

Second Windings

COMFORT

CONTENTMENT

SECURITY

A quarterly magazine for the welfare of SBI Pensioners | Volume 10 | Issue 4 | Jan.19 To Mar.19.



State Bank of India

Corporate Centre, Mumbai



INDEX OF CONTENTS

Title	Page No.
From Editors Desk	3
Sbi Initiative- Lending a Hand to the Martyr's Family	5
Tryst with Elbrus	7
Mindfulness Approach towards Retirement Planning	11
Justice Delayed	14
And My Dream Came True on My 65 th Birthday	16
Women's Health Initiative	18
Anulom Vilom Pranayama	23
Aging	27
Staff Pensioners' Portal	29
Retired Employees' Medical Benefit	31
Group Mediclaim Policy	32
Hindi Poems	39
Rates of Dearness Relief Payable	40
Sustainability Initiative by SBI	43
Diabetes	45

Mail to us at -

The Editor, 'Second Innings'
State Bank of India, PPG Department,
16th Floor, State Bank Bhavan,
Madame Cama Road, Mumbai - 400021.
OR
E-mail at : dgm.ppg@sbi.co.in

Advisory Board

Shri K.T.Ajit
Chief General Manager (HR)

Shri A. T. Thorat
General Manager (Law)

Editorial Board

Shri Somnath Adhya
Dy. General Manager (PM & PPG), Editor

Shri C. P. Mulye
Chief Manager (S) (Sub Editor)

INVITATION

We look forward to contributions from our retired colleagues for the next issue of

“SECOND INNINGS”

Write to us if....

- You have faced a serious health problem and conquered it
- You or someone you know has done something exceptional after the age of 60
- You have a hobby to share
- You had a unique experience related to money matters
- You travelled to a destination less known
- You have a funny or insightful anecdote about your grandchildren

..... and we'll print the selected article in our magazine 'Second Innings'

FROM EDITORS DESK

Respected Elders,

It gives me an immense pleasure in penning a forward for the first issue of "Second Innings" of 2019 which has begun with a mixed bag of emotions.

This issue of "Second Innings" is presented to you with heartening thanks for the overwhelming responses, encouragement, blessings and best wishes, received from you all. We are indebted to you for appreciating our initiatives towards our employees and contributing with the best possible. "Second Innings", as the term has been coined is self explanatory and needs no description. Every year we have so many employees from our bank who retire after a long innings with a hope to start a successful second innings. But what do we mean by "Second Innings"? Is it essentially beginning a new career or indulging in something more fruitful, motivating others for a great innings or settle down with family; there could be lot of ways to keep ourselves engaged but a planned second innings is something we should all aim for, definitely for a better and prosperous living.

Our nation's favorite sport, "Cricket" has a message for life beyond players hitting a single ball for scores. Cricket test matches teach us the importance of a 2nd innings....the 1st innings can be a bit of a gamble with so many unknown aspects like pitch, weather, opposition tactics etc., but these

unknown situations over a time help the same team to plan further and execute the 2nd innings, delivering the desired results.

The beginning of our career, like the 1st innings of a test match, can be a throw of the dice! Many things in terms of the career growth, fellow employees, team manager, the discipline we choose, the global & national economy will together determine the trajectory of our career. The situation can get additionally complicated as we are often not clear about the life goals but with experiences the day looks brighter.

As Mark Twain has rightly said, "Age is an issue of mind over matter. If you don't mind, it doesn't matter". For many, the second innings will have two phases; one where you are still full of vitality and have the freedom to do many things that you didn't have time for earlier and the second where sadly the health starts deteriorating. Being aware of these phases and knowing that the clock is ticking will help you to draw out your priorities and develop the right balance.

This is the right time to live your dreams, revisit your hobbies which suddenly got a backseat during your first innings, reach out to your family & friends and leverage your professional network before you freeze your plans and then take steps to make it big in your commitments.



Through this magazine we wish to convey that please keep your spirits high and keep dreaming. Dream for your healthy life, secure yourself from the bump and keep yourself engaged for good. Even though you may be a person of action and work on your “gut feel”, sound decisions are best made gradually, ruminating over different options with the answer slowly becoming apparent.

This issue will showcase the hidden talents of our retired employees who have revived their hobbies and are enjoying their life best possible. Further, this issue will also play a major role in communicating the changes and developments which are taking place as well as new initiatives being undertaken by the Bank.

Undoubtedly, the experiences of our Bank’s pensioners will have a great role to play towards initiatives undertaken

for the benefit of our current employees. No wonder we call them as the torch bearers in promoting Bank’s image to the masses. I therefore, urge you for greater involvement in the progress of the Bank in the years to come. This magazine is an effort towards cherishing your memories of your good old days in the Bank and also makes you feel that even after retirement, you remain one of us. Hence, please utilize this platform the best possible and contribute in terms of your experiences for a great read. Let’s get to know each other very well and share our experiences with learning at every stage possible. After all there is no age limit for learning!

I, therefore extend my warm greeting to all the bank’s pensioners and their families a contented, healthy and prosperous life in the second innings of their life.



SBI INITIATIVE- LENDING A HAND TO THE MARTYR'S FAMILY

It is an irrefutable fact that even the noblest and most legitimate causes lose their ideological aura the moment their proponents resort to use of violence to achieve their aim, even if it's against oppression. Unfortunately, though this is exactly what happened on 14th February 2019 at Pulwama in Jammu & Kashmir. A convoy of vehicles carrying security personnel on the Jammu Srinagar National Highway was attacked by a vehicle-borne suicide bomber at Lethpora in the Pulwama district resulting into deaths of 40 Central Reserve Police Force (CRPF) personnel and the attacker.

The entire valley was going through a difficult phase of grief, anger and resentment. This deadliest terror attack brought about a tsunami of emotions. Condolences poured in from every hook and corner of the country and the World was watching us with hoping to cope up of it.

However, developments after the Pulwama attack proved that militancy related incidents only end up giving a fresh lease of life to New Delhi's stance that "talks and terror can't go together."

When the entire nation was mourning over the incident, how can the nation's patriotic bank State Bank of India (SBI) be left far behind. SBI enabled a Unified Payment Interface (UPI)-led payment gateway for "Bharat ke Veer" to help people make contributions easily. Bank even appealed to all the employees to voluntarily contribute towards the same through Bharat ke Veer, the dedicated portal controlled by Home Ministry, Government of India.

All the CRPF personnel have been the customers of the bank under Defence Salary Package under which the bank had provided insurance of Rs. 30 lakh to each of the defence personnel. Four days after the incident, it was also announced that the bank is taking steps

to expedite the release of insurance money to the next kin of the martyred soldiers.

CRPF personnel are covered under Para Military Salary Package (PMSP) and are eligible for personal Accident Insurance (Death) cover of Rs. 30 lakhs, Air Accident Insurance (Death) cover of Rs. 100 lakhs along with Disability cover across the board.

Meanwhile a meeting with senior officials of United India Insurance Company Limited, the Insurance provider was also arranged to make the

settlement speedy and hassle-free. Mr. R.R. Bhatnagar, CRPF DG appreciated our initiative and assured to share the details of the martyred personnel on priority. 39 out of 40 claims were settled as and when the details were shared with the bank.

Going further, to express solidarity with the CRPF and in an attempt towards alleviating the financial burden of families of CRPF personnel, the bank decided to waive off all the outstanding loans of 22 of the martyred personnel who had availed loans from the bank with immediate effect.



TRYST WITH ELBRUS

Mt Elbrus, a peak in the south of Russia at an altitude of 5642 mts is classified as the highest peak in Europe. The desire to attempt the climb was triggered around April 2018 and the decision to enlist for it was taken soon thereafter. What followed was the usual fitness preparation that is undertaken before any major trek. A strict regimen of exercise and diet to improve core strength was religiously adhered to for 3 months so as to give yourself the best possible chance to summit.

The group enlisting for the trek which was originally 7, was reduced to just 4 people after there were cancellations

on account of health and other personal reasons. The four of us met at Delhi airport and took the Delhi - Moscow - Mineralyn Vody - Terskol leg of the journey together reaching Terskol valley on 31st July.

Terskol is at an altitude of 2100 mts. From here for the next 3 days we did acclimatisation treks - to Irik Chat valley (2800 mts), Chegat Peak (3500 mts) and Priut 11 (4100 mts). Each of these treks took us through some enchanting and breathtaking terrain. We used to set out after an early breakfast and return by 4/5 pm. Lunch comprised of some chocolates, an

apple and a cheese sandwich along with some Indian savouries carried from back home with plenty of water to keep us satiated and hydrated during this period.

After returning from the trek on the 3rd August, we went to an equipment rental shop to get fitted out with some gear. Our team leader had carried harnesses and carabiners for us from India but the other stuff like snow boots, crampons, ice axe, mittens etc. were rented.



On the 4th we moved Camp to an altitude of 3880 mts. The stay here was in structures that are made of metal and are referred to as barrels. Some are in the shape of barrels while others are box shaped. We stayed in a box shaped structure which had 6 rooms inside, each room accomodating 4 people. (the structure is akin to a railway bogey, only smaller, with the rooms being similar to the compartments). The rooms are pretty small but otherwise comfortable (the definition of comfort has to be calibrated with the altitude you are at). The toilet facilities are outside and they are pit toilets - one can remain happy if one is not fussy - as they say 'enjoy the discomfort.'

The kitchen-cum-dining place, also a barrel, is where most of us used to find solace after the daily acclimatisation regimen on 4th and 5th. Time slots for all 3 meals were given to each group and had to be adhered to. The groups were from all over the world - Koreans, Brits, French, Germans, Russians etc. The ladies running our kitchen were friendly and warm and cheerfully tried to meet all our palate demands. We even got to eat watermelon, melon, peaches, apples, grapes etc. - till stocks lasted.



On the 4th and 5th, our acclimatisation was perforce walking / climbing on snow (there was no terrain without snow). This was necessary in order to get familiar and confident walking with snow boots and crampons. The simple principle that you dig your toes in the snow when walking up and dig your heels in when descending needs to be followed to prevent falls and maintain your balance. On 4th August we walked up to 4300 mts and the next day (5th) we took a snowcat till 4500 mts and walked up 200 mts to a height of 4700 mts to Pastukhov Rocks. A snowcat is

a huge vehicle like our tractors, which has chains to make it mobile on snow / ice. We wanted to keep it light and not strain ourselves on the 5th. Our plan was to return to our barrels by lunch because if the weather was fine we were to attempt for the summit push later that night.



One could see both the peaks of Mt. Elbrus from our camp and we used to look longingly at them wondering if the weather and our bodies would support us. As scheduled, lunch on the 5th, we were post by our guide that weather reports were favourable and informed for starting our summit attempt latest by 2 am. We were to be ready by 1 am (which means getting up at midnight) to have a light breakfast and be ready to start.

As the four of us were in one room, we decided to pack our backpacks and wear all our layers except our down jackets before going to sleep that night (if one could get sleep). That would mean that we didn't have to scramble for stuff at the last minute - being more organised - a term that our Russian guide Victor, never failed to emphasise. Sleepy eyed and with great reluctance

we got up at midnight, with butterflies in our stomachs triggered by a fear of the unknown and without much chit-chatting quietly got about our business of putting on the equipment - harness, carabiner, snow boots, crampons, head torch etc.



After a quick breakfast, we set out determined to achieve what we had come so far for - the final summit push. We started our trudge up in single file. It was biting cold with the temperature around - 10 degrees. Added to it was the wind chill factor which meant that there were very few words exchanged. Nobody had the gumption to remove gloves for taking any pics. We knew that till daybreak it would be the toughest time and we needed to conserve our energy. Our guide explained to us that frequent halts would be counter productive and was very clear that no one would stop at random. He would decide when to halt for a sip of water or a snack. As we walked in the dark with only our head torch for light, the biting cold winds for company and the footsteps of the person ahead of you for guidance, one lost the sense of time.



I remember that the first time when someone ventured to unglove himself it was 5:10 am. At this time we had reached a place called the saddle - a very picturesque spot - it is so named because it saddles the two peaks of Elbrus. But here too no one ventured to take any pictures. From here onwards is the toughest part of the climb. There were fixed ropes already in place. We strung ourselves with slings hooked to carabiners in 2 groups of 3 and 2 and started on this arduous part. Slowly, one foot after the other, motivating oneself to take the next step and being very careful that you don't slip (though you are strung together for this very eventuality, it would be challenging for your partners if you do slip).



From here on the climb up was for ~ 350 mts. There were definitely moments when one was plagued with self doubts. However, since we were strung together any thought of giving up was automatically abandoned as an impossibility. With daybreak came some warmth and the cold and frozen fingers thawed. The path to the summit could be visualised. Finally, we reached a point from where we could clearly see one of the peaks of Mt. Elbrus (which is at 5621 mts - just 21 mts. less than the higher peak). From there onwards it was a relatively easy walk (in retrospect) to the peak. It was with a sense of achievement and pure joy that we took the final step that took us to the top of Europe. Hugging each other we held the Indian flag and basked in the camaraderie. It was left to our guide to brace the chill and take our picture so that it remains etched in print and not only in our memories.

Rohini Upasani

Retired General Manager

MINDFULNESS APPROACH TOWARDS RETIREMENT PLANNING

- By Akshit Hanslas, Investment Counsellor, SBI Wealth, Delhi

M.I.N.D: 'My Identity Needs Designing' in a purposeful manner

Retirement planning is a process which needs to be understood in a deep rooted way since it is a long term commitment towards yourself and the immediate dependents who would be enjoying the sun and shades when your entire life's financial savings would become the main driver for your perennial existence. The journey towards financial freedom is quite relative in definitive terms however, the lasting of that journey can run from few years to decades until your overall longevity. Therefore, one needs to be mindful of the elements that life may bring forth to tackle the most important phase of your life i.e. retirement or we may understand it as realignment of financial spending.

Often, when we talk about Retirement Planning, it is construed to be treated as any other financial goal. There are many fundamental goals related to planning towards creating enough buffer for contingency reserve needs to bigger milestones such as planning for your child's education or marriage and many others that one may want to address in this journey of life. However, one needs to understand that retirement planning is not just a process but a path which needs to be planned in a conscious and holistic manner.

Examine your Models of Reality by Creating your Life Balance Sheet

There are certain principles that play a pivotal role in defining how happy and fulfilling your retirement life can be. Below are the list of areas that you may want to stress upon before consciously leading a healthy and a fruitful retirement life.

1. Your work environmental-scape
2. Overall Health (stressing upon mental health) & Fitness
3. Intellectual keenness & learning abilities
4. Money Management skills
5. Values towards family & society
6. Spiritual Values
7. Imbibing 'Financial Fitness' regime regularly
8. Identifying financial goals important to your life
9. Understanding the purpose and implications of financial well being



Life philosophy preparedness you may like to consider during your retirement



- Pursuing passion and taking hobbies
- Having a healthy lifestyle
- Charity and giving back to the society
- Regular Cash Flow
- Taking alternative work assignments
- Effective Time Management
- Quality time with family and beloved ones

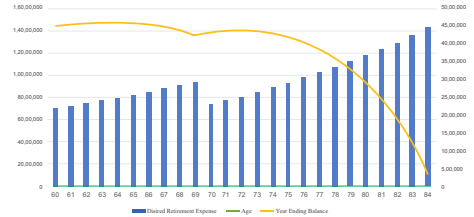
Planning for Distribution/Withdrawal Stage in Retirement

Approaching retirement can be a daunting task and in such cases effective planning becomes imperative while the transition happens from the accumulation to distribution phase.

In the distribution phase of retirement, the primary goals to address would be as follows:

1. Create a fixed cash flow stream to meet lifestyle expenses

2. Preservation of wealth from devilish functions like inflation and taxes
3. Calibrate withdrawals based on the need
4. Protection against longevity risk



Understanding your Life Long Cash Flow report

Create a retirement cash flow budget. A budget created for retirement living can give a fair idea of the discretionary and the non-discretionary expenses that have to be met during retirement. The interest/dividend income, pension, if any, together with an annuity that gives the required income stream to meet the aforesaid category of expenses will give the comfort of knowing that there is a guaranteed income to take care of the fundamental needs in the retirement years.

RETIREMENT INCOME – RETIREMENT EXPENSES = ENJOYING RETIREMENT COMFORTABLY (Or) REALIGNING YOUR FINANCIAL FREEDOM

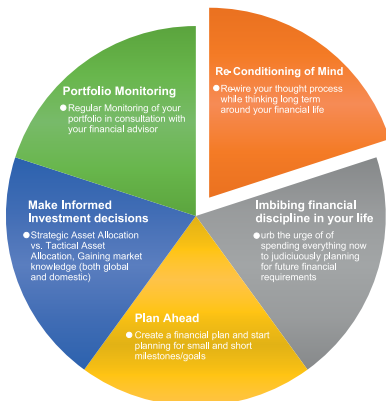
Apart from the regular/assured income sources, the other features important to the products that would form a major part of the retirement distribution portfolio includes liquidity, tax advantages and investment objectives

such as capital protection, preservation or appreciation etc. The post-retirement portfolio will benefit by following the principles of strategic asset allocation towards investing the accumulated corpus.

Creating a distribution portfolio by including investments across asset classes and sub asset classes will help meet the investment objectives of generating appropriate cash flow throughout retirement life thereby, protecting the portfolio from inflation and ensuring enough liquidity is available at the time of requirement.

A lot of financial instruments such as inflation-indexed annuity, whose returns counter well the effects of inflation, inflation indexed bonds, rental income through residential/commercial real estate and some equity exposure through hybrid mutual funds schemes, being maintained in the income portfolio mix would give cushion/aid to your lifestyle expenses.

5. Step Approach to a Sustainable Financial Freedom



Different options and tools are available to fund your retirement lifestyle

- Opting for a Specialized Senior Assisted Living Homes
- Utilizing your retirement corpus and investing into avenues that would yield a regular source of cash flow as mentioned below:-
 - Senior Citizens' Savings Scheme (GOI Bonds 5 year lock in period)
 - 7.75% RBI Taxable Bonds (GOI Bonds 7 year lock in period)
 - Buying an Annuity Plan/Pension Plan
 - Investing retirement corpus into a basket of mutual funds and opting for a SWP (Systematic Withdrawal Plan, Dividend pay-out options)
 - Investing money in Bank F.D.s/ Corporate F.D.s/POMIS (Post-Office Monthly Income Scheme) etc.
 - Enrolling for NPS (Nation Pension Scheme)
- Taking another job and utilizing salary/self-employment income to fund needs

JUSTICE DELAYED

Abhik Ray

During most of the 19th century, Europeans and Indians, who served the predecessor banks* of SBI, were denied any retirement benefits.

The management of the three presidency banks rested in the hands of Europeans. The board of directors which controlled the affairs of each presidency bank was distinctly European in character and Indians rarely found a place in these boards except in the Bank of Bombay which had three Indian mill owners on its board from 1868.

The officers of these banks too were all Europeans, who usually arrived in India at a tender age and then rose in the hierarchy. The secretary and treasurer was the chief executive officer. Below him were officers like the deputy secretary, the chief accountant, the inspector of branches and the agents of branches. No Indian was ever recruited as an officer in these banks or promoted to occupy even the lowest rung of the officers' cadre. He could at the most aspire to become an official-in-charge of a pay office or a sub-accountant at a branch. Even the khazanchee or cashkeeper, who occupied a key position in the bank, was not considered as a part of the managerial staff.

The recruitment of European officers for the Bank of Bengal initially rested with the bank's directors, who selected

men partly from Britain and partly in India. Those appointed in Britain were young bachelors purportedly with experience of working in Scottish banks. But how a young man of 18 could possess four years' banking experience is of course anybody's guess! Those selected in India were usually here on spree, possessed no banking experience but were mostly known to the bank's directors. This mode of recruitment soon became embarrassing as a large portion of the bank's European staff soon proved to be so incompetent that the efficient working of the bank stood 'seriously prejudiced'. The bank therefore decided that the selection of experienced men would henceforth be done exclusively in London through a representative of the British bank, Messrs. Coutts & Co., aided by a committee of three former directors of the Bank of Bengal. A fee of two guineas was sanctioned for each committee member so that they could meet regularly and decide each and every case on its merits. An annual honorarium of 50 guineas began to be paid to the representative of Coutts and Co., which was later raised to 100 guineas.

*The predecessor banks of SBI in the 19th century were the Banks of Bengal, Bombay and Madras, which coalesced in 1920, to form the Imperial Bank of India. In 1955, State Bank of India (SBI) was constituted as successor to the Imperial Bank under the State Bank of India Act, 1955.

The Banks of Bombay and Madras adopted a similar practice for recruiting Europeans as officers.

Indians were recruited in those days by word of mouth and in most cases apprentices were related to serving employees. It was only in the case of the khazanchee that applications were invited. As the post carried a sizeable security deposit (at times to the tune of Rs one lakh), applicants were mostly scions of wealthy Indian families.

The Bank of Bengal, closely following in the footsteps of the Bank of Madras, introduced its pension and guarantee fund only for its European officers in 1879. The Bank of Bombay too set up its fund three years later. The scheme of the Bank of Bombay, unlike those of the other two banks, was to benefit both its European and Indian employees. The composition of its board and the vigilance of its Indian shareholders made the Bank of Bombay far more solicitous about the welfare of its Indian employees than the other two banks. The rules of the scheme and the amount of pension, however, varied from one bank to another.

The board of the Bank of Bengal, however, soon found to its great embarrassment that the bank was loaded with an 'increasing number of officers with unsatisfactory service record and whose only object appear[ed] to be to complete the period of service that [would] make them eligible for pensions'. The secretary

and treasurer of the bank felt that the granting of pensions demanded that it should protect itself in regard to such liabilities by dispensing with the services of inefficient men before they became eligible for pensions. To the directors, the entire procedure appeared ludicrous and the board observed: 'It is carrying charity too far to keep and pay men for 20 years who are not suitable for the service and who in many cases make no effort to be suitable and then confer on them pensions for the remainder of their lives'. The bank therefore, became not only cautious in its recruitment policy but also tried to dispense with the services of inefficient Europeans before they could claim the right to a pension.

The creation of a pension and guarantee fund by the Bank of Bengal only for its European officers was condemned by Indian newspapers as well as by the bank's employees. The directors did not relent and decided in favour of considering each individual Indian case for pension on its merits as it came up. They cited the case of Madhub Chandra Sen, khazanchee, who after 43 years of meritorious service was granted a pension of Rs 3,000 per annum when the highest pension admissible under the rules to a European officer was Rs 5,000 a year.

The Indian employees of the Banks of Bengal and Madras had thus to wait till the Imperial Bank of India introduced its pension and guarantee fund in July 1921.

AND MY DREAM CAME TRUE ON MY 65TH BIRTHDAY!

The interview board member asked me, 'Tell me something about your hobbies, Mr. Sundar'. It was during my P.O. interview in April 1976 at LHO, Madras. I had been one of the 700 odd lucky ones from about 78,000 called for the SBI Po. interview, those days PO were well paid, drawing Rs 100 more than even the IAS cadre. I wasn't quite sure that I would make it, but gave it a try.

"Sir, I practise a rare hobby called 'Etymology', the study of Greek/English root words".

'Etymology?', the member asked with his eye brows raised. 'Man, I have never heard of any candidate declaring this as his hobby. Let me know what you know about it' he continued pausing a while for my response. I explained that etymology can empower one with coinage of words elaborating with few examples too. Well, a beginner begins any subject with the a, b, c... of it. So he is an 'abecedarian' derived from the first letters of the alphabets! The word 'alphabet' is derived from the first two letters of Greek alphabet i.e., 'alpha' and 'beta'. 'Terminus' is such a familiar word but it is actually derived from the Latin word denoting 'the end'. 'Incubus' is the demon fabled to make sleeping females pregnant. The word 'incubator' is derived from it. The member looked impressed but remarked, 'So, why do you want to join the Bank instead of heading for a research program in

your favourite subject?'. I replied that it was just my hobby however, it was my dream to publish a book on etymology during my life time one and was on and the dream finally came on and was on my hands on my 65th birthday.

I got selected in the interview much against my doubts and joined the bank in Dec. 1976. The tight schedule of banking, career growth and transfers didn't allow much space for pursuing my hobby though I did publish few articles in the renowned international linguistics magazine 'Linguist List' published from USA. I got in touch with famous linguists including Prof. Larry Trask of the University of Sussex for inspirations.

When I eventually retired in July 2012 after serving for over 35 years, my unfulfilled dream flashed across my mind. Though I wasn't in my best of health when I retired, I pursued my dream step by step. By 2017 October I could complete my project and publish a research book entitled "Proto-Indo-European Language-Face Unveiled! [Notion Press-2017]" with a pen name.

What the book is about...

Finally, the veil falls...

Most of us are aware that Proto-Indo-European language is the probable mother of all Indo-European (PIE) languages spoken now. For decades, the mystery of the so-called PIE language remains unsolved. Who

were the people who spoke PIE? Are there any written PIE texts surviving? Linguists are not quite sure on any such questions but some are in a position to talk about PIE grammar, reconstruct PIE diction etc. with available information.

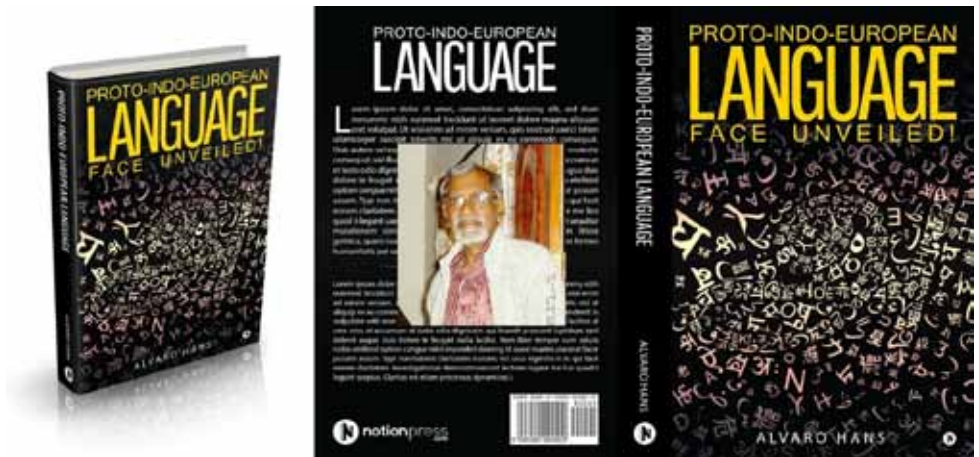
However, lot of doubts linger all along. A conclusive proof on PIE's identity is evading, as the linguists seem to work in areas where they 'think 'the treasure is. They don't seem to have cast their nets wide enough to catch the evading fish. Why not think different? I thought different jumped the walls and guess I have found the fish!

This book is the realisation of my 20 years dream of letting the world see the PIE question with different glasses, throwing in an entirely fresh view,

hitherto never attempted. I decided to delve deep and undertook a through research into the probable connection between the two seemingly different unconnected languages like Sanskrit and Greek. The findings are indeed exciting and worth the sweat!

It is indeed very exciting to TRACE THE ROOT OF THE ROOT !

The book was released on my 65th birthday on 18th November 2017, thus fulfilling my life's dream. The book is available at a special 75% discount on the listed price only for our SBI staff at https://www.amazon.com/dp/1948096323/ref=sr_1_11?ie=UTF8&qid=1511490750&sr=8-11&keywords=proto+indo+european. Please apply coupon code LOVEGIFT for availing the special discount.



Regards,
Sundar A.S.
Chief Manager(Rtd)

WOMEN'S HEALTH INITIATIVE

“Women's Health Initiative” the word is derived from clinical trials. Women in reproductive age group are protected from heart disease and osteoporosis due to female hormones estrogen and progesterone. But in menopause their production plummets. This leads to increased chances of heart disease and osteoporosis in women as compared to men. Hence “Women's Health Initiative” is to protect women from these illnesses.

We will also discuss

- Menstrual hygiene
- Thyroid Screening
- Breast and Cervical Cancer
- Osteoporosis- Calcium and Vitamin D for bone health
- Menopause
- Cognitive Function and Dementia
- Prevention of Coronary Heart Disease

Primary hypothyroidism

Hypothyroidism, also called underactive thyroid or low thyroid, is a disorder of the endocrine system in which the thyroid gland does not produce enough

thyroid hormone. The person suffers from poor ability to tolerate cold, a feeling of tiredness, constipation, depression, and weight gain. The diagnosis is by measuring T3/T4/ TSH in blood and treatment is a tablet of Levothyroxine. Often there is a swelling of goitre (on neck) of the person in severe uncontrolled cases.

Menstrual hygiene

An appropriate Menstrual Hygiene Management is defined as:

“Women and adolescent girls use a clean material to absorb or collect menstrual blood, and this material can be changed in privacy as often as necessary for the duration of the menstruation.

MHM also includes using soap and water for washing the body as required and having access to facilities to dispose of used menstrual management materials

This can lead to Anaemia (Low Haemoglobin) and weakness in women.

Treatment can be taken from a doctor for painful cramps (dysmenorrhea).

There is sometimes mood and behaviour changes during this period.

Osteoporosis

Osteoporosis is a condition of fragile bone with an increased susceptibility to fracture. Osteoporosis weakens bone and increases risk of bones breaking. Bone mass (bone density) decreases after 35 years of age and bone loss occurs more rapidly in women after menopause. It can affect both males and females, but it is most likely to occur in women after menopause, because of the sudden decrease in estrogen; the hormone that normally protects against osteoporosis. As the bones become weaker, there is a higher risk of a fracture during a fall. Prevention of osteoporosis includes a proper diet during childhood and efforts to avoid medications that cause the condition. Efforts to prevent broken bones in those with osteoporosis include a good diet, exercise and fall prevention.

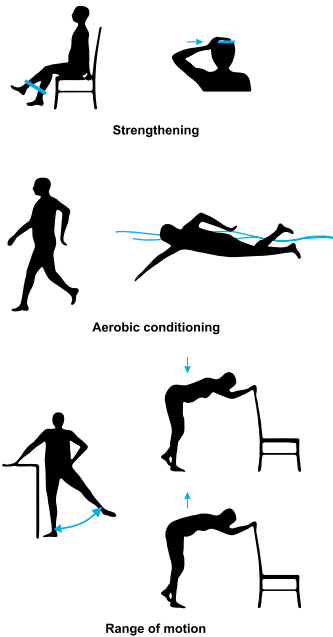
Osteoarthritis

It is a type of joint disease that results from breakdown of joint cartilage and underlying bone. The most common symptoms are joint pain and stiffness. Other symptoms may include joint swelling, decreased range of motion and when the back is affected weakness or numbness of the arms and legs. It can affect work

and normal daily activities. In contrast to rheumatoid arthritis, which is primarily an inflammatory condition, in osteoarthritis, the joints do not typically become hot or red. Weight is often the culprit. Weight loss may help in those who are overweight.

Sunlight, Cod liver oil, milk, yogurt, cheese, cottage cheese, icecream, and other dairy foods are recommended.

Treatment includes exercise, efforts to decrease joint stress, support groups and pain medications along with Calcium and Vitamin D.



Picture from "<https://en.wikipedia.org/wiki/Osteoarthritis>"

People with osteoarthritis should do different kinds of exercise for different benefits to the body.

Rheumatoid arthritis

Rheumatoid arthritis is a long-term autoimmune disorder that primarily affects joints. It typically results in warm, swollen and painful joints. It typically leads to deformity through the stretching of tendons and ligaments and destruction of joints through the erosion of cartilage and bone. If it is untreated or unresponsive to therapy, inflammation and joint destruction lead to loss of physical function, inability to carry out daily tasks of living, and difficulties in maintaining employment.

A doctor undertakes a thorough medical history, with particular attention to joint pain, reported swelling, and the presence, location (peripheral joints rather than low back), and duration (at least 30 minutes) of morning stiffness.

The goals of treatment are to reduce pain, decrease inflammation, and improve a person's overall functioning. This may be helped by balancing rest and exercise, the use of splints and braces, or the use of assistive devices

Gallstones

Gallstone risk increases for females (especially before menopause) and for people near or above 40 years.

Risk factors for gallstones include birth control pills, pregnancy, a family history of gallstones, obesity, diabetes, liver disease, or rapid weight loss.

Prevention is by maintaining a healthy weight and eating a diet high in fibre and low in simple carbohydrates.

Cancer

Breast cancer

Breast cancer is cancer that develops from breast tissue. Signs of breast cancer may include a lump in the breast, a change in breast shape, dimpling of the skin, fluid coming from the nipple, or a red scaly patch of skin. In those with distant spread of the disease, there may be bone pain, swollen lymph nodes, shortness of breath, or yellow skin.

Screening for breast cancer

Identification and management of women with a genetic predisposition to breast cancer.

- Major factors used to determine a risk category, based on a patient's history, are:
- Personal history of ovarian, peritoneal (including tubal), or breast cancer
- Family history of breast, ovarian, or peritoneal cancer

- Mammography: a special X-ray of the breast

Role of clinical breast examination: a doctor examines if a lump in breast is cancerous or non-cancerous and proper precaution can be taken.

Role of breast self-examination

If you feel a lump in your breast, see your doctor or nurse right away. Breast lumps can be caused by conditions that are not cancer. But it is a good idea to have any lumps checked out.

Ovarian cancer

Ovarian cancer is a cancer that forms in or on an ovary. It results in abnormal cells that have the ability to invade or spread to other parts of the body. Symptoms become more noticeable as the cancer progresses. These symptoms may include bloating, pelvic pain, abdominal swelling, and loss of appetite, among others.

Screening for ovarian cancer is by a blood test CA 125, also an ultrasound of lower abdomen in women usually after 40 years of age.

The goal of screening is to find cancer early, before it has a chance to grow, spread, or cause problems.

Pap smear is also done to check the cervix for early signs of cancer. Girls'

upto the age of 29 years can be given cervical cancer vaccines to prevent cancer.

Menopause

Menopause is the time in a woman's life when she stops having monthly periods. At this time, her ovaries stop releasing eggs and stop making the hormones estrogen and progesterone. Menopause usually occurs between the ages of 45 and 55 years. The average age is 51 years.

Symptoms include hot flashes, night sweats, vaginal dryness, depression, trouble concentrating or remembering things.

Estrogen is the most effective treatment available for relief of menopausal symptoms, most importantly, hot flashes. Menopausal hormone therapy (MHT, estrogen alone or combined with a progestin) is currently indicated for management of menopausal symptoms.

Urinary incontinence is caused in elderly women due to child birth or menopause.

Cardiovascular disease

Myocardial infarction (MI), angina pectoris, heart failure (HF), and coronary death are heart related ailments.

Cerebrovascular disease clinically manifested by stroke and transient ischemic attack. A common symptom is chest pain or discomfort which may travel into the shoulder, arm, back, neck, or jaw.

Risk Factors include personal /family history of heart related ailments or other atherosclerotic vascular disease (peripheral arterial, cerebrovascular, and aortic disease), Age over 55, Hypertension, Dyslipidemia, Diabetes mellitus, Metabolic syndrome, Post-menopausal status, Obesity, Sedentary lifestyle .

Ways to reduce coronary heart disease risk include eating a healthy diet, regularly exercising, maintaining a healthy weight, and not smoking. Medications for diabetes, high cholesterol, or high blood pressure are sometimes used. Additional medications such as antiplatelets (including aspirin), beta blockers, anti-

cholesterol medicines or nitroglycerin may be recommended. Procedures such as percutaneous coronary intervention (angioplasty) or coronary artery bypass surgery (bypass surgery) may be used in severe disease.

Cognitive Function and Dementia

Alzheimer disease: disease where there is loss of memory in an elderly person.

Doctors encourage patients to maintain or increase physical activity, exercise, cognitive leisure activities, and social interaction. Omega-3 fatty acids, Antioxidant vitamins, Vitamins B6, B12, and folate consumption is to be increased to prevent dementia.

Cataract also is seen in an increasing age.

Proper preventive stages (exercise, diet, weight control, healthy active lifestyle) in early life can easily prevent many illnesses in later stage.

Dr. Vaibhav P. Shirwadkar
Senior Medical Officer
Corporate Centre

ANULOM VILOM PRANAYAMA

In the earlier issues of the 'Second Innings' we have already discussed - Asanas, Cleansing techniques (Shudhdhi Kriyas), Mudras (Mental attitude or gestures), Bandhas (Energy locks) & importance of Surya Namaskara. In the forthcoming issues of the magazine we will learn more about techniques of Pranayamas.

Anulom – Vilom popularly known as Nadi Shodhana Pranayama is one of the several Pranayama or breath exercises used in the practice of Hatha yoga.

'Anu' roughly translates as 'with' and 'Loma' means "natural", it is natural breathing process, whereas 'Vilom' is the opposite of natural process.



In Anulom Vilom pranayama, breathing is done only through one nostril which is alternated. During this process, the other nostril is closed using the fingers. The thumb is used to close the right

nostril and the ring finger is used to close the left nostril. **How to do Anulom Vilom Pranayama (Alternate Nostril Breathing)?**

1. Sit in a steady asana. Padmasana is most suited for the practice. Siddhasana and Vajrasana may also be used.
2. Close the right nostril with your thumb and draw in air from the left nostril. Do this as slowly as you can, till your lungs are full.
3. Now release the thumb and close the left nostril with your ring finger. Then breathe out slowly through the right nostril.
4. Next take the air in from the right nostril and then release it through the left nostril (after closing the right nostril with the thumb).

How to do Anulom Vilom Pranayama (Alternate Nostril Breathing)?





5. This is one round (awartan) of Anulom Vilom Pranayama.
6. Start with 5 rounds and increase it up to 20 rounds in one sitting.
7. Also, the duration of inhalation can start from 2 seconds and go up to 20 seconds or even beyond.
8. One can have one sitting in the morning and one in the evening. For advanced practitioners, the yogic texts recommends four sittings – one in the morning, one at noon, one in the evening and one at midnight. But for all practical purposes, two sittings (one in morning and one in evening) are enough.
9. After one has reached a certain level of proficiency, one can add 'Kumbhak' or retention (holding for a while) of breath to the practice.

Ratio of Inhalation, Retention and Exhalation

In the practice of pranayama, inhalation (called Puraka), retention (called Kumbhaka) and exhalation (called Rechaka) are used. Anulom Vilom pranayama can be practiced with or without Kumbhaka (holding of breath). Beginners should start the practice without Kumbhaka.

The duration of inhalation and expiration depends entirely on the capacity of the practitioner. Start with whatever you are comfortable with – say 4 seconds inhalation and 4 seconds exhalation. Later it can be increased up to 20 seconds or even more.

When practiced in the initial stage inhalation, retention and exhalation are all of equal duration. More advanced students may employ uneven breath, using ratios such as 1:4:2. According to many traditions this is not recommended for beginners or anyone practicing without the guidance of an experienced teacher.

The purpose of Pranayama is to control the breathing mechanism which is an involuntary process. Breathing goes on even in our sleep as it is controlled by the central nervous system. With regular practice of pranayama, this process can be brought into our conscious control to some extent. In the yoga text - Hatha Yoga Pradeepika, the breath is compared to a wild animal. Just as elephants, lions and tigers can be controlled with steady and prolonged training, the yogi also brings the breath under his control with constant practice.

The practice of Pranayama should be taken up with care. Do not overdo the practice. Do not increase the duration of inhalation and exhalation beyond your limit. Also with Kumbhaka (retention), the practitioner should be very careful. It is said Hatha Yoga Pradeepika pranayama can cure all diseases. But, if done improperly, it may create diseases, which cannot be cured easily even through medical treatment. Hence one should be very cautious and increase the level of practice over a comfortable period of time. It is advisable to consult an accomplished yogi before taking up higher levels of practice.

Anulom Vilom pranayama should be done on an empty stomach, preferably in the morning after evacuation. It can also be done in the evening with a gap of 4 hours after the last meal. Also, avoid doing Anulom Vilom pranayama with retention of breath when the temperature is hot. Retention of breath can cause an increase in body temperature and should be done in a cool climate.

Benefits of Anulom Vilom Pranayama (Alternate Nostril Breathing)

1. Anulom Vilom Pranayama cleans the pranic channels and makes the prana flow freely in the entire body. The

nadis or the pranic energy channels are purified. Hence this pranayama is also called Nadi Shodhana Pranayama.

2. It oxygenates the blood and effectively brings oxygen to the deep tissues and organs thereby effectively removing toxins that cause disease and pain.

3. Purification of the energy channels ensures proper supply of pranic energy to all the organs enhancing the overall health of the body.

4. Anulom Vilom Pranyama balances the two main energy channels –Ida and Pingala. It balances the two hemispheres of the brain, bringing about peace and tranquility.

5. When the Ida and Pingala nadis are balanced, it awakens the central channel called Sushumna Nadi.

6. Prolonged practice of Anulom Vilom Pranayama leads to next stage of yoga, which is Pratyahara or withdrawal of the senses. This enables the practitioner to progress towards higher practices of Dharana, Dhyana and Samadhi.

7. It can reduce weight in some practitioners depending on their body constitution and is a good practice for obesity.



How it will help you

This breathing technique, keeps your lungs healthy, fights free radicals produced due to stress, helps in the proper circulation of oxygenated blood throughout the body and can help to relieve a cold by stimulating the inner mucosal lining. The constant and regulated breathing also massages, cleanses and tones the entire nervous system making you feel much more relaxed. Apart from all this it also strengthens the heart, improves blood circulation, increases lung function, keeps the digestive system healthy, and most importantly gives your skin a lovely internal glow. Practitioners believe that doing anuom vilom on a regular basis can relieve the symptoms

of and reverse conditions like diabetes, heart disease and high cholesterol levels.

(CAUTION: Breath retention should not be practiced by individuals who suffer from high blood pressure, cardiac issues, epilepsy, stroke or other heat related disorders as breath retention increases heat in the body.)

So, why to wait, start practicing from today, you may start with one awartana and gradually go on increasing ratio, but remember that continuity is important. Else it will be like a new year diary, where most of us decide on 1st of Jan, that "this year I will write daily" and in most of the cases 4-5 pages are filled in and rest of the diary remains blank.

C. P. Mulye

Chief Manager (Sys)
YOGA PRABODHA

AGING

In normal course, aging, like death, is inevitable and is a reality.

It is not the death that scares the most, often it is short of death.

It is the gradual deterioration of functions of our organs, weakening of our cognitive abilities with loss of memory, fear of probable dependency on others and the loss of personal autonomy that we so aggressively cherish, the disappearance of the ways we have been used to live with, and also the fear of loss of our spouse. Old age, in fact, is a continuous series of losses.

The question is how to cope up with the said inevitability, and make our lives worth living when we are weak and frail, on our way to gradually losing our ability to take care of ourselves. The answer lies in our attitude. We need to take old age as an opportunity to re-boot our attitude, and re-arrange our desires, expectations and priorities.

When we were young, we often believed in the term "sky is the limit".

We believed it because we measured our horizons in decades, available time as far stretched and distant. Achievements, creativity, self-set goals,

all then appeared real and achievable. Not, however, is the case now. First thing we need to do is to shed our rigidity, and downsize our ambitions, desires and expectations. We need to understand that the future ahead us is finite and uncertain, and that our horizons have shrunk. We must shift our focus from illusory future to the reality of existing presence, to "here and now", to the people who are near to us, to our small and every day pleasures. Uncontrollable urge to remain participator in every trivial and peripheral matter must be brushed aside, for it entails avoidable frictions and the associated stress. Detachment is the only 'mantra'; it help us to transform from a participator to an observer, and brings tranquility and peace of mind to us.

When our organs fail and a degree of dependency on others becomes unavoidable for the sake of our personal safety, we should accept it gracefully and should not plunge ourselves into frustration, resentment and depression. We can always search for some available pockets of autonomy that may enhance our self-esteem. The position becomes very difficult to cope if one is besieged with a terminal illness. Despite the advancements in medical science, the treatment of the most



of terminal ailments only delays the inevitability, and the medical struggle itself could possibly become a torturous journey. The irony is that a patient in such condition is often not in a position to take any decision about himself or herself. We may, if we wish, could open our mind, when we are fit, to our near ones to convey them if in such situation we really desire treatment or hospice, with the focus on the management of pain and discomfort only. Open discussion is a good thing.

Loss of one's spouse is another big trauma that is difficult to cope with, especially when the nuclear families

have almost replaced the joint ones that used to exist previously. To cope with such trauma, one again needs to change one's life-style and search for some pockets that may give a purpose of living.

One more thing is the spiritual inclination. It does bring tranquility and serenity in life. Try for it.

In the end, we must understand that happiness is a subject-matter of perception. We can transform the finite time available to us as graceful if we change our own way of thinking.

OMPRAKASH ANGNANI
Amravati, (Maharashtra)



STAFF PENSIONERS' PORTAL

As you are aware staff pension processing has been shifted to HRMS from CSPPC (Centralized Staff Pension Processing Cell). HRMS has introduced portal for pensioners available on login with PF ID and password. At present the HRMS portal is available with facilities of generating pension slip, investment declaration form etc. After introduction of HRMS portal, SBI COIN ie. pensioners' portal has become redundant as it was linked to CSPPC

Bank has therefore, developed a dedicated web site for single stop solutions for all the issues of pensioners.

- a. Since circulars are meant for internal circulation and this new website is open to all, the contents of the circular instructions are provided in 'For Your Information' section.
- b. Second Innings quarterly magazine for the welfare is now uploaded on



website as there were complains that printed copies were not distributed properly and most of the pensioners were not getting the copies regularly.

- c. Scrolling on the website contents job avenues opens to the pensioners of the Bank.
- d. Various links including link for HRMS have been provided for information about monthly pension, investment declaration etc. Some of others links provided are:
- Application for Holiday Homes
 - SBI Holiday Homes
 - Application for Group Health Insurance
 - Status of Arrears Payment (5th, 6th & 7th Bipartite)
 - Writeup for Second Innings
 - REMBS Limit below Rs. 1 lakh on 01.06.2018
 - REMBS Limit above Rs. 1 lakh on 01.06.2018
- e. The booklet 'Know Your Retirement' contains latest information about superannuation settlements.
- f. Following links have been provided to go to the Bank's site directly:
- LOCATORS
 - HOME
 - Services

- Cash Deposit Machine
- RTGS/NEFT
- Service Charges and Fees
- SBI Quick – Missed Call Banking
- State Bank Buddy – Mobile Wallet
- ATM Services
- Internet Banking
- E Rail
- SBI No Queue App Faq
- Safe Deposit Locker
- Broking Services
- Magnetic Ink Character Recognition MICR
- Foreign Inward Remittance
- Business Continuity Planning (BCP)
- Mobi Cash
- SME Assist
- Phone Banking
- Pension Seva

The URL is as under:

<https://www.sbi.co.in/portal/web/services/pension-seva>

The Site is also accessible by directly going to www.sbi.co.in, Services and Pension-Seva

RETIRED EMPLOYEES' MEDICAL BENEFIT SCHEME REINTRODUCED FOR SUBSCRIPTION W.E.F 07.09.2018

Eligibility:

- a) Membership is permitted to all employees of SBI who have retired in Jan'2016 onwards (Sep'2015 onwards for those who have availed Policy B at that time), if otherwise eligible for membership under REMBS rules. Employees of erstwhile Associate Banks, who have retired after 31.03.2017 (Special VRS 2017 optees are not eligible) are also eligible to join, if otherwise eligible as per REMBS rules.
- b) For new retirees, i.e. employees retiring in Sep'18 onwards, Membership would be permitted within 3 months of receipt of first pension & in case of PF optees of e-AB officials, within 3 months of retirement, if otherwise eligible for membership under REMBS rules.
- c) For old retirees, i.e. retired in Sep'2015 onwards, one time window up to 15.01.2019 is available for obtaining membership, if otherwise eligible under REMBS rules.
- d) The Scheme has also been opened for VR/optees/ Surviving spouses of eligible retirees & that of employees who died in service.

Detailed guidelines are available in Circular No. CDO/P&HRD-PPFG/45/2018-19 dated 20.10.2018.

Membership Plans:

- (a) Eligible retirees would be permitted to opt for either the plan as per their grade wise eligibility or a plan one step lower than their grade wise eligibility (Not applicable for Plan – I). The option would be irrevocable and no change in plan would be permitted later on.
- (b) The revised medical benefit limits and subscription fee are as under.

Plan	Target Group	Medical Limit	Domiciliary Limit	Subscription Fee
Plan - I	All up to MMGS-III	7,00,000	70,000	87,500
Plan - J	SMGS-IV & V	10,00,000	1,00,000	1,25,000
Plan - K	DGM / GM	15,00,000	1,50,000	1,87,500
Plan - L	CGM	20,00,000	2,00,000	2,50,000

The eligible retirees are permitted to opt for the plan as per their grade wise eligibility or a plan one step lower than their grade wise eligibility. The option is irrevocable and no change in plan would be permitted latter on. All other terms & conditions of REMBS viz. eligibility criteria, medical benefits etc. remains the same as they were before

the REMBS scheme was discontinued after 31.12.2015.

Process flow for membership:

- The applicant will go to pension paying branch with a joint photograph with spouse and a Demand Draft for required membership fee (payable at LHO centre) and will provide his / her PF Index to the teller.

- Teller will login into the Portal (<https://rembs.sbi.co.in>) with his/ her HRMS ID and enroll the pensioner through 'New Registrations'.

(Detailed guidelines on Reintroduced REMBS are given in Bank's Circular No. CDO/P&HRD-PPFG/34/2018-19 dated 06.08.2018, CDO/P&HRD-PPFG/38/2018-19 dated 07.09.2018, CDO/P&HRD-PPFG/45/2018-19 dated 20.10.2018)

GROUP MEDICLAIM POLICY FOR SBI RETIREES (POLICY – 'B') RENEWAL OF POLICY ON MODIFIED TERMS & CONDITIONS FOR THE PERIOD 16.01.2019 TO 15.01.2020

Renewal of Group Mediclaim Policy 'B' with effect from 16.01.2019 has been finalized with modifications in

- a. policy structure,
- b. introduction of new plans,
- c. improvements in terms & conditions,
- d. enhancements in coverage, add-ons etc.

details of which are furnished hereunder.

1. The policy will be issued by United India Insurance Co. Ltd., who is also the current Insurance Company,

2. While Anand Rathi Insurance Brokers Ltd. will continue to be the Insurance Brokers in the policy for the next cover period.
 3. The policy shall be available to the retirees of State Bank of India and employees of erstwhile Associate Banks who retired after merger.
- A. Modifications
- (i) Reduction in number of Plans & Introduction of Super Top-up Plans – Number of basic plans (sum insured) has been reduced from existing seven to four, with introduction of Super Top-up plans, which can be obtained only in conjunction with basic plans. The revised structure proposed to be introduced would be as under:

Sl.	Existing	Proposed	
	Base Plans only (Rs. in Lacs)	Base Plan (Rs. in Lacs)	Super Top-up Plans (Rs. in Lacs)
1.	3.00	3.00	3.00
2.	4.00	4.00	4.00
3.	5.00	5.00	5.00
4.	7.50		
5.	10.00		
6.	15.00	10.00	10.00
7.	25.00		

(ii) Under the Super Top-up Policy, if the sanctioned claim amount crosses the Sum Insured under the main policy (base plan), the balance amount is payable from the Super Top-up Policy. After the total Sum Insured under the main policy is exhausted and there is a further claim, even this claim will be paid through the Super Top-up Policy up to its Sum Insured. However, the 'Super Top-up Policy' will be available for hospitalisation expenses only and will be without OPD cover. Coverage under the 'Super Top-up Policy' is optional for the members of the main policy and is subject to payment of additional premium for the same.

A Super top-up policy will enable a member to avail higher coverage for hospitalization at significantly lower cost as premium for a super top-up policy is generally lower than base plans. The availability of Super Top-up will be strictly as

per the base plan as indicated in table above. For example, a person opting for Rs. 3.00 Lakh base plan can opt for Super Top-up of Rs. 3.00 Lakh only and so on. A Super Top-up can be availed either with the 'Domiciliary policy' or the 'Non-domiciliary policy'. However, Super Top-up Policy cannot be availed separately and can only be combined with a base plan.

- (iii) Introduction of Critical Illness Cover – It is proposed to introduce a Critical Illness Cover with Sum Insured of Rs. 5.00 Lakh for undernoted six ailments.
 - (i) Stroke resulting in permanent symptoms
 - (ii) Cancer of specified severity
 - (iii) Kidney failure requiring regular dialysis
 - (iv) Major organ / bone marrow transplant
 - (v) Multiple sclerosis with persisting symptoms
 - (vi) Open chest CABG

Critical Illness Cover will not be available separately and can be taken only with a base plan and Super Top-up plan taken together. Other terms & conditions for availing Critical Illness cover shall be as under:

- (a) Entry shall be available only upto the age of 65 years. However, renewals can be done beyond 65 years.
- (b) Pre-existing diseases will not be covered.

- (c) There will be a waiting period of 90 days and surviving period of 30 days.
- (iv) Removal of Tier-wise Classification of Cities for Expenditure Capping – In the current policy, expenditure capping was introduced on room rent / ICU rent as well as on few specific ailments on the basis of tier-wise classification of cities. It is now proposed to remove the tier-wise structure and implement a uniform room rent / ICU rent capping and expenditure capping on specified ailments, and also revise upward the ailment capping for a few diseases. The revised room rent / ICU rent capping and expenditure capping on specified ailments as under:

Room Rent / ICU Rent Capping (Amt. in Rs.)		
Sum Insured	Room Rent*	ICU Rent*
300,000	4,000	7,500
400,000	4,000	7,500
500,000	4,000	7,500
1000,000	7,200	12,000

*Uniform for all Centres

Ailment-wise Expenditure Capping		
Sl.	Name of Ailment	Amount
1.	Angioplasty	150,000
2.	CA BG	250,000
3.	Cataract	30,000
4.	Cholecystectomy	70,000
5.	Hernia	70,000

Ailment-wise Expenditure Capping		
Sl.	Name of Ailment	Amount
6.	Knee Replacement - Unilateral	1,75,000
7.	Knee replacement -Bilateral	2,50,000
8.	Prostate (Other than treatment of Prostate Cancer)	80,000

- (v) Re-introduction of Dental Treatment – Reimbursement of expenses on dental treatment only for RCT upto maximum of Rs. 7,500 which was originally available in the policy, was excluded at the time of last renewal. It is now proposed to again include the same in the policy i.e. The Policy will cover Root Canal Treatment with a limit of Rs. 7,500 per annum. It does not include extraction, filling or crowning. The amount fixed is overall limit for the entire family unit and not forming part of domiciliary treatment limit but within the total sum Insured. The cover will be available both under the 'Domiciliary' as well as Non-domiciliary' basic plans.

B. Premium Payable

The final premium rates for different plans, payable by the individual member is as under:

A. Basic Cover Plans

(Amt. in Rs.)

Sum Insured	Without Domiciliary Cover			With Domiciliary Cover		
	Basic Premium	GST @ 18%	Gross Premium	Basic Premium	GST @ 18%	Gross Premium
3,00,000	16,061	2,891	18,952	41,700	7,506	49,206

Sum Insured	Without Domiciliary Cover			With Domiciliary Cover		
	Basic Premium	GST @ 18%	Gross Premium	Basic Premium	GST @ 18%	Gross Premium
4,00,000	25,356	4,564	29,920	63,018	11,343	74,361
5,00,000	36,132	6,504	42,636	86,956	15,652	1,02,608
10,00,000	1,07,880	19,418	1,27,298	2,13,518	38,433	2,51,951

B. Super Top-up Plans

(Amt. in Rs.)

Sum Insured	Basic Premium	GST @ 18%	Gross Premium
3,00,000	5,948	1,071	7,019
4,00,000	6,448	1,161	7,609
5,00,000	6,963	1,253	8,216
10,00,000	7,520	1,354	8,874

C. Critical Illness Cover

(Amt. in Rs.)

Sum Insured	Basic Premium	GST @ 18%	Gross Premium
5,00,000	13,812	2,486	16,298

C. Eligibility for Membership:

- The policy will continue to be available to the existing members enrolled under Policy 'B' subject to payment of renewal premium.
- The policy will continue to be available to the Independent Directors of the Bank, subject to payment of premium from own sources.
- Eligible new retirees may join the Policy 'B' within 60 days from the date of retirement by paying the premium from their own sources. Pro-rata premium would be payable by such retirees.

d) Spouses of deceased employees may join the Policy 'B' within 120 days from the date of death by paying the premium from their own sources. Pro-rata premium would be payable in such cases.

D. Another Option for left-out retirees to join Policy 'B' – As per the expiring policy, only existing members can renew their policy or new retirees can join the scheme. It is now proposed to extend a onetime option for joining the scheme, to all old retirees, who could not join the scheme earlier, or had exit the policy in earlier years. This is a one time option only and may not be available on subsequent renewals. Further, the onetime option will be available subject to the following conditions:

- Additional one-time loading of 20% on premium will be applicable. However, this will be a one-time loading on entry. On renewal, the premium will be based on the overall claims experience and will be uniform for all. No differentiation will be made for these new entrants from next year.
- Such retirees can enroll only for Sum Insured of Rs. 3,00,000, under either 'With Domiciliary' or 'Without Domiciliary' Cover.
- Super Top-up and Critical Illness Cover would also be available to such retirees subject to fulfillment of conditions for such covers mentioned elsewhere in the circular.



E. Option for Policy 'A' members to join Policy 'B' – As per the existing terms of policy, a Policy 'A' member may join Policy 'B' only at the time of renewal / commencement of cover period and not anytime during the currency of the policy. It is now proposed that a Policy 'A' member whose residual balance has come down below Rs. 1.00 Lakh may join Policy 'B' during the currency of the Policy 'B'. However, such option to join the scheme during the currency of policy will be available subject to the following conditions:

- (a) Such members can enroll for Policy 'B' only for Sum Insured of Rs. 3,00,000, under either 'With Domiciliary' or 'Without Domiciliary' Cover.
- (b) There would be a waiting period of 60 days for joining the policy i.e. they can join Policy 'B' only after a period of 60 days from the date of their residual balance falling below Rs. 1.00 Lakh.
- (c) Full premium for the year (not pro-rata premium) would be chargeable in such cases.
- (d) Alternatively, the member can join Policy 'B' at the time of commencement of policy or next renewal. In such case, he/she can choose any Sum Insured from 'Domiciliary' or Non-domiciliary' plans.
- (e) Super Top-up and Critical Illness Cover would also be available to such retirees subject to fulfillment of

conditions for such covers mentioned elsewhere in the circular.

- (f) In addition, members of Policy 'A', whose residual balance continues to be above Rs. 1.00 Lakh but wish to obtain additional cover under Policy 'B', may do so only at the time of renewal of policy and must pay their premium before commencement of next cover period i.e. upto 15/01/2019. Such Policy 'A' members shall be permitted to choose any plan from Rs. 3.00 Lakh to Rs. 10.00 Lakh, as also applicable Super Top-up Policy and Critical Illness Cover.

The modifications / enhancements / add-ons shall be applicable only for the next cover period. Similarly, the enhanced cover, including Root Canal Treatment, removal of tier-wise structure for expenditure capping, enhanced capping for ailment wise expenditure etc. would be applicable for treatment taken during the next cover period i.e. 16.01.2019 onwards.

F. Other Terms & Conditions:

- a) Existing members, willing to renew their policy for basic cover only, can choose any plan from either 'With Domiciliary Cover' option or 'Without Domiciliary Cover' option of their existing Sum Insured or lower Sum Insured available. The option to choose a higher Sum Insured from their existing plan will not be available.

- b) For existing members, movement from 'With Domiciliary Cover' to 'Without Domiciliary Cover' or vice versa will be permissible, subject to payment of appropriate premium.
- c) Existing members, willing to obtain Super Top-up Policy also along with renewal of their basic cover can do so as under:
- (i) Existing members under Rs. 3.00 Lakh plan in the expiring policy, can renew his policy under Rs. 3.00 Lakh plan only along with Super Top-up of Rs. 3.00 Lakh.
 - (ii) Existing members under Rs. 4.00 Lakh, Rs. 5.00 Lakh and Rs. 10.00 Lakh plans, can reduce their existing Sum Insured only upto one step lower to avail Basic + Corresponding Super Top-up cover.
 - (iii) Existing members under Rs. 7.50 lakh plan can opt for Rs. 5.00 Lakh Basic Sum Insured plus Rs. 5.00 Lakh Super Top-up cover.
 - (iv) Existing members under Rs. 15.00 Lakh and 25.00 lakh can opt for Basic Sum Insured of Rs. 10.00 Lakh plus Rs. 10.00 Lakh Super Top-up cover.
- d) Existing members, willing to renew their policy, must pay their premium before commencement of next cover period i.e. upto 15/01/2019.
- e) New retirees can choose any one of the plans from Rs. 3.00 lacs to Rs. 10.00 lacs either 'With Domiciliary Cover' option or 'Without Domiciliary Cover' by paying the premium from their own sources. Pro-rata premium will be paid in such cases.
- f) Membership to Super Top-up cover and Critical Illness Cover would be optional. A member may avail only Basic Sum Insured 'or' may avail Basic Sum Insured + Super Top-up cover 'or' Basic Sum Insured + Super Top-up Cover + Critical Illness Cover.
- g) Members, who opt out of the scheme this year, for any reason whatsoever, will not be permitted to become a member of the policy again before expiry of 3 years period.
- h) Critical Illness Cover can be availed only by those members who avail Basic Sum Insured + Super Top-up cover.
- All other terms & conditions of the policy and instructions relating to the scheme will remain the same.
- G. Procedure for Renewal / Membership
- a) Existing members, willing to renew their policy, will fill up the simplified consent form (enclosed as annexure) manually by obtaining from branches and submit to the pension paying branch along with cheque/debit authority for applicable premium amount.



- b) Members of Policy 'A', willing to obtain additional cover under Policy 'B' will fill up the revised application form (enclosed as Annexure) manually by obtaining from branches and submit to the pension paying branch with cheque/debit authority for applicable premium amount.
- c) New retirees, willing to enroll for the policy, will also be required to fill up the revised application form (enclosed as Annexure) manually by obtaining from branches and submit to the pension paying branch along with cheque/debit authority for applicable premium amount.
- d) In respect of new enrolments by members who retire/have retired on or after 16.01.2019, the premium is to be paid on pro-rata basis as per the extant guidelines.
- e) In respect of renewal applications, full premium is to be paid by the member i.e. Basic Premium plus GST, for the plan selected.

विदाई

निश्चित है विदा होना निश्चित है जुदा होना । नियम यह प्रकृति का नियम यह संस्कृति का ॥

सूरज उदयाचल होता है नित नयी आशा लेकर। सूरज अस्तगामी होता है नित नयी सीख देकर ॥

अस्तगामी सूरज को देख, हँसो ऐ मन ! उदयाचल सूरज कहीं अस्तगामी होता है अस्तगामी सूरज कहीं उदयाचल होता है ।

निकले थे हम भ्रमण पर जब कभी थकान से पस्त हुए थे जब कभी । थे उत्साहित लौटने को स्वर्ग । थे उत्साहित समेटने को स्वधन ॥

भ्रमण की थकान से पस्त उत्साह नहीं होती है अस्त । मिलते हैं विचरते हैं हम फिर भी छूट न जाये दृश्य कोई भी ॥ जाना हमने भ्रमण से विरह का दृश्य थी वेदना विरह की। संजोये थी साहस घर लौटने की कमी न थी कहीं भी उत्साह की ॥

निश्चित है विदा होना निश्चित है जुदा होना । नियम यह प्रकृति का नियम यह संस्कृति का ॥

आशा

स्वागत है ऐ नवजीवन इस प्रथम दीपावली पर । प्रकाश पर्व है यह प्रकाशित करेगा तुम्हारे समस्त राह की चुनौतियों और अवसरों को ।

इसकी दीप्त रौशनी में चुनौतियाँ तुमसे होंगी पराजित इसकी दीप्त रौशनी में अवसरें निखरेंगी तुम्हारी मिहनत से ।

स्वागत है ऐ नवजीवन इस प्रथम दीपावली पर ।

निःशब्द

कुछ पल ऐसे होते हैं मानव निःशब्द हो जाता है। बीती यादें बताती हैं कभी यादें पीछा करती हैं कभी यादें सताती हैं पर मानव निःशब्द हो जाता है ।

जीवन बस एक खिलौना है किसी ने इसे संभाला है किसी ने इससे खेला है पर मानव निःशब्द हो जाता है।

इंसान जब सो जाता है मानो वो कहीं चला जाता है वेदना उसे भी तो होती है जो पीछे रह जाता है ।

कुछ पल ऐसे होते हैं मानव निःशब्द हो जाता है।

छियासी या सत्तासी बस एक संख्या है । गर हौसला हो तो सौ के पार भी संख्या है ॥

बुढ़ापा, जवानी या हो बचपन मजेदार है यदि रहे साथ बचपना। बच्चा खुश रहता है मस्त रहता है उल्लसित रहता है साथी है उसका बचपना

जवानी में मस्त वही होता है पास जिसकी होती है बचपना जो बच्चा है वही बचा है बाकी सब चचा है ॥

वेदना तो तुझे भी होती होगी जब तेरा शिशु पाता है बृद्धवस्था वेदना तो तुझे भी होती होगी जब तेरी रचना हो जाती है अशक्त

पर प्रभु है कैसी यह लीला आवागमन का चक्र है या है कोई अन्य खेला ।

तन थके तो थक जाये आखिर है तो पंचतत्व ही मन रहे उल्लसित सदा मन रहे प्रसन्नचित्त सदा यही कामना परिवार जनों की ।

राकेश कुमार
जमशेदपुर

ANNEXURE I

RATES OF DEARNESS RELIEF PAYABLE TO PENSIONERS WHO RETIRED A) PRIOR TO 1.11.1987 AND B) BETWEEN 1.11.1987 AND 31.10.1992 / 30.06.1993

Sr. No.	Basic Pension + F.D.R. (as applicable)	Dearness Relief for the months February 2019 to July 2019 (Average Index – 6885) (Slabs – 1571)
i)	Upto Rs. 1250.00	1052.57% of aggregate of Basic Pension & F.D.R.
ii)	Rs. 1251.00 to Rs. 2000.00	Rs. 13,157.12 + 864.05% of aggregate of Basic Pension & F.D.R in excess of Rs. 1250.00.
iii)	Rs. 2001.00 to Rs. 2130.00	Rs 19,637.49 + 518.43% of aggregate of Basic Pension & F.D.R in excess of Rs. 2000.00.
iv)	Above Rs. 2130.00	Rs. 20,311.44 + 267.07% of aggregate of Basic Pension & F.D.R in excess of Rs. 2130.00.

DEARNESS RELIEF PAYABLE TO PENSIONERS WHO RETIRED ON OR AFTER 1.11.1992 / 1.7.1993 UP TO 31.10.1997 / 31.03.1998

Sr. No.	Basic Pension	Dearness Relief for the months February 2019 to July 2019 (Average Index – 6885) (Slabs – 1434)
i)	Upto Rs. 2400.00	501.90% of Basic Pension.
ii)	Rs. 2401.00 to Rs. 3850.00	Rs. 12,045.60 + 415.86% of Basic Pension in excess of Rs. 2400.00
iii)	Rs. 3851.00 to Rs. 4100.00	Rs.18,075.57 + 243.78% of Basic Pension in excess of Rs. 3850.00
iv)	Above Rs. 4100.00	Rs. 18,685.02 + 129.06% of Basic Pension in excess of Rs. 4100.00

**DEARNESS RELIEF PAYABLE TO PENSIONERS WHO RETIRED
ON OR AFTER 1.11.1997 / 1.4.1998 UPTO 31.10.2002**

Sr. No.	Basic Pension	Dearness Relief for the months February 2019 to July 2019 (Average Index – 6885) (Slabs – 1300)
i)	Upto Rs. 3550.00	312.00%
ii)	Rs. 3551.00 to Rs. 5650.00	Rs. 11,076.00 + 260.00% of Basic Pension in excess of Rs. 3550.00
iii)	Rs. 5651.00 to Rs. 6010.00	Rs. 16,536.00 + 156.00% of Basic Pension in excess of Rs. 5650.00
iv)	Above Rs. 6010.00	Rs. 17,097.60 + 78.00% of Basic Pension in excess of Rs. 6010.00

**DEARNESS RELIEF TO PENSIONERS WHO RETIRED
ON OR AFTER 1.11.2002 UP TO 31.10.2007**

Average Index (CPI) for quarter ended December 2018	6885
No. of Slabs	1149
Rate of dearness relief on pension for the months February 2019 to July 2019	206.82%
(ignore decimals from 3rd place onwards)	

**DEARNESS RELIEF TO PENSIONERS WHO RETIRED
ON OR AFTER 1.11.2007 UPTO 31.10.2012**

Average Index (CPI) for quarter ended December 2018	6885
No. of Slabs	1012
Rate of dearness relief on pension for the months February 2019 to July 2019	151.80%
(ignore decimals from 3rd place onwards)	

**DEARNESS RELIEF TO PENSIONERS WHO RETIRED
ON OR AFTER 1.11.2012**

Average Index (CPI) for quarter ended December 2018	6885
No. of Slabs	611
Rate of dearness relief on pension for the months February 2019 to July 2019	61.10%
(ignore decimals from 3rd place onwards)	

ANNEXURE II

**DEARNESS RELIEF PAYABLE ON FAMILY PENSION
FOR THE MONTHS FEBRUARY 2019 TO JULY 2019**

Dearness Relief for Family Pensioners who died or retired

- (a) before 1.11.1992 / 1.7.1993
- (b) on or after 1.11.1992 / 1.7.1993 but before 1.11.1997 / 1.4.1998
- (c) on or after 1.11.1997 / 1.4.1998 but before 01.11.2002
- (d) on or after 1.11.2002 but before 1.11.2007 and
- (e) on or after 1.11.2007 but before 1.11.2012
- (f) on or after 1.11.2012

will be paid as per the tables given for the pensioners in Annexure I.

SUSTAINABILITY INITIATIVE BY SBI

As a responsible corporate, commitment towards Sustainability has always been our priority. Our Bank has been continuously integrating Sustainability in business operations and regularly conducts activities which aim to sensitize our bank staff towards conserving the environment. The major activities undertaken included:

1. Launch of Electric Vehicle Mahindra “Verito” at Corporate Centre office on a pilot basis as part of our commitment to achieve “Carbon Neutral” status by 2030.
2. Announcement of initiative of “Making our Bank Plastic (Single Use) Free” by 02.10.2019 on the eve of Gandhi Jayanti.



3. Agreement with Indian Development Foundation (IDF) for collection of unconsumed food on daily basis from Corporate Centre canteen for distribution to the needy.
4. Observing World Soil Day on 05th December 2018. Organised farmers meet at our rural and semi urban branches where farmers practising organic farming were felicitated.



5. SBI Green Marathon being conducted at all LHO cities showcasing Bank's commitment for a greener planet.



6. Bank has published its Third Sustainability Report as per GRI standards.
7. Implementation of Waste Management and Water Harvesting System at various Bank's establishments
8. Corporate Centre conducted pre fitness activities at various Bank's societies to give momentum to participation in SBI Green Marathon.



DIABETES

The Modern Diabetes Treatment

1. After diagnosing Diabetes, treatment starts with one medicine, **Metformin**.
2. After one or two years, add Glimepiride.
3. After a few years, add pioglitazone.
4. Later, start insulin injections.
5. Then kidney damage, retina damage, gangrene, dialysis, kidney transplantation etc.

Is there no alternative and better treatment for Diabetes?

Yes, definitely there is a wonderful, safe, & simple treatment.

Believe it or Not

Reversing diabetes is not in the hospitals you visit, not in the hands of the doctors you consult and not in the medicines you swallow.

It is definitely in your hands, surprisingly!

You will understand this once we examine the factors contributing to diabetes.

1. Eating fiberless grains like rice and wheat.
2. Consuming slow poisons like sugar, maida, coffee, tea, all bakery products, noodles, pizzas, ice creams - day in day out.
3. Water in plastic bottles, milk in plastic sachets and refined oils that too in plastic containers.
4. Sedentary lifestyle, not even moving a finger.
5. Low sleep, either do not sleep or cannot get sleep.

All these factors contribute to damaging immunity system and cause all the modern diseases more so diabetes.

But there is definitely a good solution.

There is a multi-pronged approach which will give excellent solution to diabetes.

A Multi-pronged Approach

Yes, reversing Diabetes is in our hands, says, Dr.Khadar Vali, a Food Scientist, Ph.D from Indian Institute of Sciences, Bangalore. He has been curing thousands of diabetic patients since 15 years. Let us examine the cure point-wise, as revealed by Dr.Khader.

Point 1: There are three types of grains: Negative grains, Neutral grains and Positive grains.

Negative grains are Rice and Wheat. Rice has only 0.2% fiber and wheat has around 1% fiber. The effect of low fiber is that glucose gets released into the blood in large quantities at once. The pancreas cannot produce that much insulin to handle the glucose. This disturbs the entire metabolism. Hence it is necessary to avoid these grains, which are causing all health problems and especially diabetes.

Neutral grains are Jowar (Sorghum), Ragi (Finger millet) and Sajja (Pearl millet), which have around 3% fiber. These grains are OK for healthy people.

Positive grains are 5 in number: Foxtail millet, Kodo millet, Little Millet, Browntop millet, and Barnyard millet, which has fiber ranging from 8 – 12.5 %. These grains release glucose into the blood in a regulated manner and the insulin normally produced can handle this much glucose. Apart from this, these grains have all the important nutrients like calcium, potassium protein etc. These are named as “Wonder Grains” by Dr.Khadar.

These grains, though a little costly, are to be used by those who want to correct their health problems, including

Diabetes. Once you get normal health, you may opt for Neutral grains but never to Negative grains.

Point 2: Water .

Our body is composed of almost 70% of water. But hardly any attention is paid to such an important content of the body. Neither to the quality nor to the quantity.

Quality: Natural water is water flowing in a stream and also exposed to sunlight which cleans up and charges the water. Though animals coarsence it even now and live healthily, it is not possible for humans.

Presently we use aqua water which is a billion dollar business. Not necessary for us. There is a way. Tap water to be put in a filter to clean up dirt particles and then put it a copper vessel for 8 hours. The water becomes structured water due to d’orbital electrons in copper. Helps energy levels, digestion and nutrient absorption. Our ancestors used copper vessels. If you do not want to use tap water,you may put aqua water directly in a copper vessel for 8 hours.

Copper water after 8 hours should be transferred to a steel vessel. Don’t retain water in copper vessel for a long time. Immediately after that, copper

vessel is to be cleaned every day either with tamarind or lime and salt. This water is to be used both drinking and cooking purposes.

Quantity: In fact water is to be drunk when thirsty and food to be eaten when hungry. These natural urges are now disturbed with changed life style.

Now what is to be done : 2 glasses of water in the morning and about 2 litres for the whole day is sufficient. Water not to be taken along with food. One hour before and one hour after. Thirst is an indication for water. However, our sedentary life style and airconditioned environment does not allow this indication.

Point 3: What we should not eat and what we should eat

What we should not Eat/Use
Milk of animals – Direct milk causes hormone imbalance for humans.
Paddy rice, wheat, maida-made products.
Refined oils
Jaggery of sugar cane, sugar
Flour and wheat flour
Tea, Coffee
All Bakery products
Polished grains

What we should not Eat/Use
Non-stick pan (It is plastic coated)
Do not use aluminium, copper vessels for cooking
Plastic plates, vessels, containers. Never put pickles in plastic containers. It becomes poison.
Eggs, chicken, meat, fish

What we should Eat/Use
Curd, butter milk and ghee
All Siridhanyalu (Wonder Millets)
Cold pressed – ground nut oil, sesame oil, safflower oil and coconut oil
Palm jaggery or jaggery of silver date palm
Flour of all Siridhanyalu (Wonder Millets)
Decoctions of certain herbal leaves as a substitute to coffee/tea
Eat only home made products
Processed (not polished) rice of siridhanyalu
Iron pan instead of non-stick pan
For cooking : earthen pots retain 100% nutrients. Alternative is steel. Water for Drinking & cooking purposes - copper vessel.
Vessels, plates, containers - Glass, steel, copper.
Leafy vegetables, vegetables, local fruits, dals, weekly one sesame laddu or fried sesame two spoons, should be eaten by everybody.



Point No.4 : Plastics – the No.1 Devastator of the Health of the Body

Nano-particles of the plastics enter the body in various ways due to indiscriminate usage of plastics now-a-days. These nano-particles prevent the intestines to absorb the micro-nutrients, which are so essential for the health of the body.

1. Through Water: Water comes thro plastic pipes, thro plastic containers and carried thro plastic bottles. The solution is storing water in a copper vessel for 8 hours. Copper metal cleans up the plastic particles and makes it structured water. Carry water in steel bottles not in plastic bottles.
2. Through cooking oils: Refined oils supplied in plastic sachets/containers. We should use Ghani oil and not refined oil which is refined with chemicals. There are some companies which supply throtin containers. Some Organic shops do this.
3. Through Milk: Milk is supplied in plastic sachets. Do not consume milk directly. Curds, butter milk, ghee are OK because **milk gets fermented before it becomes curd.**
4. Non-stick pans: So wonderful for cooking. **But do you know that the non-stickness comes from plastic**

coating? Gradually the coating diminishes and enters into our stomach with the foods so cooked on the pan. Use only iron pans.

5. **Plastics react with All liquids** . It is a dreadful thing to see hot sambar, hot curries, hot tea carried in plastic bags. Even honey in plastic containers, liquid medicines in plastic bottles. Pickles which acts as medicine, becomes poison in plastic containers. Imagine the consequences.
6. **When all this is done, there is no wonder even if cancer attacks.**
WHY NOT?
7. **All this is happening because we have started outsourcing everything.** Outsiders are for profits and do not bother about your health. **Let us start reviving the Indian Kitchen which gives food as medicine. So scientific is Indian Kitchen.**

Point No.5 : Non-vegetarian food (including Eggs)

Here we are discussing the topic from the point of nutrition and health.

Some animals eat other animals. Some birds eat other birds. Some fish eat other fish. The entire process is designed by Nature.

Cruel animals eat only those animals that are vegetarian. Lions and tigers do not eat animals which are non-vegetarian like fox, hyena etc. They don't eat grass even if they have to die due to non-availability of meat. An elephant, howsoever big it may be, does not eat smaller animals even in emergency. "Why?" By instinct they know the suitability of their food. A goat eats only certain leaves. Its instinct tells it that some leaves are not suitable for it and it avoids them.

Eskimos, thro absolute necessity, eat fish, but live only for short period. Poor people cannot afford to buy meat. Because of this fact, we can neither brand Eskimos as immoral nor consider poor people as moral.

Human beings are provided with both instinct and intellect. Fortunately or unfortunately, they have the power to overcome the instinct. But Intellect is a poor decider of food.

Our intelligence helps us to analyse why non-veg food is not suitable to human beings:

1. Artificial methods of stimulating animals with hormones & steroids are detrimental to the health of the eater.
2. When meat is eaten, there will be tremendous burden on the kidneys to filter the toxins.
3. Meat putrefies very fast and this process produces highly noxious poisons.
4. All the nutritional needs of the body are met with vegetarian diet in adequate quantities.

Manu, the codifier of laws in ancient India, suggested the most sensible approach when he said "There is no wrong in eating meat or drinking wine, but abstention therefrom gives many benefits".

Point No.6 : Vegetables

It is very important for us to eat different types of vegetables to make the food nutritious and tasty. However, we have to understand a few scientific facts about different types of vegetables. These are:

1. Vegetables including leafy vegetables should first be cleaned up by soaking in tamarind water for about 15 – 20 minutes. Tamarind has the unique quality of cleaning up the harmful bacteria and chemical remnants from the vegetables.



2. There are 3 types of vegetables:
(a) Root vegetables like carrot, beet root, potato etc., (b) watery vegetables like cucumber, bottle gourd etc. (c) leafy vegetables like cabbage, cauliflower etc.
3. To retain the nutritiousness of any food item, we should not mix them. Examples: multi-grains, mixed veg curries, mixed salads, mixed fruits etc. These may be tasty for the tongue but the nutrition benefit will not go to the stomach. One item offsets the nutritious benefit of the other. Eating different types of curries in a meal is OK but not cooking them together. Even the vegetables of same variety should not be mixed for cooking.

“Traditional wisdom and common sense guide us in preparing nutritious food”.

Point No.7 : Sleep – the Ultimate Immunity Protector

Everybody needs to have deep sleep for 6 – 8 hours to be healthy. Sleep deprivation suppresses the immune system. The diabetic patient should always protect his immune system. It is worth sharing here that for cancer patients Low Sleep is the main factor for causing the disease, next after constipation.

Over a period of time, Insomnia has joined the list of serious diseases. Sleeping pills is multi-million dollar business. Why such a simple thing as sleep becomes a big challenge.

The reasons are:

1. Eating till late night and sleeping immediately after that. There should be a gap of at least 2 – 3 hours between night food and sleep. The evening meal should be simple and easily digestible.
2. Exposure to electronic devices till late night. Which disturbs the mind and consequently sleep. First remove the TV, Computer, Mobile and all electronic gadgets from the bed room. In fact, human eye is not designed for exposure to direct light. For example, eyes cannot see Sun directly. The eyes are able to see things with the help of the sun light. Therefore exposing eyes to direct light like electronic gadgets all the time is bad. Restrict to the minimum.
3. The bed room should be made pitch dark, as the entire body, not only the eyes, react to light and disturbs sleep unknowingly.
4. Day time sleep also disturbs night sleep. A nap in the noon may be OK for elders.

5. Meditation for 15 minutes before sleep helps. It is the ultimate Medication.

Point No.8 : Sedentary Lifestyle:

What happens to the glucose entered in the body after eating food – three times or even more.

Glucose to some extent is needed for energy. But the excess of it erodes the ability of cells in pancreas to make insulin. Overtime, pancreas gets damaged. Blood vessels get hardened, formation of excess fat, triglycerides, kidney problem, knee problems, vision problems and nerve problems and so on.....

There is no physical movement nowadays to burn the excess glucose in the body. People do not move even a finger. Earlier people used to walk almost 10 – 12 km. a day. Now not even 1 km.

We have to burn the excess glucose in the body atleast once in a day.

What is the solution: Daily one hour walk is the best solution. Yoga also helps to a great extent.

Point No.9 :Yoga Therapy for Diabetes.

Yoga Therapy for diabetes is an integrated attempt thro Asanas, Pranayama, Shatkarma, Diet, Yoga Nidra and Meditation.

Asanas: Surya namaskar, tadasana, yoga mudrasana, shashankasana, supta vajrasana, pachimottanasana, bhujangasana, ardha matsyendrasana, halasana, sarvangasana, matyasana, gomukhasana, shavasana – All asanas aimed at general health and also activating Pancreas to produce sufficient insulin.

Pranayama: Nadi Shodhana, Bhramari, Bhastrika, Ujjayi.

Shatkarma: Laghoo shankhaprakshalana, kunjla, neti.

Other: Yoga Nidra, Meditation.

Venkata Rao KKBP,
Hyderabad.

Mobile : 9581412305.

Email : kkbpr@gmail.com.



Photographs of the meeting of SBI Pensioners Association, Mumbai Circle held at Shivaji Mandir, Mumbai on 25th February,2019.



Photographs of the meeting of SBI Pensioners Association, Mumbai Circle held at Shivaji Mandir, Mumbai on 25th February,2019.



Photographs form : Structured Meeting with Federation of Pensioners' Associations held at SBIIT, Hyderabad on 11th September, 2018



Photographs form : Structured Meeting with Federation of Pensioners' Associations held at SBIIT, Hyderabad on 11th September, 2018



The views expressed in this magazine are not necessarily those of the State Bank of India. It is not a priced publication. Printed, published and edited by State Bank of India, Corporate Centre, PPG Dept., 16th Floor, Madam Cama Road, Mumbai - 400 021. Tel. No. : 022-2274 1663 and printed at WESTERN PRESS PRIVATE LIMITED 1st Floor, 'B' Wing, Todi Estate, Sun Mill Compound, Lower Parel, Mumbai - 400 013, Tel. : 022-4031 7777. Owner's Name State Bank of India, PPG Dept., 16th Floor, Madam Cama Road, Mumbai - 400 021.