

“Periyanna has fallen... Come fast”

Part 1 - 3.00 a.m Disaster

It was the month of February, 2020 at 3:00 a.m. when a sharp, unnatural thud shattered the silence of the night. I bolted upright, heart pounding, a cold sweat forming on my skin. The sound had come from the bathroom. Without thinking, I rushed toward it, dread rising with every step. There, sprawled motionless on the cold, wet tiles, was my father. His limbs were twisted unnaturally, and his tongue hung from his mouth, lifeless. For a second, the world went still — time froze, and all I could hear was the thunderous beating of my own heart. Panic surged through me, but instinct took over. I dragged him from the bathroom floor, yelling his name, shaking him. With trembling hands, I began pounding his chest, desperate to will his heart back to life. Seconds felt like hours. Then — a gasp. A flicker of breath. His eyes fluttered open. And as if nothing had happened, he slowly stood up, glanced at me with vague confusion, and walked back to his room — leaving me shaken, still kneeling on the floor, trying to understand what I had just witnessed.

While my father drifted back into a deep, almost unsettling sleep, I was left wide awake — haunted. I sat on the edge of my bed, every nerve on edge, replaying the scene in my mind like a horror film stuck on repeat. The thud, the sight of him collapsed, the lifeless look on his face — they looped in my memory, refusing to fade. I kept checking on him, tiptoeing to his door to listen for the sound of his breathing. Each faint rise and fall of his chest brought a flicker of relief, but it vanished just as quickly, swallowed by new waves of doubt. What if it was something serious? What if he doesn't wake up next time? The night stretched endlessly, its darkness thick and suffocating. Sleep was impossible. I just sat there, eyes wide, ears tuned to every creak in the house, silently pleading for the sun to rise.

All I wanted was daylight — something to anchor me, something to carry us to a hospital, to find answers.

The hours between 3:00 a.m. and sunrise felt like a suspended eternity. As the world outside lay cloaked in darkness, my mind lit up with memories and worries I couldn't quiet. I sat there, beside the dim glow of a night lamp, staring at the silhouette of my father sleeping — peaceful, as if nothing had happened.

But I knew better. In those still, aching hours, I went back in history we both shared — not just as father and child, but as caregiver and patient.

A decade ago, he had survived a bypass surgery — a life-defining event that had changed how I saw him forever: no longer invincible, no longer untouched by time. Slowly, over the years, new shadows crept in. One day, he lost hearing in one ear — just like that, without warning. Then came the spells of giddiness — brief moments where the world around him would tilt and spin, leaving him clutching walls or pausing mid-step.

We chased answers through sterile hospital corridors and high-backed consultation chairs — neurologists, cardiologists, ENT specialists, even brain scans. Tests piled up, bills followed, and yet, nothing. No diagnosis. No clear answers. Just speculation. Just silence.

So he learned to live with the uncertainty. And perhaps we all did. But tonight — this fall — it felt different. Like a message that something deeper was unraveling beneath the surface. And all I could do was wait for morning, helplessly hoping that daylight would bring clarity, or at the very least, a direction. The night felt endless, but what scared me more was the thought that our search for answers might be just as endless too.

He was on a cocktail of medications — pills for his heart, tablets for diabetes, drops for his ear. Over time, they became part of his daily rhythm, almost like clockwork — the quiet clinking of tablets against porcelain, the routine sips of water, the nod of reassurance that everything was “under control.” And so, with age, we began to accept the unexplained. The giddiness. The hearing loss. The momentary blank stares. Just age, they said. A natural decline, nothing unusual. No red flags. No need to panic. That’s how everyone seemed to respond — calmly, dismissively, as though resignation was the only logical path forward.

But I wasn’t at peace with it.

As a student of science, my mind refused to surrender to that silence. I couldn’t ignore the inconsistencies — symptoms that didn’t connect, warning signs that came and went like shadows. We had consulted every specialty we could think of — neurology, cardiology, ENT, internal medicine — and yet, none could join the dots. Multiple tests and numerous data points made available, but still there was a missing link. A dot that didn’t just escape diagnosis — it defied it.

And that mystery gnawed at me. In the quiet hours of that night, with my father's fall still fresh in my memory, I knew one thing for certain: I couldn’t keep treating symptoms while ignoring the system. I needed to go deeper, to think like a scientist but feel like a son — because somewhere in between, I believed the answer lay waiting.

What if the real problem wasn’t just his body failing him — but our understanding failing him too?

Part 2 - Emotional Surrender

As the first light of dawn crept into the sky, it brought with it a fragile sense of hope — as if the sunlight itself might illuminate answers we had long been seeking. I had moved into this new neighborhood, Vidyanarayapuram in Bangalore, almost a year ago. It was unfamiliar, still strange in many ways — but that morning, it felt like a place where something new might finally begin. I had shifted to this new place, as I had taken up a new job and this house was closer to my workplace. This was my paternal uncle’s house and he had offered it to us. We were the first

tenants and all of us were very happy in moving to this house. It was more of our own. New job, new house, new place, there was newness everywhere in the air around. I was hoping this newness would bring in new solutions to my unsatisfied craving of seeking an answer to my father's underlying condition.

Armed with a folder of reports and a decade's worth of questions, I visited a clinic just down the street. The doctor, calm and observant, listened intently as I narrated my father's medical history — the bypass, the hearing loss, the giddiness, the inexplicable fall just hours ago. He didn't rush to conclusions. Instead, after a pause, he simply said, "Get an MRI scan of the brain. Then we'll talk."

It sounded so simple. So procedural. But for us, it was anything but.

My father couldn't lie straight for more than a few seconds — his body wouldn't let him. And the very thought of entering that tight, coffin-like tube of the MRI machine triggered something deeper: fear. Not just discomfort — phobia. He once described it to me in a hushed voice: "It looks like those electric crematorium chambers... like you're going in alive to be turned into ash."

How do you reason with a fear like that? How do you convince a 72-year-old man — who has survived surgery, hearing loss, and silent dizzy spells — to crawl into a machine that reminds him of death?

I couldn't. And maybe, deep down, I didn't want to.

I looked at him that day — frail, proud, trying to mask his vulnerability — and something inside me softened. He had lived with this mystery for more than a decade. Maybe he could live with it for many more years, if life was kind.

It was an emotional acceptance. But not a scientific one.

As a son, I wanted him to be at peace. As a student of science, I couldn't let go of the unknown. And between those two truths, I sat — torn, helpless, and quietly surrendering once more to the silence that had followed us for years.

For over two decades, I had the privilege of being part of the Tata Group — an organization that not only shaped my career but stood by me in moments that truly mattered. When my father needed a bypass surgery, the insurance coverage was there. Every scan, every specialist visit, every second opinion — all of it was supported. I never had to think twice about the cost of care. And yet, with all that infrastructure, all that access, all that privilege — I still couldn't get him the MRI. It wasn't about affordability. It wasn't about availability. It was about something far more complex — emotion. Fear. Respect. Love. I had everything I needed to give him the best possible treatment — but I didn't have the strength to force him. Every time I tried to reason with him, he would look at me with tired eyes and a gentle smile, as if to say, "It's enough. Let me be." And in those moments, the son in me always overruled the scientist. I couldn't push him into a machine he feared would be his grave — not while he was still walking, talking, living. I

couldn't bear to break the fragile trust between us just to chase a diagnosis that may or may not change anything.

So, once again, I retreated into that quiet, emotional acceptance: He has lived more than a decade with this unknown condition. Perhaps, by God's grace, he will continue to live many more. But in the corner of my mind — where logic still lived and science still burned — a quiet voice whispered: You had the means. You had the chance. And yet... you couldn't

In that moment, I understood something I had never been taught in textbooks or boardrooms — that sometimes, the hardest decisions are not about what you can do, but about what you must not

Part 3 – Man Reinvigorated

Life, as it always does, moved on — not with indifference, but with a quiet insistence. And soon, the hush of hospitals and heartbeats gave way to the hum of celebration.

My family began preparations for a long-awaited wedding — that of my cousin, the son of my second paternal uncle. Though they lived in Delhi, the decision was made to host the wedding in Bengaluru, the heartland of our extended family, our roots. The city that had witnessed births, festivals, rites of passage — and now, would witness a union.

What made it more special was the deep tradition that still held sway in our family — values not written, but lived. As the eldest of the brothers, my father was to be honored by having the wedding invitation issued in his and my mother's name. It was more than a formality — it was a gesture of gratitude, a bow to the pillar of the family. A way of saying: We are because you were.

Despite the uncertainties of his health, there was pride in his eyes when the decision was shared — not pride of vanity, but of quiet fulfillment. He had carried the weight of the family for years, through struggle and sacrifice. And now, as the next generation prepared to take their vows, he was being recognized not with medals or speeches, but with a gesture steeped in respect.

The marriage was fixed for November 2021 — a date that became a quiet beacon in our calendar, something to look forward to amidst the silent shadows of illness. For once, the conversations in our house shifted from doctors and diagnoses to sarees and seating, rituals and return tickets. There was laughter again. Lists. Phone calls. Plans.

And in all of it, I watched my father — still fragile, still carrying the weight of his mysterious condition — but also standing taller. Because in moments like these, tradition becomes medicine, and dignity becomes strength.

Something changed in him once the wedding preparations began. It was as if a long-forgotten switch had been turned on — one that lit up not just his day, but his will

He took charge with a quiet dignity, slipping into the role he had played so many times before — that of the elder, the guide, the steady hand in a family built on tradition. He sat at the dining table with his reading glasses low on his nose, carefully drafting the wedding invitation in both Kannada and English. He scanned through a collection of old wedding cards — some creased with time, others yellowed with memory — searching for the right words, the right blessings, the right format that would do justice to this occasion.

He walked — slowly, supported by his stick — to the local printer, inspecting the layout, suggesting corrections, returning home with the first draft like it was a prized possession. There was a lightness in him that we hadn't seen in months.

He called the purohiths himself, discussed the muhurta, finalized the venue, and even began reminding us of customs we might have overlooked. Yes, the giddiness still came — like a whisper of something unresolved — and when it did, he would grip his walking stick tightly and stand still, his eyes closed, waiting for the dizziness to pass.

But he never let it stop him.

We, too, began to believe that this wedding — this celebration of love and tradition — was not just a family event, but something more personal. It had become a form of healing. A distraction, yes, but also a reminder of life's rhythm — of continuity, of purpose, of joy that still remained untouched by the weight of undiagnosed fears.

He looked like a man reinvigorated — not because his body had grown stronger, but because his heart had found something to beat for again and his mind had to think ahead. All elements of his body were in sync with each other.

Part 4 – “Periyanna has fallen, come fast”

September 2021. The house was alive with wedding preparations — guest lists, phone calls, rituals, excitement. Hope was in the air. And then, in a split second, everything froze.

It was an ordinary morning, deceptively peaceful. My father had just completed his daily pooja, as he did every day without fail — placing flowers with trembling fingers, whispering prayers into the silence, bowing in quiet reverence. There was something almost sacred about his discipline. But that day, as he turned away from the altar and began walking toward his room, something betrayed him.

He collapsed. A sudden, brutal 90-degree fall — like a tree felled mid-stride. His head struck the floor with a sickening thud. No warning. No cry. Just silence.

I was in the bathroom, mid-shower. My mother was in her room. My wife, in the kitchen. But my twin boys — innocent, sharp-eyed — saw it happen. Their screams shattered the air.

“Perianna has fallen... Come fast!”

Their small fists pounded on the bathroom door. Panic in their voices. I rushed out, half-bathed, dripping water onto the floor, only to see my father lying unconscious — motionless, eerily still.

My heart dropped.

No breath. No movement. No sign.

And then, just like last time, I dropped to my knees and began pounding on his chest. Desperately, rhythmically, not thinking — just doing. The seconds felt like hours. My mind raced through every possibility: Head injury. Internal bleeding. Is this it? Is this how it ends?

Then, as suddenly as it began, he stirred. His eyes flickered. He blinked. He sat up. As if nothing had happened. As if he had simply taken a nap on the cold floor.

But while he regained himself, I lost mine.

This time, I wasn't relieved. I was rattled. Speechless. My hands were shaking, my voice broken. This wasn't just another fall. This felt like a warning — the kind life throws before something changes forever. And yet, he was calm. In his mind, it was just another passing episode.

But I couldn't ignore the signs anymore.

With trembling hands, I began dialing — not the hospital, but my lifeline: my family. Three doctors in the extended family — my paternal uncle (whose son's wedding was approaching), my cousin the cardiothoracic surgeon, and another, a neurosurgeon. I narrated every detail to them — the fall, the impact, the unconsciousness, the recovery.

Their advice was calm, clinical: “Observe him. Watch his behaviour. Look for signs — memory lapse, dizziness, confusion. If anything seems off, take him for a scan immediately.”

But how could I wait?

This wasn't just about symptoms anymore. This was about my father's dignity. His life. And the emotional time bomb ticking beneath our feet — a wedding just weeks away. A celebration that could so easily turn into a memorial if we weren't careful.

I sat beside him that day, silent. He smiled faintly, unaware of the storm in my chest.

He had come back again. But how many more times could he keep coming back?

That morning, after the fall episode at home, I went to work — but not really. My body sat at my desk, my eyes skimmed emails, but my heart had stayed back home, crouched quietly beside my father's bed, watching, waiting, fearing the worst.

I had asked my family to observe him closely — “Tell me if he repeats himself, if he forgets names, if he gets dizzy again... anything, just anything.” They reassured me over phone calls and WhatsApp messages: He’s fine. He’s moving around. He’s normal.

But I wasn’t.

My mind was a blur, my chest heavy with unspoken fear. Every second dragged. Every phone call made my heart jump. It felt like walking a tightrope over an abyss — trying to hold it together, but knowing one wrong step could unravel everything.

That day at work, I couldn’t pretend anymore. I walked into my superior’s office — someone I respected deeply — and sat down with a silence that said more than words. Then, slowly, I began to speak. About the fall. About my father lying unconscious. About the pounding of his chest. About the fear that clung to me like a second skin.

At the time, I was working with the Indian Hotels Company Limited — the Taj Group. A place known for its grace, its heritage, its values — but what I found that day was something even greater: humanity.

My superiors didn’t just listen — they heard me. And in that moment, I wasn’t an employee delivering quarterly metrics. I was a son, fragile and breaking. And they stood by me like a pillar, unwavering.

“Take whatever time you need.”

“Tell us how we can help.”

“We’ll figure this out — you’re not alone.”

In a world still reeling from the peak of the second wave of COVID, where uncertainty hung like a cloud over everything, this act of compassion felt like sunlight breaking through. I was on the verge of breaking down — but I didn’t, not that day. Because someone chose to hold space for my pain.

And that made all the difference.

In the middle of crisis, clarity sometimes arrives like a quiet whisper. That day, as I stepped out of my superior’s office — lighter, steadier — a thought took root in me.

When your workplace becomes your worship place, life gives you answers to the questions you cannot face alone.

It wasn’t just a corporate job anymore. It wasn’t just about hotels and hospitality. It had become a sanctuary — a place that gave me dignity, compassion, and the space to breathe when life outside the walls was closing in.

And perhaps that's the deeper essence of work. Not just a transaction of skills for salary, but a commitment — of purpose, of character, of community. I had always given my best to my work. And in return, in my darkest moment, it gave something back that I couldn't measure in numbers — support, humanity, faith.

In those fragile days after my father's fall, I walked into office not just as a manager or an employee — but as a human being trying to hold life together. And the walls of the Taj didn't just hold the legacy of a company — they held me. Tajness was personified!

Part 5 – Sodium, the new culprit

Back home, the tide was turning. And this time, it was turning fast. Then came the loss of appetite. His voice, once clear and steady, grew faint — words trailing off, syllables stumbling over themselves. And then came the confusion. The blank stares. The stammered recognition. The eerie silence where once there was presence. It was a Friday afternoon. I was at work, trying to hold on to normalcy by a thread, when my phone rang.

It was my mother

Her voice was low, trembling, "Anna hasn't eaten since morning... He can't recognize us. His memory is coming and going. You should come home soon. I am feeling very nervous."

The world stopped.

I didn't log off. I didn't shut down. I left everything as it was — papers, laptop, conversations mid-sentence — and rushed.

The ride back home was a blur of honking horns and silent prayers. I found him sitting quietly, not quite there. His eyes were open, but he wasn't really seeing. My mother stood beside him helplessly, and for the first time, I saw fear on her face. Not worry — fear. The voice which used to say don't worry to me always, now was herself worrying about what to do next.

We didn't wait another second. I helped him into the car myself. My mother climbed into the back seat. And I drove — not as a man in control, but as a son trying to outrun time.

The roads felt longer that day. Every red signal was a curse. Every bump, a jolt through my spine. My father sat beside me, slumped and silent, unable to tell me what was happening inside his own body.

We reached the emergency department of a reputed multi-speciality hospital in Bengaluru. I rushed in the moment we stopped. They admitted him immediately.

He was laid on the observation bed, a tag tied to his wrist, IV lines secured. The clinical calm of the emergency room felt surreal — almost too quiet for the storm inside me.

Finally, a doctor approached us after preliminary checks.

"His sodium levels have crashed," he said gently. "That's what's been causing the confusion, the giddiness, the disorientation. We'll administer sodium drips immediately and keep him under observation overnight."

There was a sigh — not quite relief, but something close. He was in care now. Monitored. Surrounded by professionals who understood what we couldn't. For the first time in weeks, I wasn't the only one holding the line.

But even as I stood beside his bed, watching the clear liquid drip slowly into his veins, one thought refused to leave me:

What if we had known sooner? What if the dots had been connected earlier? What if this fall, this silence, this suffering... could have been prevented?

From heart to head to ear, from vertigo to vision, from pulse to memory — my father's body had become a silent battlefield. And now, in the stillness of a hospital ward, another culprit emerged from the shadows

This time, it wasn't the heart that had skipped a beat.

Not the brain that had gone blank.

Not the ear that had echoed dizziness.

It was sodium. A quiet, unassuming chemical in the body — and yet, when imbalanced, capable of stealing one's very sense of reality. It had been slowly draining him of strength, clarity, coherence — and we hadn't seen it coming.

I stood beside his hospital bed, watching the sodium drip into his veins, and all I could think was: How many pieces of the puzzle had we missed?

We had gone through the entire medical maze — cardiology, neurology, ENT, geriatrics. Each specialist had ruled out the obvious. But no one had put them all together. No one had connected the dots. And perhaps that's the curse of complex conditions: every organ speaks in its own language, and unless someone listens to them all together, the truth remains hidden.

Now, another possibility. Another layer. Another twist in a journey that refused to give answers easily.

Still, one question loomed louder than the rest:

If sodium could fall so drastically... why? is this the root? Or just another symptom? Is this a beginning? Or a sign that the end could be closer than I had dared to admit?

I didn't know.

Part 6 – Back home

After the fall — that chilling, head-first collapse — all I wanted was to look inside his brain. Not figuratively, but literally. To see what we were missing. To uncover the shadow behind the veil. The doctors agreed: an MRI of the brain was essential. But once again, the body refused to comply.

His sodium levels hadn't stabilized. Without that delicate balance, sedation was risky. Yet, ironically, without sedation, he was too restless, too disoriented, too afraid to undergo the MRI. Every attempt failed. The moment he was placed on the sliding bed, panic would set in. He would flail, kick, punch the air — not violently, but instinctively, like a man trying to claw his way out of something he couldn't understand.

This time, I was determined. I insisted on the scan, even under sedation. The doctors tried. Sedatives were administered. His eyes grew heavy. We thought this was it.

But even then, his body resisted.

The sedation didn't hold.

The sodium imbalance made him unresponsive to the medication. And just a few minutes in, he began to stir. Kicking. Clenching. Pushing.

In a last-ditch effort, I walked into the MRI room with him — holding his legs, speaking softly into his ear, as the machine began to hum and pull him inward. I moved inches into the scan chamber myself, hoping my presence would ground him, comfort him.

But it wasn't enough.

The scan failed. Again.

Not because he didn't want to cooperate. But because his mind wouldn't let him. The confusion, the paranoia, the primal fear of being locked in a tight metallic tunnel — it was all too much for his fading mental faculties. It wasn't his fault. And I knew that.

But that didn't make it any easier.

I stood outside the scan room, defeated. Not angry — just hollow. The answers were within reach. Millimetres away. And still, we were walking away empty-handed.

The doctors looked at me and said what I already knew: “We can’t proceed with imaging unless his sodium levels normalize. For now, keep him hydrated. Keep the sodium intake up. Keep him comfortable.”

But I wasn’t ready to keep him in the ICU under bright lights, among strangers and machines, with no immediate treatment or diagnostic path. What purpose would it serve if we couldn’t act?

So I signed on the discharge form, taking the responsibility to manage him myself.

Not because I’d given up. But because I didn’t want his final days — if that’s what they were becoming — to be spent in sterile coldness. If we were to continue fighting this unknown force, I wanted to do it on our terms, surrounded by family, in the familiarity of home.

I helped him into the car again after a one night stay in the ICU of the hospital. He was still dazed. Still quiet. My mother sat beside him in the backseat and I drove.

The city lights blurred as questions swirled.

What next? How much time do we have? Will we ever know what’s truly wrong? Or will this fight end in the dark — without answers, only memories? The engine hummed. My father dozed off. My mother wept silently beside him.

And I kept driving — with the weight of a question no road could answer.

On discharge, the instructions were simple — deceptively so. “Salt. As much as you can. In every bite, in every meal. Add pickles. Add salted snacks. Just get the sodium in, little by little, with food.”

No medicines. No machines. No surgery. Just salt — the most ancient and humble of all healing agents. It felt almost absurd after all that we had gone through. But we clung to it. Because it was something. Something we could do, without fear or equipment. Something we could control.

We left the hospital that evening with hope carefully packed between silence and fatigue. My father sat in the backseat, looking thinner than I had ever seen him, his frame sinking into the cushions, his mind drifting somewhere between presence and fog.

Halfway home, he stirred. Looked at my mother. And said softly, “I’m hungry.” It was the first full sentence he’d spoken since the morning. It felt like a spark. A small victory. We thought that the sodium which has been injected through the IV lines in the hospital ICU must be working, and he must have started to talk sensibly.

My mother, ever prepared, reached into her cloth bag and pulled out two ripe bananas. She peeled them with her usual grace — hands trembling slightly — and passed them to him. He ate both peacefully, without a word. Slowly. Gratefully.

In that moment, we were just a family again. Not patients and caregivers, not worried relatives — just a son, a mother, and a father returning home.

But fate, as always, was a step ahead. That innocent act of kindness — peeling a banana, feeding a hungry man — had unknowingly worsened the very imbalance we were trying to fix. It had nudged the sodium levels further down, reopening the door to confusion, disorientation, danger. We had tried to nourish him with love. And in doing so, we had unknowingly deepened the harm. It wasn't anyone's fault. Not my mother's, not mine, not his. It was just the cruel irony of an invisible war — where even food could become a weapon, and love, an accidental misstep

Bananas — rich in potassium. Natural. Healthy. Lethal, in this context as they can counteract sodium restoration.

I learned something vital that day: When a body breaks down in silence, even the smallest detail matters. Even a fruit can become part of the diagnosis. Or the mistake. And the line between healing and harm is often just one bite wide.

Part 7 – Banana Effect

I brought my father back home. But the man I brought back was not the one who had left. Yes, the doctors had discharged him. Yes, he had eaten bananas on the ride home. Yes, he had spoken. But none of it prepared me for what was waiting — or rather, what wasn't.

As we stepped through the door, my mother welcomed him the only way she knew — with tea. A simple gesture. A warm cup. A sense of normalcy.

But normalcy had already packed its bags and left our house.

He took the cup, stared at it like it was foreign, swirled it in his mouth, and spat it out onto the floor. "I'm going to brush my teeth now," he muttered, walking away.

He had mistaken tea for water. Mid-evening tea for early morning ritual. We stood frozen.

And then — as if to drive the reality home — he began to urinate. Right there. In the middle of the hall. No shame. No hesitation. No awareness.

The living room — once a space of stories and laughter — reduced to a place of confusion and broken dignity.

My twin boys, just four years old, looked on. Their Periyanna — their hero, their storyteller, the one who carried them in his arms — was now a stranger. They didn't cry. They didn't speak. They just stared, wide-eyed, trying to understand something even adults couldn't make sense of.

I was numb.

I had seen my father frail. I had seen him fearful. But I had never seen him lost. And this wasn't just forgetfulness. This was a complete erasure of social instinct — the human coding that makes us who we are. He was drifting — and we were watching, helpless, from the shore. We had

brought him back home to heal. To eat. To rest. To bring back his sodium levels with salted food and homemade care. But what were we supposed to do when he refused to eat? When he didn't know what food was? When he mistook cups for faucets, rooms for bathrooms?

The night that followed was endless.

I stayed up, alert at every twitch, every turn. I wasn't just a son anymore. I was a nurse, a night guard, a crisis manager, a child clutching the edge of hope.

I sat beside him in the dark, listening to his breathing — steady, but strange.

Waiting for the dawn to rise over this ever-deepening night.

And as if the burden wasn't heavy enough, the upcoming wedding — my cousin's, the pride of our family — began looming over us like a test of endurance.

There were whispers. Questions. Tension.

Should we postpone it? What if something happens? How can we celebrate when the eldest is like this?

But in that fragile moment, my mother and I made a decision — not out of denial, but defiance.

We would go ahead with the wedding.

Because life doesn't wait for answers. Because uncertainty is not a reason to stop living.

Because my father, wherever his mind was, had started this wedding journey with excitement and pride — and we owed it to him to finish it, with or without his presence of mind. And sometimes, courage is not about choosing the best path — it's about choosing a path, and walking it, even with trembling feet.

Part 8 – Grandfather's call, A Child's loyalty

It was a Sunday morning, and I found myself deep in thought—grappling with how to give him sodium. Adding salt to food was no longer an option, as he had stopped eating altogether. Taking him back to the hospital wasn't feasible either; I had taken the decision to discharge him the night before, believing it was the right thing to do at the time.

I began to consider alternatives and headed to a nearby medical store, hoping to explore options. I brought up the possibility of setting up an IV line at home under medical supervision. Being a Sunday, access to emergency home services was limited, and that added to the stress.

Fortunately, the store attendant was able to connect me with a local old-age care home. A nurse there was willing to come home and administer the IV. It was a huge relief—one that not only

addressed the immediate medical need but also reminded me of the power and importance of community connections.

In that moment, I truly realized how vital neighborhood networking can be—especially when you're navigating caregiving challenges on your own.

The nurse arrived at our home, and we guided her to the room where my father lay resting. He was visibly restless, his tone sharp and aggressive—a sign of the inner turmoil and discomfort he was experiencing.

Before administering the intravenous sodium infusion, the nurse began with basic checks and carefully reviewed the hospital discharge papers and medical reports. Her calm, professional demeanor, coupled with her agreement to proceed, reassured me. For a moment, I felt a sense of validation—that my instinct to manage his care at home was the right one, and this intervention would bring some stability.

But what followed was something I hadn't fully anticipated.

As the nurse prepared to begin the procedure, my father grew increasingly agitated. He refused to cooperate, flailing his arms and legs, making it impossible for her to proceed. Despite our best efforts to calm him, his resistance only grew stronger.

During the commotion, my father suddenly called out the names of his grandchildren. With a firm voice, he instructed them to send the nurse away. To our surprise, the children—just four years old—took his words to heart.

In a moment that was both innocent and deeply moving, they picked up their grandfather's walking stick and stood protectively between him and the nurse. They didn't see a medical professional trying to help, they saw a stranger causing distress to someone they loved dearly. In their eyes, their grandfather was being hurt, and it was their duty to protect him.

The room, already filled with tension, now held something more—an almost sacred display of childlike loyalty and love.

We quickly stepped in to calm the situation, gently explaining what was happening. The nurse, understandably shaken, stepped back. The children slowly let go of the stick, still unsure but trusting us enough to stand down.

It was a poignant reminder: in caregiving, it's not just the patient who is affected—every heart in the room feels the ripple.

The nurse, clearly overwhelmed and unable to safely carry out the procedure, had no choice but to leave.

And just like that, I was back at square one—helpless, heartbroken, and unsure of the next step.

Part 9 – A Leap of faith

Feeling completely helpless, I turned to my family—but no one had answers. The room was heavy with silence and uncertainty. Just then, I received a call from one of my hotel managers, checking in to see how things were going. It felt like a godsend.

I explained the situation. Without hesitation, he offered to help me get my father admitted to the nearby government-run historic hospital. Through our hotel, we had built a relationship with that hospital during the COVID-19 crisis—providing meals to both staff and patients. Thanks to that bond, we were able to reach out to senior doctors, who assured us they would take care of my father.

Without wasting a moment, I made the decision. We rushed my father to the government hospital.

My mother and other extended family members were skeptical. Their concern was understandable—if even a private, multi-specialty hospital couldn't reach a conclusion, what hope was there in a government facility?

But I was resolute. I knew the people, I trusted the system, and more importantly, I believed in the hospital's motto of service. It was affiliated with the medical university, and that gave me confidence.

I reminded myself: over the past decade, we had visited almost every major private hospital, consulted top specialists, and yet here we were. If they couldn't solve the problem, perhaps it was time to explore this uncharted territory. After all, I was born in that same government hospital. Maybe it was time to return—not just with faith, but with hope.

By the time we arrived, some of my hotel staff were already there, helping me complete the admission formalities. The doctors took over promptly, assuring me they would keep my father under close observation. More than that, they had a clear plan. They began by administering sodium but, unlike before, they were also determined to identify the root cause.

They even assigned a team of postgraduate medical students to study his case in detail. For the first time in a long while, I felt something I had nearly lost: hope.

After a day at the hospital, my hotel manager took the initiative to assign one of our security staff to be stationed there. This small but thoughtful gesture allowed me to maintain some balance between caregiving and my professional responsibilities.

Each morning, I would leave home early and reach the hospital by 6:00 a.m. I stayed with my father until 9:00 a.m., when the security officer arrived to take over. By 10:00 a.m., I was at my office, trying to stay focused, though my heart remained at the hospital. In the evening, by 7:00 p.m., I was back by my father's side, relieving the security officer and staying late into the night—sometimes until midnight—before finally returning home.

Despite the grueling routine, I stayed meticulous about hygiene and safety. It was the height of the pandemic, and I had very young children and elderly family members at home. I took showers both morning and night, wore a mask at all times, maintained social distancing and followed every precaution and protocols. But the emotional and physical strain was building. I was under severe stress—managing hospital visits, office work, home responsibilities, and the constant fear of contracting the infection.

Still, I stood firm.

What kept me going was not strength or certainty—but hope. Hope that we were in the right place. Hope that the doctors would find answers. Hope that somehow, all this effort would make a difference.

Part 10 – Judged, Then understood

On the third day at the hospital, the medical superintendent made a routine visit to check on my father's condition. He wanted to speak with me personally, but I had already left for work, following the same demanding schedule I had built to manage both my responsibilities.

My absence raised questions.

To him, it appeared strange that someone well-employed, likely covered by insurance, would bring their elderly parent to a government hospital instead of one of the city's many private institutions. Adding to the doubt was the fact that I wasn't constantly present at the hospital. He grew suspicious—wondering if I had abandoned my father, perhaps even mistreated him. In his mind, this might have been a case of elder neglect or worse, domestic violence.

My security officer, sensing the tension, immediately contacted me to share the superintendent's concerns. Without a moment's hesitation, I rushed back to the hospital, carrying with me the full set of medical records, hospital discharge summaries, and a heavy heart.

I waited patiently until the superintendent could meet me. When he did, I opened up—not just about the current crisis, but about the long journey that had brought us here: the many private hospitals we had visited over the years, the unanswered questions, the emotional and financial toll, and the final leap of faith I had taken by turning to this government hospital, which I believed was still guided by the spirit of public service and medical integrity.

After listening intently, his demeanor shifted. He saw the truth—not just in my words, but in the consistency of my effort. He offered reassurance: that they would do everything in their power to give my father the best possible care.

That moment of understanding gave me something I hadn't felt in days: solace.

I realized that if I respond with grace and truth, instead of frustration, the conviction of action will be even stronger.

After that critical meeting with the medical superintendent, I made it a point to be at the hospital more often. I began staying through the weekends and extended hours—especially with my father now moved into the ICU. I wanted to be visible, available, and fully engaged.

The postgraduate medical students assigned to his case continued their thorough investigation. They were sincere, methodical, and determined. A battery of tests was prescribed—from head to toe—each aimed at narrowing down the root cause of his condition. I accompanied my father through each of them, often holding his hand or simply sitting silently beside him during the waiting periods. It became part of my daily routine.

They attempted an MRI of the brain to explore potential neurological causes—but once again, my father’s deep-seated phobia made it impossible. His anxiety and restlessness prevented the scan. Respecting his state, the doctors opted for alternate imaging: a CT scan and X-rays. These, along with heart evaluations, inner ear tests for vertigo, and a series of neurological assessments, gradually built a fuller picture.

Blood was drawn multiple times for a variety of markers. Every day brought a new test, a new clue, and sometimes—more questions.

And yet, there was something different now. Despite the fatigue, the uncertainty, and the challenges—there was hope. I could see it in the eyes of the medical team, in the seriousness with which they approached the case, and in their willingness to explore every possibility. This hope—fragile yet steady—was what kept me going.

Part 11 – A First Answer

The reports finally began to reveal something concrete.

The brain CT scan showed evidence of a hemorrhage—a slow bleed, likely a result of the fall my father had suffered days earlier. Until this point, we had been fighting blind, focused intensely on restoring his sodium levels, chasing symptoms without knowing their true origin. This was the first clear sign of the real impact of the fall—delayed in detection, but now undeniable.

There was a strange mix of emotions: a sense of validation that something tangible had finally been discovered, and at the same time, a wave of anxiety about what it meant moving forward.

The neurosurgery team reviewed the scans carefully. They noted that, crucially, the midline of the brain had not shifted—an important indicator. Based on this, they concluded that surgical intervention wasn’t required at this point. Surgery would only be considered if his condition worsened and a midline shift occurred, suggesting increased intracranial pressure or swelling.

Until then, the course of action was to manage him conservatively: close monitoring, symptom management, and time.

So we entered a new phase of the journey—watchful waiting. The daily routines at the hospital continued, the tests didn't stop, and the care team stayed engaged. But now, every observation, every symptom, and every subtle change carried a new weight. We were no longer searching aimlessly—we were guarding a known wound, hoping the body would heal before the worst happened.

And still, despite the fear, I felt a strange calm settling in. For the first time, we weren't in the dark. We had a diagnosis. We had a plan. And we had hope—even if it was edged with uncertainty.

With the brain hemorrhage identified and managed conservatively, the focus turned to a larger, unresolved question: What caused the fall in the first place?

The postgraduate medical students continued their research with remarkable dedication. They refused to treat the hemorrhage as an isolated incident. For them—and for me—the fall was a symptom of something deeper. And so they dove into his medical history, examining every possibility.

They considered his previously treated lymph node tuberculosis, exploring whether it had left behind any complications. They looked at ear-related vertigo, which could have triggered balance issues. His long-standing diabetic medication was put under scrutiny too—perhaps a side effect, a momentary drop in blood sugar, or a neurological impact.

And of course, the recent hyponatremia (low sodium) remained at the center of their hypothesis.

But despite their thoroughness, nothing remained conclusive.

It was a frustrating phase—watching this determined team explore every possible angle, only to circle back to where we started: uncertainty. Yet, their effort gave me a strange comfort. My father's case wasn't being rushed or dismissed. He was being understood as more than a chart or a diagnosis. He was being studied with care, as a whole person.

We still didn't know what had triggered that devastating fall. But we were not alone in the search. And sometimes, when you're standing at the edge of not knowing, that is the only reassurance you can hold on to.

Amidst the uncertainty and the long days in the ICU, there was one steady thread of care that brought a quiet sense of comfort—my hotel manager, from the Taj, took it upon himself to organize nutritious meals for my father. Every day, without fail, breakfast, lunch, and dinner would arrive—meticulously prepared, full of care, and infused with the kind of love that food can sometimes carry better than words.

But my father, frail and still recovering, could only manage a simple bowl of soup most days.

The rest of the food—carefully packed and untouched—didn't go to waste. It found its way into the hands of the ICU staff. Nurses, attendants, and junior doctors—exhausted from their long shifts—were able to enjoy these meals. They were deeply grateful, and often offered heartfelt blessings.

"Because of your father, we are getting to taste such food," one of them said.

In that moment, I realized something profound: even in suffering, my father was still giving. His presence, his journey through illness, had created an unexpected ripple of warmth within the sterile walls of a hospital ICU.

What was meant to nourish him ended up nourishing others, too—in body and in spirit.

And somehow, that brought a strange kind of peace. Tajness was personified yet again!

Healing happens in many forms—not always through medicine, but through kindness, shared humanity, and quiet blessings.

Part 12 – Time Unwound

By now, I had reached a point of complete exhaustion. The days had blurred into each other. Despite the tireless efforts of the doctors and students, no new answers had come. The hemorrhage had been discovered, yes—but still, no intervention was being planned. They were monitoring, observing, hoping. But for me, standing by and watching was becoming unbearable.

And all the while, my father was slipping away—not physically, but from the present moment. The hemorrhage had taken its toll on his mind. His memory had fractured, and he was no longer living with us in 2020. He had traveled back twenty years.

He was reliving a time when my mother had met with an accident—a time when her leg was fractured and she was bedridden. I was still in school then. My father would go to work during the day, and in the evenings, he'd rush to the hospital. Since we had no help at home, we had kept my mother at her brother's house for recovery. It was a painful time—a period marked by stress, survival, and quiet sacrifice.

Now, in the ICU, I watched him murmuring those same worries again, as if no time had passed.

"She's not eating... she needs rest... she's in pain," he would say softly, eyes half-closed, gazing somewhere I couldn't follow.

He had returned to that chapter, carrying it like unfinished business. It wasn't just memory loss—it was as if the hemorrhage had torn a portal into the past, and he had stepped through it, alone.

And I stood there—his son, now a grown man—watching him live his old pain, while I lived a new one.

There were fleeting moments when my father would return—not fully, but enough to call out the names of his grandchildren. Their names echoed softly through the ICU, a fragile tether to the present amidst the fading corridors of his memory.

The doctors noticed it too. One day, they gently pulled me aside and said, “If possible, bring the children to see him. He keeps remembering them. Let him see them while he still does.”

Their words pierced me. It felt like a farewell dressed as a medical suggestion.

But we were at the peak of the pandemic. My children were still very young. The idea of bringing them into a hospital, especially into an ICU, felt too dangerous—too risky. My instincts as a son collided with my responsibilities as a father. I was helpless—crushed between two equally sacred roles.

Then came the next blow.

The doctors, who had cared so earnestly for my father, sat me down and spoke with quiet honesty. “It’s been 12–13 days,” they said. “We’ve done everything we can. There’s no intervention left. We need the ICU bed for other critical cases. Your father would be better off at home—among loved ones, familiar sounds, warm hands. Keep him comfortable, give him peace.”

They didn’t say it, but I heard what they meant: “Prepare for the end.”

They explained that the hemorrhage might worsen in the coming weeks, or he might simply continue in this memory-loop indefinitely. Either way, the hospital—a public institution—had to make space for others. A government hospital has a duty to care for all with dignity and fairness. Holding a bed indefinitely when no active treatment was underway wasn’t viable.

I understood. And yet, I wasn’t ready.

We weren’t equipped—emotionally or practically—to care for a person who no longer lived in the present, who responded to the past with confusion and unpredictability. His behaviours were new, unfamiliar. His reality had changed, but ours hadn’t caught up yet.

It wasn’t just exhaustion anymore—it felt like failure. A kind of mental collapse. A fog of fatigue that made every decision feel like betrayal—of him, of ourselves.

I didn’t want to bring him home like this. Not because I didn’t want him. But because I didn’t know how.

My hotel manager, sensing the depth of my struggle, took it upon himself to reach out to the Ministry of Health. He explained the situation—not just medically, but humanely. It wasn’t just

about a hospital bed; it was about a man in the twilight of his life, a family on the brink of collapse, and a healthcare system stretched thin, yet trying its best.

To my amazement, the Honourable Health Minister personally spoke to the hospital's leadership. He wanted to understand the ground reality. The doctors, with professional honesty, explained the truth: my father's condition wasn't worsening rapidly, nor was it improving significantly. It was a long, undefined stretch of "wait and watch." It could take weeks. Maybe months.

There was no guarantee of recovery. But there was also no immediate decline. And that made it all the more difficult—for the hospital, for us, and for him.

And yet, just having someone in authority listen—really listen—meant the world. It reminded me that behind systems and policies, there are still people who care. People willing to understand the gray zones of human suffering that don't fit into neat timelines or protocols.

In that moment, hope didn't look like a miracle. It looked like time—time granted, time extended, time to breathe, to plan, to accept.

And for the first time in days, I allowed myself a moment of relief. Not because everything was better—but because I didn't have to make an impossible decision under pressure. Not yet.

Part 13 – A New baby to handle

As the doctors at the government hospital gave their final word, I requested one last thing: a letter describing my father's medical condition—not as an end, but as a chance to seek alternative care, some place that could support us through this transitional phase.

To their credit, the hospital obliged. They understood my intent, my desperation—not to escape responsibility, but to find a humane setting for a man whose condition had no immediate treatment, but still demanded round-the-clock care.

With that letter in hand, me and my wife went door to door—from small nursing homes to multi-speciality hospitals near our home—hoping one of them might take him in, even if only temporarily.

But each time, the answer came back, clear and unyielding:

"We're sorry. We cannot accept him in this condition."

It was a rude awakening—not because the doors were shut, but because I finally began to understand the full weight of the reality I had been trying to outrun: my father was now considered terminally ill. His condition wasn't just difficult—it was unmanageable by institutions that were unequipped to hold the long silence between life and death.

And then, as if guided by something higher, I received a call from my paternal uncle.

He had quietly made arrangements with the Railway Hospital, where a two-week stay could be offered. No aggressive treatment. Just medicine, monitoring, and care—a soft place to begin the hardest phase of all: acceptance.

We moved my father there. And with that, I began preparing myself—mentally, emotionally, spiritually—for what was to come.

He had become our new baby to handle.

Not helpless out of infancy, but out of memory, illness, and slow decline. I now had to bathe him, feed him, soothe him, and simply sit with him in silence. Every small action, once done by him for me, now returned full circle.

And though the grief was heavy, somewhere in that reversal was a strange kind of grace.

Part 14 – Silence between two worlds

Each passing day at the Railway Hospital unfolded like a slow, suspended breath. My father lay quietly, sometimes murmuring, sometimes staring blankly at the ceiling—as though trying to decode memories that were slipping through the cracks.

We gave him his medicines. We fed him spoonfuls of soup. We wiped his forehead. We watched over him as he drifted between the past and present. There was no new crisis. But also, no sign of return.

He was alive. Yet not entirely here.

And it was during these still hours that the truth settled in my heart.

Death was so near... yet so far.

It didn't knock. It didn't barge in. It just hovered—gently, invisibly—like a presence in the room. I couldn't prepare for it. I couldn't resist it. I could only sit beside it, day after day, holding the hand of the man who once held mine through the storms of my childhood.

In that in-between space, I learned what no textbook or doctor could teach: that life doesn't always end with drama. Sometimes, it dissolves—quietly, gradually—leaving behind love in its purest, rawest form.

One day, out of the blue, my father looked at me and said, "We've moved into my uncle's new house. We must do the Gruhapravesha. Get some mango leaves for the toran. We need to do it properly."

He wasn't in a hospital ward anymore—not in his mind. He was in a moment from the past, maybe even a moment that never really happened—but it was real to him. That's all that mattered.

So, I got the mango leaves.

I decorated his hospital room with the toran, gently hanging them across the entrance to his ward. I didn't want him to feel disappointed or out of place. If this was the world he now lived in, then I would make space for it—lovingly, respectfully.

He smiled. Just a little. But enough for me to know it mattered.

Later, he said, "The blanket here is very nice. Get six more like this—for all of us at home."

And I did. Not because we needed them. But because he needed to feel like his thoughts mattered, that his sense of control—however fragile—was still intact.

Sometimes, he would issue instructions and then forget them moments later. He became a man of sudden missions—fuzzy, whimsical, often inexplicable. One day, he told me firmly, "Gift a photo of Jagadguru to my uncle."

There was no context. No occasion. Just a quiet insistence from a place I couldn't reach. And still, I did it.

Because love, in its truest form, doesn't argue with memory—it honours it.

When someone you love begins to drift away from shared reality, the most generous thing you can do is meet them where they are, and walk a few steps with them there.

Part 15 – Preparing for the New Normal

After nearly a month, I gathered the courage to bring my children to the Railway Hospital to meet their Periyanna. The doctors had advised it weeks ago, when my father's memory flickered with their names like dying stars—but the fear of infection during the pandemic had held me back.

When the kids finally stood near his bedside—small, masked, innocent—there was a strange stillness in the room. My father didn't say much. But something in his eyes softened, as if a long-forgotten piece of his world had returned, even if just for a moment.

That moment felt like a small closure.

Or maybe, a small beginning of the end.

Meanwhile, I was quietly preparing for the next phase. His condition had changed—permanently. He wasn't the same person anymore. His needs had grown beyond what we could provide through willpower alone. He needed round-the-clock care, observation, and medical support at home. So, I began searching for a full-time nurse who could stay with us—not just someone trained in medicine, but someone who could care for him with patience and respect. I also arranged for a medical bed—one that allowed for easier movement, with side rails

and elevation support. I knew we'd need bedside assistance more than ever. Lifting him, feeding him, cleaning him—everything had to be systematized. I began transforming our house, not just physically, but mentally, into a care center. Into a home that could now hold a different version of him.

It wasn't just the hospital discharge I was preparing for.

It was a new life.

A life where my father wasn't a parent anymore, but someone who needed parenting. A life where every day would be unpredictable, sacred, and fragile.

I wasn't ready. But I was determined.

Even as I worked tirelessly to bring my father home with dignity, I knew that medical equipment and medicines alone wouldn't be enough. His new life required human presence—constant, watchful, and skilled. We needed a full-time nurse—someone who could manage his needs hour to hour, moment to moment.

But for me, it wasn't just about qualifications.

At home, most of the time, it would be my mother, my wife, and our young children—just two women and two small kids, holding the weight of this delicate world. With my father's vulnerability growing each day, and my professional duties pulling me away, I had to be doubly sure about the person who would share our space—physically, emotionally, and intimately.

I reached out to several nursing agencies. I asked hard questions. I insisted on knowing the backgrounds of their staff, their experience in geriatric care, their references, and their temperament. I wasn't looking for just a caregiver. I was looking for someone who could become part of a sacred trust.

This wasn't just about tending to wounds or administering medicine.

This was about honouring a man who had lived a full life, and was now living in shadows of memory, needing help for even the smallest of things. It was about preserving the dignity of my father without compromising the safety of my home.

I wasn't being paranoid. I was being responsible.

Because love doesn't only care—it protects.

As I prepared to bring my father home, one of the most difficult decisions I faced was not medical—it was deeply personal.

Who would stay with him?

Not just for a few hours, but day and night, inside our home, in our space of privacy, emotion, and history?

A male nurse seemed like the obvious, logical choice. He could lift my father, handle his physical needs more comfortably, and manage episodes of aggression or confusion with more ease. Medically, it was the right fit.

But at home, it wasn't just about my father. It was also about my mother, my wife, and our young children. With my work hours often pulling me away, the house would mostly have just two women and two small kids during the day.

Having a male caregiver in close proximity, constantly present, brought its own layer of discomfort, caution, and practical concern.

On the other hand, a female nurse might ease the atmosphere at home—more gentle in nature, perhaps more emotionally attuned. But the practical challenges arose again: could she manage my father's sudden bursts of resistance? Could she handle lifting, cleaning, turning him without risking injury or discomfort for both?

It became a delicate equation: A male nurse was better for the patient but could create unease for the family. A female nurse was better for the family but might struggle with the patient.

There was no perfect answer—only a careful balancing act between compassion and caution, between dignity and security. In the end, it wasn't about choosing convenience. It was about honouring everyone involved, and trying to make the best decision with the least compromise to safety and sensitivity.

Because caregiving isn't just about medicine—It's about managing humanity, under pressure.

Part 16 – Nursing Effects

The past few weeks at the railway hospital had been exhausting, but they were also revealing. While his health condition—marked by the brain hemorrhage—remains unchanged, our understanding of him has deepened. We've begun to see the patterns in his behavior, the nuances in his responses, the way his needs surface through silence or agitation. That time in the hospital, though heavy, gave us insights we didn't have before.

Now, we're slowly gearing up to bring him home. Not because there's been improvement—because there hasn't—but because we are better prepared. Prepared to manage him, to respond quickly, to understand what each shift in mood or expression might mean. It doesn't make it easy, but it makes it possible.

This transition is not just logistical; it's emotional. There's still a deep ache knowing the situation hasn't changed. His brain hemorrhage continues to hold its ground, casting a shadow on everything. But what has changed is us. We've moved from confusion to clarity, from panic to preparedness. And that's a kind of progress too.

Bringing him home now feels less like an overwhelming challenge and more like a step toward dignity and comfort—for him, and for all of us.

After weeks of uncertainty and difficult decisions, we finally managed to finalize a full-time nurse for my father. She came to us through a caregiving center, and after thorough background verification, we felt confident in bringing her into our home. She arrived recently—quiet, professional, and prepared—and that marked a turning point in our journey.

At the same time, we had arranged for a hospital bed to be delivered and set up at home. Given my father's condition, especially with his limited mobility and need for constant care, this felt like an essential step. It transformed his room into a space of care and monitoring, more clinical than before but also more reassuring.

The first few days with the nurse at home were far from smooth. While she was competent and attentive in her care for my father, it quickly became clear that this arrangement involved more than just medical support—it was about integrating a stranger into the core of our family life.

She wasn't just taking care of him; she was living among us, sharing our space, our routines, our silences. And slowly, her presence began to ripple through the house in unexpected ways.

One of the more difficult aspects was navigating her personal religious practices. She carried with her a deep set of beliefs—rituals, prayer routines, dietary preferences—that were very much a part of her daily life. While we respected her right to those beliefs, it was admittedly hard to adjust, especially when they began to subtly clash with the way we live or think. Some of us were skeptical, others indifferent, but regardless, the house started to shift to accommodate this new rhythm.

We found ourselves stepping back at times, biting our tongues at others—choosing patience over confrontation. There were moments when it felt intrusive, even uncomfortable, but we reminded ourselves why she was here. She was taking care of someone we love, and that bond demanded a different kind of openness from all of us.

It wasn't easy. In fact, it tested us in ways we hadn't expected. But slowly, as the days passed, we all began to give a little. We let some of her practices into our space, not because we shared her beliefs, but because we understood what they meant to her. We made space—not just physically, but emotionally—for someone who had stepped into our world with her own story, her own roots.

This phase taught us something that went beyond caregiving. It reminded us that compassion isn't only about helping the one who's unwell—it's also about finding ways to live with the people who are helping you through it. And that sometimes, the hardest part of care is not the medical side—but the human side.

As the days went on, the initial friction began to smooth out. We were adjusting—to her ways, her routines, her deeply held beliefs—and in her own way, she was adjusting to us too. She

remained professional, attentive to my father's needs, and began to settle into the rhythm of our home. There were moments when it almost felt like we had found a working balance.

But beneath the surface, something persistent lingered.

Over time, her beliefs—once quietly practiced—began to take up more space in our home. What started as personal rituals became spoken opinions, subtle suggestions, and, at times, direct attempts to influence how we should conduct ourselves—spiritually, culturally, even in our caregiving decisions.

She wasn't malicious—just perhaps too convinced of her way. But it started to cross a line. Our home, already fragile from the weight of illness and emotional strain, began to feel less like ours. We were no longer just making space; we were being asked to conform.

At first, we kept quiet. We tried to be understanding, chalking it up to personality differences or the intensity of living in such close quarters. But it didn't stop. The pressure, however indirect, began to wear us down. It wasn't just about beliefs anymore—it was about control, about boundaries being quietly but steadily crossed.

Eventually, I had to step in.

One evening, after another unsettling exchange, I sat down with her and spoke clearly, firmly, but respectfully. I told her we appreciated the care she had given, and we had tried—truly tried—to welcome her fully into our lives. But this was our home, and our family, and our way of life. It wasn't up for negotiation. The caregiving arrangement had become emotionally heavier than the care itself.

In that moment, the choice became clear: it was better that we manage the challenges of our father ourselves, with all the strain it might bring, than allow an outsider—no matter how professional—to unsettle the emotional ecosystem we had fought so hard to stabilize.

It wasn't an easy decision. Letting her go felt like taking a step backward. But in truth, it was a step toward protecting the delicate balance within our family. We realized that caregiving isn't just about medical skill—it's also about emotional harmony, about mutual respect, and about knowing when enough is enough.

Part 17 – Accidental Scan

Just as we were beginning to find our footing in this new normal—caring for my father at home, learning to manage the daily routines without outside help—life, once again, surprised us.

In the background of our day-to-day caregiving, preparations were underway elsewhere in the family. My paternal uncle was busy organizing for my cousin's wedding, he called us to check

in. It was a warm, thoughtful gesture, but the conversation turned quickly from family catch-up to clinical concern.

We shared the latest about my father's condition—how things hadn't changed much physically, how we were just trying to hold steady. That's when my uncle, a doctor himself, suggested something that hadn't crossed our minds in a while: a repeat CT scan. It had been a few months since the first scan at the government hospital, and we hadn't followed up with any advanced imaging since then. His suggestion struck a chord.

Quietly, without expecting much, I took my father to the nearby diagnostic center. The familiarity of the routine didn't ease the knot in my stomach as we waited for the images. When my uncle reviewed the results, his voice took on a more serious tone.

There had been a midline shift in the brain—a significant one.

This wasn't present during his earlier hospital stays. And while his physical state hadn't changed drastically, this shift was something new. Something serious. Something that couldn't be ignored.

Suddenly, the quiet resignation we had settled into was broken. We had long accepted that recovery was unlikely, and our efforts had focused on comfort, routine, and presence. But now, the landscape had shifted—literally and metaphorically. The possibility of a new dimension to his condition, or even a faint glimmer of intervention, re-entered the conversation.

My uncle advised us to consult a neurologist immediately. He didn't say much else—but the urgency in his voice was enough. And just like that, we were back on the road again: searching for answers, hoping not for miracles, but for understanding. For clarity. For the faint silver lining we still allowed ourselves to hope for, even if we didn't speak it out loud.

Because sometimes, even when you've let go, you still reach out. Not out of denial—but out of love.

Part 18 – On the move - a new hospital

As the midline shift in my father's brain cast a new shadow over everything, I knew I couldn't delay. The first instinct was to reach out to someone who would truly understand the situation—not just medically, but personally. I contacted my cousin, a neurosurgeon, and shared the scan images and details. He reviewed everything carefully and was clear in his advice: get him to a multi-speciality hospital and prepare for surgery.

But the name of the hospital he mentioned brought with it a wave of discomfort.

It was the same hospital we had gone to in the earliest days—where we were dismissed with vague advice to “increase sodium levels.” Where no one even bothered to arrange for a CT when

an MRI couldn't be done. That experience had left a bitter taste, a sense that we had been seen, but not really cared for.

Still, proximity mattered. And this time, I reasoned, the doctors would be different. I decided to take him back—not to the same department, but to the neuro specialty wing of the same hospital. The hospital may have been the same, but I was different now: more informed, more cautious, and deeply protective.

So I drove him there myself—just the two of us in the car, with the weight of the decision sitting in the back seat like a silent passenger. The reports, the scans, the memories of earlier hospital visits—all of it came with us.

When the doctor arrived, I presented everything clearly. He listened carefully, reviewed the images, and wasted no time in laying out the course of action: brain surgery, as soon as possible. The urgency in his voice was unmistakable. The surgery, he said, could cost between 3 to 4 lakhs, and we could admit him immediately.

But something inside me pulled back.

The rush. The pressure. The sharp contrast to the earlier indifference I had seen in this very building. I couldn't ignore the hesitation brewing within me. A few weeks ago, they couldn't even get a basic scan done. Now, they were asking us to make a split-second decision about a major surgery. My father, barely responsive, wasn't in a position to consent. And while his words had lost clarity, his resistance to the idea of surgery was visible.

The choice fell to me. Alone.

And in that moment of uncertainty, I followed my intuition.

I called my hotel manager—someone who had quietly stood by us through many of these recent struggles—and asked him if he had any contacts at the premier mental health and neurological institute in the city, a place of national importance. Somewhere deep inside, I felt this might be the only place that would truly understand the complexity of my father's condition—not just physically, but cognitively, mentally, emotionally.

To my disbelief and deep gratitude, the hotel manager reached out to his network and connected me with the Ex-Director of the institute.

I called him as I stepped out of the private hospital, my father beside me in the car. I sent the scans and reports over WhatsApp, quickly, without ceremony. He reviewed them silently, then asked me two questions that brought everything into focus: Is he awake? Can he walk?

“Yes,” I replied, “he is awake. And yes, he can still walk.”

His response came without pause.

“Bring him to the institute immediately. If he is still responsive, now is the time to operate. I will inform the current Director and the team. They will be ready.”

It felt like a godsend—like something had finally fallen into place after weeks of nothing but grey zones and difficult calls. I stood there quietly for a moment, overwhelmed, and turned to my father.

We were on the move again. Not just to another hospital—but toward another hope.

I turned back to my hotel manager, who had become far more than just a staff member in this journey. I thanked him—not just with words, but with a kind of silent, exhausted reverence. Because in that moment, his one phone call had done what entire institutions had failed to do: open a door when all others had closed.

Part 19 – A Journey Through Pain, Patience, and Perseverance

Based on the strong recommendation of the former Director of the Mental Institute, I rushed my father to the emergency department of the hospital. Upon arrival, I submitted all his medical reports. The duty doctors swiftly examined him and admitted him without delay. The hospital was crowded—overwhelmed with trauma and accident-related cases—yet every patient received equal care and attention. It was a humbling reminder of the burden our healthcare system carries, and the quiet dedication of those who serve in it.

I waited for a few hours before the Director himself approached me. He outlined a plan of action for my father. His condition required an ICU admission, but due to the critical nature of other cases, we were asked to wait for a surgical slot to become available. It wasn't easy to hear, but I understood—triage always favors the most life-threatening cases. Every life is important and the priority of the severity always needs to be addressed first. Some things can wait. After all I had waited for few weeks a few days would not have been very difficult.

Despite the emotional weight, they arranged a bed for my father. I remained outside, sleeping on floors, driven by hope and prayer. The hospital staff prepared my father for surgery—his head was clean-shaven, his vitals monitored, everything ready. Yet, he remained on the waitlist.

The diagnosis was clear. What remained was the surgical intervention to address a brain hemorrhage due to a fall. But even as we prepared to address the physical symptom—the blood clot—the root cause of his fall remained unknown, eluding both logic and science. Still, I reminded myself: first things first.

From being uncertain whether we'd ever get the surgery, to being next in line—it felt like a relief after relentless days of waiting. For five long days, I endured sleepless nights, skipped meals, and lived in a state of emotional limbo. The hospital had become my world: concrete floors for a bed, fluorescent lights for stars, and passing doctors and nurses as companions. I had become

consumed—on the edge of madness—but also fueled by something greater: a son’s love and unyielding hope.

And finally, after all the wait, the surgery was scheduled.

This was the moment of truth.

After all the hardship, pain, patience, perseverance, and silent prayers... to finally reach this point—it was worth every minute. Not because the struggle was easy, but because it was endured with purpose.

Part 20 – Heart beat pause!

The day had finally come.

The day we had all been praying for—and yet, the day I feared the most.

It was early Sunday morning. The hospital corridors were unnaturally quiet, as if the world itself was holding its breath. I met my father in the ICU just before the surgery. His eyes were calm, almost too calm—as though he had already made peace with whatever was coming. I held his hand, leaned in close, and whispered, “Good luck, Anna. You’ve got this.”

My wife stood beside me, her hand gripping mine tightly. She didn’t say much—we both knew words would fail. My mother, meanwhile, stayed at home, caring for our twin boys. She didn’t want them to sense the storm we were all silently enduring.

The doctor gave us a reassuring nod. “It should take a few hours. We’ll keep you posted.”

And just like that, they wheeled him away.

We took our places in the hallway outside the Operation Theatre. Every second stretched into an hour. Doctors and nurses moved in and out of the theatre in a blur of green and white. Their faces were masked, their eyes unreadable. I tried—desperately—to catch a glimpse of something... anything. But it was like staring at statues.

Inside me, a storm was brewing. My mind raced through memories—of childhood, of family dinners, of his laughter, his discipline, his strength. I could feel every moment crashing into me like waves. My heart pounded. My palms were cold. My body was warm with anxiety. And still, we waited.

Then, suddenly, the door swung open. The doctor stepped out.

His expression was unreadable. Then came the words:

“We lost him.”

For a second, I forgot how to breathe.

Time stopped. My body went numb. My legs gave way. The world around me blurred into silence and static. I could feel my wife gripping my arm, but I wasn't there anymore.

He continued speaking, but I couldn't hear him.

Then, I saw her face.

My wife.

She was crying—but not out of sorrow. Her lips quivered with something else... joy.

And then I heard it.

“...but his heart started beating again. The surgery was successful.”

It took a moment for those words to sink in.

He was alive.

He came back.

From the edge. From that final line where life meets death—he returned.

The doctor walked us through what had happened. The problem wasn't just in the brain—it was the heart all along. It hadn't been pumping enough blood to the brain, which is why he would get dizzy and collapse. The falls were only symptoms. But now, both the symptoms and the cause had been treated.

I looked at the doctor, and for the first time, I truly understood what it meant when people say, “He gave us a second life.”

This wasn't just a medical success.

This was a miracle.

Part 21 – A wait game!

The days that followed felt lighter—brighter—but still uncertain.

My father was moved from the ICU to the Recovery Ward. Then, gradually, to a regular ward. He was healing, yes—but we had learned not to celebrate too soon.

The neurosurgeons were cautiously optimistic. “The brain will take time,” they told us. “A few weeks, at least.”

They explained how the hemorrhage had caused pressure inside the skull, and how the brain had slightly shrunk as a result. The word they used stuck with me—elasticity. If the brain had lost its

elasticity, full recovery might remain just out of reach. But there was also hope. Equal probability, they said. A coin toss between normalcy and something less.

And so, we waited.

There was nothing more we could do—no surgery, no treatment—just careful watching, gentle encouragement, and time. Those weeks felt longer than the ones before the surgery. We weren't battling an emergency anymore—we were battling the unknown.

To complicate things further, the doctors recommended a cardiac evaluation. After all, it was the heart that had caused this entire cascade.

But the hospital we were in was a specialized neurocare facility. Cardiac support was limited. Thankfully, they had a visiting consultant manage things temporarily, but any real intervention would have to wait. His body needed time. A couple of months at least before any further steps could be taken.

Finally, the day came.

He came home.

He was thinner, slower, more fragile—but he was alive, and he was home. That was enough for now.

Life tried to go back to normal. And in that attempt, came a distraction—my cousin's wedding. My paternal uncle's son. The family buzzed with activity, laughter, and arrangements. Between hospital visits and flower decorations, between medical charts and menu tastings—we balanced two worlds. One was delicate and tense, the other vibrant and festive.

Through every ritual, every ceremony, we had one silent prayer: Let him be there to witness it.

And he was.

In the cool November air, surrounded by music and marigolds, my father was there. Sitting quietly at the wedding, eyes scanning the crowd, sometimes smiling, sometimes just watching.

He was still recovering. But he was present.

Slowly, we began to see signs of normalcy returning. His social instincts came back. He laughed again. He responded to stories. He remembered things.

But not everything healed.

The dizziness remained.

The sudden loss of balance—the eerie sense of the ground slipping beneath his feet—still haunted him. Like an old enemy that wouldn't let go.

So we stayed in wait mode.

Hopeful, but not naive. Alert, but not anxious. Somewhere between healing and holding on.

Because sometimes, recovery doesn't come in a single moment of triumph. Sometimes, it drips in—quietly, stubbornly, one day at a time.

And we had learned to honor that rhythm.

Part 22 – A wait game!

It was time.

Time to finally address the root cause—the silent, hidden enemy that had almost taken my father from us.

This time, the search had direction.

My cousin, a cardiothoracic surgeon himself, stepped in—not just as family, but as a man of science. His voice carried calm authority when he said, “You need a Holter test. But not just for a day—this time, run it for at least 7 to 10 days. Let the heart speak over time.”

We had done it before. A 24-hour test. It came back inconclusive. Empty. Frustrating.

But this—this would be different.

Within a couple of days, the Holter monitor was installed at home. A small, quiet device now carried the weight of all our hopes. We rented it for 10 days, and as it sat on my father's chest, life went on.

Tea was made.

News channels played in the background.

Evening walks, cautiously slow.

Family dinners, punctuated by careful glances.

Ten days of waiting—but this time, it wasn't passive. We were listening. Closely.

And then—it happened.

Day 7.

In the stillness of the night, while the world was asleep, his heart paused.

Not just skipped—a pause.

Long, silent stretches. Like someone had pressed pause on life itself.

It happened more than once. Each one recorded in cold, clinical detail. But to us, it was fire.

This was it.

The indicator. The proof. The answer.

For the first time, we had data—real, irrefutable evidence that something was wrong with the rhythm of his heart. This wasn't guesswork anymore. This was science catching up with instinct.

Suddenly, the scene at the Operation Theatre months ago made perfect sense.

That moment when the neurosurgeon stepped out and said “We lost him”, only to add, “...but his heart started beating again.”

Now we knew why.

The brain didn't fail first—the heart did. And the Holter proved it.

This was a problem of irregular heart rhythms. Bradycardia. Silent but deadly.

It was our Eureka moment.

I remember standing there, staring at the report, my cousin explaining the readings, his finger tracing the flat lines between spikes, the silent valleys where there should've been a beat. My hands trembled—not from fear, but from the relief of knowing.

The enemy had a name now.

And with a name, it could be fought.

Part 23 – The Final Piece of the Puzzle

The moment we had clarity, I knew we had to act. No more waiting. No more uncertainty.

I reached out to my hotel's Manager, someone I had always trusted, and asked if he could help me connect with the city's top heart specialty institute. Within a day, I got a response. The Director of the institute himself was willing to see us—me and my father—personally.

We walked into the hospital, reports in hand, and a lifetime of questions in our hearts.

The Director welcomed us warmly. No rush. No arrogance. Just empathy—and sharp clinical insight. He went through the reports with a focus that cut straight to the truth.

Then he looked up at me and said, with quiet certainty:

“This is a classic case of rhythm failure. The heart is pausing when it shouldn't. He needs a pacemaker.”

The words landed heavy—but not with fear.

With relief.

After nearly ten years of searching, questioning, doubting, hoping—we had the answer.

He explained how the pacemaker would work: a tiny device implanted near the heart, silently monitoring every beat. And when the heart paused—just for a few seconds too long—it would send an electric impulse. Like a spark of life. A reminder. “Time to beat again.”

This was the solution we had been chasing through neuro wards, ICUs, home monitors, and years of anxiety.

We wasted no time.

My father was readmitted to the hospital. The implant surgery was done with precision and care. The doctors reassured us—the pacemaker had a battery life of 10 to 12 years. We’d only need periodic checkups to monitor it. No other complications expected.

And then, something incredible happened.

He stopped falling.

No more sudden giddiness.

No more crashes to the floor.

No more shadows of fear lurking behind every step.

For the first time in years—he walked without hesitation.

He stood tall at family functions. Spoke clearly. Laughed without the worry of what might come next.

It’s been four years since the surgery.

And not once has the old symptom returned.

The mystery that had haunted us for a decade—confused specialists, defied diagnoses, and shook our faith—was finally solved.

The puzzle was complete.

Looking back, I realize this journey was more than just about medicine. It was about belief—in science, in persistence, in people who care enough to not give up. It was about never settling for “we don’t know.”

Because sometimes, the answer takes time.

But it’s always worth the wait.

Part 24 – The Journey of Grit, Grace and Gratitude

As I look back on these past few years, I feel nothing but immense gratitude.

Gratitude to every person who stood beside me in the darkest corridors of uncertainty—my family, who never let go of hope; my extended family, whose prayers were my strength; the team at my hotel, who supported me with more than just words; and the doctors, nurses, and specialists who became the unsung heroes of this story.

What we lived through wasn't just a medical journey.

It was a sequel of survival—a back-to-back saga of near losses, narrow escapes, and miraculous turnarounds. Two major surgeries in just six months. Twice, we stood on the edge of losing him. Twice, he fought his way back.

To call it anything less than heroic would be an understatement.

It's easy to speak about miracles when you've lived through one. But miracles don't just happen—they are built. Brick by brick. Test by test. Tear by tear.

And now, with the puzzle finally solved, with my father walking free of fear and fall, I carry forward not just relief—but reverence.

For life.

For science.

For people who never gave up.

This isn't just the end of a difficult chapter—it's the beginning of a peaceful one.

A second lease on life—not just for him, but for all of us who walked this path with him
