Speaking for Myself

'Notes' on hypertension

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More people in this world make a **living off** hypertension than **die of** it.

—*Sir George Pickering*

I had gone to Hyderabad to attend an International Gastrointestinal Endoscopy Workshop. The workshop was inaugurated with an impressive video presentation. It seemed like a Military Operations Room (Ops-room). One wall of the room was converted into a huge liquid crystal display (LCD) screen, which displayed the silhouette of the city of Hyderabad with skyscrapers. The audience could hear a phone ring, just as a red spot started blinking in one of the buildings on the far left on the screen. A phone call informed the audience that the blinking red dot on the screen represented a patient with acute abdomen. The person on duty in the Ops-room passed some instructions on his blue-tooth speaker phone and a doctor from that institution, similar to a James Bond film, rushed up in a lift and took off from the roof-top in a helicopter.

Surround sound arrangements in the auditorium gave us a feeling of being there as the helicopter flew straight to the blinking red spot and landed on the target building. The doctor rushed down to the patient's bedside. He took out an endoscope from his briefcase, inserted it into the patient's mouth, and in a few seconds brought out the inflamed gall bladder. With the patient cured, the doctor flew back to the headquarters. The surround sound effect in the auditorium underlined the importance of this advance in endoscopy, called 'Notes'! Another call was about a patient with acute appendicitis. This time, the endoscopist did an appendectomy through the mouth.

This opening sequence in the inaugural video gave us the glimpse of the exhilarating fare that was going to be shown at this workshop. 'Notes' (NOTES) stands for Natural Orifice Trans-luminal Endoscopic Surgery, which is gaining popularity across the globe and was being discussed and demonstrated during the workshop.

During this visit to Hyderabad, I had another item on my agenda. I wanted to meet RK, an old friend, who had passed through tough times recently. RK had joined the Army with me but had left after a short service stint and was now a practising general physician.

During the day I watched the advances in endoscopy techniques. Later in the evening I decided to skip the workshop banquet to meet RK. When I landed up at his clinic, I found him giving a long-winded counselling to a patient. I waited for him to finish. He went about unhurriedly to see the only remaining patient. As the patient walked in, he introduced me to him and sought his permission, 'Is it okay if Dr Anand sits with us as I talk to you?' The patient looked at me with suspicion but consented.

He was a follow up patient with essential hypertension. In our busy outpatients, my residents take less than 10 minutes for a quick review of such a case, but RK took 45 minutes. He spent a lot of time enquiring about the present state of his work, family, hobbies and finances. At times, RK would make some philosophical comments, including old verses from *Sant Kabir*. It was 20 minutes later that he finally took his patient's blood pressure. Almost like a schoolteacher asking about homework, RK went on to enquire if the patient was going for his morning walks, and doing yoga and meditation as prescribed. He discussed the nuances of various *yogasanas*. I thought RK was trying to impress me with his thoroughness.

Later, on our way to a nearby restaurant, I asked, 'Do you spend that much time with all your follow up patients?'

His answer was simple: 'He had hypertension.'

'What is so special about hypertension?' I asked.

He looked at me in disbelief. 'AC, how well do you know your hypertension?'

I felt a bit offended by the question. It hurt my pride. I wanted to say that I have been a Professor of Medicine and you are asking me such a ridiculously simple question.

Instead, I said: 'Hypertension is a common disease and affects nearly 6%–10% of our population. Effective drugs are available to treat the disease. Indian as well as international guidelines exist as to how one should manage the disease!'

He retorted, 'I know, all textbooks will write that, but my views on hypertension are different.'

'Why do you doubt textbooks?' I asked.

He suddenly became serious. 'Textbooks don't tell you the whole truth.'

'Why do you say that?' I was curious.

'For example, take the prevalence of hypertension mentioned by you. Hypertension guidelines are progressively bringing down the threshold level to treat this malady. If one starts treatment at a diastolic blood pressure (BP) of 90 mmHg (as is presently recommended) then one will have to treat 25% of the normal population, while fixing the treatment threshold at 95 mmHg and 100 mmHg would involve treatment of 14% and 8% of the population, respectively.[1] No wonder this malady is viewed as a multi-billion dollar market.'

'Point conceded,' I said.

'AC, my life has been my teacher. You know I did a 5-year stint in the Army. Perhaps those 5 years as an Army doctor were the happiest years of my life. I had everything I wanted from life—respect, status, money and, above all, I was seeing exotic locales at government expense. But then I lost my father, and I wanted to come back home to look after my mother.'

'Is that why you left?'

He nodded, 'In 1985, I got married to Rashmi, left Army

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service and made a sincere effort to settle in practice here. My practice was not doing so well and there were a few problems on the personal front too. Rashmi was rather frail from the very beginning and developed systemic lupus erythematosus after our first child was born. She had a series of hospitalizations and continued to deteriorate despite treatment. Her illness made me see the flip side of medical practice from a patient's point of view.'

'Flip side?'

'You see, we often tell our patients whatever we have read in our textbooks about prognosis. We never stop to consider the effect it will have on their lives. Rashmi took doctors' words seriously and anticipated the worst case scenario.'

I protested, 'But doctors tell patients only what is based on evidence!'

'Most of the evidence we read is based on the study of populations that are supposed to be representative. Its applicability to an individual living in another continent is questionable. For example, I had on my follow up a patient with carcinoma pancreas. I told him that median survival in his kind of disease was 7 months. After that prognostication, he was very angry and annoyed with me for the next 6 months. But for 2½ years after that, till he died in a scooter accident, he kept laughing at me.'

It reminded me of a milestone paper in the *British Medical Journal* which had brought out fallacies in trying to predict in health sciences.[2] I waited for him to continue to speak.

'One evening, when I visited Rashmi in the hospital, she insisted that I get my own BP checked as I was looking ill. That is how my hypertension was detected. On Rashmi's insistence, I consulted a famous and busy cardiologist, and he ordered for me a series of imaging and blood tests and started me on medication.'

'I can imagine that. We do the same if the BP is persistently high.'

He described his plight further. 'Next morning I started the medication. While I was driving to work, I fainted on the way. Fortunately, there was no accident, but I was taken to the same hospital where my wife was admitted. She was convinced that I was seriously ill. The doctors, though, discharged me the next day with the diagnosis of first-dose hypotension.'

'I can understand this too. First-dose hypotension has been reported with many drugs and we do warn our patients about it.'

'Warning doesn't prevent it, does it? Anyway I had a series of consultations with my cardiologist as I had one side-effect after another. Remember, I was asymptomatic before the diagnosis. And one year after the diagnosis, my blood pressure was still uncontrolled, and I was feeling miserable.'

'Why miserable?'

'For several reasons! First, life with drugs, as Sir George Pickering has said, is a life without any of the privileges enshrined in the preamble to the American Constitution: "life, liberty, and pursuit of happiness".[3] Almost every drug I tried, led to one side-effect or another. For a man short of money, I was paying to become dizzy, nauseated, impotent, oedematous, exhausted, coughing, diuretic and depressed on different days. Not only that, everyone seemed upset with me.'

I was curious. 'Why should people be upset?'

'Some days I would forget to take the medicine and then there would be a fight at home because Rashmi would be upset.'

I knew that his wife Rashmi was no more; so I said what she would have, 'Being a doctor you shouldn't forget to take medicines.'

'AC, I am a human being. And your literature shows that at least 50% of patients do not take their antihypertensive medication as prescribed.[4] Besides Rashmi, even my doctors were unhappy with me.'

'Why was that?'

'Initially, I was reluctant to start treatment, as is the case with most patients.'

'You say patients are reluctant to take treatment?'

'Yes, research shows that patients are less likely to want antihypertensive therapy than physicians, particularly when baseline cardiovascular risks are low.[5] In my case, I seemed to remind them that they had failed to control even a simple disease. They kept trying every new drug in the market, in effect making me a guinea pig of sorts, to see if the medicine worked or mainly caused side-effects. My being diagnosed a hypertensive had given me only one thing, i.e. misery—both physical and mental.'

I sympathized with him, 'Trust you to get such resistant hypertension.'

He looked surprised. 'AC, you are hopelessly out of touch. Literature shows that the rate of successful control of hypertension ranges from 18.7% (in Spain) to 40% (in England).[6] A retrospective, observational study using data from a General Practitioner prescription database in the UK found even poorer control of BP, with only 14.2% of treated patients achieving guideline-determined BP targets at 1 year.[7] So much for your statement that effective drugs are available!'

I had nothing to say.

He carried on. 'I was also in financial difficulties so I questioned my doctor if I really needed all these drugs. I was told the standard answer—kidney failure, heart failure and stroke waited for me if I did not take these antihypertensive drugs. I was, in a way, forced to read up for myself.'

'What did you find?'

'Perhaps my realization started with a joke someone told me. One Mr Singh went for a regular health check-up and was told that he had low BP. So he got worried and asked for second and third opinions. Finding a discrepancy between the doctors' opinions, he sought a specialist and finally a superspecialist opinion. The last opinion was that he had hypertension and Mr Singh came back with a stash of antihypertensive drugs in his bag, feeling satisfied. AC, studies had shown that patients diagnosed to have hypertension were associated with a state of anxiety which was higher in those who had white coat hypertension.[8] I wondered if it was true in my case. Those days Rashmi was very ill in that hospital.'

I kept quiet, as I was aware of the paper he was quoting.

He carried on, 'I also found that the Medical Research Council (MRC) trial of mild hypertension had shown that one has to treat 850 patients to save an individual from stroke.[9] Another study had found that 58 elderly people had to be treated for 5 years to prevent one cardiovascular death, compared with 205 people to be treated in middle age to prevent a single cardiovascular death.[10] Other studies had also highlighted similar findings.'[11]

I knew he was thorough, 'What exactly are you trying to say?'

'These studies demonstrated to me the influence of other risk factors on the outcome of treatment for hypertension. So, a simple answer such as treat all pressures above a particular level looks simplistic but may not be correct.'

'But RK, it has been shown that lowering systolic BP by 10–12 mmHg and diastolic BP by 5–6 mmHg confers relative risk reductions of 35%–40% for stroke and 12%–16% for coronary heart disease within 5 years of initiating treatment. Risk of heart failure is reduced by >50%.'[12]

He replied. 'I knew you would say that. It has also been noted

that we ... have been overburdened by evidence which gives undue emphasis to the relative risks of raised BP and the relative benefits of reducing BP.[13] Your hypertension guidelines also tell a different story.'

'I think guidelines are considered opinions of experts! What are you leading up to?'

He continued. 'I also came across gross discrepancies between various guidelines. For example, in the UK it was noted that … half the patients with uncontrolled hypertension by the United States criterion would be treated unnecessarily and 31% of those classified as having controlled hypertension by Canadian guidelines would be denied beneficial treatment.'[14]

I was convinced about the benefits of antihypertensive therapy. So I added, 'Actually the latest Joint National Committee guidelines (JNC-7)[15] indicate that we should try to achieve even lower diastolic readings, as low as 80 mmHg, which was also shown by the HOT (Hypertension Optimal Treatment) study.'

His eyes lit up suddenly. 'AC, you may be right, but there is a dimension of the HOT study that was not highlighted in the original paper and was brought out later. Let me tell you 3 things.

1. Using an intention-to-treat analysis, the HOT study had failed to demonstrate a significant difference between the 3 randomized target BP groups (the targets in the 3 groups were <90 mmHg, <85 mmHg and <80 mmHg) for the majority of cardiovascular events.[16]
2. Further, the results did not take into account the potential increase in adverse effects and costs of medications that might be required to achieve lower BP.[17]
3. More important, when the data excluding patients with diabetes was analysed, it suggested an increase in mortality with lower BP.'[18]

I remembered having read those reports, which were not in the initial paper. Therefore, I had put this information in some remote corner of my memory. I asked, 'How does that change your thinking.'

'AC, my thinking is not new. We seem to have forgotten what Sir George Pickering said in 1965 when he elaborated 3 cardinal rules for the management of hypertension: The first is never to frighten your patient. The second is to avoid, if you can, petty interference with liberty and the enjoyment of life (due to drugs). Just stop thinking that the patient's "disease" is a punishment of his sins and don't allow him to become fat. And the third one is no unnecessary instrumentation. These rules are perhaps even more important today than they were 30 years ago.'[19]

RK had assumed the role of a teacher for me. 'You see, hypertension is that level of BP at which inaction may be more damaging than action. The question remains if action only meant drugs with all their side-effects. It finally boils down to the "level" at which the benefits of treatment far outweigh its side-effects.'

He sounded logical. 'The JNC-7 has also laid stress on non-pharmacological treatment such as weight control, reduction of alcohol- and salt-intake, increased activity and DASH (Dietary Approaches to Stop Hypertension study)[20] type diet.'

'JNC-7 doesn't talk about what I have in mind!' He added, 'But as you have said, armed with this knowledge, I started giving greater importance to non-pharmacological approaches, and started carefully reconsidering baseline BP values, at which drug treatment should be started.[21]

I liked his research and conclusions. He added, 'It was around this time that someone suggested that I take up Yoga. I read up something on it which set me on the path to learn meditation. Much has happened since that time, which has changed my approach to hypertension as well as many other diseases.'

I nodded in agreement and said, 'I know meditation has been used as a non-pharmacological method of treatment for hypertension along with other methods I mentioned earlier. But why should it change your approach to hypertension?'

His answer surprised me. 'Because now I think essential hypertension may be a manifestation of impaired spiritual health, rather than being a physical disease.'

'What? RK, you have grown old and batty. I can't believe it! Spiritual is not science.'

He ignored my remark and asked, 'AC, what do you understand by spiritual health?'

This question took me back in time to 1971, when I was in the fourth semester of my undergraduate course attending a class in community medicine (PSM in those days). Professor B. G. Prasad, of community medicine, in his gruff voice, was telling us the definition of health: 'WHO has defined health as a state of physical, mental and social well being, and not merely absence of disease. Apart from the physical, mental and social dimensions of health, we have recommended that WHO should add another dimension to this definition, that of spiritual health.'

I never came across this term after that. Now RK was asking me! I made a guess, 'It is a dimension of health as defined by WHO.'

'Brilliant!' RK smiled for the first time since I had met him today. 'You remind me of a tea vendor at Ambala. One night, when I was groggy and got down from a train at midnight, I wanted to confirm that I was getting down at the correct city. So, I asked a local vendor, which station is this? His reply was it is a railway station!'

I could see that he was enjoying my discomfort. 'AC, my question was, what do you understand by the term spiritual health?'

I hesitatingly ventured, 'I have never thought about it. It must be meaning healthy spirit in a healthy mind.' I had modified an old saying, 'healthy mind in a healthy body'.

RK laughed.

'Why do you laugh?' I was perplexed.

He went on to narrate another story. 'In a small town, a retired Army Major decided to open a bar on his plot of land, which was right opposite a temple. The temple priest started a campaign to stop the Major, initially by persuasion and later by threats. The priest told the Major in public that he was praying for the destruction of his business. When the bar was nearly complete, there was a storm. Lightning struck the bar and it was burnt to the ground. The Major sued the priest on the grounds that the latter's prayers were responsible for the destruction of his bar. In his reply to the court, the priest vehemently denied any responsibility. After hearing both the sides, the judge commented: "We have a bar owner who believes in the power of prayer and we have a temple priest who does not".' RK now chuckled, 'You call yourself the custodian of health, and a Professor of Medicine! You have never thought about spiritual health?'

'Never needed to!' I said.

His response was interesting, 'Your scientific literature suggests that spirituality is an important, yet neglected, factor in the health of patients.[22,23] In one western study, up to 77% of patients said they would like spiritual issues considered as part of their medical care, yet only 10%–20% of physicians discussed these issues with their patients.[24,25] In fact, most doctors accept its importance in clinical practice.'[26]

I decided to tell RK about my fourth semester class and what was said in it. To be frank, I did not even know if science had accepted this term!

'AC, your professor was absolutely right.[27] About a quarter of a century ago, the WHO entertained a discussion on whether the "spiritual" dimension should be included in the definition of health in addition to physical, mental and social well-being. A few years later, the spiritual dimension was included in a major journal dedicated to health promotion (*http://www.healthpromotion journal.com/*) and at about the same time, Agenda 21 recognized the right of individuals to "healthy physical, mental, and spiritual development" (Agenda 21, Chapter 6.23).'[28]

I still had doubts: 'Is it included in the definition of health today?'

'The spiritual dimension of health was highlighted in the Bangkok Charter for Health Promotion.[29] Yet, with the exception of end-of-life interventions, this dimension is sadly absent from textbooks. References to this theme, though, do appear in articles addressing inequalities in health.'[30]

I raised my eyebrows. 'To me this topic sounds more like religion than science!'

'That is a myth many people carry. "Spiritual" was, for a long time, considered indissociable from "religious" and our lay society prefers to steer as far away as possible from discussions on religion, for fear of igniting latent conflicts or encroaching on a taboo subject.'[27] The word religion is derived from the Latin 'religare' (to bind together), while spirituality comes from the Latin 'spiritualitas' (breath).[31]

I had many doubts now. 'So what is it? Is spiritual health a part of religion or science? And how have you concluded that hypertension is due to disturbance in spiritual health?'

He was now beaming. 'It is one of the most important aspects that we have ignored for a long time.'

His remark tugged at the scientist in my heart and I wanted to clarify my doubts. 'How would you define spiritual?'

He was unusually calm and confident, 'Science is at a loss to find an acceptable theoretical or working definition of what it might entail.[32,33] Finally it boils down to what an individual perceives as spirituality, and how does one differentiate it from religion and personal beliefs.'

'You mean spirituality is impossible to define?'

'No, not at all! Spirituality is the way you find meaning, hope, comfort and inner peace in your life. Many people do find spirituality through religion. Some find it through music, art or a connection with nature. Others find it in their values and principles.'

'Does that mean the definition of spirituality is inclusive of religion?'

'My take on this is that "religion" encompasses a set of common beliefs and practices, and some of them may touch spirituality. You can say religion may overlap with one dimension of spirituality. But you do not need to be religious to be spiritual! And you can be an atheist and still be spiritual!'

'Perhaps that is what puts off people! The concept is nebulous, and not concrete.'

'Lack of consensus on the dimensions which comprise spiritual wellness does not mean it does not exist. Long back, Westgate[34] described 4 broad dimensions of spiritual wellness:

1. *Meaning and purpose in life*, which is an innate human need. The self-actualized person is portrayed as having found meaning in life.
2. *Intrinsic values or principles* to live by. All decisions and prejudices are based upon one's perceptions of value, and each act is an attempt to safeguard against a threat to values one keeps close to one's heart.[35]
3. *Transcendent beliefs*/experiences. This is where religion is confused with spirituality. But what it basically means is an awareness and appreciation of the vastness of the universe; an awareness of, or belief in, a force greater than oneself, whether this be God, an infinite presence, or nature.
4. *Community relationship*. What you can do for others is a major component of spirituality.'

He was intent on teaching me his philosophy and carried on, 'To simplify for you, a spiritually healthy person would be full of hope and empathy, have a forgiving, respectful and merciful attitude, be a creative person who takes his work as vocation and contributes selflessly to the community. Spiritual ill health is represented by feelings of hopelessness, emptiness, impatience and fear, with an unforgiving, unsympathetic, harsh and disrespectful attitude, in a person who is unhappy with his job and wants others to do more for him.'

My doubts did not end there: 'And what is the meaning of "spirit" as in spiritual?'

He looked at me and said with nonchalance, 'Spirit is the essence of life; it is what makes you aware! It is that entity—you may call it magic—that puts consciousness in your body made up of inert physical molecules. In Vedanta, which is the gist of ancient Hindu scriptures, it is described as *Atman*.'

'And how is spirituality related to health?'

'That is a million dollar question. We doctors are trained to look at human beings as a "physical body" because we cannot see or touch the mind or spirit. Body, mind and spirit are imperceptibly merged in the entity of a human being. It is for our ease of understanding that we talk of them as separate entities. Science is still trying to unravel how the human mind affects the human body. How the spiritual dimension affects us will probably be the next step.'

I was still having difficulty in accepting what he said. 'If our knowledge is so incomplete, how are you so sure that you are right about this?'

He replied, 'I have inferred from my own experience. Today, I am not on any antihypertensive drugs. My hypertension disappeared gradually once I started working towards positive spiritual health.'

I knew he had passed through a lot of hardship, but the scientist in me was still sceptical, 'RK, you may be a one-off case. As far as science is concerned, your cure is an anecdote. And remember, the pleural of anecdote is anecdotes, not data, nor evidence.'

He was ready with an answer, 'Agreed! But I believe in it and I am prescribing it as Step 1 of my regimen for my patients with mild-to-moderate hypertension. Step 2 is antihypertensive medicines, which I never hesitate to provide, but I maintain my pressure on them to work towards spiritual health. The patients do appear more satisfied to me.'

'Are all your patients off antihypertensive drugs?'

'No, not all patients. Nearly one-fifth of my patients are off all drugs with good control of hypertension, and the drug doses for another one-third of my patients have come down considerably once they get into the spirituality routine. But you have still not understood—I do it for them because it is good for my spiritual health! You see it has double benefit!'

'How does spiritual health get impaired so as to cause hypertension?'

'The answer, I guess, should be attitude and circumstances. The American Academy of Family Physicians[36] has defined

"spiritual distress" as a situation when individuals are unable to find sources of meaning, hope, love, peace, comfort, strength and connection in life or when conflict occurs between their beliefs and what is happening in their life.'

'And what does this "spiritual distress" do?'

'Spiritual distress can have a detrimental effect on physical and mental health. It has been specifically studied in association with other medical illnesses. Impending death can often trigger spiritual distress in patients and family members.'[36,37]

'And you think it is primarily spiritual distress that causes hypertension?'

He looked straight into my eyes, 'I believe chronic spiritual distress can cause many ills. I am certain that hypertension is one of the several results of chronic spiritual distress.[36,38] Who knows, the science of psycho-neuro-immunology may implicate many other diseases such as autoimmune diseases. It is not fashionable to talk about this facet of health because there is no drug company to offer you promotional material and gifts for this concept!'[27]

'RK, I find it difficult to see the difference between mental and spiritual health. I think what you describe is just mental stress!'

'AC, there may be some degree of overlap, but I think the mind is that component of you that feels, perceives, thinks, wills and especially reasons. It has intention and desire. Mental health is related to conscious and unconscious activity of the mind to adapt to the environment. One view is that "Mental health" can be measured in terms of behaviours. Being mentally healthy involves behaviours that contribute to one's own health and to the world more than they hurt. "Mentally unhealthy" means behaviours that harm you and involve taking away more than you contribute to the world.'

'And what is spiritual health when compared to it?'

'Spirituality is the practice of love-based attitudes which are integrated into an individual's everyday life. It includes values and beliefs which we live by and strive to achieve. It is reflected in your concept of your own relevance in respect to others around you. When someone draws a dagger and threatens to harm you, you are under mental stress. But when you think you have lost relevance to people around you, you are under spiritual stress. Spiritual health is measured in emotions, specifically joy. One feels positive emotions like joy when adhering to one's set of beliefs. Spiritually unhealthy would mean negative emotions and distress associated with one's beliefs.'

I tried to castle him with, 'What if someone gets joy only in smoking, drinking and doing drugs? Would he be spiritually healthy?'

He did not find it amusing. 'If a person believes that his life is primarily meant for enjoying drugs, then he may be spiritually at peace doing it, but it will cost him his mental and physical health!'

'Aren't there any studies to prove what you say?'

'I can quote you any number of them, but I accept there is not much in mainstream medical journals you read! Positive outcomes are reported to be directly linked to the quality of the doctor–patient relationship based on empathy.[39,40] And empathy is directly linked with spiritual health. An editorial in the *BMJ*[41] also highlighted similar thoughts. Another recent study has found that variables for meaning and forgiveness were associated with lower diastolic BP and a decreased likelihood of hypertension outcomes.'[42]

'So how do I lead my patients towards spiritual health?'

'You have to ask the patient to do what is comfortable for him. Identify the things in his life that give him a sense of inner peace, comfort, strength, love and connection. These may include doing community service or volunteer work, praying, meditating, singing devotional songs, reading inspirational books, taking nature walks, having a quiet time for thinking, doing yoga, playing a sport or attending religious services.[43,44]

'And how do I assess spiritual health as a doctor?'

'Some authorities recommend that a spiritual assessment should be a part of the medical encounter as one of the initial steps in incorporating consideration of a patient's spirituality into medical practice. You could use HOPE questions as a formal tool that may be used in this process: H—sources of hope, strength, comfort, meaning, peace, love and connection; O—the role of organized religion for the patient; P—personal spirituality and practices; E—effects on medical care and end-of-life decisions.'[36]

I still had my concerns, 'Isn't it a time-consuming method?'

His answer was simple, 'Well, my son is hooked to 20–20 cricket, and he finds test cricket boring! But talk to any player of the game, they all say test cricket is the real cricket.'

'What does that mean?'

'If computers could make the diagnosis and there was a pill for every ill, … this world would not need doctors. You would only need vending machines to eject prescription slips. Human beings are nature's supreme creation. Much as we envy and hate other human beings, we will always need them. I feel a humane doctor will always be required to comfort and heal.'

I was impressed. RK had sold his hypothesis to me. I could feel inner peace and saw the look of satisfaction on his face. I had, after all, come to spend some time with a friend who had gone through a lot recently.

On the flight back from Hyderabad, I was taking back two important lessons. The first one concerned advances in endoscopic surgery and the second was what RK had told me. 'Notes' is a mirage for me. It needs expensive equipment and the highest level of skill to provide as yet unproven treatment, which I am not sure I will ever practise in my lifetime. What RK had described was inexpensive, needed no equipment or drugs and, I was sure, would benefit patients in some ways. RK's words about a vending machine were so true! How often we forget that our patients have several other dimensions than the disease for which they come to us.

Understandably, there was much discussion and hype around 'Notes', whereas we were still reluctant to talk about 'spiritual health' as there were no commercial promoters for the latter. While 'Notes' is an important new development, RK was trying to suggest that our heritage is worth a serious look, even if for our own spiritual health.

Note: All names are fictitious but the issues are real.

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ANNOUNCEMENT

Sri Aurobindo Ashram, Delhi Branch will organize the 3rd Study Camp on **'Mind–Body Medicine and Beyond'** for doctors, medical students and other health professionals at its **Nainital Centre (Van Nivas)** from 9 to 16 June 2010. The camp, consisting of lectures, practice, and participatory and experiential sessions, will help participants get better, feel better, and bring elements of mind–body medicine into their practice. The camp will be conducted by Professor Ramesh Bijlani, MD, former Professor, AIIMS, founder of a mind–body medicine clinic at AIIMS, and author of *Back to Health through Yoga.* For more details, contact the Ashram reception in Delhi (011-2656-7863) or e-mail Dr Bijlani (rambij@gmail.com).