

SPINE NEWS

THE SPINE FOUNDATION NEWSLETTER

AQUATHERAPY IN GADCHIROLI

Dr Gaurish Kenkre on establishing the first aquatherapy centre in Eastern Maharashtra



In Gadchiroli, neurological disability often unfolds quietly. A stroke, a nerve injury, a slowly progressive weakness and life begins to shrink. Treatment is delayed or unavailable,

mobility declines, and independence is gradually lost within the confines of the home.

For years, rehabilitation work at SEARCH reflected this reality. Most patients arrived with spinal or musculoskeletal problems, and services evolved to meet those needs. Neurological disability, though widespread, remained largely unseen and unaddressed. That began to change in a deeply personal way.

WHEN THE DOCTOR BECAME THE PATIENT

After suffering a stroke, Dr Rani Bang, co-founder of SEARCH and one of India's most respected public health voices, returned to the institution not as a clinician, but as a patient. Experiencing neurological impairment first-hand prompted a difficult reckoning. If recovery was so challenging for someone with awareness, access, and institutional support, what must it be like for patients in remote villages with none of these advantages?

The answer was stark. Many people with neurological conditions never entered rehabilitation at all. They remained housebound, their disabilities worsening over time, compounded by the complications of immobility.

REIMAGINING NEUROLOGICAL CARE

This realisation led SEARCH to establish a dedicated neurological rehabilitation programme. One that focused not merely on exercises, but on restoring independence. Slowly, outcomes began to shift. Patients who arrived in wheelchairs learned to stand, then walk, and eventually return home with renewed confidence.

YET ANOTHER CHALLENGE SOON SURFACED: ENGAGEMENT.

Neurological rehabilitation is demanding and repetitive. Progress is slow, improvements are



uneven, and motivation can falter easily. Many patients became discouraged, which affected adherence and outcomes.

A WIDER REHABILITATION LENS

At this critical juncture, a wider rehabilitation perspective proved invaluable. The programme was strengthened through the involvement of The Spine Foundation, which has long worked to extend advanced spine and neurological care beyond urban hospitals. Its experience reinforced a simple but often overlooked truth in rural healthcare: treatment does not end with diagnosis or surgery—recovery depends on sustained, meaningful rehabilitation.

In districts like Gadchiroli, where patients often present with severe weakness, poor balance, or long-neglected neurological injury, conventional land-based therapy can be intimidating or even impossible at first. Aquatherapy offered a gentler entry point. By reducing the fear of falling and easing movement against gravity, water created conditions in which patients could begin to move—sometimes for the first time in months or years.

THE SOLUTION, QUITE LITERALLY, LAY IN WATER.

Aquatherapy brought both clinical and emotional benefits. In the pool, gravity recedes. The body feels lighter, movement becomes easier, and balance feels less threatening. Gentle resistance aids muscle strengthening, sensory feedback

improves, and patients experience a sense of safety often missing on land. Gains achieved in water could then be carried back into land-based rehabilitation.

To make this possible, SEARCH invested not only in infrastructure but also in expertise. Dr Deepak Davar, who leads the aquatherapy sessions in Gadchiroli, travelled to Mumbai for formal training and certification in aquatic rehabilitation. This ensured that the programme was grounded in evidence-based practice, strict safety protocols, and measurable outcomes.

The result was historic: the establishment of the first aquatherapy centre in Eastern Maharashtra.

Acceptance, however, did not come overnight. Patients were hesitant. Families were unsure. The community watched cautiously.

The turning point came when Dr Rani Bang herself agreed to enter the pool. Elderly, post-stroke, and visibly apprehensive, she stepped into the water with encouragement from the team and the gentle reassurance of her grandson. That single act transformed perception. If the founder of SEARCH could trust the process as a patient, others could too. What followed was a quiet but decisive shift in belief.

WHERE RECOVERY BEGINS AGAIN

Today, patients at SEARCH rotate between aquatherapy and land-based rehabilitation on a structured schedule. Pool temperatures are carefully regulated, water purification systems ensure safety, and sessions are closely supervised. The outcomes are tangible: improved hand function, better balance, enhanced mobility—and perhaps most importantly, renewed self-belief.

This is more than a story of infrastructure or innovation. It is a story of leadership through vulnerability, of clinical science meeting human courage, and of a region redefining what recovery can look like. In Gadchiroli, rehabilitation no longer begins and ends on land.

Sometimes, it begins when someone steps into the water—and discovers that movement, dignity, and hope can return.

FROM A FOREST DISTRICT TO A NATIONAL FOOTPRINT

A story of The Spine Foundation's camps

IT BEGAN FAR from the polished corridors of urban hospitals—deep in the forests of eastern Maharashtra, in Gadchiroli. Roads were few, distances long, and pain—especially spinal pain—was quietly accepted as fate. When The Spine Foundation held its first camp here, the idea was audacious and simple at once: bring specialised spine care to people who would never reach it on their own.

The early camps were modest in scale but profound in impact. Surgeons worked with limited resources, driven by clinical rigour and local trust, often in collaboration with community institutions such as SEARCH. Each patient carried a story of years lost to pain—farmers who could no longer bend, women who could not lift water pots, elders who had stopped walking altogether. When some of them stood upright again after surgery, word travelled faster than any ambulance ever could.

Those first camps in Gadchiroli became a template, not a one-off act of charity, but a repeatable model of care. Clinics, follow-ups, physiotherapy, and surgery were woven together into a continuum. The Foundation learned that healing the spine in rural India meant understanding lives, livelihoods, and distances, not just diagnoses.



GROWING ROOTS, EXTENDING REACH

As the years passed, the camps began to appear in new geographies—first across Maharashtra, then steadily outward. What started in one forested district grew into a network that touched the hills of Uttarakhand, the plains of Chhattisgarh, the coasts of Gujarat, the interiors of Karnataka, and the eastern districts of West Bengal. Each location had its own challenges, but the philosophy remained unchanged: go where the need is greatest. The camps evolved, too. They became more structured, supported by Rural Spine Care Centres, visiting surgical teams, and local doctors trained to recognise spinal conditions early. A camp was no longer just a few intense days of surgery. It was the visible peak of months of preparation and years of relationship-building.

Across India, patients began to recognise a pattern. The same careful examinations. The same insistence on surgery only when truly necessary. The same respect for the dignity of people who had travelled overnight by bus or tractor just to be seen. In many districts, the arrival of a Spine Foundation camp became an anticipated event; quietly transformative, reliably compassionate.

WHAT THE CAMPS REALLY BUILT

Measured in numbers, the journey is impressive: dozens of camps, thousands of patients evaluated, hundreds of life-altering surgeries. But the deeper achievement lies elsewhere. These camps proved that complex, ethical, high-quality spine care could exist far beyond big cities. They showed that rural healthcare need not be second-best. It could be thoughtful, precise, and deeply human. From that first camp in Gadchiroli to its present reach across the length and breadth of India, The Spine Foundation's journey has followed a simple arc: listen first, act carefully, and return again and again. In doing so, the camps did more than straighten spines; they helped communities stand a little taller, with less pain and more possibility.

Follow us on Instagram to stay updated on our most recent camps.

A Timeline of Care

The Spine Foundation's camp journey: milestones across India

2007-2009 | The Beginning: Gadchiroli, Maharashtra

- First spinal surgery camps conducted in Gadchiroli, in partnership with SEARCH.
- Camps prove that complex spine surgery can be delivered ethically and safely in remote, tribal settings.
- Early success builds local trust and establishes a replicable rural-care model.

2010-2014 | From Experiment to Model

- Repeated camps in Gadchiroli deepen outcomes: pre-op screening, surgery, rehabilitation, and follow-up become a continuum.
- The idea of taking spine care to patients—instead of waiting for patients to travel—becomes central to The Spine Foundation.

2015-2016 | Formalising Rural Reach

- Launch of Rural Spine Care Centres (RSCCs) to support camps with year-round local presence.

- Dhule, Maharashtra hosts one of the early RSCC-linked camps—marking the shift from isolated camps to a networked approach.

2017 | Expansion Within Maharashtra

- Camps extend to Ambajogai, Aurangabad, Akola, Ratnagiri, and Kolhapur.
- Each location adapts the model to local realities—medical colleges, district hospitals, and mission hospitals become partners.

2018 | Crossing State Borders

- Camps held in Sittilingi (Tamil Nadu) and Dharampur (Gujarat).
- This phase proves the model's portability across languages, terrains, and health systems.

2019-2021 | Resilience and Continuity

- Despite logistical challenges, camps continue with tighter protocols and stronger local capacity.
- Focus increases on conservative spine care and early diagnosis alongside surgery.

2022-2023 | A National Footprint

- Camps reach Nandurbar (Maharashtra), Dehradun (Uttarakhand), and Purulia (West Bengal).
- The Foundation's teams now operate comfortably across central, western, northern, and eastern India.

2024 | Scale with Precision

- 2024: Multiple documented surgical camps across the country, in Gadchiroli, Kankavli, Dharampur, Silchar, Mount Abu, North Goa, Madhya Pradesh, Dehradun, and Purulia.
- Focus on doing fewer, better surgeries—only when clinically necessary, with meticulous outcomes tracking.

2025-2026 | The Road Ahead

- Scheduled camps in Sargur (Karnataka), Doda (J&K), Mandi (HP), Ganiyari (Chhattisgarh), Bhachau (Gujarat), Raigad and Kinwat (Maharashtra), signal continued expansion into underserved belts.
- The journey comes full circle: from a forest district in Maharashtra to a presence across the length and breadth of India.

BEGINNING OF A NEW ERA: ENDOSCOPIC (MISS) SPINE SURGERY IN THE SPINE FOUNDATION.

The Spine Foundation pioneers advanced Endoscopic (UBE)-Minimally Invasive Spine Surgery (MISS) for poor rural and urban patients

SINCE ITS ESTABLISHMENT in 1998, The Spine Foundation has grown by leaps and bounds. Today, it reaches out to patients across the country, from Ambejogai in Maharashtra to Silchar in Assam, from Doda in J&K to Krishnagiri in Tamil Nadu.

In a quiet but transformative development for spine health in rural India, The Spine Foundation (TSF) has begun performing Endoscopic MISS (Minimally Invasive Spine Surgeries) in underserved communities. This advanced, ultra-precise technique uses specialised tools to treat spinal conditions with minimal muscle damage— an approach that dramatically reduces recovery time, surgical trauma, and hospital stays for patients with spinal disorders.

The first such surgery, in January 2025, was performed at DY Patil Medical College in Kolhapur by the Spine Foundation member, Dr Shailesh Hadgaonkar from Pune. A surgery that needs a lot of technical & technology & endoscopic armaments was arranged for free by our team.

The Spine Foundation's use of Endoscopic MISS during its rural outreach programs underscores its commitment to spine health for every individual, regardless of where they live. TSF believes that cutting-edge technology can and should reach even the most remote corners of India.

"We can do the endoscopic & miss spine surgery to the selective cases, said Dr Hadgaonkar, who was very keen to start the initiative. After discussions with Dr Shekhar Bhojraj, our mentor, who supported the miss initiative and helped in establishing the link between TSF and Dr DY Patil Hospital, Kolhapur.

A SAFER, FASTER ROUTE TO RECOVERY

Minimally invasive spine surgery involves small incisions and specialised instruments that allow surgeons to access the spine without cutting through large sections of muscle or tissue.

According to The Spine Foundation, this method offers clear advantages for patients:

- Smaller incisions, less blood loss
- Reduced pain and faster recovery



- Shorter hospital stays
- Lower risk of infection and complications

For rural patients, who often face unaffordable or impractical travel to large cities for care, these benefits can be life-changing.

FROM CITIES TO VILLAGES: A NEW MODEL OF CARE

The Spine Foundation has long been at the forefront of taking modern spinal healthcare to rural and tribal regions. Over the past two decades, the Foundation has conducted hundreds of spine camps across Maharashtra, Chhattisgarh, West Bengal, Assam, and Karnataka, offering free consultations, surgeries, and rehabilitation support.

By incorporating MISS into these programs, TSF is bridging a significant gap between urban technology and rural healthcare needs.

"Minimally invasive techniques are not

just about technology, they are about access," says Dr Shailesh Hadgaonkar, a senior Foundation surgeon. "Our goal is to ensure that a villager in Gadchiroli or Purulia receives the same quality of care as a patient in Mumbai."

TECHNOLOGY WITH COMPASSION

The Spine Foundation has performed various Endoscopic (UBE) & minimally invasive spine surgeries in both DY Patil, Kolhapur and VN Desai Hospital in Mumbai, a significant milestone for a charitable healthcare initiative. Performing such advanced surgeries in resource-limited environments requires not only equipment but also trained expertise. TSF's teams include surgeons, anesthesiologists, physiotherapists, and volunteers who travel across states to ensure patients receive comprehensive care, from diagnosis to post-surgery rehabilitation.

"MISS represents the perfect blend of technology and empathy," says Dr Abhay Nene. "We believe no one should suffer chronic pain or disability simply because of where they were born."

CHALLENGES AHEAD

While MISS offers enormous potential, scaling it sustainably remains complex. Portable imaging systems, sterilisation units, and trained surgical teams are essential. Moreover, ensuring follow-up physiotherapy and rehabilitation in remote villages remains a challenge.

Healthcare experts, however, view TSF's model as a pioneering step that could inspire similar NGO-driven programs in other surgical specialities.

A BLUEPRINT FOR ACCESSIBLE ADVANCED CARE

The Spine Foundation's initiative signals a future in which specialist care is democratised, and patients in small towns and tribal districts benefit from the same medical innovations as those in urban centres.

In doing so, the Foundation is quietly redefining what is possible in Indian public health, turning "spine care for all" from an aspiration into a practical reality.

LEENA DEOSTHALEE

In conversation with TSF patron and fellow-traveller Leena Deosthalee

When did you first come to know about Dr Shekhar Bhojraj?

I first heard about Dr Bhojraj more than twenty years ago. A close relative of mine had severe spine issues and was operated on by him. At that time, the relative led a sedentary life and did not exercise. After the surgery, Dr Bhojraj counselled him extensively and motivated him to take charge of his health.

The transformation was remarkable. Today, this relative of mine cycles, walks marathons, and has even completed full marathons in different countries. He travels frequently, to New York and Singapore, and works with Barclays. So it wasn't just surgery; it was a complete change in mindset and lifestyle. That was my first introduction to Dr Bhojraj, though I hadn't met him in person yet.



a family member's life. Years later, I came to know him as a deeply committed social worker through SEARCH and his rural spine camps.

Have you visited any of the spine camps yourself?

Yes. I have visited SEARCH multiple times and have also witnessed a spine camp conducted at our own premises for nearby villagers earlier this year. I have also gone into villages with ASHA workers and seen firsthand how healthcare reaches people at the grassroots.

What stands out to you about Dr Bhojraj's approach?

His clarity and ethics. His communication with patients, donors, and his team is exceptional. He is very clear about what spine care involves and what it doesn't. He doesn't oversell surgery. Many people come with general body pain, but he is firm about diagnosis and restraint.

He also brings young doctors, often from rural backgrounds, and mentors them patiently. He lets them assess patients, then guides them. These young doctors later become local contact points, helping ensure continuity of care. This is how systems are built.

What can other NGOs learn from The Spine Foundation?

Succession planning and team-building. You cannot build an organisation around a single individual. Dr Bhojraj has consciously built a team and groomed people over time. That is essential for sustainability.

It's difficult today, especially with younger generations asking, "What's in it for me?" But institutions survive only when people are willing to give without immediate returns.

You have been a long-time supporter of The Spine Foundation. What has sustained that support?

Trust. When we donate, we receive detailed updates—photographs, patient details, information about how equipment is used. That transparency builds confidence.

I also admire his personal integrity. For example, when he held an art exhibition of his sketches to raise funds, I was told that he paid all personal expenses himself and directed all proceeds to the Foundation. That says everything.

Any final thoughts on the work being done?

Healthcare, especially in rural India, requires patience, humility, and persistence. Results don't come immediately. Dr Bhojraj understands this deeply. Even when a camp results in only a few surgeries, he sees it as the beginning of trust-building. That ability to stay committed, ethical, and hopeful—that is what makes The Spine Foundation special.

When did you meet him personally?

Much later. I learned more about his work through Dr Anand Bang. We visited Gadchiroli and saw the work there firsthand. That would have been around 2013 or 2014.

What drew you to Gadchiroli and SEARCH?

My husband strongly believed in giving back to society. Both of us came from middle-class backgrounds, and later in life, we found ourselves financially more comfortable than we had ever imagined, through our careers, stock options, and opportunities at L&T. Our daughters were settled, and we felt it was important to contribute meaningfully.

My husband wasn't someone who just wrote cheques. He believed in visiting organisations, understanding their work, and ensuring that the impact was real. That's how Gadchiroli and SEARCH came into our lives.

Can you tell us a little about your husband?

His name was Yeshwant Moreswar Deosthalee. He was a Chartered Accountant and law graduate. He was known as YMD in his Company L&T where he served for 43 years. He was the CFO and Whole-time Director at Larsen & Toubro. People trusted him deeply for facts and insights, and many journalists relied on him for authentic information.

He was also deeply involved in philanthropy. Every year, he and his colleagues would identify NGOs and institutions across Maharashtra and beyond, raise funds, and support them; not just financially, but also through advice on sustainability and growth. Giving back was always part of who he was.

Was there a specific moment when he decided to give back, or was it always part of him?

It was always part of him. He believed we are merely trustees of what we have. You cannot take wealth with you. Our life was always simple—we

never believed in display or excess.

And your own journey into social work?

I worked for 33 years as an officer with the Bank of India. I opted for voluntary retirement in 1999, partly for personal reasons—to spend time with my elderly father and my daughters. After his passing, and once my daughters were married, I felt a lack of purpose. Having worked all my life, I couldn't simply stay at home.

I worked with an orphanage for over 7 years, I worked there as Trustee and Chairperson of their Hostel for Working Women. But over time, I realised that in large, established organisations, it is difficult to have satisfaction of working at grassroots level. So, I decided to start something on my own.

Is that how the Mathura Foundation came into being?

Yes. In 2007, I began looking for a place, and by 2009, I found a plot in village Jambhulpada on Khopoli - Pali road in Raigad. We engaged architects Adarkar Associates who made excellent plan in a small plot. The building was funded entirely by my husband. We later formed a public charitable trust, "Mathura Foundation", named after my mother.

The trust now runs two projects. An old-age home, Chaitanya Jyeshtha Nagarik Sahaniwas, which is situated at Jambhulpada in Sudhagad Taluka in district of Raigad. And a mobile medical van that serves nearby villages. While the building remains in our name for practical reasons, it is used entirely for charitable purposes.

How does this connect to your association with The Spine Foundation?

It shows continuity. I didn't suddenly come to The Spine Foundation. I had spent years in social work and institution-building. My first interaction with Dr Bhojraj was as a surgeon who transformed

LEARNINGS FROM THE FORTUNE AT THE BOTTOM OF THE PYRAMID

The Fortune at the Bottom of the Pyramid by C. K. Prahalad offers several powerful and practical lessons for NGOs working in healthcare—especially those serving underserved and low-income communities. While the book is written primarily for businesses, its insights are deeply relevant for mission-driven organisations seeking scale, sustainability, and real impact.

1. RESPECT THE POOR AS CAPABLE, NOT PASSIVE BENEFICIARIES

One of the book's most important insights is the shift in mindset: people at the bottom of the pyramid are *not helpless recipients of aid* but informed, aspirational individuals who make rational choices under severe constraints.

For a health-sector NGO, this means:

- Designing health interventions *with communities, not for them*
 - Avoiding paternalistic assumptions about “what people need”
 - Valuing local knowledge, preferences, and trade-offs
- Health programs succeed not when they are free or well-intentioned alone, but when they *fit into people's real lives*.

2. AFFORDABILITY IS A DESIGN CHALLENGE, NOT A COMPROMISE ON QUALITY

Prahalad argues that low income does not justify low quality. Instead, affordability must come from *radical redesign*.

For healthcare NGOs:

- Low-cost diagnostics, telemedicine, community health workers, and modular care delivery can dramatically reduce costs
- Preventive care and early intervention are often more viable than hospital-centric models
- Small-unit pricing (pay-per-visit, pay-per-test, micro-insurance) can increase uptake

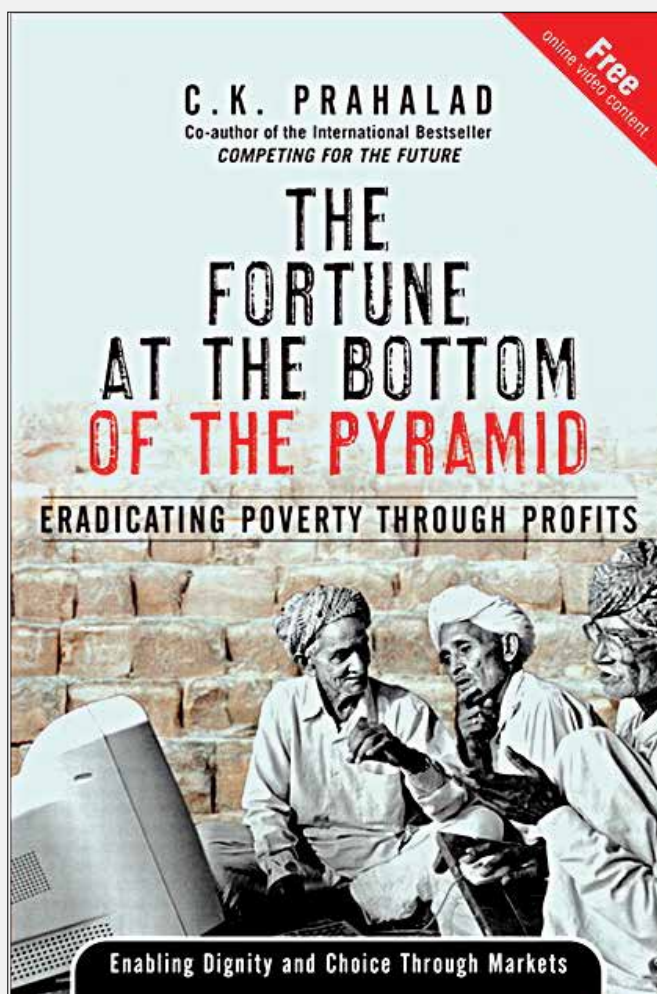
The lesson: *don't dilute healthcare—re-engineer it*.

3. SCALE IS ETHICAL IN HEALTH

A subtle but powerful idea in the book is that *scale is not greed; scale is inclusion*. Serving a few thousand people well is meaningful, but serving millions reasonably well can be transformational.

For NGOs:

- Pilot projects must be designed from day one with scalability in mind
 - Documentation, standardization, and repeatable models matter
 - Partnerships with government, private providers, and technology platforms are not “selling out” but often essential
- In health, *impact at scale saves more lives than perfection in isolation*.



4. PARTNERSHIPS MATTER MORE THAN PURITY

Prahalad strongly advocates cross-sector collaboration—between corporations, governments, NGOs, and communities.

For health NGOs, this means:

- Working with private hospitals, pharma companies, device makers, or insurers where interests align
- Leveraging corporate efficiency, supply chains, and technology without compromising ethics
- Acting as system integrators rather than lone actors

The book reminds NGOs that *complex health problems require ecosystem solutions*, not heroic solo efforts.

5. SUSTAINABILITY IS PART OF THE MORAL RESPONSIBILITY

One of the more provocative implications of the book is that *financial sustainability is*

not opposed to social good.

For NGOs in healthcare:

- Partial cost recovery, cross-subsidization, or hybrid revenue models can ensure longevity
 - Dependency on grants alone can limit reach and continuity of care
 - A sustainable model respects beneficiaries by ensuring services don't disappear tomorrow
- Sustainability, in this sense, is not commercialisation—it is *commitment*.

6. INNOVATION THRIVES UNDER CONSTRAINTS

The book celebrates constraint-driven innovation. Scarcity, when taken seriously, forces creativity. Health NGOs can learn to:

- Innovate in diagnostics, training, logistics, and follow-up
 - Use technology not as a showcase, but as a cost and access multiplier
 - Build solutions that work despite unreliable infrastructure, low literacy, or distance
- Some of the most globally relevant healthcare innovations have emerged precisely from such contexts.

7. MEASURE VALUE, NOT JUST ACTIVITY

IMPLICIT IN PRAHALAD'S THINKING IS A FOCUS ON VALUE CREATION RATHER THAN EFFORT.

For NGOs:

- Measuring health outcomes, adoption rates, and long-term behavior change matters more than counting camps or consultations

Beneficiaries should perceive clear value in services, or they will not engage consistently

- Feedback loops from patients and communities are critical
- In healthcare, *utilization is a stronger signal than intention*.

IN CONCLUSION

For an NGO working in the health sector, The Fortune at the Bottom of the Pyramid is not a call to become corporate—but a call to become more effective, respectful, and ambitious. It urges NGOs to combine empathy with design thinking, idealism with execution, and mission with scale. The deepest learning may be this: *Serving the poor well requires not less sophistication, but more.*

Cycling Through the Baltics: Snapshots of a Surgeon's Holiday

By Dr Premik Nagad

SPINE SURGEONS SPEND their professional lives caring for backs and helping people stand upright again. But like everyone else, we too need ways to unwind and restore our own balance. For me, that therapy has always been cycling.

In August 2025, my 17-year-old daughter Krishna and I joined a group of close friends, including

several fellow surgeons from The Spine Foundation and friends from other professions, for a cycling holiday through the Baltic region. Our journey began in Tallinn, Estonia, and over eight memorable days we rode through Estonia and Latvia, passing through beautiful towns such as Tartu, Sigulda and Riga before returning to Tallinn. The rides were long but

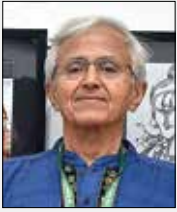
immensely rewarding—often between 80 and 100 kilometres a day—through quiet forests, rolling countryside and coastal stretches along the Gulf of Riga. The Baltic summer gave us long daylight hours, cool sea breezes and landscapes that seemed designed for cycling.

For me, the most special part of the trip was sharing it with

Krishna and friends who, like me, value both adventure and companionship. Away from operating theatres and hospitals, the road offered perspective. Pedalling through those landscapes reminded us that balance in life—like balance on a bicycle—is something you must keep moving to maintain.







DR SHEKHAR BHOJRAJ

You know him as India's finest spine surgeon and the founder and compass of The Spine Foundation. However, few know of his artistic skills, which have led him to release two artbooks and hold exhibitions in Mumbai, Pune, Ahmedabad, Kolhapur, and Kolkata. The proceeds from these were used to fund the Foundation. Here's a look at some of our favourite works of this artist.

