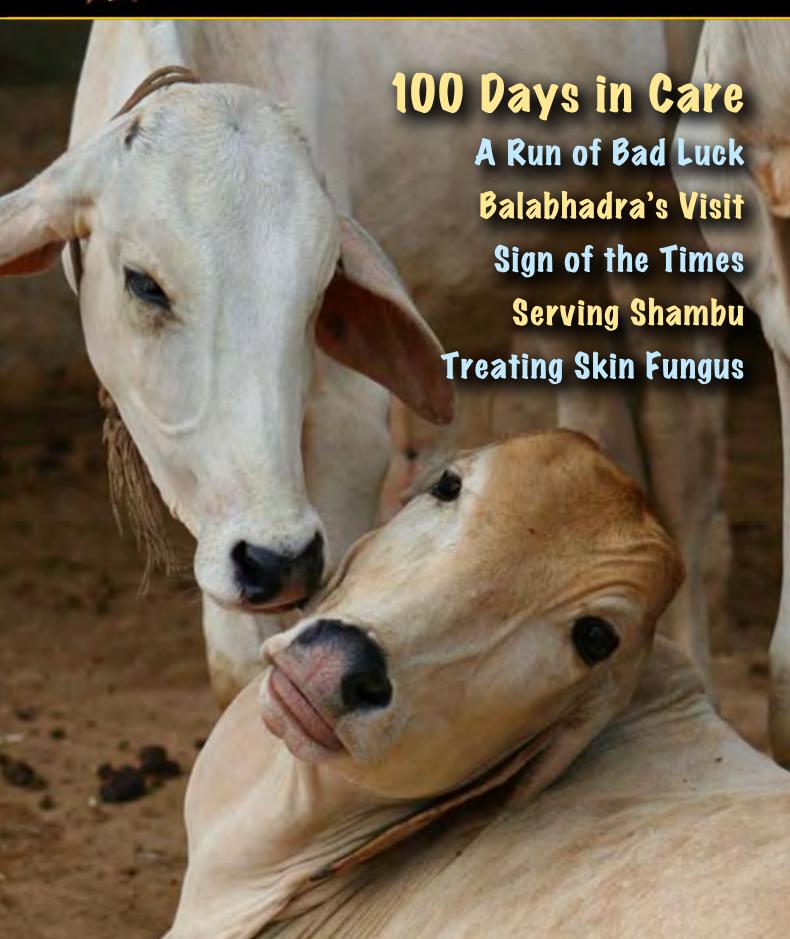
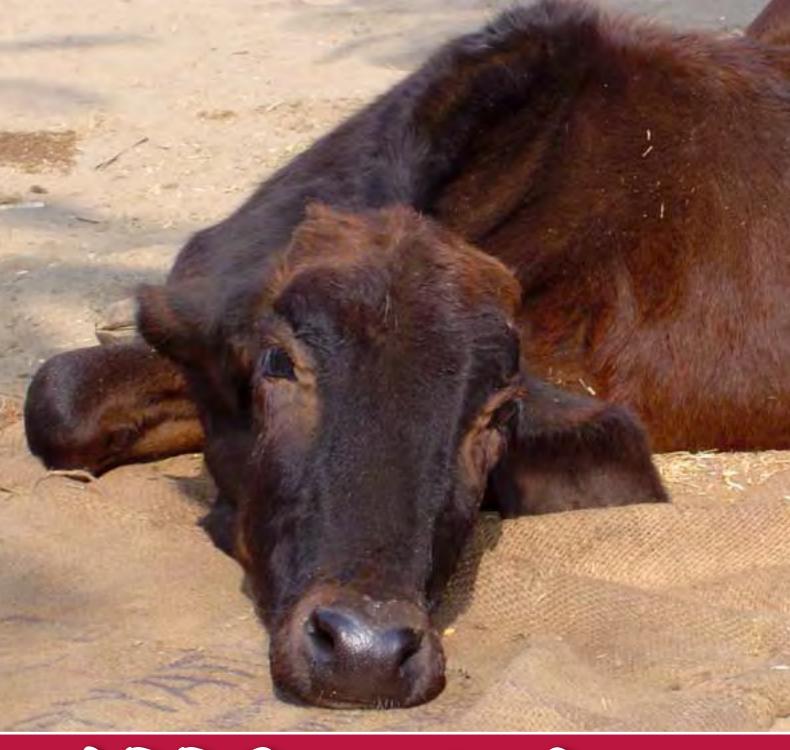


#### CARE FOR COWS

N VRINDAVAN





## 100 Days in Care





Three months after his arrival at CFC Kala Krishna is out of intensive care, his bones have mended, his wound has healed, and massage and physiotherapy sessions are now part of his daily program toward recovery.

Hit by a car which fractured both his back legs in November last year, Kala Krishna lay on the roadside for three weeks before CFC was alerted and he was brought in. As reported in the CFC December News, Kala Krishna's right back leg had an open infected wound, deep down to the bone, where a piece of bone was missing, and more fragments migrated out over the course of his wound care treatment.

Above the wound another fracture was found in the stifle, and on the left back leg, his leg was fractured at the hip. X-rays at Mathura Veterinary University

confirmed the three fractures and Doctors advised a poor prognosis for a full recovery. It was hoped that in time the right back leg would become the strong leg as it was suspected use of the left back leg would be minimal. Casts could not be set on either of the limbs due to the awkward locations of two of the fractures and the large open wound at the third. As immobilization was not probable, it was advised to keep the calf separated from peers, calm, and strive for the least amount of movement to the back legs, in hope that in time the bones would mend.

Kala Krishna's light weight was a contributing factor to reducing the risk of pressure sores as he lay recumbent over the first months.

Initially Kala Krishna would change sitting positions on his own, swinging his front legs over to the right to rest his weight on the right

side, then back again in a few hours over to the left. Within a few weeks though Kala Krishna was uncomfortable sitting on the right side and could manage only short periods lying flat on the right, so most of the time was spent with his weight on the left. This in turn helped immobilize the left leg against the hip and after six weeks it was found that the fracture was fused in place, something totally unexpected and nothing short of a miracle according to Dr Lavania who was elated to see the innocent calf's amazing progress.

Kala Krishna's wound though was not progressing so well and many setbacks were presented over a three month period. The first month showed wonderful signs of healing, at least on the surface, as it was then discovered a pocket of infection was festering and increasing in size below





Dr RP Pandey takes a series of x-rays on both back legs

the new tissue, and it was difficult to clear as it was deep rooted, based where the pieces of bone had come out. The under side of that same leg, behind the wound, was swollen, hot and very painful when touched. It was filled with pus and Dr Lavania squeezed some of the discharge though the top of the wound where there was a small opening, then enlarged the opening cutting half inch with a scalpel. He widened the inside channel down to the bone to enable the infectious discharge be released and cleaned regularly. The Doctor then made a small cut in the under side of the leg so the discharge could be easily flushed out and drained from one side through to the other.

Another small incision was then necessary toward the front as an isolated pocket of infection was found and needed to be released. Adding to the first initial big wound that was healing well, Kala Krishna now had a total of four drainage points and his leg was very sore indeed. On and off throughout Kala Krishna's wound care antiinflammatory and antibiotic injections were given under the Doctors instructions. Side by side the allopathic drugs, he was on both homeopathic remedies and various Ayurvedic medicines.







Once his daily wound cleaning is complete, Kala Krishna relaxes in the winter morning sunshine



Wound dressing such as packed iodine gauze, sugar, antibiotic powders, antiseptic creams and others were applied according to the changes taking place in the wounds. Daily wound cleaning continued over the three months, with wounds being cleaned twice daily when the quantity of discharge was high.

Another alarming setback during Kala Krishna's recovery was fluid in the respiratory tract, possibly a result of cold and being down for a long time which affected him twice but was successfully eradicated both times with a short course of antibiotics, and a lot of rest under the healing Vrindavan winter sunshine. Meantime the bottom two wound incisions closed and healed, only to reopen with more infection soon after. But in time the wound fully healed, finally, and Kala Krishna was bandage free after a three month ordeal. All his Carers and admirers rejoiced and Kala Krishna was relieved to be off the morning medical rounds list!

Another plus for Kala Krishna is he maintains a voracious appetite and has good digestion. The next challenge facing Kala Krishna is frozen joints - a result of both of Kala Krishna's back legs being immobilized for a long period of time. It affects both back legs;







four places in the right leg, and one place in the left. The left leg is straight and does not bend, the right is the opposite, it is bent up and does not straighten, so he cannot use either leg to stand at this stage. Now that his wound has healed and the pain has disappeared, light massage and physiotherapy has commenced on the right leg, which is six weeks behind the left one. Slow but sure progress is being seen on the left leg and we pray that in time it increases.

A God-sent companion for Kala Krishna has recently arrived at CFC, in little Chameli from Radha Kund, who featured in last months CFC February News. Chameli does not have use of either of her back legs due to a possible birth defect, and as she shares Kala Krishna's pen, he learns techniques from watching her how to manage with his similar disability. Since her arrival he has so much more confidence and inspiration to improve - he has once again started to change sides unassisted, is sharing time up in Chameli's sling, and today he began an attempt to walk using his front legs, with his back section raised by a Carer, as is done with Chameli. She is able to communicate with him where we mere humans fail to do so. We heartily welcome Chameli to our team of Kala Krishna's Carers.





Prem Sagar looks on as Balabhadra Dasa surveys Belvan

#### Balabhadra's Visit

ISKCON's Minister
of Cow Protection,
Balabhadra Dasa, USA,
recently spent several
days visiting goshallas's
in Vriindavan including
the Bhaktivedanta Swami
Goshalla (Go Ghat),

Care for Cows (Sundrakh and Belvan), Surabhi Goshalla (Radha Kund) and Govind Godhama (Akrura Ghat). He was especially impressed with the dedicated medical care performed by Syam

Gauri dasi at Care for Cows and was happy to see the health of her patients improving.

He mentioned that he was impressed with the great responsibility Sudevi dasa has taken in serving

injured cows in Radha Kund.

Balabhadra Prabhu was happy to visit Belvan and experience the peaceful atmosphere there. He was concerned that flooding may affect the area since the Yamuna River is only about 300 meters away.

He asked a local villager if the Yamuna had ever flooded this area and was told that She never comes here out of respect for the forest where Laksmi Devi performed austerities for obtaining the benediction to observe the Rasa Lila of Sri Krsna.

When asked how Care for Cows could improve their service, Balabhadra Prabhu responded that we should also take responsibility to inspire and train others to preserve the tradition of serving cows strictly for the sake of pleasing Lord Krsna.





**Left:** Balabhadra Prabhu with Sudevi and Kurma Rupa during a program held at Govind Godhama between Vrindavan and Mathura.

**Below:** A wayward goose waddled over from the Yamuna River to Belvan and decided to bathe in the cow's water trough. Balabhadra happily accomodates the welcomed guest.



#### A Run of Bad Luck

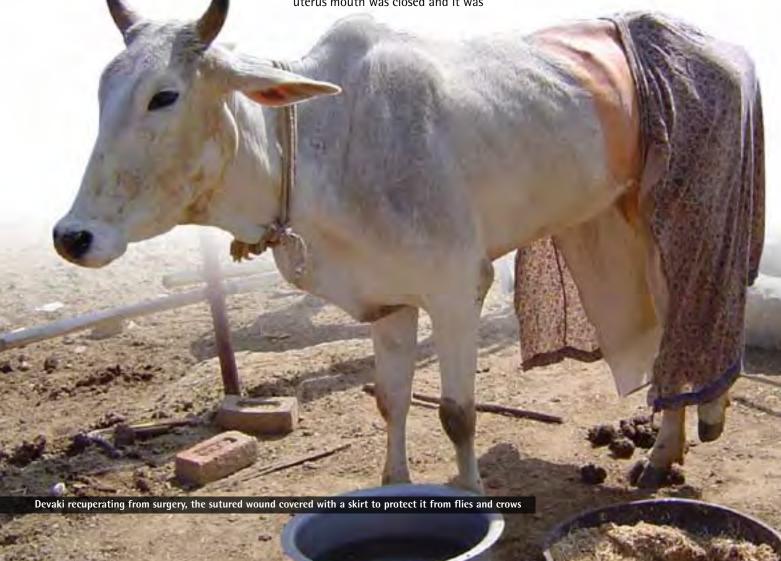
Devaki's medical history was relayed to Sudevi of Surabhi Goshala in Radha Kund as such:

Devaki had what appeared to be a vaginal prolapse, a lump of decaying, maggot infested tissue was protruded below her tail and persons who knew no better pushed it all back inside. Her back left leg was shorter than the right and hung six inches off the ground, atrophied from a previous fracture. She found

it difficult to stand up on her own and a white fluid constantly oozed out from her birth canal, creating an unbearable stench that attracted flies. In this sorry condition Devaki was taken into Sudevi's care and as her appetite waned, her weight decreased and her morale dropped.

Dr Lavania examined Devaki last month at Radha Kund and delivered the shocking news that the cause of the white odorous discharge was a dead fetus retained in her womb. The uterus mouth was closed and it was not possible to manually remove the fetus. Advising that removal of the dead calf was imperative for Devaki's survival, immediate arrangements were made for Devaki to be taken to the Mathura Veterinary Hospital.

After spending the time, money and trauma to transport Devaki to hospital it was found that only skeleton junior staff were on shift that day as the main doctors were attending a conference, and Devaki's serious condition could not be





Preparing Devaki for surgery by shaving the hair from part of her left side



attended by them. Devaki returned home. Dr Lavania made separate arrangements for a retired specialist gynecologist from Mathura to treat Devaki, and requested she be transferred to CFC so Dr Lavania could prepare her for the upcoming procedure. Sudevi immediately arranged for Devaki to be brought into CFC and over a number of days Dr Lavania administered a series of medications in an attempt to dilate the uterus mouth, to gain access to the contents. However it was found that the dilation was very less, and in Dr Lavania's attempt to remove the dead calf, he came across small pieces of bone, all clean of tissue, which indicated the calf had died possibly twelve months ago.

Dr Lavania's friend and colleague, Dr GD Singh, MVSc PhD Gynecology, retired Professor from the Department of Gynecology at the Mathura Veterinary University arrived 21 February to give Devaki a check up and decide with Dr Lavania how to best proceed with her case. Devaki's side was shaved in advance that morning, and she had fasted from breakfast, ready for surgery should it be an option. After the initial examination Dr Singh proceeded to thoroughly irrigate the uterus with diluted iodine through a douche tube, which washed some quantity of discharge out and



enabled him to remove some small bones. The Doctor then inserted a long wire hook to catch hold of other bones and though he was able to remove more in this manner he said that many were stuck tight into the thick uterus lining and it was risky to pull them in case they ruptured the wall, creating windows for infection to spread inside.

With surgery as the only remaining option, no time was delayed in preparing for the surgery onsite at CFC. An epidural anesthetic was administered, another local injected at the sight, and Dr Lavania proceeded the operation opening from the left side, at the best sight to access the uterus. All were in anticipation that Devaki's problem would soon be solved, having endured months of suffering due to neglect, being sore from the invasive procedures endured recently, and now an operation. But Devaki's was not a text book case and the Doctors came across another hurdle - the fetal remains, including the skull, were fixed to the right side of the uterus and could not be removed without the risk of rupturing the tissue. The Doctors decided to close. Once Devaki has fully healed from this surgery the Doctors will make another attempt, this time opening from the right side. She is scheduled for the next surgery early March.









Sneha welcoms Mangala's son into the herd

Ten months ago while the herd was walking up to the hill to sit for the day, a stray black bull approached Mangala and within 15 seconds impregnated her. This month she gave birth to her second calf... this time a healthy chocolatecolored bull. He was born at 6:00 am. and began to walk within an hour.





Kali Yuga, the present age of hypocrisy and quarrel, was ushered in by Kali mercilessly beating a cow and bull. When Maharaj Paraksit came on the scene, three of the bull's legs were broken and Kali was attempting to break the bull's forth leg.

A sure sign of the times is the rule and actions performed by government heads and citizens in general. As millions of cows and bulls are slaughtered throughout the world, though an abominable unjust act, it is considered by most persons

living in those countries as normal and socially acceptable. As such Kali continues his rampage on the Earth, and has reached even the holiest of all holy places, Sri Radha Kund.

Rohini, an abandoned cow left to fend for herself wandered into a farmer's unfenced field and helped herself to a share of the crop.

Though the ancient Vedic scriptures sing the praises of protecting and offering food to cows as an act of charity, out of fury the farmer beat the cow and drove a shovel through her front leg, which severed the bone

and half her hoof off with a clean diagonal cut. This happened last month and word reached Sudevi from Surabhi Goshala at Radha Kund, who arranged to find and bring the suffering and injured cow in for urgent treatment.

Dr Lavania was called to examine the injury and though he advised amputation Sudevi pleaded he try to first save the hoof as she has other amputee cows who have a lot of difficulty managing on three legs.

The Doctor said he would try his best and Rohini was given an anesthetic



effect through to deep tissue. Once the anesthetic took effect Dr Lavania cleaned out dead tissue surrounding the bone and from within the contaminated wound. He then detached tissue from the broken protruding bone and removed the sharp bone an inch above the infected area. Small sharp pieces of bone in the below section of the leg were clipped back to a straight edge using a bone cutter.

Rohini's hoof was hanging on by a strip of tissue and skin down one side where the bone was missing and there was not much to suture together around the large open cavity. Dr Lavania sutured what area he could and treated the rest as an open wound. Once complete the leg was bandaged and a simple but effective splint was secured around the limb to support her weight on the leg. After given something for pain the cow then stood up and eagerly limped off for her evening meal of fresh green grass.

It was hoped that the wound would heal, tissue fibrosis would take place and eventually, after a year or two, the site may calcify and form a false joint. However two weeks after the procedure Rohini's hoof became infected and Sudevi had no choice but to have it amputated.









## Life in the Streets

While competing for stale *capatis* in the garbage dump a dog tore my left ear.

It hurt but I was so hungry I could not help but return. The second time he

took almost half of my right ear...

We are not meant to compete with them.

**GIVE US SHELTER** 



## Did You Know?

Suradasi's bull calf was born with a handlebar mustache...



Padmagandha can be seen daily at Care for Cows sporting his unique mustache





Fungal infections, in this case ringworm, commonly effects calves, creating lesions particularly over the head and neck, but may occur on any part of the body.

Circular areas of thickened and often encrusted skin develop at a later stage. Ringworm causes irritation and if affected calves rub against posts or feed troughs, they deposit spores that can remain infective for up to four years.

Spontaneous recovery is commonly seen, with untreated fungus running it's course and disappearing in time. At CFC many abandoned calves and cows are brought in with later stage lumpy skin fungus. Our cases are treated firstly by removal of easily lifted crusted material that does not cause bleeding to the underlying skin, and then full area wash with lodine liquid solution. Severe cases are healed within four to six weeks with the area being treated reduced dramatically with daily application.

If caught early ringworm can be treated with the same iodine wash which checks further progress of the fungus and clears up within seven to ten days. Separate lodging for infected calves or cows is strongly recommended while undergoing initial stage treatment, to reduce the risk of transfer.







## Serving Sambhu

Ten straight days of out of season rain in early February brought with it a deluge of issues for caring for our sick cows.

Most affected was our recent admission, the old street bull Sambhu. Sambhu suffers from a long time dislocated hip and over the winter months his movements were stifled. It was then he was brought into CFC and showed some signs of improvement after proper medical care and with the arrival of the warmer months of spring. The distance Sambhu could walk in a single day was little more than 100

definite improvement.

After the first days of rainfall
Sambhu took a turn for the worst
and was unable to stand without
assistance. A huge endeavor was
required to raise the heavy weight up
from a sitting position onto his front
legs as four Carers lifted his back legs
and supported his weight from
falling while other Carers massaged
his trembling legs. After ten minutes
of standing supported, Sambhu
could be released of the many hands,
and was able to stand on his own for
a couple of hours, but not walk.

Then the rain fell all night long

wet ground, his body covered by an insulation tarp with a dry woolen blanket against his skin. By morning the area had become a puddle and though Sambhu's body was warm under the blanket, his underside was soaking wet. He was pulled to higher ground, out of the puddle, but the rain continued to fall and Sambhu had to be moved. When the rain eased during the day the Carers loaded Sambhu with great difficulty onto the flatbed bullock cart that was pulled by our strong working ox Bharat, and relocated Sambhu under shelter in the outside Sick Bay area.

metres, but it was a gradual and and Sambhu was sitting on the Soaked ground everything remained damp, and bedding especially was affected. Sambhu was dried and kept

Now unable to stand Sambhu sits propped up as he rests on his soft mattresses





warm over the following days until at last the skies cleared.

Now with Sambhu down the team of Carers were aware of a lot of complications that could arise, setting Sambhu's progress back further. Most serious to consider are pressure sores, collection of fluid in the lungs, bloat, and infection breaking open in the leg joints.

In an attempt to keep Sambhu comfortable he is sat on a mattress of soft bags to help bear his weight, but inevitably a large pressure sore broke out on his right hip. His side is changed daily but as he is unable to sit for long on the left side due to pain from his dislocated hip Sambhu

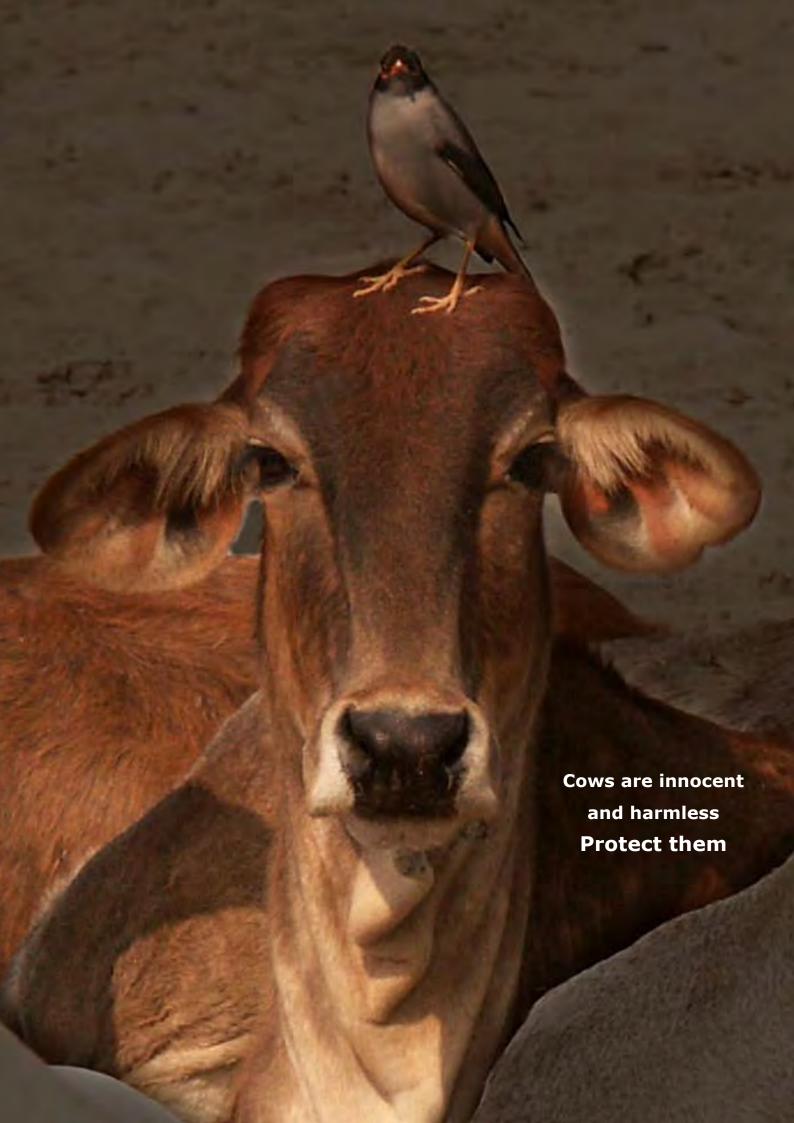
can only spend an hour or so lying on that side to offer relief. Then he is at risk of bloating up with gas in the rumen and so is changed back to the right side where he can sit up unsupported for most of the day. His legs and body are massaged daily and he borrows Kala Krishna's magnetic boots to wear on his back legs. He is eating well.

Sambhu has shown signs on occasion of fluid in his lungs and respiratory tract, such as a loose gravel sound while breathing, fluid running from his nostrils, a lot of saliva accumulated in his mouth, and an infection smell. He is on his second course of antibiotics to try

and fight the infection, and he is showing some positive signs of improvement. Extensive hair loss on the underside has occurred due to sitting in the wet those first few days of the rain. At present the skin is not broken in more than a few high pressure areas that are being treated and are drying up.

Today, two weeks after the rain, the ground is still muddy in places around the CFC go-sadan. In an effort to provide better care for our sick and weak residents, more emergency shelters and a larger area designated to the Recovery Ward have been planned - construction commences in March.







Laxmi fractured and lost bone from her back leg in an accident and was taken to the Mathura Veterinary Hospital for treatment.

When her owner was given the list of medicines to purchase he not only fled the facility as quick as he could, but also his responsibility to maintain his cow any longer. He was never seen again and Laxmi was accommodated in a room with noone to supply her basics like food.

The rotting tissue created an unbearable smell that filled the small room and alerted Sudevi who was walking past the room on her visit to the Hospital. She asked permission to take Laxmi back to her goshala where she would be fed well and given medical treatment by Dr Lavania. The staff agreed and Laxmi is in Sudevi's care at Radha Kund.

### When most in need





Though inches of bone are missing Sudevi is trying to save Laxmi from amputation

# Thank You From the Cows





The cows send their heartfelt thanks to those who assisted during February 2007

Alessandra Petrassi, Italy Anada Dasi, India Ananda Subramanian, USA Anonymous, Singapore Bonnie Stewart, USA Buddhi Manta Dasa, NZ David Kasanow, USA David Thornton, USA Dina Sarana Dasa, USA Gopalraja Dasa, India Haripada Dasa, Spain Hemanth Ramanna, USA Indulekha Dasi, France Jivananda Dasa, SA John Perdue, USA Katyayani Dasi, USA Radha Caran & Krsna Mayi, India Labangalatika Dasi, India Lisa Kubisz, USA Mahabahu Dasa, USA Mahavir Dasa, Peru Mahavirya Dasa, Canada Marianna Polonski, USA

Melanie Mcdonald, USA Mukunda Dasa, UK Nalini Gogar, Netherlands Nalini Kanta Dasa, USA Nanda Kisore Dasa, SA Dr. Ortega Swarez, Colombia Padma Sambhava Dasa, NZ Pranil Bharath, SA R Gawri Ambal, USA Radha Jivan Dasa, USA Radha Mohan Sevak, India Radhapati Dasa, India Ramabhadra Dasa, India Shastra Dasa, USA Shraddha Patel, India Uttama Caitanya Dasa, India Vanamali Dasa, Poland Vaninath Dasa, USA Varun Juneja, UK Vidyasagar Lokhande, India Visvambhara Priya Dasi, USA Vyapaka Dasa, Canada Yogendra Sahu, India