

# PINK CONNECTION

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UBF

## The Jagdish and Kamla Mittal Museum

A Repository of Rare Indian Art



"There is no need for melodrama,"  
actress **Gautami** on fighting cancer

**Dr Sudha Sinha**  
Saving children with cancer

# BEHIND The Scenes

Back at high school, we had a standard question for our teacher in the moral science class, year after year. We would ask the teacher, an unsuspecting nun, why, if god was so loving and kind he would inflict disease and suffering on people, especially children. Beyond saying what an intelligent and thought-provoking question it was, the nun had no answer.

This question was posed only to show how clever we were and impress our classmates. But, I realise as I get older that some form of suffering is inevitable in life, a question which prompted a young Siddhartha (Buddha) to leave home to seek life's answers. Indeed, if there is a god, and he is all merciful and all loving, why would he inflict suffering in the form of cancer, especially to young children whose scorecard is still blank?

Is it their past karma or is it the deeds of their forefathers? Or, is it that in reality there is no god and life just follows rhythmic cycles, much like tsunamis?

In this quarter of the *Pink* newsletter, we have a story on a hospital for children afflicted with cancers. It left both our writer and photographer wrung emotionally. However, it is doctors like Dr Sudha Sinha or Dr Raghuram, who remain the beacons of hope for those with cancer that does not discriminate between the poor or the rich or the young or old.

I presume doctors like philosophers or arrogant schoolgirls do not ask too many questions. They have learnt to live with them and quietly deal with it.

**Ratna Rao Shekar**



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### EDITOR

Ratna Rao Shekar

### CONTRIBUTORS

Minal Khona

Lakshmi Prabhala

### 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](http://www.ubf.org.in)



## “I battled cancer with my mind!”

**Gautami Tadimalla** was a popular south Indian actress who gave up acting two decades ago. Among the many things she had to battle in the intervening years were a divorce, the loss of parents, and diagnosis of breast cancer. But cancer did not freak her out, and she says there was no time for melodrama. Instead she placed faith in her doctors, and her live-in partner, the actor Kamal Haasan was a complete support.

She takes time off from shooting for her come-back film to talk to **Kavitha S** in Chennai about how she survived cancer.

*She's tall, slim and supremely confident. In a fashionable, coral coloured shirt and trousers, the attractive south Indian actress, television host and costume designer Gautami Tadimalla is the picture of poise. There's a titter in the chic café at Chamiers in Chennai when she walks in chatting on her cell phone. However, nobody accosts her for autographs or interrupts us during the course of our conversation.*

*Her schedule seems packed. Shooting for the Tamil remake of the superhit Malayalam film Drishyam in Kerala and other places, she was in the city to be by the side of her aunt who is undergoing surgery. A celebrated actress of the 80s and 90s in south cinema, Gautami, whose debut Tamil film was with none other than with superstar Rajnikanth, disappeared from the silver screen after her marriage. After a long spell of 19 years she is back in front of the camera to play the lead role in Drishyam opposite her live-in partner, the well-known Kamal Haasan.*

*She was briefly married to an industrialist Sandeep Bhatia with whom she has a daughter. After her divorce, and at the age of 35, Gautami discovered she had breast cancer. She fought it and emerged triumphant and now fifteen years later, the actress who is in a live-in relationship with actor Kamal Haasan, never shies away from talking about her tryst with breast cancer. In a candid interview with Pink Connexion, she does not mince words as she says that battling cancer has largely to do with your attitude — it is a battle you conquer with your mind.*



There is a time when life hits you on all fronts and the world crumbles around you. Your confidence is shattered, your self-esteem at its lowest. A lot of strength and will-power is required to pick oneself up and fight. That's what Gautami did.

Fifteen years ago, at 35, Gautami was going through an extremely stressful period in her life. She was coping with a divorce and the death of her father and mother in quick succession. Narrating the circumstances under which she discovered her breast cancer, Gautami recalls, "I was going through a lot of trauma during that time. I had a divorce and I lost my parents." During that time, another calamity struck. In the normal course of a self-examination, she found a lump in her breast.

Born to a doctor couple, Gautami does not think it unusual that she regularly examined her body for abnormalities. "It is basic common sense", she says on what prompted her to examine herself for breast cancer. "I found it myself with a breast examination, and went to the doctor and he did a mammogram and an FNAC (fine-needle aspiration cytology, a diagnostic procedure used to investigate lumps or masses under the skin)," she replies matter-of-factly. Knowing the prognosis was not severe

and the tumour was still at the early stages and treatable, she decided to take a practical and no-nonsense approach to her illness.

"I did not freak out. I knew I had to reserve the energy for facing chemotherapy and treatment. Emotions tend to dissipate energy and makes your body weaker and shatters the people around you," she points out. It gives me no pleasure to see my loved ones scared, anxious and crying, she says, adding that getting emotional is "melodramatic".

"We have enough of melodrama on screen, it is not necessary in real life. We are not selling tickets here for anything."

Actually, Gautami admits that she had no choice. She had a five-year-old daughter to be worried about. "In a way, it is true what they say about good things coming out of bad things. I had gone through so much trauma by then in my personal life; I had lost focus of my larger vision. I got into that continuous state of mind where you start handling only immediate issues and emergencies. You forget to look at the larger picture."

When she got breast cancer, Gautami was jolted out of her passivity. "It is then I realised I should not get bogged down. I learnt to appreciate the moments in my life. I did a lot of introspection, and figured out my strengths and weaknesses. Knowing I had breast cancer taught me to prioritise and where to ride with my strengths," she reveals.

Prone to self-analysis, she was able to figure out how she should react to this situation. There was no looking back, once she took charge of her mind and admitted responsibility for her body.

Most importantly, her family closed around her like a fortress. "I did not have to look outside. There was Kamal, my daughter and both my aunts. They stood by me like a rock and I just had to focus on getting through this period," she says. And if you point out that she was lucky to have them in her life, she turns around quickly to say – "You are going to have the people in your life that you work to keep in your life. If I don't give that

"Prioritise – keep that as a beacon in front of you. Certainly, there are days when you feel really tired, you are having a difficult time and there is discomfort. Give yourself little milestones – I'm done with this – go on to the next step – move forward one inch at a time," she advises

“Most importantly,” she says, “I battled cancer with my mind. That is the way to handle it. People are making a mistake if they think this is a physical fight. That is just one aspect of it. We are not handling the core of the problem if we are not handling the emotional aspect”

love and respect to my aunt or anybody in my life why should they be there? You give love, you get back love.”

Reposing complete faith in her doctors, Gautami read minimal information about breast cancer on the internet. “I read only from credited strong sources like Mayo Clinic about breast cancer. And, I surrendered to my doctors. I did not worry or look elsewhere, they were wonderful,” she says. There was medical oncologist Dr Ramesh Nimmagadda, her gynaecologist Geeta Arjun and her surgeon Dr Hemanth Raj, and a radiation therapy team.

Her treatment was a standard one – there was surgery, chemotherapy and radiation. How did she handle chemotherapy which is regarded with fear by everyone? She was apprehensive at first, she admits. But Gautami steeled herself by underplaying the effects of retching and hair loss.

“It is not pleasant to keep vomiting but it is not the end of the world. Your hair falls but it grows back eventually. There is no set rule about chemo and radiation. Everyone’s body reacts differently. I had

nausea and hair loss. But another lady who was with me at the time undergoing treatment did not lose her hair nor had nausea. She led a normal life and many people did not even know she had cancer,” she recounts. Gautami had six cycles of chemotherapy with three weeks in between and the entire treatment took six months.

It is a well-documented fact that Kamal Haasan filmed the process from the diagnosis to her final treatment day. It is every filmmaker’s first instinct to document anything important which happens around them, she points out. “Having breast cancer is one of the critical events in a human being’s life and one’s first instinct is to record it.”

Her immediate advice to people battling cancer is to – stay focused on your priorities. “Prioritise – keep that as a beacon in front of you. Certainly, there are days when you feel really tired, you are having a difficult time and there is discomfort. Give yourself little milestones – I’m done with this – go on to the next step – move forward one inch at a time,” she advises.

For Gautami it was a time when she realised she had to take charge of herself.

“You have to assume responsibility for your body and take control in your mind. That helps to fight the cancer as much as it can,” she says. It is true many believe cancer can be fought with a positive mind.

Gautami, who has no family history of cancer, strongly believes the Big C is a lifestyle disease. Any layperson knows that anything toxic you put in your body is bound to react negatively. She blames food and the excess stress levels we face in life today. Stress is a big contributor to diseases like cancer, she says. “Every thought and emotion has a direct physiological result in our body. If the body is constantly in a state of stress there is an effect at the molecular and cellular level for sure,” she points out.

Gautami, who has a lovely clear complexion, believes one has to eat healthy, and work yoga into our daily life at least for 20 minutes a day to stay

healthy. “Deep breathing and pranayama is a good idea”, she says. However, Gautami is a big believer in eating right. A vegan, she eats small frequent meals. She steers clear of processed or packaged food completely.

“Nothing that can come out of a packet, especially items like instant noodles can be good for you,” she says, “unless they are nitrite or sulphate free.”

If you don’t know where the meat is coming from, don’t touch it, she says. She avoids the highly “toxic” white sugar and synthesised salts. She does not take energy boosters either. “If you want to balance the electrolytes in your body, just squeeze a lemon and add water, sugar and salt and drink it up,” she says simply.

Gautami urges everyone to test themselves regularly. “The worst thing we can do is to pretend that it cannot happen to us. I meet many people who say oh my god, I don’t want to know. It irritates me sometimes that people don’t want to get tested for cancer because they are scared of losing their hair. I can understand fear of procedure, fear of pain but worrying about their falling hair, that is shallow,” she says.

After all these years, Gautami seems content with herself and in control. “You have to re-evaluate your relationship with yourself. You need to rethink your approach to life, what kind of human being you want to be and work towards that,” she advises. “Most importantly,” she says, “I battled cancer with my mind. That is the way to handle it. People are making a mistake if they think this is a physical fight. That is just one aspect of it. We are not handling the core of the problem if we are not handling the emotional aspect.”

“Frankly, the goal of any human being should be is to make sure that their death is painless, comfortable and as happy as can be. The people you leave behind should be strengthened and feel good that you had been in their lives,” she says.

Indeed, that is a good thought to pass on. ■

# Dr Sudha Sinha

## Giving children a fighting chance

**Dr Sudha Sinha**, a medical oncologist has one of the toughest jobs in the world – of treating children suffering from cancer. Though, India boasts of high success rates in children’s cancer cure there are many who lose the battle because of poverty, lack of detection and timely treatment.

In a freewheeling conversation with **Minal Khona**, the oncologist talks about childhood influences, and how she came to work for children with cancer and her goal to save the life of every child with cancer as best as she can.

Photographs: Lakshmi Prabhala



She has an easygoing and cheerful demeanour which might not fit one’s stereotype image of an oncologist. But, Dr Sudha Sinha is a medical oncologist who specialises in treating children with cancer and her life’s mission is to save the lives of her ‘little’ patients at any cost.

Dr Sudha Sinha is the daughter of Dr Shanta Sinha, the first chairperson of the National Commission for Protection of Child Rights and a Ramon Magsaysay and Padma Shri awardee. It is but natural to assume that she must have been influenced by her illustrious mother. However, Dr Sudha reveals that besides her mother there were others in her family who shaped her mind as she grew up.

She had a “happy childhood” living with her sister in her maternal grandparents’ home after her father died early on in her life. They spent their childhood amidst a large family comprising 30 members, which included a paternal grandfather who was a freedom fighter and a politically active feminist grandmother. “My mother was not the major influence in my life,” she reveals.

Her mother’s father was a chartered accountant and her *naani* ran a 50-member household. Her *naani* believed that the girls should have a career. There was Dr Sudha’s



She had not planned to concentrate on treating children with cancer. “My training was in adult oncology. However, when I joined MNJ, there were two oncologists who left six months after I joined. I was the only medical oncologist the hospital had and I quickly realised most of the patients were children,” she explains.

According to Dr Sudha, the success rate of children with cancer who get cured the world over stands at 90 per cent. The most common form of cancer that afflicts children is blood cancer and being children they respond well to treatment and recover.

Talking about her experiences treating children with cancer, Dr Sudha narrates, “I responded first as a mother, then as a doctor. I wondered what the parents must be going through. They had little counselling and I was curious about how they were coping. Some didn’t even know it was curable if detected early enough. I could see the parents’ agony more than the child’s suffering.”

Dr Sudha admits negative thoughts can pull you down. Sometimes she is plagued by the thought that she has not done enough to save a child. “I have cried myself to sleep on occasions when I am not able to save the child’s life. But when I am at work the next day, I don’t allow myself to think about it and focus on trying to cure the children who are still alive,” she says.

She adds passionately, “For every child I save, there are a thousand I cannot even reach. And when the children come for treatment, they are unaware of cancer. They smile so beautifully, do their kid stuff, blissfully ignorant whether they will get better or not. There are two things I live by – the day I have to compromise in the quality of my work or how much I am giving of myself to my work; if I get frustrated and cynical with the system – it will be time for me to leave. There is no room for these feelings at a government hospital. I have to do my best to save every child and ensure they complete the three-year treatment programme.”

grandaunt Dr Krishnaveni, a retired superintendent of Gandhi Hospital and a firm believer in government hospitals and their role in serving the poor.

Dr Sudha says, “I probably picked that up from her. I always wanted to work in a government hospital because I could reach out to more patients and improve the system in my own way.”

Though Dr Sudha’s mother travelled extensively as an activist fighting against child labour, the sisters did not lack for anything because of the extended family support. As children, her sister and she, Dr Sudha recalls, did not want to be like their mother when they grew up.

“I guess, it was because she was away a lot and somewhere we might have resented that. But, when I had to leave my first born here for six months when I went abroad for my studies, I realised how hard it must have been for her to leave us too. Today, as an adult, I respect the sacrifices she must have made,” Dr Sudha says.

Growing up in a family of doctors, Sudha knew early on she wanted to be a doctor. “I always wanted to be an oncologist, I never thought of anything else,” she asserts. After graduating from Gandhi Medical College in Hyderabad, she went on to do her MD in medicine from New Jersey and her DM in haematology and oncology

from Boston. Settling in the US was never a choice, she says.

Keen to work in a government hospital, she bagged a job at the MNJ Institute of Oncology and Regional Cancer Centre.

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**“For every child I save, there are a thousand I cannot even reach. And, when the children come for treatment, they are unaware of what they are going through”**

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Started in 1995, the Centre is part of the Niloufer Hospital complex, which was established in 1953. It was inaugurated by Princess Niloufer, the wife of Prince Moazzam Jah, the second son of the Seventh Nizam, the last of the Asaf Jah rulers.

At first, Dr Sudha was ambitious like any other young professional. She recalls, “I was ambitious in the traditional sense, I wanted to be the best. That definition has changed over the last seven to eight years working at the MNJ Institute. Today, when I see little children just struggling to be alive, parents mortgaging everything they have in the hope their child will live, all I want is to save as many lives as I can.”

The most difficult part of the good doctor's job is telling the parents their child will not get better. And worse, telling the child himself. She says, "No matter what defense barriers one puts up, I find it extremely difficult to tell a twelve or a 13-year-old child that he or she is not going to get better. They understand what death means. Finally, I just don't do it at all. One has to be sensitive and in such cases, I focus on giving the child the best possible care at all times."

The trusting and smiling faces of the children around her help her to tide over difficult times. "I draw strength from them," she says.

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**"The success rate of children with cancer who get cured the world over stands at 90 per cent. The most common form of cancer that attacks children is blood cancer and being children they respond well to treatment and recover"**

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There is a common belief that when someone wants something badly enough, the universe steps in to help. Perhaps, that is why Dr Sudha's complete dedication has led to positive changes at the hospital. When she joined the hospital just a handful of children completed the treatment programme. "When I joined, we could save just one per cent of the children. Today, 80 per cent complete the treatment and 40-45 per cent are fully cured," she says.

Dr Sudha along with her sister, cousin and her friend started an NGO called Impact. She asked the hospital if they could utilise a section to make a 14-bed ward for children with cancer. "The hospital management loved the idea and we got the required permissions. Impact helped with funds for nurses, beds, counsellors etc. Hyderabad was generous and a lot of people came forward to help," she says.



However, the number of patients increased with time. Luckily, Natco Pharma stepped forward and set up a 40-bed ward at the right time. "It was providential because we had 48 children in a 14-bed ward at that time," she points out.

Further, Dr Sudha plans to set up a residential space for children with cancer to be with their parents similar to the international Ronald McDonald Centre. The hospital has provided land about half a kilometre from the main building. "The residential centre will help the parents coming from distant villages," reasons the doctor.

The family also faces tremendous strain when a child has cancer. Points out Dr Sudha, "It takes a terrible toll on the family. It strains the parents' marriage, their resources and often there is a healthy child to care for too. I have met parents who have sold everything to pay for their child's treatment. This centre will make it slightly easier on them," I believe.

Her suggestion for an in-house lab to conduct blood tests was accepted by the hospital which has invested money to buy the required equipment. This will help families from running helter-skelter to conduct the tests.

"I want people to consider MNJ as a worthy option for treatment and not

just as a last resort. People should know that cancer treatment does not have to be expensive," she says.

Incidentally, it is the harsh realities at her work that drive home the importance of 'family' to Dr Sudha. This mother of three, her youngest is just eight-years-old, says, "It is vital to have a work-life balance because the family is important. When I see terminally-ill patients, it is their families who stand by them. For this reason, I don't work long hours like my peers."

Her schedule is clearly chalked out – she works from 9am to 4 pm at the MNJ Institute six days a week and consults at Continental Hospital for an hour a day. "I spend time with my children and take leave liberally during their exams and when we go on holidays," she says.

The doctor's singular goal in life remains to improve the quality of treatment and keep saving as many lives as possible. She does not seek recognition neither is she keen on garnering degrees and writing papers.

In her own words – "I just want to treat as many patients as I can, and constantly improve the quality of treatment we offer. And yes, save as many lives as I can." And, we wish her luck in this worthy endeavour. ■

# The Angelina Jolie Effect:

## are we creating a scare among the 'worried well'?



Since the high-profile actor Angelina Jolie went public with the genetic testing she did for detecting breast cancer, more and more women in India and abroad, want to undergo genetic testing.

**Dr P Raghuram**, the well-known breast cancer surgeon asks pertinently – are we creating a scare among the 'worried well'?

**A**s a doctor, one must always remember an important component of the Hippocratic Oath - *Primum non nocere* – 'do not harm'. Angelina Jolie is a celebrity and her brave decision to go public with her treatment received extensive media coverage the world over in 2013. This has surely helped raise awareness about genetic testing for breast cancer. However, there is a fine line between advocacy and creating a scare. The 'media effect' has increased tremendous anxiety among the vast majority of 'worried well', who are not at an increased risk for genetically induced breast cancer.

In the past fourteen months, since Angelina announced to the world her

'brave decision', there has been an unprecedented number of friends and patients asking me if it is a good idea to do the genetic test 'just in case'. A number of women with an average risk (i.e. one member of the family affected with breast cancer over the age of 40) are going in for genetic testing, which is unnecessary and can cause needless alarm. The women in the 'average risk' category are the most misguided because they might venture to take the test without adequate genetic counseling. Indeed, in the recent past, I have received the maximum enquiries from this group of women, whose risk of developing breast cancer is the same as the rest of the population.

Only 5-10 per cent of breast cancers are likely to carry the faulty gene/s (BRCA1 and BRCA2). Women who test positive to these faulty genes have a significant risk in their lifetime of getting breast cancer. Not everyone who has BRCA positivity gets breast cancer however. The test should *only be considered* when there is a significant family history of breast cancer or if they are in the high-risk group.

Significant family history of breast cancer includes for (high-risk group)

- One or more close relatives who have had breast cancer before the age of 40
- Two or more close relatives who have had breast cancer at any age
- Close relatives who have had breast cancer and others who have had ovarian cancer
- One close relative who has had breast cancer in both breasts (bilateral) or who has had breast and ovarian cancer
- Male relative who's had breast cancer
- An ethnic background where faulty breast cancer genes are more common – for example, people with Ashkenazi Jewish ancestry

The genetic test is a simple blood test (though it is quite expensive – around Rs 50, 000). If the blood test is positive, the lifetime risk of developing breast cancer and ovarian cancer is extremely high (50–85 per cent for breast cancer and 15-45 per cent for ovarian cancer).

Although surgery by way of removal of both the breasts (bilateral mastectomy) and ovaries plus fallopian tubes (bilateral salpingo-oophorectomy) before the natural menopause has shown to reduce the risk of breast and ovarian cancer, there are other well-established non-surgical options. If surgery is offered, there must be expertise to perform oncoplastic breast reconstruction during the same sitting (immediate breast reconstruction).

The two non-surgical options include taking a drug, Tamoxifen (this drug has been long used to treat hormone receptor positive breast cancer) for five years with close monitoring. In a country like India, where breast cancer genetic clinics and centres undertaking risk reducing surgeries are few and far between, close monitoring is perhaps the most valid option. This option does not prevent breast cancer but helps detect breast cancer early. It involves a MRI of the breasts combined with bilateral mammograms, alternating each test every six months from the age of 25 or 10 years, earlier than the age at which the cancer was diagnosed in the family's youngest member.

In light of the recent 'Angelina effect', the 'emotional drive' to get the test done 'just in case' should be resisted as the decision made in a rush can have far-reaching, irreversible effects not just upon the individual taking the test but the entire family.

Whatever the risk, a healthy diet and regular exercise can minimise the chance of developing breast cancer. As breast cancer cannot be prevented, it is prudent to be 'breast aware' to ensure early detection, which is THE only way to fight breast cancer. ■



# Jagdish

## Portrait of an art collector

Stuart Welch, Curator Emeritus at the Harvard University Art Museums, describes the Jagdish and Kamla Mittal Museum as a soul-enhancing temple of artistic joy and an aesthetic microcosm of Indian art from ancient times to 2000 AD. It is a matter of pride that the couple Jagdish and the late Kamlaji chose Hyderabad as their home and set up a museum of their rare artefacts in the city.

Text and photographs:  
**Lakshmi Prabhala**

Photographs of artefacts, courtesy The Jagdish and Kamla Mittal Museum, Hyderabad

**10** Celebrities like Jacqueline Kennedy Onassis, Francois Gilot (wife of Pablo Picasso) and internationally renowned art aficionados, collectors, and scholars make it a point to drop in at the Jagdish and Kamla Mittal Museum of Indian Art whenever they visit Hyderabad. But this is not surprising because no other museum in India boasts of such a valuable collection of Indian art. Tucked away in a quiet, residential area in the heart of the city, the museum is home to a priceless

collection of paintings, drawings, metalware, wood-carvings, ivory and jade objects dating back from the first century BC to 1900 AD.

This unique collection of Indian art has been put together with love, commitment and dedication by Jagdish Mittal and his late wife, Kamla Mittal. Gifted with a discerning eye and impeccable taste, the couple has indeed curated a valuable collection of Indian art. In 1976, they created a public trust called the Jagdish and Kamla Mittal Museum of Indian Art

and pledged their collection to this trust. Even after 35 years, the museum remains without a building but Mittalji, as he is fondly known, welcomes art enthusiasts to his home with a prior appointment. He is happy to show artefacts and share his insights on art, the history and the stories behind how he procured some of them in his collection.

At the Gagan Mahal Road, you can easily mistake the museum building for a middle-class home; it is devoid of any ostentation. In the absence of the

# Mittal:



Drunken musicians - Pahari Style, Chamba or Jammu, century 1730

Is aesthetic sense a faculty one is born with or is it acquired through training and practice? Mittalji says, "Some people develop the faculty and for others, it is in their genes. It is like a natural instinctive reaction, for example, when you see a landscape at a hill station you are awestruck and admire it for a few minutes. It is the same with good art. Everyone hears a bird singing, but only those with a receptive mind can listen"

panel displaying the museum's name, it is quite likely, you can drive past it and miss it altogether. When I meet him, the world-renowned art collector, Jagdish Mittal is seated behind a desk filled with stacks of books and letters. Attired in a simple cotton kurta, he creates the impression of being an austere man focused on his work. For a person, who has recently turned 90 years, the enthusiasm and spirit he displays while introducing his artefacts or when he is meeting visitors is commendable.

After the initial introductions, we move to an inner sanctum and he takes a seat on his diwan. Books are neatly arranged in shelves all around the room. And, it seems as if he has assimilated all the knowledge of these books, as he is a veritable storehouse of information on Indian art and aesthetics. Holding a statue of Vishnu with great care, he explains, "This is a Chalukyan bronze, which is extremely rare when compared to the Chola bronzes. It is quite possible, for every thousand Chola bronzes there is just one Chalukyan bronze."

Most art schools in India were started by the British in the late 19th century. In the early 20th century, the artists in Kolkata and Shantiniketan were inspired by traditional art forms and in time, it became an influential art movement popularly called, the Bengal School of Art. It was during this period in 1945, under the aegis of well-known artists like Nandalal Bose, Benodebehari Mukherjee and Ram Kinker Baij that Mittalji received formal training in art at Shantiniketan.



A spherical bidri huqqa inlaid with silver and brass - Bidar, Deccan, century 1675

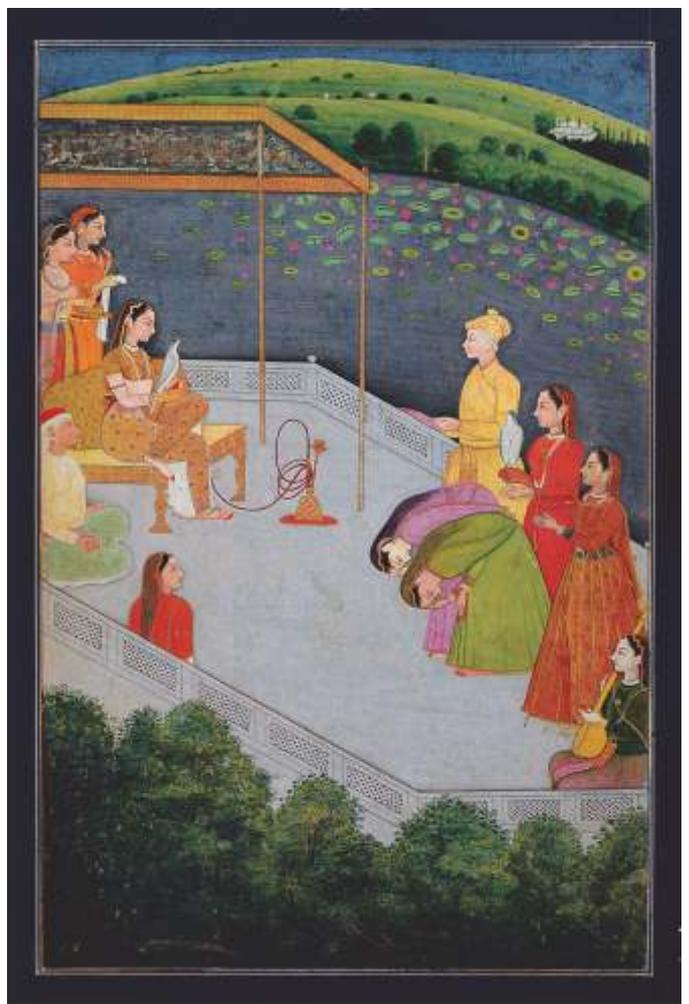
However, Mittalji's interest in art was sparked many years before Shantiniketan. When he was just six-years-old, his father was transferred to Gorakhpur. "Near our house craftsmen used to work. I would make it a point to leave for school half an hour early every day to observe the potters, weavers and terracotta workers in action," he recalls chuckling. Watching the kite makers inspired him to make his own kites and he was charmed by the simplicity, intuitively understanding the play of colours and composition.

In his school days, he was entranced by a beautiful colour print in his sixth grade history textbook. He reminisces, "I remember, the history book had a beautiful colour print of two birds. Somehow, I procured the book and discovered later that the painting was from a Dara Shikoh album". Dara Shikoh, the son of Shah Jahan, was a great painter and had presented an album of paintings to his wife. Currently, the original painting is in the British Museum.

When his family moved to Dehradun, Jagdish Mittal started to learn painting at a *chitrashaala*. Since his father was an engineer, he was under pressure to pursue engineering or ICS but these streams did not interest him. Instead, he preferred to spend time watching artists at work. He had the opportunity to learn from artists like Sudhir Khastagir (art professor at Doon School, who later became principal of Lucknow College of Art and principal of Kala Bhavan, Shantiniketan) and Devi Prasad



A parrot perched on a mango tree; a ram tethered below - Deccan, Golkonda Style, century 1670



A rani on a terrace presented with falcons is attributed to Nainsukh - Pahari Style, Guler style, century 1746-48

Gupta, one of the finest stone pottery makers of the country, who studied in Shantiniketan.

After completing his intermediate exams at Dehra Dun, on Devi Prasad Gupta's advice, he wrote a postcard to Nandlal Bose, then principal of Kala Bhavan, Shantiniketan seeking admission to the four-year diploma course in art in 1945. At Shantiniketan, Mittalji met Kamla Gupta, who was also a student of art, whom he later married. After completing his studies, Mittalji worked as the director of art at Buri Singh Museum in Chamba, Himachal Pradesh. In a region rich with works of art in the miniature style, he met the descendants of 17th century Pahari artists and learnt colour techniques from them.

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In 1951, the couple visited Hyderabad to attend an exhibition by Badri Vishal Pittie at Raja Pratap Gir's palace and decided to make the city their home. Initially, Mittalji worked as an art editor for a monthly art publication *Kalpana*, and also did illustrations and designed posters. In 1960, he gradually began to focus on reading and writing about art.

Applying his keen aesthetic sense, he became involved in collecting as well as preserving these ancient art objects.

Is aesthetic sense a faculty one is born with or is it acquired through training and practice? Mittalji says, "Some people develop the faculty and for others, it is in their genes. It is like a natural instinctive reaction, for example, when you see a landscape at a hill station you are awestruck and admire it for a few minutes. It is the same with good art. Everyone hears a bird singing, but only those with a receptive mind can listen. My wife Kamlaji, was the daughter of a landlord but she trained in art in Shantiniketan. Very often, we shared the same judgement on a particular piece."

In 1968, as a member of a delegation on a museum tour to Germany, Mittalji noticed even small museums there were well maintained. It was during that trip he realised the importance of preserving the repository of artefacts he had collected. In March 1976, along with his late wife Kamla, Mittalji established the Jagdish and Kamla

Mittal Museum of Indian Art and gifted their entire collection to the museum.

The collection is a valuable record of the history of traditional Indian arts and crafts. It includes the paintings of various schools like Mughal, Rajasthani, Deccani, Pahari, drawings, bronzes, metalware in silver, bidri and brass, terracotta, wood-carvings, ivory and jade objects textiles, scroll paintings, embroidered pieces (kantha), telia rumals (style of weaving from Andhra Pradesh).

All the artefacts are well-catalogued and carefully preserved. They are housed in vaults at home as the museum is yet to have a permanent edifice. Both Jagdish and Kamla Mittal have spent a great deal of time and effort to learn conservation techniques, and personally take care of each of the objects. Often times you can see him looking at a bronze or a bidri lovingly as if they were his favourite children! These priceless artefacts have been featured in several exhibitions, and their reproductions have appeared in several books on art.

It is not surprising because no other museum in India boasts of such a valuable collection of Indian art. Tucked away in a quiet, residential area in the heart of the city, the museum is home to a priceless collection of paintings, drawings, metalware, wood-carvings, ivory and jade objects dating back from the first century BC to 1900 AD



Vishnu bronze, flanked by Sridevi and Bhudevi – Warangal district, later western Chalukyan style, 10th century

The Shrishti Art Gallery in Hyderabad had recently organised a three-day exhibition to honour Jagdish Mittal, showcasing his life, his collection and his association with India's foremost artists. Besides, in April next year, an exhibition curated by Navina Haider titled, *Art of the Deccan Sultans - 1500-1750 AD* will be held at The Metropolitan Museum of Art, where rare pieces from the Mittals collection on Deccani art will be loaned.

The trust has also published a number of books on the indigenous art forms in the country showcasing many of the rare and valuable works in their collection. The titles they have published include *Sublime Delight Through Works of Art, Bidriware and Damascene Works, Deccani Scroll Paintings, Pahari Drawings, Mughal Paintings, Drawings and Islamic Calligraphy, Pahari Paintings*. Shortly, a book on the rare and lesser known Tirupati paintings will be released as well.

The Jagdish and Kamla Mittal Museum of Indian Art is a haven for artists, research scholars, scientists and connoisseurs of art. In the foreword to the book, *Sublime Delight Through Works of Art*, Stuart Welch, Curator Emeritus at the Harvard University Art Museums, describes the Jagdish and Kamla Mittal Museum as a 'soul-enhancing temple of artistic joy' and a greatly effective aesthetic microcosm of Indian art from ancient times through 2000 AD.

One of the samples is an intricately crafted silver wine flask with floral and animal motifs, which belonged to the Shah Jahan period. He also shows a bidri *huqqa* with silver and brass inlay. Modern day bidriware seem to have a much darker shade of black unlike the earlier specimens. "Quality is deteriorating in all arts – unless they are done with the seriousness and the skill of their ancestors, the appeal will not be there. When you start creating art with only commerce in mind, aesthetic excellence is compromised," he exclaims. However, he also acknowledges diminishing patronage as a significant reason for decreasing quality.



Wine flask with intricate animals, birds and floral motifs – north India, mid-17th century

One cannot help but wonder if he has any favourites in his vast collection. Mittalji chuckles and replies, "I am like a parent to all these artefacts and show no partiality. All have been picked after a great amount of careful consideration".

In 1951, when Mittalji had just moved to Hyderabad, he purchased two pieces of bidriware for Rs 10 from a wayside vendor without much knowledge. He was told they were bidri pieces and that set him to research more about the art form, so much so that he went on to author and publish one of the best books on bidriware.

It is difficult to imagine the wealth of experiential knowledge that the Mittals have acquired, discovering new artefacts and researching various art forms and their origins. Over the years, both Jagdish Mittal and his late wife, Kamla have shared their treasure trove with visitors, friends, art students and connoisseurs in the form of the museum and books. If not for the efforts of one man and his wife, there will be a great void in the field of Indian art. Any visitor to the museum will certainly vouch for the enormity of their contribution, and agree there is a greater joy in experiencing the works with the master himself. ■

# UBF Diary



## Pink Connexion Launch, Nellore

Mr Venkaiah Naidu, the Union Minister for Urban Development and Parliamentary Affairs formally launched *Pink Connexion* – India’s first dedicated quarterly breast health newsletter on August 24.

Mr Chandrababu Naidu, Chief Minister, Andhra Pradesh had also inaugurated the state’s first large-scale population based breast cancer screening programme on the same day in Nellore.

## Pink Ribbon Walk 2014: Walking the Breast Cancer Talk, Hyderabad

The slogan “Does your heart beat for the early detection of breast cancer” seemed to have struck a chord in the heart of Hyderabadis, as an unprecedented crowd of over 3,000 gathered to participate in the sixth edition of the 2 kms Pink Ribbon Walk on October 12. It was organised by UBF and KIMS-Ushalakshmi Centre for Breast Diseases along with The Association of Breast Surgeons of India.

The walk, initiated by UBF in 2009, was flagged off by a 22-year-old breast cancer conqueror. The chief guest at this walk was Mrs K. Kavitha, MP while actor Rana Daggubati, who has agreed to become UBF’s patron was the special guest of honour.

Mrs Ananda Shankar Jayant along with other young breast cancer conquerors and their families, Mr Jayesh Ranjan, Mr Ramesh Prasad, Mr Parthasarathy and people from all walks of life walked the breast cancer talk.



## ABC of Breast Health

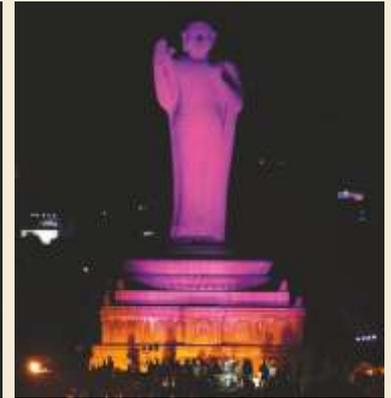
### Breast Cancer Screening Programme launch, Hyderabad

Launch of breast cancer screening programme with the Telangana Mahila Samatha Society by Mr T. Rajaiah, Minister for Health & Family Welfare and Mr.K. Padmanabhaiah, Dean Sri Chaitanya IAS Academy.



Breast cancer awareness programmes conducted at Ravindra Bharathi and the Malla Reddy Group of Institutions.

## Paint the City Pink, Hyderabad



Hyderabad's historic monuments went pink for a day when the Charminar, Buddha Statue, Ravindra Bharathi, Prasads IMAX and KIMS hospital were illuminated in pink on October 11 for the sixth consecutive year to commemorate International Breast Cancer Awareness month.

## Breast Cancer Screening Programme, Telangana



Indian sub-continent's first large-scale population based breast cancer screening programme was launched by UBF in partnership with the government of Telangana at the APARD campus, Rajender Nagar on November 5. Launched by Mr Suresh Chanda, Principal Secretary for Health and Family Welfare, Govt of Telangana and Mr Raymond Peter, Principal Secretary, Rural Development and Panchayat Raj, government of Telangana.

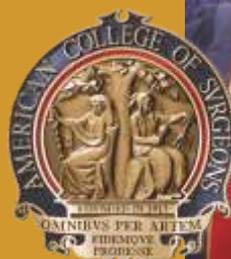
A video conference to train 40,000 healthcare workers was conducted from the secretariat.

## Congratulations!

### A major honour bestowed on our very own Dr Raghu Ram

Dr P Raghu Ram, president elect of the Association of Breast Surgeons of India and director of KIMS-Ushalakshmi Centre for Breast Diseases has been conferred a Fellowship of the American College of Surgeons on October 26 by Dr Carlos Pelligrini, the College president at a glittering 100th convocation ceremony held during the Annual Congress of American College of Surgeons at Moscone Centre in San Francisco.

The Fellowship of American College of Surgeons implies that the surgeon's education and training, professional qualifications, surgical competence, and ethical conduct have passed a rigorous evaluation, and have been found to be consistent with the high standards established and demanded by the college.



# Busting Breast Cancer Myths

Many myths abound about breast cancer detection and breast cancer itself.  
Dr P Raghuram clears a few common misconceptions

MYTH: *Breast cancer cannot be detected unless a lump is found in the breast*

FACT: Breast cancer can be detected years before a lump is felt in the breast with mammography (breast X-ray).

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MYTH: *Mammography is 100 per cent accurate in detecting breast cancer*

FACT: Mammograms are the most efficient way of detecting breast cancer early. However, just like other screening tests they are not perfect. The accuracy of mammography is around 85 per cent. The reasons are:

- Some cancers are difficult to see on mammogram
- Some cancers, even though present, cannot be spotted on the mammogram
- The person reading the mammogram can miss the cancer (This can happen occasionally, no matter how experienced the reader is)

MYTH: *Breast cancer screening is effective in all age groups*

FACT: Though it is important for women of all ages to be 'breast aware', breast screening is effective only in women over the age of 40 years. Routine breast screening for women under 40 years and without symptoms has not yet proven to be effective.

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MYTH: *Mammography is painful*

FACT: Mammography may cause momentary discomfort but it is not painful.

MYTH: *Mammography is not safe. It causes radiation hazard*

FACT: Mammography involves a tiny dose of radiation – the risk to health is insignificant. The radiation dose delivered during mammography is similar to what you receive during a dental X-ray.

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MYTH: *Breast screening prevents breast cancer*

FACT: No, breast screening only helps find breast cancer if it is already there.

## Does your heart beat for early detection of breast cancer?

UBF would be grateful for your generous contribution to the Foundation's ongoing mission to implement the country's first large-scale population based Breast Cancer Screening Programme that aims to reach some 15 lakh underprivileged women in ten districts of Telangana. Should you wish to contribute, please make the cheque payable to 'USHALAKSHMI BREAST CANCER FOUNDATION' and mail to:

**Dr. P. Raghu Ram**, CEO & Director

Ushalakshmi Breast Cancer Foundation

6-3-661/8A, Sangeeth Nagar, Somajiguda, Hyderabad - 500 082

**DONATIONS MADE TO THIS FOUNDATION QUALIFY FOR DEDUCTION UNDER SECTION 80G OF IT ACT, 1961**

