

# SANTHOME MISSION

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## COVER STORY

➤ **MST'S NEW APOSTOLATE THROUGH ALTERNATE HEALTH CARE INITIATIVES**

## MAIN ARTICLES

➤ **STRENGTHENING OUR HOPE IN THIS TIME OF COVID 19 PANDEMIC**

➤ **HANDLING DEPRESSION IN COVID TIME**

➤ **ON HOW GOD LOVED ME BACK TO LIFE**



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# Editorial

**C**ovid 19 is sweeping through the world like a whirlwind, disabling millions and killing tens of thousands. During the initial days of the pandemic, all thought that it would end soon and normalcy would shortly be established. But now, after almost a year and a half, we all begin to realize that there is no end to this terror in the near future and that we will probably have to live with it, at least for some time. The situation is aggravated by the mutation of the virus that gives rise to new variants like Alpha, Delta, Gamma, and so on. One is devoured by fear, wondering whether the available vaccines are effective on the new variants. Governments of different countries are trying their best to ameliorate the situation and to establish normalcy in their territories. But the deep wound that Covid 19 leaves on the life of people would take a long time to heal and the scar that it continues to leave on them would remain for many more years, despite their tireless efforts and unified activity towards normalcy. If one looks a bit deeper into the Covid 19 situation in different parts of the world, one can easily find that it has affected every sphere of human life, much beyond one's imagination. It has affected economic and social systems as well as people's faith, confidence, and mental strength.

An important domain of concern is the socio-economic situation in the world as a whole and especially in third-world countries. The global economy that was on the rise in the pre-Covid period is shrinking significantly. Global shares are in flux, job seekers are in difficulty, countries are in recession, travel is still far from take-off, the hospitality sector shuts its doors worldwide, shopping comes down as shoppers stay at home, countless millions become jobless, many sectors struggle to survive, debts are mounting and poverty, inequality and hunger are on the rise. Millions are pushed to unemployment

and underemployment. There is increased violence at home to vulnerable groups like women and children and they suffer.

The amount of mental stress and depression that Covid 19 loads upon ordinary people is enormous. Thousands are suffering in silence due to the loss of their dear and near ones, many are ending their lives being unable to face poverty and see their children starving, some live with deep sighs being unable to find ways to pay back their debts and many are scared about being infected. Such a situation affects the psyche of all the members of the family and many are unable to handle this situation by themselves. So, it is important to promote positivity and a sense of calm as we navigate through these tough times. Psychologists, counselors and health professionals can do a lot in such situations. But, above all, the mutual support given by family members and the patient listening and consoling words by a friend or colleague would save many lives and soothe several agonizing minds. It is heartening to see that human beings of goodwill from



around the world create and upload thousands of short inspirational videos and written short stories and send many meaningful short messages, highlighting hope, celebrating lives and filling our lives with optimism during these pandemic times. With honor and dignity, we need to salute the front-line workers, doctors, nurses, health workers, members of armed forces, disaster management teams and priests and sisters who have sacrificed their lives while serving their brethren in these pandemic days.

That there is nothing permanent in this changing world is a fact that we often need to remind ourselves, only to be sure that this difficult time also will pass by and we will again be able to live in a world full of joy and freedom. We all need to work together for that heaven of freedom so that the future will be a time of healing from the scars of the pandemic, a time for healing the shattered economy and social systems and a time for healing the divisions among persons and nations. It should be a time to work together in unity and solidarity, extending our hands to the well-being of our neighbours and strangers. The world needs a new global deal where power, resources and opportunities are better shared and the governments better reflect the present realities rather than their petty political gains. Only a unified action of the world's powerful and developed countries now can stabilize the shattering global socio-economic situation. They have to lend their hand in coordinating fiscal and monetary responses, in enabling the under-developed and developing countries to manage the crisis and in giving them guidance in these challenging times. The question is: 'can the G20 and the United Nations take up this responsibility and live up to this task?'

During such distressing times, our faith can be challenged and it can be hard to see where God fits in within this new normalcy. But in the Bible, there are many instances where Jesus tells his disciple to have recourse to prayer and cling on to faith in shattering situations. After Jesus announces his

passion and death, the disciples are in deep distress. Then, Jesus says: "Let not your hearts be troubled; believe in God, believe also in me" (Jn 14,1). Similarly, after calming the tempest in the sea of Galilee, Jesus asks them: "Where is your faith?" (Lk 8,24). In both these passages, we see Jesus coming to comfort and rescue the disciples in their disappointing and perilous situations. And the keys that he gives them to face a similar situation in life are faith and prayer. We need, therefore, to face this dangerous pandemic biblically, resorting to ardent prayer and abiding faith in God. Some people push the whole responsibility onto God and say that God would rescue them from this pandemic situation, reducing their responsibility to zero. Some people refuse to take the vaccine, wear a mask, sanitize their hands and comply with the regulations given by the civil authorities. But the Bible asks us also to be obedient to authority. St Paul says: "Every person is to be in subjection to the governing authorities" (Rom. 13,1-7) and "Remind them to be subject to rulers, to authorities..." (Titus 3,1). St Peter exhorts us: "Submit yourselves for the Lord's sake to every human institution..." (1 Pet. 2,13-14).

The courage, compassion and generosity of our missionaries during this Covid 19 period have been elevating and inspiring. Pope Francis, in Fratelli Tutti, presents the example of the Good Samaritan and urges us to draw close to the most vulnerable of our brothers and sisters throughout the world. We are conscious that the pandemic has seriously impacted the livelihood of many families in our places of the apostolate. The plight of poor and homeless people and the needs of our elderly and vulnerable have been thrown into stark relief. In this edition, we have included many photos of the compassionate service of our missionaries to the suffering brethren in our missions. Similarly, all the articles, in this edition, are intended at inspiring us and healing ourselves from the wounds of the pandemic Covid 19. I wish all of you a very fruitful reading of this new edition of the Santhome Mission.

**Fr Francis Kureeckal MST**  
Chief Editor

# Strengthening our Hope in this Time of Covid 19 Pandemic

Dr Antony Perumanoor MST

## Introduction

Jawaharlal Nehru once said: “A great disaster is a symbol to us to remember all the big things of life and forget the small things, of which we have thought too much.” I think these words of our first prime minister are worth recalling now when we are facing a big global disaster. Covid 19 is termed as a pandemic because it is much more global and more destructive than any epidemic. Outbreaks of epidemics such as cholera, bubonic plague, smallpox, and influenza, which are some of the most brutal killers in human history, are properly defined as pandemic. Smallpox has been a dangerous pandemic which has killed between 300-500 million people in its 12,000 year existence.





Around 100 years ago (1918-1920) there was the outbreak of a flu pandemic, an influenza that tore across the globe, infecting over a third of the world's population and ending the lives of 20 – 50 million people. The Asian flu was a pandemic outbreak of Influenza A of the H2N2 subtype that originated in China in 1956 and lasted until 1958. Its death toll was two million. The 1968 flu pandemic, which is known as “the Hong Kong Flu,” was caused by the H3N2 strain of the Influenza A virus, a genetic offshoot of the H2N2 subtype. Its death toll was one million. The H1N1 Swine Flu pandemic (2009-2010) was caused by a new strain of H1N1 that originated in Mexico in the spring of 2009 before spreading to the rest of the world. In one year, the virus infected as many as 1.4 billion people across the globe and killed between 151,700 and 575,400 people. Another recent global pandemic before Covid 19 struck the entire world was HIV/AIDS which was at its peak between 2005 and 2012. It was first identified in the Democratic Republic of the Congo in 1976 and it has killed more than 36 million people since 1981.

### **Losing hope?**

We are shocked at the Covid deaths of more than 500 priests, religious and bishops in India alone. We may find it very difficult to explain the untimely death of several young priests and religious. Some of us may wonder whether Covid death is the reward that God has given them in return for their life of dedication and service! Different persons have come out with various explanations for the high rate of deaths among the clergy and the religious. One critical comment is that priests and religious are not serious enough about Covid protocol regulations and are not taking sufficient precautions. It cannot be accepted as it is. The real reason may be that they interact with their people unaware that some of them are Covid affected. Priests administer sacraments to the sick (confession, giving Eucharist, anointing) or give them counseling not knowing the real nature of their sickness. After their Covid deaths only the priests come to know that they were dealing with Covid affected people. The priests have conducted funerals without keeping Covid protocols not knowing that

they were Covid deaths. Many religious who died were medical personnel engaged in serving Covid patients.

Has the large number of deaths of the clergy and religious led to any crisis of faith and hope? Are we asking the question: Why does God not protect these dedicated clergy and religious while serving the dying and the dead? Let us remember that we have committed our lives to God and to the service of humanity. Let us not fear the sacrifice that we pay, even by laying down our lives, in being faithful to our promise that we made to God on the day of ordination.

In front of an invisible virus we have become aware how fragile and brief our life here on earth is. We need not take it as a punishment from God. But we can derive some messages from the global outbreak of Covid 19: the longevity of our life is uncertain; science and medicine cannot give us any guarantee of protection from this invisible virus; hence let us use our remaining life span for the service of our fellow-beings in whatever way possible.

What should be our reaction to Covid 19 now? Do not panic; never lose hope; be wise; take reasonable steps to avoid exposure to the disease and to protect and provide for our dependents; look for opportunities for ministry. Following the regulations of health experts and governments in dealing with the present crisis of the pandemic of Covid 19 such as the use of masks, social distancing, sanitizing, etc. will ensure not only our safety but also the safety and well-being of others.

### **Strengthening our hope**

Covid 19 virus has terrified all the nations and peoples of the world and it has become the most ferocious global threat today. Modern science and medicine stand helpless before the destructive advancement of the corona virus. In the last few months we have seen numerous interpretations of this pandemic, some as an example of God's wrath and punishment for human sin / punishment for thwarting God's plan of his created world by destroying the balance of nature / punishment for growing human pride and arrogance negating God's role in creation / punishment for putting up barriers between races, peoples, nations denigrating human dignity, etc. But in the New Testament we see Jesus giving a different interpretation to disasters and tragedies (Lk 13:1-5). Rejecting the

# TRUSTING GOD

WHEN IT DOESN'T MAKE SENSE



Jewish traditional belief, Jesus says that such tragic incidents call for repentance and constant vigil. Job may be viewed as the biblical model of facing crisis and staying in hope. Although the Book of Job in the Bible is a fictional story, it is a model for us to face crisis and catastrophe and to get strengthened in hope. The Jews generally believed that a calamity was divine punishment for sin (cf. Job 4:7; 8:20; 22:4-11; Jn 9:1-2). But the author of the Book of Job rejects this current Jewish view of that time and presents human inability to perceive divine wisdom behind events in the world. Submitting ourselves to the omniscient and benevolent God is the best attitude recommended in the book by its author. God knows us better than we know ourselves (cf. Ps 139). Hence we should put all our trust in the providence of God. We should never become pessimistic and should never curse our fate as did Jeremiah in his crisis (cf. Jer 18:14-18). Let us be like Job who blessed God and refused to curse Him even when he faced calamity after calamity in his life (Job 1: 20-22).

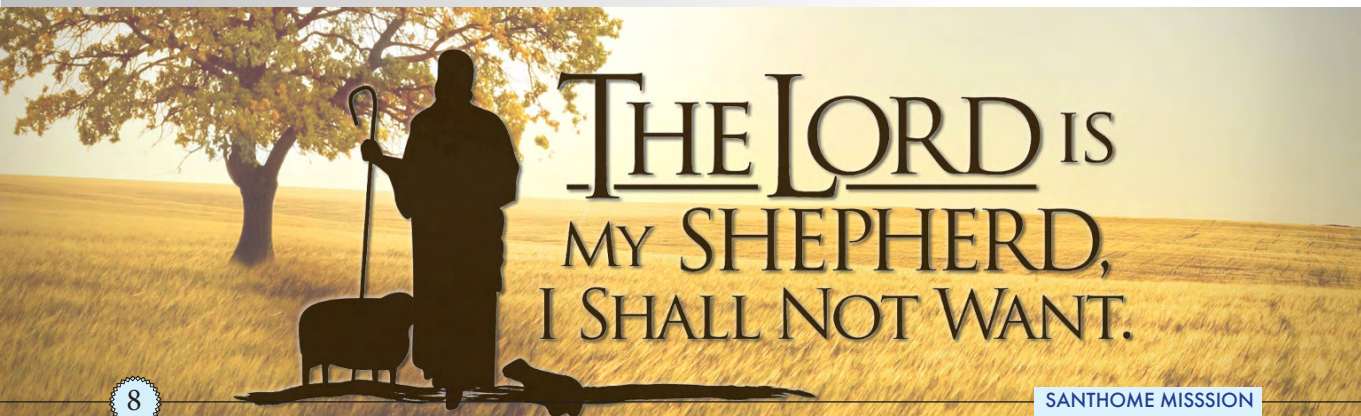
Psalm 91 is a biblical hymn which we chant every morning trusting in the providence of God. We hope and believe that God can protect us from any peril. During this Covid pandemic several forms of music have emerged from this psalm. Singing this

psalm, really believing in every verse of this psalm, will strengthen our hope for our life ahead. Psalm 23 is another psalm that we can confidently chant trusting in the providence and protection of God. If we use this psalm in our daily prayer, we will neither lose hope nor become depressed or desperate when we see death in our family and in our community. Celebration of the Eucharist is the best means to grow in our faith and hope. Jesus who gives us his body and blood in this sacrament will keep us strong in our trust in him. Let us leave ourselves into the protecting hands of our Savior.



## Conclusion

In the words of Dan Ariely, “disasters are usually a good time to re-examine what we’ve done so far, what mistakes we’ve made, and what improvements should come next.” As priests and religious, we are the ones to lead our people in this crisis time of the pandemic and we should not lose hope and become fear-stricken. Let us altogether face this global pandemic in faith and hope. This is neither the first pandemic that humanity has faced nor will it be the last pandemic or disaster. Our fight against Covid 19 pandemic is like fighting a war. By the time a war is won, many may have lost their lives. Because of the loss of lives in a battle, no one will stop the battle. With greater courage, determination and hope we should continue our fight against this global pandemic and we should win this battle eventually. May God be kind and compassionate to us!



**THE LORD IS  
MY SHEPHERD,  
I SHALL NOT WANT.**



# HANDLING DEPRESSION IN COVID TIME

Dr Manuel Karimpanackel MST

**T**he COVID-19 pandemic has drastically changed our lives and has created a lot of suffering. Social distancing, quarantine and lockdowns aggravate the suffering and can make us feel isolated, lonely, tense, anxious and depressed. In this paper we look into the symptoms of depression, its causes, and ways (TLC, EPPMS, and Mindfulness) to cope with it at the wake of the crisis of suffering covid-19 has brought about. Learning to cope with the current predicament in a healthy way will make us and the people we care about become more resilient.

## 1. DEPRESSION

Mood can be defined as a pervasive and sustained emotion or feeling tone that influences a person's behavior and colors his or her perception of being in the world. Major depressive episode, popularly known as depression, is the most widely known and most prevalent among the mood disorders. Depression is a devastating illness that robs people of their energy, sleep, memory, concentration, vitality, joy, ability to love, work and play and sometimes even their will to live. Majority of individuals experience depressive symptoms

(feeling down ) at some point in their lives. When these symptoms are mild and short lived, they are considered a normal emotional reaction. However, when they are more severe and significantly affect daily functioning, they are considered a depressive disorder which requires medical and psychological treatment.

### 1.1 Symptoms of Major Depressive Episode

A diagnosis requires at least five of the following symptoms to be present most of the day, nearly every day, for two weeks or more. The symptoms also have to cause clinically significant distress or impairment in social, occupational or other important areas of functioning (DSM5).

1. Depressed mood (e.g., feeling sad, empty or hopeless).
2. Markedly diminished interest or pleasure in all or almost all activities.  
[At least one of the above and at least four of the following have to be present to diagnose]
3. Significant weight loss (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.

4. Insomnia or hypersomnia (Sleeping too much or too little) nearly every day.
5. Psychomotor agitation or retardation (observable by others; not merely subjective feelings of restlessness or slowing of physical movements).
6. Fatigue or loss of energy.
7. Feelings of worthlessness or excessive or inappropriate guilt.
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day.
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

## 1.2 Causes

Biological, psychological, and socio-cultural factors contribute to the occurrence of the disorder.

**1.2.1 Biological:** Malfunctioning in certain parts of the brain, hereditary factors and biochemical imbalances like low levels of serotonin and elevated cortisol are implicated at the biological level of depression.

**1.2.2 Psychological :** Aaron T. Beck's Cognitive Theory of Depression proposes cognitive (thinking) errors as the prominent cause of depression. Patients have a tendency to interpret life events negatively and selectively. They think negatively about oneself, the world, and the future. They over-emphasize the negative and applies sporadic negatives to all situations. For example, a person who failed in a few situations ( exams, business) conclude that his life is a failure or he is good for nothing.

Personality factors: Persons with certain personality disorders— OCD, histrionic, and borderline—may be at greater risk for depression than persons with antisocial or paranoid personality disorder.

**1.2.3 Socio-cultural:** Stress is strongly related to depression. It is often stress that triggers depression for people with a predisposition for the disorder. People under stress show

a poorer response to treatment and takes a longer period of time for recovery. The environmental stressors like unemployment and stressful life events like failure in interpersonal relationships are prominent among social and cultural factors.

## 2 MANAGING DEPRESSION

It is natural to feel stress, anxiety, grief, loneliness, isolation and worry during the COVID-19 pandemic. But there are several ways to cope with feelings of sadness and depression and to improve our mood. We focus on three of them.

It is natural to feel stress, anxiety, grief, loneliness, isolation and worry during the COVID-19 pandemic. But there are several ways to cope with feelings of sadness and depression and to improve our mood. We focus on three of them.

### 2.1 Therapeutic Lifestyle Change (TLC)

Therapeutic Lifestyle Change (TLC), one of the proven strategies for handling depression, is proposed by Stephen S. Ilardi in his book “The Depression Cure: The 6-Step Program to Beat Depression without Drugs”. It is found that TLC can fight depression as effectively as any medication. They can even bring about important changes in the brain.



There are six components in TLC program: omega-3 fatty acids, engaging activity, physical exercise, sunlight exposure, social connection and enhanced sleep. Mountains of published research suggest that all of them have antidepressant properties. But TLC is the only approach that combines these separate elements into an integrated package—a comprehensive, step-by-step program that is more potent than any single component used on its own. Therapeutic Lifestyle Change is a natural approach to healing depression, with no side effects.

One doesn't have to be diagnosed with full-blown depression to benefit from TLC. The program can also help those who are simply feeling blue or fighting milder symptoms of the disorder. Likewise, the program offers protection to anyone who wants to minimize the risk of depression in the future. It is something everyone can use to their benefit according to Harriet Lerner.

### 2.1.1 Omega-3 Fatty Acids

The human brain is about 60% fat by dry weight. Fat molecules (sometimes called fatty acids) play a crucial role in the construction of brain cells and the insulation of nerve fibers. Fortunately, the body is able to make many of the fat molecules the brain needs. But there are some forms that the body

can't manufacture on its own; these fats can be obtained only from our diet. And among the most important dietary fats is a group called omega-3 fatty acids—critical building blocks for brain structure and function.

Omega-3 fatty acids are found mainly in fish, (salmon, sardines, tuna etc) wild game, nuts, seeds, and leafy vegetables. Omega-3 food supplements like fish oil in the form of capsules are also recommended. Because the brain needs a steady supply of omega-3s to function properly, people who don't eat enough of these fats are at an increased risk of developing many forms of mental illness including depression. Across the globe, countries with the highest levels of omega-3 consumption typically have the lowest rates of depression. Clinical researchers have even started using omega-3 supplements to treat depression and a handful of studies suggests that omega-3s may be among the most effective antidepressant substances ever discovered.

### 2.1.2 Engaging Activity

Depression is closely linked to a toxic thought process called rumination—the habit of dwelling on negative thoughts, turning them over and over in mind. The problem comes when people start ruminating for long stretches of time, going over the same thoughts again and again. Such chronic rumination intensifies our negative mood making it unbearably painful. Unfortunately, many depressed individuals spend literally hours ruminating every day.

But how do you stop ruminating?

People only ruminate when they have free time on their hands and when their minds aren't occupied with some reasonably engaging activity.



Sitting stuck in traffic, watching a boring TV show, eating a meal alone, staring off into space . . . are typical occasions. The biggest risk factor for rumination is simply spending time alone.

When you are interacting with another person, your mind just doesn't have a chance to dwell on repetitive negative thoughts. But, really, any sort of engaging activity can work to interrupt rumination. It can even be something simple. Try and implement a few of these ideas each day even if you're feeling good: Spend some time in nature, List what you like about yourself, Read a good book, Watch a funny movie or TV show, Take care of a few small tasks, Play with a pet, Talk to friends or family face-to-face, Listen to music, Do something spontaneous.

There are now over a hundred published studies documenting the antidepressant effects of exercise. Activities as varied as walking, biking, jogging, and weight lifting have all been found to be effective. It is also becoming clear just how they work. Exercise changes the brain. It increases the activity level of important brain chemicals such as dopamine and serotonin (the same neurochemicals targeted by popular drugs like Zoloft, Prozac, and Lexapro). Exercise also increases the brain's production of a key growth hormone called BDNF. Because levels of this hormone plummet in depression, some parts of the brain start to shrink over time, and learning and memory are impaired. But exercise reverses this trend, protecting the brain in such a way that nothing else can.



### 2.1.3 Physical Exercise

Exercise is a remarkably potent antidepressant. Researchers have compared aerobic exercise and Zoloft (a commonly prescribed antidepressant medication) head-to-head in the treatment of depression. Even at a low “dose” of exercise—thirty minutes of brisk walking three times a week—patients who worked out did just as well as those who took the medication. Strikingly, though, the patients on Zoloft were about three times more likely than the exercisers to become depressed again over a ten-month follow-up period.

The authors state that the more they learn about the beneficial effects of physical activity, the more the following truth comes clearly into focus: Exercise is medicine. Literally. Just like a pill, it reliably changes brain function by altering the activity of key brain chemicals and hormones. This is a crucial point, but one that is often missed. Medication is not the only way to correct brain abnormalities in depression. Physical exercise also brings about profound changes in the brain—changes that rival those seen with the most potent antidepressant medications. Aerobic exercises (jogging, brisk

walking, swimming, cycling, team sports, hiking, dancing, and climbing stairs) are the best.

### 2.1.4 Sunlight Exposure

Millions of Americans and Europeans get depressed every year, almost like clockwork, during the dark, dreary months of winter. They suffer from a disorder aptly named SAD (seasonal affective disorder)—a condition triggered by reduced light exposure.

Although simply going outside on a sunny day can brighten your mood, an even deeper link exists between light exposure and depression—one involving the body's internal clock. As it turns out, the brain gauges the amount of light you get each day and it uses that information to reset your body

### 2.1.5 Social Support

Anthropologists assert that in hunting-tribal-communities every activity like foraging, cooking, eating, playing, sleeping, grooming are all carried out in the company of close friends and loved ones. Loneliness and social isolation are virtually unknown to them. People who lack a supportive social network face an increased risk of becoming depressed and of remaining so once an episode strikes. Fortunately, we can do a great deal to improve the quality and depth of our connections with others and this can have a huge payoff in terms of fighting depression and reducing the risk of recurrence. Some tried and tested ways are: Talk about your feelings to someone who makes you feel safe and cared for; Help someone else by volunteering; Ask a loved one to check in with you



clock. Without enough light exposure, the body clock eventually gets out of sync and when that happens, it throws off important circadian rhythms that regulate energy, sleep, appetite and hormone levels. The disruption of these important biological rhythms can, in turn, trigger clinical depression. A half hour of sunlight exposure is enough to reset the body clock. It can be easily achieved by taking a walk, spending time gardening or playing, increasing the amount of natural light in your home and workplace by opening blinds and curtains and sitting near windows.

regularly; Call or email an old friend; Go for a walk with friends; Meet new people.

### 2.1.6 Sleep

Sleep and mood are intimately connected. After just a few nights of poor sleep, most people are noticeably less upbeat. And when sleep deprivation continues for days or weeks at a time, it can interfere with our ability to think clearly. It can even bring about serious health consequences. Disrupted sleep is one of the most potent triggers of depression. Not only can poor sleep cause depression, but depression can cause poor sleep too.



Some practical tips

for healthy sleep are:

Use bed only for sleep and avoid napping. If possible, keep your bedroom pitch dark and go to sleep the same time and wake up at a fixed time. Avoid caffeine or other stimulants. Avoid taking your problems to bed with you. Replay scenes from a favorite movie in your head or visualize a relaxing scene. Use proven relaxation techniques (progressive muscle relaxation, diaphragmatic breathing). Avoid rumination in bed (talk things through with a trusted, confidant early before you go to bed, write down your ruminative thoughts. Fill your mind with explicitly positive thoughts and images right before you go to bed). Don't try to force sleep (falling asleep, like falling in love, cannot be forced; the harder you try to attain it, the more elusive it becomes) rather dispose yourself in bed to sleep and let go.

## 2.2 Existential Positive Psychology Model of Suffering (EPPMS)

To help people flourish in the midst of suffering due to covid-19, Daryl R. Van Tongeren and Sara A. Showalter Van Tongeren have developed an Existential Positive Psychology Model of Suffering (EPPMS). EPPMS is informed by both existential psychology (a perspective that addresses core fundamental questions about what it means to be human) and positive psychology (an approach that seeks to promote human flourishing). Existential psychological approaches help people come to terms with basic facts about life (e.g., mortality, isolation, freedom, meaning) and addresses potential anxiety that arises from contemplating such realities. Positive psychological approaches focus on human strengths and what constitutes the good life.

EPPMS has three core propositions: (a) Suffering exposes existential concerns and generates existential anxiety, (b) Existential anxiety impairs one's ability to find meaning, (c) Cultivat-

ing meaning is the primary way to address suffering and allay existential anxiety, eventually leading to potential growth.

### 2.2.1 Suffering

Suffering is (a) cognitively threatening (i.e., it violates deeply held assumptions or schemas about the world), (b) chronic (persistent or enduring), and (c) consequential (i.e., it alters people in fundamental or profound ways). This suffering differs from physical or mental pain, which is generally explainable and has a relatively short duration and is focused in one domain of life. These features of suffering often reveal existential concerns that have the potential to generate considerable anxiety.



People have developed schemas or working models for how they organize, interpret and make sense of the world. These schemas are embedded in cultures and often develop into consensually validated cultural worldviews, which are designed to provide people with meaningful explanations about the nature of life and humanity's place in it. Cultural worldviews facilitate effective processing of social information, steering of social relationships, instilling one's life with meaning and management of potential existential anxiety (i.e., fear and dread regarding existential realities). For example, people may believe that life is fair and that good people receive good which is rightly their due.

### 2.2.2 Suffering Elicits Existential Anxiety and Impairs Meaning

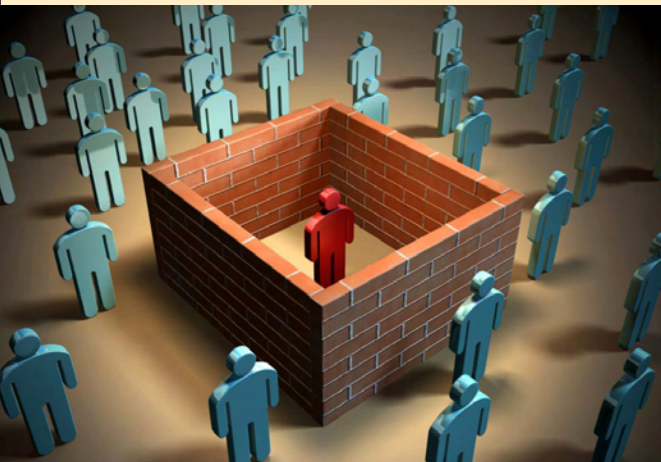
Suffering often violates these long-standing beliefs and generates existential anxiety which

goads one to reflect upon existential concerns. Covid has activated five core existential concerns and have evoked significant anxiety.

1. **The terrible responsibility arising from personal freedom:** the weight of unavoidable and often irrevocable deciding of one's future in a chaotic and unpredictable world elicits anxiety. The disruption of normal routine and structure caused by covid-19, confusing/conflicting information about the virus and the responsibility to make choices which have significant consequences for oneself and others have been found troublesome by many. The questions of the safety of oneself and the dear ones and how to conduct life and work appear too much for many people and leads to decision fatigue.

2. **Isolation:** Each person experiences the world uniquely. It renders each individual separate from all others and alone which results in feelings of fear of isolation. Consequent experiences of rejection or exclusion can hamper psychological functioning, such as self-regulation and pro-sociality (i.e. improving the lives of others).

Lock downs, social and/or physical distancing have fanned into flames isolation and disconnection.



3. **Creating one's own authentic identity (a coherent and relatively stable sense of self):** It is another pressing concern especially when severe stress or stages of development like adolescence or middle age calls for redefining one's identity. It may lead to a feeling that they have a disorganized sense of self and lack of a coherent

vision. It obviously evokes existential anxiety. The drastic change in daily life has also led to an identity crisis for many who defined their life in terms of their activities, employment or hobbies. For them losing their activity, job or hobby is financially and existentially threatening and anxiety producing.

4. **Death:** Death appears the only certainty in the midst of the uncertainty around the above three existential concerns. One's mortality is the certainty that 'impossibilitates' all possibilities and brings everything to nothing. This keen awareness of death, evidently, has the potential for generating existential anxiety.

Covid deaths repeatedly remind us of the frailty and finitude of life and it throws life out of gear.

5. **Meaninglessness:** In facing the above four existential concerns, one is likely to experience the arch-existential concern rather acutely—meaninglessness. Meaninglessness is often viewed as a culmination of the other existential concerns. The relationship between meaning and existential concerns (and comfort) is well-documented. Experiences of suffering elicits existential anxiety that wears down meaning and impairs psychological functioning.

If left unaddressed, the above concerns can cause considerable anxiety and weaken the sense of meaning in the individual who is exposed to covid suffering.

### 2.2.3: Cultivating Meaning Allays Suffering and Promotes Health

The first step towards healing is the acceptance of suffering as an inevitable part of life and growth as well as the acceptance of the five existential concerns which suffering discloses. After accepting the existential situation, one can turn to cultivating meaning.



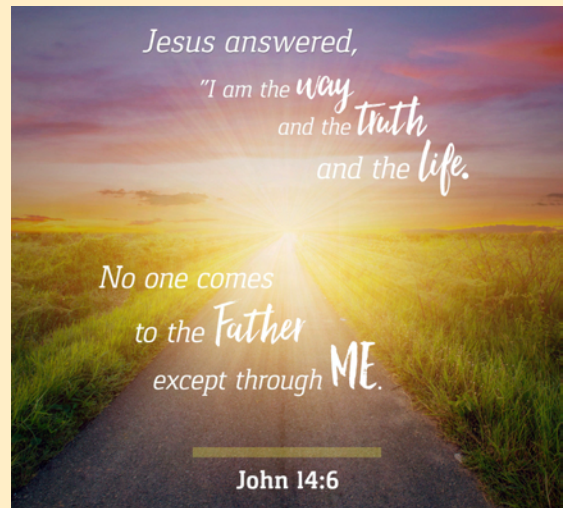
Meaning implies coherence (the situation when the parts of something fit together in a natural way with logic and consistency), significance (the quality of being important because something matters i. e., it will have a marked effect on a situation), purpose (the reason for which something is done or created or for which something exists). and is generally defined as the subjective felt experience that one's life makes sense, is valuable, and is oriented toward something larger and beyond oneself (self-transcendence). Because suffering often appears senseless (challenge to coherence), it can cause people to question whether or not they matter (threat to significance) and might reveal the absurdity of life (undermines purpose). Existential threats reduce meaning and that leads to many health problems.

The Meaning Maintenance Model (Heine) and Logotherapy (Frankl) assert that meaning is a central motivation. Humans are innate meaning-makers who strive to find a sense of meaning through self-esteem, certainty, belonging, symbolic immortality (that one's achievements will live on), literal immortality etc. These efforts can soothe the existential angst. Existential concerns can motivate many anxiety-reducing endeavours such as seeking self-esteem and adamantly clinging to one's culturally shared world-view or reconstructing a new world-view (that fits with their new experiences) that permeates their existence with meaning, significance and permanence.

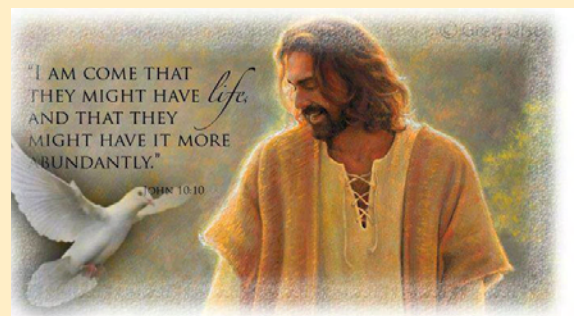
We saw that meaning consists of coherence, significance, and purpose. So restoring coherence, significance and purpose should reduce suffering by directly addressing existential concerns. People often turn toward their schemas to make sense of the world and find coherence. Suffering often challenges one's sustaining schemas and shatters meaning. Rebuilding meaning by naming, accepting, and assimilating one's existential 'facticity' helps people to regain a sense of coherence. Isolation (disconnection) from others undermines their sense of significance. However, the basic need to belong propels the person to reconnect. Finding meaning through reconnection can help reduce suffering and restore a sense of significance. Attempting to find a renewed sense of identity by reconstructing a realistic world-view and self-image which incorporates their suffering takes away its anguish and helps persons to find meaning in

life and the suffering (like St Paul— II Cor.12:7-10) –sense of purpose and identity.


Though it is hard to find meaning in the midst of suffering, EPPMS holds that meaning is a primary pathway toward wholeness, health and flourishing. EPPMS mainly advocates three ways for building meaning which addresses existential concerns: relationships (i.e., connecting with others), spirituality (i.e., connecting with the divine) and prosociality. Studies show that healthy relationships can help overcome the existential anxiety concerns such as isolation and death. It also moves people to flourishing and wholeness. Researches affirm that people find meaning through spirituality and religion. (Death or living the Paschal Mystery (Jn 12:24) is the path (John 14:6) of the 'passover' to the fullness of Life- John 10:10). It enhances coping skills to manage the stress of existential concerns



and makes possible self-transcendence. Prosociality is found to be effective in providing meaning in life, in allaying existential anxiety, and in contributing to wellness.







Mindfulness is a Buddhist form of meditation which helps us to gracefully navigate through life in good times and bad times alike.

### 2.3. Mindfulness

Mindfulness is a Buddhist form of meditation which helps us to gracefully navigate through life in good times and bad times alike. It is living life with moment-to-moment awareness. It equips us to accept reality as it is and to respond most effectively to each unique situation that the universe presents to us. Dr. Jon Kabat-Zinn illustrates it with clarity, brevity, simplicity, practicality and beauty in his classic book 'Full Catastrophe Living.

Once we develop existential resilience or the ability to encounter existential concerns as truths and not threats, facts and not fears, we are on the way to health, wholeness and peace.

### Reference

Ilardi, Stephen S. The Depression Cure: The 6-Step Program To Beat Depression Without Drugs. First Da Capo Press edition. 2009

Van Tongeren DR and Showalter Van Tongeren SA (2021) Finding Meaning Amidst COVID-19: An Existential Positive Psychology Model of Suffering. *Front. Psychol.* 12:641747.doi: 10.3389/fpsyg.2021.641747.

Kabat-Zinn, Jon. Full Catastrophe Living: Using The Wisdom Of Your Body And Mind To Face Stress, Pain And Illness. (Fifteenth anniversary edition). Delta Trade Paperbacks.

# MST'S NEW APOSTOLATE THROUGH ALTERNATE HEALTH CARE INITIATIVES

Fr Joy Kochupara MST

## Introduction

The then Director General of the Missionary Society of St Thomas the Apostle (MST) Very Rev. Fr Kurian Ammanathukunnel and his Councilors, in 2017, after extensive consultation and discussion decided to enter into the field of biomedicine and alternative health care system. Thus, after obtaining guidance from experts in the field, the Society decided to establish an Ayurveda hospital and entrusted the project

to the Sangli Mission of the MST. A team, headed by Rev. Fr Joy Kochupara as director and Frs George Koorumullumpurayidom, Peter Kavumpuram, Habby Mathew and Joy Muringayil as members, was appointed to make the preliminary study and to initiate the project. Ayurveda system of health care is comprehensive by its nature. The system gives equal importance to curative, preventive and promotive systems of health care. The project is designed to take care all these three aspects and it is steadily advancing towards this aim.





### **Fixing the Location of the Project**

The Sangli Mission Society decided to implement the preliminary project in Sateli-Bedshi mainly because they found the people of the district and the region as the most deserving. They also found the region to be highly suitable for the project thanks to its conducive climate, availability of natural medicines along the eastern side of the Western Ghats, obtainability of good and sufficient water due to the proximity to perennial rivers and accessibility to other natural resources. Another important reason for the selection of the area was the availability of land for the future expansion of infrastructures such as developing herbal garden, establishing medicine-manufacturing unit, developing plant-nurseries for supporting villagers to redefine and develop their own land for economic stability and ensuring healthy food crops production. The Missionary Society allocated 40 acres of land, close to the present hospital, to Sangli Mission for developing a herbal garden.

### **Towards the Materialization of the Project**

It took almost six months to obtain necessary permissions for the project from different government departments. Rev. Fr Jose Cheriampanatt, the then Regional Director the Sangli Mission, laid the foundation stone, which was blessed by Mar Joseph Kallaranangatt, on 8th February 2018 and the construction work of the building was started. By the end of May 2019, the work of the first and second floors was over.

### **Beginning of the Hospital: Realization of a Dream**

The preliminary works for the establishment of the hospital were started from June 2019 onwards. As the first step, suitable members of the staff were recruited and tried to procure the most essential medical equipment. Local carpenters made wooden furniture like examination tables, cupboards and other furniture like chairs, hospital beds, coats

etc. were purchased. The medical officer of the area gave us the permission to start the hospital, without its in-patient section, from the month of September 2019 and promised to permit us to admit patients when all other requirements were fulfilled.

## Blessing of the OP Section of the Hospital

Mar James Athikalam, the Bishop of Sagar, celebrated the Holy Mass and then blessed the building at 10 am on 30th June 2019 and Very Rev. Fr Antony Perumanoor MST, the Director General, officially opened the building. Rev. Fr Joby Njallyil, the President of Sangli Mission explained the objectives of Santhome Ayurvedic Hospital, soliciting the co-operation of all people, and made it clear that the entire project was aimed at the integral development of the people around. The councilors of Sangli Mission, local political and government authorities and a good number of local people participated in the inaugural function.



## Facilities Available at Present

- ◆ Spacious reception area
- ◆ Well-furnished office for the administrative purpose
- ◆ Three examination rooms
- ◆ Nursing room
- ◆ A therapy unit
- ◆ Pharmacy
- ◆ Office for admissions and billing
- ◆ Account and file section
- ◆ Two observation rooms for male and female patients

## Opening of the IP Section

At present, we have 12 individual rooms, nursing station and two therapy units in the first floor. There is a regular flow of patients for treatment. The duration of the stay of patients varies from one week to twenty days or more, depending on the nature and duration of diseases. The first floor also contains a plinth area of 5635 Sq Ft.

## Outreach Programmes during Covid-19: A Brief History

As all know, we are going through extreme difficult situations due to the Covid-19 pandemic. We are glad to say that in this difficult situation, we are able to support and treat Covid-19 patients from several neighboring and far away villages. During the initial days of the pandemic, there were not many cases in the locality. Cases started increasing from November 2020 onwards and several people, in their beginning stages of infection, were treated in our hospital.

The Ayurvedic system of treatment is found to be highly effective and people experience quick positive results as they get cured within 4-6 days of the beginning of the treatment and as they do not develop complications after taking the Ayurvedic preventive treatment. Ayurvedic medicines cure Covid-19 patients and relieve them of possible side effects. This generates tremendous confidence among the people in the Ayurvedic treatment of Covid-19 cases. During the second wave of Covid-19 from March 2021, the number of cases, especially in OP section increased.

From the very beginning of this pandemic situation, we have been joining hands with the health departments of the state and working out various plans to face the situation. The government health department requested us to make the facilities of the hospital available for government vaccination services and to admit and treat covid-19 patients, if need arises. We offer our whole support to the civil authorities in serving the people.

Covid-19 affects the smooth functioning of the hospital. We are forced to follow extra security measures, following the Covid-19 protocol. As inter-district and inter-state movements are restricted, patients from different places cannot reach here. As this situation prevails, we cannot admit patients intermittently, although the OP section is going on without problem.

Our doctors and staff members extend their whole-hearted cooperation in managing Covid-19 cases, even risking their own lives. We are providing counseling to patients and their family members. Our staff members try their best to reach out to the patients, calling them and giving them necessary guidance. We distribute preventive medicines to the family members of covid-19 patients. We are happy to state that it helped them stay uninfected. We provide free ambulance service to our deserving patients and this Ambulance is donated by the Sangli Mission Society.

### Treatment and approach

As per our hospital register, more 4000 patients got consultation and treatment as OP and 95 as IP during this period. We started the IP section, treat-



ing cases like obesity, paralysis, kidney complaints, osteoarthritis, chronic wounds, ulcer, severe rheumatic cases, life style disorders, poison and its side

effects etc. A few patients who were almost bedridden got improved or cured after the treatment. This gave our hospital name and fame among the people



of the locality and far. Now we are getting patients even from Goa, Mumbai and distant places of Maharashtra. We do regular follow up of these cases and as a result, they visit our hospital occasionally for further follow up and treatment. We are happy to state that we have successfully treated patients up to their satisfaction and cured some difficult and complicated cases.



### Maintenance of Staff and Management

Dr Fr Joymon Thomas, the administrator of the hospital, gives very good leadership and keeps the entire staff members as a vibrant team. He carries out regular evaluation meetings with the staff and takes all efforts to clear their doubts or problems because the Ayurveda system regards the personal relationship between the staff and patients as

vital for treatment and cure. We are glad that our doctors and other staff are very good in establishing good relationship with patients with extra personal care. Due to their personal touch, our patients and their family members, even after treatment, maintain their good relationship with the hospital. Motivational classes and other training programmes are regularly arranged for the staff. Gatherings and celebrations are held on their birth days and on religious festivals.

### Helping Hand to the Poor

We take all possible care to cater the needs of poor patients and therefore, money never becomes a problem for them in their treatment. Understanding the economic background of the patients, the hospital meets the expenses of poor patients. If someone is capable of paying even the half or quarter of the amount, we settle the bill accordingly. Till now we have offered free treatment to patients

to the tune of rupees 2,37,000.00 and medicines worth for 4,00,000.00 have been distributed during various medical camps.

### Herbal Garden and Agro Nursery

We have plans for a herbal garden, a medicine-manufacturing unit and a nursery for the production of cash crop saplings like coconut, aracnut, cashew, black pepper seedlings, varieties of





fruit tree saplings, tissue cultured banana saplings etc. The 33 acres of land, allocated by the Missionary Society, will be used for these projects. We have already made a comprehensive development plan for the development of the land in future. The land that remained uncultivated for years must be made suitable for the project and this involves a lot of hard work and investment. We have already dug a

well for irrigation purpose and arranged fencing all around the land to protect it from wild animals. We have already cleared about ten acres of land and made it suitable for different purposes.

Rev. Fr Bibin Vernakunnel, an experienced person in the field, has been appointed the associate director for the herbal garden. He has already started his work by appointing sufficient number of workers for the development of the land. With the onslaught of Monsoon in June, we have started implementing different activities on a priority base.

### Plans for the Future

We have plans for developing residential facilities for long-term treatment by developing the land that the hospital has. Treatment and therapy units are to be established on this land as, in certain cases, treatment might last for more than 40 days or for a few months. We have to make a minimum of ten hut type residences, canteen facilities, a large-scale herbal garden and a medicine-manufacturing unit. We have already started the preparatory work for the same.

After elaborate discussion among ourselves, we approached an expert designer. He and his team members made a visit to the spot and carried out a contour survey of the land in view of making a master plan. It will be ready in a few months and will include the needed facilities and different buildings with separate plans and estimates.

### A Few Exceptional Success Stories

We would like to share some of the exceptionally beautiful experiences of our patients here. Parents brought a seven-year-old boy with chronic ulcer and wound on his right foot. They had already taken him to different hospitals and finally to the medical college. A doctor had suggested to amputate his foot as there was no improvement and his situation only got worse. As a last resort, they brought him to us with deep frustration. He could not move around and was suffering from severe pain. We told them that we would try our best and see what happens in two weeks time. From that day onwards, we gave him regular treatment and also fixed medicated stones to his leg for a week to remove the poisonous contents, if any, remained in his body. In a week's time he showed signs of improvement. After two weeks, he felt much better and slept without any allopathic medications. His

parents followed our suggestions and took care of him with much attention. After two months his wound got completely healed and now he goes to school without anybody's help.

Similarly, with herbal medicines and diet control, we are able to help a few patients with chronic gynecology problems. We have also managed a few cases of paralysis. Three elderly persons were bed ridden due to stroke. After a month-long treatment, they started moving around without support and were able to manage their own needs.

### Community Programs

Community development programs are designed for the integral development of people in all possible aspects.



### Health Camps and Awareness Programmes

From May 2018 till February 2020, we organized twelve medical camps in different places of Sawantwadi District, in Goa and in two places in Kolhapur district. We organized them with necessary preparations like advertising through pamphlets and local Medias. We identify the location in ad-



vance and then approached the leaders of the local organizations and health workers from the Government departments. With their help and support, we organized the camps in a systematic manner. The



camp starts with an awareness talk followed by a health check-up. Medicines are distributed free of cost. Those who need further care or treatment are advised to visit our hospital.

People who participated in the camps are happy and they often request us to conduct similar camps. Another positive aspect is that different social organizations and youth clubs are now taking initiative to organize the camps. They come and seek our convenience to fix the date and place. Similarly, we get invitation from schools to conduct the camps for children. Thus, we see an emerging participation of people in organizing the medical camps. We hope to regularize the programme with the help of our hospital and field staff.

### Village Development Programmes

Different steps have already been taken for the successful conduct of the development programmes, envisioned in the project. However, we find that people are not taking enough effort to cultivate or engage themselves in feasible agricultural activities though there is sufficient fertile land and natural resources like water. Majority of young people migrate to Bombay or Goa for unskilled jobs. Large portions of agricultural land are given in lease for mono crop seasonal cultivation like banana and pineapple. Landowners get minimum lease amount and are satisfied with what they get. The mono-crop cultivation, in the long-run, will negatively affect the eco system. Moreover, the use of chemicals will damage the quality of land water and pose challenges to people's health.

We hold several meetings with the leaders of villages and other social-minded individuals and discuss different possibilities. By now, all are aware of the

need of development and have promised their cooperation and support in helping us help them go forward.

### Achievements and Results

- ☞ 80% of the hospital building is complete.
- ☞ Necessary permissions from government departments obtained.
- ☞ Necessary hospital equipment have been purchased.
- ☞ Doctors, nurses and auxiliary staff members are appointed.
- ☞ 12 medical camps were conducted.
- ☞ Created awareness towards Ayurvedic and alternative systems of medical care.
- ☞ 2070 persons took treatment from our hospital.
- ☞ Established good rapport with local hospitals and other government departments.
- ☞ Successfully handled certain chronic cases.
- ☞ Planted medicinal plant saplings and herbs.
- ☞ 33 acres of land availed for herbal garden and future development.



### Conclusion

We are happy to state that, by the grace of God and cooperation of several well-wishers, we are able to commence our project and carry out a healing ministry to the people around. After formally starting our hospital, several dignitaries from the Church and from the public visited our hospital and promised their support. Officials of the health department, both from local and district level, make regular visits to our hospital and give necessary guidance.

# On How God Loved Me Back to Life

**L**ong ago the LORD said to Israel: “I have loved you, my people, with an everlasting love. With unfailing love I have drawn you to myself (Jer.31:3). The entire month of May that I spent as a covid patient at St. Thomas hospital Chethipuzha in the Archdiocese of Chengannassery has been a time in my life when I gradually realized the truth that God loves me with an everlasting love. When tested positive for Covid 19, I hoped that I would be able to resume my pastoral ministries and the B.Ed Course after a couple of days of treatment and convalescence. However, contrary to my expectation, the awful truth soon dawned on me that I was suffering from a severe bout of the pandemic. I suffered from acute suffocation, cough and sore throat. When I conveyed the severity of my condition to my doctors and nurses, they started taking special care of me. When they realised that mine was a desperate case, they decided to transfer me to the ICU ward for intensive care and treatment. I painfully realised that I was slowly losing my confidence. Though I used to preach about the need for self confidence and trust, I was totally bewildered and confused as my health deteriorated day

by day. Having only heard of the ICU experience from others or watched the same in the films, I was totally unprepared for what I was going to undergo. I had an uncanny feeling that something untoward was about to happen to me and I became fearful and began to panic. My daily encounter with serious patients undergoing unbearable suffering and incidents of death in the ICU did sap my already low morale. Those were indeed the days that I cried unto the Lord for immediate help and healing for I realised that my will power and others selfless service, on their own, were not sufficient to boost my morale which was at its rock bottom. However, I did not let go of my trust in God and held on to his words, “Fear not, for I am with you; be not dismayed, for I am your God; I will strengthen you, I will help you, I will uphold you with my righteous right hand.” (Isiah 41:10). The physical and mental agony that I underwent while in the ICU was in fact beyond my highest



pain threshold. A litany of miseries like the incessant and painful injections, unpleasant medical tests, bouts of severe coughing, sleepless nights, loneliness, throbbing pain all over the body and above all the nagging and depressive thought, “why me ?” often deprived me of any hope of improvement and recovery. I asked God the same question that Jesus cried out while on the cross, “Oh God, oh God! Why have you forsaken me? (Mt. 27:46). Though I did not get an immediate answer, I was given the strength to bear the excruciating pain. I was becoming aware, though slowly but surely, that only with the help and presence of the Lord I was able to endure those days of excruciating pain and suffering. I was reminded of the words of the psalmist, “He heals the brokenhearted and binds up their wounds” (Ps147:3).

Though it is beyond words to narrate the horrendous situation that I was in and what I went through when I was told that I would be shifted to the ventilator, there are certain other elements that I can recount borrowing the words of the psalmist, “ He will cover you with his feathers, and under his

wings you will find refuge; his faithfulness will be your shield and rampart” Ps 91:4). I can honestly testify that in those days when I was vulnerable to the core, when my inner voice whispered that I would be no more soon, when I was tottering along the slippery path in the valley of death, even when I came face to face with death staring me in the eye; there was the tangible presence of the invisible hands of God. As I pen this life-testimony, my eyes are brimming with tears realising that though unworthy and weak, God indeed loved me back to life. While on the ventilator, God showed me many a thing in the glow of the divine light surrounding me: my little acts of kindness often considered trivial by me, faces of people that I hurt with unthinking words, echoing voice of prayers by innumerable people never seen in my life.

My Mummy was the one who loved me the most in my life. It has been three years since she left us for her eternal reward. I was saddened all the more by her absence and realised how much I missed her in those days of agony because her presence would have been a source of comfort



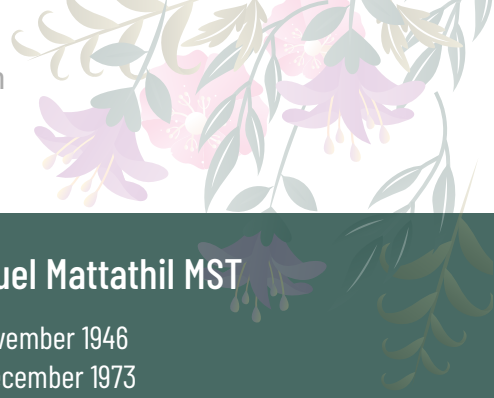


and consolation. I was able to see in the bright glow around me the faces of my late Echachan and Mummy. I could hear them whispering to me, “take heart my son, nothing is going to happen to you.” It was like experiencing their presence as though it were real. Though the days on the ventilator were indeed a time of excruciating suffering, yet it was also a time when I experienced the reassuring presence and the healing touch of God. Although I had preached from the pulpit that God is love, the days of agony in hospital were the time when God taught me what those words mean and I experienced it in my personal life. Even after being shifted to the ICU from the ventilator, that reassuring feeling lingered on with me. And I was blessed to be discharged on 26 May, one month on my hospital admission.

My time in hospital was in fact a learning curve in my life. My doctor and his team in hospital humbly acknowledged that it was neither their merit nor that of the medical science that I was alive and discharged then, rather it was thanks to a power that was at work in me. I was deeply touched when he said that he was unsure of my prognosis however, he was pleasantly surprised when my body started to respond positively to

the treatment and showed signs of slow improvement. Those were the moments that I truly believed that God has still a plan for me. “For I know the plans I have for you,’ declares the Lord, ‘plans to prosper you and not to harm you, plans to give you a hope and a future. ’” (Jer. 29:11). I firmly believe that for this gift of my second birth is indeed a gratuitous gift of God in answer to the incessant prayers of thousands of people. I believe that I was at the receiving end of boundless love and endless prayers thanks to the precious gift of priesthood that God had already given me. It shows how much they value the life of a priest and the invaluable gift of priesthood. I am deeply indebted to all who held me in their prayers, all the doctors and nurses, family and friends, my Superiors as well as the members of MST family, the Bishops, my priest friends and parishioners in the Archdiocese of Chenganassery for their constant care and support. “I will praise you forever, O God, for what you have done. I will trust in your good name in the presence of your faithful people” (Ps52:9).

With profound gratitude and love to God and one and all!



## RIP: Rev. Fr Emmanuel Mattathil MST

Birth : 6 November 1946  
 Priestly Ordination : 18 December 1973  
 Eternal Reward : 14 April 2021  
 Funeral : 16 April 2021 at Deepti Mount

### A. Personal Details

Pet-name: Appachan  
 Place of Birth: Kozhuvanal, Kottayam (Dt)  
 Parish: St John Nepumcian's Church, Eparchy of Pala  
 Baptism: 12 November 1946, St John Nepumcian's Church, Eparchy of Pala

#### Parents:

Mani (+1990) and Anna (+2004)

#### Siblings:

Mr Kuruvila, Fr George MCBS, Mrs Annakkutty (late)  
Mr Joseph, Mr John, Mrs Mary and Mr Thomas

#### Primary and Secondary Education:

- Government Primary School, Kozhuvanal (I-V)
- St John Nepumcian's School, Kozhuvanal (VI-VII)
- St Aloysius High School, Manalumkal (VIII-X)
- St Thomas College, Pala: Pre-University/Pre-degree

#### B. Seminary Formation and Higher Education

1964-1966: Good Shepherd Minor Seminary, Karoor - Minor Seminary of the Eparchy of Pala

1966-1969: Philosophy Studies, St Thomas Apostolic Seminary, Vadavathoor, Kottayam

1969-1970: Regency, Bishop's House Ujjain

1970-1974: (B.Th) Theology Studies at St Thomas Ap. Seminary, Vadavathoor, Kottayam

18 December 1973: Priestly Ordination by Mar Joseph Pallickaparampil of the Eparchy of Pala

1983-1985: M.A. in History, Vikram University, Ujjain

1987-1988: Diploma in Counselling Psychology, Ateneo University, Manila, Philippines

#### C. Priestly Ministry

St Paul Region, Ujjain

1974-1975: Asst. Parish Priest at Shajapur, Eparchy of Ujjain

1975-1977: Procurator and Professor, Vikas Maitri, Eparchy of Ujjain

1977-1978:- Vice Director and Procurator, Jeevan Jyoti, Kamed of the MST

1978-1987: Priest-in-charge, Manager and Hostel Rector at Narasingarh, Eparchy of Ujjain

1988: Parish Priest at Kareppadam, Eparchy of Palakkad

1988-1991: Priest-in-charge and Parish Priest of Etawah mission in Agra, U.P. of the Archeparchy of Changanacherry

1991-1993: Rector, Deepti College, Melampara

1992-1993: II General Councillor of the MST

1993-1996: Spiritual Director and Professor, Ruhalya Major Seminary, Ujjain

1997-2002: Hospital Chaplain at Montabaur, Germany

2003-2016: Parish Priest in the Diocese of Regensburg, Germany

2017-2021 : Spiritual Director and Formator, Santhome Minor Seminary, Thamarassery

## RIP: Rev. Fr John Nattunilath MST

Birth : 31 May 1973  
 Priestly Ordination : 26 April 2004  
 Called for Eternal Reward : 2 April 2021  
 Funeral : 7 April 2021 at Deepti Mount



### A. Personal Details

Place of Birth: Kuninji, Vazhithala, Idukki Dt  
 Parish: St Antony's Church, Kuninji, Eparchy of Kothamangalam  
 Baptism: 3 June 1973, at St Antony's Church, Kuninji, Eparchy of Kothamangalam  
 Confirmation: 9 April 1981, at St Antony's Church, Kuninji, Eparchy of Kothamangalam

#### Parents:

Augustine and Rosamma (late)

#### Siblings:

Mr Tomy, Sr Jincy SABS and Mr Bino

#### Schooling:

St Antony's High School, Kuninji

### B. Seminary Formation

1989 -1993: Joined Deepti College, the Minor Seminary of the MST  
 June 1993: Missionary Orientation Course (MOC) at Jeevan Jyoti, Srirangapatna  
 29 June 1994: The First Promise of Temporary Incorporation to the MST  
 1994-1997: Philosophy Studies, Ruhalya Major Seminary, Ujjain  
 1997-1998: Regency, Deepti Rubber Estate Korenchira, Palakkad and Chaitanya, Kikkery in Mandya  
 1998-2004: Theology Studies, Ruhalya Major Seminary, Ujjain

2000-2002: M.A. in Hindi Literature, St Thomas College, Pala (Mahatma Gandhi University, Kerala)

1 April 2003: Perpetual Promise of Temporary Incorporation into the MST and Diaconate

26 April 2004: Priestly Ordination by Mar Sebastian Vadakel of Ujjain at St Antony's Church, Kuninji, Eparchy of Kothamangalam

### C. Priestly Ministry

Assigned to St Paul Region, Ujjain

2004-2005: Asst. Parish Priest at Lourde-Matha Church, Erode, Eparchy of Palakkad (Presently in the Eparchy of Ramanathapuram)

2005-2010: In different parishes of the Eparchy of Thuckalay (Little Flower Church, Puliyarai-Shenkottai, Loreto Matha Church, Anamukham)

2011- 2013: Diocese of Mpanda, Tanzania

2013- 2014: Asst. Priest-in-charge of St Alphonsa Church, Mana, Eparchy of Ujjain

2014- 2015: Director, Priest-home, Chandessary, Eparchy of Ujjain

2015- 2019: Priest-in-charge of St Mary's Church, Gogapur (Mehidpur Road), and Manager of St Mary's School - Gogapur, Eparchy of Ujjain

2019-2020: Priest-in-charge of St Thomas Church, Susner and Manager of Santhosh Catholic School - Susner, Eparchy of Ujjain

2020-2021-: Asst. Priest-in-charge at Shanti Bhavan, Jamner, Eparchy of Ujjain

# Sacerdotal Silver Jubilarians of 2021 - 2022



**Rev. Fr Muthumakkal George (Roy)**  
26 December 1996  
Ss Philip and James Catholic Church  
Poplar Walk, Herne Hill  
London SE24 OBS, United Kingdom



**Rev. Fr Puthusseril Kuriakose (Raju)**  
26 December 1996  
C/o Santhome, P.B. No.42  
Engineering College Road  
Mandya Dt. - 571401, Karnataka



**Rev. Fr Thonikuzhiyil Augustine (Benny)**  
26 December 1996  
Suvarta Printers, Halondi  
MIDC Shirola P. O., Hatkanangale (Tk)  
Kolhapur (Dt) - 416 122, Maharashtra



**Rev. Fr Arthanakunnel Joseph (Benny)**  
28 December 1996  
C/o Sant Thoma Bhavan  
P.B. 306, Raman Mala  
Kolhapur - 416003, Maharashttr



**Rev. Fr Palappurath Benedict**  
29 December 1996  
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“The poor are first and foremost persons, and their faces conceal that of Christ himself. They are his flesh, signs of his crucified body, and we have the duty to reach them even in the most extreme peripheries and in the hidden parts of history with the delicacy and tenderness of Mother Church.”

Pope Francis



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