Podcast Introduction and Mission

You know, the West is losing the connection, you know with the advent of artificial intelligence. People are talking to Chajipati but not talking and to the people sitting next to them.

So I guess the East is still somehow there, but the integration of the connection with rationality is important. It's like the blend of logic and intuition, I guess.

The East has, Pakistan has still that with them. I don't know when they will lose it because the world where it's progressing. I'm Dr. Ali Ahmed. And I am Dr Surya Ravan.

With the wisdom from holistic, alternative and these conventional medicines, we are here to challenge the status quo. We're curious about the connectivity and complexity between diverse fields of knowledge as a relief to consciousness, chronic illness, mental health, resilience and beyond.

Learning more about art and science of healing, or listening to stories of extraordinary healing. You're in the right place. Let's dive in. The Two Curies MD is a simple, supportive resource.

We use this as a resource for new, current, prospective patients. People are healers, people who are doctors, therapists, and people doing work and helping people in their mental health.

Specifically, we talk about ketamine treatments, integrative medicine, holistic healing. And it's all based on story. Each episode here often can help provide patients guidance, real conversations, and stories that really illuminate the healing process.

What we say here is that medicine is more than science. It's story, it's art and human connection. And by sharing these experiences of patients and even practitioners like you, this podcast really helps highlight an understanding of how health shows up and the context of illness.

And really, we talk a lot about curiosity and shaping that relationship that story has in the contest of the illness in terms of a humanistic approach to healing.

So, whether people are just beginning their path to healing or have really succumbed to all of the things that happen in the healing space, you know, the struggles, challenges, as you mentioned, we want patients to feel informed.

We want the patients feel empowered and that they're not alone in their healing journey and even practitioners. So thank you, Sumaya, for being here. You are a doctor.

you are person who I have known and you live in Pakistan. And you practice in the healthcare conditions there, which a lot of people may not know about.

But if you could give us a little bit of your background, what it feels like to be a, a Doctor in pakistan these days, and what's your story? First of all, thank you for inviting me to the podcast.

I'm grateful and thankful to share my journey and my side of Pakistan. It's a beautiful country, beautiful people, and we have people who are resilient, no matter what challenges come our way.

So in healthcare, we do come across so many challenges, like we are resources restricted in so many ways, but the doctors show up, the nursing staff shows up and we deliver under low resource conditions in government setups.

So we get to see the plight of the patient and there's a human connection every time. And we understand by understanding their understanding And it gives us so much self-awareness and how fragile this life is and important every moment is.

So we value whatever they come across and we listen.

Healthcare in Pakistan and Patient Care

was listening is very important. You know, you cannot heal if you do not listen the other side of the story. And something I must say, there's a subtext every time, patient comes to you, a female patient, comes through you.

I practice all kind. So there is obviously there are socioeconomic challenges to the demographic I deal with. It's mostly middle to low class. So patients do have questions, stories, and we are there to be there for them.

And it feels very much empowering. It feels much connecting. We make that connection with them and they're very appreciative and really acknowledge our efforts.

Give us an idea, Samayya, about what healthcare looks like in Pakistan. the middle to low-income class patients that you see, a typical patient that would see.

What is that typical patients or what kind of complaints do they come in with? What kind conditions do you? We see every kind condition. In Pakistan, we have non-communicable diseases as well.

We are communicable. So it's a mixed set. Mostly patients are anemic and because of low diet and there's no as such birth spacing. And there are campaigns and people are getting aware that it's okay to have lesser number of kids.

It's ok to plan that pregnancy, it's okay. Though there are religious or social taboos, but I think people, due to the digital awareness and it has been a global village now, youth is very much agile and They are really addressing to their problems.

The young females and the young patients that I see are very much aware. And they want the best for the children and bests for themselves. They want to grow.

Air in Pakistan is really much changing in every way. We have a demographic of 154.5 million people under the age of 30. We are really evolving. Pakistan is like an underdog.

You can underestimate it, but it has got untapped potential in every way. I can see that in my country. here to talk all the greats about my country. I know there are good and bad in every country, but Pakistan has potential.

You cannot really ignore it. What is the access of care like over there? Because in America, we have insurance systems, and I also know Pakistan also has a developing insurance system.

Do you see that showing up? Is cost an issue for patients? We had a sehat card introduced by the last government and it still works in many places. I'm talking about government setups or the, you know, not private sector.

Private sector is all good. The private has every possible thing. I guess they have the best doctors, best care, the infrastructure, and the insurance plans.

The structure is also reviving. The new government or the last has also worked in so many ways and improved health care in many different ways. But I guess care is the same.

If I say the same doctors work environment and private sector, the care is there. There's some problems with infrastructure, but I guess the patient gets the kid because the doctors are committed.

Doctors give. the best they can more than they could because we the doctors are lesser as compared to the you know developed countries and we have this huge bulge of population and there's a population explosion in Pakistan, but we do deliver.

Even its paramedics, its nursing staff, we try to give our really best and patients do acknowledge that. whatever we provide them and whatever is provided to us, we make the best use of it.

So whenever we go to countries like US, UK, Canada, and Australia, or any developed country, We give our best because we care. We have been taught to care because it's in, you know, in Urdu we say tarbiyat.

I understand there's some social conditioning, really from the start, that we really have to care and deal with human possibilities. You've really attested to that.

I think even coming and visiting Pakistan, when you go there, there is such a huge respect for doctors and providers who take care of people. Often when I would go back and you tell somebody a doctor is there then there would be patients, you know, there would be family members asking questions about their health.

There would the people who work in the home, they would asking about treatments and asking for advice. So I often felt that there was such an amount of reverence to doctors that was cultural and I do see doctors there too really going out of their way to really, even if resources aren't there, really trying to figure out to help their patients.

Can I bring the conversation to a little personal note? I love your passion. What we share in common is that the three of us have a connection to Pakistan.

I actually went to medical school in Pakistan, so you're reminding me of something very interesting, which was that it's in those lower resource settings when we talk about resources and how That's when ingenuity and resilience grows.

Ingenuity meaning innovating. And I remember that's a mindset as well, and I'm really being reminded that that is a mind set that we can all carry in all our different systems.

Um, tell me about how you, cause we also, our podcast is also you know, thank you for that introduction Alia. Our podcast, podcast has also about narrative medicine.

You know storytelling and you've published a book. And, uh, right. I want to bring up the audience can see this beautiful book, a poetry, um, which is really I found it very easy to read and very, very thoughtful ways of really connecting the art, poetry and art and how that can really add to so much of our work.

As doctors, we think we're scientists and we are mathematical or scientific or biological. But really, doctors are also creative. They're artists. And I see this as really great work that you've really represented as an artist.

So tell us a little bit about this beautiful book and how this came about. Since my childhood, it's not overnight. I've been writing, I observe people.

I have people talking what's the subtext, you know, what they're not saying. So I observed what the patient is not seeing and I see the plight of the patients working in a government hospital.

And I worked in government hospitals for many years. and the patients, they have a story to tell. It's on their face, I don't know. You can really get an idea, okay, this needs to be heard, when words come to an end, then it's poetry.

When you cannot say in a plain language, it is poetry, so I observe in Bazaar, every possible way I observe people and it's also introspective in many ways but it is your story, my story everyone's story.

This book really guides the reader to reinvent themselves. They have to find the find within. just to reinvent themselves. With doctors, we blend science and art at the same time.

When we do a surgery, do suturing and a new suture technique that we practice, then It's more like art. And listening to the patient, it's an art in itself.

Poetry, Storytelling, and the Book 30

To be the great listener, its not. You cannot be a great speaker if you cannot listen. you have to listen really, really well. So you to have listen the subtext, what is not said, What is missing.

That's how I wrote this book and that's my journey. I've been through many phases of my life. Till now I'm not that young now. I have grown and this book has grown with me.

It's a work of two decades, I must say. You know I wrote it last month or last year. So that's how it is. What inspired you to write it? Was there something that was not said or heard that came to you when you started thinking about writing this book?

It's not about writing a book. It is a collection of my poems and my aphorisms or thinking in a condensed manner. You know, things dawn on me, not something that I invite.

What I am observing and feeling, then sometimes it dawns on somehow. So I just used to write it down somewhere in my So it's not, you know, intentional, it is not an intentional design.

It wasn't designed or intended. So, It has a paradox of science and art and it has many paradoxes of existence. You have this notion that okay, fine, whatever happens, happens.

Accept it. acceptance is important and learning from it is also important. Sumi, did you want something that you wanted to say as well? Thank you. And I'm going to read something from this too.

Absolutely. I really appreciate that because what you're bringing me back to remembering as you are talking, I am really Going back to my own experiences, and we've talked about how journaling, how writing your thoughts down, right?

And being in that process, so a lifetime of being that in process of putting things into words, taking observations like you've done, inspirations, capturing them instead of letting them just go, actually putting them down.

And then when you put it all together, it looks like there's some sort of a shape, there's some sort of like threads that you're noticing or something that, you weren't even aware of at the time that your wrote and is now only apparent later.

You know, I love those kind of instances. So, can I ask you why you named the book 30? And then, are there times where you kind-of surprised yourself or what did this whole exercise, you know, like I really, but because I think journaling is one of the most effective ways of processing what we're going through, right?

I mean, we've all experienced that, But it's so hard to get people to start, You know? But only when you've done it, if you, and got into the flow where you like, wake up and you're like.

I can't help but put pen to paper right now because that's the only thing that makes sense to me. And I want to just. capture it, but it's really hard to convince people to do that.

So I really like this process that you've done, which is you kind of given people a window into your process. Why did you call it 30? And then what kind surprised you or maybe jumped out at you as you reflected on it?

30 is like, I'm now in my 30s. Also, you know, had 30 pieces as well. And it's, from a culture or background I am from, we have, um, uh, i'm a Muslim, Mashallah.

Um, proud of it. So, 30, it is named because we, have 30 fasts, 30 days and we have 30 chapters in Quran. So it's

very much relatable. 30 is my journey and I am now in my 30s.

I'm not that young, not old. Just sitting at the intersection of, you know, the sweet spot of my life. I've garnered all the experiences now and now I can process it and how I go along to the next chapters of my life.

Now it's the time to reinvent myself or someone else can also for my book, for writings, my reflections can learn from it. Also, I am a lifelong learner.

I celebrate questioning. And I'm not afraid to question. and I don't mind questioning if anyone else questions me or I accept it. The questioning brings about the curiosity.

So I learn by the Socratic method of dialogue. I learn through dialogue. You know, you can talk to me, I can't talk with you. And so we can really share some ideas, some awareness.

So it's a two way process. I cannot learn in monologues, only learn dialogues. so I connect with people. At the same time, I'm very reclusive. I don't speak up everywhere, but when I speak I am very verbose, chatty.

And I love to speak my heart out and I do not feel any hesitation. It's okay, you know, it's a short life. You know I live my life the way I want to. and it's a perfect way to live your life.

You do not need permission, you know. you just don't need permissions from anyone, from society, for institutions and for anyone. I'd like to read something here and maybe you can tell us a little about this.

Predestined. This is one of your poems. Predestined. From dawn to dusk, a fairy tale comes to end. A reality bittersweet it turns. from the cloud a bit hail, the misery along with it washes away.

Nature and human effort in succession. Truth survives and folly wisdom engraves. No regrets, no justifications. It's predestine. All written till date.

I wrote back in 19, when I was doing my training in Obgyn. So, I really, truly believe that whatever happens, happens. You know, you have to accept it.

And there is an Islamic concept of Al-Maktub. I believe in that. anyone can contradict it I respect that but what I truly believe it's written you know it is unfolding.

I think whoever is on planet earth is a person that has its own journey and it has written, you just The time is unfolding, every moment is unfolding.

It's how you really respond to it. What particularly stands out to me is this line, truth survives and folly wisdom engraves. No regrets, no justifications.

It's predestined. I just love how you point to even though something is predesigned, there's still something else that emerges with that sense of destiny, that survival and wisdom continues to engrave itself.

Even things that feel like it's happening to us, that there's still something that emerges with that. It's not a one-way feeling, it's like your fate is set.

Even when your faith is said, there is something else that transcends that state. So I think that really speaks to, I mean it is a beautiful poem. So thank you.

I think we'll switch to Urdu now. The way we see these things, the way people live, how they live affects us a lot. What we think is not so obvious in medicine, we don't pay much attention to the story.

So story, art, and connection are in every person, every treatment, in everyone's health. So it is very important to understand these experiences and you should be most curious.

I don't know the words for curious now. But curiosity makes people understand more, we call it neuroplasticity. And this podcast is for those who want to be curious and want questions.

Because if you are not curious, then you… Life is not easy for you. With curiosity, a person can think why it is like this. If it's like that, then why is it like so?

That means we can even think of something else for it. And be creative. Thank you, Sumayya Malik. You are on our podcast. And if you want to share your story and your work with patients, how is it in Pakistan?

And we work in America too. So here there is a lot of health disparity, meaning access for people, mental health as well. Our population is also here, but access and technology and the way people live, there has been a lot of disparity.

And we think that if we can see and listen to the doctor and share our story, then we will be able to stay connected. If you don't practice like this, your human spirit will gradually disappear, especially in today's technology.

So thank you, Summaiyah. So, we try our best to make it as easy as possible and to help the patient as much as we can. We try to give the patients more than our limits.

Curiosity, Language, and Human Connection

As much knowledge and care as As far as we can understand the journey of life, we advise them according to that plan. We also see what is the financial condition of the patient.

Will he be able to buy such an expensive medicine or not? So we have to look at a lot of things. Will she be able to register easily or not? Then we advise our plan according to that.

If the patient's family is not so supportive, they don't take care, then we try to admit her to the hospital so that she can get the best treatment. Or let's look for a home.

Our dietary plan or modification It's not about The doctor has given you a very expensive and specialized test. The patient does not have enough financial resources to get it done, so there is no benefit.

But we do things that the patient can do, we can advise, and this is a two-way process. It is not like the patient will say, doctor, you have given me so many tests and investigations, I will get all of them done.

This is a very expensive medicine. So, we need to listen to the story of the patients who are coming. Otherwise, if we cannot help them, then it is very important to hear them.

Accordingly, they take a decision. We do a lot of decision making and we use our prefrontal cortex a bit too much. We feel very comfortable with it. Is it fair to treat patients?

It's good that people have to think from an economic standpoint that they can do it, that it won't be difficult for them. But sometimes there is social injustice in it.

If there is a health care standard, it cannot be the same for everyone, so that it can be treated. In America, there are opposite problems, but here there's a lot of expense for treatment, which is sometimes not necessary.

If you have to do rationing like this, then there is some awareness in this as well, whether the treatment can be done in the right way or not. And in social injustice, if the water is not right, the person is getting sick, having diarrhea and not being able to be treated because the drinking water isn't right.

So what is the cure for this? We guide patients and give them awareness that they need to drink boiled water. If you cannot afford mineral water or filter, then you can boil water, right?

As a doctor, as a knowledge, we work as community health workers. We have many roles. As dieticians, there are many of us. We play so many roles. We provide awareness.

Socially, we guide how to eat, how cleanliness should be taken care of, post-operatively, what should we eat. For example, if a patient goes home after an operation, So, all the guidance and counseling are very important.

We have Thalassemia and we also do genetic counseling for patients. There are a lot of cousin marriages and there are many marriages in the family. That also makes a difference.

We talk to the patients about their consanguinity. The patients are much more advanced than us. They use Google, they use chat GPT. So they are doctors themselves.

But obviously, we are following a standard, a guideline. So, we guide them. They come to us, but they give us some schooling, like, Doctor, I read this, this is it, so why are you telling me this?

So they also ask us questions. You have to be more patient. We write to you after studying. After studying so much that you have also to tell us that it is good.

But they are also saying something wrong. Obviously, they aren't doctors. There is a lot of self-prescription here. It is difficult to buy medicine without prescription.

But here, patients can also get it from the drugstore. So, there is too much self medication. That is also harmful. I think a good doctor is the one who gives and cures medicine.

But the best doctor, how he can wean it off. And gives a lifestyle medicine, a holistic approach. Make your sleep cycle better, take care of sleep, food, exercise.

If you exercise, your mental agility will increase, BDNF will be released. So, your weight will be correct, you will exercise, so you won't have a PCOS.

Poli cystic ovarian syndrome. You eat broiled chicken in Pakistan. We have many problems. On top of that, we have taken baisa and pizza. We bought cola, we bought soda, and we got a lot of things.

We said that we have diabetes, hypertension, everything. So we had communicable diseases, but we are very far ahead in non-communicable diseases. Our life style is very sedentary.

Kids these days don't walk much. Gen Z, Gen Alpha, screen time is too much, so we address these things to parents and also talk to the communities. As a doctor, you have a lot of roles.

So, in Pakistan, do you enjoy it? You can't leave it. You say, I should stay here, guide here. If everyone leaves, if everyone goes, then will people go to the quacks?

Obviously. So I guess my friends have left for US. My friends are working in UK, in Australia. But I am staying. I don't know why, but I stay. Don't what holds me back, I love to stay, don' know.

It's the people, it's my country, the love and the care. And I still believe in Pakistan. Things are changing. I really believe that, you know, Pakistan has a future and it will live on inshallah in every possible way and in good ways.

And the youth is, in 2025, we had been a freelancer market fourth. So in tech, AI we are working and we're integrating the AI in medicine as well. Though, Really, blindly following AI is not worth it, but you can learn from it and you could integrate.

Can I ask you, Kay, what inspired you to become a doctor and take on this role, knowing that it's such a different path? And I can tell you're very excited about where it is going, maybe a little bit of reflection on where To be honest, I wanted to be a polymath when I was young.

I want it to someone like Evisina, Al-Khawizmi, you guys call him. Al Goredmi. Leonardo da Vinci. And I've been inspired by all of them. But I have wanted everything.

To become a cricketer. A poet. You are a poet. You have written a book. I think Simi can relate to this. Medicine is a path. It does not mean that you are not doing anything else.

It is obvious. Can you tell us something about your book? Why did you write this book and what does it mean? You said it in English, but if you want to tell your audience in Urdu, why was it necessary?

This book is a collection of my thoughts, what I think and what can be good for someone. The power to think again, It gives you an opportunity to fly.

It awakens your thoughts. Thinking is an act in itself. Only those who think can do something. Only they can act. They can look at their thoughts from a certain angle and put them in a plate or a tray.

I have been writing since I was a child and I am writing in Urdu. I also have written in English, but since Urde is my Madhuri language, Punjabi is also my mother tongue, both of them.

Urdo is our national language but Punjab is the mother language of mine. So, I've been reading since childhood. We have been studying since the school days.

Nasir Qazmi, Meeta Ki Meet. Urdu is a poetry in itself. There is no better language than Urdo. Everyone likes their own language. Because there is nothing wrong with it.

So, in Urdu, I am writing what I have seen, seen and felt. So writing is the work of both the mind and the heart. Anyone can write. You can write about your life and share it with the world.

It is easy to share. This book is very easy. My observation or my experience of life is easy to share. Anyone can learn from it and put it into their lives.

They can also learn through my experiences and what I have observed. And they can make themselves a better person. Islam also gives us this. Our society also tells us to share easily.

We live a collective life. We don't have a lot of personal life here. Our personal lives are not in the East, not the east, but in Maghreb. So everyone here lives together, everyone lives with each other.

I live with 50 people, my family lives all together. We have 10-12 houses here, and if there is a problem, we live together with them. In Pakistan, it is like this, that we are together We are together in bad times and good times, so it is easy to face difficulties.

Only if there is someone to listen to, someone who is standing with us. I am from Pakistan, I'm from South Asia, and I have been brought up here since my childhood.

So I didn't do anything special. I don't have anything. There are very good people among them, in every way. You too are a curious MD, MBBS, you are also a Curious Doctor.

Where medicine is more than science, it's story, art, connection, and integration. Medicine is not just a science. It is an art in itself. You can call it art in Hindi, or fun in Urdu.

We can put it into our lives. Our connection is a connection. We don't just talk. We are connected in this world. You can say that we are connected to everything and to the things that cannot be seen by human eyes, whether they are our minds or stars.

The light that shines on our eyes, I don't know for how many years it has been shining. It doesn't just come from the Sun, it comes from another star, from some other universe.

We are in contact with the creation of Allah the Almighty. This is a human contact, but we are also in touch with all the worlds. We come from somewhere in between.

Man is an astral creature. The technology through which I and you are talking, you and I are in contact. This is also made by man's mind and desire to sit far away and talk to man.

So, we have so much knowledge and intelligence that the Creator has given us.

East, West, and the Future of Humanistic Medicine

My Urdu-English is a bit mixed, because here Urde and English are mixed. It's not very good. Because for Urdo, you have to work in Urda. To think in Udu, to speak in it, You will have to promote Urdu.

You have also to teach science in Urdi. But since we want to live with the world, English is a multilingual language. Our official language is mostly English, so the books we are taught in are mostly in English.

We learn Urde at home, or if someone is very fond of it, they learn it. Until the 10th grade we study Urdo, but after that we don't study it at all. But it is important to say that your patients are very lucky.

If they can hear about you and hear your story, then they will also be blessed. layer. How can I say it in English? When I use both languages, I get confused.

But your patients are very lucky that you have so much depth, you are so conscious, that means you think about them too. You try to understand what they don't say.

You have so much depth, you are so spiritual, and you think in so many layers. Medicine is not just a mechanical thing, it is also a very spiritual thing.

There is destiny, there is the role of God, as well as the connection, the society connection is as important. You understand this very well, so your patients should listen to you.

Thank you. I think we're talking about different kinds of being a doctor. Right? So, you're right, there are technical meanings, but the scaring way of being a doctor within a society, within that culture, which you described, all the relationships that exist there, we have lost them here.

So it's very interesting to hear you speak about the importance of that. because we're trying to reclaim it here too. So maybe that's a global experience maybe.

You know, the West is losing the connection, you know with the advent of artificial intelligence. People are talking to chajipati but not talking and to the people sitting next to them.

So I guess the East is still somehow there but the integration of the connections with rationality is important, It's like the blend of the logic and the intuition, I guess.

The East has, Pakistan has still that with them. I don't know when they will lose it because the world where it's progressing. I don't see much of hope if I say it practically and realistically, but we can hope for the best, I guess.

But in Pakistan, there is a human connection. There is human side. As long as it is not disrupted on a social level, the value system is destroyed. The value is important, then it integrates into your practice and whatever profession you pursue.

But I guess it's important. They believe in the brain, but there's a heart as well, I guess. And that's very powerful. It can process things and it has a lot of electromagneticity.

I do not know the technicalities, The intuition is important, instinct is more important rather than intellect, I guess. I

may be wrong, but I'm okay to accept that.

Yeah, we're in the middle of… learning a lot more about that through neuroscience. And I think we're finding a love confirmation that on a systems level, there's definitely a kind of over valuing of just of our rational and logical and maybe an undervaluing of the intuitive and the kind cooperative and when we speak West and East, I think what we mean is this kind of imbalance, you know, and I Think, yeah, the more technical we get, The more we gets far away, pulled away from developing that aspect, right?

So I, think it's fair to say that that, aspect is available in every human and in certain cultures one aspect has developed more you know, than others just because, right, because of the condition.

And that's why I think speaking to these sort of experiences that we have right now at this very moment, as people listen to this, is that it's very important to keep the humanism in medicine alive, just keep it constant, to constantly be thinking about that person in front of you, a patient, another provider, a person you're working with, your family, that we can be so easily pulled away from, but we need to keep that connection of a human being connected with creativity and with curiosity and the arts, which I hope stays alive as long as we can keep it going.

And a patient said this to me, and I'll say it to you because this has become my practice. I was sitting with a patients after her treatment, I'm sitting there waiting for her to come out of her treatments, we treat with ketamine treatments.

Her name is Maria Kang, she has allowed me to say this. you are special. That's what she said to me. You are a special Dr. Ahmad and you need to know that.

And I said, okay, thank you. I appreciate that, no, Dr Ahmad, you to that and I say, I'll meditate on that." And did, and meditated on it, prayed on, why would she say that to with such force and really wanted me to really feel that?

And I realized that by me recognizing the skills of my human spirit and what emanates from me and makes connection to somebody else is important. So I will say that to you now, Sumaya, you are special.

You're not typical, but you're special, and you need to know that. And when you see somebody who is special you call it out to them too and say, You are Special.

And then suddenly something comes up from that. I don't know if you felt it, but I know I felt this sudden awareness to my inner core, to inner soul, inner spirit that felt seen, heard and understood, and also knowing that it emanates and makes a connection to so many others is important again.

Thank you. I want to add one. The problem with the advanced centers of logic and intellect, I guess, they're dealing with things like the robotic. But in medicine, it's always human connection.

We are not machines. We have to set ourselves apart from not always perception, but we have be very aware of the perspective of others. If some co-worker is having a bad day or is you know, some circumstances, she's not really doing well at home and she is struggling.

You have to really listen and really understand that. This understanding of the understanding is important, I guess, not just male logic. So treat humans as humans.

I have written in one of my poems that, you have humans as humans. The moment you will start doing that, the world will be a better place. So it's not about male logic.

It's about the connection. Because whenever we connect, we really feel good about ourselves as well. Whenever we hear someone out, it is not them. And it also about us.

The connection is important I guess in medicine, in the day life I'm not against or in favor of East or West, I sit at the intersection of east and west.

I really appreciate whatever they come with. what West has given to the world and the advancements and I really believe in the East as well because it is important to be connected.

It is being heard, I guess. So, you know, both can really swap sometimes, a bit of east can be made by west and a little bit by the west. And the connection becomes that connection to something else too, right?

Something you learn and something you understand. Simmy, as we close now, do you have any final thoughts? Oh my gosh, I feel like we have just kind of had a sisterhood connection in some really deep ways.

I think what I'm really holding is the entirety of your story. You know, there's just so much more that we could talk about and ask you, but I it's so apparent in the way that you're living your life, and the way you're engaging with life and ideas, in the ways you are leading with hope and change and really kind of leading by example, right, is just so inspiring.

And I really want to just acknowledge that, that that is, you know, when people say like, why would somebody go to medical school? Why would someone do something so difficult, right?

Somebody might look at this exact same life and say, oh wow, it's so different, I don't want do that. You know, what will I get, right? Many young people think like that because it seems like it's very difficult, it is a long road, you know things like.

But I think what you are describing and what your living is that there is reason to connect all of those things together. to bring your story or your curiosity and bring it to the people around you.

You just said you live in this way very cooperatively with family and you never feel alone. I want to find some time. I do not have these, you know, loneliness things.

We don't find time, that's the heart of it. It's good and bad in its own ways, but it's 70-80% it is great. Well, You brought us back to the humanism and the fact that as humans we need each other.

And that this connection is important and that only together can we really heal and really delve deep into what this journey is about. So I really appreciate this conversation for leading me to a place of inspiration, reminding me and our listeners, you know, it's the beginning of a new year.

There's a lot of hope in the air, there's also a ton of uncertainty. And I think just having these kinds of conversations from a place of logic but also heart, and looking at our choices in front of us with a certain degree of intelligence and discernment and groundedness as you've demonstrated.

And being kind of, you know, I just love the way you talked about your patients. That your patient are so lucky to have you because it is so rare. It is rare to somebody who's curious about the full spectrum of somebody's life.

You know? And that takes time. That takes this kind of emotional intelligence. It takes language, right? I love how we did both languages because I feel like you're right, Kate.

In English, you can't describe certain feelings that you could only describe in Urdu. It's just the way the structure of language, the structures are experienced.

We have to acknowledge that. And there's art in language that doesn't translate to the other language. Absolutely not. It was so beautiful to hear you talk about the, you know, way you treat your patients and what you engagement in Urdu, because in my mind, it really spoke to kind of like the ground principles, you know, of being.

Because in Ordu there's a lot of active language of Being, like just the meaning, there was some poetry and some color to the words that don't come out when we say doctor and patient.

We don't come out when we say things in English, but are part of the poetry of Urdu. So I really appreciate that

piece. And I think our second episode with you, if we do another podcast, will be about the generational trauma that we carry in our bodies and the generation stories that aren't told.

I'd really like to have another conversation about that with in the future. Thank you, Sameha, for being here. Thanks for joining us on the Two Curious MD podcast.

We hope today's episode inspired you to ask new questions and explore fresh perspectives. post or comment with a question or curious inquiry that you have and seek to explore or learn with us.

Stay curious and we'll see you next time.