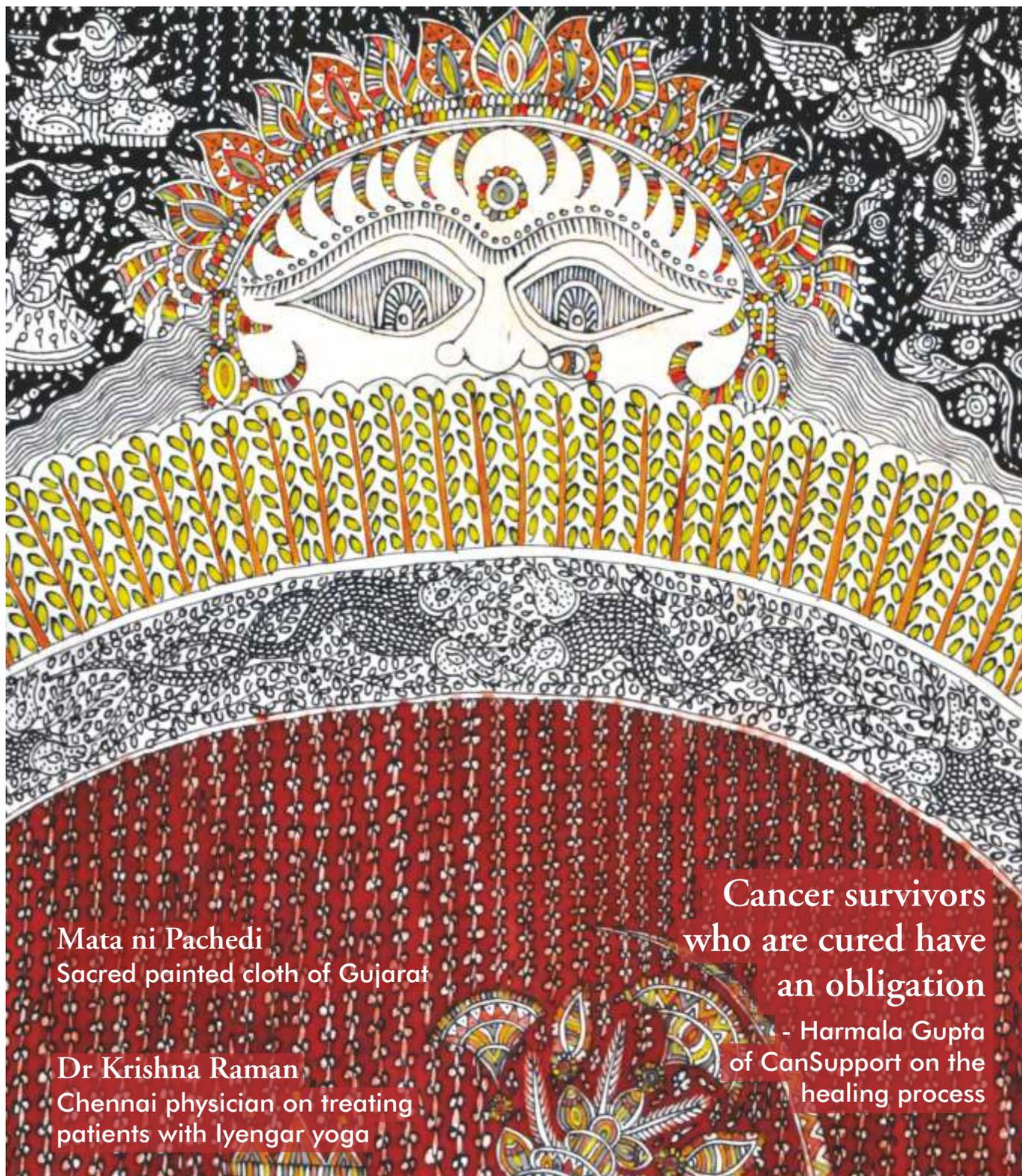


# PINK CONNECTION



Volume 2 Issue 1 Aug - Oct '15



Mata ni Pachedi  
Sacred painted cloth of Gujarat

Dr Krishna Raman  
Chennai physician on treating  
patients with Iyengar yoga

Cancer survivors  
who are cured have  
an obligation

- Harmala Gupta  
of CanSupport on the  
healing process

## BEHIND The Scenes

Yoga has been a part of the Indian ethos for a few centuries now. It has however recently become a subject of controversy with several sections of the society refusing to practise it because they feel it is associated with Hinduism. Part of the controversy is because the ruling party had asked people across religions to practise yoga, and as we know from experience, if we force anything on people, the chances of the same being rejected are high.

Yoga, however, is an ancient science, and it is said, Krishnamacharya (the guru of BKS Iyengar and others) learnt thousands of postures from a yogi in the Himalayas and hardly 200 to 300 asanas have come down to us. Not only has the science got diluted to suit the needs of the modern day (there are chair yogas, hot yoga among others) but it is more often than not treated as a form of physical exercise. As Patanjali, who gave us the *Yoga Sutras*, the seminal work behind yoga writes, Yoga is the unity of the mind and soul with the body. In other words, when we are in perfect alignment with ourselves and the world around us, we have achieved yoga.

It is a travesty of our times that a "philosophy of living" has not only been trivialized by teachers, who offer it as an alternative to going to the gym, but also that our politicians have stirred up drama around it to garner mileage.

Often, if our readers must wonder why we feature aspects of Indian culture like yoga or the art of hand-painting like Mata ni Pachedi or as in our previous issues, weaving traditions like Ikat, it is because these are aspects of our heritage that no mainstream media will focus upon. As a result, tomorrow's generation will think Ikat is a print and yoga is a form of exercise!

Incidentally, we complete one year with this issue. We thank UBF, whose arms reach out to spreading the cause of breast cancer for embracing an initiative such as the *Pink Connexion*, when even big industrialists balk at the idea of a print magazine!

Ratna Rao Shekar



# Harmala Gupta

## Reaching out to cancer patients

SURVIVING CANCER



Harmala Gupta is a Hodgkin's lymphoma survivor. She was treated and cured in Canada, where she had received tremendous support to battle issues regarding cancer. Back in India, she realised there was a lack of support care for cancer patients and their families. No groups existed to provide "palliative" care, to hold out a compassionate hand to people afflicted with cancer. So, Harmala joined hands with a few like-minded people to set up CanSupport, which turns 25 years this year!

In a candid conversation with **Priya Jain** in Delhi, Harmala, 62 years now talks about the kind of cancer care we need, how cancer survivors have a commitment to help others and how helping others helps them to heal

Photographs: **Tribhuvan Sharma**

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Harmala Gupta with cancer patients: lending a sympathetic ear

*That which does not kill us, makes us stronger.*

This famous quote by German philosopher Nietzsche can apply to the tenacious cancer survivor Harmala Gupta.

In 1986, a 32-year-old Harmala Gupta was working hard on her Ph.D. in Chinese politics at McGill University, Canada. Her lifestyle was stressful because she had to juggle her academic work with caring for her three-year-old son. When a persistent cough refused to subside, doctors first brushed it aside as nothing serious. It was only when she started to lose weight and felt breathless, she decided to act. The tests revealed a spot on her lung. At first, the doctors suspected she had TB but the tests finally revealed Hodgkin's lymphoma.

Harmala did not realise it was cancer at first. This was to be one of the first lessons among many she would pick up about cancer and surviving it. As she went through chemo and radiation therapy, she realised that she also had 'to play her own part in the process, to take responsibility, listen to her body and find out more about her cancer'. It was also important to start praying.

After the treatment was completed, the symptoms reappeared. Doctors suspected the cancer had returned. Luckily, before she was subjected to another round of cancer treatment, her



GP (who she had registered with, on the advice of her oncologist for other health problems) was consulted. She was diagnosed with pneumonia not cancer! Harmala narrates this story to stress the importance of a "team" to work with a cancer patient so as to be able to spot mistakes. She says in the West, a specialty clinic will have the oncologist, the counselor, the hair wig section and spouse support all on the same floor. "The outcomes are better in such an environment," she says.

In India, unlike the West, unfortunately there is no culture of discussing mistakes or what could have been done differently. "It is not about pointing fingers at these closed door sessions which protect doctors from being legally liable. It is about assuming responsibility and learning from mistakes," she says.

Elaborating further about the Western style of practising medicine, she says the treatment in the West is protocol and evidence-based. The doctor may be an experienced one but each step they take will be clear to the patient. For example, in Harmala's case, the amount of radiation she was exposed to had put her at a high risk for breast cancer and so, after a recent mammogram she was not made to do an ultrasound. "This will be routine elsewhere," she says.

Moreover, surgeries are not meant to be performed by the same doctor for all types of cancers. It is shown a

doctor who focuses on just breast cancer surgery becomes the best at it, she says. In India, the situation is entirely different, feels Harmala. She is completely against the "celebrity culture" which prevails in the medical field here. "Why don't we build a proud community committed to do things better?" she asks. Good treatment won't happen if we don't pursue this line of thought, she says. Instead, all we have are "egos and little team work among doctors".

In her case, she was lucky there was a team approach to her care. This was the turning point in her life. She had reflected on how she had put her life in the hands of doctors who did not seem to know how things would turn out for her, any more than she did. They were treating her in the best way they knew. There were clearly no guarantees.

During her treatment at the hospital in Canada, she remembered little things making a difference: the wall painting, the doorman's smile, the tea and magazines offered by volunteers and an extremely helpful specialist nurse. She was referred to a support group for cancer survivors and meeting others who were in a similar situation helped deal with her feelings and emotions. Harmala reminisces, "In Canada, people with cancer lead normal lives. They had chemo and went to work. Family and friends would help them in the usual daily

ways: pick up the children from school or cook a meal for them."

It was then she understood how important it is for people to have a support system. The cancer gave her a lot to think about – her life – and what she wanted to do with it. She decided to return to India and set up a support group for people with cancer.

Back in India, after her Ph.D, despite a great academic record, Harmala also discovered that her cancer meant she was not shortlisted for jobs.

"People judge you and put down your illness as your karma, a judgment from God. Or, they say, you are such a nice person, why did this happen to you? With the label of cancer, you are no longer the person others saw a minute ago. You become this person who will die," she says.

She began to understand stigma and secrecy and started to look for other survivors. At first, the doctors were unwilling to share any contacts. No one wanted to talk about it, she remembers. Doctors felt, unlike the West, people had families in India to help them not realising that families too need emotional support. But, slowly, she started to receive guarded phone calls, asking for information or just to talk. Even to get together a few volunteers from among survivors and their families to form a support group was difficult. No one wanted their name or photograph to appear in the media because they were scared it might affect their chances of employment. Or that the knowledge of cancer in the family would affect their children's marriage prospects since cancer is known to be hereditary.

By August 1991, her group members and Harmala decided to volunteer at the breast cancer clinic at AIIMS. They decided to provide the support to people she had received in Canada. Harmala describes the AIIMS waiting room back then as a "place of death. It was shabby, people sat with their heads hung down, as if waiting to die". At her attempts to cheer up the place with pictures, a relative chided her. 'What is the point? It is better to put up pictures of gods,' they had told her. But how, she says, is anyone to think positively and fight the disease if families thought this way?

Within a couple of years, Harmala Gupta realised "home care" was becoming important. There were cancer patients who could not be cured because either the cancer was diagnosed late or they had no money to fund their treatment. It is then they desperately needed informed compassionate medical, nursing and emotional care.

A chance meeting with Ruth Woolridge, a nurse with the IRCH (Institute Rotary Cancer Hospital) who has done similar work in Kenya and along with AIIMS support, they launched a home based pilot programme in palliative care, the first ever in north India.

"In Canada, people with cancer lead normal lives. They had chemo and went to work. Family and friends would help them in the usual daily ways: pick up the children from school or cook a meal for them."

Thus, was born Cancer Sahyog, which later came to be known as CanSupport. The group is crossing a milestone as it turns 25 years this year.

It is a fact that palliative care (associated with end of life care) should be part of a (medical) team when people are diagnosed with cancer. The CanSupport palliative care team currently comprises doctors, nurses, social workers, spiritual advisors and volunteers. Their focus: bringing medical care and comfort to people in their own homes. People should be allowed to do things they always wanted to do, and to set things right. "We owe it to the person to give them the opportunity of a good closure," she says. It is not just the cancer patients, CanSupport also provide families with bereavement counseling and support. Families are not left to cope alone.

Harmala also talks about the initial struggle of getting doctors to understand that as important as they are in the treatment process, the



Cancer patients need compassionate care

role of nurses and counselors in addressing the "end of life" challenges is equally vital.

They also saw courage in the face of pain and death. "It is depressing to see death but you also see the other side: the ability of people to cope. We have many people who come from the villages to Delhi in search of treatment. What they endure, along with the disease is sobering," she sadly reveals. The suffering is not just physical but also psychological and social, and often might involve rejection by family and friends. But, Harmala says, one learns from the spirit and courage of others.

Along with palliative care and home care, CanSupport has a telephone helpline and day care for adults and children. It also organises events to create awareness about cancer including the annual "Walk for Life" event, now firmly part of New Delhi's fund-raising calendar.

For many people with cancer who come to Delhi for treatment, sleeping on the footpath is the only option in between the rounds of treatment for "they cannot go back home and cannot afford to live in the city". The crowded dharamshalas, supposedly free, charge attendants sleeping on the floor or the patient for an extra blanket. Many give up and just go home to die, she says.

"We need more facilities. NGOs can only do so much. What is the culpability of the state? Doctors and institutions have lost focus. As a nation, we have failed to build a sense of togetherness. People like us



CanSupport helps children with cancer in their hour of need

have to be the spokesperson for those who can't speak up," says Harmala with passion.

In the same vein, Harmala wants the major advances in medicine and path-breaking research in cancer to reach the ordinary people. "Political will is needed to make treatment accessible and affordable to all people and the government has failed to do that," she says spiritedly. However, CanSupport is contributing their mite for the poor. Two years ago, CanSupport opened an Out Patient Centre outside the government run Guru Tegh Bahadur Hospital situated between New and Old Delhi to help those living with cancer on the footpaths. "People can drop in to get advice for their problems or just get their bandaging done by kinder hands," she informs.

By helping others in their need of hour, CanSupport became a source of Harmala's own healing. "There is a profound effect when you connect with other people. In the giving of yourself and caring, you help yourself," she says.

However, a "caring society", who has an obligation to support people with cancer, is desperately required, she says. The society has an obligation to support cancer patients, she says

narrating the sad story of a 10-year-old child struck with cancer. After his treatment keen to attend school which he had missed because of his treatment, he attended school but he had to wear a mask due to his low immunity. But, the other parents in the school were scared for their children and he was forced to leave the school. The child sadly never recovered from his depression.

Support groups like CanSupport step in to help people cope. Sharing your troubles instead of keeping it secret allows people to learn how others coped, what they did and show each other how to live normally, she says.

"Cancer survivors, people who have been cured have an obligation," she says, signing off with these empathetic words: "You are not the only one and you are not even obligated to share but for your own journey, for your own acceptance, sharing and talking helps you heal." ■

#### Useful information

Website: [www.cansupport.org](http://www.cansupport.org)

Helpline: +91 11 2671 1212  
(Monday to Friday  
9.30 a.m. to 5.30 p.m.)

Email: [helpline@cansupport.org](mailto:helpline@cansupport.org)

## Dr Krishna Raman: Combining yoga therapy with allopathic medicine

These days there is a constant scuffle between alternate systems of medicine and allopathy. But Dr Krishna Raman, a trained physician from Chennai shows how the two systems are not contradictory but in fact complementary. He uses yoga that he learnt from that great teacher, BKS Iyengar to cure patients and inspires them to practising the same for a healthy lifestyle

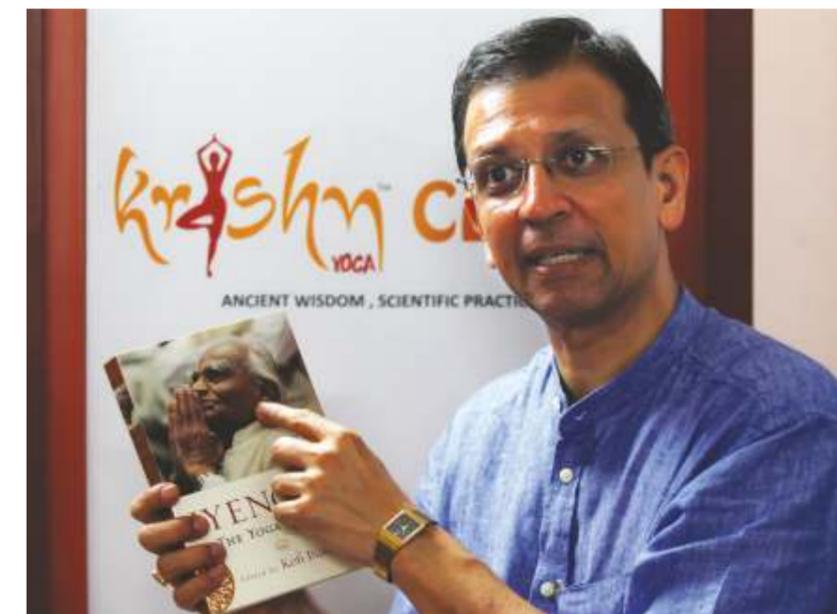
Text: **Kavitha S**

Photographs: **Arun Shankar**

When Krishna Raman was just 17 years old, his father asked him if he would like to meet the legendary exponent of yoga, BKS Iyengar. He could not contain his excitement as he had been doing yoga for a few years having been introduced to it through a yoga book gifted by his math teacher in Chennai and he knew the value of the great yoga master. It seemed like a divine intervention to be able to get an audience with him. The next day, a meeting with the guru was arranged at the house of a music maestro.

Clutching his album of yoga poses he had put together and a bag of mangoes given to him by his mother, the teenager fell at the guru's feet. "Do what you will but I want to be your student," said the boy passionately. Later the boy, Krishna Raman who had entered medical school – the Madras Medical College by that time, wrote to BKS Iyengar expressing his desire to learn under the master himself, and was summoned to Pune. He would escape to Pune few days in a month taking a break from his medical studies. And, thus began a journey which led him to his mission in life – to combine allopathy and yoga to treat his patients.

This was sometime in the beginning of the 80s.



Dr Krishna Raman at his clinic in Adyar, Chennai

Today, Dr Krishna Raman is a successful physician cum Iyengar yoga exponent, who has a thriving practice in Chennai. Well-known for his approach of combining medicine with yoga to cure patients, in 2013, he launched Krshn Yoga which comprises of two medical clinics to treat patients and several yoga centres for people to keep fit.

In his Adyar clinic, which adjoins his house with a garden, we catch up with Dr Krishna Raman. Tall, slim, bespectacled, clad in a blue shirt and trousers, he comes across as a man full

of energy and passionate about his medical approach to curing patients with yoga, which has over the years gained acceptability among doctors and patients alike. This physician's approach is to clinically investigate a patient's problem, it could be a back pain or a disc prolapse through a MRI or CT scan, and then prescribe medicines if required or else treat the problem with asanas.

At the outset, Dr Raman is not about to make statements like yoga can cure diseases like cancer or acute renal failure. "Allopathy is the best

"Cancer survivors, people who have been cured have an obligation," she says. "You are not the only one and you are not even obligated to share but for your own journey, for your own acceptance, sharing and talking helps you heal."

treatment in a crisis, it is proven scientifically unlike Ayurveda, homeopathy and yoga which are not subjected to rigid evidence based scrutiny," he admits. Secondly, he scoffs at the tall claims made by yoga teachers in the country that yoga can influence major diseases like HIV and cancer. "The last word on cancer is yet to be said and all types of cancer cannot be cured and there is a lot to understand about it despite billions of research has been poured into it. Yoga like exercise can increase immunity and can make your attitude better but it cannot translate into hard-core medicine," he says. There is so much hype about yoga today but there is only one way of doing yoga and only doctors can treat patients, stresses the doctor.

"BKS taught me things as an allopathic doctor I did not know – he taught me the science of movement. Not only did he help me in my medical career, he also made me think clearly. I would discuss my medical cases with him and he would show me logically what is possible and what is not," he says. An era is gone, he says sadly of the guruji's demise

"For example, it is only a doctor who knows if you are bending your body in one direction whether the kidneys are in the right position. Treatment must be left to doctors," he says. Yoga practitioners naturally, are unaware of clinical complications and diagnosis like disc lesions, cord compressions or myelomalacia. He narrates the case of a breast cancer patient who went to a homeopath to get cured and then died after six months as the cancer spread. Can homeopaths know about an ulcerated breast, he asks? However, as a doctor and a yoga practitioner,

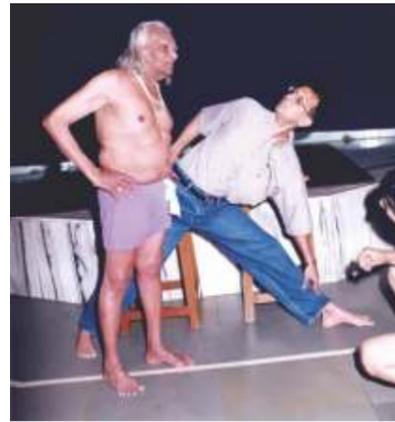
Dr Raman says he is able to see both sides of the coin.

Homeopathy can address issues such as pus in certain areas of the body while yoga might be the answer for chronic pain in patients he says as examples. There is no answer for chronic pain in allopathy, while it is yoga which can set right a failed back syndrome. Yoga can cure some problems (but not limited to) like back pain, carpal syndrome, allergic rhinitis (the latter can be cured through specific inverted poses) for example, he says.

To dispel myths about yoga, Dr Raman in fact penned a book called *Yoga and Medical Science FAQs*, in which he answers 485 questions on what yoga can do and cannot. For example, he replies to questions whether hysterectomy patients can do yoga? Neither does yoga translate into longevity, he says, though he admits that BKS lived up to 96 years without any ailment except for two hip fractures and a hernia problem. Neither did he suffer from senility.

BKS was special in that without being a doctor he knew the human body in a different way, he admits. Dr Raman has an answer to BKS Iyengar's famous ability to cure people of many disorders. "I believe BKS was planted on this earth and this knowledge was given to him," he says. When he asked Iyengar how he knew what he knew the latter would answer, 'it just comes to me'. He goes on to add that it may be unbelievable but BKS did cure a deaf child. The ENT surgeons in Pune had tremendous faith and respect in BKS and were confident that he could do something. In this case, the child could not hear because she was suffering from ossification of the bones inside the ear. BKS taught her some asanas and the mobility helped the child to recover, people were shocked but it is true, recounts Dr Raman.

There was also the time Dr Raman got cured of his back pain with BKS. He narrates how he would suffer from excruciating back pain and tears would rush to his eyes with frustration



With the legendary BKS Iyengar

when he did asanas. "On an occasion, when I was leaving Pune, guruji called me and asked me to do the backbend pose (Urdhva Dhanurasana). Then he brought a heavy weight and placed it on my torso and asked me to lift the weight with my body. I lifted the weight contracting my buttock muscles in a specific way. Then he told me, 'Now you can understand where the movement comes from in that asana'. "I straightened up and my back felt fantastic, it was so light," Dr Raman recalls with a light in his eyes.

When he talks of his guru, Dr Raman becomes emotional. "I photographed him last year, six months before he died. He was standing on his head at 96," he says with pride in his voice. In his interaction with BKS, Dr Raman learnt to be positive and amazed at his ability to never stop learning. "He was very agile mentally and he would be watching how someone's foot is moving or how the fan is swirling, because he would say that if you don't use your brain, you lose your brain. BKS taught me things as an allopathic doctor I did not know – he taught me the science of movement. Not only did he help me in my medical career, he also made me think clearly. I would discuss my medical cases with him and he would show me logically what is possible and what is not," he says. An era is gone, he says sadly of the guruji's demise.

After graduating from Madras Medical College in 1984, Dr Raman did enroll in the medical school in Manipal for post graduation but



### Demystifying yoga

Yoga is not Hinduism at all. Yoga is a way of life, if people are bringing religion into it, it is the mistake of people who teach it. There is a power emanating in the universe nobody can deny that, the same power emanates in the body. So we need to see the power in the body, not the body as the power. The person who has an equanimous mind is said to be in a state of yoga. What then has it got to do with religion?

discontinued when he realised that he was missing something. "I did not want to be a physician prescribing pills to my patients, my soul was searching for something better," he reminisces. He returned to Chennai and started his practice in 1987 slowly incorporating what he learnt under BKS in his medical treatment with his patients. "I realised that having learnt the preventive value of yoga, I could teach people to take it up as a lifestyle. I started curing people of neck and back problems and taught them to do the exercises at home," he says.

In his efforts to learn how patients can get better by practising yoga, and the effects of the asanas on the human body, Dr Raman actively embarked on some research. Taking the help of Dr S S Badrinath of Shankara

Netralaya, Dr Raman took a team to Pune to conduct a study on intra-ocular pressure in the eyes during yoga. BKS and Dr Raman were also subjects of this study and the revolutionary results were published in the *American Journal of Ophthalmology*. The study did reveal that intra-ocular pressure does increase in the eyes when you do headstand but no damage to the eye occurs in habitual practitioners (provided certain conditions are followed).

After curing a patient of calf muscle cramps (which had lasted 27 years) with the Tadasana, Dr Raman was curious to understand the direction of the blood flow in the body while doing yoga. So, with the help of Dr S Suresh of Mediscan Systems in Chennai they

used the Doppler ultrasound to check the blood flow in the body and the precise effects of various yoga poses and rectify fallacies. These scans are found in his book *Yoga and Medical Science FAQs*. Dr Raman also wrote another book called *A Matter of Health - Integration of Yoga and Western Medicine for Prevention and Cure* on combining yoga and medical science.

Besides BKS, Dr Raman is grateful to Dr K V Thiruvengadam, who he calls the doyen of physicians. "I owe my medical training and my skill in diagnosis to him", says Dr Raman, who trained under him at Madras Medical College.

In his yoga centres, he has trained instructors to teach yoga, since he is not able to conduct classes due to his busy practice. "I am also passing on my DNA," he says. People who want to keep fit join the classes while those who come for treatment register at the clinic. The yoga practised in the clinic is Iyengar style since he believes that is the most precise system. "I have tweaked it a bit to make it easy and accessible to people," says Dr Raman, who believes, that mostly, yoga never fails, it is the improper lifestyle of the person and inaccurate practice that results in therapy not being successful.

Dr Raman is happy that the Prime Minister, Narendra Modi, a public figure is using his position to promote yoga. People need to keep it up and integrate it in their lifestyles. "The aim of yoga besides doing it to keep fit, is to connect with your inner self and take it to higher levels," he says wistfully.

The doctor lives by what he preaches. Daily he is up at 4.30 am to practise his asanas, one day it would be back bends, another day the forward bends, or the standing poses another day. Sometimes, his wife, and his son, who is studying to be a doctor, would join him. In his early fifties, there is nothing more he wants out of his life, than continuing to use yoga as a form of therapy to save people. And, is happy more and more people are coming to accept his way of medicine. ■

# UBF Diary

May

## Rare Honour

It is a matter of great pride that Dr Raghu Ram was featured on the homepage of the The Royal College of Surgeons of Edinburgh website (the oldest surgical college in the world). Titled 'International Surgical Advisor for the Royal College receives Padma Shri', the write up features the news of Dr Raghu Ram being conferred the Padma Shri – one of India's highest civilian awards by Hon'ble President of India for the year 2015.

<http://www.iss.rcsed.ac.uk/the-iss/iss-news/2015/may/padma-sri-honour.asp>



## An Indian doctor addresses American Society of Breast Surgeons - A First



Dr Raghu Ram with Dr Clifford Hudis, Chief of Breast Service, Memorial Sloan Kettering Cancer Centre, New York (third from left) and other eminent speakers after delivering his presentation

Dr Raghu Ram was the first and the only surgeon from the Indian sub-continent to be invited to address the Annual Congress of the American Society of Breast Surgeons (ASBS) – the world's largest breast surgical society – since its inception 16 years ago. His presentation titled, 'Breast Cancer Screening in India – Finding Indian solutions to Indian problems', which highlighted UBF's innovative population based breast cancer screening programme in Telangana and AP, was voted as one of the best presentations through a poll conducted and tabulated on voting pads.

June

## Youngest President Helms ABSI



Dr Raghu Ram was unanimously elected and installed as President of the Association of Breast Surgeons of India (ABSI) for 2015-17 at the Annual Conference of ABSI held in Indore in June. He is the youngest ever and the only surgeon from south India to become the head of an organisation that represents general surgeons, surgical oncologists and plastic surgeons practising breast surgery all over India.

## Fitting Tribute on Mother's Day



Who better than Dr Raghu Ram? The doctor was felicitated by Dr KV Ramana, advisor to Telangana government on Mother's Day for his outstanding contribution towards improving breast healthcare in his motherland through innovative initiatives undertaken by a Foundation established in his mother's name.

## Dr Raghu Ram Inspires a Bollywood Film



Bollywood producer and ophthalmologist from UK, Dr Nikhil Kaushik (extreme left) with Dr Raghu Ram



Dr Raghu Ram with other doctors at the felicitation function in the UK

Dr Raghu Ram was felicitated by the Indian Deputy High Commissioner, High Commission of London and the British International Doctors Association, UK, for receiving one of India's most prestigious award – the Padma Shri.

At the felicitation ceremony, Dr Nikhil Kaushik, consultant ophthalmologist in UK revealed that he had made a Bollywood film, *Bhavishya* in 2006, inspired by Dr Raghu Ram's bold decision to relocate to India despite his lucrative career opportunities in the UK. The film explores issues concerning medical migration, from the East to West and vice-versa. It also weaves in the tale of the developing love between two young medics, from India working in the National Health Service (NHS) in the UK.

## Unveiling Breast Cancer Care in India in Britain

In June, Dr P Raghu Ram delivered a guest lecture, 'Breast Cancer Care in India – Time for a Paradigm Change' at the Annual Congress of the Association of Breast Surgeons, UK in Bournemouth. The talk highlighted the paradigm changes that were introduced in breast healthcare in India, including all the activities undertaken by the UBF in the past eight years.



## The Grand Round at UK hospital



Dr Raghu Ram with Professor Andrew Baildam and Professor Roger Kirby, world-renowned breast surgeons, after conducting the Grand Round at North Stoke University Hospital

July

## The Ultimate Salute for UBF



The Indian subcontinent's first large-scale population based breast screening programme in Telangana and Andhra Pradesh being spearheaded by Ushalakshmi Breast Cancer Foundation (UBF), is the subject of research at RTI International, one of the world's leading research institutes dedicated to improving the human condition by turning knowledge into practice and has its operations in some 75 countries worldwide.

# Sacred Submissions

## The Mata ni Pachedi

Mata ni Pachedi, a unique form of hand-painted or block printed cloth imbued with religious significance exists in Gujarat even today. Carrying a beautiful depiction of the *Mata* or the goddess, these ritualistic painted cloths are offered in shrines by certain communities as a form of thanksgiving. **Anil Mulchandani** meets the national award winning Chitara family, who are prominent practitioners of their ancestral art and learns that these sacred submissions are today highly prized by art collectors and interior designers

Photographs: **Dinesh Shukla**

**K**nown as the Kalamkari of Gujarat, Mata ni Pachedi is a hand-painted Kalamkari or block printed cloth bestowed to the shrines of the mother goddess as a form of offering. These sacred offerings are made by a few communities of Gujarat during the months of Navratri twice a year.

As most ancient art forms in India, the Mata ni Pachedi too was in danger of becoming extinct. This was because devotees preferred the less expensive block printed versions of this sacred cloth rather than the ones decorated with the hand-painted Kalamkari work. Today, however, the Mata ni Pachedi is enjoying a revival of sorts as new patrons from the world of art, fashion, interiors, gifting and design industries are flocking to it.

Manubhai Chitara and his family, one of the few prominent families still practising this art in Ahmedabad, have been honoured with national awards for sustaining the beauty of their craft. Explaining the genesis of this art form, he says that the paintings are called Mata ni Pachedi because they depict *Mataji*, the mother goddess in her manifestations of destroying evil forces. The paintings have considerable significance for pastoral

groups like the Rabari and Bharwad, and other communities like the Koli, Raval, Deviputar, Durbar and Vaghri. During Navratri (September–October) and Chaitra Navratri (February–April), these tribal groups make a vow asking the goddess for blessings. Chitara explains, “It could be a prayer for a child or to cure an ill child or they would ask for a good crop or a cure for sick cattle.”

The offerings are made to the goddess along with the Mata no Chadarvo, which is a canopy, and the Mata ni Pachedi, which are temple curtains tied to scaffoldings around the main shrine of the temple. The Mata ni Pachedi can also be spread over an altar or worn by the priest.

The rituals surrounding this offering vary. For example, the durbars and thakurs, who have descended from the warrior community, would either have a priest chanting prayers or sacrifice a goat or a lamb before submitting the sacred cloths. The farming communities meanwhile would offer grains with the cloths. This religious cloth is not discarded after the period of prayer is over instead it is stored in the temple to be used again. “When they get soiled or are overused,

they will be immersed in the river,” says Manubhai.

His son, Sanjay Chitara, who received a national award for Kalamkari in the Master Craftsmen category in 2000–2001, throws light on how the Mata ni Pachedi is made.

Their community, known as the Vaghri, residing in different places like Ahmedabad, the villages of the Kheda district, Viramgam, Dholka and Aghar prepared the Mata ni Pachedi, using colours extracted from vegetables, flowers, herbs and other natural sources, he says. The art of using distinctive bold forms and colours was passed down from generation to generation.

“Traditionally, my parents made Mata ni Pachedi on a commission basis for ethnic communities. Slowly, they were encouraged to pursue their ancestral art when they won state-level awards between 1969 and 1979,” says Sanjay, about his family’s journey with their ancestral art form. However, they gained confidence to work on it as a “means of livelihood” when textile designer Viloo Mirza got them an order from the Gujarat State Handicrafts Corporation to make block printed stationary, bedsheets,



The Chitara family even today practises the rare Kalamkari style of Mata ni Pachedi

table linen, wall hangings, etc to be sold at their Gurjari stores in 1984, he says.

That is how his brother Vasant and he, both born in the 1970s, were initiated into the handiwork of block printing and Kalamkari. "Only a handful of our community members are still employed in our ancestral art, and just a few of us, like the members of our family practise the Kalamkari style," says Sanjay.

The paintings have a distinct visual identity, says Sanjay. Typically, he elaborates, the painting is divided into different compartments by bold borders. "The painting is an expression of the creative and destructive principles of the mother

goddess, and traditionally shows Amba as the central figure, clutching weapons in each of her ten hands. This figure is enshrined within attractive borders that may assume an architectural form like a temple, floral or figurative representations or could be just decorative. Other motifs found on the Mata ni Pachedi are deities, priests offering sacrifices to the goddess, processions of devotees, and narratives from epics organised in columns," says Sanjay.

He says the themes, dimensions and proportions of the images vary considerably according to the artist's imagination. However, he further adds, "The sun and the moon motifs in the upper corners symbolise constant

features of life. Often Chadarvos and Pachedis depict garba, the dance in honour of the mother goddesses, a few festivities and Lord Krishna with pot-bearing gopis."

Black, white, blood red and a reddish maroon are dominant colours in traditional Pachedis, though over the years the artisans have started to add more colours inspired by nature.

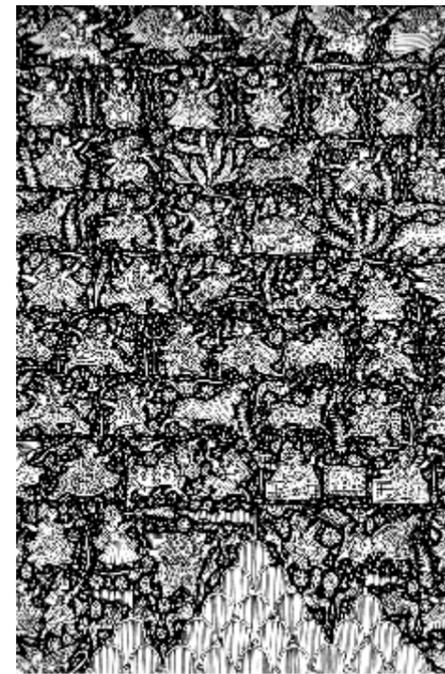
The master craftsman Manubhai explains, "The reddish maroon signifies the colour of mother earth and black repels evil spirits, while the white of the cloth signifies purity and spiritual contact. Gradually, other colours from nature were added and today, as the Mata ni Pachedi is often made as a wall decoration cloth, it could boast of a larger palette of colours."

The labour involved with intricately painting the Kalamkari Mata ni Pachedi and Mata ni Chadarvo make them expensive, compared to the ones made using mud-blocks, which can produce multiple copies for sale. Gradually, artisans started opting for more durable wooden blocks, carved at Pethapur near Gandhinagar (Gujarat's capital), which can be used continually for production.

"The block printed Mata ni Pachedi sell for just Rs 500 to Rs 1000, while the hand-painted ones sell for Rs 30,000 or more. This puts the Kalamkari tradition in danger in Gujarat," observes Sanjay.

The Chitara family, he says, earn their livelihood from churning out block printed ritualistic cloths, stationary, bed-sheets, table linen, wall hangings for the modern markets, and creating a few hand-painted Mata ni Pachedi cloths that are exquisitely detailed for collectors, designers, enthusiasts and others who are willing to spend Rs 15,000 to Rs 50,000 for just three or four square feet sized pieces.

"One of the largest pieces, more than 35 feet by 4 feet in area, was commissioned for a house, by interior designer Amala Shah, and her client also bought one of our national award winning pieces. It is due to our



Motifs on this traditional work of art are deities, priests offering sacrifices, narratives from epics...

expertise and artistry that I was one of the master craftsman and weaver to be selected from all over the country for the national awards in 2000," says Sanjay. His brother, Vasant won the national award in 2001 and his mother Manjuben in 2004.

Vasant chips in, recalling an incident when he went to receive his award. "The President A P J Abdul Kalam appreciated the fine work on the panel we had submitted," he says. And adds, he feels proud that his family was responsible for bringing this traditional art form of their community into the limelight.

His parents mainly focus on block printing Mata ni Pachedi in their colony in Vasna. While his brother Sanjay and his wife Kailash, Vasant and his wife Pinky live in the same house. Vasant says that they work together on the different stages of the process which goes into making each one of these paintings like preparing the fabric, making the dyes, drawing, painting and fixing.

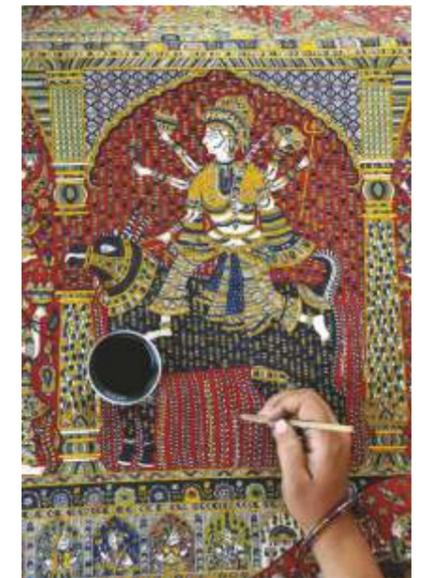
The work begins by drawing the outlines on the pictorial space of the cloth, he says. The dyes are cooked up from natural materials – madder and alum for red, henna for orange, pomegranate and mango extracts for yellow, indigo for blue, iron and



molasses for black, and so forth. Myrobalam extract, herbs, tamarind seeds, castor oil are also used in the process. The colours are bold and stark, and painted into the outlined areas. After the treatment with myrobalam and applying the alum for the red, the fabric is immersed in the flowing water of the Sabarmati River in Ahmedabad after which the other colours are applied, says Vasant.

The paintings are called Mata ni Pachedi because they depict *Mataji*, the mother goddess in her manifestations of destroying evil forces. The paintings have considerable significance for pastoral groups like the Rabari and Bharwad...

The scope of the Mata ni Pachedi has widened today. They don't just work on religious themed fabrics anymore. It has become popular with contemporary interior designers.



So, the Chitara brothers use their traditional Kalamkari handiwork and its motifs on sarees and *chaniya choli* sent to them by designers and on other materials. According to Sanjay's wife Kailash, they have painted on wooden boxes and other contemporary products using their signature themes for exhibitions. They were also commissioned to paint murals based on Mata ni Pachedi themes on house walls.

And, by extending their art form to newer materials, they are not only keeping the home fires burning but their art vibrantly alive as well. ■

# Mammogram Matters

**Dr P Raghu Ram** answers a wide range of questions on an integral part of breast cancer screening – the mammogram



Dr P Raghu Ram

## *What is a mammogram?*

A mammogram (an X-ray of the breast) is done on someone who has felt a breast lump or a change in the breast. A clinical breast examination, a mammogram and a breast ultrasound will help to rule out a problem in the breast.

## *Doctor...I cannot feel a lump, why should I screen my breast?*

A mammogram is conducted to detect breast cancer in the impalpable stage when neither the lady nor the doctor can feel a lump in the breast. That is a “screening mammogram” and has to be done once every year after 40.

Mammography is an effective proven way of detecting breast cancer many years before it shows up. Catching it early offers better chances of survival.

## *Is breast cancer screening effective in all age groups?*

While it is important for women of all ages to be ‘breast aware’, breast screening is effective only in women over 40 years.

## *Is it safe to have a mammogram? Does it cause radiation hazard?*

It is safe to have a mammogram. It involves a tiny dose of radiation – the risk to health from this is insignificant. The radiation dose delivered during mammography is the same as receiving a dental X-ray.

## *Is mammography painful?*

While mammography may cause momentary discomfort, it should not be painful if it is done by a properly trained radiographer. With digital mammography, the discomfort is even less.

## *What is the difference between a conventional mammogram and a digital one?*

A full-field digital mammography is a new revolutionary method in which an image of the breast can be produced in about five seconds (compared to four to five minutes with a traditional mammogram).

This new technique is more effective than standard mammography in showing up early subtle breast cancer changes and is useful in younger women with dense breasts.

Other advantages are less discomfort, negligible radiation exposure compared to conventional mammograms and is more accurate.

Moreover, with telemedicine facilities today, digital images can be sent anywhere across the world for a second opinion. As the machine is extremely expensive, the full-field digital mammography is not widely available in India.

KIMS-USHALAKSHMI Centre for Breast Diseases in Hyderabad is the first centre in south India to have acquired the full-field digital mammography, thus revolutionising early detection of breast cancer in this region.

## *Is mammography 100 per cent accurate in detecting breast cancer?*

Mammograms are the most efficient way of detecting breast cancer early. However, the accuracy of a mammography is about 85 per cent. The reasons are:

- Some cancers are difficult to see on the mammogram
- The person reading the mammogram can miss the cancer (this happens occasionally, no matter how experienced the reader is)

## *What is the role of a breast MRI?*

A breast MRI is not recommended for a routine breast screening. It is useful under certain circumstances:

- For women with breast implants as the accuracy of mammography and ultrasound is limited by the presence of implants
- For a woman with lobular breast cancer (a specific type of cancer) especially while planning breast conserving surgery
- After previous breast cancer surgery when there is an ambiguity in the mammogram and ultrasound results
- When someone has confirmed cancer in the lymph nodes in the armpit and routine mammography and ultrasound has failed to demonstrate a primary cancer in the breast
- In young women with a high risk of developing breast cancer, MRI may be considered as an option for breast screening