



SEVAGRAM TO SHODHGRAM

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In one of Mulk Raj Anand's stories, a little boy goes to a fair, holding his mother's hand. There are colorful balloons, beautiful embroidered caps, mouth watering sweets and many such things that the child wants, but the poor mother is unable to buy him any. The boy is upset and angry. He dislikes his mother. In the huge crowd he loses hold of his mother's hand and gets lost. He is scared and starts crying. The balloon seller, the cap seller and the sweets vendor try to pacify him by offering their wares, but he is inconsolable. He just wants his mother.

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In America, there are all comforts and luxuries, but the mother is lost. Today we have met here, on this foreign land, in search of our mother-land, our mother-tongue and our brethren.

For my speech today, I have chosen the subject from 'Sevagram to Shodhgram' (service village to search village) While I was thinking about the subject, I came across a clipping, "I hate quotations, tell me what you know!" It was like a warning "don't make a show of what a scholar you are, but speak of what you know".

I have very little to make a show off before you. I am poor Sudama. What can I bring to the Gold city of Dwaraka? For you, I have brought just a story, which is mine. You have to exclude me from the story and watch the journey. The hero of the story is not me, but the society, and the people. I have just had its experience and that I will narrate. Though it's my story, it can be everyone's. Karl Rogers, renowned psychologist often said "Things we consider most personal are the most general". An experience, I consider to be exclusively mine is felt by all the people of the world, because we are all human beings. Hence, whether it is California, Calgary or Gadchiroli, this story can be everybody's story.

I spent my childhood in Gandhiji's Sevagram Ashram. The place where I live today, we have named it 'Shodhgram'. Hence, the title of my narrative is 'From Sevagram to Shodhgram.'

Even before, I was born, I had been under the influence of Gandhiji, under the guidance of the late Shri Jamanalal Bajaj. Gandhiji had started a college in Vardha, which was the first one to give education in mother-tongue. My father had become an economist from the Nagpur University with five gold medals to his credit. That time, it was a record. Jamanalal Bajaj appointed my father as the professor of economics. That was the time, when the 1942 war had started. My father went underground, got caught and was in prison

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Gandhiji's Sevagram, where he grew up

for two-three years. He was released in 1945. Freedom of the country was then in the offing. Perhaps, with higher education in Economics, he might be able to serve Independent India even better, with this in mind, he thought of going to U.S.A. He got admission in Ohio University and also got a scholarship. He had obtained the visa too.

In 1945, going to U.S.A for further studies was considered a great feat. Before going to U.S.A, father went to Gandhiji to seek his blessings. In response, Gandhiji uttered just one sentence. "If you want to study economics, instead of U.S.A go to the villages of India."

After coming out of Gandhiji's cottage, father tore off his university admission letter and all other travel documents. Within a month, along with his 10-12 college students he went to a village near Vardha. There he lived like a farmer and along with farming, tried to understand the rural economics.

Fifty-five years have passed ever since. Today at the age of eighty-three with the same enthusiasm and joy, my father is still carrying on the activities of Gandhiji all over the

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country.

What magic did Gandhiji have that his one single sentence could transform my father's whole life! The magic was that Gandhiji practised what he preached. When he came from Ahmedabad to Vardha, he purposely went to stay in a village. That small ordinary village, Shegav was transformed into Sevagram, A mat spread out on the floor of a Sevagram hut was his throne and from there, when the old-man said, "Go to the villages of India" his word was like a Brahmastra (most powerful weapon) because his words and deeds were same. The Mahatma's strength was in his deeds and not words. In such a Sevagram, I was brought up

When I was growing, Gandhiji was not living, but his presence was felt everywhere. It was there in the huts made from earth and bamboo, on the Ashram's prayer-ground, in the fields and cowshed, in `Kabir Bhavan' Where Khadi was made; it was in the cottage where Gandhiji with his own hands had massaged and nursed the leprosy patient, Perchure Shastriji and it was in my school! The school which was once started by Gandhiji and Rabindranath Tagore. My mother was principal of that school. That `Nayee Talim'-new training school was a magical island. The school would remain closed on the day of `Bhoodan' march, so that the students could participate. Holding Vinoba's fingers I had partaken in such a march. After much thought, I asked him a serious question, "You are asking people to donate village lands and have village granaries; but what about the rats that will eat away the grains that is collected?" At that Vinoba had laughed a lot.

After growing up in such an inspiring atmosphere, I joined a medical college, where I learnt a lot. One important thing that happened there was meeting Rani. On the first day of my first year at the medical college, in the dissection hall, pointing at a girl engrossed in dissection on the other table, my friend said, "She is Rani Chari of Chandrapur. Last year, she was at the top of the list, but due to her young age could

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not be admitted then. This year, you are number one, you will be competing with her". As our friendship grew, I realised that despite her being a millionaire's daughter, she wanted to live in a cottage and wear a cotton saree. Rani and I had a similar dream.

With this background, after completing M.D., Rani and I got married. After marriage, in a village around Vardha, we started a health service. That was in 1978. State of emergency was just over. In response to Jaiprakashji's call for a new society in India, with great enthusiasm youths like me had started to work in villages. Our dream was simple. We wanted to change the conditions of our villages where the majority of our population lived. They were ailing and surrounded by death. We wanted to treat them and, along with health-service, bring social improvement. With this simple dream, we started our health service in Kanhapur a village near Vardha. For three years we must have treated each and every person of that village. The farmers of that place, loved both of us. With affection they tolerated our endeavors to reform them.

One day a terrible mishap took place in that village. A labourer named Ajabrao Evnate was working on thresher machine. His hand got caught in it and got completely crushed. We were called. We immediately rushed there, His hand had to be amputated in the hospital. After the treatment, in a few months he did recover, but he became a beggar thereafter. Solving health problems did not mean applying medicines and bandages. this being our understanding, we asked Ajabrao's employer to give him as compensation, three `bigha' (Indian measure of land) land. Most of the farmers, in Kanhapur disapproved of this suggestion. If such a tradition is started, then in case of every farm-labourer damages will have to be compensated. Still, we should place this proposal before the society, we felt. So, at night we called a general meeting. Generally our meeting used to be attended by hundreds of people, but that night, only three persons were present. When we started speaking on the microphone, stones

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were pelted on us from the surrounding houses. Where, for three years we had treated the sick and ailing, given them medicines, we received this treat.

It was the month of December. It was mid-night. Outside there was a chilling cold. We had got frozen from inside too. All our dreams had crumbled. Completely shaken, Rani and I returned home from Kanhapur. Mere medical service cannot solve the problems of a village, that was a lesson we had learnt.

How do we then understand the health problems of the villagers? Where did we go wrong in Kanhapur? We tried to find out its cause. It was a realisation that researches regarding most of the ailments of Indian people were done by foreigners after they came to India.

Malaria is the disease of India which spreads through mosquitoes. This research was done by the British doctor Ronald Ross. After coming to India, through his research he found out the great mystery about malaria. Cholera which is caused by Vibrio Cholera germs, was discovered by Dr. Robert Cock. He was a citizen of Europe, who came to India and did this research. Foreigners were doing researches about diseases that were prevalent in my country and the majority of doctors of my country did not even go to a village. In case they did go, they did not do any research. How can any research be done in a village, where there are no laboratories, no hospitals no facilities to speak of. `While living in a village how can rural health research be done' - to study this we went to Johns Hopkins University at Baltimore. Our main aim was to learn the methodology of public health research. Just as America is rich by its dollars it is rich by its knowledge too. Johns Hopkins University was the most resourceful in its knowledge about how to do researches in the villages of India. After acquiring this knowledge we decided to return to India. On the previous day of our departure, our Prof. Karl Taylor asked us "When you are leaving this country for good, what

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Entrance to Shodhgram

are the things you are going to take along with you?"

Heaps of books, bags full of papers and a slide projector to educate and explain things to the village folks- that was all that we brought when we returned to India in 1984.

We had to find a way to reduce diseases and deaths among the people of five lakh villages of India. From where to begin, where to settle. Big research institutes of Mumbai, Delhi and Pune were inviting us. They had all the facilities for research and for our housing. The only problem was that the villages were far off from there. We were a bit perplexed when a story-book meant for our son Anand came my way. It had Akbar-Birbal Stories. In one story. Akbar asks Birbal to find ten most foolish men from his kingdom.

He was able to find nine foolish persons but finding the tenth one was becoming a difficult task. In his search for the tenth fool, he was walking up and down the road of Delhi. The road was in darkness except for a beam of light falling out from a window of a house. One man was bending and seemed to be searching for something. Birbal approached him and asked him what he was searching for.

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"I have lost my diamond ring and I am searching for it, and am not able to find it."

"I can see that you are not able to find it. Where did you lose it?"

"In the forest on the other bank of the Yamuna river."

"Then, go and search there."

"There is darkness there, while here there is light."

The ring was lost in a forest, but it was being searched on a road of Delhi. Birbal found the tenth fool.

Unluckily, most of our medical researches are done in this way. Health is lost in the villages but the research is done in the city, where there is light, facilities, air-conditioned rooms, but there are no problems.

Therefore, for our work, we chose Gadchiroli. In 1982 Chandrapur District was divided and Gadchiroli being a very backward area was declared a separate district for Adivasis. Gadchiroli is situated in the west of Maharashtra. On its one side is the border of Madhya Pradesh and on the other side is the border of Andhra Pradesh. It is 200 Kilometres South of Nagpur. 60% of the district land is covered by forests, where, teak, mahua and bamboo grow in abundance. On three sides of the districts are rivers. Vainganga river flows on the west coast of the district. When water rises in the river, water-level in all the small streams and brooks rise too. Floods thus caused, damage and destroy the roads. Paddy-farming is the main occupation of the people here. Four months of the rainy season, are spent in paddy-farming. In the remaining eight months, they go to forests and cut wood, collect, mahua flowers, palas leaves, fodder and somehow manage to live. This is the life of Gadchiroli.

People are very poor. According to government statistics, 80% of the people live below poverty line. After three months of our stay there, one morning we saw a woman working in

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the pasture. "What are you doing there?" I asked. She had collected the seeds of grass and some flowers in a basket. There was not a grain of food in her house. She would steam the grass-seeds and flowers and feed them to her children. In the twenty first century



The secluded hut where women had to stay during menstruation

people of Gadchiroli feed their children with steamed seeds of grass. Therefore in one special month, when food is rare and people have to sleep on empty stomachs, and their bones become visible, they call that month "Haduk" (meaning bone).

40% of the district population is of Adivasis. The Madia Gond caste of Adivasis live mainly in forests. Rest of the people are non-Adivasis. On the walls of the houses of the people, one can still see the pictures of Adivasi life. Blind faith is rampant. Who cures their diseases and ailments? 'Marai' and 'Goddevata' goddesses do it. On the outskirts of the village, beneath the Mahuwa tree, one can always see the wooden idols. To get free from diseases, vows are kept. Outside every village, in the forest there will always be a hut. Who can be staying there? It is meant for the women who are in their monthly course. During that period, they are not allowed to stay in the house. Some women, thus have to spend even ten days a month in this hut. In such a small hut in a forest women stay in seclusion. Every aspect of their life is governed by such blind faith and age old traditions.

When we went to Gadchiroli, bullock cart was the means of transport. At times, that too was of no use. In summer, the river had dried up, but when the bridge was being built, its pillar at the centre sank. The work stopped and was never completed. Since then this unbuilt bridge has become the

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memorial of progress in the district. In the rainy season, when there are floods. The village is cut off from the rest of the world.

In 1986 Rani and I reached Gadchiroli, To-day I am able to be here, because Rani manages the Gadchiroli front. With great affection, the villagers had given us their old, run down ware-house where they stored palas leaves. So, in the beginning our research centre, training centre, computer centre, everything was in this warehouse. On this we had placed a board with the word 'SEARCH' inscribed on it. How to solve rural health problems, -this was our 'SEARCH'.

A month after we reached there, there were floods in the river. Gadchiroli got submerged from all the sides. The house we had rented had water all around. We could not leave the house for seven days. -no electricity, no drinking water, no vegetables and no post or telephone; our first experience to live without all these. This is how 'SEARCH' started in Gadchiroli.

We had learnt from the people in Kanhapur, that health problems cannot be solved by enforcing our ideas on them. This time, we had decided to let them speak out their problems. We started having meetings and conversations with them. "What are your main health problems? What can be done?" we asked such questions. But soon we discovered that in such formal meetings only the leaders of the village participated the real Adivasis sat quietly. So, we gave up such formal meetings and started bonfire night sessions instead. In the warm atmosphere amid darkness of the night Adivasis found words and talked freely. We conducted such sessions in forty villages. When we asked them, "Even when you are suffering from diseases and illness why don't you go to a hospital. Why don't you use the facilities that are available?"

The Adivasis said, "we are scared to go to a hospital."

"What scares you?"

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Adivasi-friendly Hospital

"First fear is of big buildings. We get lost in buildings with many storeys.

Our second fear is that of doctors and nurses who are dressed in white."

"How does that affect you, their being covered in white?"

"We wrap the dead bodies in white and then bury them. How can the people who cover themselves in white save the lives of others?"

Their other problem: "There in the hospital they speak such a language, that we cannot understand. One big difficulty is that after admitting the patient, the relatives are asked to leave and come between three to six. We don't have watches nor do we have a place to stay. We come from far off places, sometime 100 K.M. away, so relatives go back home. Later on the patient too is asked to leave. Sometimes he runs away. He would rather die at home amidst his dear ones, than be left alone in the hospital."

Their final problem was "There is no God in the hospital.

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Ghotul : Community house of the Gond tribal

How can a person get cured in a place when there is no God?"

Considering their fears and doubts we decided to have a hospital that had the kind of atmosphere where an Adivasi felt at home.



Ma Danteshwari's temple

With this idea, we started constructing a hospital that resembled an Adivasi hamlet. In our hospital, there was a waiting room for relatives of patients too. In a Gond Adivasi hamlet, there is one hut which is called 'Ghotul'. Guests from outside stay there. In the evening, village boys and girls get together there and learn to sing and dance. Our hospital's waiting room was designed after a 'Ghotul'.

Relatives of the patient are

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not allowed to stay in the hospital. How to solve that problem? The present arrangement in the wards of a hospital are indeed inconvenient for the relatives. About forty patients lying in a ward is a blessing for a doctor and nurse, for at a time they can watch many patients. If we were to have a hospital made of several huts, then along with the patient his relatives can stay in that hut, and take care of the patient. The Adivasis were so happy with the concept that before we could start the construction Adivasis from Udegam came there and started erecting huts for the patients of their village. People from other villages did the same. Within a year our hospital of huts was ready.

This hospital was built according to the wishes of the Adivasis, so what should we call it? Adivasis suggested that we call it "Ma Danteshwari Hospital." Many years had not passed by, since my return from U.S.A., so I did not like the name. "Let us give it some modern name" I said. Some women got up and said "Doctor, this is not your hospital, it is ours." This is how 'Ma Danteshwari Hospital' came into being.

Danteshwari is their main Goddess. Their faith in the



Adivasi's session for Health Care

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Medical check-up of rural women

Goddess inspires them to go to the hospital and get a cure for their ailments. We decided to make use of this and near the entrance gate of the hospital, we built a temple of "Danteshwari Devi", Before getting admitted in the hospital, patients pray before the goddess. Danteshwari Devi's instructions means they have to be obeyed. If we were to say that diseases are caused by germs, they would have argued where are the germs ? who has seen them ? But if we said that Danteshwari Devi wants you to stay clean, she has asked you to get vaccinated,

then it is accepted. Our new strategy then was to make health care a message from Danteshwari Devi and it had to reach all the Adivasi hamlets.

We started a Danteshwari Devi's annual fair. Adivasis from 50-60 villages come together on this occasion. They sing and they dance and along with it, they have health care sessions. Health-care groups from all the villages get together and discuss their health problems and which programme should they take in hand. It is entirely their decision. Delhi, Bombay nor Dr. Bang dictate or direct.

Malaria is their major problem that is what the people said. Half of the village population suffers from fever. They cannot work in the fields. How to combat malaria? We made some suggestions, from which they chose their alternatives.

In every village, one volunteer was given proper training. The temple priest (Pujari) who distributes medicinal herbs and does 'mantra-tantra', too should be given training. Thus,

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priests too started to come for the training. When malaria was in epidemic form SEARCH teams reached there along with their medicinal kit. Thus in co-operation with the Adivasis the effort for controlling malaria was started.

The newly built colony, from where we were to do our work, was named Shodhgram by us. This was a colony that was designed in keeping with the rural character of the place. It was a place where we worked in co-operation with the local people for rural health-welfare. Thus Gadchiroli became 'Shodhgram'.

In the hospital, Rani daily examined the patients. She is a gynecologist. Village women used to come to her. Gradually, she realised that majority of the women suffered from female ailments. It is a general belief, that in under-developed countries, women have health problems during pregnancy, child birth and they have family planning problems. But here, the women suffered from other ailments, mostly gynecological. It was not possible to draw any conclusion regarding health problems of women from the women patients who came to the hospital. Data had to be collected to ascertain if gynecological ailments was indeed a major problem amongst the women.

When we had been to Washington's National Library of Medicine, we had looked for such information. At that time, in that library there was no such study available which could throw light on the statistics and details of female-ailments in developing countries. Whatever was available was about developed countries and hospital statistics. Hospital experience can be of little help in case of rural health. So, we planned a research to find out in what proportion rural women suffer from gynec ailments.

For this, it was necessary that all the women, ailing or otherwise must have a medical check-up. Only this way can all the diseases get detected and totally what percentage of women have problems can be factually established. It was a

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great surprise when the people of two villages Vasa and Amirza said that they wanted this research to be done in their village. When we started our research in those places, the people there celebrated it as a festival. Isn't it a surprise? In a backward area like Gadchiroli, people welcome research of women's diseases and celebrate it as a great event!

For six months, our research continued. After examining all the women, it was found that 92% of the women suffered from female ailments. Women working in the houses or fields had ailments of uterus, vagina. They had infection, swelling or had problems regarding menstruation. Only 8% of the women had taken some treatment. In 1989 our study was published in the world-renowned medical journal 'Lancet'. Its title was 'High prevalence of gynecological diseases in rural Indian Women'. Our research was the first of its type in the whole world. This opened the eyes of the World Health Policy makers. This created such a stir that the American specialists honoured it as. "The study of the decade in women's health in developing countries."

As a result there were lots of discussions on the subject at an international level. If gynecological diseases are so prevalent, how fast can be the spread of AIDS? Therefore there were discussions on this research in many seminars.

Women activists all over the world got backing. In 1994 in Cairo a change was made in the world population policy. Instead of the former policy that gave importance to only birth control, a new policy that stressed the importance of 'Women's Reproductive Health' came into being. A research made in two remote villages provided the strength to alter the World Health Policy.

This was what happened in the world, but what about Gadchiroli. Just by publishing articles in medical journals, the man of Gadchiroli does not get changed. The first right to information regarding women's health was that of the people of Gadchiroli. This information should reach all the villages

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of Gadchiroli district. We planned one more health fair. It was called 'Women-awareness and Health Fair.' An eight hour cultural programme was prepared. It travelled from village to village. Women who were tight-lipped when it came to speaking about their gynec problems, came to see the exhibition with great enthusiasm and appreciation. A play was shown in that fair. It was titled 'The husband gets pregnant.' Accidentally, a husband gets pregnant. The discomforts of pregnancy-vomiting, swelling of feet, stomach-ache - and after suffering so much he is unable to have a natural delivery, so he has to undergo a caesarean operation and a daughter is born. People liked this play tremendously. Crowds used to gather to see it. We then noticed that when we proceeded to the next village men folk of the previous village came there to see it. When we asked 'why did you come here?', they said, "We were not in the village when the play was enacted. When we returned home, women insisted that we must see the play." When the M.L.A. of that place saw that women in huge numbers were going for the play, he told me, 'Doctorsab' let's change the title of this play and call it 'The M.L.A. gets pregnant'. I myself will play the role of the husband'.

This way the information regarding health did reach women. One of them asked. "We have lots of health problems that we understood, but what can be done ? If we have any complaints to make we tell some elderly woman in her ears that. 'I have a problem of white discharge or I have stomachache', we cannot talk openly about it, and there is no facility for its treatment."

Where can these women go? Doctors are not available in every village and they will not go there. Should we use the mid-wives of the village? In every village there are one or two old experienced mid-wives who help in child-birth. We decided to educate them regarding women's ailments. We called all the mid-wives from fifty villages and started training them. They could not be trained in a class-room, so through,

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songs, dances and silent acting they were trained. It took them months together to learn how to wear gloves properly. What information should the women be given, what care they should take, cleanliness to be observed during child birth, how to use anti-septic agents and what medicines to give during minor ailments - all this we taught them. The first batch of mid wives was out. It was like a big graduation function. When they left for their village with the bag of medicines in hand, they were very happy.

Since twelve years, these mid-wives have been working with us. We wondered why these women came here ? We did not give them money. That they received from the people where they went for the delivery. Guests coming to SEARCH asked them why they came to 'Search'. Their reply was "That gives us prestige".

Once a guest doctor repeatedly asked an elderly mid-wife "You don't receive any money, still why do you come here?" This made her furious and she asked him if he had a wife.

He said "Yes".

"Does she sometimes go to her parental home ?"

"She does go"

"Why does she go there? Does she get money from there? For the same reason, we come here. This is like visiting our parental home."

These mid wives learnt a lot from Rani. They were very thankful to her. Once, a mid-wife with a view to give something in return told Rani "You have taught us a lot. Can I teach you something?"

"What will you teach me?" Rani asked.

"How to beat a husband. I know that. I can teach you that."

Rani asked ``Why should one beat a husband?'' ``Sometimes, the situation demands it. If a husband gets drunk, he needs to be beaten. If a woman has an affair with some

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other man, then she doesn't want her husband. This is a traditional art. If you want, I can teach you."

Luckily Rani did not learn such an art. But when she told me of the incident, I was disappointed, for these women could have given Rani information about forest trees that we didn't know. Rani had another chance and she could get two chests of treasures from these women.

In the forests, there are three hundred varieties of trees which these women make use of. They use it as medicines, for making thick ropes, in cooking, for fomenting and many such purposes. All this information is published in the book 'Goeen'. In the language of Gadchiroli 'goeen' means friend. For women, these tree are like friends.

The other treasure was that of special words. The women who come from other villages and speak Marathi have special words for female organs and those relating to reproduction. These words are not there in Gondi language. Since they are not uttered in public, they remain obscure. Rani sat with hundreds of these women who spoke Marathi and besides those special words, collected lot of information regarding the women's thought-processes, their behaviour, their occupation etc. These have been published in a book titled 'Kanosa'. I liked that book a lot. But some educated people told me that they could not read it. They passed them to their wives, because they found them obscene. When Dalit writing became Dalit literature for the first time, many words and expressions therein, were considered shocking and there was lot of hue and cry against it. I think, it is for the first time that the language regarding rural women's most private organs and the life concealed in it have appeared in Marathi literature in the form of Kanosa.

After this, an unbelievable incident took place. Men from two villages came to us and said, "Just as you did research after examining those women, you examine us and do a similar research. We too are suffering great pains. We cannot

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complain nor bear it." For a medical researcher, to have such an opportunity knocking at his door, was indeed like a dream. Soon, we realised the reason behind it. Many people in those villages had terrible swelling of the feet. Elephantiasis was wide-spread in that area. But when we did research, it came to our notice that swollen feet were merely the tip of the maund. Twenty five percent of the men had their scrotum inflated like balloons. Filarial infection which causes elephantiasis causes hydrocele in men. The suffering patients then try to hide their enlarged hydrocele inside their clothes. These men were hiding their disease. When this male-ailment came in light, its treatment had to be started. We started doing hydrocele operations.

Whenever, there was an announcement of an operation camp, there used to be long queues of men. Dr. Salpale from Chandrapur and Dr. Gangadhar Maddiwar from U.S.A. visited us regularly. With their help we used to hold these camps.

One evening, when I returned to Shodhgram it was seven o'clock. It was the rainy season. The rain was pouring. Outside, there was darkness. Suddenly, two women appeared in the doorway. One was a young mother and the other one was her mother. The young mother held in her hands an infant who was all bones and wrinkled skin. It was like a living mummy. It was having convulsions.

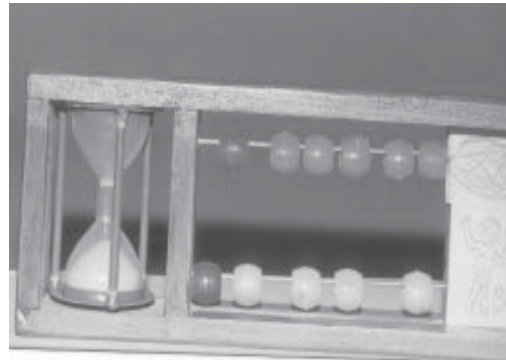
Immediately, I got up and examined him on my bed. His condition was very serious. I placed the stethoscope on his chest and could hear a bubbling sound. He had caught pneumonia. Before I could do anything his breathing stopped. I could do nothing. He died on my bed.

"What had happened to the child? Why did not you come a bit early?"

Between sobs, the mother and the grandmother gave the information. They lived in a neighbouring village. Her first son had died in an accident. She wanted a son and was very happy when she again became pregnant. There was poverty,

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her husband was a drunkard. The pregnant mother worked as a labourer. At birth, the child was very delicate. Because of the traditional belief that the child should not be given milk for the first three days, it was



Breath-counter for the illiterate mid-wives

not fed. Later, when she tried to breast-feed, there was no milk and the child was bottle-fed. The milk, rather white water which was available in the village was three parts water and one part milk. The child remained hungry and was continuously crying, which affected his throat and voice. The bottle by which he was fed was perhaps not clean. The child got diarrhoea. Some wise guy advised them to try magic and charms but of no avail. Someone asked to stop the milk so they fed him strained water of sago. The already weak child became weaker. They could not contact any health service. The mother was a malaria patient and the child had got pneumonia. When the child was critically ill they took him to a Bhagat Bhuva, who is more like a witch-doctor. Bhagat chopped a fowl, but the child did not recover. Ultimately, they brought the child to the hospital. Their village was just four K.M. away from my dispensary but during rains the distance seems much longer. In between is the river which was overflowing on both the banks. They had to worry about the child who was getting worse every second, and there was the rising river water to be taken care of. In the evening when the flood receded, they crossed the river and came to Shodhgram. It was too late then.

The story of the dead child brought to light many facts. The child was weak from the birth. His mal-nutrition had

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started even when he was in his mother's womb. The mother herself suffered from mal-nutrition. Out of the fear of severe labour pains, if the child is big, the mothers often eat less. The age old belief, kept the child hungry for three days after birth. Then he had diarrhoea. They did not contact any health service, if all the links that lead to the child's death are enumerated, there were totally eighteen causes that were responsible for the child's death.

This is a distressing situation. When will these eighteen causes get eliminated from India? When will women become literate? When will they get enough food to eat? when will there be freedom from malaria? All this is not possible, and there is no need to have solutions for all the eighteen problems. Because if only one cause from the whole chain of death is eliminated, the whole chain will automatically break. If a woman gets education, her husband gives up drinking and works, blind faith and superstitions get eradicated, health service becomes easily available, the river bridge is constructed, if any of these things could have happened, the child could have received timely treatment and could have been saved.

What can be done to reduce infant mortality? We started our research. All the villages became our laboratories. We started recording each and every birth and death of a child. While trying to find the cause of death of a child, we realised that pneumonia was the major cause that alone caused 40% of child death. Such statistics were available from other places and it was finally accepted that throughout the world pneumonia was the no. 1 cause of child mortality.

We needed X-ray machine for diagnosing pneumonia, which is not available in all the village. Even a stethoscope and a doctor who use it are not present in every village. What to do? The key symptom of pneumonia is frequent coughing, cold, phlegm. How to ascertain from the frequent coughing, that the disease is pneumonia, and when it is diagnosed, how

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to send the necessary antibiotics was also a problem.

Dr. Frank Shan of Papua New Guinea has found a simple method for this. Count the child's breath if it is 50 to 60 per minute, then it is pneumonia. This is possible without the help of stethoscope or an X-ray machine. It was really a simple good method, which we decided to use. Still there were some problems. Would the parents of the sick child come to get medicines? Coughing is quite common, how can they know that it is pneumonia. In spite of the medication what if the child-mortality did not decrease?

We selected 104 village as the area for our research. We decided to provide modern treatment in half of every village, while in the rest of the village, we did not give any medicines but just observed the results of government health programme, and some private medical service.

We started giving information about the disease to parents. How do people find out if the ailment of their child was pneumonia. We found out the local words people use to describe the ailments. We started using their language and said that if one had `lahak' and `dhapa' he can have `dabba', and it should be medically treated. People then easily understood the disease. We printed posters and displayed them in the villages.

We, then selected a youth from the village whom we introduced as Arogyadoor (Health-messenger). That youth had to have studied upto fifth to eighth standard. We trained him to count breaths. If an infant of two months or less had breaths 60 per minute or more, he was suffering from pneumonia. If an older infant, had breaths above 50 per minute it was a case of pneumonia. For the educated boys this counting was not difficult but how to make the uneducated mid-wives count? They could not count even upto 50. They could count upto 12 for that made a dozen. For them we designed a simple breath counting instrument. It had a sand-clock which shows a time of one minute. Next to it are two

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horizontal rods. On the above one, there are four green and one red bead on the lower rod, there are five green and sixth red, totally six beads. We called it a breath counter.

We taught the mid-wives how to use the breath-counter. To set the clock working it had to be inverted. As for the counting of breaths with every ten counts one bead had to be moved. In case of an infant above two months, if all the beads on the above rod were moved and the minute was not over in the sand-clock it meant that the infant had pneumonia. In case of infant below two months, the other rod, with six beads had to be used. After the training was over, I took a test, for which the mid-wives had to count breaths of 50 infants. Later I examined the same infants with my stethoscope. In 82% of the cases the results tallied.

With the aid of breath-counter, pneumonia was being diagnosed. The Arogyadoots or the mid-wives would give them antibiotic medicines. Pneumonia was treated well by this method. We were carefully observing the results and keeping birth and death records of the infants. The death rate of infants who did not receive treatment was 12% while that of those who received treatment was 0.8%.

In last 12 years, our Arogyadoots have rendered treatment for pneumonia to six thousand infants. We have filed all these cases and records in our computer. Death rate recorded is 0.5%, which means we have successfully treated 99.5% infants. This shows that the illiterate mid-wives and Arogyadoots with just elementary education are able to render treatment for pneumonia with success. Infant Mortality Rate due to pneumonia could be brought down by 74% and total I.M.R. was reduced by 25%. This research got published in `Lancet' in 1990. The World Health Organisation and Johns Hopkins University jointly organised a seminar on all the researches on this subject. Our study proved to be the best.

According to WHO statistics in a year totally 40 lakh infants die of pneumonia all over the world. In India alone

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every year 10 lakh children die due to pneumonia, and one crore suffer from it. How to give timely treatment to them? If only this simple method of ours could reach them, then I.M.R. could be brought down. This will then be the biggest success of our research.

On 31st December 1991, Global conference on Acute Respiratory Infection was held in Washington, where the following resolution was passed.

'Train millions of community health workers to diagnose and treat pneumonia in children, ensure antibiotic supply and educate mothers about pneumonia.'

This resolution was based on research done by 'SEARCH' and other similar researches. To-day this method is being used in 77 countries. I.M.R (infant mortality rate) could be brought down from 12% to 0.8% but it did not go further down. On investigating, it came to our notice that remaining deaths were mainly among the new-borns i.e. within first four weeks of their birth.

It is believed that a new-born when ill, should be treated



Illiterate mid-wives gather to receive certificates as health workers

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in a hospital where all sorts of instruments and machines are available and there is a Neo-natal Intensive Care Unit. The whole of paediatric science has got confined to hospitals. WHO too says that when a new-born becomes ill, don't even touch it, immediately admit it to a hospital. But the problem is, few villages have hospitals. The ones which are there are expensive, and the parents are not ready to remove a new-born from the house and take it to a hospital

In India, every year 2-6 crores babies are born. 75% of them are born in villages. Out of that, 84% are born at home, and not in a hospital. The surroundings in which a woman delivers, are to be studied. In Gadchiroli district, there is a small village called Mudja. The room where the woman delivers her baby is full of darkness. Next to it is a cowshed.

1.5 crore children are born in the darkest suffocating room of the house. They grow there, live there or die there. Ten to twelve lakhs infants die in India every year.

These dark delivery rooms where every year ten lakhs babies die became our new Kurukshetra-battlefield. How to reach health-services to these infants was our new research, for which we started our field trial. Thirtynine villages of Gadchiroli were our workfield. Against these in 49 villages we remained inactive. At the end of the experiment we wanted to see the difference. In the first two years, we just noted the birth and death rate. In both the areas in the beginning baseline, birthrate, infant mortality rate, and newly borns death rate were identical. We then started our health programme in the 39 villages. Meanwhile in those 47 villages government health services continued as before. We were only making statistical notes. This is how our big experiment started.

We found out how the new born child is looked after. During pregnancy women don't eat well, delivery room is dark, dingy and dirty. Nobody has the time for the newborn, the mother is not attended to either. The infant remains uncovered. Twice a day it is bathed in cold water, child's

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head is not covered with a bonnet or a scarf. However seriously ill the infant or the mother is, they are not taken out for treatment because magic charm is considered the remedy!

If we had to bring a change in this age-old traditional behaviour, we had to restart with real statistics of present conditions. The only available statistics were those from the hospitals because no doctor or nurse went to those dingy rooms of the villages, where the majority of the children are born. In order to make available the statistics of these infants we decided to create barefooted rural researchers.

Kajubai, a woman from our village is our barefoot researcher. She comes from Ambeshivani village and has studied upto fourth standard. We selected 39 women from different villages. They were trained as village Health workers. They were trained regarding the new born's health and hygiene. They had to be present at the time of the child birth and examine the infant, see if it is properly breathing weigh it, take its temperature and make a detailed note of it. How many infants became ill, that information had to be noted. For a month they had to pay regular visits and make a report of their breath, weight, temperature, and problems if any.

Rural women health workers prepared detailed reports of 763 infants in the first year. Twice a month doctors from 'SEARCH' met them went through their reports and saw if they were in order. If an infant was ill, they tried to get him admitted to a hospital. Most of the times, the parents disagreed. All this data was put in the computer and from that we found out the percentage of illness among the newborns 43% are mal-nourished since birth, hence they become easy prey to diseases. 54% of these get ailments which need medical treatment, and only 2.5% get it. So, many new born children needed medical treatment but the mothers did not take them to a hospital. Then what should be done ?

How and where should country health service be ? For

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Mother's warmth, substitute for incubator

this, in 1951, the first National People's Health Congress was held in China. A very nice proposal was put there.

'How far a mother on foot can walk with a sick baby ? Health care must be made available within that distance'.

Because of tradition the mother or the new-born are not allowed to cross the threshold of the house, hence health service should reach their home, was our decision.

We made a plan for 'home-based neo natal care'. The first supporting pillar of that plan was the mother. Any mother you take, looks after her child with so much care and precaution. Biologically she is the real Neonatologist. So we tried various means to educate a mother in health-care. The common snake and ladder game was designed for this what will take a child up and will bring him down (die). We prepared many games for health education and through that educated women of 39 villages. After 2 years we took their test. We gave them 20 health-messages. In 18 out of 20 their knowledge and behaviour changed almost upto 80%.

The second supporting pillar of neonatal health care is the rural mid-wife, for she is the first one, the infant comes in contact with, third pillar is the barefoot health worker. She has been trained to examine and treat sick children. These barefoot health workers first practice their training on dolls. If a new born is suffocated and doesn't breath within five minutes his breathing has to be restored otherwise he dies. Using a tube and mask how to give artificial respiration to the infant is being taught to the Arogyadoots.

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In villages there is nothing to cover the child, as a result it becomes cold. It needs warmth. A weak infant has to be placed in a tiny sleeping bag which has to be wrapped in a blanket and then kept in the mother's lap. In the absence of an incubator, which is available in big hospitals this becomes a home-made incubator.

Cause of 50 % infant mortality was due to infection. If proper hygiene is observed this could be avoided. In absence of such precautions antibiotics have to be given. We found a simple method for Arogyadoots to diagnose the condition when antibiotic had to be given. When necessary Jetamycin injection had to be given. Our Arogyadoots were trained for that.

After all this preparation, we invited ten senior paediatrists of our country to Shodhgram to take an examination of our Arogyadoots. Among these specialists were, Dr. Maherban Sinh of Delhi's All India Institute of Medical Science and Dr. Ramesh Potdar from Mumbai, president of Asian Congress of Paediatrists. Such 10 senior paediatrists took three days of exam of our Arogyadoots. Dr. Maherban Sinh gave them certificates and said "These rural health-workers know more about neonatal care than the medical graduates."

This committee gave their blessings and green signal to our bold step. So our Arogyadoots started working for home-based neo-natal care.

Before treatment for infection was available, rate of infant mortality was 17 % with proper medicines and injections it was reduced to 2.8%. The health-workers did not misuse their training for giving injections. They did not diagnose wrongly or gave injections when not required. In Boston's neonatal paediatric nursery 6 % infants were administered antibiotic. In the same proportion our health-workers had used antibiotics for infants. Any side-effects of the injection ? Till

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this date, barefoot health service women have given 3000 injections. Afterwards, they had personally met the mothers but received not a single complaint.

The result of our experimental programme was that while the death rate of new-born infants was almost steady in the villages where our Arogyadoots didn't go while in three years time it had gradually come down from 60% to 26 % where they worked. In U.S.A. the new-born infant mortality had reduced by 10% .Our experimental programme was very favourably received there. World Health Organisation who dared not touch a new-born, because their guide line policy mentions that a new-born baby when found ill, should immediately be admitted to a hospital, nothing should be done at home.

What is the expense of this new system ? Per every new-born Rs.250, per every village Rs. 8000. With this system, expense of saving one life comes to Rs. 5000. If this child lives to be of 60 years, then his yearly life-donation expense is Rs. 80. In Rs. 80, one human being can be given one year of life.

In order to decide how much price is to be paid to save a year of human life, WHO and World Bank have enlisted various health programmes for mother and child. The expense for life-donation for a year is between Rs. 1500- Rs.2500. In Gadchiroli, the expense of home-based neonatal care for one life per year is Rs. 80. Less expense, better result.

In the December 1999 issue of Lancet, our experiment was published. It drew the attention of health specialists of the world. To think about other ways of carrying out this experiment, WHO recently organised another meeting. By order of Indian Government, Indian council of Medical Research has made a big plan about how to put into practice Gadchiroli's system of health service. America's Bill Gates

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Foundation has given a grant of Rs. 240 crores to 'Save the Child' international organisation to use this system of infant health-care in other developing countries.

Research was at one place but its effect was so wide-spread. Who did this? Simple rural women with their simple tools. What was needed? A small weighing machine for the infant, tube, mask, thermometer, syringe and needle, mucus aspirator. With such simple tools, these women went to every house and brought improvement in the standard of child health service and saved lives of majority of children.

In 1988, when we started working on the problem of infant mortality, the total I.M.R. was 121 per thousand which in 2000 came down to 30 per thousand. 70% of women are illiterate, hospitals don't have doctors, we can't wait for an auspicious day when there will be social reform. At present with the assistance of rural people specially women, we can reduce I.M.R. The same can happen in the whole world.

Extraordinary is the strength of research. Archimedes had said "Give me a rod as long as I want, then I can shake the world".

The rod of knowledge is equally powerful. Alvin Tofler says in modern age, form of power and wealth have changed. To-day the source of wealth is not agriculture, industries or capital. In the 20th and 21st centuries knowledge and information are the sources of wealth and power. In this century of knowledge, power will be in the hands of those who create knowledge. With changing equations of power the form of social work and social service should change and it is changing. Today instead of treating a patient at one place, with collective health system, thousands of people are being treated. Crores of people can benefit from the results of research.

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There are two requisites of this research. Firstly after selecting the problem for research, its solution should be found by co-operation. Second requisite is that the research should not be used in acquiring a patent to add to one's already huge bank-balance. The benefits of the research should reach those, whose problems need to be solved. To do such a research is a new method of social service.

Who taught us such research? Gandhiji taught us to go to the villages of India. U.S.A. taught us to do research. People of Gadchiroli suggested the problem to be researched, and provided the strength to solve it.

The full experience of our research has been well expressed in a chinese poem :

**Go to the people,
stay with them,
Love them Learn from them,
start from what they know,
Build on what they have got.**

At every step, we followed these lines.

'How are people of Maharashtra concerned with this?' you may ask. Problem of child mortality is not confined to Gadchiroli only. Every year hundreds of children die in different parts of Maharashtra due to starvation, mal-nutrition, lack of medical help. In order to solve a problem its magnitude has to be measured. This has been our experience. To find out the total child mortality rate of Maharashtra, we formed a group of voluntary organisations. In the last 2 years The study group and work group in this regard, have been to 231 villages in 10 districts and six slums of cities. The population of these places add up to 2 lakhs 27 thousand. Complete counting of birth and death of children is being done among these people. Thousands of people died in the earthquake in

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Latur and Kutch. It was shocking. In Maharashtra every year one to two lakh children die.

Children are most helpless. They can't vote, they don't have political power, no money, they can't go on strike or go on protest march, or write a letter of condemnation. They can just cry become cold and quietly die. They are dying and we let them die. 60% of these deaths can be avoided instantly and yet they die. Kahlil Gibran had said that without the consent of the tree, even one leaf cannot fall. One to two lakhs of child death has our silent consent. We are responsible for that. 'They are poor people's children, they are weak, so according to the nature's law of survival of the fittest, they cannot survive.' We cannot say so, we are human beings who have the honour of living by the rule of justice and compassion. How can we give this honour to these dying children?

N.R.Is (Non-Resident Indians) voices hold influence in India. The strength of this influence can do a lot. But there is a snag in it. America and Canada are like heaven. They have all the comforts and luxuries. But their nature is very insular, detached and narrow. 'What have we to do with the problems of others,' Such is the disposition of people of these countries. The people, who live here, gradually develop a similar attitude. Recently, I read about an incident. In a global opinion poll, an international organisation asked people from various countries 'What do you think of the food shortage in the rest of the world?' It was a complete failure because Russians did not know what was 'thinking'. People of Canada did not know what was shortage. Africans did not know what food was and Americans did not know 'the rest of the world'.

Another problem is that American culture is a big industry or school to nurture 'I'ism. They can see things from a single viewpoint only. 'What is there for me? what will I get from it?' Thus 'I' can never be satisfied. It is a bottomless pit.

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Because of this narrow, insular attitude only to think of self-interest makes the man lonely. I, my America and my prosperity. I have nothing to do with the rest of the world. He confines himself in this prison and becomes lonely from within. He yearns for liberation. The way to find liberation is to have contact with others.

Gandhiji once said, 'There is enough on this earth for everybody's need but not for everybody's greed.' Avarice can never be satisfied. To limit one's desires, to feel unhappy when others are unhappy and thus relate with others is one's duty. This is the way for liberation for both. A long bridge has to be built, from here to there; a bridge of love, of compassion, of active participation. Walking on this bridge, you can reach the villagers and their children. This will liberate you and liberate them.

Friends, work for at least one issue, not to oblige others but for self-liberation. When selfishness blinds us what to do? A troubled soul like me once asked Gandhiji the above question. Gandhiji replied,

'It is simple, I will give you a magical charm which will immediately reply to you. When your selfishness becomes very strong and you don't know what to do further on, that time recollect the face of the most miserable weak person and ask yourself, 'with the next step I take will the misery of this man get lessened?' The darkness before your eyes will start to melt away.'

Living in America and Canada, what can be done for people of India? There are so many examples before you. Dr. Jagannath Vani, Dr. Maddiwar, these people live here but try to return something there. What do I have? what is my most precious possession? Can I give some part of my life? I have access to knowledge, I can give that. But that should be convenient and useful there. In U.S.A. many Indian scholars are at the top in research, but for whom is their research?

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For American companies. Their choice of research is for the benefit and profit of American company. How can a wheel of a bullock cart be made lighter, has anyone made any research for that? How to bring up the water-level of a well, or how can a running nose of a child be cleaned so that it does not hurt - are any researches being done on such subjects. If Researches regarding such small problems are done and reached to rural people, their misery can be reduced.

There is one more thing. Warn the people of India. Your voice has gained importance. N.R.I s have become the ideals of the middle-class of Maharashtra. We all know that life here has advantages and disadvantages as well, but some Indians foolishly imitate them. Warn them against this. If those who have not got such material prosperity were to warn them, they will say, he says so because he is not prosperous. But one who is wealthy says `this is not the path to happiness', his words carry weight. Tell them that the path to happiness and content is not via America.

There is a cartoon by R.K. Laxman. On the top of a Himalayan peak in seclusion is seated a `sadhu' with a long beard. A journalist comes there in a helicopter to meet him. ``Where can I find peace and content?" The Sadhu tells him with surprise, ``How do I know? I am myself an American."

In short, wherever possible, reduce your consumption and donate for your own liberation. A small association called `Friends of children in Maharashtra' can be started in U.S.A. and Canada. Wherever there are Maharashtrians you can form a small group and say every year we will donate so much money or we can come to India for 2 weeks or two months and donate our time and talents. To save one child 97 dollars are required. you can send that.

A skeptic may question ``This is such a gigantic problem, what difference will it make if one child is saved?"

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Once, due to a big storm, lots of fish got thrown on the beach. They were struggling, they were unable to go back in the water. There was a big heap of such fish. A passer by saw that a monk was throwing back one by one the fish in the sea. As soon as the fish fell in water, it swam away. Seeing this, the passer-by went near the monk and said `What difference will it make by your throwing a few fish in the water?" The monk did not reply picked up yet another fish and threw it in the water. It swam away. Then the monk said ``It will certainly make a difference to that fish."

Friends, you can make the difference.



Preface

People, now-a days are talking on cell phones all the time or are busy on the computer, Their minds may collect lots of information, but their hearts start losing sensitivity. They become self-centered. They confine themselves to the narrow world of information and people that can help add up to their prosperity. They isolate themselves from the people who live in constant shortages.

Dr. Abhay Bang, in his speech has called American culture a huge School, an industry that propagate `Iism. "What will I gain from This?" This `Iism is fast spreading in our cities too.

Self-centeredness can be understood but there are some people who are averse to the very people whose labour and exploitation make their living comfortable and luxurious."They don't study; they get drunk, then they have to suffer, "that is what they say about the poor and the have-nots.

If we try to understand why these people's children do not study we will realise that they do not have an atmosphere conducive to education. There is no role-model around them. They suffer from mal-nutrition even while in their mother's womb. As a result, quite often they are uneducable or slow learners. They have health problems that remain untreated.

Abhay Bang and his wife Rani, both doctors, after studying in America's John Hopkins University decided to work among some of the poorest people in remote village of Gadchiroli in Maharashtra. Through their research they have reached the root-cause of rural ailments in general and infant mortality in particular. Their organisation is called `SEARCH' an acronym for Society of Education, Action and Research in community Health.

Social work means working with the people and not for the people. When you are working for the people, you are doing charity, giving donations from a higher platform to people with outstretched hands. Bang couple are true social workers. From the limited local resources, they have designed

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simple tools like 'breath-counter' for detecting pneumonia, and from among the local illiterate mid-wives and youth who barely have elementary education, they have created teams of health-workers for 'Home-based Neonatal Care'. There are many amazing feats they have done, which are narrated in Dr. Abhay Bang's speech he made at Bruhad Maharashtra conference in Canada in 2001. The original speech was in Marathi. With a view to reach it to a larger readership, I have translated it in English.

I am thankful to Shri Deepak Doshi, editor of Gujarati Magazine `Navneet-Samarpan' and Shri Tulsidas Somaiya of Sarvodaya Mandal for their co-operation in publishing this booklet.

- Usha Sheth



Publisher's Note

The doctor couple Abhay and Rani Bang are known to me for many years. I am aware of the wonderful work they do. Dr. Abhay Bang's speech regarding their work was published in the December 2005 and January 2006 issues of the Gujarati magazine `Navneet Samarpan'. The well-known Gujarati writer Smt. Ushaben Sheth approached me with a proposal to publish it in a booklet form. Gandhiji had said that the worth of a person's work has to be gauged from who are its beneficiaries. Bang couple works for the most deprived people. It is a Gandhian task. Without any hesitation, I decided to publish the booklet.

With his research and social service Dr. Abhay Bang has been able to understand and solve many problems of rural health and bring these to light not only before the Indian elite, but the whole world.

I am confident that this publication will inspire many young people.

Somaiya T.R.K.

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