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## India On The Verge of Population Stabilization,

### Total Fertility Rate (TFR) in India: Past Trends, Present Status and Future Implications Based on NFHS-6, 2023-24.

**N**ational Family Planning Program :- India was the first country in the world to launch a nationwide Family Planning Programme, officially introduced in 1952. The initiative aimed to reduce the birth rate, stabilize the population, and support socio-economic development. NFHS-6 report of the duration of 2023-24 released last month states that we are on the way not only to get the status of stabilization of population but far ahead as well.

The Total Fertility Rate (TFR), which represents the average number of children a woman is expected to bear during her reproductive years, is a key indicator of population growth and demographic transition. India has witnessed a remarkable decline in TFR over the last few decades. Around 1992-93 (NFHS-1), India's TFR was approximately 3.4 children per woman. It declined steadily to about 3.1 in NFHS-2 (1998-99), 2.7 in NFHS-3 (2005-06), 2.2 in NFHS-4 (2015-16), and 2.0 in NFHS-5 (2019-21). The recently released NFHS-6 (2023-24) indicates that India's fertility level has remained around 1.9-2.0, which is below or

very close to the replacement-level fertility of 2.1.

This decline reflects significant improvements in female literacy, women's empowerment, access to contraception, urbanization, delayed marriage, and better healthcare services. Increased awareness of family planning and changing socio-economic aspirations have encouraged smaller family norms across most states. As a result, India has effectively entered the advanced stage of demographic transition.

From the perspective of population stability, the NFHS-6 findings are highly significant. A TFR around 2.0 suggests that India is approaching population stabilization. However, due to population momentum the large proportion of people currently in reproductive ages the total population will continue to grow for some time before stabilizing. Thus, although fertility has reached replacement level, population growth will not stop immediately.

The demographic impact of declining fertility is already visible. India is experiencing a demo-

graphic dividend, with a large working-age population supporting economic growth. At the same time, regional disparities persist. States such as Bihar(2.7), Uttar Pradesh(2.2) and some central Indian states still have fertility levels above replacement, whereas many southern and western states have fertility rates as low as 1.5-1.8 comparable to developed countries. This creates uneven patterns of labour supply, migration, and economic development.

Looking ahead, future projections suggest that India's TFR may decline further to around 1.7-1.8 by 2040-2050, following the trend observed in many middle-income countries. Such a decline would lead to slower population growth, an increasing proportion of elderly citizens, and a rising old-age dependency ratio. While this may ease pressure on natural resources and public services, it will also require stronger policies on elderly care, pensions, healthcare, and workforce productivity. Therefore, the challenge for India



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is shifting from population control to managing population ageing while fully utilizing its demographic dividend. In conclusion, NFHS-6 confirms that India has largely profound implications for future social and economic planning.

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## Early Childhood Caries: An Updated Review of Etiology, Risk Assessment, Prevention, and Contemporary Management



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### Abstract

Early Childhood Caries (ECC) is one of the most prevalent chronic childhood diseases worldwide, affecting millions of preschool children. The disease is characterized by the presence of one or more decayed, missing, or filled tooth surfaces in any primary tooth of a child younger than six years of age. ECC is a multifactorial disease influenced by biological, behavioral, environmental, and socioeconomic factors. Untreated ECC can result in pain, infection, impaired nutrition, disturbed sleep, poor school performance, and reduced quality of life. Recent advances in pediatric dentistry have emphasized early risk assessment, minimally invasive dentistry, and preventive strategies to reduce disease burden. This review discusses the etiology, risk factors, diagnosis, prevention, and contemporary management approaches for ECC and highlights emerging trends in caries control.

**Keywords:** Early Childhood Caries, Pediatric Dentistry, Caries Risk Assessment, Silver Diamine Fluoride, Prevention, Oral Health.

### Introduction

Early Childhood Caries remains a major public health concern despite significant advancements in preventive dentistry. ECC affects children across all socioeconomic groups but is more prevalent among economically disadvantaged populations. The disease process begins soon after tooth eruption and can progress rapidly if risk factors remain

uncontrolled.

The American Academy of Pediatric Dentistry defines ECC as the presence of one or more decayed, missing, or filled tooth surfaces in any primary tooth of a child younger than six years. Severe ECC represents an aggressive form associated with extensive destruction of primary dentition.

### Etiology of ECC

ECC develops through the interaction of four major factors:

1. Cariogenic microorganisms
2. Fermentable carbohydrates
3. Susceptible tooth surfaces
4. Time

Among cariogenic bacteria, *Streptococcus mutans* remains the primary pathogen associated with ECC. Vertical transmission from caregivers to children contributes significantly to early colonization.

Frequent exposure to dietary sugars promotes acid production, resulting in demineralization of enamel. Prolonged bottle feeding, nighttime feeding, and frequent consumption of sugary snacks further increase disease risk.

### Risk Factors for Early Childhood Caries

Early Childhood Caries (ECC) is a multifactorial disease resulting from the interaction of biological, behavioral, socioeconomic, and environmental factors. Biological factors include the early acquisition of cariogenic microorganisms, particularly *Streptococcus mutans*, which play a crucial role in initiating the caries process. Other biological contributors include developmental enamel defects, reduced salivary flow, low salivary buffering capacity, and inadequate oral hygiene practices that facilitate plaque accumulation. Saliva normally acts as a protective factor by neutralizing acids and aiding remineralization; therefore, any reduction in salivary function increases caries susceptibility.

Behavioral factors significantly influence ECC development. Frequent consumption of fermentable carbohydrates, especially sugary snacks and beverages, provides a substrate for acid-producing bacteria. Inappropriate feeding practices such as prolonged bottle feeding, nocturnal bottle feeding with milk or sweetened liquids, and unre-

stricted breastfeeding beyond the recommended age without proper oral hygiene can increase caries risk. Delayed initiation of tooth brushing, lack of parental supervision during brushing, and irregular dental visits further contribute to disease progression.

Socioeconomic factors are strongly associated with ECC prevalence. Children from families with low socioeconomic status often experience limited access to dental care, lower parental education levels, and inadequate oral health awareness. Financial constraints and lack of preventive dental services may delay diagnosis and treatment, allowing lesions to progress unchecked. Environmental factors such as non-fluoridated drinking water, poor community oral health infrastructure, and lack of public health preventive programs also contribute to the burden of ECC.

### Clinical Presentation

The earliest clinical manifestation of ECC is the appearance of chalky white spot lesions along the cervical third of the maxillary primary incisors. These lesions represent initial enamel demineralization and are reversible if detected early. Without intervention, the lesions progress to brown or yellow discoloration, enamel breakdown, and cavitation. The disease characteristically affects the maxillary anterior teeth first because of prolonged exposure to cariogenic liquids, while the mandibular incisors are often spared due to the protective effects of saliva and tongue movement.

As ECC advances, multiple primary teeth become involved, including molars and canines. Severe cases may present with extensive crown destruction, pulp involvement, dental abscesses, pain, and infection. Children may complain of difficulty eating, disturbed sleep, and sensitivity to hot, cold, or sweet foods. In extreme situations, only root stumps may remain.

### Impact of Early Childhood Caries

The consequences of untreated ECC extend beyond oral health and can negatively affect a child's overall well-being. Oral consequences include pain, infection, difficulty in mastication, prema-



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ture tooth loss, and subsequent development of malocclusion due to loss of arch integrity. Severe dental pain may interfere with daily activities and adversely affect concentration and learning. Systemically, ECC has been associated with nutritional deficiencies, inadequate weight gain, growth impairment, and reduced body weight. Children experiencing chronic dental pain may avoid certain foods, leading to compromised nutrition. Recurrent infections may also affect general health and immune function.

The psychosocial impact of ECC is equally important. Affected children may experience reduced self-esteem, social embarrassment due to poor dental appearance, and a diminished quality of life. Frequent school absenteeism resulting from dental pain or treatment appointments can negatively influence academic performance. Additionally, the financial and emotional burden of treatment often affects parents and caregivers.

### Caries Risk Assessment

Contemporary pediatric dentistry emphasizes individualized caries risk assessment as a cornerstone of preventive care. Risk assessment enables clinicians to identify children who are more susceptible to developing ECC and implement targeted preventive measures. Important factors considered during assessment include previous caries experience, dietary habits, oral hygiene practices, fluoride exposure, socioeconomic status,

*Continue Page 5*

## The costly mistakes doctors make: Lesson for safer practice

**M**edicine is a noble profession, but it is also one of the most demanding. Doctors work under constant pressure, balancing clinical responsibilities, patient expectations, administrative requirements, and medicolegal risks. While most errors are unintentional, certain common mistakes can adversely affect patient care and expose healthcare professionals to legal challenges. Recognizing and avoiding these pitfalls is essential for safe medical practice.

One of the most frequent mistakes is inadequate documentation. A doctor may provide excellent treatment, but if it is not properly recorded, it may be difficult to prove later. Medical records should be clear, complete, dated, and signed. Consent forms, treatment plans, progress notes, and discharge summaries should always be maintained carefully. Another common error is poor

communication with patients and their relatives. Many disputes arise not because of negligence, but because patients feel uninformed or ignored. Doctors should explain diagnoses, treatment options, risks, and expected outcomes in simple language. Honest communication helps build trust and reduces misunderstandings. Failure to obtain informed consent is another significant concern. Consent should not be treated as a mere formality. Patients must be adequately informed about the nature of the procedure, its benefits, risks, alternatives, and possible complications before giving consent.

Doctors also sometimes make the mistake of overlooking follow-up instructions. Proper discharge advice, medication guidance, warning signs, and follow-up schedules should be clearly communicated and documented. This ensures continuity of care and

improves patient outcomes.

In today's healthcare environment, ignoring medicolegal responsibilities can be risky. Doctors should be aware of applicable laws, professional guidelines, and ethical standards. Prompt responses to patient grievances and cooperation with regulatory authorities are equally important.

Another avoidable mistake is practicing beyond one's expertise. When faced with a condition requiring specialized care, timely referral to an appropriate specialist is often in the patient's best interest. Delayed referrals can lead to complications and legal scrutiny.

Finally, doctors should avoid burnout and fatigue, which can impair judgment and increase the likelihood of errors. Maintaining a healthy work-life balance, seeking support when needed, and engaging in continuing medical education contribute to safer and more



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effective practice.

Medicine is a profession of life-long learning. By focusing on proper documentation, communication, informed consent, ethical practice, and continuous improvement, doctors can enhance patient safety while protecting themselves from unnecessary medicolegal complications.

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## Landmark Orthopaedic Oncology Achievement: First Proximal Tibia Giant Cell Tumor Resection with Mega Prosthesis Reconstruction in the Region

A significant milestone in orthopaedic oncology has been achieved in Sri Ganganagar with the successful surgical management of a Giant Cell Tumor (GCT) of the proximal tibia by Dr. Vipul Ahir. This represents one of the region's pioneering cases involving wide tumor resection followed by limb-salvage reconstruction using a proximal tibial mega prosthesis. The patient had been suffering from a locally aggressive Giant Cell Tumor involving the proximal tibia and had been unable to bear weight on the affected limb for the past five years due to severe pain, progressive functional limitation, and structural compromise of the knee joint. The prolonged disability had significantly affected the

patient's mobility and quality of life. After comprehensive clinical evaluation, radiological assessment, and preoperative planning, Dr. Vipul Ahir performed an oncologically sound en bloc excision of the tumor with adequate surgical margins. The resultant bone defect was reconstructed using a custom mega prosthesis of the proximal tibia, enabling preservation of the limb and restoration of joint function. The surgery was completed successfully without any intraoperative or postoperative complications. Remarkably, the patient was mobilized with weight-bearing and assisted ambulation on the very next postoperative day. Early rehabilitation was initiated, and the patient demonstrated excellent functional recovery with signifi-



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cant pain relief. This achievement highlights the advancement of limb-salvage surgery and modern endoprosthetic reconstruction techniques in the region. The successful outcome not only avoided amputation but also restored mobility to a patient who had been unable to walk normally for five years. The patient and family members expressed immense gratitude and happiness following the procedure and the rapid postoperative recovery. This landmark surgery stands as a testament to the expertise of Dr. Vipul Ahir and the growing capabilities of advanced orthopaedic oncology services in Sri Ganganagar.

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*Continue Page 2,,* parental oral health history, and the presence of visible plaque or enamel defects."Risk-based management allows clinicians to tailor preventive and therapeutic interventions according to each child's needs. Children identified as high-risk may require more frequent recall visits, professional fluoride applications, dietary counseling, and intensive parental education.

### Prevention of Early Childhood Caries

Prevention remains the most effective strategy for controlling ECC. Parental education and anticipatory guidance should begin during pregnancy or infancy. Parents should be educated regarding appropriate feeding practices, avoidance of nighttime bottle feeding with sugary liquids, proper oral hygiene measures, and the importance of establishing a dental home by the child's first birthday.

Fluoride continues to be the cornerstone of caries prevention. Regular use of fluoridated toothpaste, professional fluoride varnish applications, and community water fluoridation have been shown to significantly reduce caries incidence. Fluoride promotes remineralization of early lesions and enhances enamel resistance to acid attack.

Dietary counseling is another essential component of prevention. Parents should be encouraged to limit the frequency of sugar exposure rather than

focusing solely on the quantity consumed. Healthy snacks such as fruits, vegetables, and dairy products should be promoted, while sugary beverages and sticky snacks should be minimized. Effective oral hygiene practices should be initiated as soon as the first tooth erupts. Twice-daily brushing with age-appropriate fluoridated toothpaste under parental supervision is recommended. Establishing good oral hygiene habits early in life contributes significantly to long-term oral health and helps reduce the incidence of Early Childhood Caries.

### Contemporary Management Approaches

Silver Diamine Fluoride SDF has emerged as an effective, minimally invasive option for arresting dentinal caries in young children and uncooperative patients.

**Atraumatic Restorative Treatment** ART involves removal of soft carious dentin using hand instruments followed by restoration with glass ionomer cement.

### Hall Technique

The Hall Technique seals carious lesions using preformed metal crowns without local anesthesia or caries removal.

### Restorative Treatment

Conventional restorative options include:

- \* Glass ionomer cement restorations
- \* Composite restorations
- \* Stainless steel crowns

**Comprehensive Rehabilitation** Children with severe ECC often require full-mouth rehabilitation under conscious sedation or general anesthesia.

### Emerging Trends

Recent advances include:

- \* Salivary biomarkers for risk prediction
  - \* Oral microbiome analysis
  - \* Artificial intelligence-based caries detection
  - \* Personalized preventive dentistry
  - \* Teledentistry for early screening
- These innovations may improve early diagnosis and targeted interventions in the future.

### Conclusion

Early Childhood Caries continues to be a significant challenge in pediatric dentistry. The disease is multifactorial and requires a comprehensive approach involving parents, health-care providers, and public health systems. Early identification of risk factors, preventive interventions, and minimally invasive treatment strategies can substantially reduce disease burden. Future research should focus on precision-based preventive models and innovative technologies for early detection and management of ECC.

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**I**n an era when mental health remained largely misunderstood and psychiatric services were scarce across much of India, a young psychiatrist arrived in Sri Ganganagar with a vision—to bring compassionate, evidence-based mental healthcare closer to the people who needed it most.

Today, as Dr. Roop Sidana completes 43 years of dedicated psychiatric practice, his journey stands as a remarkable testament to clinical excellence, innovation, leadership, public service, and an unwavering commitment to human dignity.

## The Foundation of a Distinguished Career

Dr. Sidana's medical journey began at Christian Medical College, Ludhiana, where he earned his MBBS degree in 1978. Driven by a deep interest in understanding the complexities of the human mind, he pursued postgraduate training in Psychiatry at PGIMER, Chandigarh—one of India's premier medical institutions.

In 1983, he completed his MD in Psychiatry and was awarded the Silver Medal for outstanding academic performance, marking the beginning of what would become an illustrious career in mental healthcare.

His formative years included training at some of the country's most respected institutions, including PGIMER Chandigarh, NIMHANS Bengaluru, and the WHO Collaborating Centre for Research in Mental Health. These experiences helped shape a clinician who would seamlessly combine scientific rigor with empathy and compassion.

## Bringing Mental Healthcare to Underserved Communities

At a time when psychiatric services were largely concentrated in metropolitan centres, Dr. Sidana chose a different path. Returning to Rajasthan in the early 1980s, he dedicated himself to expanding access to mental healthcare in underserved regions.

Under his leadership, Tek Chand Sidana Memorial Psychiatric Hospital and De-addiction Centre evolved into a trusted institution serving patients from Rajasthan, Punjab, Haryana, and neighbouring states.

His work extended far beyond clinical consultations, encompassing rehabilitation services, family

# 43 Years of Healing Minds, Restoring Hope, and Building Communities

## The Inspiring Journey of Dr. Roop Sidana



counselling, addiction recovery programs, child and adolescent mental healthcare, and community-based psychiatric services.

## A Pioneer in Mental Health Awareness

Long before mental health awareness became a mainstream conversation, Dr. Sidana understood that treatment alone was not enough—education was equally important.

To improve mental health literacy and reduce stigma, he developed and distributed educational booklets in both Hindi and English on subjects such as depression, stress, schizophrenia, child development, and addiction. These resources reached thousands of individuals and families, helping them better understand mental illness and seek timely care.

His public awareness initiatives included lectures, newspaper articles, radio discussions, community meetings, and even street plays designed to communicate mental health messages in culturally relevant ways.

For many people across the region, these efforts provided their first understanding that mental illnesses are treatable medical conditions—not personal weaknesses or social taboos.

## Innovation and Clinical Leadership

Throughout his career, Dr. Sidana has remained at the forefront of advances in psychiatric care.

Among his most notable contributions has been the introduction and promotion of repetitive Transcranial Magnetic Stimulation (rTMS), an advanced neuromodulation therapy for psychiatric disorders. His early adoption of this technology placed him among the pioneers bringing innovative psychiatric treatments to India.

His areas of clinical interest include mood disorders, psychotic illnesses, addiction medicine, child psychiatry, psychosocial rehabilitation, suicide prevention, and community mental health.

As Clinical Director of Prerna De-addiction Centre, he has consistently championed evidence-based addiction treatment while emphasizing recovery, reintegration, and respect for every individual's dignity.

## Teacher, Researcher, and Mentor

Beyond patient care, Dr. Sidana has made significant contributions to academic psychiatry. Over the decades, he has presented scientific papers and delivered invited lectures at numerous national and international conferences. His research has been published in respected scientific journals, and he has played an important role in mentoring postgraduate and DNB students.

Colleagues and students alike recognize him not only as an accomplished clinician but also as an educator whose guidance has inspired generations of mental health professionals.

## Leadership Beyond Clinical Practice

Dr. Sidana's influence extends well beyond his hospital and clinic.

He has served as President of the Indian Psychiatric Society (North Zone) and as Past President of the Rajasthan State Branch of the Indian Psychiatric Society. He has also contributed actively to the Indian Association of Private Psychiatry and the Association of Psychosocial Rehabilitation through various leadership and advisory roles.

Through these positions, he has advocated for higher professional standards, continuing medical education, improved mental healthcare services, and policy initiatives aimed at benefiting both patients and practitioners.

## Service with Compassion

One of the defining characteristics of Dr. Sidana's career has been his deep commitment to social responsibility.

His charitable outpatient services have helped ensure access to quality mental healthcare for economically disadvantaged patients. Through collaborations with NGOs and community organizations, he has worked tirelessly to promote the rights, rehabilitation, and social inclusion of persons living with mental illness.

His efforts have also focused on suicide prevention,

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stress management, meditation, and the promotion of psychological well-being through extensive community outreach programs.

### Recognition and Honors

Dr. Sidana's outstanding contributions have been recognized through numerous awards and distinctions, including:

- \* Silver Medal, MD Psychiatry – PGIMER Chandigarh
- \* Dr. Gehlot Award for Best Scientific Paper
- \* Appreciation Award for Public Education Material – ANCIPS
- \* Kota Award for Best Scientific Paper
- \* Dr. Shiv Gautam Oration Award
- \* N. N. Wig Oration Award (2024)
- \* Award of Excellence in Mental Healthcare

Yet, despite these accolades, Dr. Sidana often considers his greatest achievement to be the countless patients who have regained hope, purpose, and dignity through treatment and recovery.

### A Legacy That Continues

Forty-three years after beginning his psychiatric practice, Dr. Roop Sidana remains as committed as ever to advancing mental healthcare. His professional journey mirrors the evolution of psychiatry in India—from a specialty often misunderstood and overlooked to an essential pillar of holistic healthcare.

As mental health challenges continue to grow globally, his work serves as a powerful reminder that meaningful progress is achieved through scientific excellence, community engagement, compassion, and perseverance. His legacy is reflected not merely in the institutions he has built, the awards he has received, or the positions he has held, but in the thousands of lives transformed through understanding, treatment, and hope.

### A Message for the Future

"Mental health is not merely the absence of illness. It is the presence of hope, resilience, purpose, and meaningful human connection. Every individual deserves care, dignity, and the opportunity to recover."

As he enters his 44th year of practice, Dr. Roop Sidana continues to embody this philosophy—healing minds, restoring hope, and building stronger communities for generations to come.

## हॉस्पिटल में मुख्यमंत्री आयुष्मान आरोग्य योजना, RGHS, ESIC, RIICO, RAILWAY, विद्युत निगम के पात्र कर्मचारियों / पेंशनर्स एवं उनके आश्रितों, TPA व प्राइवेट इंश्योरेंस के लाभार्थियों के लिए निःशुल्क/कैशलैस इलाज

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तुम ही मेरी बेरुखी हो,  
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तुम ही मेरी खुशी हो ।

तुमसे ही मेरी स्वच्छंद हवा,  
तुम ही शीतलता हो,  
तुमसे ही है ग्रीष्म रितु,  
तुम से ही मधुरता हो ।

तुम ही मेरी मोहब्बत,  
तुम ही पल रुसवाई हो,  
तुम ही मेरी दुनिया,  
तुम ही मेरी अफजाई हो ।

तुम ही मेरे चमन का फूल,  
तुम ही मेरी कली हो,  
तुम से फिजाओं में ठंडक,  
तुम ही मेरी बली हो ।

तुम मेरी सफलता,  
तुम ही मेरी असफलता हो,  
तुम मेरी निर्भरता,

तुम ही मेरी विफलता हो ।

तुम ही मेरी मधुरता,  
तुम ही मेरी कुलीनता हो,  
तुम ही मेरी सज्जनता,  
तुम ही शालीनता हो ।

तुम ही मेरी प्रार्थना,  
तुम ही मेरी इबादत हो,  
तुम ही मेरा जीवन,  
तुम ही मेरी शहादत हो ।

तुम ही मेरी आशा,  
तुम ही मेरी निराशा हो,  
तुम ही मेरी उल्फत की,  
तुम ही मेरी भाषा हो ।

तुम ही मेरा चाँद,  
तुम ही मेरी चाँदनी हो,  
तुम ही घनघोर घटा,  
तुम ही मेरी आंधनी हो ।

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तुम ही मेरी धरा हो,

तुम ही मेरी मोदकता,  
तुम ही मेरी अदा हो ।

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तुम ही मेरा विभोहन,  
तुम ही मेरी राधा,  
तुम ही मेरा मोहन हो ।

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तुम ही मेरी बाती हो,  
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तुम ही मेरी ज्योति हो,  
तुम ही मेरा शंख,  
तुम ही मेरा मोती हो ।

तुम ही मेरा प्यार,  
तुम मेरी गहन उदासी हो,  
तुम ही मेरी काबा,  
तुम ही मेरी काशी हो ।

तुम ही मेरा दिल,  
तुम ही मेरे दिल की धड़कन हो,  
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तुम ही मेरा बचपन हो ।

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तुम ही मेरा सागर हो ।

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तुम मेरी आजमाइस हो,  
तुम ही मेरा आसरा,,  
तुम ही मेरी फरमाइस हो ।

तुम ही मेरी हुकूमत,  
तुम ही मेरी रानी हो,  
तुम ही मेरा नुर,  
तुम ही चेहरे का पानी हो ।

तुम ही मेरा हीरा हो,  
तुम ही मेरे मोती हो,  
मैं तिरगी में जलता दीप,  
तुम उसकी ज्योति हो ।

तुम ही मेरी छंद कविता,  
तुम ही मेरी गजल हो,  
तुम ही मेरा उगाता बीज,  
तुम ही मेरी फसल हो ।

तुम ही मेरी खुशबू,  
तुम ही बहती हवा अंचल हो,  
तुम ही मेरी शरारत,  
तुम ही मेरा मन चंचल हो ।

तुम ही मेरी दिलबर,  
तुम ही मेरी दिलरुबा हो,  
तुम ही मेरी रहबर,  
तुम ही मेरी मेहबूबा हो ।  
तुम सात सुरों की सरगम,  
तुम ही मेरा गीत हो,  
तुम ही मेरे मन की प्रीत,  
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