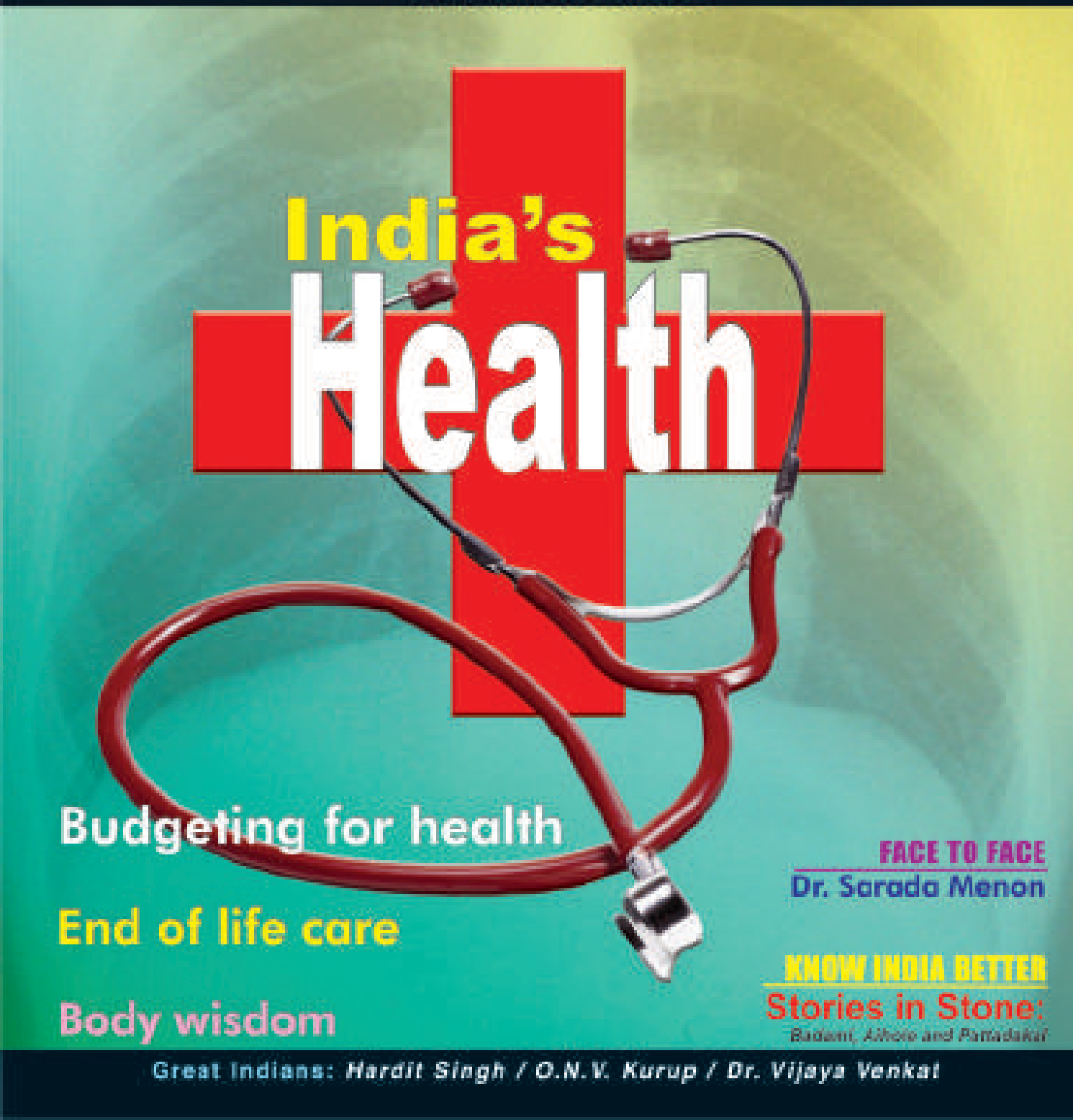
Vol 19/10 May 2016 ■ Rs. 50 ■ $ 8

ONE INDIA ONE PEOPLE

Patriotism Redefined



India's Health

Budgeting for health

End of life care

Body wisdom

FACE TO FACE

Dr. Sarada Menon

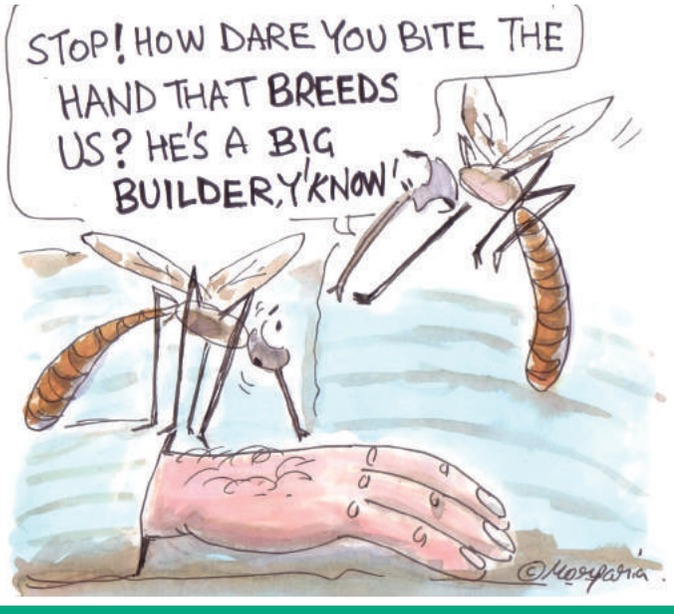
KNOW INDIA BETTER

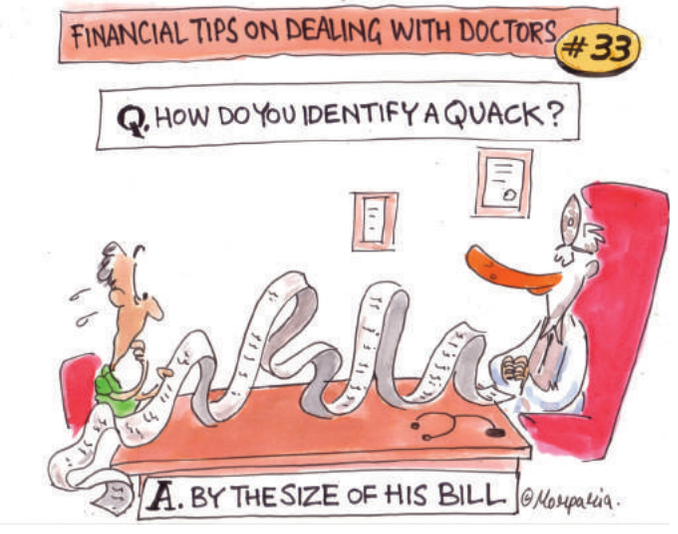
Stories in Stone:

Badami, Aihole and Pattadakal

Great Indians: *Hardit Singh / O.N.V. Kurup / Dr. Vijaya Venkat*

MORPARIA'S PAGE



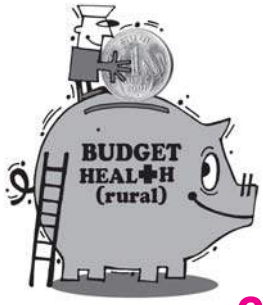


E-mail: morparia@hotmail.com

Contents

MAY 2016 VOL.19/10

THEME:
Health



6

23

Dr. Sarada Menon 36


Hardit Singh


O.N.V. Kurup


Dr.Vijaya Venkat

Managing Editor
Mrs. Sucharita R. Hegde

Editor
Anuradha Dhareshwar

Assistant Editor
E.Vijayalakshmi Rajan

Design
H. V. Shiv Shankar

Marketing
Mahesh Kanojia

OIOP Clubs Co-ordinator
Vaibhav Palkar

Subscription In-Charge
Nagesh Bangera

Advisory Board
Sucharita Hegde
Justice S. Radhakrishnan
Venkat R. Chary

Printed & Published by
Mrs. Sucharita R. Hegde for
One India One People Foundation,
Mahalaxmi Chambers, 4th floor,
22, Bhulabhai Desai Road,
Mumbai - 400 026
Tel: 022-2353 4400
Fax: 022-2351 7544
e-mail: oiopfoundation@gmail.com
oiopsub@fouressindia.com

Printed at:
Graphtone (India) Pvt. Ltd.
A1 /319, Shah & Nahar
Industrial Estate. S. J. Marg,
Lower Parel (W)
Mumbai – 400 013

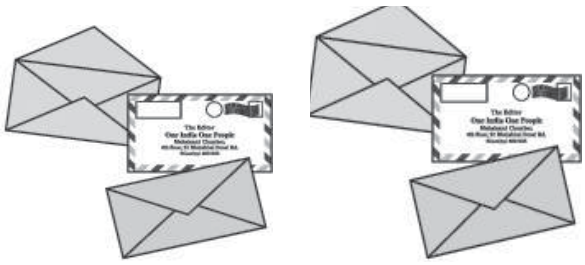
visit us at:
www.oneindiaonepeople.com
www.facebook.com/oneindiaonepeoplefoundation

LETTERS TO THE EDITOR

"Shocked to read"

I happened to see your March 2016 issue (*Stree*) and I was quite shocked to read the article on women's entry into temples. What the writer doesn't seem to understand is that there are some age-old customs and traditions which are best left alone. Are we now arguing that temples should not have priests and people should themselves go and complete the rituals? What is it that we are looking for? Do women really feel that they should be allowed entry into temples even on the days they menstruate? I may be old fashioned, but all these centuries we have been comfortable with the temple rituals and it hasn't really done anyone any harm. I differ from your writer that women should be allowed entry into Sabarimala and other temples which don't allow entry to women in the reproductive age group.

The rest of the articles were good. I especially liked your Know India Better feature *Art at your feet*. I saw this issue at a college library and would like to subscribe to it. Do keep writing on more thought provoking issues. There are so many more issues worth writing about. I am glad you are not into



glamour and beauty, though per se there is nothing wrong with that, but not the over obsession displayed by some of the publications. I love your slogan 'Patriotism Redefined'. It is high time we redefined a lot of things in this country, patriotism definitely being one of them. Today patriotism is overly obsessed with jingoism, and engages less with promoting honesty and integrity. Where are we headed? We really evaluate ourselves honestly. Keep up the good work and my earnest request to you is to cover more serious and relevant issues.

– E. Rajalakshmi, Mumbai

Letters should be addressed to
The Editor, One India One People Foundation, Mahalaxmi Chambers, 4th floor, 22, Bhulabhai Desai Road, Mumbai - 400 026
Tel: 022 - 2353 4400 Fax: 022-2351 7544 e-mail: oiopfoundation@gmail.com / oiop@vsnl.net www.oneindiaonepeople.com

SATIRE

Over 40 and kicking it up!

Reached 40 and no time for yourself? **Nivedita Louis** *urges women to sit up and take care of their health. Can you imagine your posterior in a hospital gown, is her clinching argument.*

THE next time you tell me "Women are like wine and they get better with age", I am going to put you on the Soyuz to space. Reaching forty is more dreadful than getting married. You get 'cold feet' literally. Your metabolic rate climbs faster than Mallya's debt. The dimples on your cheeks spread to your chin, and incessant emptying of the leftover *aalu masala* into your tummy shows up as bulges right, left and all across your body.

You, the woman, being pampered all your life with wine and food can realise the after-shocks only when you near the 40 benchmark. When you want to cat walk, all you can do is waddle like a duck. You imagine pouting as you click that selfie and end up spraining your cheek muscles. You feel like running when all you can do is barely stand straight with your back bone doing MJ's moon walk, lodged somewhere in the muscle mound.

As a woman, you care about the family. You worry about the spiraling price of brinjal and carrots and forget your weight that shoots up to the stars. You fret and fret about the power bill, the gas bill and water charges, that you never get to think the last time you gave your hair a little oil to survive. Every month as you buy the proverbial 'Complan' that promises to make your children taller, stronger and sharper, you only look with awe at the women's Horlicks adorning the next counter. You total up your purchase and find exactly ₹299.99, short of buying a health drink for you. You skip your breakfast most mornings as you are the perennial late-comer to office.

Your evening walk schedule is always marred by homework, and a search party for the missing right sock of your little devil drains out all your energy. When the hormones too gate crash the 40's party, you are a total mess. Your mood swings are worse than the NIFTY index and when a poor unsuspecting you take a day's off to visit the Ob-gyn to 'fix' your menstrual problem, all hell breaks loose. The most dreaded question hits you when the doc asks you to recollect your LMP date. You sit starry-eyed, looking at the ceiling, the fan, you count the wrinkles on the doc's hand and fail to remember dutifully. No amount of coaxing and cajoling your graying grey matter can remind you of that auspicious date.

As managers of the house – self-anointed ones at that, we women fail miserably in caring for ourselves. Every time our child says – *Mere paas maa hai*, our ego bloats to the size of the Titanic and floats in the *kutumbsagar*. When the whole family rushes for an annual medical check at a posh hospital, we women love to stay back at home making *rotis* and *sabzi* for the famished ones at the hospital.

World Cancer Day (Feb. 4), World Health Day (Apr. 7), International Day of Action for womens' health (May 28) – all days and campaigns are conveniently ignored as we sit sniffing on *saas-bahu* soaps. Health issues and awareness about them – especially hormonal imbalance, weakening of bones, increase/decrease in weight (increase always, decrease very rarely), problems in menstrual cycle, depression and many more never evoke the desired response in us. They just don't interest us like Mrs. Sharma's 42" LED TV or Mrs. Shah's's 12-carat diamond ring.

One fine morning, when we sit back in pain and realise that we have indeed ignored our health, it might be too late, Ladies! No one will be there waiting for us with steaming hot *rotis* and *sabzi* when we get back from the hospital. The ball is in your court. To play with it and remain healthy, or to ignore, will be your choice.

Regular screening for cancers, mammograms, health check-ups and above all, a healthy life style is what we need at 40. A little bit of selfishness and pampering of our body isn't a crime. Do not, I repeat DO NOT treat your stomach as a trash can. Spend 30 minutes a day walking. Spend another 30 minutes exclusively for your hobby. Even if it is rumour-mongering! And oh, add to it constant weight check. Trust me, your posteriors ain't looking great in the hospital gown! ■

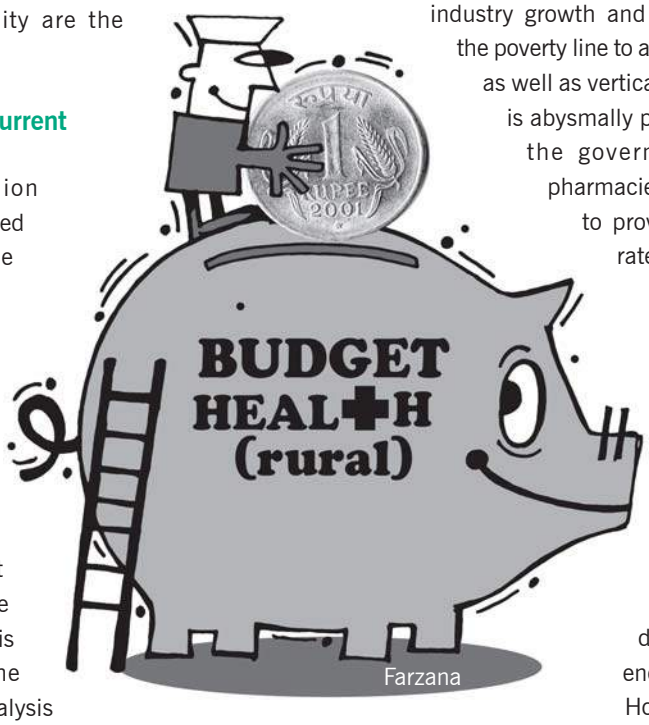
Nivedita Louis is a writer, blogger and social activist by choice. Bitten by the travel bug, and smitten by nature, she loves travelling and cooking. She blogs at www.cloudninetalks.blogspot.com.

HEALTH

Budgeting for health

What does our current Union Budget say about the health sector? What are the important allocations? Where does it lack? **Dr. Sanjay Oak** *takes us through the health part of the budget.*

COME 1st March, and all of us sit glued to the TV screens, listening with rapt attention to the Finance Minister's (FM) budget speech and the various fiscal wizards' analytical views and opinions about the annual budget. Treat the present article as the humble rambling of a surgeon administrator who has been struggling for the past 32 years to take healthcare to the doorsteps of millions of Indians where it is needed most, to them for whom access and availability are major concerns, and for whom ignorance and ill-affordability are the standard norms.



The health nuances in the current Union budget

The much awaited Union budget 2016-17 was presented by the FM Arun Jaitley. The Finance Minister announced that the government would set up 3,000 new drug stores across the country to handle the shortage of drugs, especially in rural areas. He also provided health insurance of up to ₹ 1 lakh per family. Another important announcement was about the launch of the National Dialysis Programme to deal with the high costs involved in renal dialysis processes. As part of the programme, every district hospital will have facilities of renal dialysis. Jaitley also added in his budget speech that dialysis equipment will be exempt from customs duty, fully or partially.

The overall Union Budget 2016-17 seems to be aimed at putting more money in the hands of the citizens. Healthcare has finally taken the center stage in the budget, but the issue is, is it enough?

The pros and cons

The Health Protection Scheme of ₹1 lakh to cover unforeseen illness in poor families with an additional ₹ 30,000 for senior citizens is a long-awaited and welcome step in deepening access. The provision may not be enough, however, this should also act as a catalyst for investment in healthcare sector and help in improving affordability and accessibility of quality healthcare. This is all the more important considering that nearly 75% of India population is currently without any health insurance! This will boost health insurance penetration which is currently under 5% and mostly restricted to urban areas, curtail OOP (Out of Pocket) expenses, stimulate industry growth and provide access to those below the poverty line to avail quality healthcare. Horizontal as well as vertical penetration of health insurance is abysmally poor and inadequate. In addition, the government's plan to add 3,000 pharmacies under the Jan Aushadhi Yojana to provide generic drugs at affordable rates is a commendable move.

According to the Finance Minister, the National Dialysis Programme will be made available in all district hospitals on a PPP (Public-Private Partnership model). The industry could have a major role to play in this as the programme would be carried out in PPP mode in district hospitals. I welcome this endeavour.

However, I am also concerned, since the government has not addressed the issue of the recent increase in import duty on medical equipment and devices. The medical technology sector is in its infancy with actual manufacturing limited to less complex devices. More than 75% of medical equipment/devices are still imported, and hence the duty increase will result in increase in healthcare cost. The government should also consider exemption of customs duty on critical medical equipment and should come out with positive incentives for healthcare equipment manufacturers under the Make In India scheme.

The healthcare sector was also looking forward to a good response from the government to its recommendations of

exempting of healthcare services from GST, increase of tax holiday for establishing healthcare facilities from the current period of five to ten years in non-metros, increase in tax exemption on preventive health checkup, and setting up of a healthcare infrastructure fund, as well as a medical innovation fund.

Shift in focus of public health?

It's time to rethink the core and the nucleus of public health care dispensing. With better communication, deeper penetration of mobile telephony in rural sector and improving road conditions, we should now shift our focus from primary health centers (PHCs) to Taluka level cottage hospitals. Upgradation of these hospitals will pay us richer dividends in the years to come. All the governmental schemes can be enrolled through these centers and medical professionals will be able to deliver more meaningful health care through these hospitals. Specialists and super-specialists can conduct visits on a weekly basis and extend better quality care at these centers.

Ambulatory care should become the buzz word in the years to come. That coupled with deeper penetration of telemedicine can help us reach the doorsteps of millions of Indians for whom healthcare has been a distant dream. AYUSH (Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy) personnel should be posted in PHCs, Taluka level hospitals as well as utilised for ambulatory care. Enforcement and strengthening of the AYUSH framework, standardisation and quality control of drug formulations, and creation of a vertical chain of drug stores where these low cost drugs can be made available alongside the generic drugs from Allopathy, would go a long way.

This year's budget takes forward the government's clear resolve to accelerate the momentum in the health insurance space and make quality healthcare affordable and accessible to all sections of the society. Risks of further global slowdown and turbulence and additional fiscal burden due to the 7th Central Pay Commission, is going to make the actual implementation of all these measures difficult in the coming year. However, at least let a beginning be made, otherwise one may only end up asking, whose health is it anyway? ■

Dr. Sanjay Oak is Vice Chancellor, DY Patil University, Navi Mumbai. He is a well known paediatric surgeon and has been in health and higher education administration for a decade.

WHO AM I?

HEALTH

End of life care – an idea whose time has come

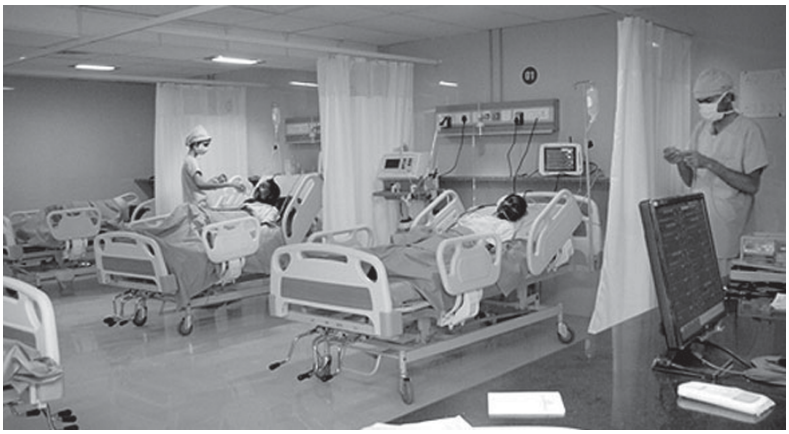
Medical treatment in India has come a long way. Life expectancy has improved drastically. But with that, there hasn't been a significant improvement in palliative care, even in a city like Mumbai. **Dr. Sujeet Rajan** *outlines what's needed to improve end-of-life or palliative care in India.*

INDIANS are surely living longer, but the question is, are they living better lives? I hope I can address this issue in this article, in the best way possible.

As a respiratory physician dealing with chronic lung disease, I deal with this issue almost every day in clinical practice, and I have come to the conclusion that there are no best answers here. A lot of the care our elderly patients receive is not based on what they want or is probably most appropriate for them, but on; a) what they can afford, b) what their relatives/GP(General Physician)/specialist decides or advises, and c) what expertise in supportive/palliative care is available to them in the city they live in. Let us discuss how these issues pan out in India:

What they can afford

Sadly, though economics plays a very important role in our lives, this is hardly the best indicator of what care the patient should receive. A lot of my patients believe that the more they can pay or afford, the better the care for their elderly relative will be. Some elderly patients also believe this – possibly stems from basic lack of knowledge about end-of-life care in their primary care physician (GP) and unwillingness to accept that money cannot always buy better care.



Often, critical decisions are made outside the ICU

Time and again, I have seen patients spending (without any counselling by their physician) almost 90% of their healthcare expenses of their entire life, in the last few months of their life – and not towards a better quality of life – rather a life spent in and out of ICUs (Intensive Care Units), with frequent blood collections, frequent investigations and procedures, isolation from relatives, and away from home.

'I wish more people realised the misery of everything' is what Jeff Gordon has beautifully explained in his book *A Death Prolonged*. Everything that an hospital can do for a patient may not necessarily be synonymous with an increasingly comfortable state of life. It is this crucial part that elderly people (and especially those with chronic progressive disease) need to understand well, and both those with and without adequate resources.

What their relatives/GP/specialist decides

More often than not in India, I have noticed that it is another family member that takes the decision for the patient. Patients in India are often shielded from an adverse diagnosis or prognosis. "Daddy just won't be able to take it, doc" – this implies the son is able to take it (which most often the case is not), and an increasingly suffering, ignorant patient (in this case the father) is kept completely in the dark about adverse disease and prognosis. As the illness progresses, hard decisions like chemotherapy in a cancer, or invasive ventilator usage in chronic lung disease become increasingly difficult for that son to take. Most such decisions land up being taken outside an ICU door – hardly the place to discuss end-of-life care.

The physician can play a crucial role here. A long-trusted GP or specialist can play an important role in discussing end-of-life care with patients. The problem is how often do patients actually want to discuss this. Many GPs shy away

from such discussions because of lack of formal training in doing so. Likewise, many specialists too. Specialists in some studies have shown reluctance to discuss these issues with responses like, "Too little time during the appointment to discuss everything" or "I worry that discussing end-of-life care will take away his/her hope".

But this is not the case with all patients and their relatives. Often, when a patient has had family members or friends who have died, and/or trust their doctor implicitly - not just to take care of their disease, but also care for them as a person, research has shown the patient is far more receptive to such a conversation. As an elderly patient it is important to get into a conversation with a doctor you trust (and who knows you and your chronic ailment/s well enough) to help you take these decisions, or (if you wish) take these decisions on your behalf.

With increasing corporatisation of medicine, this may not always be the right route to follow. It is only too well known how corporate hospitals expect newly appointed specialists to 'fill' their hospital beds. Young specialists (and sometimes even older ones) succumb to such pressures from hospital administration, and admit patients with little chance of survival or a meaningful quality of life ahead, to ICU. Result – a very sick person with a progressive disease can get admitted to ICU – stay there for days to weeks, isolated from his family and friends – suffer a fair deal of expensive tests/drugs, and procedures (and their associated side effects), and actually get discharged from ICU with a far poorer quality of life, only to get re-admitted and die a few days or weeks later. I don't believe we have contributed much to the well-being of such patients as physicians, and need to hold ourselves responsible for actually contributing to a further deterioration of their quality of life.

Expertise in supportive/palliative care

Which brings us to the burning question – if we don't admit such patients to hospital when they are suffering, for various tests and procedures, then what do we do ?

Answer: Palliative Care

The tragedy of palliative care across the world is simply its non-availability when it's needed most. The United Kingdom excels in the delivery of palliative care with about 15 palliative care clinics / million population. In Mumbai, I am hard-pressed to find even one, especially in the private sector. The Tata Memorial Hospital boasts of an excellent palliative care centre, but how many of our private patients would agree to visit a cancer referral centre for non-cancer palliative care?

A lot of end-of-life care is about palliative and geriatric care. Life expectancy in India has significantly increased over the past couple of decades, and we see an increasing number of 75 plus patients coming into clinic. Some of these with active lifestyles and minimal disease enjoy good health, but many have seen a close peer die in ICU, or have had relatives dying of chronic disease. These patients often endear to discussions on end-of-life care. The other group consists of less active patients with one (or often more than one) chronic disease. These patients need pro-active end-of-life discussions with their physicians, either self-started by themselves or by their physician. We increasingly tend to do this for our chronically ill respiratory patients, and the Bhatia Hospital in Mumbai is soon to commence a non-cancer palliative and support care clinic for elderly patients led by a respiratory physician and psychologist, and ably supported by the physiotherapy and diet departments of the hospital. The purpose of such a clinic is to ensure that patients are heard out on their concerns with advanced disease, and how they would like to better manage their disease and its symptoms moving forward, how to avoid hospitalisation as far as possible, how to be more physically active (which directly correlates with a better quality and quantity of life), and how to eat better. All these components are critical to the overall improvement of health in this patient population. Anxiety and depression are extremely common in elderly patients (in fact depression is the commonest cause of weight loss in an elderly patient) – no surprise that a psychologist is always part of our initial consult.

Conclusion

The very elderly patient takes time to enter the clinic room, often finds it hard to hear what the doctor is saying, is often unable to lie down on the examination couch easily, and takes an extra few minutes to leave the clinic room. He or she is often retired, and (often) in India dependent on a family member for his health care expenditure. Little wonder that most physicians in India (and across the world) shy away from geriatric and palliative care. No exciting procedures to do, no cutting edge technology to use, no new drugs (with possible side effects) to try, and no time to communicate to a half-deaf patient.

All it requires is understanding the simple and often neglected needs and priorities of the elderly patient. A bit of patience and sharp, focussed communication. A gentle hold on the often painful osteoporotic hands. We have the people in India to do it.

We just need more responsibility as physicians towards our elderly patients, and certainly more commitment. ■

Dr. Sujeet Rajan is a Respiratory Physician at Bombay and Bhatia Hospitals in Mumbai.

HEALTH

Body wisdom

Our body is a marvelous feat of engineering and technology. Self-sustaining, self-regulating, self-repairing. Dynamic, able to adapt to constantly changing surroundings. Evolving for better efficiency. This incredible machine, the one that we inhabit daily, has the capacity for indestructible health, says **Shilpa Chawla**, *if only we realise it.*

DESIGNED by Nature, it's the culmination of all that Nature has learnt with every species, through its years of evolution and wisdom. Three and half billion years of inhabiting and navigating this world has yielded 'us'!

Engineered for health and harmony, all the functions coded into our blue print keep homeostasis within the body. Ill health is therefore a disruption of this state of balance, leading to dys-function or dis-ease.

How does this imbalance occur? What can make this feat of remarkability fall ill? If there are mechanisms created within to heal, to regulate, to sustain, illness should be unheard of. And yet, our everyday reality shows an ever increasing rise in diseases and afflictions.

The biggest killers world over have been slated as heart disease, cancer, respiratory diseases, stroke, and diabetes. With worldwide revenue of $1057 billion, the pharmaceutical industry grows daily, reflecting the growing status of ill health. Having been labelled as the diabetes capital of the world by 2020, India has been promised a bleak future when it comes to health!

Let us re-examine the three commonly held myths on ill-health and their role in keeping or wearing away harmony and balance in the body.

Myth 1: Degeneration is caused by ageing

If ageing causes degeneration, how can the Redwood tree be the strongest inspite of living for 2000 years? How is it possible that the tortoise lives for 400 years with its mortality rate the least at the peak of its age? Plants like agave, hypericum, borderea, become more and more fertile with age.

What Nature has given its species is a unique blueprint of rhythm in growth and maturity. This rhythm is given by Nature as per the function and structure it has decided for each one of us. A rat doubles its weight in three to five days and lives not more than two years. A human doubles weight in six months, matures into an adult only by 15–18 years and lives on an average for 82.6 years. The faster we grow, the faster we perish.

Degenerating with age is seen in humans and not in Nature. All species in Nature follow their natural unique rhythm of growth and they do not show degeneration. We have lately begun to believe that the more proteins and supplements we consume, and the harder we push our bodies, the faster we can grow. We tend to forget that a cell that grows faster will also live shorter. Could it be that early onset puberty and early onset diabetes are indicators of faster growing bodies? Could the multitude of cancers being seen today earlier and earlier in our life span, only be cells that have expended themselves too soon?

The point is that the design that Nature has set for us, which is slow and rhythmic growth, is for longevity. Here's how we can use Nature's gift of slow growth to create longer and healthier lives:

- Sustain the body through consistent and daily activity that allows the body to strengthen while regenerating as per its design.
- Balance nourishment through eating regional, seasonal, and local to enhance the function of all systems, organs and cells in the body.
- Do not prioritise a single nutrient like protein over fatty acids and simple sugars.
- Eat whole and fresh, not fragmented or processed.

Age is no bar to being stronger and healthier.

Myth 2: Germs and viruses attack our body

Microscopic life forms-bacteria, fungi, viruses, and the likes are capable of striking terror in our hearts. Unseen, unheard and therefore unavoidable, the medical world has waged a war against them since their discovery.

After several decades of propagating antibiotics, the world has woken up to the fact that our body houses ten times more bacteria than cells. At this very moment, there would be at least a billion on our skin, about 20 billion bacteria in our mouth, nearly 100 trillion in our gut. Before we get disgusted with the idea of being a living petri dish, realise that these bacteria are beneficial. They have a symbiotic

relationship with our bodies, one that is vital to physical and mental health. We rely on these microscopic passengers more than we give them credit for.

Inert oxygen inhaled into the lungs turns into life carrying haemoglobin only in the presence of the tuberculosis bacteria. Bacteria in the human digestive system help us break down food, and also supply us with needed vitamins like biotin and vitamin K. The bacteria on the skin dominate the environment of the skin and its resources, keeping other bacteria from being able to establish a foothold. Exposure to bacteria has been shown to be an important part of the development of our immune systems. It is what primes the immune system to respond to pathogenic invaders later in life.

What changes this friendly community of peaceful cells into disease causing invaders? Garbage attracts scavengers – rats, cockroaches, insects and invisible scavenging microbes. Likewise, it is toxic residues accumulated in our body (through chemical laced foods, high synthetic cosmetic use, an over dependence on stimulants like caffeine, nicotine and alcohol) that attract and allow disease causing microbes to proliferate.

We live in a bug's world. Bugs are meant to live within us for us to function at optimum. To accept them as our friend is what will lead us to health.

- To boost your immunity sleep in complete darkness. Light stimulates the body into action. Our immunity only gets boosted through rest.
- Sunlight and oxygen enhances the growth of friendly bacteria. The ones that help to keep the disease causing ones in check.
- Early to bed and early to rise indeed is the best advice.

Myth 3: Genetic predispositions determine my diseases

Nature codes everything for posterity. It's the aspiration of Nature that made the amoeba evolve into us humans. If we were to examine the DNA of the more than 80 lakh species that we share this planet with, we do not actually find the degree of variation that we would expect to see in each! Though structurally and functionally diverse, all species seem to share the basic code of life that each carries. Only 1.5% of our genes make us uniquely human.

Nature allows for sharing of genetic material so that every species has inbuilt, the instructions to preserve, protect and enhance life. Evolution's biggest contribution is our immune system that can identify and fight against every disease causing pathogen that has ever been around. Can the code that creates, maintains, enhances and passes on the instructions for life, be so fragile that pollution or stress can damage it?

Like the germs of health and disease that breed in different environments, the DNA switches on and off based on the environment it's put into. The amoeba navigated this world by moving from the less favourable to the more by suspending all function till the environment changed. The DNA is coded for the same action. When the environment of the cells within our bodies becomes less favourable, they suspend function, awaiting the right conditions of life to occur.

Switching on the code for health then is quite simply a process of participating with life.

- Gratitude is the attitude to have.
- Worry, curry and hurry deplete our energy.
- Being aware of the breath is the surest way of being in the now.
- Take up activities that are socially protective and productive.

It's seen that in the Savannah Grasslands, when all is gutted in fire, a single blade of grass grows after the ash has cooled. The indestructible life force in this blade of grass is chlorophyll, life giver to all. The composition of chlorophyll matches that of haemoglobin in our blood, except for the one iron molecule, that is replaced by magnesium in chlorophyll. The capacity of indestructible health therefore resides in our structure. All it needs is the right environment to express its unique quality of health. ■

Shilpa Chawla has armed herself with THAC experiences from the age of 15! With a Bachelors in Naturopathy (Sydney), she has integrated experience and information and is now Counsellor and Research Scholar at THAC. Her time in Sydney allowed her to experience multi-cultural ways of life and the unique commonality between them. Her experiences fortified her belief in the body and its innate capacity for Wellness. She realised early on that though most people want to live healthfully, most do not know how to!

'Rice' to the occasion!

In these days of quinoa rice and other admittedly healthful and fancy grains, it is heartening to note that some indigenous varieties of rice like the Matta rice are once again gaining popularity. Known as Rosematta rice, Palakkadan Matta rice, Kerala red rice or red parboiled rice, it is locally sourced from the Palakkad region of Kerala, India. Used in a wide variety of foods, Matta rice can be had as plain rice, or be used to make idlis, appams and snacks like murukku and kondattam. Parboiling this rice aids in retaining the nutrition of this grain, so you can rest easy knowing that your last meal was not just full of carbohydrates. Opt to take the unpolished variant of Matta rice, so that you don't miss out on all the benefits hidden in the outer coating of these rice grains.

HEALTH

The cause of rural health

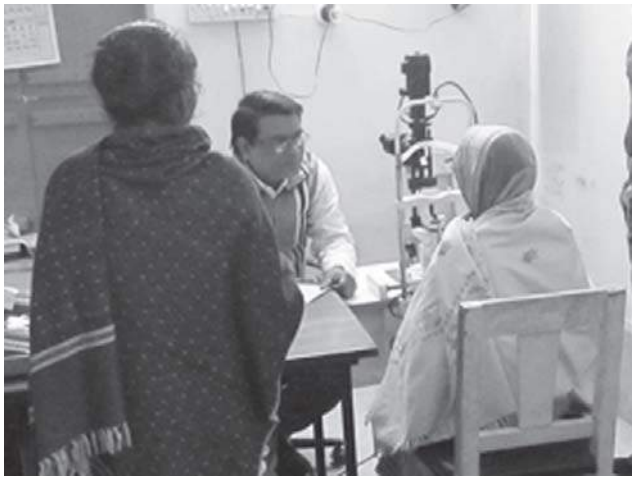
Did you know that while 78 percent of India's population resides in the rural areas, only two percent of medical professionals are available there? Such statistics must not take away, though, from organisations like the Rural Health Care Foundation which are doing exemplary work there. **Kinkini Chakravorty** *tells us what the problems are and how her organisation helps deal with them.*

HEALTHCARE is the right of every individual, but lack of proper infrastructure, inadequate and expensive medical facilities, under qualified medical practitioners, inaccessible medical assistance have contributed towards the deplorable health care condition of the 600 million rural population in India. According to the 2013 economic survey, the total government expenditure on health in 2010 was estimated to be 4.1% of GDP. While 78% of the Indian population resides in rural areas, only 2% of medical professionals are available in these areas. Lack of proper implementation of various government policies and programmes targeted towards rural population and poor commitment of the medical practitioners, also aggravated the situation. Rural poor often fall victim to under qualified doctors in the vicinity of their homes, who extract large sums of money for even basic treatment. The only other alternative available is to travel to private hospitals located in urban areas, an activity which is tedious, time consuming and expensive.

The Rural Health Care Foundation

The Rural Health Care Foundation (RHCF) offers primary health care to the underprivileged rural and urban slum population residing in the remotest villages and urban slum of West Bengal. In 2009, RHCF started its first centre at Mayapur in Nadia and currently it runs 10 PHCs (Primary Health Centres) in four districts of West Bengal, India. Each centre has four departments - general medicines, dental, optometry, and homeopathy. Patients are charged nominal fees against which they get consultation from qualified medical providers and free medicines. It has tie-ups with renowned hospitals for secondary referral treatment, free of cost. This organisation was formed by brothers Anant and Late Arun Nevatia. Arun was diagnosed with cancer at an early age and during his prolonged treatment, they realised how the expensive treatment would be beyond the reach of the poor. This led them to set up RHCF.

RHCF has set up primary health care centres which provide high quality, affordable health care services to the low income rural population residing in the densely populated remote villages of West Bengal, India. Currently, RHCF's 10 PHCs are spread across the four districts of West Bengal viz., Nadia, Bardhaman, North 24 Parganas and South 24 Parganas.



The Mayapur PHC, the first health centre opened by RHCF

Our other focus areas are to develop the roads and railway system, ensure power supply to make it conducive to set up more heath care facilities. The rural population needs to be educated about basic sanitation, health, nutrition and hygiene, and have to be encouraged to visit doctors in order to address any health related issues. Timely treatment and intake of medicine will decrease the infant mortality rate and maternal deaths. Attempts should be taken to develop the quality of living for a healthy future. Women, children and elderly people are the most vulnerable. A majority of the people from the rural community are either farmers, peasants, daily wage earners or contract labourers. When men go out to earn money, women and the children are left behind with meager money to survive on. Health related issues are neglected out of the fear of spending. In many cases, visits to doctors only happen when the matter is escalated to a great level. Hence, focus should also be related to child and women health and nutrition.

The government's role

Basic health care should be the immediate focus, since many rural places are devoid of any basic medical assistance within a 50-km radius.

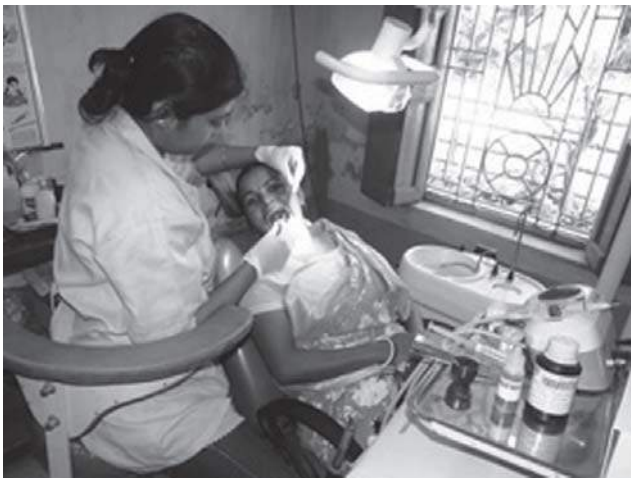
State government-run medical facilities in these areas are practically dysfunctional due to limited medical resources, substandard equipments, low supply of medicines, lack of qualified and dedicated human resources and gross negligence in dealing with patients. Though at various levels the government has come up with programmes and policies, it falls short of proper implementation. Hence in many places, state-run medical facilities are present only on paper, but not in practice. Frequent mass health care awareness programmes and medical camps should be organised. Mobile clinics should be launched to make primary health care reach the doorsteps of the poor.

But are the funds allocation by the government sufficient? PHCs in rural India are short of more than 3000 doctors, with the shortage being 200% over the last 10 years, according to an analysis by India Spend. Lack of public medical professionals leads people to travel to far flung places and in the process compromise one day earning. Besides, private medical services are expensive in nature, thereby making it practically unavailable to the rural poor. The government should make attempts to increase manpower in public hospitals.

The health of rural India

Rural India has severe health related issues.

- While 78% of the Indian population resides in rural areas, only 2% of medical professionals are available in these areas.
- A huge percentage of children are chronically malnourished in India due to lack of adequate nutrition.
- There's a need to address maternity deaths and elderly care.



A dental check-up in progress at Swarupnagar PHC

The Kusugram PHC – women have been the main beneficiaries of the RHCF health centres

- Nearly half of India's children- approximately 60 million - are underweight, 45% have stunted growth (too short for their age), 20% are wasted (too thin for their height, indicating acute malnutrition), 75% are anaemic, and 57% are deficient in Vitamin A.
- In order to help rural population be aware of various health related issues, medical camps, vaccination camps, cataract surgery camps, organ donation camps etc., need to be organised, and they need to be educated about issues like use of sanitary pads, birth control and family planning strategies.
- Awareness regarding tuberculosis, typhoid, malaria, cancer and AIDS should take place regularly.

Rural India is not healthy enough and steps should be taken to ensure that everybody irrespective of age, class and economic status should get access to basic health care. Everybody has the right to lead a healthy life.

An impact story

Gauhar Bibi, age 40, has a family of six members to feed. She is the sole bread earner in her family who travels 10 km to and from her workplace, everyday. She works in a *bidi* making factory for the last four years, ever since her husband passed away. Lately, she was suffering from low eyesight and the condition was deteriorating with each passing day. Lack of medical facilities in the vicinity of her neighbourhood made the treatment almost inaccessible to her. She was unable to travel far as that would lead to a sacrifice of a day's wages which she could not afford. At this juncture, she came to know about the PHCs built by the Rural Health Care Foundation in the vicinity, where she could be diagnosed, receive treatment and a weeklong supply of medicines at a nominal amount of ₹ 20 only.

(Continued on page 20)

HEALTH

From a rural outpost

The health challenges in our rural areas located in chronically underdeveloped states like Chattisgarh are numerous and diverse. But sometimes what it takes is enormous resolution and commitment as shown by the Christian Hospital Mungeli. **Gayatri Ganesh** *recounts the work they do and the unique challenges of our remote villages.*

TWENTY-year-old Shakti (her name means 'strength' in Hindi), pregnant and Hepatitis-B positive was rushed to the hospital when she was bitten by a viper, needing anti-venom and ICU (Intensive Care Unit). Nineteen-year-old Asha (her name means 'hope' in Hindi) was in her ninth month of pregnancy and had been fainting frequently. Only when she fell and cut her lip did her in-laws bring her to CHM (Christian Hospital, Mungeli), where we diagnosed her with eclampsia requiring an immediate C-section and care in the ICU; Asha was saved, but unfortunately her baby died due to the lack of prenatal care. Sixty-year-old Jyoti (her name means 'light' in Hindi) awaits eye surgery after two decades of living in darkness as the cataracts in her eyes progressed. Each one of these women illustrates the plight of a host of others in Chhattisgarh who suffer the ravages of extreme poverty, and who come to Christian Hospital, Mungeli, seeking life-saving medical care.

Entrance of the Christian Hospital, Mungeli

The goal of CHM

CHM is located in the small town of Mungeli in Chhattisgarh. Chhattisgarh has a population of 25 million. On land that is 44 percent forested, one-third of the population is tribal, and about 40 percent come from educationally marginalised communities (SC, OBC). Depending on whose measure of poverty you choose to believe, nearly half the total population lives on less than $1.5 a day (ie., Below the Poverty Line). Chhattisgarh is one of eight Indian states whose poverty exceeds that of 26 of the poorest African countries. Eighty percent of the population lives in rural areas, 80 percent of households do not have a toilet, and only half of rural women are literate. For cultural and economic reasons, many rural residents often fail to seek medical care until their condition is critical, instead first consulting traditional healers and unqualified, unlicensed village medical practitioners.

In this challenging context, our mission is to provide low cost, modern health care and education through skilled and compassionate personnel, without discrimination, to those marginalised by poverty. CHM is a 120-bed rural secondary care hospital with 11 doctors in the fields of General Surgery, Anesthesia, OBGYN, Orthopedics, Physiotherapy, Dental, and visiting eye surgeons. Together with 42 nurses, we annually deliver over 700 babies, perform 2,500 surgeries in three operating theatres, run two ICUs, treat 30,000 outpatients, and conduct 48,000 lab tests. We also run a nursing school (General Nursing and Midwifery) for 60 rural Chhattisgarh girls, an English medium school for 900 village children and a community college for 8th grade drop outs. We believe that education is the one thing that can break the cycle of poverty and lead young people on a path of independent thought.

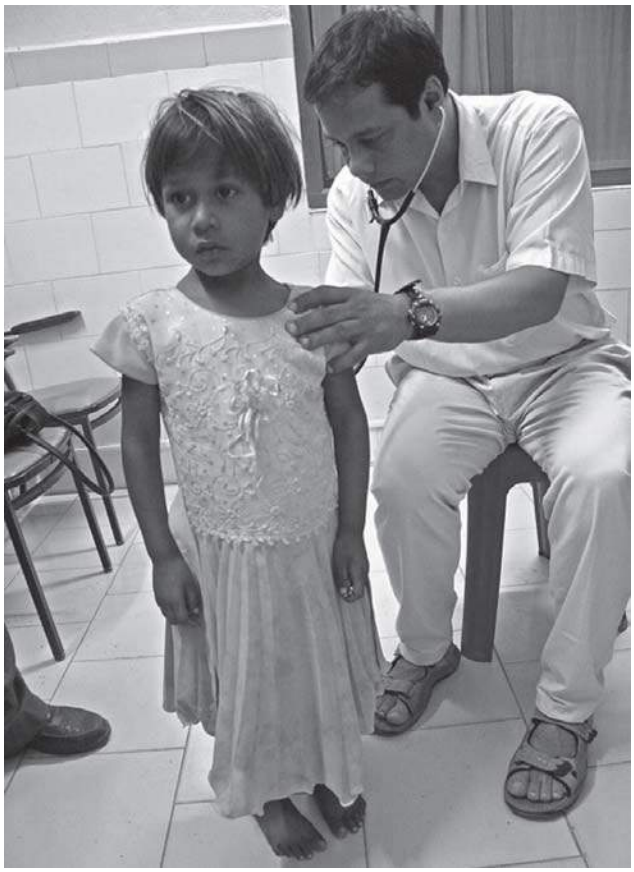
At CHM we address the impacts of extreme poverty by providing acute intensive medical care to patients suffering from attempted suicides (mostly farmers and young women), dowry related burnings of women, snake and scorpion bites, delayed (or denied) treatment for infections such as TB, HIV, Hepatitis, often coupled and complicated by pregnancy. We provide acute surgical care for high infection OBGYN issues, carcinomas and abdominal complications requiring general surgery, trauma victims requiring orthopedic surgery, and patients with curable blindness who need eye surgery. We are the only hospital in this frontier area offering high quality surgical, obstetric, neo-natal and intensive care. Our role as a charitable institution is to fill the gap in public health provision and increase the capacity of India's health system. For a 80 km radius we offer the only blood bank, eye and dental services, physiotherapy, ICU facility, spiral CT scanner, 500mA X-ray,

ultrasound machines with colour Doppler and cardiac echo, fully functioning lab and medical incinerator. We are soon to start dialysis treatment and a low cost cancer centre which will be the first of its kind in the state.

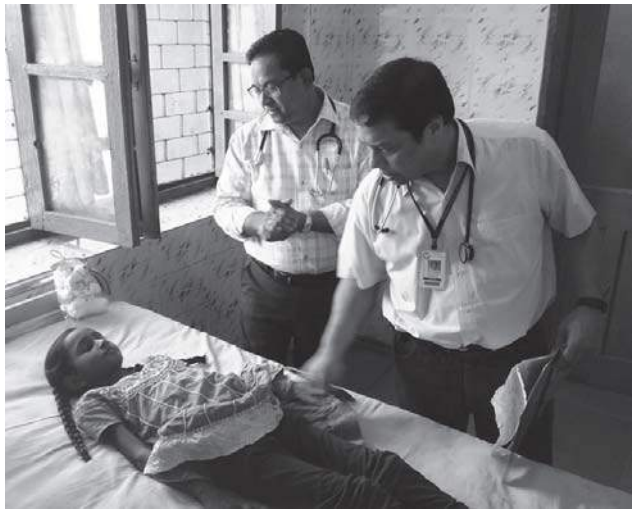
Here we cannot afford to forget Millennium Development Goals 4 and 5. Chhattisgarh has the country's second highest maternal mortality, still birth and neo-natal mortality. Only 43 percent of rural women have received a full pre-natal check-up and 86 percent of deliveries take place in the home. The vast majority of mothers who come to our facility have received no prenatal care, have already laboured at home for hours or days, may have received care from an unqualified village practitioner, a traditional healer or the primary health centre that does not have the capacity to perform emergency obstetric procedures. When they finally make the decision to come to our hospital, it may already be too late for both mother and child. This coupled with high malnutrition, eclampsia, anaemia, cord prolapse, ruptured uterus and post-partum haemorrhage puts many mothers and babies at risk.

The 'girl' factor

For babies that do survive, they are of low birth weight (2 to 3lbs) and born to malnourished and anaemic young mothers who are neglected during pregnancy. Being born female is a health hazard; girl babies in central India are five-times more likely to die from pneumonia than boys, and in Chhattisgarh four times less likely to be immunised. These children perform poorly in school due to illness from micro-nutrient deficiencies, lack of immunisation and poor sanitation and hygiene. They eventually drop out of school or girls are pulled out of school for early marriage, and the entire cycle repeats itself potentially creating generations of sick and malnourished citizens. The biggest problems we see can be traced to poverty, illiteracy, the low status of women and girls, and the inequitable distribution of health and education facilities.



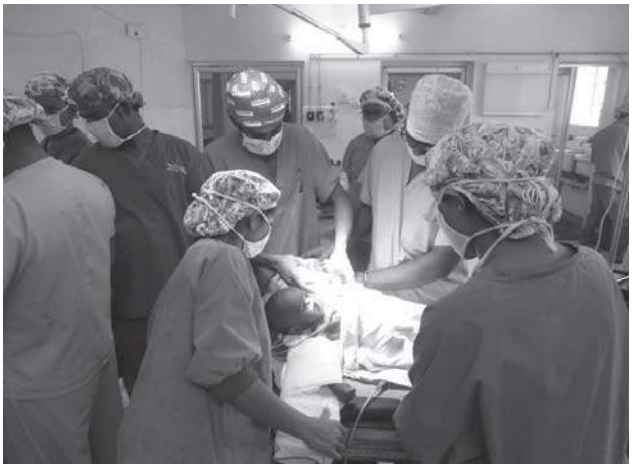
Dr. Henry examines a child in the OPD



Director Dr. Anil Henry and Deputy Medical Director Dr. Samuel examine a patient

The social and cultural neglect of women and girls takes a toll on their health. A few months ago a 15-year-old girl was brought to the ICU with abscesses all over her body. She had been left in the village to die. When her parents finally brought her in, she was malnourished, weighing just 24 kg, had a haemoglobin of 7mg (it should be over 14mg), and needed 13 blood transfusions. We drained one litre of pus from her on just the first day and it took a team of four nurses, three hours to change all her dressings. This was nothing but a case of neglect.

We are driven by the philosophy that those who have the least must have access to the best medical and education services. It is imperative that we are supported in our efforts to provide sustainable, high quality, low cost health care to all. We are the only hospital in the district to be enrolled in the government's national health insurance plan, *Rashtriya Swasthya Bima Yojana,* that provides free medical or surgical treatment for up to ₹30,000 per year for BPL families. We are also partners in the *Mukhyamantri Seva Bima Yojna,* a health-financing plan by the Chief Minister of Chhattisgarh for all people in the state. We have received support from USAID's ASHA programme to fund a mobile maternal health clinic that will take health care to the most remote areas.



Prepping a little boy for shunt implant surgery

The CHM story

CHM has a long history. We are a 120-year old institution, started by American missionaries in 1896. It began as a dispensary but then grew to be a home for orphans whose parents died in famine, a boarding school for girls, a home for children of people with leprosy, and then grew to a bustling 120-bed eye hospital giving sight to the curable blind between 1924 and1948. After the 1970s when the income tax laws changed, the missionaries left India and the hospital went into decline. In 2003, Dr. Anil Henry, a general surgeon and his wife Teresa, an anesthetist, took over the hospital. Both had grown up in small rural mission hospitals in Orissa and Chhattisgarh and had done their medical training in CMC Vellore, Tamil Nadu. They were working in the United States for four years when they realised that they could be doing more good in India. They arrived from Nashville Tennessee during the monsoon, to a broken down hospital with four patients and two light bulbs, a troop of monkeys who had taken up residence in what used to be the surgical ICU, and a director's bungalow with no roof, crawling with snakes and scorpions. Brick by brick they resurrected the hospital to once again become a beacon of hope, health care and education in this forgotten corner of the world.

I have been associated with CHM since 2012. I am a sociologist and qualitative researcher trained in the United Kingdom. After six years of conducting policy based research for the British government, I felt that the lives of the people I had researched had not really changed as a result of my recommendations. I took heed of Gandhiji's words, 'Be the change you want to see in the world', and returned to India to work at the grassroots level. I had just received another six years on my work permit in the UK but felt that I needed to see positive change on a daily basis. And I see it everyday here at CHM. I am Director of Development at CHM. At CHM I write grants, raise support for the work we do, and build the internal capacity of our staff and students. I am soon to start a community health and outreach research department so that we can do more public health and preventative interventions to improve the health and education of people living in remote villages, cut off from essential services.

Like most charitable institutions we struggle to develop a meaningful partnership with the local authorities. We also struggle with a lack of human resources and a lack of infrastructure. There are few people who would want to live and work in a remote area. There are even fewer local people who have a higher education and want to serve in the rural area. This is why our nursing school is vital to growing grassroots health workers and strengthening the rural health workforce. Many of our students come from challenging backgrounds. Some have worked in the fields, carried bricks on their heads and cleaned the homes of others to make ends meet. It is only after we started a school of nursing that young women have a higher education opportunity in the rural area. In just three years, they are more educated, healthy and highly skilled than people from their communities. We have graduated two batches of 20 nurses. We hope that with a steady stream of nurse graduates we can sustainably impact the health of local people. We also run a K-12 low cost English school for 916 village children. Seventy -six percent of the student body are from educationally marginalised communities. We have 27 teachers working tirelessly to educate children whose parents have never been to or completed school and never received an education in English. Last year we had to turn children away for lack of space. With very little support, we have completed the foundation, ground and first floor of a new three story school building so that we can give more children an education. We lack lab facilities, gym equipment and we always need more teachers, doctors, administrators, technicians, builders, public health researchers and volunteers.

We are a small friendly community that lives in a remote area. We have few facilities here, so we have old school fun; volleyball, badminton, singing, movie nights, picnics and just getting to know one another. We welcome all people to come and see what is possible, and to be a part of a community that wants to do good for people who have very little. ■

Gayatri Ganesh is a sociologist and qualitative researcher. She specialises in research with women and children from vulnerable groups across areas of health, education, livelihoods and identity. She is Director of Development at the Christian Hospital, Mungeli. You can learn more about CHM at: www.chmungeli.org and www.facebook.com/christianhospitalmungeli

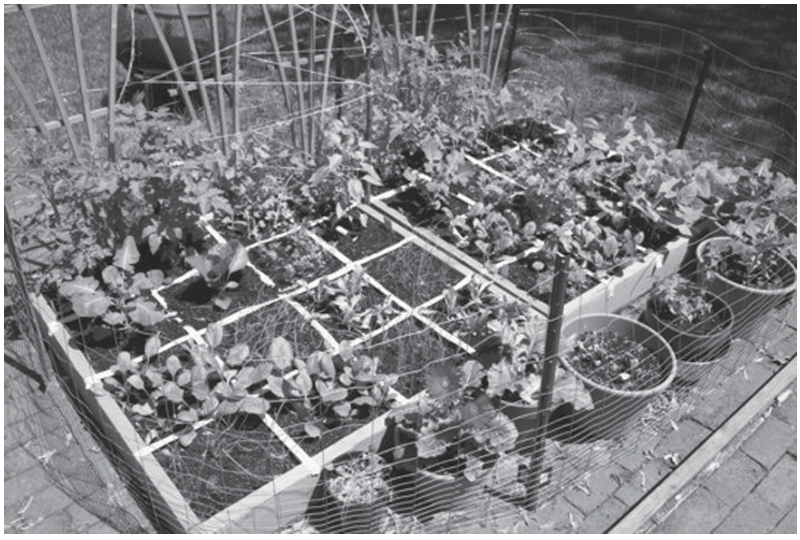
HEALTH

We are the Earth

Human beings have lost the art of living in balance and harmony with their natural surroundings. The frenetic pace of living and indiscriminate use of resources is slowly pushing us to the brink of ecological and human disaster. It's time we went back to caring for ourselves and this planet, says **Kiri Meili**. *She also tells us simple ways to do this.*

MANY of the environmental problems confronting humanity today are caused by continuous human intervention in natural processes. The Earth is geared towards life and is always pushing towards more abundance and more life and more beauty, if it's only given half a chance. A forest left to its own devices is naturally healthy, self-regulating, and self-cleansing. When we interfere with these processes, natural systems cannot function in the way they usually do. They cannot regulate themselves like they are designed to, and systems begin to collapse. Today this manifests in so many different forms of ecological destruction, which is really the ill health of the earth.

Human beings are a part of the natural world, and the health of ecological systems is responsible for our health. Health is far more than the fragmented subject we leave to be dealt with by specialists and doctors. To be healthy is to be whole, to be in harmony within ourselves and with the outer world. Health cannot be separated from our food, from the soil it comes from, from the air we breathe, the water we use, or from our experience of earth's profound beauty. Our health is bound and wholly dependent on all that the earth provides, all that nourishes us. In order to understand our own bodies and our health, we must also understand our intricate companionship with ecological systems. To take charge of our health, we must understand how to make our life whole, and we must responsibly occupy our place in the cycle of birth, growth, maturity, death, and decay, which are the cycles that govern all life.



More people should grow organic greens and other vegetables in their kitchen and terrace gardens

Be aware of nature's abundance

Being healthy means allowing natural processes to immunise us, stimulate us, energise us and nurture us. To do this we need to have a deep and conscious relationship with nature. When we breathe we understand that this is what is giving us our oxygen, we are aware of where that oxygen is coming from. That we are bound to trees, to every tree we see, and all the greenery around us is what is enabling us to breathe.

That when we eat we are aware of where this food is coming from, that it came from the soil, was sown and grown by someone, that it needed water and sunlight to ripen and grow.

When we use water, we think of how it has come to us, the cycles of water and how it is purified by the earth. We think of what is happening to the waters of the world, of the difference between sick, stagnant water and the water of a running stream. Living a healthy life is living in recognition that we are active creators of abundance and therefore, of our own wellness.

When we begin to be conscious in this way, we become aware that our constant interventions in natural processes are often detrimental to our own wellbeing. When we live a

fast paced life, full of stress and rushing, we end up being disconnected from our roots. We lose sight of our purpose as creators of healthy processes. We forget the relationship between our own existence and the sun, the air, water, soils and plants. When we lose touch with this basic knowledge of the interdependence of humans and nature, we try to fill the hole with substitutes. We seek fulfillment through the acquisition of material goods. We fill our homes and our bellies with stuff that is not really doing us any good, and through this we forget what true fulfillment is.

Consumerism and over consumption are the direct result of this alienation. The planet is being clogged up and polluted by endless streams of smoke, dust and *things*. Packaging from processed and refined foods, from bottled drinks and other mass produced goods fill landfills and line beaches. Everything we do ends up requiring a tremendous amount of energy and results in a huge amount of waste.

The more we live in this way, the harder it is for us to find what it is that truly nourishes us. This is when we begin to fall ill. By illness we do not mean the occasional cough or bad stomach, but illness as something which affects our ability to live our lives to the fullest. Lack of energy, lack of enthusiasm and strength, lack of flow. The more ill we get, the more trapped we become.

It is only when we disrupt natural systems and processes that we find pollution and toxicity. Balanced systems recycle nutrients and cleanse themselves. Like all natural systems, the human body is remarkable in its ability to self regulate, but in order for this to happen it must remain connected to its source of nourishment and health.

Let us look at some of the ways we can care for our own wellbeing, and in that way care for the Earth:

- We thrive when we are surrounded by beauty. Think of what kind of environment makes you happiest and spend time creating it for yourself.
- Become aware of the trees around you and all the services they provide. Here's a glimpse: trees create rain, cool cities, save water, prevent erosion, help people heal faster, prevent dust and pollution, purify water, and create soil. We often only think about our trees once they have been cut down. Do what you can to create awareness in others too of the value of your local trees.
- Cook your own food as much as you can. Cooking is relaxing and centering.
- Think about where your food comes from and what goes into making it. Our bodies respond directly and immediately to everything we eat. Plant based whole foods which have been grown without the use of harmful chemicals contain up to thousands of times more of the essential micronutrients and minerals our bodies need.
- Spend one week eating only foods that are whole, plant - based, and organic, and see how it makes you feel.
- Grow plants and work with soil. Gardening is one of the best ways of slowing down and calming your mind. Keeping even just a few plants in the house can have an effect on your overall wellbeing. A living plant will also give you great pleasure as you will know that you have contributed to its flourishing. Don't worry if your plants die, it happens to everyone in the beginning.
- Grow our own food. This can even just be some greens, but there are few things as rewarding and instantly gratifying as watching something sprout and eating something you have grown yourself. It will also make you more mindful of your dependence on nature and on farmers.
- Compost all your kitchen waste. Seeing fruit and vegetable scraps turn to beautiful rich, brown soil is a true miracle. Composting also ensures that you segregate your waste, which is one step towards solving our enormous garbage problem. Plants grown in compost will also be healthy and full of nutrients.
- Become conscious of what you are buying and why, think of where it came from and where it will end up.
- Take a few minutes every day to close your eyes, relax and breathe.
- Remember that human beings do not exist in isolation, and that everything you do to take care of yourself will certainly also benefit others and nature.■

Kiri Meili is a gardener and permaculture practitioner living in Bangalore. Her work focuses on creating farms and gardens for food as well as linking organic producers to consumers in the city. She worked in the Earth Care department of The Health Awareness Centre, Mumbai for two and a half years, and continues to be a close friend and associate.

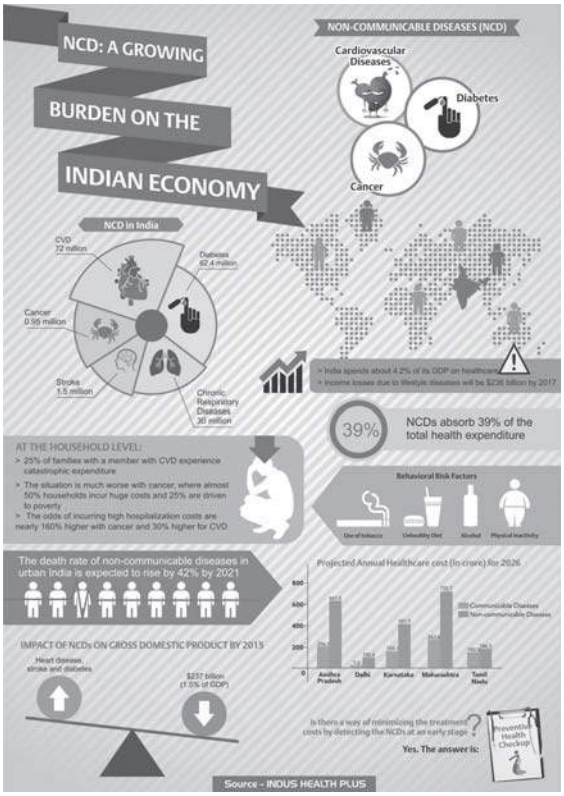
Aayush for all

Prime Minister Narendra Modi created a separate Ministry of Aayush in November 2014, which was earlier under the Health Ministry. The ministry of Aayush encompasses departments of Ayurveda, Yoga, Unani, Naturopathy and Homeopathy. He also got the United Nations to mark June 21 as International Yoda Day, a move which was supported by more than 50 nations. Himself an avid practitioner of yoga, it is hoped more Indians will take to yoga and benefit from this ages-old practice. Some changes are for the best!

Sounding the alarm

One of the fallouts of children being less physically active is the likelihood of them contracting lifestyle diseases like type 2 diabetes. **Kanchan Naikawadi** *suggests ways to help our children lead active, diabetes free lives.*

DIABETES is one of the most common chronic diseases in children and adolescents. When diabetes strikes during childhood, it is usually assumed to be type 1, or juvenile-onset diabetes. The body simply stops producing insulin and the child becomes dependent on an external source of insulin for the rest of his/her life. However, in the last two decades, type 2 diabetes is also increasing among children and adolescents between the age group of 10-19 years, especially among children who are obese with a strong family history of type 2 diabetes. In type 2 diabetes, although the body does produce insulin, but due to various reasons such as obesity, physical inactivity or a poor diet, there is insulin resistance and glucose builds up in the bloodstream. Eventually this glucose reaches dangerous levels. So the child has to depend on external sources of insulin for his entire life.



Risk factors for diabetes

- **Overweight**: Being overweight is a primary risk factor for type 2 diabetes in children. The more fatty tissue a child has, the more resistant his or her cells become to insulin. However, weight isn't the only factor in developing type 2 diabetes.
- **Family history of diabetes**: The risk of type 2 diabetes significantly increases if a parent or sibling has type 2 diabetes — but it's difficult to tell if this is related to lifestyle, genetics or both.
- **Other problems with insulin resistance**: Most people with type 2 diabetes in childhood are diagnosed at the start of puberty, a developmental stage where there's increased resistance.

However among these, the greatest risk of diabetes in children is excess weight. Once a child is overweight, the chances are more than doubled of the child developing diabetes. Obesity in children is again related to the changing lifestyle and food habits. Children today do not practice any physical activities and spent most of their time in front of laptops, tablets and phones. They do not play outdoor games which helps to keep the body active and fit. The less active a child is, the greater his or her risk of type 2 diabetes. Physical activity helps a child control his or her weight, uses glucose as energy, and makes the body's cells more responsive to insulin.

Additionally, with fast food becoming a part of our daily diet, children skip out on a nutritious diet and have very unhealthy eating habits. Parents are also busy and give children a lot of ready to eat food instead of home cooked nutritious food. These lifestyle changes, which are now becoming a way of life in India, are causing many lifestyle related diseases, even in children.

Symptoms

Type 2 diabetes can cause serious health complications. That is why it is very important to know how to spot type 2 diabetes symptoms. Even prediabetes can increase the chance of heart disease, just like type 1 or type 2 diabetes. The symptoms of type 2 diabetes due to high blood sugar may include:

- Increased thirst
- Increased hunger (especially after eating)
- Dry mouth
- Frequent urination
- Unexplained weight loss
- Fatigue
- Blurred vision
- Headaches

- Loss of consciousness (rare)

It's important to get diabetes testing and start a treatment plan early to prevent serious diabetes complications. Type 2 diabetes is usually not diagnosed until health complications have occurred. Most often, there are no diabetes symptoms or a very gradual development of the above symptoms of type 2 diabetes.

Prevention

Preventing diabetes in children is crucial as diabetes is not curable. It can only be controlled at a later stage. Diabetes caused due to overweight in children and teenagers can be prevented mainly by bringing up kids in a healthy environment and inculcating good eating habits. Since young children pick up habits from their parents, it is important for parents to guide them and make them understand what is good and bad for them. Parents can take the following steps to lower chances of diabetes in children:

- Encourage the child to undertake at least 60 minutes of physical activity each day in intervals.
- Make meals and snacks that are healthy and taste good.
- Take your kids grocery shopping. Teach them how to read food labels to help find healthy foods.
- Limit portion sizes of foods high in fat, sugar, and salt.
- Limit children's play time in front of the computer, tablets, smart phones, and TV to 2 hours per day.
- Ask the doctor if your kids are at a healthy weight, and if they have a greater chance of getting type 2 diabetes.■

Kanchan Naikawadi is Preventive Healthcare Specialist, Indus Health Plus.

The cause of rural health

(Continued from page 13)

When Gauhar Bibi visited RHCF's Topsia centre, she received immediate medical attention which came as a surprise to her. Being a member of the deprived and underserved community she was habituated to insensible, negligent and callous behavior of the doctors she had encountered previously. Unlike less qualified local doctors, the doctor at RHCF treated her with great care. The doctor not only advised about the prescribed medicines, but also spoke to her about basic sanitation and hygiene.

Journey to success

The inspiration behind such initiative was dated back to the days when Arun was diagnosed with Hodgekin's Disease. He was 10 that time and since then he suffered through three relapses and finally was diagnosed with Leukemia in 2008. His regular visits to the hospital coupled with expensive treatment, chemotherapy and medicines led to the realisation of the true condition of the health care sector prevalent in Bengal. In the era of expensive treatment, the brothers understood the predicament of the poor people who often are unable to afford quality treatment. It was this realisation which led to the opening up of the first health care centres at Mayapur in Nadia district of West Bengal, in 2007.

However, behind the success story is a history of hard work, sacrifices, dedication and perseverance. In order to serve the underprivileged, both the brothers left their lucrative careers in real estate. They embarked on an unpredictable, unforeseen journey of philanthropy which very few from their fraternity, would pursue. Undeterred by the dirty politics played by the local quacks and private practitioners, RHCF was successful in building trust among people. In no time, the centre witnessed heavy footfall, with remarkable outcomes.

The initiative which started as a one-day clinic concept of eye care, dentistry and general medicine, soon became a full-fledged clinic running six days a week. All at a negligible cost, within the reach of the poor community.

The exemplary services provided by the Mayapur Centre had to be replicated in other parts of Bengal. Hence, RHCF came up with 10 basic healthcare centres spread across these four districts of Bengal.

The journey is yet to reach its crescendo. RHCF is hoping to reach out to more needy patients who require immediate medical attention. Mobile vans delivering medical services at the doorstep of the poor is also envisioned. Centres are getting revamped with the purchase of new medical equipment. Research is also being conducted to identify new places to open up new centres. It is only a matter of time now when RHCF will spread its wings to other parts of the country and be a name to reckon with in the field of medical philanthropy.■

Kinkini Chakravarty is the Communication Manager at RHCF. Prior to RHCF she has worked in the Event Management sector in Singapore for a prolonged period as a Marketing Officer. After completing her MBA in Marketing and HR from Kalyani University in first class, she has worked extensively in the MICE industry especially looking after the promotional activities and developing the Marketing Collaterals, Vendor Management, Membership Mobilisation, Market Research, Web Content development, Content Writing and as an Event Coordinator.

HEALTH

You're never too old to get immunised!

Are vaccines only for children? It's a myth, says **Dr. Vasant Nagvekar**, *who believes strongly that adults have an equal need and responsibility to vaccinate themselves against various diseases. Consult your healthcare provider to determine your level of risk for infection and your need for a vaccine, he urges.*

THE two most effective means of preventing disease, disability, and death from infectious diseases have been sanitation and immunisation. The practice of immunisation dates back hundreds of years. Edward Jenner is considered the founder of vaccinology in the West in 1796, after he inoculated a 13-year-oldboy with *vaccinia* virus (cowpox), and demonstrated immunity to smallpox. In 1798, the first smallpox vaccine was developed.

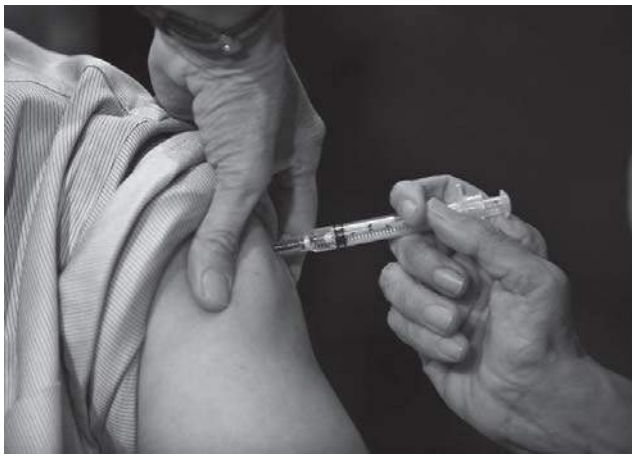
Over the 18th and 19th centuries, systematic implementation of mass smallpox immunisation culminated in its global eradication in 1979. Despite the evidence of health gains from immunisation programmes, there has always been resistance to vaccines in some groups. The late 1970s and 1980s marked a period of increasing litigation and decreased profitability for vaccine manufacture, which led to a decline in the number of companies producing vaccines.

The past two decades have seen the application of molecular genetics and its increased insights into immunology, microbiology and genomics applied to vaccinology. Vaccination started with adults and presently, at least in India, there is hardly any concept of adult vaccination. GIVS (Global Immunisation vision & strategy 2006 – 2015) WHO UNICEF vision says every child, adolescent and adult must have equal access to immunisation as provided for in their national schedule.

Why do adults require vaccines?

Vaccine preventable diseases specifically influenza and pneumococcal diseases kill hundreds of times more adults than children every year. Adult immunisation coverage levels are low. Following are some vaccine-preventable diseases and their mortality and morbidity rates:

- Typhoid affects 1 per 100 and multidrug resistant typhoid is rising.
- There are 350 million chronic hepatitis B carriers worldwide.
- Meningococcal infection has a mortality of 10–15 %.
- Chicken pox in adults has 15–25 times higher mortality than children.
- Severity of Hepatitis A is age related and fulminant hepatic failure results in death.



Adults need to be vaccinated too!

All the above vaccines are preventable in adults. Senior citizens are more susceptible to serious infections caused by common pathogens. Some of the vaccines received in childhood, their immunity declines over a period of time especially Tetanus and Pertusis, and require a booster dose to protect in adulthood. Also getting vaccinated against pertussis is known to be protective for small babies at home.

One of the most important reasons adults identify for not receiving a vaccine is the lack of provider recommendation for the vaccine. Apart from ignorance about adult vaccines, there is a general feeling that immunisation is only for kids. There is needle phobia, cost, vaccine myths, and limited access to vaccines, all of which contribute to lack of awareness for adult vaccination.

The main adult vaccines available are:

- Tetanus and diphtheria, which have a 10 year protection of >99%.
- Flu (Influenza) taken yearly has a protective rate of 50-70% and varies with the strain. Last year's flu vaccine

possibly had a lesser coverage due to a mutant strain circulating in the community.

- Invasive Pneumococcal disease 3-5 years protection is 60-70%.
- Hepatitis B has a >15years protection of more than 90%.
- In Hepatitis A, studies have shown a 20 year protection of 99%. Protective antibody levels develop in 95% of adults one month after the first dose is given in a two-dose series. Nearly 100% of all persons studied had protective levels of antibody after the second dose, given 6-12 months after the first.
- Live Vaccines like MMR (Measles, Mumps, Rubella) and chickenpox have lifelong immunity of more than 99%. It's disastrous to get exposed to or suffer from Rubella and chickenpox during pregnancy, if not having protective antibodies.
- The Meningococcal vaccine which prevents against meningococcal meningitis has a protection rate of more than 85% and is recommended especially for travellers going on pilgrimage, and for students staying in dormitories.
- HPV (Human Papilloma Virus) has almost 100% protection against the strains in the vaccine and recommended to females preferably before menarche and up to 26 years of age, to prevent carcinoma of cervix, and for homosexuals to prevent anal warts and rectal and anal malignancy.
- The new vaccine against Herpes zoster gives around 50-60 % protection and is recommended for adults aged more than 65 years.

Recommended adult vaccines

Routine Influenza vaccination is advisable for all elderly people above 50 years and health care providers. Certain populations have higher incidence of Invasive Pneumococcal Disease (IPD) and are vaccine preventable. For example, adults who have chronic heart disease are three times more at risk for IPD.

Similarly, adults or children having structural heart disease or diabetes or adults having Chronic Obstructive Pulmonary Disease are six times more prone for IPD. Alcoholics are eleven times and immunocompromised patients are 25 to 50 times more prone to develop IPD. Not only underlying comorbid conditions are more prone but as age increases, with underlying comorbid conditions, the risk of developing IPD also proportionally increases.

Diabetics are about three times more likely to die with flu and pneumonia. Diabetics have a normal humoral response to pneumococcal vaccination. Pneumoccocal immunisation in diabetic patients significantly reduces morbidity and mortality related to pneumoccocal disease.

Yearly influenza vaccine taken especially among elderly and those having comorbid conditions, reduces hopitalisation risk by upto 40 % and reduces the morbidity and mortality. The new pneumococcal conjugate 13 valent vaccine not only has an impact on IPD but reduces the risk of developing pneumonia by 45%.

Influenza vaccines are effective in the prevention of influenza illness, although improved vaccines are needed. Inactivated and live-attenuated vaccines are available in trivalent and quadrivalent formulations.

The objectives of vaccination include protection of the individual, as well as protection of the population through herd immunity. Flu vaccination of adults is also associated with decreased absenteeism from work or school and is significantly cost effective, but these benefits may not be seen in years when there is not a good match between vaccine and circulating viruses

Conclusion

Vaccines aren't just for kids. Getting vaccinated not only protects you from diseases, it can also help you protect the health of people around you, who may not be able to get vaccinated themselves, like infants and people going through cancer treatment. Vaccines are for everyone, not just children.

In fact, there are some vaccines that are specifically recommended for adults. These 'adult' vaccines protect against diseases that are more common in adults than children. Some vaccines protect against diseases that can be more serious when contracted by adults. Other adult vaccines may actually be boosters of vaccines that you received as a child. Boosters "refresh" the immune system's memory of how to make the tools to fight a pathogen, so that it can continue to provide protection against the disease. We can conclude that adult immunisation must become a fundamental part of routine patient care. Adult vaccination saves lives.■

Dr. Nagvekar is attached to Lilavati Hospital, Bandra, and Global Hospitals as Infectious Diseases Consultant.

Did you know?

It is shocking to know that India is the diabetes capital of the world! A dubious disctinction, which should ring frantic alarm bells. We have possibly more than 50 million people with type 2 diabetes in the country. It is a medical condition that is caused due to insufficient production and secretion of insulin from the pancreas in case of type-I diabetes, and defective response of insulin ion type-2 diabetes. Diabetes is a chronic medical condition, that is, it can be curbed at the initial level by introducing lifestyle changes and controlled after its incidence through medicines in early stages and administration of external insulin in advanced stages. It cannot be cured completely and is lifelong. Diabetes currently affects an estimated 143 million people worldwide, and the number is growing rapidly.

STORIES IN STONE

Badami, Aihole and Pattadakal

We humans have a need to tell stories. Across time, we have through whatever means we could muster, through whatever devices we could invent, found ways to pass along these stories – these marks in time that outlast our mortal selves. Some tellers trusted memory, others entrusted their tales to barks of birch and there were those who left their imprints on stone. Visit the once bustling capitals of Badami, Aihole and Pattadakal in present day Karnataka and you will see the stone scultptures, temples and monuments telling their own stories which you can accept, add to and pass on to those who come after you. In the hope that they will do the same.

Text & photos: Akul Tripathi

The Durga Temple complex in Aihole which is actually dedicated to the Sun God!

PERHAPS what differentiates us as a species from any of the other millions of organisms on the planet is our need to tell stories of our achievements, of our times, of the world as we knew it.

Over time, new stories were added as some dulled in memory. Stories and storytellers waged wars with intent to create new tales, to rewrite and erase old ones. To stamp their tales over their ancestors'. From the oldest to the newest, these have always existed in our universe. In reverberations, in faded dye on decomposing tree skins and in weathered stone. They introduce themselves as insistent memories of inexplicable founts, of unconscious readings in abstract brush strokes and markings in stone that their unassuming targets chance upon.

It is one such series of stories set in stone that trailed my way as I wandered through what we today know as Karnataka. In another millennium, about 1500 years ago, it was the part of peninsular India to which the movers and shakers of the time gravitated. A region riddled with rocks and set between the rivers Krishna and Narmada, became a stage for an enactment of stories that is posthumously called the saga of the making of the cradle of Indian architecture. The initiated will see the nuances of temple styles and construction techniques and other such jargon. Others, like me, will see stories. Stories of places that got made by people who had their own stories. Bustling capitals then and wormholes of history now - Aihole, Badami and Pattadakal. A story that entrusted itself to me. A duty of retellings that I must fulfil.

A story begins…

A long, long time ago, at a place on the banks of the River Malaprabha, which strolls to meet the River Krishna, lived two demon siblings named Vatapi and Ilava. Ilava had a boon that whosoever he calls out to will come to him, even from beyond the horizon of death. Together, they would use this boon to rob passersby and especially mendicants in a particularly gruesome way. Ilava would turn Vatapi into a ram and then kill it and cook its meat and offer it to the travellers they would chance upon. Once the unsuspecting traveller had eaten the meat, Ilava would bring into play his boon. He would call out to Vatapi and Vatapi would emerge from the innards of the traveller, killing him. The duo would then make away with his possessions.

For many years they kept at this heinous crime they had perfected. Then, whether it was by the pleas of people or by some divine sense of cosmic balance, no one can say for sure, there arrived in the Malaprabha Valley, the venerable sage

The sculptered entrance to the Durga Temple

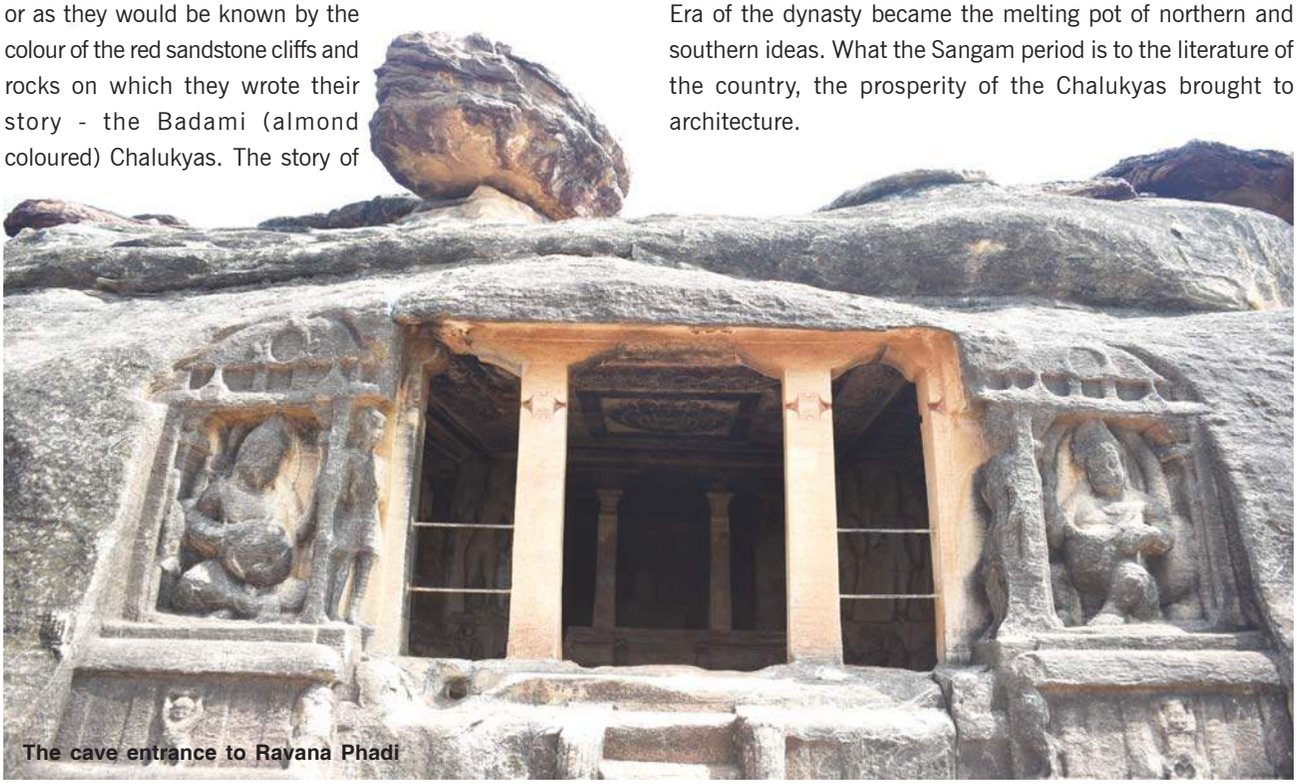
The interior of Ravana Phadi temple to Lord Shiva

Agastya. Unaware of the divine powers that fed the humble appearance of the sage, they played the practiced ruse on him. In the way they had hundreds of times before, Ilava fed the meat and then called out to Vatapi.

However, nothing happened! Illava stared dumbfounded at Sage Agastya who was half smiling in contentment. He had known or divined the intentions and the boon of Ilava, and had digested the meat of the ram that was Vatapi as soon as the food had hit his stomach, killing him in a manner from which there was no coming back. Thus, sage Agastya rid the people of Malaprabha Valley of the demonic brothers and peace reigned thereafter. In memory of what evil was capable of, two peaks near the place that Agastya triumphed were named after them.

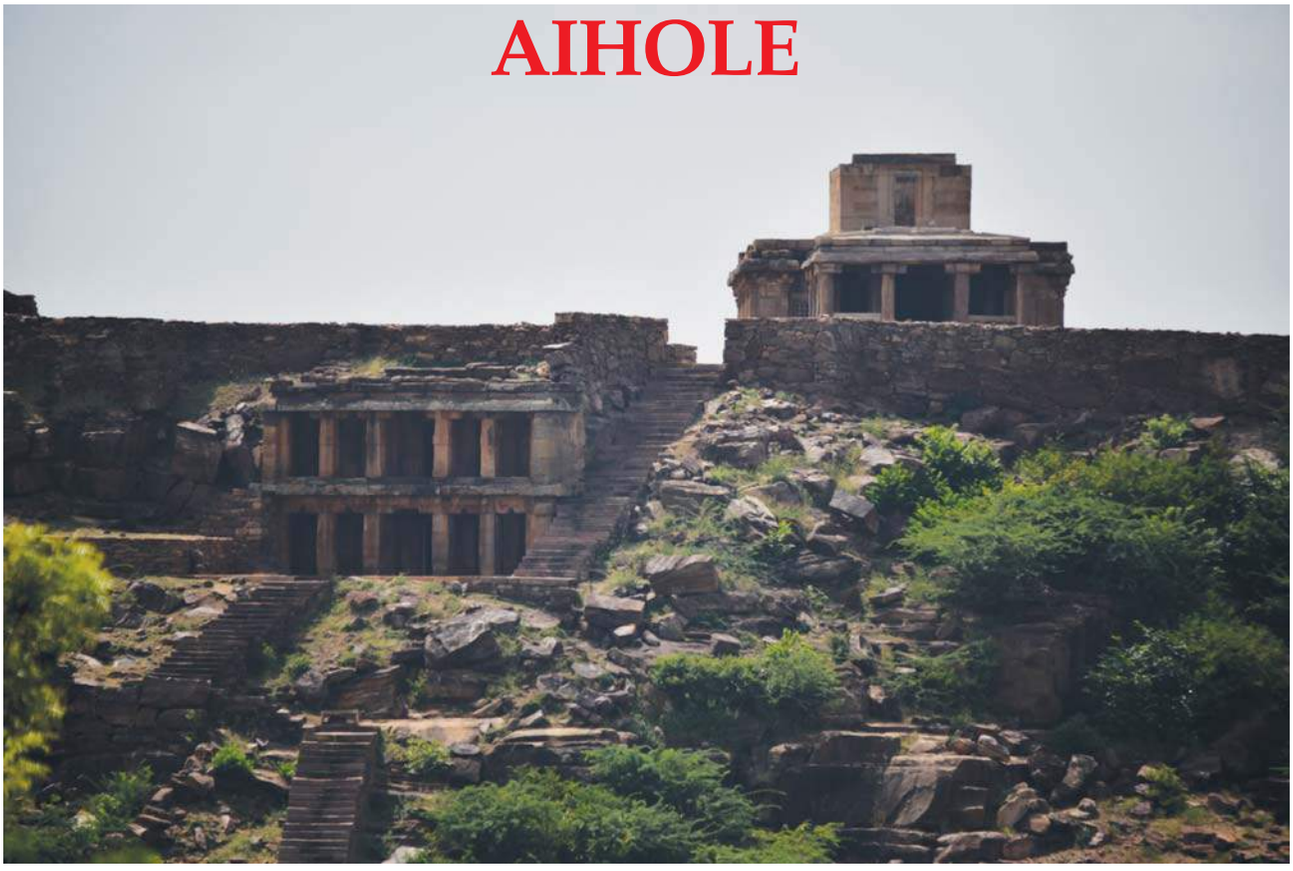
An unaccountable number of years later, in what we know to be the middle of the 5th-6th century, emerged in this same Malaprabha Valley the dynasty known as the Early Chalukyas, or as they would be known by the colour of the red sandstone cliffs and rocks on which they wrote their story - the Badami (almond coloured) Chalukyas. The story of the Chalukyas is an important milestone in the history of South India and is considered to be the golden age of Karnataka. Over a period of roughly 600 years, the Chalukyas ruled as three related but individual dynasties - the Eastern Chalukyas, the Western Chalukyas and the Badami Chalukyas. Of the three, it is the Badamis who held sway over the Malaprabha River Valley and it is them who authored this tale that caught me and through me, you.

The present city of Badami in northern Karnataka, regarded by many as the site where Agastya slew Vatapi, became their capital. Their kingdom at its zenith occupied almost all of Maharashtra, Goa and Karnataka, and spilled over into parts of Andhra Pradesh, Telangana, Tamil Nadu, Kerala, Madhya Pradesh and Gujarat in today's political geography. As vast as their kingdom was in its heyday and its subsequent splitting into various power centres, the Malaprabha Valley in the Golden Era of the dynasty became the melting pot of northern and southern ideas. What the Sangam period is to the literature of the country, the prosperity of the Chalukyas brought to architecture.



The cave entrance to Ravana Phadi

AIHOLE



The temple atop Meguti Hill, Aihole

MUCH before Badami bore the title of the seat of Chalukya power, the status was bequeathed to a small, sleepy village also on the banks of the Malaprabha, an hours drive from Badami - Aihole. A separate series of stories remembers this place as where Vishnu's *avataar* washed his axe after the slaying of the *kshatriyas.* It is regarded by some as the place which in 450 CE, was the capital in the early days of the Chalukyas. And it is from where we must begin this tale.

From a time in the indiscernible past, Aihole was an *agraharam* – a village with a spatial arrangement of town planning such that roads would run north south with houses on either side, leading up to the temple of the village God in the centre, thus resembling a garland *(haar)* around the temple. Traditionally, at one end of the road would be a temple to Shiva and at the other end, one to Vishnu. The garland remains, but a vestige to the current Aihole which resembles more a pendant in itself, glittering with temples, held together by strings of settlements.

Through times leading up to the 12th century, Aihole served as a receptacle to ground breaking experiments in temple making with the golden sandstone rocks – some built right into the cliffs. One hundrend and twenty five of these story pods have evaded centuries of time and the perils that come with time to reach us with their story. The story of how stones and stories of the North and the South fused, of how this valley, 8 km at its widest, began a genesis of temple architecture in India.

The monuments in Aihole can be divided into two major periods of making – of the Early Chalukyas in the 5th-6th century and that of the late Chalukyas in the 11th-12th century. Remnants of stone walls are visible in various parts of the village and are dated to the period of the Late Chalukyas and scholars opine that the stone walls replaced what were once earthen ramparts. Perhaps Chalukyan Aihole would have been contained by the fortifications in an approximate 500 metres ring. Today, the temples are everywhere, without any apparent grouping. But for some semblance of order, they could be said to be in four primary locations – on the nearby Meguti Hill, the Durga Temple Complex, within the main town and the Siddankola site, a short distance from the town.

The Meguti Hill and the Durga Complex

The Meguti Hill is a towering feature in the landscape of Aihole. One that can be seen from almost any point within the town. A flight of steps leads up to the top of the hill which is a flat terraced feature. Just before the crest is a Buddhist temple, and on the very top is a Jain temple. Based on an inscription found here, the temple can be dated to 634 CE. The temple stands in the middle of a large enclosure with

Every child has the right to education.
Let's work towards a brighter India.

MANUGRAPH
Technology in Print

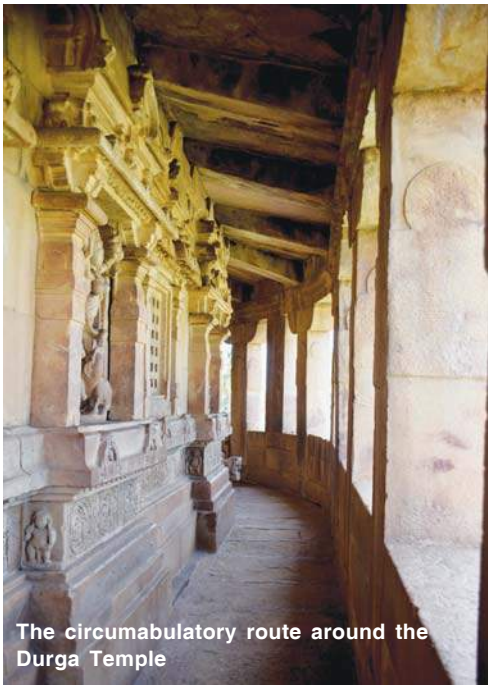
Sidhwa House, N.A.Sawant Marg, Colaba, Mumbai 400 005.
Mumbai : 022 - 22874815 I Delhi : 011 - 23314768 I Chennai : 044 - 28410679
Ahemdabad : 079 - 26441830 I Kolkata : 033 - 22834041 I Hyderabad : 040 - 23202668
For further details : www.manugraph.com I sales@manugraph.com

MATCHSTICK

DIMENSIONS - 20cms x 27cms

piles of rubble scattered around. The presence of these temples, besides pointing to just a secular disposition of the Chalukyas, draws attention to the prominence of these religions in the region based on the prominent placement of the places of worship. Also carved into the southern flank of the Meguti Hill is a Jain cave temple which may be one of the earliest with indications of having been carved as early as the latter half of the 6th century.

Of further interest historically, though not a distinction of the Chalukyan story, is the presence of some dolmens, many of which now lie collapsed. Dolmens are mysterious structures which tell a story, yet indecipherable, of times far older. Found in various shapes, sizes and complexities the world over, the oldest dolmens in Europe are dated to over 7000 BCE. While some attribute them to be a kind of single chamber megalithic tomb, others associate them with various other beliefs and metaphysical uses and practices. In essence, they are four upright slabs of stone covered with another larger piece of stone, depicting a rudimentary room. The ones on Meguti Hill are dated to the 1st–2nd millennium BCE.


The circumabulatory route around the Durga Temple

Not too far from the hill, on ground level is the principal attraction of Aihole – the Durga Temple Complex. The throng of visitors to it is quite natural, as amongst the group of temples in Aihole, it is by far the largest and the most richly embellished Hindu temple. However, the name is quite a misnomer as it is not a Durga Temple! It is in fact, a temple dedicated to the Sun God which was constructed in the 8th century. The name stems from tthe stone rubble look-out (or *durg,* now removed) that was erected on top of the temple, possibly as a fortified lookout, part of a much larger fortification, probably of the Marathas. This temple, with a semi-circular end is one of the state's iconic picture postcards.

This apsidal-ended layout is traced back to the rock-cut Buddhist Chaitya halls from the 2nd and 1st century BCE, but is unique in the context of early Chalukyan architecture. The entrance to the complex is from the west, giving a full view of this semi-circular ended sanctuary. Like all Sun temples, the temple itself is aligned on the east-west axis with the entrance to the sanctuary from the eastern side. An entrance porch, the rectangular *mandapa* and the inner sanctuary complete the temple. Rising from the roof is an incomplete Nagar styled tower, with its crowning *amlaka* filial tower having fallen off.

The circumambulatory route along with the porch is home to exquisitely carved reliefs and sculpted columns. The walls have regularly spaced niches alternating with perforated windows. The niches are headed with pediments displaying diverse Dravida and Nagara elements which are masterpieces of art. The ceilings are alive with medallions that are as unique to the temple as they have similarities across the temples in the Malaprabha Valley, especially the Badami caves. Compared


Another view of the splendid Sun Temple (Durga Temple) at Aihole

Timber-like construction of the Lad Khan Temple in Aihole

The ten-armed Shiva at Ravana Phadi, frozen in a moment of dance ecstasy

to the verandah and the entrance porch, the *mandapa* interior is quite plain. Similarly, the columns are carved and decorated towards the eastern entrance as compared to those on the westward side. Perhaps, the temple was never as finished as it was intended to be?

Within the premises of the Durga Sun Temple complex are also other monuments and temples, including the open air archaeological museum. The lawns, especially in front of the museum are dotted with several pieces of stones, memorials and what were once parts of temples. Another temple that arouses interest especially because of its name is the Lad Khan temple.

No one is quite sure how the name of the temple retains the name of a Muslim inhabitant in former times. That remains a story lost to time. The temple, however, stands fairly intact and is amongst the few I have chanced upon which has a terrace that was once accessible through a stone ladder. The joints that hold up the roof are protected by log-like stone strips which are reminiscent of timber architecture. The walls are carved as large perforated screens with geometric design that allow light inside the temples. The figures inside, especially the one of a woman with a horse's head, are considered a highpoint of early Chalukyan art.

Also in the premises are the Suryanarayana Temple, the Gaudargudi Temple, a large water tank, an exceptionally preserved Nagara-styled tower of the Chakragudi Temple, and the Badirgargudi Temple. The entire town outside the complex is similarly bejewelled with temples and shrines any way one turns. In the absence of houses, it would make the entire area seem like one large workshop for artisans focussed on creating a place of worship to each one of the 33 crore Gods of the pantheon, and then the Buddhist and Jain Gods as well! It is a sight that needs to be seen to be believed.

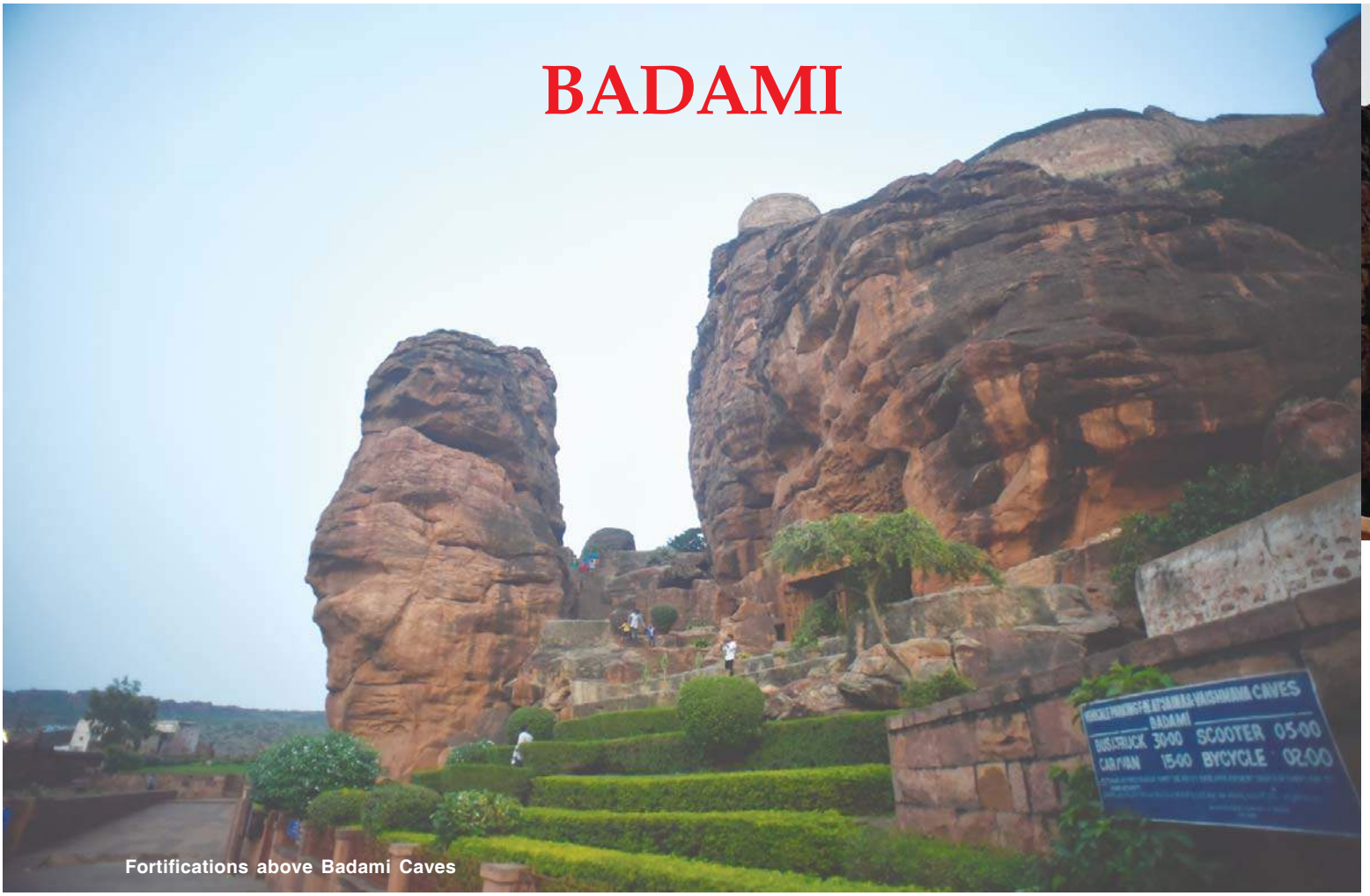
A short walk from the town to the base of one of the mountains is one of the oldest rock cut temples in the area - Ravanaphadi. As infrequent it is to chance upon Hindu cave temples, even amongst the ones that one does chance upon, like the ones in Badami, Ravanphadi is in a league of its own. It is a Shiva temple that is bigger than any of the cave temples that we will visit at Badami.

The temple has a large open space in front of it and the ritual Nandi facing the shrine inside. A set of steep steps leads to the entrance of the cave which consists of ornately carved stone columns and on either side of the entrance are rectangular hallways with pillars providing a sense of space and calm before one reaches the stillness of the sanctum sanctorum.

The inside is definitely a calm space, not like being underground which seems like a different world, but as if the mountain becomes a shield between the self and the world outside and in that secret little niche will one meet an experience of the otherworldly. The otherworldly, more than that of a spiritual sense is one of sheer wonder at what times must they have been when people spent significant portions of their lives, carving their Gods out of the stone walls that held them.

The walls are richly adorned with intricately carved statues of detail that seems otherworldly (there goes that word again) when imagined in the age that they must have been carved. There are reliefs of Shiva in the *avataar* of *Ardh-nareshwara,Hari-hara*(amalgamation of Vishnu and Shiva)*;* of Durga slaying Mahisha, Varaha rescuing Bhudevi, of Shiva and Parvati on Nandi, and Vishu and Lakshmi on Garuda. The grandest of it – my memory of Aihole along with the apsidal Surya temple – is the tableau dominated by a ten-arm Shiva photo-sculpted in that picture perfect moment of dance ecstasy. As the light dims while one stares fixedly at the almost believable impressions scratched out of stone by the vision and skills of a master artist; it must be just delusion, but there was a rhythmic thumping that matched that of my charged heart and just for that instant, there was no stone…there was no mountain…and there was no me…

BADAMI



Fortifications above Badami Caves

THE story of the beginnings of the Chalukyas has many variations. Some believe that the earliest known ruler is Jayasimha Vallabha (approximately 500-520 CE) and his son Ranaranga (approx 520-540 CE), who were chiefs under the Kadambas who ruled most of present-day Karnataka. At the decline of the Kadambas, the Chalukyas came to power. However, many believe the line to be established and officially begun when Ranaranga's son Pulakeshin I (543-566 CE) came to power and shifted the capital symbolically from the place they were earlier chiefs - Aihole to Badami - or what was then Vatapi. The move was also a strategic one for the infant kingdom as the place was flanked by high mountains on three sides, making it a sure stronghold which was further strengthened by his construction of fortifications on top of the hill. However, what concerns us is that in the shade of that safety blossomed four caves that tell a story more enthralling than the mundane wars, mysteries and intrigues of kingdoms.

The regal emblem adopted by Pulakeshin I was that of the *Varaha* or boar *avataar* of Vishnu. However, the kings were not worshippers of only one God or sect of Hinduism. Shiva, Surya and Vishnu all received veneration along with deities of Buddhism and Jainism.

On approach, the first cave is dedicated to Shiva, as is apparent immediately with an 18-armed figure of Shiva carved at the entrance. The nine arms on each side have a specific

The second cave shows the *Vamana avataar* of Vishnu

A view from Badami Caves

hand gesture, which locals proudly say in combinations represents each of the 81 gestures of Bharatanatyam. More inscriptions from the Shaivite cannons are present with sculptures of Harihara in the company of Parvati and Lakshmi and Ardhanareshwara with the skeletal Bhringi and Nandi on the Shiva male side and a female attendant carrying a jewel case on the female side. For the most exquisite work though, one must quite symbolically look up to the cave ceiling which is adorned with some outstanding workmanship, especially the coiled serpent Nagraja who looks ready to drop off from the ceiling.

The second and third caves, accessed through ascending an exterior flight of steps are dedicated to Vishnu. The second cave is considered to be made at a later date than the third cave and is regarded by those in the know to be an inferior copy of cave number three. The largest relief in cave number two shows Vishnu as Trivikarma - His *vamanaavataar* with one foot on Earth and another directed north. Several other representations of Vishnu in His various incarnations and legends from the Bhagavata Purana adorn the walls of this usually run-through cave.

The third cave seems a continuation of imagery from the second cave except with much more zing in it. It is the most intricately carved cave at Badami and continues the exploration of the various forms of Vishnu including one depicting Him as Harihara. Vishnu is represented in his *ashtabhuja avataar*- having eight arms and also as Vaikuntha, seated on the coils of *shesha*. Ceilings, as is the case in Badami inspire awe yet again with a particularly uncommon depiction of Indra on his elephant, in the company of dancers and musicians. The star attraction of the Badami caves is perhaps in this cave with murals on the ceiling, which are considered amongst the earliest known surviving evidence of fresco painting in Indian art.

The last cave is situated at a higher level than the other caves and has its own little terrace. It is dedicated to the revered figures of Jainism and is the newest of the caves of Badami dated from the 7th-8th century to the later Chalukya

The almost real-life serpent sculpture on the ceiling of the first cave

A Bahubali statue in the Jain Cave

A Depiction of Nataraja Shiva

The stairway towards caves 3 and 4, Badami

period of 11th-12th century. It depicts the saint Bahubali with vines wrapped around his legs and Parshvanatha with a multi-headed cobra rising over his head among others. Many Jain *tirthankara* images have been engraved on the inner pillars and walls along with carvings of *yakshas*, *yakshis* and other *tirthankaras*.

However, the story of the Badami caves has more intrigue than is immediately discernible. Between caves 2 and 3 is another natural cave which has even the experts stumped in deciphering its story. Some believe it to be a Buddhist cave with a carving of Padmapani holding out a lotus, and a devotee seated near the Boddhisattva. Another opinion recognises it as a depiction of *Buddhavtara Vishnu*, while some recognise it as a Jain figure. And for another twist, in 2013, the Government of Karnataka reported the discovery of another cave at a short distance from these four which reportedly has 27 carvings. As much as Badami appears a showcase, it has hidden in its folds still many secrets.

Temples on the bank of Agastya Lake

Opposite the caves, in sort of a natural gulf, is a water tank that is named the Agastya Lake in honour of his ridding the residents of ancient Vatapi of the demon bothers. On the cliff tops surrounding the lake are remnants of several fortifications including some built by Tipu Sultan when he occupied Badami for a brief period. Also built along the banks of the tank and on the flat hill tops are other temples and shrines to a wide array of deities. The erstwhile palace of the king has been converted into an archaeological museum and the transition from the current city to the stone environs of the past, with life continuing seamlessly through a lone surviving doorway is representative of the real India. Where history and the present blend into each other seamlessly and, perhaps the reason it is not glorified and handled with pampered hands, is because the people don't see it as somebody else's who owned it a long, long time ago. It is their very own and if it is lost and or broken? "Well, we'll make a new one and people a thousand years later can break it", they say with a customary shrug of the shoulders.

PATTADAKAL

The temple complex at Pattadakal

AS per the most ancient of sources, the Himalayas to the north of the country are the most sacred of mountains, the direction north is also auspicious and the rivers that flow from the Himalayas are holy. The Ganga being the holiest of holies and especially more so when she is is *uttaravahini* or northward flowing. It is to the left bank of the stretch where the Ganga flows to the North that the eternal city of Kashi was established. Similarly, any northward stretch of a major river is considered auspicious and settlement is based on the left bank, built to catch the first rays of the sun over the holy river. Such it is even with the Malaprabha at a particular point where the river turns north and on its left bank is the small village of Pattadakal with a group of monuments that are now a World Heritage Site (WHO), testifying to older times when the auspicious stretch was the place of coronation of the Chalukyan kings.

The ancient temple town of Pattadakal illustrates the apogee of temple making of the Chalukyan style, which originated in Aihole and through experimentation was perfected between Aihole and Badami. Built in the 7th century, it is a marvellous blend of architectural forms of the North and South India. On the bank of the softly flowing river, there are a series of Hindu temples dedicated to Shiva and a Jain temple. It is at this auspicious site that the Chalukyan kings were crowned.

Theses temples represent the greatest achievement of the Early Chalukyan builders and sculptors from the first half of the 8th century and at the time they were built, must have been

The riverine entrance to Pattadakal

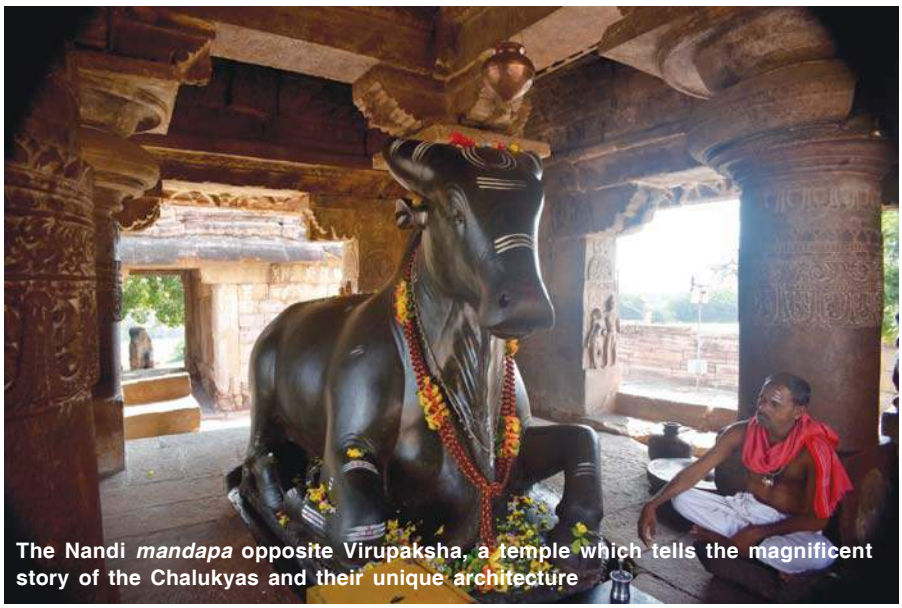
A Pattadakal panorama

the grandest and most stylistically evolved illustrations of the Dravida style in all of South India. The oldest of the Shiva temples in Pattadakal is the Sangameshwara Temple, built in the Dravidian style, and probably the last one to be built was the Kasi Visveshwara Temple, in the Nagara style. Every temple with even the same Gods in similar poses have distinctions and variations that make them unique. The arrangement of stones in every temple is a process that aims at refinement and perfecting itself.

While, without surprise, given the international acclaim, every one of these temples is a joy to behold and has for those with an insight in these matters, facets and details that can have them spellbound for hours if not days; the most important, most ornate and most lavishly made of these temples is the VirupakshaTemple.

Built in 745 CE, it was commissioned by Queen Lokmahadevi to commemorate the victory of one of the Chalukyans greatest kings, her husband – Vikramaditya II over the Pallavas of Kanchi. It is adorned with every possible symbolism, motif and story that one could possibly think of in every square inch of its space. If all the temples of Badami, Aihole and Pattadakal tell a story of the Chalukyans and its unique architecture, the Virupaksha Temple of Pattadakal tells an equivalent story all by itself.

The VirupakshaTemple incorporates an entrance gateway, Nandi pavillion, porch, *mandapa*, an antechamber and the central *garbhgriha.* The temple is aligned like the others in an east-west axis. The walls and columns of the temple hold together a seemingly impossible array of compositions. Legends, myths, narratives, history and sublime art combine on what was once plain rock to celebrate and pay obeisance to the lord of the lords – the Mahadev – Lord Shiva. Quite satisfactorily, this temple and its Nandi *mandapa* are the only ones which are active, and draw as many devotees as art aficionados and in my opinion, both leave with some traces of the other.



The Nandi *mandapa* opposite Virupaksha, a temple which tells the magnificent story of the Chalukyas and their unique architecture

The Shiva *linga* at Virupaksha

The glorious Virupaksha Temple at Pattadakal

A story ends…or does It?

While leaving, one realises all of a sudden that at some point, all of this must have also been painted. So many stories and yet experts opine that none of them were ever quite completed, pointing at (perhaps imagined) unfinished patches. If it were all to be completed, how much would there have been! Perhaps it is for the better. Perhaps there is a sensory threshold to beauty that must not be crossed and that is why this was left the way it is. Of course, history tells us otherwise. But that is boring. This is a much better story…

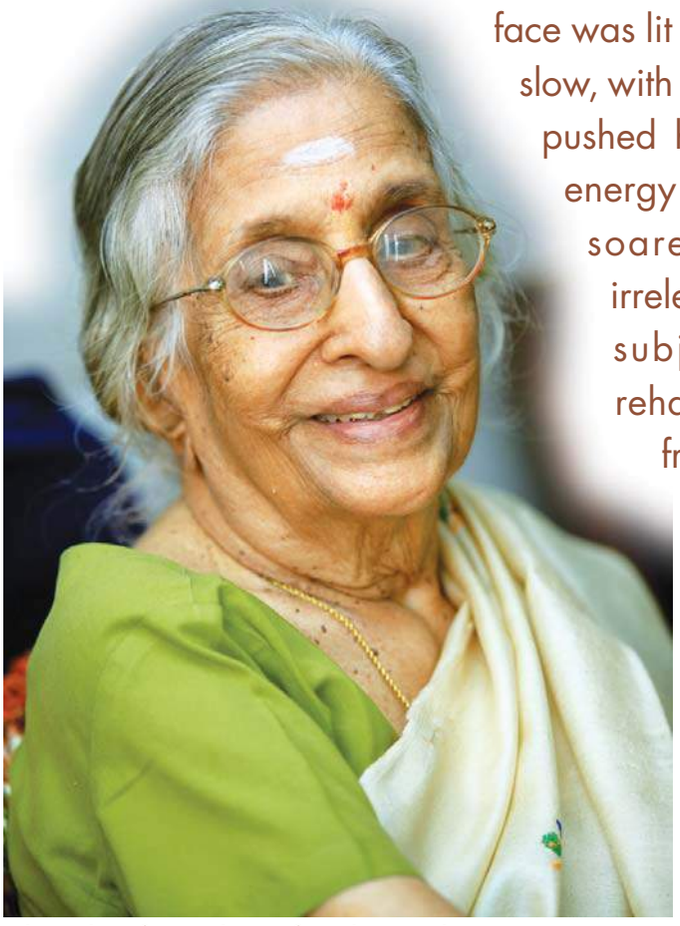
Or perhaps, the finishing touch is the visitor. The carrier of the story. Perhaps that is the last chisel stroke in an unending line of completeness that has been continuing for 1500 years. Each stroke of the clock, an imprint of stone on the glaze of individual memories. An eternal string of stories, only begun in stone, with human threads that will carry it far and wide. Each story will end differently. And that end will only be another beginning. This is where my story of the almond stones ends. This is where yours begins. Journey safe, now my friend. You too carry a tale in your womb. A tale you must tell. The taller the better. ■

The writer is a media professional and freelance writer.

FACE TO FACE *with* Dr. Sarada Menon

"Patients were conveniently dumped there by their families. They feared to take them back, since managing them at home was difficult when they turned violent"

She was the very personification of warmth as she welcomed me to her residence in Kilpauk, Chennai. ***Dr. Sarada Menon***, 92, seemed slightly tired. But her face was lit up with a brilliant smile. Her walk was slow, with measured steps. But, her determination pushed her frail self forward. In no time her energy doubled, passion surged and spirit soared, making her 92 years seem irrelevant, as she delved into her favourite subject, the mentally ill and their rehabilitation. She oscillated with ease, from the past to the present of her life's journey, where psychiatry had played a pivotal role.



For Dr. Sarada Menon, healing the mentally ill remains her priority, also her world. She is one of India's first women psychiatrists and the first woman Superintendent of the Institute of Mental Health, Chennai. She is also the founder of Schizophrenia Care and Research Centre (SCARF), Chennai. She has served as Vice President of the Red Cross Society and been on many national committees, including the one on prison reforms.

Her journey of commitment and excellence in psychiatry, marking every mile stone with her stamp of compassion and concern, earned her several awards including the Padma Bhushan and six Lifetime Achievement awards. Added to that is the recently conferred, the prestigious Avvayar Award of 2016, by the Tamil Nadu government.

Meera Krishnankutty in conversation with Dr. Sarada Menon.

Your exemplary services in psychiatry spans more than 75 years. Looking back, how do you view your journey?

It has been very exciting and rewarding. I am very happy that I chose psychiatry as my subject of specialisation, at a time when it was not even heard of. The mentally ill who suffer severely are easily misunderstood due to their lack of communication skills and unusual body language. Treating and rehabilitating them is no small challenge, and for me accepting the challenge has been a gratifying experience.

You were born in Kerala, but brought up and educated in Chennai. Tell us about your early days and schooling?

My father served as a Judge under the Madras Presidency. As Chennai was part of the province, it was but natural that my education happened here.

After my admission to Class 2, I was asked to recite a poem. I said I did not know any. With a serious face my class teacher joked, "Come on dearie, I will kill you if you do not recite one tomorrow!" Frightened to death, I vanished in no time and took refuge in class 1! There I continued hiding for nearly 6 months until our Mother Superior, who very sweetly, but with great difficulty convinced me about the joke, and brought me back to class 2! My higher classes were done in Good Sheperds School, and my Senior Cambridge at Church park .

What prompted you to take up medicine in college?

The seed was sown during my first visit to the Egmore Hospital as part of a sightseeing spree with my mother and her friends, who had come to Chennai. I was only 13 at that time. What I saw in the crowded hospital was deeply imprinted on my mind. That eventually led me to the medical profession. I had to spend an extra year to learn science in order to be eligible to do Zoology prior to my medical studies.

How did your family react to your decision?

My family strongly opposed, including my father's close friends, who themselves were doctors. They were worried about the struggle of five and a half years of college, and the stress and strain of the practice. According to them, a teaching job after some basic graduation was the ideal occupation for women! But I stood firm. Luckily, my brother sided with me and helped me to get into Madras Medical College (MMC). Medical education was free for women at MMC those days. Yet, very few women came to study. After my residency at Moulana Azad Hospital in Delhi, during 1947, my first placement was at Pithapuram in Andhra Pradesh. There I had to learn Telugu, to converse with the patients. Soon I got back to MMC and did my MD in general medicine here.

Again, in an era when few women went to medical colleges and almost none ventured to study psychiatry, you dared to specialise in mental illness. How did it happen?

During a ward visit as part of my studies, I happened to meet a girl who was shabbily dressed and behaved strangely. She also had turned violent. I saw her being given a very strong injection. It was an extremely painful one, but, the only available remedy of that time. Her pathetic plight was terribly disturbing. I guessed that something was seriously wrong with her mind. I was inquisitive to know more about this comparatively lesser known area of diseases. The subject of my further specialisation was decided, then and there.

Psychiatry was least popular those days. Good learning centers were not many. Fortunately, I got admission for a two-year specialisation course at NIMHANS, Bengaluru. I joined their third batch and graduated as the first woman psychiatrist from there .On completion, I was posted as the first woman Assistant Surgeon at the Mental Hospital in Chennai. Soon I was promoted as the first woman Superintendent of the Mental Hospital.

What was the state of the hospital, when you took over?

It was terribly overcrowded and understaffed. There were about 2800 inmates, a 1000 more than the official records. It was more like an asylum. The atmosphere inside was suffocating and miserable. Food and medical supplies were limited to 1800 patients only.

Patients were conveniently dumped there by their families. They feared to take them back, since managing them at home was difficult when they turned violent.

What were the reforms and changes that you introduced?

My first decision was to increase the number of the working staff. Around 25 social workers were appointed, and an out-patient ward was also opened, where documenting the case histories was made compulsory.

Reducing the number of admissions was my next challenge. We contacted the families, advised and encouraged them to bring the patients in the morning and take them back in the evening, assuring them of good day care. They were half-hearted in the initial trials. Later, convinced of the working pattern and the improved conditions of the patients, they gradually agreed. Patients who turned violent had to be sedated, before they were sent home.

We further reduced the number of visits with medication and counselling, to once a week, for the follow-ups, reviews and medicines. Social workers were the connecting links between doctors, patients and their families. They documented the

patients' particulars, listened to those who were eager to talk, and contacted the families for timely follow up and review. This way doctors could focus more on the diagnosis and treatment.

New buildings, better amenities, vocational training centres and recreational facilities were also introduced. More number of trained occupational therapists, recreational therapists, and psychologists were placed. Rehabilitation and social acceptability were given priority.

How was the rehabilitation planned?

Without effective rehabilitation, I felt that no treatment was complete. Our occupational therapists were trained to encourage the patients to bring out their talents and abilities, whatever may it be. Over small talk and simple exercises of self introduction and light refreshments, many of them opened up. Patients were helped to do what they were good at, mainly to engage them productively.

Amazingly, with constant support and guidance, patients produced various things, depending on their ability, interest and mood, which included detergents, paper covers, and other handcrafted objects. The products were sold outside. I remember, those days, I personally approached the customers to get them sold. We supplied paper covers even to the temples of Thiruthani and Tirupati. Incentives were paid to the patients for their labour, which they took home. Baking was also a huge success after our old hospital flour mill, was made to function.

Patients at some stages only eat and sleep, having no motivation, and families often accused them of being lazy. Trained staff on such occasions made the families understand, that it was only due to the illness. The families then realised the need to assist the patients in their daily chores like brushing teeth, grooming and so on.

Difficulty in communicating is seen as a major problem with the patients. I remember a patient, an expert weaver who sat helplessly staring at the loom for hours unable to express the problem, until his trainer at the therapy division came to his rescue.

Do you think the stigma on mental illness still persists?

Yes, the stigma continues, even in these modern times.

Stigma is confined not only to the patients or the families, but it extends also to the subject of psychiatry. It is an ignored subject even in our MBBS syllabus. Psychiatry is not taught from the first year as other streams of medicine. Since there is no separate exam for it, most of the students attach no importance to it. It is a very sad state. I feel strongly about the need for more psychiatrists in service, and have recommended posting one each, at least, in all the women's hospitals. It is disappointing, that till date nothing has been done. Around 50% of the women's illness could be attributed to their emotional problems, due to the stress and pressure they undergo at home. Under such circumstances, psychiatric services would be a great boon to them. Frankly speaking, even psychiatrists are treated sceptically. Families of the patients visit them discreetly. Many avoid appearing with them publicly fearing the society's branding. I remember many occasions where the wedding invitations came with an apologetic request from the guardians, as, "You need not bother to come, hope you will understand, doctor. Your blessings are all that we seek".

Lack of understanding of the illness, and the reluctance of acceptance are the major stumbling blocks to be dealt with. People should understand that mental illness is neither a sin, nor a punishment given by God for your previous birth's bad deeds. Just as any physical problem that cripples or disables the affected part of the body, the illness here affects the mind, and that is all.

However, people are a little more open than before about consulting, thanks to the growing awareness, which is very vital, in early detection and treatment. With the advancement of science, many effective drugs are also available for better results and cure.

SCARF has been your brain child...tell us more about it?

I felt a need for promoting rehabilitation outside government services also. Many like-minded joined me. Thus SCARF (Schizophrenia Care and Research Centre) was founded in 1984. Currently it also acts as a collaborating centre of the World Health Organization (WHO). Several philanthropists and mental health professionals like psychiatrists, psychologists, social workers, rehabilitation experts, and administrative and support staff, pool in their services there.

You have been tirelessly battling all your life for the betterment of the mentally ill. What are your ways of relaxation?

Till a couple of years ago, I was busy visiting hospitals and practising daily at home. But, now I do take breaks. Consultation at home is confined to two days a week. My nephew, who is a psychiatrist, takes over the rest of the days. I find time to read, socialise and watch movies. But my best relaxation always has been my work and improving on it, which I consider a pleasure even today. ■

HEALTH

Laughter, the best medicine

When in doubt, laugh it out! Laughter never killed anyone, on the contrary, it enhances our mood and helps us in battling stress. Even forced laughter is fine, says **A. Radhakrishnan**, *who narrates some jokes to ensure that our laughter is real.*

How did Julius Caesar spit on Brutus before dying?
"Ehh thu, Brute" – (received on what'sapp)

LAUGHTER is a unique, incredibly healthy human experience, which apart from releasing happy chemicals, reminds us not to take life or ourselves too seriously.

As Jorge Garcia puts it, "*I definitely try to mix humour into whatever I do. Mixing humour and harsh reality is a very human behaviour; it's the way people stay sane in their daily lives.*" and Lord Byron said, *"I always laugh when I can. It is cheap medicine".*

Laughter can make people seem warm or authoritative, cooperative or ineffectual, or just plain obnoxious. It is so basic to humans, we barely notice it.

Everyone can laugh!

Everyone has the capacity to laugh, even children born deaf and blind. Babies laugh long before they acquire speech. Children laugh easily and often, but adults may forget to use it in their daily lives. You have your own personal signature when you snort, cackle, chortle, or have a wild, weird little giggle; a response to certain external or internal stimuli.

Laughter can be an emotion of relief, mirth, joy, happiness, embarrassment, apology, confusion, nervous laughter, paradoxical laughter, courtesy laugh, or even evil laughter.

Robert R. Provine, Ph.D., a behavioural neurobiologist at the University of Maryland in Baltimore recalls the bizarre outbreak of contagious laughter in Tanganyika in 1962. What began as an isolated fit of laughter (and sometimes crying) in a group of 12 to 18-year-old schoolgirls rapidly rose to epidemic proportions. It eventually infected adjacent communities and the epidemic was so severe it required the closing of schools for six months.

It is a dramatic example of the infectious power of laughter - something that many of us may have experienced in our own lives. The laugh tracks of television situation comedies to stimulate contagious laughter in viewers are an instance. Laughter thus, is a powerful and pervasive part of our lives.

Like small talk, laughter plays a somewhat similar role in social bonding and strengthening friendships. Tickling has also

long been the trigger that creates laughter, something even the ancients knew, says Provine. Even rats laugh when tickled!

Humour can be learned. Ferret out a few simple items, like photos or comic strips which help you chuckle. Hang them up at home or in your office. When you need added humour boost, turn to funny movies or comedy albums.

Laugh and the world laughs with you. Share a laugh. Browse through your local bookstore or library. Don't laugh at the expense of others. Use your best judgment to understand a good joke from a bad or hurtful one. Laughter is indeed the best medicine!

How does laughter help?

Turn the corners of your mouth up into a smile and then give a laugh, even if it feels a little forced. Once you've had your chuckle, take stock of how you're feeling. You will find your muscles a little less tense and feel more relaxed or buoyant. That's the natural wonder of laughing at work.

Feeling rundown? Laughing more might just be the best medicine, helping you put that spring back in your step. There is a physiological change as we stretch muscles throughout our face and body; our pulse and blood pressure rise, and we breathe faster, sending more oxygen to our tissues. "Like a

mild workout, the effects of laughter and exercise are very similar", says Wilson, a pioneer in laughter research.

Yet, aside from a general appreciation that laughter is the best medicine and associated with humour, we know little about laughter itself. Provine avers that most studies have been small and not well conducted and with obvious bias. "It's not really clear that the effects of laughing are distinct from screaming".

Numerous studies of people in pain or discomfort have found that when they laugh they report that their pain doesn't bother them as much. For instance, a study might show that people who laugh more are less likely to be sick. But that might be "because people who are healthy have more to laugh about".

So it becomes very hard to say if laughter is actually an agent of change or just a sign of a person's underlying condition. Does actually the act of laughing make people feel better? A good sense of humour, a positive attitude, and the support of friends and family might play a role, too. But laughter certainly isn't hurting.

"I certainly wouldn't want people to start laughing more just to avoid dying - because sooner or later, they'll be disappointed," someone said tongue-in-cheek.

One study showed that people who are able to laugh - rather than being embarrassed or angry in certain situations - tend to have fewer heart attacks and better blood pressure. Says Stuber, a researcher, "Parents can teach their kids to see the funny side of life - simply by seeing it themselves".

Even 'forced laughter' gets people to crack up, says Kim McIntyre, a Laughter Club leader in Orlando. "Ninety percent of the time, when we start out with forced laughter, people start laughing," she says "Pretty soon, there's an overwhelming amount of genuine laughter. Your ear hears it and you start laughing." When it comes to relieving stress, more giggles and guffaws are just what the doctor ordered.

A good laugh has great short-term effects. When you start to laugh, it doesn't just lighten your load mentally, but induces physical changes in your body. Laughter can: Stimulate many organs, activate and relieve your stress response and soothe tension in the short term. Long-term effects include improving your immune system, relieving pain, increasing personal satisfaction, improving your mood and enhancing your sense of humour.

"If we couldn't laugh we would all go insane." said Robert Frost, and Sean O' Casey opined, "Laughter is wine for the soul - laughter soft, or loud and deep, tinged through with seriousness - the hilarious declaration made by man that life is worth living."

Natural health expert Dr. Joseph Mercola opines, "If you want to communicate with someone from across the globe who speaks a different language, all you have to do is *laugh*." Laughter is a form of communication that's universally recognised, and has deep importance to humankind. Even today our brains are wired to smile or laugh when we hear others laughing.

"Yet, laughter is a largely *involuntary* response. The critical laughter trigger for most people is another person, not a joke or funny movie".

While there's no one joke that makes *everyone* laugh, Neuroscientist Sophie Scott found that one of the best tools for making people laugh in her lab is a clip of "people trying *not* to laugh in a situation where it would be highly inappropriate to do so".

Laughter represents an enjoyable tool to even help counteract age-related memory decline in older adults.

Note the proliferation of Laughter clubs worldwide. So let's laugh and be healthy and wise.

A young boy enters a barber shop and the barber whispers to his customer, "This is the dumbest kid in the world. Watch while I prove it to you." The barber puts a dollar bill in one hand and two quarters in the other, then calls the boy over and asks, "Which do you want, son?" The boy takes the quarters and leaves. "What did I tell you?" said the barber. "That kid never learns!"

Later, when the customer leaves, he sees the same young boy coming out of the ice cream store. "Hey, son! May I ask you a question? Why did you take the quarters instead of the dollar bill?" The boy licked his cone and replied, "Because the day I take the dollar, the game is over!"

~~~

Alia Bhat, a Hindi film actress was asked 'Should women have boyfriends after forty?' and she actually replied, 'frankly speaking No. I think 40 boyfriends are more than enough'

~~~

Kid: What's a man?

Dad: Man is one who loves unconditionally, cares about you and protects you.

Kid: When I grow up I will be a man like mom.

~~~

And finally, from a Whatsapp message:

I heard you failed in English?

Who telled you?
it is unpossible
i sawed the result yesterday,
I passed away.

Hope you don't faint at this, just laugh!■

A.Radhakrishnan is a Pune-based freelance journalist, poet, short story writer who likes to make friendship and make people laugh.
~~~

If the Jats get it...

A puzzling protest in recent times has been the Jat stir for reservation. They are fairly affluent and are the dominant community in Haryana. Then why are they demanding reservation in government jobs and educational institutions? **Prof. Avinash Kolhe** *tells us why, while pointing out that this could be the trigger for other communities.*

FINALLY, the Haryana Assembly has passed the Jat Quota Bill on 29th March 2016. Along with the Jats, five other castes will now be eligible for reservation in government jobs and educational institutions as the Assembly unanimously passed the Haryana Backward Classes (Reservation in Services and Admission in Educational Institutions) Bill 2016. The Bill was passed within ten minutes.

Along with Jats, the other five castes who got reservations are: Jat Sikh, Rors, Bishnois, Tyagis and Muslim Jat. The Bill creates an additional Block (C).There are 77 castes that are already covered under Backward Classes Block (A) and (B). As per the Bill, 10% reservation will be granted to these six castes in Backward Class Block (C) for Class III and Class IV, and 6% for Class I and Class II. They will get 10% reservations for admission in educational institutions. This new Bill takes the reservation quantum to 50% for Class I and Class II and 67% for Class III and Class IV government jobs. The Haryana government is also contemplating bringing another bill to increase the existing reservation of 5% for Economically Backward Persons (EBP) to 7%.

It is quite likely that this Act would be challenged in the High Court/ Supreme Court. To avoid being struck down, the Haryana government has requested the Centre to include the Act in the 9th Schedule read with article 31 B of the Constitution to give it immunity from judicial review. The 9th Schedule was added to the Constitution by the 1st amendment, 1951, along with article 31 B to give a 'protective umbrella' to land reform laws that could be challenged in courts on the ground of violation of fundamental rights. The article 31 B gives immunity to laws placed in 9th Schedule. Such laws cannot be challenged in courts even if they violate fundamental rights.

The Jat reservation protest is puzzling, but understandable in the current context

The ground zero reality

This is all legalese. On the ground, the Jats are not happy with the new Act. Mr. Yashpal Malik, president of All India Jat Aarakshan Sangharsh Samiti, an umbrella group of Jat protesters said that he was not satisfied with the Bill. The Jats have demanded 10% in Class I and Class II posts, but the government has given them only 6%. Consequently, the Jats from 13 states are planning to intensify their agitation.

It is interesting to note that there is an all-party agreement about reservations for the Jats. Before this bill passed by the BJP government, Congress government under Bhupinder Singh Hooda had passed a Bill in 2014 granting Special Backward Class status to Jats and other castes.

The Hooda government had tried to push through the Act, but without any consultation with the National Commission for Backward Classes (NCBC). No wonder that order was struck down by the Courts. It is quite interesting to note that at one level the Jats are actually fighting for restoration of reservation which the community had during 1991-94 and which was scrapped by Bhajal Lal. In that sense, the community is not fighting for reservation the way the Patels of Gujarat or Marathas of Maharashtra or Kapus of Andhra Pradesh are doing.

On one hand, if the Jats are asking for restoration of reservation, there are

It's the 25th anniversary of the Mandal Commission protest

other caste groups who are opposed to this. Mr. Radheyshyam Prajapati who leads a 35-caste forum spoke against inclusion of Jats in the OBC category. They are threatening a counter-agitation if the Jats are included in this category. Though these groups do admit that the Jats are not as prosperous as they once were, they are against the Jats being included in the OBC list. They argue that Jats should be given reservation in some other category, not in OBC category.

In this context, one must also understand the position taken by Dr. Sukhdev Thorat, Chairman, Indian Council of Social Science and Research (ICSSR). He insists that if groups like Patels, Jats and Marathas want to be included, they must come forward with sufficient data and evidence on discrimination. He further insists on 'exit policy' to be considered if some groups don't face discrimination. While this is a noble position, it is quite impractical as in our country, caste-based reservation is a highly sensitive issue. The OBC reservations have been in place since the 1990s, but till today, there have been no exclusions. The fight is always for inclusion.

According to Dr. Thorat, the real solution lies in holding caste census which should be used to examine the situation with respect to discrimination. It should also be studied with respect to employment, education and ownership of assets, and that too in comparison with other castes.

Do the Jats really need reservation?

The Jat reservation demand is a peculiar phenomenon. The Jats are socially dominant and an economically prosperous community and that too in a highly developed state like Haryana. The Jats are 30% of the population of Haryana and out of 12 chief ministers so far, ten have been from the Jat community. Given this reality, can Jats claim discrimination? And yet they are agitating for reservation. This needs to be properly understood.

The decade of 1990s saw tectonic shifts in our society, economy and polity. In 1990, the then prime minister V.P. Singh accepted the Mandal Commission report which gave the OBCs 27% reservations in government jobs and educational bodies. And in the year 1991 India adopted the New Economic Policy (NEP). These twins are the force behind the demands for reservation from various dominant communities in our country.

The Mandal commission empowered the OBCs with reservation. This is the silver jubilee year of the Mandal Commission report. In these 25 years many OBCs prospered in terms of government jobs and higher education. This has upset the balance of power in rural areas in almost all states of the Indian Union. The balance of power was shifting in favour of the OBCs much to the resentment of upper castes like Marathas, Kapus and Jats. The leaders of these dominant communities identified 'reservation' as the ladder to progress.

The NEP made structural changes in our economy. The land-holdings were shrinking. Today, many Jats in Haryana own 2-3 acres land per family. They saw a drop in their income from agriculture. As a consequence of the NEP, the Indian state was withdrawing from many sectors of economy and thus number of government jobs were shrinking too. Also by now, thanks to the 6th and the 7th Pay Commissions, government jobs have become extremely lucrative. A driver in a government company can earn nearly ₹35,000 per month compared to his counterpart in the private sector who cannot expect to be paid more than ₹15,000 per month. No wonder today everyone is eager for a government job which can be acquired through reservation.

The reservation demands must be understood against this backdrop. This is why yesterday's 'forward castes' are willing to be called today's 'backward castes' to avail of the benefits of reservation. Entire India is witnessing such demands from almost all quarters. The case of Jats of Haryana is being keenly watched by one and all. If the Jats succeed, can the Marathas and the Kapus be far behind? ■

Prof. Avinash Kolhe is Assitant Professor in Political Science at D. G. Ruparel College, Mumbai.

A toast to the Speaker

Not many are aware of the existence of the Toastmasters International, a club that helps its members become better speakers, listeners and leaders. **A. Radhakrishnan** *introduces us to its India chapter and also to the term 'glossophobia'.*

IN a world of communication, whether it is motivating workers, information dissemination to constituents, collaborating with folks inside and outside our organisations, or getting an employer to hire us, better communication skills is a benefit. We can accomplish a lot if we present our point of view more persuasively.

Worldwide, people are moving in droves to be members of the Toastmasters International, an organisation that enables members to improve communication skills in a safe, encouraging, supportive environment.

Its mission statement says, '*Through its member clubs, Toastmasters International helps men and women learn the arts of speaking, listening, and thinking – vital skills that promote self-actualisation, enhance leadership potential, foster human understanding, and contribute to the betterment of mankind.*'

DTM Rammohan Rai says a speaker has to know when to stop!

Dr. Bolan, a DTM from Dubai

'Toastmasters' sounds old-fashioned, right? Well, its roots go back to October 1924, when Ralph C. Smedley held the first meeting of what would eventually become Toastmasters International. People are often confused and think it's about learning how to give toasts at events. A few even think the organisation has something to do with making toast!

A toast to Toastmasters!

"The term 'toast' in Toastmasters refers to short speeches made during special occasions, mostly with the purpose of wishing someone happiness, success or simply congratulating them. While it is easy to give lengthy speeches, short speeches are difficult since they require one to be brief and precise, getting the point across effectively in a short time frame. The maximum stipulated time for a speech never exceeds seven minutes", explains Prasad Sovani, Lt. Governor, Marketing, Pune, and also a corporate trainer and economist, who incidentally started the Pune chapter. Throughout its history, Toastmasters has served over four million people, and today the organisation has over 332,000 members in 135 countries, in over 15,400 member clubs.

"It is a non-profit educational organisation that operates clubs worldwide, helping members improve their communication, public speaking, and leadership skills. Its thousands of member clubs, offer a programme of communication and leadership projects designed to help people", he says.

The club helps people master the art of public speaking, for to be a successful professional and an inspiring leader, one must be a good speaker.

It enables improvement of skills most in demand by employers; an opportunity to polish leadership skills; help practice in thinking on your feet;

experience running time-efficient meetings; legitimately characterise employment gaps constructively; carve an inexpensive training and professional-development programme; provide an excellent networking opportunity and regularly reinforce learning.

The Toastmasters work hard to apply their communication skills to every part of their lives, including in their marriages carefully selecting the words to convey messages!

Best-selling author Harvey Mackay exudes, "I've never met anyone who didn't think Toastmasters was super valuable to their career. We gain self-esteem, self-confidence, and assertiveness, which makes us better salespeople, better managers, better leaders."

Beyond small talk, there is the art of conversation and the quality of our conversations determines the quality of our relationships. We are losing the skill of communicating emotionally, thanks to better electronic communication.

Glossophobia, what's that?

Glossophobia, the fear of public speaking is believed to be the most common type of social phobia, afflicting three out of four people. If your fear of public speaking interferes with your daily life, you might suffer from glossophobia, but with preparation and persistence, anyone can overcome this fear, especially by turning to the toastmasters' programme.

As Roger Love, veteran celebrity voice coach puts it, "The goal is to keep an audience so attached to what you're going to say that they are wondering what you are going to say next." He adds, "The tonality of your voice – how you sound when you speak – has a major impact on how you are perceived, whether you're speaking to an audience of thousands, a room full of colleagues, or the woman you're asking out on a date!"

"Our beliefs and values drive our emotions and create our perception; therefore in order to get an audience to take action, you must speak to their value system first and then provide them with a clear call to action at the close of the speech', opines Johnny Campbell, DTM (Distinguished Toastmaster), Illinois.

Toastmasters club adopts a "learn-by-doing" philosophy, wherein each member learns at a pace suitable to his or her developmental needs. The programme is divided into Communication and Leadership tracks, with members progressing along each track by presenting speeches and taking on roles within their club, district, and Toastmasters International itself.

It has today grown from being an English-only organisation to one that develops communication and leadership skills in several languages, which include Chinese (Cantonese and Mandarin), French, German, Japanese, Korean, Spanish, Tamil, and Thai, among others.

Distinguished Toastmasters

I spoke to two accomplished Toastmasters, one from Pune, Maharashtra, and the other from Qatar.

A visiting faculty with Symbiosis University, Pune and a research guide at Manchester University U.K., Dr. Udayshankar Bolan has for hobbies, apart from the Club, reading, travelling and social service.

'Toastmasters to me" he says is "a way of life. As a member in Dubai, since 1998, my desire was to fine tune my communication and leadership skills. Good speeches on various topics enrich your knowledge base. I became a good listener and improved my public speaking abilities in both professional and personal life."

"It's different from other organisations in that the benefits of Toastmasters extend far beyond simple public speaking skills, positively impacting life. It is a boon to new members."

On the position he has risen to, Udayshankar modestly says, "I am a DTM. The Distinguished Toastmaster award, the highest position our organisation bestows, recognising a superior level of achievement in both communication and leadership. The entire district looks to you for guidance and assistance."

Speaking of mentorship, he calls it "the hallmark of success in the Toastmasters programme. Members excel when helped by a more advanced member – and new and established members alike accomplish goals they might not otherwise reach on their own. Mentees benefit greatly when mentors pass on their own unique brand of knowledge, insight, perspective and wisdom".

"The Club encourages travel, with an annual conference of all the districts across the globe held every year. This year it will be held from August 17-20, 2016 at Marriott Marquis, Washington, D.C. This gives a golden opportunity to listen to some of the great speakers during the annual contest."

(Continued on page 46)

THEATRE

A play that disturbed

If the purpose of a play or a movie is to make us think, then the play '7/7/07' was very successful, says **Prof. Avinash Kolhe**. *Staged at Mumbai's iconic NCPA theatre, the brilliantly conceptualised play about an Iranian girl who was hanged for killing the man who attempted to rape her, touched many hearts.*

THE social life of women in Muslim countries like Saudi Arabia, Iran, etc., is unimaginable as they have to live under innumerable restrictions. As if this was not enough, the women are often subjected to sexual violence. And when they raise their voice against such sexual violence, guess what they get? Not justice, but the noose.

The fate of 19-year old Reyhaneh Jabbari, an Iranian girl, was sealed the day she went to visit the home of a man who later attempted to rape her. In self-defense, she stabbed him and fled. He died later, and she was jailed for seven years. Then in due course, she was hanged in October 2014. Faezeh Jalali, a Mumbai-based theatre-person directed the play '7/7/07' based on this real-life story. The incidence of rape took place on 7th July 2007. Hence, this unusual name of the play.

The play begins with the refrain of a haunting Persian song '*I will go to the mountains to hunt a deer/ Where is my gun?/ You have written a love letter/ With the blood of your lover*'. There would not have been a more apt opening for a play about life, death and betrayal. Actor-director Faezeh Jalali has a Persian background. This is perhaps why she could put effortlessly together such a haunting play. The play premiered during the Centre Stage festival at Mumbai's National Centre for the Performing Arts (NCPA) held in 2015.

The real-life story

The victim Reyhaneh Jabbari was an aspiring interior designer. A former civil servant Dr. Morteza Abdolali Sarbandi lured Jabbari to his home and attempted to rape her. She was left with no choice but to flee by hook or by crook. She had to stab him to let her go. Though he was wounded, he did not die on the spot, but a few days later in the hospital. Jabbari was arrested and later tried for murder of that doctor. Much of the evidence was doctored and she was finally framed. She was in jail for seven long years. While in jail, she was initially denied a lawyer. She was tortured too and thrown in solitary confinement. Finally the court found her guilty and ordered her to be hanged. The international human rights organisations the world over campaigned hard for her release, but in vain. The Amnesty International declared that 'it was a deeply flawed investigation and trial'. She was finally hanged on 25th October 2014. By then she was 26 years old. It must be noted that the lever was pulled by the son of the man she was accused of killing.

The play '7/7/07' was hard-hitting and poignant

During the entire trial she was accused of many things like being a seductress, spy and of course 'a bad Muslim'. But till the last she maintained that she was innocent. Jabbari had written a set of 20 accounts before she was hung. Jalali requested Reyhaneh Jabbari's mother to help her in bringing Jabbari's ordeal to life. Ten out of 20 accounts are available to public and the others are still with her mother. Jabbari's mother is planning to release all of them in the form of a book.

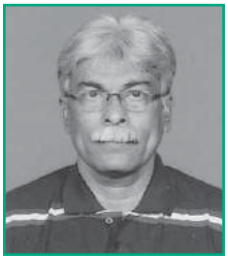
The play

Now about the play. This background information is absolutely essential as '7/7/07' is not an ordinary, Broadway play. It hits you like a ton of bricks as you realise the momentariness of life, and what it means to live in an oppressive society where women's rights are trampled upon day after day. A girl cannot raise her voice against an important member of the system. In a

highly patriarchal society a man can do no wrong, and the woman must be punished. Jalali's direction relies on voice modulation and movement of the actors. The show is completely riveting due to the sheer sincerity of the ensemble. Jalali is at her best as she gets 6-7 characters to play various shades of the central character Jabbari. This is how the very personal suddenly becomes universal. Every girl in Iran or anywhere in the world could be Reyhaneh Jabbari. This is the point driven hard by this technique. Similarly, there are three men in the cast who play the judge, the rapist, the prison in-charge - to instill the idea that it could be any man.

Two aspects of the play must be mentioned. One is the beautiful light design, and the other is the minimal usage of props. The thoughtful lighting captures the mood of each part in the play. And the minimal use of property puts demands on actors to hold the attention of the audience. The Experimental Theatre of the NCPA has balconies on both sides of the stage which were brilliantly used by the director. In some scenes of the court trial, the lawyers from opposite sides argue from the balconies which make those scenes quite stark. The cast included: Faezeh Jalali, Rytasha Rathod, Suruchi Aulakh, Srishti Srivastava, Himani Pant and others.

All in all, this is a play worth walking that extra mile for. If theatre is supposed to put the viewers in a thinking mode, '7/7/07' does it extremely well. Do not miss it if it comes to your city at some point. ■



Prof. Avinash Kolhe is Assitant Professor in Political Science at D. G. Ruparel College, Mumbai.

A toast to the Speaker

(Continued from page 44)

"Effective gesturing is very important", he points out. "The Toastmaster prepares a speech project to complement his/her message with his/her body during delivery, emphasising specifically on posture, body movement, facial expressions, and eye contact. If you aren't aware of your body language, you are missing an incredible opportunity to improve your effectiveness as a speaker. Your body can be an effective tool for adding emphasis and clarity to your words and also a most powerful instrument for convincing an audience of your sincerity, earnestness, and enthusiasm."

Now settled in Pune, Maharashtra, incidentally, Udayshankar's wife, Usha is also a DTM, the toastmasters' skills running in the family and they have been happily married for more than 35 years.

Rammohan M. Rai, formerly a Learning & Development Coordinator, with the Qatar Petrochemical Company, oversaw comprehensive training needs of over 1,500 employees.

Currently, an independent consultant in the field of learning and development, he recalls his becoming a Toastmaster in 1999, saying, "I found it amusing when someone asked me to join the Toastmasters, as I was smug with the thought I was already adept at public speaking. But it has been humbling experience. I am a better human being now, as the club taught me communicating, time management, leadership, humility, effective listening, patience and endurance."

He further opines, "After every meeting, I come back richer hearing speakers, who have researched extensively on their respective topic; assumed the role of a grammarian, providing speakers with detailed feedback; and also participated at prepared or impromptu speaking sessions. It gives me immense joy and happiness, to be with like minded, motivated and inspiring people, sharing ideas and thoughts."

On his position in the club, he humbly offers, "I have risen to be a Distinguished Toastmaster or DTM, which entails, making 40 different speeches with varied objectives, taking leadership roles right up to the District level, mentoring fellow toastmasters, creating and mentoring new clubs, undertaking a high performance leadership programme, etc."

When asked about comparisons to other similar organisations, Rai avers, "This is a unique forum, for only here you get an opportunity to speak every fortnight, fortnight after fortnight, year after year, helping you become a better communicator and thereby a good leader". He continues, "It is not something you do in your free time. It's an ongoing process, where one has to internally strengthen himself or herself in the way one communicates. The minute-to-minute agenda in a typical toastmasters meeting itself is proof of the importance given for time. 'It is not how much you can talk, but when should you stop that is emphasised'."

He proudly informs that "Toastmaster clubs are increasing rapidly in India. Of the around 3,000 clubs in Asia, around 320 clubs are in India, spread over 47 cities."

Lastly, he does not forget to add, "I have been blessed with a very supportive and encouraging family who are very proud of my achievements in the Toastmasters." ■

A. Radhakrishnan is a Pune-based freelance writer, poet and short story writer, who loves to interact, make friends and encourage people to laugh.

Waste is...valuable!

Recycling should be the mantra for our times. A nation like Sweden sends only 1% of its waste to landfills while India figures among top twenty polluters of the seas. **Usha Hariprasad** *insists that waste segregration and recycling have to become a way of life. She also profiles some encouraging waste management initiatives in India.*

HERE is something surprising. In Sweden, only 1% of the waste finds its way into the landfills. The rest gets recycled - as new products, energy or simply as raw materials! How's this possible? One of the reasons is that segregation is followed in most of the Swedish households. So junk goes where it is meant to go. Newspapers, plastics, tins, glass, metal,-e-waste make their way towards recycling units. Food waste gets effectively composted. Items like plastic, papers, bottles turn into raw materials or new items, unusable electronic items go straight to recycling facilities. About 50% of household waste is transformed into energy in Sweden's plants. So successful has their recycling model been that the country even imports waste from other countries.

The neighbourhood *kabaadiwala* segregates a lot of our household waste

Livelihood from waste

Back home, Dharavi in Mumbai recycles 80% of the waste generated by the city. Plastic, metal, glass, aluminium, pipes, cardboard, soap...the list of waste picked up by the rag pickers in the city is endless. These are then sorted, segregated and sent to the recycling units of Dharavi. The waste is transformed into new items by machines and manual labour. Plastic waste gets converted into chips, paper gets transformed to pulp, metal gets extracted from e-waste parts like computers, mobiles, left over and discarded soaps get reprocessed – the Dharavi residents are innovative, finding new ways of processing and transforming waste. And that's why today nearly 15,000 small scale industries have sprung up in this area. Waste is a source of livelihood here.

Most of the things that we use day-to-day can be recycled, barring a few like Styrofoam, ceramics, contaminated napkins, tissues etc. Yet, the world today produces 1.4 million tonnes of waste every day, and India contributes a whopping .14 million tonnes to this. India also figures in the list of top 20 countries that pollute the seas with their plastic.

It need not be like this. With so much waste, there are so many more opportunities for recycling. Some firms in India have perceived waste as valuable and have geared upto turning it into something useful. Here is a look at some of them that have transformed waste into something valuable.

Enabling selling of electronic waste online: Have old mobile phones that you no longer use? Then you can sell it at atterobay for a good price. Attero is a Noida based e-waste Management Company that promotes e-waste recycling and reuse. Set up in 2008, it has a pan India presence with its e-waste collection centres in various parts of the country like Delhi, Lucknow, Pune, Bangalore, Ahmedabad etc.

You can call their toll free number too if you have an old laptop, television set etc., to dispose of. Once you schedule a pick up, their representative will collect e-waste from your home and send it to their recycling facility. The various components like displays, PCB, batteries are dismantled and sent to their high tech recycling units. These get reused in various other industries like automobiles, electronics etc. Attero also has the technology to extract valuable metals from electronic waste. Along with recycling, Attero also refurbishes e-waste.

Note: There are other websites too that allow selling of used electronic items. One of them is Karma Recycling that allows resale of ipad, smart phones and laptops through their ecommerce website.

Transforming waste to fibre: Arora Fibres set up in 1994 is converting polyester waste into polyester staple fibre. The polyester is collected from waste, plastic bottles or through waste disposed from polyester plants. This fibre has a huge market as it is used in various industries ranging from automobiles to food packaging industry. The plant set up in Dadra and Nagar Haveli can process 18,000 MT annually. Another company that recycles PET bottles and converts it into yarn is Ganesha Ecosphere. The fibre they have developed is being used in garment industries. Their manufacturing units are in Kanpur and Rudrapur, Uttrakhand, and they have been recycling PET bottles since 1995.

New products out of waste: New paper from old, new glass from bottles, roofs for construction from old newspaper...Let's Recycle to date has recycled 2192 plus MT of plastic, saved 1503 tonnes of paper and has plans to divert 30000 MT waste from going to landfills by 2020. An initiative of NEPRA Resource Management Pvt LTD, Let's Recycle in Gujarat collects dry waste from companies, sorts and segregates it and then sells it to recycling mills.

Similar to Let's Recycle, Pastiwala in Vadodara also collects waste paper. Annually they manage to collect and recycle 20,000 MT of paper and cardboard. Their recycled products then get sold to other firms like the paper industries.

Organic waste turns to compost: In Noida, Eco Wise, a waste management company deals with both organic and inorganic waste generated by residential complexes, industries and commercial establishments. Once a pick up is scheduled with them, their 'Health officers' or representatives visit the home or establishment and collect all types of waste. The kitchen waste and all organic waste gets composted and the recyclables go to authorised recycling centres. Apart from this service they also buy your old shoes, furniture, clothes, plastic etc., with their 'Sell us your junk' initiative.

India generates a lot of e-waste, which some firms have now started recycling

Waste Ventures is another similar enterprise in Hyderabad that does a door to door collection of organic and inorganic waste. They are involved with residential societies as well as corporates. High quality organic compost is generated out of the waste and sold in sites such as Amazon. To date they have averted 1300 plus tonnes of waste going to landfills and generated about 110 plus tonnes of compost. Apart from recycling, they also work with a higher motive of improving the lives of the rag pickers by creating new sources of incomes for them and increasing their income by 20%.

Tech giants recycling programmes: Tech companies like DELL, Samsung and HP in an effort to reduce their carbon footprint have their own recycling programmes that allow customers to recycle their electronic equipment. DELL has gone a step further by planning to reuse excess carbon fibre and recycled plastics in some of their Latitude and Alienware products.

Apps to the rescue: For the time conscious, there is the easy convenience of apps too. The Pom Pom app that operates in South Delhi has an app for android and iOS. The app lets you give away your recyclables like paper, glass, bottles, cardboard, metal etc. It lists the price of wares, allows you to schedule a suitable pickup for your items and makes your life hassle free. Their prices are listed at their website too. With an electronic weighing scale to measure the trash, you are sure to get a fair deal. The plus point is that they segregate and sort the trash for you and then send it to recyclable units in the city. Encashea too works similar to Pom Pom but in the Bangalore area. It is an app meant for android devices and people can dispose of their e-waste, newspapers, books, plastic etc.

Another application is ScrapApp that goes one step further. It not only pays you for the scrap, but it also donates 50% of the revenue to Grow Trees foundation. So you are indirectly adding to the tree cover in your city.

So now you have plenty of excuses to recycle. There is bound to be some or the other recycling initiative buzzing in your city where you can dispose off your trash, safely reducing your carbon footprint. Recycled materials are often less energy intensive on the environment. ■

Usha Hariprasad is a freelancer who is fond of travelling, discovering new places and writing about travel related destinations around Bangalore at Citizen Matters. Currently, she works in a trekking organisation.

Pitch v/s people – the water conundrum

India is seeing a brutal summer, with many states including Maharashtra reeling under severe water shortage. In the midst of this, news of thousands of litres of water being used to irrigate the IPL tournament's cricket pitches in Mumbai, gave rise to a blistering controversy. **G. Venkatesh** *comments, and suggests some solutions.*

WATER scarcity has been a problem, rather a challenge, in India over the years. Different states have experienced droughts or drought-like situations at different points in time. Climate change in general (and the El Niño effect in particular, at the time of writing) have been giving 'silent' and 'loud' warnings from time to time – both to decision-makers in local, provincial and national governments, as well as to society and industry. Patchwork solutions have been the rule more often than not, with some exceptions standing out here and there. The 'patchwork' solutions referred to, can be likened to an anodyne (read 'painkiller' if you will), applied to wounds to provide temporary relief. The wounds start festering again after sometime. This year, the state of Maharashtra in western India, has been adversely affected (with over 70% of the state suffering the pangs of water scarcity). Illnesses and deaths have been ringing alarm bells – noisy enough to attract the attention of at least the Bombay High Court.

Pune, one of the venues of the IPL tournaments, which would have together needed 60,000 litres of water per day to maintain the pitches

Trigger….leading up

Even as I started writing this, the Indian Premier League (IPL) – an annual cricketing extravaganza lasting for over 6 weeks commenced on the 9th of April 2016 in Mumbai. As per the itinerary chalked out, Maharashtra houses three of the venues – Mumbai, Pune and Nagpur (the second city neighbouring Mumbai and the third one, located right in the heart of India, in eastern Maharashtra); in which, a total of 20 matches will be played. As reported in Holdingwilley.com, about 60,000 litres of water are needed daily to keep the pitches (the surfaces at the centre of the playfield, on which the actual action takes places) in a match-worthy condition in the hot summers that these cities experience in the months of April and May. This is sheer waste in a country like India, considering the population and the availability of freshwater resources. Most of what is 'used' in this fashion ends up eventually as evaporative losses. We have three playfields in the State in question, and the tournament is going to be played over a period of six weeks. The math is easy….

The reaction

The Mumbai High Court, responding to a PIL (public interest litigation) filed in early April, went on record thus, 'How can you waste water like this? Are people more important than the IPL? How can you be so careless?' It subsequently directed the IPL to pay tax on the usage of water during the tournament, to which the Maharashtra Cricket Association (MCA) responded saying that it purchases the water it needs and besides, the water is anyway non-potable. Well, non-potable, it may surely be, but are not there very many

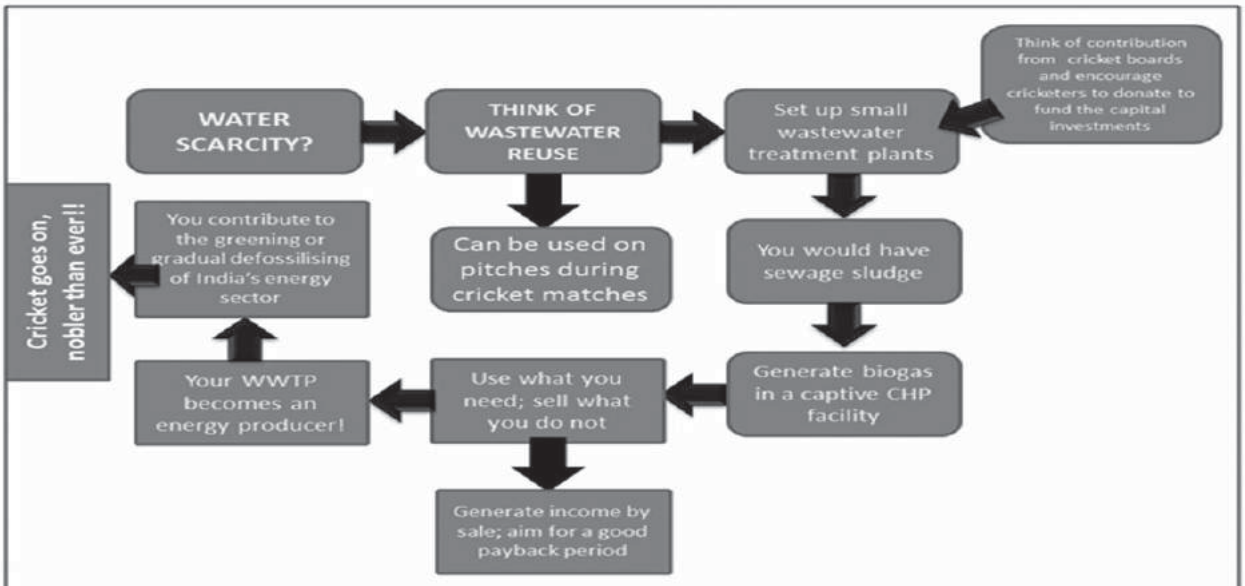


Figure 1: The chain of events – from adversity to opportunities

other more pressing uses for water than watering cricket pitches? The IPL Chairman, Mr. Rajeev Shukla went on record saying that the IPL is willing to support the farmers in the state (the worst-affected class of people, for evidently both their lives and livelihoods are so heavily dependent on water!) in 'all possible ways.' The focus in this proposal – we can call it a policy proposal – will be on those three words.

A policy proposal

Technology has advanced by leaps and bounds. Universities the world over, have been carrying out a lot of research in making the urban water cycle more energy-efficient in the first place, and also an energy resource on the other hand (especially on the downstream in the wastewater treatment plants). Well, for that matter, there are some who have already started harnessing the upstream for its energy generation potential – especially when raw water has to be channeled down by gravity to water treatment plants situated at lower altitudes, and can be made to pass through micro-turbines coupled to generators. At some point in time, one needs to realise that it is the application of knowledge that matters. Putting things into practice for the benefit of humankind is of paramount importance; more so now, in the 21st century, when most of us realise in one way or the other, that it is a 'Now or Never' situation. This realisation, to be honest, is not just the prerogative of the so-called 'Radical Greens' or the oft-misunderstood environmentalists… it has seeped into the psyche of the hoi polloi.

While yours sincerely has been working with issues related to water, energy and thereby also the water-energy nexus over the last decade, as an academic researcher, and is currently associated with the supervision of a Master's thesis focusing on the differences in approaches to sewage sludge and biogas in the developing and developed worlds, I tend to tune in to real-life challenges and problems which need solutions (not patchwork though), urgently.

Adversities are rife, and each one cloaks an opportunity (or more) if one would care to think laterally and refuse to be thrown off balance by the adversities themselves. If these opportunities are spotted and made use of, watershed events can be masterminded. Researchers and academicians have it in themselves to be strong agents for meaningful and lasting change, if they would look for such opportunities, collaborate and detachedly strive to use them to bring about the change needed.

At the time of writing, we have a situation on our hands. This can be looked upon as a mundane one, which will pass away like a cloud hovering up there in the sky, or as an opportunity which must be used well to bring about a paradigm shift if possible, in the way, water, energy and wastewater are understood by the common man and the politician who is elected by the former. Indians – at least the ones who are educated in such matters – know that a significant proportion of the country's energy needs are fulfilled by fossil fuels. This cannot go on. Business-as-usual is not an option. After the Paris talks held last year, at least there is some kind of an appreciation and acknowledgement of the responsibilities that all countries need to shoulder. It is high time that the developing world change its perception about the downstream of the urban water cycle – wastewater treatment and sludge handling plants

are 'multi-product resource factories' and not simply 'poop-handlers', literally speaking.

Whither water?

Now, if water scarcity has plagued Maharashtra, how does one get water? Where from? Well, if conservation of water has reached its limits and is no longer possible, wastewater itself is a great source of water! Retreated wastewater can be reused in cascades. Perhaps not for drinking or cooking, but surely for many other applications? If wastewater treatment plants (decentralised ones) are set up, where none existed before - in and around the three cities named earlier, and also in smaller towns where the volumes of wastewater to be collected and treated are not very small – firstly, the environment will not be burdened by the careless discharge of untreated wastewater to water bodies (seas, lakes, rivers etc.) and more importantly, retreated wastewater will be available as a resource. Of course, one may not be able to churn out potable water like NeWater in Singapore does for instance, but most other applications can be catered to; including watering the cricket pitches. Even in Singapore, it has taken a long time to secure public support for looking upon NeWater's supply as potable! Worries about what to do with the sewage sludge which would be left behind, can be dispensed with, when one considers the wastewater treatment plant as an energy-generator (renewable at that!). What is more, if the in-plant energy efficiency is significantly improved (by availing of technological and process advice and guidance from the western world), there would be surplus heat and electricity which can be sold; thereby improving the return on investments made in the treatment setups.

Fair enough, you would say. Who is going to foot the bill for the capital investment? Well, the Board of Control for Cricket in India (BCCI) is the richest in the world, and the IPL is a modern-day Croesus! Cricketers are bought by team-managements for staggering amounts of money. Corporate sponsorship drives the extravaganza. There is money all around…good mostly (and also bad at times, as was revealed last year).

I have always believed that films, sports and art should not exist just for their 'entertainment' or 'aesthetic' values. In addition to these, they must be looked upon as tools and instruments to bring about durable and holistic development on the social, economic and environmental fronts – in other words, the triple bottom line of sustainable development. The potential of these three pursuits (or professions) are immense. These may have entertainment value to a relatively smaller fraction of Indians (art more so vis-à-vis sports and sports more so vis-à-vis films). Here is a chance for cricket to posit itself as an enabler of true development, by associating itself with the water sector (of which it has thus far just been a consumer).

Donations and grants, and also investments (with expected returns) in partnership with the government or industry-sponsors, the BCCI could change the face of the State and benefit farmers and water-consumers in general. Cricket – the erstwhile gentleman's game – has become maligned over the years, sometimes for the right reasons. Just as corporates which have been in similar situations have tried to revive their reputations by so-called Corporate Social (and Environmental) Responsibility (CSR) projects, the BCCI (and most certainly, some of the well-paid cricketers) can chip in and help out. Restaurants are fine indeed; perhaps some of them could think of being associated with wastewater treatment, solid waste management, etc.? As a colleague at Karlstad University (Sweden) said poignantly, while commenting on some other topic, 'They say it is not reasonable, because they have never thought on those lines before…'

That ends the proposal. Refer to Figure 1 for the visual summary of what has been described thus far, in words. A sequel is conceivable with a more detailed blueprint…perhaps sometime in the near future. Before I close, I would like to present a short illustrated poem, plucked out of a published collection of poems on water-related issues. It dwells on the water-energy nexus, albeit in a very simplified way and harks at the need for water conservation wherever and whenever and however possible.

More than just water is lost

'Water leaks out every day, from pipes below the ground.

Age-old conduits of iron and steel, rusted, damaged, unsound.'

'Is not it true that water is never really lost?

Ground-to-sea-to-cloud-to-rain, is not that what we were taught?'

'There is more to every drop, leaking out along the way.

Think of the treatment processes, and you'll question what you say.

Aluminium sulphate and chlorine, calcium hydroxide and UV-radiation.

Electricity goes into making raw water suitable for consumption.

With every drop lost, you lose value.

The water comes back later as you say,

but chemicals and energy must be added again,

and isn't it that for which we pay?'

G. Venkatesh is Senior Lecturer, Department of Engineering and Chemical Sciences, Faculty of Health, Science and Technology, Karlstad University, Sweden. He is also a freelance writer for several magazines around the world.

Major role of minor produce

Non-timber forest produce may be referred to as 'minor' forest produce, but they actually have a big role to play in our forest economy. Used sustainably, they can provide livelihood to millions dependent on India's forests.

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

NON-timber forest produce (NTFP) is sometimes referred to as 'minor' forest produce, but such description may hide the reality that NTFP actually has a much more important role than timber in providing sustainable livelihoods to people living in or near forests.

As Yellappa Reddy points out, a single fruit uppage (*Garcinia gummigatta* - its extract is used for reducing obesity) is known to provide the basis of a ₹ 200 million industry. Reddy, a highly respected former forest officer said that the entire employment problem of the district can be solved on the basis of well planned use of non-timber forest produce. Already about 140 useful types of minor forest produce (MFP) is being collected in the forests of Uttara Kannada, while over 300 types are known to exist, according to studies made by Parisara Sarankshana Kendra. However, such livelihood support of NTFP cannot be obtained from industrial plantations created in the name of promoting forests, but can only be from natural forests.

The Appiko movement, a people's movement, has consistently supported the priority rights of villagers for obtaining NTFP on a sustainable basis, while opposing the plundering of forests by strong vested interests to whom forest produce has been sold at dirt-cheap rates time and again. At the same time, when there are reports of over exploitation of NTFP harmful for the survival of trees, then Appiko also opposes it.

A very significant potential for sustainable livelihoods exists in Uttar Kannada district specifically, and Western Ghats generally, but unfortunately the source of these livelihoods has been eroded on a massive scale in recent decades. The Appiko movement's intervention to call for an alternative paradigm of development which emphasises protection of NTFP related sustainable livelihoods and their source (natural forests), is therefore very significant.

Pandurang Hegde is a leading activist and co-ordinator of Appiko movement. Summarising the philosophy of the movement, Pandurang wrote, "Inspired by Chipko, the Appiko movement evolved its own philosophy of conservation and regeneration of natural resources in the tropical Western Ghat region. The Appiko movement coined the slogan in Kannada as *Ulisu*, *Belasu* and *Balasu*. *Ulisu* in Kannada means, to save, *Belasu* is to regenerate the forests and *Balasu* means rational use of the tropical forests.

The coverage of existing natural forests in Western Ghats is very scarce. Good naturally grown forests remain only in the interior hill regions or inaccessible mountain ranges. But there are constant threats to these existing forests from numerous development schemes like dams and infrastructure projects like railways and power plants. These natural growth forests play a very important role in providing water and food security to millions of people in and around the Western Ghats. In order to protect the interests of the communities and forest dwellers, the Appiko movement aims at protecting these remaining forests through grassroots action, creating awareness among the local communities and direct action.

In *Belasu*, growing the forest, emphasis is on natural regeneration of the indigenous species. And in planting follow the philosophy of five F species. These are Fruit, Fodder, Fuel wood, Fertilizer and Fibre. Thus, forestation is an alternate to the existing logging activity, helping them with a source of income and employment.

The third objective of *Balasu* is to evolve methods of using the forest and other natural resources rationally, without harming the resource base. To achieve this objective they work with the communities to install fuel saving stoves, solar devices, and bio gas plants to propagate the alternative energy resources. ■

Desperately seeking true growth

Does 'economic growth' tell the true story of an economy? Especially in India, where bank credit seems to have artificially pumped up the economy.

Anuradha Kalhan
is an independent researcher. She was earlier a Fellow at NMML, Teen Murti.

ECONOMISTS may dispute recent growth estimates put out by the economic survey of the GOI (Government of India), but aiming for economic growth remains the top policy agenda. This has been the norm for over two decades now. While the Hindu growth rate of less than 5% per annum until 1980s is represented as an embarrassment, accelerating growth rate after 1991 has been a matter of national celebration. Economic growth has little relationship with quality of economic growth, cost of growth or even the quality of life it endows on a majority of citizens. Evidence that accelerated growth has not speeded up decent employment have been suppressed, so have issues of environmental degradation and ensuing public morbidity. Growth agnostics have been sealed off by suggestions (validated by official data) that poverty levels in the country have declined as a result of 'trickling down' growth.

However, what could not be suppressed were the enormous amounts of bad loans banks have accumulated trying to pump up growth. Disclosure of vast amounts lost led to an uproar in March 2016. The outcry came about in the wake of international efforts to improve bank regulations by the Basel Committee on Banking Supervision. These regulations are meant to prevent bank failures, accumulation of bad assets and systemic risks to the financial system like the ones that led to the 2008 global recession.

India too is implementing what are known as Basel III norms to maintain balance sheets, the RBI issued guidelines to that effect in 2012. The norms are to be implemented by 2018. Then the Asset Quality Review commenced in 2015. It is now in the public sphere that numerous large projects had run aground, leading to stressed assets/ loans of banks and resulting in NPAs (Non Performing Assets) i.e., loans that cannot be recovered at all. The RBI held out deadlines to clean up balance sheets, nudged banks to treat some troubled loan accounts as bad and make provisions for them. According to reports, provisions against bad loans surged by 90% and aggregate net profit of the 39 listed banks fell 98% to ₹ 307 crore in the December quarter from ₹16,806 crore in the year earlier. Twenty four public sector banks have reported an aggregate loss of ₹10,911 crore in the December quarter compared to a profit of ₹6,970.8 crore in the year-ago quarter. Gross NPAs of 39 listed banks surged to ₹4.38 trillion for the quarter ended 31 December.

Banks have loaned money to poor performing sectors like power, aviation, highways, micro-finance institutions, ports and telecommunication. Lending to small and medium enterprises (SMEs) and agriculture too has led to high levels of stress assets. Banks, it appears, were loaning money to corporations without diligent scrutiny of proposals and performances. Sluggish growth of the economy, domestic and global, does not offer any hope of turn around even if asset restructuring is extended.

In the wake of the public indignation that big business has made off with public money, the Supreme Court (while expressing serious concern over the rise in bad loans), has directed the Reserve Bank of India (RBI) to provide a list of companies that have defaulted on bank loans of over ₹ 500 crore. The apex court also asked the Reserve Bank of India (RBI) to provide a list of companies whose loans have been restructured under corporate debt restructuring schemes within six weeks.

There seems to have been desperate attempts to keep up economic growth by pumping the economy with bank credit (particularly between 2011-13). Bad loans of 39 major listed banks increased steadily from 2% of outstanding credit to about 5%. Since credit supply was booming, the absolute amount of NPAs became ₹ 3,41,641 crores by the end of 2015. This is about as much as the entire expenditure estimates of the union government of India's Budget 2016 to fuel growth of some select companies. How will this cost of growth be accounted for? ■

SPOTLIGHT

Pistol King

Arjuna awardee Jitu Rai is the first Indian athlete to qualify for the 2016 Rio Olympics. He is currently ranked World No. 1 in 50m rifle shooting.

RAI grew up in Sankhuwa Sabha in Nepal where his family cultivated rice. When his father died in 2006, he had two choices – join either the British Army or the Indian Army, both of whom were recruiting for their Gorkha regiments. Rai had his heart set on going to England, but he could not reach the British Army base camp on the designated day. The next day, he enlisted in the Indian Army and joined the 11 Gorkha Regiment stationed in Lucknow.

In the army, he chose the sport of shooting because at the time, he was not strong enough to play other sports. Army coach Garvaraj Rai honed his talent early in his career. He currently trains under India's pistol coach Pavel Smirnov.

The year 2014 was special – he won medals in the World Championships, Commonwealth Games and Asian Games, in a span of three months.

He became the first Indian to win two medals in a single World Cup competition. Rai achieved his highest ranking of World No. 1 in the 10m air pistol and No. 4 in the 50m pistol that year.

In 2015, Rai continued his winning spree at the 13th Asian Shooting Championship (silver medal) and ISSF World Cup (bronze medal).

His shooting idol is Vijay Kumar who won the silver medal at the 2012 London Olympics. His favourite actor is Aamir Khan.

CURIOSITY

What is the Slashdot effect?

Many websites often give a brief synopsis of a story and work as springboards offering a link to another website which carries the whole story. Interested readers click on the link leading them to the referenced site. When large masses of users flock to the site at the same time, it overloads the site, causing it to slow down or even temporarily close. This is called the Slashdot effect and the site is said to be Slashdotted.

The phenomenon has been named after Slashdot, an award-winning technology-related news website. The website's readers submit stories with links, inviting comments to start threaded discussions among users. The trouble starts when an article on the front page attracts an unusually large number of hits and causes a temporary surge in traffic on the linked website.

Major news sites or corporate websites are designed to deal with such large numbers of hits and therefore do not normally experience this effect. Websites with small bandwidths, however, are ill equipped to deal with this kind of traffic jam. They are used to getting only a few thousand hits a day and when the Slashdot effect occurs, the numbers can range from several hundred to several thousand hits per minute!

HA!

To be or not to be

A man was travelling for the first time by aeroplane and found the experience rather trying. When it was announced that the plane was about to land at its destination, Boston, he started shouting ecstatically, "Finally, Boston! Boston!"

"Sir, be silent," said an air hostess politely.

"Okay...Oston! Oston!"

STORY

The Feast

Once, a poor man heard that the king was hosting a banquet for his people. Hoping to get a good meal, the man, dressed in rags, reached the palace. Though the guards did not stop him from entering, he was seated at the end of the table. By the time the servers reached his end of the table, there was hardly any food left on the platters. So the poor man returned home hungry.

Some days later, the king once again invited the people of his kingdom to a feast at the palace. This time, the poor man borrowed a grand robe from his friend and when he entered the palace, he was seated at the head of the table. The food was served to him with great ceremony. When the first dish arrived, the man put a spoonful of it on his plate and rubbed another spoonful on his clothes.

As he commented on the wonderful taste of each dish, he continued to rub a spoonful of each dish on his clothes even as the noblemen seated around gaped at him.

Finally the man sitting next to him spoke up, "Sir, why are you rubbing food all over your robe?"

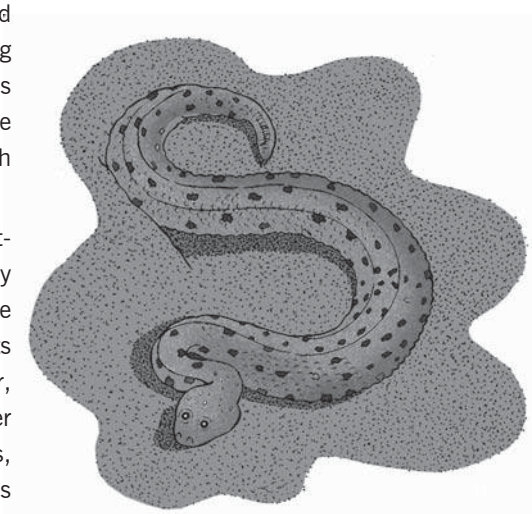
The man replied, "My dear Sir, it is because of these clothes that I sit here enjoying this meal. It's only fair that I feed them first!"

– **a West Asian folk tale**

AMAZING LIVING WORLD

Built to Survive Toothy tusks

The peringuey viper is remarkably well-adapted to survive in its natural habitat, the Namib Desert. It has a sand-coloured body and its eyes are placed high on its short, flat head instead of on the sides as in other snakes. The viper buries itself in the sand with only the eyes and the tip of its tail visible, lying in wait for its prey – izards and geckos. When it spots the prey, it slithers quickly through the sand and ambushes it.



Like many other desert-dwelling snakes, the peringuey viper moves in a distinctive sideways fashion, curving its body in an 'S' shape. However, as this ability is better developed than in other vipers, the peringuey is also known as the sidewinding adder.

PUZZLE

The Bookworm

Mona loves to read and so she takes her favourite books along with her to her grandmother's house. While there, she purchases 3 books from a bookstore. Her aunt also gifts her a copy of The Hobbit. Mona reads the books and then gives away two books to her cousin Nita. If Mona returns home with 6 books from her vacation, how many books did she take with her in the first place?

Answer:

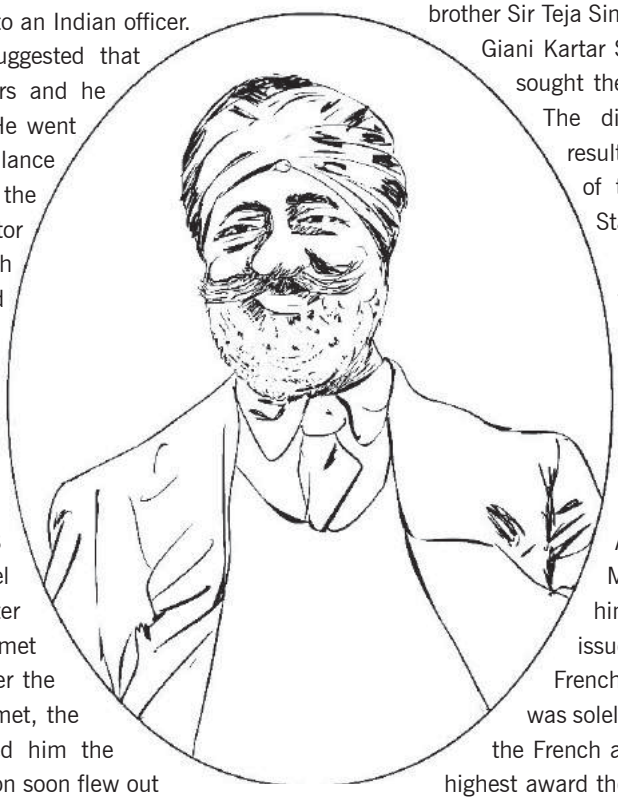
4 books: Work it backwards – Mona returns with 6 books. She gives away 2 of the books to her cousin. So add those two books to her total (6 + 2 = 8). Now consider the books she did not have with her. She receives 1 book as a gift. So subtract that book from her total (8 -1 = 7). She buys 3 books, so subtract those books from her total (7 - 3 = 4). So Mona had 4 books in the beginning.

HARDIT SINGH

A soldier of skill and talent (1894-1985)

HARDIT SINGH was born on 23 November 1894 in a prosperous Sikh family in Rawalpindi. He studied at home only till the age of 14 years and was then sent to East Bourne Public School in UK. He joined Balliol College, Oxford, and graduated with honours in 1915. He was a keen sportsman and got blues in golf and cricket. Most of the students in the college had joined the armed forces and Hardit Singh also applied for a commission in the British Army.

He was rejected on the grounds that the British soldiers would not like to be subordinate to an Indian officer. One of the tutors at Oxford suggested that France needed ambulance drivers and he took a crash course in driving. He went to France and served as an ambulance driver before being accepted in the French Air Force. His old tutor was enraged that a loyal British subject had to fly for France and not for UK. He was accepted in the Royal Flying Corps (RFC). He went to Aldershot in 1917 for training and surprised his instructors by flying solo after two and half hours instruction. He was posted to No. 28 Squadron equipped with Camel fighters, the most advanced fighter aircraft at that time. A special helmet was given to him for wearing over the turban. Due to the oversized helmet, the ground crew affectionately called him the "Flying Hobogoblin". The formation soon flew out to St. Omer in France and then to an airfield in Flanders near the village of Droglandt. He was lucky to have ace pilot William Baker VC as his commanding officer, who initiated Hardit into the techniques of aerial war.



Hardit took part in dogfights, including one against the legendary Red Baron. He scored two aerial victories before he was wounded. On 26 October 1917, two planes including one of Hardit were surrounded by four German fighters. His plane was riddled with bullets and two of them pierced his legs. He recuperated in hospitals in UK for a few months and then joined No. 141 Squadron. He proudly carried the remnants of two bullets firmly embedded in his leg.

On return to India in 1919, he married Prakash Kaur and went back to UK. He qualified for the Indian Civil Service and returned to India in 1922. In 1930, he was posted as Trade Commissioner in Germany and later in London. From 1937 to 1944, he served as Trade Commissioner in Canada and USA. His services were borrowed by Maharaja Yadavinder Singh of Patiala. He served as Prime Minister there for three years. It was at his initiative that a meeting was organised between the Sikh leader Master Tara Singh and Jinnah at the house of his brother Sir Teja Singh. The Maharaja of Patiala and Giani Kartar Singh were also present. Jinnah sought the support of Sikhs for Pakistan. The discussions did not yield any results. He served as Prime Minister of the state till 1947, when the State was merged into Punjab.

After Independence, he was appointed as our High Commissioner in Canada. During his tenure there, he succeeded in getting full citizenship rights for the Indians who had settled there. His next assignment was as Ambassador to France. Prime Minister Jawaharlal Nehru asked him to first go and settle the merger issues of Pondicherry state, then a French colony, into India. This merger was solely due to his personal efforts with the French authorities. He received France's highest award the French Legion of Honour from President Koty in 1952.

He retired in 1957 and settled down in his home in New Delhi, where he returned to his first love of golf. He played golf with the Duke of Windsor, King Leopold of Belgium, General Eisenhower, Bing Crosby and Bob Hope. He was persuaded by his wife to write his autobiography, *A Little Work, a Little Play*. He died on 31 October 1985 after a long illness. He was the first Indian to get a commission in the UK armed forces, and the only Indian aviator to survive the First World War. ■

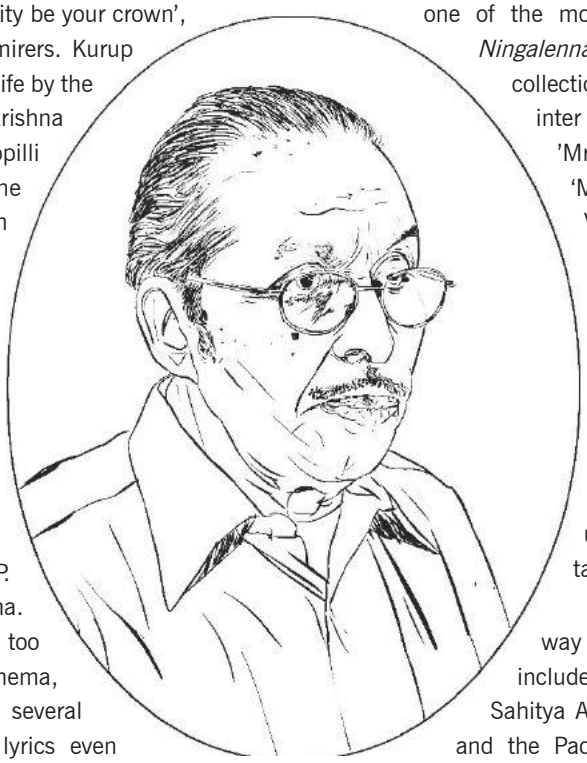
— Brigadier Suresh Chandra Sharma (retd)

O.N.V. KURUP

The voice of a generation (1932-2016)

OTTAPLAKKAL Neelakantan Velu Kurup (O.N.V. Kurup) who passed away recently at the age of 84 was one of Kerala's foremost poets and lyricists, whose oeuvres over a period of five decades and more enriched the literary firmament in Malayalam and left an indelible imprint in the minds and hearts of lakhs of Malayalis.

The outpouring of grief at his passing and the sea of mourners who turned up to pay their last respects at his funeral was ample proof that this simple, unassuming man of letters who wore his humility on his sleeve and who treasured Gurudev Tagore's words, 'Let humility be your crown', had touched the hearts of his admirers. Kurup who was influenced early on in his life by the romantic poet Changampuzha Krishna Pillai and the radical poetry of Vyloppilli Sreedhara Menon veered from the paths taken by them and went on to carve his niche as a poet whose words flowed from his heart and whose poems spoke of the simple joys and sorrows of the have-nots, their aspirations and their way of life.



He was the last of the trinity of poets or the 'Communist trio' as they were dubbed at that time, which included besides Kurup, P. Bhaskaran and Vayalar Rama Varma. Although several other lyricists too made their mark in Malayalam cinema, the triumvirate held sway for several decades, and Kurup who wrote lyrics even from his hospital bed, ended up with a phenomenal figure of as many as 900 lyrics in a span of over 50 years. He countered his critics who felt that he had compromised his art at the altar of Mammon by turning into a film lyricist, by observing that the process of writing lyrics for films illuminated the soul. He also silenced his detractors by pointing out that he never abandoned his professor's job and taught Malayalam in several colleges in Kerala till his retirement in 1986.

In his long and eventful career O.N.V. Kurup collaborated with most of the composers of the time right from veterans like Devarajan (*Kaatu Pookal, Kumarasambhavam*) M.B. Sreenivasan (*Chillu, Yavanika, Ulkadal*) Salil Choudhary (*Swapnam, Madanotsavam*) Ravi (*Nakhashathangal, Panchagni, Vaishali*) and those who came later like Ilaiyaraaja (*Olangal, Yaathra*) Johnson (*Koodevide*) and Raveendran (*Sukhamo* Devi). His lyric *Maanikaveenayumayi*... from *Kaatu Pookal* rendered by the inimitable Yesudas has stood the test of time, and even today remains a firm favourite of Malayalam music lovers. ONV won the National Award for Best Lyricist in 1989 for his soulful numbers in the mythological film *Vaishali* directed by Bharathan. He has to his credit as many as 13 state awards as well.

The towering titan of Malayalam literature also wrote lyrics for plays and as a committed fellow traveller most of these plays centred around communist ideologies and one of the most popular of these plays was *Ningalenna Communist Aaki*. He had 20 collections of poems and they included inter alia such acclaimed works as 'Mrigaya' 'Karuthapakshiyude Paatu' 'Mayilpeeli' 'Vallapaatukal' 'Oru Thuli Velicham' and 'Bhoomikku Oru Charamageetham'. 'Bhoomikku Oru Charamageetham' reflected the poet's deep concern for the environment and his angst at the onslaught on nature by the human race. Two narrative poems 'Ujjayini' and 'Swayamvaram' too were a celebration of the unmatched craftsmanship of this talented writer.

A number of laurels came the way of this modest man and these included the Kerala and Kendriya Sahitya Academy Awards, the Padma Shri and the Padma Vibhushan awarded by the Central Government and the highest honour for literature in the country, the Jnanpith in 2007. A keen votary for social causes, Kurup was in the forefront of the agitation for securing classical status for the Malayalam language. He also served as the Chairman of the Kerala Kalamandalam. Perhaps the only time when Kurup was humbled was when he contested the general elections to the Lok Sabha in 1989 and this defeat forced him to beat a hasty retreat from electoral politics. This tribute from fellow litterateur, well known poet, author and former Secretary of the Sahitya Academy perhaps summed up the qualities of the people's poet the best. In his tribute Sachidanandan quipped: "ONV is a humanist among poets and a poet among humanists'. ■

– C. V. Aravind is a Bangalore-based freelance journalist.

DR.VIJAYA VENKAT

Champion of healthful living (1938-2016)

ALBERT Einstein said, life can only be lived in two ways. As though everything is a miracle, or as if nothing is a miracle. Dr. Vijaya Venkat chose to live her life seeing the wonder in every moment. Dr. Vijaya Venkat, known to the world as a nutritionist/activist/holistic health counsellor/guide or simply Amma, was a pioneer in the world of healthfull living through ecological and economical health choices, using food as a tool for transformation.

A biochemist and microbiologist, she experienced firsthand the wonders of life and the increasing threat to it. Biochemistry revealed a world of spontaneous yet precise reactions that allowed life to take all its myriad forms, while the parameters for life itself are held within a very narrow range. The microbiologist was made to peer at every threat to this harmonious balance in the form of pathogens, microbes, bacteria, fungi, viruses - tiny microscopic terrorists that could hold life at ransom, resulting in the array of illnesses and diseases we see today. She saw firsthand these results, through the pain and suffering in the countless number of people who came to her every day, with newer diseases.

The mother in her chose to see harmony between both these worlds, through co-operation rather than competition; balance, not hostility. Health existed with these microbes and minute organisms. Our unseen, unsung workers that catalysed all these reactions that gave birth to and maintained life. This was the precarious balance that was the basis of her work and philosophy.

The scientist in her needed to validate the mother's instinct with data and numbers. Over the course of the next 10 odd years she enrolled in various courses, degrees and doctorates, from Nutrition and Dietetics, to Life Sciences and Natural Hygiene, going deeper and deeper into what she called her journey of health. Through all the accumulated academic knowledge and information, personal experience and validation, remained at the heart of transforming knowledge into action, philosophy into practice. She started a nutritious lunch service in the early 1980's, long before it was fashionable to be vegan, go plant based, or source for organic and wholesome. She fearlessly campaigned against 'packaged, tinned, bottled foods' or the fast food culture, masquerading as real food, and advocated instead a return to real whole fresh foods, as a jumpstart to healthy living.

Born out of this journey, she founded The Health Awareness Centre (1989), to re-educate and motivate others, to take charge of their own health. Spending time with Masanobu Fukuoka, the Japanese scientist, the father of natural farming, concretised her belief that like soil, if the body too is left alone, its inherent wisdom drives it towards sustainable health.

Ecology and ethics are inseparably tied together, she said. Taking care of our body by abiding in Natural Law is automatically protective of the environment. Conserving the planet, through daily choices, ensures the survival of our home and therefore us.

Her belief was that when a person is given the right information, given tools, techniques and skills to implement these and an environment conducive to make the right choices, all of us would be empowered to live healthfully. For when aligned to Nature in thought and action, true health emerges. "Be patient by following the rhythm of Natural laws, and you will never become a patient", was her constant advice.

Towards this she provided counselling sessions (information), classes, workshops (teaching of skill sets) and a food service. Her motto was to be available 24x7 to anyone willing to take charge of their health and add life to life through daily action. Her many programmes were geared towards empowering individuals to make choices that were ethical and sustainable. Through these measures, thousands of people have regained control of their own health.

In the last decade she dedicated herself to building a Wellness Community. One that gave societal validation not to falling ill but to enhancing health. A consciousness that believed in resurrecting Family Farmers instead of only family bankers or family doctors. In preservation, not only prevention. "The oldest *parampara* is that of Nature, so let's start following Nature, instead of short term cures and quick fixes", she maintained. ■

– Anju Venkat.

(Sketches of Great Indians by C.D. Rane)

CHARTER

ONE INDIA ONE PEOPLE FOUNDATION

firmly believes in

1. Adherence to the Constitution
2. Equality before Law
3. Accountability of those in Positions of Power
4. Basic Amenities for All
5. Freedom of Expression
6. Justice without Delay
7. Universal Right to Primary Education
8. Health for All
9. Population Management
10. Alleviation of Poverty
11. Eradication of Child Labour and all other forms of Forced Labour
12. Dignity for the Differently-Abled
13. Equality of Gender, Caste and all other Socially Disadvantaged Groups
14. Removing Corruption from all Spheres of Life
15. Upholding India's Rich Cultural Heritage
16. Promotion of Scientific Temper
17. Separation of Religion from State
18. Promotion of Communal Harmony
19. Emphasis on Rural Development
20. Concern for Environment

Posted at Mumbai Patrika Channel Sorting office, Posting date 29th and 30th of previous month, published on 15th of every month.
REGD. NO. MCW / 91 / 2015-2017
RNI NO. 66632/97 (Total Pages 60)

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 9th, 1930 – February 23rd, 2007)
ONE INDIA ONE PEOPLE