

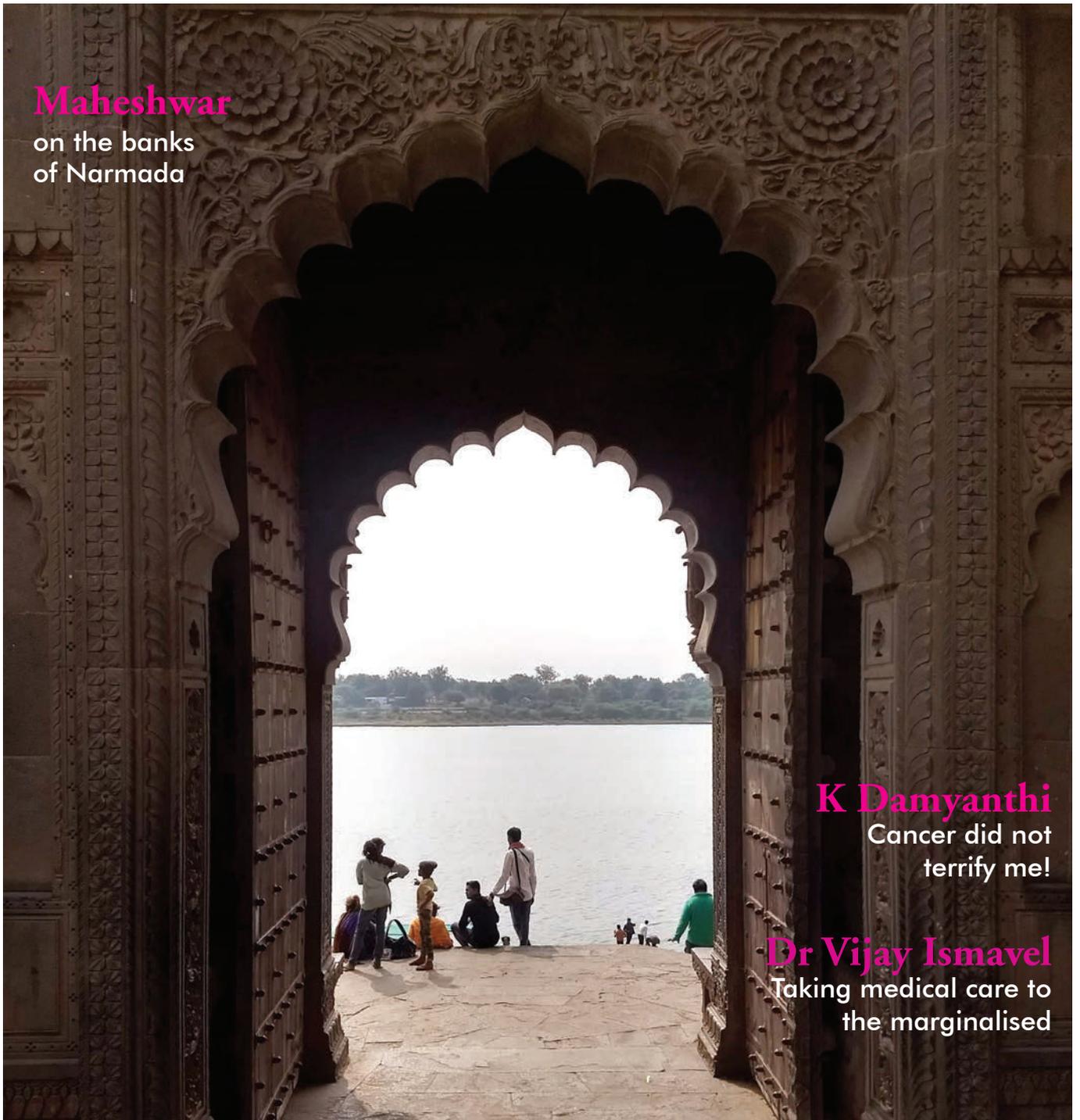
PINK CONNECTION

UBF Vol 8 Issue 2: Nov '21- Jan '22

Maheshwar
on the banks
of Narmada

K Damyanthi
Cancer did not
terrify me!

Dr Vijay Ismavel
Taking medical care to
the marginalised



BEHIND The Scenes

I was dismayed to read that in the Global Hunger Index, India had fallen further down to 101 out of 116 countries, with Bangladesh and Nepal faring better than us! This is not mere statistics, especially, if you take the time to talk to people who live around us and listen to their woes of food, jobs, and education.

One of them, a single mother who tries to keep a full-time job by working in two homes, confides her salary is hardly enough for the family to eat a proper meal. She can only afford to send her children to government schools, where students are currently taught through online classes. How do schools expect each child to have a laptop or even a phone to attend Zoom classes? she asks wryly.

The poor in the country, who are falling deeper into the pit of poverty, lack access to education, food or even healthcare. More often than not, the government doctor does not appear in the small PHC centre, and if he does, he charges a fee in addition to the cost of medicines and injections.

There is hope, I think, when I read the story of Dr Vijay Anand Ismavel, who could have made money practising in any big city. Instead, he went to the remotest regions in Assam to work with patients who would not have had any medical care but for him. Dr Raghu Ram too will suddenly call us, when we feature a good initiative, to see if he can help out monetarily or with his time.

There are good people everywhere, but are there enough of them? Are we too busy in our privileged worlds watching Netflix and playing with our gadgets to look at the reality around us?

Ratna Rao Shekar



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EDITOR
Ratna Rao Shekar

CONTRIBUTORS
Minal Khona
Mallik Thatipalli
Nivedita Choudhuri

DESIGN
Malvika Mehra

COPY EDITOR
Kavitha Shanmugam

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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>



The tenacious

Ms Damayanthi

The strong-spirited K Damayanthi, a retired IAS officer, was not overtly shaken when she discovered she had cancer. She had unshakeable faith in God. But the right diagnosis at the right time, a positive attitude and a healthy lifestyle too helped her to fight breast cancer. The tenacious cancer survivor tells her story to **Minal Khona**

The nature of the disease – cancer – is one that it creeps up on you despite regular check-ups. Some forms of cancer are not even detected till they reach an advanced stage. For K Damayanthi, however, it was a lump in the breast that was diagnosed as non-carcinogenic, when it first showed up in her mammography.

The retired IAS officer used to have her annual health check-up as it was mandatory in the Civil Services. She recalls that on April 2010, a lump was detected in her right breast during a routine annual screening mammogram and she was informed that it was not cancerous, and was harmless.

Then, in January the next year (2011), she had gone to visit an officer friend, who had recently undergone a breast cancer surgery with Dr Raghu Ram. Damayanthi reminisces, “I casually mentioned to her that I had a benign (non-cancerous) lump in my breast detected during a routine screening assessment. She suggested I should go for a second opinion to Dr P Raghu Ram at KIMS-USHALAKSHMI Centre for Breast Diseases.”

Knowing that I had cancer did not terrify me. The surgery too left me unfazed. Though I won't say I had no fear – it was there but it was not the crippling, depression-causing kind of fear

Damayanthi went to KIMS Hospitals in Secunderabad, the next Saturday. “Dr Raghu Ram examined me and arranged for a triple assessment—mammogram, ultrasound scan and a core needle biopsy of the right breast lump, which unfortunately confirmed malignancy,” she says.

She was surprised though by the diagnosis, because there was no confirmed history of cancer in her family on both her parents' side. She recalls, “Initially, the diagnosis did not even sink in. However, Dr Raghu Ram spent considerable time counselling me and my husband, K Raju, an IAS officer serving with the government of India in New Delhi, who flew down to be with me.”

After completing the staging tests, Dr Raghu Ram reassured them that the cancer was detected at an early stage and that it had not spread in the body. Damayanthi shares, “He gave us further reassurance that it was possible to preserve the breast as well. He explained in detail about the pros and cons of the two surgical options, which were—lumpectomy (wide local excision) versus mastectomy (removal of breast). He drew diagrams to explain that the tumour was eminently suitable for breast conservation and that the breast could be reshaped after lumpectomy to prevent any defect using plastic surgical techniques. I opted for breast conservation and ‘sentinel node biopsy’, which involved removal of only four lymph nodes in my arm pit rather than the more aggressive axillary clearance where most of the nodes are moved.”

4 The post-operative recovery was very smooth. She was up and about the same afternoon after surgery and went home the next day, she says.

Damayanthi comes across as a pragmatic person who takes things as they come. She says, “Knowing that I had cancer did not terrify me. The surgery too left me unfazed. Though I won't say I had no fear—it was there but it was not the crippling, depression-causing kind of fear. I went back to work a week after the surgery. Fortunately, the lymph nodes in the arm pit were cancer free. But, as the tumour was Grade 3 (high grade



Damayanthi: Taking life as it comes



Damayanthi and her supportive husband K Raju

or fast growing cancer), I was advised chemotherapy. It was only after the second chemo session that the fear of the disease crept in.”

Damayanthi had an excellent support system to help her through the recovery process. Her other family members—mother, sisters, sisters-in-law, cousins and friends took turns to stay and take care of her.

During the entire course of the treatment, both Dr Raghu Ram and the entire treating team were available for any medical advice. Their prompt valuable advice coupled with their reassuring words helped for a speedy recovery, she says.

“My hair had fallen—I didn’t have any eyebrows; even the tiny hair we have on the knuckles of our fingers had fallen off. I would wear a scarf and go to work. It was upsetting but I coped

Extremely strong-spirited, Damayanthi was not tremendously shaken up by her bout with cancer. But she went through trauma when she started losing all her hair because of the chemotherapy. “My hair had fallen—I didn’t have any eyebrows; even the tiny hair we have on the knuckles of our fingers had fallen off. I would wear a scarf and go to work. It was upsetting but I coped. Since I had breast conserving surgery, I had to take a few weeks of radiation treatment after chemotherapy and I was put on tamoxifen tablet for ten years,” she recounts.



A strong believer in the grace of God and a healthy lifestyle

After completing her treatment, she joined the Ministry of HRD, New Delhi, government of India. Over the years, she never misses her regular check up with Dr Raghu Ram and her annual surveillance mammograms, which gives her the much-needed confidence to take another year in its stride. Damayanthi says, “By the grace of God, I have been cancer free for more than 10 years now.”

A strong believer in the grace of God and pursuing a healthy lifestyle, which includes yoga, Damayanthi avers that she made a quick recovery due to these two factors.

Frequently expressing gratitude to the almighty and her supportive family including her husband, siblings, cousins, friends and her reassuring doctors, it is evident that Damayanthi’s positive and upbeat attitude have played a role in her complete recovery. ■

“I am very happy for Mrs Damayanthi as she has recently completed ten positively eventful years since her breast cancer treatment. Her strong belief in the divine grace, positive attitude and above all, her strong resolve to win the war against the unwelcome visitor in her life, has made her a breast cancer ‘conqueror’.

Dr P Raghu Ram

Going where no man dares:

Dr Vijay Anand Ismavel



Motivated by a desire to work in a far-flung, remote part of India, Dr Vijay Anand Ismavel took charge of Makunda Christian Leprosy Hospital in Karimganj district of Assam, nearly thirty years ago. Despite battling many odds, the doctor along with his wife, Dr Ann Mariam, resurrected the hospital to ensure affordable healthcare became available to tribals and refugees in the area. **Nivedita Choudhuri** profiles the good doctor and his work

The challenge that stared back at the doctor would have crushed even the most steely-hearted. Nearly 30 years ago, standing outside the derelict leprosy hospital in a remote hamlet in Assam, Dr Vijay Anand Ismavel had wondered how he was going to set the defunct hospital back on its feet, especially, when the hospital management was strapped for funds as well.

But, the young doctor was apparently made of sterner stuff than the average medic.

6

He was just short of 30 years at that time, when he took up a thirty-year commitment to turn around the Makunda Christian Leprosy and General Hospital in the Karimganj district of Assam. Fast forward to 2021 and Dr Ismavel's 30 years are nearly up. Despite battling with bouts of ill-health, including a brush with leprosy, he managed with the support of his wife to achieve what he had set out to do – transform the hospital as a destination for top-notch medical care.

Born and brought up in Chennai, Dr Ismavel wanted to follow in the footsteps of his grandfather who was an engineer with the Indian Railways. He recalls, "I spent my childhood tinkering with oscilloscopes, amplifiers and electronic equipment. I missed the IIT entrance exams, but landed up in an engineering college in Coimbatore. Unfortunately, I had to leave my dream course after I was subjected to ragging and beaten up."

Engineering's loss proved to be medicine's gain as Dr Ismavel enrolled at the Government Kilpauk Medical College, Chennai and sailed through his course with flying colours. Meanwhile, at college, though he was never an avid churchgoer, he attended

meetings of Christian groups. And became influenced by their discourses on sacrificing personal ambitions to serve God and humanity.

Dr Ismavel was moved and decided he wanted to work as a physician in an under-developed corner of India. "I felt I should go to a place with a large population and meagre resources to be able to bring about a greater impact," he says.

Dr Ismavel worked in Oddanchatram, Tamil Nadu, for a few years before completing an MS degree in general surgery at Madurai Medical College. But, he was restless and looking for hospital in a neglected, under-developed area.

Around that time, he decided to marry a person who would share his ambitions. "I visited medical colleges and interviewed students to find out if anyone had a similar vision like mine. I found Ann in the course of my quest, and we got married in 1991," he confides.

While working briefly in Maharashtra, he heard about the Makunda Hospital. His interest was stirred and he contacted the Emmanuel Hospital Association (EHA) since the hospital was affiliated to this body.

Makunda Hospital had not been functioning for nearly 10 years since no one was keen to work in this backward region among marginalised communities. It was initially launched as Makunda Leprosy Colony in 1950 on 1,000 acres of land purchased by the Baptist Mid-Missions, USA.

Dr Gene Burrows, an American medic, had worked there tirelessly for nearly 30 years before the government of India ordered all expat missionaries to leave the country in the early 1980s. Subsequently, the hospital remained closed for a decade.



Dr Ismavel and his wife Dr Miriam with their daughters Hannah and Deborah

With electric supply at the hospital being very erratic, they had to manually ventilate during some operations. Dr Miriam would give manual ventilation with her own baby strapped on her back

The EHA was keen on handing over the reins of Makunda Hospital to Dr Ismavel and Dr Miriam. However, they were apprehensive that the doctor couple would find the project too challenging and give up and leave within a few months.

Dr Ismavel promised to remain committed to the hospital for the next three decades. The couple then embarked on their journey as they headed to the north-east to begin a new life.

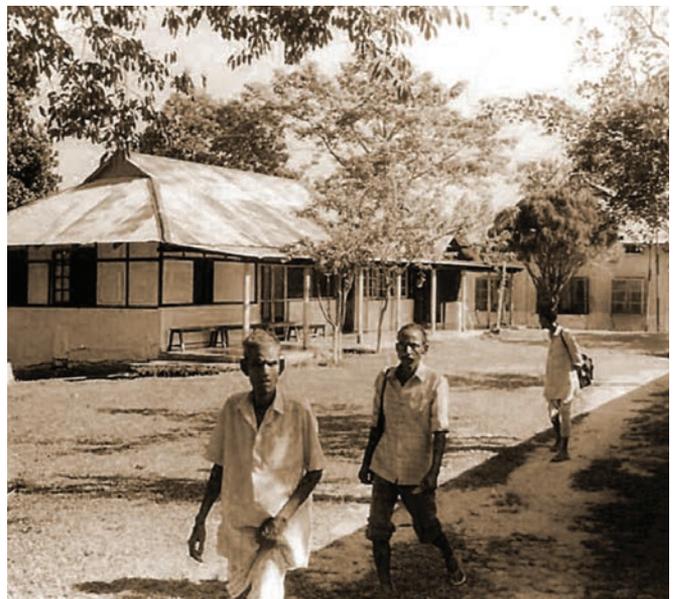
Abandoned for 10 years, Makunda Hospital was however in shambles. The early days were extremely tough for the doctor duo. Bazaricherra, the village closest to the hospital, was not well-equipped.

There were few general patients and the couple spent all their time caring after the 60 leprosy patients who were staying in the colony. "Some of them had been there since its inception. There was no electricity or running water and the decrepit campus was spread over 1,000 acres of wilderness. The nearest telephone was 50 km away and, we were not acquainted with the local language," recalls Dr Ismavel.

The doctor had chalked out a 30-year strategy. The first 10 years were to be spent in bringing stability to the place and ensuring the poor patients in the hospital's catchment area would have access to affordable treatment.

The hospital mostly caters to people from the Halam and Darlong tribes, Chorei and Ranglong sub-tribes, Mizos, Manipuris, Bishnupuris, Khasis and local Hindu and Muslim families. The hospital tends to another oppressed community, the Reang refugees in Tripura.

One of their first cases was a heavily pregnant woman who was brought to the hospital with complications. Operating on her without electricity or running water, the doctors saved her life though they lost the baby.



The hospital as it used to be



Dr Mariam manually ventilating a sick baby with her own child strapped to her back



Oxygen cylinder being delivered by boat during floods

To make treatment affordable, the doctors charged a nominal sum of Rs. 5. Also, they decided to donate 15 per cent of their income as charity to the poorest patients. The patients paid what they could, and the rest was written off as charity

The poorest often paid in kind, and the doctors would sometimes be rewarded with rice, vegetables, chicken, ducks and eggs! If the doctors found a patient had sold his house to pay for treatment, they would buy it back for him.

In 1997, Dr Ismavel and Dr Miriam went to Christian Medical College in Vellore, to do an MCh in paediatric surgery and an MD in anaesthesia respectively. Soon after, Dr Ismavel was diagnosed with leprosy, which was the outcome of his time spent in close contact with leprosy patients. Fortunately, he made a full recovery.

There was no electricity or running water at the Makunda hospital and the decrepit campus was spread over 1,000 acres of wilderness. The nearest telephone was 50 km away and, we were not acquainted with the local language - Dr Ismavel

The trials and tribulations continued when the doctor duo returned to Makunda. With electric supply at the hospital being very erratic, they had to manually ventilate during some operations. Dr Miriam would give manual ventilation with her own baby strapped on her back.

“Once a lady brought in her daughter who was having trouble breathing. On examination, we found a metallic foreign body in her bronchus. The child’s father was in jail. After a lot of struggle, we managed to retrieve the foreign body from the child’s bronchus. This incident made us believe that God is looking after us. If we were not successful, the child would have to be

taken 400 km away to Guwahati,” Dr Miriam adds.

As time went by, the doctor couple started a higher secondary school, a nursing school and established a hospital branch in Tripura. Despite facing constant threats by local encroachers to throw them out, the doctors ensured they changed the face of Makunda hospital.

Today, the hospital receives more than 1 lakh outpatients annually and another 15,000 are admitted. Around 6,000 deliveries and 3,000 other major surgeries are conducted annually, points out Dr Ismavel.

A heart attack in 2008 at the age of 44 prompted the surgeon to refocus on his life. Asked to step up his physical activity, Dr Ismavel started walking around the hospital campus. Amazed by the diverse flora and fauna, he quickly purchased a sophisticated camera and started clicking away, sharing his findings enthusiastically with the nature club he has founded.

Dr Ismavel’s patients know they are in very capable hands. For the God who has sent the wounds also has sent them the medicine. ■



The hospital's neo-natal unit

The Magic and Mysticism of Maheshwar

One of India's ancient temple towns, Maheshwar is where time stands still and visiting it, is a surreal experience. **Mallik Thatipalli** visits this fortress town and explores the ghats, the sacred Narmada river and checks out some of the best hand-loomed textiles in India

Photos: **Mallik Thatipalli**

Among the many sacred rivers in India, Narmada is one of the holiest. The Narmada valley is a cradle of human civilisation and it is one of those places which has been continually occupied from the prehistoric ages to the current times.

At the heart of the river is the ancient town of Maheshwar, which has been the most important city of the Malwa region for centuries. Ancient texts refer to the town as 'Mahishamati or Mahissatti' — derived from buffalos (mahisha) for which the region was famed, but it also indirectly refers to Devi Durga who defeated the evil demon, Mahishasura.

All things feminine are revered here, including the sacred Narmada River, which is worshipped as Narmada maiyya (mother).

The soul of Maheshwar town however is its fort, which is a microcosm of all life. Brimming with temples, ancient architecture, and the wondrously picturesque Narmada ghats, it represents all that is needed

for human civilisation to thrive and prosper.

The Queen who established the city

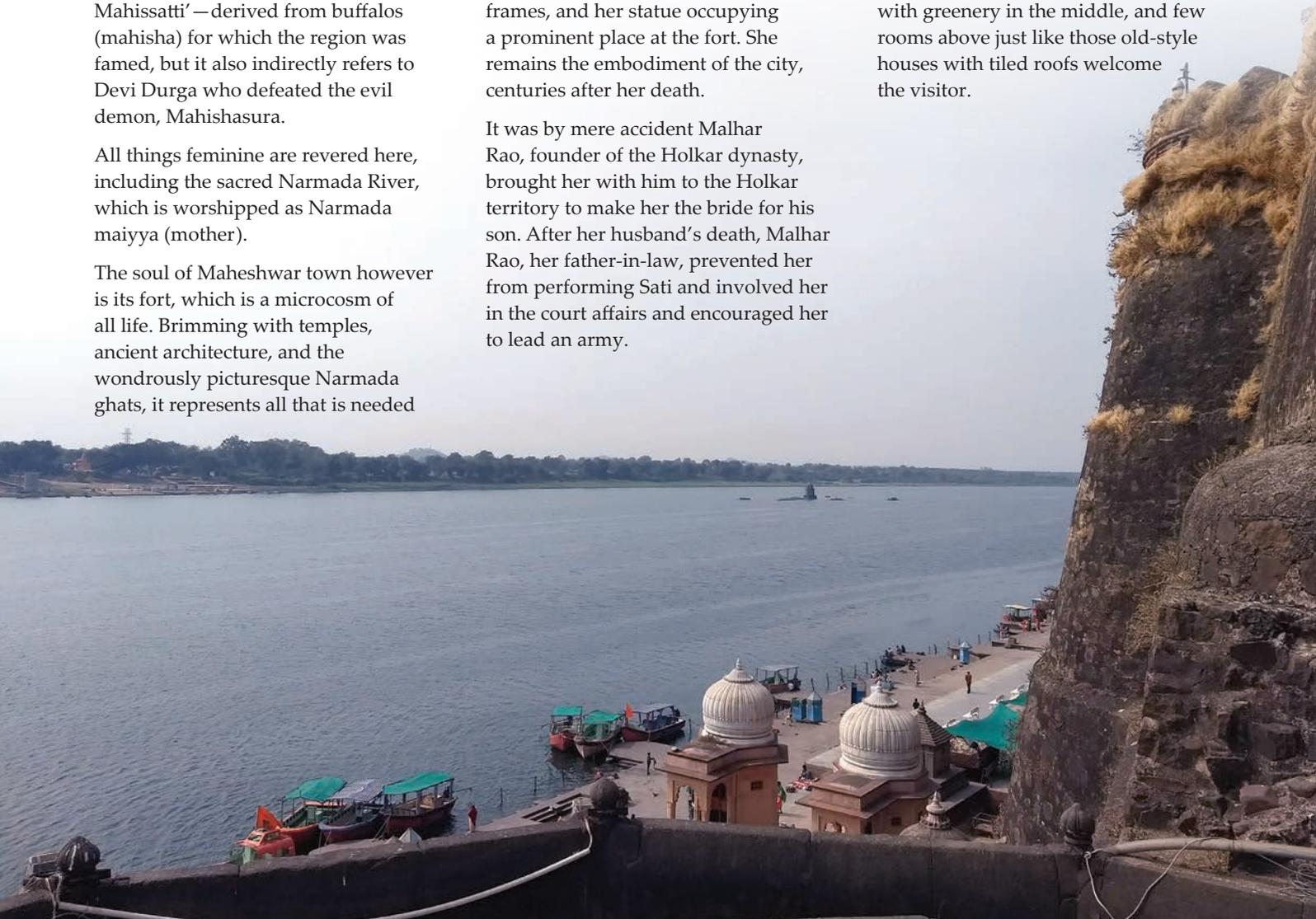
The story of Maheshwar is entwined with the story of the legendary Maratha Queen, Rajmata Ahilya Devi Holkar. Married into the Holkar dynasty in the 18th century, Ahilya Bai is omnipresent here: from the airport, which is named after her, to the stalls leading to the fort selling her photo frames, and her statue occupying a prominent place at the fort. She remains the embodiment of the city, centuries after her death.

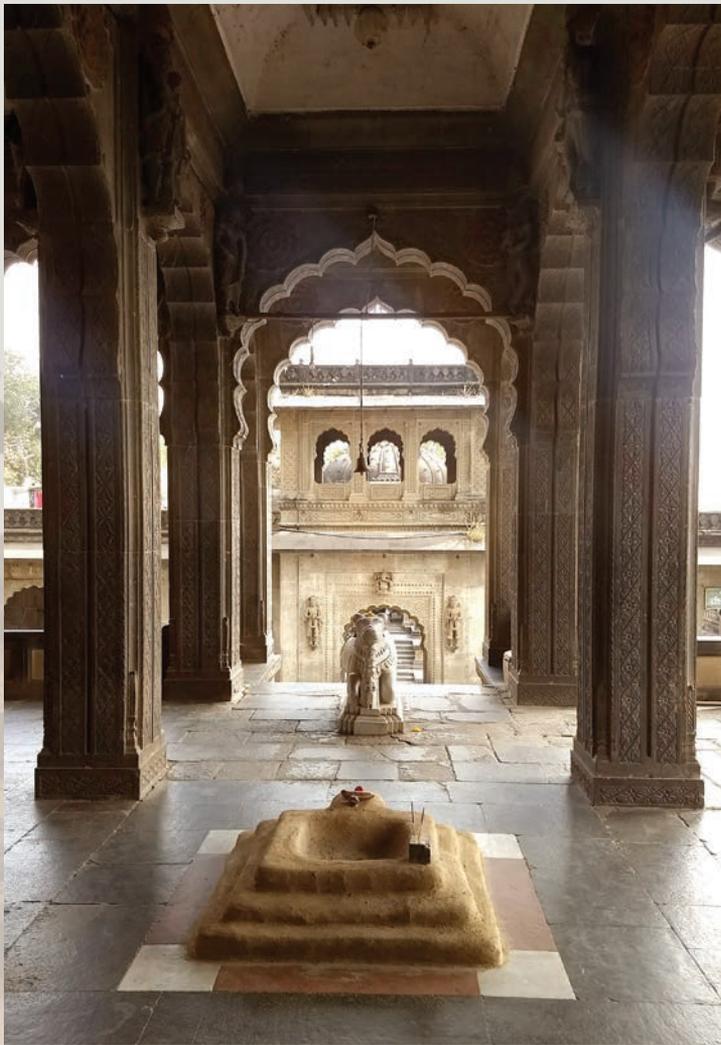
It was by mere accident Malhar Rao, founder of the Holkar dynasty, brought her with him to the Holkar territory to make her the bride for his son. After her husband's death, Malhar Rao, her father-in-law, prevented her from performing Sati and involved her in the court affairs and encouraged her to lead an army.

Ahilya Bai lost her only son but still managed to become the ruler of Malwa (the region of central Madhya Pradesh) and establish one of the most progressive kingdoms of the country at that time.

The fort and the ghats

One of the main attractions at Maheshwar is the Ahilyabai palace and fort. Called the Rajwada, it is just a home but revered as a temple by the people of Maheshwar. A courtyard with greenery in the middle, and few rooms above just like those old-style houses with tiled roofs welcome the visitor.





The queen's simple lifestyle is echoed further in her so-called darbar hall, where she conducted the affairs of the state and held audience with any person who came to see her. Located on the veranda in her wing of the palace, it has nothing but a white mattress covering the floor with a low, wooden throne at one end of it. A white marble image of the queen can be seen on the throne.

A double-storeyed gateway, directly opposite the main entrance to the Rajwada leads to a flight of steps leading down to a cluster of buildings on the banks of the Narmada. It is from this gateway that you get your first glimpse of this holy river, which at this point is over a mile wide.

At the foot of the flight of stairs, to the right is another gateway, which opens into a compound. At the centre lies the Chhatri (mausoleum) of Vitoji Rao Holkar. He was the younger brother of king Yashwant Rao Holkar (1798-1811). Built on a high plinth and sporting two bulbous domes, this chhatri is known for its exquisite carvings, especially that of a row of caparisoned elephants on its side.

From the enclosure that houses the two chhatris, another gateway leads to yet another flight of stairs that forms the main ghat of Maheshwar. Almost two kms of the riverfront of Maheshwar has been paved in stone to give rise to a series of ghats. Among the 28 ghats, the most important are Ahilya, Peshwa, Phanse and Mahila.

The entire fort complex is alive with detailed sculptures and breathtaking architecture. From floral motifs to the avatars of Vishnu, from animals engraved to figurines of nayikas, this is a treasure trove for those interested in Indian architecture.

One of the main attractions at Maheshwar is the Ahilyabai palace and fort. Called the Rajwada, it is just a home but revered like a temple by the people of Maheshwar



What is quite unique in the fort are the carvings of people, which are equal in number to the deities. The visitors are captivated by the details of textiles and textures, and the incredible sense of style. Another temple complex has impressive sculptures of women—yoginis, courtesans and dancers—and even an unusual one of a mother breastfeeding her baby.

The ghats are however where the real magic lies. Knots of women praying, children diving into the waters, pandits looking for those interested in a quick puja, tourists and photographers jostling for the best views: all of this abutting the gentle Narmada which promises to protect them all, makes for an arresting experience.

At night, families which reside near the ghats conduct small aartis in which visitors are welcomed to participate.

The exquisite carved jalis, the heavily embellished balconies and the numerous temples making it a very calming experience which can enchant both body and soul. Maheshwar is where time stands still, even today, and there is something alchemic about its hidden courtyards and bountiful riverside ghats. ■

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The weaves of Maheshwar



Maheshwar is known as a centre of handloom weaving and has produced some of India's finest textiles since the 5 CE. The Maheshwar handlooms owe their name to Maharani Ahilyabai Holkar, who in the late 1700s, invited weaver communities to come teach people the craft of weaving in order to give them a better livelihood. The community of weavers that settled in Maheshwar originally came from Mandu, where they were weaving for the Mughals, what was then known to be the finest fabric of Madhya Pradesh.

Ahilyabai gifted the beautiful, light textiles to the Peshwa Kings. Thus, the Maheshwari sari was conceived, originally made in Egyptian cotton, having the finest of counts (ranging from 80s to 300s), which gave the sari its signature simmering gossamer elegance.

The original sari was nine yards in length, hence named the Navari. Maheshwari saris were traditionally made in colours like peacock blue, bright yellow, forest green, and Indian red

made of a dye called aal, designed with stripes of red, white and gold borders.

A few decades ago, the art of weaving a Maheshwari sari was almost at its deathbed. Richard Holkar, the current scion of the royal family and his former wife Sally, while on a visit to Maheshwar realised the need to revive it. So with a paltry grant from the Indian Central Welfare Board, in 1979, they started a weaving project involving the local women and called it the Rehwa Society. Rehwa, or Rewa, is another name for the river Narmada.

An original Maheshwari sari can cost anywhere between ₹1,500 to ₹7,000. The fine, airy cloth is perfect for hot Indian summers, while the blend of silk and cotton makes the cloth float above the skin.

Younger women and breast cancer

World over, October is recognised as International Breast Cancer Awareness month – a time of the year to reinforce the importance of early detection of breast cancer, salute the conquerors, and equally, spread the message of hope, courage and survival in the fight against breast cancer.

Dr P Raghu Ram reinforces the message of tackling early detection



Breast cancer has overtaken cervical cancer to become the most common cancer affecting women in India. A woman is diagnosed with breast cancer every 4 minutes and someone, somewhere succumbs to the disease every 8 minutes in the country. Due to lack of awareness and absence of a robust organised population-based breast cancer screening programme, more than 60 per cent present in the advanced stages with poor survival. For every two women newly diagnosed with breast cancer, one woman dies of it in India.

Compared to the west, where most breast cancers are diagnosed after the age of 50, 'most breast cancers in India are diagnosed in younger women between 30 – 50 years', at least a decade earlier when compared to the western world. This is probably because we are a predominantly young nation and our life expectancy is 10 years less compared to the west (67 years in India versus 78 years in the west).

Compared to the west, where most breast cancers are diagnosed after the age of 50, most breast cancers in India are diagnosed in younger women between 30 – 50 years

Being diagnosed with breast cancer at a young age can be a huge shock and a very agonising experience. The thought of having cancer may never have crossed the young person's mind, as it is a common perception that breast cancer occurs in older people. A range of emotions set in. One may find it very difficult to accept the diagnosis and very often, many women question if it's really true.

Younger women diagnosed with breast cancer report a range of complex emotions including feeling anxious, angry and frightened. These are all common and natural emotions. Everyone responds differently and one may have some or all these feelings at different stages of treatment. Issues faced by younger women faced with

breast cancer are different from what older women have to deal with.

Importance of counselling

Cancer does not just affect the body. It affects the mind body and soul. Just treating the physical being does not complete cancer treatment. Cancer diagnosis can leave a host of problems in its wake, particularly in younger women. Physical, financial and emotional hardships often persist after diagnosis and treatment. Hence, counselling is an extremely important component of breast cancer care as patients and their relatives are better informed, better prepared, and more importantly, feel more in control at every stage of their treatment.

Counselling involves discussion about the diagnosis and various treatment options by the specialist in a sensitive and supportive environment. Equally, adequate psychological and emotional support is given during the counselling sessions that take care of the individual needs of patients and their families affected with breast cancer.

In a younger woman with breast cancer, there are bound to be many questions and it is crucial that they are addressed well. Right from the point of diagnosis, through treatment and beyond, in the face of 'cancer', a survivor comes across many difficulties. It is vitally important to draw upon courage, determination and perseverance to fight this disease since 'inner strength' is critical in the victory against cancer.

What are the possible questions that one might want to ask the specialist?

One should feel free to ask questions of the specialist relating to various treatment options. They might include:

Why is this best treatment for me?

Are there any options?

What are the possible side effects?

Are there any short term and long term complications?

How will these treatments impact on everyday life?

It is the duty of the specialist to clarify questions posed in an unhurried manner in a simple easy to understand language.

Can cancer come back?

Younger women diagnosed with breast cancer have this worrisome question as they are still very young. The treatments offered are aimed at reducing the chance of recurrence. Most will not have recurrence if detected early. However, in some there is a possibility of recurrence. I tell

I always believe that counselling is 50 per cent of the treatment. An unprepared mind will not deal with the treatment effectively. There is an unexplained benefit of the treatment working better in patients who are positive throughout their treatment and beyond

my patients to focus on being positive and then counsel them in that direction. I always believe that counseling is 50 per cent of the treatment. An unprepared mind will not deal with the treatment effectively. There is an unexplained benefit of the treatment working better in patients who are positive throughout their treatment and beyond.

Finally...

One size does not fit all. Every woman, more so, younger women diagnosed with breast cancer have a number of issues to deal with. A flexible, tailor-made approach with abundant counselling will help cope with the treatment, and equally, help them bounce back to life after treatment.

It is important to remind ourselves that there are only two ways to fight breast cancer.

1. Women and indeed men of all ages must be 'breast aware' and should report any new changes in the breast to a specialist without delay.
2. Women over the age of 40 years must have a screening mammogram at least once in two years (ideally every year). ■



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UBF Diary

July 2021

ASGBI Bestows a Rare, Prestigious Honour

Dr P Raghu Ram, OBE, has achieved the rare distinction of being conferred with the Honorary Fellowship of the Association of Surgeons of Great Britain and Ireland (ASGBI), an organisation that represents the surgical fraternity in UK and Ireland.

Neil Welch, ASGBI President bestowed the honour upon Dr Raghu Ram during the 100th centenary annual general body meeting of the Association, which was held virtually at July 20, 2021 at 11 pm.

Addressing this special annual meet, Neil Welch said, "Raghu Ram is the first surgeon of Indian origin to have this honour conferred on him in the 100-year history of ASGBI and we are delighted to welcome him as Honorary Fellow of ASGBI." M Venkaiah Naidu, the vice-president of India tweeted about the honour received by Dr Raghu Ram appreciating the good doctor's work.

Responding to the honour bestowed upon him, Dr Raghu Ram addressing the ASGBI's AGM said, "This is a great honour to India and I dedicate this prestigious award to the Indian surgical fraternity the world over for their outstanding contribution towards promoting the art and science of surgery, and equally, to my patients who have given me an opportunity to be involved in their care."

Over the past 14 years, Dr Raghu Ram has striven to replicate and exemplify the best of British practices and has served as a "Living Bridge" between the UK and India, in an earnest effort to improve the delivery of breast healthcare in India. "I express my profound gratitude to everyone who has made this journey possible," said Dr Raghu Ram.

Established 100 years ago in 1920, ASGBI is a world-renowned organisation that represents surgeons from all surgical specialties practising in the UK and Ireland. The membership also includes surgeons in the armed forces, academic and research surgery and surgical trainees in the UK and Ireland.

The founding objective of ASGBI, which is celebrating its centenary year, is "the advancement of the science and art of surgery".



Neil Welch, ASGBI President bestowing the honour upon Dr Raghu Ram (below)



UBF-HELP: The launch of a unique National breast cancer and benign breast disease helpline

A 'helpline' to spread awareness about breast cancer and reassure the worried well

The world over, October is recognised as the International Breast Cancer Awareness month. At the eve of the beginning of this significant month, the vice-president of India, M Venkaiah Naidu launched a one-of-its-kind national breast cancer and benign breast disease helpline being spearheaded by the Ushalakshmi Breast Cancer Foundation (UBF) on September 30 2021.

This landmark initiative aims to raise awareness, spread hope and fuel the fight against breast cancer while reassuring the "worried well" about benign breast disease. Any queries and anxieties about breast health issues will be resolved by a team of breast cancer conquerors, counsellors and dieticians.

In her opening remarks, Dr Kotha Ushalakshmi Kumari, the 88-year-old breast cancer conqueror, in whose name the UBF Foundation has been established, lauded the fact that her son, Dr Raghu Ram and her daughter-in-law, Dr Vyjayanthi left their lucrative career opportunities in the UK to relocate to India only to take care of her and serve the country.

Delivering the chief guest's address, M Venkaiah Naidu paid rich tributes to Dr P Raghu Ram, the founder, director and CEO of UBF for spearheading this path-breaking initiative under the auspices of a "not-for-profit" breast



Dr P Raghu Ram at the launch of the UBF's Helpline

cancer charity based out of Telangana. The vice-president Naidu further applauded the group of breast cancer conquerors, who will be the face of the UBF-HELP. He appreciated their efforts and unwavering commitment towards spreading awareness about breast cancer, especially after going through the hardships involved in the treatment of breast cancer.

Praising the inclusion of trained counsellors in the helpline, who will be providing one-on-one confidential support to the callers, Naidu said that counselling is an inseparable part of the entire cancer treatment protocol or any other life-threatening medical condition. He said that no doubt cancer affects a patient's physical health but it takes a huge toll on the mental health as well.

"Counsellors can help in keeping the patients motivated to fight the illness spiritedly," he added. Naidu commended UBF-HELP for making available every facet of breast cancer and benign non-cancer breast health issues in the helpline's resource section of the website in English and 11 other Indian languages.

A Timely Initiative

Meanwhile, in his speech, Dr P Raghu Ram said, "There is robust evidence from the west to suggest that a dedicated breast cancer helpline providing emotional support and evidence-based information would ensure patients finish their treatment schedule, experience less distress, cherish improved quality of life and have better outcomes. And so, this initiative is very timely in our country."



The Vice-President of India, M. Venkaiah Naidu virtually launching UBF-HELP



He continued, "What makes this initiative unique is that a group of passionate breast cancer conquerors who have been through the gruelling grind of breast cancer treatment, will be providing one-to-one confidential support, along with a team of trained counsellors."

This is the first dedicated national helpline in India to address issues related to both breast cancer and non-cancer benign breast health issues as well (far more common than breast cancer). The latter can cause a lot of anxiety to patients.

Nine out of 10 breast health issues are benign. So, the helpline also aims to reassure this segment of "worried well", who think they may have cancer but in fact it has to do with non-cancer breast health issues. The helpline can be useful to those undergoing chemotherapy as well. Importantly, the Foundation will specifically address diet-related concerns for patients undergoing cancer treatment with the assistance from dietitians.

Pertinently, Dr Raghu Ram added, "More than 60 per cent of breast cancers in India present in advanced stages are primarily due to lack of awareness. Consequently, India's breast cancer survival rates are low. With upcoming festivals such as Deepavali, I urge the men to gift their loved ones a screening mammogram test, which is the only proven way to detect breast cancer in the early stages, which would undoubtedly save scores of lives."

Citizens can avail one-to-one support by calling the UBF-HELP at 08046983383 to talk to our breast cancer conquerors, counsellors and dietitians

www.ubfhelp.org

'From Surviving to Thriving' – Dr Beth Dupree delivers the 2021 edition of the annual UBF Oration



Soon after the launch of UBF-HELP, Dr Beth Dupree, a world-renowned breast surgeon from Arizona, USA, delivered the 2021 edition of the annual UBF Oration instituted by UBF. Titled 'From Surviving to Thriving', the oration highlighted how the diagnosis of breast cancer can be a devastating moment in a woman or man's life. When one is able to embrace this process as a journey to healing and focus on living life as a 'thrivers' and not simply as a survivor of cancer, one is able to see life in a different perspective. Adversity is our greatest opportunity for spiritual growth, she added.

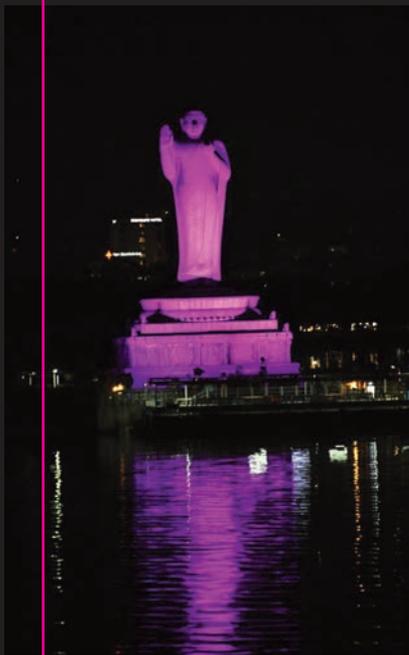
For 11 years in a row, Hyderabad turns Pink

To raise awareness about the breast cancer, for a record 11th consecutive year, UBF illuminated the Raj Bhavan, Charminar, Buddha Statue and KIMS Hospitals in the colour pink on September 30. Hyderabad is the only city in the entire Asia Pacific region, where so many prominent buildings and monuments turn pink to raise breast cancer awareness.

For the second consecutive year, Dr TAMILISAI Soundararajan, Telangana governor gave permission to the Foundation to illuminate Raj Bhavan in pink to extend her unstinting support towards promoting breast cancer awareness. She also tweeted a picture of her taken alongside Dr Raghu Ram against the backdrop of the illuminated Raj Bhavan in pink.

She complimented him for his outstanding efforts over the past 14 years towards creating awareness about importance of early detection through a number of innovative projects that has attracted national and international appreciation. In fact, it is the only Raj Bhavan in India to turn pink in support of breast cancer awareness.

Illumination of prominent buildings in pink is just one way to attract the curiosity of people and raise awareness about importance of early detection of breast cancer.





Ushalakshmi Breast Cancer Foundation
Hyderabad, India

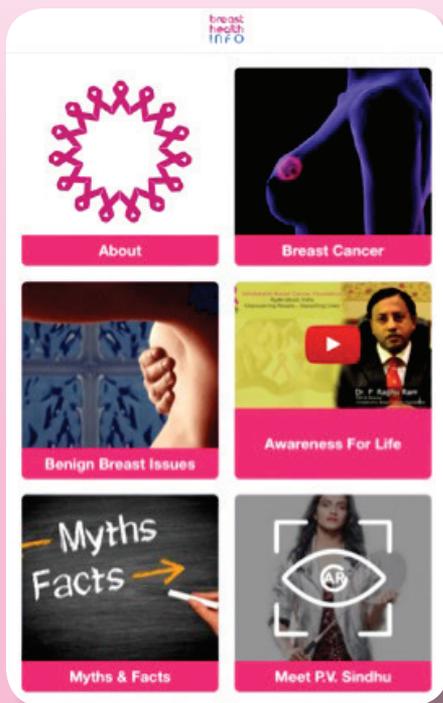
Empowering people...impacting lives

www.ubf.org.in

World's first mobile app on breast health in 12 languages

(English, Hindi, Telugu, Tamil, Kannada, Malayalam, Gujarati, Punjabi, Bengali, Marathi, Oriya & Assamese).

'ABCs OF BREAST HEALTH'



Launched by Mr Amitabh Bachchan (2017)

An initiative of the Ushalakshmi Breast Cancer Foundation

LINKS FOR FREE DOWNLOAD

App store

<https://apps.apple.com/us/app/abcs-of-breast-health/id1482487468>

Google play store

<https://play.google.com/store/apps/details?id=devatech.kims.avantari>

