

THE CONQUEROR OF HEART

THE BIOGRAPHY OF INDIA'S FIRST WOMAN CARDIOLOGIST DR. PADMAVATI

DR. ARVIND YADAV

THE CONQUEROR OF HEART

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Dedicated To



*My sister Padmavathi Bhuvneshwar Kumar,
who has been a pillar of strength and role model all along.
Her selfless love, care and sacrifices have always given me
the strength to move forward and aim higher.*

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Foreword

Dr. S. Padmavati is well-known in India as well as internationally as a pioneering cardiologist who has saved countless lives through treatment and prevention. A superb clinician and brilliant scientist, her breakthroughs and discoveries have been published in hundreds of scientific papers. She has worked in Delhi since the 1950's, where she has held positions of great responsibility at a variety of medical institutions, while winning numerous accolades, including one of India's most distinguished honors. She has served as physician to India's President and many captains of industry while also devoting long hours ministering to the health of the downtrodden.

A life story is far more than what one might learn from a person's bio-data, for life evolves through periods marked by hope, struggle, and tragedy. Dr. Padmavati had to overcome many early challenges, including wartime displacement from Burma, widespread bias against women, and the inequity of medical services in India. Unbowed by authority or bureaucracy, and unfazed by the resentment of many a male competitor, her story of astonishing success and caring should serve as an inspiration to all Indians.

Auntie Paddu, as she is affectionately known to her nieces, nephews, and children thereof, has always been an icon to us. As a nephew, I remain deeply grateful for all the love and kindness she has bestowed on me since birth, when she helped rescue me from distress during delivery. Her deep commitment to science and her relentless pursuit of excellence, no matter how many setbacks one might face, have certainly influenced my own career as a scientist

and writer. So has her emphasis on a well-rounded life, where long working hours are offset by time devoted to family and friends, sports and exercise, and reading.

I fondly remember the many winter evenings my brother and I spent as children at her Delhi home in the 1960's. In the winters Auntie Paddu would regale us with fireside stories of her childhood in Burma and travels to far-flung places, and in the hot Delhi summers we would go swimming together with my mother and their youngest sister Dr. Janaki. I also recall my amazement as her forehead smashes on the tennis courts. Gregarious and adventurous, her home has always been a place of warmth and welcome, with room at her table and boxes of sweets for friends, former patients, relatives, and neighbors. Even today, at her advanced age of 102, she keeps a full schedule and still sees patients.

Padmavati's autobiography *My Life and Medicine* appeared in 2018, covering the highlights of her own life as well as her assessments of heart disease and its treatment. I am very pleased to learn that a new biography *The Conqueror of Heart* has been authored by Arvind Yadav. Dr. Yadav, a senior journalist, writer, and television editor, is well-qualified for the task, being the author of ten books, including the Hindi volume of biographical sketches *Kahani Doctor Sahab Ki*. His plan to have *The Conqueror of Heart* translated into Hindi and a few other Indian languages is commendable, as the story of Dr. Padmavati deserves wide dissemination.

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Preface

Dr. Padmavati is not only India's first woman cardiologist but also one of the world's oldest practicing doctors. At 103 years of age, she is one of the most reputed doctors in India. When one of my earlier books, titled *Kahani Doctor Sahib Ki*, on India's most renowned doctors, was being released, I was looking for someone to preside over the occasion. Dr. Padmavati's name came to my mind. I sent a mail to her secretary and received a reply within a couple of days. She had agreed to release my book, but only after deciding whether it was worthy. So she asked for a copy of the book first, read through the contents and then obliged my request. The book was released in a solemn function organised at her home in New Delhi.

After the function, we discussed many things, and I kept interacting with her regularly after that. I learnt a lot about her, much more than I had through my reading. I was also impressed by several qualities in her, which I observed through the interaction. She is a very hard working and disciplined person, who does not give up on any task she takes on until it is completed. Her punctuality is also exemplary. When she decides upon a time with someone, she does not delay even by a minute. Despite crossing the age of 100, she has a fantastic memory. She can recollect and narrate incidents from her childhood very vividly. Her command over language is also excellent. These qualities and the amazing incidents in her life made me want to write a book about her. Though she has written a fascinating autobiography- which is in the public domain- many interesting aspects of her life have not been covered. So I decided to write this book and asked for her consent. She was kind enough to grant my request, and now this book is in your hands.

Once regarded as a male bastion, the field of cardiology now has hundreds of women. But Dr. Padmavati remains an inspiration for everyone throughout the world for her determination, hard work and awe-inspiring foray into uncharted territory. Her story inspires women to pursue their dreams and venture beyond the barriers set for them by society. I sincerely believe that this book will be a source of inspiration for all of them. It will also acquaint the readers with the turbulent times that she went through. Such situations succeed in breaking a lot of ordinary people, and they find it hard to come out of such times with their spirit intact. But Dr. Padmavati's story motivates people to fight against difficult circumstances. She has inspired four generations of doctors in India and has seen the progress of medicine in the world. Her pioneering work in the field of cardiology has made India one of the most developed countries in the domain of medicine. I am happy and privileged that I got to meet this legend multiple times, and could listen to her narrate the various incidents of her life. These incidents have shaped her goals and her life in general.

Dr. Padmavati's story is not just a source of inspiration for women. It is an encouraging tale for everyone, irrespective of gender and class. It inspires the readers to refuse to give up and compromise with their circumstances. It motivates everyone to give their best in terms of their contribution to the world. People are inculcated with the spirit to turn their lives around and realise their full potential, instead of complaining about the state of affairs. It is a story of resilience and a single-minded focus to achieve goals despite both personal and political hardships. It has moments of great warmth, tenderness and surprises, too, as an excellent biography should have.

From the destruction and trauma of World War II to social

barriers, from personal tragedies to challenges in the professional field, Dr. Padmavati has experienced it all. But with every crisis, her determination and grit became stronger. From every challenge, she has emerged victorious and more resilient. In fact, she has turned challenges into opportunities. Engaging in groundbreaking research to deal with stress is an amazing example of this spirit. She is a living testimony to the fact that nothing can break a person if he or she does not give up. Being a high profile physician, she has also found herself in unwanted and unwarranted political controversy. But with her patience and sincerity, she has also emerged untainted from such situations. Dr. Padmavati has served humanity not only in India but also in many other countries around the globe, including Europe. It has given her a broad world-view, which is prominently visible in her personality.

My reason for deciding to write this book is not just the fact that Dr. Padmavati has attained great success in the field of medicine, or that she is one of the most high profile doctors in the country. A major reason is that she rose to a height where very few had risen before, and she did so despite all odds. Her story contains crucial life lessons for every person who wants to excel in life. In this book, I have tried to highlight the aspects of her life that have deeply influenced me. I have tried to share that sense of awe with the readers. I will be immensely happy and will consider myself fortunate if the readers feel inspired and motivated by my humble endeavour in the form of this book.

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Chapter 1

The Conqueror's Roots

An Early Role Model

Padmavati's paternal family had ancestral links in the city of Gobichettipalayam in Tamil Nadu. Surrounded by the Western Ghats, the land had seen the historical rule of the Cheras and the Vijaynagar empires and was later captured by Tipu Sultan. Given the number of Tamil films that are shot here, today, it is also known as 'Mini Kollywood.' As had been for centuries, her grandfather, too, was a landlord. However, in the face of increasing debts, the situation of the family was grim. With her grandfather's untimely death, their financial condition only worsened further. The onus of raising the children and fending for the family now fell entirely on the shoulders of her grandmother.

Padmavati's grandmother was no ordinary woman. She was a woman of mettle, inner strength, and great courage. Even after losing her husband, she rose to her responsibilities as a single mother and head of the family- managing both the raising of her children and the financial condition of the family. She never received any formal education herself, but that did not prevent her

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from single-handedly raising her children and ensuring that they have access to quality education. In her day and age, her position as a widowed head of the family was accepted socially without difficulty, but she did not yield to the prying eyes of the world. Many people tried to take advantage of her situation by claiming ownership of her land and taking the matter to court. Her lack of legal knowledge and experience did not deter her from fighting her case, and she won multiple legal battles to protect the family's property. Seeing his mother struggle so much, Padmavati's father realized the value of legal expertise and went on to become a lawyer. Even during such trying times, she managed to make charity and gave land in the Gobi for the construction of a primary girls' school as well as a temple dedicated to Lord Ganesha. She was the first role model in Padmavati's life.

Padmavati's maternal grandparents lived in Komaralingam, a district in the southeast of Coimbatore. They were orthodox Tamil Brahmins steeped in the tradition of ancient texts. Both her paternal and maternal families were inclined towards maintaining the tradition of educating their children well. On the paternal side, boys were schooled in Bangalore, encouraged to study further and pursue careers of their choosing. On the other hand, however, girls were only allowed an education till class eleven. Similarly, in her maternal family, boys were graduates and fluent in English, but the girls were only schooled till class four and married off by the young age of eleven.

A Rational Father

Padmavati's father was the most influential figure in her life. As mentioned earlier, he was drawn to law after witnessing his mother's long legal struggles. After completing his Bachelors in Arts and Law from Bangalore, he moved to Magwe in Burma to

practice in the district headquarters. Soon his career advanced as he rose to become a barrister and practiced law under the British administration. His hard work and loyalty brought him the title of Rai Bahadur (“Rai” meaning prince and “Bahadur” implying brave). The prestigious title was conferred by the British government on individuals for their service to the empire and was accompanied by a title badge. Later, he became the President of the Municipality in Magwe. He supported his mother financially and over a while, they were able to repay and free themselves of their family debts. He also took care of his siblings and their educational and financial expenses.

He was a well-read man with a rational and logical mind, a man of modern ideas who would not let himself be cowed down by old customs and traditions that did not make sense to him. He refused to blindly repeat Sanskrit verses and shlokas after pundits without being explained the significance of their ritual practice. He did not care to know a person's caste or stature and respected everyone equally. But an individual is a part of society and irrespective of personal belief, at some point has to bow down to societal pressure. Such trying circumstances put Padmavati's father to test as well. In 1913, he went to London to pursue higher studies to become a barrister. When he returned to India, things had changed quite dramatically for him. Unlike today when one's stature benefits from education abroad, in those days, the traditional belief systems were the opposite. Within the Hindu view of life, travelling overseas meant a loss of one's caste and resulted in the person becoming effectively 'impure.' When Padmavati's father returned, he too was considered to have lost his 'purity' in society to such an extent that he had to undergo a purification ceremony so that he become 'pure' again.

Mother's Nourishment

Padmavati's mother was born in 1899 and, the first girl child born to a family of five boys. Two of her brothers were graduates and educated in English, who later became Deputy Collectors. Being the youngest child, she had a well-pampered childhood. As was the custom in her family, she was married at age eleven. Those who met her say that even in her old age, she was extremely beautiful and remained a dutiful housewife. She had domestic aid to help her with daily chores around the house, but she loved to cook for her family herself. Padmavati and her siblings were fond of the food she cooked for them like payasam, poli, elluurundai, adai, boondi, and other South Indian delicacies. Unlike their father, she was a believer in tradition and custom. She was god-loving, regularly visited temples and gave alms for the poor and needy. But this did not prevent her from having a broadmind. Following her husband's ideas, she was not a believer in caste and respected all religions equally.

A Talented Bunch of Siblings

Padmavati was very close to her siblings as she spent most of her happy childhood with them. Padmavati had three brothers- two elder and one younger and two younger sisters.

Her eldest brother, Chellana, was older to her by ten years. He was born with Infantile Hemiplegia or total paralysis of one side of the body- in his case, the right side. With age, it only grew worse, but that did not deter him from living a full life. In those days, there were no schools in Magwe. Their uncle took him to Maymyo to enable him to attend school, and so he could only come home during vacations and holidays to spend time with his siblings. He completed his graduation in Philosophy from Judson College,

University of Rangoon. Later, he went to London to complete his LLB after which he became a barrister. He then settled in Coimbatore in 1942 on his father's advice. He passed away in 1975.

Next in line was her brother, Ramu. He became an engineer and worked with Burma Railways. Later he studied at the universities of Utah, Harvard and Illinois in the United States. He married an American woman of Swedish descent and settled there. He passed away in 2011.

During the Second World War, her younger brother Kittu learned Japanese and worked as an interpreter for the Japanese Secret Service- 'Kempeitai.' After the war, he shifted to the United Kingdom, where he trained in Opencast Coal Mining. Later he returned to India and retired as a superintending engineer. After his retirement, he returned to Coimbatore to live with his family. He passed away in 2015.

One of her younger sisters, Saraswati, was four years younger than her. She excelled in sports and completed her graduation from Queen Mary's College, Madras. She had an ardent interest in acquiring languages and knew many, including Burmese. Post-graduation, she took a degree in education and worked as a teacher till her wedding. She was married to P.R.S. Mani, a Foreign Service Officer. She quit her job upon marriage and took up household duties as she travelled with her husband to his diplomatic postings around the world. Unfortunately, she contracted cancer and passed away in 1995.

Padmavati's youngest sister, Janaki, was a sharp student from the very beginning. She received the Fellowship from the Royal College of Physicians in Neurology from London and Edinburgh. She practiced at Christian Medical College, Vellore, before she

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moved to Safdarjung Hospital in Delhi. Subsequently, she worked at G.B. Pant hospital and served as head of the Neurology department twice during her tenure. She retired in 1985, after which she moved to live with Padmavati. Even after retirement, her passion for serving people fuelled her until health disabled her, and she could work no more. However, she continued as the Honorary Consultant at the National Heart Institute. Dr. Janaki met with her demise in 2010.

Chapter 2

Birth in a Country of Traditions

The story of Padmavati's birth is a fascinating one. The first female cardiologist of India was born 103 years ago in 1917 in Magwe, Burma. Unlike today when world-class technology-based medical care is readily available in India, in those days, only midwives overlooked the delivery of the child. Conceivably, a century ago, childbirth was far more difficult than it is today. Expecting mothers had to follow strict diets and routines to increase the baby's chances of survival. Despite all precautions, the infant mortality rate was dangerously high. The high infant mortality rate was such an important issue that it became a part of the United Nations (UN) development project's agenda.

It was common for women to lose children in their wombs or even after a few days of the child's birth. Not only the newborn but the mother too was at high risk.

In the face of such dangers, multiple peculiar customs and rituals were observed as traditions to ensure a long life for the newborn.

One Reason, Many Rituals

India is a country of traditions. Faced with such high fatality rates, over time, various communities developed their rituals to ensure the longevity of the child. Some cultures believe that dedicating the firstborn to a deity brings much good luck to the family. Later, when the child is grown, and his survival is ensured, he can be brought back by the family. In some parts of North India, Hindu mothers observe the AhoiAathe, which is very similar to Karwachauth. They fast without food and water throughout the day for the health of the children.

Similarly, Chhath Pooja, which is supposed to be one of the most challenging fasts in the country, is observed by mothers who have sons. The festival is celebrated as an expression of gratitude to the Sun God for spreading life on earth. Women fast through the day and take the auspicious bath in the Ganga on chilly winter mornings. In Solapur, Maharashtra, the bizarre-sounding tradition of 'child tossing' is common. Parents drop their child off of a fifty feet high tower while the villagers hold up sheets below to catch him. It is believed to bring them good health. Even the mundan ceremony, which is still widely performed in most parts of the country, is done for similar reasons. Since the child grows his first hair inside the mother's womb, it is believed to be affected by bad influences that interfere with his own growth. It is therefore cut off to annul its power. Besides, taking the child on pilgrimages was also a common practice.

Truth or Myth?/The Power of Mud

Padmavati's family faced a similar threat when two of the older children in the family died soon after birth. Of the six siblings who

survived, Padmavati was the third child. But if those elder siblings had survived, there would have been eight children, and she would have been the fifth in line. Her parents were very disheartened by this, and so when they were expecting little Padmavati, they remained extra cautious. But mere care seemed not enough. Everyone was apprehensive, and both families shared their concerns.

Her mother's aunt offered a solution that she thought her husband would never approve of. Her suggestion was to perform the ritual of rolling the newborn in the mud. To the Hindus, mud is pure and healing.

It was believed that when the infant was rolled in mud, it soaked all impurities and unhealthy elements and made the child free of their influence. In Hindu mythology, children and mud have had a long-standing connection. Lord Krishna loved to eat this soft earth. It is believed to be unhealthy for children. Medically, until very recently, it was believed that mud consists of impurities and harmful bacteria, but in Padmavati's case, things proved entirely opposite. Also, recent medical research indicates otherwise. It has now been proven that mud naturally contains such bacteria that activate neurons that produce serotonin, a natural anti-depressant, and so it can make children happy. There is also scientific evidence that early exposure to naturally occurring microbes in the mud helps build stronger and more disease-resistant immunity systems in children.

'Desperate times call for desperate measures.' Although Padmavati's father was not very pleased with the idea at first, in the face of no medical alternative, he acceded to his wife's suggestion. The aunt was informed of their acceptance. Soon after Padmavati was born, she held her in her arms and rolled her in the mud. Today

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Padmavati is 103 and she continues to lead a healthy life. Many believe that the tradition bore fruit, bringing her good health and longevity and allowing her to serve so many patients in her life.

It is important to note how almost all traditions are performed in anticipation of or for the well being of the sons in the family. But in Padmavati's case, her parents did not differentiate between a boy or a girl. Her birth was a blessing not only to her parents but to the world as she grew up to become one of the most successful and inspirational doctors of her time.

Chapter 3

Childhood and Other Beginnings

Colonization and Conflict

Padmavati spent her childhood in Burma, and she has indelible memories of her life there. Due to her father's job, by the time of her birth, her entire family had shifted there. It was later split from India as a separate colony in the 1930s, but in her growing up years, it was still a part of British India. It was a diverse mix of Burmese, Karen, Shan, Chin, Kachin, Wa tribes and Sino-Burmese, Anglo-Burmese, Indians, Jews, and Armenian people. This multi-ethnic demography birthed its diverse culture and shaped Padmavati's sense of the world as a young girl.

Burma is an old land and traces of the first human settlement date back to 13,000 B.C. The Tibetan-Burman Pyu people settled the earliest city-states around 200 B.C. Buddhism entered here, and gradually the Theravada school of Buddhism became most popular. The civilization lasted almost a millennium. In the 9th century A.D., the Bamar people migrated to the upper Irrawaddy valley. Today they make up the majority of the Burman population. Bamars

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founded Bagan kingdom in 1044. The kingdom popularized Bamar culture, which gradually overshadowed the culture established by Pyu states. The kingdom fell in 1287 only to be replaced by smaller kingdoms of HanthawaddyPegu (1287-1539), Ava (1364-1555) and Shan states (1287-1563), which controlled scattered political power in the region. The Mon people constituted the majority of demography in lower Burma. Mons had established the Buddhist Dvaravari and Haripunchai kingdoms in Thailand. Finally, the Konbaung dynasty conquered these Burmese lands and established a centralized state.

In 1825, the British entered upper Burma and established it as a colony. In lower Burma, Thibaw, their ruler, was escorted away from the Mandalay Palace in 1885 and later exiled to Ratnagiri in India. With his exile, the transfer of colonization was complete. In 1942, British rule in Burma was challenged by the Japanese. Burmese nationalists saw hope for ousting the British and joined hands with the Japanese. They were successful in wresting the British, but the result of Japanese rule was completely opposite to what the nationalists had anticipated. They decided to switch sides and now aided the British in their successful attack against the Japanese army. They retained control for another two years until finally, Burma attained freedom from British rule in 1947.

Dearly desired independence, however, brought its own difficulties. Political turmoil and anarchic instability followed the assassination of the entire cabinet of the civilian government, including General Aung San. The country was taken over by violent chaos when the army intervened to quell riots. Military rule persisted for more than fifty years from 1962 till 2015 when a civilian government finally came back to power, though the military still retains key portfolios.

Indians have been migrating to Burma for centuries and for various reasons. Under British rule, for reasons of trade and administration, this immigration increased drastically. On the flip side, these migrant Indians were seen by Burmese nationalists as representatives of the British colonizers and became soft targets in their resistance. Such tension is evidenced in an instance from the 1930s when Indian workers in Rangoon called for a strike and quit work in factories. When the strike was called off, and they returned, Burmese workers had already replaced them. More than 200 Indians were killed in the violent conflict that followed. Upon independence, citizenship became the issue. Only persons who migrated to the country before 1823 were considered citizens, which automatically excluded a large chunk of Indian immigrants. Those that remained incurred huge losses when the military nationalized private industry in 1964 and was forced to leave thereof. In recent times the issue re-emerged in the denial of citizenship and consequent forceful removal of Rohingya Muslims from the country.

Memories, Spaces and Sports

No matter where life takes us, childhood homes hold a special place in our hearts and especially for those that migrate from their homelands. Magwe, home to her Padmavati's early years, was beautifully settled along the banks of the Irrawaddy. Her father built a large home spread over an entire acre of land. The house was always welcoming and full of people as despite the distance, they were frequently visited by relatives and friends.

The house was divided quite unevenly. The larger portion where the family spent most of their time comprised living quarters, her

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father's office, living rooms, and bedrooms. They referred to the smaller part as 'mother's home' as it was largely their mother's domain. It predominantly has the kitchen where their mother, who loved to cook, spent most of her time. Besides, it also had a pooja room. Padmavati's father did not believe in the ritual of worship, but her mother was a devotee. She positively offered a prayer to the lord at least once a day. The dining room was the common room shared by the whole family. All the bathrooms were located in this section of the house. There were also two banyan trees near the bathrooms. In those days, there were neither electric supply nor water pipeline connections, which meant that the only means of getting water for the house was using wells or fetching it from nearby water bodies. Padmavati's family had a well of their own near the bathrooms, which made things much easier for them. Their property included a tennis court, which was special to the family as they spent many happy hours there. There were clerical and domestic quarters and also a cowshed. Padmavati's family had three cows, which were their lifelines. In Burma, milk was not easily available as the locales preferred condensed milk for tea and coffee. So the family depended on these cows for milk and dairy products, which were the staple diet of the family.

Memories hold power to transport a person from the present to the past. It is a natural time machine that defies the laws of dimensions. The lives of human beings are ironic. When we are children, we strive to become grown-ups. Once we grow up, we miss the time when we were little and had not a care in the world. It is often said that childhood is the most beautiful time in an individual's life. Certainly, Padmavati's childhood holds some of the most memorable moments of her life. It was a happy time when life was

carefree and free from the trials and troubles of the world. She and her cousins spent most of their time idling away, thinking or playing near the verandah.

During her childhood, Padmavati was the closest to her father, who played the most significant role in her upbringing. It was the time she spent with her father that moulded her as an individual of her own standing. Since Padmavati's father was fond of swimming, he learnt the skill at a very young age. He became a brilliant swimmer who could swim against the tides with great skill and mastery. He wanted to pass on his passion to his children, so one day, he decided to teach them all. The next morning, he woke up all the children early despite their lazy unwillingness. He told them that they were to go for their swimming lessons to the Irrawaddy. The moment they learnt this, they all jumped out of bed all excited for the new adventure.

Padmavati's father was a modern man and did not differentiate between his sons and daughters. He was not biased towards his sons and loved his daughters just as much. When he wanted to take the children out for swimming, he did not discriminate between them. Padmavati's mother never objected either. Over time, it became a routine. Everyday, Padmavati and her siblings accompanied their father to the river for their swimming lessons.

Irrawaddy flows from the north to the southern part of Burma. It is the largest river of the country and is considered to be one of the most important- both commercially as well as socially. Naturally, the children were scared and anxious to enter such big and active waters. But they were comforted in the presence of their father. Besides, all their fear was dissolved at the moment they stepped into the water and started thoroughly enjoying its flow. Their father cautioned them against taking the flow too lightly and advised

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carefulness at all times. With each passing day, their father increased the level of difficulty. One day they were told to swim against the current. It was a very challenging task as the Irrawaddy is known to have swift current. Under their father's instruction, all gave it a shot. It was difficult in the beginning, but gradually, they overcame their fears and got the hang of it. Their lessons continued in this way for a couple of months. As a result, Padmavati and all her siblings learnt to be great swimmers like their father.

Swimming against the current was a great challenge to teach his children important lessons of life and inculcating in them the skills needed to face the real world where most often things don't go our way. In a time when pedestalizing boys and openly discriminating against their girls was common practice in conservative families, Padmavati's father never let his daughters feel any less. He always encouraged all of them equally to learn well and remain physically fit. As mentioned earlier, Padmavati's house consisted of a tennis court. Padmavati's father taught all of his children the game of tennis, and eventually, it became one of Padmavati's favourite sports.

Padmavati's father was a highly educated man who was very fond of reading. He read the Modern Review and Indian Review while her mother had a subscription to Ananda Vikatan and Swadeshi Mitran. Padmavati's father was always interested in reading history and had studied the history of Burma and India deeply. His favourite books included the account of Chinese traveller Faxian and Xuanzang. He tried to encourage a similar interest in his children. Padmavati and her siblings were not only well acquainted with historical texts, but they were also fond of reading literature and had read many classic novels. Padmavati was fond of reading the plays of William Shakespeare. The likes of Sir

Arthur Conan Doyle and Bernard Shaw also caught her attention. Moving beyond traditional literature significantly impacted her life. They introduced her to global thoughts. These books, which she and her siblings read, opened them to a wider, broader perspective of the world. As their father was well-versed with English and her mother excelled in Tamil and Sanskrit, Padmavati and her siblings were raised to be polyglots.

Additionally, this aspect of their upbringing was added to by the multi-ethnic culture of Burma. Padmavati and her siblings used to speak in Hindustani with their domestic help, who mostly belonged to Uttar Pradesh and Bihar. Hindustani results from a mixture of Hindi and Urdu languages. All the siblings also received formal training in speaking and writing Urdu from their tuition teacher, Mr. Ghosh. Before any English-medium schools were established in Burma, Padmavati and her siblings used to study in Burmese medium schools where she learnt fluent Burmese. Later, when pursuing higher studies, Padmavati had to learn French and German from a private tutor in England.

All siblings spent most of their childhood together except their eldest brother, who was sent to boarding. Padmavati and her siblings played many different games though badminton was more common. Even though Padmavati had five siblings, she loved most to play badminton with one of her friends. While all her other siblings were notorious, she was known to be most innocent of the lot. Ramu, Padmavati's second elder brother, was the most mischievous child among them all. He used to create such a ruckus all the time. In order to get his way, he used to through different tantrums every time. He used to stand on the parapet of the top floor and threaten to jump if his wishes were not agreed to. He always tried his best to scare his

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mother to get his way. But as every mother knows the best way of dealing with their own child, their mother knew how to handle him. She was never moved by these threats. Instead, she used to tell everyone in the house to let him jump if he wants to. At last, Ramu had to give up the empty threats and quietly return home. Despite their different natures, all of them were very close to each other. Once a month, Padmavati's mother used to feed a spoon of castor oil to all the children. It was considered to be mandatory for all the children as a cure for all diseases. Castor oil is considered safe and acts as a natural laxative that can regulate metabolism in children. Padmavati and her siblings found the smell and taste of castor oil completely despicable. Every month when the children used to see their mother bringing out the bottle of castor oil, they ran to try and escape her and made their mother chase after them. Once when one of them caught chickenpox, all the others were quick to follow. Although their mother was absorbed completely in attending to them, it was not too late before the whole family was struck with viral fever.

Since their father worked during the day, the children spent quality time with their mother in her free time. Of the many games they played together, chess was a hot favourite. Padmavati's mother was a skillful player and outsmarted the kids easily. She also taught them to play cards, which they enjoyed very much. Their mother also excelled in Carnatic music. She taught not only her own children but also many other girls of the South Indian community in Magwe. She loved it so much that she later taught herself to play the violin. Padmavati and her siblings received training in violin, piano, and harmonium. She remembers how this early training and influences in her life nurtured her love for Carnatic music, which also later led to a strong liking for western classical music.

Meeting Pandit Nehru

When Dr. Padmavati was a young student, Pandit Nehru visited Burma to address Burmese and Indian labourers in an oilfield town. It was the time when the fire of nationalism had spread in all the colonies. Many Indians in Burma considered India their real home. Pandit Nehru was received with much honour, and his speech was celebrated amongst the Burmese, who paid attention to every word he spoke. He was a great orator, and he made a huge and deep impact on the audience. Everyone attending the speech was moved by his words. Later, a function was organized where Padmavati's father was also invited as he was a leader of the Indian community in Burma. It was there that Dr. Padmavati had the good fortune of meeting Pandit Nehru and his family. She had heard so much about this hero of the independence who had always stood beside Mahatma Gandhi. When she finally saw him, she was awed by his personality. Pandit Nehru's daughter and future Prime Minister Indira Gandhi accompanied her father, and Dr. Padmavati had occasion to meet her as well.

Introduction to the Noble Profession

Since their father was very particular about the health of his children, Padmavati's family had always had close relations with doctors. It was an incident that had particularly alarmed him. One day Padmavati's brother was outside the house. Suddenly a snake bit him on his leg. Scared, he ran back to his house to tell his parents about what had happened. But the poison had started working already, and by the time he reached home, it had completely overtaken his body.

Before he could say anything to his parents, he lost consciousness. Everyone was scared to death and immediately sent

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for the doctor who wasted no time in reaching them. As soon as he checked him up, he figured out what was wrong. The knowledge struck fear. Their mother fervently started chanting prayers. After what seemed like long, excruciating hours, the medicines worked, and prayers were answered. Upon regaining consciousness, he recounted to his parents how he got bitten. To Padmavati, the doctor was the absolute hero who came in time and saved the day. After that day's incident, their father became very worried about his children. He decided that it was safer for a doctor to visit them every month and do proper check-ups of all the children. He was also asked to teach them basic first aid to enable them to deal with situations like these immediately.

Padmavati had occasion to meet multiple doctors in her life. Since her father was prominent in the community, their family was well acquainted with many doctors who called on them every now and then. However, Dr. Kundu made a particularly deep impression on her.

When Padmavati was nine, she was diagnosed with an umbilical hernia. Her parents consulted with Dr. Kundu, who suggested surgery. Naturally, little Padmavati was too scared. But he was very kind and patient with her. Finally, he was able to ease her fears, performed the surgery and cured her to health. She could not have been more thankful to the doctor for saving her life. Her time in the hospital was almost life-changing for her. She saw many doctors during her time there and observed how all of them worked with and deep commitment to service. It was here that she first imbibed that feeling of care and concern that drove her entire career. She saw Dr. Kundu and his colleagues at work and wanted to be like them. At that young age, she knew nothing about doctors but understood that their's was a noble and selfless job. She had a strong will to serve

others ever since her childhood and this always pushed her to work harder. This early exposure paved her future as a medical professional. The doctors she met were mostly neurologists and cardiologists, but Padmavati was particularly intrigued by cardiology. Her interest in cardiology developed at a very young age. By the time she reached High School, she had decided that she wanted to make a medical career as a cardiologist. But of course, there was still a very long way to go.

Chapter 4

The Journey of a Thousand Miles

Padmavati met many doctors in her childhood who influenced her to become a doctor. At the tender age of 9, she had already decided that she would take care of people. Becoming a medical professional was to take a whole lot of hard work, but its foundation was already laid in High School of her.

Padmavati completed High School from an English medium school in Magwe and became the talk of the town with her exceptional credentials. Not only did she become the first girl to get a distinction but also brought her parents' immeasurable pride by topping the entire province. The whole town knew her name and was talking about her unprecedented prospects. Her school was immensely proud of her achievement and decided to grant her an academic scholarship. The Burmese administration applauded her with a gold medal, among other honours. Later, when Padmavati visited India with her family, she was introduced to the Deewan of Mysore as 'the girl who completed her high school with a gold medal.' Her relatives in India were equally surprised to learn that a girl could pass High School with such flying colours.

She was very close to her school teachers and believed that it was they who shaped her thoughts and inspired her success in life. The Mathematics teacher was her favourite. She had always been an above-average student but was never really good at mathematics. It was he who gave her individual attention and motivated her to better herself. She was also very close to her English teacher. As one who had spent most of her childhood reading books, it was naturally a dear subject in school too. She loved reading novels, plays and enjoyed poetry. Her English teacher encouraged her interest and pushed her towards new and interesting reading. Another of her favourites was history. As mentioned before, her father was a great enthusiast and had introduced the children to its intriguing aspects. At school, she excelled at it and only became more interested.

Padmavati had always been impressed with the medical profession, but this desire was only truly strengthened after High School when she met Licensed Medical Practitioners or LMPs in the district hospital at Magwe. It was after meeting them that she realized the true importance of their occupation. She understood that if it was not for those doctors, so many people would suffer so much more every day. Her respect for them shot up, and she decided that she must work for the ill and suffering. But this was also not the only reason for her choice. At one time, she wanted to pursue a career in flying as well. But at that time, when it was difficult for women to have any professional career at all, it was seen as 'too masculine' an occupation for women. Padmavati's elder brother Ramu and younger brother Kittuboth grew to become engineers. Unlike today, at that time, there were only select few colleges that offered engineering courses. Since the competition was tough, it was a matter of great pride to secure a seat. But that was not an option for Padmavati. The only permissible vocations for women were that of a teacher or a doctor, and she chose the latter. Her parents were

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delighted at her choice, and were always supportive of her endeavours.

The World of Medical Colleges

For her to secure admission in M.B.B.S., Padmavati first needed to complete her intermediary. So after High School, she enrolled at Rangoon University. The University was founded in 1929 and followed the modern British education system. As a rule, all the departments in educational systems were headed by persons in the government. All the departments in the university were therefore headed by the British except the department of Pali and Burmese which was headed by either Indians or Burmese. Dr. Schloss, a British Jew, was the director of the university. Since English-medium education was uncommon in those days in Burma, most of the Indians only constituted the staff of the university. Padmavati found a very good teacher in the head of the English department, Mr. B.R. Pearn. She also remembers the heads of the Physics department; Dr. Quayle, who headed the Chemistry Department; Dr. Peacock and the head of the Biology department, Dr. F.J. Meggit.

Padmavati completed her intermediate studies and joined Rangoon Medical College (RMC). It was the only medical college of repute in Burma that offered a full course in medical sciences. The college offered two training programs-MBBS, which was a five-year program and LMP, which was for three. The teachers and staff were always supportive and understanding. Like at Rangoon University, here too the administration was dominated by British and Indian doctors. These doctors included British personnel who had retired early from the army to join medical colleges and given government policy, were mostly appointed as heads of departments.

The University was headed by Col. J.C Barrat, who was a professor of anatomy. Col. C.F.J. Cropper was the head of the Physiology department. Department of bacteriology and pathology were headed by Col. Malone while Col. Maccormack headed the department of Ophthalmology. The department of Medicine was under Col. R.V. Morrison. The department of Surgery was looked after by Col. McDonald and Col. Treston headed the departments of Obstetrics and Gynecology. Such a detailed account of the staff at RMC is possible entirely due to Dr. Padmavati's astounding memory. She not only remembers the name of each teacher who has mentored her, but is even able to recall all the individual classes she attended. In fact, an incident narrated by her nephew, Inderjeet Mani may be worth mentioning here. He remembers sitting in New York with the doctor and a few of her friends from the same profession. A casual discussion turned serious when they began talking about a medical condition that was the cause of much suffering borne by one of their acquaintances. Within minutes, Dr. Padmavati drew a mind-bogglingly accurate diagram of the human digestive system, on a thin sheet of tissue paper! This incident is a testimony to her retention power. Memory is crucial in medicine, and her ability to recall the minutest details of both people and well as the anatomical system, sets her apart from all the other countless pursuers of the profession.

The British were followed by Indians on the demographic graph of the college. Since Indian universities were considered of far greater value, Indian doctors were always preferred over others. Also, the number of Medical Colleges in India far outnumbered those in other colonies, and so it led them to seek employment outside India too. As education among women was not yet popular, male students far outnumbered the females. The multi-ethnicity of college was a perfect representation of the Burmese demographic.

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There were Burmese, Chinese, Anglo-Indians, Bengalis and Iranian students, among others.

When Dr. Padmavati passed the examination, there were two Anglo-Burmese, one Bangladeshi, one Persian, and three Indians, in her class. Most of her classmates were males, and there were only three females in the class. Even though Burma had some of the best institutions in the country with decent modern education standards, it was still made inaccessible for the native Burmese. The major obstacle was language imposition. The medium of instruction being unfailingly English made it impossible for them to be part of the system.

On the other hand, while one of the biggest challenges for the education system today is to maintain a decent teacher-student ratio, Padmavati's class did not face such difficulty. Every year the number of students who sit for the board examinations increases by at least 10%. In order to accommodate more students, colleges admit more students without increasing the number of faculty members. Similarly, schools increase the number of seats per classroom without the proportionate appointment of more teachers, which has lead to a dismal teacher-student ratio. Many classrooms have up to 80 or even more students in a class under the supervision of only one teacher, which makes it impossible for the teacher to pay equal attention to each one of them and for the students to connect with the teacher. Most are hesitant to ask questions in class, and as a result, this chasm between student and subject only deepens as doubts keep piling on. However, in their times, Padmavati's classroom was in a far better condition. Her class had only around 50 students, which ensured a good interaction between teachers and students. The doctors were experts in their respective fields, and the staff was always helpful.

A Whiff of Freedom in the Hostel

Since Rangoon was quite far from Magwe, it was impossible for Padmavati to travel from home to college every day. Therefore it was more practical to find accommodation nearby. She shifted to a women's hostel- Inya Hall, which made attending college more feasible. Although the distance between college and hostel was still about 10 kilometers, the efficient bus system made it possible for her to commute punctually. She used to leave at 7 in the morning and usually be back by 6. College kept her very busy and happy too. She was fond of her hostel as well, which was well-equipped with recreational facilities like tennis and squash courts and a swimming pool as well.

She shared her hostel room with Elid Ablin, an Anglo-Burmese student, who was to become her best friend. She used to enjoy sharing the food her mother sent from home with her. The hostel warden was an Anglo-Indian woman while the assistant warden was Burmese. As a rule, all hostellers were obliged to dine with the warden at the central table once a week, which was a great opportunity for everyone to mix with one another and also share their concerns with the warden. Given her nature, Padmavati maintained good relations with the warden and all her fellow hostellers.

As one enters college, life often transforms quite dramatically. One undergoes so much change not just intellectually but personally and habitually too. And hostel life is a huge part of that change. Padmavati, too, was similarly introduced to the sense of freedom that collegiate life affords. In her case, it was most exciting through food. Growing up, they had been a strictly vegetarian family, but now she was shocked to see that the hostel served non-vegetarian meals. She could not even imagine consuming that and had to look

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out for food for herself. Sometimes she ate from street stalls while on occasion would eat with her professors, but it was a taxing exercise nonetheless. All her other Anglo-Indian, Burmese, Jews and Armenian friends were non-vegetarians. They would jokingly call her a 'grass-eater.' Gradually she found this hunting out her own food every day to be too much of a task and reconsidered her eating habits. It seemed easier to just adjust to the hostel food. Her friends introduced her to a whole new world. Trying that kind of food was like discovering a whole new and strange place. Over time, she became fond of chicken. She tried all kinds of meat with her friends- beef, pork, mutton, chicken, fish, and prawns. Since her family had observed vegetarianism throughout, she did not tell them about this. Not that they were orthodox and would have been angered by it but simply because she did not want to bother and hurt them needlessly.

This hostel life gave her a sense of freedom in herself. Food was only one of the many problems she had to deal with in the course of her time there. She had left the comforts of home behind her and come here. She had no domestic help to do chores for her anymore. She had to fend for herself and manage her own affairs. It was a step towards self-dependence, and she loved every bit of it as it led her to new experiences. As every hosteler, she came in as a teenager and left a young woman. Her time there taught her the subtleties of understanding people and the ways of the world. It was an experience and lesson in learning and maturing.

Hobbies and Holistic Education

Padmavati was an ambitious and diligent student. One of the brightest of her batch, her professors were certain of her credentials and promising future. However, even in times when she spent more than 8 hours studying every day, she did not neglect to pursue her hobbies simultaneously too. Contrary to some of the parents today

who force their students to quit all outdoor activities, Padmavati's father used to write to her regular letters reminding her to take time out for her hobbies too and pay attention to her health. She frequently took long evening walks to get fresh air and clear her mind of the day's troubles. She also regularly played squash and tennis with her friends in the hostel courts. Of course, swimming too was close to her, and she managed to take time out to practice. As a result, besides acing her academics, she managed to win many tennis and swimming competitions as well.

She had already been introduced to Carnatic music by her mother, which she found very soothingly relaxing in her stressful collegiate life. She also developed a taste for western classical music in her hostel years. Besides, reading had always been an integral part of growing-up years, but now it was difficult for her to find time for non-academic reads. Slowly, however, she was able to set a routine for herself. The English world of fiction was already known to her, but she discovered the field of biographies as especially inviting. She found realistic personal accounts inspiring and motivating. Later an uncle of hers introduced her to astronomy and taught her to observe eclipses without relying on telescopes, which sparked her interest. She made it her mission to read and learn all about them and ensured that she took out at least one hour every day to read up on the subject of the galaxies and the heavenly bodies. She might not be able to reach the stars physically, but her mind could still acquire knowledge, and she could have the breathtaking experience of a metaphysical journey through space.

Birds had always caught her fancy. Their unconstrained flight into the infinite sky was a subject of boundless fascination for young Padmavati. Like a bird, she wanted to experience the freedom of the entire sky. She became an avid birdwatcher. Since woodpeckers

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were common, she keenly observed their activities and behavioural patterns. She did not want any birds for pets, for she did not want to cage them, but her love for animals led her to adopt three street dogs. She took fed them thrice a day and made sure they remain healthy. She took very good care of them and eventually became very close to them, as they did too. Every time they saw her come, they used to wag their tails and run towards her. Padmavati was also equally attached. While passing through the street, she made sure to meet them. They played with her, and she found joy in spending time with them. The worst bit about life is that all good things come to an end someday, and no one can cheat death. Padmavati was shaken completely when she learnt one day that one of the dogs had died. She felt comforted in the fact that the other two were surviving well, but soon they too passed away. She used to pass the street where she met them every day and felt entirely broken to realize when her steps lead her there that they were no longer there. A kind of emptiness that loss of those dear to us brings in our lives was harsh to make peace with.

Entering the Medicine Multiverse

Padmavati was ranked as the best outgoing student in her class. She passed with first division overall and with distinction in Anatomy, Physiology, Pathology, Forensic Medicine, Hygiene and Public Health.

Medicines in those days were not as advanced, and so doctors had limited options for treatment. Today discoveries in healthcare have revolutionized the field. In most medication today, antibiotics seem like a must but back when Padmavati started out, the only available antibiotic was Sulfa drugs. In the first half of the twentieth century, diarrhea, dysentery, pulmonary tuberculosis, pneumonia, typhoid, malnutrition, and vitamin deficiencies such as rickets and

beriberi were the most common diseases in Burma. Cases of tetanus and rabies were also fairly frequent.

After completing her MBBS, Padmavati interned with Rangoon General Hospital and later with Dufferine Hospital. Each day at the hospital was harder than the last, and like all her colleagues, Dr. Padmavati also spent many hours on her feet. The exhaustion and long, unbroken hours of work, were made tolerable only through the knowledge and experience gained by operating on patients. Her first patient was a 15-year old girl who was brought in with swollen legs. Being an intern, she was on duty to check on patients and report critical cases to the senior doctor on duty, Col. Morrison. She did the check-ups and diagnosed her with Epidemic Dropsy. In those days, it was one of the most common diseases in both Burma and India. It is an acute non-infectious disease resulting from the use of edible oils adulterated with Mexican poppy seed oils. The first case of Epidemic Dropsy was reported in Calcutta in 1877. Realizing its seriousness, Padmavati immediately sent the girl to Col. Morrison with reports of her preliminary diagnosis. It was the first case of her life, which she handled independently.

While college days ready for a student of medicine with theoretical knowledge, the internship period is meant to give him hands-on practical experience. Padmavati, too learnt through dealing with complicated cases. A 20-year old patient came in with difficulty in swallowing. His neck and jaw muscles had become stiff, and he was experiencing spasms in his whole body. Padmavati diagnosed him with rabies. However, the treatment of tetanus was not easily available. But since the antibiotics were not popular yet, it was almost impossible to treat him. Till date, preventing rabies is much easier, while its cure is very difficult as the victims succumb to bacterial attack. Padmavati realized that the facilities available in

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her hospital were inadequate in this case, and so she referred him to a more equipped hospital immediately. Thankfully, his life was saved.

Before actually joining M.B.B.S., Padmavati was interested and intrigued by a career in Medicines and Surgery. But so far, she had only been exposed to the good, uncomplicated part of it. During these internships, the reality of the responsibilities a doctor has to carry became known to her. She understood that as demanding as it was, academics was not the toughest part of it. While studying in the medical college and later interning in the hospitals, she met and treated several patients. It was while attending the patients and interacting with them that she understood the hardships and challenges of the job. On one hand, saving a patient's life was always rewarding in itself. It was a tradition in Burma for patients to present their doctors with gifts once they were cured and restored back to health. Most of Padmavati's patients presented her with mangoes and so during her tenure in Burma as a doctor, she received many kilos of mangoes. But unfortunately, that was inevitably not always the case. Sometimes the patients could not survive the treatment or were victims of the unavailability of the facilities. Those were the most difficult times, which took a huge emotional toll on her.

A very young boy was once brought to the hospital. He was suffering from Beriberi. It develops due to Vitamin B deficiency and is of two kinds- wet and dry. The wet variety affects the heart and circulatory system and eventually causes heart failure. On the other hand, dry Beriberi attacks the nervous system. It leads to decreased muscle strength, which eventually results in muscle paralysis. Either way, it can be life-threatening if left untreated. The boy was brought in under a critical condition. He had trouble breathing, involuntary eye movement, and his muscles were going numb. His condition seemed far from saving as the disease had almost done its

job. But being an eternal optimist as she was, Padmavati put in every effort to make him better, but there was not much improvement. When she saw that his condition was deteriorating, she immediately called in her supervisor. Yet, for lack of adequate available treatment, he struggled for his life for seven long days. Everyone at the hospital helplessly saw him struggle against excruciating pain and discomfort until he slowly gave into death's arms. Padmavati found herself devastated. Never before had she felt so entirely lost and broken.

People mostly only admire the lives of doctors- their lifestyle, the unbound respect they enjoy in society. But they often fail to recognize the demanding aspect of their occupation. No training or education could have prepared Padmavati for what she learnt from her experiences as an intern. She saw some of her patients die at the table, and that sight brought her immense pain. To take a filmy example, Boman Irani, who plays the Dean of a medical college in *Munnabhai M.B.B.S.*, tells his students how they must refrain from forming any personal bonds with their patients. But what he obviously overlooks is that emotions are, to a large extent, beyond human control. Irrespective of their personality, it is natural for any doctor to become attached to their patients to some degree and entirely impossible to remain unaffected by their passing away. The internship experience made Padmavati learn all these lessons the hard way.

Chapter 5

The Intervention of War

The World Wars are scarring memories that shaped and altered human history like no other single event. Ironically, the 'world war' was only primarily a fight between the Western World for greater control of colonies, and therefore indirectly it got almost the entire world involved. Multiple factors lead to war, but irrespective of the causes, its consequences were unquestioningly catastrophic.

Given their principal ideological differences, the world was divided into two blocs- the Axis and the Allied Powers. On one side there were Germany, Italy, and Japan while on the other, the UK, France, China and later the USA. European nations locked horns against each other to gain greater control over colonies in Asia and Africa. The allied powers were pitted against the fascist ideology of the axis powers and realized the threat posed by their propaganda.

The First World War brought immeasurable trouble and discontent in its aftermath. In Germany, Italy, and Japan, it led to the rise of jingoism and ultra-nationalism. Hitler in Germany and Mussolini in Italy rapidly advanced their fascist politics rooted in rabid racism. Anti-Semitism in Germany resulted in the ghastly

Holocaust. Interestingly, the UK, the US, France, and several other European states cited the aggressive expansionist outlooks of Germany, Italy, and Japan as responsible for WWII. Undoubtedly, the anti-semitic Holocaust and racism were two significant factors. However, the increase in their power meant a direct threat to the colonial authority of the Allied Bloc, which was a significant factor in their joining hands against the Axis powers.

The catalyzing and multiplying factor in the unprecedented destruction occasioned by war was a definitively technological advancement. It made it possible to commit unspeakable and unthinkable crimes in gas chambers and atomic bombs. WWI had not seen the advance of weaponry to as great a degree as the WWII. As a matter of fact, many countries did not even have airplane technology. The use of airplanes made battles unboundedly more threatening and fierce as the enemies had the power to drop any explosive from the sky. The nuclear bombings of Hiroshima and Nagasaki were made possible by the discovery of nuclear energy, but the bomb could not have been dropped without air support.

Since the European world has extended control over the rest of the world, the colonized states were forced to join in a war that did not directly involve them. Colonies were affected severely. Their soldiers wererecruited in armies fighting the war and forced to shed blood in foreign lands. Indian soldiers were recruited heavily in the British army, and so many men gave their lives in the name of British glory.

The Second World War was a huge turning point in Padmavati's life, for it altered and shaped the course of her entire family's life. Burma came under attack during the war, and her family was forced to move away.

Burma during the Second World War

As discussed earlier, Burma was annexed by the British in the second half of the 19th century. It remained a part of British India until 1937 when it was made a separate colony of the British Empire. During the war, Burmese soldiers were recruited into the British Army and Burma was thrown into violent action. Within months of entering the war, Burma fell prey to a series of attacks by the Japanese.

Burmese soldiers were divided into two factions- those that were enrolled with the British and the 'insurgents' who had sided with the Japanese. They called themselves the 'Burma Independence Army.' Like the Indian National Army, which had joined hands with Japanese to drive the British out of India, the Burma Independence Army sided with the Japanese army to do the same in Burma and establish an autonomous rule. Burma Independence Army believed that the Japanese army would help them to get rid of British administration and establish an autonomous Burmese rule in the country. But Japan had other plans.

The reason for Japanese interest lay in the richness of natural resources in the region. Burma had a significant number of oil fields and several important minerals, such as cobalt, among others. They sought nationalist support to fight the British in order to accomplish their ulterior motive of establishing Burma as their own colony. In India's case, they gained the confidence of Subhash Chandra Bose and his Indian National Army and advanced an attack in 1943. But they were faced with defeat in Imphal and could infiltrate no further. Unfortunately, Burma did not share its neighbour's destiny. The Burma National Army assisted the Japanese in outsmarting the British through the country's rough terrain. Japan was thus

successful in seizing Rangoon and other states. For the Burmese, however, the plan did not work out as expected. The Japanese showed no mercy. The cruelty was far beyond mere economic exploitation. Soldiers ransacked homes and massacred thousands. In the war between the British and the Japanese, innumerable Burmese lives were bloodied. The land was razed bare. What began as a struggle for freedom, turned into a ghastly death fiasco.

Death Rained from the Skies

With Japanese aid, the Burmese had been successful in driving out the British and Chinese forces. Rangoon was attacked in December 1941.

Victoria Point, the southernmost point of the country, became the first site of the attack. The region offered no resistance and easily fell under the control of the Japanese army. The second attack was aimed at a police station. Once it fell, the Japanese launched an explosive attack and the Imperial Japanese Army Air Service conducted a series of air raids between December 1941 and March 1942. The first air attack caught the British Royal Air Force (RAF) completely off guard. Japanese pilots took the city by surprise-dropping death from the skies. British administration was brought to its knees as communication with the outside world was entirely cut. The RAF did retort eventually and, with aid from the American Volunteer Group, destroyed a few Japanese planes, but the efforts were too few and very late. The Japanese destroyed the Royal Air Force's base, their aircrafts, fuel tanks, operation rooms, and hangars. Allied powers in Burma were reduced to the ground- their armies forced to surrender and run for their lives. Any effort at retaliation was squashed by the more experienced and better prepared Japanese forces. They attacked the harbour and cut British

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communication lines and blasted their resources. The city was burned down to ashes, and hundreds and thousands of Burmese lost their lives.

After the conquest of Rangoon, life in the city came to a standstill or rather became a living nightmare. The Japanese took over ports, forced out British, Indian and Chinese forces and seized complete control. Buildings were devastated, and the city was destroyed. Burmese people were harassed inside their homes. Those who could were forced to flee the country to save their life.

Burmese nationalists who had joined hands with the Japanese were distraught with the consequences. They felt responsible for the condition of their comrades today. They tried to switch sides and join hands with the British in an attempt to retaliate and drive out the Japanese. By now, they were facing trouble with other frontiers too. There was a hanging threat of the Americans. The big game-changer was their attack on Pearl Harbour, which brought America directly into war and was avenged with the bombings of Hiroshima and Nagasaki in 1945. With that, the war came to an end, and so did Japanese rule in Burma. It remained a formal colony of the British till 1948 when it was declared an independent republic.

Chapter 6

The Conqueror's World Trembles

War, like for most persons of the generation, featured in Padmavati's life on more occasion than one. It remained a looming presence in the story of her life. She was born during the First World War in times when the world saw the horrors of war on such an unprecedented mass scale and longed for peace like never before. But the First War did not impact as the Second one did. Padmavati was a stage in her life when she looked forward to a bright and promising future. She had only just completed her M.B.B.S. degree and was looking forward to starting her practice as a full-time doctor. But war stormed into her life and toppled it over completely. Nothing was now as she had imagined it to be.

A Regular Day Interrupted

It started out as a regular day for Padmavati. She woke up early in the morning and made preparations for a seemingly normal day that lay ahead of her. She was obviously not untouched by the horrors of the reality of the times and very conscious of the world around her. No door had been left untouched by news of alarming conflict. Yet still, Burma had remained relatively peaceful.

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But the morning of 23rd December 1941 brought imagined terrors. Padmavati was in Rangoon, and as was routine for most of her days now, she was out visiting hospitals. All of a sudden, almost out of nowhere, the sky was filled with what seemed like hundreds of airplanes. They were under Japanese attack. One after the other, three Japanese air squadrons attacked the RAF base at the Rangoon airbase. The British army was caught completely unawares. Ever since the separation of Burma from the Indian state in 1937, the British army in Burma had remained vulnerable. Neither did they have enough arms and ammunitions nor enough army strength to respond to such organized military challenge. Within a matter of minutes, the British Airbase was reduced to ashes.

The Japanese did not stop at the airbase and followed it with attacking and destroying Rangoon city. Padmavati witnessed the absolute horror of the attack when she was caught right in the middle of it. Two Japanese squadrons bombed and fired at the City Centre in the city. The objective was to destroy and disable the strategically crucial centre of British administration in order to cut communication and isolate the region. The destruction of the base camp meant that no planes could land in Rangoon. The British had no support in the air. The RAF did receive some support from the American Flying Tigers but to no avail. The Japanese had taken complete control.

Rangoon came to a standstill. It was stunned by the suddenness of the Japanese onslaught. Buildings were razed to the ground, people were crushed in the rubble, and the city was reddened in their blood. Screams of death all around were overpowered only by gunshots. Children were turned into orphans, women widowed, men lost their families, and countless were made homeless. The bloodbath that day took over 2000 innocent lives.

Chaos in Rangoon

The Japanese were successful in isolating Burma by cutting all channels for communication. In the next few weeks, their army crossed over Thailand and reached Southern Burma too. They routed the 17th Indian infantry division to capture Moulmein in the Salween River Delta. The British were left hopeless. They had no resources or reinforcements to defend Rangoon with. The Japanese had destroyed oil refineries so as not to leave them with any fuel. The port had been destroyed completely to wreck naval support. The British commander-in-chief, General Harold Alexander, gave orders to evacuate. But before leaving, they decided to play a final mischief. They released all prisoners in jails. They were all mostly native Burmese, and when they got free, they ran to violent anarchy in the city. The British also threw open the gates of the mental asylums. To make matters worse, they also released the animals at the local zoo out into the streets. The British themselves had prepared for evacuation. It was the Burmese who had to face the consequences of these actions. The common man was looted, robbed and raped by the goons while they lived under the fear of attack from both the British and the Japanese.

The Indians feared their fate under Japanese occupation and so decided to flee the city when they could. They saw that they would only capture more cities and chaos would run the country. And so it did. Soon they captured Magwe too and the British Indian Army in Burma was forced to retreat to Manipur, India. As the last move, the British adopted what is called the 'Scorched Earth Policy,' which is to destroy anything that might be of use to the enemy. They destroyed oil refineries, farms, irrigation channels, railways, and bridges. They did to the Japanese what they had tried to do to them. The war had maddened all. In the long run, this havoc caused by the

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British army with the intention of harming the Japanese in effect only harmed the natives and their resources.

Choosing Courage and Selflessness

Padmavati was out on the streets and was caught in the commotion of the first air attack. She had found refuge in a bunker until it was safer to go back home. She was shaken by the horrors of what had come and hit them out of the blue. She found it difficult to collect herself, but she found support from her friends. Despite her trauma, she could not overlook the misery of her people. She decided to stay back and serve victims of war.

Even in such maddening times, Padmavati did not lose courage. Her own world was coming apart, too, but she went on performing her duties as a doctor and serving as many lives as she could.

Chapter 7

Staring Death in the Face

It goes without saying that doctors save many lives throughout their careers. The profession is held in high regard, and they are placed next only to Gods by their patients the courses of whose lives are, in a way, at their hands. But sometimes it is these people who come to the doctor's rescue. Something like this happened with Padmavati when her life was under dire threat.

With the British withdrawal, the Japanese annexation of Burma was complete. As discussed earlier, the consequences of the Japanese conquest were not quite what the Burmese nationalists had expected. The Japanese were unimaginably crueler than the British had ever been. They brutalized men, raped women, dragged children out of their homes and humiliated whole cities. Those who did not give in faced instant execution. There was a severe food shortage too. The British policy of destruction of public property before execution ensured that the Japanese did not get much as war treasure, which made their men furious. They retaliated by taking off that rage on the Burmese locals. Chaos took over, and Japanese soldiers indulged in unaccounted and indescribable violent deeds.

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They did not spare hospitals or mental asylums either. Army men entered these facilities and wreaked merciless havoc.

Padmavati was working at one such hospital, serving victims of war when it happened to her too. One day, as per schedule, she started her duties by checking up on the old patients before turning to the newly admitted. Suddenly they heard a troop of footsteps within hospital premises. Everyone was chilled to the spine. They briskly approached the main entrance, and with a single hit, they broke it open. Everyone—patients, staff and doctors alike—were scared beyond words as they stood face to face with the heavily armed, aggressively charged-up Japanese men. In a panic, they ran all over the place while some begged for mercy. To still the commotion, the Japanese shot down some patients and staff members. In a flash, hospital rooms were converted to the mortuary. Over a hundred people were killed in a few minutes. The patients which the doctors were treating were killed before their eyes in no time at all.

The shock of this intrusion brought back memories of the recent air-attack that she had been witness to. On the streets, she saw nameless people die, but here were her patients who she tended to with such care made into a ruthless pile of bodies. She was scared for life. Fear had stunned the body into still silence. They had not touched any doctors until now. Once they got done with patients and staff, they turned to the doctors too. They could have thought that they too would need doctors in their hour of need, but they were all blood-thirsty at this point. Once they began raining bullets, they stopped at nothing. Before Padmavati's eyes, one after another, bullets pierced the bodies of her colleagues. They almost killed every doctor on duty. She locked herself in a room and was waiting for her macabre turn. She prepared herself for death as the soldier reloaded his gun. It was only a matter of a click now.

But as the saying goes in Hindi -'Jaako raakhe saiyaan, Maar sake na koi!' That is, one who is guarded by God himself, cannot be harmed by anyone. In the Words of the Lord-“The Lord is thy keeper; the Lord is thy shade upon thy right hand. The sun shall not spite thee, nor the moon by night. The Lord shall preserve thee from all evil; he shall preserve thy soul.”

Padmavati closed her eyes to ready herself for the final moment.

Somehow the soldiers did not come into that room. They had left the hospital premises, and her life had been spared. The Japanese were known never to leave any survivors, but this time, Padmavati had been saved. She was not one to be killed so easily. Her life had only just begun. She had so much more to do and accomplish in life. She was meant to serve so many more people. She survived that day, but it changed her life forever. In the mouth of death, she realized new respect for life and thanked her Gods for sparing hers. It must have been God's Will to let her serve so many more in the years to come.

But when her parents heard of what had passed, they were sick with worry for her. They wanted her back with them to ensure that she was safe. Of course, she was stunned after witnessing the atrocities inflicted on her people, but it had also made her stronger. At the same time, however, she was conscious of the validity of her family's concern for her. Rangoon was no longer safe for anyone. What happened at the hospital could happen any day again. With a pained heart, she knew that it was now time for her to leave.

Chapter 8

Fleeing Home and Homeland

The situation in Burma only worsened day by day. People were left with no option but to flee as soon as they could. After the Japanese attack, the British administration had asked Padmavati's father to vacate their house within 48 hours. After the incident at the hospital in Rangoon, her father informed her of the British orders, too and asked her to come home immediately. She packed up and drove from Rangoon to Magwe. Once in Magwe, the whole family decided to return to India and left for the airport. But upon reaching there, they were told by the authorities that only women and children were permitted to fly out of the country. Under no circumstances were men allowed seats on the plane. Neither were women allowed to carry any luggage with them. Fortunately, they allowed them to carry money and take jewelry with them. Padmavati, her mother, two sisters were allowed on the plane along with her eldest brother on the grounds of his physical condition.

Leaving behind her homeland and in such circumstances, too, was extremely difficult and mentally taxing. She was brought up

her; her childhood memories lay in these lands. The worst of all worries, however, was that half of her family was forced to be left behind. Her father and her brothers Ramu and Kittu could not come with them. Ramu was working for the Burmese Railways in Rangoon, and Kittu, who had learned Japanese, had become an interpreter for the Japanese Secret Service, Kempeitai. It was the most effective and cruel military service in Japan, which planned and executed the attacks. Kittu's involvement in the Kempeitai ensured that the family was always already aware of the movements of the Japanese army

Refuge in Coimbatore

Their flight flew to Coimbatore via Chittagong. Surrounded all around by the Western Ghats, it was her father's hometown in Tamil Nadu. The minute Padmavati's uncle learnt about the situation in Burma; he immediately made preparations to host his brother's family in Coimbatore.

Even though their family had been out of the country for so many years, they had always maintained good relations with their family back in India. Padmavati, with her mother and siblings, lived with her uncle's family until they arranged for a home of their own. They had lost almost all their wealth and property in Magwe. But with the family's help, they were eventually able to buy a house for themselves in Coimbatore. The central concern for everyone, however, was the well-being of her father and brothers, who were still in Burma. Since communication was not easy back in the day, they had to rely on the radio. There was news of more death each day, which only left them bereft. Those were extremely trying times. They had no means of contacting their father or brothers directly and could only pray for their safety.

Calm After the Storm

Padmavati and her family had come to India in 1942. The War came to an end in 1945. However, even before the war was over, the Japanese army's hold over Burma had already weakened considerably. The Axis powers were losing the War as the Battle of Stalingrad against Russia had crushed Germany's army. The Japanese were now vulnerable, and the British exploited the opportunity. The Burmese nationalists joined hands with them to push out the Japanese. They had already failed in establishing an ordered administration and had enraged the locals against them. The defeat was not difficult. But the Japanese preferred death over surrender. Harakiri is a Japanese form of ritual suicide by disembowelment. Also known as Seppuku, the Samurai warriors of Japan performed it as an honourable suicide over death at the hands of the enemy. The Japanese soldiers, too, performed Harakiri before the British-Burmese army could get to them.

But even after Japanese removal from Burmese territory, the Burmese situation did not stabilize. The British got back to Burma, but after the War, they did not have the resources to re-establish former control. Eventually, they had to accede to demands for independence. On January 4, 1948, Burma was declared independent.

In these six years, Padmavati and her family barely had any contact with her father or brothers, but they did not lose hope.

Resilience in the Everyday

Meanwhile, life moved on in India. The family gradually settled into Coimbatore. The younger sisters got enrolled in a local school and later moved to Madras for higher studies. Padmavati had to find

work here too. The Japanese attack had stilled her career too. It was now time to pick up the pieces and start anew. She did join a local hospital, but she could not find her footing with the work culture there. She worked with several other hospitals in the area but could not satisfactorily settle on anyone.

Finally, she realized that she would have to move out of Coimbatore and look for a stable job. Leaving her family was obviously a difficult decision for her, but she stood her ground and moved to Madras. Unfortunately, however, her problem remained unresolved there too. Between 1942 and 1945, Padmavati changed hospitals multiple times. She spent three years moving jobs in the city.

With the end of the War, however, her career and life paused to take a detour. By 1945, the Allied powers had decidedly established victory over the Axis powers. Germany, Italy, and Japan had been crushed and brought to their knees. A treaty was signed between the Allied and the Axis powers, which bound the latter to return the colonies they had captured during the war. The British had already occupied Burmese territory, but it was after the signing of this treaty that they became administratively active.

They established Civil Affairs Service (Burma), or CAS(B), with the objective of restoring law and order and rehabilitating the economy. It invited Burmese nationals from all over the world to come together and volunteer in this rebuilding process. The CAS (B) was working under a project “Civilization Search in Burma.” Dr. Padmavati joined work on that project. She had worked mostly in Delhi, where she met many others like her, who were forced to flee during war. They almost formed a new community of people united by pain and a longing to see their homelands again. Dr. Padmavati had been trying to visit Burma ever since the end of the war. It was

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obviously difficult to go during the war. After the war, the British had tried to re-impose the previous form of administration, which was resisted by the Burmese. When finally Burma was to be granted independence, Dr. Padmavati had a chance. After a tremendous amount of work, she was at last granted permission.

A Tearful Reunion

Dr. Padmavati was overjoyed when she was ultimately permitted to visit Burma. She could not hold back from dreaming about reuniting with her father and brothers after four tormenting years with no word from them. She wanted to visit Magweto see her home once more. But the excitement was quickly crushed to bits. Their home had been encroached upon, and someone else had taken it over. Burma had changed beyond recognition. It was no longer the land she had known it to be. It was an unbearable sight to behold, an unbearable reality to reconcile with.

Feeling already crushed, she moved on to look for her family. Four whole years had passed since she last saw her father and brothers when they had to leave for India with everything. After that day, there had been no contact with them. Every day of the war, her mother and sisters had listened with bated breath to the radio for any news. They had spent days and nights worrying about them. At last, she was here. She was nearer to them than she had been in years, and now she could not wait to hear from them. She travelled around with an army doctor to trace clues and locate her father and found him finally.

No words could ever describe what passed between them when they set eyes on each other again. She saw her father and brothers and a wave of emotions surged through her. It was longing; it was happiness; it was pain; it was a relief. Most of all, she thanked God for keeping her father and brothers alive and safe.

With the family reunited and safely returned, Dr. Padmavati had to refocus on her career. She and her siblings had worked with CAS(B) for a considerable amount of time. Later, their dedication to the project was recognized, and the Burmese government granted them state scholarships to further their education. She received the scholarship in 1946, and moved to England, while her elder brother Ramu went later to the US.

Chapter 9

An Inch Closer to her Dreams

When Sinbad, the sailor, set sail, he was set on an unknown path that none had travelled before. The journey was filled with thrilling adventures and dangerous challenges. There were creatures unknown in the mysterious waters, and the tides were deathly. Failure seemed inevitable. But Sinbad entered the waters with gritty focus. His fearlessness and courage helped him surpass unsurmountable odds to be the legend that he is today.

This story of mythical Sinbad resembles the story of Dr. Padmavati in its oddity of difficulties. There were already only limited career options available for women in the early half of the 20th century, and it was tedious to form a serious career in them too. But in Dr. Padmavati's case, this problem was redoubled multiple times over. In 1946, she had moved to the U.K. for post-graduate studies. Her aim was to qualify for membership of the Royal College of Physicians of the United Kingdom (MRCP), which was one of the highest qualifications in those days. Of the many doctors, she had been influenced by, the most personally inspiring had been cardiologists, and she was determined herself be one. However, like

Sinbad's journey, her journey, too, seemed challenging and unknown. Cardiology had only recently been declared as an independent medical field, and there were only a limited number of doctors who had expertise in cardiology. Being a woman, it was going to be predictably difficult to break into those folds.

The Complex Field of Cardiology

The heart is a part of the body not only mentioned by surgeons and physicians, but also often spoken about by poets and artists. It is culturally considered to be the seat of our emotions and passions. However, this is not where its wonders end. It is also an electro-mechanical marvel. This organ is as small as an adult human's fist, but is primarily responsible for the circulation of oxygen-rich blood throughout the body. It beats about 115,000 times each day, and can continue beating even after being disconnected from the body.

In humans, other mammals and birds, the heart has four chambers. It is situated between the two lungs, slightly to the left, resting on the diaphragm. The intricate organ is fascinating to look at, which may be one of the reasons for doctors to choose the field of cardiology. Consisting of several layers of myocardium (a tough muscular wall), it also has a thin layer of tissue covering the outside, called the pericardium. The endocardium lines the inside. The heart cavity itself is divided vertically into a right and a left heart, subdivided into two chambers. The four chambers are called the left and right atriums, and ventricles, respectively.

Preliminarily, cardiology is the branch of medicine that deals with the disorders of the heart and of the circulatory system. The field is comprised of the medical diagnosis and treatment of congenital heart defects, coronary artery diseases, heart failure, valvular heart disease, and electrophysiology. Ever since human

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beings gained a workable knowledge of the world, human civilization has been aware of the importance of the heart and consciousness of heart diseases. Before the advent of modern medicine, when there were no sophisticated branches like electrocardiology, for instance, to deal with the conditions of the heart, medicinal treatment was symptom-centered. It was largely empirical and experience-based. Several ancient texts have recorded cases and theorizations on heart problems that reflect the rich history of cardiology. Egyptian Ebers Papyrus, the work of ancient Indian stalwarts Sushruta, and Charaka, Hippocrates and Galen of Greek civilization, and later Ibn Sina of Persia are some such prime examples. They cite palpitation, swelling of legs, and breathlessness as symptoms and offer strikingly successful remedies.

With the coming of modern medicine, a more detailed study of the heart and its workings were enhanced upon, and by the end of the 19th century, the tools of cardiology began to appear. In 1881, the sphygmomanometer for measurement of blood pressure was discovered, and by 1891 X-ray machines came to use. Polygraph and ECG became available by the first decade of the 20th century. However, until the First World War, there was no separate field for cardiology as such, and it remained a part of the larger medical field. Doctors of General Medicine alone managed heart cases as well as there was consequently no specialization in the field. It was practiced as a special interest by general physicians with superb clinical skills and a few basic tests such as ECG and X-Ray. It was the autopsy reports that transformed the field and paved the way for the field of cardiology.

There was no treatment for regular heart diseases until the 1940s. Antibiotics were useful for short term treatment, but they

proved to be ineffective for long term treatments. In the absence of a useful substance to counter subacute bacterial endocarditis, doctors had to rely on suggesting lifelong measures to patients. In such cases, the patient was bound to a wheelchair and forced to rest in order to prevent any future attack. Nor was there any adequate and reliable treatment for high blood pressure.

One of the landmark cases was that of American President Franklin Roosevelt. He suffered from high blood pressure, which remained undetected for a long time. Later, when it was diagnosed finally, proper treatment remained unavailable, given the lack of adequate medical drugs. The doctors were helpless as the only treatment they could prescribe was rest and digitalis. But the treatment proved insufficient, and he succumbed to severe hypertension that caused a massive stroke.

The position of cardiology changed massively after the Second World War. Modern cardiology as we know today took shape post-war when establishments of landmarked organizations showed a marked interest in health and especially heart-related issues. In 1950, the International Society of Cardiology, known today as the World Heart Federation, was established as a global hub for super specialties such as cardiology, neurology, and nutrition, among others. In 1948, the Cardiology Society of India (CSI) was established in Calcutta. Soon, the CSI launched the Indian Heart Journal inviting cardiologists and heart specialists to encourage doctors to share their knowledge. Several annual conferences, annual meetings, and research programs were organized to keep up with global medical developments in India too. In India, the first open-heart surgery was performed in the 1960s, and over the next few years, several significant developments took place in the field of cardiac surgery. The improvement in technology provided better

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diagnosis and served better results in many heart-related cases. The accessibility to CT scan, MRI and PET had made the jobs of doctors comparatively easier.

Learning Amongst Legends in the UK

Most of the foreign post-graduate students in the UK came from British colonies. South Asian students from India, Pakistan and Sri Lanka dominated the foreign students' demographic. Many others came from Syria, Egypt, Iraq, Hong Kong, and Singapore. A few came from New Zealand, Australia, Canada, and South Africa. Dr. Padmavati went to the UK with two goals- to be complete her degree with MRCP and to specialize in cardiology. When she got posted to the National Heart Hospital in London for her training, she was thrilled. It was the first hospital in the world to be dedicated to the study of heart diseases. Significant names or rather legends in the field like Sir John Parkinson, Evan Bedford, and Paul Wood were the part of the hospital. Dr. Padmavati was well aware of this history, and her being posted here became a matter of immense pride for her. It was in these very halls and rooms that John Parkinson made one of the most path-breaking discoveries in the history of cardiology.

Sir John Parkinson is regarded as the founder of modern British Cardiology. Along with Paul White and Louis Wolff, he had discovered the Wolff-Parkinson-White syndrome, which is a disorder of the heart's electrical system. He made a significant contribution to the study of myocardial infarction and angina pectoris, and his studies highlighted the importance of radiology in cardiac diagnosis. Not only was he a great scholar but also a great mentor who had trained many younger cardiologists and promoted international cardiology globally. Bedford was an expert on atrial-septal defects. He had been instrumental in the discovery of the

causes of pulmonary congestion. Wood introduced rigorous bedside diagnostic methods. He was committed to confirmation of clinical findings by cardiac catheterization.

While studying for MRCP, Dr. Padmavati had the good fortune of working with multiple hospitals of repute and trained under the best of doctors of the time. In the absence of advanced technology, doctors were taught to rely on clinical acumen. At National Heart Hospital, she was guided by excellent neurologists such as Sir Francis Walshe, Macdonald Critchley, and Swithin Meadows, who enhanced her knowledge of neurology. Next, she was posted to the Brompton Hospital for chest diseases and later worked at the hospital of the skin diseases. Conclusively, her medical training revolved around heart diseases, chest diseases, neurology, and dermatology. The petite lady was among giants, but stood tall.

A Few Hiccups in London

London weather is known for its unpredictability. It has sudden rain and especially chilly winters, which can be painful to adjust to and survive. In the 1950s, when there were no central heating devices, one had to rely on gas heaters. But of course, it did not deter Dr. Padmavati from taking tours of the city. She was on her own in a new place, and she wanted to explore. She saw all the tourist places- Hampton Court, the Tower of London, Westminster Abbey, and Buckingham Palace. She had been an avid reader since early childhood, and most of her favourite authors had been British. Being in London was the perfect gateway to visit all the places she had read about. She saw Wordsworth's Lake District, Shakespeare's Stratford upon Avon and Abbotsford of Sir Walter Scott. She visited places related to and in the works of John Ruskin, Beatrix Potter, and George Bernard Shaw. Being a tennis enthusiast, she got the

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opportunity to watch matches at Wimbledon. She understood the weight of such an opportunity. Even with a packed schedule, she made sure that she would find time to not miss any match. Coincidentally she was one of the few fortunate enough to be in London at the time of the royal wedding. Even though she never met the queen personally, she had a chance to get a peek at her at close quarters on her wedding day.

Even though she was having the time of her life in London, not all was easy- food being the biggest problem. Bring a vegetarian was not adding any ease to her life in England. British vegetarian food was not appealing at all in the long term. But since she was free to follow her heart while in London, she couldn't complain too much. She went ahead and, during her time there, visited France and Switzerland as well. While in London, she had the opportunity to interact and engage with the many fellow students who came from such diverse backgrounds.

Post her time in London, Dr. Padmavati went to Edinburgh, where she took another MRCP. Over time, her MRCP was elevated to Fellow of the Royal College of Physicians (FRCP). During her stay at Edinburgh, Dr. Padmavati had an opportunity to meet and work under the guidance of clinical giants Andrew Gilchrist and Sir Ian Hill. Dr. Padmavati learned some invaluable lessons from both the doctors who were outstanding in their field.

Meeting Mentors in Sweden

At that time, Sweden was the place to be for learning about advanced cardiology. After qualifying for MRCP, Dr. Padmavati visited Sweden for a short span of time. She went to the Karolinska Institute in order to work with Dr. Gunnar Bjorck, who later became one of the biggest names in Swedish cardiology. She also had an

opportunity to work with Dr. Gustav Nylin in his private clinic. Dr. Nylin was known for his groundbreaking studies of blood circulation. Over the next few months, Dr. Padmavati established good relations with both Dr. Gunnar Bjorck and Dr. Nylin. They frequently had dinners and get-togethers. Since most Swedes knew English, the language was not such a barrier. Though her stay in Sweden was short, she had the chance to visit Denmark and Norway and was able to catch a glimpse of the Northern lights.

Chasing the American Dream

Dr. Padmavati received her first fellowship in the US in 1949 in pediatric cardiology at the John Hopkins Hospital in Baltimore. The department of pediatric cardiology was headed by Dr. Helen Taussig, and Dr. Alfred Blalock was the chief cardiac surgeon who was known for his work with Dr. Taussig on the 'Blue Baby Syndrome'. Their work shaped the future of cardiac surgery and marked the beginning of a new era in modern medicine. It was here at the John Hopkins Hospital that Dr. Padmavati witnessed first heart surgery performed by Dr. Blalock.

Dr. Padmavati was fortunate in being able to observe several such landmark surgical procedures by the world's finest surgeons. She saw Dr. Donald Ross perform the UK's first heart transplant. In America, she met Dr. Michael DeBakey, who was the inventor of the roller pump, which is a necessary component of the heart-lung machine. Dr. DeBakey was one of the first to perform heart bypass surgery and carried out the first patch-graft angioplasty. His grafts are now used as standard all over the world. She also had the honour of meeting Sir Magdi Yacoub. He was an Egyptian Christian who moved to the UK and became a leader in heart transplantation. Currently, he is a retired Professor of Cardiothoracic Surgery at

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Imperial College, London. Another memorable moment of her time in the US was her meeting with Andre Cournand. He was widely known for his work on cardiac catheterization. He was later awarded the Nobel Prize for his remarkable work in the field. Dr. Padmavati interacted with many celebrities of her time during her job at the Brigham Children Hospital, New England Deaconess Hospital (Boston), and the Mayo Clinic as well.

Dr. Padmavati closely observed the care with which these surgeons performed the surgeries. Some of the cases were too complex, and she was impressed with the diligence and calm with which these surgeons dealt with these complexities.

During her stay at John Hopkins, she put up at the nurses' hostel. Although it was not the most comfortable, it's closeness to the hospital made commuting so much easier. The hostel had a tennis court, and she made full use of it too. On weekends, she would visit her friends in Baltimore. Dr. Helen Taussig often invited Dr. Padmavati and her other students over for dinner and lunch parties. She gave them some goodly wholesome American food. Once, she invited them to her summer home in Cotuit, Massachusetts, where they all had a most lovely time together. They swam in the Atlantic and even visited New England. Dr. Taussig was a good host, and Dr. Padmavati was quite fond of her. Over time, they developed a close friendship. When Dr. Taussig would come to Delhi, she was sure to pay Padmavati a visit. During her stay at Hopkins, Dr. Padmavati made many new friends who remained lifelong friends. One such friend was Van Walbeek, who went with her to Massachusetts, and they explored New England together.

In 1952, Dr. Padmavati received another fellowship at Harvard University at Massachusetts General Hospital. She was excited at the opportunity to work under Dr. Paul Dudley White. Dr. White was

one of the most respected personalities in the University as he was regarded as the founder of the preventive cardiology. Dr. Taussing and Dr. White became her gurus, and the US became a second home to her. Dr. Paul White and her wife also became good friends and met her every time she visited the US. Even after his unfortunate death, Padmavati continued to be good friends with his wife.

Broadening Horizons

Dr. Padmavati's time abroad formed a crucial part of her life and became an important part of her as a doctor. She met with a multitude of world-class doctors and surgeons who each left their mark on her. She worked under the supervision of some of the best doctors. Some of her colleagues were experts in their fields, and Dr. Padmavati learnt many important lessons from them. The exposure she received in the UK, Sweden, and the US enabled her to become an expert. It was a life-changing experience for her to learn from these absolute best. The training enabled her to return to India and create a space here to engage with the latest developments and technology.

Chapter 10

Return to the Motherland

After spending almost a decade in Europe and the US, Dr. Padmavati's training was finally complete. Having worked closely with the finest and practiced with the latest and most advanced technology, she was now ready. It was time now to come back and practice what she had learnt.

With the intention of giving back to her homeland, Dr. Padmavati went back to Burma first. It was after all the Burmese government who had given her the scholarship to study abroad, and it was only fair to serve her country first. Personally, she was delighted to be back and excited to serve her people. As soon as she set foot in Burma, she occupied herself with finding a suitable workplace. Before the war, she had already worked here, and so she knew about the working conditions here. However, much had changed in the years that passed. She was sadly quite disappointed with the hospitals and could not find a suitable hospital to work with.

Unable to find a satisfactory working environment in Burma, Dr. Padmavati decided to return to India. An added reason for

turning to India was that her parents were settled here and were ageing too. Being in India would mean that she could spend more time with them and care for them in their old age.

Despite the fact that Dr. Padmavati was the first Indian woman cardiologist and highly qualified too, or partly because of it, it was quite tough to find herself a job befitting her calibre in India as well. Her first job in India came unexpectedly. She had the chance to meet the first health minister of the country, Rajkumari Amrit Kaur. She offered her the post of a lecturer in Lady Hardinge Medical College, Delhi. Dr. Padmavati was not personally too impressed with the offer. She felt that her qualifications and skills were being overlooked due to her position as a female in an almost entirely male-dominated profession. All things considered, she was undoubtedly one of the most qualified and skilled cardiologists in the country. She had been trained by the absolute best in the world. This job was an injustice to her potential. But it was something, to begin with. Her parents were settled in Coimbatore. Overlooking other factors, she chose to prioritize proximity to her family and decided to take the job.

Treasure in Unlikely Spots

There was once a man who possessed the map to the wealthiest treasure known to humankind. He set on a journey in search of the treasure. After a tiring month-long journey, he finally reached his destination. However, there was no promised treasure found. Frantic with desperation, he looked and looked for days. When he studied the map once more, he realized that he had been holding the map inverted all along and had consequently sailed to the wrong place. Despaired, he had neither energy nor resources to return to the trail. Exhausted from the failure, he set sail back home. The weather

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seemed twice more unkind and the sea multiple times crueler. The storm forced his journey to another path. Thankfully, it was a known island. An island nobody wanted to visit for it was the rag of the sea. It was known that the island was composed of waste and that it consists of nothing but poisonous fruit. However, the man had no option but to halt to take shelter. Having nothing better to do, he decided to take a tour of the island. While he was going to the deepest places of the island any man has ever ventured into, he stumbled upon a huge pile of poisonous fruit. The smell was so unpleasant; he could hardly breathe. As he tried to make his way through the stench, a heavy yellow, lustrous element hit his foot. It took him a few seconds to wrap his head around the fact that what lay before him was a shining mound of gold. It took quite a while to register what lay before him and how in his failure, he had been lead to the promised treasure. The story is a lesson in finding treasure in the most unlikely of places when one least expects to find it.

Dr. Padmavati was reasonably unsatisfied with her job at Lady Hardinge College, but it was here that she made her most path-breaking discovery. Her research story is testimony to how any wave of crushing stress can form the background to one's eureka moment. Her time and experience at the college gave her the incentive to work harder and with greater focus too. It pushed her to make discoveries, which became a treasure for the entire medical community. It was her team's research results that enabled doctors to control the spread of RHD in the country.

A Female Utopia

Even though Dr. Padmavati did not want to join college, she was pleasantly surprised by and impressed with its working atmosphere. In the days of the Raj, Lady Hardinge Medical College was run by

the Women's Medical Service as an exclusively all-women's college with absolutely no men except two male professors in the Physiology and Pathology departments. The staff and all other professors were women. It was a space solely dedicated to women alone. Dr. Padmavati was extremely impressed with the advanced technology available there. She found the medical department orderly with an early version of an ECG machine. The laboratories were also functional, with decent working technologies and tests available. Later, when she ran her research here and made significant contribution to the studies of RHD, she co-authored papers with her colleagues Dr. S.N. Pathak, Dr. Savitri Gupta, Dr. Santosh Sood, Dr. Saroj Kumari, Dr. Kasturi Agarwal, Dr. Veena Raizada, Dr. Ramesh Arora, Dr. Indrajit Sandhu.

Since back in the day, it was the only medical college in the capital, it was also one of the most important hospitals. It was known to host stalwarts to deliver important lectures and seminars and was renowned for having some of the best faculty in the country. Dignitaries like Princess Lilliane of Belgium, the Yugoslavian heart surgeon Dr. IzidorPapo, the Australian Dr. Austin Doyle and other important personalities of the medicine world visited the college to deliver lectures. The reputation of the college grew, and soon it attracted research grants from the World Health Organization (WHO), US Public Health Service, Department of Science and Technology, India, and the Indian Council of Medical Research.

Horrors of the Medical Ward

Rheumatic Heart Disease (RHD) is a condition in which the heart valves become permanently damaged by rheumatic fever (RF). The heart valve damage may start shortly after untreated or under-treated streptococcal infection such as strep throat or scarlet

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fever, which can result from rheumatic fever, an inflammatory disease that can affect many connective tissues, especially in the heart, joints, skin, or brain. The heart valves can be inflamed and become scarred over time, resulting in narrowing or leaking, which makes it harder for the heart to function normally. Its symptoms include chest pain, fever, swollen, tender, red, and extremely painful joints, especially the knees and ankles. Lumps can be observed under the skin and the chest, back, and abdomen region of the patient become swollen and red. In several cases, lattice-like rashes might become visible, and the patient can feel shortness of breath and discomfort in the chest. General weakness is common and uncontrolled movements of arms, legs or facial muscles may also be noticed in some cases.

RHD is caused by RF, which usually occurs in children from ages 5 to 15. Children who get repeated strep throat infections are at a greater risk of contracting RF and thereafter, RHD. However, the most remarkable and scary fact is that after RF, it takes over years to develop the heart condition for RHD. When Dr. Padmavati took over her duties at the Lady Hardinge Medical College, she was struck by the large number of patients suffering from RHD. It was surprising for her because when she was leaving the US, RF/RHD clinics were being closed down because the situation was under control. But here in India, the disease was still raging widely, and wards were full of young female patients suffering from the disease. Curiously, in India, the cases were developing at a very young age. Most of the patients of RHD were quite young, which was very unusual. One of the youngest patients admitted was a three years old girl. This unprecedented bizarre situation in India was responsible for the coinage of the medical term 'juvenile mitral stenosis.' It had rapidly spread to most Indian states, and so the situation was

reasonably alarming. As a result, every medical conference organized in India in those days was focused primarily on the RHD, its manifestation, prophylaxis, and its treatment.

When Dr. Padmavati saw children suffer like this, she was struck to the core. Most of them were not even teenagers yet and lost their lives so young and so painfully. She had been hired to the college as a lecturer, but it was no time to sit still and profess alone. She had to do what she knew best. It was time to put her study and training at college and abroad to use. She entered into rigorous ground research to understand the cause of such an outbreak and work a solution for the situation our children were in. She had not worked with children's diseases before, but their symptoms were alarmingly severe. Having witnessed the horrors in the hospital wards, she delved into an intense study of RHD.

Preparing For the Battle Against RHD

This kind of health emergency needed a focused study from all quarters from the medical field. Dr. Padmavati was herself a heart specialist and teamed up with medical experts from other related fields. A team of the best researchers was formed to understand the phenomenon.

Prior to this experience in Delhi, Dr. Padmavati had been interested in Preventive Cardiology, International Cardiology, and Cardiovascular Epidemiology. Her lifelong interest in RHD began during her time with Dr. Helen Taussig at her fellowship with the Pediatric Cardiac Clinic of John Hopkins Hospital in Baltimore. Later, the interest was increased with her work under the guidance of Dr. Bernard Masell. In Baltimore, she had seen many patients suffer from RHD, but by the 1950s, the number of patients hit by RHD reduced significantly. The reason for the decline in the number of

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patients was attributed to the better living conditions and early onset of treatment.

When she saw the situation in India, her interest in the RHD developed further, but meanwhile she also found another cardiac problem common among young women admitted to Lady Hardinge, called Cor Pulmonale. After extensive research by her team, they concluded that it was caused due to over-exposure to open-cooking fumes from a very young age. Primitive fireplaces in ill-ventilated homes and continued exposure to smoky cooking fuels had caused permanent damage to their lungs. Dr. Padmavati undertook a study to determine the causes of congestive heart failure among women aged between 20 and 30 years old. Through ECG and X-ray, she was able to identify some of the particularly harmful gases emitted by the gas stoves. Through their study, they could also prove that the causes of Cor Pulmonale in women were different from that in men. In 1959, their hard work paid off when they became the first to publish their work on the condition in the American Journal Circulation. The research elaborated on the importance of lifestyle changes and the role of public health in combating heart disease.

Resistance through Research

Given how rampant the disease was, it was imperative to look for root causes by conducting an on-ground report. After collecting data from hospitals with RHD patients, it was observed that at that point in time, India had the largest number of children suffering from the disease. The prime victims being young children, the team decided to base their surveys in schools in and around Delhi. Schools were an adequate place to collect data from because, unlike hospitals and clinics, records were more organized and concentrated. Despite a large number of cases reported, there would certainly be many more cases that would go unreported in expensive

hospitals. It was almost impossible to find medical records of children from financially weaker sections. Therefore schools were the ideal place to base such research in. Fortunately, unlike schools in other parts of the country, Delhi schools conducted regular health surveys and maintained adequate records. It also ensured that data was more diverse and detailed than immediate medical history.

In an extensive survey that covered around 40,000 schools and spanned over five years, Dr. Padmavati and her team were able to conclude that Rheumatic Fever in children can be controlled and prevented from developing into RHD through a more ready, organized and responsive school health monitoring services. After receiving permission from the Health Commission, the team conducted another study to understand the pattern of RHD among children. Twenty thousand students were divided between the study and control groups. The research concluded that the number of infected children was less in the control group as compared to the study group. However, due to the absence of adequate facilities and records, the team could not conduct similar research in most other cities.

The Treatment Succeeds

RHD patients at Lady Hardinge Medical College were receiving the standard treatment, which was followed in Europe and the US. Several preliminary tests were conducted. There was an ECG, a throat culture for beta-haemolytic streptococcus, an ASO titre and an ESR. The patient's details were monitored and kept under observation until all the results of the tests were normal, and his condition was stabilized. Cases of chronic RHD were more complicated and were handled with more care. The patients were injected with six units of benzyl-penicillin every three to four

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weeks. Those sensitive to penicillin were administered erythromycin. While medicating children, extra precautionary measures were taken. Dr. Padmavati and her team demonstrated conclusively that in endemic areas, three weekly injections of penicillin were more effective than four weekly ones.

Applause Pours In

The cardiac expertise of the doctors at the Lady Hardinge Medical College won accolades from all directions. The research, once published, attracted attention from all over the globe. The attention resulted in the setting up of the first cardiac clinic in North India at Lady Hardinge Medical College in 1954. In the same year, the Rockefeller Foundation donated equipments to help set up North India's first cardiac catheterization lab in college. The machines sent were familiar to her from having worked with them at John Hopkins under Dr. Richard Bing. The setting up of this laboratory enabled her and her team to conduct their research on Cor Pulmonale.

The research increased the prominence and prestige of the college significantly. It gradually gained global eminence. The clinic opened within it became popular in no time, and a large number of cases of congenital heart disease and RHD were reported. In 1962, the All India Heart Foundation was inaugurated at the college, and thereafter several eminent personalities from the field of medicine and surgery visited the college regularly. It made such a name for itself that male physicians began seeking out work here. Especially, the catheterization lab received many applications from male researchers.

Another Meeting with Panditji

As a child, Dr. Padmavati had met Pandit Nehru when he had

made a visit to Burma to speak among the Indian migrants. Now a few decades later, when so much had changed in her country and her life, she had the good fortune of meeting him again.

In the 1950s, when Dr. Rajendra Prasad was the President, Dr. Padmavati visited Rashtrapati Bhawan frequently. (It may do good to insert why or how) During one such visit, she had the honour of meeting the Prime Minister too. When she was introduced to him, naturally he did not remember their previous encounter. But once she reminded him of his time in Burma, he recollected his time there. He affectionately put his arm around her and spoke very light-heartedly. He remembered the event and enquired after her father. She spoke to him about their experience of the War and the death of her father. He asked after her work at Lady Hardinge Medical College, and she really enjoyed his polite and charming manner. That day and that conversation was one of the most cherished memories of her life.

New Opportunities and New Challenges

Dr. Padmavati worked at Lady Hardinge Medical College for much longer than she had expected when she first joined. As mentioned earlier, she had many apprehensions before she took up the job. Besides professional concerns, she had also been apprehensive about fitting into the city's culture. As a Tamil woman, she had her fair share of cultural shocks in Delhi. She also had to engage with the stereotypes those around her had, with regard to South Indian people. But ultimately, these differences paled in comparison to her hard work and caliber. She not only adjusted to living in Delhi, but thrived and paved the way for cultural exchange in the field. The experience she thus had, at LDMC, was far more enriching than she had ever expected. It was due to her time here that

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she was able to make such a remarkable contribution to cardiology in India. After serving the college for 14 long and meaningful years, she decided to explore other avenues of service.

In 1967, Dr. Padmavati chose to join Gobind Ballabh Pant Hospital. Named after Pandit Gobind Ballabh Pant, a freedom fighter of much respect and repute who was decorated with the Bharat Ratna in 1957, its foundation stone was laid in 1961. It was officially commissioned in 1964 by Prime Minister Pandit Nehru. The hospital was only three years old when Dr. Padmavati decided to join in. By now, Dr. Padmavati was a well-established doctor. She was leading a rather settled life at Lady Hardinge Medical College. Had she wanted, she could have led a comfortable life with her position there, but she wanted to take on more challenges and give back more to her field. She joined G.B. Pant hospital for super specialties as Director and Consultant in Cardiology.

In those days, G.B. Pant Hospital and Irwin Hospital came under the care of Maulana Azad Medical College. Named after Maulana Abul Kalam Azad, who was an eminent Indian scholar, a senior leader in the Indian National Congress and the first education minister of the country, the college was established in 1958. The founding stone of Irwin Hospital was laid by Lord Irwin in 1930, and it was commissioned as a hospital in 1936. During the War and later after Partition, the hospital served many refugees. Given the need of the hour, it inducted many more doctors and medical staff. By the 1950s, it had become one of the largest hospitals in North India. In 1977, the hospital was renamed Lok Nayak Jai Prakash hospital.

These three hospitals formed one single unit. Later, the Guru Nanak Eye centre was added to this list. After Dr. Padmavati joined G.B. Pant Hospital, the Director-Principal of Maulana Azad

Medical College, Dr. Pathak had to go on a sabbatical. Within a few months of her joining, she was asked to fill in for him. It was obviously a challenging task to manage such high positions in these considerably large hospitals simultaneously, but she enjoyed the challenges of her job. Three hospitals combined, there were 25 departments in all, but Dr. Padmavati had fun working with and managing so many heads of departments.

Among the many challenges that she faced there, the biggest one was the setting up of a new department at G.B. Pant Hospital. She had the charge of Cardiology and Cardiac Surgery, but an official department was not formed yet, and the responsibility fell on her shoulders. In these times of need, her trusted friends and colleagues came to her aid. Dr. N.S. Dixit, Dr. G.D. Gupta, Dr. M.P. Gupta, and Dr. M. Khalilullah became instrumental in their help in setting up a proper department. It was because of the support of the staff that Dr. Padmavati was able to achieve such a gigantic task.

During her time there, cases of cholesterol, heart attack, and blocked heart arteries were on the rise. It was imperative that the doctors regularly updated their knowledge of the diseases and their treatment. One of the many basic necessities was updated machines with advanced technology. Dr. Padmavati made several efforts to bring the latest technological advancements to her doctors by bringing in better and newer equipment. Personally, she ensured that her knowledge on the matter remained constantly updated and participated in as many talks, discussions, symposiums and conferences on cardiology as possible.

Had it been anyone else in her place, they would have been crushed under the burden and stress of her position, but Dr. Padmavati took on this job as a learning experience and another opportunity to widen her horizons. It was an opportunity for her to

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interact with greater closeness with heads of different departments such as Cardiology, Cardiac Surgery, Psychiatry, Gastroenterology, Neurology, and Neurosurgery. She was herself the head of the departments of Cardiology and Cardiac Surgery. As a result of her interaction with experts from various fields, she engaged with anatomy more closely.

After serving for a decade, Dr. Padmavati quit Maulana Azad Medical College. By then, the post of Director-Principal had been replaced by that of the Dean. All the institutions which were placed in the care of Maulana Azad Medical College were now declared autonomous. Many appreciated the move as it would have given all the colleges a separate identity and freedom to work independently. However, some criticized the decision as they believed that they benefitted better from doctors from different departments interacting freely.

Crossing Continents with Knowledge

Dr. Padmavati's work was not confined to India alone. She never parochialized her approach and always looked positively at every opportunity to better her understanding. Her interest in interventional cardiology and epidemiology of RHD took her across continents.

The benefit of these work visits was not limited to knowledge alone. She had the opportunity to enjoy her journeys and visit her dream destinations. She had been to Hawaii, Australia, New Zealand, and Tahiti. Her visits to South America and Central America intrigued her most as she for a chance to explore the historic places where once great human civilizations dwelt. Of these, Mexico was her absolute favourite. She went there multiple times, but the most memorable was her visit to the murals of Diego

Riviera at the National Institute of Cardiology in Mexico City. It had a personal interest for her as the murals depicted a chronological timeline of the contribution made by people in the development of medical technology.

Dr. Padmavati had travelled across most of Canada and the U.S. Later in her career, she also had multiple opportunities to revisit Europe, and she made the most of it. She flew across Switzerland to visit the ashram of Maharishi Mahesh Yogi and was introduced to the beauty of Eastern Europe on her journey to the USSR. She paid a visit to the museum in Leningrad and many others, including Tashkent. She had had a taste of Europe, the US, Australia, and even Africa, but she was yet to taste the Asian delicacy. Finally, work gave her an opportunity to explore the Asian continent more deeply. She visited China and gathered hands-on knowledge of traditional systems of medicine through the local people. In Japan, she saw some of the most beautiful sites she had ever beheld. Later she got to visit Indonesia and Thailand as well. She travelled across Israel and the Middle-East. She travelled extensively in Baghdad, Lebanon, Syria, and Damascus. When she witnessed the condition of the Middle-East, she could not help but sympathize with the condition of Arabs and Palestinians who fell victim to the conflict between Syria, Palestine, and Israel.

It is always difficult to return home after one has been away too long. It was an emotional time for Dr. Padmavati when she was asked to visit Burma in 2000 as a WHO consultant. When she reached Burma and inspected the region, her nostalgia turned to disappointment and shock. She witnessed the inadequacies of the health facilities in her homeland. Almost all the senior doctors she had worked with during her time there had by now migrated to the US, UK, Japan or South America for better opportunities. Those that

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remained behind could not travel much to enable them to bring back development and global technology. Additionally, there was a severe shortage of affordable medical supplies which had to be imported from either China or India. The locals had to depend on the traditional systems of medicine. Dr. Padmavati was quite heartbroken to see the health system in such a poor condition. She decided to meet the Burmese Health minister about the situation and also sent a report to the WHO. Since then the Royal College of Physicians took over the country's Post Graduate curriculum in medicine and gradually, the situation improved.

Dr. Padmavati wanted to understand the medical situation in India at a much deeper level, and travel became an indispensable source. Except for Andaman and Nicobar Islands, she visited every part of the country as an examiner for DM and MD exams of the government. These visits helped her understand the on-ground state of medical facilities across the country. She acquainted herself with the food, culture, language, literature, and traditions of different regions to understand their lifestyle and health condition better. Whenever she could, she found time to take a trip to the local sites. She was impressed by the beaches in Kerala, Goa, and Tamil Nadu. She has been to the easternmost as well as the westernmost parts of the country.

Time spent at Maulana Azad Medical College and Govind Ballabh Pant Hospital was precious for Dr. Padmavati. While she was there, she had the chance to interact with many eminent personalities and figures closely. She had been a part of some of the most significant cases in her life. Her work and travel enabled her to expand her horizons and learn from all directions.

Chapter 11

Balancing the Personal and Professional

As discussed previously, most people do not recognize the tough parts of the medical profession. It is a common notion to believe that once one becomes a doctor, there is only respect, money and a comfortable life to look forward to. It is, of course, undoubtedly an honourable profession. But there is always a cost to be paid personally. Immersion in professional life leaves them hardly any time for their family. Even in the little time they get with them, professional cares make way into their mental space and time. It becomes increasingly difficult to leave thoughts and worries about their patients and cases behind themselves. Additionally, failures in the operation theatre come to haunt perpetually.

Dr. Padmavati's case was no different, either. Most of her time was spent worrying about the issues in her professional life. She had enjoyed her collegiate life in Burma and her training period thoroughly abroad and later success in her professional pursuit, but her career came to overshadow her personal life. But in spite of this paucity of familial time, she never regretted her choices.

Turning Down Proposals

Padmavati was very young when she joined medical college. After that, however, there was no looking back for her. She busied herself with single-minded devotion of becoming a medical practitioner. Immediately after she completed her MBBS, political conditions became tense, and the world was thrown into the throes of war. In these circumstances, newly graduated Dr. Padmavati's only aim was to serve as many people who needed her help. The world was at war, and there were patients to be served. There was no time to think about personal decisions. Her parents supported her decision completely, and the question of marriage was an absolute non-issue. It was not even brought up until her late 20s. But of course, her busy schedule and unending medical engagements did not discourage male attention from falling on her. She was an intelligent, motivated and charming young woman. She received many proposals from men in her life, but she never really had time to think about a romantic relationship. Every time someone proposed to her, some pressing issues in her career engaged her attention.

She was still in medical college when she received her first proposal. She was still struggling to manage studies and hobbies with living apart from her family. It came from one of her seniors who she did not know personally but had seen around on campus. When he walked up to her and expressed his liking for her, she was quite taken aback. It was the first time that a boy had professed liking so openly, and she did not know how to handle the situation. She managed to tell him about her priorities and express her apologies for being unable to accept his feelings. He was upset but walked away silently. But this was not to be the last time that such attention was to fall on her.

After finishing college, she was working with a hospital. She had to establish her feet and was working hard towards that goal when a fellow doctor proposed to her. Despite her initial reservation, she decided to give it a shot this time. Things were going quite smoothly for them, but gradually the future of the relationship seemed uncertain. She had only just started out, and she thought it was too early to commit to marriage. Her parents didn't push her, either. The decision lay in her hands, and she chose to call it quits before matters became too difficult. In the months that followed, the War reached Burma. She was still in Rangoon when another fellow doctor proposed. The times were too troubled for her to even give the proposal any engaged thought.

By the time war brought them to India, her world had changed completely. With her father and brothers left behind, all responsibility fell on her shoulders. It was now on her to find herself a job and settle her family here. The idea of marrying and starting a family of her own never even crossed her mind. Her mother never forced her for anything. She respected her choices and decisions as an adult. Soon she received her scholarship to study in the UK. A few years later, her younger sister got married, and then the youngest one found herself a suitable groom as well. But Padmavati was occupied with her post-doc. She was working as the world's best doctors in Europe and America. She was a determined young woman, and her warm personality attracted the attention, of course. While studying abroad, two bright men proposed romantic engagement with her, but since marriage was not foreseeable for her, she had to turn them down.

Once back in India, her job at the Lady Hardinge Medical College threw her under mounds of work. She immersed herself in her RHD and Cor Pulmonale research and, amidst everything, could

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not find time to be involved romantically. The well-being of her patients was all that mattered to her. All things said and done, she never once came to regret her decision to not be married. Her parents were happy and proud of her achievements. Neither her family nor her friends pushed her or allowed her to be troubled with thoughts of marriage. She was sufficiently comforted in the fact that she was able to achieve what she had set out to- to save lives and bring joy.

However, it was not only her romantic life that was impacted by the preoccupations of her career.

The Rational Man's Demise

Often we hear stories of one's close ones waiting on their death beds for their loved ones. King Dashrath refused to die and overstayed his deathbed to see his son Rama one last time before leaving his body. The pain of having to leave without saying the final goodbye one last time is hauntingly inconceivable. Dr. Padmavati was in Europe working on preventive cardiology when she received the news of her father's ailing health. With her mind filled with constant fear, she could no longer focus on her work and immediately rushed back to Coimbatore as fast as she could.

As soon as she stepped foot in her home, she hurried to find her father. Finally there he was- lying in his bed, waiting for his child. It was a surreal moment. She walked in slowly and sat by him. They had not seen each other in a very long time. He only looked at her and smile. She smiled back at him. No words were necessary. Her restlessness was calmed, and his wait was over. Their smiles were sighs of relief. She stayed with him for a long while, and after having made sure he was okay, she left the room to find her mother.

As soon as she turned her back to leave the room, a host of

images overtook her. It was as if memories of happier times flashed before her eyes, and she was transported to another world. She saw her father young and healthy, swimming with them. Now he was just teaching them to read better. They were one happy and healthy family contained in their own world. There were no worries, no cares, no fears. After a moment elsewhere, it was almost as if she shook herself back into the present. She cleared her mind and walked to her mother's room.

Her mother, too, was now in the dusk of her life. The migraine had taken her down and conscious of her husband's last few breaths, she lay in her bed. Padmavati had only just seen her and was about to sit by her side when her sister ran into the room. She was pale and out of breath. Words were caught in her throat, but she managed to whisper. Their father had breathed his last. There was a moment of absolute silence as if the words had lulled the senses and hung around in the air. She had just seen him a moment ago when he had smiled at her. It was as if he was holding the breath for the sight of her face, and with that smile had finally let go in peace.

Losing someone so close like this lulls your senses. She could not understand that he could leave her in a moment. Some of her friends came in and took him for an ECG to confirm. She was hopelessly waiting for some miracle. But once the reports came in, she could not hold back. It seemed impossible to hold back the pangs of grief that coursed through her body. But she pulled herself together eventually.

She had often found herself thinking about the time that she was separated from her father, and this moment flooded her with these thoughts. She had left home soon after High School when she left for Rangoon and stayed till her MBBS was complete. Then with the

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War, the whole family has torn apart. When they were finally united, she got her scholarship and left for the UK. She often wondered whether she made the right decision to leave her family at that point in life. She could have stayed back and given more of her time to them. But these thoughts only came in by night and were gone by morning when she knew that she would not have chosen any other way. She spared herself the guilt and knew that her father would not have wanted her to do it any other way.

Losing Loved Ones to Fate

Her mother had been suffering from a serious stomach ailment, which caused her much discomfort. Her youngest sister, Janaki, brought her to Vellore, where she worked as a leading neurologist. The hospital at Vellore was one of the finest in the country, and their mother was admitted under the care of the best doctors. She had to undergo surgery during which it was found that she had developed a lump in her abdomen. The tumour was already overgrown and given her old age, among other complications, it would be too dangerous to operate on her. At last, they had to give up. She resigned to her bed and passed away in peace.

Her siblings also left her painfully one after the other. Their eldest brother, Chellana, who had settled in Coimbatore, was also a heavy cigar smoker. By 1975, he had developed emphysema from smoking, and the disease completely took over his body. Dr. Padmavati admitted him to a hospital, and he passed away peacefully.

Her younger sister, Saraswati, had settled in Bangalore after her husband's retirement. But in 1995, cancer took her away too.

Her youngest sister, Janaki, had moved to Delhi. She worked at

Safdarjung Hospital and later, she joined as the head of the neurology department at G.B. Pant Hospital. In 1985, she retired from her job and moved in with her sister, and they lived together for decades. One day, she fell inside the house and injured her hip. Old age did her no good, and she could never fully recover from the fall. In 2010, she left this world. Her death shook Dr. Padmavati to the core as she was not only her little sister but her lifelong confidant and closest friend. There is a lecture instituted in her name every year at the National Academy of Medical Sciences.

Her second elder brother, Ramu, was settled in the US. In 2011, he had immense pain in his heart, and he died suddenly in agonizing pain. She could not even see him. Her youngest brother had also moved to the US after the War. In 2015, he, too, suffered heart failure and passed away. She could not see him either.

Even though Dr. Padmavati had a difficult profession, she still tried her best to be a good daughter to her parents and a good sister to her siblings. Although she could not be with them as much as she would have wanted to, she tried her best to spend as much time with her family as she could and be there for them in their times of need. She may have lost her siblings, but she still has their children who are fond of her and who she loves with all her heart.

Chapter 12

Mentors and Patients

**Guru gobind dou khade, kake laagu paye;
Balihari guru apne, gobind dio bataye.**

This Doha of Kabir so beautifully expresses the importance of mentors in our lives. It wonderfully sums up the individual's dilemma when he sees God and his mentor together. Whom must he bow down to first? Initially confused, he finally decides that since it was the mentor who introduced him to God first, it was only right to pay respect to him even before God. What makes a person successful? Is it enough to have a brilliant mind and dedication to be successful? It is the mentor who guides the potential and gives it direction. Similarly, Dr. Padamavati, too, had many mentors to thank for her success. It was these people who came into her life at crucial moments and pushed her in the right direction. She was grateful for their support and remained close to them throughout her life.

Learning from the Best

The first mentors in her life were undoubtedly her parents. They were the first ones who taught her to take her first baby steps with

confidence and focus. They were always encouraging, pushing her in the right direction. Her father made sure they were always reading well and had a healthy study-lay balance, which was something that all the children took forward in their own personal lives. Their mother was like an unmoved pillar of emotional strength, supporting them in all their decisions. Her special interest in books of history and literature as a child was nurtured by her school teacher, who paid her kind attention. Later, when she entered medical college and thereafter in her professional life too, she had the good fortune of meeting so many mentors who shaped the trajectory of her career. Among them, Dr. Ancel Keys, Dr. Paul White, and Dr. Helen Taussig were the closest to her.

She had worked under the guidance of Dr. Paul White ever since her post-graduate days. Among the many things he taught her about clinical cardiology, the one thing she imbibed most notably from him was his work ethic. No matter how busy his schedule, or how physically drained he was, he unfailingly gave ample time to his patients. He was never hasty, listened to their concerns and gave them the attention they deserved. As a young doctor, she was moved by his dedication to his job and tried to follow his footsteps in treating her patients with patience and kindness.

Dr. Ancel Keys was instrumental in the discovery that dietary saturated fat is a key factor in causing cardiovascular heart diseases. His Seven Countries Study revolutionized concepts of ischaemic heart disease and the importance of lifestyle. His studies proved significant in developing two key diets: K-rations, the meals used for soldiers in the Second World War and the heart-healthy Mediterranean diet. Dr. Padmavati had the honour of being taught by him and learnt the basics of cardiovascular epidemiology from him. They shared a happy relationship, and she often paid him visits at his clinic in Minnesota and his home at Pioppi.

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Dr. Helen Taussig was the most loving mentor she ever had. She had unmatched clinical acumen and pioneered the use of X-Ray and fluoroscopy machines for less invasive detection of abnormalities in babies' hearts and lungs. She was charmingly kind to her patients and was very warm to be around. Over time, Dr. Padmavati developed a great friendship with her. Together they published the first 1000 cases of Tetralogy of Fallot in the American Journal of Physicians in 1951. Dr. Taussig visited her in Delhi many times and was kind enough to interact with the students at Lady Hardinge Medical College and share her wisdom with the students at Padmavati's invitation.

Unforgettable Cases

During her lifetime, Dr. Padmavati treated thousands of patients and handled many delicate cases. Her specialization and expertise brought her to be involved in some high profile cases as well, which lead her to meet many famous and important personalities of her time.

She had already had the opportunity to meet with the First Vice-President and later President of independent India, Dr. Sarvepalli Radhakrishnan when she participated in the Fifth World Congress in 1966. Unfortunately, the very next year, he had a massive heart stroke. His condition was so critical that he could not be present for the Republic Day Parade that year. A team of expert cardiologists was formed to give him the treatment he needed. Dr. Padmavati had the honour of being chosen to be part of the team. The best worked together and managed to nurse him back to health. Once, when she was visiting Rashtrapati Bhawan to check on him, she met with his son and daughter-in-law, who thanked her personally. Even after the end of his tenure and his retirement in Madras, Dr. Padmavati met

him on a couple of occasions. After that major stroke, he survived several minor ones too. However, he succumbed to congestive heart failure in 1975.

Among other dignitaries she operated on, were former planning and finance minister of India- C. Subramaniam, former Chief Minister of Madhya Pradesh and Minister of Human Resource Development- Arjun Singh, former Health Minister- Raj Narain and V.K. Krishna Menon who received treatment from her at Lady Hardinge Medical College.

One particular case made for an interesting story. As a matter of habit, Dr. Padmavati used to wake up early in the morning. Her schedule was extremely hectic, and she had very little time for herself. By the time she used to reach home at night, she was extremely tired. She used to consume her dinner and sleep early to start the next day on time. One day when she was fast asleep, her phone rang unexpectedly at around 4 a.m. in the morning. She woke up with a start and attended the call. The voice on the other end informed her Mr. D.P. Dhar was severely ill and that she was wanted at the Simla Summit to tend to him immediately. It said that a car would come to drop her off on her flight to Chandigarh.

The Shimla Summit of July 1972 was for the signing of an accord between India and Pakistan after the 1971 War. It was aimed at re-establishing goodwill and improving relations between the two nations. Mr. Durga Prasad Dhar was the key negotiator at the Summit. He was a prominent Kashmiri politician and Indian diplomat who was a close advisor and confidant of Indira Gandhi. He is considered instrumental in and was even called the chief architect of the Indian intervention in the 1971 Bangladeshi Liberation. He had served as Ambassador to the Soviet Union and

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later became a minister in the government of Jammu and Kashmir and then in the government of India.

Hardly had she recovered from the call and processed the information when the said car arrived already. It was an important flight, and she could not have afforded to miss it. She did not want to make the driver wait. She hastily got dressed, packed things she thought would be necessary and got inside the car. Luckily, she reached the airport on time. She reached Chandigarh in the morning, where an army helicopter was waiting for her. It flew her to the Shimla helipad, where another car took her to the hospital.

Mr. Dhar had had an acute myocardial infarction in Moscow a few years earlier. He had been visiting G.B. Pant Hospital in Delhi to receive treatment. Here in Shimla, when he was engaged in hectic parleying, he had had a sudden tachycardiac attack. Dr. K.P. Mathur, who was the physician to the Prime Minister and local doctors, were called to immediately attend to him. Once his condition stabilized a little, she was shifted to Snowdown hospital. The attack was diagnosed as ventricular tachycardia. Given limited facilities available there, a monitor and technicians were brought from PGI Chandigarh to continuously monitor his condition. Limited facilities were the cause of major trouble for the team of doctors working with him. There was no Amiodarone, no Xylocard, no pacemaker, no echocardiograph, no Holter, and no telemetry either. The doctors had no option but to treat him with the old drugs that were available presently. He had to be ambulated to the monitor through a long cord around the ward. The odds were against them. But somehow, through a stroke of luck and the tremendous resilience and cheerfulness showed by Mr. Dhar, the treatment with the old drugs worked, and he recovered gradually.

Even though Mr. Dhar had made a slight recovery, his situation was still delicate. He needed proper treatment at a place that was fully equipped with modern equipments and advanced technology. He was needed to be taken to Delhi. But his condition was still not stable enough for him to fly, and it was nearly impossible to travel such a long journey on the road without putting his health at risk. But gradually, as his condition improved, after a few meetings and discussions, it was decided that he was finally fit to travel. Mr. Dhar was brought to the helipad in the company of top army officers, including General Candeth. He was flown smoothly to Chandigarh in the presence of efficient army paramedics in case of any emergency. However, they had to face a bumpy ride in the special government planes. Thankfully, Mr. Dhar remained well during the two flights and landed safely in Delhi. He was brought to G.B. Pant Hospital.

For the duration of his treatment in Shimla, all the doctors, including Dr. Padmavati, were required to stay there to monitor his health. She was put up at the Cecil along with the other delegates. Since she had left her home in a hurry, she had not packed any clothes. She had to borrow clothes from the wife of the hotel manager, who was more than happy to help her.

Conversations with Mrs. Gandhi

Throughout his treatment, Mrs. Gandhi was personally involved and oversaw all the proceedings to the minutest detail. She would visit the hospital regularly and keep abreast of his condition. Dr. Padmavati had a chance to meet her again, personally. She also managed to catch glimpses of the then Pakistan President, Mr. Zulfikar Ali Bhutto and his young daughter, Benazir.

She had once before met her with her father in Burma and then

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later as a young student when she was not such a big name yet. But she had never before had the chance to interact with her at a personal level. It was when she was the Director-Dean and head of cardiology at the G.B. Pant Hospital and treating ministers of her cabinet, that Dr. Padmavati had the opportunity to interact with her personally. The then Finance Minister of India, C. Subramaniam and Defence Minister, Krishna Menon, were under her care at the hospital. However, it was during the Shimla Summit that she conversed with her more intimately. Mrs. Gandhi kept a close check on Mr. Dhar's health, but their interaction was not limited to that alone. Sometimes it naturally flowed into personal conversations as well. Dr. Padmavati was immensely impressed with Mrs. Gandhi. She was a woman of tremendous conviction, command, and tenderness all at the same time.

A few years later, Dr. Padmavati was entangled in her daily routine as usual. That particular day on 31st October 1984, she had just settled down on a chair to catch a breath between work when the news reached her. Prime Minister Gandhi was on her way to a British interview, and after a walk through the garden in her home, she passed through a gate guarded by her guards Satwant Singh and Beant Singh. When she was close enough, they opened fire on her. The whole nation was stilled when news of her murder aired through the radio. Especially Dr. Padmavati, who could not believe what had just happened.

A Case of National Importance

In 1971, Dr. Padmavati was working at G.B. Pant and Maulana Azad Medical College when she witnessed an extraordinary case presented itself.

A former army intelligence officer named Rustom Sohrab

Nagarwala had apparently phoned the State Bank of India and impersonating Prime Minister Gandhi, had demanded the withdrawal of Rs. 60 lakh, which were to be handed over to a Bangladeshi. At that time, India was at war supporting Bangladesh's separation from Pakistan. After the amount was dispensed by the bank, the bank official was asked to collect the receipt from the Prime Minister's Office. The bank official did as he was told, but when he reached PMO, it had no idea about any such a request. The case became serious as the money was dispensed in the name of the Prime Minister of the country. Soon, Nagarwala was arrested.

Notoriously, a few days after his arrest, he complained of chest pain. He was immediately admitted to Irwin Hospital. Dr. Padmavati supervised his treatment, and gradually his condition was stabilized. But one day, he suddenly passed away. Suspiciously, the investigating officer of the case, also died in a road accident soon after. The Opposition tried to use the situation to their advantage. They accused Mrs. Gandhi of laundering the money and causing their deaths to cover up. They alleged that the hospital staff had also been involved and roped in causing Nagarwala's death. But this mystery was uncovered by a routine biopsy. The reports named the cause of death as severe heart disease. They later preserved his heart for a demonstration before students.

Patients from All Walks of Life

In her extraordinarily long career, Dr. Padmavati treated every kind of patient. She never differentiated between her patients based on their social or financial position. Some of her patients were high dignitaries and important people in the government while others were rickshaw-pullers; some were auto-drivers, vegetable vendors and some were destitute widows. Some of her poorer patients

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needed the pacemaker, which came to India in 1967. It was a highly effective but expensive device that increased the life of patients until up to 20 years. Even though the pacemakers were expensive, given their effectiveness, she never hesitated to perform an implantation surgery on her poorer patients as well. In her career, she treated nearly 300 of her patients with pacemakers. Some of her patients had undergone three pacemaker implantations.

One woman who was then pursuing her graduation was brought to Dr. Padmavati. She was 18 years old. She had been diagnosed with Eisenmenger syndrome. Eisenmenger's reaction, Eisenmenger physiology, or tardive cyanosis, is a process in which a long-standing left-to-right cardiac shunt is caused by a congenital heart defect- typically by a ventricular septal defect, atrial septal defect, or less commonly, patent ductus arteriosus which causes pulmonary hypertension and eventual reversal of the shunt into a cyanotic right-to-left shunt. Because of the advent of fetal screening with echocardiography early in life, the incidence of heart defects progressing to Eisenmenger's has decreased. Dr. Padmavati treated the young woman successfully and saved her life. She is now 58 years old and is leading a healthy life as any other.

Another patient of Dr. Padmavati was a 5-year old boy. The boy had a congenital heart defect in which the Truncus Arteriosus does not divide properly into what constitutes the artery and pulmonary trunk in a developed human baby at the embryonic stage. His situation was critical, and the doctors could not decide a course of action since surgery on such a young child could prove lethal. Dr. Padmavati decided to treat him without the intervention. Today, the boy is leading a normal life at the age of 32.

Another patient came to Dr. Padmavati, who was only 18 years

old, and he was suffering from a congenital defect heart. He had already had a myomectomy before. Dr. Padmavati recommended the patient for implantation of a pacemaker in the abdomen. Sir Macoudi Yacoub, the famous Egyptian-British heart surgeon who Dr. Padmavati had met in the US in her days of post-graduation, performed the operation. It was a success. The boy is now 61 years old.

Dr. Padmavati had seen several cases of Tetralogy of Fallot. It is a combination of four congenital abnormalities, which include a ventricular septal defect (VSD), pulmonary valve stenosis, a misplaced aorta and a thickened right ventricular wall (right ventricular hypertrophy). It is the most common congenital heart disease. Its common symptoms include Cyanosis, a bluish discoloration of the skin due to poor circulation or inadequate oxygenation of the blood. It is caused due to inadequate blood flow to the lungs. In 1973 two infants admitted to the hospital were diagnosed with this condition. Both of them were treated under the supervision of Dr. Padmavati, and their condition was treated with complete correction.

Dr. Padmavati has treated her patients irrespectively. She never cared about their caste, class or social status. Her only aim was to dispense her services with love and care to anyone who could benefit from it. Even today, when Dr. Padmavati is over 100-years old, she tries her best to treat as many patients as she can.

Chapter 13

Chronicling the Conquests

In her seven decades-long career, Dr. Padmavati has made an impression in the development of Indian medicine that will surely be remembered in history. Especially her research on RHD and her role in laying the grounds for several important medical foundations was path-breaking.

Placing India on the Global Map of Cardiology

With modernization, heart diseases have been on a steady rise around the world and in India too. They are caused not by natural bodily causes alone but are a reflection of changing lifestyles in increasingly capitalist environments. Workload and stress at the workplace and consequently, personal lives have worked to ruin public health standards. Cardiovascular diseases have posed the greatest threat to world health in the last two centuries. According to a survey, it was estimated that the number of deaths from cardiovascular diseases worldwide would increase to 23.3 million by 2030. Even today, it is the leading cause of death in the world. According to the World Health Organization, 17.7 million people

died of cardiovascular-related diseases in 2015. The global average was found to be 235 per 100,000 people. In India, the average is at a whopping 272 per 100,000 persons. Many children and infants became its victims. Premature mortality in terms of years of life lost because of cardiovascular disease in India increased by 59%- from 23.2 million in 1990 to 37 million in 2010. The alarming situation of the country made heart disease a priority for doctors and medical practitioners in the country.

Recognizing the need for sustained efforts in this direction, Dr. Padmavati, along with some of her colleagues, founded the All India Heart Foundation in 1962. The mission behind founding the Foundation was to better the standard of heart-related diagnosis and treatment in the country. Mr. Paul White is believed to be the inspiration behind undertaking this humongous project. Dr. J.C. Banerjee, Dr. K.K. Datey, Dr. Ratnavelu Subramanyam, and several doctors collaborated with the foundation. Gradually, it made a name for itself.

Dr. Padmavati had seen how in India, the rich people could afford the absolute best of treatments, but the poor cannot even afford the cost of most commonly necessary pacemakers. As a doctor, the goal was to bring affordable treatment to as many people as possible. In order to bridge this lacuna and improve heart treatment in India, All India Heart Foundation collaborated with Heartbeat International of the US and distributed free pacemakers and ICDs to poor patients who needed it. Moreover, it worked tirelessly to improve public health education, especially in matters related to cardiovascular disease and their prevention. Under the leadership of Dr. Padmavati, the institute encouraged research to improve diagnostic and therapeutic modalities, training of cardiac personnel of all types and population outreach to increase awareness

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among people below the poverty line through free heart care, pacemakers, ICDs, heart valves, among others.

But Dr. Padmavati also understood that merely providing facilities will not make much grassroot change. There was a pressing need to restrict the cases of heart diseases, and that could only be possible if people and doctors all around the country were made aware of preventions and cures. To this end, the foundation frequently organized several awareness programs and health camps to reach out to people. The foundation tried to make World Heart Day, World No Tobacco Day and Diabetes day popular among people. Free heart camps, exhibitions, and dialogues with people were organized where doctors would interact with a large audience. Videos on smoking, diet, and exercise are shown to people, along with talks on the prevention of cardiovascular disease. A healthy lifestyle was actively encouraged. The most recent program launched by the foundation is the Go Red program for women. The venture was begun by the American Heart Association with support from the World Heart Federation. The objective was to create awareness among women about heart disease and stroke. The All India Heart Federation signed an MoU with the World Heart Federation in 2011 for the promotion of health awareness among women.

In order to disseminate knowledge and share new developments in the field, it is important to organize conferences for doctors as well. Under the directorship of Dr. Padmavati, the foundation organized the Fifth World Congress of Cardiology in the foundation in 1966. The congress was the result of the collaboration between the All India Heart Foundation and the World Heart Federation. Many internationally famous cardiologists from all over the world were invited to share their wisdom and experience. Dr. S.

Radhakrishnan, who was then the President, addressed the doctors at the opening event. He underlined the importance of cardiology not only as a vast clinical specialty but also in its relation to world health. The event was a huge success. Dr. K.K. Datey and Dr. Padmavati were lauded for the success of the event. They were accredited for careful planning and execution, which made the event a huge success. Many landmark decisions regarding the future of cardiology in the country were made at the symposium. Its success was a huge achievement for the organization. It was a step forward in placing India on the cardiology map of the world.

In 1981, the foundation organized the Indo-American conference on Rheumatic Fever. The first Asian-Pacific conference of cardiology was organized in 2004.

Bringing Treatment to Every Patient

Although the All India Heart Foundation brought about significant positive change, it alone was not enough. The dream was to enable every patient, no matter what his financial situation, to receive heart treatment. Dr. Padmavati envisioned a self-sufficient institute where the surplus generated from the treatment of people with paying capacity would be channelized for the treatment of the poor. It was her brainchild and hence was birthed the National Heart Institute in Delhi.

The institute was founded in 1981. The Delhi government sold the land at a very cheap cost, which brought the total funding cost down to 1.5 crores. It was the first institute in Asia dedicated only to the treatment of heart-related diseases. Dr. Padmavati knew Prime Minister Indira Gandhi intimately. On her request, Mrs. Gandhi agreed to inaugurate the institute. Over the years, the institute has seen remarkable development. From infrastructure to facilities, the

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hospital has made significant improvements. Today, it is capable of accommodating over a thousand patients at once.

Uniting Hearts Across Nations

In 1956, Dr. Padmavati, along with other colleagues, founded the Asia-Pacific Society of Cardiology. It has gained the distinction of having metamorphosed into the largest continent-component of the World Heart Federation. Dr. Padmavati and doctors from around the world have brought together 25 nations including Australia, Bangladesh, China, Hong Kong, Hawaii, India, Indonesia, Iran, Japan, Korea, Laos, Malaysia, Myanmar, Nepal, Pakistan, Philippines, Sri Lanka, Singapore, Taiwan, Thailand, and Vietnam, to become its members. Dr. Padmavati was a part of the research committee, and in 1972, Dr. Padmavati was made first Secretary-General and later the Vice-President.

Well-Deserved Recognition

World Health Organization (WHO) named Dr. Padmavati, a member of its ad-hoc committee on RF/RHD. Later she was offered a place in the expert committee on heart disease. Dr. Padmavati accepted the offer and remained the part of the expert committee for 15 years. She was also handed over the responsibility of inspecting the condition of health care facilities in several countries. She was also an overseas member of the Royal College of Physicians, London, for ten years.

Founded in 1997, the Asia Pacific Heart Network currently consists of members throughout the Asia-Pacific region in 16 countries. The Asia Pacific Heart Network is an NGO that is a member of the World Heart Federation. Its mission is to eliminate disability and premature death from ever-growing cardiovascular

diseases in the Asia-Pacific region. Dr. Padmavati received the honour of serving as its president. Dr. Padmavati was a member and later on the Board of Directors of the International Society and Federation of Cardiology, which later changed its name to the World Heart Federation. It is now recognized by the World Health Organization as its leading NGO partner in the prevention of Cardiovascular Disease.

In 1961, Pandit Jawaharlal Nehru inaugurated the National Academy of Medical Sciences. The institution fosters and utilizes academic excellence as its resource to meet medical and social goals. Dr. Padmavati served as the President of the institution. She was also the President of one of the oldest cardiology institutions in the world, Cardiology Society of India. The institution was established a year before the International Society and Federation of Cardiology, in 1946. The Indian Council of Medical Research in New Delhi is the apex body in India for the formulation, coordination, and promotion of biomedical research. It is one of the oldest medical research bodies in the world. Dr. Padmavati was an esteemed member of the council. She also held a place in the Board of All India Institute of Medical Sciences. Jaya Deva Institute of Cardiology in Bangalore offered her a position in their Board of Directors.

Awards and Accolades

The intellectual contribution of Dr. Padmavati in the development of medical sciences in the country is unparalleled. Her efforts had been recognized not only in India but all across the world.

In 1967, Dr. Padmavati was awarded the Padma Bhushan, which is the third-highest civilian award in India. In the same year,

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she was also honoured with the S.N. Bhansali lectureship award. She received Tapan Kumar Basu oration in 1969, the Lok Bandhu Dr. Bhuvaneshwar Barooah Memorial Oration in 1973, the Uma Rani Banerjee Memorial Oration in 1974 and the Glaxo Oration in 1975. Her work in research was recognized with the Kamla Menon Research Award in 1975. In the following year in 1976, she received the Kamla Puri Sabharwal Memorial Oration.

Lucknow University recognized Dr. Padmavati's contribution and honoured her with Bhatia Misra Oration in 1977. She received the Kanishka award in 1977. The University of Himachal Pradesh awarded Dr. Padmavati Devchand Memorial Oration. In 1980, she was presented with Bajoria Memorial Oration and Dr. A.K. Chaudhary Memorial Award. Rajaji Ratna award was awarded to her in 1985. She was given K.K. Datey Memorial oration in 1991. Her hard work fetched her Mahila Shiromani award in 1992. In the same year, the crowning glory was her award of the Padma Vibhushan, for her contribution to the betterment of Indian medical sciences. It is the second-highest civilian award of the Republic of India.

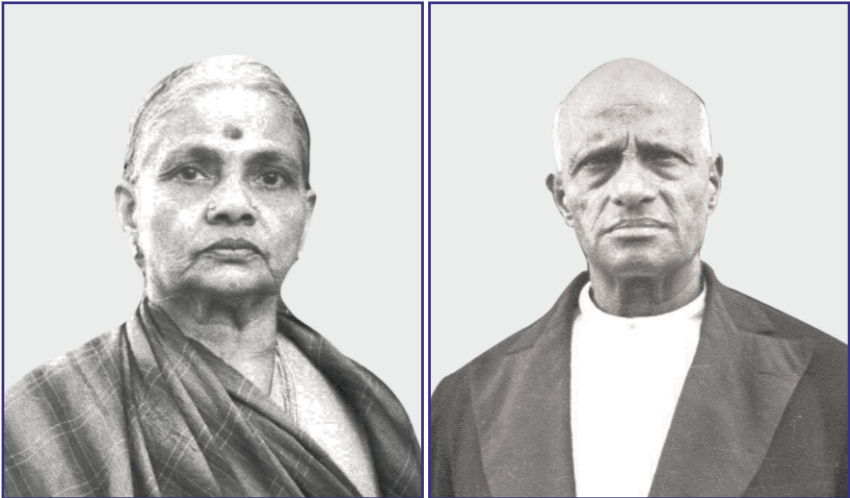
She was presented with the Rotary International District 3100 Vocational Award in 1995. NFI Annual Day award was presented to her in 1999. In 2002, Dr. Padmavati was honoured with the Indira Gandhi Priyadarshini Award. She was awarded the FICCI Ladies Organization award in 2005. The very next year, Sullivan University honoured her with the Eurasia award. Sri Venkateshwara University honoured her with Ph.D.

In 2012, she was offered the Sivanand Eminent Citizen Award. Cardiology Society of India recognized her achievements and honoured her with a lifetime achievement award in 2012. Next year, the National Academy of Medical Science followed the footsteps

and rewarded her for her lifetime work with a lifetime achievement award. At the golden jubilee of G.B. Pant Hospital in 2014, Dr. Padmavati was lauded for her outstanding contribution to the growth of the institution. G.B. Pant hospital praised her work by presenting her with Exceptional Service Award. A year later, in 2015, the Department of Cardiac Surgery honoured her with a special award. On the Golden Jubilee of Maulana Azad Medical College, Dr. Padmavati received Lifetime Achievement award from the college. In 2015, Dr. Padmavati was invited as the guest of honour at the Lady Hardinge Medical College, where it all began.

The list is almost unending. Today one may only see the recognitions and decorations, but success did not come easy to her. Years of blood, sweat and tireless labour have come to fruition in their shape. But no award is as rewarding as the smile on faces of one's patients. Their well-being and happiness is the true award. There was a price to be paid at each step, and she believed in her dreams and followed her heart through. It was always her dream to serve people as best as she could. She wanted to save the lives of people just as she and her brother had been saved that day, and it seems as if it were only yesterday.

There were innumerable cases where the patients had given up the hope to live, but Dr. Padmavati never gave up on her patients. She held her nerves and almost gave them new lives. So many of her patients developed a relationship with her and came back to her even after so many years of their treatment. It is working selflessly for this noble cause that made her life grand and larger than life.



Parents



The scholar in Burma

113

MAOWE (Upper Burma)
Burmese J. & S. M. S. T. Y. 1935.

Dear Padma,

Your letter of the 5th inst. to hand on the 12th.

You have not stated what marks you got in the last examination. I should like to know who the -- examiners were and how you and other students of your hostel fared in the examination.

As regards exercise, you must induce some of your hostel mates to play with you or you must take walks with Ma Mya Thein or with other hostel students. You must spend every day two or three hours in taking open air exercise; otherwise you will never be strong enough to study hard. On the other hand, the likelihood is that your health will break down and that your studies will be broken off before long. You should not be ^{the} dissatisfied with/drill you get 3 times or so a week. But if you take drill exercise every day it will be somewhat better. You should be able to call Ma Mya Thein to go with you on walks. How are you faring in your weekly composition exercises?

We are all doing well.

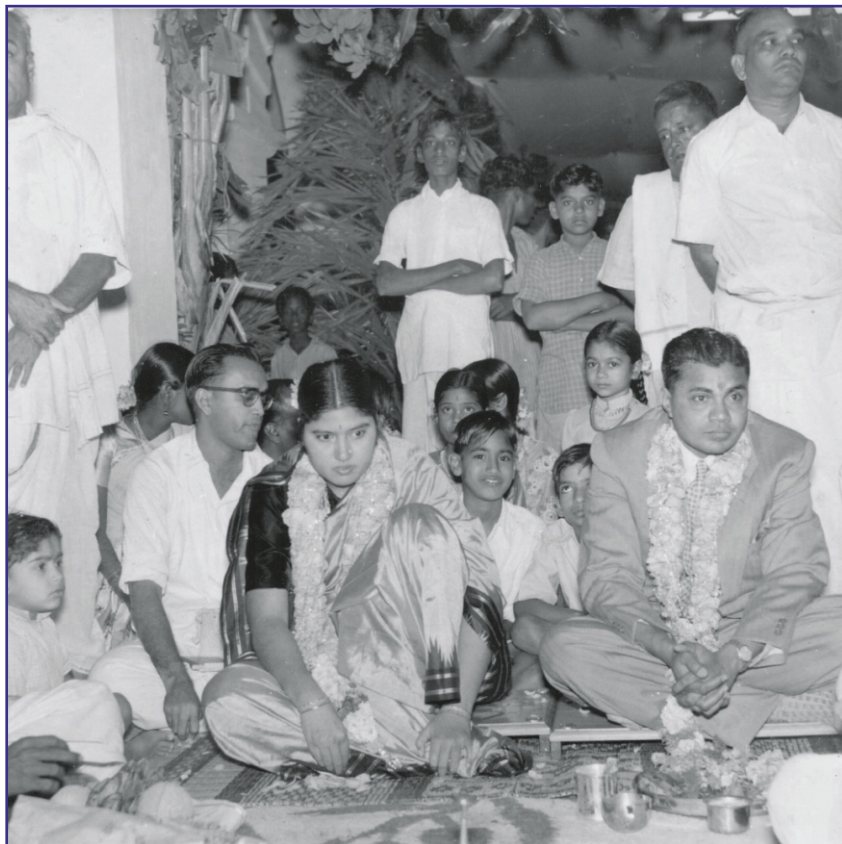
Trusting this will find you in good health.

Yours affectionately

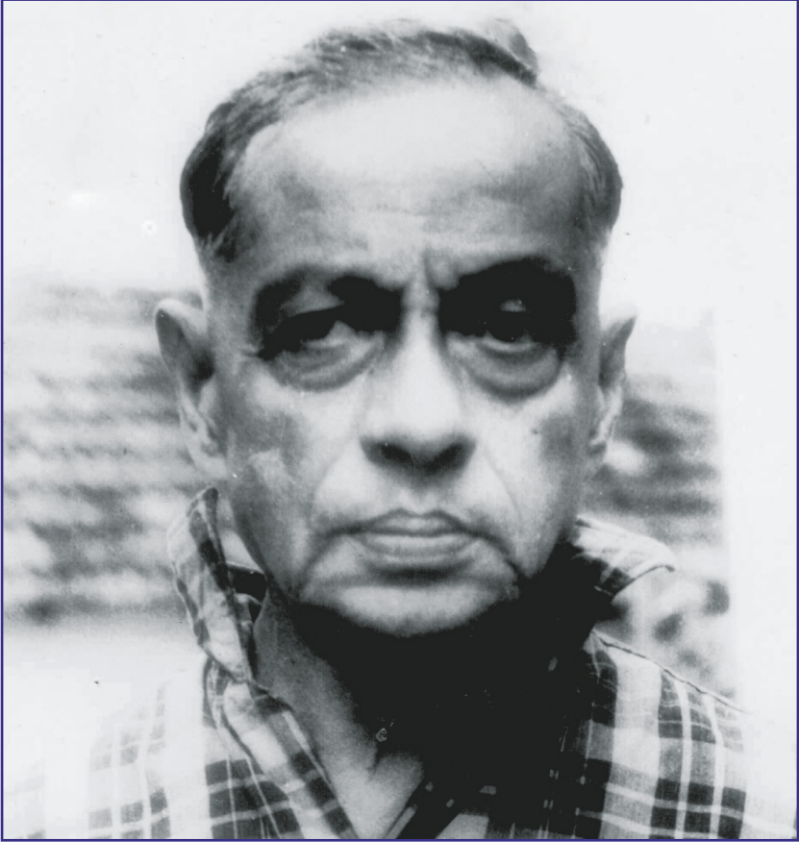
Letter from her father while she was in college in Rangoon



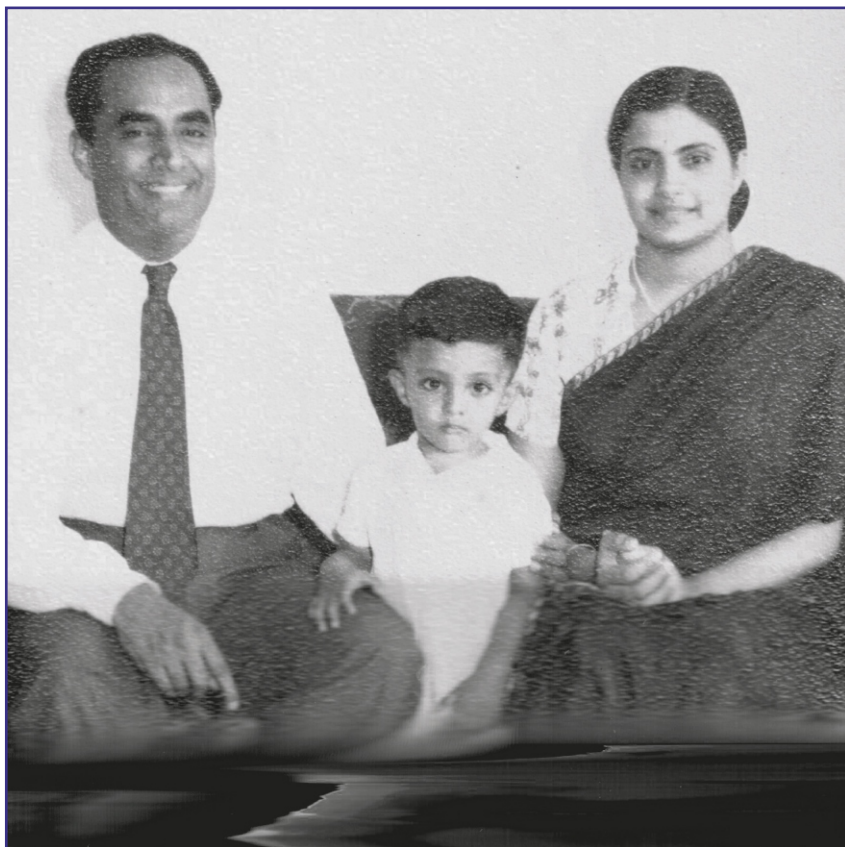
(L to R): Padmavati, her younger sister Saraswati,
her cousin Lakshminarasimhan, and her youngest sibling Janaki



The wedding of her younger brother S. K. Moorthy (Kittu)



Her older brother S. V. Raman (Chellana)



Her sister Saraswati with her husband P.R.S. Mani and son Ranjit



Receiving the Padma Bhushan from
President S. Radhakrishnan





At LHMC with Princess Liliane of Belgium





Seated next to Rajkumari Amrit Kaur, India's first Health Minister





In Mexico







Receiving the B. C. Roy Award from Dr. Karan Singh





Receiving Padma Vibhushan award from
President R. Venkataraman



Receiving honorary Ph.D. from
Sri Venkateshwara University, Tirupati.