celebrate age
The magazine for silver citizens

MAY 2014 ₹ 40

ALL EYES
AN INSIGHT INTO FACTS, FACTORS & FIXES

• CHANGE AGENT R ELANGO • VINTAGE BEAUTIES IN FOCUS • HIDDEN SECRETS OF BELUM CAVES
DIABETES - A THREAT TO VISION

According to the ICMR-INDIA, a National Diabetes Study, India currently has 62.4 million people with diabetes. [1] This is set to increase to over 100 million by 2030. [2] In India, diabetes affects the younger population in the prime of their working lives and thus poses an even greater threat to the health of these individuals. This epidemic of diabetes is unfortunately paralleled by a corresponding increase in the prevalence of its complications. Diabetes can cause blindness, heart disease, kidney failure and lead to limb amputation. It can also adversely affect the eyes. Various eye problems ranging from cataract, glaucoma and diabetic retinopathy can affect patients with diabetes.

Nearly half of all people with diabetes will develop some degree of Diabetic Retinopathy (DR) during their lifetime. DR is an increasing cause of blindness in the working age group. Yet, only a very small percentage of the diabetic population gets referred for regular eye check-ups.

WHAT IS DIABETIC RETINOPATHY?

Diabetic retinopathy (DR), the most common diabetic eye disease, occurs when blood vessels in the retina change. Sometimes these vessels swell and leak fluid or even close off completely. In other cases, abnormal new blood vessels grow on the surface of the retina. Often, patients are unaware that a retinal detachment has formed. Patients may have lost significant vision in one eye while retaining good vision in the other. Many patients are unaware of significant vision loss when only one eye is affected, thus delaying timely treatment.

THE SOONER THE BETTER

In the early stages of the disease the patient does not notice any symptoms and therefore does not visit a retinologist for a screening test. By the time symptoms are noticed, the disease is fairly advanced. Some people, however, notice wavy lines, blurred vision and black spots when looking at objects. Most diabetic patients consult retinologists only when they experience a marked reduction in vision.

TREATING DIABETIC RETINOPATHY

Diabetic retinopathy can be treated through 4 main treatment options:

- Laser treatment: helps in stabilizing vision and arresting vision loss
- Intravitreal injection: blocks the factor that stimulates the growth of new blood vessels and reduces edema
- Steroids: help reduce edema
- Vitrectomy: a surgical procedure used in advanced stages of disease that helps in clearing non-resolving hemorrhage and managing retinal detachment complications

Your retinologist will advise you on the retinal modality that best suits your medical condition.

LOOKING AHEAD FOR A HEALTHY VISION

Monitor your own vision regularly

- Have a detailed eye examination by a retinologist at least once every year
- Monitor your vision at home and inform your doctor if you notice any changes

Take care of your diabetes

- Keep blood sugar levels in control to maintain vision
- Regularly monitor your blood sugar levels as instructed by your doctor
- Take medication as directed, both for your diabetes and for your DME

Maintain a healthy lifestyle

- Manage your diet in consultation with your doctor
- Exercise regularly and maintain a healthy weight

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Disclaimer: The information contained here is not to be used for treatment purpose or for diagnosis of health problems or as a substitute to expert medical advice. Please consult your doctor for any health related problems or queries that you may have. Although great care has been taken in compiling and checking the information, Novartis is not responsible or liable in anyway for any errors, omissions or inaccuracies in or otherwise howsoever for any consequences arising there from.

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ARE YOU A DIABETIC? DO YOU SEE BLACK SPOTS?

IT COULD BE DIABETIC RETINOPATHY LEADING TO BLINDNESS.

If you experience the following symptoms, consult an ophthalmologist, TODAY!

- Blurred vision
- Wavy lines
- Black spots

SMS ‘OYE!’ to 9246356765 for a list of eye check centres.

Always consult your doctor for medical advice
Good ideas take time to germinate.

I recently read an article about the emergence of niche portals that stock a range of products for silvers—from health and wellness products to specialised aids—such as Mumbai-based seniorshelf.com and Chennai-based Old-isGoldStore.com. The feature also cites new figures from the United Nations Population Fund, which estimates that India, with over 100 million elders today, will be home to one out of every six of the world’s 60 year-olds by 2050, second only to China.

This appreciation of the significance of the silver market may be new in sections of the media, and among a cross-section of entrepreneurs, but we knew it was inevitable a long time ago. As early as March 2007, I spoke at an international conference organised by American silver advocacy leader AARP in Tokyo on “The Gold Power of the 50-Plus Market”, with special reference to India. Quoting marketing consultant Dick Stroud, who referred to the “relentless shift in the economic centre of gravity towards older people”, I pointed out that the rewards of reaching this demographic are immense. And on the back of increased life expectancy, urbanisation and literacy, the number of ‘arrived veterans’, as some management consultants address the upwardly mobile target audience these portals are addressing, will only grow in India.

Seven years on, to see such an emerging trend is heartening—but, make no mistake, it is only a starting point. The majority of India’s silver population is rural and a huge number of our elders live below the poverty line, lacking financial security and access to even the most basic healthcare, let alone products and services.

The entrepreneurs of India need to understand this. We already have a host of retirement resorts for the well-heeled, what about living facilities for the less privileged? We have state-of-the-art lifestyle products and services but what about financial and insurance instruments that guarantee economic stability? Or innovative and well-priced medical and healthcare products and services accessible to silvers from every walk of life?

The silver market is indeed an idea whose time, so to speak, has come. But such an idea is a limited blessing for a country like ours unless it soars higher, expands its wings and encompasses new horizons. And it is our mission to consistently remind India of this imperative.
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WEB EXCLUSIVES www.harmonyindia.org

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Total number of pages in this issue of Harmony-Celebrate Age, including covers: 84
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SO YOU DON'T HAVE
TO STEP OUT.

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Vision is a vital ingredient for active ageing—yet, quite often, the most ignored. As we report in ‘Eyes Wide Open’, our cover feature this month, a dire combination of apathy, ignorance, lack of awareness and poor medical facilities has resulted in India being home to the world’s largest blind population. We look deeper, examining problems, solutions and the way forward, with information you can use and expert perspectives.

Moving from sight to foresight, R Elango was quick to spot the evils plaguing his village in Tamil Nadu—and even more quick to do something about them. Today, this ‘Proactive’ transformer has succeeded in changing Kuthambakkam into a model, self-sufficient village where domestic violence and illicit distilleries have been eradicated and literacy and transparent administration ushered in.

While some chapters from the past are better closed, others serve to inform, educate and even delight. In ‘Authorspeak’, Rachel Manasseh, 94, speaks about her new book chronicling the Baghdadian Jews of Bombay who played such a seminal role in the evolution of the city—and shares a slice of her own fascinating journey. The underground caves of Belum in Karnataka, our ‘Destination’ this month, form an intriguing underground city that stands a silent sentinel to history, legend and myth. And in ‘Collection’, we feature silver ‘autogenarians’ whose vintage cars are their pride and passion. Elsewhere, in ‘Footsteps’, dancer-choreographer-daughter Madhu Nataraj reveals the myriad ways in which her mother, Kathak dancer and trailblazer Dr Maya Rao, has touched—and transformed—her life. Read on.

—Arati Rajan Menon

I highly appreciate the excellent coverage given in the April 2014 issue of Harmony-Celebrate Age to stalwart seniors from all over the country—‘The Stick Man’ (‘People’), “Back to School” (‘Your Space’), “Guiding Light” (‘Diary 100’), “Class Act” (‘Legal Eagle’) and ‘Speak’. These silveres are doing immensely noble work in different areas for the betterment of society. Hats off to them! Keep it up.

Kusum Gokarn
Pune

Your April 2014 cover story, “Wild ‘n’ Wacky Prahlad Kakkar”, was interesting and enjoyable. I loved your off-beat cover design too. Keep surprising us like this!

Jai Pannicker
Thiruvananthapuram

It is believed that children laugh more than 300 times a day, as against adults who laugh less than 20 times a day. Though we all love to laugh, we become too serious with our lives and lose the ability to laugh as we grow up. Laughter is the best medicine; we should try to regain the lost joy of childhood by becoming more playful and humorous. Thanks for bringing back those jolly-good celluloid moments in your tribute to geniuses who made us laugh in humour special feature “Laugh Out Loud” (April 2014).

Valentina D’Souza
Mumbai

AN INVITATION FROM HARMONY

We are looking for contributions from our readers.

Write to us if...

- You had an experience related to money
- You faced a serious health problem and conquered it
- You know of someone who has done something exceptional after the age of 55
- You have a hobby or an interesting travel experience to share
- You have a funny or insightful anecdote about your grandchildren ...

...and we’ll print it in the column ‘Your Space’

Mail us at Reliance Centre, 1st Floor, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai-400001.
Or email at contact.mag@harmonyindia.org
If you were a fly on the wall—quite literally—you’d realise that silvers and elder flies have something significant in common: both do not sleep particularly well at night, being prone to frequent wakefulness. Now, citing the sleeplessness experienced by the fruit fly drosophila as a model case for human sleeping behaviour, researchers at the Max Planck Institute for Biology of Ageing in Cologne have managed to improve the sleep of the flies. The team found that if the insulin/insulin growth factor (IGF) signalling pathway—a metabolic pathway in the cells—is active in elder flies, their quality of sleep is reduced and they wake up more often; by inhibiting this pathway, they were able to improve quality of sleep as well as extend their lifespan. “We administered a substance called rapamycin to older flies and observed that they once again slept for longer periods,” team leader Luke Tain writes in journal PLOS Biology. “As a result, we were able to reverse the deterioration in sleep quality as a consequence of ageing. The cells of such different organisms as roundworms, flies, and humans use the insulin/IGF signalling pathway. We now want to study whether the signal molecules in higher animals, such as mice, have the same effect. In this way, we hope to discover treatments that will improve sleep quality in old age for humans.”
ANALYSE THIS

Stop and start

It’s already proven to aid weight loss and melt body fat. But now scientists at the US National Institute on Ageing are insisting that intermittent fasting also confers powerful anti-ageing benefits. Their study on animals as well as humans revealed that alternating between fasting and normal eating helps ward off brain-related conditions like dementia and Alzheimer’s—fasting for short periods of time (16 to 24 hours) was found to induce a state of stress in the body, which responded by releasing proteins that stimulate neurons and other cells. “Just as exercise makes muscles stronger, fasting makes the brain stronger,” team leader Dr Mark Mattson tells the Wall Street Journal. “It makes us more productive and the chemicals produced by fasting also have mood-boosting properties.”

Alarm bell

A study conducted at Albert Einstein College of Medicine in New York reveals that taking growth hormones as an anti-ageing strategy may undermine the body’s natural defences against the diseases of old age. It was published in journal Aging Cell.

HEARD THIS?

When it comes to hearing loss, it’s time to listen carefully.
According to a study by the University of Gothenburg in Sweden, impaired hearing brings with it deep social problems, making silvers withdrawn and introverted. In their study, 400 silvers between the ages of 80 and 98 were assessed over a six-year period in terms of their physical health as well as mental and emotional aspects such as ‘extraversion’ (the inclination to be outgoing). A consistent factor linked to reduced extraversion was hearing loss. “To our knowledge, this is the first time a link between hearing and personality changes has been established in longitudinal studies,” team leader Anne Ingeborg Berg writes in the Journal of Personality. “Surprisingly, we did not find that declining overall health and functional capacity make people less outgoing. But hearing loss directly affects the quality of social situations. If the perceived quality of social interaction goes down, it may affect whether (and how) we relate to others.”
Minus plus

Lose weight and gain longevity, all in a trice. That’s the mantra according to a new study by the Jean Mayer USDA Human Nutrition Research Centre on Ageing (USDA HNRCA) at Tufts University and Yale University School of Medicine. The researchers have established that ‘deleting’ FAT10, a gene that plays a crucial role in coordinating the immune system and metabolism, can reduce body fat while extending lifespan.

“Typically, mice gain fat as they age,” writes study co-author Martin S Obin in journal *PNAS*. “Activation of the FAT10 gene in normal mice increases in fat tissue with age. Mice lacking FAT10 consume more food, but burn fat at an accelerated rate. As a result, they have less than half of the fat tissue found in normal, aged mice. Their skeletal muscle ramps up production of an immune molecule that increases their response to insulin, resulting in reduced circulating insulin levels, protection against Type 2 diabetes and longer lifespan.”
One week could add years to your life. That’s the promise of the 159 Regenerative Medicine Group, a group of life science experts inviting you to the seven-day anti-ageing and regenerative Hong Kong Tour for Rebirth. Highlights of the tour include an anti-ageing healthcare course including autologous hematopoietic stem cell transplantation; a personalised test on the functional ageing of organs and tissue and overall ageing test; customised anti-ageing report and healthcare guidance by doctors and nutritionists; and a culinary and sightseeing tour of Hong Kong and Macau. The cost of the complete tour, including a round-trip ticket and star-level hotel accommodation, is HK $600,000 (about $4.7 million) but early birds can sign on for a limited time offer of HK $390,000 (about $3 million).

If that amount doesn’t stop you in your tracks, contact alison.fung@159group.hk or call the 159 Regenerative Medicine Group at their hotline: 00 852 3588 0900!
A new QUEST

Here's a scientist who makes things happen. Over a decade ago, Craig Venter mapped the human genome. More recently, in 2011, he created synthetic life. Now, the 67 year-old American has teamed up with fellow stalwarts Dr Robert Hariri, stem cell pioneer, and Dr Peter Diamandis, founder of the X Prize Foundation, to form Human Longevity, a company that will use both genomics and stem cell therapies to enable silvers to lead longer, healthier lives.

“Cancer is one of the most actionable areas right now with genomic-based therapies and we have teamed up with the Moores Cancer Centre at the University of California - San Diego to sequence the genomes of everyone who comes there for treatment, as well as doing a full genome sequence on their tumours,” says Venter. “But we're not just focusing on disease. Rather, the database has a means of getting concrete answers to the question of nature versus nurture.”

“The database has a means of getting concrete answers to the question of nature versus nurture”

UJJAIN ACTS: THE UJJAIN POLICE HAS LAUNCHED A SOCIAL INITIATIVE, SAMARPAN, WHICH AIMS TO PROVIDE SAFETY AND SECURITY TO SILVERS, AS PART OF BETTER EXECUTION OF THE PARENTS AND SENIOR CITIZENS MAINTENANCE AND WELFARE ACT, 2007. THE PLAN ENVISAGES POLICE REGISTRATION DRIVES, REGULAR VISITS TO SENIOR CITIZENS’ RESIDENCES, AND SERVICES FOR COUNSELLING AND LEGAL REDRESS.

AURANGABAD ON ALERT: IN AURANGABAD, THE POLICE HAS STARTED A HELPLINE SERVICE AND 24X7 DEDICATED CONTROL ROOM FOR SILVERS. THE CONTROL ROOM WILL OFFER EMERGENCY AMBULANCE SERVICE AND POLICE ASSISTANCE AS WELL AS COUNSELLING.


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He’ll be BACK

He’s tried his hand at politics and dabbled in controversy but now Arnold Schwarzenegger will be back to doing what he does best: Terminate! Reprising the role that made him a global star in 1984, when he starred in James Cameron’s The Terminator, the 66 year-old hulk will play ageing terminator T-800 in Terminator: Genesis. “The way the character is written, it’s a machine underneath; it’s this metal skeleton,” the actor tells TV channel MTV. “But above that is human flesh. And the Terminator’s flesh ages, just like any other human being’s flesh. Maybe not as fast but it definitely ages.” Directed by Alan Taylor, the film, the fifth in the series, began production in April and is expected to release worldwide in July 2015.

RETURN OF THE TERMINATOR

HOLLYWOOD STORY

If you fancy an insider tour of Hollywood at its most glamorous, look no further. You Must Remember This: Life and Style in Hollywood’s Golden Age (Viking), by Robert J Wagner with Scott Eyman, is a Valentine to Hollywood by one of its own. Having lived and worked in filmdom’s Mecca all his life, Wagner—a prolific TV and film actor—takes us behind the gates of the grand mansions, inside the closets, at the dinner tables, schmoozing with the boldest and brightest. You learn that James Stewart chose an unpretentious home in Beverly Hills and tore down the mansion next door to make room for flowers and vegetables; Frank Sinatra, who always had a folded handkerchief in his breast pocket, liked to fix the handkerchief of any man who couldn’t fold one as perfectly as he could; Carole Lombard threw some outrageous parties, including one with a hospital theme where guests came dressed in hospital gowns and ate on an operating table; and you also learn, rather poignantly, how stars struggled to hold on to their lavish lifestyles and palatial homes well after their sun had set on screen. As Wagner writes, “Nothing lasts forever...except the movies.”
She may be 70 but French film icon Catherine Deneuve still has a spring in her incredibly chic step—and the ability to transform herself into characters whose realities are completely divergent from her own. In *On My Way*, she plays Bettie, a once-beautiful woman whose life is at a crossroads after her lover leaves her (and his wife) for a younger mistress. Jilted and hurt, Bettie escapes her struggling restaurant and ailing mother and takes off on a road trip where each stop, random though it may seem, builds up to significant moments, new bonds juxtaposed with family reunions, and emotional awakenings. Look out for the film on the festival circuit.

**WINNING COMBO:**
Triple Oscar winner Meryl Streep, 64, will star in comedy drama *Ricky and the Flash* directed by Jonathan Demme, who won a best director Oscar for *The Silence of The Lambs*, from a script by writer Diablo Cody, who also won an Oscar for her debut film *Juno*. In the film, Streep will play an ageing rock star who tries to mend fences with her children after years of estrangement.

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Calling all cougars!

CHEEKILY CALLED The Cougar Collection, Rodial’s new skincare line is targeted at menopausal women in their 50s and 60s. According to the cosmetic company, the range works by ‘tricking’ skin—packed with wild yam which makes the skin believe it has more oestrogen than it actually has, the range stimulates the production of collagen. “One side-effect of menopause is a reduction of oestrogen production, resulting in a loss of supportive function below the skin allowing sagging wrinkles to appear with loss of mobility,” Maria Hatzistefanis, founder of Rodial, tells London newspaper Daily Mail. “The secret ingredient in the trio of creams—one for the face, one for the body and one serum—is wild yam, a natural alternative supplement to oestrogen therapy for years. My theory is that if you can trick the skin into thinking that hormones are back to the pre-35 levels, the ageing process can be reversed.” The range is priced between £ 75 and £ 150 (about ₹ 7,600 and 15,200); go to www.rodial.co.uk/skincare/cougar-skin

STICKY BUSINESS

Can you just peel off the years with some sticky tape? That’s the contention of Realine Beauty, a budget-friendly, hypoallergenic tape that claims to ‘re-educate’ skin by preventing it from moving. You just cleanse your skin before bedtime, stretch out your skin with your fingers and apply the tape before going to sleep. In the morning, you peel it right off. A media release by the company claims that 84 per cent of volunteers who participated in trials felt their wrinkles improved with usage. “I wanted to create a frown patch that was effective, easy to apply, and covered a large skin surface area,” Robin Capstick, founder of Realine Beauty, tells media. “It was important that the adhesive was medically approved, and restricted muscle movement, while remaining kind to the skin.” The cost: £ 28 (about ₹ 2,850). Check it out for yourself at www.realinebeauty.com
THE BACKLASH against exorbitantly priced anti-ageing creams has begun. In the wake of British chain store Boots launching a spectacularly successful skincare line comes the Lacura anti-ageing range from another British supermarket chain Aldi. While its anti-ageing serum, released in 2010, did good business, its latest launches—‘Expert’ day and night anti-ageing creams—have broken sales records across the UK. Not surprising, really, considering a shelf price of £3.99 (about ₹400) and clinical test results that claim that 43 per cent of women aged between 39 and 69 who used the Expert Night Cream each evening reported stronger and more elastic skin in 28 days; the figure was 35 per cent for the Day Cream, with 29 per cent saying their existing wrinkles had reduced. “These tests show that our creams can compete with the best on the market on not just quality but also price,” a spokesperson for Aldi crowed in a media release. The competition just got creamed.

CLAIMING it is writing a new chapter in anti-ageing treatments, Texas-based company Bellus Medical has launched the SkinPen, which promises new, rejuvenated skin in a one-hour treatment session. It’s a little more complex than a flourish of the pen, though. A clinical aesthetician numbs your skin and then places the pen—which has 12 stainless steel needles—on your face. (Are you wincing yet?) As the company explains in a media release, the needles then create thousands of microscopic incisions that contract and tighten the skin while helping products penetrate the skin. Claimed to treat wrinkles, hyper-pigmentation, fine lines, sun damage and stretch marks, the SkinPen can also be used on the neck, arms, hands, legs, abdomen and back. Recovery time ranges from three to 14 days and you may not need your next treatment for about a month or two. Only available in the US right now, each session costs between $200 and $300 (₹12,000 and ₹18,000).
CRISIS OF CONFIDENCE

FOR MANY SILVERING WOMEN, THE DISAPPEARING ACT IS NOT A MAGIC TRICK BUT AN UNFORTUNATE LIFE TRUTH. A NEW STUDY REVEALS THAT BRITISH WOMEN BEGIN TO FEEL ‘INVISIBLE’ AFTER THEY HIT THE AGE OF 50—THEIR CONFIDENCE FALLS AND THEIR INSECURITIES RISE. HERE ARE SOME MORE FINDINGS OF THE RESEARCH, WHICH WAS COMMISSIONED BY HERBAL REMEDIES COMPANY A VOGEL, CONDUCTED ON OVER 2,000 WOMEN OVER THE AGE OF 45, AND REPORTED IN BRITISH NEWSPAPER DAILY MAIL:

70% feel ‘completely unnoticed’ by men with only 15 per cent reporting high self-confidence
50% feel ‘left on the shelf’ and judged negatively simply because of their age
60% feel modern life is ‘geared’ towards younger women with no room for the ageing experience
45% believe that problems faced by older women (like menopause and declining sex drive) are swept under the carpet
50% feel the presence of younger women at a social event is totally confidence-sapping

Workers wanted

“INVISIBLE” WOMEN

THIS IS A CRISIS

WITHOUT PRECEDENT IN THE EUROPEAN UNION (EU), A RECENT REPORT COMMISSIONED BY THE EU SUGGESTS THAT WHILE THE POPULATION IN EUROPE IS SILVERING, THE AVAILABILITY OF HEALTH WORKERS IN EUROPE’S HEALTH SECTOR IS ON THE DECLINE. IN FACT, A PROFESSIONAL SHORTFALL OF 1 MILLION JOBS IS EXPECTED IN YEARS TO COME ACROSS ALL ROLES. HERE ARE SOME HIGHLIGHTS OF THE REPORT:

- About 230,000 doctor’s roles and 590,000 nursing positions will need to be filled by 2020.
- This means that about 14 per cent of the total demand for health services may not be covered across the continent.
- This vacuum of personnel is destined to be filled increasingly by immigrants.
- Already in Austria, Belgium, Denmark, Germany, the Netherlands and Poland, 30 per cent of foreign doctors are from non-EU countries. This percentage rises to 60 per cent in France and Italy and even 80 per cent in Ireland and the UK.

You can read the entire report at http://www.healthworkers4all.eu/gb/home/
On the write path

The month of April at the Harmony Interactive Centre in Girgaum, Mumbai, saw the silver members gather together for two interesting sessions. First off, on 4 April, Jayshankar Jadhav, an electrical engineer with interests in working on fitness and human resources, came in to speak about water therapy. He introduced the concept of water therapy by explaining why water is important for us. “Our stomach is a source of energy and heat,” he said, “and most diseases and illnesses are because of heat. So maintaining body heat is important, which is a function of water.” Besides keeping the body cool, he also explained that water helps in energy discharge, maintaining supple skin, controlling toxicity and has anti-ageing properties.

Next, on 16 April, Dr Jasmine Shah, homeopathy doctor and graphologist, talked about graphology and handwriting analysis. Before the session began, every member was given a form to fill in their details and asked to provide a handwriting sample.

According to her, understanding handwriting can help us not only in determining someone’s personality, but their mental state of being, physical health such as ulcers or depression, thought process, family and relationships, career, and even spiritual growth. “Each written letter stands for a thought, and your thoughts create your reality,” she said, and then went on to briefly explain how to identify signs of depression, indecisiveness, and need for isolation through handwriting, and also what different kinds of legibility mean. She then explained how important it is to never change your handwriting style on your own or force someone—especially children—to modify theirs, as this can adversely affect personality.

Responding to queries from the audience, she also emphasised that signature analysis was not holistic, as it is merely a projection of the image one wants to create of oneself to the outside world, not of what one really is.

The session was clearly enjoyed by all, as no one wanted to leave even after the session ended, and instead gathered around Dr Shah to ask more questions about their handwriting.

—Neeti Vijaykumar
Respect yourself. Understanding your true value as a person could be the smartest thing you can do for your self-esteem—and your health. Researchers from Concordia University in Montreal have established that boosting one’s self-image and self-esteem can help buffer potential health threats typically associated with silvers. Their studies indicate an inverse link between self-esteem and levels of stress hormone cortisol, which can open the door to cardiovascular disease as well as depression and dementia.

Then:
Old wooden ruler

Now:
Note holder rail

This cheap and easy-to-do upcycle project can be made by just using an old wooden ruler, four to five clothespins (preferably also wooden), glue and paint. First off, if you want to make the clothespins eye-catching, paint them before you stick them to the ruler. You might have to wait a whole day for them to dry. Next, mark out equal distances on the ruler, and apply glue on those spots. Stick the clothespins carefully, in such a way that the top handle of the clothespins are free to hold and pinch, and again wait for a day to dry out. You can either drive screws through the ruler to fix it to a wall, or get small, cute wall hooks and place the ruler-note holder between two hooks. Now you can pin up your notes, bills, and to-do lists!

RECYCLING FACTS
• According to a few estimates, the amount of wood and paper wasted by consumers every year could heat up about 50 million homes for 20 years.
• Old wood that cannot be reclaimed can be recycled by sending it through a grinder to be used for landscaping and garden purposes as mulch, for composting and even as bio-fuel.

MORE RECYCLING IDEAS...
1. IF YOU THINK YOUR DRAWERS COULD DO WITH DIVIDERS, RULERS ARE HANDY.
2. WOODEN RULERS MAKE GREAT FRAMES FOR PHOTOS AND PAINTINGS.
According to a new study by the Pew Research Centre into the use of technology among American silvers, 77 per cent of silvers now own cell phones, up from 69 per cent in 2012. However, smartphone users have risen up to only 18 per cent among the silver population from 11 per cent in 2011; up to 77 per cent own phones, but of the basic sms-and-phone-call variety. Surprisingly, 27 per cent of silvers own a tablet or e-reader device—more than those who own smartphones.
D for the HEART

Here’s another important factor to consider if you want to prevent heart disease: your intake of Vitamin D. Cardiologists at the Department of Cardiology, Ospedale Maggiore della Carità, Eastern Piedmont University in Novara, Italy, have found that lower levels of Vitamin D significantly increase the risk for severe heart diseases in silvers, calling it an independent risk factor. Vitamin D functions as a regulator on the immune system as well as inflammatory processes that contribute to risk for heart disease.

During the study, the doctors studied the Vitamin D levels of silvers undergoing coronary angiography, and found that 70 per cent had a deficiency. This deficiency was associated with higher levels of coronary disease, as patients with the lowest levels were nearly 32 per cent more likely to be affected, and with a near 20 per cent higher frequency of severe disease affecting multiple vessels. Additionally, those with lower than 10 mg/dl of Vitamin D had a two-fold increase in rate of coronary atherosclerosis. Following the study, the doctors recommend a diet rich in Vitamin D and moderate levels of outdoor exercise. While it is not clear whether increasing intake of Vitamin D would help, a balanced diet would work best.

Sleeping well at night could help reduce the risk of cognitive decline in later years. A study by scientists at the California Pacific Medical Centre Research Institute (CPMCR) that looked at the sleeping habits of nearly 2,000 older men in the US showed that fragmented sleep and lower sleep efficiency led to about 40-50 per cent increase in chances of significant cognitive decline over three to four years. While the underlying reasons are yet to be studied, the scientists suggest changes in lifestyle habits to reduce risk of developing dementia and Alzheimer’s.

Sources of Vitamin D
- sun exposure
- eggs
- mushrooms
- fish, salmon, sardines, tuna, cod liver oil
- fortified foods, such as dairy products, cereals, soy products, juices

Importance of Vitamin D in diet
- reduces risk of heart disease
- reduces risk of disability
- increases strength and vitality of muscles
- reduces risk of hip fractures and osteoporosis
- reduces risk of cancer
- helps maintain the immune system
- keeps blood sugar in check

Sleeping well at night could help reduce the risk of cognitive decline in later years. A study by scientists at the California Pacific Medical Centre Research Institute (CPMCR) that looked at the sleeping habits of nearly 2,000 older men in the US showed that fragmented sleep and lower sleep efficiency led to about 40-50 per cent increase in chances of significant cognitive decline over three to four years. While the underlying reasons are yet to be studied, the scientists suggest changes in lifestyle habits to reduce risk of developing dementia and Alzheimer’s.
While India is well on its way to earning the dubious distinction of the diabetic capital of the world, there’s another serious risk for silver women who are diabetic. According to a recent Canadian study, older diabetic women are less likely to go for regular cancer screenings. The reason: as diabetes is an exhaustive condition anyway, older women tend to miss out on preventive measures for other diseases, such as early screening for cancer.

The study by the Institute for Clinical Evaluative Studies in Toronto involved women aged between 50 and 69 years with diabetes. They were found to be 14 per cent less likely to go for a mammogram compared to those who did not have diabetes. The study also determined that lower socioeconomic status only aggravated the problem. This is cause for concern as older women with diabetes are already at a higher risk of breast cancer and poorer chance of survival once diagnosed.

As you age, your ability to distinguish between colours may weaken, according to scientists at the Smith-Kettlewell Eye Research Institute in San Francisco. The loss of colour vision tends to start around 70, going up with age, according to the study, which focused on nearly 900 people aged between 58 and 102, excluding those who had inherited colour blindness. It was found that colour-vision problems, where people had difficulty identifying colours in the yellow-blue spectrum, affected 45 per cent of people in their mid-70s, which went up to two-thirds by the time people reached their mid-90s, while only a few had problems with the red-green spectrum.

This loss of colour has been identified as being different from inherited colour-blindness, where the ability to distinguish between green and red is affected; whereas age-related loss of colour vision is identified with the inability to distinguish between yellow and blue. The researchers determined that as the lens in the eyes become yellowish, there can be certain situations where the person cannot identify blue from purple and yellow from green and yellow-green, especially when colours seem washed out. The solution to this problem, according to the research team, could be cataract surgery, which replaces the lens in the eye. Previous research has suggested that changes in colour vision could be because of certain medical conditions such as diabetes, retinal damage or cataracts; so getting a check-up is vital.

Researchers at the International Prevention Research Institute in France claim that physical exercise can cut risk of breast cancer at any age—no matter when you start. A review of studies between 1987 and 2013, which included about 4 million women, revealed that those with the highest levels of physical activity had a reduced risk of up to 12 per cent. However, they also found that exercise levels had no effect on older women who took hormone replacement therapy.

FADING COLOURS

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DIFFERENT STROKES

It is hard to describe that moment when, after decades of waiting, you give wing to a passion you have harboured for years. I am an artist and a painter but life’s circumstances forced me to put this talent on the backburner as I moved from city to city after marriage and raised two sons. The closest I came to pursuing my hobby was being an art and craft teacher. However, I never lost focus; I also developed an interest in textile designing and interior decorating.

Finally, my talent has taken off in a way I had never imagined. Although it’s been only two to three years, I have completed 112 paintings. Some may call it a refuge but I prefer to call it a spiritual experience, where I give unfettered expression to my creative imagination. It’s almost like meditation. Whenever I am angry or sad, my cure is to paint. The brush becomes a tool and the canvas becomes expression. I am a new person after every brushstroke.

For Desai, painting is therapeutic

When I began to paint full time, I was not sure of the response I would get and my confidence was, naturally, shaky. I also had a lot of learning and unlearning to do. Initially, I used to paint after I had done all the housework. And if that sounds stressful, it was not. On the contrary, it was very cathartic and a great outlet for stress. There have been times when I have woken up in the middle of the night and painted till the break of dawn. In the morning, my husband would encouragingly give me a big mug of coffee and I was ready for another day of teaching at school.

When I wanted to take up painting full time, my family greatly encouraged me. After I finished every painting, I would ask them for their opinion. I also asked them repeatedly if they thought I had it in me to become an artist. And they would always say I was already one!
Among my most precious moments is my experience during my first exhibition, at Bajaj Art Gallery in Mumbai in 2012. My entire family showed up, including my extended family. In fact, my uncle and aunt were visiting from the US and shortened their time in Ahmedabad just so they could share my special moments at the gallery! My mother lit the lamp and inaugurated the show. I was on top of the world. I have also participated in four exhibitions in Dubai, where I lived. My next exhibition is in Chandigarh and I hope to host my first solo show in Mumbai soon.

Apart from painting, I am constantly looking for new forms of expression and have started painting on cloth. I paint on dupatta, do miniature works, Kerala murals, Kalamkari and Orissa Pattchitra. I create crochets and hand-embroidered articles too. Regardless of age, the learning process never stops, and I love to read and study global styles of paintings. I am currently researching the work at the Metropolitan Museum of Art in New York.

My message to anyone with any type of creative talent: Get out there and pursue it. It will make a world of difference.

—Nita Desai, Mumbai

FINDING MYSELF

I inherited two amazing qualities from my mother. She had minimal education but she had tremendous will power and knew exactly what she wanted for her children. I think my grit and determination come from her. It is these qualities that saw me through years of physical pain that I endured owing to medical conditions and emotional pain brought on by circumstances in life.

Although I had a happy marriage, my husband frequently travelled for work. I was lonely and, with his encouragement, turned a flair for drawing, painting and appliqué work into a small business. I opened a boutique in 1997 and it did me a lot of good. It was a good way to meet people and, although I enjoyed it, I wanted more. As I was in and out of hospitals for so many years, I had made good friends with a lot of doctors. It was through these contacts that I ended up looking after the housekeeping department in Heritage Hospital in Hyderabad.

I had absolutely no experience in this area but I loved senior citizens and as this place was all about silvers, I went for the interview—my first at the age of 41! Time went by quickly, and I was extremely happy. I gave it all I had, even if it meant occasionally reporting to work at 6.30 am to supervise the rituals of the elderly patients: bathing, bedpans, feeding, etc. I knew that more than medication, the elderly needed to know that someone cared. The patients were very appreciative and it was the first time ever that I had received some positive feedback. I finally felt I was worth something and wasn’t just a housewife or a small-time designer.

The ball started rolling and as I gained self-confidence and honed my communication skills, I was appointed manager of the hospital’s home care project in December 1999. The project was a huge success and we gained a lot of recognition. Under the Heritage umbrella, we formed clubs and helped organise workshops for seniors. My work, which was more a mission, had helped me forget my pain and problems. I had always assumed that I would work here for as long as my health would allow it. But destiny had other plans. The first blow came in April 2005, when my husband passed away in Heritage Hospital only hours after he experienced chest pain. I was completely taken aback and was touched by the number of visitors that had come to condole with me.

The second blow came in 2009, when owing to a series of misunderstandings I was asked to leave the hospital. Suddenly, I was without a job, shelter and money. I did not know what I would do. My support system had collapsed. But I wasn’t alone. There was a young employee at Heritage I had helped. I had watched him grow from ward boy to assistant physiotherapist to supervisor to accountant. He told me, ‘Let us start something new. I will be with you, and you can once again stand tall. I have confidence in you, Amma.’

I started Assisted Home Care Services in 2010 with just one caregiver, and today we have more than a hundred on the rolls. I realise I have the love and blessings of all the people I had worked with and, to this day, receive phone calls from people I had met back in 1999. At the end of the day, when I come home, I am happy, and I feel enriched. Isn’t that what life is all about?

—Parveen Ansar, Hyderabad

Ansar found her true calling in home care services

Shyamala Khanna

harmony celebrate age may 2014 23

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—Parveen Ansar, Hyderabad
BI R T H D A Y S

- Renowned classical dancer Mallika Sarabhai turns 60 on 9 May.
- Melodic ghazal singer Pankaj Udhas (left) turns 63 on 17 May.
- Author Ruskin Bond turns 80 on 19 May.
- Theatre veteran and playwright Girish Karnad (right) turns 76 on 19 May.
- American musician Bob Dylan turns 73 on 24 May.
- Indian film actor and theatre personality Pankaj Kapur (left) turns 60 on 29 May.
- Indian screen and stage actor Paresh Rawal turns 64 on 30 May.

M I L E S T O N E S

- Indian industrialist Ratan Tata, 76, received the Knight Grand Cross (GBE), Britain’s highest civilian honour, from Queen Elizabeth II on 10 April.
- Poet and lyricist Gulzar (left), 80, was selected for the Dadasaheb Phalke Award 2013 on 12 April. The award is the highest award of India in cinema, given annually by the Government of India for lifetime contribution to cinema.
- Indian-born American poet Vijay Seshadri (right), 64, won the Pulitzer Prize for poetry on 14 April for his collection titled 3 Sections. The collection examines human consciousness from birth to dementia, that turns witty and grave, compassionate and remorseless.

I N P A S S I N G

- Renowned Marathi actor Kuldeep Pawar passed away from kidney failure on 24 March; he was 65.
- Veteran Bollywood actor Nanda (left) succumbed to a cardiac arrest on 25 March. She was 72.
- Ashish Bose, a well-known demographer, died of illness on 7 April, aged 83.
- Veteran cinematographer V K Murthy, who worked on Guru Dutt’s films, passed away on 7 April. He was 91.
- Hollywood actor Mickey Rooney died at the age of 93 on 7 April.
- Colombian author and Nobel laureate in literature Gabriel Garcia Marquez (right) died on 17 April. He was 87.

O V E R H E A R D

“I made a choice a while ago that I wanted to age gracefully and actually have my own face. I wanted to have all my muscles moving and I wanted to be able to play older and younger and all of the above. As an actress, this is my canvas. I stay away from Botox and all these things because I need my wrinkles.”

—British actor Jane Seymour, 63, in an interview to American news channel NBC
**Smile:** What has jawline got to do with looking good?

It may not be so well known, but a weakening jawline, where the bone shrinks, is said to change the facial structure and make one look older. When bones at the jaw shrink due to years and lack of exercise, the rest of the face loses its proportion, making the nose look bigger, the forehead to jut more and the mouth disproportionate in comparison to the rest of the face. As the jawline props the cheeks—these too sag without its support.

In yoga, it is very easy to work the jawline in many poses. That is why it is best to follow yoga’s classical technique, avoiding the use of props or meekly attempting only the easier adaptations. Most of the simple classical poses can be used to work the jawline and thus the rest of the face. These poses are the cobra (bhujangasana), camel (ushtrasana), bow (dhanurasana) and cat stretch (majasana). The classic locust (salabhasana) best exemplifies this pressure at the jawline. Though most yoga classes make do with an easier adaptation where the face is lifted off the ground, in the classical version the jaw is pressed down on the ground (this can be rather uncomfortable) and the rest of the body lifted up through pressure that shifts to the top of the spine, further adding to the impact on the face. Similarly, in the eight-limbed prayer pose (ashtanga namaskar)—one of the poses in the sun salutation (surya namaskar series)—the chin is placed first on the ground. Even the light pressure is a subtle work out for the jawline.

Poses like the lion-roaring pose (simhagarjasana) are also powerful in working the jawline if the effort is right. Here the eyes are shifted upwards, further enhancing the facial workout. Neck pose (grivasana) and all its variations are equally effective, and rather simple to negotiate.

For yogic impact on the jawline, there are a few factors one needs to consider: do not compromise on the classical technique. If there is a problem initially due to lack of flexibility or other issues, try some adaptation for a few weeks, but get back to the classical features after the body gets used to it. The power of the technique is that it will leave you not just looking younger but also feeling more vital.

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**YOGIC MOVES**

**Classical locust pose (Salabhasana)**

Place your hands under your stomach. Interlock the fingers or place the palms flat down. Bring the elbows as close to each other as possible. Place the chin down. Inhale and exhale. Inhaling, lift both feet off the ground, then try to lift the rest of the legs higher. You may keep the legs together or apart. Initially this may be rather difficult. But if you learn to do it for a few weeks, it will become possible to negotiate the pose. Continue to breathe normally in the final position, holding it just for a few seconds initially. You may increase the duration later to 15 seconds or more. **Points to note:** If you are unable to lift both legs, you may try to do one leg at a time. Attempt with alternate legs, three times each. **Avoid:** If you have heart problems or hernia. **Benefits:** It works the jawline, as mentioned above, keeping you younger. The acupressure points at the forearms work on the lymphatic drainage. It controls lower back problems. Tones the legs and hips, helping you lose fat there.

**Model:** Shriram Achrekar, Harmony Interactive Centre

**Photographer:** Haresh Patel

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**Shameem Akthar is a Mumbai-based yoga acharya. If you have any queries for her, mail us or email at contact.mag@harmonyindia.org. (Please consult your physician before following the advice given here)**
FOOD FACTS  BY NAMITA JAIN

Get regular: Eat right to combat constipation

I am 57 years old and have been suffering from constipation for the past two decades. I consume plenty of water and have also been seeking herbal remedies. Could you please suggest dietary changes to ease my bowel movements?

Constipation is a very common complaint among older people. But as you have suffered this problem for so many years, you should ascertain the exact reason for the problem.

Possible reasons

There can be various reasons for frequent constipation problems among elders:

- **Diet**: The prevalence of digestive diseases has increased owing to a roughe-free modern diet. The lack of roughage or fibre results in hard stool formation, resulting in constipation.

- **Fluid intake**: This is often cited as a risk factor as low fluid intake is linked to slow transit time and low stool output.

- **Mobility/exercise**: Constipation is more common in individuals with low mobility or no exercise.

- **Other factors**: These include high intakes of anti-depressants, opioid analgesics, anticholinergics or chronic laxatives. These medicines slow down bowel movement by affecting the function of muscles.

Diet can help

As constipation is not a disease but a symptom, a little extra care in your diet and daily routine can help you deal with this discomfort.

- **Increase your fluid intake**: Drinking lots of water is very helpful if you suffer from hard motions or irregularity of bowel movement. Recommendations for fluid consumption for an adult vary between 1.5 to 3 litre of water per day and it is best taken in a form that does not contain caffeine (not with tea or coffee).

- **Include fibre**: Eating a high-fibre diet including vegetables, fruits and oatmeal cereals is helpful in preventing constipation. But too much insoluble fibre, such as raw bran, can actually make the problem worse as it tends to get all gummed up inside the bowels. A more digestible and palatable option is dried fruit such as prunes, apricots and figs. These can either be taken as a snack or chopped and added to your favourite breakfast cereal.

- **Add linseed or flaxseed to your diet**: Linseed and flaxseed have been found to be helpful in relieving constipation, bloating and gas formation.

- **Exercise regularly**: Keeping active on a regular basis can help your bowel movements stay regular.

- **Going when you feel the urge**: Waiting too long to have a bowel movement can lead to constipation; so go as soon as you sense the need.

- **Care with laxatives**: If you use laxatives or enemas too often, your body can begin to rely on them and stop working the way it should. So talk to your doctor about your laxative use.
Meal plan

It’s a good idea to avoid high-fat meals, excessive dairy products and eggs, and rich, sugary foods, as these can lead to constipation.

- Start your day with two glasses of water and 1 tsp of grounded flaxseed powder followed by a cup of healthy green tea.

- Breakfast should be rich in fibre with a bowl of oats and a bowl of fruit.

- Incorporate fibre-rich snacks in midmorning and mid-morning meals like fruit salad, roasted bajra, roasted jowar, roasted soy or roasted wheat puffs along with a glass of lime juice.

- Starting lunch with salads like lettuce, bell pepper, cucumber and tomato will not only add enough fibre to your diet but provide a lot of antioxidants needed for good health. This could be followed by chapattis, husked dal, green vegetable and a bowl of yoghurt.

- Have a fibre biscuit with your evening tea.

- Dinner should be eaten two hours before going to bed. Start with a glass of lukewarm water 30 minutes before dinner followed by salad, two chapattis, a bowl of vegetables and a bowl of yoghurt.

- Do not forget to walk in the morning and evening to complement your diet.

Namita Jain is a wellness specialist and celebrity nutritionist at Diet Mantra and has written bestsellers on diet and fitness. Visit www.dietmantra.in. If you have any questions for Namita Jain, write to contact.mag@harmonynia.org

Eating a high-fibre diet including vegetables, fruits and oatmeal cereals is helpful in preventing constipation. But too much insoluble fibre can make the problem worse as it tends to get gummed up inside the bowels.
Osteoporosis means weakening of bones. How can a bone that was initially strong become weak? Let us analyse it in this column. Osteoporosis was officially recognised as a disease by the World Health Organization in 1994, with the following internationally accepted definition: “Osteoporosis is a systemic disease characterised by low bone mass and micro-architectural deterioration of bone tissue, leading to enhanced bone fragility and consequent increase in fracture risk”.

This is a disorder characterised by reduction in the bone mass or bone density without change in chemical composition of the bone. It is only a physiological process of bone ageing. Bones continue to increase in strength until the age of about 35, after which old bone cells are lost at a faster rate than new bone cells can be formed to replace them. Therefore, bones become weak, fragile and are liable to break easily.

The risk factors for osteoporosis are as follows:
- Thin and small body frames
- Family history of osteoporosis (for example, having a mother with an osteoporotic hip fracture doubles your risk of hip fracture)
- Personal history of fracture as an adult
- Smoking
- Excessive alcohol consumption
- Lack of exercise
- Low calcium diet
- Early menopause
- Low oestrogen levels (after menopause or with early surgical removal of both ovaries)
- Certain medications can also cause osteoporosis (Eg: steroids, antiepileptics)

Simple checklists are available for ready use, such as the International Osteoporosis Foundation’s “One Minute Osteoporosis Risk Test” that can indicate whether the person may be at risk of osteoporosis and whether a doctor should be consulted.

One Minute Osteoporosis Risk Test
Let us invest a minute of our time and take this simple osteoporosis risk test. If the answer is “Yes” to one or more of these questions, there may be a risk of osteoporosis and a doctor should be consulted.

- Had either of your parents broken a hip after a minor bump or fall?
- Have you broken a bone after a minor bump or fall?
- For women: Did you undergo menopause before the age of 45 years?
- For women: Has your period stopped for 12 months or more (other than during pregnancy)
- For men: Have you ever suffered from impotence, lack of libido or other symptoms related to low testosterone levels?
- Have you taken corticosteroid tablets (cortisone, prednisone, etc) for more than three months?
- Have you lost more than 3 cm (just over 1 inch) in height?
- Do you regularly drink heavily (in excess of safe drinking limits)?
- Do you smoke more than 20 cigarettes a day?

Symptoms
Osteoporosis is often called a “silent disease” because bone loss occurs without symptoms. There is usually no pain or other symptoms during the early stages of bone loss. But once the bones have become considerably weakened by osteoporosis, you may have signs and symptoms that include:

- Back pain, neck pain.
- Loss of height over time, with an accompanying stooped posture.
- Frequent fractures of the vertebrae, wrists, hips or other bones.
Early osteoporosis cannot be diagnosed by X-rays, which usually reveal only the decreased density of the bone, fractures, wedging of the vertebra, etc. There are no specific blood tests for the diagnosis.

**Bone Mineral Density: the best predictor of fracture risk**
According to WHO, the best criteria for diagnosis is the measurement of Bone Mineral Density (BMD).

A bone density test can:
- Detect osteoporosis before a fracture occurs
- Predict the chances of fractures in the future
- Determine the rate of bone loss and monitor the effectiveness of treatment

The gold standard for BMD measurement is dual-energy X-ray absorptiometry (DEXA) at the hip and lumbar spine, although measurement at other sites (heel, fingers) with less costly technologies (peripheral dual-energy X-ray absorptiometry ultrasound) is also possible. BMD measurement is a painless procedure. It takes just five minutes to get your Bone Mass Density tested through this procedure.

**Treatment options**
Osteoporosis necessitates appropriate drug treatment tailored to individual patient’s needs and lifestyle, particularly as this chronic disease may threaten or affect up to a third of person’s life. Today, an increasing number of safe and effective pharmacological treatment options are available.

**Hormone replacement therapy**
Earlier, oestrogen was widely prescribed to help to maintain bone density in women after menopause and to treat women with low bone density. Oestrogen prevents fall in bone density and, in many women, increases bone density. Nonetheless, long-term use of oestrogen for these purposes is no longer routinely recommended because such use has its own risks.

Use of oestrogen alone increases the risk of cancer of the uterus (endometrial cancer) and may increase the risk of breast cancer as well. As taking oestrogen has risks, the decision about whether to use it is conflicting and confusing. A bisphosphonate (such as alendronate, etidronate, pamidronate or risendronate) is the drug of choice for people who have low bone density. Bisphosphonates decrease the amount of bone cells being broken down.

**Calcium supplement**
It is believed that a minimum of 1 gm of calcium per day throughout life is needed to maintain bone density and prevent osteoporosis. This large dose is advised because of poor absorption in post-menopausal women. As coffee and alcohol reduces absorption of calcium from the intestine, their intake should be reduced.

**Vitamin D**
Vitamin D regulates bone metabolism and improves bone remodelling, increases intestinal calcium absorption, promotes calcium reabsorption in the kidneys and thereby prevents and protects against osteoporosis. Vitamin D (about 600-1000 IU/day; international units) can be taken with the consultation of the doctor.

**Exercise**
Regular weight-bearing exercises play an important role in winning the war against osteoporosis. Examples are walking, climbing stairs, dancing and weight training. The physical stress put on bones during these exercises stimulates bone formation and thus helps maintain or increase bone density. Thirty minutes of weight-bearing exercise is recommended every day.

**Preventing osteoporosis**
Adequate calcium is necessary to prevent osteoporosis. The following food items are rich in calcium:
- Vegetables and fruits: cauliflower, fenugreek, beetroot, raisins
- Nuts: almonds and pistachios
- Cereals and pulses: *madua* (ragi), soybean, dal and black gram
- Dairy products: buffalo’s milk, cheese and curd
- Meat and fish: mutton, crab, prawn and rohu

Vitamin D (400–600 IU per day) is necessary to develop and preserve healthy bones through life. Consumption of liver, fish oil, yellow yolk of egg, milk, or butter can help; so can 60 minutes in the sun daily. Even walking for 15-20 minutes daily helps stop further weakening of bones.

*Padmashri Dr V S Natarajan, a specialist in the field of geriatric medicine, runs Memory Clinic, a service for silvers in Chennai. If you have a question for him, write to contact.mag@harmonyindia.org*
Serenity is her middle name. Her simple, affectionate smile envelops strangers and friends alike. Mrs Hetty (Henrietta) Colaco, an 87 year-old Christian great-grandmother residing in Bengaluru, is a mother of four, grandmother to six, and great-grandmother to five. We met to chat about life, values, home-cooked meals and I asked her about her formula for happiness. It is simple—enjoy whatever you do; you don’t need lofty goals to feel good, joy resides in just being in the moment, wherever and however you are.

It’s a pleasure to meet you, Mrs Colaco. Can we start with your childhood and education?

I was born in 1927 as the eldest among eight children. I grew up in Mangalore and later moved to Chikmagalur where my parents had an estate. I completed my education there.

How did you meet your husband?

The norm in those days was arranged marriages. When I was in high school, a proposal had come for me. My parents visited the boy's house, met his parents and the alliance was fixed. It was as simple as that. Once the engagement took place, he asked me out for a movie and I went with all my sisters. I told him clearly that I will not meet him alone before marriage [laughs].

Where did you live after your marriage?

My husband’s family lived in Koppa coffee estate in Chikmagalur district. I continued to live there after my marriage.

Did you know housework at that young age?

I learnt quite easily. I did not have aspirations to take up a job. I have always been a housewife. In fact, most of my friends have been housewives. We were happy being at home. In fact, I do not ever remember being bored or discontent.

When did you move to Bangalore?

My husband passed away when I was 49 years old. After all my daughters settled down and moved into their respective families, I did not want to stay all by myself. I came to Bangalore to stay with my eldest daughter Loveina and grandson Santosh, who is a pilot and married to Helen. Right now, with their two children aged nine and five, we are four generations living together in this flat.

Please tell us about some of the best moments of your life.

Once my children grew up, I travelled abroad frequently to visit my fam-
ily and attend family weddings. It was something I enjoyed immensely. I travelled to the US once in my 70s and the next time in my 80s. Even now, I am ready to travel if an opportunity arises.

What do you miss now?

The habit of sharing is rare these days. For instance, earlier we did not have a separate cot for each child even in affluent families. We simply spread mattresses on the floor and slept together. Nowadays, we believe that each child can have its own room. Also there were simple values such as offering a prayer before sleeping and as soon as we woke up. But all that has changed now. Nowadays, the younger generation, and many from the older generation as well, check their mobiles and iPads even before they open their eyes fully. Television is a huge distraction in the modern way of life and cannot compensate for the joy of simple games we played as children.

Do you try to advise your grandchildren?

I think it is better not to interfere in their decisions and remain silent. It is the only way to earn their respect. Life is different now and hence their outlook is bound to be different from ours. But honestly, my family and children do take care of me extremely well. In fact, they pamper me.

What is your daily routine?

I wake up at 8 am everyday. I love cooking, so after I eat some breakfast, I cook lunch for the family. I take some rest in the afternoons. In the evenings, I do some crochet and knitting. I read the newspaper regularly as I like keeping track of news. I spend a lot of time with my great-grandchildren. In fact, whenever a baby is born in my family, I enjoy taking care of the mother and child for the first six months.

Your family says you are very good with children.

I think that is really true. I am very particular about how children should be brought up. When my own children were born, I was quite young and don’t remember how I really managed. In fact, I would like to share with you that a magazine from Bengaluru featured me in an article titled ‘Bringing up Children’.

“Earlier, we had greater discipline with regard to food. There was a sense of order and timeliness. We did not fuss over what to eat and what to avoid as meals were cooked for the family instead of individual preferences”

What are your views on changing food habits across generations?

I believe that we had greater discipline with regard to food earlier. There was a sense of order and timeliness. We did not fuss over what to eat and what to avoid as meals were cooked for the family instead of individual preferences. My own children and grandchildren ate in a healthy manner except the ones who grew up outside the country. But nowadays young children are poor eaters and give their mothers a lot of trouble over food.

Do you enjoy dining out?

Occasionally, not as a way of life. All of us like home-cooked meals and hardly ever order food from outside.

Have you always enjoyed cooking?

Your grand-daughter-in-law Helen says that you spoil everyone with your tasty meals.

Helen is quite an expert at identifying the perfect taste. She is always jotting down my recipes. When I was growing up, we always had cooks at home. My love for cooking started only after my third daughter was born.

If you have to name one dish that is a comfort food, what would it be?

Kunjee, which is porridge I prepare with red rice. Even now, I only have kunjee at night with some pickle. In fact, I always laughingly say that kunjee is our birthright. Even if you are unwell, you can have it with pickle. It has the quality that it can satiate anyone.

If I asked you for a wish list, what would it contain?

That I had not lost my second daughter, Diana, to cancer. Surprisingly, she was a strict vegetarian from a young age. Sometimes I tried to force her to eat non-vegetarian food as it is our way of life, but she would throw up immediately. Her commitment to remaining vegetarian remained a mystery for me.

FROM MRS HENRIETTA COLACO’S KITCHEN

Mangalorean Pumpkin Curry

Known as Kuvalyacho Pollav in Konkani, this is one of Mrs Hetty’s favourite vegetarian dishes. It is a typical dish in the Mangalore region where coconut is used generously. What intrigued me was when Mrs Hetty explained that, traditionally, the grated coconut and sliced onions have to be sun-dried. She has seen her own elders place them in the hot sun for a day until the moisture completely evaporated. However, as she herself said, modern lifestyle does not favour such elaborate steps in cooking, hence these days they simply dry-roast them. “It’s just that it has better flavour when dried in the sun,” she states with a smile.
Pratibha Jain, an author and translator from Chennai, is the co-author of two award-winning books Cooking at Home with Pedatha and Sukham Ayu. Her area of specialisation is documenting Indian traditions through research, translation and writing.

Pumpkin (white): ½ kg
Onions: 2; medium, sliced thinly
Fresh coconut: 2 cups; grated
Coriander seeds: 1 tbsp
Red chillies, long variety: 5-6, with stalk
Raw rice (preferably the boiled rice variety): ½ tbsp
Mustard seeds: 1 tsp
Cumin seeds: ½ tsp
Garlic: 4 cloves
Turmeric powder: ¼ tsp
Tamarind: Marble-sized
Ghee: 1 tbsp
Salt to taste

Method

Wash the pumpkin, cut into half, peel and remove the inner pith and seeds. Now chop into one-inch cubes. Boil with a cup of water and a pinch of salt for 10 minutes until cooked. For the paste, sun dry a cup of grated coconut and half the sliced onions until the moisture has evaporated. (You can skip this step if you don’t have the time or the conducive weather.) Now, dry-roast the coconut and onions along with coriander seeds, red chillies, rice, mustard, cumin and garlic for 7-8 minutes on medium flame. Now add the remaining ingredients and grind into a fine paste using very little water. Add this ground masala along with salt to the pumpkin and cook for 4-5 minutes. Remove from the flame and set aside. Heat the ghee in a large wok, add the remaining sliced onions and sauté until the onions turn golden and crisp. Add them as garnish to the curry. Check if you need to add some water; the consistency of this dish is neither too thick nor too thin, but gravy-like. You can add a teaspoon of vinegar if you like it more tangy. Serve hot with steamed rice or chapattis.
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The transformer

R Elango looks back at a life spent transforming his beloved village from rack and ruin into a model village in Tamil Nadu. How did a simple man with an unusual mission achieve this impossible dream? Jayanthi Somasundaram has the answers.

Chirruping sparrows set a cheerful tone as you crane your neck in search of Kuthambakkam village, 40 km from Chennai. A cycle bell hints that you are close, and round the next bend, the shrill screams of children playing hopscotch flag off your destination.

Kuthambakkam is a village whose compelling story made headlines more than 20 years ago. It’s hard to believe that this self-sufficient, model village was once considered ‘cursed’, visited as it was by every social evil under the sun.

Apart from being physically in ruins, every household in this Dalit-dominated hamlet was rent by drunken brawls, brutal domestic violence, child abuse, extreme poverty, and bloody caste and community clashes. Kuthambakkam had every social malaise imaginable; it also had one hero: Rangasamy Elango, a young Dalit who was determined to bring back hope where there was none.

“In school, you are taught that if you see something bad happening, you should do something to stop it; and that’s what I did,” says the 54 year-old crusader. Elango’s
Today, all the villagers in Kuthambakkam hold their heads up high. The village has a self-sufficient economy; every single child is in school; the adult population is employed; domestic violence is nonexistent; and there is not one illicit distillery in the village.

reasoning is simple, devoid of lofty ideals. He says if he had not tried to change things in his village, he would have perished under the burden of his conscience.

Today, all the villagers in Kuthambakkam hold their heads up high. The village has a self-sufficient economy; every single child is in school; the adult population is employed; domestic violence is nonexistent; and there is not one illicit distillery in the village. During his two terms as panchayat president, Elango introduced a transparent administration that has helped sustain the values this change-maker taught his fellow villagers.

But how did he pull it off? "Every single person here was suffering, bar none. But if there was one asset we had, it was this: the people here may look poor but they are very strong. I used people's participation and self-help groups as the pivots of change. It is the best way to make a permanent difference on such a large scale."

By qualification, Elango is a chemical engineer who earned his degree at Anna University in Chennai. His first job was with Oil India in Orissa. Next, he worked with the Council of Scientific and Industrial Research as a scientist in Chennai. But his moorings kept drawing him back home, and, after eight years of service, he could no longer ignore his conscience. "I decided to simply live in the village and do my part by promoting education, advising men not to beat women, counsel them and address the liquor menace. That was my initial plan."

It was a plan Elango could implement only because his wife Sumathy has since been the sole breadwinner of the family and raised their two daughters in Chennai. As soon as Sumathy landed a job with the Oil and Natural Gas Corporation (ONGC), Elango quit his job and returned to Kuthambakkam, in search of his dream.

Much against his family's wishes, Elango lived in a room in the panchayat office and started talking to the villagers in small groups; at first, by promoting education, advising men not to beat women and counselling the villagers on alcoholism. But changing an entire village required a bigger men not to beat women and counselling the villagers on alcoholism. But changing an entire village required a bigger

At the first gram sabha he convened, Elango discussed his grand plan with the villagers. One of the first things he did was introduce a culture of transparency in administration. As its president, he opened the panchayat's financial statements to public scrutiny in his office. He went about creating self-help groups for women to be economically independent; he built roads, installed street lights, all-weather drains and a good water supply system; he promoted education; and, over a period of time, he shut down every illicit liquor brewery in his beloved Kuthambakkam.

"Illicit liquor was freely available and the local businessmen flourished owing to this," he tells us. "I was able to close every single illicit brewery, thanks to a handful of policemen who supported me. In time, I also received the support of the people and some politicians and was able to altogether eliminate the trade."

Local self-employment, the dream of every Indian village, was also beginning to come true in Kuthambakkam. Elango initiated numerous self-help groups and, to help them build momentum, he networked with companies in Chennai to get orders for their products. However, apart from economic independence, the initiative has made the women of Kuthambakkam confident and raised their status within the community.

"Earlier, the self-help groups were small and under the direct control of Elango anna; it is only recently that the government has taken over," says Loganayaki Babu, president of the self-help group (SHG), Thamarai. "We now have about 70 SHGs in the village, and mine has 15 members. Over the years, Elango anna had explained that there will always be expenses and, as women, we needed to save money. We began with ₹ 50 a month and, 10 years later, the interest alone has amounted to ₹ 4,000 per member," she adds. "I have three children. I had never stepped inside a bank earlier. Now, look how far I have come."

Nandakumar, a young social entrepreneur who has worked for two years with Elango as a volunteer, speaks about how his mentor tackled the public distribution system. "Every month, when the ration products came in, he would
personally check the supplies, make sure that everyone si-
lently queued up and got their share of rationed products. It was small measures like these that instilled confidence in
the people and was the spark for bigger change.”

Opposition from vested interests and corrupt politicians
was the biggest challenge Elango has ever faced. Go-
ing back in time, he narrates, “Soon after I was elected
president, I built a drain from a local factory that polished
granite slabs, so that the run-off didn’t pollute the then
surrounding ghetto. I wanted to show the people what a
difference something so small could make. To build the
2 km-long drain, we used granite from the local quarry
and I paid local labour to get the job done. This upset the
quarry mafia and contractors, who got me suspended as
panchayat president.”

With the unwavering support of the villagers and help
from the media, Elango’s suspension was revoked. After
that, there was no looking back. The incident was also
the trigger for his re-election for a second term and, more
important, the beginning of the end of a system that had
patronised middlemen, contractors and the local mafia. Fi-

On the social and communal front, our social entrepre-
neur has achieved what many others like him are still striv-
ing for. Where Kuthambakkam once regularly witnessed
violent caste and communal clashes that had driven several
Dalit families out of the village, it is now a tranquil settle-
ment, where residents from diverse communities couldn’t
be happier to live together.

The seeds of communal harmony actually took root in a
state government initiative called the Namakkku Namey
plan (We for Ourselves). Under the project, the govern-
ment would invest half the cost of building a house while
“Leading a village is not all about concrete roads and water supply,” says Elango. “It’s about having a long-term development plan that makes the village self-sufficient. As we have a solid panchayat system, which literally takes power to the people, this is the way forward.”

the people would have to invest the rest. To encourage further involvement, the people would also have to make their own construction blocks, do the plumbing, electrical work, and so on. Moreover, all the construction materials would have to be created and procured within the village—the Gandhian principal of self-reliance.

While working on an economic model, Elango had realised that while the people of Kuthambakkam were happy to work alongside each other, the caste system prevented them from living together. Now the Namakkku Namey scheme could be used as a solution to the deep-rooted hatred and strife in his village. “By the end of my first term as panchayat president, we created a revolutionary initiative called Samuthuvapuram to address the caste menace,” Elango tells us. “We decided to build twin houses, one house for a Dalit and the other for a family of another caste. It was a success and 100 families had new homes and lived alongside each other happily.”

Not only were these low-cost homes built by the villagers themselves, a year after the project was launched, the remaining villagers also requested to move into these twin houses. In just two years, 450 pukka houses were built, planting the seeds of tolerance and harmony in the hamlet. As Babu, secretary at the panchayat office, recalls, “Fifteen years ago, people of different castes would not so much as cross each other’s paths, and the lower castes could not walk into a panchayat office. Everything has since changed and people live and work together.”

He says Kuthambakkam has changed so much that conversations that once revolved around alcohol and brutality now focus on finding jobs, earning well and living a good life. “Although Elango anna is indisposed and no longer active in the everyday affairs of the village, he set the guidelines and systems in place for our new leaders.”

Kuthambakkam’s success has not gone unnoticed and the model village was a finalist for the UN Habitat Award in 2005. Once in the international spotlight, Elango was invited to the UK, the US and Germany to study their developmental programmes. When he returned, he had an even more revolutionary dream—to set up Gram Swaraj or village republics. Elango wanted to take the success of his model village to other villages and therefore set up the Trust for Village Self-Governance. Under this umbrella, our game-changer launched the Panchayat Academy, which trains panchayat presidents in good leadership and best practices.

“Leading a village is not all about concrete roads and water supply,” says Elango. “It’s about having a long-term development plan that makes the village self-sufficient. As we have a solid panchayat system, which literally takes power to the people, this is the way forward.” He explains that his Panchayat Academy is all about sharing best practices and inviting leaders from different districts, once a month, to Kuthambakkam. It conducts interactive training modules and workshops and has networked with over 700 panchayat presidents.

And change is well on its way. Sumathi Chidambaranathan, panchayat president of a small agricultural village near Thiruvallu district, says she went across to Kuthambakkam just to see whether the marvellous stories she had heard were true. “My family has been heading the panchayat for a long time, starting with my father-in-law, my husband, and now me. It is my second term as president. As my husband had worked with Elango anna, I had to see the results for myself,” says Sumathi, who has attended workshops designed for women, special children, and much more.

“During the first three years of my term, I was very dependent on my husband and would ask Elango anna for advice,” she adds. “It was during this time that I was able to completely abolish illicit liquor brewing in my village. Now, during my second term, I am more confident.” Inspired by a project on waste segregation in Andhra Pradesh, Sumathi has provided all the homes in her village boxes for waste segregation. “I’m working to ensure that all the 3,500 people in my village understand the importance of waste management and saying ‘no’ to plastic.”

Elango did not stop with governance. He extended the concept to rural economics by incorporating the Gandhian principals of Gram Swaraj and village self-sustenance. Towards this end, Elango has met scientists, technology experts and other panchayat leaders to turn each panchayat into a production zone. “One can specialise in weaving, another oil-seed production, milk, and so forth. In the end, the entire area will become an economic zone. After the needs of the villages are met, the produce can be sold to nearby towns. All it will take is 25 panchayats to work together to create a viable economic model.”
Looking back at their shared journey, Elango’s wife Sumathy says, “He had that spark and I just let him do what he wanted to. Initially, it was very difficult for me but I soon realised that he was living and breathing everything in that village.” Sumathy says that at one point, she had not met her husband for over four years. “He would keep asking me, ‘There is no water in the village; it’s murky and needs to be filtered. What is my role in society?’ ”

“Our conversations revolved around these issues and I finally decided to just let him do what he wants to,” she reveals. A chief chemist with ONGC, where she has worked for 24 years, Sumathy says she will move back to Kuthambakkam when her second daughter gets married and leaves home. “I want to take care of him. Although he has spent his life helping other people, I am extremely proud to be Mrs Elango.”

Elango’s sister-in-law Geetha says her brother-in-law was an invaluable inspiration when she took the reins as panchayat president. Under the law, one can hold office as panchayat president only for two consecutive terms. So Geetha contested the next round of elections and won. Although she admits she was hesitant, she says, Elango anna was always there to guide her. “I was told that there would be more people who complain and dislike me than those who would be my friends but I had watched how he worked relentlessly and I decided to take the plunge,” recalls Geetha, the first female panchayat president at the age of 27.

During her stint, Geetha battled the Chennai civic authorities, who wanted to create a huge landfill on the outskirts of the village. “Lorries, trucks, police and politicians came with garbage and wanted to use a part of our village as a dumping ground. After all the work anna had done, we fought all the way and sent them back. When I think about it today, I am so proud of what we have all done in our small way to save this village,” she says with a smile.

A life spent saving a village and rebuilding it from the ground up has taken a heavy toll on Elango. He developed a heart ailment two years ago, which kept him bedridden for over a year and his speech and movements are yet to return to normal. But even while recovering, he did not want to leave the village to get medical treatment elsewhere. “I am working on a solar-power project and if I had abandoned it, it would have been forgotten. I am determined to help create 200 self-reliant panchayats by 2016.”

Today, Kuthambakkam is considered a model village and is a case study for other panchayats.
As she carries forward the legacy of her mother, Kathak dancer Dr Maya Rao, daughter Madhu Nataraj speaks about her friend, philosopher and guide to Ramya Srinivasan.

Nestled in a busy street in Malleswaram, Bengaluru, the Natya Institute of Kathak and Choreography is almost hidden like a gem. We climb the steps to be welcomed by the beautiful Madhu Nataraj, resplendent in her purple and golden ensemble with a huge bindi adorning her forehead. Against the backdrop of the rhythmic beats of her students in pink, we settle down for a hot cup of traditional South Indian filter coffee.

Nataraj is the daughter of Kathak dancer and octogenarian Dr Maya Rao, recipient of the President’s Sangeet Natak Akademi Award. Nataraj herself was named one of India’s 50 Young Achievers by India Today magazine in 2006 and, more recently, received the Bismillah Khan Yuva Puraskar from the Sangeet Natak Akademi. While her mother set up the first choreographic institute in India in 1964—Natya Institute—Madhu brought her American training in contemporary dance to the mix and founded STEM (Space.Time.Energy. Movement) Dance Kampni as part of the Natya Institute in 1995. Over 200 dancers train in the dance programmes but only 10 of them are selected every year for the exclusive choreography programme.

Although she gave up performing in her 40s when her daughter was born, Dr Maya Rao, at the age of 86, is still actively involved in choreography and
Ma never pushed me on any decision. When I chose dancing, she simply told me, “In life, you will always have situations when you are forced to choose between money and creative satisfaction. Just be sure that you are prepared to handle those.” She was the kind who would silently wait at the end of the tunnel for me.

works eight hours a day. “She used to have a 19-inch waist,” says Nataraj. “She gave up performing when she could not maintain that form.” As she delves deeper into her mother’s life and their relationship, their intimate bond becomes increasingly apparent. Excerpts:

**Ma was not allowed to dance in her childhood.** Those were pre-Independence times when an anti-dance movement was underway and the art was frowned upon. Ma was passionate about Kathak but her father did not want her to dance. He was an engineer and had no inclination towards the performing arts. This changed when he watched a performance by veteran choreographer Uday Shankar and he began to appreciate the beauty in it. He then allowed a dance teacher to come home. Ma was allowed to learn dance but not perform.

Ma promised her father she would not perform—a promise she thankfully never kept! When she studied for her master’s in Maharani College, she would carry a mandolin case, pretending to play the instrument, but she would end up performing. Tragically, she lost her father when she was just 16 and the financial burden of the family fell upon her and her elder brother. Dance came to the rescue as she began to earn by teaching the art.

Ma had to travel miles to learn Kathak. In the 1950s, she shifted to Jaipur seeking Kathak gurus, but most of them had migrated to the Hindi film industry by then. After learning Kandyan dance for a couple of years in Colombo, she got a lucky break when she became the first person to receive an Indian government scholarship to study dance and trained under Padma Shri Shambu Maharaj of the Lucknow gharana. She was so phenomenal that he asked her to partner him in just six months. She also trained under Shri Sunderprasad of the Jaipur gharana.

For me, dance was an integral part of growing up and I would sleep next to the tabla. I learnt everything through osmosis, but this was in stark contrast to Ma’s experience. In the 1960s, she went all the way to Russia to learn choreography. She speaks fluent Russian to date. She was also chosen to consult in the Bolshoi production of *Shakuntala*. This experience was immensely rewarding to her and she still recounts Russia as a favourite among the places she has travelled to.

Ma founded the Natya Institute in 1964 in Delhi after her return from Russia. She was bent on creating a pedagogic methodology for dance and knew the power of structure in promoting arts. She was also keen on adapting Kathak for the Indian dancer. The comprehensive course includes studies on the Indian and world history of choreography, anthropology and architecture, among others. In 1987, the institute was moved to Bengaluru and the course was converted into a degree affiliated with Bengaluru University.

**I never wanted to become a dancer.** Although I learnt dancing as a child and could identify complicated rhythm patterns when I was just three, I never wanted to pursue it as a career. Since my childhood, I have met doyens who were very committed but struggled financially. I always thought I would contribute to dance from the periphery. Between the ages of 15 and 19, I refused to dance and even when I graduated in commerce, I tried everything from painting and writing to theatre, with the exception of dance.

The universe has a mysterious way of bringing you back to your roots. When I was 19 years old, I attended a workshop in Delhi, which had some famous dancers as participants. I attended a course on ‘improvisation’ by Sarah Pearson, in which she challenged us to use the index finger and create 30 movements. She concluded, “If you can create 30 movements with just three joints, there is no end to what you can create with your entire body.” Till then, I had always thought of dance as instructional and set in stone, but a new thought germinated in me: “Can we ever be short of creating?” Immediately, I called Ma to tell her that I wanted to learn choreography.

My father waited 15 years to marry Ma; they married when she was 36. They met in true *filmi* style, when Ma put together a performance in Maharani College and a musician failed to turn up. My father was a proficient musician who could play 12 instruments. He agreed to perform and the rest was a ‘choreographic netra milani’, as Ma calls it. Even after their wedding, dad stayed in Bengaluru and Ma was busy in Delhi with the Natya Institute.

**My father was like Santa Claus to me.** I stayed with Ma in Delhi and dad used to visit twice a year on Diwali and
my birthday, with loads of gifts. He was a dynamic yet difficult person who was very opinionated. The long-distance relationship meant that a lot of responsibility fell on Ma's shoulders and I admire her for the way she carried herself. Dad passed away when I was just 26 years old. It was one of the toughest moments in Ma's and my life. Seeing a strong person like that disintegrate was heart-wrenching. In moments like these, Ma and I stood by each other, silently and strongly.

**Ma never pushed me on any decision.** When I chose dancing, she simply told me, “In life, you will always have situations when you are forced to choose between money and creative satisfaction. Just be sure that you are prepared to handle those.” She was the kind who would silently wait at the end of the tunnel for me. She is extremely responsible, caring and patient, but she can be stubborn. She always told me and her students that one does not have to be aggressive to get something; it can be achieved with grace and without loss of dignity.

**Ma advised me to take risks and question the status quo, and to focus on the experience rather than the result.** I remember an incident before my board exams. The culture in Delhi, then, was academic and children would be goaded towards writing IAS entrance exams and mothers would coax kids to finish their meals to get to their homework. At this time, the Bolshoi Company came to perform *Swan Lake* and Ma asked me to come and watch it. She said, “You may flunk your exams tomorrow but there will be no Soviet Union left in a few years and I doubt you will ever get to experience the same production quality.” She was absolutely right as the experience was unforgettable.

**Ma always put the studio first.** Irrespective of whether the studio made a profit or not, Ma continued to take only her usual salary. When I was growing up, Ma would shuttle between the studio and home, and I remember carrying my homework to the studio. However, by the age of 12, I had travelled to 18 countries. She took me along whether she had to travel third class or stay in a five-star hotel. The gamut of experiences I had was incomparable.

**I never felt the burden of being in her shadow because our styles are different.** Ma’s presentation is traditional Kathak but my production vocabulary is contemporary and deals with themes like feminism and drug abuse, and delves into the realms of the philosophical and mystical. As we have both retained our maiden surnames, some are not aware of our connection. Both of us have the same value system but the choreography approaches are different and the copyrights are separate.

**Ma and I are both voracious readers.** While dad introduced me to *Amar Chitra Katha*, Ma introduced me to Enid Blyton and Charles Dickens. We are both tea addicts and share a common passion for travel. Whenever we save money, we splurge it on travel rather than jewellery. We also share a common craze for Kanjivaram saris. I still stay in the same apartment building as Ma’s, though I often travel to Mumbai as my husband lives there.

**Ma was a pioneer in whatever she did.** She got a lot of flak when I brought in the contemporary aspect but she was always of the opinion that being in India, which offers a unique confluence of tradition and modernism, one should be open to both. Mothers usually promote their children but she never did that. I might have been the 250th student to debut from the institute and had to train for four years before doing so.

**Ma always says, ‘If you fall, just get up, brush yourself off and go on.’** That summarises her approach to life. There is no time to sulk. But the beauty is that she never lost her feminine instinct while doing so.
With general apathy in urban belts and lack of medical infrastructure in rural areas, India is home to the world’s largest blind population. Srirekha Pillai puts ophthalmological issues under the lens.

Photographs courtesy Aravind Eye Care
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ANTIOXIDANTS FOUND IN FRUITS HELP PREVENT RETINAL DAMAGE

ONE ANTIOXIDANT THAT IS HUGELY BENEFICIAL IS LUTEIN, FOUND IN SPINACH, LEEKS, KALE AND CRESS
In all the above cases, the loss of vision, which was significant and irreversible, could have been contained if dealt with earlier. Significantly, these are not isolated cases. According to the World Health Organization (WHO), blindness in 80 per cent of cases is avoidable. However, apathy, lack of medical facilities, low rate of literacy, poor ophthalmic hygiene and post-operative care, and a general lack of awareness have contributed in making India home to the world’s largest blind population at over 15 million (Government of India, 2011). With 82 per cent of the population living with blindness being 50 and older, vision loss among silvers is a significant health concern, with the most common contributing factors being cataract, diabetic retinopathy, glaucoma and refractive errors.

However, experts say there is no need to press the panic button, yet. “Most people, especially in rural areas, think that losing vision is part of the natural ageing process,” says Dr Barun Kumar Nayak, general secretary, All India Ophthalmological Society. “Nothing can be further from the truth. Not only can you take preventive measures at any age, but also address the existing problems.” What makes eye problems nightmarish for older people is that most eye diseases don’t manifest as symptoms until an advanced stage, by when it becomes too late to restore vision, cataract being the sole exception. All the experts Harmony-Celebrate Age spoke to emphasised the need for regular eye checkups to detect, control and contain problems at the earliest stage. It’s especially relevant for silvers who are diabetic and/or suffer from hypertension.

Many of India’s ophthalmological problems stem from the fact that 70 per cent of the country’s population lives in rural areas without adequate medical facilities. Shockingly, WHO statistics reveal that in many developing countries (including India), there is only one eye specialist for a million people, compounding the reach of skilled eye care facilities. However, initiatives taken by the Government through the National Programme for Control of Blindness (NPCB), and the private sector and NGOs through community outreach camps in the hinterland, have managed to increase the number of people treated and cured in recent years. Yet, the backlog and the additional burden of 3,000 new cases of blindness annually have made India home to 20 per cent of the global blind population.

Different statistics and surveys point to the fact that women and the poor continue to be at the receiving end of neglected healthcare, with cataract being the most common cause of blindness in India. It doesn’t help either that community outreach camps run through public and private participation often compromise on quality, only to meet preset daily targets. With inadequately trained manpower, unhygienic situations and improper refractive correction, some of the surgeries conducted during these outreach programmes are doomed from the start, often leading to corneal blindness, and thus discouraging others from seeking treatment.

However, with affordable pricing of indigenous intraocular lens and innovative technology to make all kinds of glasses irrelevant with insertion of multifocal lens in the eye, it is now possible for silvers to get their eye problems treated and lead an active lifestyle, provided the regular eye examination is not compromised. After all, early detection is the key to arresting the problem.

THE INDIAN SCENARIO

“For want of adequate funding, training, technical skills and lack of access to emerging technologies, medical schools in India are lagging behind,” points out Dr Amod Gupta, professor and head of the Advanced Eye Care Centre and dean of the Post Graduate Institute of Medical Education and Research in Chandigarh. “This has a huge impact on the quality of care received by the economically weaker sections of the society who throng these facilities.”
The problems are further compounded by lack of awareness among the vast majority, for whom blindness is complete dependency and lack of functional mobility (according to the WHO, having a sight less than 6/60 or opacification of lens is blindness). While service providers are concentrated in major cities and towns, major cases of ophthalmological issues, particularly cataract, are predominantly from villages and tribal areas. Significantly, of the 15 million blind people in India, 11.75 million live in rural and economically backward areas. Pointing out the distinct dichotomy in eye care facilities in India, Dr Nayak says, “While the facilities in urban areas are world class, the rural areas where our majority population resides continue to be out of reach. Thanks to government initiatives and those of certain NGOs, things are far better than 20 years ago, but there is a lot of ground that still needs to be covered.”

With the lack of specialists, India banks on auxiliary health personnel to fill the gap. These include village health guides who create awareness, ophthalmic assistants who can prescribe spectacles for refractive errors and presbyopia, multipurpose workers and voluntary agencies. Given the gravity of the issue, the National Programme for Control of Blindness (NPCB), launched in 1976, has gone beyond its initial cataract-centric programme to include diabetic retinopathy, glaucoma, ocular trauma, childhood blindness and squint, among others, under its ambit.

It has also been observed that though India needs about 250,000 donated eyes every year to restore vision among the corneally blind, the country’s eye banks manage to collect only about 50,000 annually. Given the shortage of donated eyes, the Eye Bank Association of India (EBAI) organises eye donation for a fortnight from 25 August to 8 September every year to promote eye banking. States like Gujarat, Tamil Nadu, Maharashtra, Delhi, Chandigarh, Andhra Pradesh, Kerala and Karnataka are at the forefront of eye donation. Interestingly, the Eye Bank Association’s brand equity went up when it managed to rope in celebrities like Aishwarya Rai and Amitabh Bachchan for campaigns. Insisting that there has been a steady increase of 8-12 per cent of eye donation annually, G Ganesh, executive director, EBAI, says, “The campaigns brought in an initial momentum. We are now taking the movement to the grassroots with more than 700 eye donation centres for retrieving cornea and eye banks attached to eye hospitals and multispecialty hospitals to process and evaluate cornea.”

AGEING CHANGES

Change in vision is an inevitable part of getting older. As the human eye ages, the lens gradually yellows, resulting in some difficulty with colour discrimination (See “Fading colours”; page 21). Sometimes the lens also becomes rigid, resulting in a significant loss of acommodative ability, making it difficult to shift focus from distance to near. Over time, the lens becomes opaque, creating difficulty in reading clearly at near, intermediate areas and for long distances with or without corrective lenses. The differing levels of visual abnormalities normally seen in seniors, called anisometropia, can also lead to fumbling and fall. But change in vision doesn’t mean that one has to compromise one’s lifestyle. Knowing what to expect and when to seek professional care are important steps in safeguarding your vision.

Major ophthalmological problems in silvers include presbyopia or the loss of the ability to clearly see close objects or small print; cataract or the clouding of the lens inside the eye; glaucoma, which occurs when the normal flow of the watery fluid between the cornea and the lens of the eye is blocked; diabetic retinopathy occurring from the progressive damage to the blood vessels nourishing the retina; age-related macular degeneration (AMD) causing loss of central vision; floaters or tiny specks that float across the
field of vision; retinal detachment or tearing of retina from the underlying tissue; dry eyes that occur when tear glands cannot make enough tears; and tearing that occurs with a sudden change in light or temperature (See Box: Eye ailments; page 47). Most of these eye problems make simple daily tasks difficult or impossible.

One needs to be attentive to the warning signs of age-related eye problems. Some symptoms that need to ring alarm bells include increasing glare from strong sunlight or bright lights at night, coloured haloes around light sources such as a car headlight making night driving difficult, colours appearing faded or washed out, blurring of vision or haziness, difficulty in reading fine print and a general decrease in vision.

However, many eye diseases don’t present any early symptoms. They develop painlessly and can’t be detected till the condition is quite advanced. Only a dilated exam can detect eye diseases in their early stages before significant vision loss occurs. It is seen that most people who have open-angle glaucoma feel fine and do not notice a change in their vision at first because the initial loss of vision is of side or peripheral vision, and the sharpness of vision is maintained until late in the disease. Because most people with glaucoma have no early symptoms or pain, it is very important to get your eyes regularly checked ("Regular checkups help contain eye problems"; page 51). Vision loss from glaucoma, diabetic retinopathy and AMD is not reversible with treatment, even with surgery. Cataracts that form slowly and without pain, redness or tearing in the eye, are the only condition of the ageing eye that can be treated completely, with restoration of normal sight.

CATARACT

Besides ageing, which is the major factor for cataract, uncontrolled diabetes mellitus, exposure to ultraviolet rays, a high body mass index and smoking also contribute to a spurt in cataract cases. Though cataract can be removed surgically through a process that entails removal of opaque lens and the insertion of an artificial intraocular lens, extreme poverty and limited access to medical facilities are prohibiting factors. Cataract surgery is a day procedure with no need for hospitalisation. The surgery usually lasts around 20 minutes and healing takes two to six weeks.

Significantly, cataract tends to strike people in India before 60, earlier than in the West, and women seem to be more prone to it than men. “It goes without saying that women are the most neglected when it comes to health in a family,” says Dr Nayak. “Most rural women remain untreated as they need someone to accompany them to the medical camp. With livelihood getting priority over healthcare, more often than not, men in the villages prefer to earn their daily wages than accompany women to camps.”

With cataract accounting for 80.1 per cent of blindness in India, and with 3.8 million suffering annually from newly formed cataracts, secondary eye care in India assumes significance. Though the Government has set up District Blindness Control Societies as nodal agencies to identify the blind in each village, organise diagnostic screening camps, arrange transportation of patients and ensure follow up, eye care in India is largely catered to by NGOs and private agencies. Their approach includes outreach camps to detect those needing surgery, use of counsellors to explain the procedure, tiered pricing mechanisms and local production of surgical equipment. The success of these camps can be gauged from the fact that from a Cataract Surgical Rate (CSR) of 500-1,000 per million population annually two decades ago, with 6 million operations now, India has a CSR rate comparable to the West.

The Madurai model of eye camp, developed by Aravind Eye Care System (AECS) in Madurai, is considered a success and has been lauded by world organisations, including the WHO. It has been, in fact, adopted by other countries as well, including China, Bangladesh, Nepal and Tanzania. An integral part of AECS is its community outreach camps that take eye care services to the doorstep. These camps visit villages in Tamil Nadu and Kerala every few months, offering eye examinations, basic treatment and glasses. Patients requiring surgery are invited with a family member.
**EYE AILMENTS**

**CATARACT**

**CLUES YOU HAVE CATARACT**
- Cloudy or blurred vision
- Discoloured vision
- Impaired night vision or glare
- Double vision in one eye
- Frequent need for new prescriptions

**WHAT IS CATARACT?**
Proteins in the lens begin to clump. These clumps cause the lens to discolor and darken.

**RISK FACTORS:** Age, diabetes, smoking and excessive sun exposure.

**DIABETIC RETINOPATHY**

**HOW IS IT DETECTED?**
There are often no early warning signs. The only way to detect DR is through a comprehensive eye exam.

**WHAT CAN YOU DO?**

**WHAT IS DIABETIC RETINOPATHY?**
Over time, diabetes (in particular, poorly controlled diabetes) can damage blood vessels causing leakage and swelling and eventually vision loss.

**WHO CAN GET GLAUCOMA?**
Anyone can get glaucoma. But there are several risk factors such as age, ethnic group, illness and family history. Even young people can get glaucoma.

**GLAUCOMA**

**HOW IS IT DETECTED?**
No pain. No symptoms. It's called the silent thief of sight. Half the patients are unaware that they have glaucoma.

**WHO CAN GET GLAUCOMA?**
Anyone can get glaucoma. But there are several risk factors such as age, ethnic group, illness and family history. Even young people can get glaucoma.

**OTHER EYE PROBLEMS**
- **Age-related macular degeneration:** AMD affects the macula, the centre of the light sensitive retina at the back of the eye, causing loss of central vision. Although small, the macula is the part of the retina that allows us to see fine details and colours. Activities like reading, driving, watching TV and recognising faces all require good central vision provided by the macula. While macular degeneration causes changes in central vision, peripheral or side vision remains unaffected.
- **Presbyopia:** This is the loss of the ability to clearly see close objects or small print. It is a normal process that happens slowly over a lifetime, but you may not notice any change until you are 40.
- **Floaters:** These are tiny spots or specks that float across the field of vision. Most people notice them in well-lit rooms or outdoors on a bright day. Floaters often are normal, but they can sometimes indicate a more serious eye problem such as retinal detachment, especially if they are accompanied by light flashes.
- **Dry eyes:** It happens when tear glands cannot make enough tears or produce poor quality tears. Dry eyes can be uncomfortable, causing itching, burning, redness or, rarely, some loss of vision.
- **Tearing:** Tearing denotes the flow of tears from sensitivity to light, wind or temperature changes. Protecting your eyes by shielding them or wearing sunglasses can sometimes solve the problem. Tearing may also mean that you have a more serious problem, such as an eye infection or a blocked tear duct.
- **Retinal detachment:** It is the tearing or separation of the retina from the underlying tissue. It can be caused by trauma to the eye or head, health problems like advanced diabetes, and inflammatory disorders of the eye.

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to come to the nearest Aravind Hospital, with transport, lodging and surgery being free. With seven hospitals in Tamil Nadu, AECS performs over 300,000 surgeries a year with cataract removal comprising 70 per cent of all surgeries here. A large percentage of these surgeries are offered at subsidised prices or absolutely free to the poor.

Aravind also has storefront vision centres, staffed by rural women, who are recruited as eye care technicians by AECS after an advanced two-year training. These technicians are trained to conduct eye exams, including refraction tests, handle lenses and fit spectacles. These vision centres are also connected to various Aravind hospitals through video conferencing, enabling the patient to get advice from qualified doctors. Aravind’s comprehensive eye care programme also includes creating awareness through exhibitions. Madurai-based M Mohan, a 54-year-old who visited one such exhibition held in the city recently, says, “After walking though the simulated blind alley at the exhibition and seeing how smoking can harm the eye, I will think twice when reaching out for a cigarette.”

THE BARRIERS

Despite efforts to educate the poor and create awareness to increase the uptake of surgery for cataract, there have been social barriers that have hampered the success of community outreach programmes of the NPCB. These include botched cataract surgeries leading to corneal blindness, low literacy rate and lack of awareness, poverty, and poor accessibility to medical camps, among others. In fact, poor outcome of cataract surgery at camps is distressing and disappointing not just for patients but for prospective patients, affecting the sustainability of services and discouraging others from coming forward for surgery.

General screening camps manned by inadequately trained professionals do more harm than good, as they tend to overlook the subtle differences in individual cases. Poor vision after cataract surgery could be caused by inadequate correction of post-operative refractive error or distribution of one-size-fits-all spectacles, failure to detect pre-existing eye conditions like macular degeneration or diabetic retinopathy, and surgical complications. It doesn’t help that many NGOs obtain financial assistance from the Government to run these camps, and then try to cut corners, at the cost of compromising quality. “Sometimes the effort is just to keep the expenses down, come what may,” says Dr Gupta. “Inadequately trained surgeons, compromising on operating room environment, looking for cost-effective ways and not meeting the stringent quality criteria could all adversely influence these camps.” With a view to preventing cluster infections owing to less than optimal sterile operation room environment, the Government has banned cataract surgery in makeshift operation theatres since 2000.

Because of limited capacity at such camps, surgeons often prefer to operate on cases that are the worst, thus turning away those that are still in the earlier stages of cataract formation. The maturity of cataract has become a norm for case selection and regulating crowds at camps. It’s another thing that with the latest technological innovations, any time is the right time for removal of cataract (“Cataract can be removed at the earliest stage; page 50”)

With families going nuclear around India, another major barrier for women and silvers is finding someone willing to accompany them to the camps, and then for surgery to the hospital. Says Dr Gupta, “The reason could be either social or economic or both. A visit to the hospital means loss of wages, taking time off from work, travel time and expenses. It involves repeated visits to hospitals, which could be frustrating in the best of times, especially in public hospitals in view of the overwhelming numbers of patients.”

Lack of awareness among patients about the devastating consequences of delay, especially in asymptomatic diseases such as diabetic retinopathy and glaucoma, is also a major barrier in eradicating blindness in India.

TECHNOLOGICAL INNOVATIONS

Set up by Aravind in 1992, Aurolab makes lenses, sutures and medicines with FDA and CE certification, and is a major global supplier of intraocular lenses. It has become a game-changer in eye care in India by bringing down the price of intraocular lens used in cataract surgery to a tenth of its international price. “When we entered the market,” says Sriram, director-operations, Aurolab in Madurai, “imported lenses were selling at ₹ 3,000, while Indian lenses were selling at ₹ 1,000 to ₹ 1,500. Our intraocular lenses were then priced at ₹ 270, making it affordable for a majority and also for use in medical training.”

Today, Aurolab exports foldable and hard intraocular lenses to Argentina, Nepal, Colombia and Sudan. While the foldable lens, priced between ₹ 15,000 and ₹ 40,000, is technically superior and helps heal in a couple of days, the hard lens, priced from ₹ 500 onwards, is widely used during free surgeries and takes about a week to heal. Allaying fears of a major difference in quality, Sriram adds, “After 90 days, they both function in a similar manner.”

The widespread use of intraocular lenses in cataract surgery has brought down the number of patients left functionally blind after a surgery. With the advent of multifocal lens, costing nearly ₹ 100,000, which is inserted into the eye during cataract surgery with an incision as small as 1.8 mm, it is possible now to get rid of reading glasses too, along with cataract.

Though femtolasar surgery is the latest buzzword in cataract treatment in the West, it’s yet to catch on in India.
Dr Seema Behl, consultant eye surgeon, Kokilaben Dhirubhai Ambani Hospital in Mumbai, says, “Femtolaser surgery uses laser to extract cataract. With its half-million-dollar price tag, it’s not cost-effective for the Indian market, where most people live below poverty line. Besides, phacoemulsification, which is widely used in India, works very well by dissolving cataract with ultrasound energy.”

As for Dr Gupta, who was awarded the Padma Shri this year for his pioneering work in the usage of statins for diabetic retinopathy, there is enough cause for celebration as far as innovative technologies go. “Ever since economic liberalisation in the early 1990s, there has been an amazing change in the availability of innovative technologies in India,” he says. “The availability and common use of operating microscopes, slit-lamps, indirect ophthalmoscopes, lasers, phacoemulsification technique for cataract surgery and vitreous surgery have entirely changed the landscape. India pioneered the use of Optical coherence tomography in the year 2000, which is so widely used now that it is difficult to imagine retina practice without it.”

Though AMD is now being treated with intravitreal injections, it is limited to high-end patients because of its prohibitive pricing. Though the cost has come down from ₹70,000 to ₹29,000 per injection recently, treatment requires the patient to be injected once every month for six months. Laser photodynamic therapy (PDT) for AMD, wherein a light sensitive medicine is injected into the bloodstream and used to treat abnormal blood vessels under the macula, is also a recent innovation.

WHO’s global initiative, ‘Vision 2020: The Right to Sight’, launched in India in 2001, hopes to reduce visual impairment to 0.3 per cent by 2020. But this would be impossible unless a holistic and comprehensive approach is set in motion to reach out to the poorest of the poor in the remotest areas while also bringing women under its ambit. Health education methods and strategies will only be effective if they are able to reduce barriers—geographical, financial, and most important, attitudinal. Dr Nayak observes, “As it is, the Government does not allocate enough funds for health. To make matters worse, owing to large-scale corruption in the system, only a marginal amount of the fund allocated actually reaches the needy.”

It has also been noticed that in many eye camps, good quality surgery is made ineffective by providing wrong spectacles, as providing individually adjusted spectacles presents logistic problems. The need for proper post-operative refractive correction at the camps, fixed satellite facilities in rural areas and sustained surgical services cannot be over-emphasised. Constant follow-ups are also an essential part of eye care.

People with diabetes or hypertension (high blood pressure), or taking any other medications that have eye-related side effects, are at a greater risk of developing vision problems. However, wise lifestyle choices and regular eye examinations can significantly improve your chances of maintaining good eye health even as you age, allowing you to perform everyday activities independently. 🌟
Is it true that seniors who gain second sight are developing cataract?

Yes, there is one particular type of cataract that induces myopic (minus power) changes in the eye, thereby neutralising the plus power, which is an age-induced factor. As a result, people who have been using reading glasses discover that they can read pretty well without the aid of glasses. In medical terms, we call it ‘second sight’. Such cases are indicative of cataract.

Age is the most common reason for cataract. What are the others?

The other reasons are diabetes mellitus, trauma to the eye, high myopia, and inflammatory conditions in the eyes. There is also a type of cataract seen in children, called developmental or congenital cataract.

Should a cataract be ripe before it is removed?

With advancement in technology, this doesn’t hold true any longer. On the other hand, the new technology makes it difficult to remove cataract that is mature and ripe. In the past, one had to wait till the cataract had matured. But with the latest technology, cataract in the earliest stages can be removed as soon as it starts interfering with vision and lifestyle.

Is it compulsory to wear dark glasses soon after a cataract surgery?

Dark glasses are only for a patient’s comfort and are to be deemed protective wear. They are a mechanical guard against dust, the risk of unnecessary rubbing, and photophobia. But even if one moves around without wearing dark glasses afterward, there is no major harm provided you stay away from unnecessary injury and trauma to the eye.

Will the vision one gains after a cataract surgery hold good for rest of life?

Usually yes, unless age-related changes occur in other parts of the eye, like diabetes retinopathy, glaucoma, etc. Diseases occurring in the cornea or retina or even a stroke can decrease vision afterward. Similarly, it is important for diabetic persons to stabilise their blood sugar levels and ensure an eye checkup periodically. Sometimes, there is a thickening of the support where the intraocular lens is placed. In such cases, vision can be regained by a simple laser treatment.

Does cataract surgery help get rid of reading glasses too?

Yes, it does, provided multifocal lenses have been inserted in the eye during the surgery. But then, to use a multifocal lens or not is the ophthalmologist’s call.

What are the side-effects of cataract surgery?

With advancement in technology, side-effects are almost minimal these days. Yet, no surgery is foolproof and the side-effects if any could include infection in the eye, haemorrhage or bleeding, retinal detachment and damage in the cornea.

What are the precautions to be taken after surgery?

One should avoid touching or rubbing the eyes, wear protective glasses, avoid water into eyes for 10 days to a couple of weeks depending on the doctor’s advice, avoid eye makeup for two months and strenuous exercise for almost a month.
According to a recent study by the American Academy of Ophthalmology, one in three Americans develop an eye problem by the time they turn 65. Is it worse or better for Indians?

The figures would be definitely higher in India. Cataract is an ageing change and affects almost everybody. Our massive ageing population, by virtue of its sheer numbers, translates into more cases.

What are the common complaints among silvers?

Seniors generally complain about blurred, difficult vision at night, glare from headlamps of vehicles causing discomfort while driving, dryness in eyes as well as excessive tearing. In post-menopausal women, dryness and burning sensation are common complaints. Dry eye can also be an offshoot of thyroid, which is quite common in women.

Are all age-related eye problems treatable and reversible?

Cataract is the only treatable eye condition. Glaucoma, age-related macular degeneration [AMD] and diabetic retinopathy can only be controlled and not reversed. That is why we advise patients with any of the above eye problems to undertake eye checkups at regular intervals.

What are the alarm signs?

Blurred vision, floaters, flashes of light and distortion of vision are some of the common alarm signs.

Is there reluctance on the part of seniors in seeking medical help, attributing poor vision to ageing?

Yes. Mostly, people go to an optician if they have problems with glasses and vision. It's only when the vision does not improve despite glass refraction that a patient seeks out an ophthalmologist.

Is it true that most elders suffer from different levels of visual abnormalities between the eyes?

Loss of depth of perception, called stereopsis in medical terms, is a common problem in silvers, leading to fumbles and falls. With reflexes becoming slow, and with knee and joint pains that come with ageing, the problem becomes more serious. Usually, the better eye compensates for the weak one, leaving the patient completely clueless about the problem. It can only be discovered during a thorough eye checkup.

Given that it shows no early symptoms, how does one rule out glaucoma?

Glaucoma is a silent disease, with the symptoms manifesting themselves at an advanced stage. These include frequent headaches and change of glasses. But as glaucoma is hereditary, one should watch out if it's there in the family. People who are genetically predisposed to glaucoma should keep regular appointments with the ophthalmologist.

What are the symptoms of AMD?

The initial symptoms of AMD include jumbled up and crowded letters, and crooked lines. AMD again runs in the family.

Is there a connection between smoking and eye problems?

Yes, smoking leads to high levels of oxidative stress. Cataract is known to appear early in heavy smokers. Smoking is also responsible for AMD.
Like any self-respecting treasure-seeker, H W Bhatnagar has squirreled away his booty in the basement of his home in Gurgaon—old watches, grandfather clocks, radios, gramophones and his pride and glory, his collection of 18 vintage cars, no less. Why, his basement is a virtual showroom, graced as it is by a Cadillac, Buick, Ford, Austin, 1917 Ford Model T and many more. Gleaming and standing proud, many of them are in various stages of restoration, some of them proud entrants to rallies and car shows.

They reigned in style in their prime. Even today, as they roll down the roads, vintage beauties on wheels leave you awestruck. Introducing 'autogenarians' who celebrate their favourite classic cars.
A mechanical engineer who retired as chairman of BHEL, Bhatnagar began collecting vintage cars in the year 2000 but his love for these beauties goes back to his childhood. “My father was an advocate in Roorkee and we had four cars—V8 Ford (1935), Austin 7 (1932), Ford Model R (1932) and Singer (1932). I learnt to drive on the V8, a convertible that could accommodate up to 10 people. My father would drive us around and the only thing to watch out for were horse nails on the road as most people commuted by horse cart,” reminisces the 69 year-old.

He recalls another precious memory, of how angry his father got when he once drove off after school in one of their cars. “I was 12 and my father simply sold the car. That was when I vowed I would one day collect cars.” A sentimental man, Bhatnagar says his hobby is emotionally fulfilling. That’s why he still has all the four cars that his dad once owned, even locating and buying another model of V8 Ford his father had sold to punish his errant son!

“On our 45th wedding anniversary, we displayed all the cars at Westin Gurgaon as part of the celebration,” he says. And, no, he doesn’t rent his cars for movie shootings or events. “I participate in five to six rallies a year.”

Asking him to pick a favourite is like asking a parent to point out their favourite child, and Bhatnagar finally settles for the blue Cadillac 1955, which comes from the house of the Tatas and “still delivers three-and-a-half kilometres to a litre”. Also close to his heart is a shiny Buick 1938, which belonged to the Nawab of Tonk.

—Ambica Gulati
Subhash Sanas . Pune

The child in Subhash Sanas has never really grown up, even though he is now 58. But what has definitely evolved is his collection of dinky and matchbox series of cars into a fleet of 40 vintage gems.

Step into the Subhash B Sanas’s Vintage & Classic Cars Museum in Lullanagar, Pune, and you are transported to a different world. Opened in 2011, the museum is rather a huge, barn-like hall within the premises of the Beverly Hills Hotel. And, lo and behold, there’s a Chevrolet that belonged to former prime minister Indira Gandhi. And in a corner is a yellow, vintage motorcycle that Rishi Kapoor and Dimple Kapadia are supposed to have used to run away to Goa in the iconic Hindi movie Bobby.

The newest addition to Sanas’s mind-boggling collection is an Ultramarine Blue London Taxi, which he recently purchased and was the talk of Pune for the last two years. Apparently, the parent company was reluctant to sell the car outside London but Sanas had made up his mind that it would be his.

On the inspiration for opening the museum, Sanas says, “When I visited the car museum in Stuttgart, Germany, I knew I had to do something similar in my home town.” He has 30 spotless vintage cars in the museum and 10 more at his house.

Sanas inherited his passion for vintage cars from his father Baburao Sanas, the first mayor of Pune. His dad bought the very first Buick in Pune, in 1947. Thereafter, a number of sought-after models of the time were added to the family fleet, till the final count was seven.

When he was still in school, Sanas had saved nearly ₹3,000 (with a little help from his father!) to buy his first car: a Renault 1932. Today, Sanas has a soft corner for the Mercedes, and he now owns one each from every series. In fact, his favourite is a 2004 Mercedes, which he bought from his friend, veteran actor Amitabh Bachchan.

—Shyamola Khanna
When she first spotted it in Pune's camp area, it was love at first sight. That was in 1964, and they've been together ever since. But even that does not adequately sum up 76 year-old Prabha Nene's special love for her precious Austin 7, a car she's driven cross-country many times. It seems she just can't get enough of the shiny deep blue beauty!

A resident of Pune, Nene is a social worker who helps the police with traffic control in the early mornings and late evenings, almost every day. It seems she loves anything on four wheels, but speak of vintage cars and her eyes light up like sparklers.

“I have participated in eight vintage car rallies so far. My first was in 1970, from Nagpur to Mumbai. I rode the 896 km in my Austin,” she says.

Nene has always loved driving and she first set eyes on the Austin 50 years ago in Pune's camp area but its owner told her he was not keen on selling it. Not one to be discouraged, she left her visiting card with him in case he changed his mind. “Four months later, he called to ask me if I still wanted to buy the car. I was thrilled. It's a cute car and made in England,” she says.

Like a peacock preening its feathers, Nene just loves taking the Austin out for a drive and she revels in the attention it draws from onlookers. But the real thrill comes from participating in vintage car rallies and driving it long distance. “I have some lovely memories of driving it all the way to Hyderabad in 1980 along with my younger sister.”

Nene credits her late uncle Jog for the maintenance of her car. Believing he had “magic hands”, she would source parts online or he would make some himself. Getting the parts from England was no mean task. Now, the task has fallen on a colleague, while Nene has also taken a short motor mechanics course.

—Khursheed Dinshaw
His love affair with vintage cars began as a young man, when he watched an Anglo-Indian lady drop her child off at school every day. It wasn’t the lady he was impressed with; it was the Austin 7 she drove that caught his eye. Today, Nitin Dossa, president of the Mumbai-based Vintage and Classic Car Club of India (VCCCI), owns 50 vintage gems. Among these is an Austin 7 his grand-uncle gifted him not long after he finished school, in honour of his first love.

It’s tough for Dossa to pick a favourite as “each one has a different personality”. “But I do have a soft spot for the 1947 Bentley Drophead Coupe,” says the 62 year-old, whose fleet is distributed between Mumbai, Pune and Ahmedabad. “As I am a businessman and travel for work, I make sure I drive the cars I keep in Pune and Ahmedabad whenever I visit those cities.”

Naturally, his collection sports some rare classics, like a Chrysler 1952, which belonged to the governor of Madras; a fiery red Buick 1947 convertible, which belonged to the governor of Calcutta; and a Hudson 1933, arguably the only surviving model in the world. “I got the Hudson by a pure twist of fate. I bought it in 2002 from an old Parsi lady who had sent me a letter asking if I was interested in buying the car.” Dossa is currently waiting for the restoration work on his Austin 7 to finish. “I can’t wait to drive it at the next rally! I have such fond memories of it,” he exclaims.

One of his main roles as president of VCCCI is to organise vintage car rallies, which he has been doing since 1980. The cars from his own collection are not eligible for prizes but the amazement his cars evoke as they cruise by is sufficient reward.

—Neeti Vijaykumar
Sudhir Kasliwal . Jaipur

Sudhir Kasliwal has married his love for vintage cars with the rich and glorious heritage of his home state Rajasthan. After all, how many collectors can boast of taking a member of the royal family for a joy ride in one of these beauties? And how many own the prized vehicles once used by a maharaja?

Born and raised in Jaipur and co-owner of the city’s famous Gem Palace, Kasliwal felt his first pangs as a young man while getting his father’s car repaired. Here, he spotted a small vintage car and was so fascinated by it that he decided to buy one for himself. His dream came true at the age of 40, when he acquired a Dodge.

Today, our collector owns 12 vintage cars including a 1933 Dodge (originally belonging to the Maharaja of Karauli), a 1939 Mercedes (bought from the Maharaja of Ayodhya), a 1968 Humber Hawk (originally owned by Rajmata Gayatri Devi), a 1931 Studebaker, and his all-time favourite, a 1941 Packard, the world’s first air-conditioned car.

In 1966 he set up the Rajputana Automotive Sports Car Club along with a friend. “Rajmata Gayatri Devi, who owned a majestic Jaguar and Bentley, never failed to grace the occasion till her death,” he remembers. “I bought two cars belonging to the Rajmata. When she saw her Mercedes 1968 restored at our club’s annual rally, she was delighted and couldn’t resist the temptation of taking a ride in the car.”

Kasliwal’s hobby is contagious and now Jaipur alone has more than 200 vintage cars, while his club has 70 members. “Restoring these gems is like preserving our rich heritage and culture” says Kasliwal. He has also attracted attention from Bollywood. Kasliwal’s prized possessions have featured in the famous Shyam Benegal movie Zubeida starring Rekha and Karisma Kapoor, and, more recently, his Studebaker 1931 was a star in a movie shot in Bikaner featuring Sonam Kapoor.

—Abha Sharma
Dipankar Barua. Guwahati

Guwahati’s Dipankar Barua is a late bloomer. Although fascinated with cars since childhood, he grew seriously interested in vintage cars in 2001, when he attended his first rally in Shillong. The event set him on a quest for his first ‘oldie’. But Barua, who owns a chain of hotels across Assam, had to wait till 2011 to get his very own vintage beauty.

“It was a 1947 Ford V8, which I picked up from someone in Sarupeta in Lower Assam. It took a lot of pestering before I was able to convince him,” smiles 51-year-old Barua, who says it was his grandfather’s Vauxhall that ignited the first vintage spark in him. Our collector recently acquired a 1963 Herald Mon Santo, which he sourced from a retired army officer in Kolkata in 2013. “Right now, it is classified as a classic car and is still to acquire the ‘vintage’ tag,” he explains. “I drive my two oldies around the city every Sunday, and the moment my Ford hits the streets, people gather around her to take a picture.”

His passion for vintage cars prompted Barua to set up, along with several others, the Heritage Automobile Association of Assam (HAAA) in 2011. The HAAA, in collaboration with the Assam Tourism Development Forum, organised vintage car rallies in 2011 and in February 2014.

“Of course, maintaining these cars is a tough task. It is very difficult to find parts but, luckily, we have the Internet to help with that,” he says.

Does he plan to acquire any more vintage cars? Barua replies with a twinkle in his eyes. “There are at least 40 vintage cars in Guwahati and no less than 100 across Assam. There are several cars lying idle in different tea estates in Upper Assam. I am sure that once our rally becomes a regular event, the owners will be smoked out.”

—Tapati Baruah Kashyap
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One of the narrow passages in Belum, the second largest network of underground caves in the Indian subcontinent.
The underground caves of Belum, with their intricate network of passages, ancient relics and stone formations, whisper stories of an era gone by.

Susheela Nair

The sun was dipping behind the horizon as our bus carrying a motley group of journalists from Bengaluru reached the legendary Belum Caves, the second largest network of underground caves in the Indian subcontinent, housed in Kurnool district. Incidentally, the largest caves in India can be found in Jaintia hills in Meghalaya. Embedded deep in the ground with a well-like entrance leading up to the caves, this is nothing short of an underground city with a distinctive character of its own. Excitedly, we descended the steps to explore the caves famed for long passages, spacious chambers, freshwater galleries and siphons.

The quietude inside was unbroken except for the mild splash of water in certain passages. Though almost 3.5 km of the caves have been suc-
cessfully explored, only half of the site is open to tourists at present. As we delved deeper, sunlight gradually withdrew, with the soft gleam of sodium vapour lamps taking over. We marvelled at the sight of a surreal underworld of stalactite and stalagmite formations lit up in the golden hue emitted by the lamps. The stalactites hang from the ceiling of the caves like icicles, while the stalagmites form myriad shapes on the floors. Walking through the vast subterranean passages, it felt like we had been transported to one of those Discovery Channel shows!

A little further down, we found ourselves in a huge hall with an artificial fountain. As we manoeuvred our way through the rocky terrain, especially a couple of narrow passages, we felt a lurking sense of danger. There is an eerie silence here and even the faintest whispers echo a thousand times around the walls before receding in deep nooks and corners. After escorting us through a maze of passages, the guide led us through Simhadwaram—so named because of the natural arch-like formation of the stalactites that look like the head of a lion—into a narrow passage. It led us to Kotilingalu, so called because of the thousands of stalagmite and stalactite formations akin to a Shiva lingam crowding the large chamber, giving it an almost surreal look.

From here, we descended to Pathalaganga, the deepest point of this subterranean city at 150 ft from the entrance, where we could spot a huge Shiva lingam formed from a vessel dating back to 4500 BC were recovered here along with mortar and pestle used for grinding Ayurvedic medicines, suggesting the antiquity of the caves. The Andhra Pradesh government declared Belum Caves a protected area in 1988. Today, this is a zero litter zone; it is well lit and has blowers to circulate oxygen within the deeper sections of the caves. The discovery of many Buddhist relics, which are now housed in the archaeological museum in Ananthapur, Andhra Pradesh, suggests that Buddhist monks occupied these caves centuries ago. The area where these relics were found has been converted into a meditation hall.

It is believed that the Belum Caves were formed when an underground river washed away the soft limestone from the surrounding hard stones. The walls of the caves have deep marks from erosion caused by the river. If you look closely, you can see deposits of quartz within the caves.

After a night spent comparing the pictures taken during the day in the caves, we headed next morning to Alampur, at the confluence of the sacred rivers Tungabhadra and Krishna, which is popularly referred to as Dakshina Kashi. Situated on the banks of the Tungabhadra, the Jogulamba temple is a famous Shaivite pilgrimage centre, and is one of the 18 Shakti Peethas—places of worship consecrated to Goddess Shakti or Sati—in India. The Shakti Peetha, sprinkled throughout the Indian subcontinent, have been erected at places where parts of Sati’s body fell, when Vishnu hurled his Sudarshan Chakra at it to coax Shiva to come out of his mourning at her self-immolation. Legend has it that Jogulamba temple stands where her upper teeth fell. Pilgrims from all over southern India flock here for a darshan.

The old temple was destroyed in the 14th century by the Bahmani Sultans, who founded the first independent Islamic kingdom in Deccan, with Gulbarga (in north Karnataka) as its capital. But the idols of Jogulamba and her two shaktis, Chandi and Mindi, were protected and placed in the nearby Bala Brahmeswara Swamy temple till 2005, until a new temple was constructed at the original site, and the main idol was relocated. The goddess appears in a sitting posture here with her lustrous hair adorned with a liz-
ard, scorpion, bat and human skull, signifying her fierce nature. All the same, devotees believe Jogulamba protects them and their homes from all kinds of evils.

Known as the City of Temples, Alampur is also famous for its cluster of 6th century Nava Brahma temples—Taraka, Swarga, Padma, Bala, Garuda, Arka, Kumara, Veera and Viswa Brahma—all dedicated to Shiva. Built by the Badami Chalukyas, who ruled large parts of southern and central India from the 6th to 12th centuries and patronised art and architecture, the temples bear their distinctive stamp. As we strolled through the temple complex, we observed a striking resemblance in the architectural style of the shikara (spires) here with the distinctive Chalukyan style of Aihole and Pattadakal, which comprise miniature architectural elements in curvilinear style. The temples stand on a platform and the friezes on its outer walls decorated with a rich carving of floral and geometrical designs and the ornate screen windows are sure to take your breath away. We also found a profusion of carvings of dancers, drummers, and celestial beings like Nataraja, Parvati and Ugra Narasimha.
flanked by well-proportioned *mithuna* couples in amorous poses.

Stone-carved *dwarapalaka* guard either side of the entrance to all the temples. On the ceiling of the doorway leading to the shrines, beautifully carved sculptures of the *trimurti*—Brahma, Vishnu and Maheshwara—herald a welcome. The most notable among them, the Bala Brahma temple, which is the main shrine, is supposed to have an unbroken record of ritual worship dating back to the days of Emperor Krishnadevaraya, who is known as the Kannada Rajya Ramana (Lord of the Kannada Empire) and reigned over the Vijayanagara Empire from 1509 to 1529. While the Arka Brahma shrine is in pathetic ruins, the Swarga Brahma temple with its imposing towers and sculptures in bas-relief is an excellent specimen of Chalukyan architecture and sculpture. Interestingly, there is also a mosque adjacent to the temples, where even Hindus offer prayers. After a peek at the sculptures in the Architectural Survey of India museum near the temple complex, I took a leisurely stroll near the riverbed surrounding the temple premises. Sitting on the banks of the Tungabhadra, an oasis of tranquillity, I watched the world pass by. When it was time to leave, a sense of uneasiness descended on my heart, and I left reluctantly to merge into the chaos of urban living.
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An epic reveal

Hindu epic Ramayana traces the journey of Rama from his birth to his coronation as the king of Ayodhya. Sage Valmiki wrote the Sanskrit poem thousands of years ago and, subsequently, myriad illustrations and manuscripts have been prepared on the saga of love and valour. Interestingly, the earliest surviving illustrated Ramayana—consisting of 176 paintings—was made for Mughal emperor Akbar in 1588. But today, barring a few isolated exceptions, many of these works are not found in their entirety.

With as many as 450 paintings, Mewar Ramayana was a lavish manuscript project undertaken by Rana Jagat Singh I of Mewar in 1649; it took five years to complete. The beautiful manuscript—considered to be one of the finest and most heavily illustrated—was created by master painters Sahibdin and Manohar and produced in Singh’s court studio at Udaipur. The dramatic epic held special significance for the Sisodiya ruling clan; they considered themselves the direct descendants of Rama’s ‘Suryavanshi’ (solar) Dynasty.

In the early 19th century, Rana Bhim Singh presented four of the seven volumes to British political agent Lt Col James Tod, who on his return to Britain in 1823 donated them to the Duke of Sussex. Today, the British Library is the privileged owner of 555 folios of the 800-folio original manuscript; the remaining were scattered over time among many owners with just 149 folios held in four collections in India. Last month, one of the holders, CSMVS Museum of Mumbai, held an exhibition of Balakanda from its collection of the Mewar Ramayana.

What’s more, in an effort to widen access to the epic, the museum has collaborated with the British Library to reunite the entire manuscript online. The three-year digitisation project has made it possible for this long-divided manuscript to be brought together for the first time in almost 200 years. The digital Mewar Ramayana will enable users to leaf through the magnificent miniature paintings online in the traditional loose-leaf format.

“The unique project accomplished all its objectives,” says Sabysachi Mukherjee, director-general, CSMVS Museum. “This is our first collaborative project with the British Library and we wish to undertake similar projects in the future.”

Visit www.csmvs.in/the-mewar-ramayana
Guru da langar... aayo jee, aayo jee... loudspeakers blared, inviting people to partake in community meals. Hands folded, the hosts—young and old Sikhs—stood in the middle of the road cordially requesting people to eat at their venues. Every nook and corner of Anandpur Sahib, also known as the City of Bliss, had little kitchens bustling with men, women and young ones. They had come from all over the world to celebrate their rich past and feed one and all, preserving the principle of equality.

It was Hola Mohalla, a three-day festival to commemorate the Sikh warriors on the occasion of Holi. Hola is a masculine version of Holi and Mohalla comes from the Arabic root hal (alighting, descending). This Punjabi word means an organised army procession. In 1701, Guru Gobind Singh, the 10th guru of the Sikhs, designated this day for warriors as an occasion to demonstrate their martial skills in simulated battles, fighting Mughal emperor Aurangzeb.

As many as 1 million pilgrims and visitors from all over the world come to the holy towns of Anandpur Sahib and the adjacent Kiratpur Sahib a week before Holi. We saw children running around and shouting, “Guru dee fauj, karegi mauj (Guru’s army will have a good time)”; and youngsters rode on bikes with flags displaying the khalsa (the company of fully initiated Sikhs) symbol prominently honking their way through an otherwise quiet town. As shabad (hymns) reverberated, visitors kept walking in and out of the numerous gurdwaras as revered Nihang or Guru’s beloved knights roamed the streets; bhaang (a traditional intoxicating plant) grew in abundance along the roads; streets were lined with people selling clothing, weapons, religious objects, holy CDs and books.
“Now it’s about mock fights,” explains Sodhi Vikram Singh, chairperson of the Anandpur Sahib Heritage Foundation. “The festivities begin a month earlier from Harmandir Sahib [the Golden Temple in Amritsar] and end at Takht Shri Damdama Sahib in Bhatinda on Baisakhi [in April].” Born in the sacred town in a 350 year-old haveli, Singh’s ancestral lineage can be traced to the fourth guru, Guru Ram Das.

Considered the Mecca of gurdwaras, Anandpur Sahib is also the place where the khalsa was formed. It is home to one of the power spots: Takht Keshgarh Sahib. The brotherhood of the pure or khalsa was formed on 30 March 1699 by Guru Gobind Singh. The khalsa was then responsible for all executive, military and civil authorities in the Sikh community.

Telling us more about the celebrations, Singh says, “The Sikhs believe in looking after each other. For setting up community kitchens for three days here, people start preparing months in advance from their trucks and tractors.” What saddens him, however, is that people only come during these three days. “Through the foundation, I wish to make this town live stronger, forever and add to the economy. For getting people into the town, we organised the first-ever Sodhi Kishan Singh Memorial Arena Polo Competition this year. We arranged accommodation in luxury tents around the canal, which is an idyllic spot.”

A polo player of international repute, 58 year-old Singh brought six players and two teams—British Airways and Hyatt Regency—and a new sport to the town. The Anandpur Sahib Sports Club UK organised wrestling and kabaddi matches. “During my childhood, Hola Mohalla was a 10-day affair; slowly it became a five-day festival and now the festivities have shrunk to three days. My desire is to see the festival grow back to its 10-day celebrations. We also have plans of encouraging local crafts,” Singh says with hope.

Pointing out the men dressed in blue robes with their embellished saffron and blue turbans, swords hanging by their side, Singh tells us that the Nihang made their own iron utensils. Different regional teams displayed their expertise in martial arts. The Nihang wore magnificent turbans embellished with the khalsa symbol and steel finery. For instance, Jathedar Balbir Singh Chakarvarty, a 70 year-old from Patiala, wore a turban weighing 57 kg that had 750 m of cloth.

The crowning glory of the festival was the culmination of the walk at the Charan Ganga stadium where thousands thronged to watch the camps participate in sword-fighting, tent-pegging and bareback horse-riding. The procession, which began from Keshgarh Sahib Gurdwara, came in with elephants, camels, horses and jeeps. The Nihang were the brightest stars of the martial show as their followers cheered. Small groups involved in mock battles stopped as the horses entered. A line was cleared for the riders to show their skills—a young Nihang stood tall, riding three horses at the same time! As the horses slowed down, the show came to an end and the crowds turned home. Till next year!
Known for its skilled artistry and exotic designs, Batik is an ancient wax-resist textile dyeing and painting technique. Though it is still flourishing in many parts of the world, today, it is a dying art in India. Vadodara-based late Bihari Bharbhaiya was one of the few internationally acclaimed artists who worked towards popularising the technique in India. The veteran artist travelled far and wide to learn new techniques and expand his artistic creativity. Immortalising his passion for the art, his book Batik was released recently by his former student and art patron Swati Desai. A tribute to her mentor, Batik is perhaps the first book on the firsthand experience of Batik craftsmanship, complete with pictures, illustrations and tables. “Bharbhaiya sir was a multifaceted artist and a creative genius through whom I was introduced to this fascinating art of Batik at MS University in Vadodara,” says 58-year-old Desai. “As I grew up, he became my role model and I kept in touch with him till his death. He spent his final days penning this book and entrusted me with the task of publishing it. Unfortunately, he didn’t live to see its release.”

A protégé of eminent artist Nandalal Bose in Santiniketan, Bharbhaiya trained generations of students in this art. An eminent painter—his beautiful mural on saints Mirabai, Surdas and Tukaram adorns the walls of the Parliament House—his application of painting in Batik art was appreciated world over. Apart from the technical expertise Bharbhaiya gathered travelling to countries like Indonesia and Malaysia where Batik thrives even today, the book encompasses the artistic techniques he invented over his lifetime. “His childlike enthusiasm while working on Batik designs was contagious and the final outcome on the fabric gave him boundless joy,” reminisces Desai. “In 2007, at the age of 80, he finished the book in his native Gujarati but realising how priceless these methods and techniques were, I persuaded him to release it in English first.”

But why is the art form being phased out of the country? “We lack the preservation instinct,” responds Desai. “Today, I can hardly find any Batik artist or artwork in the market. People want instant gratification; block printing and screen printing have fully taken over the market. Our government needs to promote this art and pay dues to artists.”

Desai is now working on the Gujarati edition of the book, simultaneously trying to popularise the ancient art among students and art enthusiasts. “Batik could very well be introduced as part of the art curriculum in educational courses,” she says. Coinciding with the book release and to rekindle interest in this traditional art, Desai organised a Batik workshop in Mumbai where senior Batik artist from Malaysia Michael Lim and noted designer and author Edric Ong were invited to share their expertise. “Many teachers, young artists and silvers participated enthusiastically in the two-day workshop,” she declares happily.
Experience

A second childhood

Wouldn't it be great to have a second childhood? To start life afresh? Because at Harmony, a magazine for people above fifty five, we believe that age is in the mind. Which is why, you should live young. Visit us at: www.harmonyindia.org
We toast Mother’s Day with an extract from Jane Austen’s *Pride and Prejudice* (1813), which introduced us to Mrs Bennet, one of the most memorable mothers in literature.

It is a truth universally acknowledged, that a single man in possession of a good fortune, must be in want of a wife.

However little known the feelings or views of such a man may be on his first entering a neighbourhood, this truth is so well fixed in the minds of the surrounding families, that he is considered the rightful property of some one or other of their daughters.

“My dear Mr. Bennet,” said his lady to him one day, “have you heard that Netherfield Park is let at last?”

Mr. Bennet replied that he had not.

“But it is,” returned she; “for Mrs. Long has just been here, and she told me all about it.” Mr. Bennet made no answer.

“Do you not want to know who has taken it?” cried his wife impatiently.

“You want to tell me, and I have no objection to hearing it.” This was invitation enough.

“Why, my dear, you must know, Mrs. Long says that Netherfield is taken by a young man of large fortune from the north of England; that he came down on Monday in a chaise and four to see the place, and was so much delighted with it, that he agreed with Mr. Morris immediately…”

“What is his name?”

“Bingley.”

“Is he married or single?”

“Oh! Single, my dear, to be sure! A single man of large fortune; four or five thousand a year. What a fine thing for our girls!”

“Why so? How can it affect them?”

“My dear Mr. Bennet,” replied his wife, “how can you be so tiresome! You must know that I am thinking of his marrying one of them.”

“Is that his design in settling here?”

“Design! Nonsense, how can you talk so! But it is very likely that he may fall in love with one of them, and therefore you must visit him as soon as he comes.”

“I see no occasion for that. You and the girls may go, or you may send them by themselves, which perhaps will be still better, for as you are as handsome as any of them, Mr. Bingley may like you the best of the party.”

“My dear, you flatter me. I certainly have had my share of beauty, but I do not pretend to be anything extraordinary now. When a woman has five grown-up daughters, she ought to give over thinking of her own beauty…. But consider your daughters. Only think what an establishment it would be for one of them. Sir William and Lady Lucas are determined to go, merely on that account, for in general, you know, they visit no newcomers. Indeed you must go, for it will be impossible for us to visit him if you do not.”

“You are over-scrupulous, surely. I dare say Mr. Bingley will be very glad to see you; and I will send a few lines by you to assure him of my hearty consent to his marrying whichever he chooses of the girls; though I must throw in a good word for my little Lizzy.”

“I desire you will do no such thing. Lizzy is not a bit better than the others; and I am sure she is not half so handsome as Jane, nor half so good-humoured as Lydia. But you are always giving her the preference.”

“They have none of them much to recommend them,” replied he; “they are all silly and ignorant like other girls; but Lizzy has something more of quickness than her sisters.”

“Mr. Bennet, how can you abuse your own children in such a way? You take delight in vexing me. You have no compassion for my poor nerves.”

“You mistake me, my dear. I have a high respect for your nerves. They are my old friends. I have heard you mention them with consideration these last twenty years at least.”

Mr. Bennet was so odd a mixture of quick parts, sarcastic humour, reserve, and caprice, that the experience of three-and-twenty years had been insufficient to make his wife understand his character. Her mind was less difficult to develop. She was a woman of mean understanding, little information, and uncertain temper. The business of her life was to get her daughters married.
Delving deep into an aspect of Indian culture that is more often swept under the carpet, 
**Rubin Kermorgant** brings out the harsh realities of the devadasi system, a centuries-old tradition wherein women served the temple and gods for their entire lives. In her debut non-fiction book, *SERVANTS OF THE GODDESS* (Random House India; ₹ 399; 396 pages), Kermorgant, a documentary filmmaker, goes to South India armed with bookish knowledge about this archaic practice that is still prevalent in many villages. Written as a memoir with journalistic insight, she takes us through her journey to the inlands of Karnataka, into the lives and minds of five modern-day devadasi. Along with her is her unofficial guide Vani, who translates not just the language, but the tradition and culture. The resilience and strength of the women, despite years of oppression, sparkle through. Told with compassion and respect, Kermorgant brings to light a world of superstition, casteism, gender bias and hypocrisy that is hidden from plain sight.

THE COLLECTED WORKS OF A. J. FIKRY (Hachette; ₹ 350; 243 pages) reads like an ode to the good old habit of reading that enlightens our minds and opens up our hearts. An enchanting tale about a bookstore owner and the people who are part of his life, it’s all about living, loving and growing up in the company of literature. An irresistible affirmation of why we read, love, and in turn are loved, this endearing prose touches the right chords in your heart. Narrated in rather modest and simple language by Gabrielle Zevin, the story takes you through everyday moments in A J Fikry’s life, making for a compelling read. The author creates a real community of characters, with each one shining through with a standalone quality. This book is as much a tale of transformation and second chances as it is about the power of words in changing lives. Each chapter begins with a brief review of a book by A J Fikry, and not a single page flips by without referring to an author or mentioning a book. Heartbreaking without being maudlin, philosophical without being pretentious, this one casts a rich, wise spell.

Delving deep into an aspect of Indian culture that is more often swept under the carpet, *CONVERSATIONS WITH WAHEEDA REHMAN* (Penguin; ₹ 499; 217 pages) transports you to a period in cinema when acting went without the trappings of a vanity van, late arrival on sets and a retinue of fawning personal staff. Through a set of conversations with Rehman held over a year, Nasreen Munni Kabir unravels the life and times of the remarkable actor who had the gumption to stand by her choices and conviction. Eminently readable, this interesting book is enlivened with rare pictures of Rehman, her family and friends, and tiny nuggets of information for a cinema buff—like Satyajit Ray wanting to make *Guide* or Rehman refusing to kiss Dev Anand for the English production of the same film. Though not essentially a biography, it’s the closest you can get to the legendary actor. One learns of her liberal upbringing by her father who was an IAS officer, the early demise of her parents, and her close friendships in the industry. What disappoints, though, is that Rehman doesn’t open up about her alleged closeness to Guru Dutt, though she does reveal how Dutt stood by her when she had run-ins with other directors over costumes and storyline. In the end, the portrait that emerges is of someone extremely disciplined, professional and confident.
Slice of history

Outlining the history of a community that played a pivotal role in the evolution of Bombay, Rachel Manasseh, 94, recently unveiled her debut work, *The Baghdadian Jews of Bombay and Their Life and Achievements: A Personal and Historical Account*, published by Midrash Publications. The Baghdadian Jews have been the architects of major landmarks, including the Sassoon Hospital in Pune, and David Sassoon Library, Kala Ghoda statue and the Apollo Bunder in Mumbai. Manasseh's book is a journey back in time through the Bombay of the 18th and 19th centuries.

Born in the erstwhile British-ruled Bombay in 1920, Manasseh spent most of her youth in Bombay, and married Albert Manasseh, the great-great-grandson of David Sassoon. She currently lives with her daughter Sara, also a writer, in London. In an email interview with Neeti Vijaykumar, she elaborates on the role of the community in the development of Bombay.

**What was it like to grow up in Bombay then?**

I was born in Bombay in 1920. Both my parents were from Baghdad. We lived on the Causeway. My father was the first vegetarian in the family; later many of us became vegetarian. We had a family carriage and horse, ghoda ghadi; later my father bought a car and ‘we motored into the 20th century’! In the mornings, I would often walk with my siblings and our ayah to the Apollo Bunder, and evenings to Bandstand. We also went regularly to Juhu, when my mother would pack a good picnic meal for us. We also spent some of the summer months in Poona.

**Tell us about your family.**

My mother did much charitable work in the community and assisted with refugees during World War II; my father had an import-export business dealing in grey cloth. I married Albert Manasseh during World War II. After my daughter and son were born, I finished my BEd, before we emigrated to London in 1965.

**How and when did you carry out your research work?**

I travelled to Mumbai in 1994 and was able to make contacts. I interviewed those living there; I made notes, recorded interviews, took photographs, and also consulted the Synagogue and Trust records. On later trips to Jerusalem, London and New York, I continued to research. To top it all, I had a wealth of resources with me: minutes of meetings, synagogue records, trusts and deeds, documents from university libraries, published texts, personal contacts, and numerous photographs in the family collection.

**Did research entail a lot of travel?**

Within India, I travelled to Mumbai, Pune and Surat. Internationally, I flew to Israel, covering the cities of Jerusalem and Tel Aviv, and then London. I also relied extensively on email contacts to reach out to people living in the US and Canada, some of whom I had never met.

**What can readers look forward to?**

It is a richly illustrated personal and historical account, lavishly illustrated with many photographs from the Manasseh Family Collection. The book deals with the arrival of the community first in Surat and then in Bombay and looks at the role of the community leaders in the building of Greater Bombay through its schools, hospitals, library, docks, museums, etc.
Can you take us through the history of the Baghdadian Jews of Bombay?

It is important to state here that the term ‘Baghdadian’ encompasses all Arabic speaking Jews (Iraq, Basra, Amara, Yemen, Syria, etc., and Jews from the Middle East in general, including Persia, Samarkand and Bukhara in Russia). They initially arrived, settled and traded in Surat, where one can still find a synagogue and burial ground. The synagogue is in a state of continuing disrepair. Merchants began arriving in Bombay from the end of the 18th century and were established there by the time David Sassoon and his sons arrived in 1832. Sassoon had an office in the Fort area, not far from the docks. The Sassoon family also lived in Byculla, the more salubrious area initially, and later members of the family lived in the Malabar Hill area in their home named Sans Souci. The Baghdad Jewish community was basically spread out in Byculla and the Colaba/Fort areas in Bombay.

The Magen David Synagogue in Byculla was built in 1861 and the Knesseth Eliyahu Synagogue in the Fort area in 1884, when Fort became the new commercial centre of Bombay. Some Baghdadian Jews also settled in Poona, where the Sassoons built a synagogue, Ohel David Synagogue, known locally as ‘Lal Dewal’ (Red Temple), as it is built from red brick.

What has been the community’s role in the development of Bombay?

The Sassoons and others contributed enormously to the development of Bombay. Apart from establishing Jewish institutions such as synagogues and Jewish charities, they also established hospitals like the Sassoon Hospital in Poona, the David Sassoon Industrial School (an institution for young offenders that still exists), the David Sassoon Library, and schools, such as the Jacob Sassoon School, the E E E Sassoon School and Elly Kadoorie School. Though these schools initially served the Jewish community, they now serve the Mumbai population at large.

David Sassoon also contributed to the Victoria and Albert Museum (now Dr Bhau Daji Lad Museum) and presented the statue of Prince Albert with a plinth, the text on which is in English and Hebrew. Sir Albert Sassoon made munificent donations to the David Sassoon Library, to the Institute of Science (which was initially to be named after Sir Albert, but then named ‘Royal Institute of Science’ in honour of the visit of King George V and Queen Mary in 1911), he financed the building of the Sassoon Dock in Colaba, contributed to the building of the Elphinstone High School, and presented the city with the striking black marble statue of Edward, Prince of Wales on a horse—the Kala Ghoda statue with its magnificent plinth with bas reliefs of notables, including the Sassoon family, welcoming the Prince in 1876. The statue had given the area its name, though it has now been moved to the Botanical Gardens and Zoo, the Jijamata Udyaan. The Sassoons established numerous mills that offered employment both to Jewish émigrés and to the general population of Bombay.

Sassoon J David was the founder and chairman of the Bank of India (1906–1926); he established the Prince of Wales Museum (to commemorate the visit, in 1905, of the Prince and Princess of Wales; later King George V and Queen Mary) in the Fort area and presented the statue of the Prince of Wales, which stands in the museum grounds. Members of the community have also served as sheriffs, mayors and presidents of the city of Bombay.

“The book deals with the arrival of the community first in Surat and then in Bombay and looks at the role of the community leaders in the building of Greater Bombay through its schools, hospitals and museums”
We have developed, of course, since our caveman days. Not, perhaps, as much as we would like, given some of our continuing barbaric behaviours, but we are now moving more rapidly than ever before in our evolution—egged on by our own growing knowledge of life itself.

It wasn’t long ago that astronomer and author Carl Sagan shared with the world the fascinating fact that analysis showed rocks brought back from the moon and debris falling to Earth from much farther out in space (meteors, space dust, etc) all contained the same fundamental elements found on this planet. Not only in the rocks and dust of this planet, but in everything—including birds, animals, trees...and people.

The same chemical and mineral building blocks are apparently present in all the objects of the cosmos. We’re all made of the same stuff, Sagan smilingly declared. Everything is One Thing, simply manifested in different combinations and constructions.

Take these elements and mix them in one proportion and you have a tree. Mix them in another way and you have a human. A third combination produces an aardvark. Or a moon rock. The combining and adjusting of these elements in varying proportions takes place over a period of thousands and hundreds of thousands of years. We call those varying combinations adaptations, and we’ve labeled the entire process evolution.

I know that the idea that all of Life has evolved from the same primordial soup is a controversial subject. There are those who want to believe that humans were produced in a single stroke, all at once and as a separate (and special) creation of the Divine, disconnected from the development of any other living thing.

Yet science—and now space science—seems to be confirming Darwin’s theory at every turn. Life is energy, emerging in endless variation from a single Essential Essence.

You can call this undifferentiated Energy whatever you wish. Call it the Prime Force, the Unmoved Mover, That Which Is, the Essential Essence—or by more personal names if it pleases you, such as Adonai, Akshar, Allah, Brahma, Deus, Divinity, Divine Mother, Ekankar, Elohim, God, Hari, Indra, Jehovah, Krishna, Lord, Mahesh, Mani-tou, Ormuzd, Parameshwar, Purush, Purushottam, Radha Soami, Ram, Rama, Theos, Thor, Varuna, Vishnu, Yahweh, and others.

The chief capability of the Essential Essence is that It has the power to impact upon itself. That is, It is self-sourcing and self-referencing.

An example of this might be water vapour that turns to liquid water droplets that turn to snow that turns to ice that turns to liquid water that turns to vapour once again. Here we see four distinctive expressions of the selfsame element, manifesting in variations created by the way other aspects of the Essential Essence are impacting upon it.

That is, if we could turn the life energy back upon itself in some controlled way, we could presumably use that birthing energy to our purpose.

If true, this would not be a small matter. Indeed, it would turn us into gods, able to mix and match the colours of Creation’s palette to paint the picture of our desire on the canvas of our lives.

God is telling us in Conversations with God that this is precisely what is true about the Essential Essence and how it may be used, and this is exactly what our species is doing—albeit without most of us knowing it, and without enough of us who do know it yet able to produce collective agreement on the outcomes we wish to collaboratively produce.

Extracted from What God Said (Hachette, ₹ 350, 349 pages). Walsch is the bestselling author of Conversations with God. He is also an actor, screenwriter and speaker.
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On 1 May, the first program written in BASIC, an easy to learn high-level programming language, was run on a computer for the first time.

On 12 May, in the first public act of resistance against the Vietnam War, 12 Americans publicly burnt their draft cards that promised compulsory enlistment in Army.

On 23 May, Pablo Picasso painted the fourth in the Head of a Bearded Man series.

On 27 May, Jawaharlal Nehru, the first prime minister of India, died of a heart attack. Although his daughter Indira Gandhi was widely expected to succeed him, she turned the post down in favour of Lal Bahadur Shastri.

Click-click, it’s a mouse

Till the late 1980s, the word ‘mouse’ registered a single entry in our lexicon, referring to the commonplace rodent. Today, it is also associated with the ubiquitous mechanical gadget found on every single computer desk around the world. However, when the first contraption, comprising a tiny wooden shell covering two metal wheels, was created in 1964 by Douglas Engelbart, it was not just a novelty, but a notion that was way ahead of its time; after all, computers meant bulky boxes that did little more than mere calculations. Interestingly, the mouse was nicknamed so by Engelbart “because the tail came out at the end”. Engelbart’s creation, which was publicly unveiled in what was termed ‘the mother of all demos’ in 1968, signalled a paradigm shift in our understanding of computers and their operations. However, it wasn’t until 1984 that the mouse was introduced to the public domain by Apple’s new Macintosh, and ‘computer mouse’ slowly crept into our vocabulary. Ironically, though Engelbart—who passed away in 2013—changed the way we interacted with computers, he couldn’t benefit from the patent, which had a timespan of only 17 years. His patent expired long before the mouse became an integral part of our computing kit. With over 45 other patents to his name as well, Engelbart was awarded the MIT-Lemelson Prize in 1997, and was inducted into the National Inventors Hall of Fame in 2000. From the rudimentary model put together by Engelbart in a research lab to the wireless and laser gadgets we find today, the mouse has come a long way. Over the years, technology has changed; making tracking much easier, movement much smoother, and the models much sleeker. Though touch-pads and touch-screens have taken some sheen off it, there’s no denying that the mouse is here to stay, at least for a few more years.
Global weirding

n. The worldwide increase in the rate and extent of extreme or unpredictable weather conditions.
Example. She explains that cold-weather conditions have prompted some confusion over the use of the phrase ‘global warming’. In the US, where it is used more often, some advocates suggest replacing it with the term global weirding.
—Sarah Shearman, “Lessons learned from a decade of climate change messaging”, PR Week, 21 February 2014

LOWFLATION

n. A persistently low level of inflation, particularly one that threatens a country’s economic prosperity.
Example. The effect is deeply corrosive even if the region never crosses the line into technical deflation. Lowflation near 0.5 pc can play havoc with debt trajectories if it goes on for long, ultimately throwing Europe back into a debt crisis.
—Ambrose Evans-Pritchard, “ECBs deflation paralysis drives Italy, France and Spain into debt traps”, The Telegraph, 2 April 2014

There's one advantage to being 102. There's no peer pressure.
—American stand-up comedian Dennis Wolfberg (1946-94)

VOLUNTOLD

v. To be told to volunteer for something; compulsorily or forcibly volunteered.
Example. I was voluntold to be Santa Claus. I wore my military uniform with weapon and flack vest, but I also wore a ratty old gray fuzzy beard and my Santa hat. I sat at the end of a line of soldiers and wished every child that came by a “Merry Christmas.”

For singing out loud

It’s time to yank your singing ambitions out of the bathroom and compete on a larger stage. Mumbai-based NGO Sarthak Society is organising Sugam Sangeet 2014, a music competition intended as a tribute to the late maestro Hemant Kumar. Divided into two groups (35 to 60, and 60 plus), contestants will choose songs from a list of 20 hits by Hemant Kumar. What’s more, you stand a chance of winning up to `4,000 if you hit the right notes and impress the judges with your knowledge about the life and work of the maestro. Aspiring participants must register before 15 May by filling in the registration forms available either by email or at centres across Mumbai, including Dadar, Andheri, CST and Ambernath. Elimination rounds will be held on 31 May in Santacruz and 1 June in Panvel; the finalists will battle it out on 8 June in Deonar. There’s an entry fee of `150 for the 35 to 60 category and Rs 100 for the 60-plus category. For details on the form, rules and regulations, list of songs, and more, email sarthaksociety@gmail.com or call Suresh Rao, founder trustee, on (0) 9769359421.
The secret of a good old age is simply an honourable pact with solitude.
—Colombian author and journalist Gabriel García Márquez (1927-2014)

**trigger warning**

*n.* Advance warning that a book, movie, or other material has content that could trigger emotional distress or a traumatic reaction.

**Example.** All GSIs and professors of social science and humanities courses should undergo training comparable to that of intergroup dialogue facilitators to ensure heightened sensitivity to diverse perspectives. Instructors should also make a concerted effort to give students **trigger warnings** that alert them to upcoming class materials that could be potentially offensive, explicit or controversial.


**walk-on-by**

*adj.* Indifferent or blind to distress or hardship; uncaring.

**Example.** The image is shocking. For an hour, a little girl, clutching her doll, stands in a crowded shopping centre, clearly lost and appealing for help. But none of the adults stop. Hundreds ignore her until a kindly grandmother, who had already walked past, turns round and asks the seven year-old if she is all right. This is the scene to be witnessed on *Little Girl Lost*, a Channel Five documentary that purports to demonstrate how we have become a **walk-on-by** nation cowed by paedophile hysteria, suffocating criminal records checks and an irrational suspicion of all adult males.

—Phillip Johnston, “Would you help a lost girl, or just walk on by?”
The Telegraph, 24 March 2014

**DISCONNECTIONIST**

*n.* A person who advocates spending time away from online activities, particularly for mental or spiritual rejuvenation.

**Example.** Why has silence become a commodity? To some extent it seems an outgrowth of a back-to-basics, purity-as-priority impulse. Food can’t get from the farm to the table fast enough; toxins must be avoided at all costs; the **disconnectionists** preach digital detox.

—Chloe Schama, *Silence is now a luxury product*;
New Republic, 4 March 2014

**schlumpadinka**

*adj.* Slovenly or unkempt, especially owing to laziness or lack of self-esteem.

**Example.** So, if you want to get ahead, ditch that Chanel trouser suit for jeans and a hoodie—looking like you’ve just woken up might just help you rise in the world. When in doubt, turn to those already pulling off **schlumpadinka** chic to perfection.

—Sarah Rainey, “How to dress down for success like Cara Delevingne, Mark Zuckerberg and Prince Harry”,
The Telegraph, 19 March 2014

**digital dementia**

*n.* Impaired memory and cognitive functioning owing to the extended use of digital devices.

**Example.** The two year-old who can nimbly use an iPad or kill a gazillion monsters playing a video game isn’t necessarily a genius, says Dr. Manfred Spitzer, a neuroscientist and psychiatrist. That child could be en route to trouble with memory and thinking, a condition Spitzer and others call **digital dementia**.

—Mary Ann Roser, “Digital dementia for our screen-addicted kids”;
The Seattle Times, 16 March 2014
“Children and silvers can now safely cross the road without having to fear for their lives”

P S Subramanian, 73, Mumbai, regulates traffic at King’s Circle

As the pedestrian signal turns green at King’s Circle—one of the busiest intersections in suburban Mumbai—a spirited silver citizen steps into the middle of the road, folds his hands while facing the vehicles, requests them to stop and urges pedestrians to cross safely. Handling peak-hour traffic daily for two hours from 5.30 pm near the Maheshwari Udyam has become a regular routine for 73 year-old P S Subramanian, who can be seen holding his own against merry jaywalkers and rash drivers. A former consultant with the Coastal Regulation Zone, Subramanian, who is fondly referred to as ‘Uncle’ by youngsters in the area, took up the task in May 2013 after finding it difficult to cross the intersection in the evenings while taking his granddaughter to the garden. “It was a nightmare,” he says. “I could find senior citizens like me and young mothers with toddlers waiting with trepidation for traffic to halt and then sprinting across the road.” Subramanian wrote to the traffic police, highlighting the problem and volunteering his services in managing traffic. There was no response. Nevertheless, he decided to go ahead. “Many senior cops with ‘lal batti’ cars have stopped at the signal, heeding to my request,” he says. Though many friends and well wishers have urged him to use a whistle while handling traffic, Subramanian has not felt the need for it. “Why should I add to the existing noise pollution?” he asks. “Besides, there is a hospital nearby.” It’s not rare to find Subramanian pulling up drivers who don’t wear seat belts or jump signals and the occasional jaywalker. He also pays special attention to senior citizens and families with children, often lending them a hand to cross the road. The newly painted zebra crossing at the junction is thanks to the consistent efforts of Subramanian, who had been making the rounds of traffic police and the BMC for months, pointing out the need for a pedestrian crossing, given the garden across the road. Today Subramanian is a familiar face at the intersection, with many regular passersby smiling at him, and some even exchanging pleasantries with him. As for his granddaughter, whose garden time has been compromised, the doting grandfather quips, “I make up for it by spending extra time playing with her at home.”

—Neeti Vijaykumar
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