PINK CONNEXION

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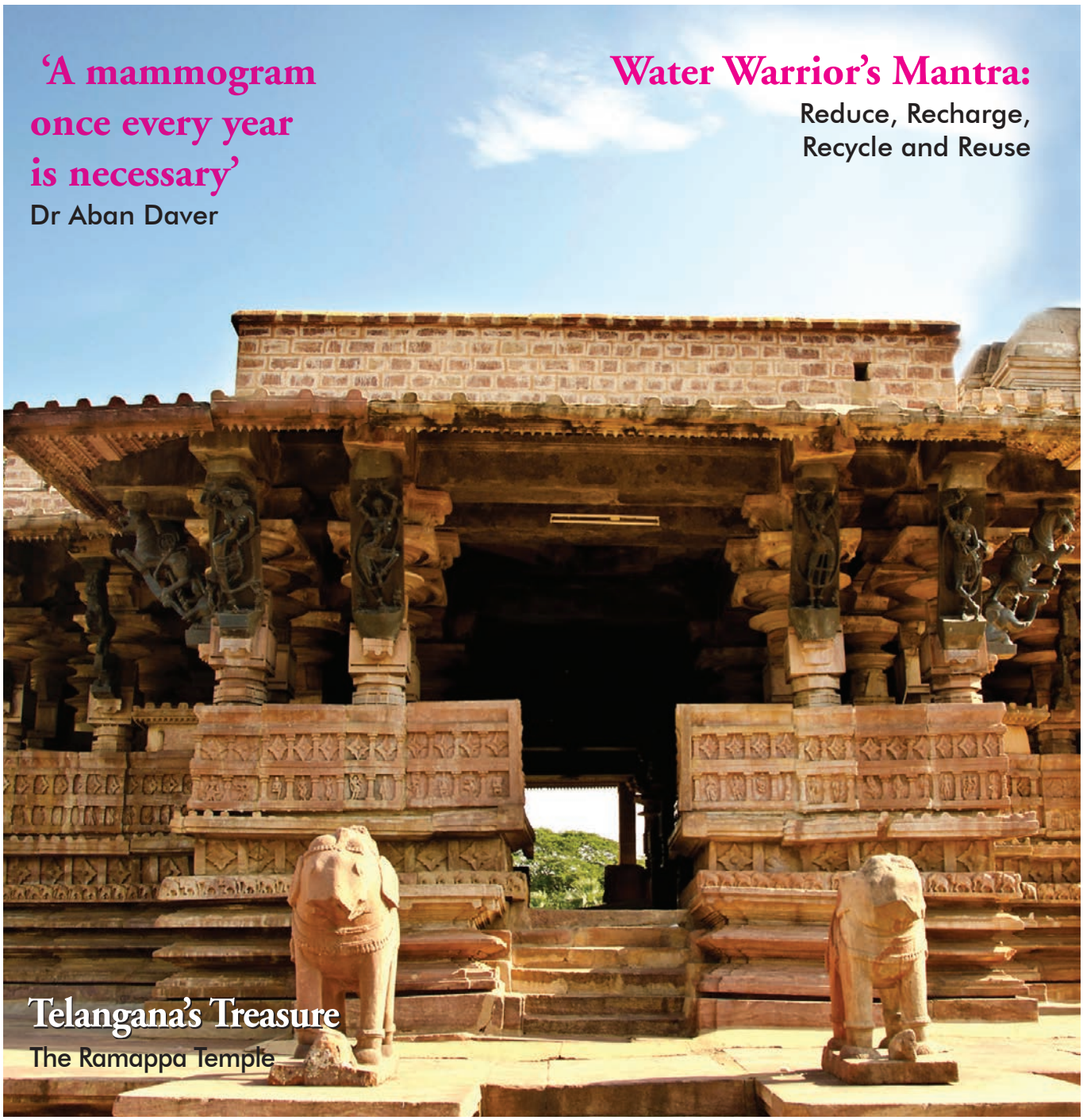

'A mammogram once every year is necessary'

Dr Aban Daver

Water Warrior's Mantra:

Reduce, Recharge, Recycle and Reuse

Telangana's Treasure

The Ramappa Temple

BEHIND The Scenes

Many of us in Hyderabad were aghast about the proposed razing of the 150-year-old heritage structure, the Erramunzil, which had belonged to an erstwhile nawab of the Nizam's court. The romance of the complex was such that even British nobles and ladies came to Hyderabad specially to be entertained in this palace. The palace was so vast that it housed stables, a golf course, and even a small operation theater! There were the mardanas, zenanas, and nurseries for children. These are stories of a bygone era, and it may seem that such romance and old-world charm have no place in the progressive Hyderabad that we live in today.

To me, however, these are the kind of stories that are unique to the Hyderabadi. It is our heritage monuments that give a city its distinct character. When we bring down these structures, we are erasing some part of the collective memory. Of the time, we saw the Erramunzil as we cycled to school, or the Public Gardens where we were taken to, as a treat on a Sunday. Or, some grandparent who told us a story of how he saw the Seventh Nizam Mir Osman Ali Khan drive down from King Kothi in his Rolls Royce to pray at the dargah in Public Gardens, every day.

In Europe and elsewhere, there are severe fines for altering the façade of heritage buildings. Have we not soaked in the sight of the well-preserved, magnificent and historical buildings in Paris or Barcelona, which have been modernised to house office and designer stores? Why Europe, even Mumbai is proud of its heritage, and I love the old buildings that line Marine Drive or surround the Flora Fountain, where little has been done to alter the Victorian structures.

Health, is not only about physical health, but is as much to do with the cities, the environment and spaces we live in. I believe just as we take care of our health, we need to take care of our cities, so that they may provide the aesthetics that nurture and heal us.

Ratna Rao Shekar

Contents

EDITOR
Ratna Rao Shekar

CONTRIBUTORS
Minal Khona
Anil Mulchandani

DESIGN
Malvika Mehra

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KIMS-USHALAKSHMI
Centre for Breast Diseases
Krishna Institute of Medical Sciences, Minister Road
Secunderabad - 500 003
Tel: 040-44885190 / 040-44885191
Website: www.ubf.org.in
https://www.facebook.com/ubfoundation

"Early detection is the key"

Dr Aban Daver will vouch for the fact that regular check-ups and early detection can really help in spotting cancer and treating it without too much fuss. One of Dr Raghu Ram's first patients, she narrates her story here.

The grand old lady's advice to all women: keep active, and never skip regular check ups

Text and photographs: **Lakshmi Prabhala**

After Dr Aban Daver lost her husband to a bypass surgery in 1988 at the age of 45 years, she devoted herself completely to her work. She is a psychiatrist, a resident doctor and a partner at the City Nursing Home, a small ten-bed nursing home in Himayatnagar, Hyderabad that provides psychiatric care.

Together with her partner, Dr (Mrs) D Khan, she handles the patients and the day-to-day activities of the nursing home such as accounting, staff, and medical supplies. On Sundays, she makes it a point to spend time with friends and family, especially with her daughter and her family who live nearby. For many years, Dr Aban had systematically followed her routine, and life seemed to go on smoothly, until she had a wake-up call in July 2007.

A month or two after Dr Raghu Ram had moved back to Hyderabad from London, Dr Aban heard about him first from her cousin Rohinton Noria. He invited her to a breast cancer awareness drive and free mobile breast cancer screening initiative being spearheaded by Ushalakshmi Breast Cancer Foundation at the Zoroastrian Club in Hyderabad.

"I wondered if I really needed to screen for breast cancer, as I was only 66 and felt perfectly alright. My cousin persuaded me to participate in the screening to encourage other Parsi ladies. Since I was a doctor, they too would realise it is important to conduct periodic cancer checks," narrates Dr Aban.

In October 2007, Ushalakshmi Breast Cancer Foundation, a not-for-profit breast cancer foundation established in Dr Raghu Ram's mother's name, had launched the Pink Ribbon campaign, in association with Dr Reddy's Foundation for Health Education and MKC Roko Cancer Trust, to empower women about the importance of early detection of breast cancer. The screening was conducted through a mobile screening unit, which was essentially a bus equipped with a mammogram machine and ultrasound scan.

From October to December, this bus travelled to different venues across the city on pre-announced routes to offer free breast screening to women. Around 950 women across organisations, offices and colleges had been screened for breast cancer free of cost.

Dr Aban was diabetic and hypertensive and made prudent lifestyle choices. Always careful with her diet, she made sure she

walked every day. While having a shower, she would regularly conduct self-examination of both breasts. Finally, she decided to do the screening and confesses, "I thought to myself *kuch bhi nahi hai! Kyaa hai*!" Her screening was scheduled for 11 am on a Friday.

Later that evening, Dr Aban received a call from Dr Raghu Ram requesting her to meet him the next morning at KIMS Hospitals. At that time, KIMS-USHALAKSHMI Centre for Breast Diseases was still being built and the hi-tech digital mammography unit had not yet been installed. Her daughter Tehnaz accompanied her.

"Showing me the mammogram film taken in the mobile unit, Dr Raghu Ram pointed to a cluster of calcifications in the left breast that were suspicious of cancer. He felt it would be prudent to repeat the test using magnification views, to get a much clearer idea," she says.

"Indeed, it was a blessing I went for the screening at perhaps the right time. The tissue was removed in its initial stages before anything could happen," she says

Dr Aban with her daughter Tehnaz, son-in-law Aspun Battiwalla and grandsons Sheryar (right) and Xerxes (left)

After the mammogram was repeated, Tehnaz, Rohinton and Dr Aban were asked to wait in a room. "As Dr Raghu Ram was checking the reports you can imagine what must have gone through my mind. I am a widow, living alone with a few family members around me. What if I tested positive for cancer? What do I do?"

Using a small drawing, Dr Raghu Ram explained that there was definitely a focus of calcifications suggestive of a Ductal Carcinoma in Situ (DCIS) in her left breast, which is an early form of cancer. A mastectomy was not needed, he said, but the focus of abnormality had to be removed.

Dr Aban took the advice of her sister, who is a doctor working as a pathologist in Canada. "We have a family history, because my sister had breast cancer too. My mother had some problem with the uterus and had a hysterectomy done. My sister agreed with Dr Raghu Ram that it was best to get the surgery done as soon as possible," she says.

The following Monday morning, Dr Aban went to KIMS Hospitals along with Tehnaz and her son-in-law. "The (mobile mammogram screening) bus was also there. In fact, the mobile bus was used as a mobile clinic by Dr Raghu Ram between October-December 2007," she reminisces.

She continues, "Dr Raghu Ram apprised me exactly what he was going to do. As the lesion is very small and not palpable, and to help him recognise the focus of abnormality in the operating theatre, he informed me that he would place a fine wire/needle that is as thin as a hair strand precisely at the site of the small impalpable abnormality." The wire was placed in the left breast by Dr Raghu Ram in the mobile bus and it was "painless".

Dr Aban was then taken to the operation theatre. Under general

Dr Aban Daver, now 78, is grateful for a timely screening

anaesthesia, a cut was made in the breast and a wire guided wide local excision (lumpectomy) was performed and the tissue extracted and it was sent for pathology.

Dr Raghu Ram discharged her the following morning and asked her to meet him again after seven days.

"Surprisingly, the doctor did not prescribe any antibiotics and I did not need any pain killers either at home, as I had no pain. He did an excellent job not only excising the lump but reshaped the defect in the breast, using plastic surgical techniques (oncoplastic surgery). He advised me to go back to work the very next day," Dr Aban recounts.

Being accustomed to a busy schedule, Dr Aban was at a loss once she got back home. Though friends and well-wishers suggested she rest for 8-10 days; the next morning, the good doctor was back to her routine at the nursing home. Her colleagues were surprised. She told them, "I am working, that's all!" She preferred to keep herself busy with work instead of wallowing and worrying about the final histology report. Along with Tehnaz and Mr and Mrs Noria, Dr Aban went to see Dr Raghu Ram to collect the biopsy reports on the seventh day after surgery. Dr Aban says with a chuckle, "I had a panic attack and thought to myself —if it turns out that there was a more aggressive cancer than expected, I will ask doctor to remove both my breasts and be done with it!"

"Being aware of any new changes in the breast is also important, but only a mammogram can detect the smallest cancer many years before it becomes palpable"

The report confirmed a small focus of DCIS – an early form of cancer. Dr Aban was swept by an enormous sense of relief. "Indeed, it was a blessing I went for the screening at perhaps the right time. The tissue was removed in its initial stages before anything could happen," she says.

Based upon the decision made by the multidisciplinary team (which included the Radiation and Medical Oncologist), the doctor also told her that she did not require chemotherapy and radiation therapy. "Thank God! Those words were like music to her ears," she says.

Since then, Dr Raghu Ram has been carefully monitoring her progress with a scheduled annual surveillance mammogram of both breasts. "He has been taking special interest and care making sure I never miss any of my follow-up check-ups," recounts Dr Aban.

"God forbid, if the reports had tested positive for an invasive cancer, I would possibly have undergone chemotherapy and radiation, and after that life may have been different," reflects Dr Aban.

She advises women to keep themselves busy regardless of their age: "It helps if one remains motivated. For every woman over 40 years, I would say a mammogram once very year is compulsory. Being aware of any new changes in the breast is also important, but only a mammogram can detect the smallest cancer many years before it becomes palpable. Remember, I used to check myself but never found anything."

"I was Dr Raghu Ram's first patient after he relocated to India in 2007 and whatever I am today is because of him —isn't it? Today, if I am able to lead a normal, carefree life, and get to do whatever I am doing, it is all because of him," she acknowledges.

Twelve years after her breast surgery, she has no problem except for a back-ache. "I am also able to spend time with Tehnaz, my son-in-law Aspun Battiwalla and grandsons Sheryar and Xerxes. My older grandson Sheryar recently completed his bachelors in dentistry, while the younger one is studying law," she reveals.

"People retire when they are 78, but I can continue with my work, and come back at the end of the day to watch TV. And, some cricket too these days!" she says with a beaming smile. ■

Water Warrior

An architect, Kalpana Ramesh is a passionate advocate of water conservation. Her simple adage is: conservation starts at home. She speaks to **Mallik Thatipalli** about her sustained campaign for recharging, reusing and recycling ground water; restoring lakes in Hyderabad and explains why preserving water is the need of the hour, globally

"I spent my entire childhood along the Ulsoor Lake in Bengaluru, maybe that's where my fascination with water started," says Kalpana Ramesh. An architect by profession and a water conservationist by passion, she has been trying to raise awareness over the past decade, about the importance of preserving water and restoring our once original water bodies.

Kalpana's work started from one simple premise—to make her home tanker free. From there, the ripple effects led her to working tirelessly to ensure the gated community, she resides in had water harvesting measures in place. She then worked on restoring lakes around the hi-tech city of Hyderabad and recharging old defunct borewells through her initiative Save 10k bores.

Starting out

Born and brought up in Bengaluru, the water warrior moved to Hyderabad in the year 2000 with her husband and two kids, after having lived in Singapore and the USA for seven years. Back then, her first initiation with water woes came via unreliable supply during the summer months and lack of intent in using basic harvesting methods by residents in all the apartment complexes she lived in.

It was after she moved into a gated community in Gachibowli that she walked the talk and made her home self-sustainable. With a rain water storage sump of 30,000 litres, implementing simple measures like directing water from the wash basins/ kitchen into her bountiful gardens and meeting energy needs with the help of solar panels, she ensured that change began, literally, in her home.

Trying to solve water woes of the community

The next step was to educate her neighbours, and ensure that her community began to understand the importance of harvesting rainwater. But, the turning point was a TEDx talk held on the dry bed of Gandipet, where she spoke of the importance of saving this life-giving natural resource. "It was a poignant moment," she recalls, "We were sitting on the dry bed of what was once a perennial waterbody, which has gone dry now without really understanding how our actions are impacting the world around us."

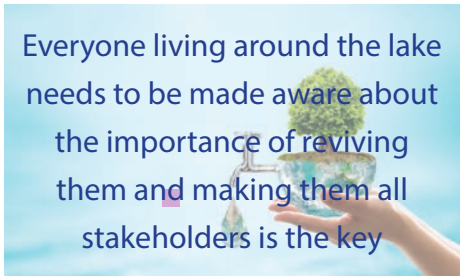
The statistics, which she doles out about water usage in the city, are an eye-opener and a warning sign. She recounts, "In

Rallying young people in the community for clean ups

Spreading awareness about importance of water conservation

the 1920's, we used to draw water from Gandipet. In the 30's and 40's, we moved to Himayat/Osmansagar 30-40 kms away. In the 70's, it was Nagarjuna Sagar, which is at a distance of 150 kms. From 2014, it is from Godavari 200 kms away! The only future option is the sea, which is nowhere near Hyderabad. Look at our pattern of using and wasting water and the energy spent in procuring it."

It was then that Kalpana started educating gated communities in and around the hi-tech city of Hyderabad about the importance of saving water. She employs simple measures, which are easy to follow like asking apartments to start installing water meters for each house, and charging them for excess usage, or using injection bores to revive dry ones instead of digging for new bores and creating buffer spaces to hold excess rain water.



"Today, we have cloud bursts due to climate change, and we therefore need to store large amounts of water in a short time, which is not possible when our lakes are encroached upon and filled with sewage. A century ago, Hyderabad had 3,000 lakes today there are only 400 left. Our population is 1.2 crores. The mismatch is mind-boggling," she says.

The impact of this is staggering; while Hyderabad used to have ground water at 20 feet a century ago, today it isn't available till 200 feet. Apart from that, the water quality has deteriorated and even posh localities like Jubilee Hills are reeling under ground water with high fluoride content present.

Saving our Water Bodies

It is to save the lakes that Kalpana launched the Live The Lakes initiative and worked on reviving the Kudikuntla Lake in Kondapur, Regulakunta Lake in Chandanagar and Gopicheruvu in Miyapur. The key towards safeguarding these water bodies is to involve the communities living around them, she says.

Further she explains, "Everyone living around the lake needs to be made aware about the importance of reviving them and making them all stakeholders is the key. From clean-ups to treating sewage and building bunds, it's a community-based effort and not an individual's alone."

Working to bring about change isn't easy and Kalpana admits with a wan smile that at times she is a hydrologist, environmentalist, a chemical engineer and even a social worker by turn. She reels off the many challenges she faces. "Building trust is the first step. Working with government agencies, sustaining interest in the long run, managing diverse opinions and ensuring that others share your vision are major concerns," she says.

For someone who faces a lot of hurdles, legal and social, what then gives her the strength to carry on? She admits that many times she does feel like giving it all up and adds, "There were times when I was simply disappointed at the red tape or the monumental hurdles and wanted to give up, but then the enormity of the problem at hand always helped me to get back on my feet. One day, I was feeling particularly stressed but when I went to a lake we helped revive, I saw it was teeming with fishes and birds, and I will never forget how the scene recharged my spirit. When life kicks in, everything else becomes secondary."

As India reels under a water crisis and cities like Chennai are left scrambling to meet even basic requirements, Kalpana is clear that it was human mismanagement which has led to the crisis. She says, "Chennai saw severe floods just three years ago. The floods happened for various reasons, but as Chennai lost huge wetlands to severe urbanisation, they could not stop flood water entering the city limits. Rainwater harvesting pits were made in a hurry and not maintained. The learning is that we need to recreate the lung spaces and make them integral to our cities."

Currently, the eco warrior is highlighting a simple four point mantra to spread awareness everywhere—Reduce, Recharge, Recycle and Reuse. These steps alone she believes will stave off an impending water crisis in our country. Her Facebook posts on the same are going viral and the impact of her work is slowly but steadily taking shape.

Juggling her interior designing firm (Kaava) with her activism, Kalpana intends to work towards water conservation all her life. "The onus is on each one of us to make a change. If we don't pay heed now, there will be nothing left for our future generations," she says. ■

"I believe that one must do what makes them happy"

Being a radiologist who works full time, plus raising a family; and teaching and practising Kuchipudi – Dr M Jwala Srikala – has a busy schedule seven days of the week. Her passion for her work and her art has not diminished over the years. In a conversation with **Minal Khona**, she discusses, both her involvement in a new technique to remove fibroadenomas and how she is taking forward her Kuchipudi guru's legacy

In the movie *Mary Poppins*, Dick Van Dyke's character sings a song in cockney English: *"I does what I like and I like what I do."* These lines could well describe Dr M Jwala Srikala's life – she does what she loves and loves what she does. A *pucca* Hyderabadi, Dr Srikala completed her MBBS from Gandhi Medical College and got her MD degree in radio diagnosis from Osmania University. She did a course in breast imaging from the UK, as her sub-speciality. She is a senior consultant radiologist at KIMS Hospitals and is also head of Breast Imaging at KIMS-USHALAKSHMI Centre for Breast Diseases, where she works with Dr Raghu Ram as a key member of the multi-disciplinary team.

As a radiologist, she analyses reports of CT scans, ultrasound tests, X-rays, mammograms, and performs image guided biopsies for lesions in the breast. "I have been trained in reading tiny non-palpable cancerous tumours in the breast and perform biopsies of lesions as small as 2 mm-3 mm. I carry out an interventional procedure, known as wire-guided localisation that serves as a road map for the surgeon to remove small impalpable tumours in the breast," she says.

Dr Srikala is all set to start using a new technique shortly called Vacuum Assisted Biopsy (VAB). She explains, "VAB has two uses – it helps with enabling large biopsies, which may be required in assessment of indeterminate lesions and also benign lumps under 2 cm can be removed through this technique. A lot of young women today have fibroadenoma, a benign non-cancerous breast lump – a pinhole cut about 2 mm is made in the skin and the entire lump is removed with a VAB gun. It is a scarless procedure and doesn't require general anaesthesia, and can be done under local. The patient can

Dr Jwala Srikala is a trained Bharatnatyam and Kuchipudi dancer

even go home the same day, as hospital stay is not needed." This procedure is one option for young women, who choose to remove small benign lumps in their breasts.

While work keeps her busy from 9 am–5.30 pm six days a week, Dr Srikala has one more passion—dance. A trained Bharatnatyam and Kuchipudi dancer, her face lights up when she talks about her dance. She says, "I started learning Bharatnatyam from the time I started school, till I was 13. I even have a diploma in this dance form. But, at school, I was to be part of a ballet and I needed to dance in the Kuchipudi style. So, I started learning Kuchipudi too and have been dancing now for the past 35 years."

Dr Srikala's guru was the late Dr K Uma Rama Rao; in fact, as the director of Dr Uma's dance institute—Lasyapriya Academy of Performing Arts—she is taking forward her legacy, as she trains about 15 students in Kuchipudi. "I have performed in nine countries across Europe and the UK in 2016 for Jayate Kuchipudi, a dance festival sponsored by the Indian Council for Cultural Relations (ICCR); I am an empanelled artist with ICCR. Then, in 2017, I performed in the UK across several locations at an event organised by the UK Telugu Association," she says.

Dr Srikala enjoys teaching dance and believes Kuchipudi deserves its rightful place on the national stage. She reveals, "My guru revived it and I think coming from Andhra, it is important for me to support the dance form of my state. It is heartening that so many people are practising it now."

Dance is quite clearly Dr Srikala's passion. She teaches on Saturdays and Sundays; and when there is a performance, she and her students practise early in the morning, before she leaves for work. How does she cope with work, family and passion?

"My husband, Dr Suryprakash, is an ortho-spine surgeon. I have two kids—my daughter Samanvitha is in class 12 and my son Sathvik, in class 9. During the week, I am all there for them; on weekends I dedicate time to dance. I believe art form or passion is extremely essential to one's existence. My son plays Carnatic violin and both my kids are learning Carnatic vocal. I love music and unfortunately, I don't have a voice for singing. So, I listen to old Hindi songs and Carnatic vocal," she says.

What motivates Dr Srikala is the fact that she loves what she does—at work and with dance. "I have always been a busy person, and I give credit to my mom for this. She would never allow me to sit idle. I learnt the veena also to understand my dance better and to know which *raga* fits which mood better, and for the *laya* and the *stuti*. With work too, I love doing what I do; there is no compulsion for me to work. My husband is very supportive of my work, my art and my pursuits. I believe that one must do what makes them happy; I am lucky I have got that opportunity," she concludes. ■

Dr Srikala with her husband Dr Suryaprakash

"We are a team. A radiologist's contribution to a surgeon in the breast centre is akin to the significance a stethoscope is to a physician. Dr Srikala embodies this description, which has consistently ensured delivery of high-quality breast healthcare at KIMS-USHALAKSHMI Centre for Breast Diseases."

Dr P Raghu Ram, Director, KIMS-USHALAKSHMI Centre for Breast Diseases

The Splendour of Ramappa Temple

If the 800-year-old architectural marvel—the Ramappa Temple—secures the status of a World Heritage site, it will be the only such heritage monument in all of Telangana and Andhra. Since 2012, the Kakatiya Heritage Trust has been vigorously making a case to get the World Heritage tag bestowed on the Kakatiya monuments. What is unique about this temple is that it is the only one in India not named after the presiding deity or the king who commissioned it. But, it takes the name of the chief architect, Ramappa Sthapati.

Lakshmi Prabhala visits this historic structure that is the pride of Telangana

Photographs: **Lakshmi Prabhala**

It stands tall amidst the scenic, rural backdrop of the Jayashankar Bhupalpally district of Telangana. An 800-year-old architectural marvel, the Ramappa temple, is perhaps the most well-preserved temple from the Kakatiya dynasty. Situated 78 km from Warangal, on the banks of Ramappa Lake, this historic structure is unique because it is the only temple in the country to be named after its creator, instead of the presiding deity or the king who commissioned it. The towering shikhara (spire) of this Kakatiya-era masterpiece is built with bricks so light that they float in

water. The pillars, walls and ceilings are carved with intricate sculptures, confirming that the Ramappa temple was not only a place of worship but also a thriving hub for art, music and dance.

In 2019, the Ramappa temple was the sole nomination of the Government of India, for the prestigious UNESCO World Heritage site status (in the stand-alone category).

Since 2012, the Kakatiya Heritage Trust has been vigorously making a case to get the World Heritage tag bestowed on the Kakatiya monuments.

The towering shikhara (spire) of this Kakatiya-era masterpiece is built with bricks so light that they float in water

Explains Prof M Panduranga Rao, a trustee of Kakatiya Heritage Trust, "The Kakatiya kings followed a "triple T" model for development—Tank, Temple and Township, which can be seen at Ramappa. They first create a tank (or lake) that helped conserve water for the rural agrarian economy; then a rock temple is built, which served as a cultural and administrative centre; and around the temple and lake, a township would gradually grow and thrive."

The inscriptions on a pillar in the temple complex reveal that the Ramappa temple was built in 1213 CE, during the time of Kakatiya monarch Ganapati Deva. Also known as Ramalingeshwara temple, it is dedicated to Lord Shiva and was built by chief architect Ramappa Sthapathi, who was specially invited from Karnataka by General Rechelara Rudradeva.

Ramappa is believed to have devoted 40 years of his life to the construction of this shrine, which bears a semblance to the Hoysala temple architecture of Karnataka, in design as well as style.

While building rock temples, the foundation is of great significance and the Kakatiya builders preferred to use the sand box technology, to enhance the monument's structural strength. "A pit of 2-2.5 mt was excavated for the Ramappa temple foundation; and later filled back with sand before work started on the super-structure. Sand was chosen for its ability to absorb and withstand heavy loads as long as it is confined in a box," explains Prof Rao.

Like other Kakatiya temples, Ramappa stands on an elevated star-shaped platform about 6ft in height, with projected porches and support from pillars. This elevated platform served as a *pradakshina patha* (circumambulatory path), and was also utilised as a stage for announcements and cultural programmes.

Three types of rocks were used during Ramappa's construction—sandstone, granite and dolerite. The *shikhara* however, is made of bricks that float in water.

Elaborating on the scientific explanation of this phenomenon from the 13th century, Prof Rao says, "Unlike the regular bricks, the ones used to build Ramappa's tower have a lower density than water (and hence float), but possess greater strength." Organic resin, possibly from gum karaya, locally available in surrounding forests, has been the key ingredient used in these bricks. Under high temperatures, this organic resin would get volatilized, and make the resulting brick porous. Indeed, the builders, it seems, went to great lengths to ensure the bricks were light enough to prevent additional load on the foundation, and yet did not compromise on the structure's strength.

A Nandi mandapam is found in front of the temple, in a separate building. An imposing, ornate Nandi idol carved out of a single block in an alert stance is found here. The mandapam's roof appears to have collapsed, while the idol is completely intact.

At each of the three entrances, a pair of stunning sculptures of women – each carved out of a single stone slab – are mounted as pillar brackets just under the roof, supporting the temple structure. These ravishing life-like figurines called *shalabhanjikas* or *madanikas*, twelve in total, are said to be modelled after royal dancers in the Kakatiya court. With stylish features and graceful postures these statues, made of black dolerite are polished to perfection and stand as a testimony to the skill and craftsmanship of the Kakatiya sculptors.

Prof Rao adds, "Despite dolerite being hard, the sculptors used very high precision tools with available metals. Their knowledge of metallurgy was of such high order that they were able to achieve a fine mirror like polish."

The intricately carved pillars in front of the sanctum sanctorum made of highly polished granite; the circular slab on the floor in the centre was used for dance performances

(L) Ornate pillar brackets made of granite were used to support the temple structure. (R) The sculptures of dancers and musicians carved out on the pierced screens

While no two statues are alike, they are exquisite in every detail; decked with flowing costumes, striking ornaments, accessories and footwear.

Inside the temple, in front of the *garbha-griha* (sanctum sanctorum), a *nrityamandapam* (dance pavilion) is supported by four massive granite pillars. These pillars are filled with panels featuring deities, musicians, dancers and few scenes from epics as well as complex designs. Above the pillars, on an ornate ceiling, the sculptors chiseled detailed and elaborate panels depicting various episodes from Hindu mythology, such as *Ksheera sagar madhanam, Narakasura vadha* and *Gopika vastrapaharanam* on the beams and supporting blocks.

Between the four pillars is a large, circular stone slab in the centre that was a stage for dance and music performances. An energetic temple dance form, called Perini Shivatandavam, had reached its zenith during the Kakatiya reign. It was performed as an invocation to Lord Shiva, before the Kakatiya army went to fight in the battlefield.

The use of floating bricks, sandbox technology, exemplary craftsmanship and a sturdy structure, highlight the creative genius of the builders of Ramappa temple

A panel with musicians and dancers carved on a pillar

"Around the circular slab, you would notice floor beams are broken with an upheaval of about 10-12 inches. They have been caused by low intensity seismic waves, but sand at the foundation level had the capacity to absorb the impact keeping the super-structure intact. Back then, the builders had clearly incorporated a high level of safety buffers in the structure," points out Prof Rao.

The frame of the garbha-griha, is filled with many intricately carved miniature figures, playing a musical instrument or performing a dance. Even as the Perini Shivatandavam faded into oblivion with the downfall of Kakatiyas; after nearly 800 years, the doyen of south Indian classical dance, the late Nataraja Ramakrishna had revived this extinct dance form by meticulously studying the sculptures of Ramappa temple, among other structures!

"The use of floating bricks, sandbox technology, exemplary craftsmanship and a sturdy structure, highlight the creative genius of the builders of Ramappa temple. We have prepared and submitted a detailed dossier that establishes the outstanding universal value of this monument. There will be teams from Paris that will visit the site and make note of the findings," the professor summarises.

If selected, the monument would have the distinction of being the first World Heritage Site from Telangana, as well as neighbouring Andhra Pradesh. It would be a tribute to a man, whose elaborate yet elegant masterpiece has endured over 800 years. And, it also speaks volumes of the skill and creativity achieved during the era.

Knowing Ductal Carcinoma In Situ – a form of early breast cancer

Dr P Raghu Ram demystifies Ductal Carcinoma In Situ in his column this quarter and answers a number of questions on this pre-cancerous condition, which is not life-threatening

Dr Aban Daver, a well known psychiatrist, who is featured in this issue of Pink Connexion *was diagnosed with Ductal Carcinoma In Situ (DCIS). She was 66 years old in 2007 and had never had an annual screening mammogram. "Everyone gets busy, but don't make excuses. Another year and I could have been in big trouble," she says.*

What is DCIS and how common is it?

Ductal Carcinoma In Situ (DCIS) is an early form of breast cancer confined to the ducts. This is a pre-cancerous condition where cancer cells have not spread beyond the milk ducts into the normal surrounding breast tissue. The Indian Council of Medical Research (ICMR) reveals that more than 150,000 new cases of breast cancer are diagnosed each year. However, no precise statistics on DCIS incidences exist in India.

How does DCIS present and diagnosed?

DCIS does not usually present with any symptom. The vast majority of DCIS (more than 80 per cent) are detected on screening mammography. DCIS may present with a blood stained discharge from the nipple, a rash around the nipple (referred to as Paget's disease) or very rarely with a breast lump.

As DCIS rarely presents with a lump, clinical breast examination is not usually helpful. The mammogram, which is the gold standard for breast screening, usually shows a cluster of abnormal looking (pleomorphic) microcalcifications – *tiny specks of calcium which appear as white dots on the mammogram.*

Finally, to make a diagnosis, a piece of tissue is removed by doing a core needle biopsy, which is done under stereotactic guidance (with the help of mammogram) under local anaesthesia. On some occasions, excision biopsy under general anaesthesia using a fine guide wire to localise the microcalcifications may be necessary to obtain a diagnosis. Especially, when the cluster of microcalcifications are very tiny and few to get a diagnosis with needle core biopsy.

What could happen if DCIS is untreated?

If DCIS is left untreated, the cancer cells may spread from the ducts into the surrounding breast tissue. This is known as invasive breast cancer.

How is DCIS treated?

The treatment depends on the extent of the DCIS within the ducts and the grade.

Surgery

Breast conserving surgery: Breast surgery is the first line treatment for DCIS. If DCIS is localized and confined to one area of the breast, breast conservation surgery can be performed. As the cancer can neither be felt by the patient nor by the doctor, a fine guide wire is inserted before surgery under local anaesthesia into the breast to pinpoint the abnormal area. The surgeon is then able to remove the area of DCIS, along with an area of surrounding normal breast tissue (Guide wire assisted wide local excision)

Mastectomy (removal of breast): A mastectomy is surgical treatment of choice if the DCIS affects a large area of the breast; or if there is more than one area of DCIS in the breast (multi-focal DCIS). If a mastectomy is recommended, the patient should be given the option to have an immediate breast reconstruction at the same time. Generally, the lymph glands in the armpit need not be removed.

Adjuvant treatment: Further treatment may be required following surgery. This is referred to as adjuvant therapy and includes radiotherapy and hormone therapy

Radiotherapy: If breast conservation surgery has been performed, the standard adjuvant treatment would be 3 – 6 weeks of external beam radiotherapy to the operated breast. If the patient has had mastectomy, radiotherapy is not required. If the focus of DCIS is very tiny and low grade, after adequate counseling with the patient, the multi-disciplinary team may even decide to omit adjuvant radiotherapy, like we did with Dr Aban Daver.

Hormone therapy: If the type of DCIS depends on hormone oestrogen to grow (oestrogen receptor positive), hormone therapy in the form of Tamoxifen may be offered.

Chemotherapy: Chemotherapy is not required for DCIS treatment.

Is DCIS life-threatening?

No. As the cancer has not spread beyond the milk ducts into any normal surrounding breast tissue, DCIS is not life-threatening. The long term survival rate for women with DCIS is excellent, close to 100 per cent (98% - 99%) ■

UBF Diary

April 2019

Role Model for India's Youth

Dr P Raghu Ram was the chief guest at the annual day celebrations held at Kamala Nehru Polytechnic Institute—Asia's first Polytechnic for Women—which was established in 1961 in Hyderabad.

Dr Raghu Ram impressed upon the young minds on the importance of being righteous, creative, courageous and grateful.

Chief Guest at ASI, Tamil Nadu Chapter

Dr Raghu Ram was the chief guest and inaugurated the mid-term conference of Tamil Nadu Chapter of Association of Surgeons of India (ASI) on April 21, 2019 held in Dindigul—near Madurai. Nearly 300 surgeons attended the meeting.

Award for Excellence in Leadership & Science

Dr P Raghu Ram was felicitated by Lions International and conferred the award for "Excellence in Leadership & Science" by Justice Narasimha Reddy, chairman, Central Administrative Tribunal (CAT) on April 28, 2019 at the Multiple District Lions Convention MD 320.

Empowering Spouses of "Brave Hearts"

On behalf of Ushalakshmi Breast Cancer Foundation, Dr P Raghu Ram conducted a breast cancer awareness programme at the army headquarters in Secunderabad. Every aspect of breast health was explained in a simple, easy-to-understand manner and the importance of early detection of breast cancer in saving lives was emphasised. Women over the age of 40 were advised to undergo screening mammogram annually.

Dr Raghu Ram meets Her Royal Highness Countess of Wessex

Dr P Raghu Ram met Sophie Wessex, Her Royal Highness, Countess of Wessex, spouse of Prince Edward and daughter-in-law of the Queen of England on April 30, 2019, during her visit to Hyderabad. She was extremely impressed with the pioneering initiatives championed by Dr Raghu Ram and complimented him for relocating to India, at a time when his mother was diagnosed with breast cancer. She also commended him for replicating the best of British breast healthcare practice guidelines in India, thus serving as a "living bridge" between UK and India.

May 2019

British High Commissioner to India Pays a Visit

His Excellency, Sir Dominic Asquith, British High Commissioner to India visited KIMS-Ushalakshmi Centre for Breast Diseases on May 8, 2019 along with Mr Andrew Fleming, British Deputy High Commissioner for Telangana and AP. He spent an hour and a half interacting with patients at the breast centre. He penned down his comments and commended the multi-disciplinary team for their outstanding contribution towards delivery of high quality breast healthcare in the region. He later released the May 2019 issue of *Pink Connexion*.

China Calling!

Dr P Raghu Ram, president-elect, The Association of Surgeons of India alongside Professor Ronald Maler, president, American College of Surgeons and Professor Tony Sparnon, president, Royal Australasian College of Surgeons

Dr P Raghu Ram, president elect, The Association of Surgeons of India alongside Professor Shan Wang, President, Chinese College of Surgeons

Dr P Raghu Ram, president-elect, The Association of Surgeons of India was invited to deliver a keynote address on setting a benchmark for breast healthcare in India, at the annual Congress of Chinese College of Surgeons held at Beijing International Convention Centre, held from May 16-19, 2019. He shared centre stage along with world-renowned surgeons from USA, Canada, Brazil, UK, Switzerland, Germany, France, Australia, Japan, Hong Kong, South Korea and Turkey. The Congress was attended by over 10,000 Chinese surgeons.

June 2019

A Book Release

Dr P Raghu Ram was the chief guest at a book launch recently. He released the book *Pushpanjali* written by Dr Anil Mandal, a world-renowned authority in glaucoma surgery and who practises at LV Prasad Eye Institute on June 17, 2019. The event was organised by Mrs. Chandana Khan, former special chief secretary, Telangana government.

The book, which reveals the poetic side of the doctor, has been inspired by the great litterateur Rabindranath Tagore. In this book, the author expresses gratitude to his parents and provides a philosophical take on life through his poems.

Kolhapur Oration

Dr P Raghu Ram, president-elect, Association of Surgeons of India delivered the coveted Dr KP Prabhu memorial oration on June 30, 2019. The award instituted by Kolhapur Surgical Society in memory of a legendary surgeon from Kolhapur, was organised by a dynamic team lead by Dr Pratap Varute.

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Happiness is a choice, with or without cancer.

Karvy salutes the survivors and a million other battling with breast cancer.