

PINK CONNECTION

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Dr Ushalakshmi

Even though I am a doctor, I missed the first signs of cancer...

Dr V Shantha

An icon of cancer care

Andhra heritage

Ikat

BEHIND The Scenes

We live in cynical times. We are suspicious of people around us especially those in public life like politicians and doctors. We expect all politicians to be devious and less than honest, and we suspect doctors exist not to cure and comfort but to make money out of us by prescribing unnecessary procedures.

My experience of politicians is limited but having edited a magazine for doctors in the past, I have nothing but admiration for doctors who go to great lengths to help a suffering patient. I believe, medicine is not a profession but a calling and one becomes a doctor because you want to be there for someone in pain.

I know many physicians who have gone beyond their work to set up institutions and foundations. Right here, we have Dr Raghuram a well-known surgeon, a brilliant one at that, who returned to India after seeing the scarce facilities available for breast cancer patients. It was at this time his mother, Dr Ushalakshmi, a gynaecologist was diagnosed with breast cancer. Apart from rescuing his own mother, he wanted to save other women by early detection and cure. With that singular idea, he put his money and efforts into setting up the Ushalakshmi Breast Cancer Foundation (UBF) and is today, a prominent figure in Hyderabad for his efforts in raising awareness for his cause. Incidentally, he is among the few breast cancer surgeons in the country.

As the editor of a newsletter published by Dr Raghuram, my praise of the good doctor may be suspect. But I admire him for aiming to reach gynaecologists with this 'pink' newsletter. In his words, it will be the first point of contact for a patient with breast cancer.

Maybe, we should set aside our all-pervading cynicism in a material world, and acknowledge the goodness of people like Dr Raghuram! Good people doing good work do exist in quiet corners of our world.



Ratna Rao Shekar

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Nandini Murali

Dr V Shanta: A True Karma Yogi

Octogenarian Dr V Shanta, chairperson of the Cancer Institute (WIA), Chennai, looks back at an eventful six decades since the inception of the institute in 1955. Despite a stroke she still sees patients twice a week at her home which is in the Cancer Institute. She is still the public face of the institute. The mantra in cancer care today is prevention, she tells **Dr Nandini Murali**, who catches up with her after a gap of ten years

Dr V Shanta, 87, the iconic cancer care specialist needs little introduction. I first met her a decade back in connection with a major magazine feature on her work and life. After all I had heard and read about her, I was surprised when an unassuming petite woman in a spotless white doctor's coat, greeted me warmly in the Cancer Institute (WIA) in Adyar, Chennai.

Unwilling to talk about herself, she had demurred, "My life is my work. The two are inseparable."

I met her again this month in her airy and roomy home on the terrace of the Gandhi Nagar campus building of the Cancer Institute (WIA) where she has lived since 1966. There is a distinct old-world charm to her home. The antique rosewood cupboard and the book-lined shelves in which I spot classics by AJ Cronin and Taylor Caldwell are a throwback to a black and white era where life was simple and technology free.

Dr Shanta, dressed elegantly in a simple beige Kota sari, is solving *The Guardian* crossword—a recent routine, she later tells me—to ensure her memory remains razor sharp. I find her vitality and zest undimmed. The only concession to age is a crutch (following a recent fracture). As busy as a proverbial bee, Dr Shanta sees patients twice a week, and is the public face of the institute. Besides, she mentors her colleagues at the Cancer Institute, fostering a team spirit and patient care ethos that is humane and compassionate. However, after a stroke she has discontinued doing surgeries a few years ago.

On spearheading six decades of cancer care, the good doctor says, "It has been a difficult journey, not a bed of roses with several bottlenecks along the way."

Nevertheless there is a tangible sense of satisfaction as she traces the trajectory of cancer care in India from incurability and fatalism towards the disease to one of multi-modality therapeutic interventions resulting in a significant leap in quality of life for the cancer patient, and larger public awareness of cancer.

"We have come a long way. Today, most common cancers are curable. Indeed cancer cure is prevention," she softly avers.

Dr V Shanta's family was "progressive and intellectual." Her grandfather, the scholarly CS Iyer, believed in education for girls, although Dr Shanta admitted that during her time "the concept of a career for women was yet to gain acceptance." She came from a family of Nobel laureates. The famous physicist and Nobel laureate, Sir C V Raman was her grandfather's brother, while Dr S Chandrasekhar, eminent astrophysicist and Nobel laureate was her maternal uncle. Dr Shanta studied in the National Girls School in Madras, which boasted of outstanding teachers and an Irish principal, who were "so understanding of Indian patriotism."

A Madras Medical College (1949) graduate, Dr Shanta specialised in obstetrics and gynaecology, and was inspired by the "independent spirit" of the renowned



“In 1954, cancer was virtually an unknown word, much less a recognised disease. Medical oncology as a specialty arrived in India much later.”

Against such a backdrop, Dr Muthulakshmi Reddy, a social reformer at heart, decided to open a hospital for comprehensive cancer care. The state government reacted with disbelief as they regarded cancer as a disease of old people that need not be treated!

gynaecologist Dr P T Madhaviammal. While posted in the cancer wing of the Government General Hospital in Madras, she heard surgical oncologist Dr S Krishnamurti’s passionate speech about the plight of cancer patients. Dr Krishnamurti was the son of Dr Muthulakshmi Reddy, the first woman doctor in India, who had established the Cancer Institute in Madras in 1954.

“It was moving. I felt I should participate in their effort. I decided to respond to Dr Reddy’s call for doctors to join her mission of cancer care,” recalls Dr Shanta.

Prior to the establishment of the Cancer Institute, cancer treatment facilities in south India were inadequate. Radiation facilities were available only at two centres, the Government General Hospital, Madras, and CMC, Vellore. Cancer patients who lived in rural areas died there. Morphine, the only mode of palliative care, was available in a few places. Besides, if you were poor and had cancer, you were doomed to die a slow painful death because the stigma of *karma vyadhi* (a disease destined by fate) preordained your destiny.

“In 1954, cancer was virtually an unknown word, much less a recognised disease. Medical oncology as a specialty arrived in India much later. The two modes of treatment were surgery and radiation,” explains Dr Shanta.

Against such a backdrop, Dr Muthulakshmi Reddy, a social reformer at heart, decided to open a

hospital for comprehensive cancer care. The state government reacted with disbelief as they regarded “cancer as a disease of old people that need not be treated!”

The inspiration for such a vision stemmed from her sister’s personal tryst with cancer in 1921. According to Dr Shanta, the Women’s Indian Association (WIA) was formed in 1918 by two European women theosophists, Margaret Cousins and Jina Raja Dasa. As its first Indian member and later the secretary, Dr Muthulakshmi Reddy started WIA’s Cancer Relief Fund and also the Cancer Institute in 1954 with just Rs 2 lakhs. Prime Minister Jawaharlal Nehru laid the foundation stone for the institute.

The “young, idealistic and guileless” Dr Shanta joined the Cancer Institute on April 13, 1954, as its first resident medical officer, on a monthly salary of Rs 250. Much to the dismay of friends and well-wishers, she turned down the coveted Madras Public Service posting for which she was selected.

The Cancer Institute was situated in a narrow, three-acre stretch of land bordering Buckingham Canal in Adyar, then a Madras suburb. The institute’s first block consisted of a single-storied building that housed the out-patient department, radiotherapy and diagnostic units, dispensary, store and a male and female ward. Patients lived in Sewagram hut cottages on the campus.

Along with Dr Krishnamurti, Dr Shanta worked towards realising Dr Muthulakshmi Reddy’s vision of accessible affordable cancer care for people irrespective of their economic status. The challenges were formidable – poverty, low literacy levels among the largely rural patients, and the advanced stage of disease at presentation. The team consisted of two honorary doctors, two auxiliary nurses and a technician.

“I would return at 2 pm from the Government Maternity Hospital where I worked in the mornings. My routine consisted of ward rounds, dressings, injections and writing case records. From the start, we were particular about comprehensive case notes,

Dr Shanta worked without a salary for five years, abandoned a flourishing private practice and lived on one meal a day.



biopsying all tumours and conducting cytological smear studies. My work included cleaning and sterilising the operation theatre due to the lack of trained theatre staff," recalls Dr Shanta.

Dr Shanta worked without a salary for five years, abandoned a flourishing private practice and lived on one meal a day.

"Begging at every door, national and international, church, temple and mosque, we slowly made our dreams come true," recalls Dr Shanta. The team of doctors became experts in multi-tasking—they were radiotherapists in the mornings, histopathologists in the afternoons and clinicians interpreting

pathology reports in the wards. Despite the challenges, the spirit of scientific enquiry and approach made it so worthwhile, says Dr Shanta.

However, it became clear to Dr Shanta and her team that a paradigm shift in their approach was required what with the increasing number of patients, mostly poor and in advanced stages of cancer. This also meant a leap of faith that cancer is curable. In order to achieve this, they had to reach out to patients rather than wait for them to turn up.

Lack of adequate staff, paucity of funds, and non-existent transport facilities were grave stumbling blocks. Yet the generosity of Madras based industrialists, including the well-known TVS Group, kick-started the project. Dr Shanta's energy was boundless. Accompanied by a nurse and two technicians, she drove out at 5 am every day into the district townships to screen patients.

"The experience reinforced our conviction that the only way to catch early cancers was through community screening. Education and awareness building were necessary too," explains Dr Shanta. In 1956, the Canadian government gifted a C-60 teletherapy unit that enabled the institute to introduce the super voltage era. As early as 1958, the institute pioneered a multi-modal approach that included surgery, radiotherapy, and chemotherapy in the management of locally advanced oral, cervical and breast cancer. In the following years, specialties such as nuclear medicine (1956), cytology (1960), lymph-angiography (1964), mammography (1968) and fibre optic gastric duodenoscopy were introduced.

"We woke up one morning to find ourselves famous," chuckles Dr Shanta.

A decade after its inception, Nehru who paid a visit to the institute in 1961 remarked, "I saw a marble slab I had laid as a foundation stone some years ago. Since then, the progress has been rapid, not in terms of brick and mortar, but in quality of work. I wish that the many foundation stones I have laid in different parts of the country showed nearly the same results as this has

done. It is an inspiring example of good work."

In 1970, on a visit to Mayo Clinic in Rochester, USA, Dr Shanta was impressed enough to establish the country's first medical oncology department back home. In 2004, the Cancer Institute (WIA) celebrated its golden jubilee. Over the years, Dr Shanta has assumed various leadership roles in the institute: resident medical officer (1955), assistant director, associate director (1959), director and scientific director (1980) and chairperson (1997).

Today the Cancer Institute (WIA) comprises a 428-bed hospital, a research centre, a centre for preventive oncology, and the Muthulakshmi College of Oncologic Sciences. Every year, around 100,000 patients are treated at the institute. Two-thirds are from the lower socio-economic groups and less than one per cent covered by health insurance.

The doctor is greatly concerned that over the years, medicine once considered an art, has welded with science. "Today, the art has disappeared and we are left with the science of medicine, which is just a bundle of investigative techniques," points out an irate Dr Shanta. When she sees patients referred to her, she is forced to wade through unwarranted "bundle of investigations," which is just not a substitute for the art of clinical examination, she explains.

Dr Shanta remains indefatigable however. She says, "When I look back at the 60 years of the institute, I feel sad about the lives we lost. However, every death is a lesson for us in patient care. To me death is the beginning of challenge and I see no reason to give up."

She has a number of national and international awards to her credit including the Padma Bhushan and Magsaysay award (2005) (one of the few doctors to receive this sought after award), and 95 papers in national and international journals to her name.

"The award is for the institute. So little has been achieved, so much more needs to be done," observes Dr Shanta, in the spirit of a true *karma yogi*. ■

The Indomitable

Dr Ushalakshmi

Women who are the pivot around which the family revolves never pay attention to their own health. Which is in itself is unforgivable. But what happens when a gynaecologist herself does not take care of her body? **Lakshmi Prabala** meets one such woman – Dr Ushalakshmi – who didn't let dreaded cancer deter her but in fact inspired a major breast cancer awareness movement across Andhra and Telangana



Kamal Kiran

My disease is not a secret anymore", says Dr P Ushalakshmi bluntly. "I had breast cancer but as a survivor, not as a woman or a gynaecologist, I was filled with a desire to educate women about breast cancer and ensure they learn how to prevent it. It is a blessing to be a survivor. Now, I hope to arm other women with the awareness," she says.

When her life had turned upside down after her cancer diagnosis, not only did she find strength and resilience to battle the disease, she also saw an opportunity to educate and empower other women to detect breast cancer early.

An MBBS graduate from Guntur Medical College, Dr Ushalakshmi Kumari had developed a keen interest in medicine as a child and always dreamt of becoming a doctor. In her time, it was uncommon for women to pursue a post-graduation but Ushalakshmi went on to complete her masters at Vizag Medical College with her father's encouragement. Dr Ushalakshmi was a practising gynaecologist at Niloufer Hospital and a professor at Osmania Medical College before she started her private practice in 1983. She retired eventually in 2007.

It was in 2002, her life changed forever when she went to London on a holiday with her husband Dr PV Chalapathi Rao to spend time with their son and his family.

"It is important for a woman (and her husband) to ensure she gets a mammogram and pap-smear every year. After all, it doesn't cost more than a saree..."

Dr Ushalakshmi felt some uneasiness in her right breast one day and brought it to her doctor son's notice. Her son, Dr P Raghuram lost no time in consulting a breast specialist. A lump was found and three days later, their worst fears were confirmed when the biopsy results tested positive for malignancy.

A cancer patient's initial reaction is usually one of disbelief but in Dr Ushalakshmi's case it was also tinged with guilt. "I was in a state of shock, and so was my entire family. I felt bad that being a doctor and a gynaecologist, at that, I had not taken

care of my own body. I was upset that I used to warn my patients and friends to have regular check-ups and I had not followed my own advice", she recalls.

Even though the condition was diagnosed early, multiple points were seen. The doctor advised a mastectomy to be on the safe side. A trip to India might have delayed the treatment, so the family decided to have the surgery in London.

"I was worried at first but soon I shifted focus to recovery. I was eager to get rid of the cancer in my body at the earliest", says Dr Ushalakshmi. It did cross her mind that her body might get disfigured after the procedure but she quickly resigned herself to it knowing that it was an integral part of the treatment. Henceforth, she resolved to prioritise health over everything else in her life.

"I was anxious to return to India and get on with my life. I had understood the importance of regular mammograms and I was impatient to make my patients aware of it too," she points out.

Since Dr Ushalakshmi had the surgery in the UK, she benefitted from their medical care. An important step in their approach was to educate cancer

patients about the different aspects of breast cancer, across the stages of treatment.

“A breast care nurse looked after me in England and gave me a series of booklets published by Breast Cancer Care, which I found useful during the different stages of my treatment from the diagnosis to recovery. These booklets kept me better-informed, better-prepared and helped me to feel in control. In a simple, and easy to read format, they contained relevant information pertaining to breast cancer – what to expect, how one may react and the options available. I must confess, even though I was a doctor who knew about the disease, I had gained a lot of confidence by reading these booklets. I learnt many things for the first time. It proved so helpful that it was not necessary to question the doctor too. My fears were put to rest”, she confesses.

After her experience with medical care in the UK, it was but natural for Dr Ushalakshmi to compare it with treatment methods in India. Many years later, in 2007 when her son, Dr Raghuram returned to Hyderabad she requested him to create a similar facility for breast cancer patients in the city. In collaboration with the Breast Care Centre UK, and Dr Reddy’s Foundation for Healthcare Education, The Ushalakshmi Breast Cancer Foundation was founded and one of the first things they did was print and distribute 100,000 copies of the same booklets published by Breast Cancer Care.

On her return to India after her surgery, Dr Ushalakshmi had continued her chemotherapy at NIMS. She took leave for six months and underwent therapy with her husband and mother standing firmly by her side. Her daily routine involved sufficient exercise, in the form of walking for an hour or yoga, mainly to keep weight under control. The only dietary restriction she followed was to avoid food rich in fat.

After six months of therapy, she returned to work without any difficulty. “It has been 12 years since

my initial diagnosis and I never miss my follow-up tests even today. Except for the regular ailments that come with age, like knee pains or joint aches, I lead a healthy life. I am retired now, but keep busy reading about the latest advances in breast cancer treatments. Of course, like most grandmothers I immensely enjoy my time with my grandsons Sai Ram and Krishna Sai,” she says beaming.

Significantly, chances of recovery for a cancer patient improve if they maintain a positive attitude towards life, and when they have the support of family and friends, she says. A cancer patient needs to steer clear from negativity. The care-givers should keep them positive and cheerful and dispel their fears by educating and encouraging them.

Dr Ushalakshmi cannot stress enough on how important it is for a woman to take care of her own health. “The woman is a pillar of strength but she gets so caught up in caring for her family that she tends to neglect herself. Since she plays a pivotal role in the household, her health and well-being are crucial. It is important for her (and her husband) to ensure she gets a mammogram and pap-smear every year. After all, it doesn’t cost more than a saree! But it can go a long way in the detection of breast cancer or cervical cancer. Unlike ovarian cancer or pancreatic cancer or other types of cancer, these two can be detected early. And that itself gives a woman a greater chance of survival.”

Rural women also need to be included in this circle of information on breast cancer, says Dr Ushalakshmi. “One should reach out to rural women as they may not have the means, or access to knowledge and medical facilities. Since it is about a sensitive part of a woman’s body, they may be unwilling to talk or hear about it. The challenge in rural areas is to speak their language, win their confidence and help overcome the taboo.”

The Ushalakshmi Breast Foundation had partnered with the Andhra Pradesh Government to train health workers who would then visit each

house, gain their trust, educate the women and conduct palpation of their breasts. The booklets were printed in Telugu, for which the Foundation made a significant donation.

In September 2007, Dr Raghuram, relocated to Hyderabad from the UK after ensuring his family was comfortable with the move. Being an only child, he was deeply affected by his mother’s battle with breast cancer. He was also concerned about the lack of information available to women affected with breast cancer in India. He went on to start the Breast Cancer Foundation and a Breast Cancer Centre and added his mother’s name to both the initiatives to honour her spirit in the fight against breast cancer. His main intention was to generate awareness in as many ways as possible.

While Dr Raghuram was in the UK, his friend’s wife too had breast cancer. When his friend visited Punjab, he designed a bus equipped with an ultrasound scan, mammogram and along with a clinical exam to help diagnose breast cancer. This bus was driven down to Hyderabad and around 950 women across organisations, offices and colleges were screened for breast cancer free of cost. The Ushalakshmi Breast Cancer Foundation has tried to reach out to as many people as possible through different mediums like TV shows, newspapers articles, and by roping in celebrities to campaign for the cause.

In 2009, the Pink Ribbon walks were started and held on the first Sundays of October every year in Hyderabad. At 6 am, people assemble at KBR Park and walk for 2 km. This is to create awareness about breast cancer, honour survivors and also underline the importance of exercise in breast cancer prevention. In 2013, Pink Ribbon Walks were also flagged off in Vishakhapatnam.

On how her life has changed after breast cancer, Dr Ushalakshmi says that she realised that we tend to take life for granted and forget how “precious” it is. Today, she is grateful for the second chance, and not a day goes by when she doesn’t feel thankful for surviving this life-threatening disease. ■



Ikat occupies a special place in India's rich canopy of weaving traditions. And, this is largely because the making of the fabric involves a complicated, almost mathematical technique.

To an untrained eye, the design on an ikat may seem like a print, but it is in fact, a weave. In reality, ikat colours and designs are first transferred on the warp and weft yarns through dyeing. The characteristic feathered edges on the ikat slowly emerge after the colours intermingle. Each ikat piece remains unique as every inch of the fabric is handwoven by the weaver.

History

Ikats were woven in many cultures across the world. Samarkhand, situated on the Silk Route in Central Asia was reputed for fine silk ikats. Common in Central and South America and south-east Asian countries too, ikats were perceived as symbols of status and wealth.

In India, ikats are woven in clusters mainly in the states of Gujarat, Orissa and Telangana. In Gujarat, the *patolas*

are woven in Patan while Rajkot has a slight variant. The *patolas* are known for their geometrical grid patterns filled with intricate stylised motifs with minimal feathering at the edges.

The Orissa ikats or *bandhas* are distinctive for their unique curvilinear designs inspired by nature, architecture and religious themes and their weavers are famous for following fine tying and dyeing techniques followed by concise weaving.

Not much is known about the history of ikat in Andhra Pradesh. However, ikat weaving seemed to have first started in Chirala and later, in Nalgonda district in Telangana. Today, ikat weavers are found in 40 villages around Pochampally with Koyallagudem, Puttapaka, Velanki and Siripuram being the primary centres.

Life in these villages revolves around weaving. Each weaver works from home with members of the family pitching in. The elderly ladies usually wind the bobbins or untie the yarns after a round of dyeing, while the woman of the house helps by tying the

yarns before they are immersed in dye. The husband marks the design on warp threads or sets up a loom or weaves in the main living area.

Ikat technique

Ikat or ikkat uses a resist dyeing technique which originated in Indonesia. In fact, ikat gets its name from the Indonesian word *mengikat*, which means 'to tie'.

There are two kinds of ikat – the single ikat and the double ikat.

The single ikat involves individually dyeing only one set of threads either the warp or the weft. In double ikat fabrics, both the warp and the weft threads are dyed. While both styles require skill, double ikats are laborious, as the weaver needs to ensure all the threads are in the right position to get the precise design. The yarn's natural movement during weaving makes the outer forms of the design slightly blurry which results in the feathered edge effect.

Rumals

The Pochampally ikat designs have

Ikat: A Priceless Weaving Technique

Ikat is high fashion today in New York and Milan. This fabric which has its origins in Indonesia is not a print but a weave. India is dotted with ikat weaving centers, however, one of the most vibrant centres today is the cluster of villages, in and around Pochampally in Telangana. **Lakshmi Prabhala** explains the complex technique even while speaking to some revivalists

Photographs by Lakshmi Prabhala

Life in these villages revolves around weaving. Each weaver works from home with members of the family pitching in. The elderly ladies usually wind the bobbins or untie the yarns after a round of dyeing

evolved from the squarish grid-like pattern of *rumals* or handkerchiefs which was made in Chirala, the oldest ikat centre in Andhra Pradesh, as early as the 19th century.

Rumals were square pieces of cotton cloth decorated with repetitive geometric patterns. An outer square grid was divided into smaller squares containing recurring geometric / floral motifs woven in the double ikat style. The colours were usually red, white, and black and the dyes extracted from natural sources like leaves and flowers. The entire design was enclosed in a wide red border. These *rumals* were used as handkerchiefs, turbans and loincloth but were mostly made for export to Myanmar, West Asia and East Africa.

In time, before weaving the *rumals*, the yarns were dipped in linseed oil and used by fishermen on their body to protect themselves from salt water. The linseed oil imparted a distinct odour, texture and colour to the fabrics which gave the name – *teliarumals* (oily handkerchiefs). These *rumals* were exported to Arab countries.

Local fishermen and labourers used *teliarumals* as *kamarbandhs*, *lungis* and turbans to stay cool during summer and inversely, warm when it was cold.

Soon, cotton sarees and *dupattas* inspired by the *rumal* design started to emerge and became popular. A few Chirala weavers migrated to Nalgonda and developed the place as another centre for weaving double ikat in the *rumal* design. Modern patterns on the saree evolved over time. Largely, the Nalgonda artisans were inspired to create motifs with abstract and geometric patterns with vibrant colours.

Even today, many designs in sarees and fabrics have their roots in the *rumal* like the coloured plain bands which embellish the *pallu* or the grid designs covering the body of the saree.

In 1970, the Pochampally village headman suggested that silk should also be woven along with cotton fabrics. Two weavers went to Bangalore to learn the art of weaving silk and today, Pochampally is also called silk city and their sarees popular all over India.



Weaving process

A lot of hard work goes into creating the striking ikat fabric. Well-oiled silk yarn is purchased and first treated with detergent. Then the yarn is rolled into a box or a pipe using a spinning wheel. The weft yarn is then transferred on to a radial lined Asu (a triangular metallic frame roughly the size of the fabric width) and this process is called Chitiki.

A master weaver is usually in-charge of the design process as he translates the design from a graph paper to the warp and weft yarns. With remarkable precision, he marks areas that need dyeing and the others that should resist it. After which, the other weavers tie the water-resistant bindings like rubber pieces from old bicycle tyres or thick threads in the areas which do not require colour. When the tied yarn is dipped in a vat of the required colour only the untied portions absorb the colour. The tied portions fail to catch the dye.

For complex multi-coloured designs, this step is repeated by tying up these bindings and coloured areas alternatively to resist further dyeing. When multi-coloured designs are

used, the yarns are dipped in a lighter colour dye first.

After dyeing and the yarns dried, they are spun once again and out of the smaller bundles the threads are transferred to bobbins. These bobbins are a part of the weft and move horizontally during the weaving process. The bobbins sequence is crucial to the resulting design. Meanwhile, the warp yarns are also dyed and carefully placed on the loom to ensure all the threads are in position.

The double ikat weaving is time-consuming. The weavers have to ensure the yarn's proper alignment and weave where the colours of the warp and weft yarns intersect. Even a slight error at just one place could lead to a shift in the design throughout the fabric.

Current trends

Despite their skill, the weavers are paid poorly. The cost of the silk yarn has increased by 40 per cent but the weaver's wages have stagnated. There is stiff competition from the powerlooms which make poor imitations. Hence, many weavers find

it difficult to make a living off weaving and migrate to the city.

Some weavers are burdened with heavy debts, while others have been driven to commit suicide. The younger members in the weavers' community are naturally reluctant to pursue their family profession.

There is a danger of traditional designs disappearing with time. Dominic Hassan, an exporter of handlooms, furnishings and hand woven dhurries says with dismay, "Earlier, 20 families would weave *telia rumals* for us but today there are just two families."

Sudha Rani, CEO, Khargaa, a weavers' cooperative works closely with the weavers to address their problems. "Just like most handlooms, bulk orders are difficult to execute. It takes four days to make a simple saree. The powerlooms, which are able to create warp ikats take advantage of this. However, double ikat and weft ikats cannot be produced by automated machines since a perfect alignment is required and it is possible only on a loom with a skilled weaver operating it," she explains.

To curtail raw material expenses, weavers have been experimenting



with silk cotton blends. Not only does it decrease the production cost and makes it affordable to a buyer, one gets fabrics which drape more gracefully. Khargaa, in association with Chenetha Colour Weaves has initiated schemes to help weavers get fair wages, restore their skills and in the process, revive a dying traditional handloom.

With its simple yet alluring textiles, Pochampally village has made its mark in the annals of Indian handlooms. Equally versatile with the traditional and the contemporary, the Pochampally ikat designs vary from simple to bold, geometric forms. While their sheer elegance, and subtle colours make these fabrics much sought after, the sweat and toil that goes into making a metre of this fabric often goes unnoticed. ■



UBF Activities

February 2014

The Pink Ribbon campaign picks up pace: UBF partners with St Francis Junior College to conduct a successful breast cancer awareness walk



March 2014

The first ever population based breast cancer screening programme in Andhra Pradesh

Nearly 1,48,000 under-privileged women between the ages of 35-65 years will be screened for early signs of breast cancer in the sixteen districts of Telangana and Andhra Pradesh by end of 2015

The picture shows a training session organised for a batch of core trainers from Andhra Pradesh Mahila Samatha Society at KIMS-USHALAKSHMI Centre for Breast Diseases



April 2014

UBF organised the Pink Ribbon Evening 2014 to commemorate seven eventful years of serving the community in Andhra and further afield. Nearly 500 people attended the event where a panel discussion was held on 'Breast Cancer-Challenges and Choices'

L-R: Mr Jayesh Ranjan, Dr Anuradha, Ms Chandana Khan, Ms Shobhaa De and Dr Raghuram



L-R: Dr Anuradha (breast cancer 'conqueror'), Dr P Raghuram, Ms Shobhaa De, Dr Ananda Shankar Jayant (breast cancer 'conqueror') and Dr Evita Fernandez (Convenor, Panel Discussion)

The Road Not Taken



Dr P Raghuram, is a well-known breast cancer surgeon in Hyderabad and is one of the youngest ever surgeons to become the president of the Association of Breast Surgeons of India.

In the first of his regular columns, he writes on how he set out to introduce the concept of breast healthcare and establish the first ever breast care centre in the country

When the editor asked me to share my thoughts in the first issue of 'Pink Connexion', I felt it was an opportunity to reflect upon my 'turning point' which changed the course of my life and also look back on my journey this far.

I was all set to spend the rest of my professional life as an oncoplastic breast surgeon in the UK. However, the divine had other plans for me. My mother was diagnosed with early breast cancer in 2002. Being the only child, I was profoundly affected as I had to deal with someone close to me being diagnosed with cancer.

While I was making enquiries about my mother's treatment, I discovered startling facts about breast healthcare in India. I learnt that India had hardly any dedicated breast specialists, while the concept of health centres exclusively for breast care was itself in its infancy. There were few cancer centres however, offering care on par with the best centres across the world. By and large, it seemed breast cancer care in India was a 'lottery' – by luck some received excellent care, while most did not. To say there is huge variation in the survival rate of patients with breast cancer in the Indian sub-continent is an understatement. Equally, I was astonished to find that not much importance was being given to the early detection of breast cancer and counselling patients and their families. The latter is just not considered to be an important component of breast cancer care in our country.

The unexpected diagnosis of breast cancer in my family coupled with the startling scenario of breast cancer care in India led to 'the defining moment' in my life. I came to the conclusion that dedicating the rest of my professional career to improving the delivery of breast healthcare in India would give me satisfaction than being part of an established healthcare system in the UK.

While I was preparing to return home, I came across an excerpt from Swami Vivekananda which had an overwhelming influence in shaping my vision:

Take up one idea
Make that one idea your life –
Think of it, dream of it, live on it.
Let the brain, muscles, nerves and
Every part of your body
Be full of that idea....
And just leave other ideas alone

The year 2007 was a landmark year in my life. I returned to my roots – Hyderabad, a place I was born and raised in - to translate my vision into reality.

My four goals

1. To establish a dedicated breast health centre
2. To establish a Breast Cancer Foundation and empower people by educating them on the importance of early detection of breast cancer
3. To implement a community based breast cancer screening programme
4. To develop breast surgery as a distinct sub-specialty in India

To establish a dedicated breast health care centre

Today, there is robust evidence to suggest that the outcome of patients with breast cancer or benign non-cancerous breast health concerns are best when they are managed by well-trained breast specialists within the confines of 'breast centres'. After months of meticulous and diligent planning, I conceived and designed KIMS-USHALAKSHMI Centre for Breast Diseases in 2007 – India's first free-standing, purpose-built and comprehensive centre for breast health established at the Krishna Institute of Medical Sciences (KIMS).

Over the years, the breast centre in KIMS has made significant and meaningful difference to the lives of



Ms Shobha De at KIMS-USHALAKSHMI Centre for Breast Diseases

people through the provision of high-quality, innovative and cutting-edge technology. This is not just 'another oncology centre'. This is a unique set up, where clinical assessment, breast imaging, image guided targeted biopsy and counselling are undertaken by a multi-disciplinary team of specialists dedicated exclusively to the management of breast health issues (both benign and malignant). World-class breast healthcare is delivered not just under one roof, but in a purpose-built environment aiming to reassure the worried. Nothing gives me more happiness than to confidently state that KIMS-USHALAKSHMI Centre for Breast Diseases has been in the forefront of introducing the revolutionary concept of breast care centres in the Indian sub-continent.

To establish a Breast Cancer Foundation (UBF) and empower people by educating them about the importance of early detection of breast cancer

Lack of awareness is one of the main reasons for the vast majority (I would place the figure at greater than 60 per cent) of breast cancers in India being presented in advanced stages and consequently, with high death rates. To address this particular issue, my mother and I established Ushalakshmi Breast Cancer Foundation (UBF) with a mission to empower women with the importance of breast awareness and underscore the benefits of early detection of breast cancer. Over the years, UBF has been working tirelessly at accomplishing its mission of providing a responsive education

outreach service across Andhra Pradesh and beyond. On behalf of UBF, I have spoken and written about the issues concerning breast cancers in public forums.

Several celebrities and breast cancer 'conquerors' from India and abroad have participated in many inspiring breast cancer awareness events organised by UBF and they have attracted national and international attention. Due to the focused and consistent efforts undertaken by UBF, breast cancer is no longer a closet issue.

To implement a community based breast cancer screening programme

With the singular aim of ensuring early detection of breast cancer and save more lives, particularly among the under-privileged, UBF and KIMS-USHALAKSHMI Centre for Breast Diseases implemented evidence-based and cost-effective community based breast cancer screening programme in partnership with the Andhra Pradesh Government and the Mahila Samatha Society of Andhra Pradesh – a first of its kind initiative in India.

Since 2013, some 28,000 under-privileged women underwent screening. By 2015 end, some 1,48,000 under-privileged women spread across 16 districts in Telangana and Andhra Pradesh would be screened for signs of early breast cancer. Women diagnosed with breast cancer under this initiative are being offered free treatment under the Rajiv Arogyasree Scheme.

To develop breast surgery as a distinct sub-specialty in India

In many developed countries across the world, the concept of 'organ based specialists' has been firmly established. Breast surgery is now a recognised sub-specialty of general surgery abroad with a structured training programme for designated breast surgeons. Appreciating the need for a paradigm shift in delivery of breast healthcare in India, I garnered support from the Indian surgical fraternity to establish the Association of Breast Surgeons of India (ABSI) – a society dedicated to the management of breast diseases. Established in 2011, ABSI represents general surgeons, surgical oncologists and plastic surgeons involved in treating women with breast diseases (benign and malignant) and the society is committed to improving the art and science of breast surgery. The formation of ABSI is the first step towards developing breast surgery as a sub-specialty in India.

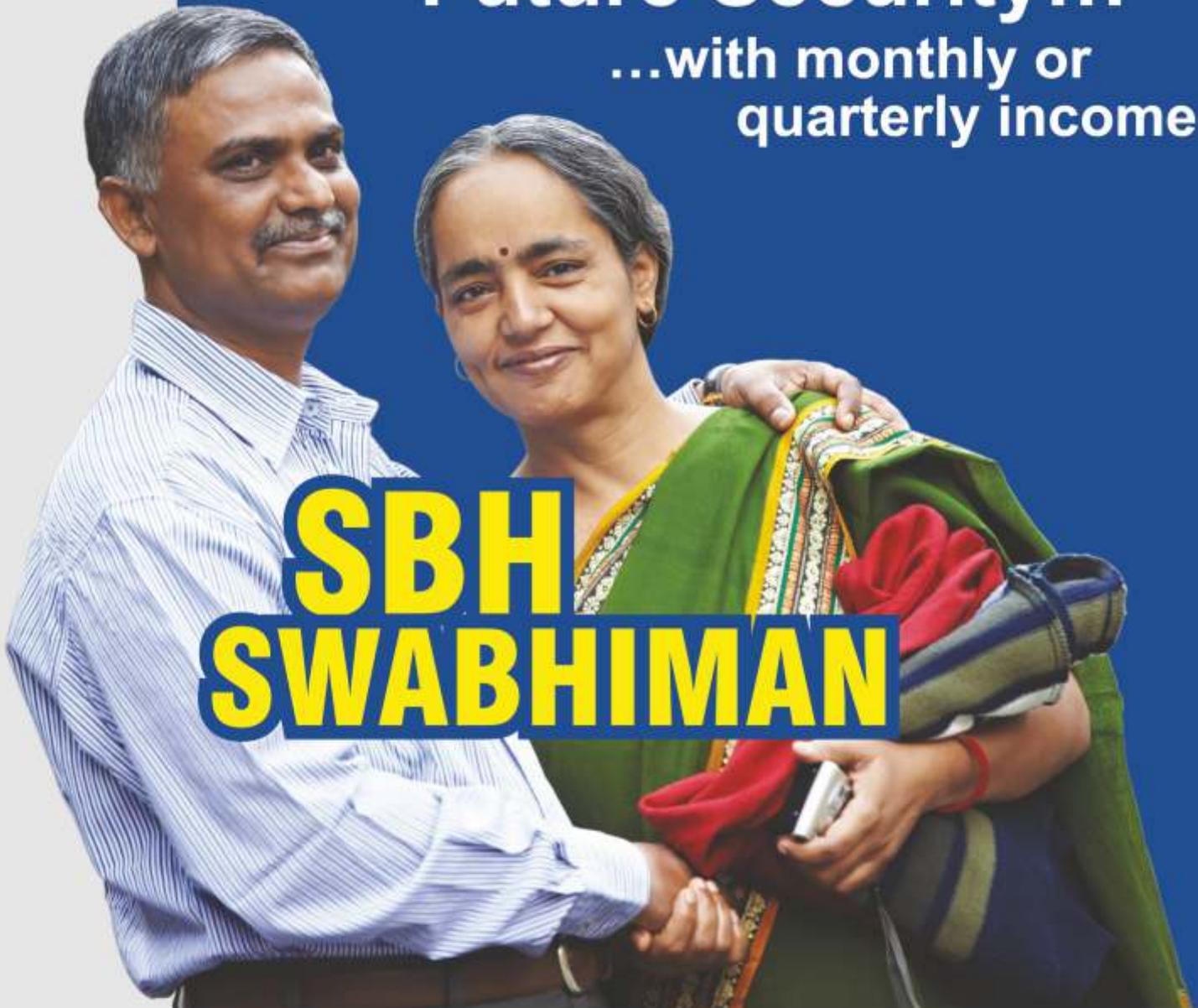
Having set out to dedicate the rest of my professional life to improve the delivery of breast healthcare in India, the first seven years of my homecoming have truly been rewarding and I will cherish the experiences along this path forever. 'Traveler there are no paths... Paths are to be made'. The Lord's grace, a clear vision backed with definite plans, focused action, personal discipline and reliance on the confidence to achieve has helped me all along. 'I took the road less travelled And that has made all the difference'... ■



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