare awareness programs, women's wellness initiatives, schools, colleges, and corporate sessions.

More Stories Coming Soon...

Because one book is rarely enough for a gynecologist.

The clinic is still full.

The labour room is still busy.

And patients continue to say:

"Doctor, bas ek chhota sa doubt tha..."

♡ A Personal Note

If this book made you smile, laugh, cry, remember someone you love, or appreciate your gynecologist just a little more...

please consider leaving a review.

Reviews help books reach more readers.

And more importantly...

they tell authors that the stories mattered.

Until We Meet Again...

Stay healthy.

Stay curious.

And please... don't diagnose a cancer with just reels or forwarded texts 😄

With love,

Dr. Parul Saoji

"Dramaologist. Myth-buster.
Professional listener. Proud gynecologist."

Somewhere, a baby is getting ready to arrive.

Somewhere, a patient is preparing a list of twenty-seven doubts.

And somewhere, a gynecologist's phone is about to ring.

Picture abhi bhi baaki hai, mere dost. ♡😳📞✨