

PR SENSE

Spreading Positive Vibrations

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Cover Story of the Month



Siddha System of Medicine

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From the Desk of Publisher and Managing Editor



The Editorial Team is pleased to release the 128th (October 2017) edition of your ezine PreSense.

Recently, *Nilavembu Kashayam*, a Siddha medicine helped in the prevention and treatment of the Dengue Fever, thus saving thousands of lives in Tamil Nadu. This has brought the Siddha system of medicine to the centre stage. Our cover story focusses on the strength and the challenges faced by Siddha system of medicine.

Our Editorial talks about leadership traits in everyday life.

Mounting NPAs in the Banks has created a hot subject for debate among the

country's economists and political leaders. In an exclusive article, we argue in favour of exclusive NPA norms for farmers and small & medium industries in the Indian perspective, as against blanket adoption of the western model of NPA guidelines.

We also reproduce an exclusive interview with Dr Abdul Kalam on 'how to maintain good health', recorded by us in 2009.

We hope you will continue to enjoy reading this edition, as in the past.

Please send us your feedback to editor@corpezine.com.

K. Srinivasan

Editorial Team of PreSense Revamped

I am pleased to announce that from this edition, we have revamped the Editorial Team, as follows:

Publisher and Managing Editor	K. Srinivasan
Editor-in-Chief	Susan Koshy
Editor	V Rajendran
Consulting Editor	T N Ashok
Editorial Team	Triambak Sharma Sukruti Narayanan
Editorial Advisors	Dr R Jagannathan Dr Sudarsan Padmanabhan

Susan Koshy, Editor-in-Chief is a former General Manager of IDBI Bank and was heading the Corporate Communication Department of IDBI. She is a communication expert trained by the British Council of India.

V Rajendran, Editor is a former Senior Official of a leading Public Sector Bank and a Techno-legal expert. He is a specialist in Cyber Security and Cyber Law. He is the former President of Cyber Society of India (CySI).

T N Ashok is a Senior Economic and Political Journalist, based at Delhi. He is the former Economic Editor of Press Trust of India (PTI). He is also a Communication Consultant to many Corporates.

K. Srinivasan, Publisher & Managing Editor



Editorial

Lead the World

Leadership is a big-sounding word, especially in the corporate world. Leadership is associated with dynamism, unflinching confidence, robust attitude and appealing persona – any or all of these traits. A leader is often defined as one who makes a difference, or motivates to make a difference.

Almost everybody would like to be a leader because of the boost it gives to the 'feel-good' factor, which is essential for self-esteem. However, many feel inadequate as leaders as they look around at people who carry the compelling aura of leadership.

It is believed that there are born leaders, and then others, who become leaders through life experiences, or with the help of leadership training institutes and mentors. In this backdrop, if someone affirms that we are all leaders in our own significant ways in our everyday lives, it could be an intriguing statement. Yet, two poignant stories, the first, a symbolic one, and the other, a real-life one, assert this affirmation.

The first story is called 'The Starfish Story', a very popular one in the classroom sessions of management schools. It talks of a young boy on a beach, spotted by a casual gentleman one morning. The gentleman watched the boy pick up starfish, one by one, from a large galaxy of them on the beach sands, and throw it back into the ocean. When asked, the boy said that he was getting the starfish back into the ocean before the midday heat of the sun scorched them dead. The gentleman replied that with so many thousands sprawled all over the beach sands, the boy could make little difference as he would not be able to put them all back into the ocean. The boy thoughtfully picked up another starfish in his hand, threw it into the ocean, and said, "it made a difference to that one". And here lies a big lesson for every one of us, "If you are a leader in small things, you are no small leader".

Another story is narrated by a TED Talks speaker, Drew Dudley. Dudley shares the story of how a random goodwill action by him made a difference to a girl standing in a random queue, so that she went on to take a major decision in her career path, which in turn, changed her life in a positive way. And he would not have known about it if she had not taken the initiative to tell him so, four years later, in a gesture of gratitude. This story teaches us another big lesson – we also make a difference when we take the time and the effort to thank the 'Good Samaritan' for his good deed. After all, even leaders need motivation to continue the good work.

The final verdict – we are all leaders in life. And we make a difference in this world. We just need to acknowledge, and be aware that both our action and inaction make an impact in at least one person's life, whether we want to or not. We therefore have a responsibility in life as leaders of the world. We also need to learn to be grateful and make the effort to express gratitude in life. It does the wonder of a miracle both to the doer and the recipient.

Wow! Life holds so much potential for all of us to explore and make a miracle out of it.

Please check the following links for the related stories:

The Starfish Story: <https://www.youtube.com/watch?v=Z-aVMdJ3Aok>

Drew Dudley's Everyday Leadership: <https://www.youtube.com/watch?v=uAy6EawKKME>

By Susan Koshy, Editor-in-Chief



Cover Story

Siddha System of Medicine – Its Potential and Its Challenges

Outbreak of Dengue and Siddha Medicine



The recent outbreak of the Dengue Fever in the Indian state of Tamil Nadu has once again brought 'Nilavembu Kashayam', to centre-stage. *Nilavembu Kashayam* is a Siddha medicine made out of nine herbs. This medicine is used both for the prevention and the cure of Dengue, Spine Flu and Chikunguniya Fevers. The Government of Tamil Nadu has been distributing this medicine in all public places and it also promotes it through the media. In spite of the assurances given by the National Institute of Siddha (NIS) and the Central Council of Research for Siddha

(CCRS), a controversy was raised by the comments of some celebrities like actor, Kamal Hassan, and part of the media about the 'scientific validation' of this *Kashayam* (herbal extraction). In spite of this challenge, the Government went ahead with its distribution, as there was no alternative treatment in allopathic medicine. Earlier in 2015, when Chennai suffered heavy floods, the timely administration of *Nilavembu Kashayam* helped prevent an epidemic, saving thousands of lives. Some of the other states in India have started showing interest in the administration of *Nilavembu* for treatment of these diseases.

The *PreSense* Editorial Team initiated a study to understand the uniqueness and challenges faced by the practitioners of the Siddha medicine system. The Team interacted with several practitioners and Siddha promoters, and also visited institutions to obtain a first-hand impression.

Siddha System of Medicine

Among the traditional systems of medicine in the world, India's Ayurveda and Siddha are said to be very ancient. Although both the systems of medicine are very similar in practice, Ayurveda is essentially written in Sanskrit, and Siddha is worded in Tamil.

Siddhas were the spiritual scientists of ancient India and they laid the foundation for this system of medicine. They possessed tremendous intellectual powers and they lived much longer, sustaining their bodies. They had in-depth knowledge about body and soul. They had expertise in how to use herbs, minerals, metals, poisonous drugs, etc. as medication for treating ailments. By controlling yogic power, they acquired super natural powers. The Siddha system of medicine is stated to be more than 5,000 years old thus proving its efficacy.

Thousands of years ago, Siddhas had classified the system into various sections – what the modern system of medicine did 150 years ago

Agasthiyar, Bhogar, Theraiyar, Thirumoolar and their disciples were the main *Siddhas* who wrote several hymns in poetic form, on various aspects of the medical system. According to experts, around 100,000 available poems have been published. In these poems, they



discuss the anatomy of the body, the pathology, the physiology, the pharmacology and about preventive medicines. Thousands of years ago, *Siddhas* had classified the system into various sections – what the modern system of medicine did 150 years ago. From the available scriptures, it is found that they have dealt with 4,448 diseases and suggested around 3 lakh (300,000) medicinal formulations.

From the available scriptures, it is found that they have dealt with 4,448 diseases and suggested around 3 lakh (300,000) medicinal formulations

Agasthiyar, in his book '*Garbha Soothram*', talks about the stages of growth of the child in the mother's womb, thus exhibiting his knowledge of the 'human anatomy' and 'embryology'. He has also written about various eye problems and solutions. The Ministry of AYUSH, Government of India maintains a 'Traditional Knowledge Digital Library' as a repository of all the formulations.

Diagnosis and Drugs

The Siddha system follows eight steps in the diagnosis of any disease. They are *Nadi* (pulse), tongue, colour, voice, eyes, touch, stool and urine. The treatment in Siddha medicine is aimed at keeping the three 'Humours' viz. *Vatham*, *Pitham* and *Kapham* at the desired optimum level. The Siddha medicine system believes that diet and lifestyle together play a major role in maintaining health and in curing diseases.

There are 32 types of drugs in the form of powder, liquid, juice, etc for internal consumption. In the external therapy, they use treatment like fumigation, steaming, paste, massage, application of oil and fermentation.

They extract the ingredients from three sources viz. herbs, minerals & metals (iron, tin, mercury, copper, gold, etc.), and also animals.

Difference between Siddha and Modern Medicine (Allopathy)

According to Dr Velayudham, a well-known Siddha Doctor and a Ph.D holder in Siddha Medicine, the medicine used in Allopathic treatment, attacks the virus of the disease, but may not be able to eradicate the virus fully. But in the Siddha system, the medicine develops immunity in the body itself to fight against the virus.

"Indian medicine is a way of life. The food itself is the medicine – what you eat, the time, and the quantity of the food. Food is supplemented by yoga. Indian medicine is more preventive in nature. Allopathy does not deal with the whole system but the specific condition. Allopathy is more about reaction. Indian medicine is pro-active." Says Dr Santhosh Babu IAS, who was the Commissioner of Indian Medicine, Government of Tamil Nadu, and is a doctor in Modern Medicine. Dr Santhosh Babu wants yoga to be introduced at the elementary school level itself, to promote healthy life practices from a very young age.

"Indian medicine deals with the source of the disease and modern medicine focuses on symptoms"

"Indian medicine deals with the source of the disease and modern medicine focuses on symptoms" says Dr Anitha Balachander, a Molecular-Biologist and Director (Operations) of a leading Ayurveda drug manufacturer.



Current Status

The Siddha system of medicine comes under the Ministry of AYUSH of the Government of India. Dr Anbumani Ramadoss, Member of Parliament, started a separate AIIMS-like Institute (the renowned All India Institute for Medical Sciences, New Delhi), for Siddha called 'National Institute of Siddha' (NIS) in 2005 when he was the Union Health Minister. He also started the Central Council of Research for Siddha (CCRS) to initiate research programmes on Siddha. There are nine educational institutions offering Undergraduate (UG), Post-Graduate (PG) and Doctorate (Ph.D) courses in Siddha. The Central Government had instructed every Primary Health Centre to have at least one AYUSH wing.

Challenges

In spite of being a strong medical system, there is apprehension among the Siddha practitioners that there are vested interests who work on destroying the credibility of Indian systems of medicine. Even recently, the Indian Prime Minister Narendra Modi expressed his concern that during the pre-independence era, yoga and the Indian systems of medicine were ridiculed. Even now, attempts are being made by vested interests to destroy the faith that Indians have in the traditional medical system and treatment. The most recent occurrence of this threat was seen when the State Government promoted *Nilavembu Kashayam* to fight Dengue Fever. Several attempts were made, using celebrities, to discount the potential of Siddha medicine and dilute the faith of the people. Unfortunately, the Siddha practitioners do not have the muscle power and the money power to counter these threats and attempts. What they lack is a powerful lobby.

A misconception is being spread among the people that Indian medicines contain metals. "In the Indian system, minerals and metals are used in the permitted level. They improve the efficacy and bioavailability of the medicine. People need not have any fear, when they take medicine as prescribed by the doctor", says Dr Anitha Balachander.

There is a general feeling among all the Siddha professionals that the curriculum in the nine government and private educational institutions offering courses in Siddha Medicine, is not being updated regularly. Books published 60 years ago are still used in these institutions for study. In the past 60 years, many new palm leaves bearing ancient knowledge about Siddha medicine, have been discovered and published and they are not updated.

Around 5000 palm leaves, bearing approximately 5 lakh (500,000) hymns, are reported to be lying in various libraries, unexplored. They may contain valuable information on the Siddha system of medicine. Although all the Siddha drugs are being used and administered successfully for centuries, its scientific validation is not available to take it to the global level.

The Government of India started an exclusive Research Council called the Central Council for Research in Siddha (CCRS) in 2005, similar to Indian Council of Medical Research (ICMR). "Presently, 30 projects are under progress. We have completed a drug called D5 for Diabetes patients and it would be released to the public after approval from the Government" says Dr R S Ramaswamy, Director General of CCRS.

National Institute of Siddha (NIS)

NIS was started in 2005 as an apex body, based in Chennai, to offer clinical services and research facilities. It has a 200-bed hospital attached to it. NIS offers PG and



PhD courses in various branches of Siddha. Around 2500 patients visit the hospital daily as out-patients and to consult doctors. NIS provides treatment and medicine free for both the in-patients and the out-patients. During the visit, our Team was impressed with the cleanliness, maintenance, treatment and care in the hospital. PG and Research students gain good exposure while dealing with the patients. The clinical data, which is generated daily, can be an excellent document for any scientific validation. We are not sure if proper data base is maintained.

Moving to the Next Level

Dr Anbumani Ramadoss (Former Union Health Minister) and Dr Santhosh Babu IAS, both agree that scientific validation is necessary, to take Siddha to the global level. The Government of India, NIS and CCRS should take initiatives to collaborate with international universities of repute. Your e-Magazine, *PreSense* has offered to actively support their efforts, through the network of the e-Magazine.

Digitising the remaining palm leaves immediately and publishing the text will facilitate in gaining more knowledge about the Siddha system of medicine. This can be done only by the Ministry of AYUSH and the State Government. "We are sitting on a gold mine, without knowing what it is", commented Dr Anbumani Ramadoss. The initiatives started by him should be aggressively pursued.

The curriculum should be updated with latest publications, to cater to modern requirements. The curriculum at present, does not provide them sufficient knowledge and insight to practise. Several students graduating from these colleges are jobless, and they are

Although the Siddha system deserves palatial status, unfortunately, it 'resides' in a hut. The system deserves to be promoted to its rightful position in the zenith. As Prime Minister Narendra Modi observed, the nations who leave their heritage behind are destined to lose their identity

compelled to divert to the practice of allopathic medicine, for their livelihood.

The common man has faith in the Indian system of medicine. Vested interests aggressively create panic through misguided propaganda to dispel the faith. The Government should

counteract the campaign and provide sufficient support to the Indian system of medicine, which is safe and without side effects. In spite of all the counter campaigns, the Tamil Nadu Government recently went ahead with the official distribution of *Nilavembu Kashayam* to protect people from Dengue Fever, as there was no alternative in Modern medicine.

The Private Sector should start Corporate hospitals in Siddha medicine, to attract the middle and upper middle class of people. Just as Kerala uses Ayurveda for 'health tourism', the Government should promote 'health tourism' through the Siddha system of medicine too. It should be promoted through herbal parks, and Siddha clinics in 'Star Hotels'. Its packaging and marketing should be a professional exercise.

Although the Siddha system deserves palatial status, unfortunately, it 'resides' in a hut. The system deserves to be promoted to its rightful position in the zenith. As Prime Minister Narendra Modi observed, the nations that leave their heritage behind, are destined to lose their identity.

By K. Srinivasan, Managing Editor, and Dr R Jagannathan, Editorial Advisor



Nation

Non-Performing Assets (NPA) of Indian Banks – Need for Norms in Indian Perspective



What is NPA?

Banks' loans are their assets. A loan which is properly repaid as per schedule is called a Performing Asset. A Non-Performing Asset (NPA) refers to a loan which is in default or in arrears on scheduled payment of principal or interest and normally beyond 90 days. Some exceptional loans do not come under this 90-day period classification, like a crop loan which becomes NPA if not repaid within the next crop season, and a jewel loan if not repaid within one year.

The Indian Scenario

In India, gold loans or jewel loans and loans against real estates, constitute a substantial part of a bank's assets. These two sectors are traditionally considered very secure because there has never been any depreciation in these assets, though the rate of appreciation has been sluggish at times, in the rare cases of some high-end real estate properties. Still, even in these two sectors, banks have to scrupulously categorise a loan as NPA in conformance



with the standards, if the loan is in arrears, though actually, the market value of the assets in such loans is always much higher.

Of late, there is an emerging and understandable argument that the Western concept of NPA categorisation or definition may not be completely applicable for the Indian system of banking and lending. Indian banking is mostly domestic driven and public sector driven. Gold loans are rare in the West. Besides, the concept of sub-prime lending (or re-mortgaging and lending against the highly volatile stock markets and such non-physical assets) is not common in India. Hence, the yard-stick of NPA categorisation as a "one-size-fits-all" norm may not be suitable for Indian banking, according to some economists. Indian banking may be more comparable to the savings focused model of Japan as against the spending economy of the United States of America, and other Western nations.

In the West

The NPA norms and provisioning guidelines in the West were designed to be strict and regulated, with an aim to protect the investors and depositors, whereas in India, even without these stringent NPA norms, depositors and investors are protected, because of the Statutory Liquidity Ratio and Cash Reserve Ratio that all scheduled banks should mandatorily keep. And when you add the figure of investments in government securities to this, around 30% of investors' funds is absolutely secure. Besides, India currently has limited capital account convertibility, the presence of foreign banks or banks controlled by

In India, the problem of bad loans is not systemic, but limited to 30-50 accounts, accounting for around 50% of the total amount of NPAs. RBI Governor, Shri Urjit Patel has himself admitted that the Gross NPA Ratio of the banking system at 9.6%, and stressed advances ratio at 12%, as of March 2017, is indeed a matter of concern

foreign investment is negligible, and the majority of banking is in the public sector. Thus, there is little threat to banking as such. Almost 80% of bank deposits in India are with Public Sector Banks (PSBs), accounting for around 50% of our Gross Domestic Product (GDP). If banks fail by the stipulated norms laid down by Reserve Bank of

India (RBI), it is again the same RBI which must come to the rescue of the banks, by capital infusion, (as recently announced). This simply implies that the owner himself (RBI) calls his assets (banks' loans) bad, and then rescues them.

The Concerns:

Having said all these, one cannot be oblivious to the fact that rising NPAs is certainly a matter of grave concern, having serious ramifications of ruining the economy. If we do a root cause analysis of mounting NPAs, it is interesting to note that banks in India do not report NPAs in their retail category like small loans and agricultural loan, whereas it is significantly high in their major industries sector category. The reasons are obvious. For instance, the major Public Sector Bank, State Bank of India as of June 2017, reported that bad loans in the retail sector lending were 1.56 per cent and the same ratio in corporate lending was 18.61 per cent. Understandably and admittedly, we may conclude that branch managers are quite skilled in assessing small loans and evaluating the borrowers where there is a personal interface, and they often fail in assessing major corporate loans (obviously due to various factors like external influences, needless to say, how).



In India, the problem of bad loans is not systemic, but limited to 30-50 accounts, accounting for around 50% of the total amount of NPAs. RBI Governor, Shri Urjit Patel has himself admitted that the Gross NPA Ratio of the banking system at 9.6%, and stressed advances ratio at 12%, as of March 2017, is indeed a matter of concern.

While the NPAs as claimed by the Government is Rs. 7 lakh crores (7 trillion), the All India Bank Employees' Association (AIBEA) claims that by including the restructured loans, it could be as high as Rs. 16 lakh crores (16 trillion). According to the policy suggested by Professor Arvind Subramanian, Economic Advisor Government of India and adopted by the Government of India, India faces a twin Balance Sheet (BS) problem. The balance sheets of the business houses as well as those of the banks are shrinking due to poor asset quality and growing NPAs. The Government as well as the business houses are shying away from acknowledging this, as it might lead to political backlash. However, the Economic Survey 2016 recognised and acknowledged the twin BS problem. Resolving the NPA issue by recapitalisation and reform may rid the defaulting borrowers of their overdues, giving them the feeling of comfort of getting back their assets, implying the condonation of immorality or even illegality of non-payment.

Need for NPA Norms for Indian Perspective

Loans to micro segments and to Small and Medium Sectors also need a different approach, as the cash flows of these borrowers are different, and needs to be recognised. A differential treatment of such loans must be brought into policy, as these types of loans are specific to India, deserving special attention. For example, if a small borrower defaults in three instalments, his entire loan becomes NPA and he will be required to also pay overdue interest at 2% of the entire loan. These borrowers therefore prefer to resort to private money lenders for easier access to the loan, even at an exorbitant rate of interest. In India, defaults by farmers and small borrowers can happen for many external reasons, like failing monsoon, adverse economic conditions, improper assessment of the proposal by the bank, delayed payment of subsidy by the Government as well as delayed payment of bills by big companies to small ancillary-type units. If the small loan becomes an NPA, the unit earns a poor rating by CIBIL, which is used by banks to check the creditworthiness of a prospective borrower. Once an account becomes an NPA, it is difficult and rather an uphill task to re-classify the loan as standard asset. The situation results in a vicious cycle.

No quick fix solution taken from the West based ideologies of bankruptcy law, domestic credits, money and stock markets will help the family-driven, savings-oriented and credit-shy Indian economy.

From the perspective of compliance with Basel norms and at a global level, it may be required to retain the present NPA classification system. However, in view of the many unique features of the Indian economy, the entire gamut of NPA and stressed assets has to be looked at purely from an Indian perspective and the regulator RBI has to work in perfect sync with the Government of India to make the Indian banking system healthier. No quick fix solution taken from the West based ideologies of bankruptcy law, domestic credits, money and stock markets will help the family-driven, savings-oriented and credit-shy Indian economy.

**By V.Rajendran, Editor
(with input from Dr Prabhakar Krishnamurthy, Retired Professor of Management)**





Dr Abdul Kalam on Health Care

On 15th October 2017, the nation celebrated the 86th birth anniversary of Dr APJ Abdul Kalam. As a tribute to him, I would like to republish an exclusive message recorded by me on the "Three-Dimensional Health Care Approach for Youth". This message was recorded on 7th October 2009. We have heard Dr Kalam speaking on the topic of economics, about India Vision, etc. On our specific request that he speak about health care for youth, he gave a spontaneous four-minute message.

In this exclusive message, Dr Kalam suggested that one should spare one hour every day to maintain good health. He suggested a three-dimensional approach viz.

- (1) Fibrous vegetarian food
- (2) Physical exercise, including walking for one hour and
- (3) Meditation for 30 minutes.

He also mentioned in this message that he used to spend one hour in a daily walk, wherever he was. Till the time of his death, Dr Kalam maintained good health, and was very active.

This podcast was released in October 2009. Please listen to this informative podcast. Since this is an important healthcare-related message, please share this podcast with your contacts.

<https://youtu.be/VGKDKEWpptw>

By K. Srinivasan, Managing Editor





PRince

By- Triambak Sharma



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Demonetisation

Day 8th November coming again..

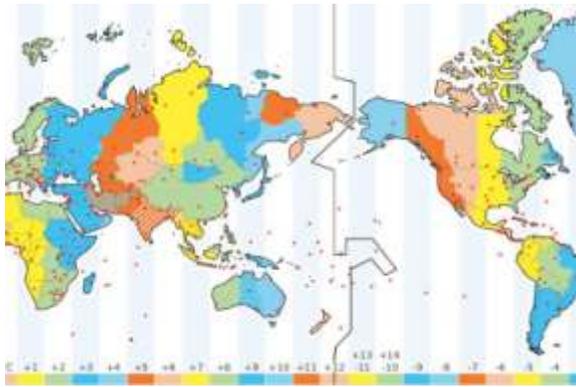
How many 2000 Rs
Note you have...??



International

The Diomed Islands

We have spectacular things happening around the globe and one such evident geographical wonder that occurs due to a universally accepted imaginary line, relates to the Diomed Islands.



The Diomed Islands are located in the middle of the Bering Strait between mainland Alaska and Siberia, which borders with the Chukchi Sea to the north and the Bering Sea to the south. The Diomed Islands consist of the Big Diomed (belonging to Russia) and the Little Diomed (belonging to the United States of America). They are two closely located islands separated from each other by a

distance of about 4 kilometres. The most interesting part is that although they are not very far from each other, the time difference between them is about 21 hours because they are separated by an International Border which is also a part of the International Date Line. For this reason, the islands are often called Tomorrow Island (Big Diomed) and Yesterday Isle (Little Diomed).

The International Date Line (IDL) is an imaginary line on the Earth's surface, defining the boundary between one day and the next. Based on the position, one needs to add or subtract a day. For example, if you cross the IDL from west to east, you subtract a day, and if you cross the line from east to west of the IDL, you add a day.

The Universal Time Coordinated (UTC) or Coordinated Universal Time as UTC is known nowadays, is the time standard followed by the world. The world's timing centres keep their time scales closely synchronised or coordinated with reference to the UTC – hence its name Coordinated Universal Time (UTC). It may be noted that while UTC and the Greenwich Mean Time (GMT) share the same current time in practice, there is a basic difference between GMT and UTC. GMT is a time zone used by some European and African countries. UTC is a time standard that is the basis for civil time and time zones worldwide. This means that no country or territory officially uses UTC as a local time.



Between 2200 hours and 2359 hours UTC each day, three different calendar dates are observed at the same time in different places on Earth. At 2215 hours UTC Thursday, it is 2315 hours on Wednesday in American Samoa (UTC−11), Thursday in most of the world, and 0015 hours on Friday in Kiritimati (UTC +14) (Please see the images for reference).

By Sukruti Narayanan, Editorial Team Member



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