

PINK CONNECTION



Volume 3 Issue 1 Aug - Oct '16

Mesmerising Miniatures:

The rare Jain paintings in the
Indology Museum, Ahmedabad



'The cancer happened
for a reason'

Madhumita Chakraborty
relives her poignant story

'Health is not for sale.'

Dr Arun Gadre

BEHIND The Scenes

I was saddened to read in a local newspaper how a few cancer patients, who were unable to bear the pain or more grimly, the cost of end-of-life treatments in hospitals, asked for euthanasia as a way out! If the pain in the final days is unbearable, the cost of cancer care can make families bankrupt, as we all know.

Medical care everywhere in the world is expensive. But, in India hospital care has grown into an 'industry', and has become out of reach not just for the poor but even the middle-classes like us. Today, since hospitals, have to be profitable enterprises with their balance sheets that need to show profits, doctors are under pressure to bring in more patients, order unnecessary tests and retain patients longer.

The nexus between the doctors and the pharma industry compounds the problem. The pharmaceutical companies pay to fly doctors on holidays and to conferences, so that they will prescribe their drugs over a less expensive one. Naturally, patients have started to doubt the intentions of doctors and hospitals.

I am not making that sweeping statement that all doctors are out there to make big money. There are rotten eggs in any profession (think journalism, think businessmen) but for sure, medicine is at its lowest ebb in the country currently.

That's why we feel the need to talk about doctors like Dr Arun Gadre of Pune, who dropped out of the medical rat race, and got together doctors to go on record about the malpractices in the profession in his recent book.

Of course, as ever, we are proud of Dr P Raghuram, for his sincerity and his various initiatives in promoting breast cancer awareness that include a magazine such as this one! He is one of those few who walk tall in the medical profession.

Undoubtedly, we need more like them in medicine.

Ratna Rao Shekar



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'I used to watch Hitchcock films to cheer me up'



Imagine having no family history of cancer; a healthy disposition without even a rare fever; and then, suddenly being diagnosed with breast cancer at the age of 45. That, in a nutshell, is what happened to Madhumita Chakraborty of Hyderabad. This is her story.

Text: Minal Khona

If you have had a picture-perfect life until your mid-forties and then you are diagnosed with breast cancer, it can come as a nasty shock to anyone. And, for Madhumita Chakraborty, an attractive woman with lustrous long hair, it was practically the first major upheaval in her life that had negative connotations. Married at the right age, having had her babies while she was still in her twenties; no habits like drinking or smoking, and exercising regularly and eating healthy; she had no reason to believe that 'she' would get breast cancer. But, she did, and with the unstinting support of her husband Saumen Chakraborty, the president, CFO and Global Head of IT and Business Process Excellence at Dr Reddy's Laboratories in Hyderabad, she coped, recovered and willingly and candidly talks about her experience, so it can help others.

She recalls all the graphic details, with dates, from the time she was diagnosed with cancer till she recovered. Narrating her story, Madhumita starts off with, "I was diagnosed with cancer in November 2011 with grade three breast cancer. Actually, back in 2009 itself, I had felt something in my right breast. I felt it had grown the next year but I got on with my life and didn't give it much thought. When I did not get my periods, I visited a gynaecologist. The doctor had put it down to pre-menopause as the mammogram didn't show the lump. I knew it was there and I remember being extremely happy that it was all clear back then."

Her husband decided that they would visit another gynaecologist before they travelled. The day they met her turned out to be an unforgettable day for Madhumita. After examining her, the gynaecologist advised her to consult a Surgical Oncologist. Her husband spoke to his colleagues at Dr Reddy's Laboratories, Rita Chandradud and Mr GV Prasad, who recommended Dr Raghuram as he is among the best breast cancer surgeons in the country.

"We met Dr Raghuram at KIMS-USHALAKSHMI Centre for Breast Diseases on 24th November. After examining me and getting a mammogram and ultrasound scan of



Madhumita before the chemotherapy

the breast, Dr Raghuram confirmed our worst fears, that it was breast cancer. My husband and I were in a state of denial and didn't want to think of the possibility of cancer till the results arrived. When the core needle biopsy histology report confirmed malignancy on the following day, my husband was shattered, though he put up a brave front. I broke down in Dr Raghuram's clinic and started crying. He spent considerable time counselling me and my husband, which helped us cope with the diagnosis and treatments required. He also told us that the lymph nodes appeared to be affected," she recounts with a catch in her voice. A staging PET CT was done and fortunately, the cancer did not spread to other parts of the body.

Madhumita was aware of the chemo and radiation side-effects but she was clear about one thing - she did not want a mastectomy. She told Dr Raghuram that she would opt for a lumpectomy but did not want to lose

her breast. Dr Raghuram assured her that he would perform oncoplastic breast conserving surgery to preserve her breast, but emphasised that all the lymph nodes in the armpit needed to be removed (axillary node clearance). The surgery was scheduled next day. 14 out of 18 lymph nodes were affected.

The children were informed about this development and though her husband held a demanding job, he was her main caretaker for the next eight months. He did not allow her mother, who was living with them during that time, to take care of her daughter. From giving her a sponge bath to wiping the floor when she vomited to cajoling her into eating something after he returned from work, her husband was the pillar she leaned on for everything. He did all this despite the fact that he was working full time and emotionally shaken up, as much as she was, about her cancer. He even got his employers to exempt him from



Madhumita with her loving and supportive family

Dr Raghuram gave me some sound advice; he said not to interact with whiners and people who want to talk about my illness. I used to watch comedy shows and Hitchcock films all day. I stopped taking calls from friends though I am the kind of person who loves to chat on the phone

travelling out of town and overseas till she recovered.

Madhumita is lavish in her praise for her husband and how his company also stood by them in their hours of crisis. This support helped her through her recovery process immensely. She says, "In two days my life changed permanently. Though I am a spiritual person and have a lot of faith in God, I was shaken. My son came from Jamshedpur and my daughter took a bus from Manipal so they could be with me. The surgery went on for two hours. My daughter later told me that she had never seen her father as despondent as he was, when I was in the operation theatre."

After surgery, Madhumita was moved to a private room. She was discharged home in 24 hours with strict instructions from Dr Raghuram that no water should touch her wound for ten days.

Before her chemo started, she got a wig made in Bengaluru. She relates, "I had to cut 22.5 inches of my hair for the wig. I went to see the Medical Oncologist for my chemotherapy sessions. He told me that I would lose my hair, my eyelashes and eyebrows as well. But, I was determined not to get depressed and

decided to fight the disease." Her chemo started that time, on December 19, 2011. During that time, she spoke to a cancer survivor, Indian classical dancer, Ananda Shankar Jayant. She gave me a lot of encouragement and explained the different stages of cancer and how to tackle it.

Recalling those nightmarish days, she says, "I used to vomit 20-25 times a day. After the session, I would be down for 10-12 days before I would start feeling better. My husband used to look after me and after his work, he would come home and cajole me to eat, sometimes even force feed me. Then he would work again at night to catch up on his work. The children would come and visit every chance they got."

Losing her hair was the toughest part and it took time for Madhumita to come to terms with it. The prospect of losing her hair made her more depressed than anything else.

"My hair was almost two feet long and it was my pride. I was known for my hair. The roots of my hair used to hurt, and it was so painful to touch my scalp even. I used to wake up and find one portion gone. After the second session, when my mum came to live with me, my hair was everywhere. I told my husband once, I can't bear to look at



Losing her lustrous hair was the toughest part for Madhumita

myself, but he reassured me saying I looked very cute. In fact, when the hair started falling off, my husband sat me down and shaved off the rest of it with his razor. He would give me a sponge bath even when I had my periods; he would take me out to make me feel better. My kids were the pillars he leaned on for strength. He would often take me for ice-cream because it was the only thing I could eat in small amounts without throwing up. Now my hair is growing back, but it will take a long time for it to grow back to its earlier length," she relates.

One important aspect Madhumita included into her routine during her chemotherapy was that she never discussed what she was going through with friends or relatives. She remembers, "Dr Raghuram gave me some sound advice; he said not to interact with whiners and people who want to talk about my illness. I used to watch comedy shows and Hitchcock films all day. I stopped taking calls from friends though I am the kind of person who loves to chat on the phone. I used to have terrible nausea, my eyes used to water and my tongue felt

coated all the time. I was not used to being this sick. I am what you would call a *hatti-katti*. I have always had good health and sometimes a year would go by and I would think, I haven't even come down with a bout of flu this year. But, because I am a very positive person, I cannot be negative for long I could not live in a scared and depressed state of mind for

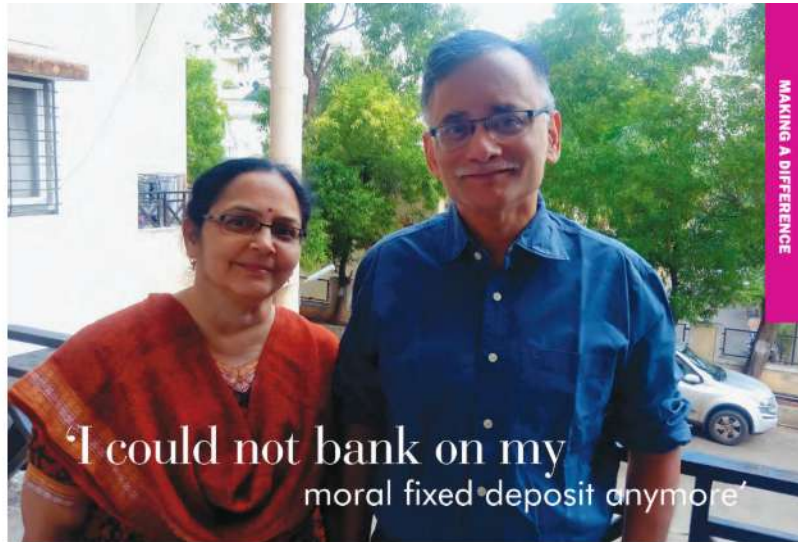
Always a believer in destiny, she says, she now enjoys everything life has to offer and takes nothing for granted. Her immunity levels have gone down considerably, but that doesn't stop her from sharing her experience with others so it can help them.

long. So, every time I felt better after about 12 days of chemo, my husband would take me out for a drive and a meal on the weekends."

Today, Madhumita who has a background in healthcare management and sings ghazals and Rabindra Sangeet has learnt to value every little blessing in her life. Always a believer in destiny, she says, she now enjoys everything life has to offer and takes nothing for granted. Her immunity levels have gone down considerably, but that doesn't stop her from sharing her experience with others so it can help them. Having been cancer free for four years now, Madhumita believes that the cancer happened for a reason, but her faith in God keeps her spirits up at all times. ■

Dr P Raghuram speaks on his patient Madhumita Chakraborty's treatment and recovery:

"I am delighted that Madhumita Chakraborty is doing well having fought breast cancer with courage and determination. After adequate counseling, which is an essential, yet often neglected component of cancer care, she underwent a wide excision of the tumour coupled with reshaping of the breast. The outcome was excellent and aesthetic. In her case, mastectomy was avoided and consequently, any psychological morbidity linked to breast removal was reduced. These are the principal goals of Oncoplastic Breast Conserving surgery."



'I could not bank on my moral fixed deposit anymore'

When a doctor stands at the crossroads of his ethics on one hand and medicine as commerce on the other, the path he chooses can make all the difference. Dr Arun Gadre, a gynaecologist and author belongs to that extinct breed of conscientious doctors, who take their Hippocratic Oath seriously. Disheartened by the rising commercialism in the medical profession, he gave up his career and joined an NGO to work for the health rights of patients.

Here, Dr Gadre talks to Minal Khona about what prompted him to leave medicine and on his book, *Dissenting Diagnosis*, which has doctors speaking out against the unethical practices in the world of medicine today

He comes across as a middle-class, low-profile Maharashtra, quietly going about his life. However, when Dr Arun Gadre starts opening up about medicine and why he stopped practising, his passion for his work and his frustration about the unethical practices in the medical field, he is transformed. He turns into a crusader consumed with the desire to bring about changes in medicine that has become commercial.

Like most doctors, Dr Arun Gadre had started his medical career with idealism. A gynaecologist, he started practising in rural Kinwat – across the border from Adilabad, in northern Telangana. But, unable to sustain himself since he was paying off a loan, he moved to Lasalgaon, near Nasik. There he met the charismatic activist Baba Arnte who has dedicated his life to doing social good. "I was influenced by his philosophy, and so my wife Jyoti and I, decided to work for the poor. My wife had changed her specialisation to become

an anaesthesiologist, so we could work as a team," says Dr Gadre.

In Lasalgaon, he set up an eight-bed hospital and worked with his ideals intact for 22 years. He treated poor people and his fees were lesser than others by 20-40 per cent! He says, "I lived like any other middle-class person. I was happy and for the first ten years of my medical career, it was heaven. I remember operating on a patient with an uterine rupture without any extra blood on stand by and she survived. She had faith in me." But, today, Dr Gadre rues the loss of faith between the doctor and patient.

As time went by, a complex society in transition and the growing commercial exploitation of patients, started to slowly erode his faith in his chosen field of work. Dr Gadre noticed that by charging low fees, he was losing his patients. "Eventually, the fact that I charged lower fees went against me," he says sadly, as patients assumed a doctor in a flashier



Fighting for change: Dr Abhay Shukla and Dr Arun Gadre, the authors of *Dissenting Diagnosis*

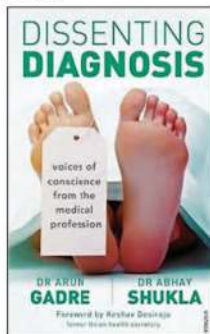
hospital charging steep fees was a better doctor.

However, Dr Gadre continued in his path deriving satisfaction from treating the poor. He clung to his beliefs and did not succumb to pressure from pharmaceutical companies and competing doctors. Giving an example of his style of working, he remembers the time he bought a sonography machine for Rs 4 lakh. "I used the sonography machine like other doctors use their stethoscopes. It was a wonderful tool to detect ectopic pregnancies and I saved 10-15 lives and in this way, I got back my money's worth," he points out. During that time, he was constantly tempted by patients, who were willing to pay him anything from Rs 5,000-20,000 for using the same machine for sex determination tests. But, Dr Gadre would always refuse and never wavered from his ethical stand.

Dr Gadre also resisted the powerful cartel of pharmaceutical companies. "I always would prescribe medicine based on how effective it was. I knew doctors were given gifts by pharma companies to prescribe their expensive products. I would go to the market and check out which chemist had replaced my prescription with a costlier medicine. I would then advise my patients not to visit those chemists again," says Dr Gadre.

His unequivocal stance on this issue kept the sales representatives at bay.

They never tried to bribe him. "I know doctors were offered kickbacks and gifts but since I can't say confidently who accepted and what was offered, I can't name anyone. All I know is, they did not try it with me because my answer would always be a no," he asserts.



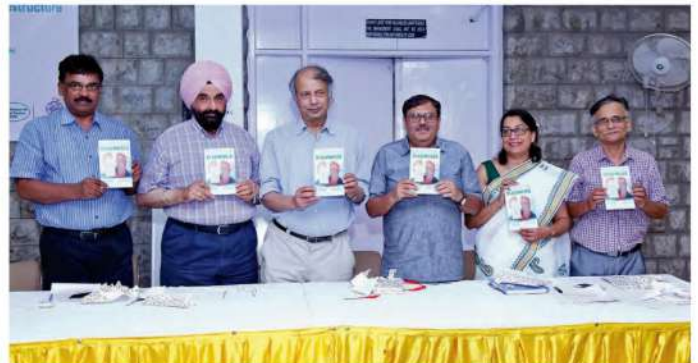
Gradually, Dr Gadre realised doctors were not referring patients to him because he did not give them commissions. Increasingly, it was also common for a crowd to gather and demand money when a patient died. Doctors and rattle-raising locals would also instigate patients. It happened with him too – once – and this episode scared him enough to make him quit his practice.

He recalls, "One gynaecologist advised me to charge high fees and run my hospital like a business to make a higher turnover. Then, if a patient died and if her family gathered to protest, I should give them five lakh rupees as compensation to end the matter." In another incident, parents were shown the blood tests of another patient to convince them to get an abortion for their daughter, who was not even pregnant. This incident completely disillusioned him.

Dr Gadre had an epiphany. This was ten years ago. He recalls, "I could not bank on my moral fixed deposit any more. I could not beat this deadly cocktail of police, politicians, corporate hospitals and doctors. My own health was suffering, so I decided to quit medical practice and move to Pune."

In Pune, Dr Gadre joined Saathi – Support for Advocacy and Training to Health Initiatives, as a Co-ordinator, a paid employee and has been with them for the past four years. He works with the founders of this NGO, Dr Abhay Shukla and Dr Anand Phadke, who are stalwarts in the medical field. "We work on health policy issues, on making private hospitals accountable, fighting for the rights of patients and promoting the need for free healthcare for all," explains Dr Gadre about the nature of his work at the NGO.

It was in this role, the good doctor struck upon an idea of writing a book, *Dissenting Diagnosis* with Dr Shukla. He reminisces, "One day, over lunch, we discussed the idea of publishing the stories of patients, who have suffered at the hands of doctors in private hospitals. We wanted to talk about patients, who had spent huge sums of money for unnecessary treatments and other malpractices. The idea grew to include the point of view of doctors as well and we decided to talk to frustrated professionals like myself, who couldn't beat this growing evil." Dr Gadre drafted questions and they interviewed 10-20 doctors to start with, for the book. In turn, the doctors referred them to others and the number grew to 78. Then, they realised they had enough material and approached Penguin-Random House, which published their book



The release of *Dissenting Diagnosis* in New Delhi, in May

Dissenting Diagnosis in Marathi and English in May 2016.

According to Dr Gadre, doctors from all over the country voiced their candid views on the disturbing trends in the medical profession. "The doctors spoke out against the unseemly commercialisation of their profession and in fact, 35 doctors gave us permission to use their names with their quotes," he points out.

The book is full of examples from doctors disillusioned with the functioning of the medical system in the country today. There is Dr Gautam Mistri, a Kolkata cardiologist who says in *Dissenting Diagnosis*, "In order to benefit a (corporate) hospital, one had to keep patients in the hospital longer than necessary, and conduct unnecessary investigations and procedures. My conscience started pricking me and I left that hospital. Now, I only do a consulting practice. I am happy."

Another highly specialised surgeon Dr Gadre interviewed for the book gives the example of a young doctor in his department, who was pressurised by a hospital CEO to increase his conversion rates to meet his target of 40 percent, which was at just 15 percent. The conversion rate, in this case, being the number of patients who

had to be convinced they needed hospitalisation. At that rate, he would have to hospitalise four out of every ten patients which visited him, if he wanted to keep his job! One GP also admits in the book how a doctor hoodwinked a patient admitted for a spinal surgery by conducting just a superficial cut.

Unethical medical practices are thrust upon doctors and many just give in to the pressure. But, it is not right. The book *Dissenting Diagnosis* is about doctors with ethics, discussing the declining standards of medical practice, and what can or should be done to stop the rot from spreading

Naturally, there was an "uproar" when the book was released. Dr Gadre says, "The doctors were angry and in a denial mode. Many honest doctors pointed out that unfortunately patients will now become suspicious of them."

However, *Dissenting Diagnosis* also talks of the possible solutions to the

problems plaguing the medical field today. Dr Gadre reasons, "Unethical medical practices are thrust upon doctors and many just give in to the pressure. But, it is not right. This book is about doctors with ethics, discussing the declining standards of medical practice, and what can or should be done to stop the rot from spreading. The book also talks about the need for better healthcare access to patients across the board."

According to Dr Gadre, a universal health policy is required. He says passionately, "Ideally, it should be free healthcare for all, as all of us spend large amounts of our money for treatments, while the government does not provide anything. I would like to quote Dr Paul Farmer here – 'Now, we are at a crossroad where we have to decide whether health is a commodity for sale or a social right; it cannot be both.' Exorbitant hospital bills are making patients bankrupt – this has to change."

And, Dr Gadre soldiers on towards his goal, of a medical fraternity free of the pressure of financial targets, living by the values of the Hippocratic Oath and making healthcare accessible and affordable for all. More power to him and his tribe of dwindling, ethical medical practitioners, we say. ■

UBF Diary

April 2016

Doctor Couple Inspired Bollywood Film 'Bhavishya' Turns 10!



At the inauguration

Deepthi Reddy and others on the panel



Kingshuk Nag making a point

Indira and Subbarami Reddy

Doctor, Vyjayanthi and Raghuram with Ramoji Rao

Dr Raghuram and his wife, Dr Vyjayanthi's courageous decision to relocate to India in 2007; to leave behind lucrative careers and a well-settled life in the UK, had inspired a Bollywood film, *Bhavishya*, starring the late Saeed Jaffrey. A decade after its release, the film-maker Dr Nikhil Kaushik, an ophthalmologist from the UK, shared his experience of making the film, at a red carpet evening at Marriott Convention Centre in April. This talk was followed by a panel discussion on 'Reverse Migration' led by Kingshuk Nag, editor, *The Times of India*, Telangana and Andhra Pradesh.

Eminent people who have lived abroad and returned to make an impact in their respective professions in India, also shared their experiences. Rich tributes were paid to Dr Raghuram and his wife Dr Vyjayanthi, for achieving excellence in their work and for practising ethical medicine with patient's welfare as their highest priority.

"At a time when migration of talent from India was a great source of concern, Dr Raghuram & Dr Vyjayanthi chose to relocate to their motherland, leaving behind lucrative career and a settled status in the United Kingdom. It is indeed heartening to note that Bhavishya-the future, a film that drew inspiration from their life has completed a decade after its release. My best wishes are with Vyjayanthi & Raghuram."

Ramoji Rao, Chairman, Ramoji Group

Bringing Best of British National Health Service to India

Dr Raghuram played a pivotal role in the meeting between the Indo-UK healthcare team from London and K Chandrashekar Rao, chief minister, Telangana. Nearly Rs 1,000 crores is expected to be invested in Telangana as the best of British National Health Service will be offered in India, in collaboration with the Oxford Medical School as the strategic clinical partner.



Screening Tool CBE Makes National Impact

Impressed with Dr Raghuram's strategic implementation of south Asia's largest breast cancer screening programme in the Telugu-speaking states, the government of India chose him (the only doctor from south India) as one of the three-member steering committee, formed by the Department of Health, to frame national guidelines for breast cancer screening.

In the Steering Committee meeting, the proposal to conduct population based breast cancer screening through Clinical Breast Examination (CBE) was approved unanimously. The national guidelines for breast cancer screening have also been recently approved by the health ministry and every state government will shortly be earmarked funds, with a request to implement CBE as a screening tool to detect cancers early.



May 2016

Adopting a Village

Believing in the adage that a man's true wealth is the good he does in the world, Dr Raghuram and his family have adopted Ibrahimpur, a remote village in Medak district. Harish Rao, minister for irrigation of Telangana accompanied Dr Raghuram to identify charitable projects to benefit the village.

A dining room, a library, study room with internet facilities in the village school, and a modern crematorium which will also benefit the neighbouring villages will be constructed. Besides, a Health Centre, manned by an Auxiliary Nurse Mid-wife (ANM), will be set up in the future to provide basic healthcare and regular cancer detection camps.



June 2016

UBF Joins Hands with Telangana Government



Ushalakshmi Breast Cancer Foundation partnered with the Telangana government to train core healthcare workers in the state to perform Clinical Breast Examination (CBE), a screening method for early detection of breast cancer. The training programme launched by Rajeshwar Tiwari, principal secretary, Telangana department of health & family welfare, was held at the Indian Institute of Health & Family Welfare, Hyderabad.

A Felicitation



Dr Raghuram was felicitated by Kadiyam Srihari, deputy chief minister, Telangana at an event organised by RIDA (Returning Indian Doctors Association), the only organisation in India to represent doctors trained abroad and currently working in India.

The Forgotten

Jain Miniatures

While Mughal inspired miniatures are among India's most famous style of painting, the much older Jain miniature paintings from the Western India School are barely known. Preserved with devotion and care in ancient Jain libraries called bhandaras over centuries, some of these rare delicate paintings can now be viewed at The Indology Museum at Ahmedabad. This museum has an outstanding collection of Jain miniatures on display writes **Anil Mulchandani** after a visit

Photos: **Dinesh Shukla**



Ratan Parimoo, director of the Lalbhai Dalpatbhai Indology Museum, which has a rare collection of Jain sculptures, paintings and artifacts

Long before the Mughals brought their famous miniature paintings to India, it was Jain paintings which flourished in our country. In fact, painters of the Jain style of Gujarat were found in the Mughal emperor Akbar's court.

Jain miniatures are largely paintings of illustrations of the Jain religious texts of the 12th–16th century. Known as the Western India style, these miniatures, have unfortunately not received the attention they deserve, says Ratan Parimoo, the director of the Lalbhai Dalpatbhai (LD) Indology Museum and the N C Mehta Museum of Miniature Paintings in Ahmedabad.

Parimoo goes on to add, in a candid chat, that the LD Indology Museum indeed houses one of the finest collections of these Jain miniature paintings. The museum, which is a part of the Lalbhai Dalpatbhai Institute of Indology set up in 1957, was specially designed by the master architect Balkrishna Doshi much later in the 80s. He built two galleries – the Smt Madhuri Desai Gallery on the ground floor exhibiting a stunning collection of sculptures and woodwork donated by Madhuri Desai and the

Muni Punyavijayji Gallery on the first floor.

This first floor gallery houses the rare illustrated manuscript collections of the visionaries – Jain scholar Muni Punyavijayji (who was responsible for cataloguing and preserving these ancient handwritten manuscripts from

One of the reasons, we can enjoy these precious Jain manuscripts today is because they were meticulously preserved in bhandaras or libraries maintained by the Jain communities

different bhandaras) and Jain industrialist Sheth Kasturbhai Lalbhai, one of the post-independence institution builders of Ahmedabad and a follower of the Muni.

The Jain miniature paintings are a special style of painting done on manuscripts. These manuscripts were first written on palm leaves and later,

on paper sheets that were rectangular and horizontal and narrow in width. The miniature artists were assigned to depict the Jain sacred texts like the *Kalpanetra*, episodes from *Kalbacharya Katha* and from the lives of the Jain Tirthankars, on these manuscripts.

Parimoo is unstinting in his praise for this form of art. "It is fascinating to see the flow of lines and the fluent calligraphic quality achieved by the artists in these Jain miniatures," explains Parimoo. Moreover, the space given to these artists in the manuscripts was just three to four inches, he points out.

These miniatures are painted in colours of red, blue, green, gold and silver. The early manuscripts of the Jain canonical texts were written on palm leaf. From about the 14th century AD, the manuscripts began to be written on paper but the same oblong format was continued with a horizontal orientation.

Typically, a small space three to four inches high on each leaf of the manuscript was occupied by the painting but sometimes an entire horizontal area was illustrated. The



The miniature painting of Lord Mahavir's enlightenment

manuscripts had painted illustrations on both the folios and on the wooden cover. The painters preferred simplified forms, characterised by simple, bright colours, highly conventionalised figures, and wry, angular drawing. The style, fairly well established by the end of the 13th century, changed little over the next 250 years. Figures are shown for the most part from a frontal view, with the head in profile with a pointed nose.

The Jain manuscripts were largely made in Ahmedabad and Patan in Gujarat, as well as Rajasthan and central India.

The Jain art got a lot of patronage when the Solanki Rajputs ruled Gujarat, and the neighbouring areas of Rajasthan and Madhya Pradesh, from the 10th to the late 13th century. The spectacular Jain temples of Dilwara, Taranga, Kumbhariya, Palitana and Girnar were built during the reign of the Solanki rulers like Kumarapala, in the 12th century. It is recorded that Kumarapala distributed hundreds of copies of the sacred text of *Kalpasutra*.

After the Islamic invasions, the building of temples was reduced, and instead manuscripts were commissioned by pious Jain merchants and traders. Some of the earliest palm leaf manuscripts were preserved in the Jaisalmer bhandar.

One of the reasons, we can enjoy these precious Jain manuscripts today is because they were meticulously preserved in bhaogaras or libraries maintained by the Jain communities. It was believed that a pious Jain gains religious merit by commissioning

religious works, and the worship of the books of wisdom called *manuspa* was a central activity in the Jain temple ritual. The recitation and worship of the *Kalpasutra* texts continue even today during the sacred Paryushana Jain festival.

The museum has one of the earliest painted book covers (called *patli*), the *Jinadatta Suri*, which dates back to the 12th century. "The painting of Vidyadevis or goddess of wisdom on the cover of a 5.8 x 7.8 cm size palm leaf is important in the chronology of Jain painting," says Parimoo, elaborating on the distinctive features of the Jain paintings in their care.

Jain miniatures are largely paintings of illustrations of the Jain religious texts of the 12th–16th century. Known as the Western India style, these miniatures, have unfortunately not received the attention they deserve

Another of the earliest works in the museum is the *Shantinatha Charitra*, a Sanskrit text that describes the life of the 16th Jain Tirthankara Shantinatha. Written in 1397 CE, this text has been declared as a global treasure by UNESCO, Parimoo reveals.

Apart from these valuable gems of art, Parimoo says the Jain pilgrimage paintings of 1433 AD from Champaner

in Gujarat area are among the early examples of Jain painting on cloth.

The museum also displays the *Vijnaptipatra*, a rare scroll painted at Agra by the Mughal painter, Ustad Salivahana in 1610 AD, which illustrates the Mughal emperor Jahangir's *farman* (a royal order bearing the seal of the emperor) prohibiting the killing of animals in his empire during the Jain festival of Paryushana. "This painting is generating much interest after recent bans on slaughter during festivals," observes Parimoo.

"The museum also has one of the earliest painted paper manuscripts dated 1396 AD. The illustrated 15th century manuscripts of Kalakacharya Katha in the Malwa style from Mandu, the Sangrahan Sutra painted by the Gujarati artist Govinda dating 1583 AD, and 15th century cosmological diagrams are among the outstanding pieces in the museum," adds Parimoo.

Besides these mesmerising miniatures, the museum also exhibits some rare Jain bronzes, Jain cloth paintings and stone sculptures from Jain archaeological sites. After a substantial grant by the Ministry of Culture in 2012, the museum authorities are reorganising their precious collections to make it a place of "national importance" for those interested in Jain art and Indian miniature paintings.

This effort, according to Parimoo, will help propel the Jain art school of Gujarat into the limelight. And, give these forgotten, ancient Jain miniatures the place they deserve in this world. ■

Reshaping the Breast: Oncoplastic Breast Conserving Surgery

In his column this month, Dr P Raghuram throws light on a relatively new medical concept – Oncoplastic Breast Conserving Surgery for breast cancer patients



Dr P Raghuram

A 35-year-old breast cancer patient, Lakshmi (name changed) has been advised breast conserving surgery, which involves the removal of a large chunk of breast tissue. The anxious patient is keen to know if there is any medical technology to reshape her breast to look better after the surgery.

Lakshmi: What is Oncoplastic Breast Conserving Surgery?

Dr Raghuram: Oncoplastic Breast Surgery is one of the most interesting and challenging new developments which has evolved over the past 20 years. This surgery involves a wide local excision of the cancer from the breast followed with a partial reconstruction of that portion of the breast to achieve a cosmetic result. The principal goals behind developing multiple oncoplastic breast conserving techniques are to avoid mastectomy, reduce psychological stress and morbidity, and gain patient satisfaction. In oncoplastic surgery, large areas of the breast can be removed in carefully selected patients without having to undergo a mastectomy.

Lakshmi: Is breast reconstruction and Oncoplastic Breast Conserving Surgery the same?

Dr Raghuram: Oncoplastic Breast Conserving Surgery should not be confused with breast reconstruction, which is usually conducted after mastectomy. While it is possible for a surgeon to perform a mastectomy and then allow the plastic surgeon to work on the reconstruction, this is not possible in this breast conserving surgery. This is because a doctor needs to be an expert in both surgical oncology and plastic surgery to achieve a good oncological and cosmetic outcome.

Conclusion

In this era of Oncoplastic Breast Surgery, it would be unreasonable to remove a breast lesion and leave the breast with a subsequent deformity. There is clearly a growing demand for cosmetically acceptable breast conserving surgery the world over. In this day and age, breast cancer surgery must be conducted giving due consideration to the cosmetic outcome without oncological compromise. I strongly believe that disfiguring and mutilating excisions are neither justified nor acceptable today.

Basics of Oncoplastic Breast Surgery

- Many women chose mastectomy over breast conserving surgery fearing the risk of recurrence. It is now well-known from various trials over the past two decades that mastectomy and breast conserving surgery are on an equal plane in terms of survival. However, the surgeon should be skilled enough to ensure that the local recurrence rate after breast conserving surgery is kept low (around 1 per cent per annum). This can be achieved by excising the lesion with a clear normal margin all around the cancer. If the surgeon leaves cancer tissue behind or if the excision margin still contains cancer tissue in it, there is a high risk of local recurrence after this surgery.
- The concept of the oncoplastic breast surgeon is a new one that requires the doctor to have a combination of knowledge in three different specialties: surgical oncology, plastic surgery and breast radiology. The Oncoplastic Breast Conserving Surgery is an innovative and sophisticated sub-specialty within breast surgery and an essential skill for the dedicated breast specialist.
- The indications for cosmetically acceptable breast conserving surgery can be safely extended to cancers involving all the breast quadrants in carefully selected patients thus expanding the armamentarium of oncoplastic surgery.



Happiness is a choice, with or without cancer.

Karvy salutes the survivors and a million other battling with breast cancer.