

# ONE INDIA ONE PEOPLE

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## Kick the HABIT



The stakes are high

**Up in smoke**

Managing drug addiction

**FACE TO FACE**

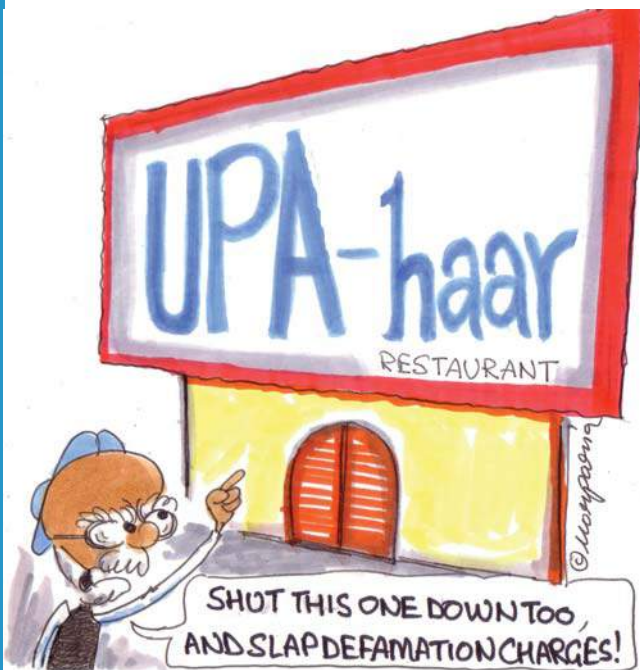
Dr. Gulrukh Bala

**KNOW INDIA BETTER**

Jewel of India – Manipur

## MORPARIA'S PAGE

PRESSURE ON THE RUPEE ... AND RUPEE SLIDES!





# Contents

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## THEME: Addictions



Dr. Gulrukh Bala



Vice Admiral M. K.  
Roy PVSM, AVSM



Squadron Leader AJ  
Devayya MVC



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<b>Morparia's page</b>	<b>2</b>
<b>My long distance addictions</b>	<b>5</b>
<i>V Gangadhar</i>	
<b>You can kick the habit!</b>	<b>6</b>
<i>Rahul Luther</i>	
<b>A habit that clouds adolescent years</b>	<b>9</b>
<i>Dr. Anju Dhawan and Dr. Raman Deep Pattanayak</i>	
<b>Alcohol, drugs and women: High time to act</b>	<b>12</b>
<i>Prof. Pratima Murthy</i>	
<b>The stakes are high</b>	<b>14</b>
<i>Thirumagal. V.</i>	
<b>Up in smoke</b>	<b>17</b>
<i>Dr. Prakash C. Gupta and Dr. Mira Aghi</i>	
<b>Managing drug addiction</b>	<b>19</b>
<i>Dr. Atul Ambekar, M.D.</i>	
<b>The government in the good fight</b>	<b>21</b>
<i>T. R. Meena</i>	
<b>Know India Better</b>	
<b>Jewel of India – Manipur</b>	<b>23</b>
<i>Katie Dubey</i>	
<b>The exquisite temple jewellery of India</b>	<b>35</b>
<i>B.M.N. Murthy</i>	
<b>Addiction, on and off screen</b>	<b>39</b>
<i>Piroj Wadia</i>	
<b>Face to face: Dr. Gulrukh Bala</b>	<b>41</b>
<b>Features</b>	
<b>Losing memories</b>	<b>43</b>
<i>Col. V.K. Khanna</i>	
<b>Gharana in Hindustani classical music</b>	<b>45</b>
<i>Latha Venkatraman</i>	
<b>India is not explainable, it has to be experienced!</b>	<b>47</b>
<i>Lisa Bernhardt</i>	
<b>Unwiring Gen X</b>	<b>48</b>
<i>Dr. Sunita Khariwal</i>	
<b>Youth Voice: Devesh Mundra</b>	<b>50</b>
<b>Columns</b>	<b>51</b>
<b>Rural Concerns : Bharat Dogra</b>	
<b>Economy : Anuradha Kalhan</b>	
<b>Cool Champ</b>	<b>53</b>
<b>Young India</b>	<b>54</b>
<b>Great Indians</b>	<b>56</b>



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## LETTERS TO THE EDITOR

### OIOP Charter and Who Am I – far more relevant today

I have been a subscriber of “ONE INDIA ONE PEOPLE” right from its inception and have been enjoying reading this beautiful educational magazine regularly. It was great to read OIOP August 2013 issue which contained many informative articles on literature with focus on Indian English writers, e-books and children’s literature to mention a few. The article by Mr. C. V. Aravind exposed the hypocrisy of politicians even at the time of great tragedy and suffering of the people. The article on Rajasthan in the “Know India Better” section had some of the beautiful photos and text by Mr. Akul Tripathi and was very interesting to read. Other sections like Morparia’s page, great Indians and Nature watch were great too as always.

I however missed the “OIOP Foundation’s Charter” and “Who Am I”. These were the noble concepts of being an “Indian First”, as visualised by the Founder Editor. They are

far more relevant and needed today, with many divisive forces trying to undermine the unity of our great nation. I earnestly request you to print the “Charter” and “Who Am I” in every issue.

Congratulations to you and your team for the fabulous work of bringing out an outstanding magazine month after month.

– Navin R. Shetty, via e-mail



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# My long distance addictions

**V Gangadhar** *reminisces about his addiction to Hollywood beauties. Fortunately he was cured of his addiction after a local lass entered his life. While those days are long over, the memories still linger on.*

**R**EAL life, newspapers, films, TV serials..... All these are full of just one topic — addiction. Drug addiction takes the lead. Of course, Forbes and Fortune magazines do not mention the exact figures but the drug lords of Latin American nations like Colombia must be the richest in the world shunting aside the traditional billionaires including our own Mukesh Ambani. Compared to them, the drug barons depicted in our movies and TV crime serials are pygmies. Look at the drug and liquor addicts on screens, they sicken you having reached lowest levels of degradation.

There are fortunately addictions which are on the positive side. One of my classmates in Intermediate (present Junior College) was addicted to Trigonometry and would not be happy until he had solved at least 12 problems in a day. A couple of boys drooled over Euclid (Geometry), but I developed a more pleasant addiction... to Hollywood female stars from age 12. We were living in Fort Cochin which was also called British Cochin due to a large number of foreigners (mostly British), who were bosses in different firms. This was in the early 1950's. Cochin and Ernakulam had theatres which often screened English films from Hollywood. I was hooked for good and it became an addiction.

The addiction worked in many ways. Occasionally, it meant bunking college classes to watch Hedy Lamarr in '*Samson and Delilah*'. Then came a time when I felt I could not live without Elizabeth Taylor who married eight times though it was only seven husbands because she divorced actor Richard Burton and remarried him. Every marriage of divine Taylor was a thrust of needle in my heart. Age meant nothing to her, she passed her 20's, 30's, 40's, 50's, even 60's but kept on marrying. While saluting her stamina, I changed my addiction to distant admiration.

If not Elizabeth Taylor, there were other fish to fry. Enter Marilyn Monroe and an era of a new kind of addiction. Monroe made my head swim, and I felt I was always under water! By this time, we had to leave Fort Cochin and settle down in Palakkadu village where people did not know that Hollywood existed. The two dilapidated theatres exhibited only Tamil

films like '*Kanavane Kankanda Deivam*' (Husband Is the Visible God). But my addiction to Hollywood beauties continued even in the absence of films. At Olavakode Main Line Railway Junction big book stall, I had seen glossy Hollywood movie magazines and wondered who would be reading them. Anyway, at least three times a week, I walked six miles to and from the station to buy '*Photoplay*', '*Modern Screen*' and '*Screen Stories*' which carried articles and dazzling pictures of Marilyn and her competitor Jayne Mansfield. It was wonderful to update my knowledge on the life and loves of Tony Curtis and what Lana Turner saw in the he-man 'Tarzan' Lex Barker who had only brawn but no brains.

The magazines were wonderful brain teasers. Actor Arlene Dahl and Latin American actor Fernando Lamas were a 'hot item', so were Lex Barker and Lana Turner. The foursome went out together a couple of times and before one could say 'Love is permanent', the foursome had exchanged partners. Now Arlene was with Lex Barker and Lana was wooed by Fernando Lamas. I never knew addiction could change so fast. Fortunately, I lived in Palakadu only for two years. Finally, a 'major' at 18, I sought my own fortunes in the North and the West. When James Bond arrived on the scene he brought with him a new addiction for me, Ursula Andress (also called Ursula Undress because of her costumes or the lack of them). The Bond girls were wonderful aphrodisiacs.

It had been a long innings of addiction and like Sachin Tendulkar's must end. Mine ended with the arrival of a local lass who was real and accessible and finally the addiction was cured.

PS: Talking of addiction, I must mention my nephew who started quite early. Studying at a Pune school, he once walked eight miles to view a huge hoarding of filmstar Nutan in the film '*Dilli ka thug*' on the other side of the town because she was wearing a swim suit. My wife had a lifelong addiction for Rajesh Khanna but who was I to protest? ■



**The writer is a well-known satirist.**

# You can kick the habit!

*Addiction is a devastating and life-threatening disease that kills the addict and destroys families. The number of addicts in India is growing and the situation is alarming, though not hopeless. Addiction can be overcome with effective treatment though the path to recovery is slow and difficult. But it's worth the effort, writes **Rahul Luther**.*

**T**HOUGH recent trends may indicate that addiction is on the upswing, the fact is that WHO (World Health Organization) estimates that in any given population, 10% of the persons tend to develop addiction. So it's the actual number of persons that is increasing. Moreover, with enhanced social acceptance of drinking (it's now increasingly okay, in fact trendy, to drink in public and social functions) and increased awareness of consequences of addiction, it is now more visible. In case of drugs, the scenario is getting bleaker. There are new and more dangerous drugs now out on the streets and the age of first-time user is now getting alarmingly low (recent studies indicate that the first time user of drugs is as low as 12 while that of alcohol is 14 years).

## What makes some people get addicted

Alcohol and drug addiction are age-old problems. In India, alcohol and traditional drugs such as *bhang*, *ganja* and opium have always been part of the culture. So what makes some people get addicted? According to the latest perspective and understanding of leading medical authorities such as WHO, AMA (American Medical Association) and BMA (British Medical Association) addiction

is a 'disease'. Vulnerable people have a pre-existing disposition towards addiction due to genetic and bio-chemical factors. Addiction is not a moral shortcoming and has little to do with social, economic or cultural influences.

Now this is good news. If it's a 'disease', then there must be treatment. And there is.



However, this 'disease' is somewhat unique. It is not just a physical ailment that can be treated with medical intervention. Addiction affects all areas of a person's life – physical, mental, social, ethical, emotional and spiritual. If addiction is a multi-faceted problem, then the solution must be holistic. The treatment must address all affected areas for meaningful recovery.

## Addiction can be treated effectively

Addiction is also an insidious disease: the

person affected usually does not believe that he or she has a problem. Denial is always a part of the problem. Moreover, addiction is chronic (therefore incurable and highly relapse-prone), progressive (gets worse with time) and fatal (if not treated, always results in death).

As addiction is not associated with economic factors, anyone



can get addicted. Whether you live in a city or village, whether you are rich or poor, illiterate or highly educated, are religious or cultured or work in factory, BPO or construction site.... anyone can get addicted.

The problem lies within the addict and not outside. Therefore the treatment is always directed towards the personality of the affected person; geographical changes or change in jobs do not work.

Till now there is no medicine that has been invented to 'cure' addiction. The person who does create such a medication will probably get the Nobel Prize! Of course, there is a lot of work that is going on in the field and very effective medication is available to tackle the withdrawal symptoms and cravings.

The 'most effective treatment' for addiction (WHO) is the 12-step programme as formulated originally by Alcoholics Anonymous. However, it does not work if the person is not motivated. So treatment centres offer a wide range of services that include medical management, psychiatric and psychological inputs, family counselling, and protocols for breaking denial (without which no treatment can be successful).

Addiction is a devastating and life-threatening disease that kills the addict and destroys families. There is a way out, though it is a gradual and sometimes difficult path to recovery. But it's worth it!

### A multi-pronged way to tackle the disease

There are several reasons for the trend of increasing drug and alcohol consumption in India. Out of these consumers, many get addicted. For each person who is addicted at least five persons get affected, which may include immediate family members, co-workers and employers.

India contains 17% of the world's people, yet it accounts for only 2% of its GDP and 1% of its trade. Poverty remains pervasive – India is still home to 260-290 million poor. Per capita income growth has been slow and there is a great unevenness in the distribution of income.

These conditions, together with the geographic location of India between the world's two largest producers of illicit opium, and the breakdown of traditional social capital resulting, in

part, from large-scale rural-to-urban migration and its attendant modernisation influences, have all contributed to the rise in drug abuse in recent years. Nonetheless, the fact that most (70%) Indians still live in the countryside adds to the importance of recent findings about the extent of substance abuse (including injecting drug use) in the rural areas. The process of industrialisation has itself contributed new and cheaper pharmaceutical drugs widely abused by the poor and unemployed. At the same time, rapid economic growth (in the region of 8% till 2010 ) has created pockets of affluence which propel a market for the sorts of "designer drugs" more commonly consumed in western countries. Cities like Mumbai

are prey to this phenomenon.

The fact that India is the world's largest producer of licit opium has, despite strict controls, meant that some portion of this product is liable to diversion by unscrupulous farmers adding to the availability of drugs in the market.

Some recent estimates of the prevalence rate among college and university students are available. The Ministry of Social Welfare of the Government of India launched a multi-centre research programme

covering several urban centres including Mumbai, Delhi, Hyderabad, Jabalpur, Jaipur, Chennai and Varanasi. The sample (N =25,000 approximately) covered both male and female students who were pursuing generic as well as professional courses.

Less than two thirds of the students were found to be non-users. Nevertheless, more than 28 per cent of them took drugs. The proportion of the students who had reportedly never experimented with psychotropic drugs was highest in Hyderabad (77.8 per cent), followed by Jaipur and Chennai. Perhaps the social milieu in these urban centres discouraged the use of habit-forming drugs. Jabalpur had the largest proportion of the students (14.1 per cent) who experimented earlier with drugs but had given up with no intention to resume. Mumbai had the largest proportion (35.5 per cent) of current users.

Studies have reported that the age of 16-21 years is most crucial in developing the habit of consuming drugs and the frequency of drug abuse increases with age.

Another problem is that there are very few treatment/



## How they combated addiction

### Armaan

I am a recovering drug addict. I started drinking heavily and abusing drugs when I was 16. I didn't realise what was happening to me and soon I was in the grip of addiction. I couldn't stop using drugs and everyday would find a reason to get high. My brain was so clouded that I didn't realise that I was making a mistake and most importantly I didn't know if there was a way to stop.

I hit rock bottom when I lost 3-4 years of my educational career, lost the trust and faith of my family and most importantly lost faith in God. Every night there was violence at home. I was admitted to Hope Trust in March 2003. I was tricked into coming there otherwise I would have never gone. Once there the company of other recovering addicts and alcoholics (like me) made me relax. I felt that there are other people like me when I met them and shared our experiences. My mind started clearing up. When I spoke to my counsellor I realised that there are people who care for me and would like to see me live happily, I was really motivated to quit drugs.

As I attended the sessions and followed the daily routine, I began to understand the ill effects of drugs on my body, mind and soul and also on the people around me. I was taught how to keep away from drugs and alcohol and most importantly how to say NO. I was taught anger management and learnt humility. Today I am trying to complete my graduation. I celebrated my one year clean time in the rehab. By using the same programme I have quit smoking and today, I am able to get a broader and clearer perspective to life. ●

### S Patel, UK

When I first came to Hope Trust, I was a mentally and physically broken man but I would never have admitted that to myself let alone someone else. After many failed attempts at stopping drinking on my own, I told myself I have to be more open mind regarding my recovery but I still had certain conditions which blocked my progress. But when I let go and started truly listening to the therapists at Hope Trust were telling me, a new outlook on life began to blossom. I learned about exactly who I am today and what defects have plagued me for so many years. Instead of being depressed or confused about it, my life became clear and finally I had some purpose and direction. I became much more humble, patient and tolerant.

The path forward was not intimidating, I wanted to take that first step. Understanding myself and my problem was what I was missing and words cannot do justice to how liberating this has made me feel! ●

rehabilitation facilities in the country. There are only a handful that operate professionally and follow proven protocols for effective and ethical treatment. The Government has no contemporary guidelines and some states do not even recognise rehabs as a category under which a license can be granted.

That addiction to alcohol and drugs is a grave social issue is a fact. It is also true that there are effective and proven methods of addressing this factor. We evidently need to tackle this in a multi-pronged way: prevention by spreading awareness, empowering the care-givers like addiction therapists and rehabs through education, and treatment via internationally accepted protocols.

It's an alarming situation that is apparently getting worse.

But it's not a hopeless situation, as yet. ■

Widely acknowledged as one of India's leading experts on addiction, Rahul Luther is the Founder and Executive Trustee of Hope Trust, based in Hyderabad, which has earned an international reputation for ethical and effective treatment for alcohol and drug addiction. Hope Trust is in collaboration with Canada's leading rehab Renascent. Mr. Luther established the first care-&-support facility for people affected by HIV/AIDS as well as the first rehabilitation centre for addictions in Andhra Pradesh. He publishes articles in leading national publications, speaks on national/international radio and TV as well as lectures extensively on the subject of addiction all over the world.



Visit ([www.hopetrustindia.com](http://www.hopetrustindia.com)) for more details.

### Maxim

*There is no end to education. It is not that you read a book, pass an examination, and finish with education. The whole of life, from the moment you are born to the moment you die, is a process of learning.*

— J. Krishnamurti



# A habit that clouds adolescent years

*Substance use during adolescence is a public health issue with potentially serious consequences for the individual, families, society and the nation. Though specialised facilities for treating adolescent substance use disorders are available, there is a need to enhance the coverage of treatment services and community-based approaches, say Dr. Anju Dhawan and Dr. Raman Deep Pattanayak.*

**Y**OUNGER people are an important asset for the future of a country. There are 243 million adolescents in India, constituting nearly 23% of the population. Use of alcohol and drugs is emerging as an important public health challenge in India.

Adolescent years are important formative years of life during which various academic, social and life skills are acquired. Substance abuse at this age is likely to interfere with normal development and causes a negative impact on future. Not only the individual but families and society as a whole are affected as a result of adolescent drug use, pointing to the need for immediate attention.

## Adolescence: Why is it a vulnerable period?

The first use of a substance generally occurs during adolescence, which brings us to a question: Is the 'teenage' phase a particularly vulnerable period? The answer, unfortunately, is a YES. Certain biological and psychological features are unique to the adolescent development phase, which include:

- The maturation of higher brain functions (e.g. decision making, reasoning, impulse control) is still incomplete
- Tendency to 'experiment' with new things and experiences
- Wish to have more adult-like experiences
- Low risk perception ("nothing can happen to me")
- Rebelliousness against established social norms and values
- High influence of role models (e.g. movie stars, celebrities etc)
- Need for approval of the friends

Adolescents are, therefore, at higher risk of initiating the substances. However, it is important to remember that most adolescents do not use substances. When they use, adolescents are also more prone to engage in high risk behaviours under the influence of substances (e.g. speeding, unprotected sex etc). Some of them progress to become heavy dependent users in adult life. As many as 70% of adult drug users have started drugs before completing 20 years of age.

## Risk and protective factors

Drug use is a multi-factorial disorder with several individual, familial and social variables acting as risk (or protective) factors. Not all adolescents use or experiment drugs and some may use only a few times, indicating the role of protective factors, such as:

- non-permissive environment in family, school and society
- stricter laws for availability of drugs
- strong familial bonding, positive relationships with adults
- presence of good coping and problem solving skills
- investment in some of these contexts: school/home/religion/culture/sports etc
- achievement oriented future goals

A combination of risk factors operating in various domains may make an adolescent more likely to initiate drugs, progress early and get addicted:

- **Community:** community disorganisation, permissive laws, easy drug availability, acceptance of drug use by society as normative, social and cultural beliefs
- **School:** academic failure, truancy, little commitment to school
- **Family:** parental attitudes favourable to drug use, parental substance use, low parental supervision, family quarrels, relationship problems, parental separation/divorce
- **Peer:** presence of deviant peer group, peer drug use
- **Individual:** genetic vulnerability (e.g. a strong family history), personality factors (e.g. sensation seeking, risk taking traits), psychological factors (e.g. low self-esteem, low confidence), behavioural problems during childhood, psychiatric disorders (e.g. attention-deficit disorders)

## Extent and pattern of drug use in adolescents

A National Family Health Survey (NFHS) conducted across India found that about 11% of adolescents use alcohol and among them, a significant percentage of boys and girls drank at least weekly (18- 40%) or daily (3-7%), which is an upward

trend from earlier survey. Tobacco use was also reported by about 30% of adolescents. Inhalant use is another common substance of abuse among street, homeless or underprivileged adolescents.

Box 1 shows the 'gateway drugs' commonly used among adolescents in India viz. tobacco, alcohol, cannabis and inhalants. Many of these substances are licit, cheap and available easily in the neighbourhood. Though relatively uncommon, opioids (smack/proxyvon capsules) and prescription drugs are used by some adolescents. Use of Rave drugs is being reported among urban youths mainly in metropolitan cities. (Box 1)

Box 1: Common drugs of abuse in adolescents	
Substance	Forms available
Tobacco	<i>beedi</i> , cigarette, <i>khaini</i> , <i>zarda</i> etc
Alcohol	beer, whisky, rum, country liquor/ <i>desi</i>
Cannabis	<i>bhang</i> (taken orally, <i>ganja</i> (smoked)
Inhalants	ink eraser fluid, glue, petrol may start from childhood

Most adolescents start a drug out of experimentation, curiosity or peer pressure. The initial use is often recreational and limited only to social context e.g. a birthday party, which continues for initial few months or a year. Typically, an adolescent feels that 'I will not get addicted and will have control' (low risk perception). However, in some, gradually as the body gets adapted, a drug needs to be taken at higher doses and on a more frequent basis. Such a progression occurs slowly over years in the case of alcohol in some people, but may occur more frequently and in a matter of few weeks only in case of illicit drugs. The common patterns of drug use in adolescents are:

- Recreational, social or occasional use
- Abuse (use that is associated with physical, mental, social or legal problems)
- Dependent use (addiction)

Even intermittent use or substance abuse may cause substantial harms. For example, the binge drinking in adolescents is related to driving under intoxication, accidents, getting into fights and indulging in risky sexual behaviour.

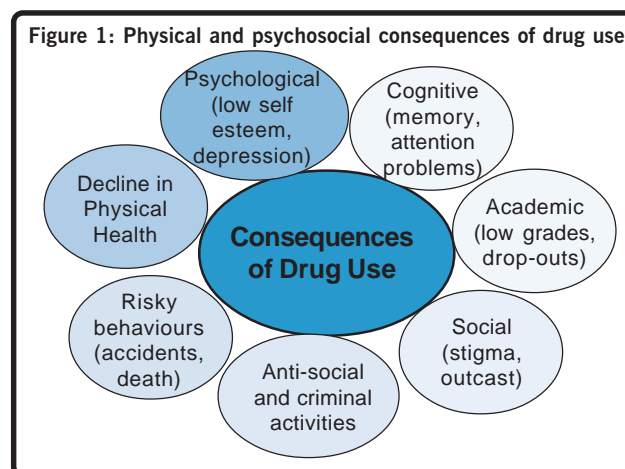
### Consequences of drug use

Road traffic accidents and resultant disabilities and death are an acute and serious consequence of alcohol and drug use. In India, the law does not permit a person to drive if the blood alcohol concentration is above 0.03% (achieved with only 1 peg/30 ml of whisky). More often than not, it is not enforced strictly enough to deter people from driving after consuming alcohol. Even a little amount of alcohol, cannabis or other drugs may impair the reflexes, driving abilities and judgement, putting a serious threat to safety of self and others. In addition,

several other physical and psychosocial consequences are usually seen in adolescents using drugs, as shown in figure below. An individual substance user may have consequences in one or more of these domains. (Figure 1)

### Are substance use disorders treatable?

Safe and effective treatments are available for treating adolescent substance abuse. These comprise a combination of medication and psychosocial interventions. Medication in



the short-term brings about relief from drug withdrawals and craving, making the patient physically comfortable. Psychosocial therapies are focused at enhancing motivation to quit and impart skills to prevent relapse. Regular involvement of one or both the parents in the treatment process is of utmost importance. Often, it entails provision of emotional and logistic support, supervision of medication, improvement in familial communication and providing support in recovery. The need for long term medication and specific therapies is decided on a case to case basis (Box 2).

### Prevention of drug use

Going by the famous adage 'prevention is better than cure', the concept of prevention makes much more sense in case of adolescents since they are at a higher risk of drug initiation than other age groups. There is a need to empower the adolescents, which may include following measures:

- Impart the knowledge of drug related harms
- Practice drug refusal skills, resisting peer pressure
- Life skills based education: Life skills are core set of abilities for adaptive behaviour which helps an individual deal with demands and challenges of everyday life. These include decision making, problem solving, coping with emotions etc.
- Encourage to make healthy life style choices
- Pursue alternate recreational pursuits e.g. involvement in sports, training, other hobbies which are incompatible with drug using lifestyle

### (Box 2) Case vignette

Rajesh is a 16-year-old boy studying in class 10. When he was 13 years, he was offered a drink in a party by a school friend. He felt relaxed and confident after taking it. He initially started with beer and later on, started using 2-3 pegs of whisky once or twice a month. In the next 1-1.5 years, he started going out with friends on Saturday evenings, where he would consume upto half a bottle at a time, and have a 'black out' for previous night. He engaged in a major fight in a pub along with his friends, and was arrested by police for a night. Regardless, he continued with alcohol and would steal money from his father's purse. His school grades showed a decline. He would often drive back home on a motorcycle and once, suffered a major accident in which he broke ribs and sustained injuries driving under the influence of alcohol. He was taken to casualty and was referred to a psychiatrist for management of alcohol abuse. Rajesh underwent a thorough assessment and investigations. Feedback was given regarding elevated liver enzymes related to alcohol use. Initial few sessions focused on establishing rapport, building motivation and psycho educating patient and parents. Motivation enhancement sessions were started with an aim to develop discrepancy between current behaviours and future goals. Overall approach was empathic, non-threatening and non-judgemental. During the course of sessions, Rajesh revealed his fondness for playing football and worries related to weight gain and declining stamina occurring due to alcohol use. This was used as a motivating factor in subsequent sessions. His family was thoroughly involved in the treatment process. Rajesh gradually started taking more interest and participated actively in sessions, which now focused on preventing the relapse and avoiding high risk situations (occasions, places, persons). He started making non-drug using friends in school and took up football over weekends. In terms of medication, he was initiated on an anti-craving medication which he took for initial six months. Rajesh continues to be drug-free for almost two years now, and follows up with the doctor every 3-4 months.

Having said that, it is also important to understand that there is no simple or single solution. Multi-level and multi-sector interventions are needed to deal with the problem of drug abuse. Parents, educational institutes, mental health professionals, social welfare agencies and policy makers all have to play their role towards:

- Curbing the easy availability of drugs, stricter law enforcement
- Delinking drug use from an image of being 'cool' through a series of policy decisions, including banning of surrogate advertising of brands and celebrity portrayals
- Raising community awareness and participation
- Enhance protective factors at home and in society

### Availability of Treatment Services

Even though majority begin their drug use in adolescence, most people seek treatment after many years and even decades of use. Across India, adolescents form less than 5% of patients

in drug dependence treatment settings. It appears that majority of adolescents using substances do not present to treatment settings, which may be due to several possible reasons:

- Lack of awareness about role of professional treatment; drug use considered as social deviance rather than a disorder needing help
- Perceived stigma and negative attitudes towards seeking formal treatment
- Inadequate coverage or availability of treatment centres; lack of trained manpower
- Most clinical settings do not have a separate unit/clinic for adolescents, which act as a deterrent to seek treatment.

The main limitation in seeking treatment in Indian context is the inadequate availability of treatment facilities in many parts of country. Following are the formal treatment services for substance users in India:

- De-addiction Centres run by Ministry of Health and Family Welfare (total 122 in number)- located either in premier institutes, government medical colleges or district hospitals
- Treatment-cum-Rehabilitation Centres and Counselling Centres supported by Ministry of Social Justice and Empowerment. (450 in number) – in NGO settings
- Private sector –psychiatrists with training and experience in de-addiction

Of course, these centres are far inadequate and often, do not have separate facilities for younger patients. Several unauthorised and unregulated centres have 'mushroomed' in many cities, which are often managed by unqualified and non-trained staff.

### Conclusion

To conclude, adolescent substance use is a public health issue with potentially serious consequences for the individual, families, society and future of the nation. It interferes with the personal development, professional achievements and leads to failure to achieve full potential in life. Among several other risks, there is an increased likelihood of road traffic accidents, violence and harm to self or others under the influence of

substances. Adolescent substance use disorders are treatable and specialised facilities are available in certain centres. There is a need to enhance the coverage of treatment services and community based approaches. Prevention is, however, the best approach to deal with the problem, and needs a strong commitment from all concerned stakeholders. ■



Dr. Anju Dhawan is Professor & Dr. Raman Deep Pattanayak is Assistant Professor at National Drug Dependence Treatment Centre, A.I.I.M.S., New Delhi.



# Alcohol, drugs and women: High time to act

*Substance abuse in women is on the rise. Women addicted to alcohol or drugs should be encouraged to seek help and treatment, rather than be criticised or shamed, says **Prof. Pratima Murthy**.*

**U**NTIL even a decade ago, substance abuse by women in India was considered a taboo subject. Such problems were inevitably regarded as a men's problem, and women were seen as only 'victims of men's drinking or drug use'. This scenario has rapidly changed. All over the world, women's drinking and use of drugs is on the rise. In fact, in many countries like the US, UK and Australia, nearly as many girls as boys seem to consume alcohol and other drugs.

## A rapidly escalating problem

While I was interning after my medical training way back in the mid 1980's, it was commonplace to see men lying drunk on the kerbside outside the busy Victoria Hospital in Bangalore. That continues to be a common scenario in many parts of urban cities and towns. However, about a decade ago, for the first time in my life, I spotted a young woman lying face down on the road, intoxicated. Little did I realise at that time that this was a sign of things to come.

### Young women at risk to alcohol and other drug use

- Family members who use (through biological risk as well as modelling)
- Adverse socio-economic circumstances
- Poor psychosocial support
- Risky temperaments (impulsivity, poor anger control, anxiety/stress prone, mood disorders)
- Severe inter-personal problems and low self-esteem
- Partners/peers who use substances
- Easy access

[use and dependence usually occurs in the presence of a combination of risk factors]

**Alcohol use is certainly on the rise among women in urban metros, where recreational use is increasingly accepted.**

Tobacco use, particularly smokeless tobacco chewing, is common among women and the Global Adult Tobacco Survey in India in 2010 estimates that 20% of women use tobacco. It is suggested that 5-10% of urban women use alcohol, but this is likely to be much higher in many tribal populations, some geographical regions and in certain professions. A survey by the United Nations Office on Drugs and Crime in 2008 in India has found that there are women all over India who use mind altering substances, including opioids, sleeping pills, alcohol and inhalants. Women interviewed in this study were from

both urban and rural areas. Alcohol use is certainly on the rise among women in urban metros, where recreational use is increasingly accepted. Girls and young women are more likely to be offered drugs by a female acquaintance, their spouse, a young relative or a boyfriend. Anxiety, mood disorders, emotional distress and low self-esteem are more often associated with the initiation and continuation of use among women. They are likely to more often receive offers to smoke, drink or use drugs in private settings compared to men.

At our Centre for Addiction Medicine at NIMHANS (National Institute of Mental Health and Neuro Sciences), the growing numbers of women requiring treatment for alcohol and other drug addiction has prompted the building of an exclusive in-patient treatment facility for women with such problems. A sad testimony, indeed, to a rapidly escalating problem.

While changing life-styles and roles that women play in today's world have partly been attributed to the increase in their use of alcohol and other drugs, poverty, social inequality and gender discrimination are also well recognised to drive women towards the use of alcohol and other drugs.

## The after-effects on body, mind and social status

In addition to the physical, psychological and social consequences of drug use that can occur

independent of gender, adverse gynaecological and reproductive consequences of such use are well recognised. Alcohol reduces fertility, increases risk of miscarriage, causes a set of defects called the foetal alcohol spectrum deficits, which can include birth and brain defects. Sleeping pills, particularly in the first trimester of pregnancy can cause birth defects. Opioid use has been found to be associated with increased risk of foetal death, pre-term delivery and low birth weight. Tobacco has also been associated with spontaneous abortion, foetal growth retardation, lower birth weight and sudden infant death syndrome (SIDS). Violence against women is often mediated by drug and alcohol use by men. Women under the influence can also both exhibit violence and be the victims of violence, including sexual violence. Ironically, women drug and alcohol users, despite their use of substances to alleviate depression are more likely to have depression and harbour suicidal ideas compared to non-users.

The physical, psychological and social consequences of alcohol and other drug use for women are often far worse because stigma keeps the problem underground and by the time they receive treatment, the problems have compounded. When such substance use is coupled with risky sexual behaviour or injecting drug use, additional problems like HIV and other sexually transmitted illnesses further complicate the picture.

### The need for a preventive approach

As a society, our first responsibility is not to adopt a moral high-ground, but to approach the problem as a health and social issue. A preventive approach to the problem lies in helping younger people address issues of stress, low self-esteem and psychological issues through timely help and support. As family, we need to identify vulnerabilities that predispose young people, particularly young women and girls to turn to alcohol and drugs. Encouraging critical thinking, that is, the ability to separate fact from various myths that surround the use of alcohol and drugs, helping young people make the right decisions about sexuality and sexual partners and teaching them to be assertive (how to say no to drugs) is also very important. Young women need to be made aware of the dangers of intoxication, bingeing, injecting drug use and similar harmful patterns of substance use. Persons who have a family history of addiction or have temperaments of impulsivity, emotional instability and poor self-esteem, are more likely to suffer serious consequences if they turn to alcohol

or drugs to cope. They need to have other safer ways to deal with such problems.

Despite such efforts, some people do initiate the use of these substances and are likely to go on to develop problems. Those who do, need timely help, as well as family and professional support.

Thus, awareness of the harm from use and resistance education coupled with life skills (focusing on dealing with stress, improving self-esteem, communication, dealing with relationships, being assertive in refusing offers of use, developing critical thinking) is likely to have some impact on prevention.

It is very difficult to determine when recreational use can turn to problem use and addiction. Drug dependence is now recognised as a medical disorder associated with specific brain chemical changes, uncomfortable withdrawal syndromes and a high tendency to relapse. Addicted persons invariably need psychosocial interventions as well as appropriate medications to deal with withdrawal, craving and any other underlying psychiatric problems. Women who are addicted would benefit from treatment facilities that understand and respond to their needs. Self help groups like the Alcoholics Anonymous and Narcotics Anonymous may also be of immense help to women struggling with addiction. While helping women with addiction, drug and alcohol use among their partners will definitely require to be addressed.

If a woman does develop problems due to the use of alcohol or other drugs, she needs support, not criticism, encouragement to reach out for help and treatment, not shame and attempts to drive the problem underground. Access to confidential counselling, treatment in a respectful and caring milieu and support to stay drug free, through both counselling and appropriate medication can foster recovery. Addressing positive aspirations, attributes and ambitions and encouraging women to be drug-free themselves as well as encourage others to be drug-free is perhaps a reasonable approach in the times to come. ■



The writer works at the Centre for Addiction Medicine in the Department of Psychiatry at the National Institute of Mental Health and Neuro Sciences. She has authored several reports on women and drug use supported by the United Nations Office on Drugs and Crime. She has been a consultant to the UN on gender and substance use.

### Festive times

*When Maharashtra will be busy with the annual Ganesh Chaturthi celebrations in the second week of September, Rajkot in Gujarat will be hosting the grand annual village fair from 8-11 September in Ternatar village. The Ternatar Fair, also known as the Trinetreshwar Mahadev Mela, is everything that Gujarat stands for. There are folk dances, music, religious ceremonies, sports and dance competitions, handicraft exhibitions, colourful processions and more. It is one occasion where people from different castes and tribal groups mingle with each other without any bias and enjoy the revelry.*

# The stakes are high

*Gambling has crushed many lives. But it's possible to change and start life anew, says Thirumagal. V.*

**S**ETHU (name changed), the only son to his hard working, middle class parents, graduated and secured a job with a stock broking agency. With a loan, he built an extension in his father's home and became a proud owner of the house. As per custom, he married a girl chosen by his parents and life could not have been better for a 25-year-old, he thought. Yet, five years down the line, he was in heavy debt. His wife's jewellery was sold and the house was mortgaged. Sethu had changed three jobs in two years. He became abusive at home and frequently physically violent towards his wife and children. The pressures of meeting ends were too high, he told people. But his wife had a different story to tell.

It all began innocently when Sethu was trying to balance his income, household expenses and loan payments and looking after his family. Watching customers make huge money just by buying and selling shares often at his advice, got him thinking 'Why not give it a try?' That was the start of a sickness that took over his thoughts and his life. Initially, he cautiously bought and sold some shares. The excitement and tension was heady. Will I make a profit or not? ... It was a gripping climax and he soon started enjoying it. At times he made profit and bought more shares, sometimes he lost and felt compelled to buy more to offset the losses. Soon he was using his savings, taking loans and borrowing from relatives to make it work. Sethu had turned into a gambler and he could not give up.

Sethu's story is not uncommon. There are many like him. Gambling has crushed the spirit of many men and women irrespective of criteria such as age, education, financial status or family background. The kinds of things they bet on, the setting where the betting happens and the money spent can vary. But the progressive deterioration and emotional trauma of the gambler and his loved ones increases steadily.

## How a fun game turns into a risky habit

Buying lottery tickets, horse betting, slot machines or roulette,

betting on games like cricket or football, poker and other card games, video games, buying stocks ... there are many ways of gambling. It can be betting on cock fights or a game involving rolling the dice with the play area marked out on the ground under a tree or in a plush casino. It can happen in person or over the internet, using credit cards or chips or hard cash.

It is difficult to believe that something as harmless as playing cards with friends at a social gathering such as a wedding or a kitty party with neighbours can become a compulsive habit. There are of course stark differences. Instead of being a social activity, when it turns into a frenzied, repetitive activity with loss of control and unwillingness and inability to limit the risks; it is pathological gambling or addiction. In this addiction, betting is the only goal, without a thought of who, where

and how much is at stake. Instead of something that one does for a limited period of time with a particular amount of money and realising fully the risk involved, when one becomes a compulsive gambler, life can start revolving around it.

## Signs that signal gambling addiction

Some of the signs that can indicate cause of concern are similar to other addictions. Presence of a combination of the behaviours listed below can point to the need for change:

- Finding oneself thinking about gambling frequently and planning one's activities to accommodate gambling.
- Spends increasingly more and more amount of money on it and continues to gamble in spite of facing problems at home or work due to it.
- Feels uncomfortable, restless or depressed when unable to gamble.
- Gambles to deal with feelings of frustration, anxiety or any problem that makes him uncomfortable.





- Feels an irresistible urge to bet again even when he loses terribly because he thinks he can win it all back in the next bet.
- Lies, borrows or engages in illegal activities to make money to gamble or meet gaming debts. Though families and friends may bail them out more than once, they tend to go back to gambling again and again.
- Inability to stop gambling inspite of constant efforts and even if unable to meet his basic needs or responsibilities towards his family.



Pathological or problem gambling is not recognised as a problem in India. The secrecy involved makes it difficult for even family members to identify or realise that the real agent behind the financial ruin or drastic changes in personality or work deterioration is due to gambling. This is often camouflaged as business deals gone bad, poor business acumen or plain bad luck. Individuals or families who face such problems rarely seek help from mental health professionals and when they do, they may not be able to find someone who can help.

The causes or reasons why some become compulsive gamblers is not fully understood, but biological reasons and environmental factors do have a role to play. Researchers indicate that a problem with impulse control or action of certain neurotransmitters in the brain can be one of the reasons. Many state governments such as that of Tamil Nadu have taken cognizance of this problem and banned gambling related events such as horse betting and lottery to the relief of behaviour scientists. Yet even in such settings, gambling can continue in a concealed manner but at a much milder scale limiting the losses.

### Quitting is the only option

No matter what triggers it, the sure fire solution for gambling is to quit betting completely. A person who is a compulsive gambler has no control over his stakes. The only way is to opt out completely – and not engage in any betting in any form for the rest of his life. Anytime he goes back to it, the obsessive cycle of betting and winning or losing and betting again to get back what he lost or get more out of his winning streak, will be back again. Like a piece of iron drawn to a magnet, he is stuck again and unable to let go.

### Gamblers Anonymous - holding out hope

Gam – anon (GA), the self help group network of Gamblers

Anonymous, has helped thousands all over the world to give up gambling by practicing the principle of 'one day at a time'. By providing support and holding out hope the members of this network reach out to other gamblers to give up and stay stopped. By sharing with each other the losses faced, gains made by giving up and discussing the challenges involved, they help each other stay away from gambling. The members are well aware of what can take them back and carefully avoid the triggers. Hanging around places where betting happens, discussing it or even watching television images related to it can be a trigger. By recognising and learning other ways to handle their stress, they learn to stay off from this sickness and lead a lifestyle with a more spiritual focus, one with honesty, humility, gratitude etc. They also become aware of how important it is to stay off the first small act of betting that can take them back to the painful world again. The website [www.gamblersanonymous.org](http://www.gamblersanonymous.org) gives more information on this. In India, GA meetings are regularly held in Bangalore, Mumbai, Ooty and a few other places.

### Families can initiate change

Out of a sense of shame, guilt or not being able to express care, family members may unknowingly enable gambling. Paying back debts, securing loans on his behalf, making assurances to debtors, lying to cover for him etc., reduces the intensity of crisis caused by gambling and delays the behavioural changes of the gambler. When families refuse to do this, the gambler 'hits bottom', and is forced to deal with the consequences of gambling and this increases motivation to change. Pathological gambling is a progressive sickness and continues to get worse until the person stops completely. Family members need to know that crying, not caring for themselves, threatening suicide, begging, etc are some of

### Did you know?

*At Rameshwaram in Tamil Nadu, right in the middle of the ocean, is a well of sweet water! It is the Villondi Tirtham which is located at around 7 kms from Ramanathaswamy Temple. It is believed that Lord Ram created the well for quenching Sita's thirst by hitting an arrow in the sea.*

the tactics that the gambler resorts to, and they should not give into it. The family should refrain from bailing them out in the beginning itself. And not after running out of bank deposits, selling jewellery and property, etc. Families need to help in the initial stages itself so as to retain the affected person's functionality to take care of himself and focus on his responsibilities.

### Getting professional help

Pathological gambling may be linked to heavy drinking or alcoholism. TTK Hospital, a 100-bed addiction treatment centre in Chennai, Tamil Nadu offers a one-month and a two-month residential treatment programmes for those wanting to quit. The programme components include medically managed withdrawal, interactive input sessions, individual counselling, group therapy, family therapy and introduction to AA/NA concepts. Two years of follow up is encouraged to facilitate recovery. (Details can be sought from [ttcrf@gmail.com](mailto:ttcrf@gmail.com)).

The centre screens its clients for compulsive gambling as these can co exist. Being in gaming places often can act as a trigger to go back to drinking. Vice versa is also true. The changes in thought patterns and mood states due to alcohol

use can increase the likelihood of gambling and increase the recklessness with which it can happen too. With many patients, addressing their alcohol addiction helps them give up gambling too as the issues are similar.

### Help from psychiatrist

People with mood disorders are likely to gamble during the manic phases of their illness. Taking the right doses of medications on a regular basis definitely helps avoid mood swings and the tendency to spend money recklessly by gambling. Medicines such as anti-depressants can help in some cases. Counsellors with special training in this area can help patients recognise unhealthy thought patterns that lead to gambling and assist them to develop healthy coping skills. Compulsive or pathological gambling can ruin individuals and families. But to change is possible and one can start life anew. Thousands have overcome this sickness and lead meaningful lives today. The message of hope that needs to be given to each person struggling to handle his gambling is, "Give up. You can do it. If others can do it, so can you". ■

The writer is a Programme Consultant with TTK Hospital, a pioneer addiction treatment centre in Chennai in Tamil Nadu.



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# Up in smoke

*Helping tobacco users quit requires a behavioural change. For this to happen, the person has to understand the rationale for the change and be convinced that the change is beneficial for him, write **Dr. Prakash C. Gupta** and **Dr. Mira Aghi**.*

**W**HICH is the biggest and most serious issue for adult health? The answer from a public health expert anywhere in the world would be nearly unanimous although it may surprise many others – the use of tobacco; globally in the form of cigarettes, but in India as cigarette, *bidi* and myriad other forms of smoking and smokeless tobacco use.

## Tobacco — an active and passive killer

Why is tobacco the most serious health problem? Tobacco use is currently causing 6 million deaths every year in the world. These deaths do not occur only among people who smoke; 600,000 of these deaths are due to the effect of second hand smoke. Tobacco as a public health problem started in the 20<sup>th</sup> century and it is estimated to have caused 100 million deaths in the world in the 20<sup>th</sup> century alone. If the current trends continue, the toll from tobacco in the 21<sup>st</sup> century is estimated to be one billion deaths. In India every year, nearly a million people die due to tobacco use. Without doubt, tobacco is the most serious public health problem of the day.

These deaths are due to a variety of fatal diseases caused by tobacco: cancers at many different sites in the body, heart disease, lung disease, stroke, worsening of other existing diseases like tuberculosis and many other related causes. In addition, tobacco use causes a variety of non-fatal but quite serious diseases such as eyesight problems, weakening of bones, amputation of hands or legs due to peripheral vascular disease, wrinkling of skin, dental problems etc. Specifically among men, it causes impotency and among pregnant women, serious problems for the foetus including possibility of death. Until recently, no health problem required legislation at an international scale. Whatever solutions scientific evidence pointed out for the control of a problem, they got implemented. After all no one is interested in promoting a disease and there is no lobby on behalf of tuberculosis bacilli, mosquitoes or HIV! Disease and death caused by tobacco however, present a different picture. There are very strong commercial interests that promote tobacco products globally and are so powerful that individual governments often find themselves somewhat helpless in tackling the tobacco problem.

For this reason the first ever international treaty for public health, the Framework Convention on Tobacco Control was proposed by the World Health Organization (WHO) and

negotiated by the member countries in 2003. By now this has been ratified by 177 members making it one of the most successful treaties in the world.

The treaty spells out a range of evidence-based demand reduction measures including ban on advertisements of tobacco products, ban on smoking in public places, strong pictorial warnings on packages of tobacco products, increase in taxes of tobacco products, no sale to minors and help with cessation. There are few supply reduction methods as well. So there are tools and international obligations to control tobacco use. Despite all this, the progress is slow. Most developing countries are not able to fulfill treaty obligations as per the timeline. But why do individuals continue to use tobacco? After all by now, almost everyone knows that tobacco use causes cancer, other serious diseases and death. It is even written on every package. The answer is addiction. Nicotine in tobacco is known to be one of the most addictive substances known to mankind comparable to morphine, heroin and other banned drugs. When asked how long it takes to become addicted to smoking, the most telling response was from a smoker who said, “Not long. You think you are OK. You keep smoking; alone or with friends, when you are out, having a drink. You say to yourself: ‘It’s fun. It’s cool. I will never get addicted. I can stop anytime.’ Then one day it hits you. ‘I want a cigarette. I will just have one to make me feel better.’ Then you smoke for the rest of your life and will probably die from your addiction.”

## You can quit the habit

Although tobacco use is an addiction, it is not impossible to quit. Helping tobacco users quit however, requires a behavioural change. For a behavioural change to take place, the person has to understand the rationale for the change and be convinced that the change is beneficial for him. The most important and common rationale is that tobacco use has innumerable serious health consequences for the user although other reasons, for example financial; family approval, social stigma, etc, may also play an important role.

The determination to quit is the first requisite. Determination alone however, is not enough. One may need to follow a process to quit.

## A few tips to help quit tobacco use:

- Fix a ‘quit’ date. Ahead of the date, remind yourself of all

(Continued on page 20)



## Confessions of a nicotine addict

*A chain smoker for almost two decades, **Piroj Wadia** finally quit smoking on her 40<sup>th</sup> birthday. However, the long years of smoking had weakened her lungs forever. She shares the exasperation she faced as a chronic smoker and finally the exhilaration of breathing freely.*

**O**CTOBER 21, 2011 will ever be imprinted in my memory as the day I started my second innings. I came out of a three day coma induced by a Type II respiratory failure. An asthma patient since childhood, in college I smoked my first butt. Later, as a rookie journalist, I fell prey to tea and cigarettes, the signature of the profession. I shrugged off warnings from my seniors, saying that smoking three a day is not addictive. My conservative middle class upbringing stopped me from lighting up at home; despite the fact that an aunt, two uncles and my own brother smoked. The latter couldn't dare to do so in the presence of our grandfather and mother. But he would frequent the toilet for a smoke. Although my mother did find out, I never did smoke at home, out of respect.

The three cigarettes a day, steadily climbed to 5 to 10 to 20 and at last count 35. All the smoking was done Mondays to Saturdays as Sunday was at home and with family. The edit meetings at a glossy were traumatic for the three non-smokers – with four smokers, two chain smokers the other two (including yours truly) almost there. One day, a fellow journalist and I decided that we would stop smoking once we turn 40. I don't know when she stopped. But the day after my birthday I seriously worked on kicking the habit.

I tried all the tricks I heard/read about – went cold turkey, but after two – three days went back to smoking with a vengeance. Then I tried to taper off. Again, as the week progressed and deadlines mounted at the newspaper I was working with then, so did the urge. I was beset with guilt, but the promise I had made myself spurred me on. So each time I smoked I did so with sheepish guilt.

I attended a presentation by an American on the health risks of tobacco and their Quit Smoking programme. The latter was known to have a 80 to 90% success rate; no one dragged the company to court in the US for not delivering. A questionnaire revealed I was a nicotine addict. I was encouraged to sign up for this five-day-one-hour-a-day programme. There were ground rules – we had to buy a full packet of our favourite cigarettes and take them on day one with our names stuck to the packet.

Those five days were life altering. The usual sordid audio

visuals were shown to us of people with lung cancer. During the aversion therapy — we were made to puff on our favourite brand, but never inhale. We did so two with filters and three without. We were not to drink any liquid, not even water for an hour after we left the room. We were given small plastic squeeze bottles with plain lime juice, if we felt the urge to squirt the juice. We were strongly advised to change our routine. Go for an early morning walk, have a high protein, low carbohydrate diet, no alcohol; have calcium and multi-vitamins. To keep our fingers occupied as there wasn't a stick in hand we were given sunflower seeds. Has anyone tried peeling those seeds to eat? Till day three I was ok, on day four, my work pressure mounted, I was getting edgy and teary. I rushed back to the venue where they were holding more sessions – I was advised to chew more calcium. On the fifth day, I felt a weight was off my chest.

A few weeks later, I visited a former colleague at his office. Since, he didn't smoke I habitually picked up the ashtray on his PA's table on my way in. That day I didn't, so the peon followed me in with the ashtray. They were taken aback, when I told them I had no need of it. Word spread about me kicking the butt. My former editor asked to see me. As I sat across her table, I didn't reach out for the ashtray. She watched me for a while, and then lit up. It didn't bother me that she was smoking. She couldn't believe her eyes. The extra bonus came a few months later. I went to Leh. Never has breathing been such an exhilarating feeling.

The damage I inflicted on my lungs, is only too obvious. When I was discharged I came home to a new nocturnal lifestyle – sleeping with the Bipap machine (a breathing machine that uses two pressure levels -inspiratory and expiratory to provide breathing assistance) and oxygen concentrator for life. Smoking weakened my lungs such that they cannot exhale the carbon dioxide; hence weeks, rather months prior to my hospitalisation, I was disoriented and drowsy. On August 15, 1997, I lost my brother to lung cancer. ■



The writer is a veteran film journalist.

# Managing drug addiction

*Drug addiction is a disease for which effective treatment options are available today. With a judicious combination of personal motivation, medication, and professional counselling, it is possible for a large number of individuals to break the cycle of drug addiction, writes Dr. Atul Ambekar, M.D.*

THE nation is engaged in a battle with the huge menace of addiction to alcohol and drugs. The use of such psychoactive substances is not really new to the Indian society. Since time immemorial, Indians have been using a wide variety of substances albeit in a controlled manner. Use of alcoholic drinks such as *soma* or *sura* finds mention in our ancient scriptures. Similarly other plant-based psychoactive substances such as cannabis (we know it as *bhang* or *ganja*) have also been used in India, and have always received some amount of social sanctions and acceptance in specific cultural contexts.

## More than just a bad habit or a social evil

In modern times however, the Indian scenario of drug addiction has changed dramatically. What was once a phenomenon largely controlled by social strictures and norms, confined to consumption of locally-prepared intoxicating substances of low potency, has given way to a pattern of consuming more potent, synthetic, highly intoxicating substances which – owing to modern methods of production – are relatively easier to manufacture, transport and market in larger quantities. Consequently, the societal harms which we witness due to these modern addictive drugs are much higher in scale and intensity. Not only is the level of consumption of legal substances like tobacco and alcohol high in India, the consumption of illegal drugs also occurs at an alarming frequency. Available statistics tell us that though a smaller proportion of men in India consume alcohol, the average amount consumed per occasion is high enough to result in intoxication. In other words, Indians drink to get drunk! Statistics of tobacco consumption are also not encouraging since many young people are found to succumb to the lure of tobacco use at a very early age. Easy availability of tobacco products at every nook and corner of the city does not help either. Illicit drugs like heroin, cannabis products – and increasingly – illegally-obtained pharmaceuticals are used by a relatively smaller number of people but using these drugs leads to far higher levels of

health and social problems. Overall, it is estimated that at least one crore Indians are affected by alcohol or drug dependence. The question arises how the country should manage the problems related to addiction at an individual and at societal level. First and foremost, it needs to be understood that addiction to psychoactive substances is much more than just a bad habit or a social evil. In modern science, addictive behaviours are best conceptualised as ‘bio-psycho-social’ diseases. Indeed, in many respects, addiction or ‘drug dependence’ (as it is technically called) is just like other chronic, non-communicable diseases (such as diabetes or blood pressure). Research has proved beyond doubt that various

biological, genetic and environmental factors act together to increase the vulnerability of an individual to experiment with drugs and to get hooked on them. In fact, after consumption for long duration, many of the drugs make long-lasting, often permanent changes in the brains of users, which make recovery from drug-addiction a challenge.

## Supply Reduction, Demand Reduction and Harm Reduction

Once we conceptualise drug addiction as a disease, it becomes relatively easier to fathom the remedies. For an individual suffering from addiction, modern medicine offers a host of pharmacological treatment options which are easily available and quite effective. The key is to seek treatment from a qualified health professional. With a judicious combination of personal motivation, medications, and professional counselling, it is possible for a large number of individuals to break their cycle of drug addiction.

At the societal level though, ‘eliminating’ drug addiction from society remains a utopian dream. All over the world, the various strategies that are employed to deal with the menace of drug addiction can be grouped into three broad types: Supply



Reduction, Demand Reduction and Harm Reduction. As the name suggests, supply reduction strategies entail controlling the availability of psychoactive drugs. Strict regulation on availability of legal drugs like tobacco and alcohol (age-restriction, availability of alcohol only through licenced outlets, taxation which keeps the prices high, valid prescriptions for pharmaceutical products) are some of the examples of supply control strategies and so is the ban or total prohibition of some drugs (like heroin or cannabis). On the other hand, demand reduction strategies encompass those measures which reduce the level of consumption in a society. This is achieved by preventing the initiation of drug use (by generating awareness in society, especially among young people or by equipping them with specific skills) or by providing effective treatment to drug addicts, so that their need to take drugs goes down. The third type of strategy 'harm reduction', though effective, is relatively recent and is often poorly understood. No amounts of supply control measures (such as strict law enforcement) have been able to completely eliminate drug market anywhere in the world. In the name of 'war on drugs' billions of dollars have been wasted, which have not reduced levels of drug consumption globally. On the other hand, this war on drugs has resulted in some paradoxical effects. An over-reliance on law enforcement makes illegal drugs even costlier, forces addicts to go underground, increases the associated crime and violence and in general, increases harms in society. The classic example is spread of HIV infection among people who inject drugs. When drug users share their needles with each other, they inadvertently transmit HIV infection among their drug-using friends and then onward to their wives. Since drug use is illegal, access to clean needles for injecting drugs is sometimes difficult, enhancing the risk of sharing and HIV

infection. The paradigm of harm reduction offers a hope to help reduce such adverse consequences of drug use. Harm reduction entails those policies and programmes which reduce the harms related to drug use without reducing drug use per se. In other words, even if people continue to take drugs, they should at least be saved from harms related to their drug use. Strategies like supplying new needles to injecting drug users to avoid the risk of HIV infection is a classic example of harm reduction, which is being practiced in India. Encouraging people not to drive after drinking is yet another example of harm reduction (where we do not necessarily stop people from drinking but merely avoid the risk of accident by discouraging driving under the influence). Thus, to conclude, while drug addiction is a formidable challenge to the Indian society, it is not insurmountable. The key is to view drug addiction as a problem which cannot be simply wished away, rather this problem calls for continuing the quest for exploring better, workable solutions. A judicious combination of supply reduction, demand reduction and harm reduction strategies at the policy level will take India a long way in its efforts to deal with drug addiction. People affected by addiction are our own siblings, children, friends and colleagues. They neither need an attitude of derision and discrimination nor pity; just

an empathetic approach which provides them with right kind of support and care.

*Views expressed are author's own and do not represent the views of the affiliated institution. ■*

The writer is Additional Professor, National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences (AIIMS), New Delhi.



## Up in smoke

(Continued from page 17)

the negative aspects of smoking: getting anxious when out of cigarettes; having to borrow them; creating a mess and smelly surroundings; being nagged by friends and family; and suffering from frequent cold and cough.

- Announce your resolve of quitting and the proposed date to family and friends urging them to support you.
- Watch what in your normal routine draws you to smoking.
- On the designated quit date, start your day by drinking a couple of glasses of warm water. Put off all thoughts of smoking and go about your routine by slightly altering your movements, such as continuing to sit on the dining table for a few minutes after finishing your meal, altering the route you take to work, staying in the company of non-smokers and avoiding smoker-buddies. Rather than partying award yourself by buying your favourite fruit or sweet with the money you would have spent on buying cigarettes. When you feel anxious and uneasy, take a walk, wash

your face with cold water, suck on a mint, clove or piece of cardamom, drink as much water as you comfortably

can, sing to yourself, or listen to your favourite music. In short, do things which are not associated with your smoking habit.



Continue this for a few days and you will surely succeed. In addition, you would start feeling much better about yourself – health-wise and many other aspects. First few days are the most difficult but even after initial success, one has to remain watchful for a long time. One relapse, and you will have to start all over again. ■



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# The government in the good fight

*The battle against addiction can be won through sincere and empathetic efforts not only from family and society, but also the government. **T. R. Meena** talks about the government's efforts in curbing alcohol and substance abuse in the country.*

**T**HE Ministry of Social Justice and Empowerment is the nodal Ministry for drug demand reduction. It has a three-pronged strategy for preventing alcohol and substance abuse in the country:

- awareness building and educating people about ill effects of drug abuse;
- community-based services for the identification, treatment and rehabilitation of addicts through voluntary organisations; and
- training of volunteers/service providers and other stakeholders with a view to build up a committed and skilled cadre

## Scheme for Prevention of Alcoholism and Substance (Drugs) Abuse

The Ministry implemented the Scheme of financial assistance for Prevention of alcoholism and substance (drugs) abuse since 1985-86. It aims at providing a whole range of services including awareness generation, identification, treatment and rehabilitation of alcoholics and drug addicts through voluntary and other eligible organisations. Under the scheme, financial assistance upto 90% of the approved expenditure is given to the voluntary organisations and

other eligible agencies for setting up/running Integrated Rehabilitation Centre for Addicts (IRCA), Regional Resource and Training Centres (RRTC), for holding Awareness-cum-deaddiction camps (ACDC), Awareness generation programme etc. In case of North-Eastern states, Sikkim and Jammu & Kashmir, the quantum of assistance is 95% of the total admissible expenditure. The balance has to be borne by the implementing agency. At present, around 390 NGOs

are supported under the scheme for running around 440 IRCAs. Keeping in view the rising cost of living, the cost norms under the scheme is under revision.

## Extent, trends and pattern of drug abuse

At present, there is no authentic data with regard to the extent, pattern and trends on the incidence of alcoholism and substance abuse in the country. Only data available is of the National Household Survey conducted by the MSJE (Ministry of Social Justice and Empowerment) in collaboration with UNODC (The United Nations Office on Drugs and Crime) published in 2004 which reported that there were 62.5m, 8.7m and 2.0m users of alcohol, cannabis and opium respectively. Between 17-26% were dependent users. As sample size of survey was very small (40,697 persons) and limited to males only, the projections at national level can be

only indicative. The NSSO (The National Sample Survey Organisation) was requested to conduct a pilot survey in the cities of Amritsar (Punjab), Imphal (Manipur) and Mumbai. The broad objective of the pilot survey was to test the methodology of survey. Based on its experience, now, the NSSO has been requested to carry out an advanced pilot survey in the states of Punjab, Manipur and Maharashtra, which is in progress.



## National Policy on Prevention of substance abuse and rehabilitation of its victims

Based on the recommendation of the NCCDR (The National Consultative Committee on De-addiction and Rehabilitation), a draft National Policy on Prevention of substance abuse and rehabilitation of its victims is being formulated. The Draft Policy has been circulated to all the States/UTs for seeking their comments.

### Awareness generation efforts on prevention of substance abuse

The Ministry, in collaboration with NYKS (Nehru Yuva Kendra Sangathan), has undertaken awareness generation programme on the ill-effects of alcoholism and substance (drug) abuse in 10 districts of Punjab and seven districts of Manipur to cover 3750 villages. Rural youth are being educated through door to door campaigns, wall writings, candle marches, poster campaigns, street plays, etc.

The Ministry has also collaborated with the National BalBhavan for awareness generation on the ill-effects of drug abuse among children in the age group of 12 to 16 years. The programme has been implemented through a series of activities like poster making, creative writing, lecture, rally, *nukkadnatak* (street plays), etc. at local, zonal and national level.

### National Institute of Social Defence

National Institute of Social Defence, an autonomous organisation under the Ministry, is the nodal training and research Institute for interventions in the area of social defence. The Institute is mainly involved in conducting training programmes pertaining to care for senior citizens, drug abuse prevention and other social defence issues. The Institute also undertakes consultation/seminar on policies and programmes in the field of social defence to anticipate and diagnose social defence problems and develop programmes for prevention, rehabilitation and cure.

### Regional Resource and Training Centres (RRTCs)

Ten non-governmental organisations (NGOs), with long years of experience and expertise in treatment, rehabilitation, training and research have been designated as Regional Resource and Training Centres (RRTCs) for different regions of the country. These RRTCs provide the following services to the NGOs working in the field of Drug Abuse Prevention:

- Documentation of all activities of the NGOs including preparation of Information Education Communication (IEC) material
- Undertaking advocacy, research and monitoring of drug abuse programmes
- Technical support to the NGOs, community-based organisations and enterprises

### Observation of International Day against Drug Abuse and illicit Trafficking

Each year, 26<sup>th</sup> June, is observed as the International Day against Drug Abuse and Illicit Trafficking. On this occasion, we renew our resolve to fight this menace collectively by organising awareness generation campaigns, holding seminars/workshops, cultural programmes, exhibitions, etc. The main function is held in Delhi where the Hon'ble Minister for Social Justice and Empowerment and other dignitaries participate while the States/UTs are also advised to observe the day in a befitting manner by holding awareness generation camps/seminars/workshops, cultural programmes, *nukkadnataks*, etc. This year on the request of Ministry of Social Justice and Empowerment, SMSes were sent to more than 20 crore mobile subscribers all over the country advising them to keep away from drugs and also to help drug dependent persons to come out of the menace of drugs.

### National Award in the field of Prevention of Alcoholism and Drug Abuse

A National award scheme in the field of prevention of alcoholism and drug Abuse has been prepared with the concurrence of the Ministry of Home Affairs and the Prime Minister's Office. The scheme has been notified on 31 December 2012 and the first national awards were presented by the Hon'ble President of India on 26 June 2013. For selection of the nominees for the awards there is a provision of Screening Committee and National Selection Committee. The Screening Committee is headed by Additional Secretary, SJ&E (Social Justice & Empowerment) and the National Selection Committee is headed by the Hon'ble Minister for Social Justice and Empowerment. ■

The writer is the Joint Secretary in the Ministry of Social Justice & Empowerment dealing with the issues pertaining to Social Defence (Ageing, Drug Abuse Prevention, Beggary & Transgenders). He has a distinguished track record of working with the local self Government institutions and taken a series of initiatives for the community participation in the implementation of various socio-rural and economic development programmes and schemes of the Government. He was known as "People's Collector" while working as Collector of Trichur Districts in Kerala.



### Aarogyam

*The little clove that you choose to pick from your pulav and throw away, has many medicinal properties. Clove oil is used as a remedy for toothache since ages in India. It was also used as a mouth freshener. It is also helpful in digestion and metabolism. So, the next time, you encounter this little genius in your meal table, don't throw it away but just eat it!*





KNOW INDIA **BETTER**

# Jewel of India **MANIPUR**

Text and photos: Katie Dubey

Katie Dubey visits Manipur, one of the seven sister states of the North-east and is enchanted by its natural beauty and rich heritage. Home to the only floating lake in the world, containing *phumdis* or unusual patch formations not found elsewhere in the world and offering a secure haven to the beleaguered Sangai, Manipur is indeed the 'Jewel of India'.





**Mother's market. Spices and pickles are stored in earthen pots.**

**R**ESearching for a book on birds of India and their wetlands, I came across a curious phenomenon called 'phumdi'. Intriguingly, it is sustained by only one lake in the world! A lake in far away Manipur!

#### **Mother's market - the pride of Imphal**

In February, we landed in Imphal, Manipur's capital, were received at the airport and whisked away to a hotel. Our hosts were eager to get started. Rapidly, we freshened up and took off! The first stop was the 'Ima keithal' – mother's market. This area is definitely the heartbeat of Imphal. The only market in the world exclusively for women entrepreneurs. It has been the central trading point for Manipuri women since kingly times and was patronised by the queen. With time, it expanded and diversified, bonding people from the hills and plains through trade. Through continuous change and an inflow of new products, this market has remained vibrant and effected tremendous economic empowerment of women. Housed in a sprawling building with enormous halls, each one given over to a particular variety of goods, it is the pride of Imphal. Clothes



**The hall of cloth. These are stacks of cloth used as skirts for women, that are wrapped around the waist without any stitching.**



**Women at the vegetable market, working with their wares**

and cloth, fruit, vegetables, spices, meat, fish and every possible household item that one could think of including jewellery is available! This woman's paradise found an instant response in me. I gravitated towards the colourful clothing stacked high! It is a market of such extensive extent, that, if not dragged away, it could consume one's entire trip. Generous with their time and patience, our hosts gently guided me away from clothing to other interesting wares around. When we emerged from the market, dusk had begun to darken the sky.

#### **The dance tradition of Manipur**

Night life in Manipur is non-existent due to tense political conditions. We returned to our hotel and were invited to a Manipuri dance recital in its auditorium. This was a bonus. I dressed myself in the traditional Manipuri skirt purchased just hours ago and confidently walked into the auditorium for the performance. People, thronged the medium sized hall, a third of which was set apart as the stage. Music filled the room and dancers glided in; the celestial couple, Lord Krishna and his beloved Radhika. Brilliantly costumed, his plume of feathers



**The building housing Ima Keithal, the mother's market, located in Khwairamband Bazaar area in Imphal**





**The *Raas Leela*, the epitome of Manipuri dance, is the thematic representation of the eternal love of Krishna and Radha.**

waving as he teased Radha; her stiff circular skirt bobbing as she rebuffed his moves, but looked at him with adoring eyes through her veil. The *Raas Leela* cast its spell on the audience and transported us all to another world for the next two hours. Once, Lord Krishna had wished to dance the *Raas* undisturbed. He requested Lord Shiva to keep watch while he danced with Radha and the gopis. Shiva promised to do so and also, turned his back on the dancers so as not to intrude on their privacy. Parvati, Lord Shiva's consort, on seeing Shiva guarding the place was curious and insisted on knowing what was happening. Shiva permitted her to peek. She was so enamoured by the *Raas*, that she wanted Shiva to dance with her too. Shiva searched widely for a secluded place for Himself and Parvati to dance in, but could not find one. Then, He saw Manipur surrounded by mountains and its valley covered by a sheet of water. With his trident, he struck the mountain ranges making a path for the water to flow out. The valley of Manipur emerged and Shiva and Parvati danced within, in bliss. Thus began the dance tradition of the *Raas Leela* of Manipur, first danced by Lord Krishna and Radha and repeated by Shiva and Parvati. Manipuri dance has emerged as one of the six classical dance

styles of India. With entirely religious themes, it transcends from mere dance to a spiritual experience. The *Raas Leela*, the epitome of Manipuri dance, is the thematic representation of the eternal love of Krishna and Radha. On a spiritual level it reveals the sublime and transcendental attraction that every soul feels towards its Creator. The *Raas Leela* is traditionally







**A man is poling a canoe in the athaphum. The athaphums with huts of the fishermen on them in the distant hills**

performed in an enclosure in front of the temple throughout the night and absorbed with a deep sense of devotion. *Raas* performances are seasonal. They are performed at the temple of Shri Govindajee in Imphal on full moon nights like *Basanta Purnima*, *Sharad Purnima* and *Kartik Purnima* and later, at local temples.

*Ghostha Leela* is woven around tales of *Bal* (baby) Krishna and his pranks and is performed by a group of young boys. *Pung Cholom* is performed with the *mridanga*, a clay-bodied, double-headed drum which is the soul of *Sankirtana* or congregational music and an indispensable part of all social and devotional ceremonies in Manipur. Characterised by modulation of sound from soft whispers to a thunderous climax, it is woven into the legend of creation that narrates how the Almighty rubbed his right hand and created nine gods, then, he rubbed his left hand and created seven goddesses. Gods and Goddesses began to dance and with the movements of their dance they created matter and then piles of earth. After creating seven piles they rested and refreshed themselves. They created sixty of such piles. *Pung*, meaning “a pile of earth”, is both a measure of time and a drum that beats the temporal cycle. The people’s cosmic conceptions and the laws of existence are interwoven into this myth.



**A dwelling by the lake. A local fisherwoman and her child sun themselves sitting by their house**



The *Lai Haraoba* ritual also represents the creation of the universe and begins with the proclaiming of the primordial *Nothing* or the Void. Then appears “water”: men dressed in white and women in clothes with pink stripes carrying offerings and clothes to the river. These men and women, *maiba* and *maibi*, according to tradition are the high priests and priestesses of Manipur; ascended masters of sacred texts. They are the central figures at all ceremonies. Gold and silver objects embodying earth and heaven are offered to the water and the Manipuris summon its divine energy with music. Soon a deity possesses a *maibi*’s body and speaks through her mouth. The *maibi* is then followed to the temple to the loud accompaniment of a trumpet’s blare. Along the way dances are performed in honour of the deity three times. During the following days, winding lines are drawn on the ground and ritualistic dance and music performed, believed to bring prosperity to the village. *Lai Haraoba* is a firmly rooted living tradition.

Folk and classical dances unfolded, vibrant and vigorous, that we thrilled to. No stage presentation can compare to a recital in close proximity to the dancers. We felt ourselves drawn in, heartbeat racing as Radha adored Krishna with melting looks; the rhythm of the mridanga that raised the pulse and the clash of cymbals, held us in a trance until time ran out.

#### **Rugged hills, slender valleys and the river systems**

‘Jewel of India’ is the sobriquet given to Manipur, nestling in



**A Sangai Stag basks in the sun and looks on as the harem and the young feed nearby**

the foothills of the Himalayas at the farthest eastern end of the country. Bound by an international border with Myanmar, the state is enveloped by Nagaland in the south, Mizoram in the east and Assam in the west. It is also one of the seven sister states of the North-east and occupies a total geographical area of approximately 22,347 square kilometres, which comprises a central valley, lying approximately 2,519 feet above sea level surrounded by mountain ranges that rise from 2,600 feet and reach maximum height at 9,750 feet.

Manipur valley is a more or less flat area of 2,238 square kilometres, oval shaped and surrounded by misty, blue-mountains



**The Sangai or dancing deer is a highly endangered species, now protected in Keibul Lamjao National Park**





**A dwelling by the water's edge**

that slope gently from north to south. The mountain ranges form a barrier to the freezing winds of the north and further prevent the cyclonic storms originating in the Bay of Bengal from ravaging the valley. The defining features of the valley are its river systems. Numerous streams and rivers originate in the surrounding hills and flow into the valley forming lakes and marshes. There are four major river basins in the state; the Yu River Basin in the east, Barak River Basin to the west, the central Manipur River Basin and a part of the Lanye river Basin in the north. Of these the Barak River is the largest, draining the Manipur hills. The area consists of two distinct parts – remote, rugged hills and slender valleys and a central flat plain. These two divisions of Manipur are not just physiographically different, but are also distinct in floral and faunal diversity. Loktak lake is the centerpiece of the central plain.

### **Loktak- world's only floating lake**

Loktak is a lake of many aspects, originating in myth of Shiva draining the water. Scientifically put, there were settlements on the hill peaks; the Nongmai-ching hill 40 kilometres north of Imphal and the Koubru hill 60 kilometres north-west of Loktak during the era when water submerged the valley. Downward migration began when the water began to drain away, probably, due to convulsions in the earth's crust causing fissures. Of the several theories given, one that has gained acceptance is that, Manipur valley was once a series of valleys with small hill ranges between the higher ones, which to date, border the valley. Rivers, presently flowing in the valley, flowed through the smaller valleys of the time. Probably, an earthquake sealed off the outlet forming a huge lake. With time a plain was formed as the gaps between the small hill-ranges silted over, forming the central plain of the valley, with Loktak lake at its lowest end.

The morning following our arrival, we were on the road as



**A close-up of a *phumdi***

soon as the sun tipped over the horizon. The early morning air was crisp and the fragrance of the flora around, wafted on the cool breeze as we drove down the silky smooth main artery of Imphal. At Moirang village, we turned off the main road and hit the dirt track. Clouds of red dust followed in the wake of our jeep accompanying us until we halted in the slush by the edge of the lake.

*Loktak, defies the word 'lake'. It's a water body of strange aspects. The periphery is practically encircled by small fish farms that came into existence by a quirk of nature. Years ago, during the monsoon, the lake overflowed. As the waters receded, pools were created by the banks that harboured fish. Observing this phenomena, villagers created many more, called athaphums – circular rings of vegetation, encircling the pool – for fish farming, else, they use narrow canoes in the shallows for fishing. We met up with people of the Loktak Lake Development Authority who were to show us around. It was decided that we would be ferried to the opposite shore by canoe. Problem – how? For the very thin and agile locals, the narrow canoe is sufficient. For the pampered urbanite from Mumbai it was intimidating. Speaking in Manipuri, our hosts decided to clamp two boats together and widen it. This they did with a couple of commercial clamps and asked us to drop down into the makeshift boat. We, tentatively lowered ourselves into it and took our positions in the centre, standing astride the two-in-one canoe, to be ferried across. Praying fervently, we struggled to balance as the boatman poled through muddy slush to the opposite shore. We disembarked gratefully and scrambled up a mudbank to safety. After a long walk along the bund, we reached a point where the water stretched out as a still blue expanse.*

Loktak lake was designated a Ramsar Site\* in March 1990. It is the only floating lake in the world, containing '*phumdis*'. It

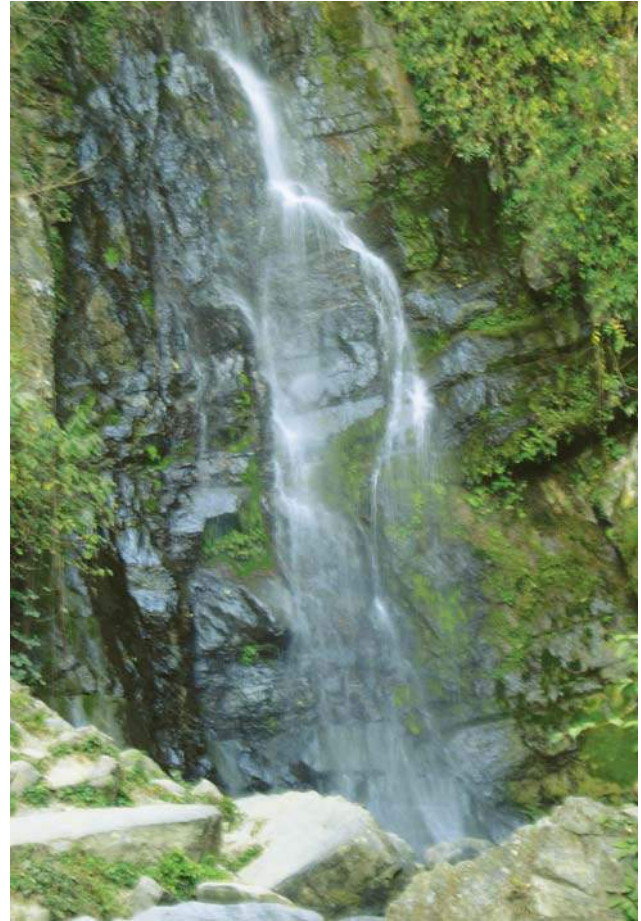




**Clamping two canoes together to widen its girth**

is also the largest freshwater lake in Northeastern India, spreading over an area of 600 square kilometres with an elevation range of 40 metres at Jiribam to 2,994 metres at Mount Iso Peak near Songsong. The mainstay of people in Manipur, Loktak lake is of enormous economic and ecological importance. Nourished by numerous rivers and speckled with picture postcard islands around it, this lake is a huge and complex body of water, situated to the south of Imphal.

'Phumdis' that patch the water are unusual formations not found elsewhere in the world. They are heterogeneous masses of vegetation, soil and organic matter at different levels of decay that forms a solid mat and drifts like a raft. Large *phumdis* are inhabited by fishermen who build huts on them and ply their trade unhampered. There are 55 rural and urban settlements around the lake with a total population of about 100,000 people of whom, 30,000 are fishermen. 1,500 hutments are built on the *phumdis*, which are now permanent dwellings. The linear settlements extend to the narrowest parts of levees of Manipur River, very close to the water's edge, and houses are erected on stilts. The largest single mass of *phumdi* lies in the southeastern part of the lake spanning an area of 40 square kilometres and constitutes the



**A waterfall by the Naga dwelling caves**

world's largest floating park. It has been designated as the Keibul Lamjao National Park, the last refuge of the beleaguered Sangai or the 'Brow-antlered deer'.

#### **Keibul Lamjao National Park**

The Sangai, are native to Manipur. The dancing deer is yet another name given to them, on account of their mincing steps. The dwindling population of Sangai is now protected in Keibul Lamjao National Park, whose north-eastern border is demarcated by the open water of the main lake.

The Sangai are highly endangered mammals, with approximately, just a 100 surviving individuals. They have evolved and adapted to life on this floating habitat, such that their hooves are divided and pasterns greatly elongated, unlike those of other deer species. This enables the Sangai to walk steadily over the rocking surface. This sub-species of deer was reported extinct in 1951, but a survey conducted by IUCN (International Union for Conservation of Nature), discovered a few straggling survivors in 1953, in a small pocket of the floating park. The Government of India was persuaded to declare about 52 square kilometres of Keibul Lamjao as a wildlife sanctuary in 1954. Twenty years later, the population of this delicate deer stood



**An inhabited island in the lake and a *phumdi* floating nearby**

at only 14 heads. Subsequently, the park area was further increased to 40 square kilometres, and their population is increasing through captive breeding programmes.

Keibul Lamjao National Park is also home to 116 species of birds and 233 species of fauna, among which are the Sambar, Barking-deer, Wild bear, Muntiacus muntjak, Rhesus monkey, Hoolock gibbon, Stump-tailed macaque, Indian civet, Marbled cat and Temminck's golden cat.

#### **A close encounter with *phumdis***

We halted as we came upon a view of open water: A calm expanse of lapis lazuli blue, wide as an ocean, where birds are reported to congregate in thousands. Birds were not in sight and those that were, appeared only as specks to the naked eye. So sensitive are the creatures of the wild that, the slightest variation in the atmosphere of their habitat scares them away.

We took turns observing them through binoculars, but, pretty soon even those few birds disappeared from view and we headed back to our vehicles. Motoring along the periphery of the lake our hosts took us to another part of the lake, considered to be a site for the Sangai, where the formation of *phumdis* was thick. They looked like hay mats, closely

scattered, leaving very narrow canals of water between. A canoe was arranged for us to negotiate the canal and go to one of the islands within the lake. Since we could not have taken the

journey standing, as the locals do, plastic stools were placed in the mid-section of the boat for us. Not having the Sangai's adapted hooves, we swayed wildly as we stepped into the boat and sat down. As soon as we were seated, we were practically hidden from view by the thick mats floating all around. It felt like an ambush operation that we were embarking on. Since these boats are meant for single occupancy, three of us in it made the going tough. The boatman poled with all his strength, but we could see that the strain was telling and that the boat was not making much headway. Mid-way down the canal we called a halt. We were now at a section of the canal where the *phumdis* on either side sprouted tall stalks of grass. A lot of it was bone dry and lay flattened on the

surface. This was a long awaited moment. I stepped out of the boat and took a few tentative steps on the *phumdi*, wondering what would happen. My imagination ran riot and in my mind's eye I saw myself falling through the mat straight into the lake! Nothing as dramatic occurred. The feel of *phumdi*, was like

**The defining features of the valley are its river systems. Numerous streams and rivers originate in the surrounding hills and flow into the valley forming lakes and marshes.**





**Loktak Lake patterned in circles by the athaphums on its surface and surrounded by the hills in the distance**

walking on a tarpaulin. My feet sank into the thick mat of hay and tangle of vegetation, but only up to a level. Slowly, one got the hang of walking around on it and I began to enjoy this springy ground. When the novelty wore off, I boarded the boat and we returned to the shore. The afternoon was fading into evening and the sun was slanting its beams on the water, giving it shades of deep and light blue. Back on terra firma, we ascended the watchtower and from this vantage point were able to see the vast extent of the lake. The islands and various areas of importance, although in the distance, were pointed out. The scene was completely surrealistic with the phumdis and phats forming a pattern of circles on the water that resembled a gift wrapper. The panorama was simply breathtaking and I went berserk photographing it from every conceivable angle. As the sun briskly descended towards the western horizon, the wind rose and a chill set in. We decided to conclude the day.

Loktak lake is almost synonymous with Manipur itself. There are 64 species of fish in the lake and the livelihood of thousands of people is intertwined with it. A yield of 1,500 tons of fish annually is taken from the lake, leading to over

exploitation of the lake's resource. Two of these species are restricted in their distribution to Yunan in China, Myanmar and Manipur only. Loktak lake is a repository to migratory fish like

Labeo dero, Labeo angra, Labeo bata, Cirrhinus reba and Osteobrama belangeri that swim over from the Chindwin Irrawaddy river systems in Burma to the upstream areas of Manipur River and find a home in Loktak.

The *phumdis*, although unique to the lake, are parasitic in growing numbers. The floating mass of matted vegetation, organic debris and soil that forms a *phumdi* varies in thickness from a few centimetres to two metres. The life cycle of a *phumdi* is subject to seasonal variation. During the monsoon when water levels in the lake are high, they float, and when levels are lowered they touch the lake bed and absorb nutrients from it. When the water levels rise, it floats again. Now, the biomass has sufficient absorbed nutrients to support life on it. A study has identified 83 plant species of 21 families surviving on *phumdis*, of which 81 species are summer plants and 48 winter plants.

A Short Term Action Plan for conservation of Loktak lake is working towards improving its condition. About 122.23 lakh

**'Phumdis' that patch the Loktak lake are unusual formations not found elsewhere in the world. They are heterogeneous masses of vegetation, soil and organic matter at different levels of decay that forms a solid mat and drifts like a raft.**



**The Kangala Palace personifies this ancient land and embodies its history running from pre-historic times**

cubic metres of *phumdis* have been eradicated from the core zone of the lake; 59.51 lakh square metres have been restored in the natural *phumdi* zone and 28.7 square kilometres of the open water surface area of the lake has been cleaned up, leading to improved water quality and visual aesthetic appearance. The *phumhuts* and *athaphums* have also been removed from the core zone of the lake. Its immediate effect has been the increase in bird population from 14,000 in 2010 to 34,700 in 2013 both in number and species diversity. The population of Sangai and other species in Keibul Lamjao National Park are also reviving.

#### **Manipur's connect with its historical past**

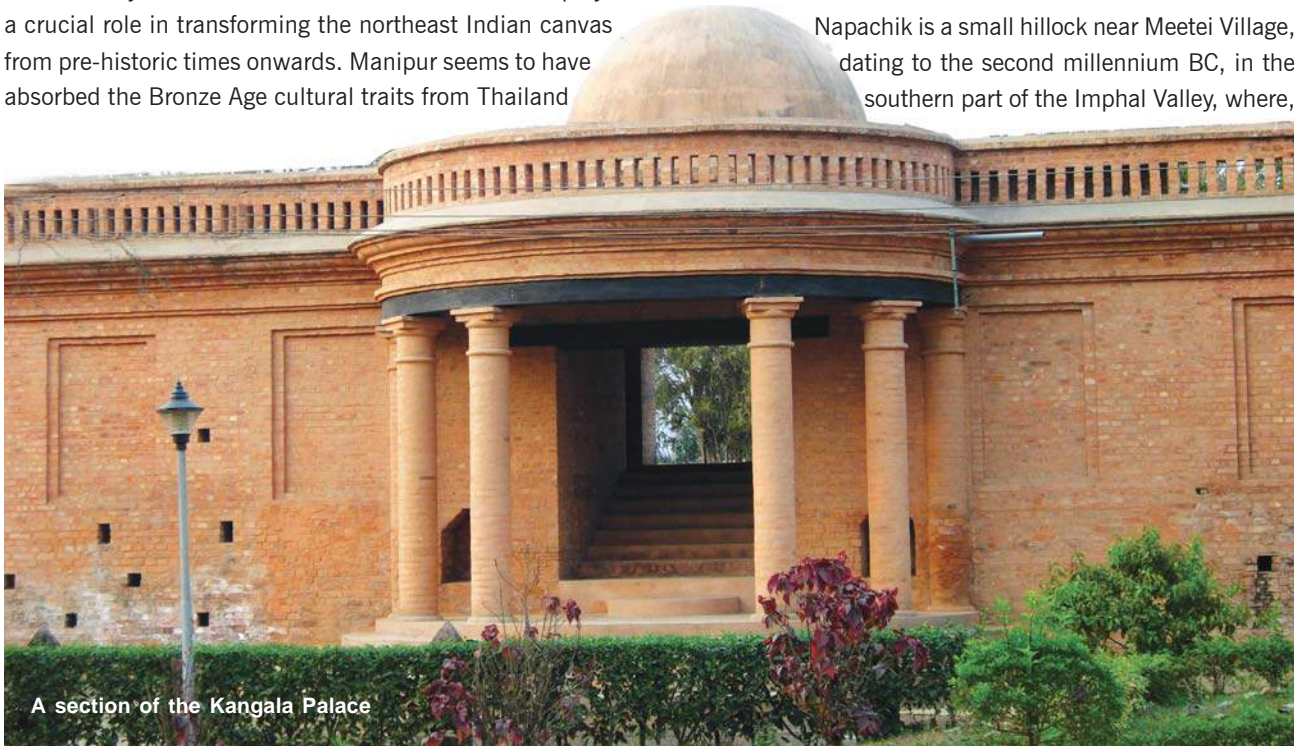
From pre-history, North east India holds the key to the understanding of the diffusion that occurred both in bio-diversity and ethnicity between south and south-east Asia that played a crucial role in transforming the northeast Indian canvas from pre-historic times onwards. Manipur seems to have absorbed the Bronze Age cultural traits from Thailand

and Upper Burma, where the indigenous metal age culture developed around 4000 BC.

At the Khangkhui Caves, along the border with Upper Burma, archaeological excavations have unearthed stone and bone tools as well as animal remains; evidence of Stone Age cave habitation. The first evidence of Pleistocene man in Manipur dates back to about 30,000 BC. One of the most valuable archaeological finds, is a pebble chopping tool discovered in Maring Naga Village, called Machi. The Marings are one of the oldest tribes of Manipur and this is a landmark find, confirming that the area was inhabited by Neolithic people from the early Stone Age.

In Tamenglong district, Tharon Caves provide the first concrete evidence of Hoabinhian culture in India, reflecting a Mesolithic south-east Asian cultural pattern, based on finds from the village of Haobihian in North Vietnam. Similar relics have been found in Thailand at the Spirit Caves as well as in Burma and other places in Southeast Asia. Tharon is a Liangmei Naga village where five caves and rock shelters were first explored in December 1979. A large number of Neolithic celts, discovered throughout Manipur, are now preserved in the State College Museum's Archaeology Department. These celts are mostly edge-ground pebble and flake tools. Tharon's edge-ground pebble tools are similar to finds from Burma, Thailand, Vietnam, Malaysia and the Philippines where they were used about 7000–8000 BC. The Tharons have a distinct affinity with the Haobihian culture and before the advent of the present Tibeto-Burma inhabitants of the area, Proto-Australoid people occupied these caves around 5000–4000 BC.

Napachik is a small hillock near Meetei Village, dating to the second millennium BC, in the southern part of the Imphal Valley, where,



**A section of the Kangala Palace**





**A pair of roaring lions guard the Kangala gate**

edge-ground tools and corded wares are similar to those found in the Spirit Cave in Thailand, the Padubtin Cave in Burma and with Haobihian sites in Vietnam. It is probable that while Napachik culture has an affinity with the Haobihian, handmade corded tripod wares from the Chinese Neolithic culture came to the area around the second millennium BC showing that Manipur valley was already inhabited by Neolithic men in or around 2000 BC.



**Ruins at Kangala**

Since ancient times, the Meitei tribe and Meitei-Pangals, Muslims, not originally of Manipur, lived in the valleys of Manipur alongside the Nagas and Kukis in the hills. Documented history of Manipur begins with the reign of Meetei or Meitei King of Ningthouja clan. Nongda Lairen Pakhangba, the 'dragon king-god' unified the seven clans of Meetei society. Vaishnavism came to Manipur in the 13<sup>th</sup> century and brought about significant changes in the history and culture of the state.

Manipur became a princely state in 1891 under British rule and was the last of the independent states to be incorporated into British India. During the Second World War, it witnessed fierce battles between the Japanese and Allied forces. The Japanese were beaten back before they could enter Imphal, which proved to be one of the turning points of the World War II.

After the war, the Manipur Constitution Act, 1947, established a democratic form of government with an elected legislature and the Maharaja as its Executive Head. In 1949, King Budhachandra was summoned to Shillong, capital of the Indian province of Meghalaya, where after persuasion he signed the Treaty of Accession merging the kingdom into India. Thereafter, the legislative assembly was dissolved and Manipur became part of the Republic of India in October, 1965 and a full-fledged state in 1972.

Our last day in Imphal: We decided to spend time at the Kangala





The temple of Govindajee in Kangala is the most important temple in Manipur

Palace which personifies this ancient land and embodies its history running from pre-historic times, when the Khaba clan ruled from Kangala down to 1891. The palace almost bisects the city from west to east being on the western bank of the river Imphal. We strolled across vast grounds: The fort, the temple, massive gates, the woods and serene walkway. Time stood still. I offered a silent prayer of thanks that the brush of modernity has not tarred this exquisite little place with its graceless living. Removed from the madding crowds of urban India, it has preserved its ethnicity, culture and pristine form, fresh as a breath of Himalayan air.

*Editorial note: \*The Convention on Wetlands of International Importance, called the Ramsar Convention, is an*

*intergovernmental treaty that provides the framework for national action and international cooperation for the conservation and wise use of wetlands and their resources. Upon joining the Ramsar Convention, each Contracting Party is obliged by Article 2.4 to designate at least one wetland*



*site for inclusion in the List of Wetlands of International Importance. (Info source: [www.ramsar.org](http://www.ramsar.org)) ■*

The writer is the author of three coffee-table books and writes for various newspapers and magazines on nature and environment.

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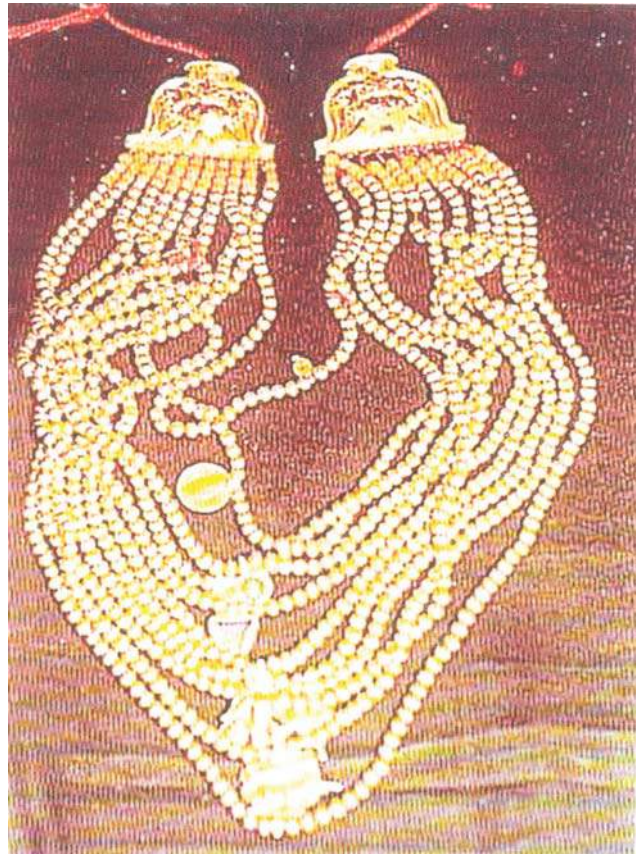


# The exquisite temple jewellery of India

*Temple jewellery in India is not just a symbol of luxury or social status, but has a deep spiritual significance touching the innermost sublime feelings of a devotee, says B.M.N. Murthy.*

**T**EMPLES are a repository of India's ancient culture and tradition. Cleaning the temple premises before the crack of dawn, decorating the *mandap* inside the sanctum sanctorum, bathing the Gods and dressing them up in bright clothes, ornaments and flowers, just like humans are all a part of daily rituals in all temples. Of the many ways in which the idols are decorated, jewellery plays an important role. India has a rich heritage of temple jewellery right from the Vedic times.

Through adornment and worship, the stone or bronze idol is no longer a stone or a piece of metal; it becomes the living presence of God. The adornment of the idol or *Alamkara* as it is called in Sanskrit, is an indispensable instrumentality through which the transformation takes place. However, Ananda Coomaraswamy, the world famous art historian in his remarkable essay entitled '*Alamkara*' says that the term '*Alamkara*' is not to be mistaken for the conventional sense which is not intrinsic to the person and can be rendered



**A eleven-stringed gold necklace made of gold beads**

superfluous or redundant. In India, *Alamkara* to a deity, like *Sringara*, is intrinsic to the conception of Being, while personal jewellery and other adornments in the mundane world are considered accessories and outer decorations. In the sacred world of the consecrated image, they are integral to the conception of an enlivened image. Most of the temples, particularly in South India, are a living testimony to the efficacy of these conceptions.

### Deep significance and symbolic value

Unlike jewellery and other items of decoration worn by women which depend on the personal choice and taste of the wearer, each item of jewellery on a deity has no doubt a minimum function but it has a more lasting and significant symbolic value. The temple jewellery is not an indiscriminate aggregation of decorative pieces. Each item is an indispensable part of a total conception of the whole deity as a symbolism of living God. In fact, the great Dwaita philosopher Sri Madhwacharya has written a wonderful treatise dealing with the rules governing temple architecture wherein he has specified the type of ornament and its size, shape, material, location, etc that should adorn the deity. Ancient India had a deep knowledge of precious ornaments made with metals and precious stones like gold, silver, diamond, pearls, ruby, emeralds, etc. Varahamihira, the



**Pearl kadags**

famous astrologer of the 6<sup>th</sup> century, in his magnificent treatise *Brihath Samhita* has written an exclusive chapter on several of these precious metals dealing with the specifications for their use in temple jewellery.

In all our sacred hymns and *stotras* on various Gods and Goddesses, probably there is not even one *stotra* which does not contain a reference to the jewels worn by the deity.

The most popular *stotra* on the Goddess Lalitha, the *Sri Lalitha Sahasranama*, describes the resplendent glory of the ornaments decorating the idol of the Devi, thus ushering in excellence brilliance and life to the idol. In fact, the description covers every jewel that is worn from head to foot—right from the crown to the anklets on the feet. Even Acharya Shankara, in his magnificent *stotra* '*Sri Soundarya Lahari*,' has composed several verses extolling how the beauty of the Goddess gets enhanced by her wearing these ornaments.

Imbibing poetic fancy, each stanza describes the spiritual bliss derived by meditating upon Her form, properly decorated from head to foot by these eye-catching ornaments. The stanzas are not merely descriptive in character, but through clever metamorphic references, they symbolise deep philosophical ethics revealing in quintessence the sublime truth in relation to the worship of the Devi.

Sri Purandara Dasa, the famous saint-composer of Karnataka makes lavish references in his songs to the ornaments worn by the deities. For instance, in his popular *Krithi* (work) in Kannada '*Amma nimma manegalalli* (Have you seen our Ranga in your homes?....—)' he adorns his beloved Ranga (Lord Krishna) wearing different ornaments on different parts of his body and how all these ornaments are so attractive as to make any onlooker rush towards him and embrace him. When Ranga plays hide and seek with him, the manner in which Purandara tries to trace the identity of Ranga through the various ornaments

worn by Him is indeed poetic extravaganza.

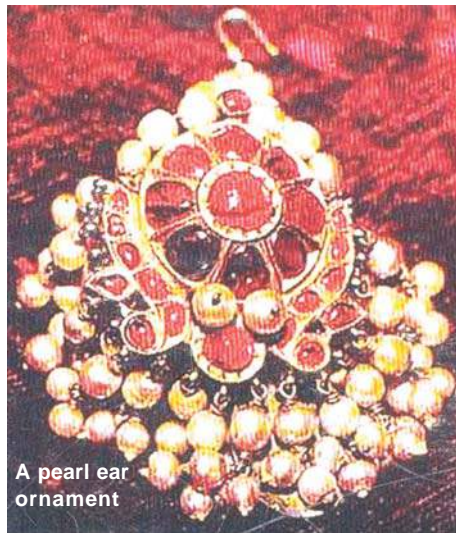
Another 15<sup>th</sup> century saint-poet, Annamacharya, wrote in Telugu and adapted music as a means of spiritual communication. He has praised in his songs Lord Venkateshwara of Tirupati. His songs are composed in description and praise of the jewellery adorning the idol of the Lord. Indeed the splendour of the jewellery is treated almost as an organic extension of the deity's physical attributes.

### **The emerald necklace of Lord Nanjundeswara**

In the Nanjundeswara temple in Nanjungud near Mysore, where the presiding deity is Nanjunda (*Ishwara*), there is an exquisite emerald necklace called '*Pachche Hara*' (*Pachche* means green which is the colour of emerald) which adorns the neck of the

deity. This has an interesting legend behind it. The necklace was donated to the temple by the Muslim ruler Tipu Sultan who ruled Mysore between 1782 to 1799. The deity Nanjunda in the temple is known for his power of curing. Once Tipu Sultan's favourite elephant fell ill and was believed to be suffering from an incurable disease. Tipu was advised by his advisors to offer prayers to Lord Nanjunda for restoring the health of the sick elephant. As if in answer to his prayer, the elephant was miraculously cured and returned to normal health. Tipu was overjoyed and decided to offer a

suitable gift to the deity as a mark of gratitude. Immediately, he visited the temple, worshipped the deity, got installed a *Linga* of emerald stone and called the God '*Hakim Nanjunda*' (the physician god) and gifted the fabulous emerald necklace. Thus, the concept of temple and its application in the realm of jewellery provides an insight into the fact that jewellery in India is not just a symbol of luxury or social status. It has a deep spiritual significance. Further, Indian jewellery as a form of art has created an aura of charm and grace throughout the world. The heritage of jewellery in India opens our vision not only to the designs, techniques and skills of Indian craftsmen but also draws our attention to the economic prosperity, material culture, mercantile activities and the state of mining in our country in the bygone era. ■



**A pearl ear ornament**



The writer, a retired engineer from the Life Insurance Corporation of India, is a prolific writer. He writes regularly on Indian heritage, tradition, vedic wisdom, etc. If you wish to be on his mailing list, contact him at [bmnmurty@vsnl.com](mailto:bmnmurty@vsnl.com).



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## New OIOP Clubs

### VPM's B.R. Tol English High School, Mulund (E), Mumbai



**(L)** Mrs. Sucharita R. Hegde, trustee and managing editor, OIOP, presenting the OIOP Club membership certificate to Principal Ms. Angelina Nelson. Also seen are Hon. Directors-VPM, Mrs. Chitrakshi Shetty, and Dr. P. M. Kamath; **(R)** Mrs. Hegde (inset) taking questions from students

Students singing a patriotic song at the club inauguration

### VPM's R.Z Shah College of Arts, Science & Comm. Mulund (E), Mumbai



Mrs. Sucharita R. Hegde presenting the OIOP Club membership certificate to Principal Dr. Susy Kuriakose

Dr. P. M. Kamath, Director, VPM, presenting a memento to Mrs. Hegde

A view of the audience

### M.K.V.V International Vidyalaya (CBSE Board), Borivali (W), Mumbai



Mrs. Hegde presenting the OIOP club membership certificate to Principal Mrs. Dhanalakshmi Kesarkar (centre) and Secondary School Co-ordinator Dr. Meenu Chhazed

Students listening with rapt attention

Students presenting a skit on gender bias

### Khar Education Society's Shree M M Pupil's Own School & Sharda Mandir, Khar (W), Mumbai



Mrs. Hegde presenting the OIOP club membership certificate to Principal Mrs. Rajashree Joshi

A view of the audience

Co-ordinator Mr. Madhav Suryavanshi proposing a vote of thanks

# Addiction, on and off screen

*Movies showing matinee idols drinking, smoking or doing drugs have been criticised for corrupting young minds. While young, impressionable minds do emulate what happens on screen, isn't art a reflection of society? asks Piroj Wadia.*

A study presented at the World Congress of Cardiology in Dubai some time back revealed that 10 percent of Indian students between the ages of 12 and 16 had tried alcohol. Furthermore, students who were exposed to alcohol use in Bollywood films were 2.78 times more likely to have tried it, compared to those who were least exposed; students most exposed to alcohol use in films were 1.49 times liable to take to drink. "These results show that exposure to alcohol use depictions in Bollywood films is directly associated with alcohol use among young people in India," avers Dr. G. P. Nazar, of Health Related Information Dissemination Against Youth. But such findings aren't confined to Bollywood; a similar study involving Western films showed that kids most exposed to alcohol in movies are twice as likely to drink as opposed to kids least exposed to it.

With matinee idols playing pivotal roles cinema – be it in India or across the world, the youth is most likely to emulate them; sometimes even at the risk of taking up unhealthy habits. Hollywood icon John Wayne was always shown with a cigarette in hand and was the brand ambassador for Lucky Strike. The wannabe Waynes not only copied Duke's mannerisms but also took to smoking their idol's brand. His six-pack a day habit, led to his being diagnosed with lung cancer in 1964. He underwent successful surgery to remove his entire left lung and four ribs. Wayne went public with his cancer and called on the public to get preventive examinations. Five years later, Wayne was declared cancer-free.

No Indian actor has influenced young minds with such habits, although Shah Rukh Khan, a chain smoker, is one of India's much favoured icons. Yet, we don't see fans aping his smoking style; yes, many do follow his fashion trends, and would have their cheeks dimpled if possible. Neither has SRK endorsed a cigarette brand, for that matter is it even known which brand he smokes?

Sure, Bollywood has its team of bad boys who do drugs, drink and create hell. Sanjay Dutt made headlines with his addiction and rehabilitation. Salman Khan and Fardeen Khan too offered headline fodder. Many a rave party is busted, when bit actors and star offspring make the credits. How many screen personae have succumbed to substance abuse, sometimes in their prime?

Hollywood's most classic instances are iconic actresses: Judy Garland and Marilyn Monroe. Judy Garland, talented actress-

singer, struggled with weight gain and drug addiction for much of her life. She was married five times, and made several suicide attempts; but eventually died of an accidental overdose of barbiturates. Marilyn Monroe, an all-time sex and fashion icon, died from an overdose of barbiturates, which was conjectured to be suicide, of course there are others.

In Bollywood, Meena Kumari, regarded as one of the most influential Hindi movie actresses of all time, succumbed to alcohol addiction. So did her friend and *Pakeezah* co-star Nadira. Guru Dutt was found dead in his bed, ostensibly having mixed alcohol and sleeping pills. An accidental overdose or suicide, remains a question, as he had attempted suicide twice before.

When it was first published in 1917, nobody could have imagined that Sarat Chandra Chattopadhyay's novella *Devdas* would inspire filmmakers across generations. This tale of the eternal tragic lover has turned Devdas from a mooning alcoholic into an iconic lover buried deep in alcoholism and tragedy. It's not uncommon to hear people referring to someone as 'Yeh, aaya, apna Devdas' when they spot a young man dishevelled, with red eyes, moping with a glass in his hands. However, those films weren't earmarked for the alcoholism of the hero, but more as tales of unrequited love packaged with soulful renditions and star names.

In 1971, as the Hippie culture permeated with pot smoking, long haired youth became 'fashionable' for the youth. It was the American youth's sign of rebellion against the draft and the Vietnam war. In India, it was quick to take root with the import of the singular music of The Beatles, the film about the Woodstock festival, rock operas and their cult status. In this scenario, in stepped Dev Anand with *Hare Rama Hare Krishna*. Although Dev Anand spares audiences the sordid side of drug addiction and showcases the more pleasurable aspects, the film has a footing in Jasbir/Janice's (Zeenat Aman) resorting to drugs – an unstable family life and a message. Not only was the film a hit with regular Hindi film audiences, but the non-Hindi film going crowds too flocked to theatres for Zeenat Aman, and RD Burman - Asha Bhosle's evergreen hit *Dum Maro Dum*; the latter became something like an anthem at South Bombay discotheques and home parties. However, in 2009, Anurag Kashyap gave India her first authentic film on substance abuse with *Dev D*, his take on the iconic Devdas. The Abhay Deol helmed character Dev



### Addiction on screen

This selection of 12 films, have addressed addiction, are those which I have watched.

- **Requiem for a Dream (2000):** The drug-induced utopias of four Coney Island individuals are shattered when their addictions become unmanageable and fatal. Director: Darren Aronofsky Stars: Ellen Burstyn (Oscar nominated performance), Jared Leto, Jennifer Connelly, Marlon Wayans
- **Trainspotting (1996):** Deeply immersed in the drug scene, Renton tries to clean up and get out, despite the allure of the drugs and influence of friends. Director: Danny Boyle Stars: Ewan McGregor, Ewen Bremner, Jonny Lee Miller, Kevin McKidd
- **Traffic (2000):** A conservative judge is appointed by the President to spearhead America's escalating war against drugs, only to discover that his teenage daughter is an addict. Director: Steven Soderbergh Stars: Michael Douglas, Benicio Del Toro, Catherine Zeta-Jones, Jacob Vargas
- **Ray (2004):** The life and career of the legendary jazz pianist, Ray Charles. Director: Taylor Hackford Stars: Jamie Foxx, Regina King, Kerry Washington, Clifton Powell
- **28 Days (2000):** A metropolitan newspaper columnist is forced to enter a drug and alcohol rehab centre after ruining her sister's wedding and crashing a stolen limousine. Director: Betty Thomas Stars: Sandra Bullock, Viggo Mortensen, Dominic West, Elizabeth Perkins
- **Last Days (2005):** A rock & roll drama about a musician whose life and career is reminiscent of Kurt Cobain's. Director: Gus Van Sant Stars: Michael Pitt, Lukas Haas, Asia Argento, Scott Patrick Green
- **Leaving Las Vegas (1995):** Ben Sanderson, an alcoholic Hollywood screenwriter who has lost everything to alcoholism, arrives in Las Vegas to drink himself to death. There, he meets a sex worker Sera. Director: Mike Figgis Stars: Nicolas Cage, Elisabeth Shue, Julian Sands, Richard Lewis
- **When a Man Loves a Woman (1994):** An airline pilot and his wife are forced to face the consequences of her alcoholism as her addictions become life threatening for their daughter. While the woman enters detox, her husband must face the truth of his permissive behavior. Director: Luis Mandoki Stars: Meg Ryan, Andy Garcia, Ellen Burstyn, Tina Majorino
- **Tender Mercies (1983):** A broken-down, middle-aged country singer gets a new wife, reaches out to his long-lost daughter, and tries to put his troubled life back together. Director: Bruce Beresford Stars: Robert Duvall, Tess Harper, Betty Buckley, Wilford Brimley
- **Days of Wine and Roses (1962):** An alcoholic falls in love with and gets married to a young woman, whom he systematically addicts to booze so they can share his "passion" together. Director: Blake Edwards Stars: Jack Lemmon, Lee Remick, Charles Bickford, Jack Klugman
- **Confessions of a Shopaholic (2009):** A romantic comedy film based on the Shopaholic series of novels by Sophie Kinsella about Rebecca Bloomwood, a shopping addict. Director: P. J. Hogan Stars: Isla Fisher, Hugh Dancy, Krysten Ritter, John Goodman, Joan Cusack, John Lithgow
- **Valley of the Dolls (1967):** Film version of Jacqueline Susann's best-selling novel chronicling the rise and fall of three young ladies in show business. The "dolls" in the title is slang for downers; originally short for dolophine (methadone), the term came to refer to any barbiturates used as sleep aids. Director: Mark Robson Stars: Barbara Parkins, Patty Duke, Sharon Tate, Susan Hayward

Compiled by Piroj Wadia

Source: IMDB's list of Drug Addiction in Film by Dr-Faustus

was easily identifiable with the contemporary, urban youth with his trademark arrogance, rash driving after a drinking binge and mixing alcohol with drugs. The raw, stark scenes and angst were a much more realistic view and reaction to unrequited love in today's times. The urban youth lapped it up. *Dev D* deserves its berth in IMDB's list of Drug Addiction in Film by Dr-Faustus along with *Requiem for a Dream* (2000), *Trainspotting* (1996) and others.

The classic alcohol hazed film still remains the 1966 Liz Taylor-Richard Burton starrer *Who's Afraid of Virginia Woolf?* A professor has turned to alcohol to deal with his mean and vituperative wife. It could well be considered an honest portrayal of alcoholism's consequences. Both actors off screen too were noted for their drinking addiction.

Amitabh Bachchan's drunken scenes are many a cineaste's delight. From his monologue (with his own reflection) in *Amar Akbar Anthony* to *Muqaddar ka Sikander* where he talks to

the bottle, his scene with Amjad Khan in *Satte Pe Satta* and others, this consummate actor has played the alcoholic with finesse – in *Sharabi*, a Hindi version of *Arthur*, where Dudley Moore plays the title role. The latter, an alcoholic in real life, lost the battle of the bottle.

How many fans of Dilip Kumar or Amitabh Bachchan would say they took to drinking after they saw *Devdas* or *Sharabi*? Neither gent has even endorsed drinking let alone a liquor brand.



And what about drug addiction in India which is rampant, especially in the urban milieu? Barring *Dev D* and *Delhi Belly* no popular film has shown substance usage, the campaign against substance abuse continues. But then isn't art a reflection of society? ■

The writer is a veteran film journalist.

## “The power of thought creates the shift from darkness into light”

**Dr. Gulrukh Bala**, founder of Heartlight Ascension, is a counsellor and a spiritual healer. She practices a number of healing modalities, the most important of which is supramental yoga. Through the treatments she offers at Heartlight Ascension, Dr. Bala claims that she is gifted with the ability to guide her patients back to their Center and thereby heal their physical illnesses and improve their quality of life. Dr. Bala talks about her belief in natural healing methods, the nature of her treatment and some personal anecdotes with **Ashna Contractor**.



### **Tell us about your Heartlight Ascension and the work that you do?**

This work has been directed to me by God. It was Gurupurnima in 1999, when I received a channelled message that I have to become independent on the inside and work only from my own pure light. To ascend with your heartlight means to be connected back to our Source, where we came from and where we will return. Then our heartlight opens up, we shed the baggage of earthly pain data and through this modality, we go through transgenerational healings. It has come at a time when we are seeking inner peace and happiness. Life is based on two patterns of thought – fear-based and love-based. Most people have fear-based thoughts because of the patterns that have been inculcated all through their childhood. Therefore they do not have inner peace and happiness. Heartlight Ascension connects us, cleanses the stale data in our subconscious and we begin to uproot the very painful reference points. Thus healing happens. The Heartlight Ascension center is in my home and I work with people who come through word-of-mouth.

### **You have an academic background in English Literature and Psychology. Where did you study the heartlight therapy and how did you end up in this profession?**

Life is the teacher. Life is the awakener. Life teaches us everything that we ever need to know. Intuitively, from childhood, I was drawn to books. Today the world's best jobs are asking for people who have done a major in literature because it opens you up to the entire world of



feelings and thoughts of keenly sensitive human beings. You get an insight into the very broad spectrum of human beingness and that pulled me into the beauty of knowing more about people. And then psychology drew me further into it. It is my basic nature to be with people and help people.

#### **What exactly is supramental yoga?**

‘Supramental’ is something that is superior to the human mind. The human mind is boxed in the human body. But above the physical humanness of our being, there are higher spiritual *chakras* or centers. Supramental means to reach beyond this human binding, go out of the box and make a quantum jump into the super mind where you have access to the most amazing attributes of who you are in spirit. Every fiber of our being awakens and that is the knowing that we need to receive for ourselves – a wholeness. Supramental yoga is the yogic teaching that we give ourselves. The yoga opens up the tightness, the blocks and the old data. It clears the physical body and a trained awakener, will awaken our mind unto ourselves. Heartlight Ascension incorporates several natural healing modalities like A Grade therapeutic essential oils, crystalline healing, affirmations and vivid visualisations and the power of thought because it is the power of thought that creates the shift from darkness into light. In the case of addictions, through counseling and the power of thought, the person is gently steered to take responsibility for where they are moving away from their own peace. I can help people catch where they have gone astray, bring them back to their center and thus clear their addictions.

**Many mainstream scientists and medical practitioners will say that your methods are not scientific and medical**

**and therefore not effective. How do you respond to this?**

I respect everyone’s space and perspective. But if they are insistent, I invite them for a gift session. And there is a remarkable shift before the person lies down for the healing and when they arise from the couch. And they get it for themselves. Even though injuries and illnesses have been cleared through natural healing, people still resort to allopathic medical treatment. It is really sad that people have yet to grow and gel with natural healing. The body knows how to heal itself.

#### **What is the success rate and are there cases of relapse?**

The success rate is entirely in the moment of openness when the person commits to change. If they are yearning and seeking a change, they are sure to receive a complete healing. But if they come skeptical, they receive very little or even nothing.

#### **What do you think is the main problem with people who get involved with addictions?**

The root is always in the human thought. A thought is caught by every cell in the body. And cells have only one job – to eavesdrop on the thought so that it multiplies rapidly. There are 50,000 garbage thoughts flowing through the body fluid every day in every individual. The awareness level of a person helps the person to clear the thought. People suffering from addictions lack the courage. Throughout their childhood they were either pampered too much or they were not encouraged enough. They grew up with nervous energy and fear-based thinking. So they need a crutch and this creates a film/veil in the *chakra* causing them to use any addiction to temporarily put the problem aside. But feelings buried alive never die. Until it is addressed, it cannot clear.

#### **Have your methods been approved by Medical Practice Boards in the country?**

To be extremely honest, even the Medical Practice Board across the world is aware of complementary healing modalities such as the ones I am with in my work but again that entire Board is fear-based and they transfer their fear through media into the world. What will happen to their practice, financial freedom and the pharmaceutical industry? So the Medical Practice Board will never accept it.

#### **How are your methods different from more mainstream treatment methods?**

Every single person feels that they have come home when they enter my office. Conversely when you go to a doctor’s office you are usually nervous and afraid. Over here when the people come, they drop the mantle of fear. Also, it is a very safe method, free from the expense and debilitating after-effects of any drugs. Once you do the treatment for three months, I assure you that you are cleared.

#### **Is there a particularly memorable success story that you could share with us?**

Once this 70-year-old man came with his wife to my group session. He had been a serious cigarette addict for about three decades. At the end of the class his wife started pleading with me to instill in him the good sense to give-up cigarettes because they were afraid that it would harm his life. So all I did was I took his hands and I asked him, “in the balance, what is more important? This thing that you do or the love of your family?” and of course he said “family”. Then I told him, “would you like to offer me the other?” and he took out the cigarette packet.

**(Continued on page 44)**

# Losing memories

*According to The Dementia India Report 2010 by ARDSI (Alzheimer's and Related Disorders Society of India), there were 3.7 million Indians with dementia in 2010 and the numbers are expected to double by 2030. In such a scenario, it becomes inevitable to understand the reasons and causes of dementia and spread the word about it. On the occasion of September 21, World Alzheimer's Day, **Col. V.K. Khanna** throws light on the causes, symptoms and possible treatment of Alzheimer's disease.*

**D**EMENTIA is the progressive loss of the powers of the brain. There are many kinds of dementia but the most common is Alzheimer's disease. Other kinds of dementia include vascular dementia, Lewy body dementia, frontotemporal dementias (including Pick's disease) and alcohol-related dementias. It is also possible to have more than one type of dementia; for example Alzheimer's disease and vascular dementia. What all these diseases have in common is that they damage and kill brain cells, so that the brain cannot work as well as it should.

### What causes dementia?

We do not yet know exactly what causes dementia. Medical researchers all over the world are working to find causes and develop treatments.

Alzheimer's disease damages individual brain cells one by one, so that the brain can't work as well as it used to. A protein called amyloid builds up in deposits, called plaques, and tiny filaments in the brain cell form tangles. Much current research is trying to find out why these changes happen and what can be done to stop them.

Some rare kinds of Alzheimer's disease affecting people under 65 can be inherited. Faulty genes may cause the build up of the amyloid protein. Recent research seems to show that there may also be a genetic factor in other cases of Alzheimer's disease. However, this

does not mean that someone whose parent had Alzheimer's will automatically develop the disease.

In the vascular dementias, there is a problem with the blood supply to brain cells. For example, some people have tiny strokes (or infarcts) which damage small areas of the brain.

In frontotemporal dementias, the part of the brain responsible for decision-making, control of behaviour and emotion and language are affected. It is not fully known how this happens but there seems to be an abnormal growth of some types of proteins in the brain cells. In around 30-50% of cases of frontotemporal dementia, the person may have a family history.

### What are the symptoms?

Every person with dementia is different. How their illness affects them depends on which areas of their brain are most damaged.

One of the most common symptoms of dementia is memory loss. It is important to remember that everyone forgets things sometimes. Most people's memory gets worse as they get older. But when someone has dementia, they may forget the names of family members, not just of strangers. They may burn pans because they have forgotten them or forget whether they have eaten lunch. They may repeat the same question again and again and not know they are doing it.

People with dementia may lose their sense of time, losing awareness of which day it is or of the time of day. They may lose track of where they are, and get lost even in a familiar place. They may fail to recognise people they know well. People with dementia may often be confused. Their ability to think, to reason and to calculate can all be damaged. They may make odd decisions and find it hard to solve problems. Handling money may become difficult as they find it harder to work out their change or lose their sense of the value of money. Dementia can also cause personality and behaviour changes. Someone who was active and energetic may become listless, someone pleasant and well-mannered may become rude and aggressive. These changes can be particularly distressing to relatives and friends as they lose the person they knew.

Gradually, over a periods of years, most functions of the brain will be affected. Eventually, people with dementia will probably need help with even simple daily activities, such as dressing, eating or going to the toilet.

### What should I do if I'm worried?

It is very important not to jump to conclusions. Confusion or forgetfulness does not mean someone has dementia; nor is dementia an inevitable part of growing older. Many other conditions, such as infections, depression or the side



effects of medicines can cause similar problems. If you are worried, see your doctor.

If your doctor finds no reason for the symptoms, he or she may want to refer you or your relative to see a hospital specialist. The specialist can do further tests. Dementia can only be diagnosed

by ruling out other possible causes of the symptoms. This is why a full medical assessment is important.

The earlier a person gets a diagnosis of dementia, the sooner he or she can start to come to terms, make plans for the future, and access services that can help.

The good news is that treatments are available which may help some people with the symptoms of some forms of dementia, particularly Alzheimer's disease, and research is progressing all the time. ■

The writer is Executive Director, ARDSI-Delhi Chapter.

## FACE TO FACE

(Continued from page 42)

Then I said "there is something you still need to hand to me" and so he got me his lighters and in front of him I took them with a prayer and chucked them in the garbage bin. Then I took his hands again and I prayed with him to be in the healing light and clear from this addiction. And from that moment on, he has been completely cleared of it.

### What is the nature of the prayer you say?

The simple prayer I say is - "Dear God, the preserver and protector of all. You are without beginning and without end. I hand over this beloved child \*patient's name\* into your care for a complete uprooting of his/her imbalance, filling the void with your loving spirit of healing. Thank you." Then I do the guided healing on the couch. When I am done, I say the same prayer with gratitude.

### Is your treatment affordable to all? Are there others in India who practice this kind of healing? Are your patients only from Mumbai?

I have a very broad spectrum. All my patients come in through word-of-mouth. I do not advertise. As far as payment is concerned, I have a sliding scale. Whoever can afford it, will pay and those who are unable to pay, are not asked to. All I want to see is that they are happy in their changed lives. I have patients from all over the world and all over India. They come on Skype. I am sure that there are many light workers in India and abroad who do this kind of

healing. There may be slight differences but there are some very sincere light workers.

### Do you think that there are people who are practicing this kind of healing incorrectly?

Since I am now a gracious elder in my life, I have a vantage point of observing. I feel that light workers who are still

**People suffering from addictions lack the courage. Throughout their childhood they were either pampered too much or they were not encouraged enough. They grew up with nervous energy and fear-based thinking.**

young and need to evolve in their own human beingness should take some more alone time and grow and come to a perfect balance within themselves so that their lives are cleared of pain in itself. When they work from that space, they will be able to provide a quantum healing for our world.

### Tell us more about your books and CDs?

The enthusiasm of having this gift and wanting to share it is what made me

want to write the books and make the CDs. The CD creates miracles for whoever listens to it. An 86-year-old lady's paralysed arm was healed after listening to the CD. So with the books and the CDs, the motive is that even if I am not physically present, people have access to all the information in order to heal and change their lives. I am also gifted with the ability to do art work. I have created many canvases that people buy for their own healing. With those paintings, we have also made mugs, cushion covers and greeting cards that people can buy.

### Do you not believe in traditional forms of medication and going to the doctor? Have you never been to a doctor or taken medicines?

I have zero doctors in my life. I needed to join a gym but I couldn't because I didn't have a doctor to certify me and I cannot certify myself. I take zero medication. I am on light. I know my body. I will share with you, at age 34 my body was filled with illness and mental trauma. I had blood pressure, varicose veins, sinus, malaria three times a year, angina pain, rheumatism, arthritis – name it and it was in my body. I had a heart attack without knowing it. But my body was healed – without a doctor, or any medication. ■



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# Gharana in Hindustani classical music

*The gharana system emerged out of the exigencies of the prevailing times, but soon began to represent ideology, styles, modes of presentation and the grammar of music. Latha Venkatraman writes on the role of gharanas in the evolution of Hindustani classical music.*

INDIAN music has travelled through the ages primarily on the strength of an oral system of training. And this is through the time tested *guru-shishya parampara*.

What is heard today is obviously the assimilation of various influences that have worked on Indian music over the centuries.

Indian music has been able to survive the cultural and political changes over the years mainly because of this strong oral tradition of *guru-shishya parampara* and the *raga* system that offered great scope for creative improvisation. Hindustani classical music that we hear today can be traced back to 13<sup>th</sup> century when the process of assimilation of Turkish, Afghan, Mughal and indigenous culture began. During this period, royal courts were major patrons of music. Many other Hindu kings and rich land owning gentrys also supported classical music. But with the coming of British, music patronage suffered majorly as the British regime took over royal courts.

## The emergence of Gharana system

According to musicologists, the isolation of musicians that took place during the start of the British era in the absence of patronage actually helped them to practice their art relentlessly and rigorously to perfection. This process is known to have given birth to *gharanedar gayaki*.

Initially, the gurus taught people of a limited circle, mainly family members. A few outsiders were trained but not

frequently and not completely.

The *gharana* system that emerged out of the exigencies of the prevailing times then began to represent ideology, styles, modes of presentation and the grammar of music.

The *gharana* system became a tradition of Hindustani music with the evolution of *Khayal gayaki* (singing), says Tapasi Ghosh in her book, "*Pran Piya Ustad Vilayat Hussain Khan: His Life and Contribution to the World of Music*".

"An important aspect of this concept is that *gharana* is a Muslim idea and has much to do with their concept of the extended family," she says.

The *gharana* system has its roots in the *guru-shishya parampara*. This tradition is unique to Indian classical music. The guru or the teacher imparts training to the *shishya* or the disciple in a close setting. Often the student resides with the *guru* for years in order to learn classical music, be it vocal or instrumental.

As Indian music is truly a performing art the experience of assimilating music through an arduous process in the established *guru-shishya parampara* is absolutely essential.

The training imparted through this method help musicians to present and share their personal understanding of music through a performance.

## Khayal and Dhrupad

There are many facets to Hindustani classical music.

The emergence of *khayal* follows the



Abdul Karim Khan, the founder of Kirana *gharana*

long reign of *dhrupad* as a musical form. *Khayal* as a musical form as presented today became popular in the 19<sup>th</sup> century. It was brought to a prominent position during the reign of Mohammed Shah of Delhi.

Disgruntled with the lower status accorded to veena players over *dhrupad* singers, Niyamat Khan, a veena player in the court of Mohammed Shah, moved out in protest and worked on the *khayal* form.

For most students of North Indian music, the name *Sadarang* is akin to *khayal*. Niyamat Khan had used the pen name *Sadarang* for his creations.

*Khayal* is not as ornate and grand as the *dhrupad* but offered much more creative freedom to the musician. Also, the text of a *khayal* composition was largely a reflection of life.



The *khayal* is sung in two tempos – *vilambit*, or slow and the *drut*, or fast. The *vilambit* compositions are long allowing for creative improvisation as the musician develops the opening part of the composition, also known as *sthai*. The *drut* compositions are the shorter ones. However, the term *gharana* has now come to represent schools of performance incorporation variations in style, idiom, manner of presentation and the *raga* grammar. Apart from vocal *gharanas* there are *tabla gharanas* and instrumental *gharanas*.

### Gwalior gharana

Gwalior *gharana* can be considered as the fountainhead of all *gharanas* for *khayal* music.

It can be traced back to Nathan Peer Baksh, a musician in the court of Maharaja Daulat Rao Scindia of Gwalior. He was also the *guru* of the king.

Gwalior style of singing is known for its lucidity and clarity in exploring the *raga*, the use of *gamaks* and *meends* to express the *ragas*.

Gwalior style of singing places great emphasis on the importance of the *bandish* or the composition as the exploration of the *raga* in which the *bandish* composed is done through the words of the composition. For this it



**Neela Bhagwat, a torchbearer of Gwalior gharana**

used the *bol alaap* which primarily means using the *bol* (words) to do the exploration of the *raga*.

"Gwalior *gharana* was the oldest and the most respected *gharana* and so those who searched for authentic compositions were naturally drawn to it," says Bonnie C. Wade in the book "*Khyal: Creativity Within North India's Classical Music Tradition*".

Some of the great maestros of this *gharana* include Rehmat Khan, Gajananrao Joshi, Shankar Pandit, Eknath Pandit, Krishnarao Shankar Pandit, D.V. Paluskar, Sharad Chandra Arolkar, Jal Balaporia, Omkarnath Thakur and Vinayakrao Patwardhan. Torchbearers include Neela Bhagwat, Lakshman Krishnarao Pandit, Sharad Sathe and Malini Rajurkar.

### Agra gharana

Agra *gharana* is known for its full-throated singing continuing the tradition of *dhrupad* singing. The *gharana* was founded by Ghagge Khuda Baksh, who trained under Nathan Peer Baksh of Gwalior *gharana*. Ustad Faiyaz Khan popularised this *gharana*. As in Gwalior *gharana*, the *bandish* plays an important role in *raga* development.

Maestros of this *gharana*, apart from Faiyaz Khan are Latafat Hussein Khan, SCR Bhat, K.G. Ginde, S.N. Ratanjankar and Dinkar Kakini. Torchbearers include Ghulam Hasnain Khan (Rajamiya) and Shubhra Guha.

### Kirana gharana

The name Kirana *gharana* comes from Kairana, a historical town in northwestern region of Uttar Pradesh. Ustad Abdul Karim Khan, the founder of this *gharana*, came from this village. He assimilated influences from Carnatic music as he was a frequent visitor at the court of Mysore.

Both Abdul Karim Khan and his brother-in-law, Abdul Wahid Khan, are credited with crafting the *gayaki* of this *gharana*. Some of the exponents of this *gharana* include Hirabhai Barodekar, Sawai



**Alladiya Khan, the founder of the Jaipur-Atrauli gharana**

Gandharva, Bhimsen Joshi, Gangubai Hangal and Firoz Dastur. Vocalists continuing the tradition of the *gharana* include Mashkoo Ali Khan, Rashid Khan, Jayateerth Mevundi, Kaivalya Kumar Gurav and Anand Bhate.

### Jaipur - Atrauli gharana

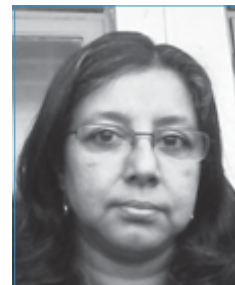
Alladiya Khan is the founder of the Jaipur-Atrauli *gharana*. This *gharana* has an affinity for rare *ragas* and combination *ragas*.

Some of the exponents of this *gharana* include Mallikarjun Mansur, Kesarbhai Kerkar, Mogubai Kurdikar, Bhaskarbuva Bhakle and Babanrao Haldankar. Torchbearers are Kishori Amonkar, Dhondutai Kulkarni, Manik Bhide, Rajashekhar Mansur, Shruti Sadolikar, Ashwini Bhide Deshpande, Aditya Khandwe, Saniya Patankar and Manjiri Asnare.

Apart from the four main *gharanas* the other schools of music include Rampur Sahaswan *gharana*, Patiala *gharana*,

Delhi *gharana*, Bhendi Bazaar *gharana* and Benaras *gharana*. ■

— Latha Venkatraman is an independent journalist and a student of music.



# India is not explainable, it has to be experienced!

*Coming from a small town in Germany, Lisa Bernhardt felt like Alice in Wonderland when she first came to Mumbai. But she was excited nonetheless. Lisa says that her trip to India has been a learning experience and it has changed her perceptions about poverty, family and culture.*

HAVING come from a typical small town in Germany (with a population of just about 12,000 people), called Rosbachvor der Hoehe, Hesse, one can imagine that my first visit to Mumbai, India was exciting, overwhelming and thrilling all at the same time. I was instantly captivated and engulfed by the city's hustle-bustle, traffic, high rises and fast-paced life. But what made me fall particularly in love with India are the people, they're warm and welcoming in nature and the importance of togetherness and unity both within and out of the family that they taught me. It made me realise that nobody could ever explain India to me and I could never explain India to someone else because one has to experience India in order to truly appreciate all that it has to offer.

Before coming to Mumbai, through the Rotary exchange programme, I first had the chance to bring my Indian house sister to my home in Germany. When she arrived at the airport, the first thing she asked me was, "where are the people?" Clearly, she was expecting to see a more crowded and busy airport because that was what she was used to. At the time I could not understand why she was so confused and surprised because to me it was nothing unusual. It was a typical summer day in my hometown. We arrived at my house, sat in the kitchen and ate our breakfast. There was nobody outside. We later walked to the train station where we saw about 10 people on the platform

waiting for the train. Once again while this was completely normal for me, my house sister asked, "Where are the people?"

I understood the reason for her confusion and the true essence of her question for the first time when I arrived in Mumbai in December. The number of people around me, the crowd and commotion, the noise and the rush was something I had never experienced or witnessed in my hometown. It was like entering a completely new world. But I was excited to discover Mumbai and India, learn as much as I could about Indian life and culture and have experiences that I would be able to cherish for a lifetime. On my drive from the airport to the house I observed with immense fascination the traffic around me, the crowded streets, the way people drove and how pedestrians crossed the road. Charged with all this energy and excitement, I reached the home I would be staying in and I met the family I would be living with. It was soon after I arrived in the city that I gelled in to the daily life of my host family, became comfortable with their traditions and culture and got to experience new things about the city.

No trip to India is complete without fully experiencing and appreciating Indian food. When she was in Germany, my house sister described the food there as "bland". After I got exposed to the variety of Indian spices, ingredients and cuisines, I understood what she really meant. The explosion of flavours that

one experiences in Indian food is extremely unique. At first, the spice came as bit of a surprise to me but soon I began to adore it. However, eating Indian food is not enough. It is also important to eat it the right way in order to enjoy the whole authentic experience. Therefore, I also learnt how to eat with my hands while sitting on the floor with my entire host family. Though it was a challenge for me at first, I soon picked it up and grew to enjoy it immensely. I loved sitting together and eating with my family. The practice of eating together and spending time with one another is very heartwarming.

During my time in India, I had the privilege of experiencing the traditional Indian wedding festivities. The two weddings that I got to attend while I was in Mumbai were probably among the most lively, colourful and joyous spectacles I have ever seen. The bright coloured saris and outfits worn with traditionally jewellery and watching all the guests dancing and enjoying the music and observing the energy and enthusiasm of everyone present were unique experiences. Not only was I enveloped in the celebratory atmosphere, but it was the genuine happiness and joy that I saw on everyone's faces that truly captivated me. My host family introduced me to all their friends and relatives and they welcomed me with open arms. They were always eager to share their culture and traditions with me and answer all my questions.

(Continued on page 49)

# Unwiring Gen X

**Dr. Sunita Khariwal** raises health concerns about the disturbing trend of children getting hooked to the Internet and mobile, which is alienating them from the real world and making them emotionally dependent on the virtual. She calls upon parents, teachers and all stakeholders to make a concerted effort to address this serious issue.

A Google generation which relies on the internet for everything is in danger for becoming 'brain dead', a leading British inventor has warned.<sup>1</sup> The Gen X totally relies on Google or other search engines for their studies and assignments. Instead of thinking on any issue, what they end up doing is just a 'copy-paste' job. As a result they do not even feel the need to remember or grasp anything as all that they need is available at the push of a button. A lot of children will become fairly brain dead in future if they become so dependent on the internet, because they will not be able to do things the old-fashioned way.<sup>2</sup> The increasing trend of youngsters being addicted to the internet has become a matter of deep concern and worry.

## Disturbing trends

A survey of 600 students aged 7 years to 15 years in Mumbai and Thane schools revealed that 96% had facebook accounts and in 72% of the cases, parents were unaware of their accounts<sup>3</sup>. A study conducted by the PTA United Forum pointed out that children spent almost three to four hours every day chatting with their online friends<sup>4</sup>. The survey further revealed as under:

- 100% - Described browsing and chatting online with friends as their favourite past time
- 72% - Parents were unaware of their children's activities on social sites
- 72% - chatted online with friends, while
- 78% chatted with strangers
- 55% - kids had dummy accounts. About
- 80% declared preferring to chatting online than going out with their

parents<sup>5</sup>. Children even resort to telling lies to their parents for spending time at the cyber café if access to internet is denied at home. They experience 'facebook' addiction syndrome, and feel vulnerable if they don't check their accounts frequently or chat with their online friends.

Another area of concern is the language, vocabulary and grammar used for texting and internet posts. The use of proper English is passé now. The overdose of gadgets is also making kids lazy and denting their memory in a big way.<sup>6</sup> A Harvard University team looked at how the excessive use of media affected children's brain wave patterns while sleeping and their ability to retain words they learn in subsequent days<sup>7</sup>. They have disturbed sleep as at any time in the night they wake up with a beep on their smart phones.

A very distressing trend is that text books no longer sustain the attention of children who are overexposed to dazzling lights and fast moving images on their computer screen. Many children nowadays suffer from conditions like Attention Deficit Hyperactivity because of technology overload like television and video-gaming and internet. A ASSOCHAM survey on young adolescents aged between 16 and 18 found that 66% of high school students carry a mobile handset to schools, attending classes and tuitions, and while visiting public places with their friends and colleagues.<sup>8</sup> A smart phone has become an extension of their body. They cannot imagine a life without being able to communicate on their phones.

Another disturbing trend the survey

revealed is the increasing trend of gaming addiction on the internet. The data reveals that children under the age of six play an average of about one to two hours of games on computers a day, while those between eight and eighteen spend nearly four to six hours a day in front of a computer screen.<sup>9</sup> The survey revealed that 91% of kids accessed internet from homes, more disturbingly, 33% of children between the age group of 4-8 watched adult content.<sup>10</sup>

## Violence online and offline

As per Assocham's Social Development Foundation (SDF), violent video games make children aggressive. Children who watch violent shows are more likely to beat their playmates, quarrel, and go against authority. Incidences of extreme kind of violence committed by children as a result of internet viewing are increasing day by day. A 19-year-old boy killed his classmate for threatening to upload his video of doing sit-ups in class on Facebook.<sup>11</sup> In a case involving children, two 14-year-old-boys were arrested for posting pictures and obscene messages of their physical training teacher on a social networking site.<sup>12</sup> The trend of 'confession pages' though considered as harmless fun becomes a traumatic matter for children who are the centre of jokes and verbal bullying. Students post their crushes, grudges and even their dislike of their classmates and also their teachers on these pages. The suicide of two young girls in the US and Canada following similar incidents of rape and cyber-shaming has drawn attention to an alarming trend of reckless and predatory online behaviour by teenagers<sup>13</sup>.



All kinds of websites are available freely for children which may include millions of pornographic sites and even bomb making sites. Even the most innocent, legitimate topics can be linked to something offensive.

### Children are easy prey

Students who are heavy texters place less importance on moral, aesthetic and spiritual goals and have greater importance on wealth and image, says a new study conducted by University of Winnipeg in 2013.<sup>14</sup> Excessive internet is increasingly distancing Mumbai's children from the real world and leaving them emotionally dependent on the virtual, a survey has revealed<sup>15</sup>. About seven in eight students professed that they prefer to share their thoughts online than with their parents. As a result, the younger generation has been distanced from their parents.

Another cause of worry is how the children make friends with strangers easily in virtual world. Most of the times, parents are even unaware of these friends. They reveal a lot of personal information online and photographs are exchanged. How this information can be used and by whom is definitely frightening.

### A supporting family and stricter laws can help

Undoubtedly, internet is a tool with fantastic potential for children to learn, if used properly. But the flip side should

not be lost sight of, especially when it concerns the youth. We cannot afford to leave behind as legacy, a society comprising persons who are emotionless, friendless, relation-less, self-centred, isolated, depressed, aggressive and violence prone.

A concerted and focused attention of all stakeholders is needed to tackle this serious problem. Parents, teachers and even Government agencies and NGOs must come forward to end over-dependence and over-use/misuse of communication technology by the youth. The Information Technology Act<sup>16</sup>, though stringent, is aimed at adult perpetrators only. There is a need for separate laws for youth, which they should be made aware of in their schools.

The Government should make it mandatory for mobile phones to have in-built filters. Strong legislative measures have to be developed to address Online Child Pornography. The advancement in communication technology is very fast. So, changes in the legislation is required at an equally fast pace to combat the problem. Suitable steps should be taken to train and equip the law enforcing officers to tackle issues relating to online safety of children.

The youth should be taught the importance of other activities like outdoor and indoor sports to discourage over dependency on gadgets. Parents should monitor the online activities of children and set aside a time limit that child can spend online.

Everyday some time should be set apart as family time when children spend time with their parents. Family bonding including bonding with extended family is important for children.

The paradox of our times is that instead of using technology and machines to better our communication with our family and friends, we unfortunately get attached to these devices itself. Time is not far away when the next generation will have robots as their friends and partners instead of real persons.

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- <sup>9</sup> The Hindu, Bangalore, May 22, 2012
- <sup>10</sup> DNA June 24,2011 P. 1
- <sup>11</sup> DNA May 28,2012
- <sup>12</sup> Hindustan Times, Mumbai, June 3, 2009,P.5
- <sup>13</sup> Times of India April14,2013
- <sup>14</sup> DNA, 15,04,2013
- <sup>15</sup> TOI, January 15, 2013 – Kids pick online world over parents
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The writer is Incharge Principal, K.C. Law College, Mumbai.

## India is not explainable...

(Continued from page 47)

As I watched the ceremonies, my friends explained to me that the bride and groom were sitting in the centre called the 'mandap'. Their closest family members surrounded them. I watched the bride and groom's hands being bound together, their families feeding them sweets and then finally the couple taking the 'saatphas' while the priest recited the *mantras* explaining the sacredness

and significance of marriage. Being a part of the wedding gave me the chance to not only learn more about Indian culture and traditions but also gain a little more insight in to some traditional Hindu practices.

My trip to India has opened up my mind, broadened my horizons and taught me things that are so special and invaluable that they are difficult to put into words. My perceptions about poverty, privilege, family, tradition and culture have been challenged. But

most importantly, the people I met have changed me and I will remember them my whole life. ■

Lisa Bernhardt is currently finishing her secondary studies near Frankfurt, Germany. She is interested in international relations, travel and experiencing new cultures and doing social work. She did a brief internship with One India One People, in August.



# Let youth take responsibility to shape a New India

**Devesh Mundra** is a F.Y.B.Com student at Narsee Monjee College of Commerce & Economics, Mumbai. He is a committee member of National Service Scheme (NSS) Unit of the College and likes to work for the society. He is also fond of debates especially related to politics and governance.

INDIA gave the world the concept of 'zero', without which it would have been impossible for science to progress. Zero was in use in India since the Vedic times. Grant Duff, British Historian of India, had said, "Many of the advances in the sciences that we consider today to have been made in Europe, were in fact made in India centuries ago." Many concepts such as the value of pi, the diameter of earth, the duration of a day, gravitational force, eclipses, astronomy, decimal system and a lot more were known to ancient Indian mathematicians and scientists hundreds of years before they were 'discovered'. Our country has also been a land of great leaders - spiritual, social and political - philanthropists, innovators and inventors. But now it just seems that people have forgotten all those achievements. For everything that goes wrong, people blame the government and accuse it to be inefficient, corrupt and what not. Dr. APJ Abdul Kalam has rightly said that it is the people of that country who are responsible for the development of the country.

We still have miles to go before we can boast of economic progress. Even after six decades of independence, farmer suicides are common place and no one tries to find out why the illiterate farmer of ancient India, who practiced organic agriculture and could sustain a healthy and happy family, while today's farmer



Devesh Mundra

is prone to poverty and kills himself, despite being supported by all sorts of subsidies for hybrid seeds, chemical fertilizers and loan waivers.

The biggest bane of our country is that it is being run by people, most of who are there for vested interest. I read it somewhere "ye desh kaise aage badhega jaha buzurg desh chala rahe hai, aur naujawan facebook." (How will this country progress when the nation is run by old men and youth are on facebook?) How true!

This is a matter of concern where WE i.e. The Youth have to take up responsibilities. The youth constitute a

major part of the population of the country and if WE won't care, then WHO will? Today most of the youth want to chase the seven figure salary as soon as they are out of college. They aspire for a lavish lifestyle, huge houses and more luxuries and forget about the duties for their country.

If you dream to live in a developed India it is important to work to transform India into 'The India of our dreams'. Start by doing your bit today itself and try to 'wake up' your friends and family who are in deep slumber, least bothered about their potential and capabilities in making India a great nation!

"Be the change you want to see" and get others along with you. The youth should enter politics thereby changing the current faulty systems with improved ones of their expectations. This will be a tough job but only WE can shape a NEW India.

Pledge that you will be a part of corruption-free India.

Pledge that you will keep the country clean.

Pledge that you will think about the interests of the country before you think about yourself.

Pledge that you will always be ready to serve your nation in every possible situation.

Our motherland is expecting a lot from us. Let's join hands and strive to make India the BEST. ■

# Villages also need creches

A creche might be an urban phenomenon, but it is a necessity in villages too where both parents have to work to sustain their family. Creches are working well in many villages and also helping raise healthy children.



**Bharat Dogra**

is a Delhi-based freelance journalist who writes on social concerns.

**C**RECHES have been emphasised mainly in the urban context, but these can also have a very important role in villages. After all, both parents frequently go out for work in many rural poor households, and grandparents in many of these households are either not available or are too old or ailing to take proper care of small children. The importance of creches increases in those all-too-frequent situations where *anganwadis* do not function properly.

Nearly 60 creches managed by the Barefoot College, a voluntary organisation in Rajasthan working for the upliftment of rural people in Ajmer and Jaipur districts (some more in Barmer), provide a good example of the important role creches can play in villages. These creches are meant for children in the age-group of 1 to 5 years. A creche has on an average 20 to 25 children. The normal time of a creche is 9.00 am to 3.00 pm, although this can be altered to some extent according to seasonal or local situations. Mostly children from the poorer households are sent to the creche.

The day at the creche starts with cleaning up (in the case of those children who need this), exercise, prayers, songs and slogans. Then there is time for learning, sometimes by segregating in two age-groups. This learning includes initial exposure to alphabets, counting, body parts and health, picture charts of fruits, vegetables, animals etc. Children are encouraged to befriend each other and seek information from each other. Then there are story-telling and indoor as well as outdoor games.

Two meals are served - first a dry food serving (peanuts, *chana*, puffed rice etc.) and then, a cooked lunch (different meals for different days like porridge on one day, rice pudding on another day, *halwa* on third day etc.). A special high nutritive meal (*amrit-churna*) is served on Saturday. Once in every three months, health personnel from the Barefoot College examine

the children and if any serious health problem is noticed then arrangements for treatment are made. Weight, height etc., of children are also monitored. Two *ayahs* look after the creche while a village committee (comprising more women representatives) guides and monitors the functioning of the creche.

Undernutrition of children is one of the most serious problems in rural areas requiring urgent attention. In many parts of the country, the ICDS-Integrated Child Development Services- (*anganwadi*) centres only offer take-home rations for children under three-years of age which get diluted. The problem is not just of lack of proper food, but the most serious problem is the lack of a caretaker who can carefully feed the child at frequent intervals.

Attempting to overcome all these problems, Jan Swasthya Sahyog (JSS), a leading rural health initiative, has taken an initiative to start rural creches in its project area in Bilaspur district of Chattisgarh. These creches or *phulwaris* are meant for children in the age-group of six months to three years. At present there are over 90 creches with the presence of over 1100 children.

A review of the *phulwaris* conducted in 2012 by Sangita Kulathinal and Bijoy Joseph says, "Generally children attending *phulwaris* were visibly happier and healthier. Our observation and also data showed improvements in the weights of children who attended *phulwaris*."

Ravindra Kurbude, co-ordinator of *phulwaris*, explains, "During their six to seven hour stay in the creche children are given two cooked meals and one snack of a high protein-high energy mixture 'sattu'. The *sattu* is prepared by women's groups, and packed by JSS for distribution in creches. Children now also get an egg each twice a week. A significant side-benefit is that elder children who earlier looked after babies are now able to go to school. ■



# An Indian Social Democracy?

As people experience the rising welfare expenditure, the ground swell for delivery is only likely to progress. The ranks of those who are relieved from destitution are no doubt rising; but now the sensitivity to inequality, to unfairness, to corruption will become more pronounced.



**Anuradha Kalhan**

is Lecturer, Dept of Economics,  
Jai Hind College, Mumbai.

**B**RICK by brick they laid the foundation of Social Democracies in Western Europe, in the post World War II period. The ideology of Social Democracy is based on the acknowledgement of the impact of the 'social matrix' on individual exertion, in the belief that, very unequal and insecure societies are inimical to democracy, people's participation and sustainable growth.

There is some reason to believe that over the last decade India is likewise laying the bricks of such a social democracy, renewing its constitutional pledges in some substantial measure. For one, it is obvious that since 2004, there has been an unprecedented rise in expenditure by the Government of India on programmes of social inclusion, such as MGNREGA (Mahatma Gandhi National Rural Employment Guarantee Act). There is also overwhelming evidence of a rise in wages of the poorest people in rural India and according to the most recent 68<sup>th</sup> consumption expenditure survey round of the NSSO (National Sample Survey Organisation), declining poverty or more appropriately declining destitution.

There have been other legislations of late, which have altered the social empowerment of people besides the Right to Work, like the Right to Information, Right to Education, and Right to Food. These entitlements are run parallel to poverty alleviation schemes like SJSRY (Swarna Jayanti Shahari Rozgar Yojana), SGSRY (The Swarnajayanti Grameen Swarozgar Yojana), National Rural Health Mission (National Rural Health Mission), social security schemes for widows and disabled, housing schemes like the Indira Awaas Yojana (IAY), mid-day meals, RSBY (Rashtriya Swasthya Bima Yojana), or the Total Sanitation Campaign.

The big change now is that many of these entitlements are dis-associated from the possession of a BPL card, and an empowered citizenry through the RTI, social movements,

communication and electronic media are alert and ever increasingly wakeful. They are rewarding delivery and punishing governments that fail to redress their needs in state after state. As people receive these benefits, experience the rising welfare expenditure, the ground swell for delivery is only likely to progress. The ranks of those who are relieved from destitution are no doubt rising; their voices, hopes and desires will rise too. Destitute people do not nitpick but now the sensitivity to inequality, to unfairness, to corruption will become more pronounced. The recent NSSO data show that the rate of rise of consumption expenditure in the last decade far exceeds the rate in the previous decade. Those below this consumption poverty line actually fell from 41 crore in 2004-05 to 27 crore in 2011-12. Between 2005 and 2010, the country's GDP grew at an average of 8.5 % and the poverty rate showed an average annual decline of 1.48%. So at high growth rates for every one percent growth in GDP there is a 0.17 decline in absolute poverty.

This, less than a fifth, is the rate of trickle down at high growth! Mind you, this trickle down had to be augmented by numerous poverty alleviation policies and legislations mentioned above. Although this vast decline in the number of people below this poverty line needs to be taken into account, the growing inequality cannot be passed over. After adjusting for inflation, spending and consumption by the richest 5% increased by over 60%, between 2000 and 2012. In rural areas while the poorest 5% saw an increase of just 30%. In urban areas, the richest segment spending increased by 63% while the poorest saw an increase of 33%. These figures underestimate actual spending of the top 5%, as they are often not available or not forthcoming for surveys. The lifestyles and the opportunities available to the rich and projected by the media hereafter will set the ladder of aspiration for those below. ■

# COOL CHAMP



Try to answer the questions below and send your answers along with your name, address, date of birth, school and photograph to: **"YOUNG INDIA QUIZ"** One India One People Foundation, Mahalaxmi Chambers, 4<sup>th</sup> floor, 22, Bhulabhai Desai Road, Mumbai - 26. You can also log on to our website and answer our quiz online at [www.oneindiaonepeople.com](http://www.oneindiaonepeople.com). We will choose two winners (the Cool Champs) from all the correct entries and publish his/her photograph and name along with the answers in our next issue. **(Last date for entries: September 20, 2013)**

## Quiz No: 116

### 1. Who has authored the best seller *The Krishna Key*?

- a. Ashwin Sanghi ☐
- b. Chetan Bhagat ☐
- c. Amish Tripathi ☐
- d. Aravind Adiga ☐

### 2. What is the motto of the cadets of the National Defence Academy?

- a. Self motivation is the best motivation ☐
- b. Knowledge is power ☐
- c. Service before self ☐
- d. Truth prevails ☐

### 3. Who has won the Ramon Magsaysay Award from the following?

- a. Rahul Gandhi ☐
- b. Narendra Modi ☐
- c. Sonia Gandhi ☐
- d. Arvind Kejriwal ☐

### 4. *Lamha Lamha* is a collection of poems by an Indian actress. Who is she?

- a. Sushmita Sen ☐
- b. Meena Kumari ☐
- c. Waheeda Rahman ☐
- d. Deepti Naval ☐

### 5. In which state is Gagron fort located? (Clue: OIOP, August 2013 issue)

- a. Gujarat ☐
- b. Rajasthan ☐
- c. Madhya Pradesh ☐
- d. Sikkim ☐

## Answers to Quiz # 115

### QUESTION 1

**Answer: (b) Kusumagraj**

One of the most eminent writers in Marathi, Vishnu Waman Shirwadkar was better known by his pen name Kusumagraj. A poet, playwright, novelist, and a short story writer, Kusumagraj has won many awards including the Jnanpith.

### QUESTION 2

**Answer: (c) G. Sankara Kurup**

G. Sankara Kurup, known as Mahakavi or the great poet, was one of Malayalam's foremost poets. He won the first ever Jnanpith Award in 1965 for *Odakkuzhal* (The Flute), a collection of poems.

### QUESTION 3

**Answer: (b) *The God of Small Things***

Rahel and Estha are the protagonists of *The God of Small Things* (1997), the debut novel of writer Arundhati Roy. It won the Booker Prize in 1997.

### QUESTION 4

**Answer: (d) Tamil**


*Manimekalai* is one of the five great epics in Tamil literature, the others being *Silappatikaram*, *Civaka Cintamani*, *Valayapathi* and *Kundalakesi*. The poem is about Manimekalai, the daughter of Jain followers Kovalan and

Madhavi and her conversion to Buddhism.

### QUESTION 5

**Answer: (d) Ustad Zia Fariduddin Dagar**

Dhrupad maestro Ustad Zia Fariduddin Dagar, was a veteran exponent of the Dhrupad form and could be credited with the revival of the Dhrupad tradition. (For more information on his life and Dhrupad, read the OIOP, July 2013 issue)



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## Quiz No. 115

**Rajas Niraj Bhangre**  
**VPM's Vidyamandir, Dahisar**



## Platform For Learning

**I**NDERJIT KHURANA, a teacher who hails from Kolkata, used to commute by train to work. She was moved by the plight of children who spent their days begging at the stations. She thought that with education their living conditions would improve. Since she realised it would be impossible to enroll them in schools she set up the Ruchika Social Service Organisation (RSSO) in 1985 and launched "train platform schools", in Bhubaneswar. Khurana gradually established 20 platform schools in the region, with the help of her colleagues. The schools

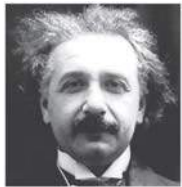


reach out to nearly 4000 poor children.

Teachers gather the children at the stations. Reading, writing, arithmetic, geography and history are taught through song, puppetry and other teaching devices. Besides providing basic literacy, teachers also give vocational training and nutritional information and arrange medical treatment.

Inderjit Khurana got the 'National award for child welfare' for her outstanding contribution in the field, in 2004.

## Famous Teachers



**ONE** of the greatest physicists of all time, Albert Einstein graduated as teacher in maths and physics. He became a lecturer at the University of Bern and later taught at a university in Prague.



**THEORETICAL** physicist, Stephen Hawking studied at Oxford and became a professor at the Cambridge university where he taught between 1979 and 2009. He is well known for his work related to cosmology, dealing with black holes and the 'big bang' theory of the origin of the universe. Since

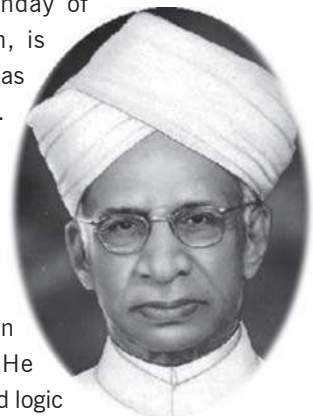
the 1960s he has been suffering from a neuromotor disease, called amyotrophic lateral sclerosis, which causes extreme physical disability; he communicates with the aid of a computer.



**PHYSICIAN** and educationist, Maria Montessori was the first woman in Italy to graduate in medicine. She became interested in the problems of mentally handicapped children. She opened her first 'children's house' in 1907, developing a system of education for children from 3 to 6 years old.

## Teacher President

**SEPTEMBER 5**, the birthday of Sarvepalli Radhakrishnan, is celebrated all over India as Teachers' Day. Dr. Radhakrishnan was the second President of India. He was also a great philosopher and educationist.



He was born in 1888 in Tiruttani, Tamil Nadu. He graduated in philosophy and logic from Madras Christian College and began teaching at the Presidency College in Madras. He was an excellent orator who could keep his students enthralled for hours. Radhakrishnan mastered both Indian and Western philosophy and was well-versed in English literature. In 1923, he published his best-known work Indian Philosophy which was hailed as a literary masterpiece. He was invited to Oxford, Yale and Harvard to deliver lectures on Hindu philosophy.

He was appointed Vice-Chancellor of Andhra University and then Benaras Hindu University. In 1949 he became India's first envoy to the U.S.S.R. before becoming President. In 1954, he was awarded the Bharat Ratna. He died in 1975.





## Festival

# Ladakh Festival

CUT off from the rest of the world for the most part of the year, Ladakh celebrates its brief tryst with summer with an extravaganza of dance, music, art and sport. The grand finale comes in September with the Ladakh Festival. The festival that showcases the rich cultural heritage and the sporting spirit of the unique region is an annual event organised by the tourism board of Jammu and Kashmir.

The festival kickstarts with a colourful parade of dancers that winds its way through the slopes of Leh's main market before culminating at the polo ground with a spectacular show of folk dances. Thousands of men and women dressed in their traditional attire join the celebrations.

The main festivities are held in Leh. Buddhist lamas from various monasteries perform religious dances wearing traditional masks which symbolise the manifestation of good over evil. Stalls offering Ladakh's handicraft and culinary delicacies are a major tourist attraction.

A polo tournament called the Ladakh Festival Cup is a highpoint of the festival. Teams from all over the state participate in this competition. White water rafting and trekking events are also organised, especially for the tourists.



The celebrations are not restricted to Leh alone —the carnival atmosphere prevails in every small village in Ladakh as the locals organise their own archery events and cultural programmes. Every man in the village is expected to display his skills with the bow and arrow while women flaunt their dancing skills.

Many local and international tourists visit Ladakh during this time to soak in the magnificent display of Ladakh's art and culture.

## Freehand Designs

THE colourless landscape of Kutch in Gujarat is home to some of the most vibrant crafts in the country. One of them is rogan, a rare art form kept alive by only one family in the village of Nirona.

Rogan is a traditional form of fabric painting believed to have its origins in Persia. The family of national award-winning artist Abdul Gafoor Khatri has produced rogan masterpieces for generations.

The colours used in rogan are specially prepared by boiling castor oil and different colours for two to three days and then pouring the resultant gooey mass into cold water. The coloured gels are kept in earthen containers to preserve their moistness.



The rogan artist dabs a lump of colour onto his palm with a metal stylus and works it into a pliable paste. Then he deftly draws an intricate freehand pattern with the stylus, carefully dropping the sticky paint in a slender trail on the cloth. If the artist wants a symmetrical design, he folds the cloth, presses gently and opens it to create a mirror image of the pattern.

The paint is then dried in the sun for a few hours before the next colour is filled in. Rogan demands a lot of time, patience and skill — a one square foot piece of cloth could take around a month to complete. Apart from floral and geometric designs, motifs like 'The Tree of Life' and Mughal paisleys are also popular. The designs are waterproof and long lasting.

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## VICE ADMIRAL M. K. ROY PVSM, AVSM

The dynamic visionary (1926-2013)

**V**ICE Admiral M. K. Roy was born on 22 June 1926 and had his early education in Vellore in Tamil Nadu.

He was commissioned into the RIN on 1 September 1948 and served on a few British ships. Back in India, he served on INS Rajput and INS Kistna before transfer to the Fleet Air Arm. During aviation training in UK, he had the uncommon experience of aircraft ditching into the sea twice due to fire. A graduate of the Defence Services Staff College, he was the first Commanding Officer of the Anti Submarine 310 Squadron of Alizes and the AA frigate Brahmaputra. He attended the Royal College of Defence Studies in UK and later commanded the aircraft carrier INS Vikrant. He was Director, Naval Intelligence during the 1971 War and conducted clandestine naval operations with Mukti Bahini, the freedom fighters of Bangladesh. Mukti Bahini blocked the ports of East Pakistan with limpet mines which damaged one hundred thousand tonnes of shipping and thus ensured that the Pakistan Army could not escape by sea.

He was promoted Rear Admiral to command the Eastern Fleet before moving to the National Defence College as Senior Directing Staff. In 1980, he took over as C-in-C (Commander-in-chief) of the Eastern Naval Command. During his visit in April 1981, Marshal Igarov of USSR offered a nuclear submarine on lease for five years and to create maintenance facilities for nuclear submarines in India. The Soviets expressed a desire to use the maintenance facilities for their ships and were tactfully told that it would not be possible. The then Prime Minister Indira Gandhi who was holding the Defence portfolio conveyed this offer to Admiral Pereira, the Chief of Naval Staff (CNS), who opposed it in a strongly worded note. In his view, the IN would not be able to spare the necessary resources in manpower and finance. The Prime Minister was perplexed by this reaction. Admiral Roy stated that acquiring new technology should be discussed with an open mind and not scuttled by unilateral decisions. The Navy would not forgive them for any hasty decisions. He well realised the importance of a nuclear submarine for a second

strike capability in nuclear war.

In July 1981, Roy was a member of a delegation led by Dr. Ramanna to USSR for discussions on lease of a nuclear submarine. When Roy had gone to UK for his initial training, Dr. Ramanna had travelled by the same ship and he had kept in touch with him since then, which helped in their active collaboration in forging the nuclear submarine policies of the Indian Navy. The agreement for lease of nuclear submarine, training and maintenance facilities was signed with USSR on 14 April

1982. The lease agreement would not attract the provisions of International Atomic Energy Authority (IAEA) as it is accepted internationally that nuclear propulsion is a legitimate peaceful use of technology for warships. Roy made several visits to USSR to finalise the working protocols for cooperation in the induction of nuclear submarines into the Indian Navy.

After retirement in 1984, he served for four years as the first Director General of the Advanced Technology Vehicle (ATV) Project wherein he pioneered the work on the nuclear submarine programme.

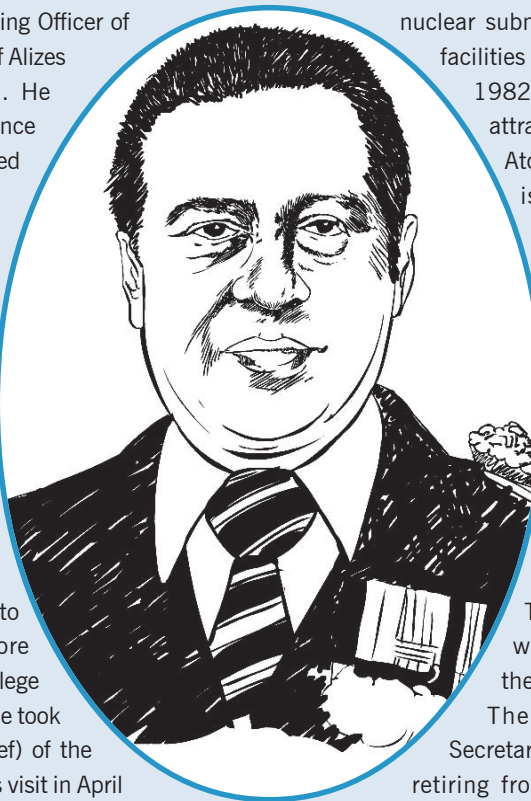
The post carried the status of a Secretary to the Government of India. After retiring from Government service, he was

advisor to BHEL, editor of a magazine on Indian Ocean studies and wrote a book on War in the Indian Ocean. He was the first Service officer to receive the award of Nehru fellowship and was a Ford Foundation visiting scholar at the University of Illinois. He was highly regarded for his vast knowledge on naval issues, his commitment to maritime security and leadership. He well appreciated the importance of technology as a force multiplier. He was awarded AVSM and PVSM for distinguished service.

It was a tribute to his vision and dynamism that the nuclear submarine leased from USSR and named Chakra, after the Sudarshan Chakra of Lord Krishna, arrived in Vishakapatnam on 2 February 1988.

He passed away on 20 May 2013. ■

– Brigadier Suresh Chandra Sharma (retd)



# SQUADRON LEADER AJ DEVAYYA MVC

## Uncrushed courage (1932-1965)

**H**E could have flown home in his damaged but flyable aircraft. He chose to engage and shoot down a technically superior enemy F104 and made the supreme sacrifice of his life.

Son of Dr. Bopayya, Devayya was born on 24 December 1932 in Coorg and was commissioned into the Air Force on 6 December 1954 as a pilot (GD). He was an instructor in the Air Force Flying College when the war started in 1965 and was posted to No 1 Tigers Squadron (sqn) which was equipped with Mystere IV A fighter bomber planes. On 7 December, the squadron commander Wing Commander Taneja led an attack on Sargodha which was the main air base of Pakistan Air Force (PAF). Two planes out of four developed engine trouble and returned to the base. Devayya was ordered to take off and he did so in a plane borrowed from No 32 Sqn since his own squadron did not have any planes at that time. He was the last to join and return from Sargodha. As he was turning away, an enemy Starfighter F104 intercepted him.

Flt Lt Amjad Hussain, the pilot of the F104 pilot fired the two deadly AIM Side Winder missiles. Devayya took evasive action and the missiles harmlessly crashed into the ground. By virtue of faster acceleration, the F104 closed in on the Mystere and fired burst of 20 mm multi-barrel canon. Convinced that the stuck aircraft was doomed, Hussain broke off to search for the other Mystere planes. He was in for a surprise.

Devayya had survived and could have flown home in his still flyable plane. Instead, he went after the F104. Devayya lost no time in getting the Starfighter in his sights and scored several hits on the enemy plane with 30 mm gun in spite of his plane having been hit. The Pakistani pilot tried to struggle with the controls of his plane and ejected from the smoke filled cockpit. Devayya waited too long to eject and crashed on Pakistani soil. Taneja waited for him at the debriefing conference and thought that he may have gone to No 32 Sqn to return the plane. After a wait of 40 minutes, it was realised that he must have crashed and

was listed as missing.

A year later, he was declared dead as per custom. In 1987, John Fricker, a British writer, was commissioned by the PAF to write a history of the PAF operations in 1965. He wrote a glowing account of the victory of PAF. He mentioned that IAF could take credit only for one battle in which an infinitely inferior Mystere plane of IAF had downed a technically superior F 104 fighter plane of PAF on the morning of 7 December. Taneja had by then retired as group captain. When he saw that

book, he informed the authorities that the concerned pilot must be Devayya.

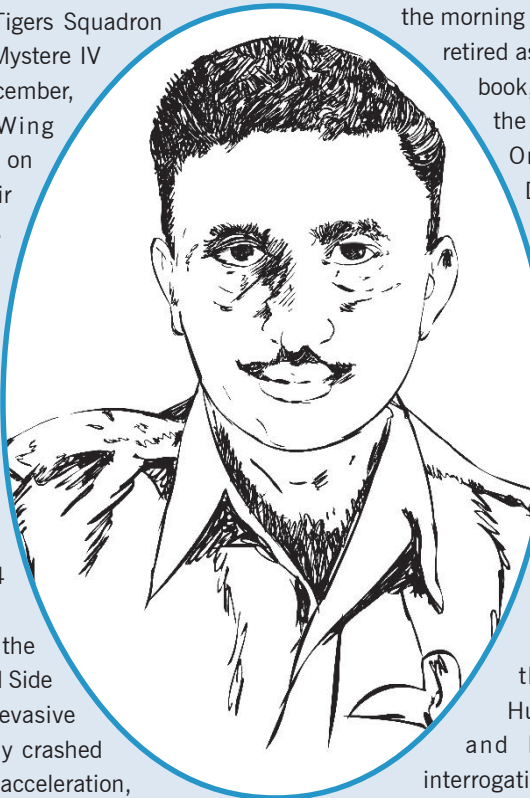
Only two pilots were lost on 7 December, Devayya in the morning and Flt Lt Guha in the evening.

Further effort to investigate the air combat of 7 December in 1987 was made when the War Studies Division of the Ministry of Defence started compiling the history of the 1965 War and saw Fricker's book. Air Commodore Pritam Singh talked to Taneja and picked up the news of a Pakistani broadcast accepting loss of a F104 fighter plane. Pritam Singh recollected that the plane of Flt Lt Amjad Hussain was shot down in 1971 war and he was taken prisoner. His interrogation report was a disappointment as there was no mention of the 1965 air battle in it.

Undaunted, Pritam Singh presented the evidence of Devayya's combat to the high command. He was a daring pilot. He knew that his Mystere plane was no match to the adversary's F104 and he had reached the limit of his fuel reserve. Even if he won, he would not be able to reach home and would have had to eject on Pakistani soil.

His act of bravery was recognised and he was awarded MVC in April 1988. He had shown conspicuous gallantry in putting the safety of his colleagues before his own in electing to go in for aerial combat even when his aircraft was damaged. ■

– Brigadier Suresh Chandra Sharma (retd)





## PROF. SHARMILA REGE

### Feminist scholar, author and popular teacher (1964-2013)

It was indeed sad and shocking to learn about the untimely death of Prof. Sharmila Rege due to cancer of colon at the young age of 49. She was not only a good scholar but also a refined human being. Prof. Rege was an Indian sociologist, feminist scholar and widely discussed author. She was a leader of the Kranti Jyoti Savitribai Phule Women's Studies Centre (KJSPWSC) at the University of Pune who fought for her ideological commitment for the excluded and brutalised sections of society. Under her leadership, KJSPWSC became an intellectually vibrant centre providing platform to academicians, retired scholars, freelance researchers, social activists and feminists. I had opportunity to meet Sharmila for 10 years continuously, from 1996 to 2006 when I was invited by her centre for four lectures in a day on gender budgeting, globalisation, sex selection and declining sex ratio and sexual harassment at workplace for Refreshers Courses/Certificate course in Women's studies. I was impressed by the atmosphere of nurturance, voluntarism and cooperation created by Sharmila even in the midst of tremendous financial crunch experienced by the centre in that period.

Sharmila as a social activist, feminist scholar and social analyst, in a single-minded manner challenged the Brahminical patriarchy from 'Dalit Standpoint'. In 2008, her inspiring and insightful Savitribai Phule Oration on 'Education as *Trutiya* Ratna: Towards Phule-Ambedkarite Feminist Pedagogical Practice' sponsored by NCERT (National Council for Educational Research and Training) in a jam packed hall at SNDT Women's University, Mumbai, was mind-blowing. The audience, whether agreed with her or not, listened to her with rapt attention and many of them gave her a standing ovation.

She could convincingly explain women's predicament determined by complex interplay class, caste, religion and sexuality with the help of historical evidences, contemporary concerns of dalit-tribal-minority women and queer community. Sharmila practiced what she preached within

the academia and from the political platforms. She fought for the rights of Dalit students in her university. She legitimised crucial contribution of Babasaheb in examining Indian civilisation from the point of view of the oppressed and exploited sections i.e. *shudra* and *ati-shudra*. She brought to the fore knowledge of the 'subjugated' and challenged the dominant Brahminical discourse.

She left a lasting impression on any one who met her. She had a huge fan following among post graduate, M. Phil.

and Ph.D. students. How can anyone forget

courteous, mild mannered and soft spoken

Sharmila who was patient with her

students, who gave quality time to her

non-English speaking students, who

with great perseverance brought

out important works of women's

studies in Marathi in collaboration

with her colleagues? Their

commitment and strategic

thinking for KSPWSC put their

centre on a national map. Every

year we displayed their yellow

poster announcing the MA and

certificate course in women's

studies. No one would remove the

poster due to Savitribai's

photograph on it.

Sharmila's book, *Writing Caste,*

*Writing Gender: Reading Dalit*

*Women's Testimonies* published in 2006

had a massive ripple effect among

sociologists, political scientists, women's studies

and Dalit studies scholars. Sharmila received the

Malcolm Adiseshiah award from Prof. Padmini Swaminathan,

Director of Madras Institute of Development Studies, Chennai

in 2006 for "sharpening the perspective on caste and gender

by examining the differences and the connections of power

that existed between women while also recognising what

connected them as women."

Sharmila, an extremely popular teacher and warm fellow

traveller in the women's studies movement, will be there

always with us through her writings on caste, gender and

feminism and compassion she has shown for activists and

researchers. Her death has given a major blow to the

women's studies and dalit studies movements. ■

– Dr. Vibhuti Patel is Professor and Head, Department of Economics, SNDT Women's University, Mumbai.



# Leadership & Beyond...



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# WHO AM I?

- Am I a Hindu first or an Indian first?*  
*Am I a Muslim first or an Indian first?*  
*Am I a Christian first or an Indian first?*  
*Am I a Buddhist first or an Indian first?*  
*Am I a Brahmin first or an Indian first?*  
*Am I a Dalit first or an Indian first?*  
*Am I a South Indian first or an Indian first?*  
*Am I a North Indian first or an Indian first?*  
*Am I the President of India first or an Indian first?*  
*Am I the Prime Minister of India first or an Indian first?*  
*Am I the Commander-in-Chief first or an Indian first?*  
*Am I a supporter of any 'ism' first or an Indian first?*  
*Am I a white-collar/blue collar worker first or an Indian first?*  
*Am I a youth/senior citizen first or an Indian first?*

*In all cases you are Indian First, Last and Always.  
Be a Proud Indian. Make this country Great, Strong and United.*



Sadanand A. Shetty, Founder Editor

(October 9<sup>th</sup>, 1930 – February 23<sup>rd</sup>, 2007)

ONE INDIA ONE PEOPLE