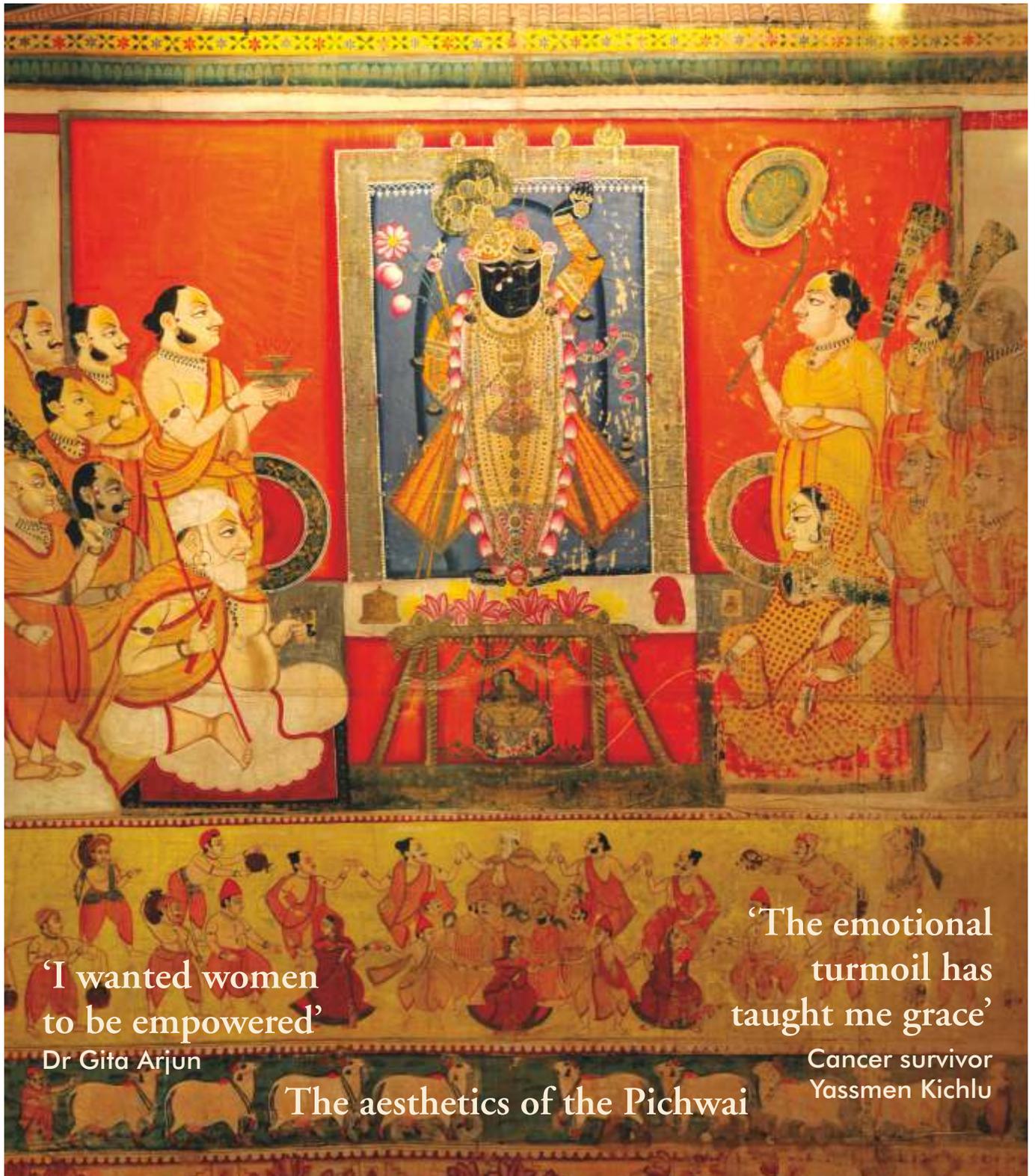


PINK CONNECTION



Volume 2 Issue 2 Nov '15-Jan '16



‘I wanted women
to be empowered’

Dr Gita Arjun

‘The emotional
turmoil has
taught me grace’

Cancer survivor
Yassmen Kichlu

The aesthetics of the Pichwai

BEHIND The Scenes

Buddhism warns us that the mind with its constant chatter and demands is like a monkey that needs to be tamed. The 'monkey mind' as they call it, has to be stilled with meditation which then allows us to see these frenetic thoughts as something apart from who we are. Restless as she is, Julia Roberts in the movie *Eat, Pray and Love*, sits for meditation but is unable to get anywhere. Stillness of the mind is not an easily achievable target. It can take a lifetime to achieve and that too by embarking on a journey of yoga, deep-breathing, meditation, incense sticks and what have you.

Yet, every time I read a woman's fight with cancer, in our own *Pink Connexion*, I am not just fascinated by their resilience, their desire to fight cancer but the mind games they play with the illness. Dancer Ananda Shankar had revealed to us how she refused to accept she had cancer and always wore the most beautiful saris (and she has many) every time she had to visit the hospital for treatment. In this issue, another cancer survivor Yassmen Kichlu confesses how she tricks the mind into well-being and happiness by giving herself a treat in the form of an adventure travel after every painful procedure or a test.

The fight with cancer, I realise from the many stories of courage I have been reading, is to fight it in the mind, whatever it has done to your body, hair and breasts. I loved those television ads recently, which features a woman, who has undergone chemo and comes to office bald and she is embraced by her colleagues who place a black dot on her face to ward off the evil eye.

The wayward mind is not just a monkey. When tamed, it can make a deaf man compose the most beautiful music or a blind man write exquisite prose. I am, of course, talking of Beethoven and Borges. And today, we also have women who fight cancer using the most important weapon in their arsenal: the mind.

Ratna Rao Shekar



Contents

- 3 **SURVIVING CANCER**
The story of a spunky woman, Yassmen Kichlu from Kolkata who fought a rare kind of cancer and found equanimity in life along the way
- 7 **MAKING A DIFFERENCE**
Obstetrician and gynaecologist Dr Gita Arjun from Chennai on her life's journey committed to the wellness of women
- 10 **UBF DIARY**
A round up of events, happenings and news at the Ushalakshmi Breast Cancer Foundation
- 12 **HERITAGE**
Amit Ambalal, a collector of the captivating pichwais describes in detail its history, the themes of this religious painting and his obsession for them
- 15 **MY VIEW**
In his column, Dr Raghuram focuses on how to detect an early form of breast cancer – Ductal Carcinoma In Situ

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PUBLISHED BY
Ushalakshmi Breast Cancer Foundation

PRINTED AT
Pragati Offset Pvt Ltd
17 Red Hills
Hyderabad - 500 004

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‘I accept and respect the disease’

Yassmen Kichlu's fight against a rare form of cancer among women – urinary bladder cancer – is a fascinating and inspiring read. It shows us how you can handle this terrifying disease with an indomitable spirit, plenty of grit and with equanimity. The pieces just come together and you learn to move on writes **Minal Khona**, who spoke to Yassmen over phone at length

Photographs: **Yassmen Kichlu**

There are many sides to Yassmen Kichlu. Born into a progressive Muslim family from Uttar Pradesh, she is married to a Kashmiri Pandit; her husband is Vibhas Kichlu, a well-known ghazal singer; she follows Buddhism and yes, she is a survivor of an unusual form of cancer not commonly found in women. After enjoying a successful career, her finances nosedived because of her expensive cancer treatments. Yet again, her life turned around as she became a motivational speaker, holistic wellness and stress management expert and an international yoga teacher. This spunky cancer survivor is today an inspiring example.

Life started to go wrong for the Kolkata based Yassmen in the summer of 2010. She had just completed 25 years in the corporate world in Kolkata. Having done well for 10 years heading the region in sales and business development for Tupperware, she felt restless. So, she took a break and went to the Himalayas and stayed at a remote Shivananda yoga ashram to complete an international yoga teacher's training. "It was bliss but I felt something was wrong inside me. I had this feeling that August but I ignored it, assuming it was a perimenopausal issue that yoga will fix," she reminisces.

When she returned, the company was considering a new role for her in an international set-up. This was in December. Since the uneasiness continued, she called a doctor friend, Dr Krishnendu Gupta, a gynaecologist from Kolkata and took an appointment to meet him. "I don't know what prompted me to ask him if I should have an ultrasound done and meet him with the report. He agreed and I went to a clinic near the office and had my ultrasound done thinking I would be back in office in an hour," she narrates.

This test revealed there was indeed something wrong with her health even before Yassmen met the doctor. "When the ultrasound started the technicians began whispering in hushed tones; they called in the senior doctor, my doctor and my husband. I was oblivious to all this drama."

Shortly after, Yassmen was told they suspected the symptoms to be cancer of the urinary bladder and that she required surgery and treatment at once. Naturally, Yassmen was distraught. She says, "I never expected it to be cancer. I thought it was a cyst or a tumour, anything but this, I was only 46-years-old."

She had lost her mother to brain cancer in 2001 at the age of 63, so Yassmen knew only too well about cancer. She recalls returning to her office, informing her colleagues amidst tears and went home. "After that it was all about doctors, operation theatres, hospitals, insurance, surgery and my life turning upside down," she says.

Her family, friends and colleagues however rallied around her in support. She is grateful to them for this even today and never takes them for granted. Looking back, she says, "The biopsy showed my cancer was grade 3 and had not spread outside the bladder. I had a

95 per cent chance of recovering fully. That gave me a surge of confidence and I was sure I would be in the 95 per cent slot, not in the five per cent." Yassmen had immunotherapy treatment for eight weeks after surgery and she naturally assumed it was all over. "It was a painful process and I learnt patience and endurance. I didn't believe in looking like a patient, so I dressed up every time I went to the hospital. People told me I did not look like a patient. I didn't feel or look like one," she says.

Yassmen was back at work after six months. That is how long her treatment took. She says, "Protocol dictated I should test for cancer every three months. I decided each time I went in for a test: I would do something for myself. It was a means of celebrating my triumph over the cancer, crossing a landmark so to speak." After her first test, Yassmen headed to Havelock Island in the Andamans and spent time with herself and the sea, which had a therapeutic effect. She also did diving. After her second test, she did the inner engineering course and Shoonya meditation from Isha Yoga, Coimbatore. "It was an amazing experience," she says.

Another test later, she was at Auroville in Pondicherry, meditating in the Maitryee Mandir, eating at the solar kitchen, cycling, and eating organic food. Then she went to the Bihar

School of Yoga and learnt their way of cancer management. She continues, "A year after I was in remission, I did the Kailash Mansarovar yatra with the Isha Yoga people and was fortunate enough to be in Sadguru's batch. This was when I finally felt, this too shall pass and what was happening was a part of life like any other incident that occurs in our lifetime."

As every cancer survivor knows, chemotherapy is the worst part of the entire treatment process. Yassmen reveals candidly, "It is worse than cancer, it makes you into a zombie..."

All along, she also continued working and after completing her international assignment successfully in Bangladesh for Tupperware, Yassmen returned to India. But, after having worked with 17 start-ups, she felt it was time to start something of her own. "I left my job to start my own corporate holistic wellness and stress management workshops in October 2013," she says.

Yassmen had to face more challenges ahead of her which went beyond setting up a new business. She says, "I wanted to begin 2014 in the air and

complete my dream of becoming a paragliding pilot. So I did a course at Indus paragliding."

But, déjà vu can be disturbing. On New Year's Eve, she experienced the onset of the same symptoms that told her the cancer was back. She recalls, "I thought this could not be happening though every cell and pore in my body told me it was back. I was very shaken and cried till I had no tears left. Luckily, my friend and roommate from college was with me then and she was like a rock. Her presence helped immensely."

Yassmen called her doctor friend again and he couldn't believe it either. "I got his permission to finish my flying course which I did, and I spent a whole hour and 15 minutes on my solo flight up in the air," she says passionately.

The New Year brought the news the CT scan confirmed – the return of the cancer and that now it had spread to the left ureter. Yassmen had to undergo surgeries which involved removing her kidney and ureter. "The drama continued; these surgeries were not enough. A second opinion revealed some infected parts on the cuff of the bladder which were left behind," she recalls. She was operated on at the Apollo Gleneagles Hospital and again at Tata Medical Centre by Dr Sujoy Gupta and Dr Deepak Dabkara. Five weeks later, she had to begin

chemotherapy as the cancer had spread to her lymph nodes. "Pain was my second name, but after some time it became like a meditation, as it blocked out every other thought," she says matter-of-factly.

The first time Yassmen took treatment for her cancer, she did not lose her hair as immunotherapy involves different drugs which do not cause hairfall. This time round, since it was chemotherapy, Yassmen did not want to face the trauma of losing her beloved tresses. She reveals, "I shaved my head before the chemotherapy began and put up my photos on social media, simply to overcome the fear of chemotherapy and losing my hair." The support, the few thousand likes and shares and the wonderful messages and phone calls she received were healing and empowering.

As every cancer survivor knows, chemotherapy is the worst part of the entire treatment process. Yassmen reveals candidly, "It is worse than cancer, it makes you into a zombie. These days, doctors refer to the effects of chemo on the brain and it makes sense because the brain cells also die and we are unable to do the things we used to do so easily. Everything seems an uphill task and you are awake for three days and nights at a stretch. While giving me chemo, the doctors were unsure whether the drug would work on me, as they had nothing to refer to since I had just one kidney. I had to take the milder dose and I ended up feeling like an experimental lab rat."

It is during her chemo sessions and after it, Yassmen realised the importance of being productively occupied. She says, "My advice to anyone undergoing chemo is, don't give up your job as the chemo sessions are extremely difficult and the pain from the injection which boosts blood cell count is excruciating. I used to feel like an invertebrate as it seemed my spine had turned into a rod of searing heat and pain. And, I used to feel like it was melting. There would be no sensation of a backbone, only pain. And, I had to undergo this three times a week for four months. Despite this pain, I would accept invitations to speak at different forums, schools and



institutes whenever possible, as they were my breath of fresh air. I would travel whenever I could as it gave me a sense of purpose and something to take my mind off the ghastly side effects cancer inevitably causes."

A disastrous fallout of the disease is the strain it puts on one's finances. Treatment and medication is not cheap and it can drain one's resources. Yassmen found herself in the ignominious position of having to ask for monetary help. She says, "For 28 years, I had looked after myself, suddenly the money vanished, no insurance, no job; my husband too had business problems. Suddenly, I lost everything – my health, job, money. I was reduced to nothing, from always giving to taking. At times that was more difficult to accept and live with. I struggled with it for a long time. I was lucky to go to Tata Medical Centre, Kolkata, where the treatment was much cheaper than other hospitals. It felt like a home and not like a hospital, the people were so loving, patient and caring."

Her family has been her biggest support system through her ordeal. She says, "Despite all the odds, my husband was by my side supporting me emotionally. My husband was there day and night, my brothers, my daughter, mother-in-law and my friends were there. It was time to reconnect, to be grateful, to appreciate all that we forget while working in the corporate world."

Yassmen was always been open to alternate remedies and aware of the power of their healing techniques. She visited His Holiness, the Dalai Lama before she started on chemotherapy. She says, "I went to Dharamshala and took Tibetan medicine, as I wanted to try the alternate route. I also tried ozone therapy which was started by the late Dr Mirchandani in Gurgaon. I travelled to keep my sanity, even though it was painful and tough."

Today, at 51, Yassmen has to do a check-up every six months though she has been cancer free for the last one year. Her lifestyle has changed substantially. She says, "I do yoga, my Buddhist chanting; then I exercise, swim, play tennis, run and ensure I keep my body's pH alkaline. Professionally, I conduct workshops, teach as external faculty, give talks as a motivational speaker; do volunteer work and corporate management training." She also speaks on cancer awareness and prevention; diet, exercise, meditation and managing the disease at several institutions.

"Protocol dictated I should test for cancer every three months. I decided each time I went in for a test; I would do something for myself. It was a means of celebrating my triumph over the cancer, crossing a landmark so to speak"

Spiritually too, Yassmen has learnt a lot from her fight with cancer. For she says, "The emotional turmoil has taught me grace, to accept and respect the disease, to be thankful to my family for support, to deal with becoming financially dependent after all these years and to face the illness with conviction. I want to help others fight this disease because I don't know how long I will be cancer free as my kind was aggressive and rare. Now, if it is back, I am ready to take on whatever comes without getting into a 'poor me' mode."



Touching the sky: Yassmen fulfilled her dream of becoming a paragliding pilot last year



Yassmen now follows a strict organic and holistic diet

Her advice to protect one's body from cancer is: "Eat healthy, keep your body's pH alkaline, breathe deep, avoid sugar, white flour, move on, forgive, release anger, free yourself, pray, chant, do yoga, whatever works for you. Ensure you maintain a healthy lifestyle, and eat a combination of five fruits and vegetables everyday; drink turmeric and lemon water."

She is a strong believer in the power of chanting and chants the Buddhist chant Nam Myoho Renge Kyo. Yassmen practises yoga, twin heart meditation, yoga nidra, Ho'oponopono, Tibetan yoga, sound healing and from time to time, fasting, as she believes it helps change one's DNA.

Having lost four of her cancer buddies in the last two years, she knows she lives an uncertain life. "It feels so empty and hollow to have phone numbers of friends knowing you can never call them again. But, I do not fear death, I accept it as a natural process and I am not worried. But while I am alive, I will cherish every moment of my life," Yassmen concludes heartily. ■

Yassmen's tips for a healthy diet

- Drink 750 ml of water on an empty stomach on waking up
- A glass of warm water with grated lemon or frozen lemon
- 5 soaked almonds and walnuts
- 1 tsp each of turmeric with pepper and coconut oil and a single clove garlic
- Chanting, walking, yoga and meditation
- Green tea with pepper and ginger, cinnamon
- Juice of carrot, beetroot and ginger and whole lemon with rind
- Sprouts of methi, moth, alfalfa, moong and gram

Health drink made in blender

- 1 small banana
- 3 tbsp curd
- Chia seeds or subja seeds already soaked
- A mix of five vegetables and fruits everyday.

"Pain was my second name, but after some time it became like a meditation, as it blocked out every other thought," she says matter-of-factly

'I am not a quitter'

Dr Gita Arjun

Dr Gita Arjun, a reputed Chennai based obstetrician and gynaecologist worked doggedly for 32 years to bring happiness and sunshine into the lives of women who desperately wanted a child. She was also committed to empowering women. Here, Dr Gita chats with **Kavitha S** on her achievements, her passion for evidence based medicine and life as she sees it now



Dr Gita Arjun at her home in Chennai

A few months ago, the 63-year-old Dr Gita Arjun was on a hiking trip in the Nilgiris. She had climbed three quarters of the mountain when she could not take a step further. The path was steep and filled with stones. This is it, she muttered exhausted and sat down urging the others with her to carry on without her. Yet, after a while, she resolutely picked up her hiking stick and continued to the top of the mountain telling herself: "I am not a quitter."

That is essentially the mantra of one of Chennai's once leading obstetrician and gynaecologist, who has helped to bring more babies into this world than the stars in the sky, and who always strove hard to enhance women's health care in her 32 long years of practice.

It is not that Dr Gita was your regular OBGYN: she was at the helm of Chennai's most famous maternity hospital – the E V Kalyani Medical Centre during her medical career; is the author of medical books, including a practical guide on pregnancy, *A Passport to a Healthy Pregnancy*, a bestseller on amazon.in and Flipkart with a new revised version on the way; and is widely appreciated for her annual medical

conference PrOGress, focused on imparting evidence based medicine for independent practitioners, which she has been conducting since 1993, attracting 800-1000 doctors from around India.

The core motivation in Dr Gita's life has always been to make a difference in a woman's life somewhere or to make her life better by empowering her. Women should know their bodies, so they can ask questions when things goes wrong, she believes. Dogged about it, she even ran a weekly preventive health care programme called Passport to Health for women, involving five vital medical tests, a complete nutrition and exercise regimen at E V Kalyani Medical Centre for many years.

Pertinently, Dr Gita, who had completed her medical degree at Madras Medical College, and went to the USA with her doctor husband for their residency, trained under a doctor, Dr John Isaacs, in the USA who happened to be a gynaecology oncologist. This meant she had learnt to conduct breast and gynaecology cancer surgery, unusual for an OBGYN today. Yet, this "specialised training in cancer surgery" provided her with an added edge when treating

her woman patients, pregnant or otherwise, she says.

“Today, we have specialists focusing just on ovarian and uterine cancer and surgeons deal with breast cancer. No gynaecologist today would be allowed to do breast cancer surgery. No doubt, doctors who specialise in just oncology will be excellent. But, sometimes a gynaecology oncologist might not be available in your area and training like this works out to be useful,” says Dr Gita, who has conducted a number of cancer surgeries. After returning to India, she did gynaecological cancer surgeries like ovarian, cervical and uterine cancer. “It was rather daunting at first to perform these complicated surgeries in a small hospital but it was rewarding to see patients do well,” she says. “I was also lucky to have the support of excellent medical oncologists,” adds Dr Gita.

Impeccably turned out in a colourful silk sari, Dr Gita is a picture of self-confidence. She ushers me into a sitting room, filled with paintings and artifacts like an artwork of R K Laxman’s crows, a gramophone and a plethora of brass figurines. Gradually, as our conversation takes off, Dr Gita warms up to chat freely about her life devoted to medicine, women’s health and the reason she retired in 2013.

It was a tough decision to resign at the peak of her career. At the outset, Dr Gita says that she has no regrets since she has achieved all she was determined to do in the medical field. Sacrificing her personal life, she had worked to inject “happiness” in the lives of many people. “Every time my patients thanked me for the birth of a baby, I would tell them I am blessed, I have shared not just one but many people’s happiness. Nothing can beat the feeling when you share the happiness of a person when a baby is just born, it is incomparable,” she points out, going on to narrate the case history of a patient, who delivered a baby after 10 miscarriages.

Farida came to her dispirited, convinced Dr Gita would also not be



Arjun Shankar

“Any woman who walked into my clinic was taught how to examine her breasts. That is a skill set every woman should have. Lumps can easily be found through self-examination. It is not time-consuming, you can do it while taking a shower...”

able to help. Dr Gita reminisces, “At that time, there was emerging medical data that certain antibodies were the cause of some miscarriages. I just placed her on a low-dose aspirin and steroids. This treatment has proven effective though steroids are not given now. Farida crossed her 7th month, when she used to lose her baby. She was ecstatic because she could feel the baby move inside her for the first time. We did not wait for her to complete her term and delivered the baby at 35 weeks. When Dr Isaacs, my residency programme chairman visited Chennai and the hospital, Farida clutching his hands, broke down crying and saying in Tamil, that how grateful she was to me for saving her baby. When I tried to translate, Dr Isaacs gently stopped me, ‘I understand her perfectly, this is the joy of a mother.’”

Back in the 80s, when most Indian doctors stayed on in the USA to create

a lucrative practice, (90 students out of 120 of their 1974 MMC batch left for the USA and never returned) Dr Gita and her husband Dr Arjun returned to India, deciding to use their “brilliant education” to take care of “our own people and teach students”, since both loved teaching.

Dr Gita adds, “I am grateful for our six years in America because it taught me how to practise medicine scientifically. They taught me a work ethic no other country has, starting from 4.30 am and going on till the end of the day, it was a patient-centric medical care.”

After her return in the 80s, some of the achievements Dr Gita is proud of are: being one of the first maternity hospitals to acquire a fetal monitor to record a baby’s heartbeat; for having teamed up with Dr S Suresh to set up Mediscan in 1982, initiating fetal medicine in the early 90s in the clinic; teaching post-graduate students; delivering lectures; and introducing a health programme for women in the clinic to inspire them to pay attention to their health.

“I wanted women to be empowered,” she says. So, all the patients who visited her clinic were encouraged to participate in the Passport to Health programme. Firstly, they had to undertake five basic tests – blood sugar, thyroid, cholesterol, haemoglobin and kidney function tests – since she felt Indian women were prone to heart attacks, obesity, diabetes and high BP. “We checked their Body Mass Index to measure their body fat according to their height and give them an individualised health horoscope,” she recounts.

Dr Gita also held exercise classes such as aerobics, running and lifting weights and emphasised on healthy nutritive cooking. One important element in this programme was she taught them how to examine their breasts.

Dr Gita says, “Any woman who walked into my clinic was taught how to examine her breasts. That is a skill set every woman should have. Lumps

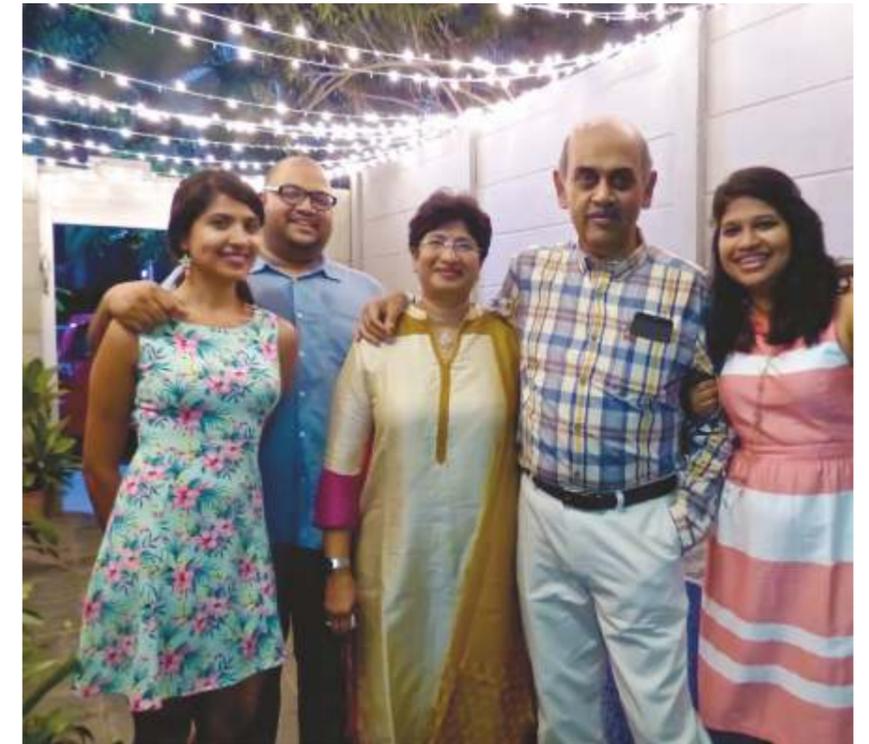
can easily be found through self-examination. It is not time-consuming you can do it even during a shower. If you find a lump, go to a doctor. Ninety per cent of the time it may be benign.”

Question her on the surge in cancer cases, Dr Gita replies, “It is not that cancer is more common today. It is because we have better diagnosis, better awareness and our life-spans have increased.”

What was the life expectancy of Indians 68 years ago when we attained independence do you think? she asks. “For women it was just 27 years, I am talking across the board including villages, while it was 32 years for a man. Women were dying during labour or due to malaria, diphtheria or other diseases. But, now in urban India, we are living as long as people in the West. Our life expectancy has shot up to 75 years. Anything after 60 years is a bonus,” she says.

According to Dr Gita, cervical cancers are increasing because in India, today women and men are more involved with multiple sex partners hiking the chances of transmitting HPV (human papillomavirus), which causes cervical cancer. In India, cervical and breast cancer are more common than uterine cancer, she affirms. “Also let me add that one can get cancer for multi-factorial reasons, for example, a kind of breast cancer is genetic and caused due to the BRCA gene. If your mother and sister or your mother and her sister had breast cancer then your chances are high. More awareness and early detections make it seem cancer is rising in India. People might have died of it earlier and we would not have known,” she adds.

Dr Gita is extremely proud of her baby –PrOgress, a medical conference for obstetricians and gynaecologists – a version of the today’s Made in India endeavour. “Good medical care today is provided by small 30-100 bedded hospitals like ours in India today, since the government has failed to provide adequate medical care. Many of our delegates are small town practitioners with small hospitals. They have no time to look up the resources/journals



Dr Gita Arjun with her family

to update themselves. We provide practical guidelines which enable them to deliver excellent care to their patients. We usually avoid inviting foreign speakers but focus on getting Indian speakers with practical, scientific and evidence-based knowledge to directly impact on the day-to-day practice of Indian doctors. They attend my conference to incorporate what can improve their practice, she says citing examples like the presentations on the final word on antenatal steroids or the importance of a resuscitation kit for a new born baby in a labour room. “Hopefully, a baby will survive because of that kit. And, that is how I make a difference there,” she says.

After her brother Dr Ravindra Padmanabhan died in a car accident in 2001, not even 50 years old, Dr Gita started to rethink her life. “My brother was a brilliant surgeon and his patients adored him. But, after his death, life did not stop for his patients. I learnt an important life lesson that day, nobody is indispensable. Doctors buy into their own myth that patients cannot survive without them. You tend to lose yourself in that belief,” she says candidly.

So, in 2013, after much angst about “abandoning” her patients, Dr Gita decided to retire and find out what she is besides a doctor. She is now reading, writing, lecturing, mentoring young people like a few young people at IIT working on a medical innovation and just sitting back. Yet, her diary is full of medical conferences, teaching assignments and projects she is working on, she confesses wryly. Dr Gita enjoys the good fortune of having a partner who she met at medical college, calling him as the “best thing” that happened to her.

As a child, Dr Gita spent her summer holidays with her aunts in Chennai, who were reputed gynaecologists in their time. She recalls, “I used to hang out in their clinics, and watch my mother’s sister, Dr Tharabai with her patients. There used to be so much empathy in her face, she was so involved with her patients. I felt inspired and thought it is so wonderful to give your services to another person so completely. I told my mother when I was in the fifth standard, I want to be a doctor.” And, Dr Gita joined the MMC at sixteen to fulfill her destiny. ■

UBF Diary

August

Transforming Breast Healthcare in India



Dr Raghuram, President of The Association of Breast Surgeons of India participated in the Annual Congress of Annual Congress of College of Surgeons of Sri Lanka held in Colombo from August 19-23. He was specifically invited to participate and deliver two guest lectures during the SAARC Surgeons Breast Cancer Symposium on August 19 that focused on breast cancer management in south Asian countries, with emphasis on how breast cancer care can be improved in the SAARC region. Eminent Surgeons from SAARC Countries participated in this Congress.. Dr Raghuram highlighted the pioneering initiatives pursued by him for the past eight years, which has transformed the delivery of breast healthcare in India.

September

Hyderabad On World-Map for Surgeons



Dr Raghuram, host examiner and local convenor, organised the prestigious final MRCS surgical examinations in Hyderabad, on behalf of the London-based Royal College of Surgeons of England. Set up in 1494, it is the most renowned surgical college in the world. This is the first time in the 500 year history of RCS England, the exam was being conducted in Telangana and Andhra Pradesh. And, Dr Raghuram played a pivotal role in convincing the college to host the exam in Hyderabad.

October

UBF Makes News with Eenadu on Breast Health

A breast health awareness session organised by UBF in association with Eenadu on October 4 was a great success. Despite the heavy downpour, people flocked to the hall and were provided know-how on all aspects of breast health, including tips on good nutrition and basic meditation techniques.



Rajiv Gandhi GMR Airport Teams up with UBF



For the first time in India, the Rajiv Gandhi GMR partnered with UBF to raise awareness about the early detection of breast cancer. From October 7-11, nearly 10,000 breast awareness leaflets were distributed at the airport's Information desks and certain columns near the security check turned 'pink' reminding staff and visitors to the airport about breast cancer. Not just that, UBF's one liner breast health awareness messages intermittently appeared on the video wall, which display flight arrivals and departures, while a two-minute film made by UBF on fighting cancer with hope and courage was screened in the airport terminal area.



Breaking Tradition to Go Pink

Inspired by UBF's initiative of illuminating prominent and historic buildings in pink for the past five years to stir up awareness about early detection of breast cancer, the 137-year-old Secunderabad Club and the Sailing Club annexe were brightly lit up in pink on October 11.

Hyderabad Walks the Talk

The seventh edition of the 2K Pink Ribbon Walk was organised by the Ushalakshmi Breast Cancer Foundation (UBF) & KIMS-Ushalakshmi Centre for Breast Diseases in association with The Association of Breast Surgeons of India & FLO Hyderabad Chapter on October 11 at KBR Park, Hyderabad.

Nearly 3,000 participants turned up from all walks of life to express their solidarity to this cause. This event was flagged off by Shri T Harish Rao, Cabinet Minister, government of Telangana.



Does your heart beat for breast cancer awareness?



UBF goes to School!

Breast health awareness sessions were held at Glendale Academy & DRS International School, Hyderabad

A Passion for Pichwai

Amit Ambalal, one of Gujarat's first private gallerists, hails from a well-known textile business family. However, he gave up working at his family textile mills to become an artist, and a collector of traditional art. Most of all, he has a passion for pichwais, the intricate paintings depicting scenes from the story of a seven-year-old Lord Krishna, revered as Shrinathji in the temple town of Nathdwara.

Text: Anil Mulchandani

Photographs: Dinesh Shukla

Amit Ambalal's ancestors were textile dealers and hailed from Modhera in Gujarat. His parents were fond of music and the fine arts. His mother Kundaben, who had grown up in a Bhavnagar haveli full of pichwai paintings and other works of art, initiated his sisters and Amit into the world of art.

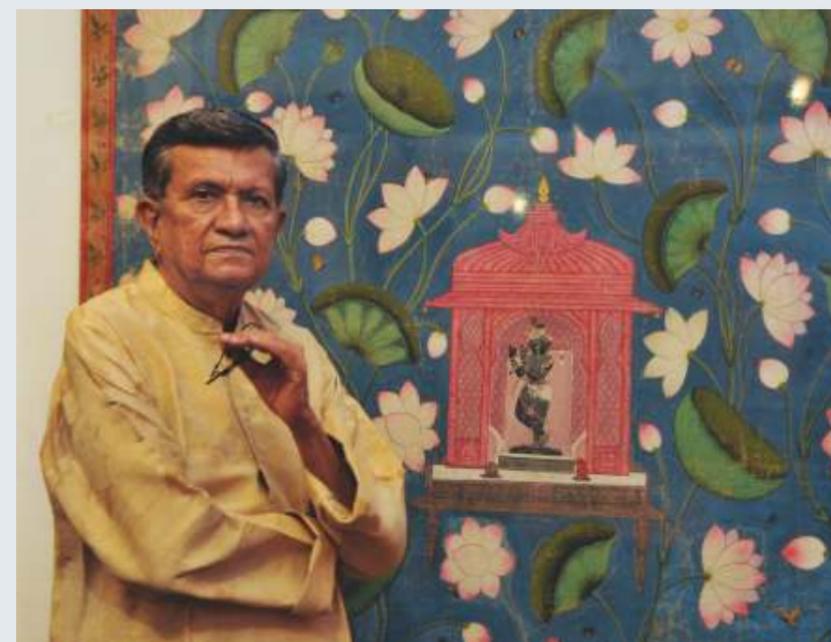
When Ambalal was a child, Piraji Sagara, Balkrishna Patel, Jagan Patel, Chhaganlal Jadav and other like-

minded artists, who had formed a discussion group were regular visitors to their house. "They introduced us to works of Indian artists and I grew up in this atmosphere," he reminisces.

While Ambalal loved art, his family's expectations from him as the heir to the textile mills, surpassed his own interest in pursuing art. He studied economics, statistics, and then moved to commerce and law before joining the mills. But, art was his first love. "In

those days, old paintings were scrapped and dealers would sell them at homes like ours, owned by prosperous families passionate about art. I acquired pichwais, wood carvings, stone sculptures and miniatures. During the 1970s, I finally convinced my family to allow me to leave the family business and pursue my passion for the arts," he says.

Pichwai is his favourite art piece. A pichwai is a cloth hanging painted



Amit Ambalal with a pichwai depicting Lord Krishna playing his flute in a floral pavilion on the Yamuna, with lotuses, fan-like leaves and bees all around

with religious scenes, typically hung behind the deity in a shrine of a temple or even a haveli. It is an important devotional art of the Pushtimarg sect of Vaishnavism, says Ambalal. This sect was created by Vallabhacharya (1479-1531), one of the five main Acharyas of the Bhakti tradition of Hinduism.

Krishna's haveli. Seva being a key element of worship among the Pushtimarg, the followers were expected to do seva – through music, food, clothes and ornamentation, to their personal icon of Krishna.

As Nathdwara became a popular temple town, artists settled here and were commissioned by the Vaishnavite families to do devotional paintings like pichwai, canopies and coverings for Thakurji's throne and decorative arts for the floor leading to the sanctum. The pichwais were painted on large cloths and hung in the Shrinathji temple at Nathdwara and other shrines of the Pushtimarg sect.

"Pichwais usually depict nature and mood through the vivid artwork of flora and fauna," explains Ambalal on the themes. "Not only are the figures brimming with expressions and gestures during the Ras-Lila circular dance, the mammals and birds are also detailed and beautifully depicted. A lotus pond, rains, dancing peacocks and in shades of green, the pichwais are so appealing to the eye," he adds.

Painted with devotion, the pichwais typically involve scenes from Shrinathji's life, expressing the moods of the different seasons and festivals. These paintings emphasise how the entire world, including all living creatures, birds and animals are Lord

Krishna's leela. Reveals Ambalal, "The pichwais work as an inspiration for me when I paint. My paintings also features animals, birds, mythical beasts, emotions, expressive faces and movement. My work is a contemporary approach to tradition by portraying daily existence and divinity imbued with satire on the quirks of human behaviour in bright colours."

Meanwhile, Shrinathji in the pichwai is typically shown as a blue-black child, draped in rich clothes and adorned with gems or gold, looking at the world through meditative eyes.

Harking back on the history of the pichwais – Ambalal narrates that pichwais dated back to the 16th century when they were an important feature of Pushtimarg temples. However, the art started to flourish in Nathdwara from the 17th century. "Unfortunately, no works are found from this period. The first reference I know is when Tilakayat Govardhaneshji, the head priest offered a pichwai to the deity in the 1700s. This pichwai depicted a pastoral scene of the brothers, Krishna and Balaram with their cows. The figures had strong, dark outlines imparting vigour and vitality and the colours were strong – indigo, deep red, and chrome yellow", explains Ambalal.

In the early 1800s, during the time of the high priest Tilakayat Shri Dauji (Damodarji Maharaj), the paintings had acquired a refined sophistication, he points out. The figures in the pichwais of this period have graceful portraits and postures, the colours more sober than the earlier works, and the large eyes of Shrinathji more lotus-like. Interestingly, Shrinathji is painted in ultramarine colour, not indigo as in the earlier pichwais, according to Ambalal.

Tilakayat Govardhanlalji became the head priest from 1877 to 1934. This was the period when oil paintings were flourishing under Raja Ravi Varma, and artists were being sent overseas by Indian princes to learn art.

The portraiture of pichwais from the early-20th century is more realistic than idealistic, the lush green landscapes, a hallmark of pichwais, which was really capturing the

The Amit Ambalal Collection of Pichwais is largely found in the Lotus Court or Kamal Chowk, a haveli in Ahmedabad

The basis of the sect, he elaborates, is that the Lord is accessible only through his own *pushti*, which means grace. The sect began at Vrindavan but the image of the young Krishna called Shrinathji was moved to Mewar around 1672 A.D. during Aurangzeb's reign.

Narrating the history behind the pichwai, Ambalal narrates how legend goes that the chariot carrying the blue-black relief carved image of Shrinathji to Udaipur stopped at present Nathdwara. This led the priests to believe that this is the spot chosen by Lord Krishna as his home. The temple was built as Shrinathji or child



◀ Amit Ambalal relocated a haveli, which was a wooden architectural gem in Burhanpur, to his house in Ahmedabad to become a private art gallery

pastures and wooded hills of Vrindavan, were now influenced by European art and pictures. Transparent glowing aniline colours were used and a photographic perspective got popular, he narrates. The image of Shrinathji also became more realistic in proportion and normal in posture, and was now in a grayish-black colour.

Over the years, Ambalal began to collect pichwais from the three major phases. "The old pichwais are often worn out because they were frequently used in the shrines and during festivities," he explains. Ambalal explains the depiction of Shrinathji with his left hand held aloft. "This is said to show him in the act of lifting Govardhan, the sacred hill of Vrindavan-Mathura," he says.

Gopashtami, the day Shrinathji was promoted to a cowherd from a herder of calves, is another popular theme for pichwais. This has Krishna playing his flute among cows. Pichwais also show lotuses, and various festivals, like a pichwai which features Sharad Purnima, showing the dance of Krishna and the Gopis dancing in a circle holding sticks in their hand.

Amit did detailed research on pichwais to come up with a book, *Krishna as Shrinathji – Rajasthani Paintings from Nathdwara*, published by Mapin Publications in 1987. "This book sold like hot cakes. A second edition was printed in 1997," he smiles, and adds that he has also exhibited his collection of pichwais at many shows.

While he has been part of many art events, his most memorable was The Asia House exhibition in London titled, 'Krishna and Devotion: Temple Hangings from Western India' in 2009, where he gave a lecture on Shrinathji paintings. Though it was a paid lecture, the house was packed. To his surprise, the audience was mostly English people and other foreigners. There were no Asians. The talk was extremely well received, and after that insight into pichwais, there were long lines of people waiting to see the pichwais. The pichwais, celebrating the ritual episodes and life of the young Krishna as Shrinathji were made of large cotton textile, rich



A beautiful pichwai from Amit Ambalal's collection

brocades, resist-dyed and embroidered satins, dating from the 18th to the 20th centuries. "Pichwais touch my inner feelings, so it is important for me to promote them," he confesses.

A pichwai is a cloth hanging painted with religious scenes, typically hung behind the deity in the shrine of a major temple or even a haveli. It is an important devotional art of the Pushtimarg sect of Vaishnavism

In fact, keen lovers of art can troop to Ahmedabad to soak in the Amit Ambalal collection of pichwais displayed in the Lotus Court or at Kamal Chowk, a haveli in Ahmedabad. This haveli, apparently was a wooden architectural gem in Burhanpur, when it was a major centre for textile production and trade in the 16th century under Sultan Miran Adil Khan I. The Sultans invited jewellers

and craft practitioners from Patan in Gujarat to settle in Burhanpur. The famous woodcarvers of Patan built the haveli, reveals Ambalal.

When he heard this structure was being pulled down to make way for a new temple, the art lover decided to buy the building. "The architectural fragments and wood carvings were brought from Burhanpur to Ahmedabad in 2007. With photographs as the reference, architect Leo Periera and Prabhdas Mistry reconstructed the structure financed by Amit Ambala Charitable Trust. Besides displaying pichwais and miniatures, this haveli has hosted music concerts, book readings, lectures and other cultural events," he says proudly.

What is his big dream? "Today's children and youth have limited interests in the arts. You don't see many young visitors to museums and art galleries," rues Ambalal. "I would like to educate children about the arts and crafts, perhaps by making portable museums that can be taken to schools or places frequented by children," he says with passion. No doubt, he is a true ambassador of the striking and stunning pichwai. ■

Detecting 'Ductal Carcinoma In Situ'

Dr P Raghuram explains about DCIS (Ductal Carcinoma In Situ), an early form of breast cancer and suggests different modes of treatment



Dr P Raghuram

In 2010, Martina Navratilova, a sports legend and nine-time Wimbledon Singles Champion was diagnosed with Ductal Carcinoma In Situ (DCIS), an early form of breast cancer. She was 53-years-old then and had skipped her annual screening mammogram for four years. She admits her healthy lifestyle and status had made her complacent about her annual checkups.

"I went four years between mammograms," she confessed in an interview. "I let it slide. Everyone gets busy, but don't make excuses. I stay in shape and eat right, and it happened to me. Another year, and I could have been in big trouble." Luckily, the cancer was detected at its earliest stage. She underwent a lumpectomy (breast conserving surgery) and radiation therapy and her doctors termed her prognosis as excellent.

What is DCIS (an early form of impalpable breast cancer)?

The breast is made up of ducts, lobules and fatty tissue. DCIS is an early form of breast cancer where the cancer cells are found inside the ducts (that carry milk to the nipple). This is a pre-cancerous condition in which cancer cells have not developed the ability to spread beyond the milk ducts into the normal surrounding breast tissue.

How common is DCIS?

Sixty thousand cases of DCIS are diagnosed each year in the United States (accounting for one in five new cases of breast cancers) according to the American Cancer Society. In India, over 150,000 new cases of breast cancer are diagnosed each year. However, no definitive statistics on DCIS cases exist in India.

How is DCIS diagnosed?

DCIS is detected on routine breast screening assessment. Assessment includes clinical breast examination by a specialist, breast imaging (mammogram and ultrasound of the breasts) and a needle core biopsy (triple assessment).

As DCIS rarely presents with a lump, clinical breast examination is not helpful. The mammogram, which is the gold standard for breast screening, usually shows a cluster of abnormal looking (pleomorphic) microcalcifications – tiny specks of calcium which appear as white dots on the mammogram. It must be remembered however that not all microcalcifications are cancerous. It requires skill and diligence of a multidisciplinary team to detect DCIS.

Finally, to make a diagnosis, a piece of tissue is removed by doing a core needle biopsy, which is done under stereotactic guidance (with the help of a mammogram) under local anaesthesia. The other type of needle biopsy, Fine Needle Aspiration Biopsy (FNAC), commonly used for palpable breast lumps can be misleading and will not distinguish an invasive cancer (cancer that has spread into breast tissue) from DCIS. Needle core biopsy is by far accurate.

On some occasions, excision biopsy under general anaesthesia using a fine guide wire to localise the microcalcifications may be necessary to obtain a diagnosis when the cluster of microcalcifications are tiny and few, to get a diagnosis with needle core biopsy.

How does DCIS present?

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

How is DCIS graded and what is its significance?

DCIS is graded depending on the appearance of the cells under the microscope and also on how quickly these cells divide. It can be graded as high-grade, intermediate-grade and low-grade DCIS. If DCIS is left untreated, the cancer cells may eventually spread from the ducts into the surrounding breast tissue. This is known as invasive breast cancer. It is less likely for low-grade DCIS to become an invasive breast cancer than high-grade DCIS.

How is DCIS treated?

The aim of the treatment is to remove all DCIS within the breast to prevent the development of invasive breast cancer. The treatment depends upon the factors such as the extent and grade of the DCIS.

Breast Conserving Surgery

Breast surgery is the first-line treatment for DCIS. If DCIS is localised and confined to one area of the breast, breast conservation surgery can be performed. As the cancer can neither be felt by the patient nor by the doctor, a fine guide wire is inserted under local anaesthesia into the breast to pinpoint the abnormal area of the breast. This acts as a guide and the surgeon is able to remove the DCIS area along with a section of the surrounding normal breast tissue.

Mastectomy (removal of breast)

A mastectomy is a surgical treatment if the DCIS affects a large area of the breast; or if it hasn't been possible to get a clear area of normal tissue around the DCIS using breast conserving surgery; or if there is more than one area of DCIS in the breast (multi-focal DCIS). If a mastectomy is recommended, the patient should be given the option to have an immediate breast reconstruction at the same time to minimise the emotional trauma associated with breast removal.

Generally, the lymph glands in the armpit do not need to be removed as the DCIS does not spread to the breast tissue from the ducts.

Other treatments:

• Adjuvant treatment

Further treatment following surgery is referred to as adjuvant therapy and includes radiotherapy and hormone therapy.

• Radiotherapy

In case of a breast conservation surgery, a six week treatment of external beam radiotherapy is required for the operated breast. Mastectomy does not require radiotherapy

• Hormone therapy

If DCIS type depends on the hormone oestrogen to grow (oestrogen receptor positive), hormone therapy in the form of Tamoxifen/Anastrozole/Letrozole may be offered. This depends on other factors like the DCIS grade.

Points to Note:

- Chemotherapy is not required for the treatment of DCIS.
- DCIS is not life-threatening.
- The long-term survival rate for women with DCIS is excellent, close to 100 per cent (98 per cent - 99 per cent).