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Reflections

Man Proposes God Disposes

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After completing my FCPS in Medicine in 2012, I was filled with excitement and ambition as I stepped into my new role as a Senior Registrar at a tertiary care hospital. It felt like the beginning of a new and promising chapter, one that would finally allow me to apply the knowledge and skills I had worked so hard to acquire. My initial plan was simple yet clear: I would see patients in both the outpatient and inpatient departments, diligently manage their medical conditions, and contribute to the academic environment by teaching undergraduate and postgraduate students. It was a roadmap laid out with confidence and optimism.

At the time, I imagined a career that would be predictable, structured, and neatly aligned with my original vision of being a traditional physician. However, life, as it often does, had different plans for me—plans that would unfold in ways I could not foresee.

As I settled into my clinical practice, I started noticing a pattern that was both intriguing and concerning: there was a rapid and consistent rise in the number of patients being diagnosed with diabetes. It was not just the volume that was alarming, but also the complexity of the cases. Many patients came in with poorly controlled blood sugar levels, multiple complications affecting different organs, and a clear lack of coordinated care. Despite the high burden of disease, there was no structured clinic in the hospital that could offer comprehensive diabetic care under one roof. Patients often had to shuttle between different specialists—endocrinologists, ophthalmologists, nephrologists, cardiologists, and dietitians—without any centralized system to streamline their treatment.

Witnessing this fragmented care stirred something deep within me. I felt a strong sense of responsibility to address this gap. With some apprehension but much determination, I approached my seniors and the administrative heads to propose the establishment of a dedicated diabetes clinic. It was a bold step, one that pushed me out of my comfort zone. Fortunately, my initiative was met with support and encouragement. With collective effort, we set up the clinic, aiming to provide a one-stop solution for patients with diabetes—a place where they could receive not just

medical treatment, but also education, counseling, and preventive care.

The clinic flourished quickly. Word spread, and soon the number of patients attending the clinic far exceeded our expectations. It was immensely satisfying to see patients benefiting from a more organized, multidisciplinary approach. Yet, amid the success, a new challenge began to emerge, one that I had not anticipated.

As the number of patients grew, I started noticing a disturbing trend: a significant proportion of diabetic patients were presenting with foot infections. Initially, I assumed these were isolated cases. However, over time, it became clear that diabetic foot complications were alarmingly common and often devastating. Many patients came in with small ulcers or minor injuries, but despite initial treatment efforts, their wounds deteriorated rapidly. What began as a seemingly trivial issue often progressed to severe infections, gangrene, and unfortunately, the eventual need for amputations.

As a physician primarily trained in internal medicine and diabetes management, I felt helpless. I believed, as many of my peers did, that managing such complex wounds and surgical issues was the domain of surgeons. My role, I thought, ended at controlling blood sugar levels and offering medical advice. Watching my patients suffer, sometimes losing limbs and consequently their independence and quality of life, left me with a growing sense of frustration and sadness.

It was during this period of professional discontent that a new opportunity presented itself—an opportunity disguised as a small advertisement. One evening, while browsing online courses in regenerative medicine, my eyes fell upon a brief mention: "Role of Platelet-Rich Plasma (PRP) in Diabetic Wounds." It was a single line, almost easy to miss, but something about it caught my attention and ignited a spark of curiosity. Could there really be a way for a physician like me to help these patients beyond prescribing medications?

I enrolled in the PRP therapy course without much delay. At the time, my knowledge about PRP was limited mostly to its applications in cosmetic dermatology—treatments for hair loss and skin rejuvenation. However, as the course unfolded, I was introduced to the fascinating world of regenerative medicine. I learned how PRP, derived from a patient's own blood, could stimulate tissue healing and regeneration by releasing growth factors directly into injured areas. The potential for using this therapy in chronic, non-healing diabetic wounds was profound.

This revelation was nothing short of transformational for me. I realized that diabetes management could no longer be confined to controlling blood glucose levels alone. It required a broader, more integrative approach—one that also addressed the complications that destroyed lives and limbs.

Motivated by this new knowledge, I decided to dive deeper. It is often said that when you take a sincere step toward helping others, Allah opens doors for you that you never knew existed. True to this belief, a colleague told me about an esteemed institution in Karachi offering a specialized certification course in diabetic foot management. What made it even more appealing was that it was designed for both physicians and surgeons, breaking the myth that only surgeons could manage these conditions.

Without wasting time, I enrolled in the course. Although the lectures were initially conducted online, the learning was rigorous and thorough. The course covered every aspect of diabetic foot care: wound assessment, vascular evaluation, infection control, offloading techniques, advanced wound dressings, and surgical debridement. Later, I attended intensive hands-on training sessions, where under expert supervision, I practiced techniques that once seemed beyond my scope.

The experience was eye-opening and empowering. I realized that by acquiring these skills, I could offer my patients a chance at saving their limbs—and by extension, their dignity and independence. I returned to my hospital with a renewed sense of purpose and an expanded set of skills. No longer did I have to watch helplessly as patients' conditions worsened. I could now take charge of their wound care, implement evidence-based strategies, and collaborate with surgeons only when absolutely necessary.

Since then, my practice has evolved in ways I could never have imagined when I first started. Today, I routinely perform wound debridement, manage infections aggressively, use advanced dressings, and apply regenerative therapies like PRP to promote healing. We have developed diabetic foot care pathways within our hospital, conducted patient education sessions on foot care, and worked closely with nurses to ensure early identification and intervention.

Most importantly, I have witnessed countless patients who, through timely and comprehensive care, avoided amputations. Each saved limb feels like a personal victory, a testament to the idea that a physician's role is not limited by traditional boundaries but can expand as far as one's willingness to learn and serve.

Looking back, I realize that none of this was part of my original plan. Never had I envisioned becoming a physician who would perform minor surgeries or master the art of wound healing. Yet here I am, deeply involved in a field that blends medicine, surgery, and innovation—living proof that man proposes, but God disposes.

This journey has not only been a professional evolution but also a profound spiritual awakening. It has reinforced my belief that we must trust Allah's wisdom. Sometimes, the setbacks, detours, and challenges we face are actually guiding us toward a destiny that is richer, more fulfilling, and more impactful than anything we could have planned for ourselves.

In the end, our duty is to strive with sincerity, keep our intentions pure, and leave the results in the hands of the Almighty. Success may not come immediately, and recognition may not always be visible, but sincere efforts never go to waste. Every step taken with the intention of serving humanity is, in itself, a reward.

Today, as Head of the Endocrinology Department at Holy Family Hospital, Rawalpindi, I feel grateful and humbled. The journey that began with treating diabetes has expanded into preserving lives and limbs, restoring hope, and learning lessons of faith, perseverance, and divine wisdom.

Indeed, **Man proposes, but God disposes.**