SWASTHYA SWARAJ SOCIETY

A People's Movement for Swaraj in Health

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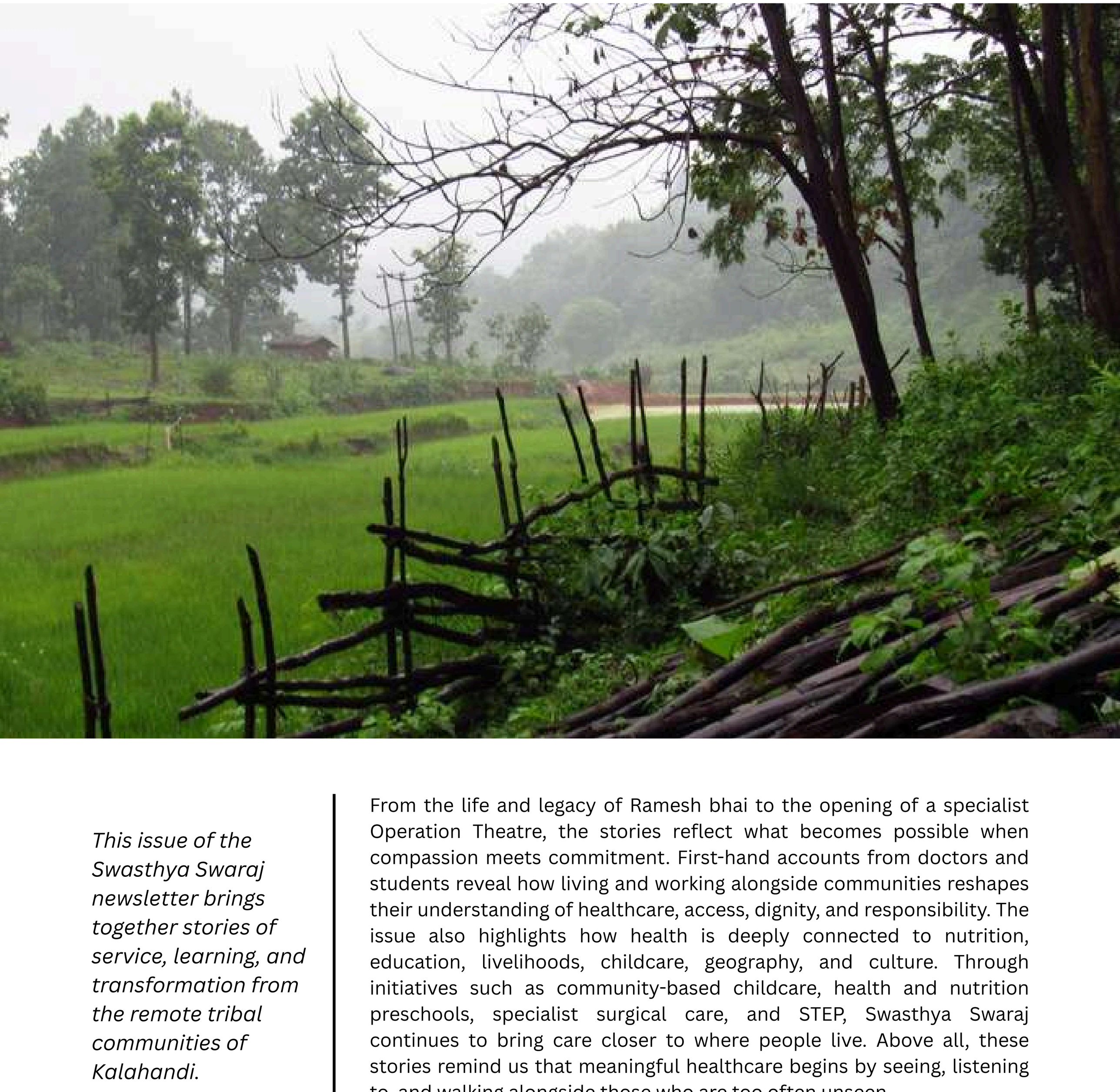
August 2026 Issue

Newsletter



This issue of the Swasthya Swaraj newsletter brings together stories of service, learning, and transformation from the remote tribal communities of Kalahandi.

From the life and legacy of Ramesh bhai to the opening of a specialist Operation Theatre, the stories reflect what becomes possible when compassion meets commitment. First-hand accounts from doctors and students reveal how living and working alongside communities reshapes their understanding of healthcare, access, dignity, and responsibility. The issue also highlights how health is deeply connected to nutrition, education, livelihoods, childcare, geography, and culture. Through initiatives such as community-based childcare, health and nutrition preschools, specialist surgical care, and STEP, Swasthya Swaraj continues to bring care closer to where people live. Above all, these stories remind us that meaningful healthcare begins by seeing, listening to, and walking alongside those who are too often unseen.

Editor - Rakshikha

CONTENT

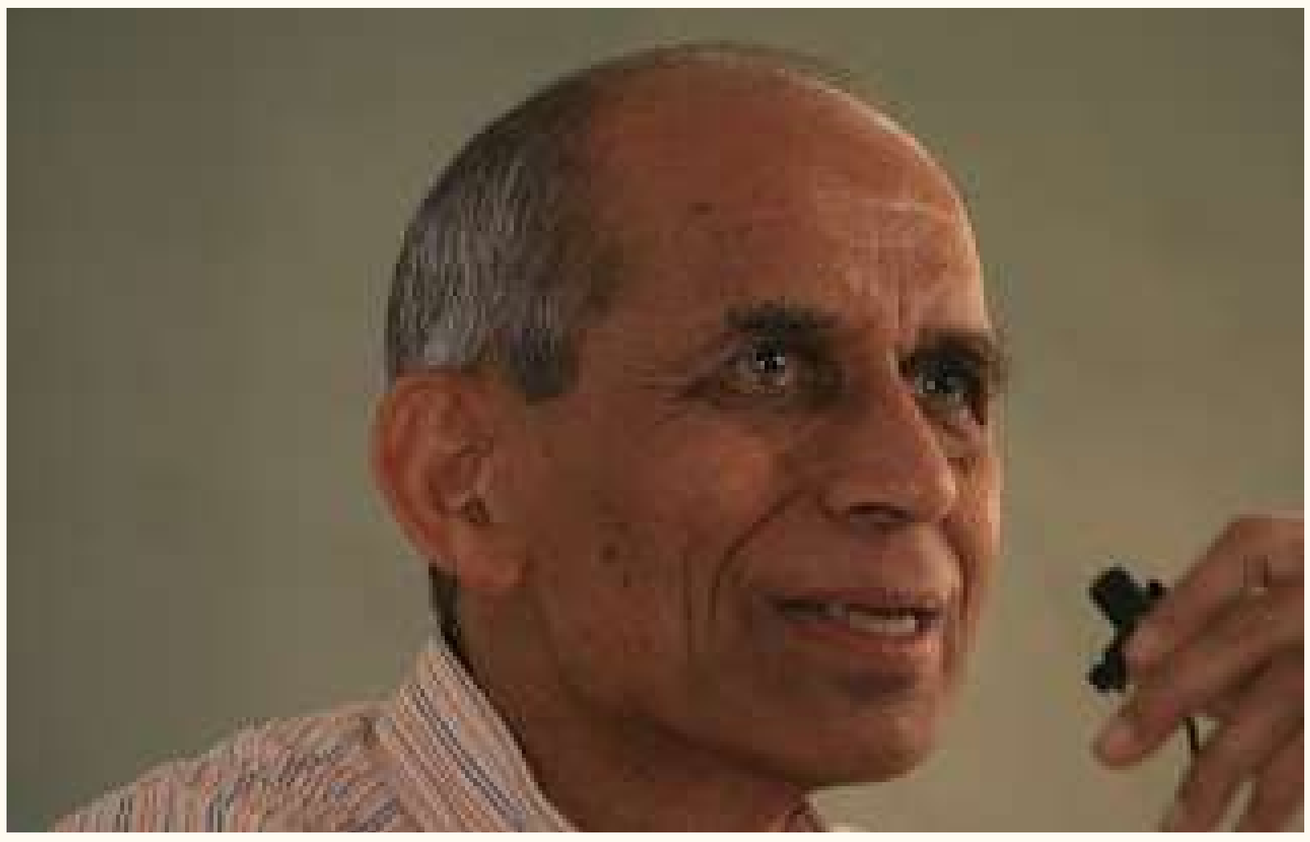
Ramesh Kacholia – A True Saint

Dr Sr Aquinas Edassery

The Swasthya Swaraj Society family in Kalahandi, Odisha, bows in deep gratitude and reverence to our beloved and respected Rameshbhai.

To me, Rameshbhai was a living saint—a reflection of God's boundless kindness, compassion, and generosity. He dedicated his life to serving those whom society often overlooks: the neglected, the marginalized, and the forgotten. Countless lives were transformed because of his quiet generosity and unwavering concern for humanity.

Rameshbhai had a special place in his heart for Swasthya Swaraj, our young organization serving the remote tribal communities of Kalahandi district, Odisha. Established in 2014, the organization faced one of its darkest moments in 2018, when the lack of financial resources had brought us to the brink of closure. It was at this critical juncture that I was introduced to Rameshbhai through Dr. Sunil Kaul.



That relationship changed the course of our journey. From that day onward, Rameshbhai became one of our strongest pillars of support. He followed our work with genuine interest, celebrated every milestone, and stood beside us through every challenge. His thoughtful phone calls, heartfelt letters, and profound reflections were a constant source of encouragement, strength, and hope. Whenever discouragement threatened to overwhelm us, his words rekindled our resolve.

His concern extended beyond financial support. He dreamt of building a sustainable future for Swasthya Swaraj and personally encouraged experienced doctors and committed professionals to join us, believing that the organization should always remain in the hands of people driven by compassion, integrity, and service.

Rameshbhai lived life in its fullness in its truest sense—not by accumulating wealth, but by multiplying goodness. His was a life whose ripples of love, kindness, and generosity continue to spread far beyond what any of us can measure. Thousands of forgotten people have experienced dignity, healing, and hope because one man chose to care.

Today, while we deeply mourn his earthly absence, we rejoice in the certainty that he now rests in eternal peace with God. His physical presence may no longer be with us, but his spirit, his values, and his extraordinary example will continue to guide and inspire all of us who were privileged to know him.

Dear Rameshbhai, thank you for believing in us when few others did. Thank you for showing us what selfless service truly means. Your legacy will continue to live on in every life touched by Swasthya Swaraj. May his noble soul rest in eternal peace, and may his life continue to inspire generations to serve humanity with love, humility, and compassion.

The Eyes I Could Not Forget

Devanshu Gupta *MBBS Student, Korba medical college.*

Children slowly gathered around us as we walked through the village.....
Some hid behind their mothers.
Some watched us curiously from a distance.
Others stood silently, their eyes following every movement we made.
I handed a small toffee to a little boy.
His tiny fingers reached forward hesitantly. He looked straight into my eyes, and for a brief moment the world around us disappeared.
There was no excitement.
No laughter.
No words.
Only a quiet gaze that carried an innocence too deep for me to understand.
Another little girl accepted a toffee just as gently. Instead of opening it immediately, she simply held it close, as though even a small gift deserved to be treasured.
I have studied malnutrition.
I know its classifications, complications and treatment protocols.
But no lecture had prepared me for the feeling of wondering whether the packet of biscuits in my hand might become one of the happiest moments in a child's day.
Medicine often teaches us to look for symptoms.
That day, I learned to look into people's eyes.
Because sometimes eyes tell stories that laboratory reports never can.

The Village That Time Forgot

Devanshu Gupta *MBBS Student, Korba medical college.*

There are journeys that add memories to your life.

And then there are journeys that quietly change the way you look at the world.

Durmusi was one of them.

Hidden in the hills of Thuamul Rampur in Odisha's Kalahandi district, Durmusi is home to nearly seventy households and around two hundred to three hundred people. It is not a place tourists visit. It is not a place that appears in headlines. It exists quietly, almost forgotten, surrounded by forests and hills that make the rest of the world feel impossibly far away.

During the Swasthya Swaraj STEP programme, we travelled there not as tourists or researchers, but as students hoping to understand what health truly means beyond hospital walls.

Every step took me farther from the noise of cities and closer to a reality that no textbook had prepared me for.

The first building I noticed was the village school.

At least, that was what it had once been.

The classrooms were filled with cow dung. Cows and buffaloes rested where children should have been sitting with notebooks in their hands. The blackboard stood empty, as if waiting for someone who had stopped coming years ago.

There were no students. There were no teachers.

Only silence.

Standing there, I kept wondering how a school stops being a school. Not overnight, but little by little, one absent teacher, one child dropping out, one forgotten promise at a time, until eventually education disappears, leaving only walls behind.

As we walked further into the village, people welcomed us with warm smiles.

Children peeked from behind mud walls before gathering around us. Elderly women invited us to sit. Men returned from work carrying bundles of firewood.

Life here moved slowly.

Not because people chose it. Because geography had chosen it for them.

I noticed many adults drinking toddy. Someone explained that it was woven into daily life, consumed almost routinely.

From the outside, it would be easy to dismiss this as addiction.

But standing there, judgment felt misplaced.

When opportunities are scarce, education has disappeared, employment is uncertain, and tomorrow looks exactly like yesterday, perhaps toddy becomes more than a drink.

Perhaps it becomes relief. Perhaps it becomes escape. Or perhaps it simply becomes normal.

And that thought disturbed me far more than the drink itself.

STEP 2026 batch, from Government Medical College Korba during one of the community visits. Devanshu Gupta , Uddavolu Bharath , Imtiyala Aier and Poonam Raj in the picture.

Fifty Days in Kalahandi

What medicine textbooks never taught me

Dr. Christo Simon,
1st yr MD, St John's Medical College

The Constitution of India guarantees every citizen the right to life and personal liberty under Article 21, while Article 47 places the improvement of public health among the primary duties of the State. Yet during my fifty days among the tribal communities of Kalahandi, Odisha, I found myself confronting a question no medical textbook could answer: how far should a human being have to travel to earn the right to be treated? And more troubling still — how do we heal a disease when the deeper illness is poverty, neglect, distance, and inequality?

I had travelled from Bengaluru as a doctor, carrying the knowledge, training, and conviction that medicine could change lives. But in the villages I encountered, illness was rarely just a medical problem. It was entangled with distance, poverty, inadequate infrastructure, social marginalisation, and the struggles of communities whose voices rarely feature in the larger political and developmental narrative of our country.

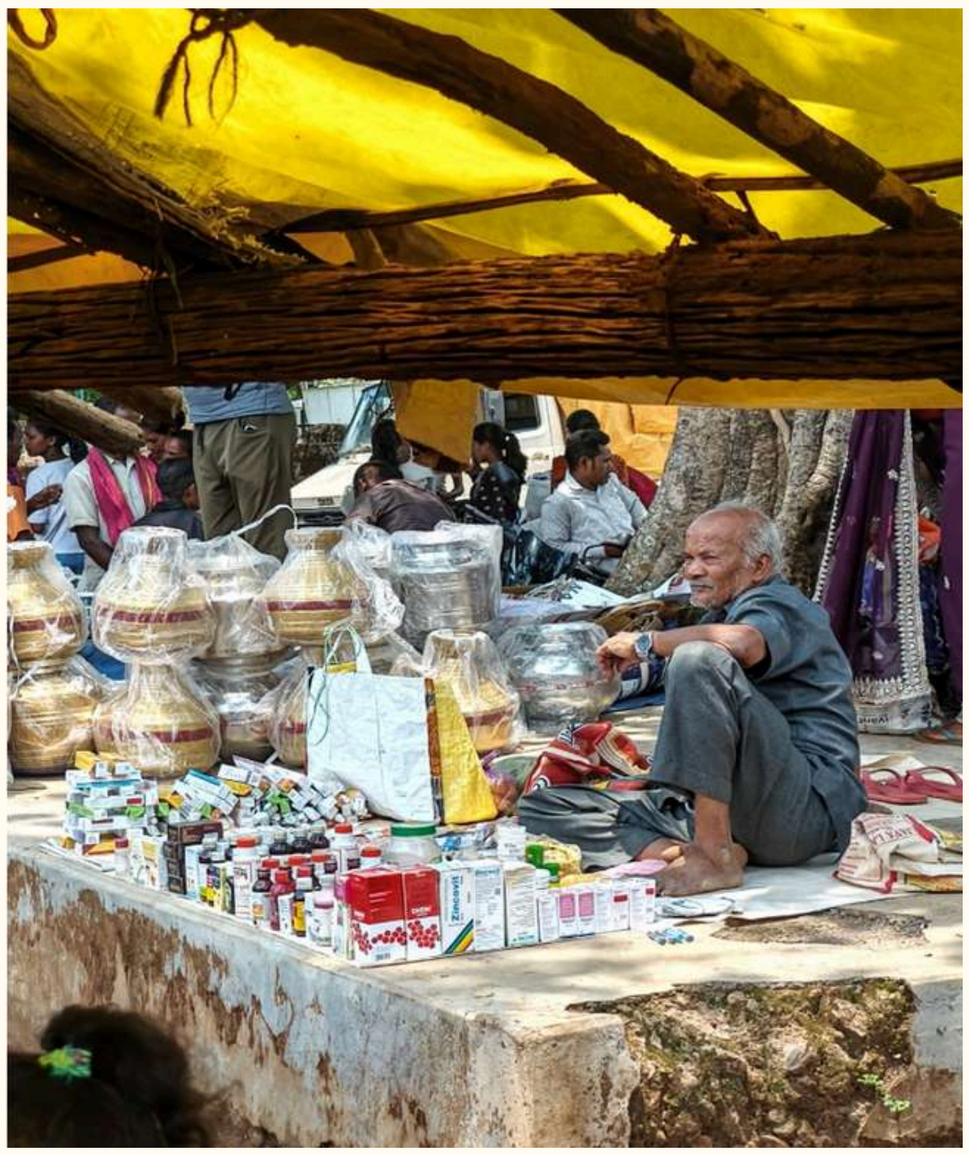
I returned with a deeper understanding of what it means to be a doctor — and a more uncomfortable question for all of us in medicine: are we truly serving humanity if we remain accessible only to those who can reach us?

"Are we truly serving humanity if we remain accessible only to those who can reach us?"

The Swasthya Swaraj Society community hospital in Kalahandi is a secular NGO hospital run under the guidance of Dr. Sr. Aquinas, with its main centre at Kaniguma and satellite centres at Kerpai, Podadunga, Nehala, and Silet, along with a more recently established centre at Lanjigarh. I was struck by how comprehensively the

society had woven healthcare into every dimension of community life — social as well as economic. Their planning extended from OPD schedules and health camps to programmes like Tulasi sathi program, which trains young women to become self-reliant and employable through skill development. The society has also trained Swasthya Sathis stationed in every project village, who serve as the first point of contact for anyone in need, helping them reach the appropriate centre or arranging the care they require.

These villages remain largely unconnected — mobile network and internet access are inconsistent at best — and government health infrastructure has barely reached them. The public health centres I visited showed neglect and indifference from the very staff meant to run them: shelves lacking basic medicines, and government doctors who rarely, if ever, appeared. At a weekly market — the one day each week when the whole village gathers to shop — I came across a quack, known locally as a “Bengali Kabiraj,” treating patients under a banyan tree. On closer inspection, I saw him using expired medicines, steroids, and reused syringes. I was angry, and my first instinct was to report him. But I also wanted to understand things from the villagers' point of view.



At the next health camp, I spoke with the villagers about the dangers of such treatment. What I met instead was mistrust — perhaps because I arrived in good clothes and proper shoes. There was a visible class divide, and in their eyes, a well-dressed outsider had historically meant exploitation: of their forest, their land, their labour. To them, men like me were cut from the same cloth as the mining companies that had once come for their land. The next day, I dressed simply and wore slippers, hoping to close that distance. People opened up. I explained again how harmful the Kabiraj's treatment could be. Then a mother asked, in Odia, “Where are you from, doctor?” I told her Bengaluru.

She asked a second question: “When are you going back?” I froze. I understood exactly what she meant, and I understood, too, that I had lost the argument I thought I was winning. It is easy to criticise the Kabiraj when we, the doctors, are unwilling to leave our cities and live among the people we claim to serve. The Kabiraj, for all his harm, was the one person available in every season, day or night. I am proud of how the Swasthya Swaraj Society is working to close that gap.

Another moment has stayed with me from Silet village, where our team had gone for an antenatal camp and I was the only physician present. A young girl arrived alone, sobbing. On examination, I found a non-healing, infected ulcer on the plantar surface

of her left foot, the result of an old injury. It needed extensive debridement, antibiotics, and daily dressing — care we simply weren't equipped to provide at a field camp. I wanted to bring her back to our main centre, but her parents were not present to consent. So we improvised: we boiled water with a teaspoon of salt, let it cool, and used it to wash and dress her wound as best we could.

Both of us — the child and I — felt the weight of how little that was. We asked our Swasthya Sathi to trace her family and bring her parents to our centre for proper treatment. They never came. Neglect of the girl child, I later understood, was still deeply entrenched in that community. That moment forced me to confront something uncomfortable: we call medicine a noble calling, we let ourselves be spoken of as next to God, and over years of practice many of us quietly absorb that flattery — even as we refuse to go to the very places where we are needed most, choosing instead the comfort and safety of the city.

As a young family physician, this posting gave me a rare window into the full spectrum of tropical and infectious disease — malaria in all its variety, its natural history, and its management. I saw sickle cell disease, occupational lung disease, nutritional deficiencies, and anaemia in abundance. I learned to manage snakebite and tuberculosis, treated a steady stream of trauma cases, fractures, and dislocations, and learned to perform nerve blocks, pleural and ascitic taps, and lumbar punctures — along with plenty of rare and atypical presentations. With limited access to investigations, we had to lean heavily on clinical signs and judgment. That training, in a setting stripped of resources, has shaped how I practise medicine.

I was also fortunate to help organise a surgical health camp, joined by Dr. Binu Kurian, a paediatric orthopaedic surgeon, and Dr. Vijay Joseph, a plastic surgeon, both from SJMCH, along with Dr. Suranjan Bhattacharya, former hospital director and Head of the Department of PMR at CMC Vellore. Assisting and learning from them was an extraordinary privilege.

Organising the camp was a mammoth task in itself. We lacked basic facilities for blood transfusion, and finding donors was difficult — tribal communities rarely donate

blood, and the Odisha government does not permit private or NGO hospitals to maintain their own blood banks. Any transfusion required a trip to the nearest district blood bank, fifty kilometres away, and it took repeated visits and negotiations with the CDMO's office simply to secure permission. We had no reliable supplier for drugs, equipment, or instruments; everything had to be built from scratch, through countless meetings and visits to villages and health centres to spread word of the camp. We had planned for minor, routine procedures. In the end, by God's grace, we completed sixteen surgical cases in five days — the first among them a neglected fracture of the neck of femur, treated with hemiarthroplasty using an Austin Moore prosthesis. The camp was a success, and a genuine lesson in what teamwork can achieve. My role went well beyond the clinical: it demanded organisation, management, and leadership, and I am grateful for everything it taught me. In the time I had left, I also taught basic pharmacology to the nursing students there.

"Family medicine is the art of being a generalist in a world racing to specialise."

I believe we need more organisations like the Swasthya Swaraj Society — not only in Odisha, but wherever such need exists — and more postings like this one for residents across the country. To my fellow postgraduates: whatever the hardships or shortcomings of such an experience, what you gain from it is worth far more than the discomfort costs. It sharpens clinical judgment, but also leadership, programme management, the ability to work under pressure with limited resources, and a network of colleagues from across India. In the end, family medicine is the art of being a generalist in a world racing to specialise.

Building Hope and Accessible healthcare in Lanjigarh block

Inam Haque

Nine months ago, Lanjigarh was not just another project location on a map. It was an unanswered question. And it’s the beginning of our journey.

The Niyamgiri Hills are among the most beautiful landscapes in Odisha. Dense forests, flowing streams and rolling mountains create a breathtaking setting that attracts admiration from anyone visiting the region. Yet beauty often hides reality. The same mountains that inspire visitors hide many inequalities. The streams that sparkle in winter become barriers during the monsoon. A journey that feels adventurous to a traveller can become exhausting and, at times, dangerous for a pregnant woman, a sick child or an elderly person seeking medical care. For the people of these hills, distance is not simply measured in kilometres. It is measured in the time taken to reach help when every minute matters.

Comprehensive Community Health Programme (CCHP) in Lanjigarh

Everyone deserves the opportunity to live a healthy life with dignity, irrespective of how remote their home may be- SWARAJ / a control over their destiny (Gandhi’s Talisman). This belief has guided Swasthya Swaraj’s work across underserved tribal regions for the past 12 years, where strengthening community ownership has always been as important as delivering healthcare services. This philosophy gave shape to the Comprehensive Community Health Programme (CCHP). After 10 years of our dedicated work in Thuamul Rampur Block of Kalahandi district for 11 years, Swasthya Swaraj decided to reach out to another remote, tribal-dominated Block in Kalahandi district- Lanjigarh. The programme was never intended to be another short-term intervention or a collection of health activities. Our vision was to begin building a community health programme that would grow with the people and eventually be sustained by the people themselves. We wanted to move beyond treating illness and focus on preventing disease, identifying health risks early and ensuring that timely care reached those who needed it most.

Our intervention area eventually covered 40 tribal villages across the Gram Panchayats of Bijepur, Pahadpadar, Lakhbahali and Malijubang, reaching nearly 6,500 people. Although these numbers fit neatly into a project document, they tell very little about the reality on the ground.

The first few months were therefore spent listening more than speaking. We travelled from village to village, often walking long distances through forests and over rocky

meeting local leaders, Panchayati Raj representatives, ASHAs, Anganwadi Workers, and families. We sat under large trees discussing maternal health, listening to stories of illness and childbirth, and gradually began to understand how people experienced healthcare. Those conversations taught us lessons that no baseline survey or project proposal could have revealed. They reminded us that healthcare cannot enter a village before trust does.

Together with the communities, we identified one woman in each village. These 40 Village Health Volunteers became our Swasthya Sathis.

Training the Swasthya Sathis became one of the most rewarding experiences of the past few months. Classroom sessions introduced them to maternal health, disease surveillance and community mobilisation. Yet one of the most memorable moments came when they visited Swasthya Swaraj Hospital at Kaniguma. The philosophy behind the exposure visit was simple—seeing is believing. Observing an established community health system in action transformed confidence into conviction. They returned not only with new knowledge but also with the belief that the same model of community-led healthcare could grow in their own villages.

With the foundation in place, our work gradually shifted from preparation to action. Household visits became routine. Baseline information helped us understand the health status of families. Pregnant women were identified early, children under five were enrolled for regular growth monitoring and counselling sessions on nutrition, maternal health and child care became an integral part of village visits. These activities may appear routine in reports, but in reality they represented the gradual strengthening of relationships between families and a healthcare system they were beginning to trust.

Replication of Swasthya Swaraj's life cycle approach in Th Rampur to Lanjigarh:

Antenatal Care (ANC) & Postnatal Care (PNC) and Under-Five Health Clinics were initiated in different clusters. Women and children from remote villages travelled to receive comprehensive healthcare services closer to home, many for the first time. Watching mothers arrive carrying their children, waiting patiently for consultations and returning with renewed confidence reminded us why this journey had begun in the first place. Healthcare was slowly becoming more accessible—not because distances had become shorter, but because the health system had moved closer to the people.

TULSI (Adolescent girls' training and empowerment programme) was initiated in all the villages through formation of TULSI clubs in each of the 40 villages, selection of TULSI Sathis (peer educators) and their monthly trainings who in turn communicates what they learned in the weekly TULSI clubs back in their villages.

Another programme which is in its initial stages is focused on children of 3-6yrs age group- a crucial period of their intellectual development and growth. After many

Mothers now come there for antenatal and postnatal services. Children are weighed and assessed for growth. Swasthya Sathis, Tulsi sathis, Shishu sathis and the staff gather to learn, share experiences and strengthen their skills. Team meetings are held there, new ideas are discussed and future plans take shape. The building stands as a reminder that meaningful institutions are not defined by their size but by the lives they touch.

Yet these achievements tell only half the story.

The other half lies in the unseen moments: the long journeys across forest roads, the uncertainty of beginning from nothing, the patient conversations that slowly built trust, the setbacks that forced us to rethink our approach, and the quiet determination of communities and colleagues who refused to give up. Progress may appear linear when summarised in reports, but those who have lived this journey know that every milestone has been earned through perseverance, partnership and hope.

Nine months is a short period in the life of a community, and we know that our work has only begun. There are still mothers to reach, children to protect, adolescents to empower and villages where stronger community leadership must continue to grow. The journey ahead remains long, but the direction is clear.

When we look back on these first nine months, we do not simply see activities completed or targets achieved. We see relationships built, confidence strengthened and a community health system beginning to take root in places where healthcare once felt distant.

That, perhaps, is the most meaningful achievement of all.

An Operation Theatre

Dr Nitish Sancheti, Dr Sunandan Dey, Dr Syed Waqhaas, Dr Kanha Kisan

Swasthya Swaraj team of resident doctors

An Operation Theatre where Few Thought It Possible: Bringing Specialist Surgery to the Heart of Tribal Odisha.

For most people living in India's cities, specialist medical care is only a phone call or a short drive away. For the tribal communities of Thuamul Rampur Block in Kalahandi district, however, such care has long been a distant dream. The nearest such referral centre is 300 km away in Burla!

Tertiary care hospitals, superspecialists, and advanced surgical facilities are symbols of modern medicine. Yet for the poorest families living in remote tribal villages, they remain almost inaccessible. Although government insurance schemes and programmes such as RBSK make access and treatment free, many are still outside this circle.

Our experience has taught us that poverty is not the only barrier.

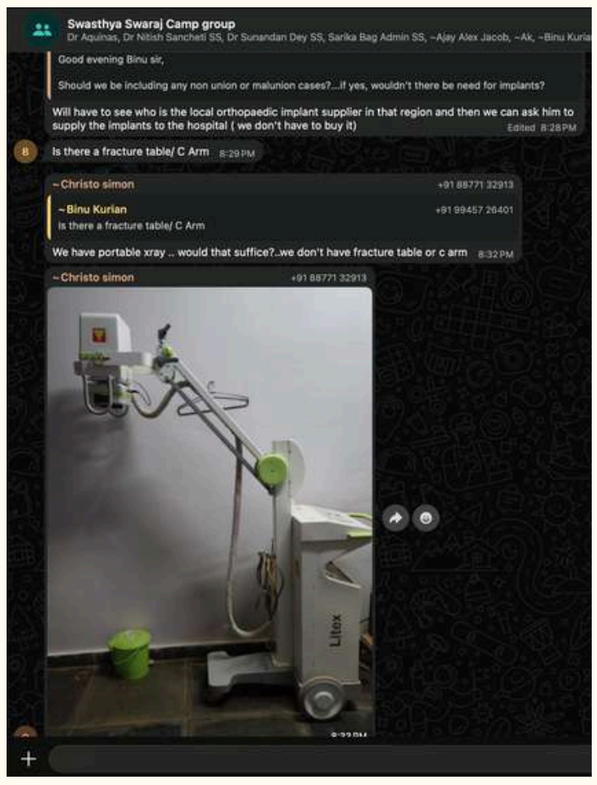
The Primary Health Centre or a small rural hospital is often the first—and sadly, the last—place where many tribal patients seek medical care, usually after exhausting traditional healers (Guru Guniyas) and informal practitioners. When they are advised to travel to a higher centre because their condition requires specialist treatment, their immediate response is almost always the same:

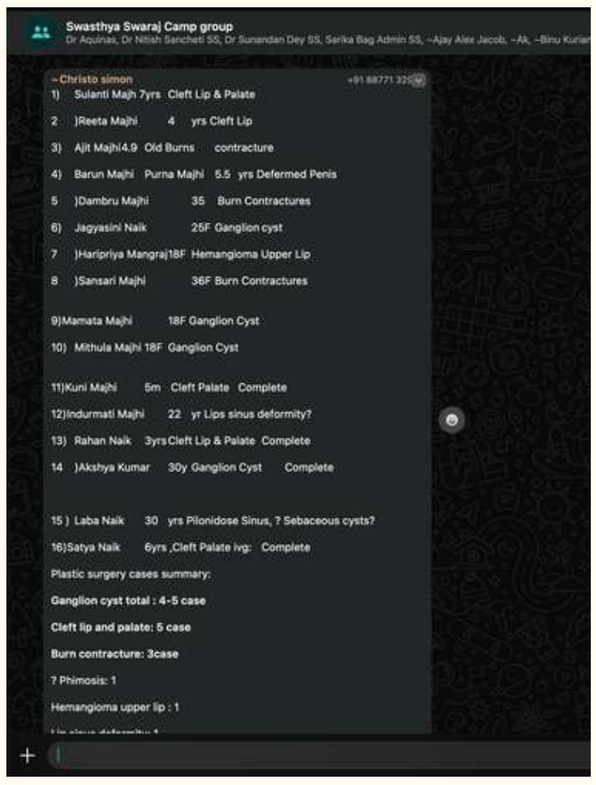
"Paisa patra nahi" (We have no money).

Even when we reassure them that travel expenses, treatment costs and an attendant's expenses will be covered, many remain reluctant. The fear of unfamiliar cities, large hospitals, strange languages and an alien culture is overwhelming. Faced with these uncertainties, many choose to return home rather than seek treatment. Time and again, we have watched children, young adults and elderly patients leave the hospital, accepting disability—or even death—instead of travelling to a distant medical centre. It is one of the most heartbreaking realities of working in remote tribal healthcare.

A Dream Begins to Take Shape

Against this backdrop, the establishment of an Operation Theatre at the Swasthya Swaraj Community Hospital in Kaniguma village deep in the tribal area was never merely about constructing a building. It was about bringing hope closer to people who otherwise had little chance of receiving specialist surgical care.





The OT complex was completed and equipped in January 2026 through the generous support of Shri Subroto Bagchi, Tata Trusts, Rotary International through Rotary Club Bhubaneswar and several other well-wishers. But bricks, walls and equipment alone do not create an operation theatre.

An operation theatre comes alive only through skilled hands.

Who would leave the comfort of a tertiary care hospital to serve in one of the most remote tribal regions of Odisha?

When Compassion Travels, the answer came in the most inspiring way.

One after another, specialists began volunteering their time and expertise.

Dr Ajay Alex, anesthetist, was among the first to help set the process in motion. He painstakingly guided the team in preparing the operation theatre, checking the equipment, organising instruments and strengthening systems. Dr Clare a senior Gynaecologist contributed a lot to setting up the OB&Gynae side.

Then, in July 2026, four senior doctors from St. John’s Medical College Hospital, Bengaluru, made an extraordinary decision.

Plastic surgeon Dr Vijay Joseph, pediatric orthopedic surgeon Dr Binu Kurian, and anesthetists Dr Karthik Jain and Dr Aishwarya Katti travelled hundreds of kilometers to Thuamul Rampur—not for recognition or financial gain, but simply to serve people who otherwise had no access to their expertise.

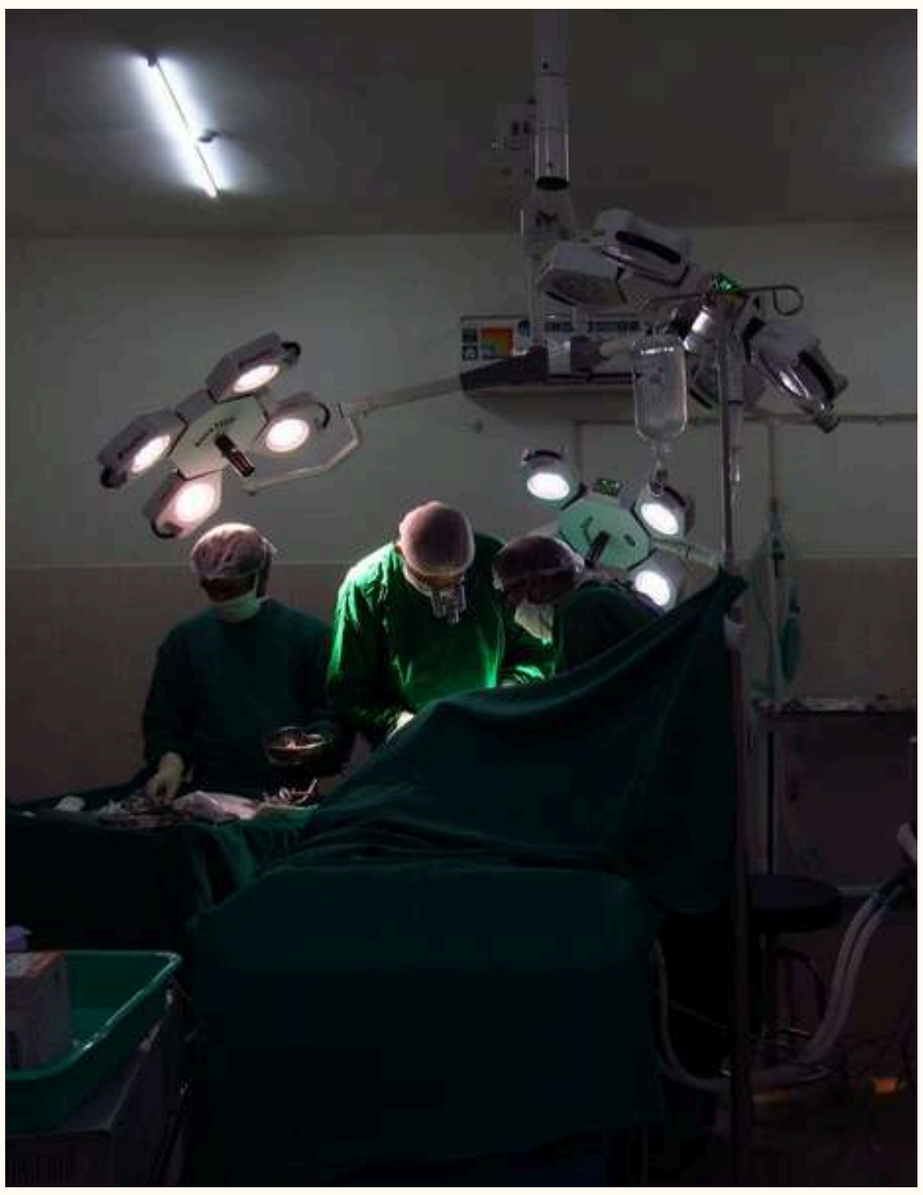
Along with training our staff in sterile techniques, theatre protocols and surgical assistance, they helped transform a newly built facility into a functioning surgical unit.

Five Days That Changed Many Lives

From 13–17 July 2026, the first specialist surgical camp was conducted at Swasthya Swaraj Community Hospital. The inaugural surgery itself symbolised the beginning of a new chapter—a neglected hip fracture in an adult was treated with hip replacement surgery.

Over the next five days, 14 complex surgeries were successfully performed completely free of cost. These included repairs of cleft palate and cleft lip, correction of genu valgum (knock knees), clubfoot surgeries, release of burn contractures and several other reconstructive and orthopaedic procedures. Every aspect of care—from pre-operative evaluation and anaesthesia to surgery, medicines, nursing care, food and post-operative follow-up—was provided entirely free to patients.

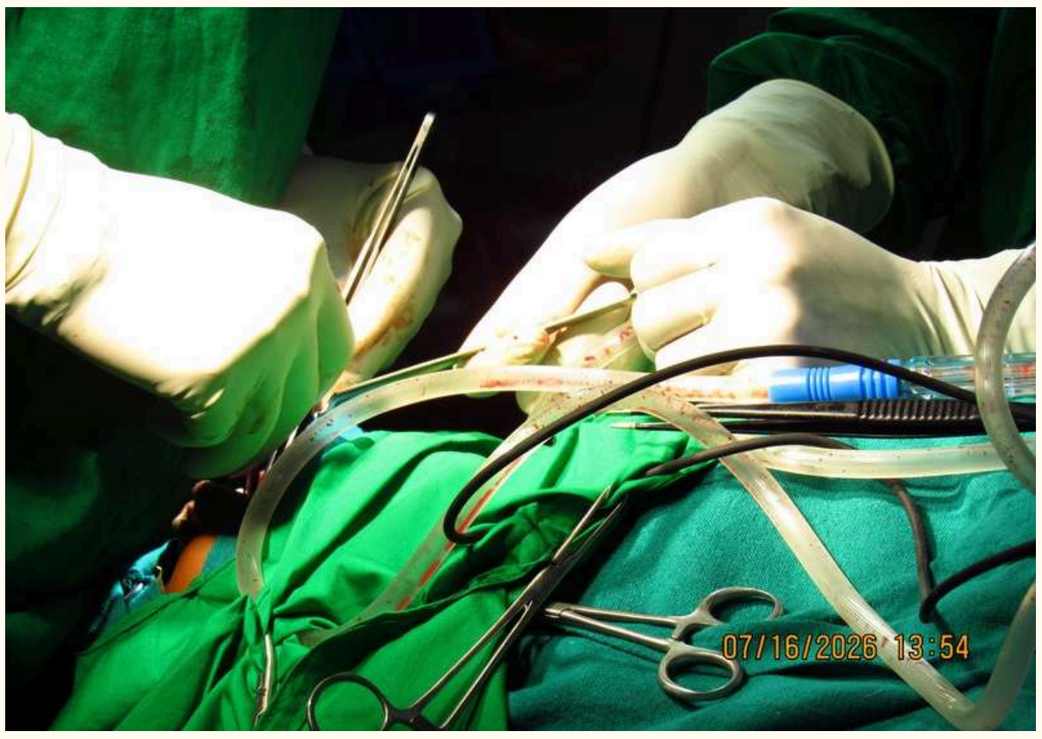
For many families, it was the first time specialist surgery had become available without leaving their own district.

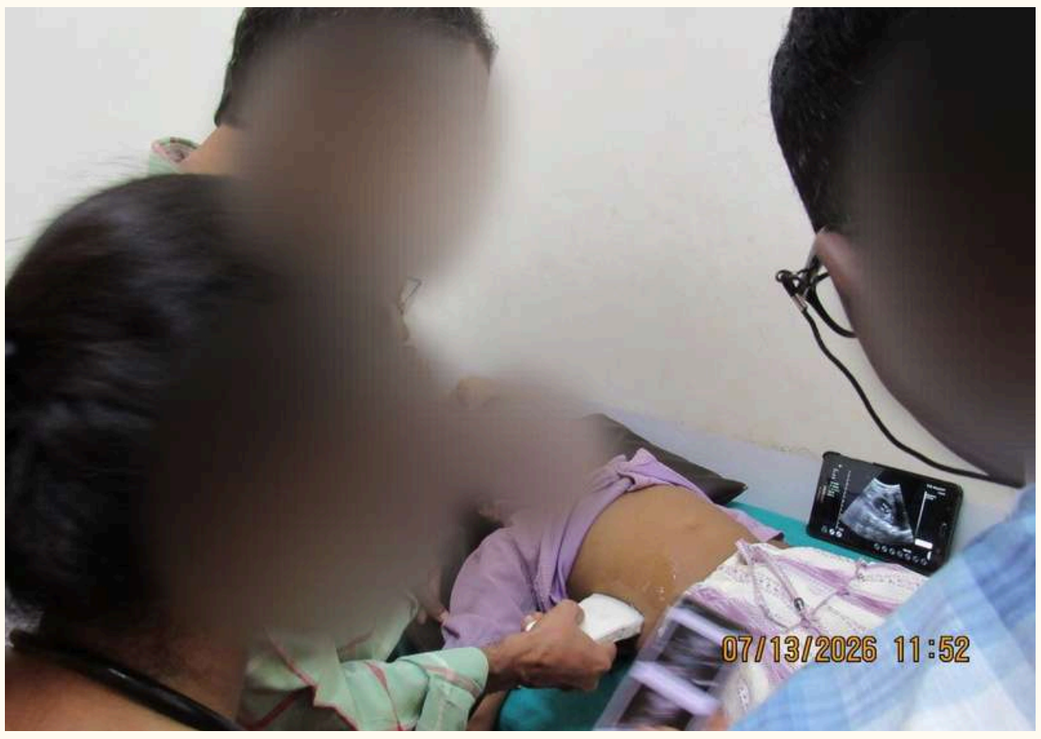


More Than a Surgical Camp

This was not simply a five-day camp. It marked the birth of a new possibility.It demonstrated that with commitment, collaboration and compassion, advanced surgical care can be brought closer to those who have remained excluded for generations.

Equally important, our own doctors, nurses and operation theatre staff gained invaluable experience and confidence. Having witnessed what is possible, the entire team is now preparing to organise regular specialist surgical camps, ensuring that many more tribal patients can receive life-changing treatment closer to home.





Gratitude

Behind every successful surgery stood countless unseen hands—staff members who prepared the theatres, sterilised instruments, washed the linen and got it dried in spite of rain, coordinated patients, arranged logistics, fed every one, and worked tirelessly before, during and after the camp.

To every one of them, we offer our heartfelt thanks.

We are especially grateful to the senior doctors from St. John's Medical College Hospital, Bengaluru, whose generosity, humility and willingness to travel to one of the remotest corners of Odisha have transformed countless lives.

Their service reminds us that the finest expression of medicine is not found only within the walls of great institutions, but also in the willingness to carry healing where it is needed most.

This is only the beginning.

When a Copper-T Became a Bladder Stone

An unusual case from a remote tribal hamlet

Dr Tijo Thomas

For most women, an intrauterine contraceptive device (IUD) such as the Copper-T is a safe and effective method of long-term contraception. Complications are uncommon, but when they do occur, early recognition and follow-up can make all the difference.

For one 36-year-old woman from an isolated tribal hamlet in Kalahandi, a rare complication went undetected for more than two years—eventually turning a migrated contraceptive device into the centre of a large bladder stone.

She belonged to the Kutia Kondh community and was a grand multipara. She was also a Guruguniya, a traditional faith healer in her community. A Copper T-375 had been inserted in March 2021, during the postpartum period. Although uterine perforation following IUD insertion is uncommon—estimated at around 1 in 1,000 insertions—migration into the urinary bladder is an exceptionally rare complication.
The first warning signs appeared within days.

On 1 April 2021, the woman developed dysuria. By June, she had developed blood in her urine and lower back pain. Yet there was no timely investigation or definitive follow-up. Her husband was reluctant to allow hospital visits, while she was herself uncomfortable with per-vaginal examinations because of cultural beliefs. These factors, combined with the difficulty of accessing healthcare from her remote hamlet, allowed the problem to remain unresolved.

Almost a year later, in March 2022, an examination revealed that the threads of the Copper-T were no longer visible. Missing IUD threads are an important warning sign and should raise suspicion that the device may have migrated or been expelled. An abdominal and pelvic X-ray was advised, but the investigation was not completed because the patient did not return for follow-up.

The symptoms continued.

By November 2023, more than two years after the IUD had been inserted, she presented with persistent lower abdominal pain, dysuria, white vaginal discharge and lower backache. A few weeks later, she developed burning urination accompanied by fever, chills and rigors.

This time, imaging revealed the cause.

An X-ray showed a calcified mass within the urinary bladder. Ultrasound confirmed that the IUD itself had migrated into the bladder. A non-contrast CT scan showed a large, densely calcified lesion measuring approximately 4.0 × 2.1 cm, consistent with a vesical calculus—a bladder stone.

The Copper-T had become the nucleus around which the stone had formed.

The diagnosis was therefore established as vesical calculus secondary to intravesical migration of a Copper-T IUD. The patient underwent cystolithotripsy under spinal anaesthesia, successfully removing both the calculus and the migrated IUD. Her recovery was uneventful, and the dysuria, haematuria and abdominal pain resolved. She was subsequently counselled regarding the importance of regular follow-up and alternative contraceptive options in keeping with her socio-cultural circumstances.

A Rare Complication, but an Important Lesson

Intravesical migration of an IUD is exceptionally rare. Once inside the bladder, the device can act as a nidus for stone formation, leading to symptoms such as persistent lower abdominal pain, dysuria, haematuria and recurrent urinary infections. In this case, postpartum insertion was an additional risk factor, while the absence of IUD threads should have prompted earlier investigation.

Yet the case is about more than a rare clinical complication. The diagnosis was delayed by missed follow-up, limited access to investigations, and socio-cultural barriers. Her husband's reluctance to allow hospital visits and her discomfort with per-vaginal examination meant that opportunities for earlier detection were lost. The absence of point-of-care ultrasound at the primary care level further contributed to the delay.

Seeing the Patient Beyond the Complication

The case reminds us that healthcare does not end with providing the right treatment. Follow-up, patient education, accessible diagnostics and culturally sensitive communication are equally important—especially in communities where distance, family dynamics and social beliefs can determine whether a patient is able to seek care.

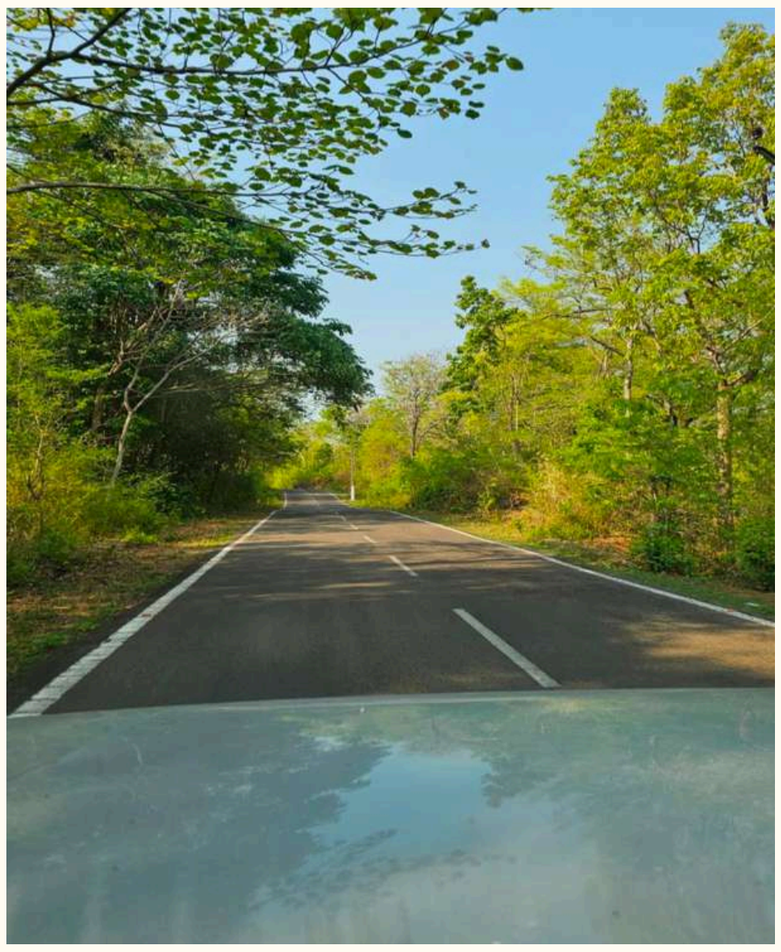
For a woman living in a remote hamlet, “come back for an investigation” may involve far more than a simple journey to the hospital. Understanding these realities is essential to preventing small, manageable problems from becoming serious complications.

The lesson is simple: good healthcare begins not only with the right intervention, but with ensuring that the patient can access, understand and complete the care that follows.

My Three Weeks at SSS

Dr Thomson,2ndyr MD, St
John's med.college,B'lore

I am a postgraduate resident in Family Medicine at St. John's Medical College Bengaluru. In the first week of May, my HOD messaged me asking if I would be willing to volunteer at Swasthya Swaraj in Odisha, which was facing an acute shortage of doctors. I felt a mixture of emotions, a sense of duty, curiosity, but also real apprehension. Still, I said yes. It felt like the kind of opportunity that would not come twice.

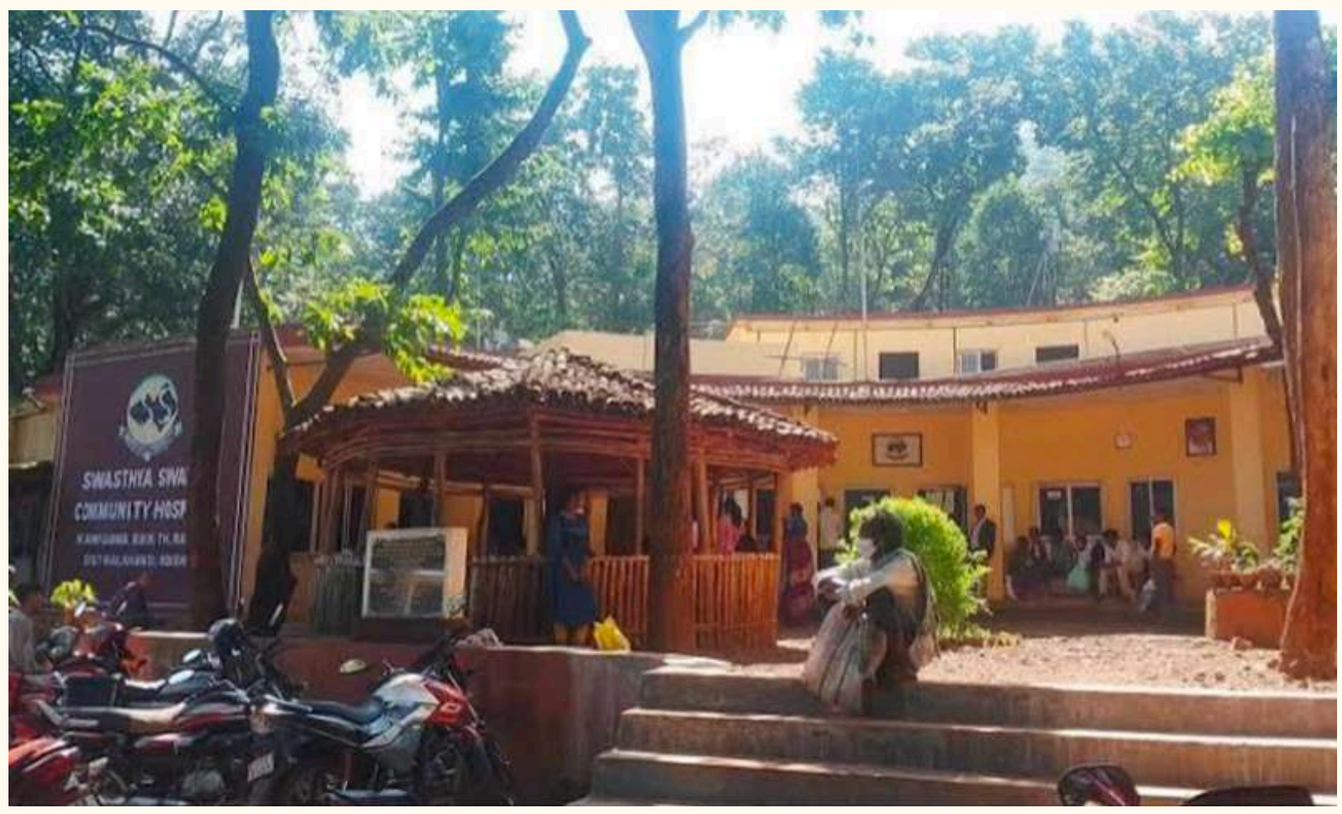


After reaching Kalahandi, the drive from Bhawanipatna drive itself was like a slow unfolding. The road wound through lush green hills,
with paddy fields on either side and clean, cool air streaming through the windows.

The mountains closed in and opened out again, almost as if they were welcoming us. Somewhere in that hour and a half-hour journey, most of my anxiety simply melted away.

When we reached Swasthya Swaraj Community Hospital Kaniguma, my first impression was that it looked deceptively small, almost like a primary health centre tucked into the forest.

But once I stepped inside and began to work, I realised how wrong that first impression was. In terms of functionality, discipline, and range of services, it outperformed many government facilities I have seen in and around Bengaluru. There was nothing flashy, but everything that mattered was there, and it worked.



My accommodation was simple a basic 1BHk with a fan, a clean bed, washroom and not much else. Our food was the same as what was cooked for the patients, usually plain rice and dal. The only "market" was a small grocery shop about two kilometres away, where we would walk to buy curd or a bottle of pickle. On paper, it sounds harsh and gruesome. In reality, I do not remember missing anything important.

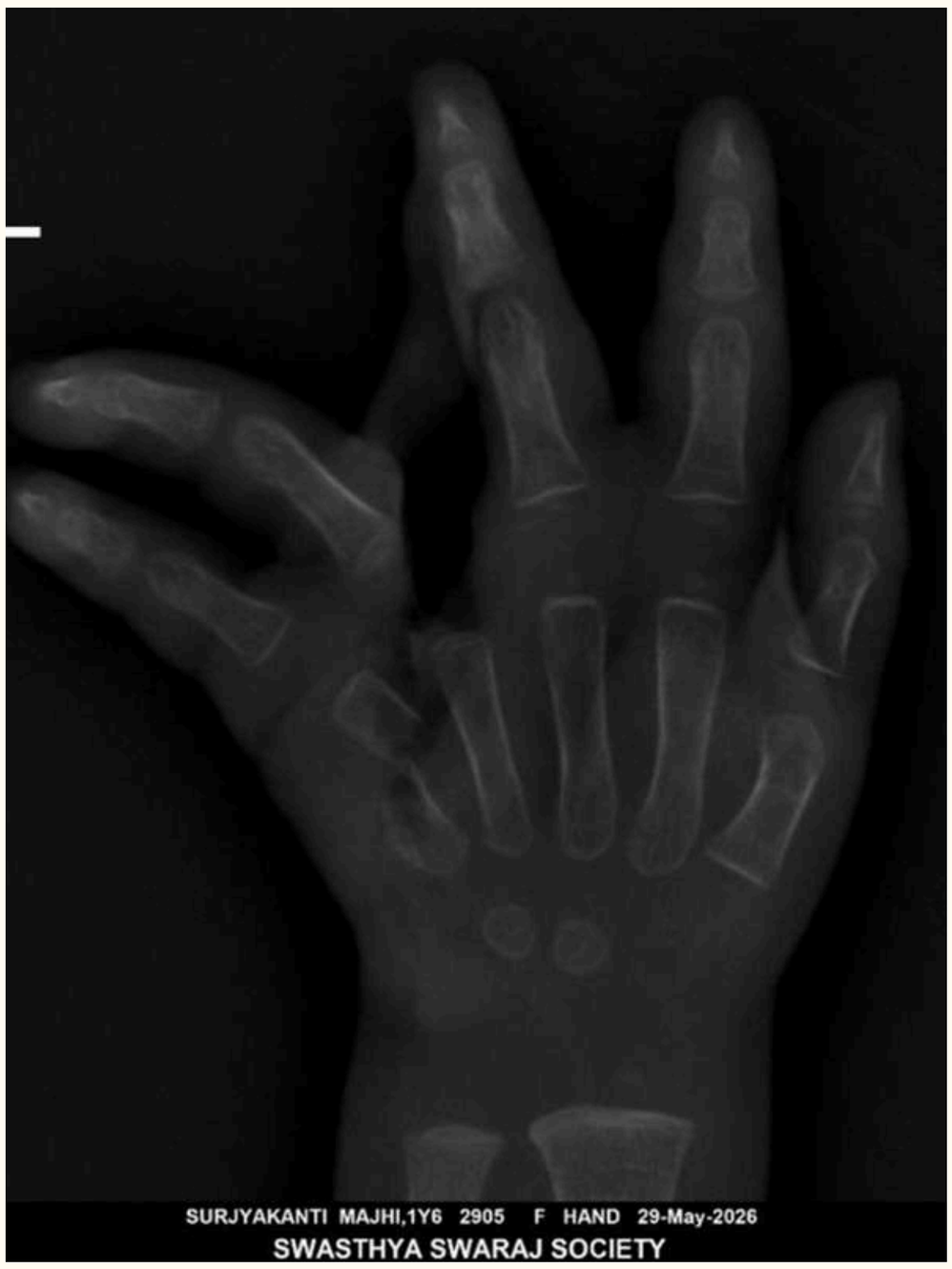
The work: medicine in its rawest form

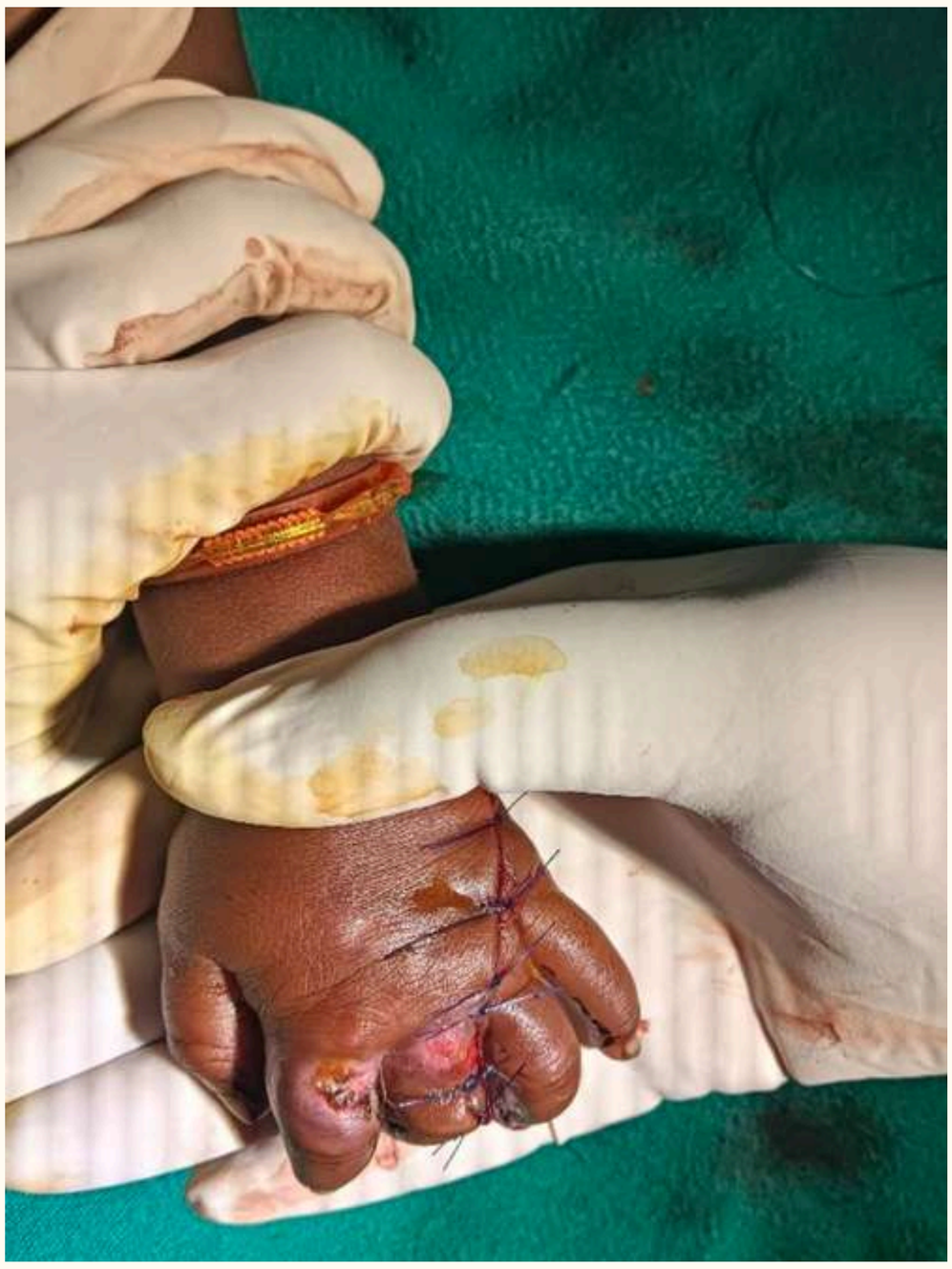
The case mix at Swasthya Swaraj was a crash course in what it means to be a true general physician in a resource limited setting. This region falls in both the malaria and sickle cell belts, so almost every day brought in patients with fever and anaemia, sickle crises, and confirmed malaria. There were malnourished children, under-five clinics, ANC and PNC mothers, and an endless stream of “simple” complaints that were often not simple at all interspersed with extreme poverty and malnutrition.

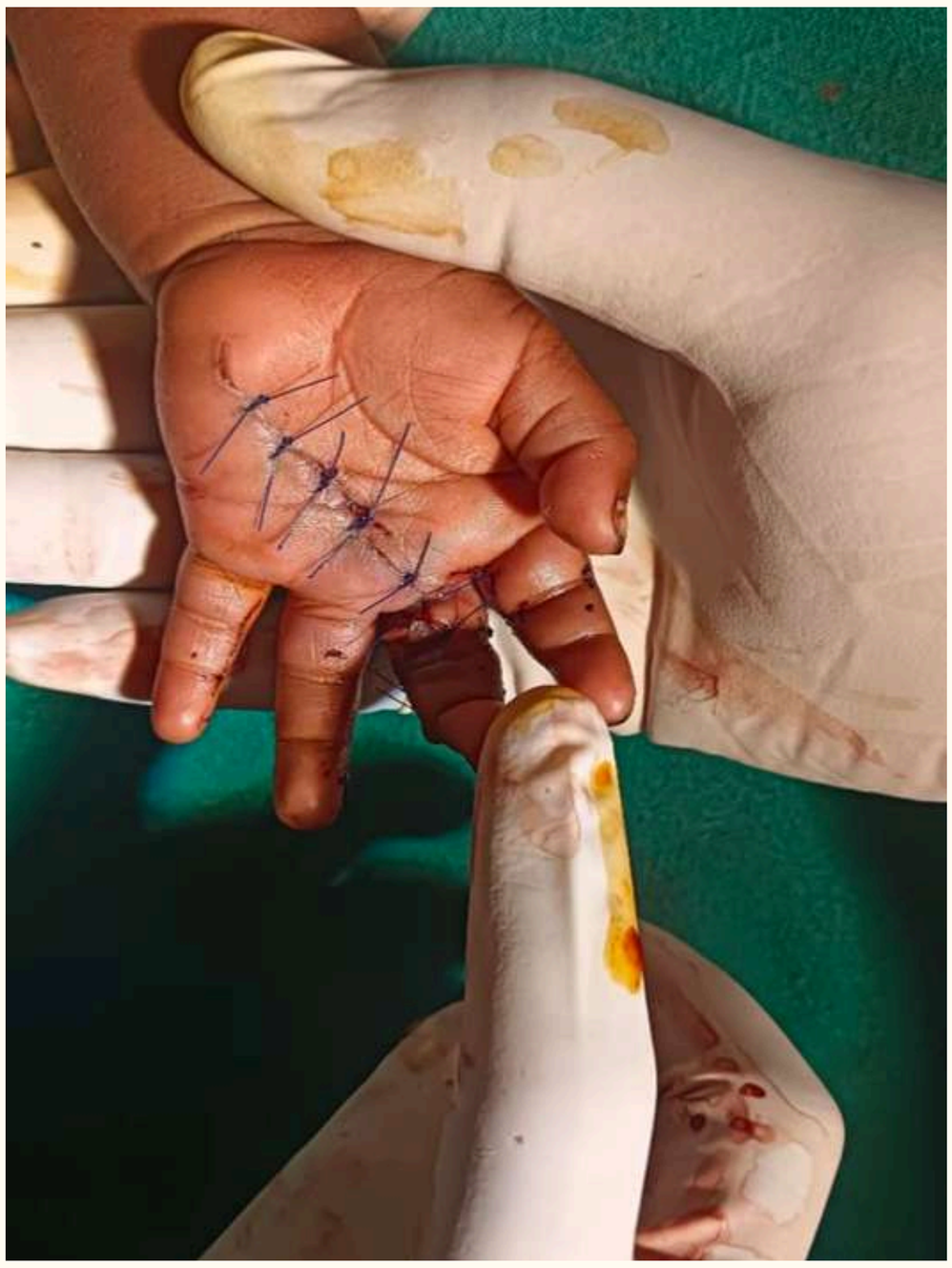
We saw organophosphorus poisoning, dermatological cases, multiple fractures from falls, lacerations needing meticulous suturing, and cases of tuberculosis and HIV. There were patients with leprosy, severe skin reactions like Stevens–Johnson syndrome secondary to anti-tubercular therapy, and more than a few emergencies that would have been immediately referred out in a city centre. Here, we stabilised and managed as much as possible on our own. Procedures that are rare for residents in metropolitan hospitals like fracture reductions, ascitic taps, pleural taps, became part of the routine.

In Bengaluru, patients can move from one super-speciality hospital to another if they are dissatisfied. Here, there was just this one centre, in the middle of the forest. That reality changes how you see every prescription, every decision, every stitch. The dependency is total, and so is the responsibility.

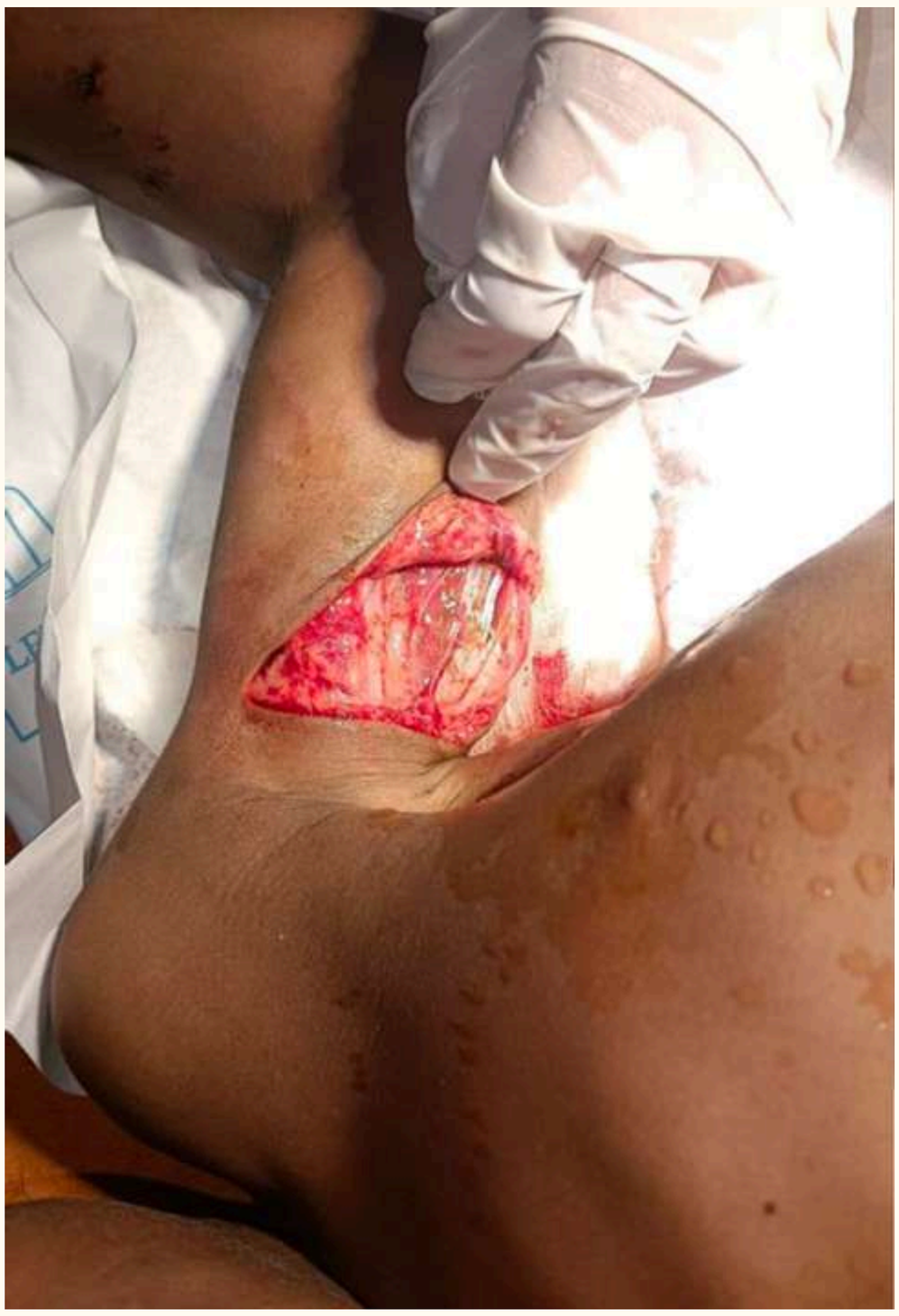
What struck me most was the patients’ quiet dignity, Death was a normal part of their lives and deaths of babies below 5 and adults above 65 were not seen as grave. Towards doctors, they were respectful, patient, and deeply grateful for even small improvements. For them, healthcare was not a “service” to be rated or compared, it was a lifeline.

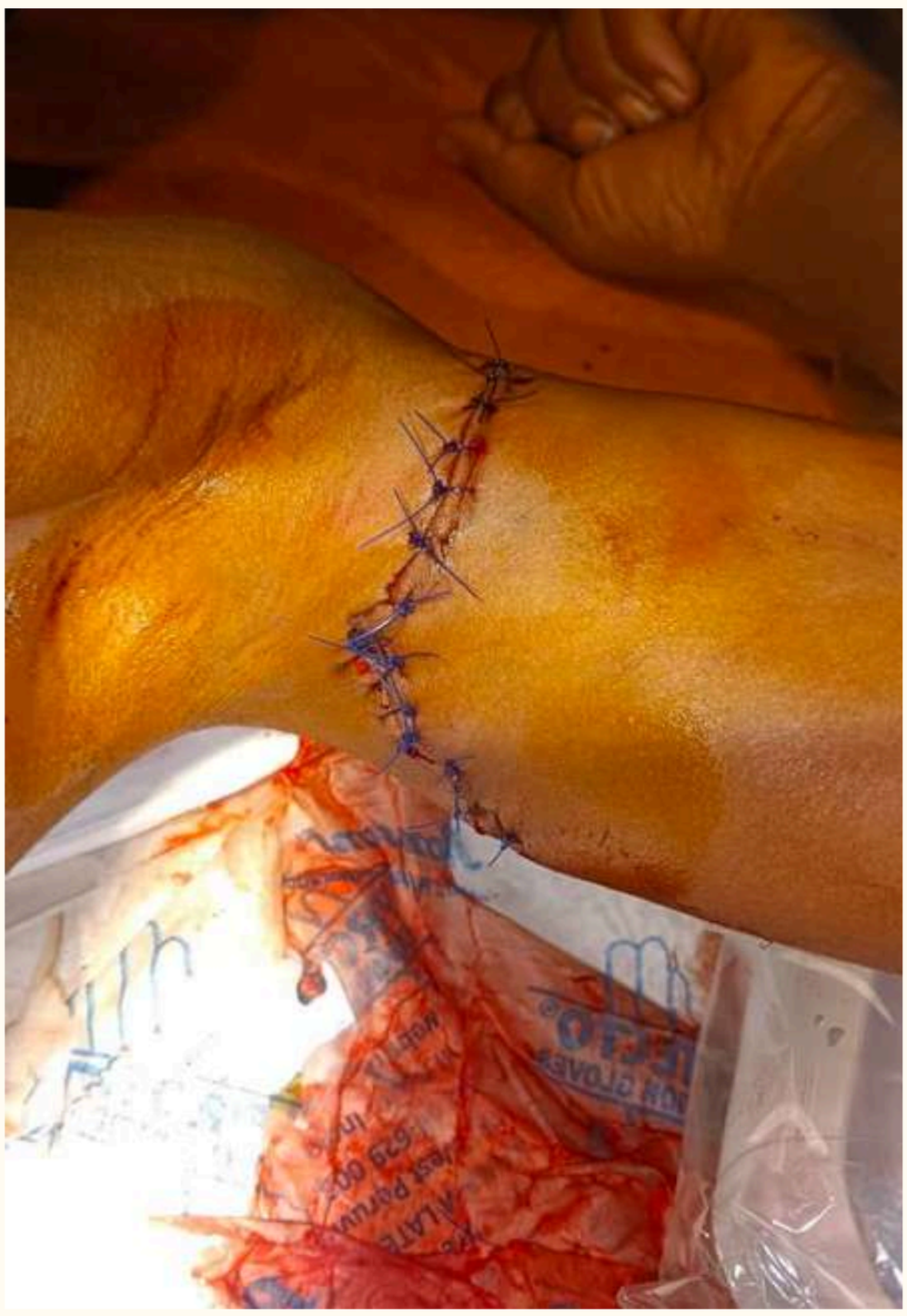




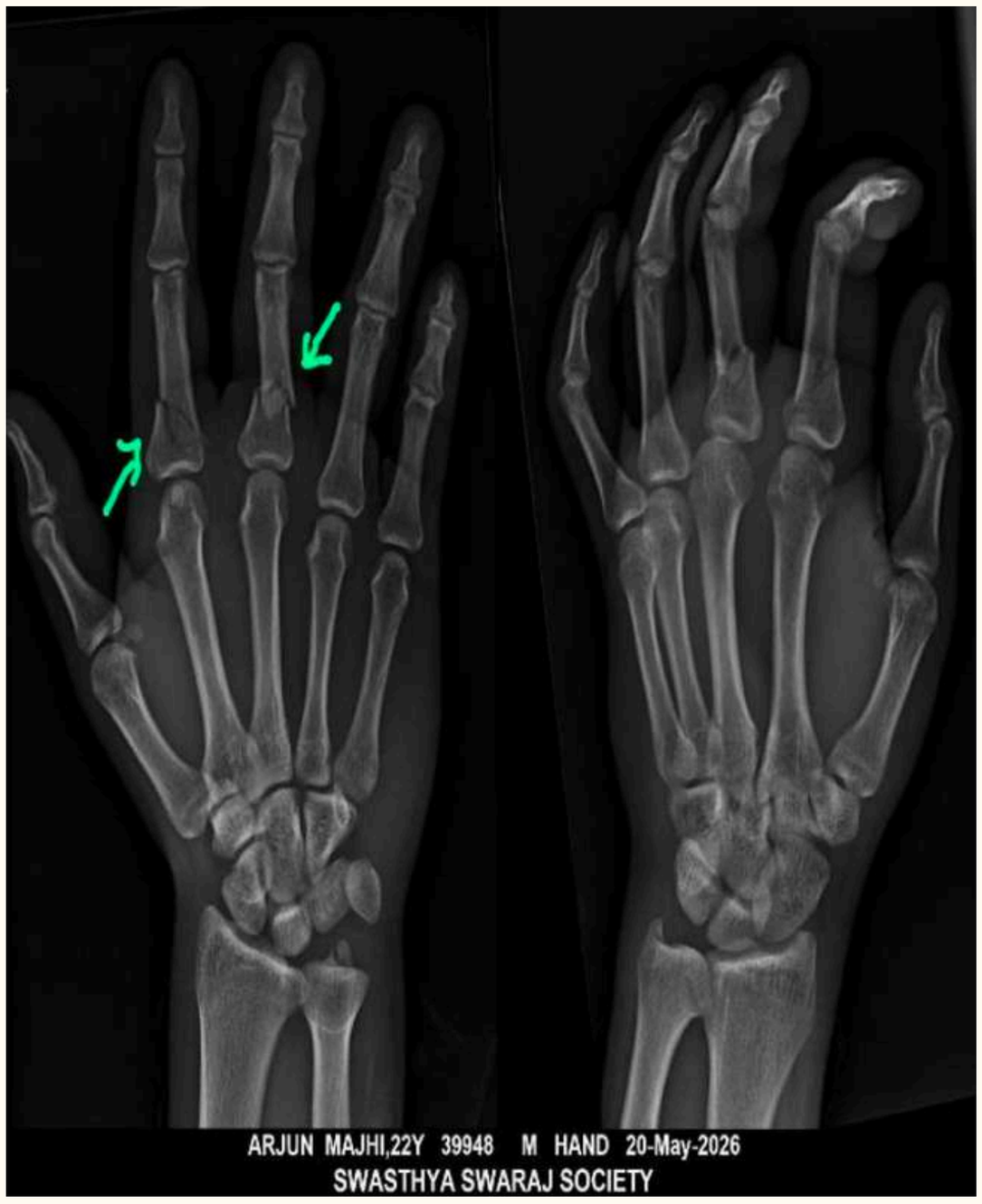


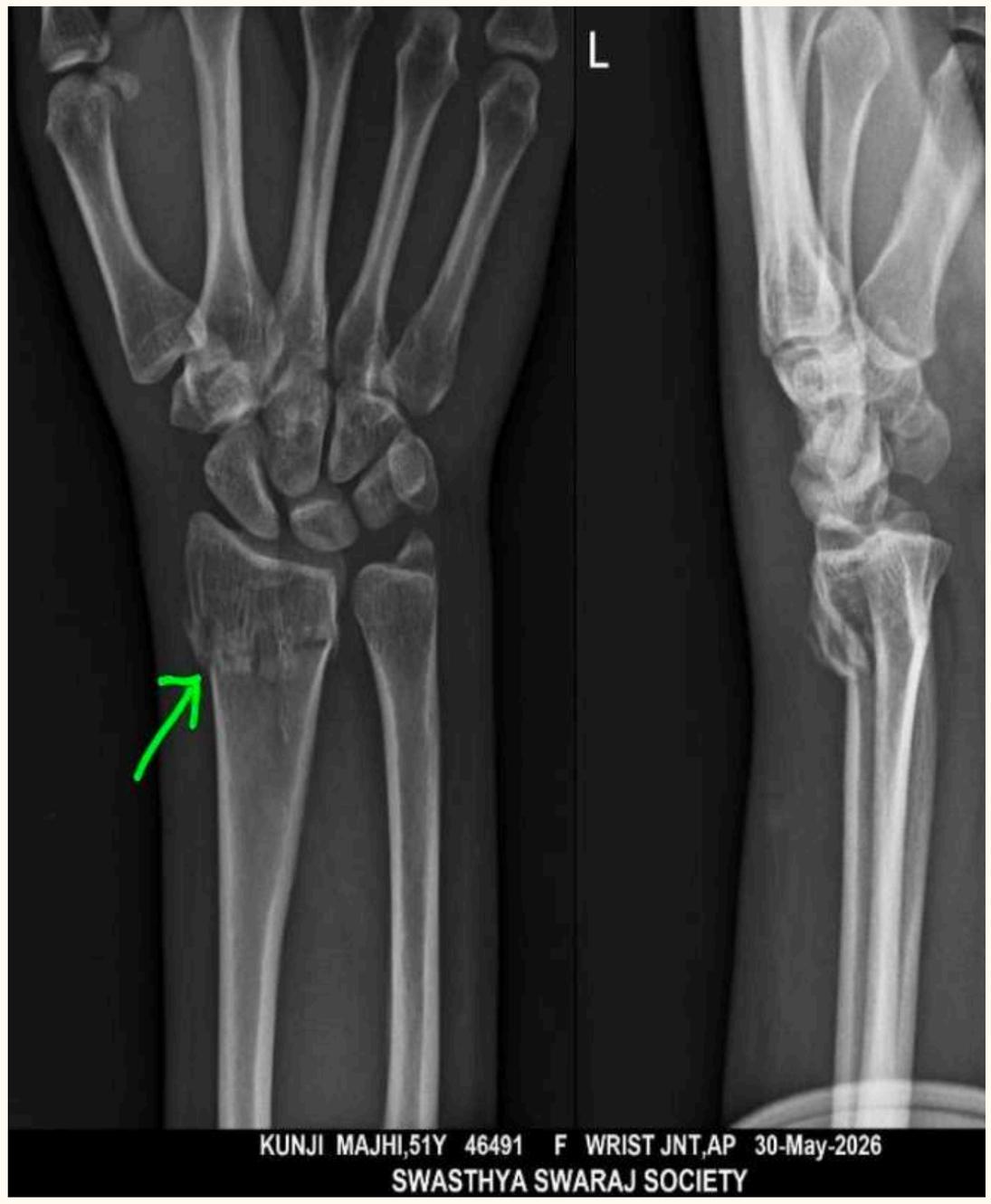
A 1 year 6month old baby whose palm was mistakenly cut with axe and required plastic surgery but the nearest centre was 340km away.

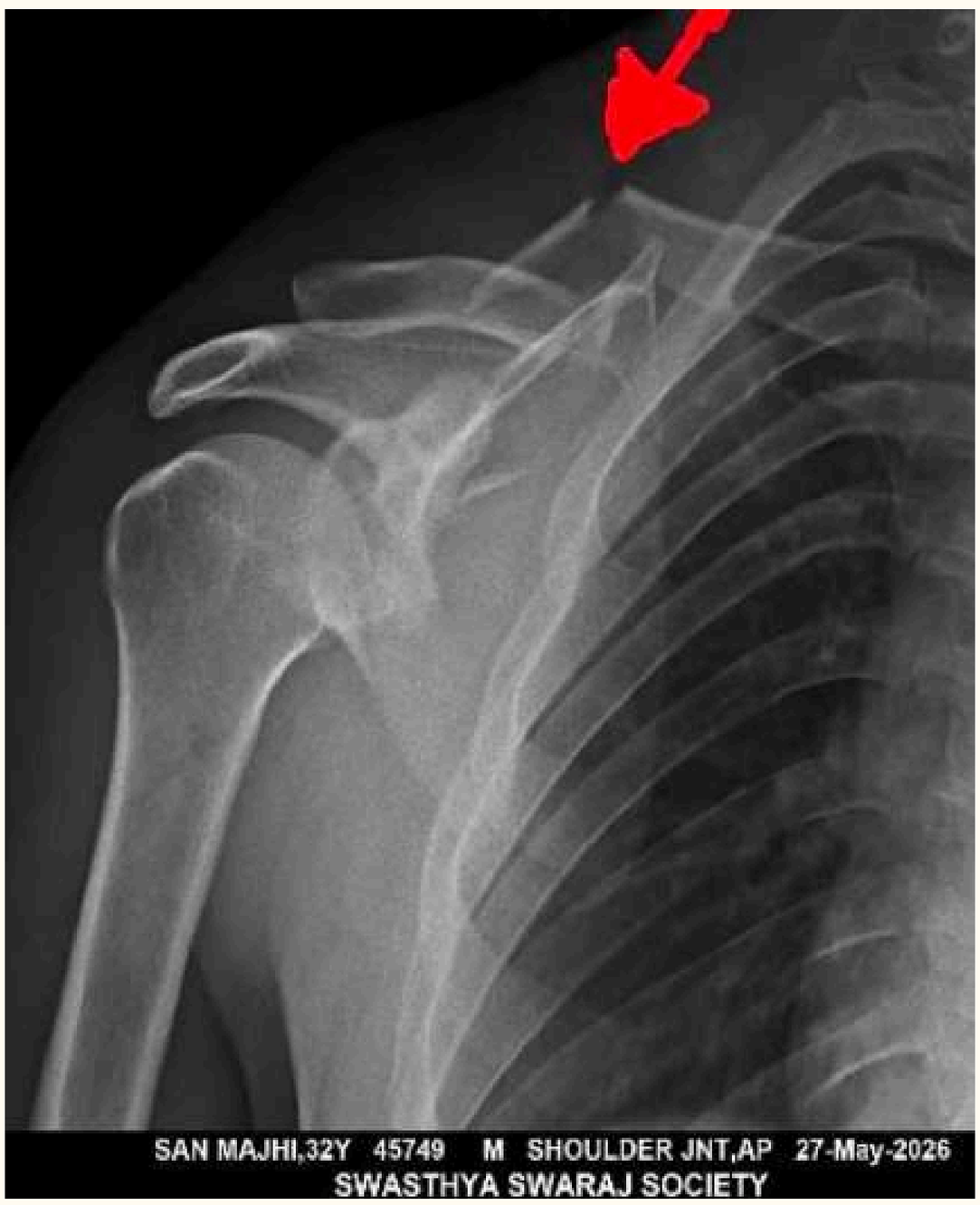


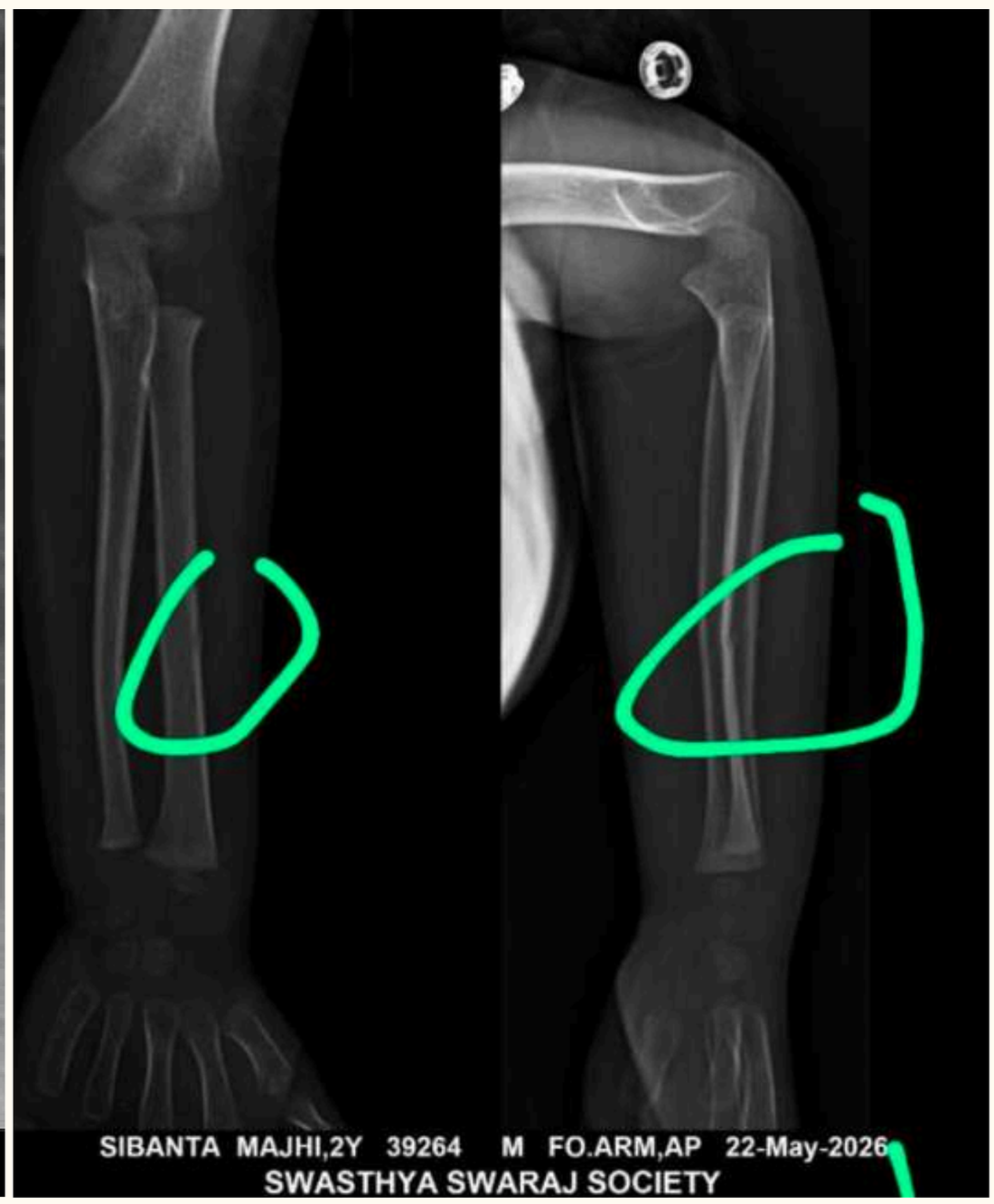


A 11 year old boy who fell from a tree and had a laceration with visible muscle injury and possible nerve injury but could not afford to miss daily work let alone higher centre for medical care.









Few of the multiple fractures that we saw and managed the best we could.

Learning under people who chose a different path

One of the greatest privileges of my time there was working under Dr (Sr) Aquinas. She is a remarkable and excellent clinician -sharp, grounded, and uncompromising in her standards of care. More than that, she has chosen to anchor her life in one of the most remote and underserved places in the country and build something extraordinary from almost nothing. Swasthya Swaraj is not just a hospital. It is the centre of a comprehensive community health programme that covers dozens of villages in the tribal-dominated parts of Odisha.

The style of medicine there is unapologetically clinical. In a world that increasingly leans on investigations and scans, Swasthya Swaraj was a breath of fresh air. History, examination, pattern recognition and context guided most decisions. Investigations were used judiciously, never as a crutch. Under Ma'ams guidance, I did not just learn new skills, I sharpened old ones and pushed myself into areas, especially orthopaedics and acute care, which I might never have ventured in a big city.

I also worked closely with Dr Tijo , who had done his bond service there. His courage in handling difficult cases, his lack of fear in taking responsibility, and his refusal to slip into the typical urban "PG–career–money" rat race were deeply inspiring. It was clear that the ethos of Swasthya Swaraj had rubbed off on him: patients first, always.

Life in the forest: simple, beautiful, and strangely complete

Outside the wards and OPD, the setting itself was healing. The hospital is surrounded by small hills, easy climbs that reward you with sweeping views of forest and sky. On many of my walks, I was accompanied by Shadow, Dr Tijo's dog, who padded quietly behind me wherever I went, like a gentle four-legged guardian. These walks, after intense days in OPD and emergency, gave me space to breathe and reflect.

There were no malls, no cafes, no weekend getaways. Signal was patchy. Entertainment was conversation, shared meals, and the daily walks to random picturesque places and the tiny grocery shop. Yet, I felt more at peace and more "aligned" with why I became a doctor than I had in a very long time.

Across those 21 days, something fundamental shifted in me. The work was demanding, the resources limited, and the environment challenging, yet I went to bed each night with a quiet sense of contentment that is hard to put into words. For perhaps the first time since I joined medicine, I felt a deep, almost physical satisfaction at being a doctor using my skills exactly where they were needed most.

What I carry back and what I wish for others

When I returned to Bengaluru, the noise and rush of city practice felt different. The contrast made it clear how skewed our distribution of doctors really is. The places that need us the most often have the least of us. My three weeks at Swasthya Swaraj reminded me that the real "shortage" is not of beds or machines, but of willing hearts and hands in the right places.

If asked, I would strongly encourage more postgraduate residents especially in Family Medicine and other primary-care disciplines to spend time in places like Swasthya Swaraj, if they are open to it. It is an intense mirror, you discover your strengths, your limitations, and the real reasons you chose this profession. You also realise how much can be done with relatively little, when the intent is clear and the work is rooted in the community.

For this opportunity, I remain deeply grateful to my HOD for thinking of me, and to Dr (Sr) Aquinas and the entire Swasthya Swaraj team for welcoming me, trusting me with their patients, and allowing me to be part of their quiet revolution.

When Childhood Waits at the Worksite: A Lesson from Tribal Odisha

Devanshu Gupta, Korba med college.

The little girl stood quietly beneath the shade of a tree. A few steps away, women were busy stacking bricks under the afternoon sun. Some carried loads on their heads, while others carefully arranged bricks into large structures. Amidst the noise of work and movement, the child watched silently.

For the women, it was another day of labour. For me, it was a moment that revealed a reality often hidden behind statistics and development reports.

During my time in the tribal regions of Odisha as part of the Swasthya Swaraj Tribal Exploration Program (STEP), I witnessed many examples of resilience, strength, and community spirit. Yet one observation stayed with me more than most—the presence of children at worksites.

Whether at construction sites, agricultural fields, or on the dongri hills where cultivation takes place, children were often seen accompanying their mothers. At first glance, one might wonder why these children were not in school, Anganwadi centres, or at home. The answer, however, lies in the everyday realities of survival.

In many tribal communities, fathers migrate to distant towns and cities in search of employment. Agriculture and local opportunities are often insufficient to sustain a family throughout the year. Migration becomes a necessity rather than a choice. While the men leave in search of work, women remain behind with the responsibility of caring for children, managing the household, and contributing to the family's income.

But staying behind does not mean staying at home.

Women work tirelessly. They cultivate crops, collect forest produce, fetch water, gather firewood, and work at construction sites. Their labour sustains both the family and the community. Yet while they work, they face another challenge—who will care for their children?

The child sitting beside a construction site is not merely accompanying a parent for a day. For many, the worksite becomes an extension of childhood itself.

This reality has consequences that go beyond childcare. When children spend their days accompanying parents to work, opportunities for early childhood learning, social interaction, and nutritional support may be missed. What appears to be a simple issue of school absenteeism is actually rooted in poverty, migration, livelihood insecurity, and the absence of support systems.

When the choice is between earning a daily wage and staying home to care for a child, survival understandably takes precedence.

This experience taught me an important lesson about public health. Problems do not exist in isolation. A child missing school is not merely an educational issue. It is connected to nutrition, poverty, migration, women's labour, childcare, and community support systems. Addressing only one aspect rarely solves the problem.

Recognizing these challenges, Swasthya Swaraj has developed innovative community-based solutions that support both children and their families.

One such initiative is the Creche Program for children between six months and three years of age. These creches provide a safe and nurturing environment where young children can stay during the day while their mothers work. More than just childcare centres, they are spaces where children receive nutrition, care, stimulation, and opportunities for early learning.

Every day, children are provided with breakfast and lunch, along with an egg to support their nutritional needs during a critical phase of growth and development. Caregivers engage them through songs, stories, games, and activities based on the play-way method of learning. At an age when the brain develops rapidly, these interactions help build cognitive, emotional, and social skills that form the foundation for future learning.

For mothers, the creche offers something equally valuable—peace of mind. Instead of carrying infants and toddlers to demanding worksites, they can leave them in a safe environment where they are cared for, nourished, and encouraged to learn.

For children between three and six years of age, Swasthya Swaraj runs Health and Nutrition Preschools. These centres combine early childhood education with nutritional support, ensuring that children are prepared not only for school but also for healthy growth.

The classrooms are filled with songs, stories, creative activities, and playful learning experiences. Children learn through exploration rather than memorization. They develop language, social, and cognitive skills while receiving nutritious meals and regular monitoring of their health and growth.

What makes these programs remarkable is not merely the services they provide but the philosophy behind them. Rather than expecting families to overcome impossible barriers on their own, the programs are designed around the realities of tribal life. They recognize that if mothers must work, children should not have to sacrifice care, nutrition, or education.

As future healthcare professionals, we often speak about healthcare delivery, disease prevention, and community participation. Yet experiences like these remind us that health begins long before a patient enters a clinic. It begins with adequate nutrition, safe childcare, early learning opportunities, and supportive communities.

As I looked at the little girl standing beneath the tree, I found myself wondering about her future. What dreams did she carry? What opportunities would she receive? Would her circumstances determine her destiny, or would society create pathways that allowed her potential to flourish?

The image of children accompanying their mothers to work is not a story of neglect. It is a story of resilience. It reflects the determination of families who continue to move forward despite limited resources and difficult choices.

But resilience alone should not be enough.

Every child deserves a safe place to learn, nutritious food to eat, and opportunities to grow. Every parent deserves the assurance that pursuing a livelihood will not come at the cost of their child's development. Programs like the Creche Program and Health and Nutrition Preschools demonstrate that such a vision is not only possible but achievable when communities and organizations work together.

My time in tribal Odisha taught me many lessons, but perhaps the most important was this: meaningful development is not about building services and hoping people will find them. It is about understanding people's realities and designing systems that meet them where they are.

Sometimes, the most profound lessons are not found in lecture halls or textbooks. They are found under the shade of a tree, watching a child wait patiently while her mother works, and realizing that true progress begins when care travels to those who need it most.

When Healthcare Begins Before the Hospital

Devanshu Gupta

The nearest Primary Health Centre lies nearly two to three hours away on foot. There are no roads that ambulances can easily navigate. The journey involves climbing steep hills, crossing uneven paths and walking through forests.

When an elderly person falls sick, there is no emergency response system waiting nearby.

Young men carry their parents and grandparents on their backs.

Not for a few hundred metres.

For hours.

Imagine carrying the weight of someone you love across hills while knowing that every passing minute matters.

In cities, we complain when an ambulance arrives ten minutes late.

In Durmusi, people first have to reach the road.

As we prepared to leave, the children stood watching us. Some smiled. Some waved. Others simply stared until we disappeared beyond the bend.

I carried my backpack back to the vehicle.

But I also carried something far heavier.

Questions. Questions about justice. Questions about equality.

Questions about what it truly means to become a doctor.

Durmusi did not teach me a new disease.

It taught me about neglect.

It reminded me that the greatest illness affecting many remote communities is not merely malaria, tuberculosis or anaemia.

It is invisibility.

As future doctors, we often dream of mastering surgeries, interpreting scans and treating rare diseases.

But perhaps our first responsibility is much simpler.

To see those whom the world has forgotten.

Because the true measure of a healthcare system is not found in its biggest hospitals.

It is found in villages like Durmusi, where the road ends—but humanity continues.

STEP 2025: From Exposure to Understanding

Dr Srinidhi Prabhu

Odisha's rural and tribal communities continue to face significant barriers to healthcare, education, and essential services due to geography, socio-economic conditions, and limited infrastructure. Swasthya Swaraj works within this context through community participation and grassroots engagement.

The Swasthya Swaraj Tribal Exposure Programme (STEP) 2025 provided members of UMEED, the Community Service Club of **Bangalore Medical College**, with an opportunity to experience rural life, understand community health challenges, and learn from grassroots initiatives. Through field immersion and community interaction, the programme sought to bridge theoretical understanding with lived realities and reflective learning.

We had the following objectives:

- To provide exposure to rural and community-based settings.
- To understand ground-level realities influencing health, lifestyle, and access to resources.
- To learn from communities and organisations working at the grassroots.
- To foster empathy, teamwork, and social responsibility.
- To introduce participants to a community-oriented, experiential approach to public health.

Field Experience

The STEP 2025 field immersion unfolded as a series of lived moments that reshaped our understanding of health.

The journey began with a strenuous trek from the Kerpai sub-centre to Kutrumali village, where steep terrain itself became a lesson in access. Kutrumali, a small hilltop settlement, appeared self-reliant at first glance, yet daily life revealed persistent scarcity, particularly of water. Even with recent tap connections, carrying water uphill during dry months reflected how infrastructure often remains incomplete.

Health was inseparable from livelihood and culture. Women worked the fields using traditional Dongar practices while men migrated for employment, leaving unevenly shared responsibilities behind. Diets were filling but nutritionally limited. The presence of the Gurugunia highlighted how belief systems shape health-seeking behaviour, reinforcing the need for trust and culturally sensitive engagement.

Visits to schools in Serkapai and Majigaon reframed our view of education and health. Dropouts stemmed not from disinterest, but from distance, terrain, and domestic responsibilities, particularly for girls.

Crèche visits offered quieter yet profound insights. Observing caregivers nurture and monitor young children showed how early interventions can subtly shape life trajectories.

Together, these experiences transformed abstract social determinants into tangible realities. What stood out was not a lack of awareness, but the gap between potential and opportunity, shaped by terrain, resources, and long-standing inequities. STEP 2025 reaffirmed that sustainable change emerges through community collaboration, trust-building, and adaptive approaches beyond narrowly defined roles.

The final day at the Gao Swasthya Poshan Ghar in Nehla demonstrated how care gains meaning when rooted in the community. The TULSI session with adolescent girls further revealed resilience and awareness shaped despite constraints.

Personal Reflections

STEP 2025 took me back to the root of why I chose this path. Between the hills of Kerpai, the quiet dignity of Kutrumali, and the laughter of adolescent girls in Nehela, I was reminded that healthcare is not meant to be mechanical or distant—it is meant to be human.

STEP made it painfully clear to me that healing is what we do with patients, not to them. I realised that the greatest barrier was often not ignorance, but access. People wanted to be healthy and wanted to send their children to school, but distance, terrain, transport, water, electricity, and the absence of nearby hospitals stood in their way.

I also came to understand the importance of working with cultural beliefs rather than dismissing them, and of meeting people where they are. More than anything, this experience gave me clarity: I do not want to be a doctor who is technically brilliant but emotionally absent. I want to remember that behind every symptom is a person trying to survive with dignity.
STEP showed me another way—we can deliver not minimal care, but mindful care.

Chinmayi, 4th Year MBBS Student

STEP 2025 gave me the space to pause, observe, and truly understand what community health looks like on the ground. It helped me understand the everyday challenges people face, the factors influencing their health, and how these challenges are addressed through sustained community engagement, trust-building, and locally relevant solutions.

The experience strongly reinforced my belief that healthcare is not a privilege, but a basic right of every human being, and strengthened my resolve to work in rural areas. The people I met inspired me through their dedication and simplicity, reminding me to keep learning, stay humble, and always approach others with kindness.

I was particularly glad to contribute in a small way by teaching bracelet making to the girls in the TULSI programme. Beyond academic and professional learning, STEP left a lasting impression on me and will continue to shape my outlook on community health.

Preeti, 3rd Year MBBS

STEP 2025 was a grounding experience that made me realise how closely health is tied to land and daily life. The hills, water, and dongar fields shaped how people lived, worked, and accessed care.

Trekking to Kutrumali Peak made the idea of access real for me. The steep climb itself raised questions about how healthcare can be sought during illness or emergencies in such terrain. Conversations around land and bauxite mining also made me think about displacement and the long-term stability of these communities.

The experience with cultural beliefs and the Gurugunia, along with the Nacirema reading, made me reflect on how easily practices we consider unorthodox can be dismissed without understanding their sociological context.

Seeing the work of Swasthya Swaraj helped me realise that clinical skills alone are not enough; understanding community, context, access, and trust is equally essential.

Dr Rahul Gejje

STEP turned out to be much more than an academic visit for me. It was a quiet and grounding experience that made me think deeply about healthcare and privilege in ways that classrooms never really can.

What stayed with me most was the camaraderie we developed with the nurses, health workers, and staff of Swasthya Swaraj. Sharing conversations, meals, and daily activities made us feel involved rather than like mere visitors. It made me realise how important teamwork, trust, and mutual respect are in delivering healthcare, especially in underserved areas.

Spending time with tribal communities helped me understand their culture and way of life, while also making health disparities feel real and personal. Meeting Sister Aquinus and witnessing her dedication and sense of responsibility showed me what true leadership in healthcare looks like.

Overall, STEP made me reflect on how privileged we are in terms of access, opportunities, and choices. It reminded me that medicine is deeply connected to social realities and that being a doctor also means understanding the lives people lead.

Shreyas Ravi, 3rd Year MBBS

STEP gave me a deeper understanding of how things work in society and of the realities of India's healthcare system, especially in rural and tribal areas. I also greatly valued the opportunity to interact with people from different fields working at Swasthya Swaraj.

The experience opened my eyes to a part of India that those of us living in cities rarely get to see or truly understand. I was particularly struck by the challenges of mental health and suicide, nutritional deficiencies, poor sanitation, and difficult living conditions in remote villages.

At the same time, I realised that we cannot expect communities to live according to our worldview simply because their conditions appear alarming to us. This has been their way of life for generations. Instead of imposing our ideas, it is important to listen, understand, and work with them respectfully.

Deepan, 4th Year MBBS

One of the initiatives that truly stood out to me was the bike ambulance service, which plays a crucial role during medical emergencies.

What touched me most was the spirit of the people—their warmth, resilience, and happiness despite the hardships they face. Sharing cultures with them was a beautiful experience.

I was deeply inspired by the dedication and commitment of Swasthya Swaraj towards uplifting these communities and the work they are doing on the ground.

Deepu Darshan, 4th Year MBBS

RECENT EVENTS

VISITS

Dr Amita Bali, DGHS and Dr Jeena Pradip along with Dr Kumkum Bhasin visited Swasthya Swaraj in Jan 25-27.

A group of 7 doctors supported by NHM, Chattisgarh on an exposure programme to Swasthya Swaraj under the leadership of Dr Sangram Sahu (March 10-12).

Nutrition Week celebration in all our 14 Health & Nutrition promoting Schools (HNPS) in Kerpai and Silet GPs.

We celebrated this year's women's day as **Swasthya Sathi Mela**. The Mela saw huge participation from all Sathis.

TULSI MELA 2026

Nutrition Week celebration in all our 14 Health & Nutrition promoting Schools (HNPS) in Kerpai and Silet GPs.

Sudhakar Reddy -
A light that left too soon

Dr Sr Aquinas Edassery

There are some people whose presence continues to live on long after they are gone. For everyone who was part of the Swasthya Swaraj family between 2017 and 2020, Sudhakar Reddy was one such person.

Sudhakar was a man full of life. His booming voice, infectious laughter, and boundless energy filled every space he entered—whether it was the office, a village meeting, or a training session. There was only one place where silence prevailed: the jeep. The moment the vehicle started moving, Sudhakar would be fast asleep, often snoring peacefully, much to the amusement of everyone travelling with him. Those memories still bring smiles to our faces.

He and his wife, Sangeeta Sharma (both were MPH after B.Physio) joined Swasthya Swaraj during one of the most difficult periods in the organization's history. At a time when uncertainty loomed large, they stood by the institution with unwavering commitment and helped steer it through the crisis. Their dedication and sacrifices will always remain a cherished part of Swasthya Swaraj's journey.

Sudhakar' s contributions were immense and enduring.

He was instrumental in establishing the Diploma in Community Health Practice (DCHP) programme. He played a pivotal role in shaping the programme from its inception—helping secure its affiliation with Centurion University, overseeing administrative processes, selecting students, conducting practical examinations across several subjects, and nurturing the very first batch of tribal students. It was Sudhakar who transformed a renovated cowshed into a welcoming School of Community Health Science and Practice, ensuring that the students felt not merely accommodated but truly at home. That humble beginning has since become the foundation for training committed healthcare workers serving some of India's most underserved communities.

He was an exceptionally efficient administrator. Whatever responsibility was entrusted to him, Sudhakar carried it out with diligence, reliability, and an unwavering sense of ownership. His ability to solve problems quietly and effectively earned him the confidence of colleagues across the organization.

He was deeply committed to education as a determinant of Health. He worked tirelessly to help tribal youth complete their Plus Two education through the National Institute of Open Schooling (NIOS), opening doors to opportunities that would otherwise have remained beyond their reach.

On 5 April, the news of his untimely passing came as a profound shock. It was difficult to believe that someone so vibrant, so full of laughter and life, could be gone so suddenly. His passing has left a void that cannot easily be filled.

Today, we remember not only his work but also the warmth of his friendship, his cheerful spirit, his unwavering commitment, and the joy he brought into our lives.

Our thoughts and prayers are with Sangeeta and their little daughter, Charvi, who lovingly believes that her father has become a shining star in the night sky.

Perhaps she is right.

May Sudhakar rest in eternal peace, and may his light continue to guide and inspire all those who had the privilege of knowing him. Though his life was far too short, the lives he touched ensure that his legacy will endure for years to come.

"I will give you a talisman. Whenever you are in doubt, or when the self becomes too much with you, apply the following test. Recall the face of the poorest and the weakest man [woman] whom you may have seen, and ask yourself, if the step you contemplate is going to be of any use to him [her]. Will he [she] gain anything by it? Will it restore him [her] to a control over his [her] own life and destiny? In other words, will it lead to swaraj [freedom] for the hungry and spiritually starving millions?

Then you will find your doubts and your self melt away."

M.K. Gandhi

Swasthya Swaraj Society,
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