



QUARTERLY JOURNAL OF CMAI

CMJI

CHRISTIAN MEDICAL JOURNAL OF INDIA

VOLUME 40.1



**"IN THEIR HEARTS HUMANS PLAN THEIR COURSE,
BUT THE LORD ESTABLISHES THEIR STEPS" - PROVERBS 16:9**

INSPIRE TO ASPIRE

EMPOWERED TO HEAL



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January - March 2025 - Edition

CMJI

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READERS OF CMJI



LETTERS TO THE EDITOR

CMJI'S Editorial Team is inviting our Readers to share comments and feedback for the 'Letters to the Editor' column.

We really look forward to hearing from you all the encouragement and suggestions.

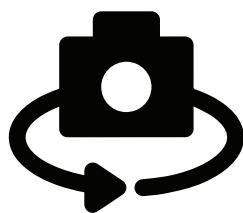
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Kindly send the letters via email to communication@cmai.org



WRITE FOR US

We accept primarily original articles authored by those who are closely involved with the theme of every edition. So, we also encourage you to come forward and contribute with an article for CMJI.



TAKE A SELFIE

Take a selfie with a copy of CMJI and send it to us. We will try to release them in the upcoming editions.

So get creative! and follow hashtag **#GROWwithCMAI**

We will also feature them on CMAI's social media pages.

Kindly send the photos via email to communication@cmai.org



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We thank you for being our encouragement as a reader.

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To donate, kindly visit <https://cmai.org/donation.html>



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Kindly send an email to communication@cmai.org once you have donated. Thank you in advance.



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How God Inspires to Aspire
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GUIDELINES FOR AUTHORS & CONTRIBUTORS

CMAI welcomes original articles on any topic relevant to CMAI membership - no plagiarism please.

- Articles must be in 1000-1500 words in Microsoft Word format. Authors are encouraged to use UK English spellings.
- All articles must preferably be submitted in soft copy format via e-mail; alternatively it can be sent in a printed copy or CD by post. Authors & Contributors are requested to send articles that are complete in every respect, including

references, as this facilitates quicker processing.

- Articles submitted to CMAI should not have been simultaneously submitted to any other newspaper, journal or website for publication.
- Every effort is taken to process received articles at the earliest and these may be included in an issue where they are relevant.
- Articles accepted for publication can take up to six to eight months

from the date of acceptance to appear in the CMJI. However, every effort is made to ensure early publication.

- The decision of the Editor is final and binding.
- Authors are requested to provide full details for correspondence: postal and e-mail address and daytime phone numbers.
- Email: communication@cmai.org

LETTERS TO THE EDITOR

Dear Members and Readers,

I invite you on behalf of CMAI to share feedback and views and make the CMJI interactive, relevant and vibrant. As you read this edition and each issue of CMJI, we would like to know what comes to your mind?

Please share your thoughts to help guide the Editorial team. E-mail your responses to: communication@cmaj.org

Online Editions: Kindly visit our website www.cmaai.org to view and download the past editions. Fill up a simple form and enjoy reading! Click here: <https://www.cmaai.org/publications/cmji.html>

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Regards
Lead - Communication Department

Photos Courtesy: PEXELS



Dear Co-Readers of CMJI, I write to express my warm appreciation for the work of CMAI. I'm very happy to share about CMJI as a regular reader of this journal. I love the voice of your writing because it provides us with information about CMAI's voice approach to healing and wholeness on a common platform. I think the published articles are very informative and inspiring. I read, appreciate and store them in our library. As soon as I get a copy, I start with a single page, a publisher's note, and turn every aspect into wonder. I have found a compilation of all the annual editions that are interesting, informative and rich knowledge.

CMJI, LFA, and Footsteps are always available in the library. This allows students to learn about CMAI's contribution to society. Unfortunately, debilitating reading habits have deadlines. However, it is recommended that students run all subscriptions. I am one of them and I hope that students have to be like that.

It was an incredible experience to receive a call from Mr Christopher Peter, Lead - Communication Department and motivating me to write about CMJI. Also sharing a photograph with my nurse students, I cannot put into words how thankful I am for the work you do. Today, I am writing only because of your encouragement. I eagerly anticipate your future endeavors and am confident that they will have a positive influence on the world, contributing to HIS honor.

Mrs Sumita Gorai, Principal, School of Nursing, Christian Hospital, Berhampur, Odisha



EDITORIAL



Dear Readers of CMJI,

We bring the Annual Edition of Healing Ministry with combined efforts of Chaplains Section and the Communication Department of CMAI. A huge thanks to the writers and authors for your contribution and support.

In the devotional we read how amputation impacts more than the body and it challenges dignity, identity, and hope, yet God's guidance brings purpose and healing even through brokenness and altered steps.

Another article sums up how a transformative journey from divine inspiration to spiritual empowerment emphasizes healing as a core Christian mandate. Rooted in Scripture and Christ's ministry, healing is more than miracles—it embodies the Gospel's essence. Addressing spiritual, emotional, physical, and social dimensions, it offers a holistic, theologically grounded foundation for contemporary Christian ministry and restoration.

In today's world of rising distress and loneliness, the need for hope and spiritual healing is critical. This article explores healing as a theological and vocational mission—one that transcends clinical practice to embrace the sacred, offering a holistic approach rooted in faith and the transformative power of divine compassion.

This edition also explores theological, psychological, and religious perspectives on faith, examining its depth and complexity. It highlights how these understandings shape pastoral care and counseling, emphasizing faith's role in healing, trust-building, and spiritual growth. The insights provide a framework for more compassionate, effective, and theologically grounded pastoral ministry.

Various other articles; Healing Power of Nurses, Mission Hospitals in Need of Healing from the Gujarat & Rajasthan Region of CMAI along with the Archive are a collective voice of diversity and reach that CMAI has a network.

I hope by now our members across the network are planning and discussing about the 48th Biennial Conference 2025 to be held in Kochi, Kerala from 6th-8th November 2025.

Visit www.cmai.org/48BC.html for more details.

A handwritten signature in black ink that reads "Cmoses". The signature is written in a cursive, slightly slanted style with a long horizontal stroke at the end.

Dr Christopher D. Moses
Editor



HEALING THROUGH AMPUTATIONS: HOW GOD INSPIRES TO ASPIRE BASED ON PROVERBS 16:9

REV DAVID EBENEZER

“In their hearts humans plan their course, but the Lord establishes their steps.” – Proverbs 16:9

Amputation is not just the loss of a limb, it is often perceived as the loss of dignity, independence, identity, and, for many, the will to live. It marks a significant turning point in the life of a person, with effects that reach beyond

physical healing into the deep recesses of the soul. However, it is also in this space of brokenness that God’s quiet but powerful inspiration can be most profoundly felt. As Proverbs 16:9 reminds us, though people plan their paths, it is the Lord who establishes each step even those taken with prosthetic legs or through crutches.

The Shock and the Spiritual Void

-----For many amputees, the experience begins with shock in physical, emotional, and spiritual. Whether the amputation is sudden, due to trauma, or gradual because of chronic illness like diabetes or vascular disease, the emotional aftermath is often a dark valley. Patients grieve



not only for their limb but for their previous life. Depression, anxiety, post-traumatic stress, and even suicidal ideation are not uncommon.

In such moments, it can be difficult for patients to see any purpose in their suffering. The loss is profound, and hope may feel absent. And yet, it is often here in what seems to be a place of ending that God begins the work of transformation.

Divine Inspiration Amid Despair

Spiritual care and chaplaincy play a vital role in helping patients recognize God's ongoing presence. The verse from Proverbs speaks directly into the amputation journey:

though the patient's life plan has been shattered, God still establishes each step forward. When chaplains help patients connect with this truth, it can be deeply healing.

One such way God inspires amputees to aspire again is by reframing the narrative of loss into a narrative of resilience. Patients begin to understand that they are more than their physical bodies; their value lies not in limbs but in their lives, their spirits, and their relationships.

Chaplains can gently guide patients to consider questions such as: What does healing look like now? What new direction is God establishing in your life?

Psychological Challenges

and Interventions

Understanding the psychological landscape of amputated patients is crucial. Studies show that individuals often go through grief, depression, anxiety, and even post-traumatic stress disorder (PTSD). Each stage of recovery, from preoperative decisions to postoperative rehabilitation, is loaded with complex emotional responses.

Pain especially phantom limb pain adds to the psychological burden. This pain is not just physical but deeply symbolic, reminding patients daily of what they've lost. Additionally, patients may feel stigmatized, face difficulty reintegrating into their families and communities,

DEVOTION

and encounter employment challenges.

Yet, it is here again that spiritual and psychological care can intersect. Chaplains, working alongside psychologists and physicians, can normalize patients' emotions, validate their experiences, and introduce hope. The process of healing isn't just about stitching wounds it's about rebuilding identity, finding purpose, and learning to walk in a new way, both literally and metaphorically.

Chaplains as Bridge-Builders of Hope

A chaplain's role is to be a bridge between suffering and meaning, despair and hope. By

listening deeply and offering spiritual perspective, chaplains help patients reclaim their lives. They use the language of faith and scripture to speak life into despair.

For instance, sharing Proverbs 16:9 with a patient can initiate powerful conversations.

The verse acknowledges the tension between human plans and divine direction. While the

patient may have envisioned a life full of health, mobility, and independence, they now face a new reality. Yet, this new path is not outside God's will.

It is not the end of the road but a redirection. God, who sees beyond our losses, can establish a new course often one filled with unexpected grace.

Inspiration Through Community and Testimony

Many amputees draw inspiration not only from scripture but from others who have walked a similar path. Peer support groups, testimonies from amputees who have returned to work or discovered new talents, and



community support play a significant role in recovery.

These stories echo the truth of Proverbs 16:9: though our plans change, God still establishes our way.

The Role of Motivation and Purpose in Healing

In the hospital rehabilitation stage, when patients begin using prosthetics or learning to live differently, motivation is critical. Psychological interventions like motivational enhancement therapy and solution focused brief therapy have proven effective. When combined with spiritual care, they allow patients to rediscover their sense of agency, worth, and calling.

Helping patients set achievable goals and visualize a life beyond their hospital bed is a sacred task. It is the act of inspiring them to aspire not despite their loss, but because of the grace available through it. Every patient, regardless of the level of physical disability, has something to offer the world. And when they begin to see their story through God's eyes, healing accelerates.

Healing is Holistic

Amputation requires physical, emotional, psychological, and spiritual rehabilitation. While

It is about discovering peace with oneself, with others, and with God. It is about finding purpose even in suffering.

medical professionals address wounds and pain, chaplains help address soul-deep wounds: the loss of identity, fear of rejection, doubts about worth. They walk with patients through grief and guide them toward hope.

Healing, in the Christian sense, is never just about bodily restoration, it is about wholeness. It is about discovering peace with oneself, with others, and with God. It is about finding purpose even in suffering. It is about understanding that though the path may be different than

what we imagined, the Lord still directs every step.

Conclusion: Steps Ordered by God

Patients who undergo amputation may never fully "recover" their old selves. But through God's grace, they can become something new resilient, hopeful, and inspired. Chaplains are vital companions in this journey, offering faith, perspective, and encouragement grounded in the truth of Proverbs 16:9.

In the end, healing through amputation is not just about walking again it's about walking forward in faith, with steps established by a God who sees beyond what was lost and breathes purpose into what lies ahead.

Rev David Ebenezer, Secretary - Chaplains' Section, Christian Medical Association of India

CMJI Team: Please read a Success Story on page 36 on how a Mission Hospital helped avoid amputation and brought healing.



FROM DIVINE INSPIRATION TO HEALING EMPOWERMENT

REV DANIEL JEBASINGH

FROM DIVINE INSPIRATION TO HEALING EMPOWERMENT: A CHRIST-CENTERED CALL TO RESTORE A BROKEN WORLD

This article explores the transformative journey from divine inspiration to spiritual empowerment, emphasizing the Christian mandate to heal and restore. Grounded in Scripture and Christ's ministry,

it argues that healing is not merely a miraculous sign but a vital expression of the Gospel. This holistic understanding of healing the spiritual, emotional, physical and social offers a robust theological and practical foundation for contemporary Christian ministry.

Introduction: The Divine Spark of Inspiration

One of life's most enduring questions is: What inspires us? For followers of Christ,

the source of inspiration is not merely emotional or circumstantial—it is divine. Christians find their deepest inspiration in the Word of God and the life of Jesus Christ. As Scripture proclaims in 2 Timothy 3:16, the Bible is “God-breathed” (theo-pneustos)—a profound truth that elevates its authority and application.

Inspiration, when derived from the divine, does not merely motivate but transforms. It



becomes the catalyst for action, moving believers beyond contemplation into mission. This is the heartbeat of the Christian calling to be inspired by the love of God and empowered by the Spirit to bring healing to a hurting world.

Human vs. Divine Inspiration: A Distinctive Difference

Human inspiration often arises from stories of resilience, creativity, or compassion. While these are noble and deeply moving, divine inspiration originates from the eternal nature of God's truth.

Unlike human motivation, divine inspiration carries the authority to reshape destinies, restore identity, and redirect history.

Scripture serves as the primary conduit of divine inspiration. It is not a collection of philosophical reflections but a living testament of God's interaction with humanity. Through it, God continues to speak, call, and empower His people. Divine inspiration leads to divine mission.

The Ministry of Jesus: Empowered to Heal

Jesus' earthly ministry was characterized by healing. His

miracles whether opening blind eyes, cleansing lepers, or raising the dead were not mere signs of compassion, but manifestations of the Kingdom of God (Luke 4:18–19). Each act of healing was a declaration: the reign of God is at hand.

Healing was integral to His message. As He told His disciples in Luke 10:9, "Heal the sick who are there and tell them, 'The kingdom of God has come near to you.'" Here, healing and proclamation are inseparably linked. The Gospel, in its fullness, must include both word and deed—

FEATURE

truth and transformation.

Authority and Anointing: Empowerment by the Spirit

The empowerment to heal does not originate in human ability but in divine anointing. Acts 10:38 reveals this clearly: “God anointed Jesus of Nazareth with the Holy Spirit and power... and He went around doing good and healing all who were under the power of the devil, because God was with Him.”

This divine empowerment is not limited to Jesus. It extends to His disciples and to all who follow Him. The mission continues through the Church, which is called to be a healing presence in every

age. Empowerment is both a spiritual reality and a sacred responsibility.

Healing as Grace: Given, Not Earned

A crucial insight in Christ’s healing ministry is that it often occurred before repentance or belief. The healing of the man at Bethesda (John 5), the cleansing of the ten lepers (Luke 17), and countless others happened not because the recipients were righteous, but because God is gracious.

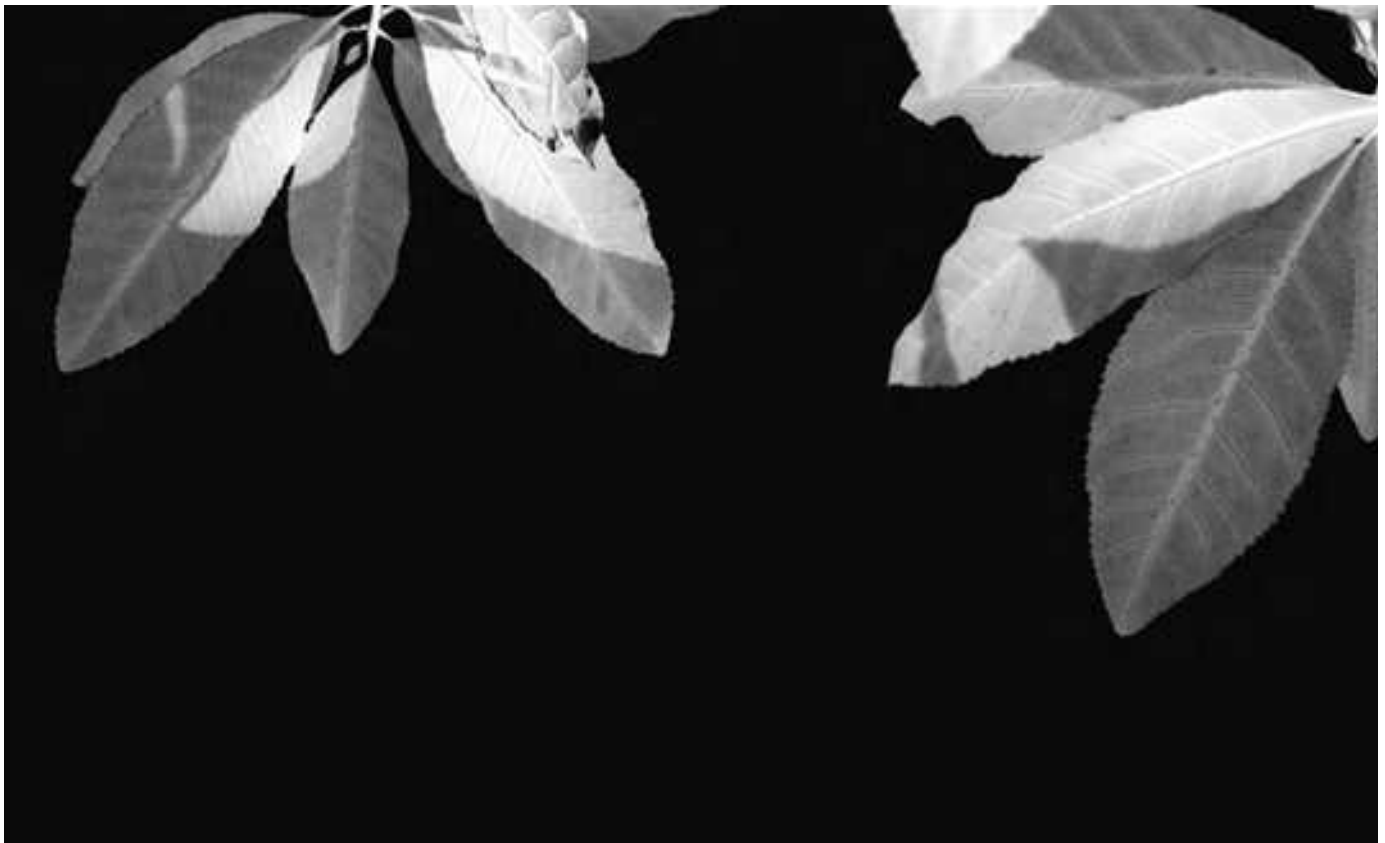
Jesus never demanded moral perfection as a prerequisite for healing. Instead, His healing often served as the gateway to transformation. This sequence grace before repentance,

healing before holiness reveals the generous heart of God. It reminds believers that they, too, must extend healing without condition, offering grace as Christ did.

Holistic Healing: Body, Soul, and Spirit

Biblical healing addresses the whole person. Isaiah 61:1 speaks of binding up the brokenhearted pointing to emotional and spiritual wounds, not merely physical ones. Jesus brought healing to minds tormented by fear, relationships fractured by sin, and communities divided by stigma.

Christian healing must follow this holistic pattern. The



Church is called not only to pray for the sick but to comfort the grieving, counsel the weary, and advocate for the oppressed. Healing includes justice. It includes mental wellness. It includes social restoration.

The Word as Medicine: Healing through Scripture

Scripture itself is described as medicine: “They are life to those who find them and health to one’s whole body” (Proverbs 4:22). When believers speak Scripture over their lives, they do more than affirm truth, they invite transformation.

This practice is rooted in Hebrews 4:12: “For the Word of God is living and active.” Unlike static texts, the Bible, empowered by the Spirit, interacts with the believer, aligning their reality with God’s promises. Scripture-based healing is not mere affirmation, it is activation of divine power.

Healing as Mission: The Church’s Call to Restore

The contemporary Church must reclaim healing as central to its mission. In a world plagued by disease, trauma, and injustice, the Church must stand as a community of restoration. Healing is not a fringe ministry; it is the Gospel in action.

The mandate of Matthew 10:8 remains: “Heal the sick, raise the dead, cleanse those who have leprosy, drive out

Healing includes justice. It includes mental wellness. It includes social restoration.

demons. Freely you have received; freely give.” This is not only possible, but also necessary. The world is waiting for a Church that heals.

Practical Applications of Healing Empowerment

Healing manifests in diverse ways, all rooted in the Spirit’s work:

- Physical Healing: Through faith, prayer, and the laying on of hands.
- Emotional Healing: Through community, counseling, and inner healing ministry.
- Spiritual Healing: Through repentance, forgiveness, and spiritual formation.
- Social Healing: Through reconciliation, advocacy and peacemaking.

Each believer is called to participate. Empowerment is not exclusive to clergy; it is the inheritance of every Spirit-

filled follower of Christ.

Conclusion: Inspired to Aspire, Empowered to Heal

From divine inspiration comes divine commissioning. As believers draw life from the Scriptures and the example of Christ, they are called not merely to believe but to act. To be inspired by Christ is to aspire to live like Him. To be empowered by His Spirit is to heal in His name.

This is the Christian calling in the 21st century: to bring healing to our communities, our churches, and our world. In Christ, we are not only recipients of grace we are instruments of restoration. Let the Church rise, inspired to aspire, empowered to heal.

 Rev J. Daniel Jebasingh,
 Pastor/Chairman, TELC-
 Jesus Saviour Lutheran
 Church, Jeevanahalli,
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NOTICE OF THE CMAI GENERAL MEETING 2025

GS/ND/2025/3474
8th April 2025

**To,
All Members of CMAI in Full Standing (Regular Members)**

This is to inform you that the General Meeting of the Christian Medical Association of India will be held on Thursday 6th November 2025 at 6:30 pm and Saturday 8th November 2025, at 11:00 am, as two Business Sessions, at Gokulam Convention Centre, Banerji Road, Kaloore, Kochi, Kerala - 682107

All members are requested to attend. The proposed agenda is given below.

PROPOSED AGENDA

Thursday 6th November 2025

Business Session 1, Time: 6:30 pm

1. Opening Prayer
2. Roll Call
3. Appointment of Recording Secretaries
4. Condolences
5. Confirmation of Minutes of General Meeting held on 22nd & 23rd November 2023
6. Matters Arising
7. Report of the General Secretary, Treasurer, Editor
8. Formation of Nomination Committee
9. Any other matter
10. Closing Prayer

Saturday, 8th November 2025

Business Session II, Time: 11:00 am

1. Reports of Sectional Meetings
2. Election of Executive Committee and other Committees of the Association for 2025 – 2027
3. Venue for the Next Biennial Conference 2027
4. Any Other Business with the permission of the Chair
5. Vote of Thanks & Closing Prayer

Thanking you,
Yours sincerely,



Dr Priya Letitia John
General Secretary



A fellowship of Christian health professionals and health institutes serving the churches in the ministry of health, healing and wholeness.

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THEME
**“INSPIRE TO ASPIRE:
 EMPOWERED TO HEAL”**
 PROVERBS 16:9



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DR D W MATEGAONKAR
Award 2025

NOMINATION ARE INVITED FOR DW MATEGAONKAR AWARD 2025

In 1990 CMAI instituted National Awards to publicly recognize members who have made a significant contribution to the mission of the Church in India in the ministry of health, healing and wholeness. The award (up to 5 per year) shall be presented during the 48th Biennial Conference in November 2025. Members are requested to send suggestions/nominations to cmai@cmai.org addressed to the General Secretary, CMAI by 30th June 2025.

For Nomination Form: <https://www.cmai.org/48th-biennial-conference-2025.html>

YOUNG MEDICAL MISSIONARY
Award 2025

NOMINATION ARE INVITED FOR YOUNG MEDICAL MISSIONARY AWARD 2025

CMAI instituted Young Medical Missionary Awards to publicly recognize young doctors below the age of 40 who have served in rural mission hospitals for more than 10 years and made a significant contribution to the mission of the church in India in the ministry of health, healing and wholeness. The award shall be presented during the 48th Biennial Conference in November 2025. Members are requested to send suggestions/nominations to cmai@cmai.org addressed to the General Secretary, CMAI by 30th June 2025.

For Nomination Form: <https://www.cmai.org/48th-biennial-conference-2025.html>



INSPIRE TO ASPIRE: EMPOWERED TO HEAL THROUGH HOPE, PRESENCE AND FAITH

REV NITHEESH KUMAR

Abstract

In contemporary society, marked by increasing levels of distress, loneliness, and despair, the necessity for hope and spiritual healing is more urgent than ever. This article examines the theological and vocational dimensions of healing as an integrated mission that transcends the clinical and enters the sacred. Drawing from biblical

foundations, particularly Jesus' declarations that His followers are "the light of the world" and "the salt of the earth" (Matthew 5:13-16), this study explores how caregivers, clinicians, and ministry workers can embrace a holistic approach to healing. By embodying presence, compassion, and faithful resilience, they become conduits of divine grace and hope. This article further

engages the Beatitudes, spiritual formation, and practical theology to articulate a model of healing that is both empowering and sustainable.

Introduction

The world today is inundated with complex challenges ranging from global pandemics and mental health crises to systemic inequalities and spiritual desolation. Amidst



such turbulence, the demand for holistic healing has never been greater. Yet healing is not confined to the hospital room or the therapist's office. It is a sacred endeavor, deeply interwoven with spiritual identity and purpose.

When Jesus proclaimed His followers as light and salt, He was not merely offering poetic metaphors. Rather, He was issuing a vocational and missional directive. These identifiers affirm both a present reality and a future calling. The light illuminates darkness, offering clarity and comfort. The salt preserves, enhances, and sustains, often invisibly. Together, these metaphors encapsulate the essence of spiritual caregiving.

This article argues that true healing is multidimensional encompassing physical, emotional, social, and spiritual dimensions. Drawing upon theological reflection, pastoral praxis, and real world examples from caregiving contexts, it posits that healing occurs not only through expertise but through faith-filled presence. Caregivers, empowered by the Spirit, act as agents of divine hope in a world yearning for restoration.

Theological Foundations: Light and Salt as Identity and Vocation

The Sermon on the Mount (Matthew 5–7) is one of the most formative discourses in Christian scripture. Within it, Jesus declares:

“You are the salt of the earth. But if the salt loses its saltiness, how can it be made salty again?” (Matthew 5:13, NIV)

“You are the light of the world. A town built on a hill cannot be hidden.” (Matthew 5:14, NIV) These affirmations are not conditional; they are declarative. Jesus does not say His followers will become salt and light; He says they are salt and light. This speaks to a fundamental identity in Christ—one that is not achieved but received, not earned but embraced.

Salt in biblical times symbolized covenant, preservation, and purification. It was essential and valuable.

(Contd... on Page 20)



Healing Ministry of CMAI



Introduction

The healing ministry of Jesus Christ is holistic in nature; its spiritual, physical, emotional and social healing. Our Lord and Savior Jesus Christ is the source of every healing from the beginning till now. In India, the Healing Ministry formally began in 1905 by a group of missionaries called Medical Missionary Association (MMA) and in 1926 it was renamed as Christian Medical Association of India.

Today CMAI has gone from strength to strength by contributing to the different health care needs of our country. CMAI members have done pioneering work in several areas like Leprosy, Tuberculosis, Malaria and HIV/AIDS. The goal of CMAI is to serve churches in India by assisting in its ministry of healing to build a just and a healthy society in response to the love and command of Christ.

Theme for Healing Ministry 2025:

“Inspire to Aspire” Empowered to Heal
Proverbs 16:9



Respected Leaders of the Church and Dear Friends,

Greetings from CMAI,

The **Healing Ministry Theme for 2025** is focussing on an very important aspect of edifying teams and individuals in the healing ministry. We believe in working together and ensuring that we build each other so that there is a collective strength in implementing this privileged responsibility of being a valued member of a healthcare team. While we plan as individuals and as a team it is important to ensure our steps are aligned to His purpose. The theme is aptly worded:

"Inspire to Aspire - Empowered to Heal", with inspiration from the word in Proverbs 16:9 *"In their hearts humans plan their course, but the Lord establishes their steps"*.

There is beauty and fellowship in working together for a purpose that is bigger than us and our organisations. What can we do for ourselves to be inspired every day. What can we together aspire to do so that our tomorrows are better.

These are questions we will be focusing on in 2025.

May we find empowerment in the answers as we continue to serve Him and His people.

I am thankful to our network partners – NCCI, CBCI and CHAI for their support and enthusiasm in celebrating the Healing Ministry.

To each of the authors for the Bible Studies and Chaplains Section, thank you

for your time and expertise Rev Greeto, Rev Rajan Immanuel, Ms Jeccia Richard, Rev William Charles, Rev Theophilus and Rev Ms Mary Nancy.

It is our prayer that the theme resonates with each one of you and we will truly be inspired and aspire together towards achieving much in the ministry of health, healing, and wholeness.

Thanking you,

Dr Priya John
General Secretary, CMAI

Useful Links

- Letter from General Secretary
- Healing Ministry Poster 2025

Bible Study & Order of Worship 2025

- HMW Material in English
- HMW Material in Hindi
- HMW Material in Gujarati
- HMW Material in Kannada
- HMW Material in Malayalam
- HMW Material in Marathi
- HMW Material in Oriya
- HMW Material in Punjabi
- HMW Material in Tamil
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In caregiving contexts, this metaphor translates into the stabilizing influence caregivers exert in emotionally charged and chaotic environments. Whether through competence, compassion, or consistency, caregivers preserve dignity and maintain spiritual and emotional balance.

Light, conversely, reveals what is hidden and provides direction. In the darkness of suffering and despair, a caregiver's presence often becomes a beacon—subtle yet profound. Light offers hope, illuminating the path toward meaning, peace, and even redemption. Theologically, this light is not self-generated; it reflects the *imago Dei* (image of God) within each person, activated by faith.

Thus, caregivers are not just professionals; they are

bearers of light and carriers of salt. Their identity informs their practice, shaping how they engage suffering and how they embody hope.

Embodying the Beatitudes: Hope in Action

The Beatitudes (Matthew 5:3–12) offer a radical vision of blessedness that contradicts worldly values. They elevate the meek, the merciful, the mourning, and the persecuted. In doing so, they establish a blueprint for Christian vocation—one grounded in paradox.

- Blessed are the poor in spirit... reminds caregivers that vulnerability is not a weakness but a space for divine strength.
- Blessed are those who mourn... affirms the sacredness of grief, both

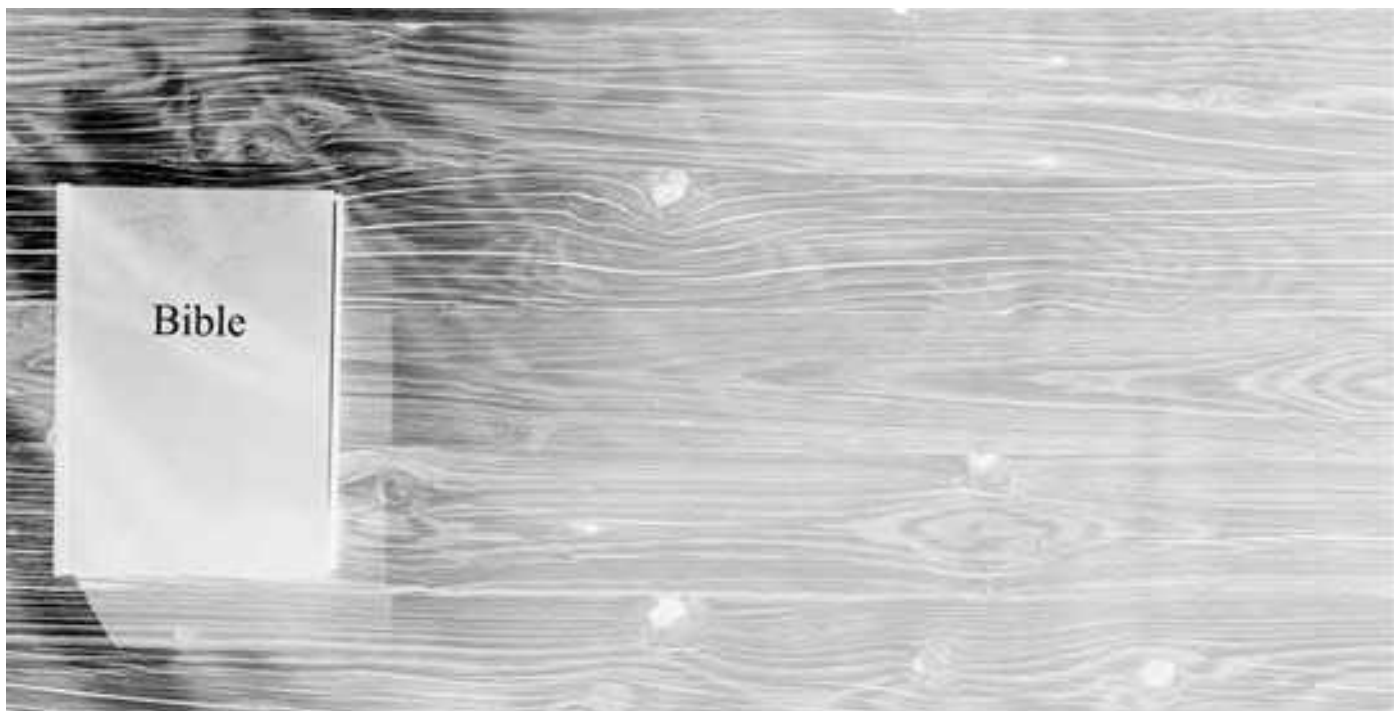
experienced and shared.

- Blessed are the merciful... underscores the transformative power of compassion.
- Blessed are the peacemakers... speaks to the often-invisible work of reconciliation and calm that caregivers perform.

By living out the Beatitudes, caregivers do not merely perform tasks, they embody the Kingdom of God. Their work becomes an incarnational ministry, making God's love tangible in places often marked by isolation and fear.

The Spiritual Nature of Healing

The medical model, while indispensable, often privileges the physical and measurable. Yet human beings are inherently spiritual creatures.





To ignore the spiritual in caregiving is to provide an incomplete response to suffering.

Spiritual healing involves restoration of meaning, reconciliation of relationships, and renewal of hope. It can occur even in the absence of physical cure. In fact, some of the most profound healing occurs at the threshold of death, where peace, forgiveness, and love converge in deeply holy moments.

Hospice and palliative care settings frequently illustrate this reality. Chaplains, nurses, and family members become sacred companions, holding

space for transition, lament, and sacred closure. This kind of presence does not fix; it frees. It affirms that the human spirit, though bruised, is never beyond the reach of grace.

Thus, healing is not the exclusive domain of physicians. It is the vocation of all who dare to love during suffering.

The Power of Faithful Presence

In a society obsessed with outcomes and efficiency, the idea of “presence” may seem inefficient or even irrelevant. However, presence is one of the most potent forces in healing. To be truly present

without distraction, agenda, or need to fix is to offer sacred space for the other to be seen, heard, and valued.

Theologically, this echoes the incarnational nature of Christ. God did not heal the world from a distance; He entered it, dwelled among us (John 1:14), and shared in our suffering. Similarly, caregivers are called not to hover above pain but to step into it, embodying Christ’s compassionate nearness.

Presence communicates, “You are not alone.” In clinical settings, especially where cures are elusive, presence often becomes the most meaningful form of care. It

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is not a passive act; it is a ministry of availability.

Multiplication of the Small: When You Feel Inadequate

Many caregivers struggle with feelings of inadequacy. The work is demanding, emotionally draining, and often underappreciated. However, Scripture reminds us that God does not require spectacular offerings. He multiplies the small.

The story of the feeding of the five thousand (John 6:1–13) illustrates this truth. A child's small lunch : five loaves and two fish became a miraculous feast in the hands of Jesus. Likewise, a caregiver's small gestures, gentle touch, whispered prayer, silent vigil become channels of divine grace.

Faithfulness, not fame, is the measure of impact. God specializes in taking what we offer and transforming it into something eternal.

Practical Implications: Living as Salt and Light

To live as salt and light in the healing professions requires intentionality, resilience, and spiritual grounding. The following practices can help sustain and empower caregivers in their vocation:

1. Daily Spiritual Disciplines: Prayer, Scripture reading, and reflection renew the soul and recalibrate the

Likewise, a caregiver's small gestures, gentle touch, whispered prayer, silent vigil become channels of divine grace.

heart toward hope.

2. Community Support: Caregiving should not occur in isolation. Peer support groups, spiritual direction, and mentorship are essential.
3. Emotional Honesty: Acknowledging pain and fatigue prevents burnout. Self-awareness is a spiritual practice.
4. Boundaries and Sabbath Rest: Protecting time for rest honors God and sustains long-term service.
5. Continuous Theological Reflection: Viewing one's work through a theological lens brings meaning to routine tasks.

These practices enable caregivers to serve not from a place of depletion, but from overflow.

Conclusion: Let Your Light Shine

In a hurting world, the call to heal is both urgent and sacred. It transcends professional duty and enters into divine mission. To be salt and light is to embody God's love in tangible, life-giving ways.

Caregivers: whether nurses, doctors, chaplains, or volunteers—are not alone in their efforts. They are part of a divine narrative, a redemptive story that transforms suffering through presence, hope, and faith. Their work is holy. Their light is needed. Their salt preserves what is good.

So let your light shine not for glory, but for grace. Let your presence be peace. Let your work be worship. For in doing so, you are not only inspiring others, you are aspiring toward a higher calling: to heal, to love, and to reveal the heart of God.

Rev Nitheesh Kumar
Chaplain, BBH



THE HEALING POWER OF NURSE'S WORDS

GLADIS S KUMAR

The profession of Nursing is indeed unique, demanding perfection, compassion, focus, dedication, love, respect and a kind attitude in every interaction with patients. Nurses are trained to care for people of all, whether sick or well, within families, groups, and communities. They are the constant companions of patients from the moment they enter the world (to open their eyes) to the moment they depart (to close their eyes).

While doctors come and go, nurses remain a vital presence, often more important than doctors in patient care.

In our profession, we follow doctors' orders and nursing protocols, all taught to us by our educators. Alongside technical skills and knowledge, we are taught the importance of communication with patients.

It's often said that "when a nurse speaks with kindness, half the illness is cured."

Most nurses are women, juggling multiple responsibilities both at work and at home. Sometimes, the pressures they face can affect their ability to practice as they've been trained. However, regardless of circumstances, it's essential for nurses to maintain a positive attitude and proper behaviour towards their patients.

Through over 25+ years of experience, I've learned that



**However, regardless of circumstances,
it's essential for nurses to maintain a
positive attitude and proper behaviour
towards their patients.**

attitude matters as much as knowledge and skill. Even if a nurse is highly competent, a poor attitude, including communication and interpersonal skills, can undermine everything else. Proper communication, especially through speech, is crucial. Patients and their families will not be satisfied if a nurse fulfills duties meticulously but fails to communicate effectively.

Consider the example of Jesus, who healed the sick and comforted the suffering through his words and touch. He bestowed upon us the same authority to heal, as stated in the Bible “the Death and life, are in the power of the tongue”. Our words can bring life and abundance to those in need. Therefore, we must use our words for healing.

Everything is possible with God, Starting the day with prayer, asking for guidance in caring for patients, can set the tone for compassionate interaction. Remembering Mother Teresa’s wisdom, “Words that do not give the light of Christ increase the darkness,” we should strive to speak with humility, kindness, and love. By doing so, we can guarantee healing for our patients and earn their respect.

Even amidst challenging circumstances, we must remain humble and kind, for nurses truly are the heart of

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healthcare. Let us remember again Mother Teresa’s words: “Not all of us can do great things, but we can do small things with great love.” Together, we can achieve greatness in the simple act of caring.

In conclusion, the healing power of a nurse’s words is immense. By speaking kindly, humbly, and with love, we can bring comfort and recovery to those under our care. Let us embrace this responsibility with dedication and compassion, making every word count towards the wellbeing of our patients.

Gladis S Kumar
Assistant Professor, Former
Nursing Superintendent,
CMC & Hospital Ludhiana.



MISSION HOSPITALS IN NEED OF HEALING

DR ANURAG NELSON

Rajasthan, although grouped with Gujarat under a CMAI region, has a noticeably low number of members in the nation-wide network. On the other hand, Gujarat has a much more vibrant and active involvement in CMAI activities, highlighting a stark contrast.

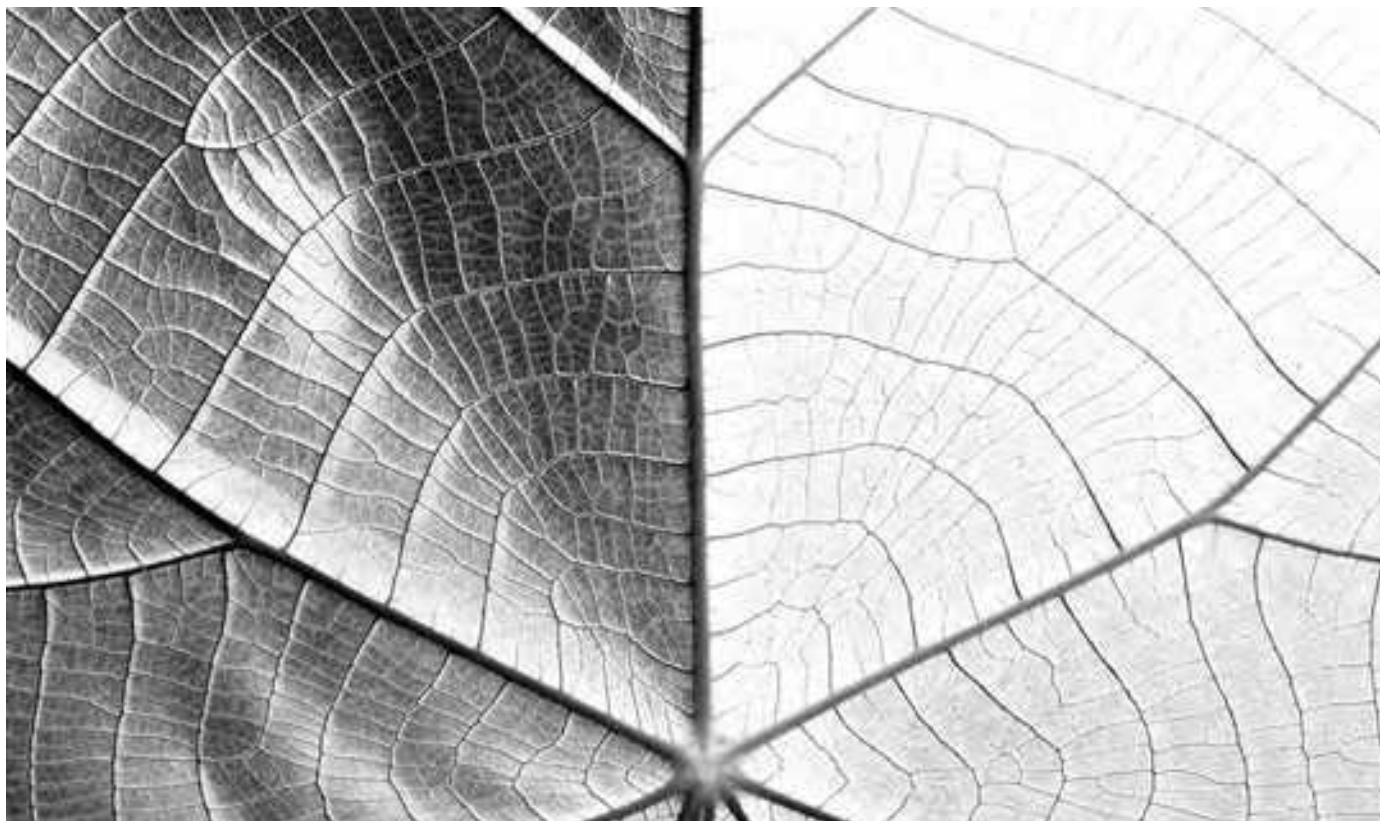
One major reason for Rajasthan's weak presence in CMAI is the absence of functioning Protestant mission hospitals. Most of these hospitals, once important centres of care in both rural and urban areas, are now shut down,

damaged, or simply forgotten. They were originally started by Christian missionaries with a deep commitment to serving the sick, as part of their calling to continue the healing ministry of Jesus Christ.

At CMAI conferences, people often speak highly of the excellent services provided by mission hospitals in other parts of the country. However, in today's reality, many mission hospitals in regions across India struggle to retain doctors serving their required bonds. The difficult task

is that mission hospitals can no longer compete with private and corporate hospitals. They usually lack the resources to offer good salaries, up-to-date medical equipment, or advanced facilities. Because of this, they struggle to attract and retain skilled professionals. Many of these once-busy hospitals are now abandoned or in ruins, quietly telling the story of their past contributions.

Reviving mission hospitals in Rajasthan will require serious effort and investment. It means



When doctors stay for many years, they build trust with the community and bring consistency to patient care.

creating environments where doctors feel supported, salaries are fair, and long-term careers are possible. Only then can these hospitals return to their original mission of serving communities with compassion and faith.

To help mission hospitals thrive again, it's important to encourage Christian doctors to commit to long-term service. When doctors stay for many years, they build trust with the community and bring consistency to patient care. Long-term commitment also allows them to better understand local health needs and improve services over time.

Creating a supportive, faith-based environment is equally important. A workplace rooted in shared Christian values can inspire and strengthen the commitment of staff. Along with spiritual support, practical needs must also be met. Salaries should be competitive—at least close to what government hospitals offer—so that talented professionals are motivated to stay. Good schools for the staff's children and decent housing further make the hospital a more attractive place to live and work.

Lastly, mission hospitals should invest in the growth of their staff. Providing opportunities for

doctors and nurses to attend training programs or pursue higher education helps them stay updated with medical advancements and feel valued. These steps together can help mission hospitals to heal themselves and regain their purpose to continue serving communities in their ministry of healing.

Dr Anurag Nelson is Vice Chair of the Doctors' Section of Christian Medical Association of India



INSPIRE TO ASPIRE: NURTURING HEALING FAITH

L. SHASHIKANTH DENNIS RAJ

1. Introduction

The term 'faith' is often used as a synonym for religion. Historically the term faith has been subject to misunderstandings, distortions and questionable definitions. Paul Tillich contends "It belongs to those terms which need healing before they can be used for the healing of men (sic)." This article attempts to investigate the theological, psychological and religious understanding of the term faith. What are the implications of such understanding of faith for the general ministry of pastoral

care and the particular ministry of pastoral counselling?

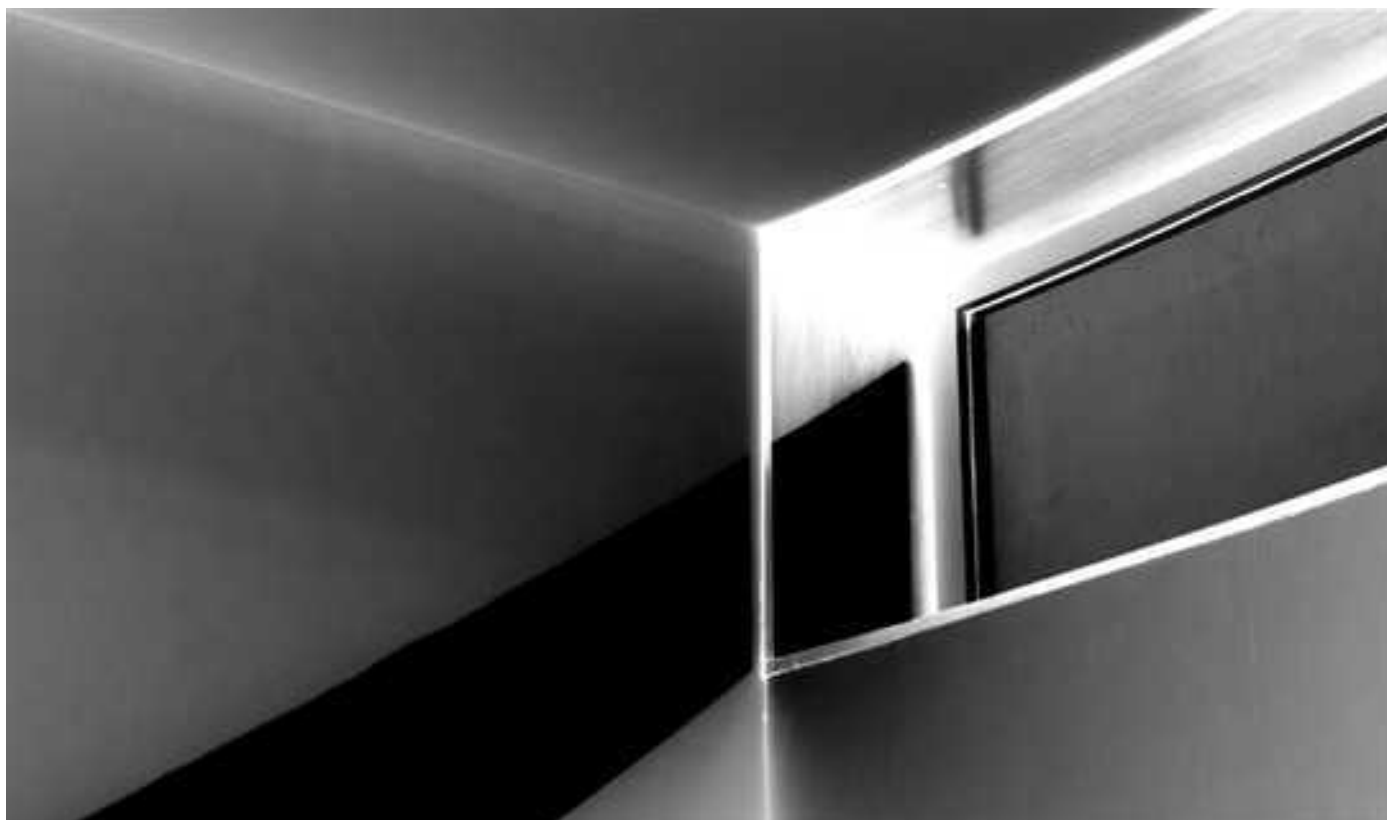
2. Definition of Faith

"Now faith is the assurance of things hoped for, the conviction of things not seen." (Hebrews 11: 1). An overview of this popular text explains Christian faith as a condition in which the believer (person or community) is drawn to the divine to take cognizance of something that is not visibly-tangibly-audibly available, yet it would come to pass. As a condition in a believer, it encompasses two important dimensions namely,

psychological and sociological. "The term faith can refer to what one believes, or the power by which one believes, or the state of soul that belief creates." Faith, variously defined as belief, trust, devotion and dependence is a universal feature of humankind's response to the gift of divine grace. Faith is the response to grace in and by which we are transformed and restored.

3. Theological Perspectives on Faith

Catholic theology has stressed the intellectual (objective) side of



faith: the doctrines, commitment to Christ and the church. According to St. Augustine faith is also an act of will in which one assents to this set of doctrines. Protestant theology has stressed personal (Subjective) trust: making God one's rock and salvation. Martin Luther's teaching on justification by faith emphasised this aspect of faith as a trusting in God for salvation. "Faith that Christ has genuinely done his work was part of what Luther meant by faith... the other aspect of faith was immediate and intuitive, the assurance, that I, this individual I, just as I stand, without one plea, am saved now and forever." In the catholic understanding, faith perfects reason. In the protestant understanding faith can call reason into question. Eastern orthodox theology has insisted on linking right faith with right worship: one only believes correctly when drawn by God's

spirit into prayer. Paul Tillich defines faith as "the state of being ultimately concerned... faith as ultimate concern is an act of the total personality."

4. Faith in the Hebrew and Christian Scriptures

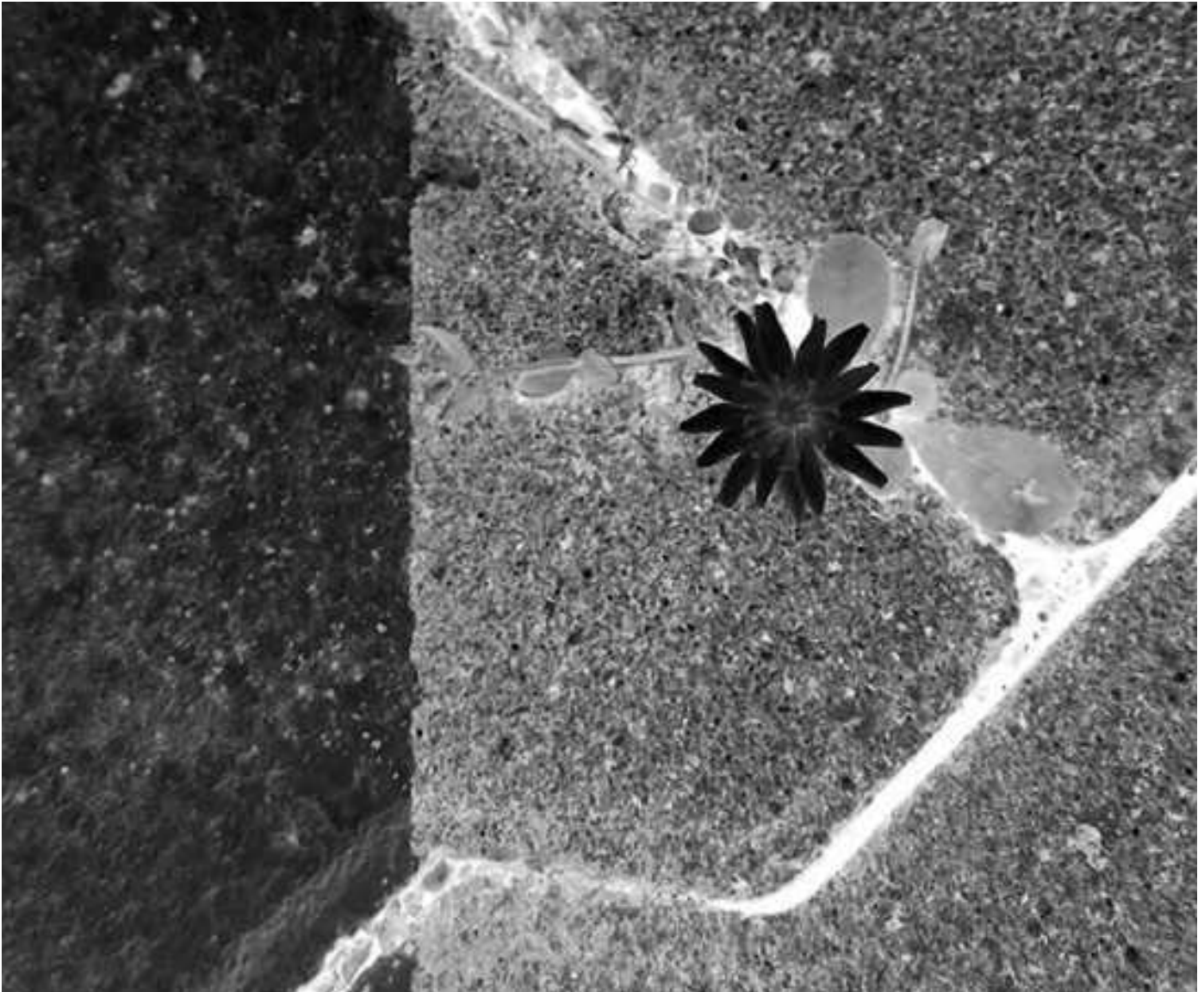
"The Hebrew (aman he min, munah), the Greek (Pistuo, Pistis), and the Latin (credo, credere) words for faith cannot mean belief or believing in the modern sense. For the ancient Jew or Christian to have said, "I believe there is God," or "I believe God exists," would have been strange circumlocution. The being or existence of God was taken for granted and therefore not an issue." The foundational aspect of faith in Hebrew scriptures is that God is the one to whom the world and every living thing owe their existence and on whom they depend for their survival and well being (Gen. 1-2; Exod. 3; 20:2-3;

Deut. 4:39; Isa. 43:10-11).

4.1 Faith and Justification: for Paul, faith is the 'boundary/identity marker' of Christian community. The doctrine of justification by faith lies at the very heart of Paul's message. We are justified 'by faith' (Rom. 5:1). For Paul, faith means the abandonment of all reliance on one's ability to merit salvation. It is a trustful acceptance of God's gift in Christ.

4.2 Faith as Faithfulness: Paul includes faith in his list of what he calls "the fruit of the spirit" (Gal. 5:22). This could mean that the Holy Spirit produces saving faith within the believer, but it is much more likely that in this list the word denotes faithfulness, the quality of complete reliability.

4.3 Faith and the Kingdom of God: Faith produces a new order in which the first are last and the last first. It will be the tax collectors



and prostitutes rather than the Jewish religious authorities who go into the kingdom of God, because it was they who believed God's message through the John the Baptist and so found the "the way of righteousness" (Mt. 21:32).

4.4 Faith and Healing: Jesus' miracles were typically performed in response to the faith either of the sufferer (Mk. 5:34; 10:52) or, more frequently, of those who request Jesus' aid on behalf of another (Mk. 2:5; 9: 23-24; Mt. 8:10, 13; 15:28). Conversely, absence of faith hinders Jesus'

miraculous activity (Mk. 6:5-6). For John, a faith based solely on miracles is superficial and inadequate (Jn. 2:23-25; 4:48; 6:26-29). K.C. Abraham makes a distinction between faith in Jesus and faith of Jesus. Faith of Jesus is faith in the ever sustaining presence of God. It is not benefit oriented; but a life that is constantly God oriented. This distinction guards us from the danger of turning our faith into a means of getting something – instrumental view.

4.5 Images/Metaphors of Faith: faith is like an open door into

a relationship with God (Acts 14:27). It is like a shield that protects (Eph. 6:16). Faith can be defended (1 Tim. 6:12), grasped firmly (Heb 4:14), held in trust (Jude 3). Faith is like a sailing vessel, since it is susceptible to shipwreck (1 Tim 1:19). The Christian is loyal to 'the faith' (2 Tim. 4:7).

5. Implications of the Concept of Faith for General Practice of Pastoral Care

Pastoral care can meet persons at their various stages of development and support the deepening of vocation.

Fowler emphasises seeing the congregation as covenant community, and seeing pastoral care as the formation of the congregation as an ecology of care and vocation in a public church.

5.1 The Congregation as an Environment of Developmental Expectation: strategies for strengthening the congregation as an environment of developmental expectation and support. First, in our preaching and teaching we can offer dynamic images of faith and calling. It is possible to share, in sermon and teaching, adaptations of life-span or adult developmental theories in dialogue with the Christian story and vision. Second, we can begin to develop and offer liturgical celebrations of rites of passage in the life cycle and in the development of faith and vocation. Baptism and Confirmation can be thought in the light of faith development theory. It should be an occasion for celebrating the young person's new intentionality in deepening her/his relationship with God in Christ, in embracing the full membership in the people of God. Third, opportunities for faith and vocation self-inventory can also be offered regularly in a retreat or spiritual-direction format for individuals or groups of adults who are already members. Fourth, pastoral care should provide contexts and help for the healing of the disjunctions people experience between their work and life in the techno-economic order and their public roles, on the one hand, and their private lives in the family, church, and leisure activities, on the other. Fifth, pastoral care needs to provide for persons to come to terms with the stranger,

... pastoral care should provide contexts and help for the healing of the disjunctions people experience...

in a metaphorical sense, the stranger within, in terms of the hidden movements of the spirit in our lives and our unconscious dimensions; the strangers who are our companions in covenant community; the stranger who is Jesus Christ, and the strangers who are our brothers and sisters in the public of our pluralistic communities and our global city.

6. Conclusion

In a Pluralistic context the counsellor could utilise the rich resources of the client's faith in God in the process of counselling. Often there is tendency to overlook the faith of the clients in the directive counselling. Each person has her/his own potentialities. In the process of counselling, the counsellor should recognise and enable the counselee to discover the hidden potentialities. Which she/he has, and encourage the clients to use them in coping

and resolving their problems. To develop trust, the person must experience unearned acceptance which, according to Tillich, will allow the person to "accept himself (sic) as being accepted." This acceptance is present in every good family, in every effective counselling relationship, and wherever else genuine love is found in relationships.

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HOW AM I STRAITENED?

CMJI ARCHIVES

Because we believe that Our Lord in His earthly life set the pattern of an ideal ministry, holding a perfect balance between the needs of man's body and soul, carrying forward that ministry faithfully and unfalteringly to the end, we tend to forget the astonishing limitations which beset Him. We do not recognize sufficiently the degree to which He was straitened, limited, hampered, thwarted, frustrated.

Think firstly how He was straitened by the circumstances of His day and generation, born

in a little country largely removed from the main stream of thought and culture, inheriting ideas of the physical structure of the world that be-longed to ancient days. His upbringing was in the midst of strict Jewish orthodoxy; His education was limited; He had access only to books belonging to His race.

Think secondly how He was straitened by the people to whom He ministered, simple peasants whose main preoccupation was with food, clothing, health; people all too ready to exploit Him for

material ends, to wear Him out physically and spiritually, ready to acclaim Him when it suited them, equally ready to reject Him when His plans did not coincide with theirs.

Think how He was straitened by His enemies, many of them well meaning but narrow in all their outlook, some indeed who cared nothing about sinning against the Holy Ghost, deliberately calling black white and white black.

Finally think how He was straitened by His friends and disciples, their ignorance, petty

ambitions, their gross stupidity.

Towards the end of that short limited ministry He decided that He must do something to change the whole level of His relationships with His fellows, something utterly unexpected-dramatic to shock them into repentance, and open their hearts to the truth and love of the Father. 'I have a baptism to be baptized with; and how am I straitened till it be accomplished!'

As I come back to India after two years absence and take my place alongside my colleagues I cannot help being impressed by the fact that we are living in days when on all sides we seem to be straitened, limited, hampered thwarted. It is of course true of mankind in general everywhere today. What a mess the world is in! It is difficult to find anywhere news that is encouraging, look where you will. While on furlough in England I had to regard the newspaper as a daily dose of depression. Less than a year ago I remember listening in to a broadcast where half a dozen specialists debated questions sent in on any current topic. Some unknown person who had evidently spent too much time reading the daily newspaper sent in a question 'In British or World affairs has anything encouraging happened lately'.

And the six specialists had nothing to say; they couldn't think of anything. The question was put aside.

All last year I was telling my friends that at least two significant and happy events had taken place; 1. The giving of self government to India; and 2. the establishment of the new Church of S. India. They were two bright

spots set in a dark background.

I believe that Britain has set a new standard of behaviour among the nations of the world, for when in history has a still powerful state handed over government to a subcontinent with such obvious goodwill. And I believe that Christians in India have set a new standard for Christendom, bringing episcopal and non-Episcopal forms of Government into organic union.

Well, today we still rejoice in these two events, but perhaps we are more conscious than we were before that there are many straitenings, hamperings, thwartings connected with them.

You who bear a large burden of the ministry of healing in S. India need not to be reminded of all the straitenings to which you are subjected today. Many indeed are old and familiar; overwhelming need to be faced with inadequate resources, rising costs, staff complications with furloughs in view, personal adjustments, sin selfishness and unhallowed ambitions: the exasperating and tortuous ways of committees; the constant readjustment of plans so carefully prepared the constant sense of frustration and impotence. How am I straitened!

And then there are the new factors; the unsettled state of the country e.g. Hyderabad at this particular moment. The fear that Government plans may not fit ours... hampering regulations, misgivings about the sympathy of individual officials. My thoughts of late have been especially with those of you connected with the Vellore scheme. What a colossal venture! And how you must be straitened till it be accomplished!

Further we are never free from this straitening in our own personal lives. Some are getting conscious of sheer physical limitations, that they simply can't put in the hours of work they used to do. Then there is the incessant battle with ourselves against the sin which easily besets us, the unexpected buffetings of life, the burdens and problems really outside our work which opponents and friends alike push upon us, the unending call upon our patience, and often apparent ingratitude.

How I am straitened!

Well, the first thing I want to say to myself and to you is: What did we expect when we started out on this missionary job? Presumably we did count the cost. In the flush of youth we said we would follow the Master, and be proud to bear His cross. Surely then we didn't think it would be easy. Why then make a fuss now? We have all met the type of person who clamours for a loan and at the time of receiving the loan is our best friend, but who changes his attitude when the time comes for repayment. Or who after a certain amount of repayment expects the rest of the loan to be cancelled. We tend to despise that type. Then we should despise ourselves if we begin to squeal about our obligations to Jesus Christ.

By His grace we have come so far. Some of us are less buoyant than we used to be. We have toughened up, developed a thicker skin, tend at times to be a little cynical. But we still stand in the ranks. And so we must stand; else we are not worth our salt.

"Until it be accomplished"

"Does the road lead uphill all the



way? Yes, to the very end. Let us face that fact and reckon with it, not be afraid of it. If through the years we have grown at all in patience and godliness we have to say thank you to the straitenings we have gone through. These have made us what we are with any measure of grace.

The second thing I want to say is that in view of all this there is no reason for us to feel we are holy martyrs. Life out here brings us many blessings, satisfactions and joys. Happiness comes unexpectedly as a by-product of work well done. I notice we can still laugh. Count the number of times that the word 'Joy' was on the lips of the Master. 'My joy I give you. We have a sense of well-being that lifts us right up. Think of your friends and colleagues who for one reason or another have had to resign and

go back to their country. How is it that in nearly every case their hearts are still out here. They may be comfortably settled with a larger income and enjoying life with their families. Yet they look back wistfully to the job here. As Fosdick says happiness comes through facing hard tasks and winning the victory.

Finally and closely allied with this thought: The difficulties of our vocation enhance our sense of fellowship, our oneness in the service of the Master. Common sorrows and joys felt intensely, common humiliations and victories are bound to bring people together. We had examples enough of this in the war. Go back to the N.T. and we find it with the disciples. Before the Master's Cross and Resurrection, they were individual disciples. Afterwards they became a band.

I have been coming to Kodai for over 20 years and I testify that I have met nowhere else such a glorious comradeship. I regard it as one of the most precious gifts in all my missionary service -this fellowship in Jesus Christ cutting clean across all barriers of denomination. And I want to see more practical use made of this kind of fellowship. We must get together as never before. For in the evolution of the Christian movement in India I am sure a new epoch has opened, the epoch of closer cooperation. The Patriarchal epoch went long ago, the epoch of closer cooperation. The Patriarchal epoch went long ago: many of us have lived through what one may call the Denominational Mission Committee epoch. Organic union may still be a long way ahead for some of us, but as I see it our institutions in general and our

hospitals in particular, harnessed to the service of the Church, cannot remain in splendid isolation much longer.

I was standing one day on the platform at Gooty station waiting for a train. As usual the train was late. I turned to the Assistant Station Master and said, 'How is it that these trains are invariably late these days?' His reply was startling until I caught its true meaning. He said, 'You see Sir, the missionary has become old and worn out'.

I said, 'I beg your pardon'. He repeated the statement. I was puzzled. It is true that we missionaries are responsible for a lot of things that go wrong but just how are we concerned with... Oh! You mean MACHINERY-the engines, rolling stock, wagons.' 'Yes, Sir, the missionary is old and worn out'.

Our old denomination machinery is worn out and cannot stand up to the demands of this new epoch. We must get together. As Paton, the missionary prophet of our generation said, we must act as if we were united. Thus as far as hospitals are concerned we must have a new sense of responsibility for one another. Here is a hospital hopelessly understaffed with the furlough of its Superintendent already overdue. The Home Board can do nothing to help. But over there in the same language area is another hospital whose staff is newly reinforced. A doctor or a nurse can be spared on loan for a limited period. When are we going to do something about it. I know that your Medical Association under the N.C.C. is doing what it can to give this sense of oneness in service. But much more must

be done. We talk constantly of this closer cooperation, but aren't prepared to make sacrifices for it. Our loyalties are still too narrow.

So to sum up. Let us face frankly all the straitenings, limitations, frustrations, hamperings that are inherent in our work today. Let us meet them with courage, digging deeper for those resources of God which He will make available. Let us find joy and happiness in the constant struggle, and let the struggle bring us closer to God and to one another.

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MEDITATION

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Luke 12: 50. '... How am I straitened'



HEALING WOUNDS OF AMPUTATION

FAIRBANK JAMES FRIENDSHIP MEMORIAL HOSPITAL

Sunil, a patient arrived at Fairbank James Friendship Memorial (FJFM) Hospital on 27th of February 2024 in a difficult condition. He was suffering from uncontrolled diabetes and hypertension, compounded by a diabetic foot wound that had become pre-gangrenous. Prior to coming to us, he had already consulted several surgeons and plastic surgeons in Nagpur and Pune. Unfortunately, the unanimous recommendation he received was below-knee amputation.

It was through his brother who had previously worked with us that he learned about FJFM Hospital and our commitment to saving limbs whenever possible. With renewed hope, he decided to seek one last opinion.

Our hospital specializes in the treatment of non-healing ulcers, including diabetic, vascular, and leprosy-related wounds. Upon admission, we conducted a thorough

evaluation, including a color Doppler scan of the affected leg. We sat down with Sunil and his family to explain the gravity of his condition. The wound was severe, and we made it clear that while we would do everything in our power with God's grace to save his leg, there remained a possibility that amputation could still be necessary if the treatment did not work. With this understanding, Mr. Sunil agreed to proceed. We are grateful to him that in his agreement was his hope in God and trust in our medical specialisation.

We immediately began comprehensive care. This included Vacuum-Assisted Closure (VAC) therapy to promote healing, strict control of his blood sugar and blood pressure, and administration of antibiotics tailored to his infection profile, along with vasodilators to improve circulation.

The journey we narrate today, was not easy. It took many days about

45, of persistent treatment to see encouraging granulation tissue form. We kept Mr. Sunil under observation for one additional week to ensure stable recovery. Finally, on the 11th of May 2024, he was discharged on his own two feet. Today, he has returned to his daily routine. He walks on his own, goes to work, and continues to live his life, grateful for a second chance that many thought was impossible.

Under the leadership of Dr Ravi D Prabhakar, Medical Superintendent of the hospital his medical team has reached out to many in rural Maharashtra. This case story was also under the care of Dr Kiran Prabhakar Rebello, Dr Sandhya Prabhakar and Dr Ram Chilgar.

Please write to us if patient testimonial story encouraged you and instilled hope. Send email to communication@cmai.org

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- Build alliances for health action on a national scale
- CMAI influences other networks and alliances on thinking change in health systems practices in India. We partner with national and international agencies to promote this objective.

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FOR MORE INFORMATION AND TO BECOME A MEMBER PLEASE VISIT OUR WEBSITE:

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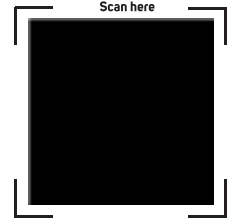


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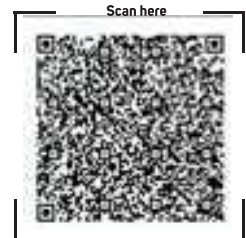
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