Health Care: The Gandhian Way
I am deeply honoured by the invitation to deliver the Thirteenth H.M. Patel Memorial Lecture. The lecture series intends to provide a platform to bring together views of eminent experts in public health. I happen to be an odd person out in this realm. I am not even a trained public health person, let alone claiming any eminence in it. The other day Dr. Amritaben wondered whether in the present muddled environment of health care in the country would Gandhian approach if any, provide a new opening to think and act. She invited me to speak and I agreed because this gave an opportunity to me to study seriously Gandhiji’s engagement with health issues in his life and his views on health care. All I am going to say in this lecture is going to be tentative as it is study in progress. I propose to deal with the subject in following way. Beginning with Gandhiji’s engagement with health all through his life in brief, I will try to present his views and critique on modern medicine in the second part, followed by presenting the current crisis in health care. The last point of my address would be sharing my opinion regarding the relevance of Gandhi’s approach to health care in present times.

**Gandhiji’s engagement with health and related issues**

Gandhiji wanted to become a medical doctor. When he was 18, it was suggested that he should go to England for study. Young Mohan had jumped at the idea and had inquired, could he not be sent to qualify for the medical profession? Of course, his elder brother closed the option by saying “Father never liked it. He had you in mind when he said that we *Vaishnavas* should have nothing to do with dissection of dead bodies”. Mohan had a deep sense of serving people and by being a doctor he would get the opportunity to fulfil his wish. He had been an enthusiastic nurse to his bed ridden father and he preferred to attend to his father...
over games and field exercises in school. There is evidence to show that in 1908 Gandhiji wanted to go to London and study medicine and practice it along with his law practice as a barrister. He did not ultimately formally train himself in medicine, but undoubtedly practiced as one all through his life.

Young Mohan had wavered for a while over the idea of what a healthy person meant. In his adolescence he was impressed by his Muslim friend who was a meat eater. His friend was tall and well built. His friend advised short and thin Mohan to eat meat. Secret plans were made and implemented to cook and eat meat. However, soon Mohan gave up the idea as he wrote in the Autobiography that he abjured meat out of purity of his desire not to lie to his parents. His idea of a healthy body also changed in England where he became an enthusiastic member of the vegetarian society. It is worth knowing that more than being a Hindu *Vaishnava* by birth, one of the three vows he had made to his mother was not to touch meat. After days and months of wandering in the streets of London searching for a vegetarian restaurant, he hit upon one in Farringdon Street. He bought Salt’s book *Plea for Vegetarianism*. He read it from cover to cover before his food arrived. Until then young Mohan was a vegetarian because of the vow he had made to his mother, then it became his choice. He notes in the Autobiography,

> From the date of reading this book, I may claim to have become vegetarian by choice. I blessed the day on which I had taken vow before my mother. I had all along abstained from meat in the interests of truth and of the vow I had taken, but had wished at the same time that every Indian should be meat-eater, and had looked forward to being one myself freely and openly someday, and to enlisting others in the cause. The choice was now made in favour of vegetarianism, the spread of which henceforward became my mission."

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1 I wish to acknowledge and thank my Prof. Mark Lindley for sharing his research findings in a lecture he delivered at Gandhi Research Foundation, Jalgaon. It helped me immensely in shaping my lecture. Mark Lindley, 2017. *Gandhi on Health*. Gandhi Research Foundation, Jalgaon.

I keep referring to Gandhiji as Mohan because the way Gandhiji is introduced to the new generation in the country he appears to be an old and frail man with a short dhoti, a spectacle and a stick in his hand, as if he was born old! At 19, he became a vegetarian by choice. It was an immensely important decision that got reflected in his Autobiography as ‘My Choice’. After reading the books on vegetarianism, he was further convinced of his choice. Gandhi notes,

The result of reading all this literature was that dietetics experiments came to take an important place in my life. Health was the principle consideration of these experiments to begin with. But later on religion became the supreme motive.

This sudden mention of religion while discussing health might be jarring, but it was a well-considered opinion. Young Mohan had joined the London Vegetarian Society and remained its active member till he left. He had also become secretary of the society in one of the regional units. During his last months of stay in London, his articles appeared in ‘The Vegetarian’. Between February and June 1991, his ten articles and an interview appeared in the magazine. The objectives were to present the case of vegetarianism, clearing the belief of meat eating for health and strength, and presenting the variety of Indian vegetarian food.

Young Mohan was fairly health conscious in England. In his early writings, titled ‘Guide to London’, he wrote

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3 He mentions few of them particularly for the content that had impressed him. One was Howard William’s *The Ethics of Diet*, which was a ‘biographical history of the literature of human dietetics from the earliest period to the present day.’ Second book was Dr. Anna Kingsford’s *The Perfect Way in Diet*. Dr. Allinson’s books on health and hygiene impressed him because the author had advocated a curative system based on regulation of dietary of patients.

4 Gandhi M.K. *op. cit.* p 36.

I used to walk about 8 miles every day and in all I had three walks daily, one in the evening at 5.30 p.m. for an hour and the other always for 30 or 45 minutes before going to bed. I never suffered from ill health except once when I suffered from bronchitis owing to over-work and neglect of exercise. I got rid of it without having to take any medicine. The good health I enjoyed is attributable only to vegetable diet and exercise in the open air. Even the coldest weather or the densest fog did not prevent me from having my usual walks. And under the advice of Dr. Allinson, the champion of open air, I used to keep my bedroom windows open about 4 inches in all weathers. This is not generally done by people in winter, but it seems to be very desirable. At any rate it agreed with me very well.6

Reading on vegetarianism had given him a continued exposure into human biology and physiology. He had learned about the medical profession without getting into dissection! He documented his experiment in ‘Vital Food’ in 1893 describing the process and the results. It was published in the issue of ‘The Vegetarian’ dated 24 March 1894. One can argue that he had developed into a quack. Gandhiji would not mind being called a quack as long as his approach was thoroughly scientific in learning and practicing health and healing. Despite a good practice as a barrister in South Africa, he was not satisfied with the self. His spirit of service drew him to health services. In the context, he notes;

The question of further simplifying my life and of doing some concrete act of service to my fellowmen had been constantly agitating me, when a leper came to my door. I had not the heart to dismiss him with a meal. So I offered him shelter, dressed his wounds, and began to look after him.7

6 CWMG op. cit. p 121
7 Years later a Sanskrit scholar Parchure Shastri came to Wardha as a patient suffering from leprosy, who was rejected and thrown out of the family. Gandhiji took him to his fold and nursed him personally. The famous picture Gandhiji attending to Shastri is well-known.
Gandhiji desired to serve as a nurse to a Mission hospital headed by a kind doctor Dr. Booth. Gandhiji initially worked for one or two hours daily. The work involved ascertaining the patient’s complaints, laying the facts before the doctor and dispensing the prescriptions. Most patients were Tamil, Telugu and North Indian men working as indentured labourers. Gandhiji has noted that the experience helped him while offering service to nurse the sick and wounded soldiers in the Boer War.\(^8\)

The work at the hospital helped him in good stead in two other areas. It helped him immensely in bringing up his children. Kasturba and Gandhiji had lost the first child within the first month of birth in very early married life. Two of their four

\(^8\) In this context Mark Lindley has noted: Lancelot Parker Booth was a minister of the Anglican Church as well as a medical doctor. In the mid-to-late 1890s he had a hospital in Durban where Gandhi was engaged in volunteer paramedical work. Dr Booth trained the volunteers. In 1897 a clinic superintended by Booth (“St. Aidan’s Hospital”) was opened through funds raised by the Natal Indian Congress, which Gandhi had founded. The volunteer ambulance corps which Gandhi founded in 1899 (during the Boer War) received from Booth “basic medical instruction, including first aid, the dressing of wounds, ambulance training and the administering of medication”. \textit{op.cit.} slide 49
living children were born in South Africa. The couple wanted the best medical service for the child’s birth. Gandhiji had read Dr. Tribhuvandas’s book *Maane shikaman* and was prepared to help his wife in childbirth if the doctor failed to appear when required. The birth of the last child had put Gandhiji to severe test when neither doctor nor midwife was available. His hospital training and ‘careful study of the subject’ in the book helped him in the safe delivery.

After his return to India in 1901, his second son Manilal took seriously ill the following year. The family lived in Bombay. Manilal had a severe attack of typhoid, combined with pneumonia and signs of delirium at night. The Parsi Doctor had advised for eggs and chicken, else his life was in danger. Gandhiji went against the professional medical advice and requested the doctor to allow him to experiment with some hydropathic remedies which he had learned. The Doctor allowed him, and Manilal, a minor of ten years, cooperated. Gandhiji tried Kuhne’s hydrotherapy and added his own fasting therapy by keeping the boy on orange juice and water for three days. It appears that it was not an easy decision as the life of the child was involved. The fever would not break for days. Finally, Gandhiji decided to give the boy a wet sheet pack. Gandhiji was deeply worried. He wrapped the boy in a wet blanket and left for a walk on the sea beach praying to God. He returned after about half an hour or more and checked the status. The boy had perspired profusely. In Gandhiji’s words,

I just managed to keep him under the pack for a few minutes more by diverting him. The perspiration steamed down his forehead. I undid the pack and dried his body. Father and son fell asleep in the same bed. And each slept like a log. Next morning Manilal had much less fever. He went on thus for forty days on diluted milk and fruit juices. I have no fear now. It was an obstinate type of fever, but it had been got under control.

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9 Those interested in the entire episode may refer M.K. Gandhi op.cit. p 185 Part III chapter XXII titled *Faith on its Trial*
Today Manilal is the healthiest of my boys. Who can say whether his recovery was due to God’s grace, or to hydrotherapy, or to careful dietary and nursing? Let everyone decide according to his own faith. For my part I was sure that God had saved my honour, and that belief remains unaltered to this day.¹⁰

Soon after the above episode Gandhiji had to go back to South Africa. His experiments in food, earth and water went on with new zeal for the next two years. He suffered from debility and rheumatic inflammation and was treated successfully by Dr. Pranjivan Mehta, his old friend with allopathy. Although he did not have any major illness, he was not willing to call himself healthy, as he had frequent headaches and constipation. The laxatives gave him temporary relief. He turned to naturopathy and regulated diet. His association with ‘No Breakfast Association’ in England made him conscious about his food habits. Although simple non-spicy, his food intake was not meagre. Discontinuing breakfast cured his headaches. For constipation, he tried Kunhe’s hip baths with limited success. He came across Adolf Just’s *Return to Nature* that gave him ideas about earth treatment (known as *Mati Patti* in current Naturopathy parlance) and fruit diet.¹¹ The earth treatment was effective in curing his constipation. He noted it as a radical cure.¹² While Gandhiji recommended the book to many and tried to put into practice several things from it, he conceded that he was forced to deny a few of his theories on the dietetics as his experiments failed to cure him and only worsened his health endangering his life. This of course was in India in 1918 during the Kheda Satyagraha. Gandhiji has noted the following in this context.

In a matter, however, where my theory has failed me, I should not only give information, but issue a grave warning against adopting it. I would therefore

¹¹ Interested reader should read Autobiography Chapter VIII, Part IV titled *A Warning*.
¹² On another occasion Gandhiji overruled the instruction from the Physician. On February 10, 1908 he was attacked by Mir Alam and his associates because Gandhiji was walking to the Registrar’s office to give his thumbprints against the common decision. He was badly injured on face. Healing was slow in spite of regular dressing by a physician. Gandhiji applied earth pad on the face and got good results.
urge those who, on the strength of the theory propounded by me, may have given up milk, not to persist in the experiment, unless they find it beneficial in every way, or unless they are advised by experienced physicians.\(^{13}\)

Gandhiji had developed a very clear focus on sanitation and hygiene. During the outbreak of plague in Indian and other locations in South Africa in 1904, his public health concerns led him to organise communities. He set up a service centre to serve plague affected people without any fear. Gandhiji’s support to the Johannesburg Municipal authorities in handling the plague was exemplary. His understanding and intervention in public health affairs demand a separate and detailed attention. It should be remembered that the White population had always blamed the Indian migrants for their shabby, filthy and unhygienic settlements. There was politics in it too, however, that is not the subject on which we deliberate here.\(^{14}\)

During his South Africa stay Gandhiji developed a fair amount of knowledge and confidence in his medical knowledge and practiced it. This practice continued throughout his life. In 1909, he wrote a very profound book titled *Hind Swaraj*.\(^{15}\) One of the chapters in the book is devoted to doctors. It contained his critique of the modern medical system.

Gandhiji’s third son broke his arm while playing with the ship’s captain. The Ship doctor attended and advised a proper dress up by a qualified doctor after landing. The hand was supported by a

\(^{13}\) *Ibid* p 204

\(^{14}\) Those interested in details and Gandhiji’s understanding and intervention in public health and sanitation issues in South Africa may read relevant chapter in Iyengar Sudarshan, 2016. *In the Footsteps of Mahatma: Gandhi and Sanitation*. Publication Division, Government of India, New Delhi.

\(^{15}\) It was written in 1909 on a ship Kildonan Castle in a kind of frenzy. It is written in dialogical form. There is a ‘reader’ and an ‘editor’. Reader questions and comments, and the editor responds. Of course Gandhiji is the editor and reader both. Gandhiji was deeply disturbed by the adoption of violence for seeking India’s Independence by the young revolutionaries and he was equally disturbed by the acceptance and propagation of Western model of civilisation by the educated and professional Indians in the country and in England.
sling. But Gandhiji the ‘quack’ would not allow this to happen. Taking his son into confidence, Gandhiji did the following.

In fear and trembling I undid the bandage, washed the wound, applied clean earth poultice and tied the arm up again. This sort of dressing went on daily for about a month until the wound was completely healed. There was no hitch, and the wound took no more time heal than the ship’s doctor had said it would under the usual treatment.

This and other experiments enhanced my faith in such household remedies, and I know proceeded with more self-confidence. I widened the sphere of their application, trying the earth and water and fasting treatment in cases of wounds, fevers, dyspepsia, jaundice and other complaints, with success on most occasions...I cannot claim complete success for any experiment. Even medical men can make no such claim for their experiments.16

The nursing of Kasturba is quite a known episode. After she was operated for frequent haemorrhage, she was very weak and Gandhiji had to rush to Durban where he learned that the Doctor in order to bring Kasturba out of grave danger had given her beef tea. He thought and said that it was fraudulent on the part of the doctor. The doctor defended his action and the two options he put forward to Gandhiji were: either to give full freedom to him for treating his patient or take her away. Asked by Gandhiji, Kasturba with all her weakness had said resolutely,

I will not take beef tea. It is a rare thing in this world to be born as a human being, and I would far rather die in your arms than pollute my body with such abominations.17

Gandhiji made the serious implications of the action clear to her, but she insisted on immediate removal from the doctor’s care. After the train trip to Phoenix settlement, the road travel of two and half miles was grave risk where she was to be carried in a hammock. She was confident and survived with the careful nursing by Gandhiji. The last year in South Africa saw Gandhiji

16 M.K. Gandhi, Autobiography op. cit. p 230
17 Ibid p 243
down with pleurisy. While returning to India, Gandhiji decided to travel via England. In London, instead of treatment by Dr. Pranjivan Mehta, his dear friend, he got in touch with Dr. Allinson whose books on dietetics he had read and was convinced that diet could improve his condition. He gained a little improvement but could not fully cure himself. Finally, he travelled to India where the climate helped him getting cured.

In South Africa, Gandhiji had become a naturopath and had developed his own understanding of health and hygiene. His 34 articles, published in the Indian Opinion between January and August 1908, were published titled as ‘Key to Health’. Dr. Sushila Nayyar had translated it to English and Gandhiji had read and approved it.

Gandhiji informs the reader about his experience of twenty years in dealing with issues in health. One should remember that he was not talking about medical knowledge or practice, his focus was health of the body and mind. Health, to him, comes from food that was to be consumed for nourishment and curing ill-health. Interestingly, he understood hygiene in a novel way. He wrote, “Taking steps to prevent disease is, in English, termed “hygiene”. In Gujarati, it may be called arogya samrakshan shastra.” Thus Gandhiji addresses the issue of prevention and in the process discusses the effects of cure that food, earth, water, fasting etc. can make on correcting disorder.

The next article is about the mind set of people in general and Gandhiji argued that it was flawed. He wrote,

It is our habit that, at the slightest illness, we rush at once to a doctor, vaidya or hakim.’ And if we do not, we take whatever medicine the barber or our neighbour suggests. It is our belief that no sickness can be cured without

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18 An interesting aspect may help reader here. The CWMG contains most writings of Gandhiji. It runs in 100 volumes including indices. Not less than 55,000 printed pages make these volumes. The word ‘health’ appears in 99 volumes in as many as 6360 times; Sanitation appears 649 times, insanitary 158 times, hygiene 226, and cleanliness 486 times.

drugs. This, however, is sheer superstition. People who suffer from other causes are - and will continue to be - fewer than those who have suffered, and are suffering, because of this superstition. If, therefore, we can get to know what constitutes illness, we should be able to take a somewhat balanced view. *Darad* means pain. *Roga* means much the same. It is right to seek a remedy for pain, but it is futile to take drugs to suppress pain. Actually, the result is often harmful. Taking medicine has the same effect as my covering up the refuse in my house. Refuse which is kept covered will putrefy and cause me harm. Moreover, the covering itself may putrefy and add to the refuse. I have then to get rid of the refuse which has since formed as well as that which was to begin with... By giving rise to illness-pain Nature, in fact, informs us that there exists impure matter in our body. Moreover, Nature has provided within the body itself the means of cleansing it, so that, when illness occurs, we should realize that there exists impure matter in the body and that she has commenced her cleansing process. 

He concludes that most of the times ignorance about the elementary laws of health is one of the root-causes of disease. Gandhiji addressed individuals with the intention to help to develop an understanding about the body and the mind, thereby adjusting behaviour, practice, food and treatment. His understanding was based on his experiments of twenty years on the human body, mind, soul, nature’s core elements earth, water, air, fire, and space (ether), food including cereals, pulses, milk and milk products, tea, coffee and other intoxicants, condiments, various types of diets in vegetarian range, fasting, experiments in dietetics, sexual relations, child birth and child care, exercise, dress, sleep, and many other related issues. He also had included accidents, snake and insect bites etc.

It may be clear by now that Gandhiji had deeply studied health as a subject all his life. He was a practitioner than an advisor. His experiments on himself made him a scientist. *The Story of My Experiments with Truth* the autobiography contains many instances of experiments in treating self, fasting, and most in dietetics. Mark Lindley in his interesting research on ‘Gandhi on

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20 *Ibid* p 434
Health’ has given an account of Gandhiji’s practice and said that he was a practicing doctor all his life!\textsuperscript{21}

Gandhiji wrote about health and healing towards the end of his time. In \textit{Harijan}\textsuperscript{22} of February 1946, he writes,

Nature cure treatment means that treatment which befits man. By ‘man’ is meant not merely man as animal but as a creature possessing, in addition to his body, both mind and soul. For such a being, Ramanama is the truest nature cure treatment. It is an unfailing remedy. The expression \textit{ramban}, or infallible cure, is derived from it. Nature too indicates that for man it is the worthy remedy. No matter what the ailment from which a man may be suffering, recitation of Ramanama from the heart is the sure cure. God has many names. Each person can choose the name that appeals most to him. Iswar, Allah, Khuda, God mean the same… Man should seek out and be content to confine the means of cure to the five elements of which the body is composed, i. e., earth, water, \textit{akash}, sun and air…Science has not so far discovered any recipe for making the body immortal. Immortality is an attribute of the soul. That is certainly imperishable but it is man’s duty to try to express its purity. If we accept the above reasoning, it will automatically limit the means permissible under nature cure. And man is thereby saved from all the paraphernalia of big hospitals and eminent doctors, etc. The large majority of persons in the world can never afford these. Why then should the few desire what the many cannot have?\textsuperscript{23}

Let us turn our attention to Gandhiji’s critique on modern medicine.

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22 A publication that he had started in in early 1930s.
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23 The CWMG \textit{op.cit.} Volume 83, p 176.
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Gandhiji Critique of Modern Medicine

Gandhiji visualises the human body, like Nature, is also made of panchamahabhoota. The advaita philosophy in which Gandhiji believed helped him to arrive at his position. Besides, the existence is not only of the body. There is also the Soul. Hence, the sthiti – state of being, and gati – the direction, both regulate integration of body and nature. Their balance is a healthy state. Mind is another entity working of which creates imbalance. The individual’s quest for the ultimate Truth or seeking the God calls for regulation of mind and body. Thus in Gandhiji’s health perspective, individual is at the centre. This had been his understanding of the foundations of the Indian culture, rooted in the scriptures of wisdom. According to Gandhiji, Modern medicine, scientific as it may have been, was the product of modernity in the West. It ended up in supporting and promoting the civilisation that indulged in material opulence. Modern medicine manifested itself in the Doctors. Hence, he critiqued the practitioner and the system.

Gandhiji included modern medical system in Hind Swaraj as a topic. Gandhiji’s major critique of the Western Modern Civilisation was that it was body focussed. He wrote,

Let us first consider what state of things are described by the world ‘civilisation’ its true test lies in the fact that people living in it make bodily welfare their object of life…The people of Europe today live in better built houses…this is considered emblem of civilisation, and this is also a matter to promote bodily happiness…If people of a certain country, who have hitherto not been in the habit of wearing much clothing, boot, etc., adopt European clothing, they are supposed to have become civilised out of savagery…The civilisation takes note neither of morality nor of religion.24 Its votaries calmly state that their business is not to teach religion. Some even consider it to be a superstitious growth. Others put on cloak of religion, and prate about morality. But after

24 In Gujarati he wrote neeti and Dharma.
twenty years’ experience, I have come to the conclusion that immorality is often taught in the name of morality. Even a child can understand that in all I have described above there can be no inducement to morality. Civilization seeks to increase bodily comforts and it miserable fails even in doing so.25

It may be recalled that Gandhiji had completed his article series on health in August 1908, and the topic of health was included in his treaties the Hind Swaraj. Chapter XII The condition of India (cont.) Doctors contains Gandhiji’s critique of the doctors and the health system. In the chapter on doctors there is only one short question of reasons to include doctors in his critique.26 The response is a spurt. Here is a glimpse.

The views I submit to you are those I have adopted. They are not original. Western writers have used stronger terms regarding both lawyers and doctors. One writer has likened the whole modern system to the Upas Tree27…I was at one time great lover of medical profession. It was my intention to become a doctor for the sake of the country. I no longer hold that opinion… Doctors have almost unhinged us. Sometimes I think that quacks are better than highly qualified doctors…the business of a doctor is to take care of the body, or, properly speaking, not even that. Their business is really to rid the body of disease that may afflict it. How do these diseases arise? Surely by our negligence or indulgence. I overeat, I have indigestion, I go to a doctor, he gives me medicine, I am cured. I overeat again…The doctor intervened and helped me to indulge myself…A continuance of a course of a medicine, must therefore, result in loss of control over the mind.

Hospitals are institutions for propagating sin. Men take less care of their bodies and immorality increases. European doctors are worst of all. For the sake of a mistaken care of human body, they kill annually thousands of animals…It is worth considering why we take up the profession of medicine. It is certainly not taken for the purpose of serving humanity. We become doctors so that we obtain honors and riches…Doctors make show of their knowledge, and charge exorbitant fees. Their preparations, which are intrinsically worth a few pence, cost shillings. The populace, in its credulity and in the hope riding

26 Hind Swaraj is written in dialogical form. Gandhiji as a ‘reader’ asks questions and Gandhiji then answers as an ‘editor’.
27 Antiars toxicaria a fabulous Javanese tree so poisonous as to destroy life for many miles around.
itself of some disease, allows itself to be cheated. Are not quacks then, whom we know, better than the doctors who put on an air of humaneness?\textsuperscript{28}

Some statements made by Gandhiji in the chapter did invite criticism and continue to this day. Mark Lindley for instance makes an interesting remark when he says,

If Gandhi when pleading in court as a lawyer had advanced arguments as meretricious as some of those in this critique of hospitals and doctors, he would have had far less success as an attorney.\textsuperscript{29}

Gandhiji’s critique and views on modern medicine, doctors and institutions may give one the impression that he was ambivalent about both his views and his critique. However, it is not so. Gandhiji always had clear appreciation for the scientific attitude of the medicine in West. And on several occasions he made this point. An illustration or two have been quoted below. On 13 February 1921, on the occasion of opening of the Tibbia National Medical College founded by Hakim Ajmal Khan, he made his position very clear.

I believe that a multiplicity of hospitals is no test of civilization. It is rather a symptom of decay…I hope therefore that this college will be concerned chiefly with the prevention of diseases rather than with their cure. The science of sanitation is infinitely more ennobling, though more difficult of execution, than the science of healing. I regard the present system as black magic because it tempts people to put an undue importance on the body and practically ignores the spirit within…

Having said this much, I would like to pay my humble tribute to the spirit of research that fires the modern scientist. My quarrel is not against that spirit. My complaint is against the direction that the spirit had taken. It has chiefly concerned itself with the exploration of laws and methods conducing to the merely material advancement of its clientele. But I have nothing but praise for the zeal, industry and sacrifice that have animated the modern scientists in the pursuit after truth… Lastly I shall hope that this college will set its face absolutely against all quackery, Western or Eastern, refuse to recognize any but sterling worth and that it will inculcate among the students the belief that the profession of medicine is not intended for earning fat fees, but for

\textsuperscript{28} Parel \textit{op. cit.} pp 62-65.

\textsuperscript{29} Mark Lindley \textit{op.cit}.
alleviating pain and suffering.\textsuperscript{30}

Anthony Parel commenting on Gandhiji’s statement on hospitals says that the statement that hospitals were institutions for propagating sin was the most intemperate. However, Gandhiji had defended his position by saying that he had not written in ignorance of the facts concerning the great positive contributions that modern medicine had made to humanity. Also while writing in \textit{Hind Swaraj} he had sought the advice of ‘precious medical friends’, including Dr. Pranjivan Mehta. In 3 April 1924 issue of \textit{Young India} Gandhiji responding to a reader had written that ‘medicine does often benumb the soul, it may be, therefore, considered evil, but not, therefore, necessarily medicine-men’.\textsuperscript{31}

In 1925, in his speech in at Ayurved Pharmacy in Madras, he said that his forty years of experience led him to believe that the best physician was one who administered the least number of drugs. He further said,

I trust that our physicians understand the secret that nature is the sweetest, the quickest and the best restorer of health, whereas what I find is that all kinds of experiments are being made, arousing the basest passions of humanity. The advertisements that I see of medicines make me sick. I feel that physicians are rendering no service to humanity whatsoever but the greatest disservice by claiming every medicine as the panacea for all ills of life. I plead for humility, simplicity and truth.\textsuperscript{32}

In the 11 June, 1925 issue of \textit{Young India} responding to Kaviraj Gananath Sen (an Ayurvedic Vaidya) Gandhiji had reiterated that medical practitioners ignored the soul in dealing with the patient. He wrote,

My quarrel with the medical profession in general is that it ignores the soul altogether and strains at nothing in seeking merely to repair such a fragile instrument as the body. Thus ignoring the soul, the profession puts men at its mercy and contributes to the diminution of human dignity and self-control.

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\textsuperscript{30} The CWMG \textit{op. cit.} Volume 19 pp 356-8
\textsuperscript{31} The CWMG \textit{op. cit.} Volume 23, p 348
\textsuperscript{32} The CWMG \textit{op. cit.} Volume 26, p 389
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Interestingly, he admitted that in the West a school of thought was emerging with such consideration.

I note with thankfulness that in the West a school of thought is rising slowly but surely which takes count of the soul in trying to repair a diseased body and which, therefore, relies less on drugs and more on nature as a powerful healing agent.

He also brought out the limitation of the Ayurvedic system of medicine and appreciated the research readiness of the modern medicine practitioners. He wrote,

They impute to Ayurveda an omnipotence which it does not possess, and in so doing they have made it a stagnant system instead of a gloriously progressive science. I know of not a single discovery or invention of any importance on the part of Ayurvedic physicians as against a brilliant array of discoveries and inventions which Western physicians and surgeons boast.\(^3^3\)

In July 1930 in a letter to Mirabahen, Gandhiji showed his clear appreciation towards the surgical innovations in modern medicine. The West had always commended his admiration for its surgical inventions and all-round progress in that direction. Gandhiji was not dogmatic about his beliefs on health and medicine. But he was clear about his approach. He strongly believed and practiced in naturopathy. His fundamental reservation was that the medical profession in general ignored the soul altogether which was extremely important in his scheme of things. Modern medicine left no stone unturned to work with the state of art in repairing body which was a fragile instrument for striving and achieving *Moksha*.

Yet, what he said about hospitals and medical practitioners of modern medicine and or indigenous systems are relevant and apply to this day!

\(^3^3\) The CWMG *op. cit.* Volume 27, pp 222-3.
Fritjof Capra has written about a general crisis in almost all areas of human survival on planet earth. For him, the crisis is partly self-invited by the ‘most intelligent’ species – the *Homo sapiens*. He is also inclined to believe that the crisis is cyclical with ups and downs. His examination of various theories informs us that different times have different dominant values with intense influence during that particular time. After a certain threshold, the change swings the pendulum in the opposite direction. Capra analyses the development of health and healing science in this framework. The Medical field has also experienced such changes in dominant values and in turn adds to the general crisis. Medicine is strongly linked to Biology, which according to Capra was influenced initially heavily by the mechanistic view of life. The attitude of physicians towards health and illness hence has been dominated by the mechanistic view of life. Explaining the mechanistic view Capra says,

The human body is regarded as a machine that can be analysed in terms of its parts; disease is seen as the malfunctioning of biological mechanism which are studied from the point of view cellular and molecular biology; the doctor’s role is to intervene, either physically or chemically, to correct the malfunctioning of a specific mechanism.

Capra has called this a biomedical model. This has become the dominant medical system all over the globe replacing many other systems that existed in different civilisations at different times. Capra has tried to show that the biomedical model has significant limitations in ensuring health and healing to the sufferers. In correcting the malfunctioning of specific mechanisms, an important aspect of moving from ill-health or sickness to health

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35 *Ibid.* Interested reader should read three chapters 1, 5, and 10 to get a full understanding of Capra’s views on the Medical model.
or wellness is ignored. It is, however, not intentional, but it got determined by the approach. Losing the sight of considering the human being as a whole and treating only the affected body-parts with specific mechanism;, modern medicine could not deal with the concept of universal healing. The concept had prevailed in all human societies before the advent of modern medicine. Healing from illness generally involves a complex interplay among the physical, psychological, social, and environmental aspects of the human condition. The physicians do understand that healing is an aspect that is real, but they are trained to understand the healing phenomenon as not scientific and hence outside their domain.

The history of development and growth of modern medicine is, indeed, fascinating. However, by ignoring the holistic nature of healing and health, there is a crisis in dealing with the problem of human health. Capra has traced the development of medical science in brief but in an interesting way. A brief understanding of the process and development in order to understand the present crisis will be necessary.36

William Harvey explained blood circulation purely in mechanistic terms and it revolutionised the understanding of physiology. This was the seventeenth century. However, further development had to wait till the Nineteenth century. By the beginning of the century, human anatomy was known to minutest details. Claude Bernard, Rudolf Virchow, and Louis Pasteur are phenomenal names who revolutionised the understanding of physiology. Virchow postulated that illness involved structural changes at cellular level. Bernard focussed on the environmental factors, external and internal. He argued that illness occurred when the internal balance was disturbed. Pasteur demonstrated

36 Some may argue that there is no crisis and it is imagined one. The developments are part of the process. The problems come with evolution and development and they get attended to and solved over time. This might be a fatalistic view with which all would not agree including the author.
that there was clear correlation between bacteria and disease. This had a decisive impact on the further development of medicine. Pasteur firmed up the germ theory which was hitherto non-existent anywhere in any society. Dr. Robert Koch precisely formulated the concept of specific etiology. It became Koch’s postulates taught ever since in medicine. Extending the Linnean classification to the identification of microbes with specific disease helped determine the taxonomy of diseases. Capra has called this development as the reductionist view of disease that got established as a fundamental principle of modern medical science. The holist view of the influence of external and internal factors in disturbing the balance in the body was relegated to the background and the mind-body relationship in keeping the body healthy was considered for long a non-scientific approach. The traditional healing practitioners who worked mainly on the external factors affecting the individual’s mind and body was soon considered *mumbo-jumbo* and discarded completely. This was throwing the baby out with the bath water.

Nineteenth century also witnessed important developments in medical technology. New diagnostic tools stethoscope, blood pressure measuring instrument, etc. were invented. Surgical instruments became more sophisticated. Capra notes,

…the attention of physicians gradually shifted from the patient to the disease. Pathologies were located, diagnosed, and labelled according to a definite system of classification, and were studied in hospitals transformed from medieval ‘houses of mercy’ into centres of diagnosis, therapy, and teaching. Thus began the trend towards the specialisation that was to reach its height in the twentieth century.\(^\text{37}\)

Vaccines, penicillin and consequent and phenomenal development of antibiotics, all happened with dramatic effects by 1950. The study of endocrine glands and their secretions, known as hormones, also revolutionised the understanding of

\(^{37}\) *Ibid* p 126
physiology. Discovery of insulin was outstanding in the process. Sex hormone studies helped in the development of contraceptive pills. Medical problems were reduced to molecular phenomena with thumping success. The disturbance in the specific organism was then counteracted by a drug that was isolated from another organic process. These developments had strong positive externality on the surgical processes too. Identification of blood groups helped blood transfusion, a substance was identified that helped blood clotting. With advances in anaesthesia and antibiotics the scope of surgery expanded. With advanced medical technology in the 1960s, the human heart was transplanted. Since then transplants of other organs have become common place. Capra summarises the growth of development of modern medicine well when he says,

In the long rise of scientific medicine, physicians have gained fascinating heights into the intimate mechanisms of the human body and have developed their technologies to an impressive degree of complexity and sophistication.\textsuperscript{38}

An intended or unintended consequence of the development of modern medicine is that it has become heavily dependent on high technology leading to serious social, economic and moral issues. This is a part of the crisis in modern medicine. However, a more pertinent question is: does the health of an individual and that of society improve qualitatively with increased knowledge, expertise, facilities, infrastructure, drugs, therapies, surgical sophistications, compared to the times when all the above were absent?

WHO defines health by saying, “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. However unrealistic and static, the definition is, it recognises health as a holistic concept. Even with the success of modern medicine in eliminating certain types

\textsuperscript{38} \textit{Ibid} p 131
of diseases; it cannot claim to have restored health completely. Physical disease is one of several manifestations of a basic imbalance of the organism. Other manifestations may take the form of psychological and social pathologies. Public health has recognised that with industrialisation and urbanisation psychological and social pathologies have assumed importance in the health problems. USA has a million plus psychologists. The country, which is the role model of a liberal democratic and market economy is also the country which has enjoyed a consistently high level per capita income.

Capra quotes a study by a well-known public health authority Thomas McKeown. His work shows that the mortality had strikingly declined in communities all over due to different factors. Most important was improvement in nutrition. The Western world experienced substantial and rapid raise in food production after the seventeenth century. Developing countries need to learn from the lesson where malnutrition is a serious problem increasing the load of morbidity and leading to mortality. The second major reason for the decline of infectious diseases was the improvement in hygiene and sanitation in the second half of the nineteenth century. Interestingly as Capra further notes, most nineteenth century public health reformers did not believe in the germ theory of disease, but assumed that health problems arose due to poverty, malnutrition and filth. Vigorous public health programmes were organised to generate awareness and improve habitations. Clean and potable drinking water, improved personal hygiene, pasteurised milk and improved food hygiene contributed to reduction in infectious diseases. McKeown’s analysis showed that the major infectious diseases had all peaked and declined well before the first effective antibiotics and immunization techniques were introduced. In this context Evan Illich called doctor’s effectiveness an illusion39.

Capra draws the following conclusion from above.

…relation between medicine and health seems to be that of biomedical interventions, although extremely helpful in individual emergencies, have very little effect on health of entire populations. The health of human beings is predominantly determined not by medical intervention but by their behaviour, their food, and the nature of their environment.\textsuperscript{40}

With economic development taking place with industrialisation and urbanisation ‘diseases of civilisation’ have emerged. These are: chronic and degenerative diseases such as heart disease, cancer, and diabetes closely associated with stressful life, rich diet, drug abuse, sedentary living and environmental pollution. The biomedical model of modern medicine is unable to provide solutions to cure the patient. Medical care is becoming increasingly expensive and medicines fail to improve health.

The medical crisis can be traced to factors within and outside medical science. Larger social and cultural factors are inextricably linked to the medical crisis. Public health issues and interests are isolated from medical education and practice. If one considers health qua health and not absence of disease, poverty, living conditions, population density, employment, nutrition and housing influence health of individuals. Medical education scarcely discusses these issues. Even within the biomedical model of learning and practice, there is strict compartmentalisation among various branches. A notable instance is the attitude and practice of physicians and psychiatrists and psychologists. Physicians simply focus on treating the body and its parts, although with great depth and precision. Psychologists try healing of the mind. Specialisation and super specialisation has left little time with experts to look at the research findings of other branches, let alone study and inform their analytical understanding. The researches carried out in experimental psychology get reported only in subject specific research journals not seen by physicians.

\textsuperscript{40} Capra \textit{op. cit.} p 136
and surgeons. The connection between emotional stress and cancer has been well-known since the late nineteenth century. Substantial literature is published. But most super specialised oncology physicians and surgeons are reportedly not aware. Life style diseases such as diabetes and heart ailment are also known to be caused and aggravated due to stressful conditions. But the physicians put the patients on drug therapy. It is only recently that physicians have accepted the necessity of advises for behavioural changes and physical exercises.

The crisis is deep indeed because the practicing doctors believe in their own system with more conviction than the patients! Capra notes,

It is intriguing and quite ironic that physicians themselves are the ones who suffer most from the mechanistic view of health by disregarding stressful circumstances in their lives. Whereas the traditional healers were expected to be healthy people, keeping their body and soul in harmony and in tune with their environment, the typical attitude and habits of doctors today are quite unhealthy and produce considerable illness. Physicians’ life expectancy today is ten to fifteen years less than that of average population, and they have not only high rates of physical illness but also high rates of alcoholism, drug abuse, suicide and other social pathologies. \[41\]

As the set of values the physicians imbibe during the medical education and continue while practice would lead to such attitudes, the entire medical establishment runs on the value of competition and being the best. With completion comes the aggressive approach to practice. Evan Illich had already indicated some of these aspects with regard to the medical establishment and practice before Capra. He wrote,

The medical establishment has become a major threat to health. The disabling impact of professional control over medicine has reached the proportion of an epidemic. \[42\]

\[41 \text{Ibid p 146} \]
\[42 \text{Illich op. cit. p 3} \]
Illich says that society suffers from *Iatrogenesis* which is the name of the epidemic. Iatro in Greek means physician and genesis of course means origin. Physicians have assumed overwhelming control over the health care system in the society. Illich’s work appeared in the mid 1970s. It is about 40 years. It should be interesting to examine whether the state of affairs have changed. A cursory overview suggests that there is very little change. The research aptitude and depth in looking for causes of disease have increased and so also the tests for finding the effectiveness of drugs discovered. The methodology continues to be reductionist. Learning on improvement in the health of the population in general in different communities appears to be still limited. Medical technologies are advancing at a very rapid rate. But the cost of treatment is not coming down. Illich during his times had tried ‘to assess the seamy side of the progress against its more publicized benefits’. His was a sociological assessment of the technological progress. The crux of analysis he presented was as follows.

A professional and physician-based health care system that has grown beyond critical bounds is sickening for three reasons: it must produce clinical damage that outweighs its potential benefits; it cannot but enhance even as it obscures the political conditions that render society unhealthy; and it tends to mystify and to expropriate the power of the individual to heal himself and to shape his or her environment. 43

Illich found that ‘contemporary medical system had outgrown tolerable bounds. The medical and paramedical monopoly over hygienic methodology was a glaring example of political misuse of scientific achievement to strengthen industrial rather than personal growth’.

The central point was that mystification of medicine has been increasing and with increase in dependence of an individual on the system that was created for providing health services. There has not been any significant demystification effort; on the

43 *Ibid* p 9
contrary the power of the physician has concentrated further. A classical case is that of a person reporting chest pain called angina. It could be a symptom of coronary artery disease. However, panic in the family and mystification at the hospital, in majority of cases, would put the patient through all the tests including angiography. The cardiologist would come out of the examination room and inform the family about the blocks involving one or more arteries and advise immediate action. The package would be discussed; with at least angioplasty with medicated or non-medicated stents installed at appropriate places. If the patient appears of affordable kind, bypass surgery would be advised and immediately performed too! In case of a non-affordable patient and the doctor is greedy, unwanted bypass may still be performed and the immediate family’s saving is wiped out clean or they land into heavy debt. Society does produce a courageous cardiologist here and there who is brave to go against the system and advise that many anginas don’t require intervention; but need drug treatment and lifestyle changes.

Interestingly, when some good minds were working to describe the crisis in modern medicine and health care systems in the West; a group of young doctors were also active in India especially western India. It had its origin in the Gandhian thought. Some young medicos who had just become graduates and some senior MDs came under the influence of Gandhian thought and got interested in asking questions about the health care system in the country. The group formalised as ‘Medico Friend Circle’ (MFC). The circle aimed to work for ‘evolving a pattern of medical education and methodology of health care relevant to Indian needs and conditions; and to make positive efforts towards improving the non-medical aspects of society for a better life, more human and just in content and purposes’.44 One of the

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functions was to keep conducting a critical analysis of the health care system. MFC published MFC Bulletin fairly regularly in its times. The articles were meant to inform the readers and raise debates. Two anthologies were published: one in 1977 titled *In search of Diagnosis,* and second in 1982 titled *Health Care Which Way to Go?* Issues covered included, evaluation of health services, medical education, population problem, nutritional problem, tonics, drug industry, national health policy, physicians and drug industry, vaccines and efficacy issues, rural health care systems etc. The editorial comments echo the critique of Illich and Capra. To illustrate from the first anthology,

In field of health, most disturbing are the robots. This group of people is totally indifferent about its action and forces governing its action. It does not feel need to be aware about them and like to live a *programmed life.* Therefore, this group cannot perceive any sign of *illness of present day health services.* Second group of people justify the present day health care system. Many of them genuinely believe that the system and approach are perfectly relevant; and some administrative measures in allocation of funds must rectify the *illness.* While the third groups questions the very relevance of present day curative biased, centralised and capital intensive health services.

Let us not dwell on the present crisis in health care in our country. A fairly good account of the crisis has been provided in the previous H.M. Patel Memorial lectures by eminent persons from the medical fraternity. I would only conclude by giving a brief account of the situation today as a lay person understands.

1991 was indeed a major watershed in India with respect to the economic and social sectors. The State initiated withdrawal from the economic affairs though haltingly. However, more jarring was its diminishing role in social sectors, viz., education and health. Privatisation was encouraged. In the case of health, medical education was also included. The country had a tradition of encashing the premium on medical education by private and trust institutions. With the opening up for private investment,
medical colleges also became a business proposition with potential for high profits. The fees skyrocketed. Even the Trusts that are by definition fiduciary in nature have fallen in this trap. There is a serious survival issue for good institutions as well. Medical colleges have mushroomed. The beds, the patients and other conditions that are essential by the standards set by the Medical Council of India, the regulatory agency for hospitals and medical colleges are compromised by employing unfair means. Institutions with fair claims and requests have to suffer if they yield to the undue pressures. A vicious circle is in place. A young person aspiring to be a good physician has to incur huge expenditure by way of fees and this is viewed as an investment. The only way to recover it is to transfer the cost to the ultimate user of his or her services. Jobs after the education do not pay well. So there is pressure to set up a facility or be part of a facility by paying for the share. The health care infrastructure is put up with loans and the loans have instalments. It is paradoxical that at one time when vaccinations and antibiotics had just been introduced, it was hailed as an era where indoor admission could be done away with and patients could be treated right in the OPD! Now irrespective of the necessity, indoor admissions are the rule rather than the exception. There is hardly any difference these days between hospital and hospitality industry. The viability of a hotel or a hospital is dependent on the occupancy rate. In the case of consultant based private practice, the unholy nexus among drug industry, radiology-pathology facilities, and corporate hospitals has strengthened, ultimately draining the pockets of the patients. Irrational practices galore.

The Government health sector is not in good shape too. It does not attract the best of the talent. In spite of serious efforts made by the government bureaucracy, services in the interior rural areas leave much to be desired. Communities have lost confidence and they prefer private practitioners even if they fleece them. The medical
fraternity as a whole is hardly interested in understanding and researching on the problems that bother communities. There is no quest for excellence even in a reductionist framework which continues to be the hallmark of the West even today.

Interestingly, the MFC publications also included some telling cartoons which reflected the crisis aptly and we may view some of them.

The crisis is deep. Finally a few comments on the Gandhian approach and its, potential if any, to solve the crisis.

This rare Himalayan herb will cure your headache. If it doesn't I'll give you a pill prepared by a famous multinational drug house.
Of course, the capitation fee for our medical course includes charges for a passport, visa and emigration formalities...

Expensive, yes, but the doctor says you have got to take a couple of these pills—we will have to put off paying the house rent, the grocer, the milkman—!

Is our country that short of doctors?
What is so new about sugar-salt solution? Since ages we doctors have earned money by selling it as medicine for various diseases, though not for diarrhoea.

Rural Health Centre: Trying to Appear Rural!
IV

I have perhaps taken a long time to arrive at the topic that was given to me which is that is there a Gandhian way to the present health care crisis. There is a purpose for the long route I have taken. I felt that it was important for the audience to understand first Gandhiji’s engagement with health issues at a personal and social level. As such very little is known today about Gandhiji even as a matter of information let alone his tryst with health. Secondly, Gandhiji had a clear critique about the health care system and individual’s approach to health and hence it becomes necessary to highlight it before one begins discussing his vision of health care and its system. I then deemed it essential to also share with the audience the critique of the health and medical sector by thinkers and practitioners who have been part of it in their societies. This helps one in knowing whether there is any similarity in these critiques and that of Gandhiji.

I may begin by saying that indeed there are similarities in Gandhiji’s critique and of others. There seems to be an agreement that the problems arise not because of the sector only, but mainly of the overall system within which health care is based. For instance both Gandhiji and Illich argue that the control of the individual’s health is not in their respective hands, but they have become hugely system dependent which is not interested in the health of the person or patient, but in keeping the system alive under their control. Capra holds that the reductionist approach prevalent in the discipline makes the people in it more interested in disease rather than the patient. Illich’s point is political. He appears to be inclined towards the leftist ideology. He calls the mandarins of health care as bourgeois who are not pro people and they want to retain total control for the prosperity of the players. He wants that the power and control over the health sector and hence resources and wherewithal should be that of
people. The Medico Friend Circle also has had a similar tone in their critique of the government health services during the last quarter of the twentieth century.

Gandhiji and Capra appear to be sharing an important point that health has to be viewed in a holistic framework both at individual and society level. We have examined Capra’s point in fair detail where he argues that viewing disease and treatment in isolation has led to excellence in some fields of health care but it fails to improve the health of the population in general. Gandhiji has a clear focus on the individual and for him an individual is body, mind and soul. Capra falls short of going up to soul. He does not mix spirituality in analysing the health issues. His agreement is total with respect to body and mind.\(^{45}\) In his approach holistic health is considering the body, mind and social factors in diagnosing ill-health and helping an individual to restore health.

The Gandhian way to health care would call for a paradigm shift. The prevalent paradigm of health care focuses on cure and relief from disease. The system only responds when a person is ill. Being in sound health should be the paradigm.

Gandhiji in his first article of the series he wrote in Gujarati in *Indian Opinion* stated the paradigm and his approach to health care in the following way.

There is a saying in English, “Prevention is better than cure”. “The bund should be built before the flood”, expresses a similar idea. Taking steps to prevent disease is, in English, termed “hygiene”. In Gujarati, it may be called *aroγya samrakshan shastra*. This science is distinct from medicine, though some take it to be a branch of medicine. My only reason for mentioning this distinction is that, in these chapters, the means for the care of health will be described for the most part.\(^{46}\)

\(^{45}\) Capra has devoted a separate chapter discussing holistic health. See Capra *op.cit.*

\(^{46}\) The CWMG *op. cit.* Volume 11 p 428.
Gandhiji’s focus is on the individual and his behaviour all the time. Capra resonates Gandhiji when he argues the case for importance of combining the examination of mind by the physician in any type of sickness. Gandhiji’s opinion was that the mind was the cause most of the times for falling ill and feeling well. One fell ill owing to one’s thought as well as deeds. The opinion may appear somewhat stretched and exaggerated, but calm reflection would reveal that indeed the state of mind has a lot to do with feeling and falling sick. A good amount of research is on in the area of psychosomatic pains and symptoms and placebos are playing an important part in curing the sickness.\(^47\)

Gandhiji’s spirituality does not exclude the body. His next principle was that every individual should know his or her body intimately and its relationship with the mind. According to him,

To discover the relation between the body and the mind is an exacting task, but everyone should consider it essential to have some idea of the normal working of the human body. This knowledge should also form part of the education given to children. When one sits down to think about it, it is a matter for shame that, when my finger is cut, I should not know what to do about it, or, when pricked by a thorn, I should be unable to take it out or, upon being bitten by a snake, I cannot think of what to do at once without losing my nerve. To argue, using difficult words, that a layman cannot understand these matters is sheer conceit, or worse still, a “fraud to exploit mankind”\(^48\).

Gandhiji not only believed that every individual must be aware about the body and its functions; he was also a strong votary of admitting treatment to self to the extent possible and should have been trained for it. There is a clear indication in the above statement that people’s dependence on the system should be minimised. Self-regulation is the key for harmonious existence of self-i.e., body, mind and soul.

\(^47\) Capra has discussed this aspect extensively and quoted studies that show that placebos contributed to more than 30 per cent to the cure in all cases studied.

\(^48\) The CWMG *op. cit.* Volume 11 p 429-30.
Gandhiji may have been somewhat fetish in observing discipline with respect to body care, but he made a relevant point about regulating one’s food habits. If the health care paradigm focuses on health rather than disease and cure alone then food becomes very important. Food, fasting and body labour and exercise are central to Gandhiji’s scheme of health care. Gandhiji has dealt with each of these aspects in fair detail. We will have to think and work for introducing these aspects in schools and families. It is in recent times that the government has introduced community health programmes such as integrated child development scheme (ICDS) and anganwadis where under-five children, pregnant women and infants are given food and food supplements. Latest in this area is the centres for children suffering from malnutrition. Most of these programmes are centrally sponsored where state and local level bodies have no interest let alone resources. The Government of India’s interest is also perhaps limited to improve its ratings in the human development index or some such indices!

Breathing air is involuntary and hence neglected. Gandhiji has discussed air and breathing elaborately. Yogic exercises and pranayama are time tested systems to breath well so as to help the pure air go in sufficient quantum and exhale properly to get the impure air out. Body is said to have great capacity to cope with threats from external environment, but it has to be trained and maintained carefully. In modern medicine there is no scope for any of these. It is now that Yoga is in fashion! With respect to air Gandhiji had raised the issue of air pollution in those days and argued that human settlements should have clean and breathing quality air. We are happily closing down our primary schools and the so called international standard school principals are taking pride in declaring that they have stopped all outdoor activities for children and they have been made safe within the air conditioned class rooms! A serious public health issues is swept under the carpet.
Water is the next item which Gandhiji has dealt with in great detail. With this came his concern for sanitation. Gandhiji had clearly understood the importance of sanitation and hygiene. He had learned it from the West and appreciated.\textsuperscript{49} We as a nation have not been able to solve the problem of water and sanitation in most of our rural areas and in urban locations where the poor live. Schemes are designed, money is allocated and targets are achieved year in and year out, but water contamination and infections go round in plenty making children sick and killing them. Interestingly, water and sanitation is not with the health ministry. Communities at village and neighbourhood level have no rights and no responsibilities. In Gandhiji’s \textit{Gram Swarajya} sanitation and hygiene is at the centre.

For Gandhiji insanitation was an evil. In a speech addressing the youth on ‘Value and Possibility of Personality’ on August 25, 1925, at YMCA, Calcutta (now Kolkata), he insisted on character building. He tried to argue that simple village life was good for them and humanity. However, if someone decided to go to a village, live and work there, he had an idea how the person should approach. He had said,

\begin{quote}
He will not go out as a patron saint of the villages; he will have to go in humility with a broom-stick in his hand. There is a Trinity of Evil – insanitation, poverty and idleness- that you will have to be faced with and you will fight them with broom-sticks, quinine and castor oil and, if you will believe me, with the spinning-wheel.\textsuperscript{50}
\end{quote}

Gandhi addressed in receptions and appreciations given to him by the towns and city municipalities. In several places such as Ahmedabad, Belgaum, Madras (now Chennai), Tumkur, Davangere, Mayavaram, Trichinopoly, Srirangam and in many

\textsuperscript{49} Those interested in Gandhiji’s ideas and action in the field of sanitation and hygiene may refer Iyengar Sudarshan 2016. \textit{In the Footsteps of Mahatma: Gandhiji and Sanitation}. Publication Division, Government of India, New Delhi.

\textsuperscript{50} CWMG Volume 28, p109
other towns he drew attention towards insanitation and appealed to improve the sanitation. He considered sanitation work as one of the most important works of the municipalities. When Congress wanted to participate in municipal elections; his advice was that the Congress workers after becoming councillors should become quality sanitation workers.  

Modern medicine has also considered sanitation and hygiene as important for improving the health of populations, but the rigour and vigour of academics in medical education has overemphasised disease, diagnosis, drugs and surgery with increasing doses of new and sophisticated technologies. In the Gandhian approach the above scheme would have got low priority as the beginning would be from the bottom.

On the curative side there may be strong reservation about Gandhiji’s suggested line of treatment. Gandhiji recommended naturopathy in which use of earth and water is primary. However, what may be acceptable is the bottom up system of medicine and health care system where at village level practice of leading a healthy life will be promoted first at the primary health centres and below. At village level there would be *Arogya Samrakshan Samiti*. The Samiti would promote healthy lifestyles, work on food related advises for consumption and for production. It will also be responsible for water and sanitation in the village. Herbal base of the area would be examined and herb based medicines would be produced and dispensed. The Samiti would also be responsible for providing community services to pregnant women, infants, children and adolescents. Similar arrangement can be made at neighbourhood level in cities as well. Higher level of services could be thought of as referral services which could be in the private and public sector both. The Samiti would also

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51 Those interested should read speeches he made in various Congress conventions and towns and cities. Refer for instance CWMG Volumes 23, p 15, p 387, Volume 25, 40, 449, Volume 26, p 240, Volume 28, p 400, 424, 461, 466, 471, Volume 29, p 326,
interact with the school management and introduce important lessons in personal and public health issues.

The paradigm shift is thus political in nature. This type of pro people approach is qualitatively different from the type suggested by Evan Illich. In the Gandhian approach an individual cannot behave licentiously and expect health services for the excesses he or she commits by not following a disciplined lifestyle. But autonomy of the individual in managing one’s health will be ensured. People will have control over their own health. This is an essential feature of Gram Swarajya.

At the tertiary level of health care systems the Gandhian approach would fundamentally be the same. We have seen that in his lecture on the occasion of the opening of the Tibbia Medical College he deplored the lack of research attitude among the indigenous medical system practitioners and appreciated the spirit of modern medicine in this regard. But he would stand firm by his cardinal principle that maintaining health was essentially the individual’s responsibility. The overall size of the tertiary care would be small in the Gandhian approach because the village based society would have a low percentage of urban population. Lifestyle or civilizational diseases would be less prevalent. However, when industrialisation and urbanisation are in a way a fate accompli during present times, there could still be a Gandhian approach to health issues.

I had mentioned in the previous section about unnecessary medication and surgeries being recommended. The motive force is greed for profit. Even in serious cases of heart ailment, hyper tension, diabetes etc. there could be serious efforts to alter life styles. This awareness is increasing and lifestyle changes are being discussed, recommended and practiced. For instance a reputed cardiologist of long standing has introduced
an interesting programme which is Gandhian in its approach. It is called Universal Healing Programme. The founder of the programme Dr. Kapadia argues that that in the large majority of stable coronary heart disease patients, expensive interventions like angioplasty and bypass surgery can be used sparingly to improve symptoms. We have to dispel the false notion that such interventions are always needed to prolong one’s life span. When a patient complains of chest pain or discomfort in the chest or breathlessness on exertion, an ECG is taken and if the ECG is normal at rest, a stress test is advised. If the stress test is positive, a coronary angiography is advised. If one or more blocks are seen in coronary arteries, both, the doctor as well as the patient cannot reconcile with the blocks and they think the best treatment is angioplasty or bypass surgery (occulostenotic reflex). This is an erroneous idea which has to be corrected if we want to save unnecessary expenses, anxiety and the fear of the patient and the family. In countries where interventions have been conducted on a large scale, there is a growing realization among doctors, government agencies and the general public that every patient with a blocked coronary artery does not need intervention. Patients can live with their cardiac problem by taking regular medicine and following a simple stress free lifestyle and eat simple food. The treatment of Coronary Heart Disease is easily accessible and affordable to thousands of patients through simple practice of Shavasana and Meditation which empower the practitioner to make lifestyle changes that eventually lead to peaceful social existence. This is indeed a Gandhian approach to health care.

Why did Gandhiji have a particular approach to health issues? Gandhiji while concluding the series in Indian Opinion wrote,

The intention is not to recommend what medicines to take after the onset of a disease. The more immediate purpose, rather, has been to show how sickness may be averted. A little thought will show that the steps for prevention of
diseases are easy enough. No specialized knowledge is necessary for this. The difficulty lies in taking to that way of life. I have felt it proper to write on certain diseases, but only in order to show that most ailments have a common origin and, as a result, the treatment also should be common to them all. Moreover, despite all precautions, the diseases mentioned in these chapters do occasionally occur. Some remedies for these, one finds, are known to all. If my experience is added to these, nothing is likely to be lost.

To reiterate in the end, the key Gandhian approach to health care is that being in good state of health to use the body for good deeds and being useful to others not abuse it, and not indulge in it. The responsibility is of the individual to train, maintain and regulate the body and its functions. When this happens one requires less of higher level systems to attend to the body and its sicknesses. At society level prevention is the principle and cure when the body gets diseased despite good care.