

...for Drs. Smitha and Bharat Vatwani

"Nice meeting you. Have a good day," Sudhir Madhav Phadke is pleasantly courteous as he takes his leave. In a little over five minutes, he has run through an encapsulated account of his life, all 40 years of it. A degree-holder from the VJTI (Victoria Jubilee Technical Institute), he was an assistant engineer at the Bombay Municipal Corporation (BMC) not long ago. He was also a freelance correspondent for *Mahanagar*, he says, as well as for several other publications, including *The Washington Post*. You are impressed, until he adds that Bob Woodward (of Watergate fame) is currently in town, at Yogi Nagar in fact—a middle-class locality in the Bombay suburb of Borivli where Sudhir himself has a flat. And Woodward, says Sudhir, is collaborating with him on a journalistic assignment. The subject? "Religion, community... religion..."

HANDS-ON HELP FOR STREET-SIDE SCHIZOPHRENIC

Somewhere along the way, Sudhir's mind has tripped, making the precipitous transition from reality to the phantasmagoric world of the paranoid schizophrenic.

He's under treatment now, but it's no thanks to his family—he has two failed marriages behind him, but he also has other family members who one might have thought would care about what happened to him: a brother who's a scientific researcher, a sister who's a high-court lawyer. But nobody wants to 'get involved', it seems. When close colleagues at the BMC tried to get him admitted into the K.E.M. hospital for treatment, the hospital refused because of the stipulation that admission must be through a relative.

If Sudhir has anyone to thank for the fact that he's steadily getting better, it's a husband-wife team of psychiatrists who, over the last three and a half years, have picked up and rehabilitated over 100 mentally-ill persons off the streets of Bombay. Although Sudhir has a flat of his own, he has 'given it out' to someone else; and when Smitha and Bharat Vatwani found him a month ago, he was scrounging around a street in Borivli, laughing dementedly to himself, spouting gibberish without end, his hair long and matted and infected. Today, as he makes the slow climb back to reality and wellness, his 'before' and 'now' pictures (above) speak for themselves.

"Mental illness is the most neglected of all ailments— even when the sufferer is living within the secure confines of the family," says Bharat Vatwani, explaining why he and Smitha, both of them privately-practising psychiatrists, decided to help the most helpless of them all—those who are mentally ill and destitute, wandering the streets, with no family at hand or interested in getting them treated.

And, like Sudhir, they are not necessarily poor or homeless. The first person that the Vatwanis picked up was Paeres, whom they found eating out of a garbage bin just outside their nursing home in Borivli.

HEALTH HURRAHS

Applause for persons or steps to improve the

institutions that have taken innovative standard of community health



ON THE ROAD TO RECOVERY: Sudhir Phadke on the day he was picked up from the streets (above). And, right, Sudhir today at Shradha where he is still undergoing treatment

He turned out to be a pathologist, with a Diploma in Medical Laboratory Technology (DMLT), from Cuddapah in Andhra Pradesh! He'd had a past history of mental illness, had come to Bombay for a job, failed to get one, and had spent four years as a schizophrenic on the streets. His father, a superintendent of the area *zilla parishad*, had long before given him up for dead.

Then there was Shakeb Alam from Patna who had done his B.Sc. in Agriculture and Horticulture from Pune University, and had then disappeared from Pune. When the Vatwanis found him at Eksar, a residential locality in Borivli, he was bare-chested, had grown a beard, had not eaten for two days, and was talking "non-stop nonsense," says Bharat. Two months of intensive therapy and he was unrecognizable. He was eventually taken back home by his uncle who is editor of the Urdu daily, *Shama-e-Bihar*.

There is no dearth of patients in need of rescuers. A

person suffering from psychosis (which is characterized chiefly by a loss of contact with reality) may often get into the first available public transport and get off at a terminus. "Borivli being a railway terminus, we often find them sitting on the platform," says Smitha.

Others, like Paeres, actually come to Bombay for a job, fail—and the frustration and anxiety lead to chronic depression and an emotional overload. Often without close relatives in Bombay, they end up on its dog-eats-dog streets.

The Vatwanis do not wait for destitute patients to be brought to them. They go out into the streets, stop when they see a likely candidate and, winning him over with a promise of tea and biscuits, lead him, unresisting, to their car and thence to the *Shradha Nursing Home* that they run at Borivli. "They are usually too weak and emaciated to resist," says Bharat.

After a thorough scrubdown, a haircut and/or a shave, they are generally put on intravenous therapy—drips of glucose and vitamins to cover their nutritional deficit. Alongside begins the intensive psychiatric treatment—drugs and, if needed, electroshock therapy. Two months or so later, there is virtually a transformation in these men and women: you see them as the persons they really are, not what their mental illness metamorphosed them into.

It's only then that the Vatwanis try to return them to their families. Not always an easy matter. Some, who have come from a faraway village or town, may only know its name. For instance, Padma who came from Warangal (A.P.) could only give them the name of 'Mulugu'—but the Vatwanis managed to get her back home to a deliriously happy mother, her only immediate family. Then there was Shivkumar, a young boy they treated, who could only tell them he was from Benares. But once they reached Benares, it all came back to him and he took the rickshaw unerringly to his house.

"In the case of a female patient, either my wife or I was always accompanies her back home," says Bharat. "In the case of a male patient, a *Shradha* volunteer goes along."

"At the time we return the patient to his family, we write out a detailed case history and a prescription for maintenance therapy," says Smitha, "and we ask the family to follow up with the nearest government or municipal hospital. And some of them do stay in touch. A few also mail us money orders for drugs to be sent to them from Bombay."

But they have not always been successful in re-uniting patients with their families. In some cases, relatives may simply be unwilling to accept the patient back. "When the parents are alive, especially when the mother is alive, we get a good response," says Smitha, "and this is more so in the



TWO FACES OF FUCHO: Fucho Sau, 20, from Barauni, Bihar, when the Vatwanis brought him in from the roads (left). Right, the Vatwanis with Fucho (following treatment) and a relative who came to take him back home

villages than in the urban areas, especially Bombay." If the Vatwanis are unable to return a rehabilitated patient to his family, they generally get him admission into one of Mother Teresa's homes.

But there are exceptions who remain with the Vatwanis long after they have been treated. There's Maniben whom the Vatwanis found feeding gutter water to her four-year-old grand-daughter (her grandson, aged two years, had died some days before the Vatwanis found Maniben). The grand-daughter was herself emotionally traumatised at the time, but has now recovered sufficiently to go to a nursery school. And Maniben can smile again.

Today she helps out at *Shradha* with the cooking and other work. "Our long-term plan is to set up a separate home for destitute patients," says Bharat. (Today they share the same premises as the Vatwanis' private patients). "If we cannot return them to their families, we can at least keep them gainfully occupied—which is an important aspect of recovery."

Space is the major problem, and the reason why the Vatwanis have to keep an upper limit of about 7 on the number of 'roadside cases' they can take in at a time. For the present, they also employ certain criteria when considering potential candidates. "We give preference to the younger ones because we feel they are more likely to have surviving parents who will take them back," says Bharat. "Also, we do not take in alcoholics or drug addicts. The criterion is that the problem should be totally beyond the person's control. In alcoholism or drug addiction, we feel, there is also a contribution to the problem, to some extent, from the person himself."

And where do the funds for all this come from? "It's mostly been our own money," says Bharat, "although now the Rotary Club of Borivli (West) is also helping with funds."

About a year ago, the Vatwanis registered the "Shradha Rehabilitation Foundation" for mentally-ill destitutes as a charitable trust. "At that time," says Bharat, "we found that we were the only ones in Maharashtra involved in this kind of work—which shows to what extent the problem has been neglected."

The enormity of the problem is, without question, overwhelming. But the Vatwanis are trying to make that small difference that counts. It's a beginning that we applaud, and hope will be emulated, for the alternative is to be paralysed into inaction.

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