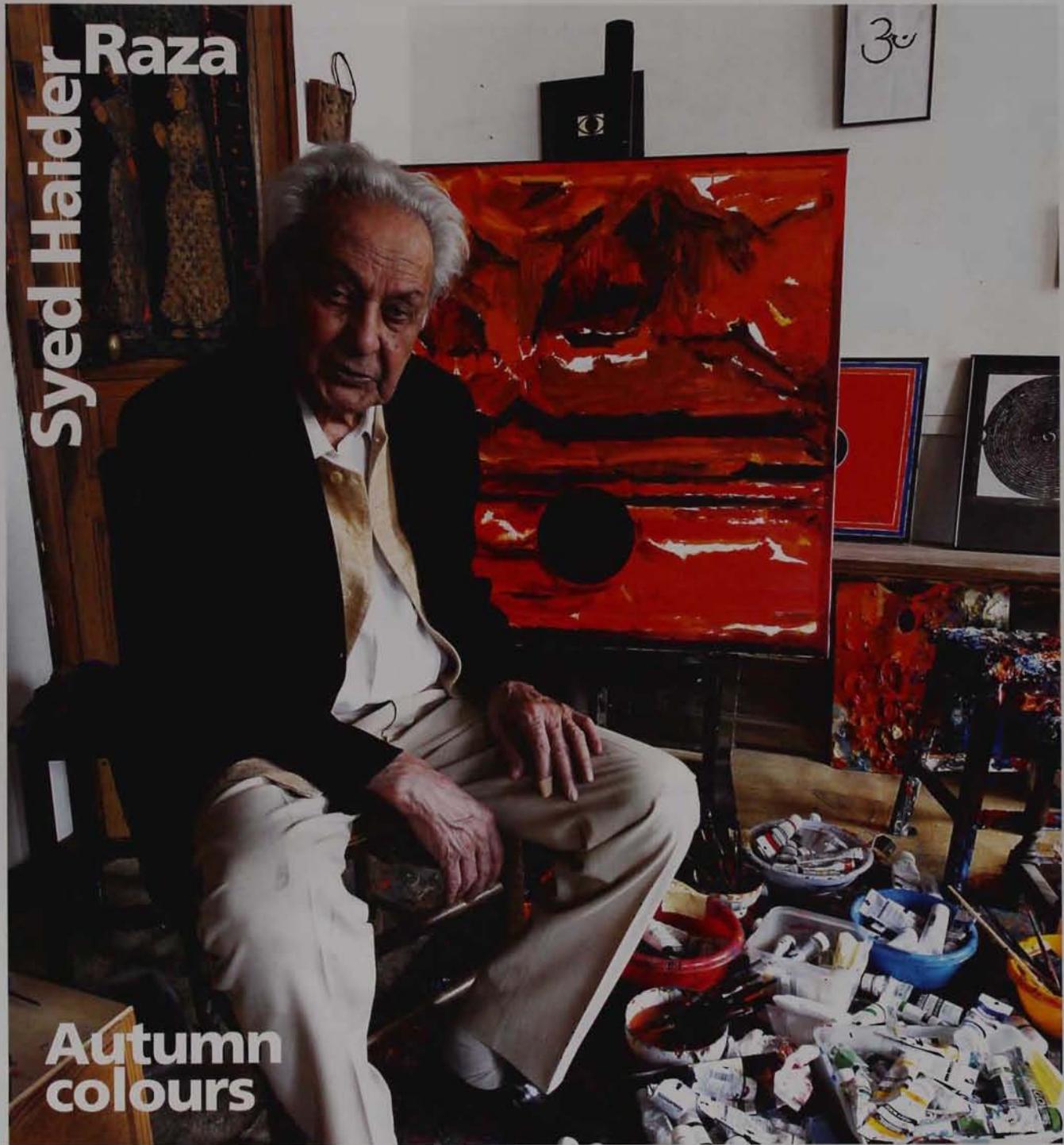


# HOUSECALLS

VOLUME 10 ISSUE 5 NOVEMBER – DECEMBER 2008

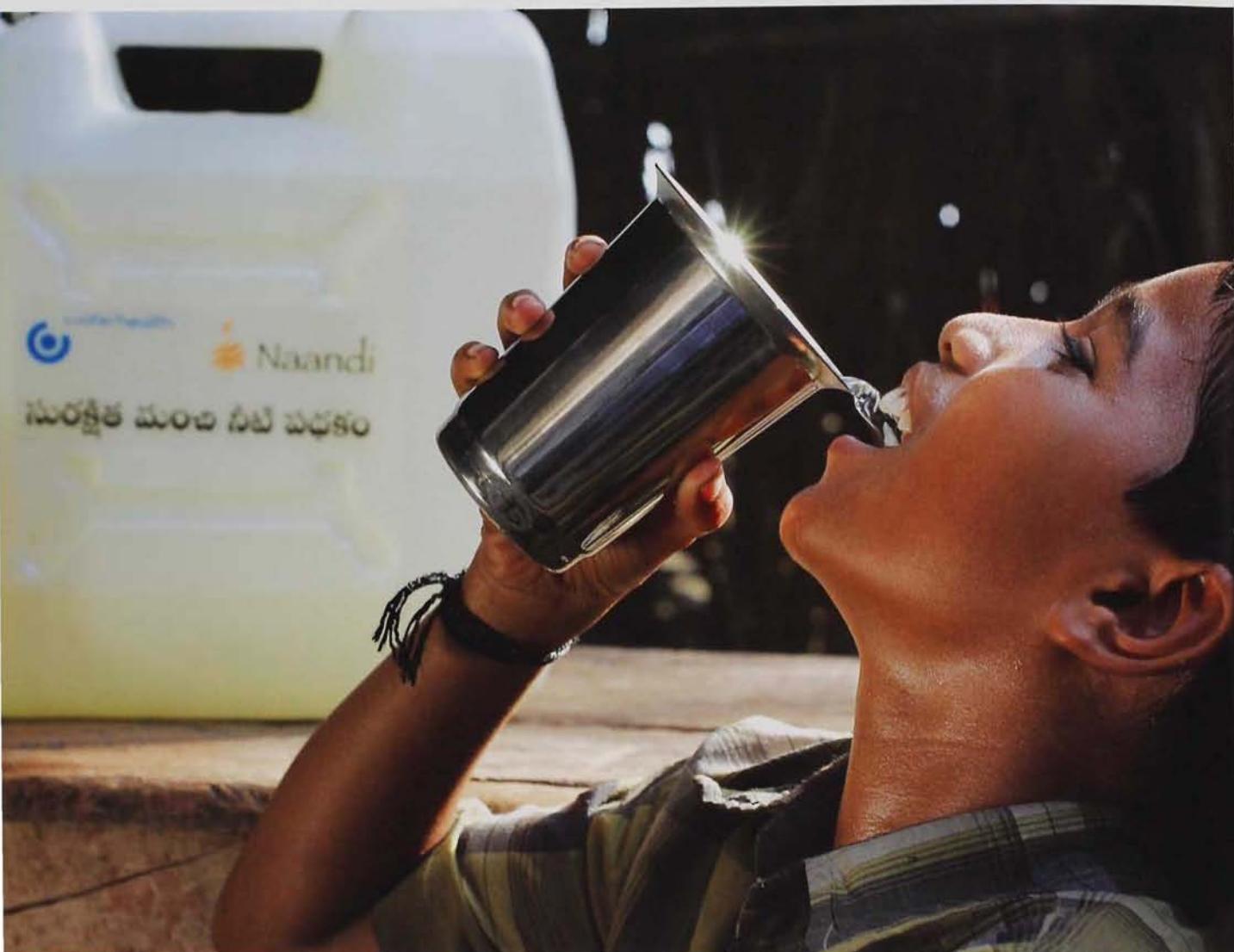


Syed Haider Raza

Autumn colours

**Dr Nageshwar Reddy: A hunger for excellence**  
*The Ramayana in Indian art*

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# Behind the Scenes

When we told people that we had met well-known artist SH Raza in France, the one thing even friends wanted to know was whether he had gifted us a painting. (No, he hadn't) I realized they asked us this not because they particularly admired the artist, but because his works, the much talked about mandalas, go for a few million dollars in the international art market.

Greed has blinded my generation. We buy art, for instance, not so much for aesthetics as for market value. So much so, I know people who will keep squiggles and scrawls of MF Husain (and the artist himself is very generous with these – you give him a piece of paper and he will at least sign it) in safekeeping only because even his signature will fetch a handsome price in the market.

The same lack of good sense is apparent in the way the real estate market moved up. We are prepared to write off our cities – every available bit of land in our metropolises has been converted into mega malls, and open public spaces, such as gardens or a children's park, are a luxury. This is perhaps one of few countries where the commercial and residential zones are not clearly mapped, so that we have 'Asia's biggest multiplex' slated to come up right next to someone's quiet home, whose owner is unsuspectingly growing orchids and roses.

If art, stocks and real estate were climbing the financial graph, it reflected not only the huge profits being made by businessmen or the gross salaries that were drawn by the corporates but also a certain cockiness that had seeped into public life. We aped America, consuming as if there was no tomorrow, spending money on things we didn't really need, and that too on credit. The government believed that India was shining, pay packets and bonuses seemed bottomless, foreign holidays were only a bank loan away, and the thing to do was to pop open the champagne bottles and live the good life. No one ever imagined that the good times would end so soon.

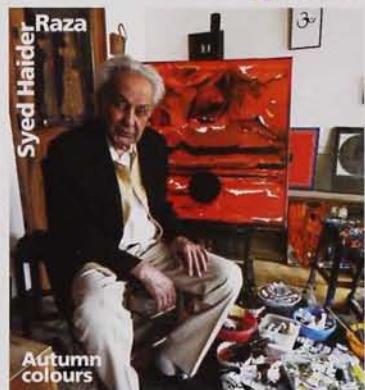
I hear that some of the rich who are now worth a few millions less have given up eating caviar or using the private jet. They still fly to exotic islands but on commercial planes (although nothing is guaranteed now, not even a valid seat on a flight, as one airline after another goes bust). If only we had exercised a little restraint – when we jumped into the stock market for some easy money or bought property on mortgages – we would not be talking of the Dickensian hard times. Further we would not be blaming the prime minister, Wall Street, even God, for the mess we face now.

These may be difficult times, but they may not be all that bad if they help us regain perspective. This could even be a defining moment, when we realize that discipline in the way we consume is a good thing after all. As individuals, we could ask ourselves if we really need that new car, especially if it entails another loan. As entrepreneurs, we might want to think about what investment in retail is doing to our country, and if what we actually need is more infrastructure. As youngsters looking for jobs, we could ask ourselves if careers in medicine or biotechnology would be better in the long run rather than rushing for an MBA just because everyone else is doing it.

And never mind if we don't own any art. We really are not the sum of all that we own.

Ratna Rao Shekar

## HOUSECALLS



Dr Nageshwar Reddy: A hunger for excellence  
The Ramayana in Indian art

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COVER  
Kamal Sahai

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## Lead Story

...his drive is to add an extra dimension to a work, because for him a painting alone cannot convey the flow of his emotional burst. He therefore takes recourse to literature and the Hindu-Muslim ethos of his childhood. And in that one line from a poem, or in the one swirling mandala, he tries to convey his philosophy as well as his journey to the centre-point which is the mandala. Journeys are always circular, and the mandala is where he both begins and ends his journey.

**An exclusive with the grand old man of contemporary Indian art: Syed Haider Raza**

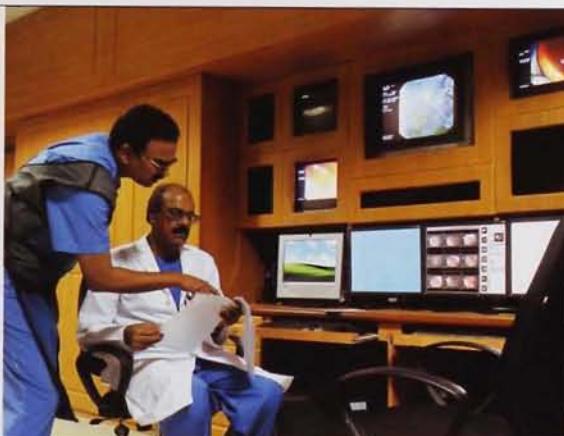
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### Gentle Man

"Had I decided to settle down abroad, the whole purpose of studying and specializing in gastroenterology would have been lost," he says.

"That is because more than 30 per cent of India's population is affected by some gastroenterological problem brought about by food and water related diseases. This number is higher than that of cardiology cases. It's sad that today India has added on the diseases of developed nations to the ones that existed in the past," he says.

**Dr D Nageshwar Reddy, Chairman of the Asian Institute of Gastroenterology, Hyderabad, and his passion for his work**



## Institutions

But there were no answers to why Delhi had the highest incidence in the world of cancer of the gall bladder among women (prevalent all along the Gangetic belt), or why breast cancer was on the rise in the urban populations of India, or even why there was breast cancer among women who did not fall in the category of risk indicators as defined in the West. Without any research to answer these, it was difficult to know what treatment would work best.

**The Rajiv Gandhi Cancer Institute and Research Centre, Delhi**



## Time Out

The Mughal emperor Akbar (1556-1605) had Persian translations of the *Ramayana* and other Indian classics done not only in order to learn about them himself, but also to promote their understanding and dissemination within his court. He commissioned his court artists to illustrate them. The *Ramayana* seems to have been particularly dear to Akbar, as attested by the fact that he issued a half-mohur gold coin with the figures of Rama and Sita.

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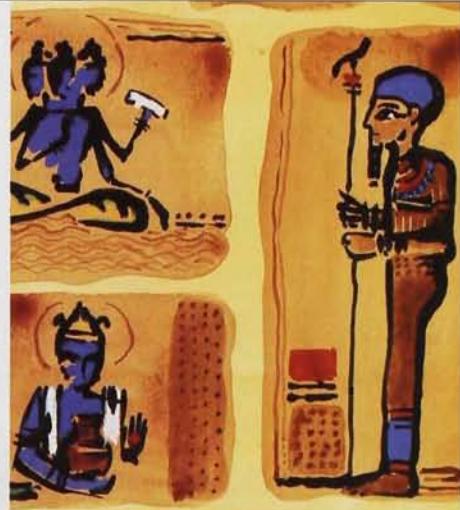
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There is an interesting reference in the *Bower Manuscript* which says that Vishnu asked Dhanvantari, 'Is there any medicine at all capable of curing all diseases?' and Dhanvantari described the doctrine of the plumbago plant. About a dozen medical formulae are ascribed to Vishnu, among them the popular narayan oil, shatavari oil, maharayana oil, nityodaya rasa and sarvangsundar rasa.

**Gods in ancient Indian and other civilizations who were associated with curative powers**



## Eating Out

Guhantara began as a microscopic concept about nine years ago in the minds of SN Ramesh and CH Ramesh, both architects. "We had developed commercial buildings, ethnic resorts and sundry other projects, and wanted to do something radically different, an idea that no one had thought of before," says SN Ramesh. So he reverted to history, to early man, to the first human shelter – the cave. "I wanted to recreate how the local tribal people once lived,"

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In August 2007, Rahul quit his career with Motorola to promote running. He started by speaking at schools, colleges and companies to motivate and educate them. What is interesting about this endeavour is that Running and Living doesn't merely organize occasional runs but helps people address every aspect related to their desire to run.

**Rahul Verghese from Delhi is now hooked on running and advocates it as the simplest way to stay healthy**



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**say**

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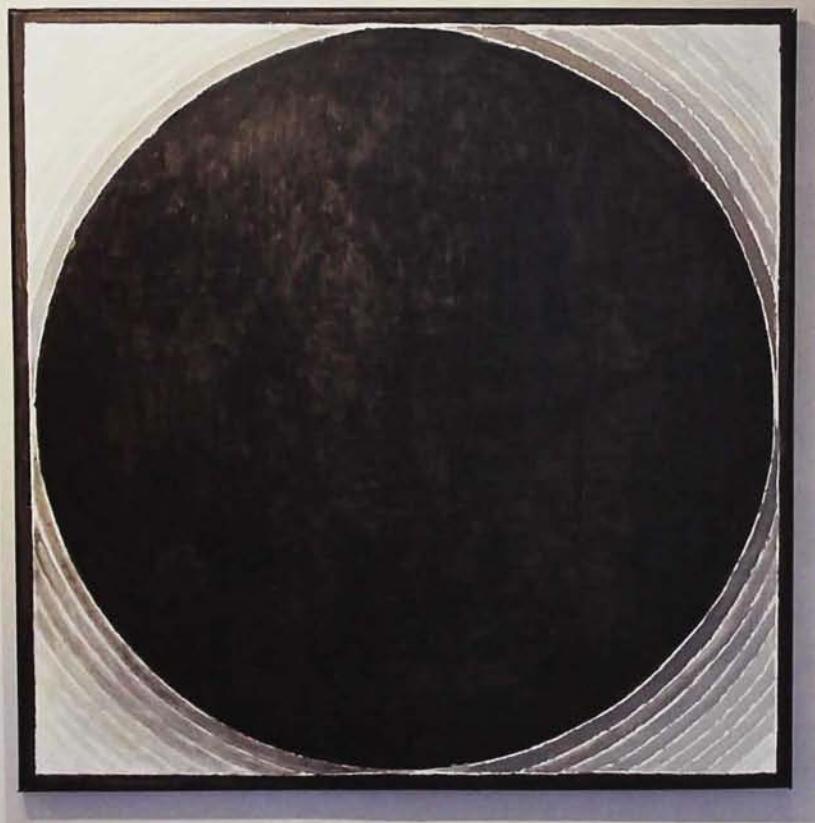
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Syed  
Haider  
Raza:

Radiating  
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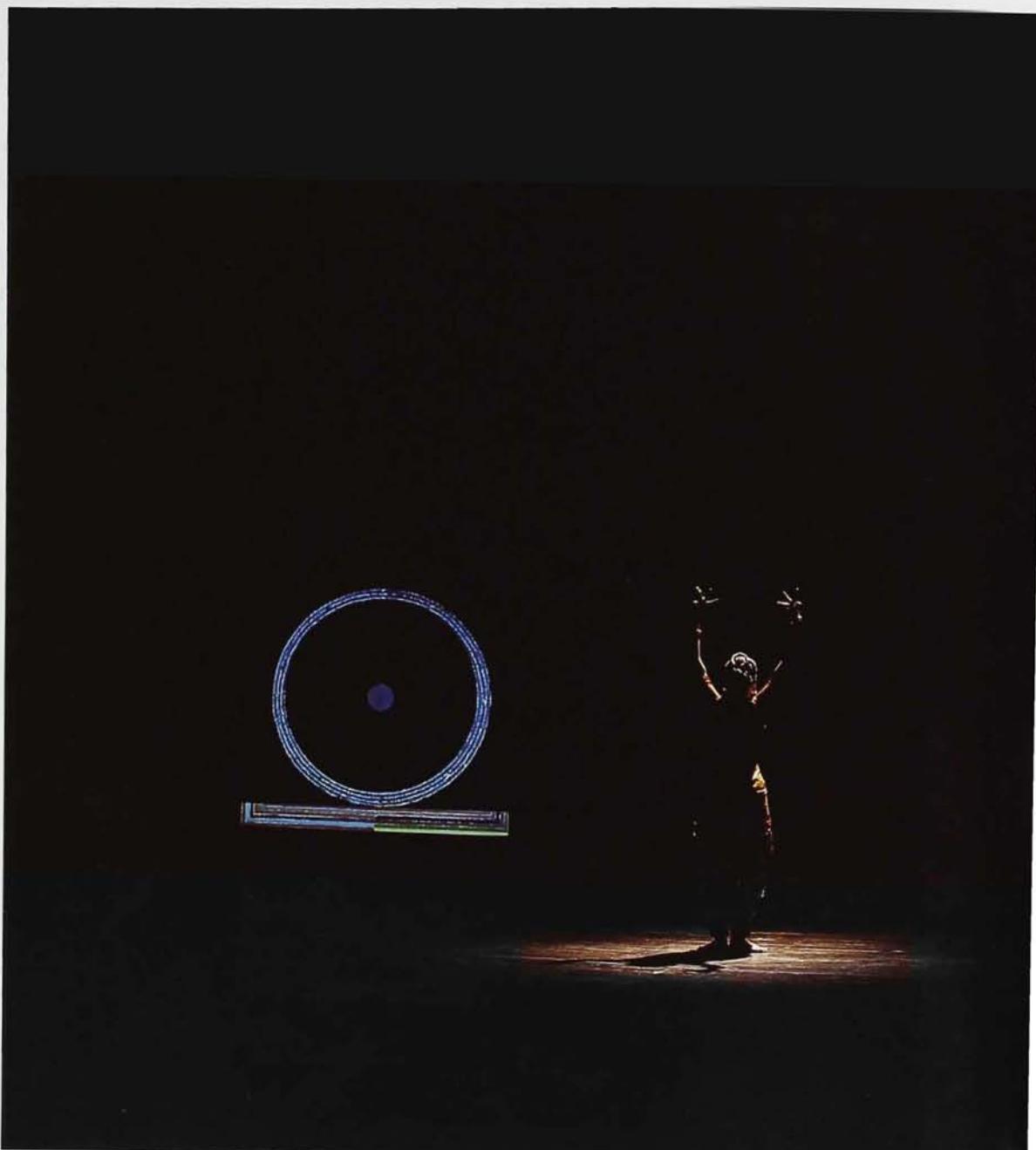


Bindu



During the Partition of India, when the country was torn apart, Syed Haider Raza was separated from his family. All of them, including his wife, chose to move to the newly formed Pakistan. Only Raza stayed back in India, a country and ethos that is still part of his psyche even though he moved to France years ago. Paris gave him a different understanding of colour, form and execution of space. His techniques changed, from watercolour to oil to acrylic. However, even if he had not gone to France his artistic insights would perhaps have remained the same. Though he moves between Gorbio and Paris, and shows all over the world – every year he makes the pilgrimage to his village, Damoh, in Mandla, Madhya Pradesh.

**Kamal Sahai** in Paris and Gorbio to meet one of the most well known contemporary artists now in the autumn of his long life...



Interpreting the mandala: Malavika Sarukkai performing during Raza's 85th birthday celebrations in Delhi

**G**orbio is a quaint medieval village in the south of France. Given the more high profile towns nearby, such as Cannes, Antibes and Nice, one may even forget to stop here. The history of the village goes back almost 500 years to 1545. An ancient church is the focal point of this unobtrusive village. Under a hundreds-of-years-old tree, akin to a village chaupal, residents meet on sunny mornings

for a cup of tea or to just sit together and gossip. This is also the village bus station and taxi stand, where a visitor gets off to look at the church and walk down narrow winding alleys.

Raza's little house is at the threshold, almost outside Gorbio, where Raza spends his summers, away from Paris where he has lived in since 1970. The Paris flat cum studio on Rue de Cheronne, incidentally, is part of an old tenth century convent which is now a

protected building. The Gorbio retreat is a functional house with just a studio, built by Raza and his late wife, Janine Mongillat, on a small piece of land.

When I phoned Raza to remind him of my appointment, he asked which day I would be in Gorbio, saying he would prefer it not to be a Sunday: "Bhai, main Christian nahin hoon, lekin main Sunday ko church jaata hoon. Badi shanti milti hai wahan. Aap Monday ko ayiye. Balki dopahar baad ayiye kyonki main thodi der aaram bhi karta hoon. (I am not a Christian, but I do go to church on Sundays. It gives me a lot of peace. Come on Monday, please. In fact, late afternoon, for I rest a bit.)"

The hour's drive from Nice isn't tiring. Raza has been coming to this village for decades, and felt he owed something to it for the many happy months he and his wife spent here, as a result of which he set up Raza-Mongillat Foundation which displays works of Indian artists, along with his own works and artefacts and those of Janine's.

"The museum is open in the afternoons, so you come around.





The mandala on the gate of his home.  
Above: Gorbio is situated among the Alps and  
overlooks a valley

two and do walk up to the gallery – it's nice," Raza had said. The walk up to the museum is quite a climb. The location, the display and the objects at the museum blend perfectly with the surroundings. It is not difficult to imagine that in winter the snow-capped mountains would encourage a willing friendship between the village and ski enthusiasts. And in summer Gorbio would be equally

## A poster of a mandala discreetly declares

this is Raza's house. The octogenarian artist, just surfaced from his short nap, is sitting outside in the garden. A few lines are drawn on the canvas before him, and he gazes at the canvas as if wondering where the lines and brush will take him



friendly, its mild climate making it a much sought after destination.

When I had met Raza in Paris last May, he hadn't been too well. Yet he had made the effort to ask if I was vegetarian, and since the restaurant he frequented didn't serve decent vegetarian food, he took me to another one a short walk from his flat. This restaurant had two of his prints, proudly displayed. But then, Paris is a haven for artists. Irrespective of class and money, almost anyone can enjoy the passion in a piece of art, share in the joy of creation with an artist.



Work is a form of prayer: Raza painting outdoors in Gorbio

I had seen Raza in 2006 in Delhi, when Malavika Sarukkai, a diva of bharatanatyam, paid tribute to Raza and his mandalas through a spectacular performance. A book on him called *A Life in Art*, written by Ashok Vajpeyi, was launched. Malavika's mesmerizing performance kept rhythm with the fine strokes of Raza's brush. When the frail Raza, then 85, came up to the stage to honour the artists and to announce the awards his foundation had instituted, he spoke about Gorbio, a little village in southern France where he

worked for part of the year. He spoke with passion about India and its people, of his hometown Damoh in Mandla, Madhya Pradesh, and of his attachment with the village ambience. He revealed that he was creating a trust for young artists so that they did not have to struggle. This land had promise, he said, and an endless stream of creative people were waiting for that one moment that would make them famous. To them he wanted to give all that he had missed out on as a young artist. He knew that struggle and a

hard life may be good for a young artist, but an excess of it could kill the creative spirit.

To reach Gorbio, I took the train to Nice from Gare de Lyon, Paris the same station at which Raza himself had arrived on 3 October 1950 and where he was received by the painter Ramkumar. He had found a room in Montparnasse, an area where many French and foreign painters lived and worked, including, yes, the most well known of them all – Picasso.

It is late afternoon. A poster of



His way of thanking the people of Gorbio: the Raza-Mongillat Museum

a mandala discreetly declares this is Raza's house. The octogenarian artist, just surfaced from his short nap, is sitting outside in the garden. A few lines are drawn on the canvas before him, and he gazes at the canvas as if wondering where the lines and brush will take him.

For 87-year-old Raza, this must be just one of many encounters with a journalist. Suave that he is, he knows very well what makes good copy and can keep you entertained while he educates you about himself. There is sometimes that pause, sometimes a couplet



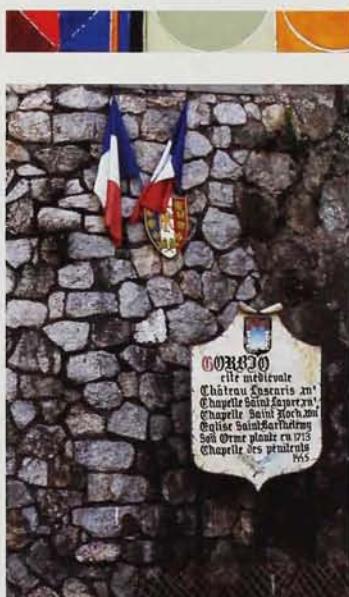
thrown in. He conveys what he wants in effortless French, English, Hindi and Urdu.

"Art does need nourishment and patronage to reach a level where it gets universal acclaim. Art in India has never been less in terms of creativity as compared to Western art, except that it required a broader perspective to understand the forms and experiments in self-exploration and self-expression. Paris provided that. Intellectuals shared the exploration, and one was naturally drawn towards Paris," says Raza. Indian art was neglected in the early part of the last century. An Englishman had even branded Indian art as repugnant. The European Renaissance had bypassed India. But according to Raza art has to be seen with a different eye – the third eye, as it were. Raza explains: "You have to see art not just with your eyes, but ears as well. Buddhi zaroori hai, lekin sirf wohi akeli madad nahin kar sakti – antargyan ki avashyakata hoti hai to create and appreciate art (Intelligence is necessary, but that alone cannot help – you need inner knowledge to create and appreciate art)," he says, reclining on the small sofa in his studio.

"Chala ja akl se aagey, ke ye noor chiragey raah hai, manzil nahin (Go beyond your intelligence, because this shining spark is not the final destination but a medium to show you the way)," he continues in Urdu.

His studio is packed with canvases of all sizes and colours. Many of them have some text. Some feel that his use of text in his paintings shares common ground with the Pahari or Rajasthani painters who added script to their works of art. Mysterious are the ways of creative people. While playing the shehnai, the famous Ustad Bismillah Khan would sometimes burst into song. Sitarist Ustad Vilayat Khan seemed to forget his instrument when he wanted to convey to the audience his experience while rendering a particular bandish or raga. Pandit Birju Maharaj begins to sing when he is dancing, and occasionally

By birth a devout Muslim, he goes to church without fail and speaks of devotion to Krishna. He lives in France but his roots are firmly in India



takes over the tabla himself. In the same way, perhaps Raza feels that painting alone cannot convey the fullness of his emotional outflow. He therefore takes recourse to literature, the Hindu-Muslim ethos of his childhood, and the texts add an extra dimension to a piece of work. And in that one line from a poem, or in the one swirling mandala, he tries to convey his philosophy as well as his journey to the centre-point which is the mandala. Journeys are always circular, and the mandala is where he both begins and ends his journey.



Taking the biographer out for lunch: Raza with Asok Vajpeyi in Paris

Haider Raza born on February 22, 1922, is the son of Tahira Begum and Syed Mohammad Raza. His father was a forest officer in Mandla, Madhya Pradesh, who allowed him to explore his natural surroundings, to imbibe everything that was present in the dark dense forests of central India. A restless child who did not like studying, Raza preferred instead to watch birds and observe nature. His teacher, Nand Lal Jharia, drew a bindu (a dot) on a wall, and asked him to try focusing on it, whenever his mind wandered. Another primary school teacher in Mandla, Beni Prasad Sthapak, often quoted couplets and lines to him which he still remembers, such as, 'Hey manus, rakh pag pankaj per dhyan' – watch where you keep your foot!

His unorthodox family believed in the value of a rounded education. His brother was proficient in Sanskrit and worked for a Hindi newspaper in an editorial capacity. As for young Haider, he went to Ganesh temples to learn bhajans, studied the

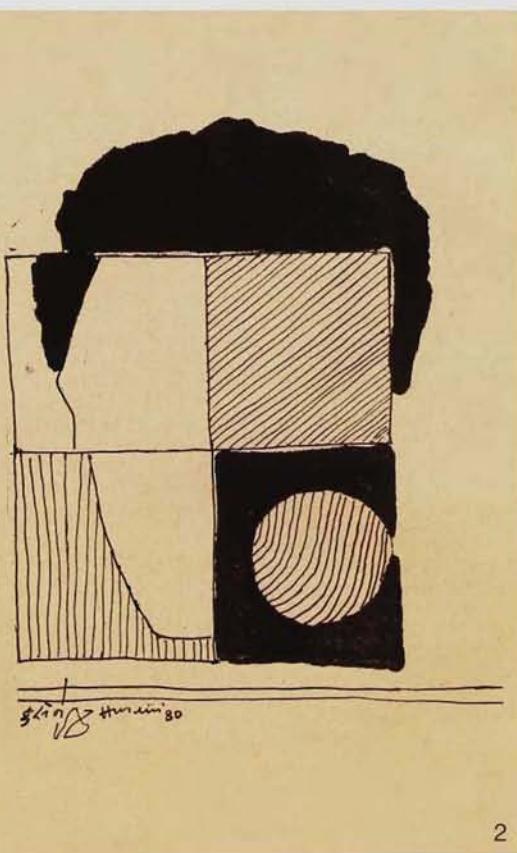
Ramayana and acquired a deep and abiding interest in Indian religions and civilization. He studied at the Nagpur School of Art.

When his father retired from government service, Raza became an art teacher in a school in Gondiya. He was granted a scholarship by the Government of the Central Provinces to study at the JJ School of Art in Mumbai but was too late for admission. However, he stayed on there, got a job at the Express Block Studio and went to the Mohan Art Club to study in the evenings. As a private student he managed an association with the JJ School of Art. A taxi driver provided him shelter, and later he moved to the Studio where he worked during the day and slept at night. He never shied away from struggle to make ends meet and continued with his poetry and drawings.

The Partition following Independence was traumatic for the country as a whole, but for Haider Raza it was even more so. When Pakistan became a reality, his family chose to migrate to

the newly formed Islamic country. Everyone went, except Raza. His wife Fatima, whom he had married in 1942, wanted to go too, and Raza opted for a divorce from her as he did not want to leave the India he loved. His roots are in fact still so strong that he returns to India whenever possible despite his advancing age. In these 50 years or so, though he travels all over the world he has never visited Pakistan.

1947 was a difficult year for him in other ways too. His mother died, and a couple of months later his father too passed away and it upset Raza that he could not be with him in the last moments. His brothers' houses were burnt in Delhi when they left for Pakistan. But then, that same year he was instrumental in establishing the Progressive Artists Group along with Francis Newton Souza, KH Ara, HA Gade, MF Husain and SK Bakre. This was a passionate group that attempted to look at the art scene differently, and attempted to learn from each other as well. Later, while Souza



Framed: early pictures of Raza by Henri Cartier Bresson and MF Husain



Progressives all: Francis Newton Souza, Syed Haider Raza and Akbar Padamsee. Montparnasse, Paris, 1952

chose to move to America, it was France that fascinated Raza. Husain has remained their torchbearer in India and continues to create ripples here.

It was during a trip to Kashmir that he accidentally met photographer Henri Cartier Bresson who suggested that Raza take a deeper look at Cezanne's work to understand the craftsmanship that went into a painting. (Bresson was to later photograph him outside his studio in Paris). Raza began to work with watercolours, and his exhibition of these paintings proved a runaway success. At the time of Raza's farewell show in Mumbai in 1948, he was rated as one of the foremost young painters in India.

Raza liked Bombay, as it was then called, where he was getting Rs 40 a month. But his dreams were all of Paris – he had to get there. His close friends and well-wishers contributed to the long journey he was embarking upon. One gave Raza his overcoat and shoes, another covered his financial guarantee in France, Express Block Studio's directors Jalil and Ashfaq Husain paid his fare, and Raza sailed to France with another painter, Akbar Padamsee.

"I wanted to go to France as I was impressed with Cezanne, Gauguin, Chagall and Picasso, and applied for a scholarship," remembers Raza. To be eligible for the scholarship he had to have a working knowledge of French, so

he joined the Alliance Française. "I learnt French day and night, and when the examiner, who was a lady, asked me why I wanted to go to France, I said, 'Because I love French paintings!' She was so impressed that she gave me a two-year scholarship. In this world nothing will happen unless you work for it," says Raza, looking back on those years long ago.

He came to France on a scholarship to École Nationale des Beaux-Arts (National School of Fine Arts). To make ends meet, Raza gave Hindi lessons and did cover designs for books. He continued with watercolours though he also felt the need to experiment with other media. So he tried his hand at oil colours and mastered the technique. He won the Critic's Prix de la Critique in 1956 and art galleries started looking for his work. He was drawn to a fellow student, Janine Mongillat, whom he married in 1959. Her parents said, "We like you, but we hope you won't take our daughter away from us." Raza gave his word and decided to settle down in France. "Paris became my home. France gave me the power to paint. I started thinking here."

Paris was theatre, ballet, opera, music, conversations and books, museums and sculptures... The constant exposure gave Raza more varied dimensions. Nature emerged as a fine-tuned internal absorption to be explored and drawn without human figures – it is almost as if

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it is almost as if  
while watching  
his canvas you  
become the  
much-needed  
figure, but  
outside the frame





PARIS, October 10, 1949.  
" 17, 1949.

आदरणीय गुरुवर,

पराण स्पष्ट! इस पत्र मेरे लिखते होंड़ी हैं, क्षमा भुलें। मेरे स्वाध्य एक छोड़ गयी था और भी सहजे रहा हॉ। जून मेरे न्यूयार्क मेरे प्रदर्शनी थी। बड़ा व्यात कोड़ी है। मूर अपने विचारों और भावनाओं को शब्दों मेरे पुगार जून अपनी आखिरी घुट्ठ बोली लगता है। विस्त प्रकार कहूँ तो, अपने चुनकों की विचार-दीक्षा मेरे गीवत मेरी किसी भृत्यपाणी की है। मन्दिर, नगरपाल और भुवरु मेरी प्रबाध तिहाई, भगवन् शिला, आखार मिला, आखार मिला! बच्य मैं, मूल मैं, ज्ञातियों भगव हैं। विदेश मेरे सलों रहते हुए भी, मैंने देश से जीवन अधि सम्बन्ध बनाया रखा है। अपनी आशा नहीं भूला हूँ। आपके पत्र लिखने की बड़ी इच्छा थी, त लिख पाया। क्षमा करें।

"आवतजन" विचार संग्रह मेरे, मैंने अपने गुरु देवताओं को आभार धारित याद किया है। गुरु प्रसन्नता हुई थी, यह दौरानों आपके निजा, आर आपको मेरे नये विचार पूरी दी थी। शब्द, बेड़, नाम, अकुरा, शीर त्पद्यन, नगर, इन्डिन, जागरत, प्रकृति-भारतीय विचार वाराणीसी मेरे सहलपूर्ण हैं। अपनी क्षमता के अद्भुत मैंने इन्हें चिह्नित करने की कोशिश की है। सलों, बड़ुत ही एकमता से अपनी सारी शास्त्रों से अपनी राजनी दृष्टि पाने पर यत्न लिया है। देश के भूल धोतों से प्रशार्द्ध ही है। न्यूयार्क मेरे ३५ विचार प्रदर्शनित लिये थे। आपके आशीर्वाद मेरे प्रदर्शनी भफ्फल हो, युला अपनी ने इन्हें ३ लाख से ज्यादा। आपका मौजूदियों के प्रति जो वलाकाश बन गया है, देश मेरे विदेश मेरे बहुत अद्भुत है। इसमें युध और शुशीर है। यह देव छुपा है, पर नहीं भी शुभ लभन से अद्वा ले अपनी है। और इसका ज्येष्ठ मेरे अपने शिष्यकों के ही है।

"गुरु गोविंद दोनों (वडे, काढे, लाग्ने) पांच  
बलिहारी गुरु आपनी, गोविंद दिवा दिखाय"





while watching his canvas you become the much-needed figure, but outside the frame.

Anyone with a sense of aesthetics, would observe from frequent visits to museums absorbing Cezanne or Van Gogh or Gauguin, that these artists approach viewers differently. Raza began spending his time in museums like one possessed, while Janine experimented with different themes and was greatly influenced by the folk art of India during her travels to the country. Rue de Cheronne had her studio

the artist finds appropriate, and hopes that it will touch a chord in someone, somewhere, without economic consideration. Leonardo da Vinci's *The Last Supper* is an example where with each restoration, over the ages different dimensions have been emerging through a continuing engagement with the artist's work.

Even off-guard Raza is gentle. I was flipping through Ashok Vajpeyi's book in which Raza's letter to his art teacher in school has been reproduced. It was written when Raza was 77, in

Devanagari script, in which he says how grateful he is that he was guided to focus with commitment! How many of us would care to remember or to write to our teachers at that age? The fact that a single painting of his could fetch in euros what an art teacher in Madhya Pradesh can earn in a whole year, or more, seems not to have touched Raza. He feels genuinely beholden to his primary and high school teachers in Damoh for

having initiated in him a love for poetry and for nature.

His theme for some time now has been the bindu, the dot. When he discovered his passion for this, he wanted to share it with the world. For almost 40 years he has been writing script on his canvases, quoting his favourite verses from Kabir, Nirala, Mahadevi Verma and others.

"I have few regrets," says Raza. "Success came to me recently, in the last five or six years. Whatever I have painted has been sold." "But wait... You may hear that

Raza's painting fetched a million euros, but I get nothing out of it. My paintings command this kind of price alright, but the buying and selling, the transaction itself, is between two other individuals – the one who bought my painting sometime in the past for little money, and someone else who is willing to give a much higher price for that."

His works are expensive, but what he paints today is sold almost immediately. He continues to paint though not so vigorously, for there is no need to do so now. His

**“ You have to see art not just with your eyes but ears as well. Buddhi zaroori hai, lekin sirf wohi akeli madad nahin kar sakti – antargyan ki avashyakata hoti hai to create and appreciate art”**

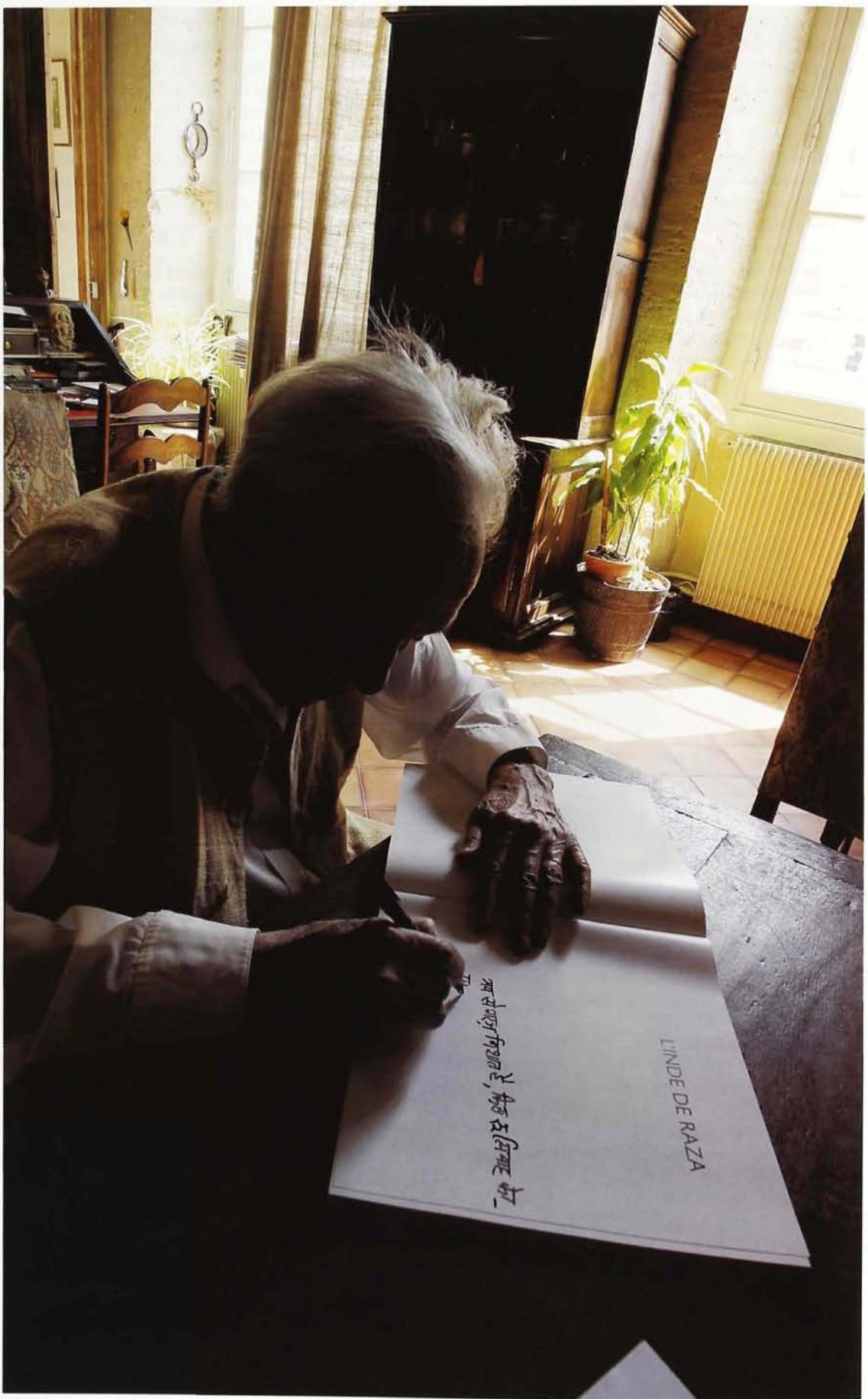


struggle was, after all, of an earlier time – in Bombay and then in France when he needed recognition. "Money is not everything, but a means of survival," states Raza. "Being rated this high now is not necessarily a motivating factor in painting, and even when I wasn't getting money my passion for the bindu remained... Yet, as I began to paint, I realised that an Indianness, a thought process, was absent, and I began to introduce Indian iconography. The mandala or bindu gave me international fame."



too. "We had two separate studios. We both liked to listen to music while we worked. I needed my own music, so we decided to keep two studios," he says.

Art is like scientific search, a drive that many are engaged in. Do we have an idea? Are we alone in the universe? We send radio waves to outer space so that sometime somewhere somebody will respond. An artist's work is like that – an expression that starts in the deep recesses of the artist's mind, finds a medium, and then emerges in a colour format that



I came to be known as the Indian painter with a perception."

In 1956, *Art News and Review* of London wrote, "The young Hindu artist Syed Haider Raza, who has been awarded 'Prix de la Critique' is well worth the attention. One feels that the artist has taken infinite pains to infuse every part of the canvas with his inner vision... exploring the magical possibilities that are inherent in colour and the subtle effects to be obtained from a fine quality of texture. He has come to produce a rich resonant poetic art that sounds its deep notes through the dry scientific atmosphere of our time."

He has lived his life, been married and divorced, married again and widowed. Relationships emerge and fade away like bubbles in a torrential rain. Life

continues just as water continues to flow, irrespective of the terrain. The world has always suffered an overdose of artists' obsession with the feminine form. Raza's brush, however, has remained judicious and discreet. He loves beautiful women, but then who doesn't?

It is September, autumn in Gorbio. Its denizens will now spend less time outdoors with the decreasing temperatures. The season occurring between summer and winter, in the northern hemisphere autumn is the time when the weather turns colder, many fruits ripen, and the leaves change colour and drop down, which is why the season is also called 'fall'. It is the interlude between the most vigorous and successful phase of a development and its decline.

And that's how it is for Haider Raza, at 87. In the autumn of his life, he says, "Jyon jyon dubey shyam mein, tyon tyon ujjwal hoye (The deeper you immerse yourself in Krishna, the more you shine)." By birth a devout Muslim, he goes to church without fail and speaks of devotion to Krishna. He lives in France but his roots are firmly in India.

It is autumn, and Raza will soon move to Paris. In the fading evening light, he entertains a visitor, the Mayor of Gorbio, to plan the sustainability of his gallery. Raza hands me a phone charger that his protégé, the painter Akilesh from Madhya Pradesh, had left behind during his visit to Gorbio, and asks me to courier it. As for me, it was time to leave for Delhi.

Photographs © Kamal Sahai

Photographs 1, 2, 3 & 4

Courtesy: Gallery Art Alive

# Whenever his mind wandered, his teacher,

Nand Lal Jharia, drew a bindu (a dot) on a wall, and asked him to try focusing on it. Another primary school teacher, Beni Prasad Sthapak, often quoted couplets and lines to him which he still remembers, such as, 'Hey manus, rakh pag pankaj per dhyan' – watch where you keep your foot!

प्रथम प्रदेश के रुक्मीं गांव कैकेया में अंदरे ८२लीं ३८के पहनी भौंटोंग है था। रोते उतारनी होती थी। दिन को कुछ नी धूखादि नहीं देता, कुछ स्वप्न जहाँ आता था। सात साल की उम्र में फ्रान्सीसी शाल का सब से बेहतर विकास हो गया। दिन खेल कुछ में ही रहता था। निचोड़े रहती थी निचोड़ी के बाहर तो मैं प्रसानन या, चेहों या, चिढ़ियों की तरह जन अवक्षत रहता था।

हुमारे शिक्षक 'पंडित जी' स्कूल के हैंडमाइटर, येरे पिता के भिन्न थे। इन्हें कुछ दश भाइयाँ। सूफ़, दिन पटाई के बाहर इन्हें कुछ रोका। कुछ परेशानी से शाल की सॉफ्ट नीचात था। इन्हें एक 'बिंदु' जाना थोका क्या? कुम बहुत ही बोला, सब भूस जाओ, शाल को, खेल को, कृष्ण को। देवत इस बिंदु पर ध्यान दो, इसी पर मन लगाओ। यह छूम जारी रहा। जूँ दिन, बाद में दूसरे विषय पढ़ाया गया। येरे शिक्षक निचोड़े। एकाग्रता बढ़ती गई। योगावसी भिली। 'बिंदु' शब्द था, स्वर्मी जन नाम, प्रकाश मध्य रंग दिले, नमे जीवन का जारीजा हुआ।

यह पाठ आज ५० साल से मेरे जीवन में समर्पण रहा है। सुनम बदल, चाहिए जीवन बदली, देश परिदेश जान पड़ा नगर जानवर में अस्तित्व लूँ क्षेि रही। अबने के दैनिक अन्ती सेती कुँव शिढ़ियों को जगाना असान नहीं हो। एक घरता, बिन्दुओं और साधना से ही आत विजास से स्वक्षत है।

झारभिन्दि निंदों की बहुत सी थाएँ हैं। झिल्डी और बल के बोंगे भी दुष्कृत होता है। सनम अन्देि। शब्द नहीं निजलते हैं। 'भ्रतल शब्द' भी अनेन्तता' ऐसा स्वप्न भ्रमता है। इस्तेशिये जाहूत हैं। मैं न कोइँ, विज आलै।

परीक्षा, २५ नवम्बर '७८-

लैपर रत्ना





## The Michelangelos of medicine

With everyone wanting to look better than they are, with maybe a straighter nose or a dimpled cheek, plastic surgeons are in high demand these days. A surgeon, seemingly of the plastic tribe, writes with good humour on the many things that go on in surgical wards during such makeovers. Who, for instance, decides whether the tip of the nose is pointing in the right direction or has gone awry?

Illustration: Farzana Cooper

**A**re you happy with your looks? Is your nose too short or too broad, hooked, or with a bulbous tip? Is your chin receding? Too prominent? Doesn't have a cleft? Are you too fat, or too flat? The list of physical shortcomings, inherited or otherwise, is endless and most of us are dissatisfied with some bodily feature or other.

The obsession with perfection, or at least our idea of it, is at its peak during the teen years. Raging hormones heighten the general mayhem and litter the face with

boils and pimples and spots, adding to the woes of youngsters already short on confidence and self image, having to cope with peer pressures and exams, the future, parents, everything! Luckily, the majority manage to overcome the turmoil of growing up and settle down to feeling comfortable with themselves.

But some are different. The mismatched silhouettes of reality and imagination may be difficult to live with, without merging one into the other. A need exists, and the good doctor steps in. In this case it is the plastic surgeon, who is also the cosmetic surgeon, the

artist, the Michelangelo of the medical profession.

An Internet search on cosmetic surgery turns up interesting details – everything from how to choose your plastic surgeon, the cost and the drawbacks. There are even three-dimensional animated images with voiceovers of how the procedure is done and, of course, plenty of before-and-after photographs. But the road to surgically acquired good looks is littered with booby traps. It is a minefield where if you are unwary and take one false step – poof! – the before-and-after photos get exchanged with each other and you emerge worse off than before. The retroussé nose tip is downturned, or worse, sunk in the middle like a collapsed soufflé.

Plastic surgery and its subdivision, cosmetic surgery, are concerned with correction of function and form. The plastic has nothing to do with the synthetic polymer; rather it originates from the Greek *plastikos* which means 'to shape or mould'. Plastic surgery was practised in India even as far

back as around 2000 BC. Sushruta and Charaka are the famed plastic surgeons of ancient times. Medical men travelled to India to observe rhinoplasty.

Modern day procedures range from breast augmentation and reduction, facelift, liposuction, abdominoplasty and sex-change surgery. And of course, there is the famous Botox injection for temporarily banishing that deadly giveaway of advancing age – wrinkles, that show up shamelessly like unwelcome guests on the face and forehead, counting the number of times you have frowned or laughed. Botox is a dilute form of the botulinum toxin produced by certain bacteria, one instance where villains have been put to 'good' use. Savvy marketing appeals to our inherent desire to stay forever young, just like the modus operandi for estrogen therapy.

Of course, one doesn't start out as a cosmetic surgeon. Plastic surgery is the first step, a lengthy apprenticeship where one hones the skills, especially that of putting in fine needlework, stitching lacerations with 7-0 sutures. Step aside, Kashmiri jamawar shawl craftsmen, or those who carve a Taj Mahal on a single grain of rice! Each suture costs several hundreds of rupees, and requires powerful surgical lenses just to make out if the suture is actually there and not a figment of the imagination. Cleft lips and palates are child's play. And then comes a day when a patient you handled during an emergency, ends up with a face that is pleasantly human even after a smash up in primetime traffic. One is now on the way to becoming a professional moulder, or cosmetic surgeon.

Recently, in the operation theatre I saw an attractive young woman lying flat on the table, all ready for surgery. I would never have imagined that she was there for cosmetic surgery, a corrective rhinoplasty. She had undergone an earlier procedure on the nose but felt that the tip was a shade off-centre. The rhinoplasty was conducted under local anaesthesia. At the end of the procedure the

senior plastic surgeon began wondering aloud: was the tip of the nose just a wee bit awry? His two operating assistants piped in that the tip was dead centre. The older man looked annoyed at this show of strength and said, "This is not a democracy, two versus the opinion of one." The final decision was to be left to the patient – she would have to look into a mirror and see for herself. A lot of craning and twisting of the neck and several side looks later, the patient finally declared herself happy with her nose tip.

If you were a political party worker and happened to clash with the opposition forces, and in the heat of the moment a sword sliced neatly down through the air to meet your upraised arm, something would give. Halfway through a 24-hour shift on Sunday,

every face, plastic surgeons will need to have on show a variety of noses, eyebrows, ears and dimples. They might even provide well-carved battle scars with which a macho man could impress on a doe-eyed damsel that he has survived a goon attack successfully – not knowing that the lady herself acquired her innocent dimpled look from the same surgeon!

We have come a long way from submitting a black and white passport photo for prima facie approval of a marital alliance. Those from my generation and earlier will certainly remember that to get the much desired fair and lovely appearance in black and white, the photographer would apply pink ink on the face; blue ink was used for lush and striking eyebrows. But no such 'sastha and tikao' (cheap and long lasting)

**Of course, one doesn't start out as a cosmetic surgeon. Plastic surgery is the first step, a lengthy apprenticeship where one hones the skills, especially that of putting in fine needlework, stitching lacerations with 7-0 sutures. Step aside, Kashmiri jamawar shawl craftsmen, or those who carve a Taj Mahal on a single grain of rice!**

exactly such a man with a neatly severed arm turned up in the emergency. Luckily for him, the sword had probably been handmade by someone closely related to a Japanese craftsman who fashioned swords for samurais, and so it was relatively easy for the plastic surgeon to patiently put two and two together and almost make four. The rejoined arm was 70 per cent of what it was before the accident – not bad when you consider the alternative.

Reconstructive surgery comes handy in peacetime too. The way marriages are taking place with superfine detailed planning, it could become important to find someone who can make a bride or groom good-looking in a matter of hours. And soon, in the way an optician can produce glasses to suit

solutions for the twenty-first century.

One wonders what happens when the heavily 'worked on' couple produce an offspring with the purest genetic ingredients! Surely, science is bound to tiptoe in to lend a hand, and soon. Cosmetic surgeons are couple of years away from looking for new vocations if geneticists find a way to imprint the beauty code in the genes. To then expect a regular update for fixing these problems, downloadable from the Net for astronomical fees, is not farfetched.

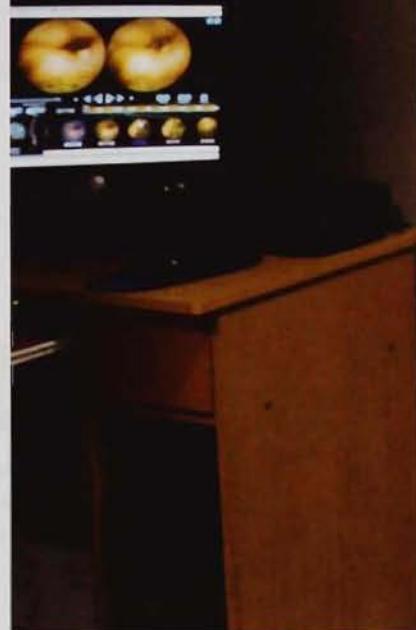
Until then the current crop of plastic surgeons need have no fear. *There once was a surgeon cosmetic  
With a scalpel so delicately artistic  
That by hook or by crook  
For love but mainly money  
Could slice a pug nose into  
A quiline – fantastic!*

**DR D NAGESHWAR REDDY:**

# ALWAYS A FIRE IN THE BELLY

"Fortunately, I am blessed with good health. When I'm not working, I seriously start feeling unwell!" says Dr D Nageshwar Reddy, Chairman of the Asian Institute of Gastroenterology, Hyderabad, which is among the most prestigious in Asia. Work is a constant passion with this doctor who says he dreams much more than he sleeps, and that patients are like his extended family. With a vision for the future and a drive to excel, he has touched thousands of lives with his pathbreaking contribution to therapeutic endoscopy, that has earned him global eminence in the field.

In conversation with **Mona Ramavat**, he tells her modestly that there's still a long way to go...



A man's workplace is the best indicator of his personality, they say, and the Asian Institute of Gastroenterology in Hyderabad is stamped with Dr Nageshwar Reddy's personality – from the super-speciality endoscopic procedure rooms to the artworks decorating the walls. I met Dr Reddy on a Sunday morning at the Institute,

which is a one of a kind of gastroenterology centre in Asia, with state-of-the-art facilities that match the best internationally. It has to its credit the largest number of ERCP procedures in the world.

Yet some of the patients I came across on the way to Dr Reddy's office didn't quite look like they could afford such sophisticated treatment. "Well that's the whole point," explained Dr Reddy later. "We aren't a very commercial organization and our most important mission is to offer highly advanced gastroenterological

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treatment at a much lower cost." He has also been instrumental in taking good gastroenterological treatment to people in rural areas. The Institute has so far treated over 90,000 gastro patients in Andhra Pradesh by sending doctors and medication along with endoscopic units in mobile vans to villages. All of this treatment is offered free of cost. "Other states like Karnataka and Sikkim are borrowing from our model," Dr Reddy says.

When he started the centre almost five years ago in 2004 in Hyderabad, many wondered how a speciality institution in gastroenterology would sustain itself. But Dr Reddy didn't think twice before setting up, step by step, an establishment that has today put India in a prominent place on the gastroenterology map of the world. "Since we are a developing country, it is natural to find a higher incidence of gastroenterological diseases among Indians, which is medically a huge

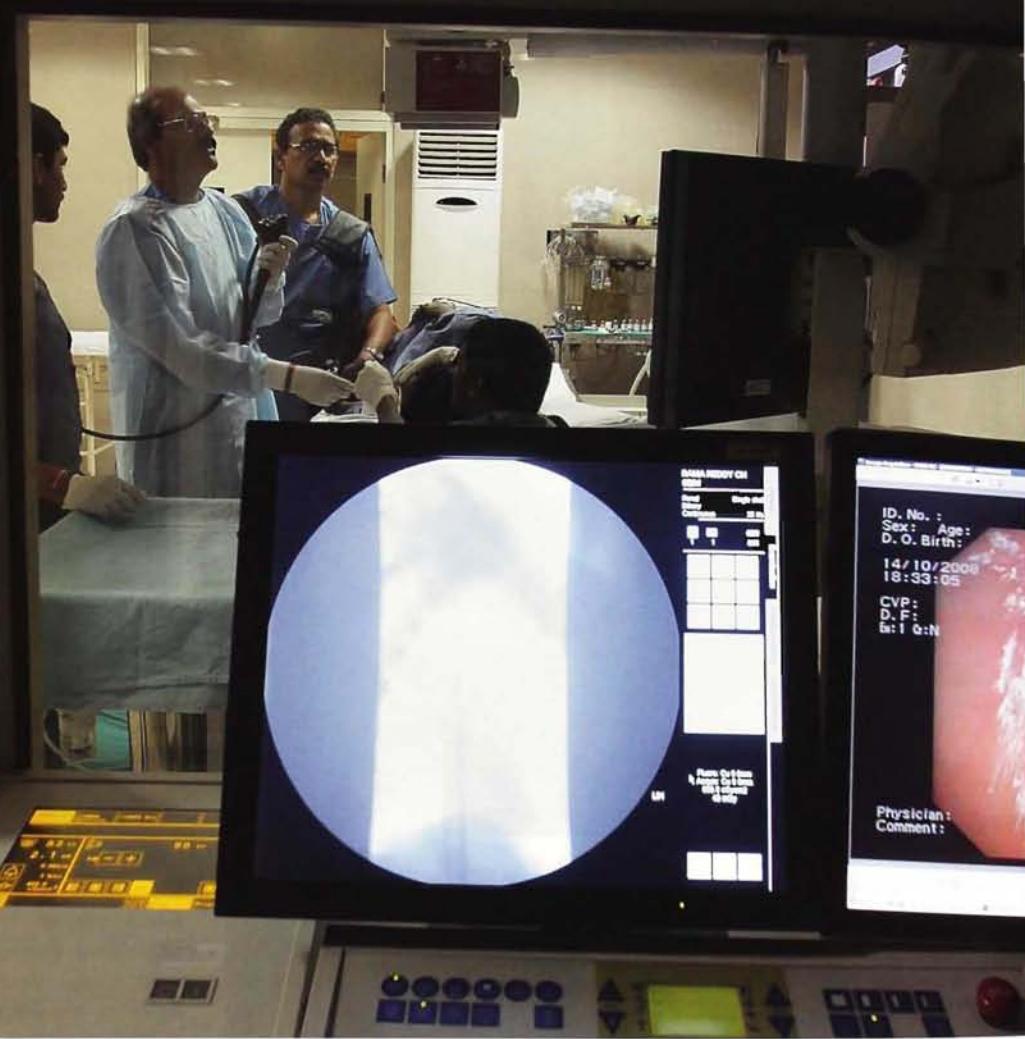


challenge. Out of these, only a very small percentage of the population can actually afford good treatment. Those who cannot afford it are the ones in greater need of all the superior technology and procedures." This was the main reason why Dr Reddy chose to live and practice in India, declining numerous invitations from reputed institutions abroad.

"Had I decided to settle down abroad, the whole purpose of studying and specializing in gastroenterology would have been lost," he says. "That is because more than 30 per cent of India's population is affected by some gastroenterological problem

brought about by food and water related diseases. This number is higher than that of cardiology cases. It's sad that today India has added on the diseases of developed nations to the ones that existed in the past."

Even as a medical student he was certain that he would specialize in gastroenterology instead of a more lucrative field like cardiology or neurosurgery. He had always dreamt of being a doctor, which was natural since his father, Dr D Bhaskar Reddy is a well known pathologist who was the president of the All India Pathology Institute for several years and the first director of Nizam's Institute of Medical Sciences. "While everybody was aiming to get into AIIMS, I went to study at the Kurnool Medical College, which was among the lesser known institutions, but a very good place to study at, especially for a basic grounding in medicine. What made this place even more special were the



**"...MORE THAN 30 PER CENT** of India's population is affected by some gastroenterological problem brought about by food and water related diseases. This number is higher than that of cardiology cases. It's sad that today India has added on the diseases of developed nations to the ones that existed in the past"

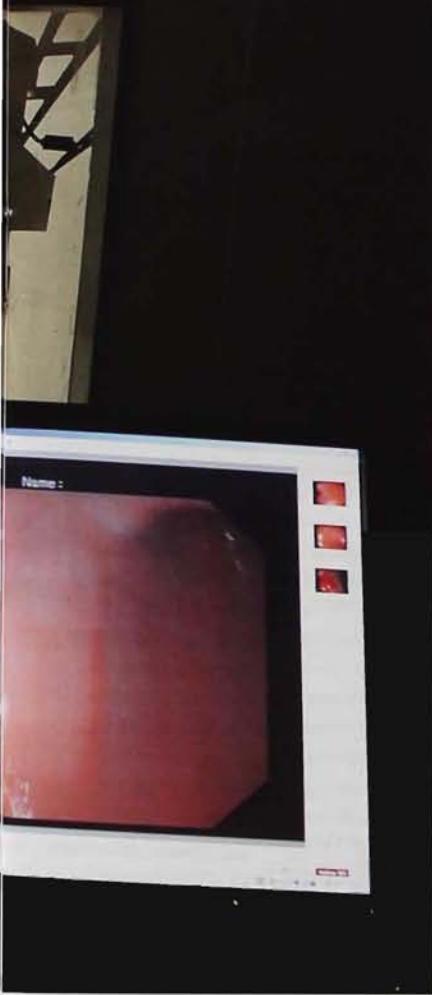
excellent teachers we had. They weren't the well known kinds but as far as their subjects went, I couldn't have asked for better teachers," he smiles.

It is no surprise that he was the most meritorious student there and won several medals for excellent performance. He then went to Madras Medical College

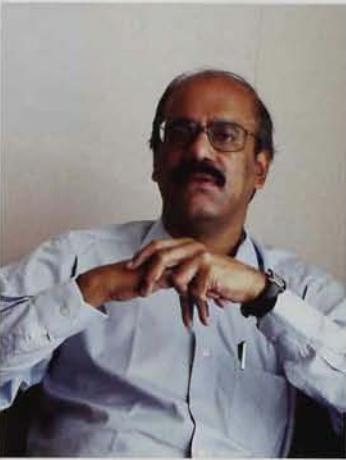
for a postgraduate degree. By this time, he had decided that his interest lay in gastroenterology and he specialized from the Postgraduate Institute of Medical Education and Research, Chandigarh, which in those days offered just one seat for gastroenterology! "I was fortunate to have got it," he says. "I was also fortunate since

at the time – we are talking of the early 80s – there was quite a bit of groundbreaking research happening in gastroenterology. The discovery of the virus associated with Hepatitis B and other aspects of gastroenterology and endoscopy were creating a stir within the scientific and medical worlds. So a passion for the subject and huge technological development in the field were reasons enough to opt for this specialization."

It was also a time when endoscopic procedures had started replacing surgery. This was a major medical advancement. The last 20 years have seen many innovations in the field of endoscopy, a technology that is still growing at a rapid pace. "I sort of sub-specialized in gastroscopic endoscopy, which is



my main interest now," Dr Reddy says. The Asian Institute of Gastroenterology has a research wing, where several PhD students and scientists strive to evolve better and more effective endoscopic procedures. "Academic excellence is another of our missions and I was keen on having a research wing associated with the hospital. We have many students doing some excellent research work even in advanced subjects like stem cells, cell culture and artificial liver research. There are a good number of international students too, and I can proudly say that there is a waiting period of three years for our programme." This is the only such research institute in India and the second biggest in Asia.



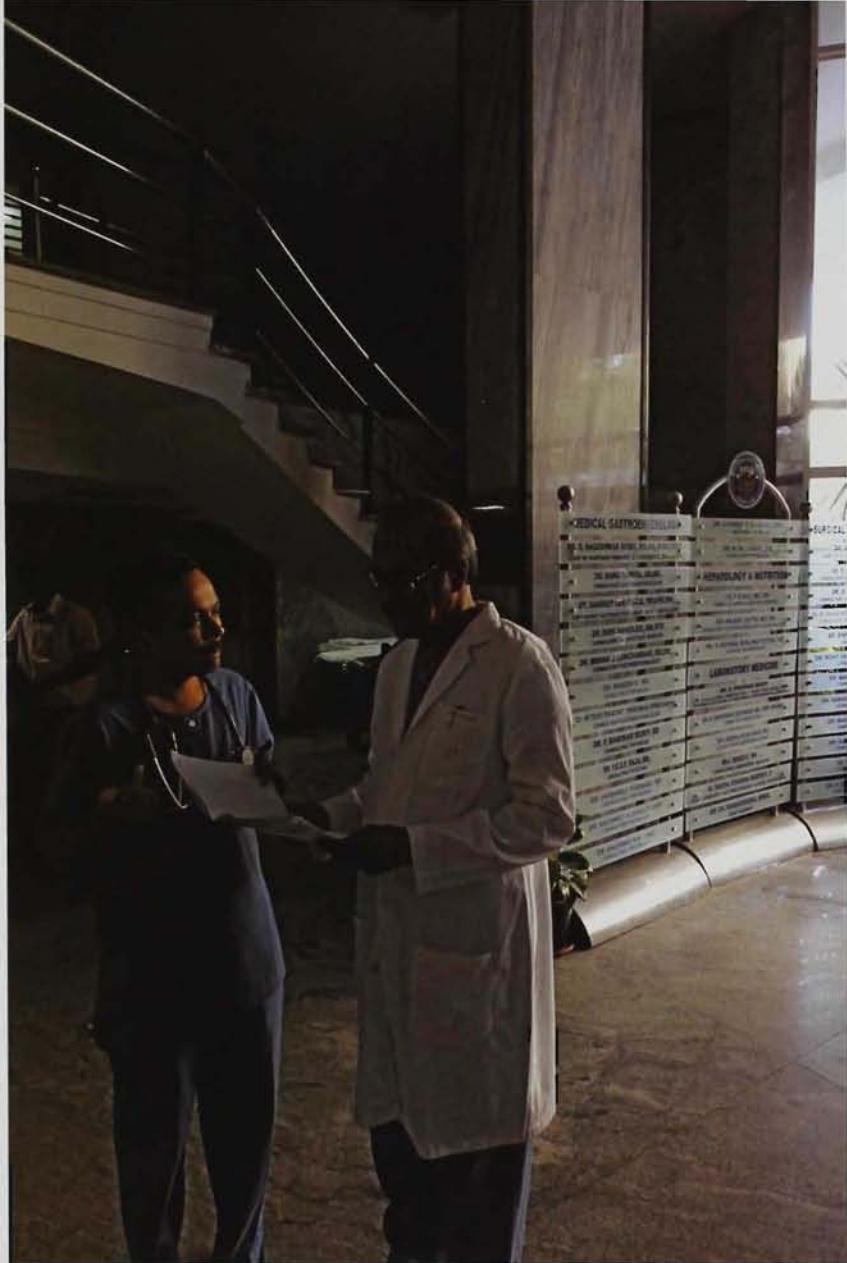
A teacher and a very thorough researcher himself, Dr Reddy is closely involved with the research and academic wing. "In fact, I wanted to take up pathology like my father, precisely because it would give me immense scope for research. But after much persuasion from him, I realized that by being in the medical side, I would be involved both with pure medicine and research. In retrospect, it was the best decision of my life, and I have my father to thank for it!" he acknowledges.

Another good decision was to marry Dr Carol Ann John. They met while they were both in Chennai. She was then a house surgeon and is today a sought after dermatologist. It was not, however, an alliance that was welcomed by their families because of the many differences. "But after some initial resistance from families on both sides, we got married in 1983.

The whole inter-religious thing was perhaps a big deal with them, but to me it made no difference then and doesn't make any difference now either. I honestly think most problems in the world are caused due to organized religion, the purpose of which is highly misconstrued," says Dr Reddy candidly. "My only religion is my work."

And it shows – in everything, from the meticulous way in which he examines his patients and the guidance he offers his colleagues and students, to his tireless passion for the Institute. "My day at the hospital starts at seven in the morning and goes on till the wee hours of the next morning. But no matter how busy I am (unless there is a pressing emergency) I always work out at the gym for a good one hour before starting work. It keeps me going throughout the day." And throughout the night, we might add. Some of his colleagues told us later that if the human body could have done without sleep, Dr Reddy wouldn't have bothered even with those four hours every day! "Fortunately, my wife understands my work and we both respect each other's individuality. While at home, we try not to talk about work, but it's difficult," says Dr Reddy.

What keeps him going through this demanding routine? "Well, the only thing that keeps me going is my determination to make a difference in as many lives as I can in a day," he answers. "I enjoy my



work tremendously, which is why I never feel tired. When you're passionate about what you do – it could be anything – work and leisure become seamless, really." But doesn't he ever fall sick? "Fortunately, I am blessed with good health. When I'm not working, I seriously start feeling unwell!" he quips.

No weekends off, no vacations, and basically no holidays – these are normal with Dr Reddy who says he'd rather not take a vacation since "it won't really help. My mind would anyway be right here. Besides, so much restlessness as a result of staying away from work is seriously not worth it." He spends many weekends abroad, at universities or international institutes that invite him for guest

lectures. He has also been visiting faculty at Harvard Medical School, Fujigoka University in Tokyo and at various other universities. He is also on the editorial board of the American journal *Gastrointestinal Endoscopy* and the *British Journal of Gastroenterology*.

"I've visited 50-60 countries so far and it has been a rather enriching experience. But I am always happy to return home and bring back all the knowledge that I gather from these visits to benefit people here in India," says Dr Reddy. So earnest is he about this, it is said that if he comes to know of an Indian student or doctor deciding to settle down abroad and work there, he makes it a point to have a conversation with him or her. Whether or not

he is able to alter the decision, Dr Reddy always gives it a try. Brain drain concerns him. "It's sad to see good talent go away to other countries while it is needed so much in India. I am inspired by the Japanese, whose daily lives are infused with so much patriotism and passion for their country."

Passion. That is a word he keeps coming back to. "Only passion can drive you to excel," he points out. I was told that during recruitment of new doctors and employees for the hospital, one quality that Dr Reddy looks for in a person is passion for the job. "You needn't be brilliant to be a good doctor. You just need to be madly passionate. I respect people who share my passion for making a difference. Well, passion along with compassion is a common work ethic at the Asian Institute of Gastroenterology," he says. Others include the drive to keep learning and bettering oneself, and basic humility. "Both these values I've learned from my teachers at the various institutions I have studied at and strive to apply at my workplace."

On the same note he adds, "Thanks to my work, I have had the good fortune to meet numerous celebrities, people from various walks of life – well known entrepreneurs, politicians, sportspersons, the works. And my biggest takeaway from them all has been their humility. The bigger the personality, the more humble I have found them to be." This is perhaps why nobody at the hospital hesitates to approach Dr Reddy with an issue or even a suggestion. As his colleague Dr GV Rao, who set up the institute along with Dr Reddy, says, "Even before we can think of our problem, Dr Reddy comes up with a solution to it! To say he's pretty approachable is an understatement. He inspires awe, respect and even adoration from all of us. For as long as I've known Dr Reddy, anybody who's worked with him thinks of him as an elder brother."

Others had similar things to say, each adding more superlatives to describe him! "It works both ways, really. I can't do without them either," Dr Reddy responds



smiling, when I tell him that. Besides these relationships that he's invested in over the years, there are two things that give him a high. "One is seeing a patient recover after a complex endoscopic treatment. It's really like wresting his life out of the jaws of death. Dr Reddy recalls one such incident. "About four years ago, I once got a call from the then Chief Minister of Bangalore, SM Krishna. His wife was in a critical condition. She'd undergone surgery of the gall bladder after which she developed some stones in the bile duct and as a result she developed obstructive jaundice and was in septic shock. Doctors over there had given up hope. As a last resort, I was called. I flew to Bangalore in a chartered jet in the middle of the night with all my equipment. By the time we reached there, she was already gasping. But after we performed ERCP on her, she recovered almost dramatically in the next half hour. By morning she was in much better shape. That case was quite a challenge and it was hugely satisfying to see the patient recover and get back to normal."

His other high, he says, "is to see a good research paper contributed by one of my students in a reputed international science journal." He gets to see both quite often, but every new instance is

**"WELL, THE ONLY** thing that keeps me going is my determination to make a difference in as many lives as I can in a day," he answers. "I enjoy my work tremendously, which is why I never feel tired"

refreshingly heartening.

Sensitive as he is, it is not surprising that he has a distinctly artistic streak. Although he doesn't paint or sketch himself, he is a lover of art. Artist MF Hussain is a friend and the doctor is a great admirer of his works. "My daughter, Sanjana, is a wonderful artist too, which has made me even more appreciative of art," he says. Sanjana, incidentally, is not a doctor but has studied engineering and now works in New York. "I am glad she's coming back though," he adds with an unmistakably doting smile.

He is keenly interested in history. "It's fascinating to read about the history of a place especially in the context of evolution of the people in that place," he says. "Let me tell you about this. I was once away in Lebanon on a visit to a hospital where I was invited to demonstrate certain endoscopic procedures. I had a spare hour on hand and decided to look around. I later found out that the tiny city I was in, Byblos, happens to be the oldest in the

world. It was quite intriguing to be in that city and look around at its heritage, read about its people, see the museums, etc." Dr Reddy also enjoys reading books that offer unconventional philosophical views on various issues.

As a final question, we ask him where he sees himself and the Institute a few years down the line, and the answer is forthright: "I would like to make this a centre of excellence for the best research, academic and out-patient care facilities in the field of gastroenterology in the world. My vision is to take gastroenterology to another level of excellence and for India to become a world-renowned destination for gastroenterological treatment and research. Not just gastroenterology, I dream of Indian talent being recognized in every field of medicine. Trust me, it's just a matter of time before that happens," he says. And in less than a moment he's absorbed back into the institute that's the biggest proof of the fire in his belly!

# THE ONCOLOGY HOSPITAL RAJIV GANDHI CANCER INSTITUTE



Lifestyle factors coupled with environmental degradation has caused a rise in the number of people afflicted by cancer. Since there were no dedicated cancer hospitals in the north of India at the time, the Indraprastha Cancer Society set up the Rajiv Gandhi Cancer Institute and Research Centre 12 years ago in the west of Delhi. A relatively young hospital, it has a growing reputation as a premier institute for cancer care.

**Text and Photographs:** Priya Jain

The crumpled, tearful face of a young mother holding her small child, trying to calm his howls of pain and fear, could have been the face of anyone confronted suddenly with cancer in a loved one. 'Suddenly' seems to be the way life topples

for so many in this situation.

I remembered Harmala Gupta, founder of the organization CanSupport, whom I had met a year ago, saying that when she first started working with cancer patients in the 1980s, cancer hospitals or wards were like places where people went to die. So I

wasn't quite sure what to expect when I made the long trip across Delhi to the Rajiv Gandhi Cancer Institute and Research Centre (RGCI & RC).

The institute is just 12 years old. In the 1980s there was no cancer centre in the north of the country. Most people with cancer either went to one of the general hospitals in Delhi or to the Tata Memorial Centre in Mumbai. The Mumbai-based Indian Cancer Society decided to set up a branch in Delhi to create cancer awareness. Soon after that they started the Indraprastha Cancer Society, a parallel organization that would address the lack of dedicated oncology facilities in the city, which went on to commission

# FOR NORTH INDIA AND RESEARCH CENTRE

the RGCI. The Indraprastha Cancer Society had several well known personalities of Delhi as its members, among them Mr HL Kapur who was a former Lieutenant Governor of Delhi, former Air Chief Marshal OP Mehra, Mr KK Mehra and Dr KV Swaminathan who is the current Chairman of the Governing Council of the hospital. Fund collection started in earnest and soon there was enough to apply for land. Four acres were allotted in a far-flung corner of West Delhi, in the Rohini Institutional Area.

A major breakthrough came when, through the help of Mrs Sonia Gandhi, a large loan was obtained from the German government. It came with two major advantages: the interest rate was negligible, and the loan could be returned over a 30-year period with a 10-year moratorium. This allowed the Society to go ahead and build the hospital with world class equipment.

When the hospital opened its doors in August 1996, Rohini was little known and difficult to reach without one's own transport. Since then things have changed dramatically. Several general hospitals now line the road leading to RGCI, the area is buzzing with commercial and housing activity and, more importantly, it is accessible by the metro.

Five years ago, Mr M recalls, his wife suspected that something was wrong with her breast. She would get up in the middle of the night and stand examining herself before a mirror suspecting she had a lump. Investigations confirmed her fears of cancer, but the couple wandered, worried and frightened, from doctor to doctor, even trying ayurvedic treatment, till someone suggested that they come to RGCI. After surgery and chemotherapy, the cancer seemed to subside and she had no



**THE** The institute is just 12 years old. In the 1980s there was no cancer centre in the north of the country. Most people with cancer either went to one of the general hospitals in Delhi or to the Tata Memorial Centre in Mumbai

problems. Then one day, some months ago, Mrs M suddenly staggered and fell. She broke a femur and had surgery, but due to complications she was still unable to walk. A repeat X-ray to see how the bone was healing revealed an infection and some suspicious spots. She returned to RGCI, where she had to go through further chemotherapy. As we talk, Mrs M lies on her bed, listening to and singing along with a chant on her phone, opening her eyes to smile from time to time. This chant has been given to her by someone on the hospital staff who has helped

keep her spirits up. She gratefully recalls the care and support she has received in this hospital over the last five years.

This is how the reputation of RGCI has grown – from referrals by doctors and hospitals to word of mouth. I even saw a patient from Iraq, who had heard of this hospital and for whom an interpreter was also found to facilitate treatment.

RGCI opened as a 152-bed hospital and now has 232 beds including 21 day-care beds. "Each day we see almost 400 patients in the OPD, of which 10 per cent are new patients and the rest are follow up cases," says Dr Sunil Khetarpal, the Medical Superintendent. "We have now 102,255 registered cases. About 45 per cent patients are from Delhi, 53 per cent from other parts of India, and 2 per cent are from other parts of the world."

"Cancer seemed to be on the rise and the Institute which was started as a clinical service, realized that the hospital had a lot of clinical data that should be used for research. The research wing



Dr AK Chaturvedi, Medical Director and Head of Radiology, during an RFA procedure

**ANOTHER** aspect of research at RGCI is drug trials. "Although," Dr Ray says, "some people think that drug trials are not hardcore research, they are important for mass scale application. The largest number of drug trials is already taking place at RGCI as patient numbers are large enough

was set up just three years ago," says Dr Ira Ray, Director of Research. RGCI is involved in retrospective studies. It has a Hospital Based Cancer Registry to analyse its own data and gain a better understanding of patterns. It uses this information for other clinical research and also shares it with the Delhi Cancer Registry Department under ICMR and the National Cancer Registry Programme.

The data shows that 20 per cent of cancers occur in the age group of 50-60 years among both men and women. The leading cancers among men are oral cancer (10.2 percent), of the lungs and bronchus (9.14 percent), prostate (6 per cent), leukemia (5.17 per cent) and larynx (4.35 per cent). Among women, breast cancer leads (31 per cent), followed by cancer of

the cervix and uterus (12 per cent), ovaries (6.60 per cent) and gall bladder (4.84 per cent). Among children, leukemia is the most common cancer (32.5 percent), then brain tumour (11.2 percent), skin cancer (10.6 percent) and Non-Hodgkin lymphoma (8.06 percent).

Harmala Gupta had talked of how polluted food and water (as a result of degradation of the environment), the use of tobacco and gutka, and lifestyle factors were probably the main causes for the rise in cancer cases. But there were no answers to why Delhi had the highest incidence in the world of cancer of the gall bladder among women (prevalent all along the Gangetic belt), or why breast cancer was on the rise in the urban populations of India, or even why there was breast cancer among

women who did not fall in the category of risk indicators as defined in the West. Without any research to answer these, it was difficult to know what treatment would work best.

These concerns are echoed by the doctors at RGCI. "There are about 90,000-100,000 new cases of breast cancer every year in India," says Dr Geeta Kadayaprath, consultant surgical oncologist at RGCI. Cancers are now being seen in a younger group, of women in their 30s. If one in 60 women in rural areas has breast cancer, in the urban population it is one in 30. But no one knows why. There are no studies. The situation for gall bladder cancer is worse; research in the West has focused on cancers common in those countries – that of the breast and colon – but cancer of the gall bladder is not common there.

"On the one hand in India there was a lack of research; on the other hand there was a lack of awareness" says Dr Kadayaprath. It was being predicted that by 2015 India would have 15 lakh

new cases. Preventive oncology was clearly essential but there was no systematic screening. "The incidence was not high enough to justify a screening programme through public money. The cost-benefit ratio does not justify the screening but if the incidence goes up further we will have to reconsider this."

She pointed out how they see well informed and educated women in the clinics, even doctors and professors, who turn up too late with advanced breast cancer. At one level there is denial, but at another, a genuine lack of awareness. "A painless lump is not harmless, and especially after the age of 40 it needs to be looked at. People need to be 'body aware' and awareness programmes have to take off even without screening programmes."

RGCI has begun to do something about this. A preventive oncology department headed by Dr Snehlata Maheshwari has recently been set up to create awareness among the public and for early detection of cancer. The institute is in consultation with the Delhi government to set up outreach programmes through NGOs and the government's Gender Resource Centres. Free cancer detection camps with screening for most common cancers – breast, cervix and oral – are also being organized within the premises.

"Retrospective studies have already shown changing trends. At one time cervical cancer had the highest incidence, but now it is breast cancer," says Dr Ira Ray. She explains that since RGCI does not have its own laboratories to analyse medical specimens, it is working in collaboration with the Institute of Cytology and Preventive Oncology (ICPO), a unit of ICMR, for research. "It made sense to do so as the ICPO had a fully established research laboratory and RGCI had access to scientists and specimens. The collaboration benefits both institutes."



**A** question that comes to mind is how many can afford to pay for treatment of cancer? And so how does screening and early diagnosis help if the treatment is unaffordable?

"Before the research unit was set up, clinicians were carrying out research in their own specialities. But they are busy and need support for their work, and we assist them in formulating their projects in a format suitable for funding. We also assist them by preparing bibliographies, locating the latest studies and keeping them up to date," says Dr Ray. In the last three years, clinicians at RGCI have published 125 studies nationally and internationally. A monthly magazine, *Cancer News*, that covers what is happening in the institute and in the world, goes out to 800 doctors and institutions.

Another aspect of research at RGCI is drug trials. "Although," Dr Ray says, "some people think that drug trials are not hardcore research, they are important for mass scale application. The largest number of drug trials is already taking place at RGCI as patient numbers are large enough." Some of these trials are multi-centric international studies for new drugs and others test drugs waiting to be introduced in India. A recently launched vaccine, that prevented the HPV virus seen in 90 per cent of cervical cancer cases and could be given to the age group 9-26 years, is an example of one such trial.

RGCI as a tertiary care hospital has medical, surgical and radiation oncology options available all under one roof, with diagnostic and other support services such as home based palliative care. Postgraduate, postdoctoral and diploma courses are also available here.

"We enjoy the reputation of providing hi-tech services" said Dr Khetarpal. Chemotherapy is available but it is the surgical department that is the busiest. Lab services are backed by an efficient blood bank, the best in town. The department of radiology oncology has state-of-the-art equipment – linear accelerators, simulators, 3D conformal radiation therapy and the Intensity Modulated Radio Therapy (IMRT). Earlier this year, a 40-slice PET CT was introduced, which is an advanced diagnostic technique. The hospital also has a special dual head Gamma camera with the facility of radioactive source, and a special ward for thyroid patients. There is a bone marrow harvesting facility with a very efficient storage system. Dr D Bhurani, a consultant haematologist, explained how bone marrow transplant was of two types. He said that RGCI had carried out autologous transplants for the last five years, and also the less common allogenic transplants in the last year and a half.

The Medical Director, Dr AK Chaturvedi, who is also head of the Department of Radiology and Imaging says he will never forget the day of the first ever bone marrow transplant in India. He was in surgery at the Tata Memorial Cancer Hospital during that transplant when the news of Mrs Indira Gandhi's death came in! He says that there are a few special facilities at RGCI. The IMRT is one, where unlike the conventional treatment in which radiotherapy is given in a "rectangular or box like shape" around the cancerous part and where patients suffer "collateral damage" to nearby healthy tissue,



the IMRT allows radiation at any irregular area avoiding healthy tissue. Radiofrequency Ablation (RFA) is also available at RGCI, which offers an alternative to surgery especially in cases where metastasis of cancer has occurred. RFA uses thermal energy to "cook the tumour to death" and is especially effective in cases of liver tumours. It so happened that the very next day just such a procedure was to be carried out and I was invited to watch.

Seventy-five-year-old Mr R, his son tells me, had been diagnosed with colon cancer last year. He was in the care of a hospital in Gurgaon where he had surgery to remove the tumour. But within months a scan revealed that the cancer had spread to the liver and lungs and was at Stage IV. Chemotherapy followed, but a PET CT scan showed that while three of four lesions had become dormant, one had not. Conventional surgery was an option; another was the minimal invasive RFA procedure. Given Mr R's age, RFA was chosen and the oncologist at the Gurgaon hospital had referred him to RGCI for the procedure.

The case of Mr R turns out to be more complicated than had been expected. The doctors find that since the last scan Mr R's colon has shifted, and a way has to be found to reach the tumour without puncturing the colon. This is why the preparation for the procedure is taking longer than usual, explains Dr Chaturvedi. The doctors finally decide to inject dextrose to move the colon out of the way. "Dextrose isolation is something one usually reads about in medical literature," says Dr Chaturvedi. Each step is observed on a computer monitor. Once the colon moves, with the tiniest incision, a needle electrode connected to a high-frequency low-voltage current generator, is inserted. Meanwhile electrode pads have been placed on Mr R's thighs that will in effect turn him into a "complete electric circuit". Cells die at 60 degrees centigrade, and the charge to be given could go as high as 70-80 degrees. Cold saline is also pumped in so that the needle tip does not become too hot and char the tissue, which it does at 100 degrees. When the tumour has been "cooked", pulling out the needle cauterizes

the area so there is no bleeding. It is amazing how in the short time of 20 minutes or so a tumour is dead. The preparation had taken a lot longer.

Outside, waiting to see his father before he was taken to the post-op ward, Mr R's son is full of praise for the doctors, especially Dr Chaturvedi, whom he has found "very communicative". All the staff have been helpful but the bureaucracy surrounding the admission procedure and getting the clearances had taken hours, which was exhausting. "Eventually though," he says, "what counts is how good the treatment is."

At least 30-35 per cent of cancer patients in northern India come to RGCI. By the time the Indraprastha Cancer Society had to start paying back the loan, the hospital had a viable system in place. But as Dr Swaminathan explains, "The equipment is aging and to remain effective and competitive we have to constantly upgrade it. We also have to ensure that the quality of healthcare is the highest." This means keeping up to date with available technology, and also providing

incentives to retain the best doctors and staff. The hospital expects to be able to provide the Intensity Guided Radiotherapy treatment in a few months, which would be an improvement on the IMRT already available. Facilities too need to be upgraded. There is a new hospital building; the old one is being renovated. Special facilities are required to house the new equipment and keep radiation in. "It is a perpetual job to find funds to keep the hospital fitted with state-of-the-art equipment, so that patients continue to come here," says Dr Swaminathan. Corporate membership, the goodwill of families and funding from research projects and clinical trials are some of the ways in which these needs are being met.

**BUT** there were no answers to why Delhi had the highest incidence in the world of cancer of the gall bladder among women (prevalent all along the Gangetic belt), or why breast cancer was on the rise in the urban populations of India, or even why there was breast cancer among women who did not fall in the category of risk indicators as defined in the West. Without any research to answer these, it was difficult to know what treatment would work best

A question that comes to mind is how many can afford to pay for treatment of cancer? And so how does screening and early diagnosis help if the treatment is unaffordable? When I ask Dr Swaminathan this, he is candid in his response. "We cannot afford to treat people for free. But if a person comes, who may have been treated elsewhere and needs an extension on his treatment and cannot afford it, we would treat him for free."

For this a fund is being created, with the hope of raising money through various sources, including the Prime Minister's Relief Fund. Dr Swaminathan sees the issue of the high cost of cancer treatment as a national problem, as part of government responsibility to take care of people's needs. The Indraprastha Cancer Society and RGCI could,

however, play a "supportive role", he says, especially through preventive oncology. They already conduct two free OPDs a week and some special screening camps, and plans are in progress for creating public awareness and training general physicians in reaching a diagnosis. In the pipeline is also special training to provide soft skills to the staff so that they learn to deal with traumatized families of patients with greater sensitivity.

"With early detection and treatment, the chance for survival is much greater. It costs less and the quality of life is compromised less," says Dr Swaminathan. It is when metastasis occurs that cancer becomes more difficult to treat. For example, early diagnosis of breast cancer could be treated through surgery that would cost a

fraction of what chemotherapy and other treatment would cost if detected at a more advanced stage.

Two-and-a-half-year-old Ansh's parents, Mr and Mrs J, are in tears watching their child in pain. They have brought him from Calcutta as they have family in Delhi. Ansh had been diagnosed a month ago with sarcoma, a cancer of the muscles. A chance remark by a visitor that the child's cheeks looked different had led to the investigation.

"There was no lump as such but over a few days we noticed a hardening," say his parents. Initially, they had been referred to another Delhi hospital and came to RGCI for a second opinion. The seriousness of the situation and the need to start immediate treatment, impressed upon them by the consultant at RGCI, made the family decide to admit the child that very day. "With cancer,

life changes," says Mr J. "One's whole outlook in life changes."

"We can't do everything, but we can do something. We are on the right track, the vision is there and there is much to do,"

Dr Swaminathan says to me. There is indeed much to be done in RGCI in areas such as public awareness, early detection and research. But



Dr KV Swaminathan, Chairman, Governing Council



Dr SK Khetarpal, Medical Superintendent



Dr Ira Ray, Director of Research

then it is not a very old hospital and is still evolving. What is important is that the positive experiences of families here for treatment, the clear pride of the doctors in their work, and the fact that some of the best senior consultants and latest treatments are available here, make this institute a reason for hope.



Ravana with Sita in his chariot, attacked by Jatayu. Bengal, Kalighat School c.1880

# Ramayana in the arts of India and Southeast Asia

Photographs: Uma Devi  
Courtesy: The Jagdish & Kamla Mittal Museum of Indian Art, Hyderabad

The *Ramayana* has been a huge source of inspiration for all forms of literature and the arts in India, extending beyond to Southeast Asia. It was so dear to the Mughal emperor Akbar that he not only had the epic translated into Persian and illustrated by his court artists, he even issued a half-mohur gold coin with the figures of Rama and Sita! **Jagdish Mittal**, one of the foremost art collectors in the world, writes on the depiction of *Ramayana* in art, and shares with our readers exclusive reproductions of paintings on the subject from his personal collection

Valmiki's *Ramayana*, the Hindu epic, ranks alongside the *Mahabharata* and the *Bhagavata Purana* as a masterpiece of Indian literature. The poem is the story of Rama, an avatar or reincarnation of the god Vishnu as a chivalrous prince who is said to embody the virtues of nobility in man. The poem tells of Rama's childhood exploits and events that take place during his 14 years of exile from his father's kingdom, Ayodhya, accompanied by his wife Sita and brother Laksmana. Throughout this period of exile, Rama confronts many demons, as well as Ravana, the king of Lanka who has abducted Sita. With the aid of Sugriva and Hanuman, who became his allies during exile, Rama emerges victorious in his encounters with Ravana, and returns with Sita to Ayodhya to take possession of the throne.

Regional poets have retold Valmiki's *Ramayana* in several



Hanuman seated in a banana grove.  
Rajasthan, Bundi School, c.1760-70

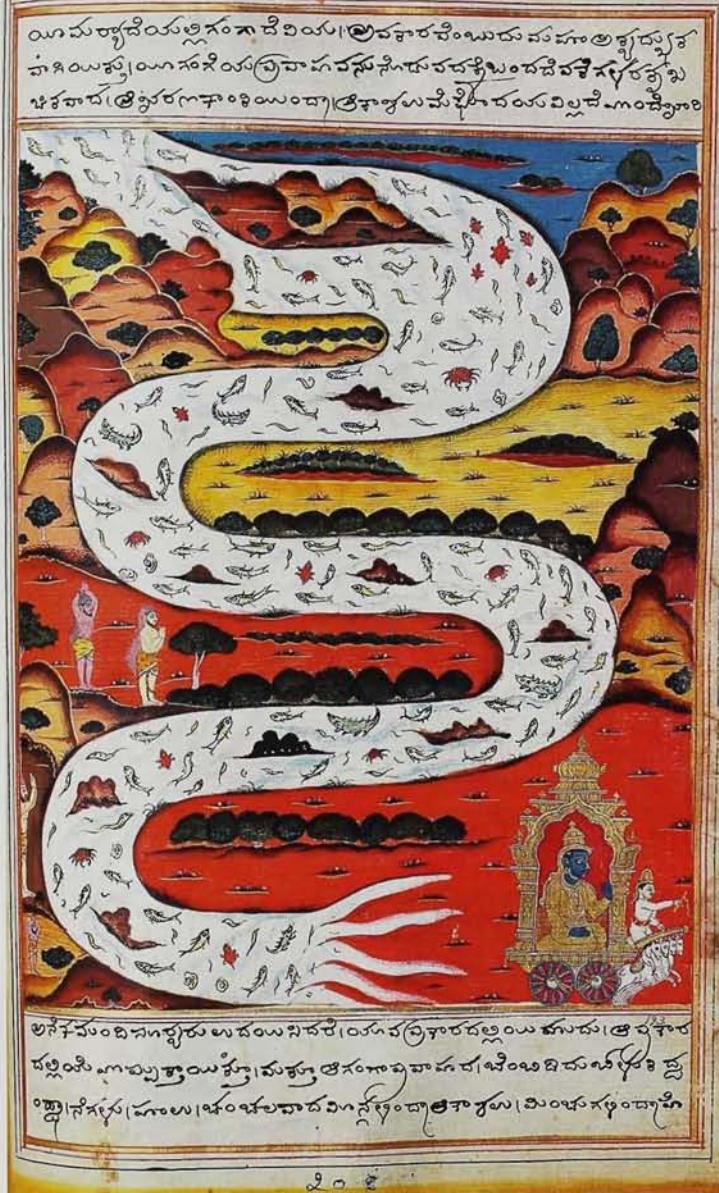
Indian languages with variations and additions. The earliest of these is by the twelfth century Tamil poet, Kamban. Among others are Krittivasa's *Ramayana* in Bengali, Balaramadasa's in Oriya, Narahari's in Kannada and Rama Panikkar's *Kannassa Ramayanami* in

Malayalam, all written in the fifteenth century. Sridhara's version in Marathi was composed in the sixteenth century, while *Ranganatha Ramayana* by Kona Buddhiraja in Telugu came earlier in the fourteenth century. Another Telugu translation was done by Bhaskara during the same period, and Molla, a poetess of the time of Krishnadeva Raya (1509-29), king of Vijayanagara, composed the most popular version in Telugu. Tulsidas's late-sixteenth century *Ramacharitamanas* is a classic in Hindi.

## INFLUENCE OF THE RAMAYANA ON INDIAN PAINTING

It is not clearly known whether scenes from the *Ramayana* were painted in ancient times, but if the author of *Bhavabuti*, the author of the eighth century *Uttararamacharita* is to be accepted, the heroic deeds of Rama were painted on the walls of a garden pavilion. Specimens of early or medieval wall paintings on this theme are, however, unknown.

Although paintings illustrating



Ganga descending to the earth – page from the *Balakanda* of the *Ramayana* ms in Kannada. South India, Mysore School, c.1825-30

the legend of Krishna are available from the mid-fifteenth century in western India, the first illustrations of the *Ramayana* appeared in the late-sixteenth century. The Mughal emperor Akbar (1556-1605) had Persian translations of the *Ramayana* and other Indian classics done not only in order to learn about them himself, but also to promote their understanding and dissemination within his court. He commissioned his court artists to illustrate them. The *Ramayana* seems to have been particularly dear to Akbar, as attested by the

fact that he issued a half-mohur gold coin with the figures of Rama and Sita.

The illustrated copy of the *Ramayana* made for Akbar around 1584-89, with 170 illustrations, is in the Pothikhana of the Maharaja of Jaipur. The Freer Gallery of Art, Washington DC, also has a copy of exquisite quality of the *Ramayana* in Persian, dated 1587-99, with 130 illustrations. It was commissioned by Abdar Rahim Khan Khanan, a keen bibliophile and powerful nobleman of Akbar's court. Good examples of the popular Mughal

**The Mughal emperor Akbar (1556-1605)** had Persian translations of the *Ramayana* and other Indian classics done not only in order to learn about them himself, but also to promote their understanding and dissemination within his court. He commissioned his court artists to illustrate them

school *Ramayana* series of paintings of c.1610 are in the Prince of Wales Museum in Mumbai, the National Museum in New Delhi, the Bharat Kala Bhawan in Varanasi, and in some private collections. Besides these, there are two excellent manuscripts of the *Ramayana*, illustrated by artists of the Mughal imperial atelier. The miniatures that illustrate the *Ramayana* made for Akbar are remarkable for their rare vitality, exquisite drawing, highly imaginative composition, delicacy of design, shimmering array of colours and for the dreamlike world they depict. These works further are imbued with extraordinary poetic charm.

From the early-seventeenth century, painters working at various regional centres of miniature painting also took to illustrating the *Ramayana*. Their styles differed according to the period or region. The miniatures of the Pahari schools are delicate and refined, remarkable for their graceful figures as well as their sensitive and poetic rendering of nature. Notable examples of the *Ramayana* series by Pahari painters are the Shangri (Kulu) *Ramayana* of c.1700-50, the Guler *Ramayana* by Pandit Seu of c.1720, the Nurpur or Mankot *Ramayana* of c.1720, the Chamba *Ramayana* series of c.1760, and the Guler *Ramayanas* of c.1780 and c.1825. These works are now in museums and private collections in India and abroad.

Taking their cue from the Mughal painters, artists from Rajasthan and Central India began

to choose the *Ramayana* as a subject. The work of these schools is distinguished by vivid and vibrant colours, bold treatment, high-spirited fanciful compositions and astonishing narrative verve. The best known examples from Central India are the Malwa style illustrations of c.1640 from Datia in the Bundelkhand region, most of which are in the collection of late Sri Gopi Krishna Kanoria of Patna and in the Bharat Kala Bhawan at Varanasi. The well known ones from Rajasthan consist of scattered copies of the different 'kandas' or sections of the *Ramayana*. These are paintings of the Mewar school, of which the ones by Manohar in 1649 are part of the collections of the Prince of Wales' Museum and of late Sir Cowasji Jahangir in Mumbai, while those by Sahibdin done in 1651-53 are to be found in the British Museum, London, and the Saraswati Bhandar Library, Udaipur. Apart from these, there are many illustrations from the *Yuddha Kanda* of Tulsidas's *Ramacharitmanas* painted in the Popular Mughal style, probably at Varanasi in about 1650, and exist in several collections.

The *Ramayana* theme was popular also with the eighteenth and early-nineteenth century painters of the Deccan, Orissa, Bengal, Assam, Andhra Pradesh, Mysore, Thanjavur and Kerala schools. These artists painted either individual miniatures depicting some important episode from the *Ramayana* or illustrated the complete manuscript. Significantly, a large number of these paintings are found in northern India, but comparatively few from southern and eastern India. This is probably because miniature painting was not much in vogue in the latter regions.

Some surviving illustrated manuscripts or paintings on the *Ramayana* from Bengal can be found in the Ashutosh Museum at Kolkata, and in the Victoria and Albert Museum and British Museum in London. Besides these, painters at Kalighat in Kolkata did some lively works that were popular among pilgrims. Artists from Orissa



King Dasaratha performing the yagna for progeny – page from the *Balakanda* of the *Valmiki Ramayana* ms in Kannada. South India, Mysore School, c.1825-30

produced palm-leaf manuscripts in the seventeenth century that display a distinct linear angular style due to the use of a stylus to incise the outlines. From Assam, we know of two illustrated manuscripts – the *Sundar Kanda* from Madhava Kandali's *Ramayana*, dated 1715, and the *Lava Kusa Yuddha* in the Kamrup Anusandhan Library in Guwahati.

Among important examples from South India are a picture album in the Andhra Pradesh State Museum, Hyderabad, painted around 1750 in southern Andhra

**From the early seventeenth century, painters working at various regional centres of miniature painting also took to illustrating the *Ramayana*. Their styles differed according to the period or region. The miniatures of the Pahari schools are delicate and refined, remarkable for their graceful figures as well as their sensitive and poetic rendering of nature**



Rama, Lakshmana and Sita in Sabari's ashram. Pahari School, Guler, c.1780

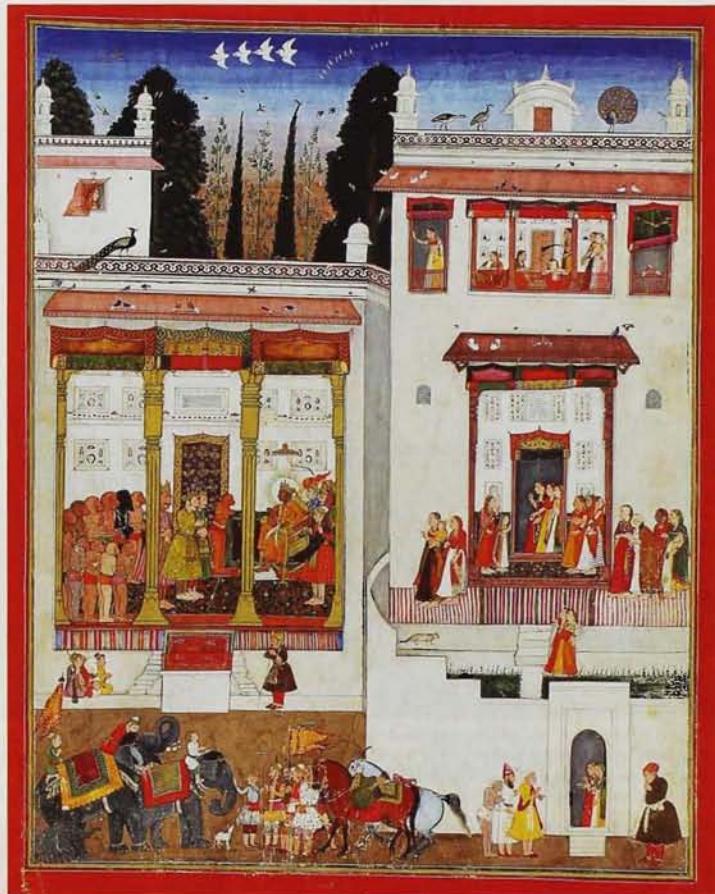


Rama and Sita conversing in a chamber. Deccan, Pingurli village, Sawantwadi State, c.1850

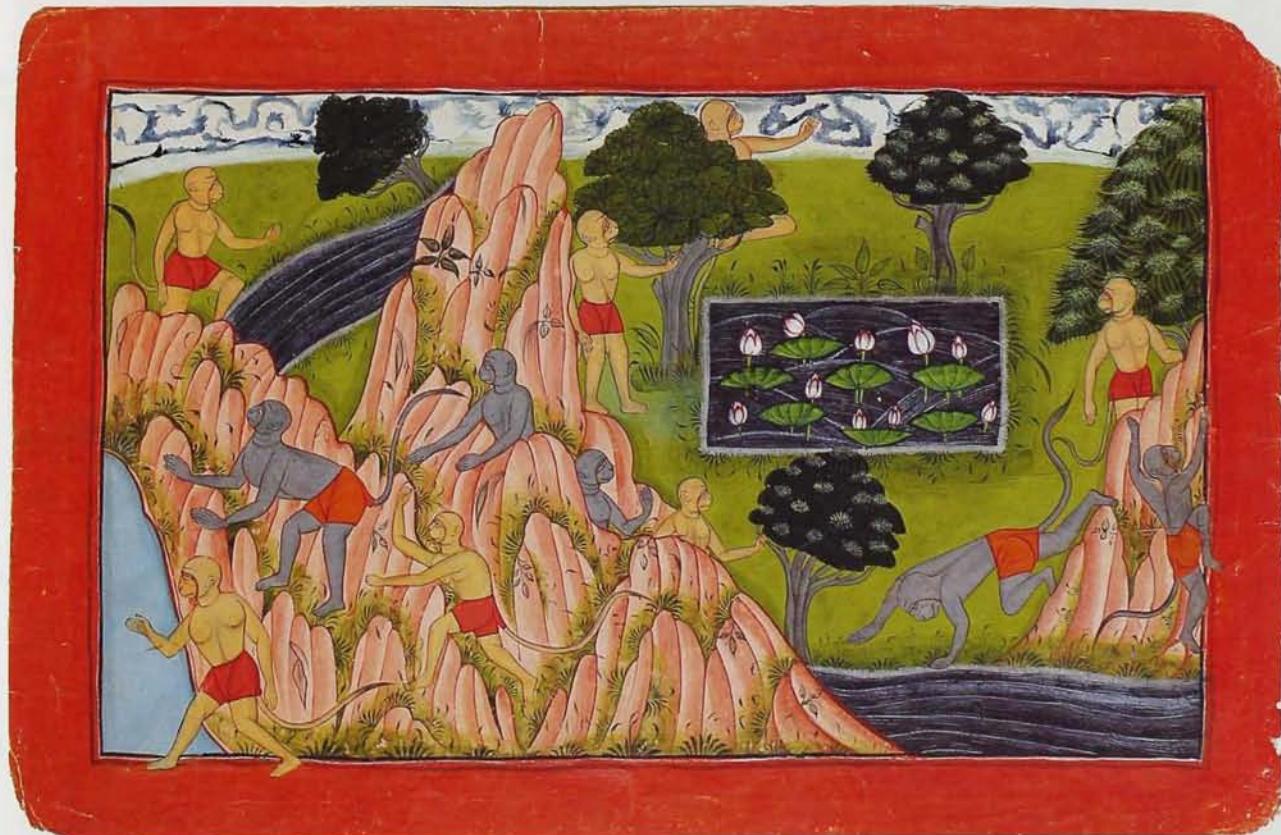
|| Taking their cue from the Mughal painters, artists from Rajasthan and Central India began to choose the *Ramayana* as a subject. The work of these schools is distinguished by vivid and vibrant colours, bold treatment, high-spirited fanciful compositions and astonishing narrative verve. Stories from the *Ramayana* inspired Indian artisans, whatever their craft. There are large-sized kalamkari and patachitra cloth paintings produced by the painter-dyers of the Coromandel Coast and Orissa, as well as creations by woodcarvers, metalsmiths, ivory craftsmen, and glass painters

Pradesh, and a profusely illustrated early-nineteenth century manuscript of Valmiki's *Ramayana* in Kannada by artists of the royal atelier of the Mysore Palace. From the Thanjavur school, there exist an eighteenth century picture album in the Saraswati Mahal Library in Thanjavur, and a mid-nineteenth century manuscript with ornate illumination around the paintings, which is in the British Library in London. The Museum für Volkerkunde und Vorgeschichte, Hamburg, has a picture album dated 1758 and painted at Rajahmundry, Andhra Pradesh, chiefly with themes illustrating the *Ramayana*.

There are a number of manuscripts and independent paintings depicting favourite themes from the epic. Most important are the nineteenth century series of the so-called Paithan paintings used by the picture-showmen of western Karnataka and southern Maharashtra. The style of these is bold, the colours are bright and the figures are like the leather



Coronation of Rama. Pahari School, Mandi, c.1650



Vanaras looking for Sita on the hills, and in water. Pahari Shool, Nurpur or Mankot, c.1720

तकप्रतीति कोटिसिद्धारानासिद्धना गजिश्वकासद्वलोतेहिंदाना गहसिवरनधिवरनापछाना श्रीतिला  
वृष्टीपुणितेहिमाना पुनिश्राणउपजपहिवरना जयन्यकामनीकनगवाना नांककानकारेउपाजानी पि  
नाकोबकेनेमनश्चानी श्रावनभीमस्तुनिविनश्चतिनासा देवतकपिस्त्रउपजीवासादे त जयजप  
जयन्युवंशमनि-धाएकपिदेहुह एकाहिवानजोताशुपर-धाएनिपि  
पितुदृह कुंजकरनरंगविवृधा शनमुखवलाका

२५

२६



Bloody battle between Kumbhakarna and Hanuman – folio from a *Lanka-kanda* ms of the *Ramayana* by Tulsidas. Popular Mughal style, Varanasi, c.1650



Kumbhakarna carries Sugriva, the monkey king, into Lanka.  
Pahari School, Kangra School, c.1820

puppets of Karnataka.

Mural paintings on this theme, however, are surprisingly few. Dating back to the sixteenth century are those at the Virupaksha temple at Hampi in Karnataka, and at the Lepakshi and Vishnu temples at Somapalle in Andhra Pradesh. In Kerala, murals made between the sixteenth and eighteenth century can be seen at the Mattancheri

Dutch Palace at Cochin, at Trichur, Thiruvanchikulam, and at the Todikalam Shiva temple and Tripurayyar Rama temple. Late-eighteenth and early-nineteenth century Pahari murals can be seen at various places in the Punjab hills.

#### INFLUENCE OF THE RAMAYANA ON INDIAN SCULPTURE AND CRAFTS

The best and earliest sculptural depictions of the story of Rama are to be found in the

**|| The impact of the Ramayana**  
The impact of the *Ramayana* was felt beyond the borders of India and was a tool for the dissemination of Indian culture throughout Southeast Asia. As a result, different versions of the text appeared there over the centuries and the epic remains one of the most important sources of indigenous art and literature in those countries

Dasavatara temple (c.500) at Deogarh in Uttar Pradesh.

Then came the ones at the Vaishnava cave temple at Badami (late-sixth century), the Virupaksha temple at Pattadkal, Karnataka (mid-eighth century), the Kailasanath temple at Ellora (eighth century), Maharashtra; the Nageshwarswami temple at Kumbakonam, Tamil Nadu (tenth century); the Hoyasalesvara temple at Halebid (twelfth century), Ramaswami temple at Ittagi and Hazara Ramaswami temple at Hampi (both early-sixteenth century), all in Karnataka. There

were also sculptures at the Tennapuram temple at Chandragiri in Andhra Pradesh, and at several temples in Rajasthan.

Woodcarvings and bronzes abound, especially from South India, depicting Rama or some episode from his life. The unique bronzes of the Chola period (c. tenth-twelfth century) are amongst the finest examples of this theme. Stories from the *Ramayana* inspired Indian artisans, whatever their craft. There are large-sized kalamkari and patachitra cloth paintings produced by the painter-dyers of the Coromandel Coast and Orissa, as well as creations by woodcarvers, metalsmiths, ivory craftsmen, and glass painters.

#### THE RAMAYANA OUTSIDE INDIA

The impact of the *Ramayana* was felt beyond the borders of India and was a tool for the dissemination of Indian culture throughout Southeast Asia. As a result, different versions of the text appeared there over the centuries and the epic remains one of the most important sources of

indigenous art and literature in those countries.

Especially popular in Thailand, Cambodia, Indonesia and Myanmar, the *Ramayana* remains a living tradition in shadow plays, dances and folk drama in those countries. In the art of the Eastern Javanese during the tenth to fourteenth centuries, themes were taken from the *Ramayana* and the *Mahabharata*, which had been translated into old Javanese, and continued as a frequent source of inspiration for relief sculptures, plays, dances and scroll paintings into the next century. The same themes persist even today in the paintings and manuscripts of Bali, partly because it was the last redoubt of Hinduism after the coming of Islam to Java at the end of the fifteenth century.

There are many remarkable sculptures in Southeast Asia depicting scenes from the *Ramayana*, notably the bas-reliefs of Baphuon (mid-eleventh century) and Angkor Vat (mid-twelfth century) in Cambodia, at Lara Jonggrang (c.900) near Prambanan

|| Most important are the nineteenth century series of the so-called Paithan paintings used by the picture-showmen of western Karnataka and southern Maharashtra. The style of these is bold, the colours are bright and the figures are like the leather puppets of Karnataka ||

in Central Java, and at Panataran (c.1370) in East Java.

The inspiring message of the *Ramayana* continues to find expression in the works of poets, painters and craftsmen. Interestingly, although Rama is an avatara of Vishnu, he is seldom represented with four arms and Vishnu-related symbols. He is seen as divine in essence but completely human in form, a royal personage of bewitching beauty with auspicious marks that indicate his high birth and noble character.



Sita's ordeal by fire. Pahari School, Kulu, c.1730

# BURN

**Physicians are trained to take better care of others than of themselves. As a result, they get used to abnormally long hours of working and little sleep, with caffeine to keep them awake. Until one day the stress gets to them.**

**Dr Neha Sangwan from San Francisco, USA, was one such victim of physician burn-out. After some de-stressing and a hard look at her life, she floated a company that helps doctors tackle the high stress levels that inevitably creep into their lives. She speaks to **Lavina Melwani** about self-care in healthcare**

We've all gone through that feeling at some time or another when nothing tastes sweet, life seems to lose its meaning and every day is a battle. Burnout can be debilitating to anyone, but is particularly serious for a physician. Doctors are supposed to heal others – how can they, if they need healing themselves?

Meet Dr Neha Sangwan, a young physician based in San Francisco, California. She has been at the edge of the precipice and seen just how traumatic burnout

can be. In fact, she was her own first patient, her first case-study! Sangwan, who addresses this problem through her newly formed health strategy company, Intuitive Intelligence Inc., has treated over 250 physicians and nurses at one of the biggest Health Maintenance Organizations (HMOs) in San Francisco and held scores of workshops.

"The mantra of survival that proved beneficial in residency, 'Eat when you can, sleep when you can, pee when you can,' slowly erodes us once we're in practice," she says. "We're schooled in a culture that values placing our

patients before ourselves – and are rewarded culturally by becoming superheroes in crises – rather than in care and balance in our own lives."

Ask her how she got into medicine, and Sangwan says frankly, "Because I had immigrant parents who came here in 1965, and ever since I was little asked me whether I'd be an engineer or a doctor. I thought there were only two options!"

Sangwan studied at the University of Buffalo Medical School in New York, did her residency at Temple University in Philadelphia, moved to San Francisco to work with a large

# BURNED OUT

HMO and rose to become a partner. Since she was single with no family or children, she often took 36-hour shifts, missing out on food and sleep. Within three years of this frenetic lifestyle, she was burnt out. "I was irritable, tired and worn out, short with people. I didn't have very much patience. I was even short with my patients. I would cut them off as they were speaking – I just wanted to get through and get it done."

The symptoms of burnout followed quickly – procrastination, apathy, cynicism and the blame game. Finally it came to boiling point. She recalls, "I came in one day, kept checking the same lab tests over and over again, and realized I wasn't able to function on a level that would get me through 18 patients. It was noon and I had seen only two patients!"

She felt that the solutions that traditional healthcare offered – anti-depressants, therapy and rest time – were not the answers she was seeking. "The truth is, what I



Right: Dr Neha Sangwan



**"We don't fuel ourselves** properly, so our internal physiology is going crazy and we learn to numb out the signals from our body, running on that numbness until we crash"

needed was to know myself better, know my boundaries and be able to seek them, and not have to take responsibility for a system which probably needed more staff than we had," says Sangwan candidly.

She realized that she had become a doctor to fulfill her parents' expectations, and that had carried over to her work where she was trying to please the system and please people. In the process, she had forgotten about herself.

"It was a huge lesson for me," she remembers. "It was the beginning of understanding myself better and understanding how I got there. I had to own up that I was saying 'yes' when I really meant 'no'. I think this plays a lot into the way physicians make decisions. We are typically people who come into this profession much better at taking care of others than we are at caring for ourselves. So there is no self-care in healthcare."

Physicians are rewarded for doing relentless 36-hour shifts and wear these punishing hours almost as a badge of honour, going without sleep and without meals, she points out. "We are the very ones who understand what that does to your cortisone level, your adrenalin levels, your work-sleep cycles. All the things we care about when it comes to other people, we completely disregard in ourselves."

Young physicians, especially, pick up a candy bar or a bag of chips for lunch at a vending machine, or grab a shut-eye when they can. Externally, they handle sick people and emergencies, but try to manage their own internal stress with a soda or caffeine. She says, "We don't fuel ourselves properly, so our internal physiology is going crazy and we learn to numb out the signals from our body, running on that numbness until we crash."

Sangwan had to ask herself hard questions. Was medicine really her calling? Why was she so angry with the system? She even took a trip to Bhutan to put things into perspective.

Finally, she decided to make it her mission to help other

## CONQUERING BURNOUT

In burnout, besides the physical damage, there is mental stress too: relationships sour and it takes a huge toll on families. There's no substitute for a happy, well-rested, present doctor because then the healing of patients can actually take place. These doctors are more present for their families, they are physically active and their eating patterns change even at home.

They almost always eat breakfast, while before they used to run out of the door. They don't need to pop pills for insomnia or headache and are more evenly energetic throughout the day. Self-awareness and communication helps physicians to understand themselves better and thus value themselves more.

For more information, visit [www.intuitiveintelligenceinc.com](http://www.intuitiveintelligenceinc.com)

**"I decided to put together a programme for the staff because I saw there were so many people in my position," she says. "There's help for burnout only at the end stage, until you can't do it any more, and then, there's a bit of judgment and pity."**

physicians to find ways to avoid burnout. She participated in many workshops at the Center for Mind-Body Medicine, with Dr Mark Hyman, a leader in nutrition and the healing power of food, and with Dr Jim Gordon, the international leader in stress management. "They helped school me on my place in the system and how I needed to take care of myself before I could take care of other people," she says.

Starting work at the HMO once again, Sangwan advocated a new idea – bringing self-care to healthcare. "I decided to put together a programme for the staff because I saw there were so many people in my position," she says. "There's help for burnout only at the end stage, until you can't do it any more, and then there's a bit of judgment and pity."

Sangwan got an innovation grant and created her own programme for employee wellness. The last four years has had 250 healthcare professionals go through the programme. She has also trained six other physicians as well as nurses and healthcare professionals to become teachers and has developed a programme

for leaders to recognize and address stress.

In the beginning there was resistance to the workshops from physicians, almost as if it was a punishment for not performing one's job well. But as word got around, it became almost trendy to attend Dr Sangwan's mind-body stress class, with a waiting list of people clamouring to get in! The classes are popular with everyone from surgeons to nursing staff, and run with 10 participants for two and a half hours a week, for eight weeks, teaching them to connect with themselves in order to face the incredibly hectic days ahead. Stress management, communication and nutrition are the major points used to teach the physicians that burnout is not fluff – it's real.

Sangwan is affiliated with the Center for Mind-Body Medicine in Washington DC, which has 60 faculty members around the country who come together several times a year for workshops. Her own company addresses burnout prevention not only in physicians but also in corporate people.

She herself has come to terms with her role in medicine. As she

# **DOCTOR'S DILEMMA**

## **Is the golden age over?**

**From the burnout that doctors face both in India and the USA, it does seem as if this is not worth the amount of money they earn, says Dr Pankaj Vij an internist in the USA**

ONE physician who realizes the toll burnout takes on physicians is Dr Pankaj Vij, an internist with a large multi-specialty group. "Burnout is hugely serious - I have a lot of people in my family who are physicians and many of my colleagues are also saying they are frustrated with and sceptical about the whole system. It's really hard work and no amount of money can justify what doctors do, day in and day out, whether here or in India."

Vij, who did his medical studies at AIIMS in New Delhi, came to the US in 1993 for his residency at William Beaumont Hospital in Detroit. He has practised medicine in different settings, in a solo practice and a two-doctor medical office, and both were a source of pressure since they entailed dealing with insurance carriers, lawyers, payment collection and obtaining loans for office expenses.

He turned to working at a large HMO where he was freed from administration but did not have much autonomy. He says, "Actually seeing patients and helping people is the fun part - it's dealing with everything else that makes it difficult. The health industry is the most regulated in America. It takes more time to do all the documentation after seeing a patient than it takes to see the patient!"

The resulting frustration often leads to burnout, and Vij went through it too. He

attended Neha Sangwan's classes on communication as well as several mind-body workshops. He says, "We can all benefit from clear communications in life, and it's helped me, not only with patients but also with my own family, because I'm now more centred and focused."

Vij also attended special training for providers at the Center for Mind-Body Medicine and says, "I chose to work with my patients using mind-body techniques of yoga and meditation to induce relaxation and reduce stress, and return the body to a more natural state."

As he points out, people think of medicine as a glamorous, high-paying profession and it's the ambition of many Indian parents to have their children become physicians. Yet he thinks that one could make much more money in other professions, and without the hassles. "So if you become a doctor, it's not for the money. It's for something else. Whatever you're doing is helping another human being - you're touching another person's life and making it better."

If doctors don't heed burnout and drive themselves

too hard, it will be detrimental to the profession. "People who are in the profession don't look as if they are having such a good time," says Dr Pankaj Vij. "Ten years down the line, you will see fewer new people entering the field - there will be a shortage. The golden age of being a physician is over."

within and communicate better, one can still find immense satisfaction. Mind-body medicine is an exhilarating voyage of self-discovery that can heal the healer along with the patient."



**"People who are in the profession don't look as if they are having such a good time," says Dr Pankaj Vij. "Ten years down the line, you will see fewer new people entering the field - there will be a shortage. The golden age of being a physician is over."**



## She recalls, "I came in one day, Kept checking the same lab tests over and over again, and realized I wasn't able to function on a level that would get me through 18 patients. It was noon and I had seen only two patients!"

told her parents, she is still a physician but in a different way from the traditional role they had envisaged for her. "I told them that I was going to be a doctor for the doctors, teaching them about their own self-care. I really feel it's important to educate physicians and have them take ownership and accountability for their health. It's almost like if you're not in a hospital bed, you're not really sick. We want to look up codes in a book or see an abnormality in a CAT scan to believe that it's really there," she says.

There are many paths to a satisfying career and Sangwan encourages physicians to seek the

one that suits them best. Dr Jean Kayser, a physician who attended her classes because she was burnt out with the routine of a big hospital, found that opening her own medi-spa with its slower and calmer space was the answer for her. She now runs a successful business with several doctors and nurses working for her.

The idea is to take inventory before burnout occurs. "Stress will always change shape, for living means stress," says Sangwan, who is enjoying her new profession. "If it doesn't then it means people are sitting in their comfort zone. Any time you begin to feel stress, the good news is that you're outside

your comfort zone and you're learning and you're growing – and the downside is it's a little uncomfortable. I think burning out changed my life. It jump-started me on a whole new career path, a whole new angle to my career that has been the most fulfilling that I've ever known. It was really my wake-up call."

She adds, "My gift is that I can reach those physicians, who then impact so many thousands of people, much before they burn out. People ask me, 'Don't you see patients any more?' And I say to them, 'These are my patients – they are actually the most important patients of the healthcare system.' "



# GODS WHO HEAL

Illustrations: Proiti Roy



When you study Indian medical texts you will find descriptions of a number of divine healers. It is said that they wrote several medical treatises, gave a number of medical formulae, inflicted diseases and also cured them. It is not suggested that they be accepted as personalities who actually existed in some hoary past – you may find them in the history of any old civilization, under different names. It is said that even before civilization as we know it, in the primitive world, people invented god, a superpower, or many gods, to explain disease and death. They developed their own philosophies and ideas about pain, suffering and disease, and it is fascinating to study them.

Here I am reminded of a tribal god who is accepted as a divinity even in the modern world: Jagannath ('lord of the universe') of Puri, Orissa. There is an interesting ritual still followed that reflects the tribal way of thinking. Every year, at the end of summer, Lord Jagannath takes a long bath. Then he falls sick, and is given a decoction (kadaah) and kept on a diet (of something like khichadi) for the sick. At this time he does not give darshan to devotees. Then he recovers and goes out of his house in a grand chariot among the people. It is the story of any one of us – you fall sick, take medication, go on a light diet, and when you recover you go out again.

The Egyptian, Mesopotamian and Greek civilizations had their own pantheons of divine healers.

In East China we find mainly philosophers like Confucius, Tao and the kings, and the yin-yang male-female principle that predominated their thinking in medicine too. Yin is soft, receptive and feminine, and yang is the hard, creative male principle. Pien Ch'io, a paediatrician and gynaecologist who lived in the sixth century BC, is regarded as their first doctor. The monotheist Jews, Christians and Islamists believe that all power rests in Jehovah, God or Allah. Christ, the

IT IS SAID THAT EVEN BEFORE CIVILIZATION AS WE KNOW IT, IN THE PRIMITIVE WORLD, PEOPLE INVENTED GOD, A SUPERPOWER, OR MANY GODS, TO EXPLAIN DISEASE AND DEATH. THEY DEVELOPED THEIR OWN PHILOSOPHIES AND IDEAS ABOUT PAIN, SUFFERING AND DISEASE, AND IT IS FASCINATING TO STUDY THEM

Son of God, is believed to have come down on earth to preach about the kingdom of God and to heal the sick. Mexico had the Aztec divinities Tlazolteotl, Xolotl and Quetzalcoatl, associated variously with venereal and other diseases, fertility and drugs. The Mayan civilization, too, had its own such gods and goddesses.

So it appears that the idea of divine superpowers who controlled all aspects of human life flourished

The idea of a divine connection with health, disease and wellness is ancient, prevalent not just in Hindu mythology but also in civilizations such as the Egyptian, Greek and Aztec. Tribal cultures especially believed that there is a god or goddess who not only brings pestilence but helps cure it.

**Dr BS Mehta** goes down ancient medical history to discover that in India there is a veritable mall of deities, one to suit every ailment!

NEARLY ALL THE TEXTS BELIEVE IN THE DIVINE ORIGIN OF MEDICAL SCIENCE. THE *RIGVEDA* SAYS RUDRA WAS THE BEST OF PHYSICIANS, THE POSSESSOR OF ALL HEALING MEDICINE. THE *YAJURVEDA* DESCRIBES RUDRA AS THE DIVINE PHYSICIAN WHO DRIVES AWAY DISEASE. THE *ATHARVAVEDA* SAYS THAT THE GOD (RUDRA) WHO HAS CAUSED ALL DISEASES SHALL PERFORM THEIR CURE

everywhere in different forms. In this respect, India seems to have been a giant mall where every type of god and philosophy was available! In the Vedic period, natural phenomena and objects – such as fire, water, sun, moon, clouds, lightning, and so on – were treated as gods. As the divine pantheon gradually developed, a god was appointed for each disease and its cure.

Nearly all the texts believe in the divine origin of medical science. The *Rigveda* says Rudra was the best of physicians, the possessor of all healing medicine. The *Yajurveda* describes Rudra as the divine physician who drives away disease. The *Atharvaveda* says that the god (Rudra) who has caused all diseases shall perform their cure. Yet it is also said that the rishis went to Brahma to say they were suffering from various diseases, so he gave them an upaveda called *Ayurveda*, the text of which contained one thousand chapters and one lakh shlokas. Later on, a briefer edition was prepared. The original *Ayurveda* is lost but portions of the text are available.

Brahma taught this to Prajapati, who taught the twin gods of medicine, the Ashwini Kumars. The Ashwins passed this on to Indra, who in turn revealed it to human beings – and here the texts differ. According to Sushrata,



Indra gave the knowledge to Dhanvantari, the king of Kashi, who taught it to Sushruta and others. According to Charaka, Indra's disciple was Bharadwaj, and further in the line of disciples were Atri, Atreya Punarvasu, Agnivesh, Jatukarna, Parashar, Ksharpani and Harita. Again, according to Kashyapa, Indra taught Vashista, Atri, Bhrigu and Kashyapa. There is also a sect called Bhaskara Sampradaya, which says that Prajapati gave it to Bhaskara (the sun), and that Bhaskara prepared his own samhita and gave it to his 16 disciples.

Leaving behind the differences, we have the divine originators as Brahma, Dhanvantari, the Ashwini Kumars, Bhaskara and Indra. The first among them is undoubtedly Brahma. Keeping in mind the short span of human life and limited intelligence of man, he not only shortened the *Ayurveda* but recast the text into eight divisions: salya tantra or major surgery; salakya tantra or minor surgery; kaya chikitsa or medicine; bhuta vidya or demonology (may be interpreted as mental disease and psychotherapy); kaumarbhritya or paediatrics; agad tantra or toxicology; rasayan or the science of immunology, rejuvenation and promotion of intelligence; and vajikaran tantra or the science of aphrodisiacs. About a dozen and a half

formulae are ascribed to Brahma – like sarvanga rasa, vatakulantaka, nilkantha rasa, mritasanjivani agad, vrihatagnimukh churna, chandraprabha gutka, machikasava and sahachar tailam – which must have been given out by later physicians like Bhele.

Charaka describes Atreya as the incarnation of Ananta Deva (the serpent god). Ananta Deva was the custodian of the Vedas when Vishnu, in his first incarnation as the fish god, Matsyavat, rescued them from the demon. Vishnu is the preserver and his wife is Lakshmi, the goddess of wealth. He has a thousand names, and it is believed that if you recite them you will be cured of fever. Dhanvantari is said to have emerged from the churned ocean along with Lakshmi, and so he is related to Vishnu as a brother-in-law. He also brought up the pitcher with amrit, the elixir of life, out of the ocean, which Vishnu saved from the asuras by transforming himself into Mohini. It is said that when all medical treatments fail, the physician gives up saying, "Now the physician is Narayana-Hari (Vishnu) and the medicine is Ganga water and tulasi (basil leaves)."

There is an interesting reference in the *Bower Manuscript* which says that Vishnu asked Dhanvantari, 'Is there any medicine



at all capable of curing all diseases?" and Dhanvantari described the doctrine of the plumbago plant. About a dozen medical formulae are ascribed to Vishnu, among them the popular narayan oil, shatavari oil, mahanarayan oil, nityodaya rasa and sarvangsundar rasa.

In Vedic literature, Shiva as Rudra is Deva Bhishak, the physician of the gods. According to the Puranas he is the first propounder of the science of medicine. A book called *Ayurgrantha* ('book of life') is said to have been composed by him. The *Yajurveda* offers prayers to him as Rudra (*Rudri Paath*) and Tryambaka. He averts disease and pestilence and as the story of Markandeya tells us, even restores life to a dying person. He is believed to be the ultimate power – he is the chief god of yoga and tantra, and represents the potential energy (Shiva) in the bindu along with its dynamic energy (Shakti).

Shiva is Pashupati ('lord of animals'), believed to be represented even in the Harappan seal that shows a person seated in a yogic posture surrounded by animals. There are a number of books ascribed to him, such as *Ayurgrantha*, *Rudrayamal Tantra*, *Parad Kalpa* (parad, or mercury, is said to be part of Shiva), *Abhrakalpa* (about mica), *Dhatukriya* (about metals), *Kamatantra* (sexology), *Saiva*

*Siddhanta*, *Ayurveda* and *Vaidyaraj Tantra*. More than 50 formulae are credited to him, some of which are: sarvato bhadra rasa, chintamani rasa, ardhanarishwari rasa, vaidyanath vati, vrihat agnikumara rasa, lokeshwar rasa, makaradvaja, churanraj, kameshwari modak, chandraprabha gutaka and kumaryasava. Shiva is also associated with snakes and serpent worship.

Bhaskara, the sun god, is believed to be the fountainhead of medicine. He is the father of the Ashwin twins. The sun dispels disease and there exists an entire system of treatment called solar therapy. The sun is said to have seven horses and his rays have seven colours, an idea that is said to have given birth to chromopathy. Hindus worship the sun every day by reciting the gayatri mantra, and there is considerable literature available on the sun and its attributes. Some books in the name of the sun are: *Bhaskara Samhita*, referred to in *Brahmavaivarta Purana* (this started a different school of medicine called *Bhaskara Sampradaya*), and *Jnana Bhaskara*, which deals with diseases as a result of the actions of a previous birth. Some formulae attributed to him are bhaskara lavan churna (still a popular product) and udarka rasa. According to the Vedas, the sun is the source of light and all life, and praying to him cures heart

OF THE GANGA,  
THE DIVINE RIVER,  
THE SCRIPTURES SAY  
'OSADHI JAHNAVI  
TOYAM', MEANING  
'THE WATER OF THE  
GANGA IS MEDICINE'.  
IT IS A FACT THAT  
UNPOLLUTED WATER  
FROM THE GANGA  
KEEPS FRESH FOR  
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THAT THE DEADLY  
CHOLERA VIBRIO DIE  
IN WATER FROM  
THE GANGA

disease and anaemia. He destroys poisons and dispels darkness.

Indra, the king of the gods, has the highest divine attributes. According to the Puranas, he comes after the triad, Brahma-Vishnu-Shiva. The *Yajurveda* refers to Indra as the god of medicine and health, and many medical formulae are ascribed to him in the form of hymns, including an important prayer for the cure of tuberculosis. He is propitiated for long life, for good food, to protect the embryo and infants, for powers to procreate, for water (rain), herbs, trees, cows, horses and men, and also to cure baldness. There are about half a dozen formulae in the name of



Indra, such as aindriya rasayan, sarvato bhadra and haritaki avaleha.

Like Adam of Christian theology, Daksha of Hindu mythology is the procreator of the human race and is also called Prajapati. He learnt medicine from Brahma and taught it to the twin sons of Sun, the Ashwins. In this he resembles Aesculapius of Greek mythology, who taught medicine to the offspring of Sun – Machaon and Polidarius. He has a single medical formula to his name, maharasnadi kvath.

Vedic hymns describe many miraculous cures performed by the Ashwini Kumars, such as giving an artificial leg to Vispala, restoring eyesight, and restoring youth to the ageing Chyavan. There are about half a dozen works in their name, such as *Chikitsa Saar Tantra*

or the abstract of treatment, their version of the doctrine of Chebulic Myrabolan (Bower MSS, 11th chapter), *Ashwin Samhita*, and *Dhaturatnamala*. There are also many formulae ascribed to them, like haridra churna, lasuna ghrita, amrita taila, haritaki kalpa, amritprasa, avaleha, kumkumadya taila and mahasugandhi taila.

Although these are the more important divine healers, there are others who are also connected with medicine and disease in some way, such as Saraswati (goddess of learning), Agni (god of fire), Varuna (god of water), Yama (god of death) and Soma (the plant that is used to make a drink that causes psychedelic effects in the mind). Kartikeya, or Subhramanyam Swami, is especially worshipped in the south of India. In the context

IN VEDIC LITERATURE, SHIVA AS RUDRA IS DEVA BHISHAK, THE PHYSICIAN OF THE GODS. ACCORDING TO THE PURANAS HE IS THE FIRST PROPOUNDER OF THE SCIENCE OF MEDICINE. A BOOK CALLED *AYURGRANTHA* ('BOOK OF LIFE') IS SAID TO HAVE BEEN COMPOSED BY HIM. THE *YAJURVEDA* OFFERS PRAYERS TO HIM AS RUDRA (RUDRI PAATH) AND TRYAMBAKA. HE AVERTS DISEASE AND PESTILENCE AND AS THE STORY OF MARKANDEYA TELLS US, EVEN RESTORES LIFE TO A DYING PERSON. HE IS BELIEVED TO BE THE ULTIMATE POWER

of paediatrics, it is believed that the matrikas or sub-goddesses who nursed him, subsequently began to cause disease in children. He is supposed to have written a book, *Vahatgrantha*, about the diagnosis and medicines to cure these diseases.

Mansa, the snake goddess is worshipped in Bengal. Raka, the goddess of moonlight, is connected to parturition, embryo formation and procreation. Som, the moon god, is especially related to mental conditions. Kashyapa, or Kanad, is said to be the founder of the atomic theory, and the procreator of mankind and of demons. Brihaspati is the guru of the gods. Usna, or Shukracharya, is the priest or guru of the asuras. He knew sanjivani vidya which could revive the dead. The gods did not know this vidya; they learnt it by sending Kacha who tricked the guru into teaching him. Narada, son of Brahma, is the divine journalist. He wrote books on law and on music; a Purana and a book on humours.

Of the Ganga, the divine river, the scriptures say 'osadhi jahnavi'

## Ancient divinities from other civilizations

### EGYPT

Egypt had a civilization, around 6000 years old, that started as a rational machine but soon became magico-religious and developed a mythological history.

**Anubis, Sokar:** Gods of death

**Bes:** God of homes

**Hathor:** Goddess of child health

**Horus:** God of light, who lives on in modern medical prescriptions as 'Rx'

**Isis:** Mother of Horus, a mother goddess

**Osiris:** God of creation, father of Horus

**Ptah:** God of wisdom, protector of health

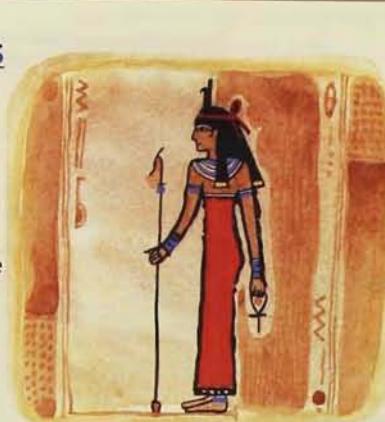
**Ra:** Sun god

**Sekhet-n-anhk:** God of the nose

**Sekhmet:** Goddess of epidemics, illness and death

**Ta-urt:** Goddess of mothers

**Thoth:** God of water, cures the cold and headache



### MESOPOTAMIA

A number of civilizations like those of Sumer, Babylonia and Assyria flourished here in the last 6000 years.

**Asur:** God of Assyria (Ahur Mazda in Persia)

**Enki:** God of creation and maintenance

**Enlil:** God of fate

**Gula:** Goddess of health and prevention of disease  
(also mentioned in the Rigveda as healer of snake bites)

**Ishtar:** Goddess of Assyria, worshipped as goddess of love and progeny

**Marduk:** God of Babylon

**Nargal:** God of epidemics

**Nina-ju:** God of physicians

**Pazuzu:** Demon of sickness

**Shams:** Sun god

### GREECE

At least 3000 years old, the Greek civilization included the regions of Crete and Mycenae.

**Apollo:** God of medicine and the arts

**Aphrodite:** Goddess of love and fertility

**Aesculapius:** God of medicine, who cured diseases during sleep

**Artemis:** Earth goddess, patroness of chastity

**Athene:** Goddess of wisdom

**Chiron:** God of medicine

**Hera, Demeter, Rhea, Cybele:** Mother goddesses

**Hermes:** Messenger of the gods, carrier of souls

**Hygeia:** Goddess of health

**Machaon and Polidarius:** Surgeon-physicians in the Trojan war

**Posiedon:** God of earthquake and water Snake Goddess of Knossos

**Zeus:** Father of the gods

'toyam', meaning 'the water of the Ganga is medicine'. It is a fact that unpolluted water from the Ganga keeps fresh for years. Scientists from the School of Tropical Medicine, Kolkata, have found that the deadly cholera vibrio die in water from the Ganga. A furlong or so from its source at Gangotri, the Ganga is joined by the Kedar Ganga. This rivulet comes from Kedar Tal, a lake in a forest of bhojapatra trees, and its water contains a large number of 'phage' which kill bacteria. Scientifically pure, the river is considered by Hindus as a mother descended from heaven to protect her children.

Bhairava is a yaksha, or demigod, especially associated with diseases of children, (like rickets) that are supposedly related to demons and ghosts. Assistant of Shiva, Bhairava's incarnations rank with the post of a police officer (kotwal) in Varanasi! It is believed that you cannot live or die in Varanasi without Kal-Bhairava's permission. A Bhairava temple offers ganda and danda – ganda is a black thread worn around the neck to ward off disease and the evil eye, and danda is made of peacock feathers bound together with which the priest hits you to exorcise demons and disease.

Shitala, the goddess of small pox is not mentioned in early literature, but she is popular among the masses and worshipped when any viral disease appears. She is said to like the cold and neem leaves. The folk goddess of epidemics is Marimata; 'mahamari' literally means epidemic.

There may indeed be many, many more beings worshipped in connection with health and medicine, if we were to include all folk and primitive gods and goddesses, spirits and totems. Among them, most popular are variations of the mother goddess, believed to be the goddess of immunity. And finally, let us not forget the soul, which is divine, being part of paramatma or the 'greater soul'. Faith cure firmly believes in the power of God, the ultimate healer.

# HOOPS OF STEEL

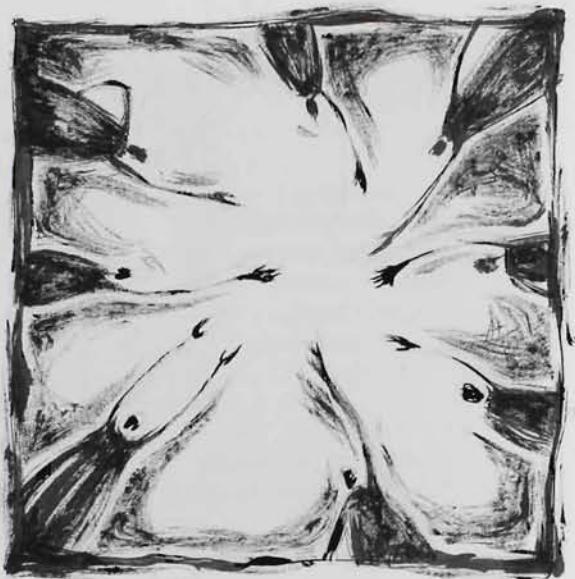


Illustration: Proiti Roy

While arguing that friendships play a seminal role in our well-being in modern life, in this second part of his series on the subject **Dr Vijay Nagaswami** writes on the fundamentals that would make for a strong adult relationship. These would include investing time and energy in the friendship, as well as revealing ourselves fully so that we too may receive the openness of a friend

**W**illiam Shakespeare is a most annoying man. From the writer's point of view, he has cornered all the good plots and left only the dregs to everybody else. And he has also cornered all the good lines, even when it comes to issues pertaining to relationships and mental health. It is almost axiomatic today, that when faced with any dilemma about relationships the best place to seek and obtain sound advice is the *Complete Works of William Shakespeare*, especially the soliloquies. The good bard, with remarkable foresight and anticipation, has covered pretty much the entire gamut of human relationships and packed some of the most extraordinary monologues ever written with sound advice on how to conduct human relationships. Take Hamlet

for instance. Aside from offering a road map to a young man on the threshold of life, Polonius' monologue to his son Laertes packs in considerable wisdom on the subject of the conduct of friendships.

In the previous issue, we had done a broad overview of friendships touching upon how they have come, in today's busy world, to perform the same role that the joint or extended family performed in previous years, particularly in urban India. We had explored how friends play multiple roles in modern life and we had made a distinction between childhood friendships and adult friendships. We had established that adult friendships are invaluable because they are based on individual choice, and they serve the recreational, supportive as well as companionship needs that all of us have in adult life. What I would like to explore in

this piece is how best we can format our adult friendships to ensure that they last long and continue to bring us the kind of joy, camaraderie and emotional well-being that contribute to positive mental health: how, in other words, we can work smart on our friendships.

Most of us probably realize that while our extended families offer us the kind of emotional continuity that we need between our past and present, they may not always be the best source of ongoing emotional support, companionship and fun for the future, simply because a lot of baggage has been accumulated over decades of interaction. As a result, our relationships with our extended families may be clouded by undertones that we may or may not be conscious of. However, since friends that we made during adulthood come with a fairly clean slate, we can generally be more

relaxed and companionable in their presence. Having said that, we need to remember that friendships are relationships too. We need to invest some time and energy in them and define some internal rules and disciplines if we are going to format our friendships to become all-weather instead of only fair-weather. And where better to look for these rules and disciplines than The Complete Works of William Shakespeare, specifically *Hamlet*, Act I, Scene III, where Polonius delivers his classic monologue to his son, Laertes.

*Be thou familiar, but by no means vulgar;*

*The friends thou hast, and their adoption tried,*

*Grapple them to thy soul  
with hoops of steel;*

This is perhaps the most important piece of advice that Polonius gives us. Once you have established in your mind the worth of somebody as a friend, you need to make an emotional commitment to them. For as long as friendship is seen as an add-on to your life, your friendships will always remain superficial and commonplace ('vulgar'). But if you 'grapple them to thy soul with hoops of steel', you will invest in them the emotion of love and it is this love that will see them through hard times. And as you invest your emotions in a friend, you start exposing more of yourself ('familiar'), thereby encouraging your friend to do the same, provided s/he feels the same way about you.

*... Beware*

*Of entrance to a quarrel, but,  
being in,  
Bear 't that th' opposed may  
beware of thee.*

Whatever the sort of relationship we engage in, conflicts are inevitable. When two adult identities attempt to get close to one another, differences of opinions and differing levels of sensitivity are bound to create situations of misunderstanding,

hurt and conflict. The only way these can be resolved is by understanding that they are inevitable and need to be dealt with if the friendship is to become deeper. When we do attempt to resolve these differences, Polonius' advice can help. Try and prevent the quarrel to the extent you can, but if it's inevitable, don't pull your punches. Be able to say whatever it is you feel, for if you don't do this, your side of the story may never be seen or heard. The best resolution of a problem is when both have had an opportunity to express what they feel and finally, through a rational process, reach a conclusion about how to move forward, not about who was wrong or who was right.

*and friend,  
And borrowing dulls the edge of  
husbandry.*

I have seen innumerable friendships that have come under severe strain and even collapse under the burden of financial transactions gone awry. I'm not suggesting that friendships should not involve either direct financial transactions (such as unsecured loans or cash gifts to tide over a crisis) or indirect ones (employing or finding employment for a friend or friend's close family member). We all go through financial stresses in the course of our lives, and our friends are bound to help us through these just as we would be more than willing to return the favour when it becomes necessary.

However, it is our attitude to such financial transactions that will determine their impact on the friendship. If we take these for granted and are lax about repayments and so on, we are putting the friendship under pressure. If we remember Polonius' words and treat the transaction seriously, then the loan need not lose 'itself and friend'. As a rule of Polonius' thumb: the fewer the financial transactions, the fewer the frictions in friendships.

*This above all: to thine  
own self be true,  
And it must follow, as the night  
the day,  
Thou canst not then be false  
to any man.*

And finally, be true to yourself. Be yourself and don't pretend. For then, nobody can misunderstand you or take you for something you are not. Also when you are true to yourself in your friendships, you communicate to your friend that there are no artificial barriers of pretence between the two of you. You value your friend enough to be yourself in her/his presence. In what better way can you express your love for your friend? Polonius knew a thing or two, don't you think?

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misunderstanding,  
hurt and conflict

*Give every man thine ear, but  
few thy voice;  
Take each man's censure, but  
reserve thy judgment.*

Although in friendships it is as important to share as it is to listen, many of us have a severe handicap when it comes to listening to what our friends tell us, especially when we receive unsolicited advice. I have found that even if such advice is a bit annoying, taking it on board will help at some time or the other. When your friend tells you something, it could well be worth listening, provided you do so without passing judgement on the adviser.

*Neither a borrower, nor a  
lender be;  
For loan oft loses both itself*



Illustration: Farzana Cooper

## Minor illness syndromes

Medicine is not only about curing major diseases like heart problems or cancer. It is also about relieving ordinary ailments like colds, sore throats and viral fever, which tend to occur more often these days thanks to increasing pollution and decreasing immunity. One study found that medical students did not know much about cures for these, since classroom teaching and research focused on incurable and complicated diseases. **Prof. BM Hegde** gives uncommon advice for common illnesses

*"The greatest truths are the simplest, and so are the greatest men"*  
– JC and AW Hare

For every one patient with a heart attack that a doctor in family practice gets to treat, s/he will have seen 36,000 patients with minor illness syndromes, said a recent Canadian survey. Unfortunately, most of these illnesses are not discussed in medical school as they are thought to be too trivial to be of importance in the final examinations. Even students in hospital wards rarely get to see anyone with these syndromes. The result is that a new doctor would be at a loss to manage these patients scientifically.

Not only are these minor illness syndromes dangerous in otherwise immune-compromised individuals, they are also significant in their capacity to produce 'sick-absenteeism', particularly in the winter months. It is estimated that on any given winter's day, anywhere between 20-30 million people absent themselves from work, thanks to

minor illness syndromes! For economic health, at least, the working days lost are damaging. To cap it, there are no specific treatments for most, if not all, minor illness syndromes in modern medicine, except symptom relieving drugs which have dangerous side effects in the long run.

The major kinds of minor illness syndromes that produce sick absenteeism are the common cold, feverish cold, flu-like illness and sore throat. Surprisingly, a recent survey of final year medical students in a prestigious medical school showed that the majority had not heard of this classification, and were not able to make a definitive diagnosis in these cases as most of the symptoms overlapped. Although the distinctions are not very clear, a correct diagnosis is important for correct management.

The enigma of the common cold is such that after 50 years of intense research, spending more than 500 million pounds, the

Common Cold Research Centre in Colindale, UK, closed shop 10 years ago claiming that no breakthrough was possible and that research was also not cost-effective. It has now become an HIV research centre – good research business indeed! One piece of advice it gave to the British was that they should eat more Indian curries when they have a cold. Curiously, it was Professor Zyment of the Harvard Medical School who showed that ginger, garlic and pepper are the most powerful antiviral agents available against common cold viruses.

While common cold is produced by many genetic varieties of rhino viruses, feverish cold is a specific disease caused by groups of adenoviruses. Sore throat is basically a viral disease in more than 95 per cent of the cases. Occasional bacterial sore throats can be seen but they carry the telltale feature of white specks of pus stuck in the tonsils. Rarely, of course, diphtheria could also present

itself as sore throat. Even more rarely, infectious mononucleosis could appear simply as sore throat resistant to repeated antibiotic treatment. Bacterial infection runs a relatively severe course, with fever and a high leukocyte count. Ordinary sore throat is so common that it goes unnoticed in many cases. Flu-like illnesses are produced by varieties of influenza and non-influenza respiratory viruses. It is difficult to distinguish the latter from mild influenza.

Symptoms of all these are predominantly identical to begin with. Malaise, mild reactive depression and a lack of enthusiasm to work are the foundation of all minor illness syndromes. Otherwise, the symptoms depend on the predominant organ involved. With the common and feverish cold the most important symptom is the nose block that makes life miserable. In addition, the inflammation of para-nasal sinuses could make the

a cold!). Germs are not the direct cause of any disease; while disease could be directly proportionate to the virulence of the germ, it is inversely proportionate to the resistance of the host, the so called 'Grimms Law', propounded by an American physician in 1915. "The soil is more important than the seed," was even Louis Pasteur's considered opinion.

What are the reasons for depressed resistance to upper respiratory viral attacks? Exhaustion, exposing bare legs and head to extreme cold weather (especially getting them wet in winter), excessive eating of fatty foods, emotional or social frustration and lack of regular exercise are the chief predisposing features. Close contact with a patient helps the germ to take a firm ground in the patient because of the large dose of the virus in the atmosphere. Homes with small children have a higher chance of attack. The

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face and forehead ache. It becomes difficult to concentrate and could be more of a nuisance than a major illness.

Sore throats start with throat irritation and go on to varying grades of pain in the throat and to other general symptoms of minor illnesses. Glands in the neck might have mildly painful swelling. Flu-like illness is like flu in its manifestations, but is caused by multiple viruses unlike the specified viruses of true influenza. Clinically, one is at a loss to make the distinction except perhaps in its severity.

That said, I must add that all the viruses mentioned as causative factors live in symbiosis with most of us. They are not our enemies. When we put down our immune guard for any reason, the viruses get an upper hand. Common cold spreads by direct contact (you catch

incidence of minor illness syndromes decreases after adolescence, only to increase again in old age. Crowded and closed places with a large crowds are also conducive environments for the virus to spread fast. One attack of common cold confers lifelong immunity, but there are more than 80 genetic mutants of rhino viruses alone to give one as many attacks as possible despite the immunity conferred by one virus. There is no cross immunity.

Management principles are simple to remember. A couple of days in a warm bed would ease most of them without much effort. However, when symptoms become debilitating a few simple measures could help. Interestingly, our ancestors had done good observational research to arrive at the adage: "Treated, cold lasts for a week; untreated, it lasts for seven days!"

## HOME TRUTHS

- ⊕ Avoid taking painkiller NSAIDs.
- ⊕ Avoid antibiotics in viral infections as they have no direct effect on the viruses. In addition, they change the immune system's cytokine response from T1 to T2. The latter stimulates leukotriene secretion. Most of these are broncho constrictors and might predispose you to asthma. Using antiviral antibiotics to treat simple minor illnesses is like using a double barrel gun to kill a mosquito!
- ⊕ Use of antibiotics in viral diseases is one of the sure ways of producing drug resistant germs - 'super bugs' as they are called - which have become a menace to patients in hospital ICUs, especially for the elderly.
- ⊕ Nourishing foods, fruits and vegetables hasten healing.
- ⊕ Sipping warm water in the early stages of sore throat is hundred per cent curative. In winter, avoid drinking iced water.
- ⊕ Normal saline water down each nostril clears a stuffy nose for a good 6-8 hours, allowing good sleep at night. This is called jalanethi in ayurveda. Special nozzles and saline nasal sprays are now available.
- ⊕ A combination of an inch-long piece of raw ginger, a couple of cloves of garlic, a few black peppers, a small onion, and a tablespoon of honey or a piece of fresh jaggery could be chewed well twice daily to cut the duration of infection by more than half.
- ⊕ A hot drink after a hot shower just before bedtime provides symptomatic relief. Let the drink not contain any dairy products as they encourage mucous secretion in the respiratory tract.
- ⊕ Sleeping on the abdomen could clear the upper respiratory passages of secretions, making breathing easier at night. If you can't do that, try elevating the head end of the bed by six inches, or sleep on your side.
- ⊕ If secondary infection occurs, very, very rarely, antibiotics might help when prescribed by a good doctor. Preventive antibiotics have no place in management.
- ⊕ Avoid heavy exercise for at least a week. Pranayama might help ease the symptoms and also give immunity from frequent minor illness syndromes.
- ⊕ Inhalation steam or the fumes from burning turmeric sticks could relieve symptoms.
- ⊕ In winter, keep the ears covered while sleeping to avoid cold wind going through the ears to cool the tympanic membrane and thereby the Eustachian tubes.



Illustrations: Proiti Roy

# 'Tis the season to be jolly...

IS it any surprise that in the erstwhile capital of British India, once the second city of the Empire, Christmas is celebrated with the same enthusiasm as Durga Puja! Some things may have changed in the way it is now celebrated in Kolkata, but the festive feel is the same – with the Chinese setting up decorated stalls in New Market and local nativity tableaus for infant Jesus in the manner of Puja pandals. Sniffing out the nostalgia, **Ian Zachariah** says that Burra Din still means something in the Chowringhee Lanes and Park Streets of the city....

It is almost always a matter of great surprise to visitors when they are told that Christmas is one of Kolkata's most celebrated festivals, second only to Durga Puja. Almost as long as the Pujas, though not as universally celebrated, the attraction of Christmas in Kolkata is quite unique.

Some say it is only to be expected in a city that is British in origin (popularly believed to have been founded in 1690 by Job Charnock on the site of the villages of Kolikata, Govindapur and Sutanati), once the capital of British India and the second city of the Empire. Almost 120 years ago, Rudyard Kipling wrote of Calcutta: "We have left India behind us and now we enter foreign parts... Why, this is London!"

More than 60 years after Independence, echoes of the Raj linger on, reflected in many of the venerable institutions of the city, in some of the city's archaic laws (till not long ago, female crooners



needed a police licence to sing in nightclubs) and outdated court language that in England went out with the Edwardians. Christmas, the big feast day of the past, continues in the merriment and revelry of the 'Burra Din'.

Sociological and historical reasons apart, the fact is that Kolkatans love to party. Christmas Day is a religious occasion for the Christian community, but to the cosmopolitan agglomeration that makes up the city it's also a season to be jolly, with the weather just right to trot out your woollens and generally have a blast. From moffusil towns to the northeastern states, they come to join in the revelry. The racing season is in full gallop, polo matches are held in



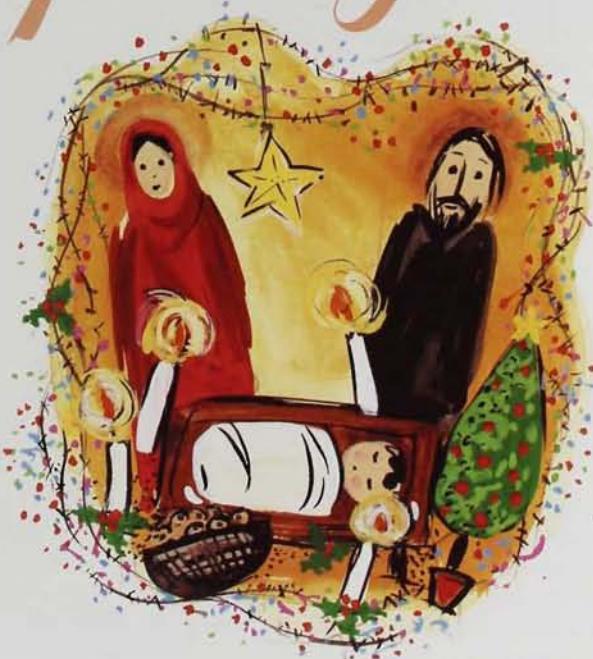
the mellow afternoon sunlight, and one looks forward to the partying after. Many a tea-planter has been known to return to his garden with a massive hangover and an arm in a sling, vowing never to dance on a table again! It's also a time for family reunions, with uncles and aunts visiting from Australia, the USA or the UK, bearing gifts, not of frankincense and myrrh but of cheese and chocolates.

You knew that Christmas was really on its way when the local Chinese set up their stalls in the New Market, turning the central rotunda into a riot of brilliant reds and glorious greens. This is where you bought Christmas decorations to supplement those that your friends and relations abroad had sent you – faux mistletoe and holly, tinsel streamers and miniature figurines to do up the house; paper poinsettias and delicate glass baubles of various sizes and colours to go on the Xmas tree – and even the tree itself, real or artificial. It is a measure of the entrenchment of the festival in the psyche of Kolkata that most of the buyers at this bazaar do not even celebrate Christmas. But they do brighten up

their houses with bling and bagatelles, and even have Christmas trees in their living rooms, festooned with 'toony' lights and the Star of Bethlehem.

The lights come on in Park Street around the first week of December, glittering, winking, and highlighting the sculptural illuminations depicting Father Christmas, his sleigh and reindeer. Vehicular traffic slows down as masses of pedestrians threaten to take over the roads. They've come from all over the city and even from the surrounding villages to see the lights of "Christmas Puja". (Parents of village children are heard trying to explain who "that man with the long white beard" is and why those animals are pulling his "palki", his palanquin.) The best views of the lighting are from the pavements, and if you can brave the good-natured chaos,

These troubadours, generally young folk accompanied by a few elder minders, would gladly accept a slice of cake and a soft drink from those who appreciated the effort. And one could always tell which group was really collecting donations to help the less privileged, and which lot hoped to finance the evening's party!



you could bump into someone on the street whom you haven't seen since last Christmas. A series of "Great to see you", "How are you", "What have you been doing?", and it's on your way, perhaps to meet again on Park Street next year.

Meanwhile, crèches are being constructed in churches all over the city. Though they all depict the Christ child in the manger in which he was born, the creative

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expressions of the theme are many, from inventive and sometimes topical compositions and backgrounds to innovative colour schemes and lighting. In the many lanes and by-lanes of central Kolkata, residents both Christian and non-Christian get together to string up lattices of coloured lamps and, in the manner of the Pujas, create their own neighbourhood nativity tableaus. A person wandering into the scene can be forgiven for thinking he has

stumbled into an adda, because the place does become the focus of the para, or locality, for these few days.

For students in the 60s, Christmas Day began with midnight mass at St Paul's Cathedral. The cathedral had the best choir in the city then, its vaulted ceiling accentuated its wonderful acoustics, and to hear the choir on that special night was the ultimate in pleasure. To us non-Christians in college, it meant hunting for

someone whose father had enough clout in the parish to get us in. More often, though, we had to be content with sitting outside, and even today the sound of the hymns reaching us through the winter darkness in the shadow of the marbled Victoria Memorial, is a cherished memory.

Other seasonal sounds rang throughout the city in the run-up to Christmas. The largest such event by far was the Assembly of God Church's 'Songs of the

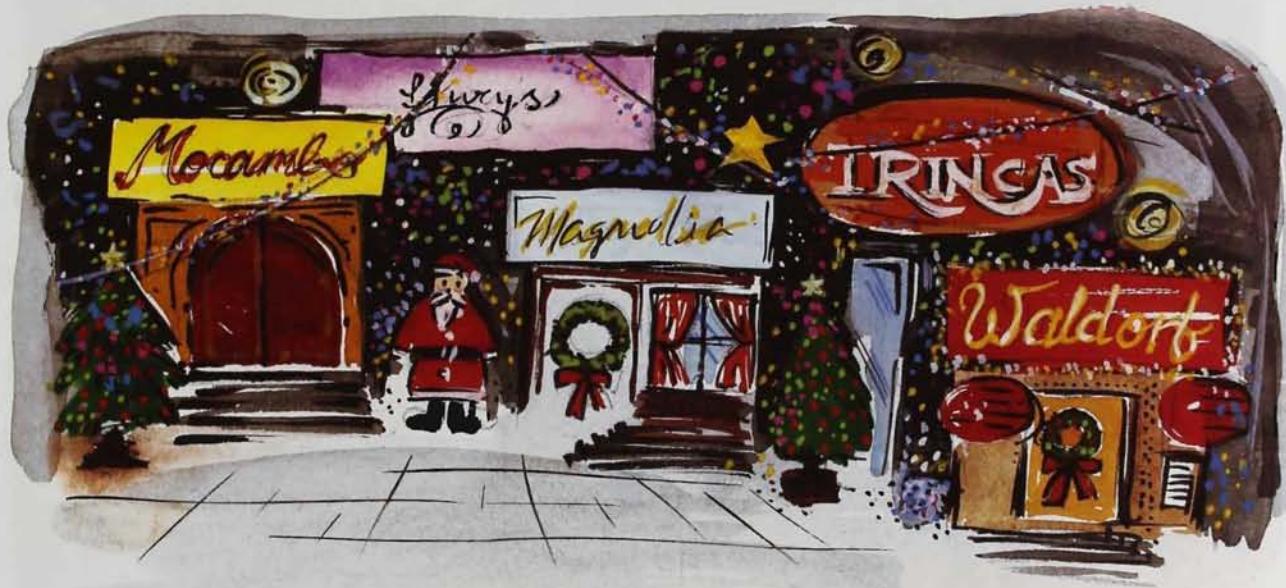
There are a few must-have goodies if you are in Kolkata around Christmas. It is *de rigueur* to get your liqueur chocolates at the legendary Flury's confectionery on Park Street. You once had to shop really early to get some, but with import restrictions removed, there's no real rush.

the jolly chorus of *Jingle Bells*.) These troubadours, generally young folk accompanied by a few elder minders, would gladly accept a slice of cake and a soft drink from those who appreciated the effort. And one could always tell which group was really collecting donations to help the less privileged, and which lot hoped to finance the evening's party!

Itinerant carollers have disappeared from the scene as the composition of neighbourhoods changed and the Anglo-Indians, the mainstay of their support, emigrated, mainly to the UK and Australia. In their place, today we have the students of Dr Graham's

look like the turkey that had been fattened for the Burra Din banquet!

There are a few must-have goodies if you are in Kolkata around Christmas. It is *de rigueur* to get your liqueur chocolates at the legendary Flury's confectionery on Park Street. You once had to shop really early to get some, but with import restrictions removed, there's no real rush – if you don't mind waiting in a queue with about several thousand others with the same objective. So perhaps early is still better. You will also have to fight your way into Nahoum's in New Market for their much-demanded Special Plum Cake, but years of experience have



'Season'. It was one of the highlights of the season and a must for those seeking the Christmas spirit – a spectacular showcase of devotional songs and music, embellished with eye-catching costumes and restrained choreography, often featuring headlined foreign gospel singers.

With a less professional but equally sincere approach, roving bands of carollers of varying proficiency and appearance went from house to house in central Kolkata, serenading its inhabitants regardless of religious affiliation. (Everyone knew most of the words to *Silent Night* and could join in

Homes in Kalimpong, who visit the city each year and present a couple of excellent performances to invited audiences.

Whether you celebrate Christmas as a religious occasion or not, there is general agreement that one of the greatest pleasures of being in Kolkata at about the time of the festival is the variety and quantity of food that one has access to. It's when there are lunches and dinners galore, formal receptions and come-as-you-are parties to go to, club functions to check out, hotel promotions to avail of – so much so that by the end of the season you feel and

made this family-owned confectioner turn crowd control into a fine art, so you'll be out in a jiffy with your packages.

Hotels and restaurants write up Christmas menus for the season. Some include traditional dishes that once used to grace the tables of the gentry in Britain, such as mince pies, roast turkey and plum pudding. Others adapt their cuisines more practically to their own specialist festive fare, adding perhaps one item which may be considered Christmassy. A tandoori will go down better with dal makhni, and brandy pudding for dessert would not be out of place.

Peking (or Beijing) duck is not usually on the menu of most Chinese restaurants, except at Christmas time. But whatever is on offer, the rush of people eating out during the Christmas week is comparable to that around Durga Puja.

At some of the older social clubs in the city, tradition reigns. The menu for Christmas lunch this year probably will not vary much from the previous years'. It would read something like: mulligatawny soup, prawn cocktail, cold cuts (ham, beef, lamb) with salads, stuffed roast turkey with brown sauce, and brandy pudding. There will, of course, be vegetarian options. Other clubs may be more adventurous, offering Indian or Thai cuisine, and the inevitable Christmas cake with brandy cream. Whatever the fare, some members will cavil at the choice, but on the day they will be back for seconds. Eggnog or mulled wine, anyone?

Kolkata's Christmas tradition is best tasted in Christian homes, and despite the drift of the Anglo-Indian community over the years, the flavours remain. It is open house all day – friends and relatives, dressed in their Christmas best, drop in to wish each other. There's a lot of eating and drinking and all-round conviviality makes all the preparatory work worthwhile.

Preparations would indeed have begun much ahead of the day. There was shopping done at

mix, strengthened with a liberal tot of rum, would have been poured into moulds and sent out to the local baker with precise instructions on how the cakes were to be done.

Christmas is also the season for salting beef which is always offered at Christmastime. It is a matter of pride in a household that their batch this year is so good because "Uncle went himself to the market and chose the meat, Mum marinated it for longer than usual, with just an extra touch of gur (molasses) to bring out the flavour". Much better than their

wine fortified with rum, a sharper ginger wine fortified with rum, and if a member of the family considers himself a bit of a wine-maker, banana or guava wine fortified with rum, "just for the colour".

Rose cookies and kal-kals are other home-made specialities one recalls seeing only at Christmas. The former, memory says, are ribbons of flower-shaped sweet pastry, while the latter are bite-sized ridged rolls made from semolina and coconut, sweetened and deep fried.

If your hostess has been kind



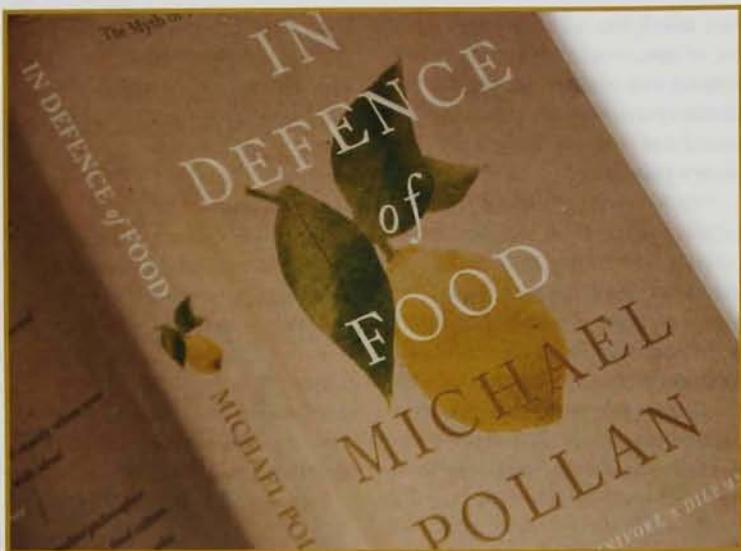
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New Market for candied fruit, karamcha (Kolkata's equivalent of the cherry), crystallized ginger, cinnamon and other ingredients for the cakes made to recipes come down in the family. Around the beginning of December, the

neighbour's on the third floor. And you, with your mouth full and hoping for another couple of slices, nod in contented agreement.

Wine too has been made and laid in for the big day – mild raisin

enough to invite you to a home-cooked Christmas lunch, these items are just starters. The table will be groaning with an array of dishes, meats, vegetables, salads and sweets, and it is no great hardship to accept the second and third helpings of pilau, chicken curry or vindaloo that are thrust on you. By the end of the afternoon, replete, sated and quite tipsy, you can only look forward eagerly to emulating the words of the Christmas carol, "God rest ye merry gentlemen."



We seem to have forgotten the simple pleasure of eating, and have lost the connection we made with nature by eating natural food. Instead, these days we are unhealthily obsessed about eating healthy, and with words like probiotic and polyunsaturated. In shifting the perspective on food and eating we have done something worse: eliminated several indigenous species of plants and fruits. Journalism professor and writer Michael Pollan explores the link between food, community and identity, writes Sandhya Rao

A friend tells the story of how he once visited a friend and there he felt peckish. Swallow a vitamin pill, the friend's wife advised.

I have always found this story uproariously funny but reading Michael Pollan has mitigated the humour somewhat. I am beginning to be haunted by the eerie thought that maybe that day is not far off when instead of a table laden with goodies of colours, textures and tastes, we will be offered a choice of pink pills for carbs, yellow for protein, and yes, Omega-3 fatty acids or whatever, right there, yes those multicoloured ones.

Michael Pollan is a professor of journalism at the University of California, Berkeley. He has written numerous articles and four earlier books: *A Gardener's Education*,

### *In Defence of Food: the Myth of Nutrition and the Pleasures of Eating*

by Michael Pollan,  
Allen Lane, London: 2008,  
pp 242 Price: Rs 451

*A Place of My Own*, *The Botany of Desire: A Plant's-Eye View of the World*, and *The Omnivore's Dilemma: A Natural History of the World*. Curiously, since the time I purchased *In Defence*, I have been meeting people who have been reading Pollan in one form or the other. "He's good!" is the general consensus and they tell me what they've been reading. This review, therefore, is a mix of what all of us have read.

# THERE'S FOOD ON THE TABLE

As the various titles suggest, Pollan's interest is primarily the plant world. *In The Botany of Desire*, for instance, which a young friend said was the best of his books she had read, he explores the homo sapiens' relationship with four representative plants – apples, tulips, marijuana and potatoes – from the point of view of the plants and humans. In the well-selling *The Omnivore's Dilemma*, Pollan tries to answer the question: "What should we eat?" Commenting on this, Jane Black makes the following pithy point in her review in *The Washington Post*: 'In the hundreds of interviews Pollan gave following the book's publication, the question everyone, including me, asked him was: What do you eat? It was both a sincere attempt to elicit a commonsense prescription and, when it came from cynical East Coast journalists, a thinly veiled attempt to trap the author. "Oh! So he shops at farmers' markets," we snipped enviously to one another. "Well, easy for him out there in Berkeley where they feast on peaches and cream in February! What about the rest of us?" *In Defence of Food* is Pollan's answer: "Eat food. Not too much. Mostly plants."

These are the words *In Defence...* begins with. It is a short tale, simply and elegantly told, of the deviant path the American world is taking on the food trail. In fact, Pollan argues, we

(read Americans and American-types) don't consume food any more. "That eating should be foremost about bodily health is a relatively new and, I think, destructive idea – destructive not just of the pleasure of eating, which would be bad enough, but paradoxically of our health as well. ... We are becoming a nation of orthorexics: people with an unhealthy obsession with healthy eating."

He goes on to warn against "nutritionism" and, using numerous examples off department store shelves, cautions the reader against terms like polyunsaturated, cholesterol, monounsaturated, carbohydrate, fibre, polyphenols, amino acids, flavonoids, carotenoids, antioxidants, probiotics and phytochemicals which, he says, "have colonized the space previously occupied by the tangible material formerly known as food". Even in a country where the majority have limited or no access to anything edible, these terms are fast spreading their tentacles. The more such names are printed on processed food packaging, the wider the berth you should give them, advises Pollan.

Food, he argues, "is also about pleasure, about community, about family and spirituality, about our relationship to the natural world, and about expressing our identity. As long as humans have been taking meals together, eating has been as much about culture as it has been about biology." The upshot of his arguments, which I would urge everybody to pay attention to, is to avoid anything your grandmother wouldn't recognize as food.

It was fortuitous that just at the time that I was being introduced to Pollan, an ad appeared on television promoting the cause of what it called 'functional foods'. Immediately, warning bells began to sound in my head. I began to understand why makkai ki roti and sarson ka saag must be consumed only in winter, and why the gourds are available in such abundance in summer. What we eat is related to what season it is, and when the two go together, we do our bit in

keeping the balance with nature, a practice that is definitely on the wane in urban societies in India.

In *The Omnivore's Dilemma*, Pollan examines the various ways human societies have obtained food and points to the basic contradiction between the way nature works and the way industry works vis-à-vis food. He then argues that the way we eat reflects how we connect with the natural world and how increasingly we are moving away from these ecological connections.

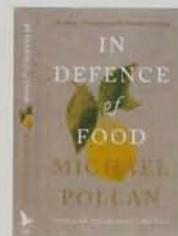
I also remembered what my family doctor always says every time I tentatively suggest that x or y member of the family could do with a shot of supplemental proteins or vitamins or whatever. "Why, do you have money to throw?" he retorts. "Eat fresh fruits and vegetables. They will give you all the supplements you need." Only, they may not help you grow taller than you were naturally intended to, or build your body like the hunk or the anorexic you aspire to be. Is that something to do with nutritionism? A young man I know always says: "All my friends who eat junk food just keep growing taller and taller, and look at me. Maybe I should also start eating junk food." Do junk foods contain triggers? Is there something there? I wonder what doctors have to say.

Getting back to what my doctor is saying, it is that, in Pollan's words: "We know how to break down a kernel of grain or wheat into its chemical parts, but we have no idea how to put it back together again. Destroying complexity is a lot easier than creating it." An apple or a mosambi or carrots come ready with everything perfectly proportioned in themselves. Eating them as they are gives you the pleasure of eating as well as the goodness transferred and transformed in their natural order.

The paradigm shift from whole foods to refined foods, from complexity to simplicity, from quality to quantity, from leaves to seeds, and from food culture to food science, argues Pollan, has

resulted in the world losing hundreds and thousands of species of food. The amazing biodiversity of the world is being continuously and steadily eroded and is reflected in the narrowing down of diversity in our diet. To quote Pollan's American examples, "Half of all the broccoli grown commercially in America today is a single variety – Marathon – notable for its high yield. The overwhelming majority of the chickens raised for meat in America are the same hybrid, the Cornish cross; more than 99 percent of the turkeys are Broad-Breasted Whites."

In India, for instance, we have lost innumerable varieties of bananas to the ubiquitous long



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green variety whose botanical name I do not know. The eucalyptus debate seems to have been buried. In Malaysia, the palm variety from which oil is extracted has replaced thousands of acres of rich tropical vegetation. Examples from the reader's own experience will reveal many such instances of the loss of biodiversity. Pollan points out, for instance, that from thousands of staples, the world is now majorly consuming only four: corn, wheat, rice and soya. Think about it.

But it is not all doom and gloom. Pollan has solutions, and offers ways out and lots of suggestions for ingesting. For that, though, you will have to read him. Do, and pass the message on.

# Prehistoric



Resorts will do anything these days for novelty. Now that we are done with rooftop cafés, here comes the underground resort cum eatery set amidst verdant landscape outside Bangalore. **Rachel John** ambles along with photographer **Dr M Vivek** to this underground resort which takes them back to the days of Flintstones!

# Architecture



We are heading towards India's, or perhaps Asia's, first underground resort, lyrically called Guhantara, which means 'inside of a cave' in Sanskrit. After a final bounce over two and a half kilometres of dirt track, all bones rattling, we reach a Flintstones-inspired setting. For us adventure-starved urbanites, it is a fitting start to a getaway.

About 45 km from Bangalore city, just a little past the famous Art of Living centre, Guhantara lies buried and disguised in a rugged green camouflage of undulating lawn and flora stretching over three acres. The open parking lot is shielded for privacy with thick wooden branches lined together as fencing, like rustic sentinels

answer. Of course, efficient plumbing sees to it that any water that does drip through drains out efficiently.

You come across an unusual wooden carving by an artisan from Kerala, who seems to have taken all the artistic freedom he could possibly grab: out of a tree trunk spring 36 animal heads! Perhaps his intention was to recall all the animals that cavemen once killed, hoped to hunt, or escaped from! There is the head of an elephant as well as that of a tiger in it somewhere. At the end of the tunnel you are hit by the grand spectacle of the main hall. Its magnificent setting with an atrium, wooden dance floor, waterfall and a circular arena for seating, displays the architectural concepts that form the fulcrum of this project. Man-made structures



Left: The grand amphitheatre. Above: The entrance to the 'cave'

standing at attention. The primitive feel grows at the entrance when you duck through a 500 m long tunnel lit efficiently by the skylights interspersed along its length. These skylights are left open to the elements without grill or grating. What if it rains? It would only add to the natural ambience of the Stone Age, comes the unbidden

are designed to look like the real things. For example, you may lean against a lover's tree which is not really a tree but fashioned from concrete by artisans, or sit on a chair which may feel and look like bamboo but isn't. The five-foot deep swimming pool with its rock face (also made of concrete) and the waterfall are other elements



The pool for Pebbles!

that have been painstakingly shaped to look real. Even the ceiling is textured with concrete to look like a huge anthill!

Guhantara began as a microscopic concept about nine years ago in the minds of S N Ramesh and C H Ramesh, both architects. "We had developed commercial buildings, ethnic resorts and sundry other projects, and wanted to do something radically different, an idea that no one had thought of before," says S N Ramesh. So he reverted to history, to early man, to the first human shelter – the cave. "I wanted to recreate how the local tribal people once lived," he says. His experience in landscape gardening on terrace houses came in handy when the idea bore fruit. "I was certain that I would not have neat, corporate landscaping. Instead,

This is one destination where you can kick off your high-heeled shoes, don a swimsuit under your shorts and T, and get ready to live a day in the life of Fred and Wilma Flintstone. If Pebbles came along, she could splash around in the tiny pool

I went for natural positioning with heavy creepers, unusual plants and vegetables growing among the foliage."

The wooden floor of Rangamandappa, the main hall which seats 500 to 750 persons, can on occasion turn into a platform for a rain dance with a DJ in attendance. The gallery seating is reminiscent of the amphitheatres of yore, now a perfect setting for musical programmes. The atrium

brings in natural light which filters through a cobweb-like network of metal pipes. The predominant colours are brown, grey and green.

If you want to rinse your hands, look among the foliage. Hold out your hand under what might look like a tap, and water will gush out into a hidden washbasin.

Concealment is the key and it is even more apparent in the rooms that are set behind the hall and restaurant. Each room overlooks a

lake that has been created by water harvesting. The rustic effect continues in the wall textures, bathroom, and the floor, which Ramesh says has been fashioned out of packing wood. Although there is a water heater and other modern contraptions within arm's reach, there is also wood fire for heating water for a bath.

The eco-friendly touch is evident in the judicious use of plywood instead of natural wood. The switches are in wooden boxes, out of immediate vision, and the TV is encased in a wood-finish case. The logo of the project, a snail, has a hard outer shell with a soft interior shaped in the letter 'G' for Guhantara. Ramesh closely monitored the project to ensure that green building norms were adhered to. The resort has a water treatment plant and treated waste water feeds the lush lawns. Solar energy is harnessed and used.

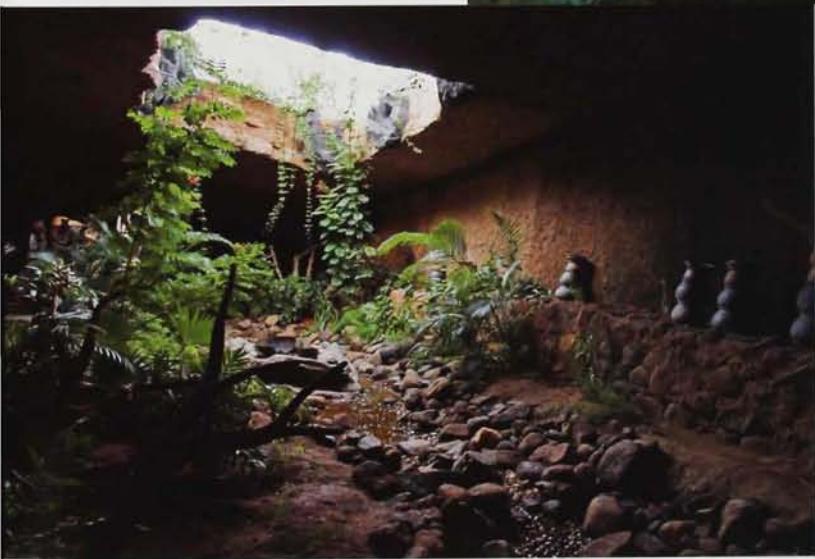
Says Ramesh: "I could have made it a theme park and minimised the cave-like effect at the entrance. But I wanted the visitor to feel the ambience completely." The project that took

I wanted to create something man-made with a human touch," he explains. The past couple of months have brought in corporate clients and the vacation crowd, and enquiries from overseas are coming in too. But Ramesh has realized that maintaining five-star service and management is a

coconut, or neer dosa, or Food and Beverage Manager Vishnu Pai's favourite potato bhaji. For lunch, since the idea is to go native, sample the ragi ball which H D Deve Gowda popularized in Delhi during his short stint as Prime Minister. It is a tennis ball-sized steamed red ragi ball to be



Above: The tunnel to the suites with the open skylight



off early this year cost rupees six crore and there are still a few additions being incorporated. "The structure has been costly as I had to build internally and consider the movement load on the surface. The use of concrete instead of natural materials upped the costs.

difficult task. His project is labour intensive with a style of maintenance all its own.

Sambhojana, the food court, offers multi-cuisine fare. But when in Karnataka, try eating the Mangalorean way. As aperitif you could have pundi made of rice and

eaten like rice or chapati, with palya, curries or avial. It goes well with the long beans coconut curry and typical accompaniments such as capsicum and brinjal chutney. The horsegram rasam is a welcome digestive accompaniment, or you could opt for kokum juice which offers similar benefits. Polish off the meal with local pumpkin halwa and you can be sure you have had authentic South Indian fare. Non-vegetarian dishes, Chinese and continental food are also available at the buffet or *a la carte*.

A huge drum placed as a design element in the middle of the main hall is a definite lure. No, it is not struck when the meals are on the table to summon the residents, but visitors just love to go and beat on it with total abandon, never mind the din.

Guhantara is as much an architectural challenge as a weekend getaway. Other activities



Above: The sprawling, verdant recreation area above the cave  
Below: One of the suites with the 'Flintstones' decor

linked to the resort would make it more attractive for a fulfilling holiday. This is one destination where you can kick off your high-heeled shoes, don a swimsuit under your shorts and T, and get ready to live a day in the life of Fred and Wilma Flintstone. If

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Pebbles came along, she could splash around in the tiny pool.

It would of course enhance the spirit of adventure most if you chanced upon Guhantara with no idea at all about what was in store. But even if you were to go after reading this, not to worry – there are still a few secrets waiting to be unearthed in this novel underground experience.

# NO SECOND OPINION ABOUT IT.....

We stand up with the whole world to rejoice at the election of Barack Hussein Obama as the forty-fourth president of the United States. Housecalls does feel that history was made with a president of African-American descent entering the White House. This in a country where even 40 years ago 'blacks' had no voting rights leave alone the freedom to sit next to a 'white' in a bus. Yes we can and we shall, Obama said to thunderous applause at Grant Park, Chicago, in one of the most moving speeches ever made. Now all that remains is to move home, get his daughters a puppy, and set the agenda for his country for the next four years.

Housecalls thinks it's ridiculous that the Indian media (for lack of anything else to report?) is now having round table discussions on whether India will have its own Obama. Mayawati or Rahul Gandhi, the papers speculate. Can we start worrying about real issues in this country and stop drawing parallels with America? Even when the stock markets crashed we were wondering if our recession was as bad as theirs!

As for England, its queen seems to have her own woes. The meltdown has touched Her Majesty a tad harshly, with her losing 25 million pounds! She asked professors at LSE why, if things were so awful, no one noticed it before. This reminds us of a certain queen's remark – let them

have cake, if they do not have bread....

We all need euphoria, and Obama provided that ray of hope. But the party's over, and things continue to be dismal back home. Especially for poor Biharis, who are being told to get out of that great melting pot, Mumbai, thanks to the fanaticism of a certain Thackeray. What drives these people to such lengths of goondaism?

Sometimes Housecalls is full of time-pass ideas. One grand idea we had recently pertained to organizations turning lean and mean to combat the global crisis. So we ask, why don't we cut down the massive costs of running Parliament, which we are told met just 32 times this year as against the desired 100? It costs taxpayers Rs 440 crore a year to run the three-ring forum that is our Parliament, where it takes years to legislate a bill. Why not outsource this to an off-shore development centre? That way we would save a lot of money, especially on the foreign junkets our MPs are so fond of...

A Gore and his clan have warned us of many strange effects of global warming. But one of the saddest is the possible fate of the Maldives. Mohamed Nasheed, its first democratically elected president, says that if climate change continues to raise sea levels, the 1,200 islands and coral atolls dotting the southwestern tip of India are likely to disappear! Rather

than banking on the environment, the far-sighted president is looking to invest in a new homeland with the country's billion dollar revenue from tourism. That's what we call a leader's active concern for his people.

Being is difficult for all of us past a certain threshold, with aching knees and dysfunctional body parts. But it is a lot more traumatic when you are 'material girl' Madonna, who turned 50 this year. She said that she who thought she was superb and sexy began to be shunned by the industry when she turned 40, making her feel she had some contagious disease! Yes, et tu Madonna...

A part from telling us what propah English is, the Oxford English Dictionary has now sent out a diktat about the most irritating phrases in the English language. On top of the list is 'at the end of the day'; others are 'fairly unique', '24/7', 'I personally', 'literally'. But at the end of the day, we Indians who are fairly unique tend to use, literally, some of the most boring phrases in our writing. 24/7.

N ow that the end of another year comes closer, Housecalls urges all its readers to put their past behind them and look forward to a new year which we hope will be better than the last one for the country. Vive la Housecalls, we say, (or sometimes simply Zindabad!) as we complete the tenth year of publication....



Photographs : Priya Jain

# RUNFORYOUR

**A**s I drove to Gurgaon on a cloud-filled monsoon afternoon, my head buzzed with questions. Why would someone quit a corporate career after 25 years, give up a cushy job that allowed him to travel and live in different continents, to... run? I couldn't wait to find out.

The years had not changed my old classmate Rahul Verghese's huge grin as he opened the door to welcome me in, even as he apologetically continued a conversation on the phone. A run was being organized over the coming weekend and he was on the lookout for sponsors. In the years since we had last met, Rahul had completed an MBA, got married, had two kids, worked with Unilever, Nestlé and Motorola, and run 24 marathons! He now heads an organization called Running and Living.

About eight years ago, when Rahul was about to move to Chicago from Singapore, a medical check revealed that he had high cholesterol and was a little overweight. Instead of medication, he agreed to go on a strict regimen

of diet control and exercise. A couple of months of walking, swimming (a single length would tire him, he recalls) and working out at the gym brought his cholesterol levels from high to borderline. And he lost nine kilos in the bargain, almost to his doctor's disbelief. But the routine had also become boring, and with his health under control Rahul didn't feel inclined to continue.

Moving to Chicago, where "everyone was running, rollerblading or cycling", in the middle of an intensely cold winter with nothing to do, he ended up buying a treadmill jointly with a couple of neighbours. It mostly got used as a clothes rack, but one day Rahul "foolishly" decided to use it for the purpose for which it was built. By the time winter was over, he realized that he could run 5 km without any difficulty. And that was it. It was the year 2001; he was 41, and hooked on running!

So delighted was he with this achievement that soon Rahul informed everyone – family, friends and colleagues – that he would run the Chicago marathon. Easier said than done! It dawned on him that a marathon was considerably longer than the 5 km he was now used

to, but having said he would run it, there was no getting out of it.

However, there were a few months to go before the event. A quick trip to a bookshop was the start of a different education. Whatever he knew about sports and running, says Rahul, was wrong. The book on marathon training in a hundred days had him looking for shoes. A visit to a sports store was a revelation. With his feet measured for the first time, he learnt that he was flat-footed. So far, buying shoes had meant going for something that looked good and didn't cost much, but the ones he was shown were white and expensive. He was persuaded to give them a try, with the assurance that they would provide the necessary support. As he was leaving, the salesman asked if he had the right running apparel. "Of course," says Rahul, "I did not pay much attention to what the man was saying. After all, in India we all grew up wearing cotton and what else was needed?" He did, though, stop long enough to pick up some running socks.

He then started training in earnest. So far he had only run indoors on a treadmill. Now



**WHEN RAHUL VERGHESE** began to run to bring his cholesterol levels down, he became addicted to it. Having discovered the joy of running, he ran in whichever city in the world his corporate job took him to. When his work brought him back to Delhi, he realized that despite a host of health epidemics Indians were not used to exercising. He quit his job to talk, write and organize runs to urge people to run and stay healthy

**PRIYA JAIN** meets Rahul S Verghese (who, however, still has not convinced her to run)...

# LIFE



looking at the schedule in his book he realized he was expected to run 5 km for four days, then a day off, then again a day of 5 km, followed by a 23 km run. And that was just the first week! As he flipped through the following pages, the task seemed daunting and he quickly decided "not to think of next week". As he set off on his runs, exploring the roads, trails

and pavements of Chicago, he remembers thinking that there were no potholes but it was all very different from a treadmill and hard going. Starting the first day at 9 am, not too early but not too late, he had decided against adding to weight and did not carry a water bottle, thinking he could drink out of water fountains. There was a breeze at first but then the sun

came out and it was hot. Looking for water fountains he ran into a university campus, but after that they seemed to be few and far apart. "Soon I was running in and out of every McDonald's restaurant asking for water!" he says.

That first run took him three hours, and decided for him that not only did he need to start early but it was essential to carry water.

**IT** (the treadmill) mostly got used as a clothes rack, but one day Rahul "foolishly" decided to use it for the purpose for which it was built. By the time winter was over, he realized that he could run five km without any difficulty. And that was it. It was the year 2001; he was 41, and hooked on **RUNNING!**

A lower back pain also returned. When a hot water bottle didn't help, a visit to the chiropractor taught him that muscles and tissues needed to rest after being strained during training, and that a cold pack worked wonders.

The first long run of 23 km had him totally drenched in sweat. As he got under the shower, a sudden intense pain hit his nipples and had him jumping out really fast. Cotton T-shirts, he learnt, were not made for long distance running. Once soaked they could cause nipple and underarm chafing, the cause of his pain! He headed back to the sports shop, and totted up "a mounting bill, with T-shirts,

shorts, underwear, and head band, as I started to learn about fabric".

But the fact that he had run 23 km, something that had seemed impossible only a few days ago, was a boost to his confidence and gave him a high. If he could do this, then "anything was possible".

As work and family visits took him all over the world – Delhi, Bangalore, Singapore, Korea, Taiwan, London – he started to carry his running gear with him. With a local map in hand he would start running early in the day. "It was a great way to sightsee," he puts in casually. "One night when I couldn't sleep I decided to go for a run at three or four in the

morning instead of tossing and turning, and so discovered a way to beat jet lag."

Running indoors or outdoors, in all kinds of weather, in different countries, in hot or cold weather, in serene surroundings or in heavy traffic, and sometimes chased by dogs, he learnt to adapt to all situations. These were all lessons for life, says Rahul. "Then 9/11 happened. At first, everyone thought the Chicago marathon which was to take place in early October would be cancelled fearing it could be a target. But on a cold and windy morning, 35,000 runners turned out at 8 am. There were more than a million spectators along the route, even families with children and small babies, all cheering. It was really energizing. It was the first time I had run with other people and the encouragement from other runners and spectators was just amazing. Even now it gives me goosebumps."

He clocked his first marathon of 42.2 km at 4 hours 32 minutes. "The first marathon you run is always special as you remember all



kinds of experiences before you got there." Afterwards when his wife Jamuna commented, relieved, that this marathon was now over, Rahul informed her that he intended to run again the following year!

"The next one is always easier. I was psychologically into it and the following year I could reduce my timing by 41 minutes – that is, running it in 3 hours 51 minutes. The bug then really kicked in and I decided to set myself a goal of 25 marathons in the next 25 years," says Rahul.

So bitten was he by the marathon bug that soon he was running more than he had aimed for. He now wanted to run in every continent, and had to "wangle dates for work meetings in other countries to coincide with marathons!" His goal is now the prestigious Boston marathon, for which one has to qualify to be able to run. The qualifying time for his age group is 3 hours 30 minutes, but having clocked 3 hours 41 minutes at New Orleans in 2003, Boston now seems possible.

Another posting brought Rahul back to India in 2003, and he found that in this country – which he says is "the cardiac and diabetic capital of the world" – people didn't run. Everyone he talked to had an excuse. They didn't need to exercise. They didn't have the shoes. It was too hot. They didn't have the time. If they did get out at all, they walked. Running was not something Indians did.

But running had made such a difference to his life that he was determined to share his passion with others. Taking up his brother's suggestion, Rahul set up [www.runningandliving.com](http://www.runningandliving.com) to provide information and links on running related matters, learning as he went along about website development. He enjoyed photography and usually carried a camera on his runs – the photos now came in use. The site carries inspirational quotes, testimonials of those who managed to improve their health after they started to run and stories that counter all excuses. Fauja Singh says that he





Running! There are nine full marathons in India and about 500 worldwide

began to run marathons in the UK when he was 89 years old, out of sheer boredom and because he did not want to be sent to an old age home. At the age of 97 he ran the London Marathon.

The website continued as a hobby for a year or two. At his father's suggestion, Rahul also considered starting a magazine. He is a contributor to *The Mint* (a *Hindustan Times* and *Wall Street Journal* collaboration) writing both for the Internet and print media (national and regional), and speaks on radio and television. The response encouraged him to think about how he could turn his hobby into a full-time activity.

The next question was what areas of running he wanted to get into. It was suggested that Rahul look at gyms as a way to get people running. But finding the conditions in gyms quite dismal he quickly realized that was not how he wanted to do it. Mumbai and Delhi had lately started to see their share of marathons, but these were annual or occasional events that somehow did not link a sponsor's product to running as an activity or way of life. He also did not want

to interfere with what others were already doing and figured that whatever he did had to be fun for everyone involved. It was time to bring his marketing skills into practice.

In August 2007, Rahul quit his career with Motorola to promote running. He started by speaking at schools, colleges and companies to motivate and educate them. What is interesting about this endeavour is that Running and Living doesn't merely organize occasional runs but helps people address every aspect related to their desire to run. Whether it is finding the right pair of shoes and appropriate clothing

at a reasonable price, information on where the next run or marathon is taking place, suggestions for what one should eat before a run, or the benefits of running, both physical and psychological, the Running and Living site has it all. Monthly runs are organized in Gurgaon, and information about other running clubs and runs is also available.

Rahul aims to bring in sponsors to link products to runs, connecting the brand with the activity, and conducts workshops with the corporate sector to promote running as a team building activity. The corporate sector is slowly warming up to the idea especially as running is an activity for everyone. "It really is egalitarian, cutting across income groups and hierarchy. Anyone can join in, unlike activities like camping and river rafting. It is fun, and what's more, it's a low cost activity and a free wonder drug," says Rahul enthusiastically.

Doctors of sports medicine and nutritionists are already involved with Running and Living, and links to studies on the benefits of running are on the site. Rahul is keen to involve other doctors too: orthopaedists, cardiologists, gastroenterologists, anyone whose patients would benefit from running. But in his experience, most doctors and nutritionists are themselves no models for fitness and he hopes that they too will start to "walk the talk". Meanwhile, friends who are doctors are willing to give advice if required, and some have actually joined the monthly 5 km and 10 km

**ANOTHER** posting brought Rahul back to India in 2003, and he found that in this country – which he says is "the cardiac and diabetic capital of the world" – people didn't run. Everyone he talked to had an excuse. They didn't need to exercise. They didn't have the shoes. It was too hot. They didn't have the time. If they did get out at all, they walked. Running was not something Indians **DID**

running events at Gurgaon.

One of the things that he finds rather sad in India is that we tend to talk of our hobbies and interests in the past tense – when we were young, in school... Now there seems to be no time – all our dreams are centred on work, of getting a better job, better pay. "When you are young you spend your health on generating wealth. And when you are older you use your wealth to regain your health," he says pithily. We lead chaotic lives, eating and sleeping at odd hours. We have forgotten to dream, to do things for the joy of it. And Rahul wants to inspire us to remember what it was like to be a five-year-old.

I went to the most recent run organized early one morning at the Leisure Valley Park in Gurgaon. Office personnel from a food supply business were there to run in T-shirts with the company logo, cheering each other on. Along with another company, they provided water, bananas and fruit-based drinks for the runners. An ambulance from Max Healthcare was on stand-by, a sports magazine

was being distributed free, T-shirts were on sale and maps marking out the route were available on the spot. After every kilometre, water was available. Rahul is keen to persuade builders to make proper restrooms at the park. Many of the 250-odd runners who turned up that morning were old timers who had been on Living and Running runs before. Young and old, men, women and children, some in trendy running gear, some in everyday kurta-pyjamas, father-son duos and whole families, including Rahul's own, were all out there. The place was buzzing with energy and enthusiasm as runners chatted, warmed up and waited to start. I was not going to join them, being at best a walker, but was assured that the organization's website had a chart which would help me graduate from walking to running. It was certainly a thought, because for everyone there this was clearly a Sunday morning of fun.

"Running," says Rahul, "makes you more aware of your self, your lifestyle, what changes you need to make to it. It teaches you flexibility,

**BY THE TIME** this article appears, Rahul will have run his twenty-fifth marathon. There has been yet another report published by the newspapers on the benefits of running – a 21-year study published by the *Archives of Internal Medicine* (August 2008), and authored by researchers at Stanford University who followed runners and non-runners alike, all of whom were 50 years or over at the start of the study. The conclusion was that running, or any regular vigorous physical activity, is good for you. Researchers found that older people who run regularly stay fit and active longer than non-runners and are half as likely to die prematurely; running reduces the risk of heart disease and cancer; and neurological diseases such as Alzheimer's and age-related disabilities appear later among runners.

to have a more positive attitude and shows you what you can do." A quote from the site sums up: "Do not lower your expectations to your abilities but raise your abilities to your expectations."

The message is clear: it is time to unleash your potential. Run.



# TEACH YOUR CHILDREN RIGHT

**OUR** children are more likely to know about Harry Potter and the iPhone than about Abraham Lincoln. And even if someone from the minority – like a Dalit or a woman – were elected a leader in this country, like Obama in the US, very little would change unless our perception changes, writes **Kamal Sahai**

**R**ecently I happened to be at an upmarket school at 9 am. Kids of all sizes and shapes were standing and listening to the daily dose of 'be good, do good' from teachers. We were heading for winter, but the sun was scorching hot. When the teacher's mike croaked, "Do you know who Abraham Lincoln was?" there was silence. But when it came to, "And do you know Harry Potter?" back came the chorus, "Yeess." Over two-thirds raised their hands when asked whether they had seen the movie. And those who had read the book? About half the assembly raised their hands.

It certainly was an eye opener. Children here are likely to know who Sachin is, or who SRK, Hrithik Roshan and Abhishek are. A dead Veerappan is still recallable, or Laloo Yadav, Raj Thackray, Rahul Gandhi, Priyanka, Sonia Gandhi and Manmohan Singh. It stops there. Locally, a Rajnikant or Chiranjeevi or the current chief ministers or the odd trouble maker would count. A little pressure on the brain, and they may come up with the name of the French president (because of his wife), perhaps that of UK's Prince Harry or the late Princess Diana. The rest of the world luminaries don't matter.

The branding of an American dream is done even before a child starts walking: from Teddy Bear

and Mickey Mouse to Tom and Jerry, from nursery rhymes to Superman, Batman and Spiderman, from iPhones to jeans and Harley-Davidsons. And the world feeds on Hollywood movies. That's marketing, from a nation with a history that is less than 300 years old.

**Quality knowledge alone can change a future generation's perception. And this must be addressed more urgently than jumping on the bandwagon of global warming awareness, and forming education**

## CLUBS

It was in 1992, decades after the first man, Neil Armstrong, an American, set his foot on the moon, that the Vatican accepted it had made a mistake in declaring Galileo guilty, in making him publicly accept his scientific study as heresy in June 1633. He had been put in prison and later allowed to go to Tuscany, where he was kept under house arrest till he died in 1642.

At last it had dawned upon the Roman Catholic Church that Aristotle's theory was incorrect, and the Earth and other celestial bodies like the Moon and Mars revolved around the Sun, that by expounding Copernicus' theory

Galileo had done nothing wrong. Now, the telescope forms the central tool of modern astronomy. The earth's current pride, flying 380 miles above us, is the Hubble telescope.

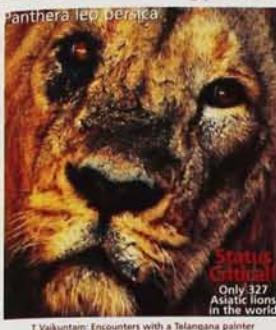
It would be a lot tougher for our politicians to digest that more than the nuke deal we currently need real time investments in quality teachers and educationists who would provide quality knowledge, quality values and quality discipline, to create a foundation that would see us through issues that we are facing or will face.

Obama, a 'bisibeli huli anna' of sorts – of mixed race and religion, 'white' mother and 'black' father, America-Hawaii-Indonesia-Kenya thrown in – has achieved the ultimate symbol of empowerment in this unipolar world – he has reached the White House! And he was not a quota candidate! In our democracy, accession to power by a woman, Dalit, gay or kinner, will not change the scenario.

Our children are not short on creativity or imagination. It was good to send a teacher to Rashtrapati Bhavan, but it is the primary school teacher who will instil human values in our young ones. A gazetted scale for school teachers would automatically help them gain respectability, and would be a good career option too. Quality knowledge alone can change a future generation's perception. And this must be addressed more urgently than jumping on the bandwagon of global warming awareness and forming education clubs.

We will not have the luxury of apologizing for the mistake we made in addressing our priorities, as we may not remain the same geopolitical entity in a couple of decades!

## HOUSECALLS



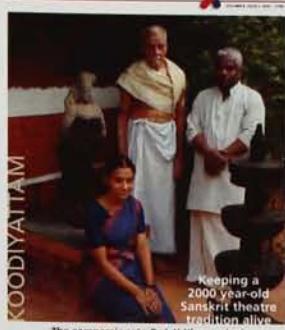
T. Valkuntam: Encounters with a Telangana painter  
PGI, Chandigarh, only for the academically oriented

## HOUSECALLS



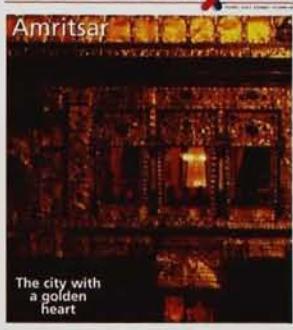
The Gursharan and Elvira Sidhu collection of Indian Art  
Dr P N Tomlak: Her brain behind the National Brain Research Centre

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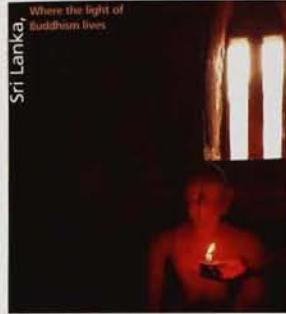
The compassionate Dr L H Hirannandani  
Reviving the art of block printing: Brigitte Singh

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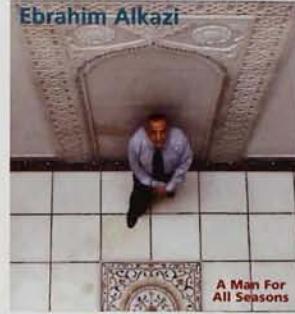
Medical sleuth: Dr Janaki Krishnamurthy  
The magnificent Padmanabhapuram Palace in Kerala

## HOUSECALLS



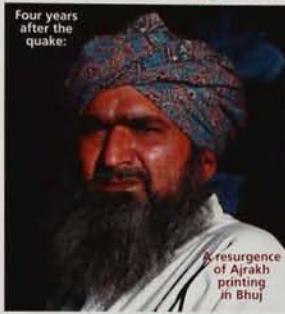
Dr K Balajiyan: Living on social security in the US  
so that his village in Kerala can be developed  
At the potter's wheel in Pondicherry

## HOUSECALLS



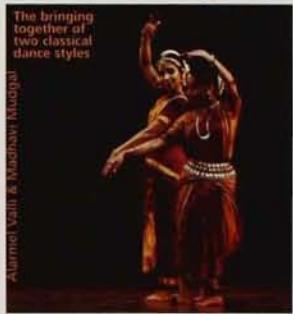
Dr R M Varma: It's not in the mind alone!  
Kiran and Anita Desai: What's the Booker got to do with writing?

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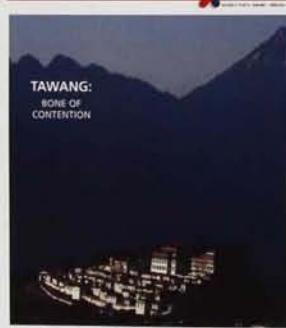
Drs Lalitha Regi and Regi George: Going where there is no doctor  
Around the Kala Ghoda art district, Mumbai

## HOUSECALLS



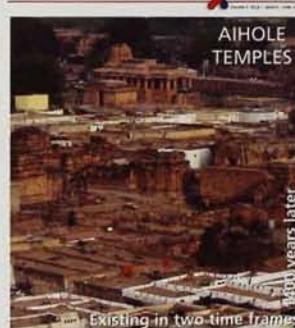
Balotra: The complex language of Indian handprinted textiles  
Dr Krishna Nammi: Healing the yogic way

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Dr Enas A Enas: Indians are more prone to heart disease  
The Ramayana in Persian?

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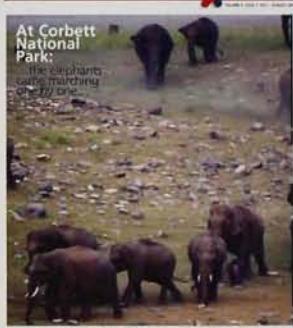
Pondur: Simply khadi!  
Paris: Walking along the Seine

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The light has not gone out of our lives: Raju Kutt, Wardha  
From New York to Gudalur: Drs Mandakumar Meenon & Shylaja Devi

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Snapshots of a Mumbai physician: Dr Jahanzeb Surahye  
Ambling through the walled city of Ahmedabad

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