

# SPIRITUALITY IN HEALTHCARE

P E R S P E C T I V E S



LOVE ALL • SERVE ALL

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# SPIRITUALITY IN HEALTHCARE PERSPECTIVES

COMPILED AND EDITED BY:

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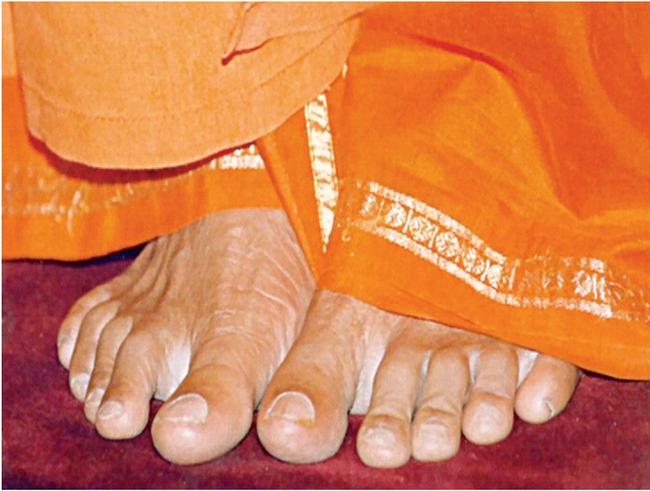
## ACKNOWLEDGMENTS

To our loving and compassionate Lord, Bhagawan Sri Sathya Sai Baba, our most sincere and heartfelt gratitude for having given us this unique seva opportunity as counsellors at this “Temple of Healing”, and also making this conference happen.

Our sincere thanks to

- The Sri Sathya Sai Medical Trust for granting permission to conduct this two-day conference.
- Dr. A.S.Hegde, our Director, for his unstinted support and encouragement.
- The conference speakers for their spontaneous response to participate in this conference in spite of their busy schedules.
- A wonderful audience who came to this two day conference from all corners of India and abroad.
- Our hospital staff and the several other agencies who contributed significantly to make this conference a hallmark event.

*An offering with love and dedication at the  
Lotus Feet of our beloved Bhagawan  
Sri Sathya Sai Baba*



*From the presentations made at  
The International Conference 2009  
on*

## *Spirituality in Healthcare*

*The Department of Counselling,  
Sri Sathya Sai Institute of Higher Medical Sciences,  
Whitefield, Bangalore, India.*

## SPEAKERS AT THE CONFERENCE



Dr. A.S. Hegde



Dr. Mia Leijssen



Dr. E.V. Joshy



Dr. Mitch Krucoff



Dr. Torkel Falkenberg



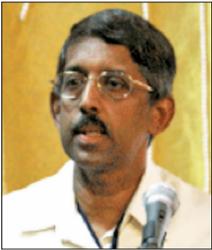
Dr. Joe Phaneuf



Dr. Kavitha Prasad



Dr. Shekar Rao



Dr. V. Mohan



Dr. S.N. Simha



Dr. B. Barooah



Dr. Ganesh Murthy



Umesh Rao



Gita Umesh

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# **AN INTRODUCTION AND CONFERENCE OVERVIEW**

**UMESH RAO**

CONFERENCE COORDINATOR,  
DEPARTMENT OF COUNSELLING, SSSIHMS, WHITEFIELD, BANGALORE

This is a compilation of the presentations made at the international conference on “Spirituality in Healthcare” held in October 2009 at the Sri Sathya Sai Institute of Higher Medical Sciences, Whitefield, Bangalore, India. The conference was by invitation and attended by about two hundred health care professionals, predominantly medical doctors. Among the prominent delegates were sixty five medical doctors from all over India, serving in the Sai Health Care mission as Medical Directors/Coordinators in charge of organizing and conducting monthly medical camps primarily in rural and semi urban areas, under the umbrella of the Sri Sathya Sai Seva Organisation and representing virtually every state in India. The conference primarily targeted such participants who could take back the benefits of participating in this conference and translate it into action. An international flavor was provided mainly by the invited speakers drawn from world renowned medical institutions such as Duke University Medical Centre, Karolinska Institute, Mayo Clinic and several others.

The purpose of the two day conference was to sensitize the medical fraternity to the role of Spirituality in Healthcare. In this context the conference was rather unique in that, not only was the audience predominantly from the medical fraternity but so were the speakers hailing from various reputed medical institutions from India and abroad, who came to share their knowledge and experience. Could there have been a better setting or a better spiritual ambience for holding such a conference than at Swami’s unique hospital?

The conference theme elaborated on the fact that modern medicine has begun to realize that along with technological advances an additional spiritual dimension is needed in patient care to make the transition from merely curing to total healing. Healing requires addressing the body, mind and spirit. The ground breaking research done by Dr. Herbert Benson, Dr. Dean Ornish and several others, and also as documented in various ancient scriptures, have clearly established the body, mind and spirit relationship for positive health outcomes. While much work has been done much more remains to be done. Healthcare is a global concern and hence it is but appropriate that concerted efforts be made to take forward the concept of spirituality in health care on a global scale to understand and share experiences arising from geographical and cultural diversities.

While inviting speakers for this event a list as enumerated below of the proposed conference topics was provided.

1. Body-Mind-Spirit relationship and its effect on health.
2. Secular spiritual care as an integral complementary therapy in hospitals.
3. Spirituality in palliative care.
4. Research challenges in establishing an evidence base for spirituality in health care.
5. Spiritual care as part of preventive medical care in addressing non-communicable diseases.

The first three topics were covered in depth by the twelve presentations made during the two days of the conference. All the presentations evoked very considerable audience response with several doctors seeking clarifications, sharing their experiences and viewpoints as documented herein. It was indeed gratifying to note this level of interest especially from medical doctors. Perspectives and guidelines were provided by experts in the areas of research and preventive medical care.

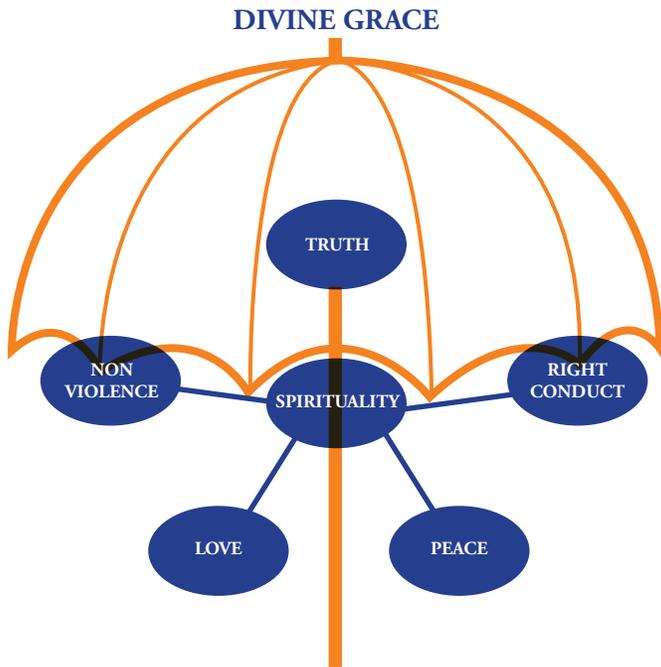
### **What is spirituality?**

Spirituality being central to the theme of the conference it becomes essential that a subjective term such as spirituality is examined in its various dimensions. Is it basic to human nature? Does it influence human behavior? How does it relate to religion? Can it influence health and promote healing? The conference provided ample opportunity to reflect, debate and discuss on these and other related issues. It acted as a platform for sharing experiences encountered in medical practice.

To set the stage as would be relevant to the audience comprising predominantly doctors, a definition and explanation of spirituality was presented, as provided by the Royal College of Psychiatrists in UK, which reads as follows:

*“In health care spirituality is identified with experiencing a deep seated sense of meaning and purpose in life, together with a sense of belonging. It is about acceptance, integration and wholeness. Spiritual practices foster an awareness that identify and promote values. Values such as creativity, patience, perseverance, honesty, kindness, compassion, wisdom, equanimity, hope and joy. All promote good health practice.”*

One can see the similarity between the above description of spirituality and the core human values as propounded by Swami of Sathya (Truth), Dharma (Right Conduct), Shanthi (Peace), Prema (Love) and Ahimsa (Non-Violence). We have adopted these core human values as attributes of spirituality, practicing these values is in itself spirituality and one who practices these values is a spiritual person. Divinity protects a spiritual person as illustrated in Figure I.



**DIVINE GRACE - A SHELTER FOR THE SPIRITUAL**

**FIGURE - I**

# Counselling - The SAI Way.

*Fostering the innate Spirituality to help heal –  
The Essence of Counselling.*



## The Counsellor's Role.

*Reaching out to the patients to help them reach within to  
draw upon their inner strength.*

FIGURE - II

## COUNSELLING - THE SAI WAY

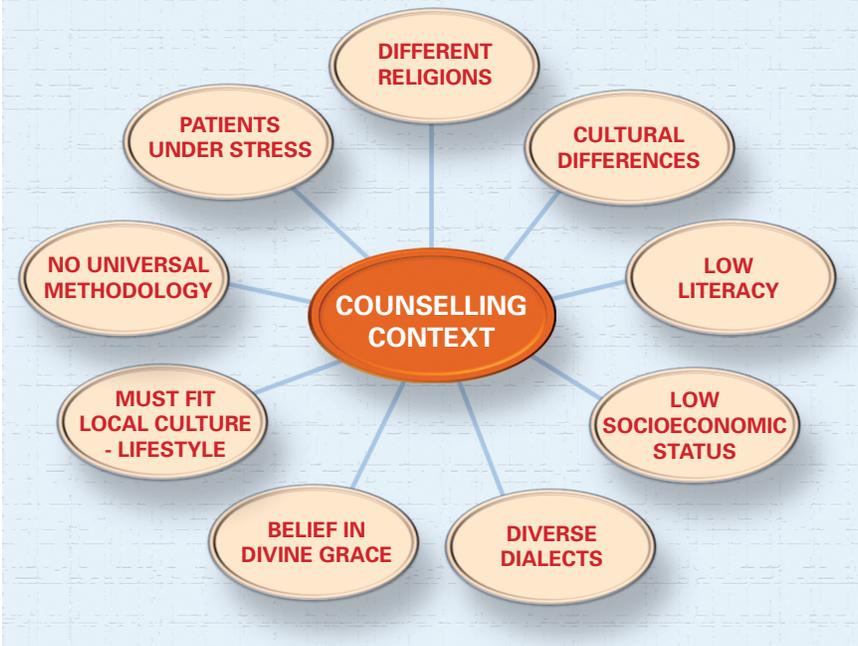


FIGURE - III

It protects and shelters the spiritual from difficulties not necessarily always with a happy outcome in the worldly sense but by providing the strength and courage to accept and cope. It conditions the mind to transcend the body consciousness and to be elevated to a higher spiritual level which can accept and overcome, as Swami says, “the passing clouds of our trials and tribulations.”

Spirituality and religion are often erroneously considered as being synonymous. Several speakers expressed their views on this. According to Dr. Simha “*There are multiple definitions of spirituality and there is always confusion between religion and spirituality – are they different concepts or are they the same? Religion is an organized system of beliefs and worship which a person practices. Whereas spirituality is that aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience the connectedness to the moment, to self, to others, to nature and to the significant or sacred.*” Continuing in the same vein Dr. V. Mohan says, to be spiritual you don’t have to be religious and don’t necessarily have to pray to God. Quoting Swami he says “*Hands that help are holier than lips that pray*” is spirituality - when you help and care for someone with love arising out of empathy.

### **Counselling the SAI Way**

Central to the conference theme is the counselling provided to all patients admitted here in this hospital for any surgery or intervention as a routine complementary therapy. Conceived and developed by Swami’s Grace and Divine Will here in this hospital the essence of this counselling program is captured in Figure II.

Swami’s teachings emphasising on the omnipotence of God common to all religions and the inherent strength of the human spirit, integrated with the Rogerian Person Centered Counselling as the academic model constitute the basis for “Counselling the SAI Way”, providing emotional support and fostering the innate spirituality in the patients - to help heal. SAI Counselling is **Spiritual Awareness Integration** in counselling bringing in the vital but missing dimension of secular spirituality into psychotherapy and counselling. Practicing the core human values – truth, righteousness, peace, love and non-violence is in essence spirituality. Love is fundamental to human nature and the fountainhead from which emanate all healing emotions.

Swami’s teachings about the human mind, which constitute the bedrock on which SAI counselling is based, are not only profound in their content but are also characterized by a lucidity and simplicity which gives them a universal appeal. The mind is the key to the perception of illness and perhaps it would be appropriate to cite some of Swami’s sayings in this regard, all of which facilitate easy understanding by the patients of the body-mind-spirit connection and how their own inner reservoir of spiritual strength can help them heal themselves.

*“Mind alone is the cause for either bondage or liberation”.*

*“The body and the mind are so closely interrelated that Physical Health is a prerequisite for Mental Health and Mental Health ensures Physical Health.”*

*“The human body is a very complex organisation. There are four important workers in this organisation, namely the body, the senses, the mind and the intellect. The body can be compared to a chariot, the senses to the horses, mind to the bridle and the intellect to the charioteer. On this analogy, the charioteer called intellect is yoking the horses (senses) to the chariot (body) and driving it carefully holding the bridle (mind). This is the proper method. On the other hand if the mind is given charge of the charioteer, it will lead to disastrous consequences.”*

*“Just as exercise is necessary for the well-being of the physical body, so also pure (positive) feelings (thoughts), good company, and good deeds are necessary for regulating the nature of the mind, contributing to nourishment and well being of the mind.”*

*“Our Inner Consciousness (Spirit) is comparable to a twin bullock cart, our mind and intellect being the two bullocks. It is only when these two bullocks are trained in Truth, Right Conduct, Peace and Love, the cart of our Inner Consciousness can reach its destination safely.”*

After reading these above sayings of Swami, Dr. Susan Folkman, Director of the Osher Centre for Integrative Medicine at UCSF Medical School in California remarked “they are so simple yet so powerful”.

Body relaxation, concentration on the movement of the life giving breath, “Prana”, mind cleansing – expelling toxic emotions - leads to introspection, change in perception and awareness of the inherent spiritual strength dormant within. The mind is now receptive to imbibe the positive and healing emotions – love, peace, courage and fortitude. Mental visualization and prayer to the “God of your choice” is integral to the process.

The context of the counselling program based on Swami’s mandate that healthcare is a fundamental right to be freely available to all irrespective of nationality, caste, religion or socio-economic status is illustrated in Figure III. It indicates the complexity of developing a counselling program and which has happened successfully purely through Swami’s Grace and Will.

The uniqueness of the program necessitated developing an in-house counsellor training program. Special counsellor skills are required to address patients predominantly of low socio-economic status characterized by low literacy, diverse languages and cultural differences. We started with four counsellors and today we have twenty seven, all voluntary, and the subsequent twenty three counsellors who underwent the in-house training have been sourced through the spiritual wing of the Sri Sathya Sai Seva Organisation, Karnataka.

Patients are counselled on admission prior to surgery, post surgery and on day of discharge. An emotional-spiritual profile of every patient admitted for treatment is made and filed with the patient's medical record – a practice perhaps the first of its kind in any tertiary level hospital in cardiac and neurosciences in the world. Typically on an average around forty-five to fifty patients are counselled every day. Clinical experience from treating over thirty thousand patients has provided empirical evidence to postulate that there is significant improvement in the patient hospital experience and in their quality of life after surgery.

### **Spirituality in healthcare - The World Scenario**

During the two days of the conference we had some excellent thought provoking and experience sharing presentations from different parts of the globe. Dr. Hegde in his inaugural address talking about what contributed to healing highlighted the fact that *“Spiritual consciousness has an effect on mind and body and is a very important aspect of healing. All religions recognize the presence of the Divine in healing. It is not specific to any particular religion.”* Echoing the same thoughts Dr. Mia Leijssen in her keynote address dealt in depth with the body-mind-spirit relationship and concluded with this message for the doctors - *“The ultimate healing process involves a connection between and beyond the counsellor/client (doctor/patient) relationship, including the possibility of a Divine Intervention.”*

Dr. Mitch Krucoff shared some very pertinent findings from his MANTRA II project research at Duke University Medical School. On the efficacy of music, imagery and touch as cardiac pre-PI therapy he said *“What you see here is that if nothing else music, imagery and touch open label participatory at the bedside profoundly reduces the patient's sense of distress prior to the procedure. In terms of the clinical outcomes MIT v/s none, we observed a 60% reduction in mortality six months later. Again, this is not proof that it resulted from the MIT, but is very interesting.”* He enlightened us on the observed positive outcomes in cardiac PTCA interventions when patients underwent pre-PI therapy with a healer. With the true humility of a researcher he summed up saying *“We must still ask: what do all of these data really tell us? What do we learn? Is it the music? Is it the imagery? Is it the touch? Or is it just having a compassionate human being spend thirty minutes with you before your procedure? Are these healers simply connected to another level of intuitive diagnosis that clearly goes much deeper than the classical risk factor and predictive models? These are all questions, not answers developed by this research.”*

Dr. Joe Phaneuf and Dr. Kavita Prasad described the work being done at Kaiser Permanente Hospital in California and at Mayo Clinic respectively. Dr. Torkel Falkenberg's presentation was outstanding in its depth and spread covering the various dimensions to integrative medicine and especially highlighting the healthcare needs in developing countries. While the term integrative medicine is in common usage today Dr. Falkenberg said it was Dr. Andrew Weil, currently the Director of the Centre for Integrative Medicine at the University of Arizona who

in a BMJ editorial first suggested the term integrative medicine listing its attributes amongst which were *“Consideration of all factors that influence health, wellness and disease, including body, mind and spirit and a philosophy that neither rejects conventional medicine nor accepts alternative medicine uncritically.”* Dr. Falkenberg also presented some very interesting work going on at Karolinska Institute in Sweden. Closer to home we had Dr. Simha telling us about palliative care at his hospice Karunashraya in Bangalore, and Dr. Shekar Rao about his experiences at Swami’s Super Specialty Hospital in Puttaparthi. Dr. V. Mohan made a powerful presentation on the alarming rise in the incidence of Type II diabetes in India with stress being a major risk factor. Stress, he said, could be effectively addressed by a spirituality based counselling programme. From within here at this hospital Dr. Barooah shared his experiences as an interventional cardiologist and we had Dr. Ganesh Murthy and Gita Umesh present case histories both poignant and thought provoking of the role played by spiritual care in modern medical care.

Creating an evidence base in this setting is challenging but nevertheless we intend pursuing it. Dr. Torkel Falkenberg and Dr. Mia Leijssen have provided valuable guidelines during this conference. Another dimension that emerged from the conference was inclusion of a spirituality based counselling such as *“Counselling the SAI Way”* as a complementary therapy in preventive medicine. Dr. V.Mohan and Dr. Shekar Rao shared their knowledge and experience along with providing valuable guidelines in this area.

### **What has emerged from this trend setting conference?**

- *That spiritual care is integral to medical care and integrative medicine wherein modern high tech medicare together with spiritual care is the way ahead.*
- *That there is considerable amount of work being done in the West in this regard, although there is ambiguity concerning spirituality and religion. The work being done is relevant to their patient categories, their cultures and within the framework of their regulatory agencies.*
- *That here in India at the Sri Sathya Sai Institute of Higher Medical Sciences, similar work of the same caliber in patient care pertinent to the local cultures and conditions is happening based on Sai Baba’s teachings that all religions lead to the same goal and recognizing the underlying spirituality in that *“There is only one religion, the religion of love. There is only one God, He is omnipresent”*.*
- *That there is ample scope and opportunity for taking up collaborative programs for research and for integrating the spiritual dimension into preventive medical care for global societal well being.*



# CONFERENCE INAUGURAL ADDRESS

## **DR. A.S. HEGDE**

DIRECTOR, SSSIHMS, BANGALORE, CHAIRMAN  
DEPARTMENT OF NEUROSCIENCES

Swami in HIS wisdom decided that with present day cost of healthcare it would be difficult for the common man to have access to surgical and medical treatment in cardiac diseases and neurological disorders. So HE created this super specialty hospital nine years ago on 19th January 2001. Swami not only wanted to improve the healthcare for the poor but also provide it at a different dimension suffused with love and compassion. The guiding principles for HIS healthcare mission are:-

- Humanization of Healthcare: In today's healthcare which has become completely commercialised, compassion and love are rare to find. Human values are no longer visible in delivery of healthcare. Swami wants the healthcare be delivered with fundamental human values as the basis.
- Globalization of Healthcare: HE believes that a person who is not well, whether he is in a developed or developing country goes through the same pain. So we should have no bias regarding nationality, caste, creed or religion. Whoever walks into these hospitals needing medical treatment is being treated without any questions being asked
- The third point what HE highlights is spiritualization of healthcare to provide complete care to the patient - not just to cure but to heal the patient.
- Lastly decommercialization: Today majority of healthcare is taken over by the private sector and it really costs a lot even for the middle class to go to these private hospitals for treatment. Having institutions like this, where everything is free is unbelievable. In fact visitors coming here repeatedly ask whether it is really completely free!

The Sathya Sai Healthcare Institutions to date have done over 240,000 surgeries/procedures in the four hospitals pictured below. This Super Specialty Hospital has only Cardiac science and Neuroscience whereas the one at Puttaparthi has other departments like Urology, Ophthalmology, Orthopedics, Diagnostic Gastroenterology and Cardiac Sciences. Besides these two Super Specialty Hospitals we have two general hospitals – one in Whitefield and the other in Puttaparthi. The Sathya Sai Medical Trust also manages a mobile rural healthcare unit based in Puttaparthi.

I joined this institution in 2001 and became a part of Swami's mission, and having previously worked in a corporate hospital I was surprised like all our visitors that all hospital care is rendered free to the patients. There is no billing section here, no headaches either on this account and more importantly no stress for the patients or the doctors since they don't have to worry about escalating hospital bills if the hospital stay has to be extended.

Coming to the conference theme of Spirituality in Healthcare, historically in medical care healing was always associated with God. In Greece there was a God for healing, Aesclepius, and in India it was Shiva in the form of Vaidyeshwara, with temples built for these Gods. Even the Gods had their own physicians like Dhanvantari and Ashwini. It was a tradition and a custom to take the patients to the temples for treatment, which prevails even to this day primarily though for patients with psychiatric illnesses. However with advances in medicine and scientific progress spirituality and scientific inquiry took different paths. The spiritual aspects of healing over a period of time have been sidelined because of the entry of newer drugs, newer techniques and the rapid changes in the scientific world.

Traditionally according to the scriptures the physical causes for illness are typically infections, toxins and trauma, the mental causes are fear, worry, anger and emotional disharmony and the spiritual causes can be termed "soul sickness". Soul sickness is attributable to man's ignorance of his true relationship with God and the sages in ancient times believed that illness is an imbalance of the life energy. Doctors treated only the physical side of illness with medicine or sometimes by surgery, the mental and spiritual dimensions of illness was not taken into consideration. At times the patient got better but the disease recurred. Our sages have told repeatedly that the medicines and medical procedure have very limited power and can heal only the physical illness, whereas spiritual power can heal the mind and the soul.

The qualities of a doctor assume importance and significance because of the current tendency to take up a profession not out of interest but mostly due to other considerations. A doctor should have commitment, compassion, love, dedication to his work, sacrifice and of course most important joy in work - he should enjoy the work. It is not just a job or business to be done. In ancient India doctors always held a very special place in society, which is true even today perhaps a little differently. Hence the saying "Vaidyo Narayanao Harihi" meaning doctor is verily God a sentiment echoed sometimes even today by patients after being cured. In a lighter vein this creates a need to constantly remind ourselves that we are human beings, to keep us out of trouble. He alone is a true doctor who serves his patients in a selfless manner.

A doctor can be a very effective, intelligent intermediary between God and the patient. Doctors can provide total care for their patients – preparing the patient

## Sri Sathya Sai Health Care Organizatons

- Sri Sathya Sai Institute of Higher Medical Sciences, Whitefield
  - Cardiac Surgeries→10,526
  - Neurosurgeries→11,475
  - Cardiac Cath Procedures→25,209



## Sri Sathya Sai Health Care Organizatons

- SSSIHMS Puttaparthi
  - Cardiac Surgeries→19,190
  - Urology Surgeries→36,507
  - Ophthalmology Surgeries→39,593
  - Orthopedic Surgeries→3,927
  - Plastic Surgeries→3,741
- SSSGH Whitefield→21,194
- SSSGH Puttaparthi→45,000



## Sri Sathya Sai Health Care Organizatons

- ▣ More than 240,000 surgeries/Procedures over the four hospitals
- ▣ All treatment performed free of cost!!



## Sri Sathya Sai Health Care Organizatons

- ▣ The Mobile hospital Initiative



for treatment, providing the treatment and following through by supporting and nurturing through the recovery stage. Swami in several of His discourses has described the duties of doctors and the objectives of healthcare. He has said:

- Education is meant for serving the needy.
- You have the God given power—always be ready to serve the patient
- Doctors are embodiments of Divine.
- Take duty as God and Work as worship.
- Disease prevention is an important part of doctor's duty.

Treatment should include finding out the cause for the disease and to remove the cause. Medicine affects only the physical composition of the body cell; it does not bring about changes in the “Lifetrans” or what sages called intelligent life energy, or “Prana” as referred to in Sanskrit.

Sages have also suggested rules guarding against disease and how to prevent illness:-

- Proper food habits & sleep.
- Exercise every day.
- Drink adequate water & fruits containing minerals.
- Periodic fasting to rejuvenate your system.
- Exposure to sun rays every day at least for 10 minutes
- Always have self control regarding your habits, diet and activities.
- “Smile. The “Power of a Smile” is often not understood. When you smile honestly and sincerely there is joy from within inviting the power of God. A smile distributes the cosmic current to every cell or Prana, which gets rejuvenated. A doctor does harm to himself by being grumpy and grumbling all the time.

We are aware that permanent healing comes from God, hence most of us become suddenly God oriented or religious when we are in distress - poojas are performed, prayers are offered and we bargain with God for overcoming this problem. What is needed is continuous faith and unceasing prayers. God is the only one who can heal life energy. Unless you surrender to him and have continuous faith it is futile. He may also wait and watch to see what you will do. Therefore what contributes to healing?

- Prayer – there are studies to show that these are religion specific and that even other people can pray for a patient.
- Meditation done by the individual.
- A positive frame of mind.
- As surgeons we sometimes have a patient who repeatedly tells the doctor that something is going to go wrong and it turns out to be true. The operation

proceeds well but the result is not good because the patient is frightened, his body defenses are low and negative thoughts worsen the situation.

- Spiritual consciousness has an effect on mind and body and is a very important aspect of healing.
- All religions recognize the presence of the Divine in healing. It is not specific to any particular religion.

How does a doctor deal with death? Many a time we go through a phase of depression after losing a patient under our care. We agonize about whether we erred in not providing timely treatment or what went wrong. We need to understand that death is not a failure of the doctor, provided everything possible has been done by the doctor. We need to realize that death is a “passage to another dimension, the soul has no death”, and that there are spiritual needs of the dying. Patients sometimes hang on to life waiting to hear something or to see a loved one before they decide to let go. With concerted effort such patients can be helped through a spiritual approach.

It is important to know and realize that there is not only a quality in life but also a quality in death. About four years ago I attended a skull based surgery conference attended by high profile neurosurgeons from all over the world. There was an elderly Japanese neurosurgeon who presented a series of cases pertaining to patients eighty five years and above, some of them afflicted with meningioma or some other tumor. He posed an intriguing question whether these patients should really have to go through the surgery subjecting them to a lot of stress. He opinionated that in such cases of end stage diseases the patient has to go somewhere and perhaps death is an option. Of course the aggressive younger neurosurgeons pounced on him and he had to withdraw quickly. But I think there is real sense in what he said. It is true sometimes we have to understand and respect the patient and his decision or his family's decision.

Who should be a Doctor is a question that merits serious consideration. Nowadays people don't take to a profession because they like it, there are other issues such as comparing the benefits of different professions - which is the better profession, which has less work and more money, etc. - and sometimes the choice of a profession is made by the parents. The result is we have people who are disinterested in medicine, building a medical career. People who enter the healing professions should have a sense of vocation and compassion; it cannot be seen just as a career or business unlike as in other fields. It is also very important medical schools should incorporate spirituality in their curriculum so that when medical students graduate they are equipped to address this dimension also to promote complete healing of the patient. In conclusion we need to realize:

*“There is a power that will light your way to health, happiness, peace and success, but you can achieve all these only if you turn towards this light.”*



# CONFERENCE KEYNOTE ADDRESS

## CARING FOR THE SOUL AS THE KEYSTONE IN HEALTHCARE

**DR. MIA LEIJSEN**

PROFESSOR OF PSYCHOTHERAPY AND COUNSELING,  
UNIVERSITY OF LEUVEN, BELGIUM.

I am honoured to be here with all of you today, looking forward to meeting you and sharing in your work as well. I am grateful to have this opportunity to reflect on what most matters to me. Through my work as a psychotherapist and through different experiences in my personal and family life, the spiritual dimension has become the core of my work and life. My purpose today is to articulate how a counselling process can contribute to discover the soul and why caring for the soul is crucial for healing and transformation.

Let me start by explaining the different dimensions of human existence. Human beings seem to develop from a preoccupation with physical survival, through learning how to live with others and being in a group, to discovering individuality, and ultimately to deepening the spiritual. These four dimensions of human existence: the physical, social, psychological and spiritual, are echoed in many developmental theories and in different faith traditions. They provide a useful grid for mapping human concerns: from survival to comfort and health, from recognition to belonging and love, from autonomy to identity and freedom, from finding meaning in life to truth and wisdom. In any particular culture, or for one particular, one of these dimensions is particularly salient. But change in any domain can lead to knock-on changes in the others. For example, a person who becomes paralysed after a brain damage may face a destiny of being dependent on others and losing his autonomy. The resulting crisis can trigger the spiritual dimension.

A healing process includes the physical, social and psychological dimensions over time, while the ultimate healing seems to come from an opening up to the spiritual dimension, a resource beyond that of our own will, a self transcendent source. The character of healthcare can be deepened and enriched, even transformed, when the spiritual dimension is addressed in the treatment.

## **How can we experience the spiritual dimension?**

Before continuing to address the spiritual dimension in healthcare, I will offer you a few questions so that you can capture a little bit of the salience of spirituality in your personal life. These are questions which hint at resources, destinations, struggles and transformations in your life and the possibility of a deeper dimension.

- What gives you peace or comfort; strength or courage in your life?
- For what are you deeply grateful?
- What makes you feel joyful?
- What are you striving for in your life?
- How would you like people to remember you when you are gone?
- Who or what do you put your faith and hope in?
- To whom, or what, do you most freely express love?
- When have you felt most deeply and fully alive?
- What are the experiences which changed your life?
- What are moments which you found extremely difficult or which you regret?
- What would you like to be able to let go of in your life?
- What gives you the feeling that you are making the best of life?

With similar questions you can elicit persons' spiritual stories or guide persons in the telling of their autobiographies in order to explore what someone's specific sensitivities are on the level of spirituality. The questions do not refer directly to higher powers, religious institutions or religious practices. Instead they make use of psychological language, psychological meaningful concepts carrying emotional powerful connotations. This way of working goes hand in hand with the use of positive psychology. Positive psychology reflects a change in approaching health.

Taking seriously the contributions of virtues and strengths alongside traumas and vulnerability is a paradigmatic shift. However, the questions given above dig deeper than is usually the goal in Positive psychology. These questions evoke the spiritual dimension, because they point to people's soul.

## **What do I mean by the Soul?**

Commonly, in the literature it is suggested that body, mind and soul are different orders of reality, each with its own perspective. The body's reality consists of sensations and emotions, whereas that of the mind consists of thoughts, feelings and desires. Our experience is more than a combination of these, however, so that we need to distinguish a third perspective, that of the soul. The soul is about meaning in life, what we do with our physic and mental states, what they mean to us in our deepest subjectivity. We use body and mind as tools for living, but the soul is about how we live, what it is like for us to live, and about what really matters to us. It is a bodily felt consciousness which is different from intellectual insight. The soul is not a tangible entity but a quality or a dimension of experiencing life and ourselves; it has to do with depth, value, relatedness and heart.

The soul is the invisible, forming and organising principle in individual life. It is the life force which can show itself in various experiences. It is an archetype that gives direction and meaning to the individual life. It transcends the limited self through the experience of belonging to a larger process. So, on the one hand, the soul is tangible as a sort of inner compass, a bodily felt inspiration. On the other hand that inward-oriented movement is inseparably linked to an outward-oriented movement of connectedness with something that transcends the person. These movements go together like the process of breathing in and breathing out.

The additional value of the concept 'soul' compared to, for instance, the concept of 'person' is that the soul is bound to a person as well as being trans-personal. It does not stop at the boundaries of the person; it transcends the person. It points to the mystic dimension of human experience. Mysticism is a process through which a connectedness to a larger process is experienced. The person can experience the soul as an element of the divine living at the centre of the human personality.

This element of the divine can express itself through our thinking, our feelings, our actions, and in silence where we can arrive at a deeper level of consciousness. These are four different paths of spirituality: the path of thinking, the path of feeling, the path of actions, and the path of silence. An individual might have a preference for some specific path(s) to transcend the limited self.

The self transcendent experience is not a wandering condition; it is an experience which is specially grounded in our earthly existence and in what can be bodily felt. Being mindful to what presents itself in the here and now improves the opportunity for a person to reach the domain of the soul. The soul can be experienced as a bodily felt vibration.

This immediate experience can show itself in the form of joy, poignancy, gratitude, astonishment, connection, but also as remorse, guilt, regret, disappointment. For example, sadness or anger can hint at sacred loss or violation. And most of all, the soul expresses itself through 'our capacity for giving and receiving love'. Love is the key to access the healing potential and to open spiritual generosity.

### **How can a counselling process provide the conditions for evoking the spiritual dimension?**

First of all: counselling is about building a relationship, making connection. Carl Rogers formulated the critical ingredients of a healing relationship: acceptance, empathy, and congruence. These attitudes belong to the most evidence based ingredients of every therapeutic approach. Science recognizes thus what in spiritual traditions is emphasized as the importance of love, compassion, truth. Carl Rogers was a master in making explicit the conditions for healing

relationships. Later in his life he became more and more intrigued by the sacred moments which occasionally occurred in the therapeutic encounter. Martin Buber (1970), the philosopher who distinguished between two types of relationship: I-it and I-Thou, emphasized that people can respond to any aspect of life as a 'Thou'. In this kind of I-Thou relationship people come close to an encounter with the divine. In a dialogue with the theologian Paul Tillich, Carl Rogers admitted: *"I feel at times when I'm really being helpful to a client of mine ... there is something approximating an I-Thou relationship between us, then I feel as though I am somehow in tune with the forces of the universe or that forces are operating through me in regard to this helping relationship"* (Rogers, 1989, p.74).

By caring for patients, therapists may experience themselves as participating in a sacred activity. In my experience the larger field of the transpersonal is palpable in the room in those moments of profound meeting when client and therapist are expressing their soul. When we say that the relationship heals, this is another way of expressing that there is soul-to soul contact.

The immediate encounter with the sacred is more than a matter of the mind; it is deeply bodily felt and hard to put it into words. Rogers discovered that when a person truly listens to another the process of growth and development is set free. By providing empathy, respect, caring, acceptance, honesty... the therapist nurtures the client's soul.

One of the effects of these attitudes is that the client can bring more awareness to the ongoing experiencing process. Other effects are that the client can relive traumatic events in a more benevolent context and reconstruct the story of his/her life. The relationship thus defines how and what is being experienced.

Later in his therapeutic career Rogers (1980) discovered 'presence'. To quote him: *"I find that when I am closest to my inner, intuitive self, when I am somehow in touch with the unknown in me, when perhaps I am in a slightly altered state of consciousness, then whatever I do seems to be full of healing. Then, simply my presence is releasing and helpful to the other"* (p.129).

It is not a matter of conscious intention or willpower. I cannot make presence happen. But I can make the choice to be more or less prepared for it, more or less open, more or less centred for it to happen. In a concrete way this has implications for me as a counsellor, so that at the beginning of an encounter I consciously make time to step back from the rush and sharpen my awareness. I sometimes sing some mantra to let go of my controlling mind and bring my consciousness to another level. I also make connection with a higher source of wisdom, a symbol of Absolute Presence, which is for me the divine Mother Mary, or which can be any form of the divine that appeals to you.

There are many ways to relate to this Absolute Presence. Many people brought up in a Christian culture see pictures and symbols from the Christian

tradition when they meditate. Christians sometimes consider Buddhists and Hindus to be immature because they have not yet arrived at a personal God; Buddhists and Hindus would say the same of Christians because they still stick to a personal God. What is it really about here? It is about Absolute Presence. With or without names, personal, transpersonal, beyond the transpersonal... all this is not the point. This is about an archetype. The archetype is the capacity to form an image, not the image itself; it is a potential with contents that are not given until they are filled in with lived experience. For example, if the Great Mother archetype or the feminine aspect of the divine is particularly prominent in the psyche of an individual, he or she will not be attracted to a masculine God-image. The mother archetype is a transpersonal principle found in all mythologies and religious traditions. She is given local names and colouring, but, regardless of her name, there is always and everywhere a Great Mother or a Goddess who represents the feminine aspect of the divine; like Mary, Sophia, Shechina, Kali, Durga, Quan Yin, Tara, and so on. From an archetypal viewpoint, these differences in name and form are simply a matter of local folklore and emphasis. They are all manifestations of the same underlying archetypal principle.

Experience has taught me that making connection with this self-transcending source helps me to be present to extreme forms of suffering for which clients sometimes seek help. It supports me in surrendering to the process of life. It also helps me to open my heart for people or things with whom I might not usually want to make a connection.

In the therapeutic encounter sometimes I experience a qualitative jump; I can note that my style shifts to more profound developmental nurturance, fresher compassionate witnessing, more risk-taking authenticity, using opportunities of synchronicity, rather than clever engineering or complicated technical solutions. My colleague Brian Thorne (2006) captures his understanding of those moments in saying that he and the client are caught up in a stream of love. Within this stream there comes an effortless or intuitive understanding, and what is astonishing is how complex this understanding can be. Working from a level of soul-to-soul contact serves my development as well as that of the client. The older I grow the more I trust 'presence' as the core condition for change and growth, and I experience 'love' as the most powerful healer of the suffering soul.

I shall now explain a bit more about the experience of the soul as a bodily felt process in order to highlight the unique role of the body's knowing in the ongoing human journey into spirit. For me personally, it was a turning-point in my life when I discovered during a workshop what happened when the focus of attention changed to the inwardly felt body. I was formed in an academic environment where the rational approach was self-evident. Listening to the body introduced a new development in my consciousness. The intriguing functioning of the body has had a hold on me since then. I have learned to trust it more and more.

There are different ways of paying attention to the body. Working with the body immediately invokes the actual. It makes one alert to what is palpable, alive and relevant. It increases self-awareness, it helps slow down responses and delay automatic behaviour. Strong affective memory can be triggered; it can resolve blocks and facilitate cathartic release. It has a stress-reducing, grounding and centring effect. And, finally, it touches the transcendent ground of our lives as it is a vital doorway to the realm of cosmic consciousness.

The conceptualisation of human beings in terms of the organic principle runs through much psychotherapeutic thought. But it is equally clear that the organic pattern leaves out just what is most characteristic of human beings. As human beings we do not simply act on our strongest desires or fears, or take the homeostatic resultant of all the forces which are acting on us. For human beings desires and fears are not simple 'givens': they are open to assessment and evaluation. Some of them we wish to cultivate; others we wish to weed out. Nietzsche says that the human soul is like a garden. To create a garden the gardener has to take into consideration the natural propensities of various plants, the climatic conditions and so on. Creating a garden cannot be a forced, mechanical business. The organic aspect is crucial. But the gardener does not just let things grow as they will - that would produce something, but it would not create a garden. Creation requires familiarity with the natural forms and forces at play in a situation, but also a vision that will transform the situation. What makes the garden different from a merely organic system is the vision of the gardener. If we apply this to human life we see that people have the capacity to transform their desires and aversions in the light of what they experience as good or valuable.

So a human being can make the choice to direct his or her awareness toward the bodily felt consciousness. Western science has begun to discover the importance of body awareness. What is for instance called now 'mindfulness' is the western form of an ancient wisdom of the East. The capacity to be aware of what is going on in the body, has become an evidence based element of therapeutic change.

Gendlin (1996) named this bodily awareness process 'focusing'. Focusing is the process by which we become aware of the subtle level of knowing which speaks to us through the body. The word 'body' is used here, not to indicate the 'complex machine' we can look at from the outside, but the inwardly felt body, the living process that grows by itself in interaction with its environment. The body that knows about what we value, about what has hurt us and how to heal it. The body that knows the right next step to bring us to a more fulfilling and rewarding life. The human being, the body, is understood as a process that is environmental from the very beginning; in fact the body cannot exist without its environment. We live our situations with our bodies and the body knows how life should be lived.

Gendlin (1984) also gave the new name 'felt sense' to the experience of body sensations which are meaningful. The felt sense is a holistic physical sense of

a situation. It transcends what is known on the levels of behaviour, emotion and cognition, and brings meaning from a new level when all these function implicitly in one whole bodily sense. As the person spends time with the felt sense, new and clearer meanings emerge. The bodily felt sense can open into a whole field of intricate details and, of its own accord, it brings the exact word, image, memory, understanding, new idea, or action step which is needed. The physical body, in response, will experience some easing or release of tension as it registers the 'rightness' of what comes from the felt sense. Therapeutic change is bodily and feels good, even if the content we are dealing with is painful. This easing of tension is what tells us that we have made contact with this deeper level of awareness and that we are on the right path.

There are strong resemblances between descriptions of the soul and Gendlin's concept of the felt sense. Gendlin introduced the new word 'felt sense' to prevent other contents that people carry with regard to religion to come to mind when one hears the word 'soul'. When one uses the publicly known language, one cannot possibly by such a word express something that is in a process of forming. And the word 'soul' is a word which collected all kinds of concepts and meanings through the centuries that block it from being understood freshly.

For myself, at least I can say that the focusing process led to me experiencing my soul in a very concrete and vital way. My feeling that 'soul' and 'felt sense' are similar processes was confirmed by many colleagues who say that "the soul is only shorthand for experience". Focusing seems to bring one closer to a point of spiritual alchemy, whereby body transmutes into soul and soul into body. So the human body plays a remarkable role in developing an awareness of spirit. What is felt in the human organism increasingly leads to a broadening of the experiential field and a finding of meaning. When we own what is really felt, our body connects to a Larger Body and shifts into a new space. Out of that connection we receive new information which in different spiritual practices is called 'revelation' and the other one is that there is new energy which in different traditions is referred to as 'grace'. By carefully attending to certain experiences you could be led toward that gifted inner stream where the sense of being bodily alive in some Larger Process can unfold. This experience originates in the body but reaches beyond the body's limits: the person feels him- or herself to be part of a Larger Process. In the words of Gendlin (1984): "The felt sense that I also call the edge of awareness is the centre of the personality. It comes between the conscious person and the deep universal reaches of human nature where we are no longer ourselves. It is open to what comes from those universals, but it feels like 'really me'" (p.81). The felt sensing body, the soul, is connected to the whole universe. It opens up a process which implies more than we can describe in words and which incites us to reach for metaphors, symbols or images to express that 'more'. The chosen metaphors are never independent of what appeals to us in our environment.

The bodily felt experience serves as an entrance gate, and the attitude of a friendly, non-judging presence at what is experienced here and now is cultivated as crucial. When we teach focusing, finding a positive relationship to the experiencing process can be a big stumbling block for the patient. Indeed, the effectiveness of the process depends a great deal on the quality of the interaction. That is why for most people the presence of a companion is crucial for finding a caring welcoming attitude to their bodily felt experiencing process. Or, even more; the process gains considerably more depth in the presence of a good listener. By bringing an accepting and interested presence in the relationship with the client, the counsellor helps the client to listen for the freshly emerging meanings in his or her process. Clients can dig much more deeply into distressing aspects of their background, because they feel secure in the presence of a listener that would treat their experience in a non-judgmental way. So by providing this specific kind of relationship and by inviting the patient to pay attention to the inwardly felt experiencing process, the counsellor opens the way for the patient to realize the full potential of the soul.

Finally I want to say that – although I rely on evidence based counselling - my understanding of change and healing is different from the classical understanding of the nature of change. In my approach, the emphasis isn't just on the counsellor's responsiveness. Rather the counsellor's responses are for the purpose of helping the client be present to his/her own experience and finding the way to his or her soul. It is about cultivating an inner loving relationship; the ability of the client to be present to his or her own emergent experience in a welcoming, nonjudgmental way. This is an important part of the development of the client's capacity to put aside known patterns, and listen with open interest to what is emerging inside. This capacity is also necessary for sustaining attentiveness to the Mystery and listening to the movement of the Spirit or the Divine. As a counsellor I am listening to the person's unfolding process and I am also open to that higher dimension, whatever its name is that speaks to us.

Through the process of pivoting between the attentiveness to the client and the mystery of the High Spirit, I invite the client to listen how the High Spirit is contributing to this process of healing. I want to sustain openness to the ineffable, immeasurable, yet real activity of the Divine that works beyond our wills, our techniques, and our understanding. The ultimate healing process involves a connection between and beyond the counsellor/ client relationship, including the possibility of a Divine Intervention.

Thank you for listening to me, and with me, for what the High Spirit wants us to be attentive for.



**Post presentation wrap-up by Session Coordinator:**

Dr. Mia's lecture has been profound in its impact on how we need to look within which resonates with Swami's teachings on the importance of inner spiritual transformation for each individual. The essence of her talk is captured in her statement *"How a counselling process can contribute to discover the soul and why caring for the soul is crucial for healing and transformation"*. For true healing the inner spiritual transformation has to take place. When she talks of unconditional positive regard (UPR) for the client/patient, which is one of the core elements of the Rogerian therapy also known as Person Centred Counselling, it is but unconditional love in our Sai philosophy parlance. Without UPR or unconditional love one cannot be non-judgmental which is so essential in a care provider-patient relationship.

How does all of this get translated into everyday counselling as being practised here in this hospital? To illustrate with an example during a counselling session when the patient is found to be a habitual smoker he is not categorised as a bad person and admonished. Instead by asking open ended questions like why and when does the patient feel like smoking, the patient begins to believe that here is somebody who is interested in listening to what is happening in his life. As Dr. Mia says *"Clients (patients) can dig much more deeply into distressing aspects of their background, because they feel secure in the presence of a listener that would treat their experience in a non-judgmental way."* When you listen and listen sensitively, you find smoking invariably relates to stress – at the workplace, home, etc. We need therefore to help the patient address the stress.

Another powerful tool is love which is a great motivator. As Dr. Mia Leijssen said *"The older I grow the more ..... I experience 'love' as the most powerful healer of the suffering soul"*. After a patient has suffered a heart attack and undergone surgery the counsellor points out that only the patient has suffered bodily damage, whereas the bodily organs of his family, his loved ones, are not affected. However the mental pain, anxiety and suffering he underwent was infectious, that spread, and cast a pall of gloom over the entire family. The innate love he has for his family, which doesn't want the family to be hurt, becomes a motivator towards the inner transformation for making changes within himself towards a healthier and happier life.

It will become increasingly apparent that the material being presented at this conference can be seamlessly woven into the practice of medicine.

# **CHRONIC STRESS – THE ULTIMATE RISK FACTOR SOUL MEDICINE – THE ULTIMATE SOLACE**

**DR. JOSHY E.V.**

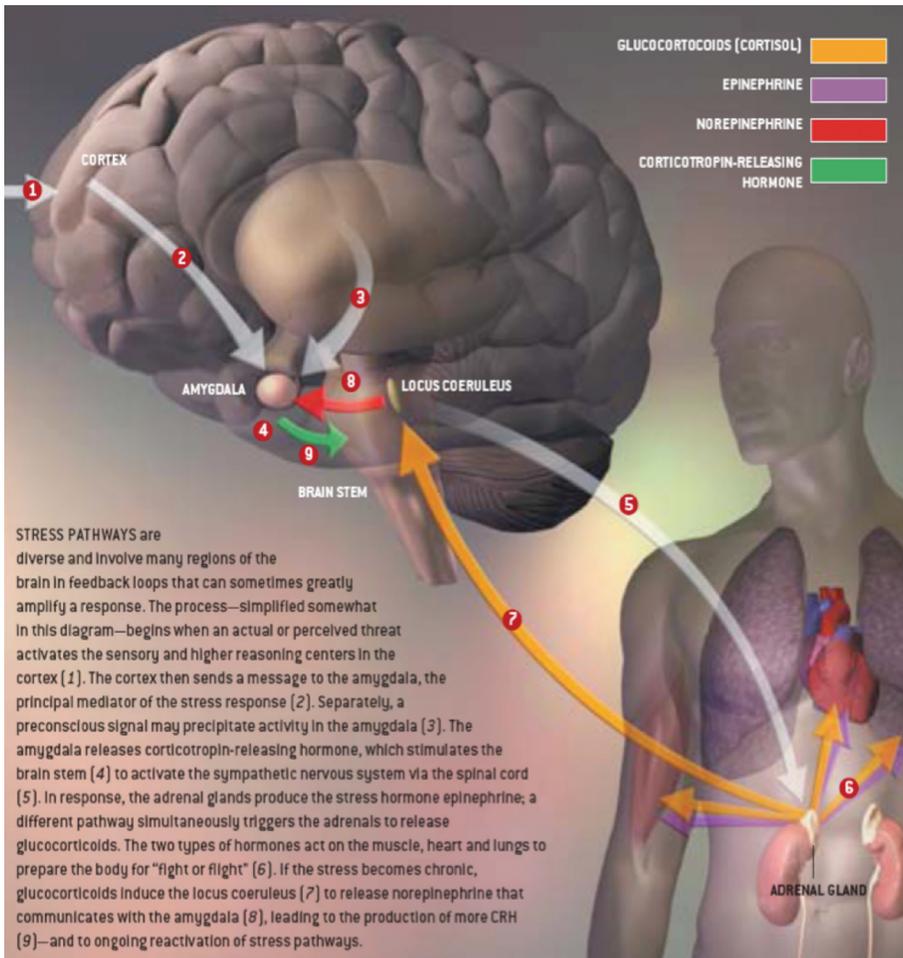
SENIOR CONSULTANT, DEPARTMENT OF NEUROLOGY,  
SSSIHMS, BANGALORE.

I have been blessed to be a part of Sai organization and Bhagawan's mission. Actually in my own spiritual journey, I was exploring for an interface, a link between medicine and spirituality. I found the right link - Chronic stress. The difficulty in connecting the two is that medicine is in physical reality and spirituality is quantum or exists in an inter-dimensional reality. Chronic stress is not a disease but an underlying condition which leads to a disease or which makes a disease worse. I will show you how chronic stress is the ultimate risk factor leading to heart attack and stroke and then we will try to trace the chronic stress all the way to the beginning and look at emotional reaction, survival mechanism and the human condition that we are trapped in. When I say human condition it means human struggle for survival. In the second part, we will look at what is missing in this human condition and what it means to be a Human Being? We will explore finer distinction between 'human' and 'being'. What is missing is really the "Being part" or "Soul part" and finally we will connect 'Soul Medicine' there. The entire theme is depicted in the following two summary slides.

Let us start with Athero-thrombosis, a leading cause of death worldwide as per data from World Health Organisation. Athero-thrombosis (blood clotting) is the immediate cause of Heart attack and brain attack. The underlying risk factors leading to this condition are high blood pressure (hypertension), high blood sugar (diabetes), and high fats (hyperlipidemia) in the blood. If abdominal obesity (belly fat) is added to the above, it is called Metabolic syndrome. This condition has emerged as the single most important risk factor for heart attack and stroke.

The stress pathways are the connection between brain and the hormones. As shown in this diagram from Scientific American "stress pathways are diverse and involve many regions of the brain in feedback loops that can sometimes greatly amplify a stress response. The process begins when an actual or perceived threat activates the sensory and higher reasoning centres in the Brain. The cerebral cortex then sends a message to the amygdala, the principal mediator of

<i>Summary Part-1</i>	<i>Summary Part-2</i>
Heart attacks & Strokes ↑ Risk Factors: Metabolic Syndrome ↑ Chronic Stress ↑ Emotional Reaction (Fear) ↑ Survival Mechanism ↑ Human Condition	Human Condition ↓ What's Missing ? ↓ Human Being ↓ Human Vs. Being ↓ Soul ↓ Soul Medicine



the stress response. Separately a preconscious signal may precipitate activity in the amygdala. The amygdala triggers hypothalamic corticotropin-releasing hormone (CRH), which stimulates the brain stem to activate the sympathetic nervous system. In response the adrenal glands produce the hormone epinephrine. A different pathway simultaneously triggers the adrenals to release glucocorticoids. The two types of hormones act upon the muscles, heart and lungs to prepare the body for “fight or flight” which is called the stress response. If the stress becomes chronic, glucocorticoids induce the locus-coeruleus to release norepinephrine that feedback into the amygdala stimulating more of CRH – and ongoing reactivation of the stress pathways”.

There is a difference between acute stress and chronic stress. The biochemistry of acute stress is different from the biochemistry of chronic stress. Acute stress triggers a quick response, within seconds from the sympathetic nervous system resulting in the release of the hormone adrenalin (epinephrine) which enables the body to produce a “fight or flight” reaction. Chronic stress on the other hand triggers a much slower response, minutes to hours, resulting in the release of the hormone corticosteroid.

As doctors we are familiar with steroids or cortisone prescribed for asthma or other autoimmune diseases, have the following typical side effects:

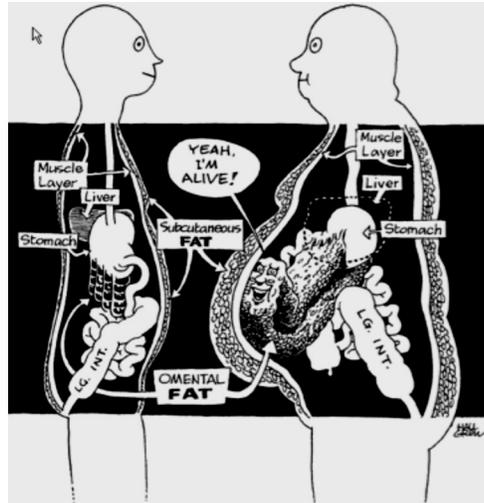
- Central (Abdominal) obesity
- Hypertension
- Insulin Resistance (Diabetes)
- Hyperlipidemia

The correlation to metabolic syndrome is obvious- chronic stress is equivalent to taking steroid medications every day! A less publicized fact is abdominal obesity is also a biomarker for chronic stress. Famine and fear of starvation from a scarcity of food was the chronic stress for our ancestors. Abdominal obesity or assimilating “belly fat” was perhaps the body’s way of comforting the brain and thereby reducing the stress level (storage of food as fat for the rainy day). However, the stored omental fat is directly pumped into the liver through the portal vein to make energy available for an emergency. But the problem is the direct pumping of triglycerides is a toxic dump because saturated fat is toxic and this explains the inflammatory component of Athero-thrombosis.

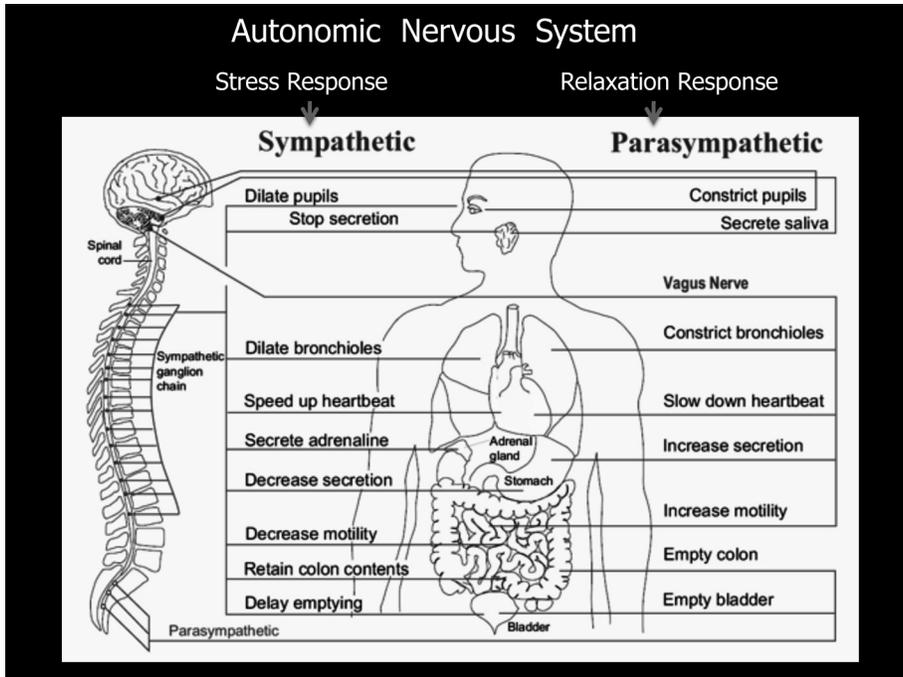
I will now show you some evidence from professional medical journals, how chronic stress is linked to obesity and metabolic syndrome. Nature Medicine in the July 2007 issue has reported that stress exaggerates diet-induced obesity through a peripheral mechanism in the abdominal white adipose tissue (metabolic syndrome) that is mediated by neuropeptide Y. A major study published by the American Journal of Epidemiology in April 2007 which followed 7000 men and 3500 women over 19 years established a direct relationship between work stress and risk of general obesity (BMI>30) and abdominal obesity characterized by a waist

circumference exceeding 40 inches in men and 35 inches in women, that was largely independent of other factors. In a Swedish study of anxiety, depression and obesity done in 2002 anxiety and depression were also found to increase the risk of obesity. Insulin and blood-sugar levels were higher in those who were anxious and depressed.

Similarly the connection between emotional stress, anger, anxiety, worry and cardiac disease and cancer is well established in published medical literature. Three ten year studies concluded that emotional stress was more predictive of death from cancer and cardiovascular disease than smoking. People who were unable to effectively manage their stress had a 40% higher death rate than non-stressed individuals. A Harvard Medical School Study of 1623 heart attack survivors found that when subjects got angry during emotional conflicts, their risk of subsequent heart attacks was more than double that of those that remained calm. A 20 year study of over 1700 older men conducted by the Harvard School of Public Health found that worry about social conditions, health and personal finances all significantly increased the risk of coronary heart disease. Over one-half of coronary diseases are not explained by the standard risk factors, such as high cholesterol, smoking or sedentary life style. According to a Mayo Clinic study of individuals with heart disease, psychological stress was the strongest predictor of cardiac events, such as cardiac death, cardiac arrest and heart attacks. The New England Journal of Medicine in February 2005 published a report regarding 19 cases of Myocardial Stunning due to sudden emotional stress. They found emotional stress can cause heart attack in patients without coronary disease, exaggerated sympathetic stimulation (stress response) being the cause of this syndrome.



What is stress response and relaxation response? When the body is confronted by a stressful, “fight or flight” situation its response is to increase the heart rate, blood pressure, metabolism, blood glucose and generating more energy. This is the stress response. On the other hand the relaxation response is just the opposite wherein heart rate, blood pressure, metabolism, all decrease. Energy is conserved, repair and rejuvenation takes place in the body. The stress response is mediated by the sympathetic nervous system whereas the relaxation response by the parasympathetic nervous system. The following slide provides a graphic illustration of the physiology.



What I have tried to do so far is to connect the chronic stress to the risk factors, metabolic syndrome leading to Athero-thrombosis leading to heart attack and stroke.

*Chronic Stress → Risk Factors: Metabolic Syndrome → Atherothrombosis → Heart attack & Stroke.*

**Do I have Chronic Stress?**

How to identify if one has chronic stress? Acute stress is easy for us to be aware. The problem with chronic stress is that most people are not aware of this condition. We continue to function like a dim bulb when the voltage is low. How do you we know we are reacting to stress? The following table identifies the stress signals-physical, behavioral, cognitive and emotional?

Identifying stress signals			
Physical	Behavioral	Cognitive	Emotional
<ul style="list-style-type: none"> <li>• Shortness of Breath</li> <li>• Muscle tension</li> <li>• Headaches</li> <li>• Heartburn</li> <li>• Upset stomach</li> </ul>	<ul style="list-style-type: none"> <li>• Eating patterns</li> <li>• Alcohol/Smoking</li> <li>• Grinding teeth</li> <li>• Nail biting</li> <li>• Neglecting Appearance</li> <li>• Procrastination</li> </ul>	<ul style="list-style-type: none"> <li>• Poor Concentration</li> <li>• Memory lapse</li> <li>• Negative Attitude</li> <li>• Forgetfulness</li> <li>• Confusion</li> <li>• Worrying</li> </ul>	<ul style="list-style-type: none"> <li>• Nervousness</li> <li>• Anxiety</li> <li>• Irritability</li> <li>• Crying easily</li> <li>• Impatience</li> <li>• Sensitive</li> </ul>

<b>Identifying one's stress levels</b>	
<b>High Stress Levels</b>	<ul style="list-style-type: none"> <li>• I often lose perspective</li> <li>• I feel irritable &amp; on edge</li> <li>• I complain and grumble regularly</li> <li>• I work longer hours but get less done</li> <li>• My home/ work balance is suffering</li> <li>• I have repeated minor ailments, aches and pains</li> <li>• I don't think as clearly as I used to</li> <li>• I have sleep problems</li> <li>• I feel like I'm operating in a survival mode</li> </ul>
<b>Moderate Stress Levels</b>	<ul style="list-style-type: none"> <li>• I feel driven, hyperactive, and restless</li> <li>• I tend to make snap decision but with errors</li> <li>• I feel over-burdened but can't still say 'No'</li> <li>• I often feel tired but am taking steps to recover</li> <li>• I often try to squeeze a few extra drops out of my performance</li> <li>• Discipline, fitness, social pressure &amp; stimulants play a greater role in my ability to perform</li> <li>• My sleep is just about adequate</li> <li>• Others see me as tired yet successful</li> </ul>
<b>Low Stress Levels</b>	<ul style="list-style-type: none"> <li>• I feel well</li> <li>• I am able to relax</li> <li>• Physical recreation brings me pleasure</li> <li>• Increasing pressure enhance my performance</li> <li>• My thinking is clear and I learn easily</li> <li>• I am able to say ' No'</li> <li>• Others feel me more adaptable and approachable</li> <li>• Others see me more energetic and successful</li> </ul>

### **Chronic Reversed Polarity - What is it ?**

Twenty five years ago a Herbalist-Iridologist from California, Keith Smith discovered a new concept called chronic reversed polarity and chronic stress is the key component in this condition. A shift in the polarity of the body that changes the way electrical conduction flows through the cells. Our body has a north and south pole, just as the earth does. When something causes a shift in our system, (usually a traumatic or stressful event in one's life) our axis also changes, thus your poles have reversed and your body cannot operate in the most perfect way.

What are the symptoms of chronic reverse polarity? This is very important. Every day in your clinical work you see patients with chronic disorders, traceable to chronic stress, having the symptoms of chronic reverse polarity such as:

- Feeling tired, having no energy
- Waking up several times at night
- Not feeling refreshed after sleeping

- Feeling constantly stressed
- Irritability, especially when under pressure
- Loss of libido
- Susceptibility to catching colds and coughs
- Inability
- Inability to throw off mild illnesses
- Short-term memory loss (where did I leave the car key)
- Feeling “Fog-brained”
- Prone to depression or “the sads”

Chronic stress in Medical Practice surfaces as:

- Energy Disorders like
  - Chronic Fatigue Syndrome
  - Post traumatic stress disorder
- Autoimmune disorders like
  - Multiple sclerosis not responding to treatment
- Cancer
- Diabetes

It is a major factor in cancer and diabetes. In the stuck state of chronic reversed polarity, medicines don't work as it should, even surgery does not relieve the condition. An example is the 'Failed back syndrome' where a surgical operation done to cure a back pain fails. This happens when the underlying metaphysical cause for the back pain is not addressed. This could be a life situation, like chronic insecurity - “your money is not in your bank but in your back”. Another recent research finding reported in the New England Journal of Medicine is about the importance of protein folding and its relevance to stress, aging and neurodegenerative diseases termed as protein folding disorders.

A simple way to test yourself and a remedy for chronic reversed polarity or chronic stress is **abdominal breathing**. Place your left hand on your chest, your right hand on your belly and take a few deep breaths. See which hand is moving. If the chest hand is moving that means that you are in this condition – an upside down or reversed breathing pattern. In abdominal breathing or diaphragmatic breathing, which is an approved form of therapy now, when you take a deep breath your belly should come out as evidenced by the movement of the belly hand. I believe it is the single most important solution for chronic stress. Patients in the clinic quite often find it difficult and struggle with it and they are unable to do this without training. To be reassured that this is the right kind of breathing, just look at a baby breathing while it is sleeping – it is belly breathing. As we grow up to be adults, we accumulate the stresses from daily lives and become reversed.

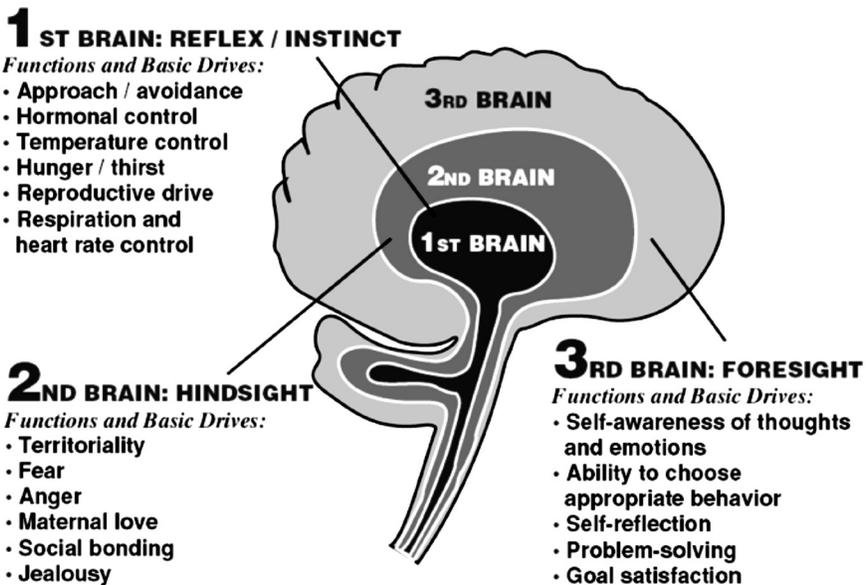
Let's look at the basis/ source of chronic stress. The source of stress - Is it from outside or inside of you? While we look at outside events as the source of

stress, the stress in fact is caused by our own ***emotional reaction*** to the events. It is not the events or situations that do the harm; it is how you respond to these events, which is the key to stress. More precisely, it is how you feel about them that determine whether you become stressed or not. This means that you have some control over this factor!

Emotion is our tool to experience life, emotion also means energy in motion—there are negative emotions and positive emotions. The negative emotions, or low vibe-energy, are anger, resentment, frustration, insecurity and depression whereas the positive emotions, or high-vibe energy, include love, care and appreciation.

Let us look at the emotional brain through the evolutionary layers of human brain. There are three parts - reptile brain, dog brain and human brain all integrated into one. Reptile brain is the primitive, gut based brain stem, whereas the dog brain is the limbic system linking body and emotions – both under the control of an automatic sub-conscious mechanism designed for survival. The third part of the human brain is the prefrontal conscious mind with the ability to choose an appropriate behavior. Each of the three parts comprising the human brain has its individual functions and basic drives as illustrated in the following slide.

The survival brain is designed to retain the memory of an emotion, especially a negative experience. The amygdala in the limbic system, can store negative and fearful experiences that may have happened in one’s life. For example if you were



Source : HeartMath Institute

bitten by a dog in your childhood then this is retained in your emotional memory, and whenever you come across a dog you unconsciously get uncomfortable, unexplained fear response takes over with sweating and hands shivering. The amygdala (emotional brain) takes over and stimulates the autonomic nervous system to send a stress response and the body responds by a stress reaction, over which you have no control. ANS controls all the bodily functions such as cardiovascular, digestive, breathing, etc. This mechanism is the basic survival kit comprising the body and emotional brain as one unit system wherein it senses/ perceive threats, food or sex. It then prepares the body with the hypothalamus releasing stress hormones and the sympathetic nervous system actuating the body response – all through an automatic, subconscious process. Three decades of Stress research by Professor Robert Sapolski at Stanford University included a study of baboons in Africa has shed a lot of light on the development of chronic stress in modern man. Unlike animals, humans are unable to shut down the stress response after the acute stress is over. Most important risk factor for chronic stress is long-term social isolation, nobody to care for or in other words – no body to love or be loved.

**Soul Medicine – The Ultimate Solace**

*Human Condition → Survival mechanism → Emotional reaction (Fear)  
 →Chronic Stress →Risk Factors →Heart attacks & Strokes*

So far what we did was to trace the killer diseases to its source – The human condition of struggle and survival, the central theme being the chronic stress. Now let us look at what’s missing?

<b>What’s missing ?</b>	
<ul style="list-style-type: none"> <li>■ “It”</li> <li>■ Human You</li> <li>■ Personality</li> <li>■ For Identity</li> <li>■ Mind</li> <li>■ Belief systems                             <ul style="list-style-type: none"> <li>■ I am Muslim</li> </ul> </li> <li>■ Mass Consciousness</li> </ul>	<ul style="list-style-type: none"> <li>■ You</li> <li>■ Divine You</li> <li>■ Being</li> <li>■ Higher Self</li> <li>■ Your Essence</li> <li>■ Soul</li> <li>■ I am Presence</li> <li>■ God-Self</li> </ul>
<b>99%</b>	<b>1%</b>

What is missing in our lives is what is within, the actual YOU or the Divine You, the Being, the Higher Self, Your Essence, Soul, Presence or God-self all meaning the same. Unfortunately, 99% of the time we are trapped in the human condition. Without choice and pure intent we are unable to access our true nature.

So YOU are the Consciousness or awareness (sensing or feeling not thinking). The limited consciousness or limited awareness makes up our human nature which includes the survival mind, the human self and even the religious beliefs stored in left brain. It about knowing and is knowledge based. We have no access to Being. The expanded consciousness and expanded awareness which includes the creative mind, higher self, the spiritual right brain all attributable to the being or soul. The Power of Being is manifested when you start understanding the distinction and start living in it as shown in the slide.

Human beings are endowed with the ability to choose life and have the power to create your own reality. Do you want your life to be a fear based survival leading invariably to chronic stress or do you choose to create a new life for yourself based on love leading to joy and peace? So the big question is - are you ready to evolve? By being more aware, you can use the power of choice to transform the negative emotions to positive which will impact your health by leading you away from stress and self destruction towards peace and good health.

<b>Distinction “Human Being”</b>	
<b>Human</b>	<b>Being</b>
<b>Human self (Personality)</b>	<b>Higher Self → Real You</b>
<b>Purpose: Survival</b>	<b>Experience &amp; Create</b>
<b>Fear Based</b>	<b>Love Based</b>
<b>Judging / evaluating</b>	<b>Honour everything &amp; everybody</b>
<b>Little voice / thoughts</b>	<b>Promising / generating</b>
<b>Reactive</b>	<b>Creative - Vision for your life</b>
<b>Human Condition-Struggle</b>	<b>Fulfillment / wholeness</b>
<b>Options</b>	<b>Choices</b>
<b>Important &amp; useful</b>	<b>Quality of life</b>
<b>Source of all stress</b>	<b>Source of Peace &amp; Health</b>
<b>INTEGRATING is the KEY</b>	

### **Retraining the Amygdala to combat chronic stress**

How do we handle the automatic stress reactions mediated through our emotional brain? By retraining the Amygdala to combat chronic stress. The principle behind this technique is to consider the body and the survival brain as a frightened inner child and talk to them accordingly. Be aware of the negative thoughts and negative symptoms and affirm loudly to yourself - “stop, stop, stop” to get out of these looping thoughts. Then do abdominal breathing and relax. Then think of your loved one just to create a shift in the energy. The easiest way is to close your eyes and think of a loved one, perhaps your child, creating feelings

of love and care. Move on next to the choice point. Choose the path of self-love and then visualize your future self in peace and health. Finally let go of the whole process and move on to the next task.

**What is soul medicine?** It's about Soul-body fusion. Invite the soul or soul quality into every aspect of your life. Integrate the soul; soul is the consciousness not energy. Consciousness is the master, consciousness commands energy, to create manifestation. How do you integrate? Just breathe in your divinity. Bypassing the mind because with the mind you can never know God. Even prayer is a mind activity and we need a way to bypass the mind and breathe in divinity. What is the process? Take time out for the soul, choose the soul with pure intent, release of karma, and discover the life lesson. All our past and future lives, exist in a quantum state in our soul energy located in the magnetic layers of our cellular DNA. The new gifts in this New age, we have permission, with the help of our Higher-self to go to any of our past or future life time and pull out the best of health or any other quality that we require and bring into existence, to the present life. Kryon calls it "Mining your Akashic records". Refer to published Kryon channeling work of past 20 years. They are so remarkably simple, the only problem being they are not easy to practice.

It has been a blessing to present this simple material for you and me. It is so simple that it can be forgotten, so simple that part of you may think it doesn't work and above all it is so simple that your mind and ego want something much more complex. But for those who want to stay with it - ***"Breathe in your divinity right now"***.

I look forward to a time when we will realize that **we are God also**, as Swami has said *"I am God. And you too are God. The only difference between you and Me is that while I am aware of it, you are completely unaware"*.



**Post presentation Q&A Session:**

- Q.** How to be soul conscious while performing daily duties?
- A.** It is relatively simple. With pure intent you invite the soul to participate in every aspect of your life. Invite the soul even when you do bad things – not bringing the soul to solve your problem but inviting the soul to participate. Then you can get a revelation that will help you overcome a bad habit such as smoking, drinking, etc. You get started with the breath and not the mind which has to be bypassed. Take a deep breath and invite the soul.
- Q.** Are periodic holidays and taking time off the answer to the increased stress in modern life?
- A.** These are only short cuts. Long term solutions are needed that pave the way to get out of this survival syndrome, which is a virtual trap.
- Q.** Tell us more about awareness for reversing polarity to combat stress and how it can be practiced without a teacher.
- A.** Simply practice abdominal breathing routinely.

**Footnote by the Session Coordinator:**

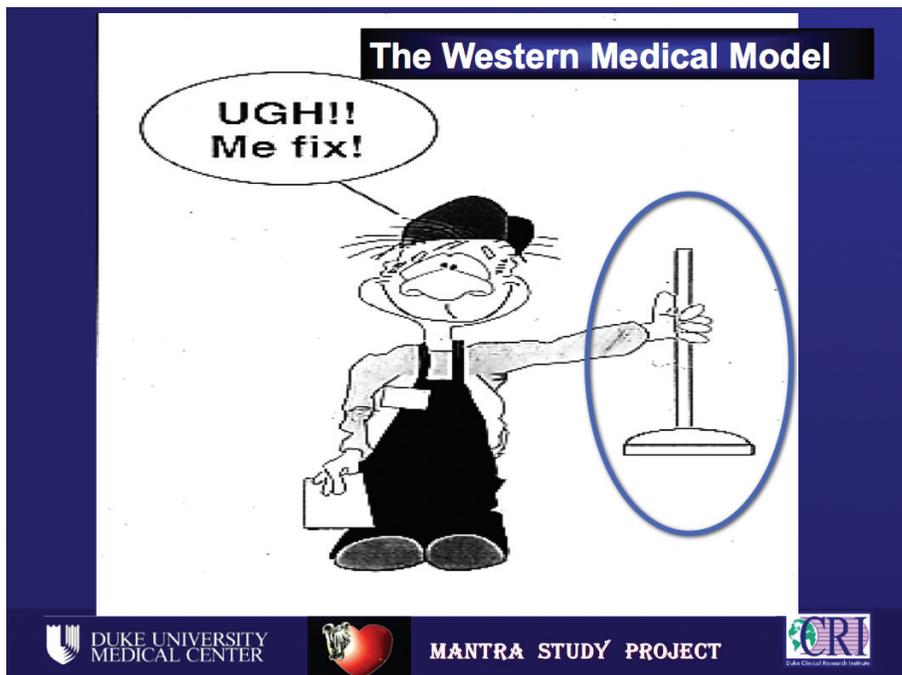
The take-home message is we are living too much in an age of instant gratification, short cuts, herd-mentality and a fear based survival existence. We desperately need to change this perspective.

# FOLLOWING A SHINING STAR - INSPIRATION AND GUIDANCE FOR CLINICAL RESEARCH USING MUSIC, IMAGERY, TOUCH AND PRAYER IN HIGH TECH CARDIOVASCULAR CARE

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Twenty years ago Swami touched my life and eighteen years ago on His 65th birthday Swami changed my life. The title I have taken for today actually was part of what we wrote for an issue of SwissMed celebrating the first year of His hospital here in Whitefield. This hospital along with its predecessor in Puttaparthi are like shining stars and are truly guiding lights emanating from the original source. As practitioners of cardiology we have a lot of very interesting ideas and ways we



think we can improve healthcare. But there is a difference between these ideas being philosophies that make nice symposiums to talk about and actually being aspects of practical day to day brick and mortar healthcare that can be delivered meaningfully without compromises. There are very few examples of what I am going to talk about today that are like these two hospitals.

This is more or less a diagrammatic depiction of what I learnt in medical school thirty years ago.

What I learnt was to recognize that a patient was a complex piece of machinery and when that piece of machinery broke, if I was a really good doctor, I had some very high tech tool that I could apply and fix them. I don't want anyone to think that I am not a great advocate or believer in the miracles of modern medical technology. I am an interventional cardiologist and I put catheters and stents in people's hearts eight times a day on an average in order to avoid heart attacks and undo the need for surgery. I work for the Food and Drug Agency (FDA) in USA in evaluating these technologies. But here in India, and in Baba's hospitals, we learned to ask how much better our finest technology might perform if, in addition, we paid more systematic attention to the rest of the human being—even to the intangible aspects of the human being.

Historically there is much predicate for this perspective This may not look like the cover of a text book of medicine but actually that is exactly what this is. This is the palace of the healing Buddha mandala. This is the cover of the

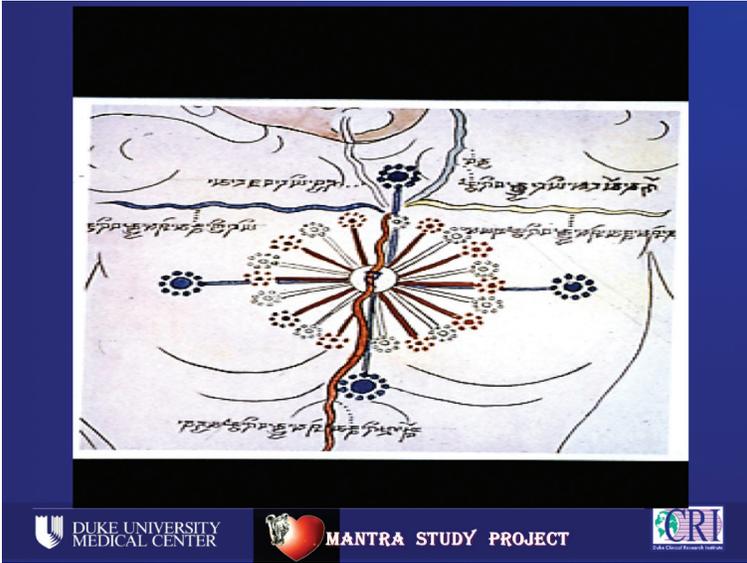


Blue Beryl. The Blue Beryl is a 17th century compilation of about 2000 years of medical wisdom from Northern India and Tibet.

This is the table of contents and very literally what is described in this as you follow any colour and take any branch is the training path of medicine and what is specifically identified on each training path are the kinds of patients who you will see and have the remedies and skills that you will learn to apply.



In the Blue Beryl many of the diagrams are remarkably accurate and recognizable to Western eyes, including the muscles and the bones of the muscular-skeletal system, the vascular tree and the reproductive organs. And then there are other drawings. Shown below are diagrams of the heart chakra and the connections to the central nervous system and a systematic diagram of the depiction of the 500 interconnections between the mind, the body and the spirit. I can guarantee you that you will not find this diagram anywhere in Gray's textbook of anatomy.



I think it is important that we all work very hard in this modern technology world to get over the idea that somehow you are either a spiritual person OR a technology person, that somehow if you pray for a child rather than allowing the child to have therapy for their leukemia, that is what we then mean by spiritual medicine. That is the wrong construct. That certainly is not what we are talking about this morning. We are standing in the finest halls of medical technology, we are talking about embracing and contextualizing that technology with a more serious and more integrative awareness of how it fits together with the intangible human capabilities that we all have and that we could learn to practice. This was a subject of focus in the book, “Integrative Cardiology” that I published with Dr. Jack Vogel from California. In the ayurvedic medical system the body is essentially referenced across the five inorganic elements constituting the material universe – earth, water, fire, air and ether. The body itself is envisioned as coarse material or “maya” that is structurally configured by vibrational energy conveyed from a collective or cosmic source, the Atma. This coarse material structure rendered by vibrational influences of life energy could be conceptually compared, in a different metaphor, to the modern western medical understanding of the genome. So I think a lot of this is a question of how we perceive it. It is like the statement that we are not human beings talking about having spiritual experiences, we are spiritual beings who have come to endure human experiences.

It was really here in India and not in the west that this story began very literally for me. In the late eighties epidemiologic data in India, made it very clear that coronary artery disease was much more lethal, that the average age of the first onset of the first MI (myocardial infarction) or death in an Indian male was at the age of forty seven, that is more than ten years younger than in USA, and we are pretty bad. Then in that context the advent of the percutaneous approach to unblocking coronary arteries called coronary stenting led to the evolution of more than 120 cardiac catheterization laboratories in India, newly constructed in less than three years. It was our privilege to come over here as a team to train for standard operating procedures in some of these cathlabs, I can honestly admit when we first came over here for this work we came over thinking we were coming to teach but over most of the next twenty years we have actually come over here mostly to learn. One of the things we did learn was that here in India you share a problem we have in the U S with maldistribution of healthcare and as we heard this morning reaching out to the poor in the urban areas and reaching out to the poor even more so in the rural areas was something that systematic healthcare does not do very well in either of our countries. And of course I don't have to tell you that we are only 130 kms from where in a small town in the middle of a desert, a 320 bed 2 digital cathlabs, 5 operating theatres free care hospital was born in 1991, the predecessor to this hospital, here in Whitefield, born later under the same mission. If you walk in to the cardiac cathlab in Puttaparthi and I took you into Room 3 in the Duke University Medical Centre in Durham,

N.C, you probably couldn't tell the difference, the facilities are virtually identical, partly because of my involvement.

We returned to celebrate the first year of operation of this hospital after 3000 of the first catheterizations and more than 1300 of the open heart operations, offered to children with congenital anomalies of the heart and to young women with mitral stenosis because of rheumatic heart disease, had been done. At the end of that first year as we did the rounds in this hospital it was not at all the technology that was the impressive part- it was the shining beaming faces!

To do rounds in a cardiology service ward where children smile; where families don't have fear; where anxiety has been removed from the equation - I can tell you that is not what rounds at Duke are like. When we do the rounds in a cardiology service ward at Duke patients are anxious and the staff is stressed. We deliver a lot of technology but when we do the rounds in our wards it doesn't look like this. As we did the rounds on the first anniversary of the hospital in Puttapparthi it was quite clear why - there is explicit awareness in every patient of being in God's hospital, and explicit awareness at every level of staff from those sweeping the floors clean to surgeons opening a chest of doing their work in God's hospital. This awareness across patients and staff totally transforms the delivery of high tech care, so profoundly that we became interested in whether these effects on how tissue heals, on how inflammatory systems are triggered, or on how pain thresholds are experienced, could be studied.

We can step back and say certainly in western and eastern traditions some of the oldest and most widespread healing and therapeutic capabilities of human beings are intangible and are recognizable as prayer, faith, the eastern vital energy Chi, the ayurvedic view of prana, imagery and even the placebo effect.

In 1978 in the *New England Journal of Medicine* (NEJM), an eminent and distinguished Harvard cardiologist Dr. H. Benson published a report about a double blind placebo trial. Patients having angina with heart pain given a sugar pill by their white coated trusted doctor got better because the doctor told the patient this was the newest therapy there is for angina. Now the problem and perhaps the set back to our serious concentration on the placebo effect was that you had to lie to your patients and that is a very unacceptable model for healthcare. But the National Institute of Health about twelve years ago reexamined this issue by wanting to look at this differently. What is it we are triggering here? What is the placebo effect? What is the operative mechanism inside of a human being that can be triggered just by trusting someone even if what they tell you is not true? And placebo research has thus become a very important part of medical research into intangible human capabilities. We also have capabilities that are not just the isolated capabilities that I may be able to mobilize inside myself but are interactive. And interactions as we heard earlier today is the expansion not only of the patient's world view or the counselor's world view but in the

combining of these two world views into one – the healer-patient relationship, love, compassion, companionship, touch. We also have western medicine slowly, gradually may be a little painfully but profoundly waking up. However we must recognize that the currency of discourse for modern, systematic western medical practice is data. Data drives professional society practice guidelines, budgetary decisions, and emerging health care policy decisions.

Data on the effect of apparently intangible human healing capacities has progressively emerged. If you participate in a religions community with others, if you are depressed, if you are stressed, if you react with hostility as a personal style, if you are alone and you have heart disease the detriments of these totally intangible features in a patient population with heart disease is on par with smoking one to two packs of cigarettes a day in terms of increased mortality from that disease.

Concerns with intangible emotional and spiritual impact on the body are not voodoo. The well known physiology of the stress response when triggered pours adrenaline into the blood, which causes the blood vessel to constrict, causes the blood to thicken, that stimulates inflammatory systems, stimulates the heart to beat harder and faster, everything that is good for you if you are a zebra running away from a lion. But all of this is bad for you if you have a heart attack or when a doctor is trying to put a coronary stent inside of a blocked artery.

Should we and can we study this intangible arena through scientific methods? In the early 1990's the hospital in Puttapparthi turned my life around and changed our vision of hi-tech healthcare. We came back home to a lot of very strong concerns and questions. Is it unethical to try and study God? Are science and scientific methods so fundamentally reductionist that these fundamentally ephemeral poorly understood divine spiritual capabilities could never be meaningfully captured using scientific methods?

These are pretty good questions. Is there a dose response to prayer? If you pray for an hour does it make people heal faster than if you pray for ten minutes? If you have 250 medical students praying for one of their colleagues at lunch, is that less effective than when we get nineteen cloistered Carmelite nuns in Townson, Maryland who do nothing but pray in their lives to pray for healing. Does it matter who you are praying for? Does it matter if who you pray for is even aware that you are praying for them? Does it matter if who you are praying for does not want you to pray for them?

We heard from Dr. Hegde very clearly this morning that when we talk about research we talk about endpoints. In cardiology care and certainly from FDA point of view one of the endpoints is death. I can guarantee if you have a new therapy and go to the USFDA and tell them that your therapy increases death in patients with heart disease the USFDA will ask you to go away, and they will not approve your therapy.

But as we heard from Dr. Hegde we have to step back and recognize that more than the majority of the human beings on the face of the earth don't even think of death as an endpoint but as a transition point of a very profound kind. So if we are going to do scientific research on a spiritual intervention where the focus may be healing rather than curing whether or not death is a suitable endpoint is a very important question to consider. One of the west's most enlightened scientist Albert Einstein wrote "Historically one is inclined to look upon science and religion as irreconcilable antagonists.... I maintain that cosmic religious feeling is the strongest and noblest incitement to scientific research".

And in that spirit and having been in the Puttaparthi hospital in 1993 we formed a Monitoring and Actualisation of Noetic Training (MANTRA) study project. The first pilot work we did was published in American Heart Journal in 2001. It was a study of patients who came to the hospital and needed urgent catheterization. These are patients who were either having a heart attack or very much right on the edge of having a heart attack. So for clinical purposes they were going to the cath-lab. So we go in and we tell them we are going to take a fine 50 cm long catheter and thread it through your leg to the heart and there is a 5 % chance of making it worse than better and the risks of the procedure are death, stroke etc. In that setting the study that we conducted with patients with informed consent was to randomize them to 4:1 and subjected them to four intangible therapies- imagery, touch therapy, stress management and distant intercessory prayer - or just standard therapy of which we are very proud. The real question in this environment is what if in addition to the very best hi-tech care that we have to offer, we were to systematically add intangible therapies before the procedure. Three of these procedures - imagery, stress relaxation and healing touch - were "open label" with a practitioner openly involved at the bedside of the patient and the patient participating knowingly. In the other two arms of therapy - distant intercessory prayer and standard care - the patients knew by informed consent that if no one came into the room there was a 50-50 chance that either they were in the prayer treatment group or they were not.

The way we teach imagery takes into account that when patients are sick and heading for a cathlab time is everything. So to be able to intervene meaningfully everything is bottled in a very short period of time, and very much like the previous presentation the focus was to first make contact with the patient to develop a presence together with the patient and the healer. And second to do something even an acutely ill person can do is to breathe from the relaxed abdomen and not the chest. Our instructions are "put your hand on your tummy when you breathe in make your tummy push your hand out Even a sick person can learn a relaxed abdominal breath in about 30 secs. Then in the imagery cohort the patient was instructed to imagine the most beautiful peaceful place you have ever been in your life. And as you go to the cathlab when you breathe in bring that image into focus and when you breathe out release any noxious stimuli that happened to

be in your awareness whether you have chest pain and you can't breathe or they were sticking a needle into your leg or whatever. When you breathe in see this beautiful place, when you breathe out let go of whatever you need to let go. Stress relaxation is a very similar technique but rather than an image it uses a phrase very literally a mini mantra, the mantra is styled to the individual so that the goal of it is for the practitioner to identify what is a meaningful phrase for the patient; for a religious patient it might be a line from a prayer or a surrender "Thy will be done", for a more secular patient it might be a simple phrase "easy does it". And again while breathing in relaxed from the abdomen to bring that phrase into mind, while breathing out to let go whatever you need to let go. In Touch therapy there are many modalities of healing touch and the touch we adopted for this particular pilot was hands on the body in 10-22 positions for about 45 seconds each to do whatever you think touch therapy actually does- mobilize energy, share energy, restore energy - whatever metaphor you like.

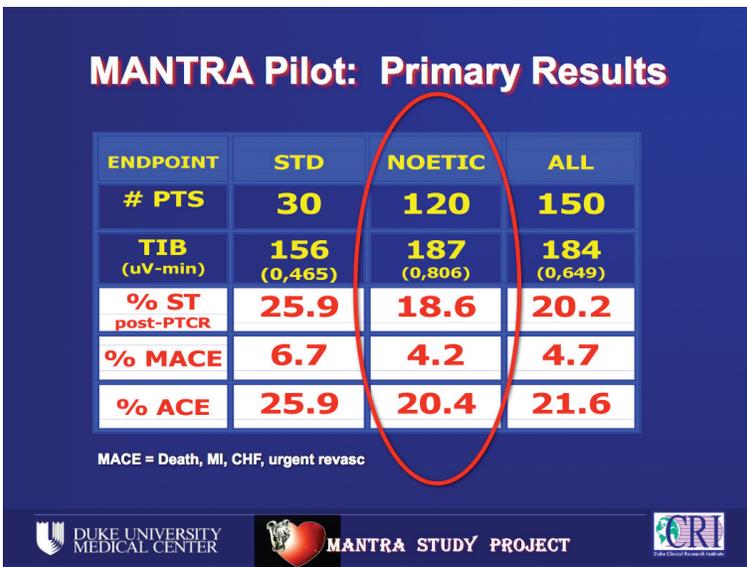
Intercessory prayer was one of the double blind arms. With the patients' informed consent and permission we sent their name, age and illness to eight prayer congregations around the world. Each patient's name, age and illness went to all eight prayer groups. For the pilot study the prayer groups included the Carmelite sisters in Townson, Maryland. This is the oldest cloistered Catholic nunnery in the US dating back to the original 13 colonies. The Abundant Life Christian centre is a charismatic Christian group in North Carolina. The Unity church in Missouri has operated its prayer chapel 24/7 days a week for prayer delivery for more than 200 years. The Kopal and Nalanda monasteries here in Nepal and their sister organization in the south of France include about a 150 Buddhist monks and nuns. There were three chaplains of the Baptist ministries in the south east. And finally the Virtual Jerusalem website is managed in Jerusalem where they will take a prayer sent on the internet, print it out on a piece of paper and put it in a crack in the Kotel, the Western Wailing Wall in the Jewish tradition.

These are the data from the pilot and I promise for this morning I am not going to make it too data heavy. But I do want to be clear that we are very serious about this. And data is the currency for integrating these kinds of concepts and modern medicine and data requires the work of doing research.

So what you see in the chart below in the vertical column is we enrolled 150 patients and one year experience, randomized 4:1. We have 30 in the standard care category and 120 in the noetic therapies groups. All these horizontal lines are the bad things that happened to the patients in these settings. The middle one ST is a electrocardiogram finding that was analysed in a blinded core laboratory. MACE (Major Adverse Cardiovascular Endpoints) that includes death, MI, heart failure and need for urgent surgery or ACE (All Cardiovascular Events)

representing sum of those two. What you can see is that in every one of these in the noetic therapy group there was about a 30% reduction.

Now these pilot data are neither proof nor statistical certainty that the benefit observed resulted from the noetic therapies. For a pilot study it was at least encouraging and did help us understand where we fell short, what we did wrong and what we could do better in order to gain more understanding into the potential of intangible therapies in our patients. The small number of patients was very important, and questions about how generalisable are these findings? Also, what if instead of one therapy or another we could allow combinations of therapies to work together? And what about the placebo effect? Patients in the double blind may have imagined they were getting something they were not.



Appreciation of the limitations of the pilot led to the design of our second study with a five times larger population of 750 patients done not in one centre but in nine centres in the west coast, the Midwest, the northeast and the southeast to give a much broader geographic distribution - Columbia University, Duke University, Washington Heart Centre the Scripps Clinic, all with pretty solid academic cardiovascular programs. The design of this study is what we call a 2x2 factorial randomization. All that fancy terminology really means is that every single patient was randomized 50:50 to protocol assigned prayer or not and was also randomized 50:50 to an open label noetic bedside intervention or not. What the 2x2 gives you then is 4 quadrants of patients – one quadrant of patients gets neither one of these therapies, one quadrant each gets one or the other of these therapies and one quadrant the turbocharged group get both therapies applied together to look at synergy, antagonism or other potential treatment interactions.

This second study was published in the *Lancet* in 2005 as the first multicentre randomised clinical trial of prayer in the world.

Two therapies were used in MANTRA II. The open bedside therapy became a combination of music, imagery and touch (MIT), with patients knowing exactly what was going on. The offsite intercessory prayer model was repeated as a double blind, although we expanded from 8 to 12 congregations with the inclusion of Muslim groups. We established standardized requirements for healing touch training, and provided a cassette tape with music and imagery script so that the MIT therapy could be applied at least reasonably homogeneously from centre to centre. The use of dual headphones allowed both the healer and patient to listen to the same music and the same imagery at the same time. This was then followed by the touch session.

For this second protocol we studied more elective patients going to the cathlab for coronary intervention, and so we gave the healers a little more time than we did for the acute-case pilot. Following the imagery session if the patient wanted to they could continue to wear the headphones and listen to music while they lay in the cathlab.

About two thirds through this study Chang and colleagues from Columbia University published a very unusual prayer model in the *Journal of Reproductive Medicine*. It was what they called a two-tiered prayer model. The study was conducted in a fertility clinic, with mothers who were receiving in-vitro fertility therapy. The study outcomes were healthy term babies. The study found there was a profound difference in the prayer treated and non-prayer treated groups. The two tiered prayer involves sending the picture of the hopeful mother to one pray-er so that the pray-er had an image of the mom. But then the study design also alerted a second pray-er who was not given the picture, and the second pray-er's job was to pray for the prayers of the pray-er praying specifically for the mom. So we looked around and the only cultural paradigm we could find that fits this is in the Catholic Church where there is an ancient tradition of the Sisters praying for the prayers of the Fathers. For the MANTRA II study, we adopted this as a mid-study change, after the 500th patient was enrolled, and rather crudely called this two-tiered prayer method the "high dose" prayer model. To execute this change, we engaged an additional twelve congregations who prayed for the prayers of the twelve congregations who prayed for the patients specifically by name.

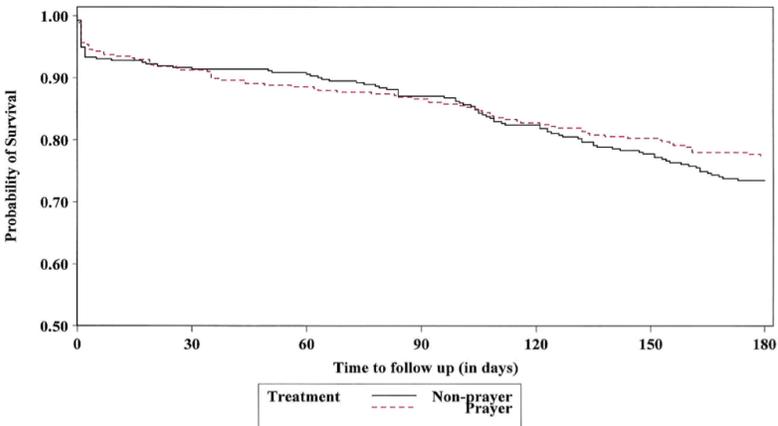
The study was powered to look at a primary combination end point of in-hospital complications out to six month death and any re-hospitalizations. The events then said we were looking for 35%, the actual density in the population was 37% so essentially we captured the range of patients we hoped to enroll. Secondary endpoints were used as subgroups of this composite mostly because in our ignorance we really are still exploring a lot of basic things. For instance, if

I randomize a patient at 10 o'clock in the morning and have him in a cathlab by 11:00 am but the Carmelite Sisters don't say their Vesper prayers until 5:00 pm, is that too late? So partly we enlisted prayer groups in multiple time zones around the world and also prospectively developed secondary end points that allowed us to look at shorter term and longer term outcomes and other temporal effects.

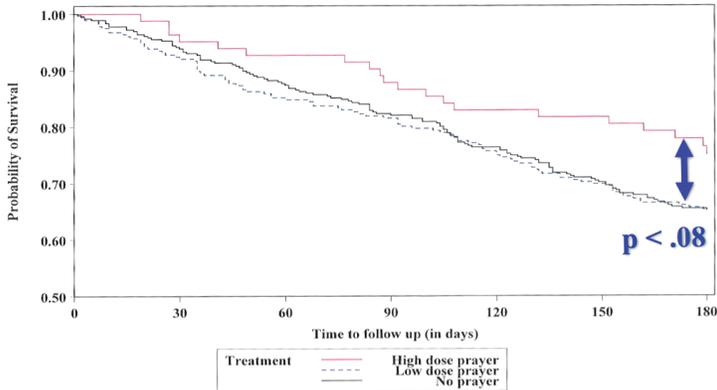
At the Duke Clinical Research Unit we do a lot of work that is submitted to FDA for approval of new therapeutics. We are very serious about quality control and the statistical approaches and data that we work with and the MANTRA study project is no different. Our commitment is to patients who have heart disease. These patients are frail and guarding their safety is our job if we are going to do human clinical research. So we are very rigorous about how we manage data. We also looked in MANTRA II for some other variables that might have affected these outcomes. For instance chaplains were present in almost a quarter of the patients before the procedure in the room, and 89% of our patients were aware of someone praying for them that had nothing to do with the study protocol. And as an assessment of placebo effect, by questionnaire about 2/3 of the patients who had not actually been assigned prayer by protocol believed that they were.

This is a Kaplan-Myer curve expressing on a six month time line over the horizontal axis the probability of survival over the time plotting the prayer group and the non prayer group- red and black. You can see they are absolutely identical no difference at all, keeping in mind that 90% of the patients in the non-prayer group had prayer that they knew about coming anyway outside of the protocol.

**MANTRA II  
GRAPH 12.3  
6-month MACE  
Prayer vs. Non-prayer**



MANTRA II  
 GRAPH 12.4C  
 6-month death or re-hospitalization  
 High dose vs. Low dose vs. No prayer



This red line is the high dose prayer- this is the two tier prayer still in the environment where 90% of the patients have other prayer occurring outside protocol. Despite that, this curve looks numerically better than the others. What is interesting about this is that the high dose prayer went out only in the last 1/3 of the patients, and was actually performed for only half of them. So the denominator of this group is actually far smaller and anyone who knows statistics knows that as denominator gets smaller usually your statistical certainty gets less. This p value represents the suggestion that there is a 92% likelihood that the differentiation of this red line is an improvement in outcome that actually might be related to the therapy rather than just a play of chance.

For the bedside music, imagery and touch (MIT) we also collected a range of variables in addition to the outcomes variables. We had a visual analog score (VAS) sheet where in a very simple way a patient can characterize how they feel, how you as the patient think you are doing over a range of moods. These mood assessments can also be combined as an overall distress score. The VAS is administered immediately on study entry and then again right before going to the cathlab (PCI). If the patient had MIT assigned by protocol, that happened in between the two VAS assessments, or about an average of 35 minutes apart. And this is all before the actual PCI procedure is performed. What you see here is that if nothing else music, imagery and touch open label participatory at the bedside profoundly reduces the patient's sense of distress prior to the procedure.

In terms of the clinical outcomes MIT v/s none, we observed a 60% reduction in mortality six months later. Again, this is not proof that it resulted from the MIT, but is very interesting.

## CAM In ACS: The MANTRA Experience

### MANTRA II: MIT & VAS

	MIT (N=374)	No MIT (N=374)	All Pts (N=748)	P-value
Baseline VAS	263.9	273.8	268.0	
Pre-PCI VAS	154.5b	256.0	194.3	
<b>VAS Distress Delta</b>	<b>-84.2</b>	<b>-18.9</b>	<b>-41.0</b>	<b>&lt; .0001</b>



MANTRA STUDY PROJECT



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VAS Distress Delta	-84.2	-18.9	-41.0	< .0001

	MIT (N=374)	No MIT (N=374)	All Patients (N=748)
In-hospital MACE	7.0%	4.5%	5.7%
<b>6 mos. Death</b>	<b>1.9%</b>	<b>5.4%</b>	<b>3.6%</b>

**P < .03**



MANTRA STUDY PROJECT



### Healer Score vs. Outcomes

	Score=10	Score<10	P-value
<b>Primary Composite*</b>	25.62	45.42	0.0005
<b>In-hospital MACE</b>	3/117 (2.6)	18/219 (8.2)	0.0413
<b>6 month Death and Rehosp*</b>	23.03	40.61	0.0018
<b>6 month Death</b>	0/117	7/218 (3.2)	NA

Note: KM rates and Log-rank p-values  
MIT group (n=374)



DUKE UNIVERSITY  
MEDICAL CENTER



MANTRA STUDY PROJECT



### MIT Group Descriptors vs. Healer Score

Descriptor	Score<10 (n=219)	Score=10 (n=117)	P value
Age (yrs)	55	55	0.84
% female	27.9	32.5	0.375
EFx	50	54	0.53
Hx HTN	74.4	72.5	0.724
Hx Hyperchol	75.1	70.7	0.277
Hx DM	39.0	31.5	0.182
Tobacco	17.8	9.5	<0.001
Prior MI	24.3	30.3	0.249
Hx CHF	18.0	7.7	0.011
3v CAD	38.7	27.7	0.072
ASA use	92.7	88.9	0.242
Beta blockers	71.3	44.4	<0.001
ACE use	47.5	25.5	<0.001



DUKE UNIVERSITY  
MEDICAL CENTER



MANTRA STUDY PROJECT



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ASA use	92.7	88.9	0.242
Beta blockers	71.3	44.4	<0.001
ACE use	47.5	25.5	<0.001



MANTRA STUDY PROJECT



## MIT Patients: Primary Outcome MV Regression

Variable Label	Chi-Square	Pr > ChiSq	Hazard Ratio	95% Hazard Ratio Confidence Limits	
Healer Score= 10	9.7799	0.0018	0.488	0.312	0.765
Hx of CHF	8.2118	0.0042	1.969	1.239	3.130
Hx of smoking	0.4188	0.5176	1.098	0.827	1.457
MV CAD	0.4269	0.5135	1.065	0.881	1.288
Beta blockers	0.2484	0.6182	1.114	0.728	1.704
ACE inhibitors	0.6364	0.4250	1.174	0.792	1.739



MANTRA STUDY PROJECT



The last piece of data I will show is the prospective sub study centered on the healing touch and the healers themselves. As you work with healers who use intangible therapies, at least the professionals, you actually get the impression that these people believe that they know what they are doing. And they convey that through a variety of metaphors. Chi-Gong practitioners will talk about the ability to move or mobilize Chi. Others may refer to Prana and its detection in the pulse, or the manipulation. Restoration or reorienting of displaced meridians in traditional Chinese medicine, or of restoring chakra motion and realigning chakras, or of seeing and rectifying colours or auras or unruffling energy. All of these metaphors are used by different practitioners in these intangible energy ranges but all of them very convincingly say these metaphors work in my practice. So we put them to the test. We asked every one of our healers after each MIT session prior to the cath procedure to just in a very general 0-10 scale say do you think this worked. You are the healer, you did the session you operate in your metaphor you put on 0-10 how good do you think this session was. How well did it go? And as we correlated those scores with clinical outcomes look like this.

This is the primary composite endpoint of the trial. If the healer's intuitive score prior to the procedure at the end of the session was a 10 the adverse outcome rate was reduced by almost 50%. This kind of a p value denotes a very high certainty that this is probably not the just a play of chance. And as we looked at all of the prospective secondary endpoints again if you had a ten session before the procedure all of these look profoundly better. When I was first handed these data by my nurse practitioner, because this was really her idea, I said that we can interpret this very simply: healers must not like old people, because in cardiovascular care the density and concentrations of complications related to invasive cardiovascular care are heavily driven by age. While it seemed pretty likely, these are the actual descriptors data.

The age distribution across the ten and non ten groups are absolutely identical. In fact in every classical risk factor that is known to influence 6 month outcomes after a percutaneous outcome in the ten v/s the non-ten group the distribution is absolutely identical.

And as you use a multivariable logic regression model to assess all of these variables which we know will affect clinical outcomes, the strongest single predictor in the model was the healer's score of ten before the procedure.

We must still ask: what do all of these data really tell us? What do we learn? Is it the music? Is it the imagery? Is it the touch? Or is it just having a compassionate human being spend 30 minutes with you before your procedure. Is this really therapy? Or are these healers simply connected to another level of intuitive diagnosis that clearly goes much deeper than the classical risk factor and predictive models? Are these findings reproducible? What are the mechanisms of action? These are all questions, not answers developed by this research.

Einstein wrote *“The fairest thing we can experience is the mysterious. It is the fundamental emotion which stands at the cradle of the true art and true science.... In my view it is the most important part of art and science to awaken this feeling and keep it alive...”*

So nineteen years later what have we learned about a healing space? Well one thing we can say is that lay people are fiercely interested in this. When Time magazine sent an army of reporters to Duke Medical Centre to see what the more economic orientation and modern economic constraints implied for a major medical centre they also sent their religion writer, who spent two weeks with us. This was even before we had reported the results of this study.

We also learned to independently consider what constitutes a healing space as both an outer and an inner space. When Keith Critchlow the British Architect designed the hospital in Puttaparthi he designed the main wings of the hospital architecturally to represent God’s outstretched arms reaching to embrace anyone who has to walk into the hospital. When he designed the main rotunda he architecturally designed it to represent a heart with its apex pointed to God. And the first time we made rounds in this institution and the Chief of Cardiology Keshav Prasad walked us through the door we did not find any information or registration booth. We walked into a shrine. And as he walked with us that first time, he pointed gently to the gleaming marble floors and said, in his very wonderful quiet way, “Healing starts here. Then if we need to, we can go to the cath lab.”

On the inner space side we really learned from our volunteers who manned the first year of the pilot study - carpenters, nurses, psychiatrists who were willing on a 24/7 basis to carry a pager. If we had an acute coronary care patient who was going into the cath lab they would drop what they were doing and come running to the CCU, as time matters in the management of these patients. And these volunteer healers to a person would stop when they reached the CCU and with a breath and a prayer they would clear their inner space before they ever entered a patient’s space! So from that model we stepped back and said who do you want really pushing catheters into your mother- a world famous cardiologist who has multiple grants, three pagers and four medical students all on overdue schedules, or that same woman who has the wisdom to leave all of that chaos in the control room before she walks into the cathlab anywhere near your mother? So we adopted in our own lab this prayer from Mother Teresa’s orphanage, as a tool to help us take at least 20 seconds to separate, to clear our inner space, before each catheterization procedure. I will conclude with the healers prayer.

*Dear Lord and Great Healer,*

*I kneel before you, Since every great gift must come from You, I pray, give skill to my hand, clear vision to my mind, kindness and meekness to my heart.*

*Give me singleness of purpose, strength to lift up a part of the burden of my suffering fellow men, and a true realization of the privilege that is mine.*

*Take from my heart all guile and worldliness that, with the simple faith of a child, I may rely on You.*

*– Mother Teresa.*



### **Post presentation Q&A Session:**

#### **Q. What is the significance of the shining stars?**

A. The shining stars are these two tertiary care hospitals – this one here in Whitefield and the other in Puttaparthi. Shining stars in the dark of night have guided lost sailors for hundreds of years. These two hospitals are in real time, brick and mortar, rendering care routinely on a daily basis – this is more than just talk, this is not just philosophy; this is an operational high tech medical facility that has also integrated this high level care and counseling.

#### **Closing remarks by Session Coordinator:**

Dr. Krucoff has very exquisitely captured the essence of the conference when he says *“I think it is important that we all work very hard in this modern technology world to get over the idea that somehow you are either a spiritual person OR a technology person, that somehow if you pray for a child rather than allowing the child to have therapy for its leukemia, that is what we mean by spiritual medicine. That is the wrong construct. That certainly is not what we are talking about this morning. We are standing in the finest halls of medical technology, we are talking about embracing and contextualizing that technology with a more serious and more integrative awareness of how it fits together with the intangible human capabilities that we all have and that we could learn to practice.”*

Dr. Krucoff and his team back at Duke Medical Centre have to be heartily congratulated on this excellent research effort – the MANTRA-I and MANTRA-II studies- which clearly indicate that there is a positive role for complementary therapies in modern hi-tech medical care. It is pertinent to note that the inspiration for this research effort came from Dr. Krucoff’s association with Swami’s super specialty hospital in Puttaparthi in 1993. Perhaps it was divine “sankalpa”.

In our case here at the super specialty hospital in Whitefield it was definitely His “sankalpa” that ordained a counseling department be set up right from inception in 2001. “Counselling the SAI Way” program which was conceived and developed here is now an integral part of the treatment provided to all patients admitted for surgery or an intervention. Though developed independently there are certain similarities with Dr. Krucoff’s methods. Here also deep abdominal breathing is standard practice for relaxation while imagery is done a little differently. The focus is on the mind, as Swami often says “*the mind alone is solely responsible both for your bondage and your liberation*”. The thought process in the mind is synchronized with the breath so as to cleanse the mind of all negative thoughts while exhaling and to breathe in positive healing thoughts. Prayer to the God of their choice by the patients and their attendants is encouraged and stressed upon by the counselors. Music is played continuously through the hospital PA system for the benefit of all. Intercessory prayers have always been part of the culture here and widely prevalent though it is not part of any hospital treatment.

What comes to mind therefore is that more research in this area is warranted leading to wider acceptance ultimately for better health care.

# **“COUNSELLING THE SAI WAY”**

## **– A SPIRITUALITY BASED PATIENT CENTRED COMPLEMENTARY THERAPY**

**GITA UMESH**

SENIOR COUNSELLOR, DEPARTMENT OF COUNSELLING, SSSIHMS,  
WHITEFIELD, BANGALORE.

Swami's compassion and love has translated itself into various service oriented institutions and Sri Sathya Sai Institute of Higher Medical Sciences (SSSIHMS), Whitefield, is one of the tertiary care hospitals founded by Swami in 2001. The hospital specializes in cardiac and neurosciences and all the patients have the privilege of being treated here totally free of cost.

Swami's concern for the patients' well being did not stop with the doctors treating the illness and curing them but it also extended in helping the patients and family to remain composed and to calm their fragile and anxious state of mind, as well. Swami advised that the patient's emotional well being was equally important and they need help to overcome their strong negative feelings and emotions. So often when a patient is faced with the challenge of a life threatening illness or chronic disease it gives rise to strong negative feelings of fear, anxiety, sadness, depression, guilt, grief, loneliness, boredom, worry, etc. They arise from deep within and need to be expressed and not suppressed. Studies show that this process of expressing deep seated feelings itself can be therapeutic and help the patient recuperate better and faster. Feelings are movements of energy that flows – what one feels, how deeply and for how long are specific to each individual. The loving, caring and reassuring words and presence of an empathic listener can help the patient heal faster. Moreover illness and incapacitation is almost never an individual matter – it is an affair of the entire family of loved ones. Hence at SSSIHMS Swami wanted this need of the patients and their caregivers to be addressed.

Swami's Divine master plan for this hospital therefore included counselling as an added dimension to patient care to address the mind and the spirit apart from taking care of the body, for complete healing. Accordingly the Department of Counselling came into existence at this hospital in 2001 the year of its inception with four counsellors. Each of the four counsellors selected had more than three decades of familiarity and experience with Baba's teachings and the Sai philosophy, but there was no precedent; there were no counseling departments

in the other Sai hospitals. There were no established courses in medical schools or elsewhere specifically for counseling in the healthcare sector for tertiary care patients and based on spirituality. We took up the challenge with our ingrained confidence founded on our unshakeable faith in Swami.

Undaunted by the magnitude of the task, working painstakingly with patients and researching on methodologies, and with Swami's guidance, we have put together the "Counselling the SAI Way" program based on Swami's teachings and using the Person Centred Psychotherapy of Carl Rogers as the academic model. We benchmarked our work on a global level by visiting and making presentations at internationally reputed medical institutions such as the Karolinska Institute in Sweden, Mayo Clinic, Stanford Medical School, UCSF medical school in California and several others in USA. In 2008 we made a presentation at a World Conference of Psychotherapists in UK. To augment our staff we have recruited volunteers from the spiritual wing of the SSSSO and trained them. Today we are twenty seven counselors all volunteers and counseling in twelve languages.

The opportunity to do seva (service) had been bestowed upon us. How did we get started? The foremost thought in our minds was "*Manava seva is Madhava seva*" as extolled in our scriptures and as echoed in the poem Abou Ben Adam "*By serving man you serve god*". A ripple effect is created when we receive God and God's love into our lives. When you walk with God's love within you it begins to touch those around you thereby creating a ripple. And when Love is translated into action it becomes Service. Swami's love had touched our lives - thus through this ripple effect we got started and touched the hearts of patients and their caregivers adding a new dimension and meaning to their lives.

Let us dwell and ponder upon the following advice from Baba, which in a nutshell not only epitomizes SAI Counselling but is also the basis for its evolution and structure.

*"Look upon them (the patients) as your own kith and kin, as our special guests and as your closest friend. Attend to them lovingly and with unflinching care. Your words should enthuse, encourage and inspire the patients. You cannot always oblige, but you can always speak obligingly. Your loving attitude towards the patients will bring in a sea change in them."*

Those familiar with the legendary psychotherapist Carl Rogers and the Rogerian therapy, also known as person centred counselling, are also familiar with the three core elements of person centred therapy as propounded by Roger – unconditional positive regard, empathy and congruence. These elements are also incorporated in the above advice to caregivers given by Baba and ingrained in the Sai philosophy which led us to adopt the well established person centred counselling as the academic model.

*"Look upon them as your own kith and kin"* - translating this into action resulted in counsellors developing a very strong sense of empathy towards the

patients and their families - the ability to be sensitive and be able to read the feelings of the patient from non-verbal cues from which the counsellor can build a good rapport with the patient. *“Attend to them lovingly, with unflinching care”* necessitates that there is unconditional positive regard or in other words unconditional love for the patient from the counsellor. Congruence is to be in harmony from within and without, a state from which emanates truth and by which it can always be delivered in any situation with “ahimsa” that is without hurting.

Love is fundamental to human nature and the basis for our innate human values. The following saying of Swami became our guideline for counselling.

*“Love in Thought is Sathya (Truth), Love in Action is Dharma (Right Conduct), Love in Feeling is Shanthi (Peace), Love in Understanding is Ahimsa (Non-Violence).*

*Live with love, Move with love, Speak with love, Think with love, Act with love. This is the most fruitful sadhana (service).”*

The tools we used were based on the five cardinal values as propounded by Swami of Sathya, Dharma, Shanthi, Prema and Ahimsa.

- Genuine interest in knowing the person who is the patient, the person behind the bodily illness.
- Maintaining confidentiality, distance and boundaries during the sessions with the patient and family.
- Creating an awareness of the inner space within the patient to contemplate and enjoy the existing innate strength and peace within.
- Active listening with empathy and unconditional love which help the patients unburden their deep seated anxiety and fears.
- Care to remain sensitive to the patient’s needs which paves the way towards building a trusting relationship

Aspiring counselors must inculcate the core human values of truth, right conduct, peace, love and ahimsa - the basis of our counselling training program. The counsellors of our hospital are trained in constantly disciplining themselves to cultivate, develop and practice this core counselling skill which not only helps the patients but also helps the counsellors in their own spiritual growth. The love element has touched the patients, and they very often ask the counsellor “do you always behave this way even at home?” The skill of listening sensitively and understanding with empathy the person who is the patient brings about the third element of congruence into focus. A trusting relationship is built through sincerity of purpose and being non-judgmental. The trust that a patient places in the counsellor adds power to the process of counselling and in turn helps the patients vent their concerns and thereafter develop a positive frame of mind.

The counsellors trained thus, intuitively sense when patients or their care givers are not in harmony within themselves. Let me illustrate with a case history. A few months ago, a seventeen year old patient, a young girl, was diagnosed with chronic meningitis and hydrocephalus and was admitted at our hospital. Her perturbed father was attending upon her when the counsellor met them soon after admission. As per routine practice, the first stage counselling comprising of body relaxation and mind cleansing commenced to help the patient and her father the accompanying attendant relax and feel reassured. The counsellor sensed intense tension and nervousness in the father's demeanor. He did not relax and constantly covered his left thumb with his right hand literally clenching it. After body relaxation through slow abdominal breathing and mind cleansing the patients are requested by the counsellor to condition their mind through prayers to the god of their choice. At this stage the counsellor saw the father's eyes turn moist, she observed the relief on his face as he joined his hands in prayer revealing the mark of the cross tattooed on the inside of his thumb revealing the God of his choice and his religion. He was apprehensive of the fact that if he revealed his religion his daughter might not be treated at the hospital! The fact that the hospital and the counselling done is truly secular in nature gradually dawned on the father during the counselling session as he shed tears of relief and joy.

What do we mean by spirituality and spiritual counselling? In Latin spirituality means breath – that which gives life. Swami has mentioned spirituality to be “union with God”. Counselling the SAI Way helps the patient experience union with God by concentrating on the life giving breath. A mind devoid of distracting thoughts from within and without has the ability to experience the spiritual presence of God.

Chitha Shudhi – creating awareness in the patient of the need to cleanse the mind of negative thoughts forms an integral part of Counselling the SAI Way.

The process begins with the deep body relaxation method where the patients learn to relax the body and practice abdominal breathing. It is practiced as yoga nidra for deep complete body relaxation. When the patients learn to relax their physical body they are ready for the next stage of becoming aware of the subtle energies within them – their thoughts, feelings, perceptions, power of reasoning, etc. Their breath acts as the bridge connecting the gross body with the subtle energies. They learn to gradually expel negative thoughts, withdrawing their senses from the outside world to look within and perceive their inherent strength of peace and silence. Body Relaxation (BR) plus Mind Cleansing (MC) helps them quieten their mind and prepares them for the next stage - the experience of focussing on a single thought. In Sai philosophy this state of mind is called ekantha bhakthi.

*“Detach yourself from thoughts of the body and things around you and you come to the stage of ekantha bhakthi. It is that state of mind without thoughts and desires when it is concentrated on god “ - Baba.*

This process helps to unveil the negative emotions and creates the conditions for a more refined and subtle level of perception in the person - the gateway to the experiencing the divinity inherent in them. The body and mind connection is established and experienced by the patients, elevating their state of mind towards spirituality awareness integration.

The mind as Swami has expressed so often has a profound impact on what we perceive and how we perceive the world - *“yath bhawam tat bhawathi”*.

In 1842, the German physiologist Johannes Muller wrote, *“the things we know are only the essences of our senses; of outer objects we only know their actions on us in terms of our own energies.”* To this day this throws light on the scientific understanding of perception.

- It is the sense organs that help the brain perceive the shape, smell, sound or texture of outer objects.
- The brain has no capacity to perceive independent of the sense organs.
- It is the energies of the mind that determine the content of sensory perception.

The content of perception is determined not only by the sense organs themselves, but by the way their inputs to the brain are processed and interact with the field of consciousness – the state of mind. Continued practice of BR and MC provides a shift towards a reflective mode from that of a reactive one. This does not have to be a one-time thing - the individual perceives the body, not as a burden but as an asset, the vehicle that sustains the inner journey.

The patients at SSSIHMS, Whitefield have the benefit of the counsellors journeying with them to help them maintain the continuity of practice during their stay at the hospital.

A unique feature of our counselling process is creating a patient profile for every patient counselled which documents the patient’s emotional, spiritual and basic physical status. What you cannot measure you cannot improve. Hence the patient profile. Three years after the department of counseling was started at the hospital, we introduced the first patient profile - the profile is now part of the medical records of the patient in the hospital (see Annexure). We felt the need to measure the efficacy of counseling. Does counselling truly make a difference to the patient as he or she passes through the hospital? The profile helps in tracking the difference and we have realized that there is a generic shift in perception and attitude, and counseling the patient before surgery does help them relax better. At present we are a team of twenty seven volunteer counsellors counseling patients in three stages - on the day of admission, the day after transfer in from ICU and on the day of discharge. The counsellors journey with the patients throughout their stay at the hospital giving them the emotional support as and when needed. In cases where the prognosis is unfavourable post-operatively there is a greater need

for the counsellor to interact with the patient and family. With each counselling session there has been generally a marked improvement in the patient's physical, mental and emotional condition with a noticeable shift in perception from negative to positive emotions.

The contributing factors for the shift towards healing could be:

- The awareness of the spiritual ambience of the hospital,
- The relief that they are receiving the best medical care, without any financial burden.
- The loving nature of care given here by the entire staff.
- And the counselling sessions which enables them to realize the spiritual strength inherent in them.

Our work complements the conventional medical procedures and has been integrated into the system as a routine part of the treatment. Every patient who is admitted is met on the day of admission by a counsellor, who is fluent in the patient's language and mother tongue – the gateway to building a rapport with the patient and caregiver. They are taught the well proven gentle deep abdominal breathing technique with progressive bodily relaxation, which helps the patient relax. Thereafter the shift is towards processing the thoughts and cleansing the mind of toxic emotions – “Chitha shudhi” - which Swami stresses upon. Unburdening the stress and tension prevailing within helps the patients perceive things differently as they surrender to the god of their choice and come to terms with the challenges of life. The attunement of body and mind is achieved through concentration and focus on the breath that which gives life. The cleansed subtle mind is now on the threshold of experiencing a higher state of consciousness. The focused mind enters the state of a self refining process. The patient experiences harmony of body, mind and spirit which together with the loving presence of the counselor brings about the revolutionary “sea change in them”. The patients feel relaxed, reassured and prepared for surgery.

The counselling service rendered after surgery is the day after transfer in from ICU. This is a session where the patient unburdens deep seated feelings and emotions, after a successful surgery. This stage in counselling can also be very intense if the prognosis is unfavorable post-operatively.

With each counselling session there has been generally a marked improvement in the patient's physical, emotional and spiritual condition with a noticeable shift in perception from toxic to tonic emotions.

The counselling session on the day of discharge concentrates more on after care, preventive measures, discipline to be followed post operatively to maintain health and hygiene, precautions to be taken, relaxation techniques etc.

How do we elicit and document the information for the spiritual profile of the patients? Here are some of the questions posed to the patient and care giver

which helps the counsellor understand the spiritual well being of the patient and family.

Whom do they depend upon or go to for emotional support when confronted with difficulties in their life? -is the leading question.

What makes them feel happy, relaxed and contented?

What is happening or has happened in their lives causing undue stress, worry or trauma?

What do they feel is their purpose which lends a meaning to their life?

How have they faced challenges and sufferings in their life?

Do they believe in any particular religion?

Do they pray regularly, periodically or rarely?

Did they strengthen their minds through prayers before illness? During illness did they have a tendency to pray more, less or did they give up altogether?

Has prayer helped them experience increased faith, change in perception, inner strength, surrender to the will of god and acceptance?

This helps them introspect and look beyond the obvious. All of this information is documented in the patient profile. The therapy wherein the patient himself or herself is doing the body relaxation, mind cleansing, introspection, mind conditioning, focusing on one's personal belief and surrendering to the god of choice in total faith and experiencing latent inherent inner strength is therefore a self refining process. Swami has said "*when the heart is purified the consciousness is illumined.*" It guides one to look beyond the horizon, to draw strength from the essence of one's true nature which is spiritual.

There have been challenging moments in our sessions of counselling where the patient or the caregiver fails to respond or be receptive to the normal methods of counselling. Training based on cultivation of the core human values, the capacity to draw strength from within, unconditional love coupled with equanimity of mind arising from true inner peace all enabling the finer intuitive senses have helped the counsellor help the patient resulting in positive outcomes. Helplessness on the part of the family or the patient to accept poor prognosis is expressed through angry outbursts resulting in confused and muddled judgments by the patient or family.

Let me narrate the case of a young patient, 26 years of age, pursuing her education for a master's degree who was operated here at our hospital for right frontal anaplastic astrocytoma grade3. The sudden onset of an episode of seizure and the subsequent diagnosis of this serious illness in this hitherto healthy and only daughter of wealthy influential parents devastated the entire family and left

them in a total state of utter helplessness. Their confidence and hope was raised when they heard about our hospital and the competence of our neurosurgeons. The surgery was successful and the father, who had accompanied his daughter as the attendant, was relieved and was in a happy frame of mind till he got to see her for the first time post-operatively.

He could not come to terms with the sight of his daughter as a patient, with a shaven head as she lay in the ICU. He was overcome by a total feeling of helplessness. In all his life he had never experienced this feeling of not being in control of a situation. Worse news followed with the histopathology report indicating malignancy which necessitated his daughter needing radiotherapy and chemotherapy - to the fond father life had lost its meaning. He did not know how to express his despair, helplessness and pain. He reacted to the situation the way he knew best, he found fault and reacted with anger at everything and everybody that he came in contact with at the hospital. The cause of anger was the inability to accept the prognosis and losing control over the situation, stigma attached to his daughter's tonsured head, which was a prerequisite for the surgery, fear of losing his child to cancer and the trauma of the post operative follow up with an oncologist - all this and more was perceived by the counsellor who was focused on trying to understand the feelings of rage exhibited by the father on the day of discharge.

How did the counsellor handle the situation? With active and sensitive listening and a body language suffused with love the counsellor gradually made the father aware of the helping hand she was extending towards his own hand - struggling desperately to find and cling to a source of succour and solace. She processed the father through body relaxation, gently followed by mind conditioning and when the patient's father focused on his own toxic emotions he was able to release what was hurting him most - it was not the surgery which was extremely successful but the prognosis over which even the surgeons had no control. When he started focusing more and more on what was hurting him he wept like a child. It was almost as if the flood gates to healing were opened; towards the end the counsellor asked him to focus on the that which gave him strength it could be on the god of his choice or it could be a just a prayer. He started praying with a great deal of fervor so much so towards the end he just came out of the depressed state and the turbulence in his heart and mind was completely washed away. He asked for Swami's picture and some prasad and he wanted the daughter to prostrate at the altar and pray for her healing and health.

*"Faith is the bird that feels the light and sings when the dawn is still dark."* This is a quotation from Rabindranath Tagore. Faith has immense power. This has been our experience over the past several years from counseling thousands of patients - the faith factor is extremely important.

I recall the case of a little nine year old child who injured herself by a fall at home and hurt her spine requiring immediate surgery. She was rushed to our hospital where the surgery was performed successfully. However after the surgery the child was really petrified; she just did not want to get out of the bed, her mother and her uncle tried their very best to make her stand, the physiotherapist was trying his very best to start helping the child move her limbs but child just did not want to cooperate. At this point the counsellor had walked in, we had already documented some amount of information about the child and about her interests, about her hobbies - that she came from a Muslim family and used to chant from the Quran. We did not do the regular mind conditioning or body relaxation - the child being only nine would not be in a position to understand and follow. Instead we asked her to chant a prayer from the Quran. She chanted it loudly with her uncle and mother holding her hands. As she was chanting at the bed side there was a gentle breeze from the open window in the ward which just touched her face and she shook her hair apparently enjoying the breeze. The counsellor picked up the cue and used nature to be the key in this particular session. The counsellor then asked the child if she could feel the gentle breeze on her face while chanting the Quran. The child nodded, still holding on tightly to her mother and her uncle. The counsellor then continued saying "Well feel Allah's grace touching you, He is curing you, He is healing you". There was a perceptible shift now in the child when she heard this. Her voice became softer and the chant slower, she gradually freed herself from her mother and uncle, letting go of one hand first and then the next and finally she was standing on her two feet independently! What brought about this shift definitely was her faith in the god of her choice - Allah.

In "Counselling the SAI Way" SAI is truly a very appropriate acronym for Spirituality Awareness Integration into the counseling process. It has helped thousands of patients cope with their challenges in life. There is a marked difference in the patient's attitude, perception and outlook after the counselling sessions. There is definitely a shift in perception - they come with the perception of the glass being half empty and after counselling they leave with the perception of the same glass being half full!

The picture on the adjacent page of two patients from different faiths sitting next to each other during a counselling session, immersed in their prayers to their respective gods, speaks for itself regarding how the principle of secular spirituality is actually practiced at the hospital. It illustrates how in the "Counselling the SAI Way" program spiritual awareness is accepted and practiced in harmony with individual religious faiths being reinforced. As Swami says: *"If you are a Hindu be a better Hindu, if you are a Christian be a better Christian and if you are a Muslim be a better Muslim"*.

When patients pray on the day of admission so often we see that they are tensed with toxic emotions, as obvious from their hands clenched together tightly



whereas on the day of discharge the hands are placed together in total surrender to the Divine and with total faith devoid of toxic emotions as can be seen in the patients in the above picture.

Let me narrate this last case history before concluding. The painting overleaf is the work of a young patient 26 years of age. He is deaf and mute since birth and has been pursuing a career in art. He was diagnosed with a neurological problem and was admitted to our hospital where he underwent a successful surgery for a right temporal lesion. The counsellor's approach with love and positive regard helped the patient tremendously before surgery. One may wonder how a counsellor communicates with a patient who is hearing and speech impaired - Swami's message "*There is only one language, the language of the heart*" and as expressed by the counsellor's body language plays an extremely important role here. The counsellor did an excellent job of communicating with him and at the end of the session the patient bonded extremely well with the counsellor. Post-operatively the patient was very much concerned, whether he would be able to resume his career as an artist. To reassure him and to restore his self confidence in resuming his art work the counsellor gave him art material and asked him to start his art work while recuperating in the hospital. The picture below was the outcome of his effort in the hospital which he gifted to the counselling department as a token of his gratitude. He was overwhelmed with joy when he realized that he was normal without any neurological deficit post-operatively.

"Counselling the SAI Way", as practiced in our hospital here, motivates the patient to perceive his experience of the illness differently, the patient's healing process towards becoming whole is generated from within through the awareness of the power of the human will and the spirit - the inner divinity. There is a marked shift in the patients' consciousness, perception, sensation and reaction, the transition from the toxic towards tonic emotions, leading him towards a



Presented by a patient  
Neeraj Kumar Routh

1.10.09

calmness of mind. The awareness of the spiritual dimension inherent in him is obvious to the patient after the counselling session, which helps in the healing process.

In conclusion our experience with “Counselling the SAI way” over the past nine years in counselling at this hospital here has shown that:

- “Counselling the SAI Way” based on Swami’s teachings, Sai philosophy and person centered counselling is effective in tertiary medical care.
- The “Person” behind the illness can be identified and addressed with care.
- Patients of all denominations are very receptive and comfortable with the secular spiritual approach.
- Patients respond well to the four processes of the mind after the body relaxation therapy - the mind cleansing and mind conditioning followed by prayers and introspection.
- Patient feedback confirms that the spiritual ambience of the building has a therapeutic healing effect.
- The beneficiaries are not only the patients but also the counsellors.

- Currently a short term therapy it can be expanded for a longer term to include rehabilitation and preventive medicine programs.
- It need not be restricted to tertiary medical care and may be replicable in other settings.

Let me end with the prayer we chant daily in the counselling department at the end of the day.

*Asathoma Sathgamaya  
Thamasoma Jyothirgamaya  
Mrithiyoma Amrithamgamaya*

*From The Unreal To The Real  
From Darkness To Light  
From Death To Immortality.”*



### **Post presentation Q&A Session:**

#### **Q. Will doctors benefit from counseling?**

A. In today's world of technology driven medicine and where time is at a premium doctors are prone to stress and early burnout, which can be addressed and alleviated by spirituality based counseling. Dr. Larry Savett's book "The Human Side of Medicine", written specifically for doctors, is very comprehensive, thorough and a useful reference.

#### **Q. Are hypno-therapy and age regression used in SAI Counselling?**

A. Neither is used. We do not guide the patients to do something that we want them to do, but rather allow the patients to become aware of their own inner strength and do it voluntarily on their own. Along with the relaxed slow and deep abdominal breathing we take the patients through the process of focusing, allowing them to process their thoughts and feelings gradually to a point when the shift in their perception occurs from within as they become aware of their own inner strength. However it may be construed as a form of self-hypnosis as perceived by Dr. Spiegel of Stanford Medical School when we made a presentation there about our counseling.

#### **Q. Are there any statistics available of patients of different religions being counseled?**

A. Yes since it is documented in the patient emotional-spiritual profile that is maintained for every patient admitted to the hospital.

**ANNEXURE (Page 1 of 2)**

**SRI SATHYA SAI INSTITUTE OF HIGHER MEDICAL SCIENCES  
WHITEFIELD, BANGALORE.**

**PATIENT PROFILE**

PASTE LABEL HERE	Illness / Case :	1st Stg bed no. on DOA	2nd Stg bed no. on D.O.Tr.	3 rd stg bed no. on DOD
	Treatment :			
Other Languages known:	Diabetic : Yes <input type="checkbox"/> No <input type="checkbox"/>	Patient's / Caregiver's Occupation		
	HTN : Yes <input type="checkbox"/> No <input type="checkbox"/>			

**PATIENTS PHYSICAL, SOCIAL, MENTAL & SPIRITUAL PROFILE**

<b>Religion</b>		<b>Deity Worshipped</b> { }			<b>Prayer Before illness</b>		
Spiritual Study	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Rituals observed</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Occasional <input type="checkbox"/>	Regular <input type="checkbox"/>	Periodical <input type="checkbox"/> Rare <input type="checkbox"/>	
Meditation	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Yoga</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Occasional <input type="checkbox"/>	<b>Prayer During illness</b>		
Service	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Any other activity ?</b>			Regular <input type="checkbox"/>	Periodical <input type="checkbox"/> Rare <input type="checkbox"/>	
<b>Family Support :-</b>		<b>Prime Care Giver</b>	<b>Financial status :</b>		<b>Marital Status :-</b>		
Poor <input type="checkbox"/>	Mediocre <input type="checkbox"/>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
<b>Total # of Family Members at Patient's Home</b>		<b>LIFE STYLE BEFORE ILLNESS</b>			<b>Activity before illness</b>		
→ → → → →		<b>DIET :</b> Veg <input type="checkbox"/> Non Veg <input type="checkbox"/> At present ? [ ]				High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/>	
		<b>Alcohol :</b> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/>				<b>PHYSIQUE.</b>	
		<b>Tobacco:</b> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/>				<b>Malnourished</b> <input type="checkbox"/>	
		<b>Stimulants</b> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/>				<b>Under weight</b> <input type="checkbox"/>	
		<b>Other Addictions :</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				<b>Normal</b> <input type="checkbox"/>	
		<b>Speech :</b> Calm <input type="checkbox"/> Agitated <input type="checkbox"/> Dull <input type="checkbox"/>				<b>Over Weight</b> <input type="checkbox"/>	
		<b>Cleanliness:</b> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Poor <input type="checkbox"/>				<b>Abdominal Obesity</b> <input type="checkbox"/>	
		<b>Concentration :</b> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Poor <input type="checkbox"/>					

**TO EVALUATE EFFICACY OF COUNSELLING**

**COUNSELLOR'S OBSERVATION OF SHIFT IN PATIENT'S PERCEPTION TOWARDS A POSITIVE FRAME OF MIND DUE TO :**

	Day of Admission				Day after Transfer into Ward				Day of Discharge			
	High	Medium	Low	Nil	High	Medium	Low	Nil	High	Medium	Low	Nil
Acceptance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addressing financial issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addressing Social issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addressing Spiritual issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of inner Strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body relaxation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contemplation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coping skills developed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facing Future Challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith in God	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gratitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping Patient to Unburden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mind Cleansing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mind Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mindfulness (living in the presence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need for disciplined life style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open end questioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prayers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reassurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflecting on the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strengthening Will Power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surrender to God's Will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Signature of Counsellor Date				Signature of Counsellor Date				Signature of Counsellor Date			

**ANNEXURE (Page 2 of 2)**

OPEN ENDED QUESTIONS FOR ACTIVE LISTENING															
1) When did the illness begin?		Year			Duration										
2) When was medical aid provided?		Immediate <input type="checkbox"/>			At a later date <input type="checkbox"/>			Where ? .....							
3) What did the patient experience?															
<b>Patients Interests - Hobbies- Attitude-</b>															
Music <input type="checkbox"/>		Nature <input type="checkbox"/>		Walking <input type="checkbox"/>		Family time <input type="checkbox"/>		Friends <input type="checkbox"/>		Reading <input type="checkbox"/>		Drawing <input type="checkbox"/>		Painting <input type="checkbox"/>	
Games <input type="checkbox"/>		Sports <input type="checkbox"/>		Singing <input type="checkbox"/>		Dancing <input type="checkbox"/>		Watching TV <input type="checkbox"/>		Gardening <input type="checkbox"/>		Work <input type="checkbox"/>			
Prayers <input type="checkbox"/>		Stitching <input type="checkbox"/>		Others if any :-											
TABLE OF QUALITIES															
PSYCHO SPIRITUAL QUALITIES OF THE PATIENT'S SUBCONSCIOUS MIND															
	DOA			D.O.Tr.In			D.O.D			Shift Perceived		Stage			
	High	Med	Low	High	Med	Low	High	Med	Low	Yes	No	1st	2nd	3rd	
Acceptance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Calmness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cheerfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compassion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contentment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coping Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Courage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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# HEALTH CARE REFORM AND THE EVALUATION OF COMPLEX HEALTH CARE INTERVENTIONS – INTEGRATIVE CARE

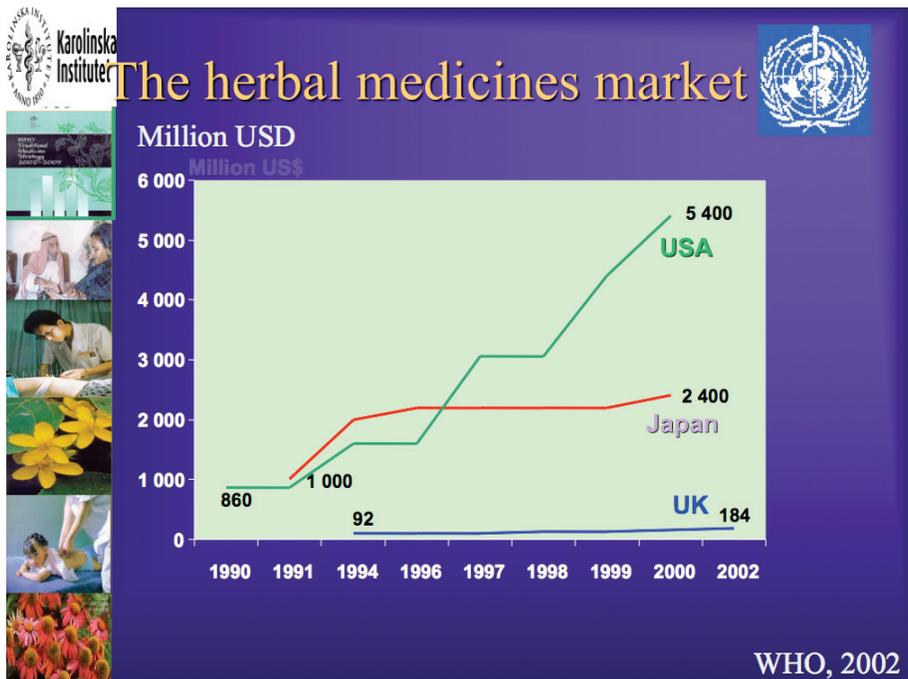
**DR. TORSEL FALKENBERG**

ASSOCIATE PROFESSOR/ACADEMIC LEADER – RESEARCH UNIT FOR STUDIES  
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At Karolinska Institute in Stockholm, Sweden I conduct courses for nurses, medical doctors and students in the area of complementary and alternative medicine. My research area is integrative care - understanding why, how, when and where people use it. Research in this area has four facets – utilization, efficacy, policy and education. We have participated in health care projects in Laos, Vietnam, Thailand, Bolivia, Peru, Uganda, Zambia, Bosnia Herzegovina and sometimes in association with WHO and World Bank. Our unit is involved in research, development and education related to traditional, complementary, alternative and integrative therapy utilization and provision. Research project members often include a wide range of medical, traditional, alternative and complementary professionals and researchers from various disciplines including nursing, midwifery, medicine, medical anthropology, etc. as well as (when relevant) health care planners and decision makers nationally and internationally. Our aim is to contribute to integrative health care development based on a broad and multidisciplinary “evidence house” where research methods are triangulated to form the basis for an evidence base for health sector reform and best practice development. Such rigorous and evidence based integrative health care programs should at the same time be sensitive to the patients’ freedom of choice and safety and acknowledge health and wellness of the whole person including biological, psychological, social and spiritual aspects whenever relevant. We have an interest in generating evidence that can be used for changing health systems and my focus will be on health systems available now, trends in the world policies, post modern medicine, integrative care, research challenges and our experience in developing and evaluating integrative care.

Going back thousands of years into the history of medicine Complementary and Alternative Medicine (CAM) has always been in place. It has been so all over the world, in every country, and still is in most countries a parallel activity to conventional medicine. When I talk to our medical students here I talk about

Ayurveda, Chinese medicine, African herbal medicine or the European alchemical traditions, or the medicines in the Middle East or in Latin America. Because when patients in Sweden or all over the world turn to the area of CAM, we learn from British Medical Journal (BMJ) for example that for much of what is defined as CAM therapies such as acupressure, acupuncture, ayurveda, aroma therapy, healing, homeopathy, herbal medicine, etc. are not new modalities but are part of ancient health systems being imported into developed countries, sometimes being sold as a technology or with the technology and the concept. In developing countries also the CAM area is expanding.



The slide above from WHO highlights the exponential growth in the herbal medicines market in USA area particularly from the turn of the century. The world market for herbal medicine is around 60 billion US dollars per year with an annual growth rate between 5 and 15%.

The pioneering work done by Dr. Eisenberg at Harvard University showed that Americans to a greater extent went to a CAM provider for primary health care concerns rather than to a primary health care physician, spending around 30 billion US dollars annually for CAM therapies. In China it has been estimated that in 2004 traditional Chinese medicine accounted for 26% of the 41 billion US dollars Chinese pharmaceutical market. The following slide illustrates the widespread use of TM/CAM therapies world over.



## TM/CAM is widely and increasingly used in all regions of the world

**Populations using traditional medicine for primary health care**

**Populations in developed countries who have used complementary and alternative medicine at least once**



Sources: Eisenberg DM et al. 1998; Fisher P & Ward A, 1994; Health Canada, 2001; World Health Organization, 1998; and government reports submitted to WHO.

A significant number of the world's population lacks access to modern medicine and hence turn to the more easily accessible CAM therapies to treat some of the diseases. There is some risk with this of course particularly in the developing countries because of a lack of adequate control over the CAM therapies. There is the risk of treatment by unqualified practitioners, wasting money over ineffective treatments, missed or delayed diagnosis and the risk of refusing or stopping effective conventional treatment. More importantly there is also the risk of adverse effects from the treatment and the possibility of dangerous interactions between herbal medicines and modern medicine if taken together. These issues need to be addressed since patients are turning more and more towards CAM therapies, which also underlines the need for improved quality assurance in this area. One other important question is does it work? There is a growing evidence base as also from meta-analysis to show that certain herbals are proven effective, acupuncture is effective for nausea and back pain, that manual therapy is more effective and less costly for treating neck pain than physiotherapy or treatment by a general practitioner in UK and that MBCT (Mindfulness Based Cognitive Therapy) can reduce severe depression relapse by 50%. This is hard evidence - evidence that makes CAM therapies actually readily available and possible to integrate them in normal health care.

The World Health Organization (WHO) understood this challenge posed by the increasing role of CAM therapies in health care, ten years back. I participated

in developing the global strategy for this area, and actually wrote the first draft of the WHO traditional medicine strategy, wherein the issues addressed were how to integrate certain (Traditional medicine) TM/CAM modalities into national health systems, how to ensure they are safe in efficacy and quality, how to make it accessible, if it is relevant, to all populations and how to create the awareness that these are modalities that need to be used with appropriateness. We have rational use in the drug area but here we talk more about appropriate use.

The following slide graphically illustrates how many countries are involved in developing these types of global strategies in TM/CAM in association with WHO.. These are various commitments by various countries providing input into global WHO strategy, which includes India and the engagement from India. It is also obvious from the slide the lack of interest in Europe and some other developed countries in the development of this global strategy in TM/CAM.



The global strategy through Resolution 56.31 on Traditional Medicine was adopted at the 56th. World Health Assembly of the WHO. All Health Ministries in the member countries who are signatories to the World Health Assembly resolution in this area attesting to the importance of this on a state level, are required to take note of the strategy and its four main objectives of framing policy, enhancing safety, efficacy and quality, ensuring access, and promoting rational use. The resolution further urges member states in accordance with the established national legislation and mechanisms to adopt, adapt and implement,

where appropriate WHO's traditional medicine strategy as a basis for national traditional medicine programs or work plans. We have also participated in providing other documents for the WHO such as a questionnaire to all Health Ministries in the member countries who are signatories to the 56th. World Health Assembly resolution seeking answers for – How do they legislate? How do they ensure integration between the CAM area, or the traditional medicine when relevant, and modern medicine? There are also other documents related to research methodologies informing consumers the prevalence of utilization of CAM. This summarizes the WHO perspective showing you that there are major interests in trying to forward health systems and medicines to include and incorporate relevant areas of CAM therapies and interestingly several of these CAM interventions have originally spiritual components – MBCT for example.

Currently there is a research program in Oxford concerning the importance of providing guidelines to health technology assessment boards similar to the FDA in USA, so that every country will have a health technology assessment board empowered to decide whether or not a particular health technology would be relevant and suitable for adoption in the country. Previously modern medicine was very skeptical about complementary and alternate therapies; the gold standard criteria and benchmarks were the randomized control trials. However now in the post-modern medicine era there is a shift towards evidence based medicine in determining health policies and management decisions. As J.A. Muir Gray points out – “Evidence based health care development in the post modern medicine era increasingly emphasizes two main concerns. While it is necessary to retain the characteristics of modern medicine and care, post modern medicine must also account for and adapt to social concerns and trends”. Describing these social concerns and trends, Neil Graves has commented that for many patients the process of care is as important as the outcome. We heard the same thing here today. The process of care can influence the outcomes of care not only with respect to patient satisfaction but also in terms of the patient's state of health and effectiveness of treatment. Modern medicine and complementary medicine can be used together in what is called integrative medicine. Patients are more concerned today about the risks of modern medicine than the medical establishment, which until now has emphasized the benefits. So these are the important suggestions he is giving to decision makers and health technology assessment boards all over the world today.

What is integrative medicine? Dr. Andrew Weil, Director of the Centre for Integrative Medicine, University of Arizona, USA, wrote in an editorial in BMJ suggesting the term integrative medicine and listed its attributes.

- A partnership between patient and practitioner.
- Consideration of all factors that influence health, wellness and disease, including body, mind and spirit.

- A philosophy that neither rejects conventional medicine nor accepts alternative medicine uncritically.
- Recognition that good medicine should be based in good science, inquiry driven and open to new paradigms.
- Use of natural, less invasive interventions whenever possible.
- Practitioners as models of health and healing committed to the process of self exploration and self development.

This is similar to what Gita and Mia said earlier today. There is no hierarchy here; we are all partners and all learning from healing. Integrative medicine as described by Andrew Weil is a very democratic model trying to understand how you can deliver health care.

Currently there are more than four hundred programs for integrative medicine in USA. An eye-catching mission statement at a major large hospital in Manhattan with more than eight thousand employees - Memorial Sloan Kettering Cancer Centre –states “The Integrative Medicine Service at Memorial Sloan Kettering Cancer Center was established in 1999 to complement mainstream medical care and address the emotional, social and spiritual needs of patients and families”. *We are waiting for a similar statement from the hospital here because this is very much what is being done here.*

Let me now acquaint you with a little fifty bed hospital in Sweden called the Vidar Clinic where I am head of research. It is very thoughtfully planned including the architecture, and practices integrative medicine wherein conventional medicine along with various types of therapies are delivered. Here conventional medicine is being done with certified doctors, nurses, physiotherapists but they collaborate intensely with practitioners of art therapy, modeling, dance therapy, music, song, and massage and spa therapy. They make a comprehensive treatment plan for the patient, they refer to each other and they provide high tech conventional care together with these types of modalities. There are similar hospitals in other countries also that do this. This is a non- profit ideologically driven hospital, which specializes mainly in palliative and cancer care, and some burn-out syndromes.

Let me now move on to the spiritual side and show how research can be of enormous benefit when it comes to changing health sector. Professor Mark Williams, is a professor in Psychology at Oxford University and was also a former priest in England. He conducted two randomized clinical trials (RCT) of mindfulness based cognitive therapy (MBCT) in the UK to study only one outcome parameter, depression relapse rate, in patients with severe depression when they were subjected to treatment as usual (TAU) or TAU additionally with MBCT. When he compared TAU+ MBCT to TAU alone the study results

indicated that the relapse rate in depression was cut by half, when MBCT was present! The National health assessment board in UK, NICE, was convinced by this research to change the treatment guidelines in UK for severe depression to include MBCT.

The above study is an outstanding example of applying the RCT methodology. Let me also point out some of the weaknesses of these types of research paradigms. We know they are super important and they have revolutionized medical care and they are unquestionably good on certain things. But the problem is that most or many people think that they are the solution to everything. Let me elaborate by stating the problem called the efficacy paradox, which is illustrated in the following slide.

## BMC Medical Research Methodology



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Debate

**Circular instead of hierarchical: methodological principles for the evaluation of complex interventions**

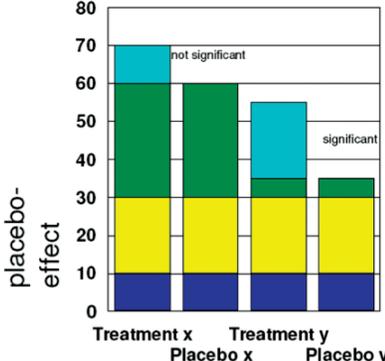
Harald Walach<sup>\*1</sup>, Torkel Falkenberg<sup>2</sup>, Vinjar Fønnebo<sup>3</sup>, George Lewith<sup>4</sup> and Wayne B Jonas<sup>5</sup>

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Figure 1  
Illustration of the Efficacy Paradox. Treatment x can have a larger overall effect than treatment y, although only treatment y shows a sizeable and significant specific treatment effect: specific = specific component of treatment: non-specific = non-specific component of treatment: regression = regression to the mean, natural regression of the disease: artefacts = measurement artefacts that mimic therapeutic effects: non-specific effects, artefacts, and regression comprise the placebo effect in RCTs.

General Effect %



Treatment	Artefacts (%)	Regression (%)	Non-specific (%)	Specific (%)	Total (%)	Significance
Treatment x	10	20	30	20	70	not significant
Treatment y	10	20	15	10	55	significant

Let us consider a randomized clinical trial being conducted to evaluate two treatments, treatment X and treatment Y, for lowering blood pressure.

Treatment X results in the lowest BP with an overall 70% efficacy comprising of a 10% specific significant part and 60% placebo control. Whereas treatment Y has a total general effect of 55% with 20% specific significant effect and a placebo effect of 35%. If you were a minister of health in your country which therapy would you buy for your country? Normally most health technology assessment boards will recommend purchase of treatment Y because it has twice the specific significant effect compared to treatment X. On the other hand let us consider

a patient–doctor encounter wherein the doctor gives the patient the choice to choose between the two treatments. Treatment X has a significantly higher overall effectiveness of 70% but it is also carrying a higher non-specific effect dependent on several things which can be characterized by touch, empathy, presence, time, color, architecture, spirituality, etc. Treatment Y is more of a hard core technology that would work irrespective of these factors. So you see the complexity here created by the efficacy paradox posing a dilemma to decision makers.. Most of what I am interested in, such as, spirituality, colour, music, touch, imagery etc are often put in the placebo. The challenge then is how do we provide good evidence to decision makers to make the right choice.

In such a scenario we suggest that we move from an exclusively hierarchical and evidence based methods to combined or mixed research methods recognizing the fact that there are no best methods always. The research methodology to be adopted should be decided after analyzing the problem and in relation to the questions posed – sometimes RCT may be the best, sometimes a narrative approach, at times an in-depth inquiry or an interview could be the best research method. As mentioned in the BMJ editorial on how to close the evidence gap in integrative medicine it is important that we should bear in mind that a variety of methods should be considered while evaluating complex interventions.

My group at Karolinska Institute is working on several integrative care research projects:

- Towards integrative medicine in primary and emergency care in Sweden.
- Mindfulness based hospital and community management of depression.
- Bridging gaps between public and traditional health care sectors – testing a model to improve quality of STI/HIV/AIDS care in sub-saharan Africa.

Let me briefly present the highlights of the first project which is more fully described in the paper published in the British Health Services Research journal in July 2007 titled “Towards a model for integrative medicine in Swedish primary care”.

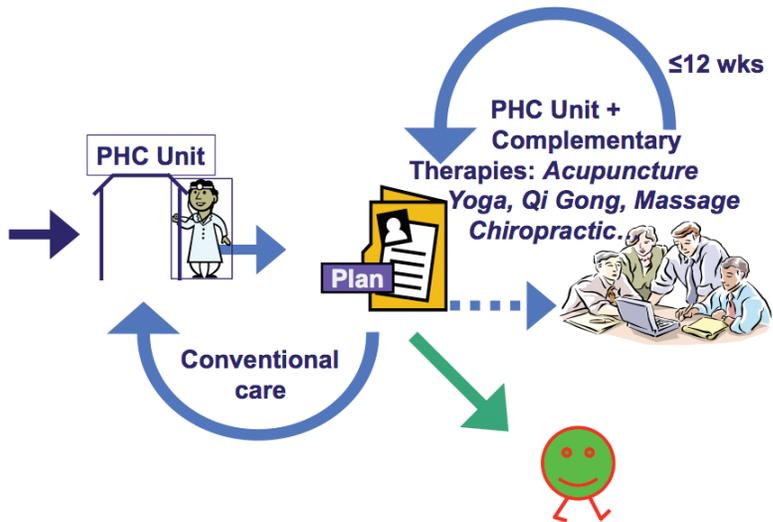
An integrative medicine model was developed wherein the investigative procedures involved a research group and key informant meetings with multiple stakeholders including general practitioners, CT providers, medical specialists, primary care administrators and county council representatives. Data collection included meeting notes which were fed back within the research group and used as ongoing working documents. Data analysis was made by immersion/ crystallisation and research group consensus. Results were categorised within a public health systems framework of structures, processes and outcomes.

When we have patients with chronic back pain and they come to the primary health care unit they get treatment as usual - a conventional medical

plan for chronic back pain. The patient may return or get well and may not return. Simultaneously we developed the integrative care plan where different complementary therapy care providers in acupuncture, yoga, Qi Gong, massage, chiropractics, etc would sit down with the primary health care medical team comprising doctors, nurses, physiotherapists, etc. to plan the treatment together jointly. There was no hierarchy at these meetings, they would dialogue on the treatment plans for the various patients typically encountered and this would be tape recorded and this treatment would be followed by the patient for periods up to twelve weeks. The picture below is a graphic illustration of the process.



## The developed IM model



We randomised the study even though we had only eighty five patients, not enough for statistical significance, but we needed to proceed after waiting for a year for patients to enrol for this study. We were seeking the answer to the fundamental question – did they get better with this integrative care as compared to the usual conventional medical treatment?

In the first article published from this study we described the methodologies – How did you do this? Can it be done? What were the complementary therapies adopted? How were you consulting the doctors and the nurses? What were the medical management perspectives on this? We concluded that despite identified barriers such as no formal recognition for the complementary therapy professions in Sweden it was possible to develop a model for integrative medicine adapted to Swedish primary health care.

We recently published the results of a pragmatic randomised clinical trial in which we did not compare to a placebo, but we compared to treatment as usual (conventional medical treatment) and we had this as a black box model. We have so many different modalities in integrative care that it is impossible to separate and conclude whether one therapy, say acupuncture, is better than say Qi Gong. We wanted the answer to the question – Does it work? And not necessarily – How it works? This could be addressed separately later through research.

The results as expected showed that the study was underpowered to provide any statistical significant difference between the groups. However one of our SF36 domains showed a relevant clinical difference related to vitality. There was a strong clinical trend to show that integrative medicine contributed to lesser use of prescription or non-prescription analgesics as compared to conventional medical care.

The last part of this research study was to correlate them, all the quantitative questionnaires and the outcomes we had from this research, but in addition we did focus group discussions with the patients that received integrative care and with the patients that received conventional medical treatment for their chronic back pain. Here a different story emerged. From a majority of the patients with non-specific back and neck pain we learnt that the concept of integrative care appears to present the combination of excellent medical diagnosis with empowering self help strategies. The patients were very happy with integrative care, they had not seen anything like this before and they were advising us that they would like to see more of this type of care in the Swedish health care sector.

In conclusion this research study demonstrated that it was possible to develop an integrative care model within the Swedish public health care system. There appears to be high academic interest in this type of research. Our study showed that our model of integrative care is at least as effective as conventional medical care; it is not worse and perhaps appears to be slightly better. There is lesser need and use of drugs in integrative care. The qualitative results show that it was innovative, empowering and it actually contributed to what patients thought was excellent care.

All of this was done by combining health systems research, the macro perspectives, how you develop it with quantitative and qualitative research. This is a test of the importance, as BMJ advocates, of the need to combine methods to do real justice towards addressing patient's needs, as is being done in a hospital like this here and to fulfil our dream of becoming like this. We hope to advance further with this pilot study and embark on a larger clinical trial having also this hospital in mind. The thinking behind this being that research projects throughout the world which can show, or not show, that integrative medical care is a good idea and thereby have an international impact.



**Post presentation Q&A Session:**

**Q.** What about integrative care for staff and doctors?

**A.** Integrative care such as hypnotherapy, massage and touch are provided to the staff of about 140 employees in the emergency ward at Karolinska hospital. The work is very stressful with high absenteeism and a 11% sick leave record. But after integrative care was started there was dramatic improvement. Both informed sceptics and the uncritical enthusiasts of integrative medicine perceived the benefits and started to send staff from other departments as well as patients to the emergency ward.

**Q.** Can alternative medicines alone cure or in conjunction with other medicines?

**A.** At Karolinska we are in the process of studying different methods of providing integrative care and to assign different levels of efficacy to different modalities. When spiritual or other alternative care is not provided in their hospitals patients go out and get this at extra cost. This is a fairly prevalent model of integrative care wherein there is normal treatment from the hospital doctors and additionally the patient also opts for some form of alternative care separately from outside. This is the model we are currently studying and the efficacy in this model of the different types of alternative therapies like spirituality, acupuncture, etc is being evaluated.

**Q.** Query from Dr. Mitch Krucoff on the issues relating to the business model followed in the West. What is billable? Because insurance will or may not cover complementary therapies. Hence as an extra cost item it becomes a treatment available only for the well-to-do the antithesis of the counselling program here in this hospital. How do you therefore perceive the world scenario when finances come into the picture?

**A.** This is also very important to low income countries because of the stress on cost effectiveness. To invest into infrastructure for providing complementary therapy we have to prove like what is being done here or elsewhere that this is also financially attractive either in the short term perspective or in the long term. My personal opinion is that life style changes, empowerment and spirituality make us use health care less.

# WORK IS WORSHIP

## DR. JOE PHANEUF

CHIEF OF MEDICAL STAFF EDUCATION, COMMUNICATION CONSULTANT,  
DERMATOLOGIST, KAISER PERMANENTE, UNION CITY, CA. USA

This is a wonderful time for us to reflect on what is the meaning of life. Why are we here? Swami has taught us that we are here to realize the ultimate reality. The ultimate reality is that we are all divine and that everyone and everything around us is divine. Realizing and experiencing this reality we begin to treat our patients with the love, reverence and respect that they deserve. We now understand that service to our patients is service to God. This teaching of Swami has transformed the way I deliver care to patients. Knowing that God resides in each and every patient, I have become much more humble, and have much more reverence and respect for my patients. This frame of reference also helps me to take care of my patients with love and compassion.

When we remember that we are serving God who resides in each patient, we realize that we must deliver the highest quality health care to all of our patients, especially the poor, who cannot afford medical services, and as Swami says:

*“There are numerous people who cannot afford the cost of medical treatment. Doctors should render free treatment to such persons.”*

It is a moral obligation to treat all who need health care. Health care is a birthright for everyone and not merely for those who can afford to pay for these services.

In providing ideal health care the goal should not be limited to just treating the illness but should also focus on preventive medicine. I also agree with previous speakers that we must provide holistic health care, which recognizes the influences of the mind, body and spirit on health of the individual. I am grateful to work for a large organization by the name of Kaiser Permanente that also recognizes the importance of treating the mind, body and spirit of our patients.

I had the good fortune to meet Sai Baba in 1986 and have been working at his General Hospital in Puttaparthi since approximately 1998. Since that time, I have been working for a 10-14 day period each trip and make 2-3 trips each year. It is not only an opportunity to render service to the poor, but also a unique learning experience to work with so many dedicated physicians from all around the world.

In the USA, which has a population of around 300 million, there are about 46 million people who cannot access health care because they do not have medical insurance. Being aware of Swami's beautiful model of free health care in India I felt a strong urge to help those in need of medical care in my own country. This idea was shared by many of my friends and colleagues and so we decided to start a free medical clinic. The Ashland Free Medical Clinic is located in a very poor neighborhood in San Lorenzo, California, and this clinic has been in operation for the past five years.

Funding for this clinic has come without any public solicitation of funds following the guidelines of the Sri Sathya Sai Organization. Swami has said that money will come to support good work if the service is meant to help those in need and is done with pure intentions. A series of miracles, undoubtedly attributable to Swami, have occurred where money has always been provided to support this clinic. Just before we opened the clinic, local government officials provided \$10,000 to help us start this clinic. They told me that \$100,000 had mysteriously appeared in their bank account. Their accountant did not even know how it got there! They immediately thought about our clinic and decided to use some of this money to help support our clinic. Many other equally amazing miracles have occurred in regards to money coming to our clinic to help pay for clinic expenses. We know in our hearts that it is God who is providing everything we need to run this clinic.

This clinic is open every Saturday and provides primary care services and also dermatology specialty care. Since opening on January 8, 2005 we have had over 400 volunteers working at the clinic, and currently have about 50 active volunteers. The clinic is well recognized in the community and has been the recipient of several awards for community service.

Coming back to the conference theme, I believe that Sai Ideal Health Care can improve patient outcomes for the following reasons. If we provide high quality health care, treat our patients with love, compassion and respect, and listen to them carefully, what is the result? We gain their trust and they listen to us carefully. When our patients trust us and know that we really care about them, they are much more likely to follow our advise regarding their health care. And we all know that when patient compliance improves, we get better patient outcomes. However, it is not just medicines and improved compliance that helps. To quote Swami:

*"I must point out to the doctors serving here that perhaps even more than the drugs they prescribe, the sweet, soft words they speak and the love and sympathy they evince can cure better and quicker the illnesses of their patients."*

*"Medicines on their own cannot cure disease, it is Divine Grace that cures. Only sacrifice can win God's Grace."*

Hence it is not just good patient care and improved compliance that matters. It is also the curative power of love and Divine Grace that is responsible for better patient outcomes.

I work for Kaiser Permanente, which is a large health care organization that provides medical care in several states in the USA. In California alone, they care for approximately eleven million patients. A number of years ago they developed a very nice program called the “Four Habits Approach To Effective Clinical Communication” because they realized that good communication is so important when we are caring for our patients. The 4 habits are:

- Invest in the beginning
- Demonstrate empathy
- Elicit the patients perspective
- Invest in the end

Coincidentally, this model of communication is in synch with Swami’s teachings on communication. As a Communications consultant at Kaiser Permanente I lead workshops and do individual coaching with doctors to help them improve their communication. I also focus on improving my own communication with patients and still have plenty of room for improvement. In this work I find that Swami’s teaching are very practical and useful in regards to good communication with our patients. For example, one of my favorite quotes from Swami, which helps with 3 of the 4 Habits, is “First Understanding, Then Adjustment.” Another practical teaching of Swami that is helpful in communication with our patients is “You Cannot Always Oblige, But You Can Always Speak Obligingly.” I use Swami’s quotations as appropriate and the wonderful part of this Kaiser Permanente model is that it also we also use an approach which is similar to Swami’s Educare method of teaching. For instance in Swami’s Educare model used in teaching human values to children, Swami reminds us that Human Values are innate in all of us and it is the duty of the teacher to help bring out these Human Values in children. The teacher does this by his or her own example in the way they lead their lives, and also by encouraging the children to listen to their own inner guidance which is their conscience, to help them bring out the 5 Human values of Love, Peace, Truth, Right Action and Non Violence. This approach is followed in the interactive communication workshops we conduct as communication consultants. We know that everyone has the innate inner knowledge of what is the right thing to do and what is the right thing to say to our patients when we communicate with them. We may have developed some bad habits along the way, but when we have the doctors reflect on different patient encounters and how they can improve their communication, it is amazing to see how they are able to tap into their inner knowledge and figure out the best way to communicate with patients. They are given the opportunity to practice these good communication techniques with their fellow doctors, and

sometimes we even use professional actors to help us practice our communication techniques.

To assess the outcomes of these workshops and coaching sessions we measure patient satisfaction scores. Every doctor receives their personal patient satisfaction score twice each year to help them monitor how they are doing in regards to their communication and the care they provide to their patients. We have found these communication workshops and individual coaching sessions to be very effective in regards to improving patient satisfaction with the care they receive from their doctors.

Let us start with the first point in the 4 habits model of communication, which is to “Invest in the beginning.” Swami emphasizes that we should smile and warmly greet our patients. In addition, we should give the same warm welcome to their caregivers, spouse, relative or neighbor who accompanied them, acknowledging their role. We then listen carefully and give our full undivided attention. I don’t know about other countries, but in the USA, doctors have a tendency to interrupt within a few seconds (eighteen seconds is the average) when the patient or caregiver is saying something. That is not enough time. To follow Swami’s advice of “First understanding and then adjustment”, we need to listen carefully and give the patient our full and undivided attention. This is a major aspect of the first habit which “Invest in the Beginning.”

Another aspect of “Invest in the Beginning” is to plan the visit. Often times patients ask for things that are not good for them and which can actually harm them. Or they may have more problems than we can handle in one office visit. How do we handle such situations? We can follow Swami’s practical advice, which is:

*“You cannot always oblige but you can always speak obligingly.”*

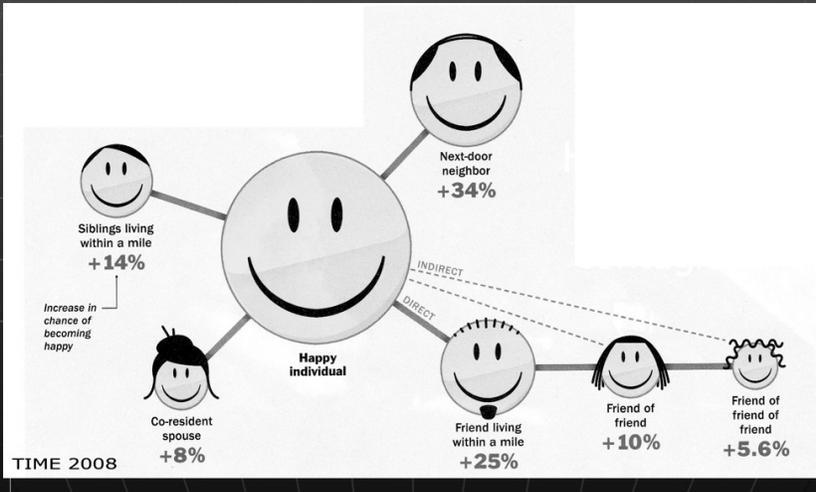
*“Treat them as your own kith and kin” to make the patients comfortable.”*

*“Give your patients the capsule of love, that will help them heal faster and speed their progress. While examining the patients you should have smiling faces and talk to the patients sweetly. Doctors should infuse courage in the patients and speak soothingly radiating compassion and love.”*

To show that happiness is contagious, a study published in the British Medical Journal is illustrated in the accompanying slide shown below. It shows that even a friend living within a mile will be affected by your smile and happiness which creates a ripple effect.

So if we want our patients to be happy we should be happy ourselves, and just our smiling demeanor can transform the way the visit starts out, and this helps to gain the patient’s trust.

# Happiness is Contagious



Fowler BMJ Dec 2008, 337:a2338

The second habit we need to develop in communication is to “Demonstrate Empathy.” Gita Umesh in her presentation “Counseling the SAI Way” also mentioned the importance of demonstrating empathy with our patients. “The Four Habit Approach To Effective Clinical Communication” and “Counseling The Sai Way” both place great emphasis on the importance of demonstrating empathy. By demonstrating empathy, we let our patients know that we deeply care about them, and there are so many ways to do this. One of the ways is verbal, as when someone describes the trauma they are experiencing, we can respond by saying how very difficult it must be for our patient and how sorry we are to hear about it. But even more important than our words is the tone of our voice and our body posture. Most of us know that majority of communication is non-verbal. In communicating with our patients it is the tone of our voice, our body posture, holding their hand, or putting a hand on their shoulder, which shows we care. There is a saying that patients don’t care how much we know, until they know how much we care. So showing that we care is very important! First we have to gain their confidence, and then they are more likely to listen to us, and are more likely to follow our advice. Swami says the same thing:

*“After winning the confidence and love of the people (patients) then advise them on good food habits and other means of maintaining health.”*

Many times as physicians we want to be efficient and we get right to the point by enumerating all the things they have to do. However, as Swami advises,

it is better to first make a heart to heart contact and gain their love and trust. “Elicit the patient’s perspective.” This is the third habit to be followed in the 4 habits approach while communicating with patients. Swami’s advice of “*First understanding, then adjustment*” is very much valid here also. We want to know what do they think is going on? What are their fearful of? How is the illness affecting their lives? Are there things going on at home or in their family that we should know about? Just acknowledging their suffering can be healing by itself.

The fourth habit is “Invest in the end.” This is fundamentally about whether the patient has understood all the doctor has said. How many of us check with our patients to make sure they have understood their diagnosis and treatment plan? Rather than ask “Do you understand?” it is better to ask them to repeat back how they are going to take their medication and for how long. This is the best way to check to see if the patient has understood our instructions. If we just ask “Do you understand?” most people are too embarrassed to admit they don’t understand and make shake their head to indicate they understand but really they don’t understand, or they think they have understood but in reality haven’t!

The only way to ensure that the patient has understood the doctor is to use the repeat back technique. An opening line could be as simple as asking the patient, “Can you please tell me how you are going to take your medication?” Then we listen. Remember Swami’s words – “*First understanding, then adjustment.*” This statement works in both directions. At the start of the visit we listened carefully to the patient to make sure we understood their problem, and at the end of the visit, we want to make sure the patient understands what we have told them. The doctor has to make sure the patient has understood the instructions, and the only way to find out is to use the repeat back technique and find out if the patient has understood the instructions. Then if the patient has not understood, the doctor can lovingly explain it again.

We also want to see if the patient has any further questions or concerns. Is the plan of action or the treatment we have recommended practical? Many times we recommend what people cannot afford, or some thing that is not practical, from the patients perspective. We can let them know we are here to take care of them in the future and what to expect from the treatment. We can also follow up with an outreach afterwards to see how they are doing. People love it when we call them up at home and ask them how they are doing? Is the treatment working, or have any difficulties have been encountered? In some countries, calling patients at home to check on their progress may not be practical or appropriate for physicians, but it is worth considering when it is doable.

Incidentally the Rehab program they do at Swami’s hospital, where they follow up with cardiac cases at the patient’s local village with local doctors is just wonderful.

What are the results of following the 4 habits model? Practicing the 4 Habits results in improved patient satisfaction, improved patient compliance, and improvement in the patients health. We always need to remember that improvement in the patients health will also come about when we treat our patients with love and compassion and the patient and doctor both pray for God's Grace.

Moving on to preventive medicine, Swami has given us so much practical advice on this. He has said: *"Food and recreational habits are the two main causes for ill health."* How often do we spend time talking to our patients about preventive medicine? Swami has said: *"Hurry, Worry and Curry (fatty food) are the main causes of heart disease."* Hurry and worry have to do with all the stress that we as well as our patients have in our lives. These are the mental aberrations that go on in our minds that cause disease. Curry is not only fatty food but all unhealthy food. So the first requirement is to control the food and the mind. When we help our patients to control these, it can have a major and positive impact on the health of our patients. That is why I am so impressed with the SAI spiritual counseling model because it addresses in such a practical way the aberrations of the mind. This is something which used here in a tertiary care hospital, but this same technique could help each and every patient in a primary care setting.

Swami has very succinctly explained how important it is to maintain mental health just as we maintain bodily health. He says *"Just as exercise is necessary for the well-being of the physical body, so also pure (positive) feelings (thoughts), good company, and good deeds are necessary for regulating the nature of the mind, contributing to nourishment and well being of the mind."*

It is therefore very important that we help our patients attain peace as Swami has said the greatest disease is the absence of peace. And when the mind gets peace, the body will also have health. Giving our patients the capsule of love is also important in the healing process.

*"Love is the basis for all other values. Doctors can infuse courage in patients by the love they show towards the patients. Give patients the capsule of love."*

I can tell you dear brothers and sisters, today I had the chance to observe the SAI spiritual counseling with two counselors. I can tell you that the amount of peace in the entire hospital was palpable. I have never seen or experienced anything like this. The peace in the patient I was able to meet was just incredible. At the end of one counseling session, the patient shook my hand, and he was just radiating love. If I were suffering from any illness, I would have been cured immediately! It was unbelievable; the patient was just radiating love. This hospital is like no other, and if we could replicate it all over the world, that would be wonderful. The key to this hospital is the love, compassion, and the capsule of love that they give to all patients.

The counselor's approach here is so similar to some of the approaches used in the USA and sometimes called "Behavioral Medicine." The major difference is that in this hospital the counselor showers the patient with love, and Umesh and Gita Rao make sure that all the counselors are radiating love before they are ready to do this work.

Will SAI Spiritual Counseling work outside of this hospital? In my opinion the answer is absolutely yes! As a matter of fact we need this all over the world. In the USA and in many other countries something that is close to this is already in practice. It is called by different names – behavioral medicine, mind-body medicine, psychotherapy, relaxation response, etc. We can give other examples – Meditation, Yoga, Tai Chi, etc. However we need to remember that whatever technique we use, we have to infuse it with love, because doing any of these things without love will make it less effective.

At the Ashland Free Medical Clinic in California, we have just begun a program that is very similar to Sai Spiritual Counseling. All of our counselors were selected because they are familiar with this work, and they are also individuals who are radiating love and therefore qualified to do this work.

In medical practice we are aware that somatic symptoms originate from medical illness, psychiatric disorder or emotional distress. All of you primary care physicians know the symptoms of stress related illnesses (SRI). They are multiple, vague, unexplained symptoms with suffering disproportionate to physical findings. There are no ominous signs or symptoms (no red flags). They are unresponsive to standard medical treatment. They are also associated with mood changes, depression, anxiety and anger. How common is this? About fifteen years ago I read that Swami said that in 80% of patients the main cause of illness starts from the aberrations of the mind – the stress response. At that time I felt that 80% was too high a figure. But then I thought, if Swami says so it must be true. Many months later I attended a medical conference. I felt a big smile forming on my face when they showed a slide, which indicated that 80% of all patients have mental stress as a significant factor in their disease. So it is a very big portion exactly as Swami has told us.

This fact is also corroborated in a recent issue of Newsweek magazine where they show that people are accepting mind – body medicine and they realize that mental aberrations determine the onset of some diseases, the course of many and the recovery from most. Moreover people are receptive and interested in addressing mental stress and tension in their lives. However they are not saying that they don't believe in conventional medicine, but they would like to add this type of therapy to conventional medicine.

An interesting fact is that it is not just people who can give love – pets can also provide a loving relationship. A fascinating study published by E.Friedmann

in Public Health Reports in 1980 showed that in the year following a heart attack, pet owners have one-fifth the rate of recurrent heart attack. We could learn much about unconditional love from animals!

There is also evidence to show that when people help others they help themselves – it helps them heal. Altruism really does make a difference. Connecting with and caring for someone or something apart from yourself appears to enhance health and survival. Let me narrate a couple of instances to illustrate the healing power of altruism.

A dear patient of mine had lost her husband several months ago, and as a result of this, she was very depressed and very lonely. I suggested to her that she consider volunteering at the local hospital. This would give her a chance to get out of the house and do something to distract her mind. She agreed to give it a try. I met her again after several months and saw happiness written all over her face. With matching happiness in her voice, she said the volunteering I had suggested had turned her life around completely, and she was almost back to normal. She was getting out visiting friends and she was finally able to deal with the loss of her husband. She was still volunteering and loves to help others.

The other instance is one I heard about from a good friend regarding an elderly doctor who had a severe heart problem with a very low ejection fraction. He would get tired after an hour or two of work. He started working as a volunteer doctor in a free medical camp. Gradually he found he could work for three to four hours and pretty soon he was working a full shift. A few months later when he went to his doctor for a routine check up his heart function was normal! So miracles can happen when you help others. Not only was it curative for this particular person who was helping others, but now that person can help so many others.

There is research to show that gratitude also improves health. You can practice gratitude in a systematic way as shown by Emmons in *J Pers Soc Psych*, 84;377,2003. “Make daily list of things you are grateful and thankful for. Communicate regularly and explicitly to others what you are grateful for (Practice Praising). Make a list of things you take for granted.”

Gratitude and forgiveness are two attributes that can give a lot of happiness. According to Dr. Scott Abramson, “The secret of happiness is attitude, and the secret of attitude is gratitude.” We should always remember the good that others have done to us and express our gratitude. We should forget and forgive the wrong and the harm others have done to us. Share this health recipe with your patients.

Swami has also said: “The secret of happiness is in not doing what one likes, but in likely what one has to do”.

What makes an optimist? Optimists seek out, remember and expect positive experiences. Optimists learn to be selective remembering mainly the positive events from the past. Very importantly they focus on the present. As a consequence optimists enjoy better health.

As Swami has taught us thoughts are very powerful, and positive thoughts such as love can act both as a curative and a preventive medicine. This means that when we are seeing patients, it is not only our love that helps with the healing process, but we should help the patient develop a positive attitude and see things through the eyes of love.

Evil or negative thoughts such as anxiety, fear, tension, anger, etc. on the other hand can cause ill health. Harboring such evil thoughts while partaking of food can affect our health. Our minds should be peaceful while we eat. Very often we see or hear people arguing, fighting or watching violence on TV while having a meal – this is the worst thing to do and negates the nourishment the food is supposed to provide. Even in our hospitals, in the USA, where one goes to be cured and healed, as you walk by the wards you can observe patients watching programs on TV while eating. It is therefore very important that we share this information with our patients. We should also stress upon our patients the beneficial effects of saying a prayer before every meal.

Anger is a negative thought that needs to be controlled and there are several ways to do this. Do Namasmara (repeating the name of God), lie down in bed quietly, drink some cold water, or go for a walk. If nothing works, take a look at your face in the mirror when you are angry, you will feel so disgusted at the ugly face staring back at you, that you start laughing and your anger will vanish!

We cannot talk about spirituality without talking about prayer. Swami mentions that regular prayer twice a day will give strength and courage to withstand illness. He also mentions that medicine alone cannot cure anything; it is Divine Grace through prayer that cures and heals, which is a very humbling thought to us doctors. Hence patients may be told that they can pray for divine grace in addition to taking the prescribed medicine.

In summary, what Swami has taught me, is Service to Man is Service to God, and when we adopt this attitude, our Work is transformed into Worship thereby bringing incredible joy into our lives. When we treat patients with love and compassion, they are much more likely to listen to our advise and follow our recommendations. Just as important, when we give our patients the capsule of love, it provides them with great comfort and speeds the healing of their mind, body and spirit.



# **MIND BODY MEDICINE IN THE UNITED STATES: A MAYO CLINIC PERSPECTIVE**

**DR. KAVITA PRASAD**

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Today's talk gives a general perspective of mind body medicine in the United States, specifically what we are teaching our patients at the Mayo Clinic. The National Institutes of Health, which is the major research funding body in the United States, defines mind-body medicine as a variety of techniques designed to enhance the mind's capacity to influence body symptoms. It views any illness as an opportunity for personal growth and transformation and health care providers as guides and catalysts in this process. Common mind-body techniques that are practiced include all of the following: meditation, deep breathing, yoga, hypnosis, guided imagery, progressive relaxation and spirituality and prayer. What we teach in our mind body department is mainly spirituality and meditation out of all the mind body techniques listed.

There is a national survey conducted every five years in the United States known as the NHIS or National Health Interview Survey last conducted in 2007. It showed in 2002 that 36% of the adult population was using some form of complementary medicine and this number increased to 38% in 2007. Out of all the complementary and alternative medicine or CAM modalities, natural products, deep breathing and meditation are the top three being used in the U.S. Between 2002 and 2007, four modalities have increased in use: deep breathing, meditation, massage and yoga. The most common reasons why people use complementary therapies is for pain syndromes, specifically back pain, neck pain and joint pains.

In America, health care is not free and patients pay out of pocket for their health care. \$2.2 trillion dollars was spent on the health care industry in 2009. \$33.9 billion was spent out of pocket by patients for use of complementary medical therapies.

The NIH provides research funding to most of the institutions throughout the US and its interest in the area of mind body medicine has increased. The National Center for Complementary and Alternative Medicine, or NCCAM, part of the NIH, in the next five years will increase its funding for research in the area of mind body medicine. They have placed greater emphasis on practical

mind body approaches that can be easily disseminated to the population at large. Between 2006 and 2008, there has been more than a doubling of the amount of research studies that are funded in the area of mind body medicine. All major medical institutions in the US are developing CAM departments. Mayo also has a CAM department for the last few years and it hopes to open a mind body medicine center, the Mind Body Medicine Initiative, or MMBI in the next 1-5 years. The vision is to develop, test and disseminate novel innovative and efficient mind body approaches for decreasing stress, improve coping and enhance resilience and well being of patients we are seeing in Rochester and the hope is also nationwide.

Mayo Clinic has three shields; the first is for patient care the second is for research and the third for education. For patient care, we hope to enhance the quality of medical care by offering mind body techniques, and integrating it along with mainstream medicine, realizing that conventional medicine often falls short in addressing the spiritual and emotional needs of the patients. With regards to education, we are hoping from next year to teach mind body interventions to medical students as tools to decrease stress, anxiety and pain and then relay these techniques to patients. We are testing our specific mind body therapies as developed by Dr. Amit Sood in research studies in many of our departments. The MMBI will have three components: to retrain our attention, interpretation training and also a relaxation training program of paced breathing meditation program.

## **Mayo Mind Body Medicine Initiative**

### **Vision**

**To develop, test and disseminate innovative and efficient mind body approaches to decrease stress, improve coping and enhance resilience and well being of patients seen at Mayo Clinic in Rochester and nationwide.**



(Slide courtesy Dr. Amit Sood)

As I mentioned previously, conventional medicine often falls short in addressing the emotional and spiritual needs of our patients, and this is important for many of the patients we are seeing with chronic diseases. Many patients I see are referred from medical subspecialties mainly with cancer and have gone through every conventional therapy, been given surgery and had radiation or chemotherapy, yet there is still something lacking in medical care which the patient is seeking. Usually patients are referred for supplement use which may boost their immune system or prolong life. Unfortunately, there are no pills that we can advise, but our focus is on retraining their thinking.

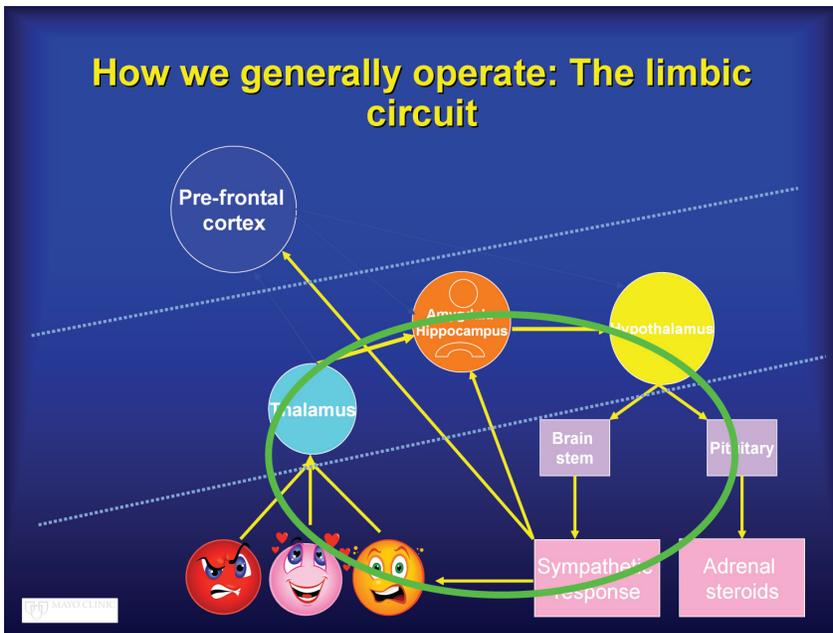
We all recognize stress plays a major role in the development of disease. Nationwide, the surveys also reflect this and a survey that we conducted on our Mayo Clinic staff showed that there is a high level of stress and burnout in physicians as well. The negative impact of stress on overall productivity, efficiency and well being as well as our overall health is well documented. There are already several mind body programs in the US and the Centers for Mind Body Medicine by Dr. James Gordon and the Mindfulness Based Stress Reduction Program by Dr. Jon Kabat Zinn are part of multiple ongoing research studies which have shown positive results. Despite the popularity of many of these, the penetration of many of these mind body therapies is limited and probably, this is due to expense, time commitment and a lack of widespread availability. Many of the techniques are ritualized and have mantras specific to a particular culture which patients are unable to incorporate into their daily lives.

Stress affects all of us each day. We have stressors and protectors working on our bodies even as we sit here right now. Something comes along and disrupts us, whether it is an illness or a life event. We all try and cope the best way we can and to start with we may become dysfunctional. Many of us unfortunately remain in that way with depression. A few people get better, but are not back to the way they were initially. Some lucky people are able to reintegrate back to the way they were originally, but that is only a small number. A fourth group of people is now being recognized as a group of resilient people and they take every life event that happens to them with a positive spin on it-they are more optimistic. They believe in a higher power guiding their life whether you call it God or energy or a force. We explain to patients that we can all try and be resilient if we look at any disruption in life as an opportunity to learn. Most life events that have happened to us so far are not under our control. If we look back in life, the family we were born into, the parents we were given, the brothers and sisters we have, the children that were born through us, our health, their health-the big things are not under our control. Yet, the little things in life we feel are so important -we allow that stress to get to us.

The emotions that we feel – anger or frustration worry or fear, they are relayed to the emotional center of our brain or thalamus, and from there, the

signal gets transmitted to our amygdala or worry center of the brain. This starts off a loop in the brain and causes the release of adrenaline and noradrenaline, the sympathetic hormones, or the fight and flight response when we feel our hearts racing and our blood pressure going up. It also causes the release of steroids from just above our kidneys which raises our blood sugar. Once this loop is activated in our brain, we end up using the limbic loop which is an evolutionary loop. However, now that real threat is not present in many of our lives, 90% of us walk around using this limbic loop feeling we are in a stressed state.

We try and train our patients how to stop using the limbic loop, how patients can reduce the release of these harmful hormones. We know the effects of some of these hormones, but we do not know the long term effects of stress. The prefrontal cortex is the higher center of our brain, the rational thinking center of our brain. Unfortunately by a young age brain atrophy starts to occur. The good news is that by using a particular part of the brain, we can re-grow neurons in that part of our brain which is used. If we are able to activate the prefrontal cortex, the higher thinking part of the brain, we send signals back to our amygdala and then reduce the release of the harmful hormones in our body. Most of the time when we are thinking we are either worrying about the past or future, both of which are not under our control, people we have been unable to forgive, or we worry about the future about what might transpire. We spend very little time in the present moment and Swami stresses the importance of being in the present moment. This is the only time that we can be happy.



(Slide courtesy Dr. Amit Sood)

One of the ways to activate the prefrontal cortex is by being mindful. I prescribe this exercise to my patients to do 3 times a day for 5 minutes a day and I show them a picture of a flower and ask them to describe it. Being mindful means describing the flower exactly as we see it without passing any judgment. The key concept is that we try and get patients out of their thoughts and into the world.

We have to remember that every experience is unique and will only happen once in our lifetime. The moon that was present last night will not be the same moon tonight, yet if we are in our thoughts we will miss that. Mindfulness in studies now has been shown to activate the prefrontal cortex. We also teach the value of forgiveness because this has also been shown to activate the prefrontal cortex. Many people misinterpret forgiveness. It in no way excuses denials or justifies the fact that wrong was done to us. What it allows us to do is to get rid of the negative emotions which are harmful to us, the feelings of anger, resentment and hatred. We feel that if we do not forgive someone and hold onto a grudge, we have punished them. This provides us with a psychological comfort zone. It is like a black hole, for the longer we are unable to forgive someone, the more layers are built up and the longer and deeper that hurt gets ingrained in our brain. The only person we hurt in that process is ourselves, so what we explain is that forgiveness is an internal process. You forgive because you want to heal; you forgive because you want to live at a higher emotional level. Because forgiveness involves replacing negative emotions with love and compassion it takes a long time to do and sometimes this may take many years to accomplish.

The third thing that activates the prefrontal cortex is acceptance. When faced with a major illness we punish ourselves as to what we did wrong. If we are able to accept that whatever happens in life happens for a reason sometimes which we may never completely understand in this lifetime, we are able to activate the higher part of our brain. Having a strong meaning in life also activates the prefrontal cortex. It is usually a question that people have never previously been asked. For most people meaning in life is provided by their physical appearance, their spouse, family or friends. The bigger the meaning in life extending away from ourselves out into the community and then to planet earth, the more the prefrontal cortex is activated. It is a good policy to live life as you would like to be remembered on your obituary. When faced with a major illness is a good time to ask this question and add new direction to life if not done previously. The good news is that by using the prefrontal cortex in these ways we can increase brain volumes by new glial formation.

After teaching patients mindfulness for about two months, we teach patients a paced breathing relaxation program, a meditation program on DVD. This helps patients in reaching their higher self - their spirit or soul. The meditation also gives a sense of peace. In long term meditators, it has been shown that brain volumes did not decrease as in control subjects, but actually increased with

the practice of meditation, so that is an important reason why all of us should meditate. All forms of meditation activate the attention center of our brain and some research is suggesting that the first part of our brain that deteriorates in Alzheimer's disease is the attention center of our brain. We don't pay attention to things long enough. If we can increase our attention on objects for a few more seconds, we can improve our long term health.

Many times when seeing patients with cancer or any illness we find that the physical body is affected by disease yet the mind is separate and does not get cancer. There is a third part of us, the atma or soul. Our physical body changes from childhood, to youth to middle age and old age. Yet there is a part of us that view the world from inside out that never changes. That is our higher self or atma - the unchanging part of us and that is our love and kindness and our goodness. That is what we should anchor in rather than our physical appearance because the latter will always give us suffering and pain.

If we can ourselves increase our attention to look at our patients with compassion, acceptance, love and forgiveness, love being the biggest quality-I can make that interaction with a patient or relation much deeper. Normally when we look at a patient from a subconscious level we look to see whether they give us threat or pleasure, and then we look at their physical characteristics-do we like the look of that person, then we start judgment. What we try and teach is that we should spend a few more seconds paying attention to the person you are communicating with and try and spread love to the person. Through your eyes and a smile you can communicate this. From accepting them the way they are since we are all accepted the way we are; from loving them unconditionally and from forgiving them because we are forgiven on a daily basis for the mistakes we make without even knowing them, we can therefore help patients heal better. Remember that every expression other than love is a call for help. To end the lecture the principles that we teach are all things which Swami teaches: *"Past is past-forget the past, future is uncertain present is present it is omnipresent."*

Before coming here, the thought for the day I came across summarizes the teachings I have described today. This in a nutshell summarizes everything that we teach. *"Know that God is goal of man. Direct all attention to that goal. Control the mind that wanders away from it. This is the teaching of all the scriptures. Be bound to the atma in you, take refuge in it. Meditate on it without interruption."*



**Post Presentation Q&A:**

- Q.** How should one meditate since the mind tends to wander?
- A.** At Mayo we teach the patients to be in the present moment. We ask them to focus their attention on a flower and to practice this exercise for 6-8 weeks after which it is much easier to meditate. While meditating thoughts will still come but they are not to be suppressed, let them come and go. Then you refocus on your anchor point.
- Q.** How do we assess the competence of the CAM practitioner?
- A.** At Mayo an institutional approach is taken where methods adopted are or have been researched. Additionally there is an in-house training program for the practitioners.
- Q.** What about the financial issues in countries like USA and what is happening in Mayo?
- A.** The HMOs in USA who are trying to save money have real motivation to implement CAM. But when the emphasis is on billing for financial benefit then there is no motivation for such institutions to adopt CAM.

# SPIRITUAL SUPPORT REDUCES THE BURDEN OF CARDIAC ILLNESS

**DR. SHEKAR RAO**

SENIOR CONSULTANT PEDIATRIC CARDIAC SURGEON,  
NARAYANA HRUDAYALAYA, BANGALORE.

I would like to express my deepest gratitude to Bhagawan for having allowed me to be a part of His mission since the year 1994 and through the medium of cardiac surgery experience perhaps what medicine can be at its best and what it should be at an ideal level. It has enriched my life and I think I have gained more than I have given. Swami has said whatever seva you do, do not even for a moment think that you are doing anything for somebody. Eventually it is an opportunity for you, to match your skills (your aasakti), for your wellbeing (your keerthi), suitable to your strength (your shakti) to develop your faith (your bhakthi) and ultimately for your liberation (your mukthi). So do your sadhana (the work) well and in the process remember that you are also gaining. So this in a way is a stern warning, always at the back of one's mind whenever one tends to be carried away by our "achievements".

My main purpose today will be to let you all behold and experience, through the eyes of a cardiac surgeon, the beauty of Swami's hospital and what it does to people. A hospital where the science and art of medicine is at its wonderful best, a phenomenon so sublime, complemented by the SAI system of Counseling which has really added the missing dimension to what tends to be lost in mere science or technology. A few glimpses based on my experience is what I really want to convey, but to make the talk complete I will precede it by a few observations which I think are based on some kind of universal spiritual values.

The title of my presentation, *Spiritual support reduces the burden of cardiac illness*, has been chosen to show how spirituality strengthens both doctors as well as patients, who meet in a certain environment purely almost as a matter of chance and how a certain atmosphere of spirituality makes the whole effort in some way better and less stressful to both. Traditionally cardiac surgery has been considered as a very demanding area in medicine, requiring extensive scientific knowledge and technical expertise involving a lot of hard work over many years, to ultimately be able to think that yes now I can do something. Hence cardiac surgeons generally consider themselves as capable and expert specialists. At the same time cardiac illnesses constitute an ever increasing number of life threatening,

distressing and certainly among the most expensive of medical conditions to treat. A lot of technologies and hospital systems have been developed and there has been undoubtedly tremendous progress which is at the bedrock of what we do. However the most modern hospitals and complex and expensive therapies often do not provide the vital ingredient of healing, namely solace, comfort and alleviation of anxiety. Ideally we would like to prevent disease, but if treatment is inevitable the process of going through the illness should be as less traumatic to the patient and their families as possible. But still when you talk to people in everyday life, who have been to hospitals, who have undergone expensive tests, treated by the best specialists, there is a lingering element of discontent. A feeling that I went through all this, but I am really not better - not exactly life threatening situations to rush to an emergency room, but serious enough to warrant a visit to a doctor's consulting room. It makes us to think that in spite of doing this much what is it that we are missing? Perhaps it is to do with hospitals being mere hospitals and not temples of healing. Perhaps it is that we provide appropriate medical care no doubt but we are missing these ingredients of comfort, solace, alleviation of anxiety which is really the immediate problem of people who seek medical assistance. Further nobody likes to go to a hospital, however modern it may be, because the whole process of going through hospitalization causes a lot of distress. I think it is but right that we should start thinking about the possibility of creating a situation where hospitalization causes no distress ideally, or at least minimizes it to the extent possible. Therefore the missing link we need to bridge is the gap between scientific knowledge and technical abilities on the one side and the feeling of wellbeing on the other side, both on the part of doctors/health professionals and patients. In many modern health care establishments due to various other types of situations doctors and other healthcare providers are really not able to convey to the patients that sense of wellbeing and the goodness of life and its greater treasure, perhaps because of this gap.

The slide below includes, what I would term, an immortal picture of the first patient going in for operation at this hospital. I think he is already healed so he might not even need an operation! The slide also lists the four keys to bridge the gap previously mentioned. Spiritual values are vital because they guide us through thick and thin, through times of recession and times of plenty, through times of scientific advance and times where we feel we are up against a wall.

Many an eloquent speaker yesterday endorsed the view that man is an integration of body, mind and spirit. Afflictions on any one of these components have a profound effect on the whole and sometimes we don't know which is primary and which follows. Therefore true health means well being of body, mind and spirit.

It is interesting for us to refer back to some of the ancient wisdom available in this country regarding the human constitution.

## 4 KEYS TO BRIDGE THE GAP

- **better understanding of human nature**
- devotion to the ideals of healing
- creation of a suitable environment
- guidance of a set of universal values that we may call spiritual



## FIVE KOSHAS

Tattva bodha  
Adishankara  
820 AD



Ancient wisdom regards the human body as a composition of three shariras (bodies) and five koshas (sheaths) wherein the gross and subtle influences acting on any or multiple planes can affect the health of the individual. The slide shown above is an illustration of this concept.

The body was considered to comprise not one but three components: the gross, the subtle and what they termed as causal. At its grossest level you had a body- a physical body sustained by food and a more subtle level of physiology exemplified by the movement of vital airs. At the subtle level you have three levels. The first level is the mind, pertaining to the one in which you perceive the inputs and outputs happening at the gross and physiological level. The second level is the intellect which is the one that is responsible for discrimination and judgment and finally at the third level an entity that remains through deep, dreamless sleep and continues in the wakeful state. Our ancient scriptures have very beautifully said that you have to look after the health of each one of these, thereby defining the role of an ideal health care system which includes the SAI system of counseling where we can, I think, take time and give importance to these different levels apart from treating the physical ailment. It is very important and also very interesting for us, in these days of protein folding, ribosomal analysis and chromosomal dissection, that if we look very critically we will come to know what we do not know and that there is a level of mystery that we cannot crack. Knowledge advances, nature yields its secrets slowly, we do find remedies and methods gradually, but at the deepest level and as a pediatric cardiac surgeon I ask myself “Yes, this child has got a complete AV canal defect; it may be because of Down syndrome. But why? Why to these parents, at this point in time, and in this country and in this location? So who is this child? What is the real cause?” So as somebody had quoted yesterday I think this mystery is a beautiful concept to live with because in some way it enriches the way we look at things.

One of the greatest sages of this land Sri Chandrashekarendra Saraswathi has in one of his talks elaborated on the causation of disease. He said, if we step back and look at it, the physician used to say it is an imbalance in one of humors of the body, today we may call it blood sugar, we may call it as blood pressure, we may call it as weakness of some aspect of the physiology, the disturbance may be short of a disease. There are soothsayers in every culture as Dr. Torkel Falkenberg was talking about yesterday, who may say it is the displeasure of the Gods in different cultures. The astrologer might say it is something to do with planetary positions, in fact there are movies made showing how human beings can get roasted by microwaves should something change in the planetary position. The people who are well versed in philosophy and scriptures say that it is the fruit of past karmas for those who are inclined to belief in past births. The psychologist says that it may be an emotional disturbance. Now what is the cause? Perhaps all of them; the important thing being that there may not be a single cause only, several of these

may be valid. Just as in an experience, there are many factors that go together to create that experience. So as the sage beautifully asks, when it rains what is your total experience? The ground is wet, there is a lot of winged ants in the area, frogs are croaking, the temperature changes - all of these go to create your experience. So in the wisdom of great sages illness is also similar. Just as there are ups and downs in life so also there are many factors that go to create the experience of illness. To those of us who are looking at one narrow area it serves us well to sit back and say yes we need to address all dimensions. This is again where the system of Counseling the SAI Way teaches how we can do differently and better. So what does this better understanding of human nature do?. I think for me personally it has placed the role of medical intervention in its true perspective.

Another sage, in a story, upon hearing a very pompous individual repeatedly saying I did this, I did that, I can do this, and so on, told the individual, "I salute you Sir! I don't know how God managed before you were born! "

So we are mere cogs in a greater mechanism not only governing the causation of disease, as we have seen, but also relief from the disease. We might perform a perfect operation on a patient, but somehow the patient does not survive despite our best efforts, whereas another patient goes through all kinds of complications and yet goes home fine. Dr. H.S. Bhat a legendary surgeon of this country and one of the greatest devotees of Bhagawan told me about a very famous surgeon in the old days, whose glasses, while he operated, would occasionally fall into the abdomen of the patient, but never even once was there any infection. It is simply God's Grace. So surgeons do the operation but God heals the patients.

Let me give you another example of how there are mechanisms and situations much beyond our understanding. A neighbour of mine while driving experienced a little discomfort and something prompted him to hand over the steering wheel to his co-passenger. He felt a little more discomfort and asked to be driven straight to a hospital. He went in to the Emergency Room where they found he had ventricular fibrillation and had to be subjected to defibrillation shocks. They did an angiogram and put in a stent and he survived. Now if you stop to think about it, it could just as well been in some different way. So relief from disease is also a mysterious thing from which we need to understand that we need to be helped by some higher inspiration in order for us to be ideal instruments of healing and for our skills to work.

So now coming to devotion to the ideals of healing I don't believe I have read anything better than the statement which Dr. Tinsley Harrison has made in the preface to his text book of medicine. I would like to draw attention to the words I have underlined.

**"No greater opportunity or obligation can fall the lot of a human being than to be a physician. In the care of the suffering he or she needs scientific**

knowledge, technical skill and human understanding. He who uses these with courage, humility and compassion will not only provide a unique service for his fellow man but also build an enduring edifice of character for himself. The physician should ask of his destiny nothing greater than this and should be content with no less”

Let us contemplate on this. Yes we can acquire scientific knowledge and we can perhaps acquire technical skill that is because our bodies work. We can see our hands and our fingers move, we can stand and we say our cerebellum works. But if look into it deeply, are all these really in our control? How do we inculcate courage, humility, compassion, the element of service, belief in destiny, belief in character? How do we acquire these traits? I think this epitomizes the real ideals and if we are true to these ideals then we would be following Dr. Hutchison’s medical litany in which he says:

*“From inability to leave well alone, from too much zeal for what is new and contempt for what is old, putting knowledge before wisdom, science before art, cleverness before common sense, from making the cure of the disease more grievous than its endurance, Good Lord deliver us”.*

How beautiful it is!

Therefore we always have to harp back to some source of inspiration in order to be true to such ideals. We hence seek an answer to the question as to what are some of the limitations that we see today. Although we have discussed this issue at length and undoubtedly there have been changes over the years, yet the tendency persists to follow a purely physical approach to solving medical problems. We are certainly not able to diagnose, cure or most importantly prevent recurrence in many disorders. There are a lot of problems relating to the commercialization of the medical model leading to dilution of some of these aims that we talked about. May be we have developed a certain degree of over confidence in our abilities just because of the ways we can do major interventions. Medical establishments of today can be categorized as either missionary or mercenary. The missionary establishments tend to be characterized by compassion but also perhaps by a lack of efficiency or modern technology. The mercenary establishments have the benefits of efficient modern technology but lack the compassion or humane element. We need to adopt an integrated approach by the synthesis of technical and scientific excellence with humane and compassionate care through the guiding consciousness of the higher truth. The way forward towards creating the ideal hospital environment, the third of the four ways to bridge the gap, was put forth by Dr. A.N. Safaya, Director, SSSIHMS, Prashantigram, in his address at a WHO conference where he summarized it very beautifully as Globalization, Humanization, Decommmercialisation, Spiritualisation.

Swami has taught us an important lesson that Love is the basis for creating a suitable environment in a hospital and that love starts with a feeling of belonging.

In His characteristic way whenever, we try to tell Swami anything about His hospital, He corrects us by saying that it is not 'His' hospital, but it is 'our' hospital. Swami always says our hospital.

Let me narrate a patient's story that so beautifully illustrates the good and the happiness that results from a hospital environment suffused with love. A young man came to our hospital suffering from cyanotic congenital heart disease of a very severe variety. Both the patient and his family were extremely anxious when they came, but after the corrective surgery he recovered quickly and became well. Shortly thereafter his father was diagnosed with ischaemic heart disease and needed a bypass surgery. Normally in any other environment a situation like this would invariably produce a lot of financial stress, lot of running around, finding out where to go, what to do, etc. But in our hospital environment, the family was totally at ease, went through the routine hospital system, went for Swami's darshan, then came to the hospital to be examined by the doctors, things moved along very smoothly and the treatment was completed for the family. But the story does not end there and the best was yet to come. A couple of months later I saw both father and son working as sevadal volunteers in our hospital in different locations. It was such a beautiful thing to see them so full of joy and gratitude, to talk to them, and realizing that you know all that has happened and feeling privileged to be part of this process.

Similarly there was an elderly gentleman who needed a bypass surgery, who taught me a lesson on how a patient's attitude can influence his healing, and how the patient's attitude is influenced by his care givers as also the environment he is in. There were some medical issues in his case, in the sense that we were not sure whether a bypass surgery was the appropriate solution for him. He had been admitted and was in the ward. But he had surrendered to some kind of a higher belief. He had several books with him, which I used to browse through. The books dealt with positive thinking, with ways to manage one's life and oneself better. He calmly said to me. "Take your time. Do what you feel is right. If surgery is needed that is fine, or if you tell me no surgery is required that is also fine." He just put me totally at ease. Ultimately he did have surgery and he sailed through it as if nothing had happened by the Grace of Bhagawan. This kind of a mood and atmosphere created by the patient is, is not only of invaluable assistance to the doctors, but also is an unforgettable experience.

Another very vivid memory in my mind is of a young boy who was admitted to our hospital for a closed mitral valvotomy. This was a case of juvenile mitral stenosis who literally came to us in pulmonary edema. The closed mitral valvotomy was done for him and he was just recovering after coming out of ICU and upon being shifted to the ward he started saying that he wanted to go home. We told him that he needed to remain in the hospital for a couple more days before he could be discharged. However our curiosity was aroused as to why he was anxious

to be discharged and so we got around to asking him more specifically regarding his anxiety. The explanation he gave was really heart rending. His mother who was staying in a small room outside the hospital had run out of money and had stopped having her meals because she had to stay around waiting for him to be discharged. Given the environment and the excellent support system created by Swami in our hospital we were able to immediately contact our sevadals and counselors who made the necessary boarding and lodging arrangements for the mother. The boy stayed on for the additional two days in the hospital so that he could be discharged in a satisfactory condition and then both mother and son went home happy.

As doctors dealing with complex situations we need support. We are weak in our own way, although we tend to think that we know everything and that we can do everything. We had operated on a child with a complex congenital heart defect. Swami was also aware of this case because sometimes one experiences that beautiful feeling when asked by Him what did you do today? How many operations done today? What new surgery happened today? So can you imagine how we felt after the operation we had done on this particular child and that Swami was very happy that this operation had been done. The child was progressing well but surprisingly after three or four days there was a downturn, the child's oxygen level started to fall, the lungs started to get a little congested. Several times a day we would call the cardiologist to do an echo, to look at the pulmonary veins and check if there is any obstruction to the pulmonary venous pathway. We were all perturbed; we kept on examining, checking and doing all the necessary things. One day in darshan time I told Swami that this particular child was in trouble. But He said no trouble. What trouble? The child is all right. Needless to say I felt completely relieved. I just said to myself let's just come back and let's do what we can to remove the anxiety element from the mind, remove the fear of the future and be free to do what needs to be done with a light mind. More things occur to you, more possibilities, and generally the whole mechanism of dealing with the problem changes. This is the other beautiful aspect of our hospital – providing an environment that gives reassurance and support to doctors in complex cases.

Now in the slide overleaf is a rare cardiac condition in a patient who came to our hospital – a condition I doubt whether many people in other parts of the world see anymore today. If there is a time bomb this is it. It is an eroding aneurysm from the arch of the aorta which is sitting just under the skin. All it needs is just a pin prick and a little push then patient will exsanguinate. When this patient came we debated in our team. Can we handle it? Can we do what it takes? Now for those who do not have a medical background, even to open the chest of this patient the circulation has to be stopped because in this case along with the skin the main blood vessel that comes out from the heart will get opened with disastrous consequences. It was a technical challenge but as a

team we decided to do it, like Dr. Krucoff said yesterday, never under rate the technology available to us.

## Patient with eroding aortic aneurysm



We adopted a collars-up spirited approach exuding confidence. If somebody can do it in Texas so can we. We went ahead and did it, and in fact we had a series of about five patients like this at one time, and by the Grace of Bhagawan all of them survived and went home happy. From a professional medical point of view there are certain other dimensions. Young competent surgeons with excellent skills look for opportunities to demonstrate their skills and aspire to be top notch surgeons. Our hospital does not fall short in supporting such aspirations with the excellent state-of-art facilities and the right environment.

In the slide shown on the adjacent page, at the top, is the picture of a distraught mother holding her baby diagnosed with a very serious congenital heart condition requiring a major high risk complex corrective surgery called as an arterial switch. With Swami's Grace the operation was successfully performed and the parents of the child went from distress to joy resulting in the baby being called Sai Prasad which means Sai's prasadam to us. The beautiful pictures at the bottom sent to us much later are of the happy child growing up at home. The professional satisfaction, the spiritual satisfaction, the joy of providing the services complete in all aspects, I think is what ideal health care is all about.



What are the ingredients of support?

- Undoubtedly absence of financial burden is a very significant and major factor
- Faith that a higher power is taking care, letting go and being at ease which aids healing
- Ambience of comfort and care
- Absence of a cold, clinical atmosphere. If you walk into a hospital with this kind of a warm spiritual ambience you don't mind going there, but if it is a regular hospital with its characteristic cold business like clinical ambience, you don't feel like going there.
- The practice of medicine, as we have been discussing, has to be a team effort. Counseling is needed to remove anxiety, address the concerns and remove worries about the future for the patients. Digressing a little, in our scriptures, God is referred to as "Bhava Bhaiya Hara" which means one who removes the fear about the future. Because one of the biggest ailments plaguing human beings is worrying about the future. Hence in one of the mantras, which list the names of God, He goes by the name "Bhava Bhaiya Hara". I find this a beautiful concept.

- When patients meet sharing a common ward, they also have an opportunity to share their experiences which in itself has a therapeutic effect. It is a kind of group therapy where they realize that they are not alone, they learn to be mutually helpful, to be optimistic, all of which provide a kind of reassurance, which is a very important ingredient.

All these ingredients are enshrined in both of Swami's "temples of healing" – at Prashantigram and Whitefield.

Only in such an environment is it possible to hear this kind of an unusual statement from a real patient ***"I enjoyed my illness!"***

I have never heard such a statement any time before. This patient was the father of a student studying at Swami's University. He underwent a coronary bypass surgery just before Shivarathri. Swami was taking a lot of interest in him and also visited him in the hospital. Swami wanted this patient to come to the mandir for Shivaratri, which would be just four days after surgery. Swami being meticulous as always and a stickler for protocol, asked us doctors whether it would be all right for the patient to come out of the hospital for darshan for a short while. We concurred and then He not only made sure that the patient had a change of clothes for him, appropriate for darshan, but also made sure that a car was sent with a doctor to accompany him.

When this patient was discharged, just before leaving the hospital when asked whether he experienced any problems, he merely smiled and said ***"No problem doc I enjoyed my illness"***. It illustrates the importance of making the hospital experience as less stressful as possible because after all as the saying goes ***"We can cure only when possible, we can relieve only as far as possible but we can always COMFORT"***

Coming to the last or fourth key to bridging the gap it is anchoring ourselves to a set of universal spiritual values. I have already covered this in the context of different things. Swami in His inimitable way has defined medicine guided by spiritual values in His saying

***"Duty without love is deplorable, Duty with love is desirable, Love without duty is divine."***

I think the SAI system of counseling developed and practised in this hospital demonstrates that it is ***Love without duty that is closest to divinity*** and that is something which highlights a beautiful aspect of human life.

So what can be the invaluable contributions of counseling?

When they speak to patients they can convey to them what is in our hands and what is not. Parents of children suffering from congenital heart disease are often distressed by the fact they did something wrong, or they are at fault, and they have this over bearing feeling of responsibility and sometimes irrational

expectations about the future. All these need to be addressed in a very kind and knowledgeable manner. Life style modifications to prevent cardiac illness need to be highlighted.

The other thing is, as compared to the general type of hospital, just realizing that here they are in caring hands leads to a sense of comfort and ease in the patients. Thinking that they have grace and they will overcome I think tremendously aids the healing process, takes the anxiety out of it and the body certainly heals better. This is the appropriate point in time where they can be inculcated into better living, thinking and better daily habits, identifying their particular fears and doubts, and finally preparing them to accept certain situations and temper their expectations. Because this is an era where remedies are often over- advertised and they are pushed through with claims made more than what they can deliver. It is important to also temper what their expectations are and this helps them to recover.

You can see here the happy family of patients cutting across all backgrounds who do not really look as though they have been through the rigors of a hospital, whether it is the baby who doesn't know, an older child, a mother with all her aspirations for the future - it is so satisfying to do something for these patients.



Therefore in conclusion I would like to say that there is no doubt that appropriate medical care, the reduction of stress, invoking of divine grace being anchored in certain spiritual values, and the process being completed by a counseling process leads definitely to the reduction of the burden of illness paving the way for true and complete healing.

Swami has said the three things that are most difficult to get are Manushyatvam (human birth), Mumukshutvam (desire to know the higher truth) and Mahapurushaah (proximity to the Divine One). I think having an opportunity to serve in this hospital has given a glimpse of the things that are more precious and valuable. I thank Bhagawan once again from the bottommost recesses of my heart for the opportunity.



### **Post Presentation Q&A Session:**

Q. What is the difference you perceive in working here and in a corporate hospital?

A. It is true that in a corporate hospital you cannot provide totally free service as is done here and the pervasive presence of Bhagawan is not there. However understanding the omnipresence of Bhagawan, and by invoking His Blessings, one tries to help the patients to the extent possible wherever one is working.

### **Comments from the Session Coordinator:**

The total dedication of Dr. Shekar Rao to his profession as a cardiac surgeon and the thoughts he has shared with us has prompted the following comments.

The medical profession is very unique in that it is the only profession wherein one human being is rendering a service to alleviate the physical/mental pain and suffering of a fellow human being. There is no other profession that is required to do this. This uniqueness in the medical profession carries with it a lot of responsibility in delivering this care. As a doctor or care giver what you see in a patient is only the suffering and nothing beyond. The physician's oath as administered by Maimonides in the twelfth century echoes this – "*May I never see in the patient anything but a fellow creature in pain.*" What can I do to alleviate the pain and suffering – both physical and mental? How can I help? Capture this scenario, dwell on it – addressing this is Spirituality in Healthcare.

Continuing in the same vein it would be appropriate to share some thoughts reflected by Dr. Jerome Groopman of Harvard Medical School and author of the book "Anatomy of Hope". A doctor-patient encounter starts with hope. The patient comes to the doctor with the hope that his illness will be cured. The doctor after examining the patient has the hope that he will be able to cure the patient of his illness. Now for whatever reason if this hope is not fulfilled it brings in a new dimension to the doctor-patient encounter. This new dimension is the ability to cope, equally applicable to both doctor and patient. The doctor has to cope with the fact that he was unable to fulfill his own hope of being able to cure the patient's illness. Similarly the patient has to accept that he has to cope with the illness which he had hoped would be cured. This needless to say undoubtedly brings in the spiritual dimension to the practice of medicine.

# **ROLE OF SPIRITUALITY IN CONTROLLING CHRONIC DISEASES WITH REFERENCE TO DIABETES**

**DR. V. MOHAN**

CHAIRMAN AND CHIEF DIABETOLOGIST,  
DR. MOHAN'S DIABETES SPECIALITIES CENTRE, CHENNAI.

I was asked to talk on the role of spirituality in controlling chronic diseases with special reference to diabetes and I accepted the challenge although this is the first time I am talking on the subject. This is because I thought it would give me an insight into this subject when I come here and learn from other people who are much better than me in the subject of spirituality.

I will try to share some examples from the work which we have done at our own institutions.

First of all what are chronic diseases? These are diseases which have protracted courses, i.e., they are usually life - long diseases. They are also called as “Non-Communicable Diseases” in contradistinction to infectious or communicable diseases like tuberculosis, malaria, influenza. Chronic diseases include diabetes, hypertension, heart disease, stroke, chronic respiratory disease, cancer and even mental illnesses. They are the leading cause of mortality in the world and in India contributed to 52% of all deaths according to the World Health Organization (WHO) Report. Our centre in Chennai is recognized as a WHO Collaborating Centre for Prevention and Control of Non Communicable Diseases but we focus mostly on, what I call as, the “metabolic” Non Communicable diseases such as diabetes, hypertension and heart diseases. It is predicted that in the next two decades 70 -80% of all deaths will be due to non communicable diseases. So, as care providers when we are involved in the treatment of patients, I think we have to accept that non communicable diseases or the chronic diseases are the diseases to contend with in the future. Therefore even the Government of India has announced a National Programme for the Prevention and Control of Diabetes, Cardiovascular disease and Stroke (NPDCS) two years ago.

In my opinion, counseling is more relevant for chronic diseases than for infectious diseases. In the case of infectious diseases patients are treated with antibiotics and generally in a few days they are cured, whereas counseling support is needed more in the case of chronic diseases where people have to live with the disease usually life long.

What are the risk factors that contribute to chronic diseases? I am listing these below and I am showing this because there is a role for counselors in controlling each of these risk factors.

❖ ***Unhealthy Diet***

We know that we have an epidemic of diabetes, heart disease and hypertension in India. This is largely driven by the unhealthy diet that our people take and therefore a counselor has a huge role to play in this.

❖ ***Lack of Physical Activity/Sedentary Lifestyle***

This is a major cause of diabetes and there is data to show this. Again a counselor can effectively encourage people to be healthier by increasing their physical activity which is in fact, preventive medicine. We can prevent 50% of all heart attacks by increasing physical activity. There are several large diabetes prevention trials published in last five years to show that up to 60% of diabetes can be prevented in people with pre-diabetes, by just increasing physical activity and following a healthy diet.

❖ ***Genetic Factors and Heredity***

They do play a role and there is enough data to show this and counselors can help to identify high risk people by studying the family history.

❖ ***Using Tobacco or other Harmful Substances***

When one realizes that 40 % of all cancers and a majority of the heart diseases are due to tobacco addiction, there is certainly a big role for counselors to help people to quit these life threatening bad habits.

❖ ***Stress and Worries***

Swami has said ***“Hurry, worry and curry are the main causes for heart diseases. He said never be in a hurry. Give up all worries and reduce the intake of curry”***. By curry, probably what HE meant was fatty food. He hit the nail on the head when He said these are the causes of heart attacks. It is also obvious that there is a role for the counselors for all of these.

Turning to spirituality, let us look at the link between spirituality and chronic diseases specifically diabetes. Spirituality has several definitions as you all know better than me. I found many definitions on spirituality, but I just picked this one.

**What is Spirituality?**

- Spirituality has long been associated with religion, deities, the supernatural, and an afterlife. Many equate spirituality with religion, but the two are separate entities, religion being one way man experiences spirituality
- Spirituality is a way to God that is personal, less dogmatic, open to new ideas and pluralistic when compared to the faiths and dogma of established religions

- Spirituality is relating to, consisting of, or having the nature of spirit; not tangible or material
- Spirituality may include introspection, and the development of an individual's inner life through practices such as meditation, prayer and contemplation.

The big difference of course is that a lot of people confuse spirituality with religion. Religion is actually a dogma. The moment you put on the religion cap you become dogmatic and divisive in your approach. Spirituality is a much broader umbrella and I think it is more inclusive and therefore I feel spirituality is much more acceptable for everyone. Even in counseling, the moment you talk about religion, people will back off.

There is a growing interest in spirituality as is evident from this conference. When we could be discussing so many other things why are we discussing spirituality? Because we all know that the world is becoming fragmented and more materialistic day by day as is evident by the unbridled growth of several factors. People are characterized by what I call "a rugged individualism" with an uncompromising emphasis on "I, Me, My, Mine" all the time, and a totally selfish and self above service approach to life. People today are not able to develop a more inclusive, altruistic and charitable attitude in their lives. There is widespread prevalence of a 24/7 culture where people are impatient, competitive and searching for instant solutions; a society plagued with fear, frustration, hopelessness, anxiety and anger.

So, it is hardly surprising that people once again want to go back to the 'basics' or the 'roots'. I think we have gone a whole cycle and we are coming back to where we started, which is a very nice place to start, and to have a fresh look at life altogether. Now I don't think anybody in this room can argue against the fact that spirituality has a big role in controlling diseases for several reasons. Human health has multiple dimensions as the previous speaker also mentioned; physical, social, psychological and spiritual. There is a lot of medical literature on the positive association between spirituality and physical and mental health. Spirituality can also be an emotional outlet for an individual suffering from various diseases and it helps to control chronic diseases like diabetes, hypertension and heart disease. However the role of spirituality has not been sufficiently studied in detail in relation to chronic diseases. This is actually good in a sense, as it provides plenty of scope for further research. This means that we can really do a lot work to create an evidence base to show how spirituality can control diabetes. I will show one such study which has been done. But there is very little work out there. Most people have done short term work and have not looked at this in a broader perspective.

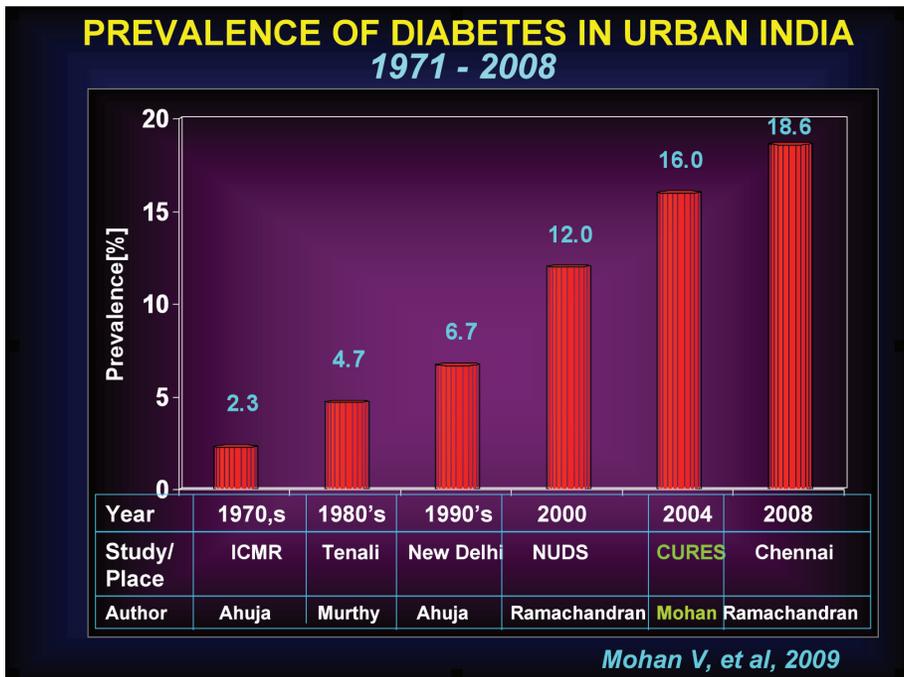
To many health care providers holistic care is to integrate the body, mind, emotion and spirit. Spirituality needs to be encouraged because it enhances coping

and quality of life during one's illness. It enhances cultural sensitivity. It enriches the doctor/patient relationship from an otherwise business like relationship. It is people like Dr. Shekar Rao, who by adding an additional layer of spirituality, make Swami's institutions different from others. Here, in fact, you are building much more than that. Long after the patient has left and even if the patient never came back to you, the bond that you have created will be there for life because you have touched the inner core of the patient. That is where your counseling sessions have played a very big role. Good health of course also helps spirituality and that is other side of the coin.

**Does the presence or absence of Spirituality affect our Health?**

Dean Ornish who is one of the Gurus of preventive cardiac care talking about spiritualism says that *“lack of emotional & spiritual health is the basic cause of heart disease... because stress develops as a result which influences the development of negative behaviors”*. Prayer, meditation, etc. have been shown to decrease chronic pain, anxiety and depression associated with heart disease.

Let's now switch to my own field of interest which is diabetes. First of all do we have a problem of diabetes in India? We have a BIG problem! It is unfortunate, but true, that India has the dubious distinction of being referred to as the **“Diabetes Capital of the World”**. This is confirmed by the new edition of Diabetes Atlas that was released in Montréal very recently. The crux of the problem is that in India there is an increasing prevalence of diabetes as illustrated in the following



slide. This is data from a population based study of a representative sample for Chennai where we have done several surveys done over the past three decades. The 2008 figures have just been published and it is actually 18.6% showing an increase from 2% to 18.6% during a period of 30 odd years which means there is an almost 900% increase in the prevalence of diabetes in Chennai and this is most likely to be true for other urban areas in India as well.

Unfortunately, the same trend is there in the rural areas also, although at every time point, they have half the percentage of diabetes as in the urban areas. For example in rural Tamil Nadu, where we have just finished a survey, the increase has been from 1% to about 8% which reflects a 800% increase in the prevalence of diabetes in rural India.

### **Now what are the Risk Factors for Diabetes?**

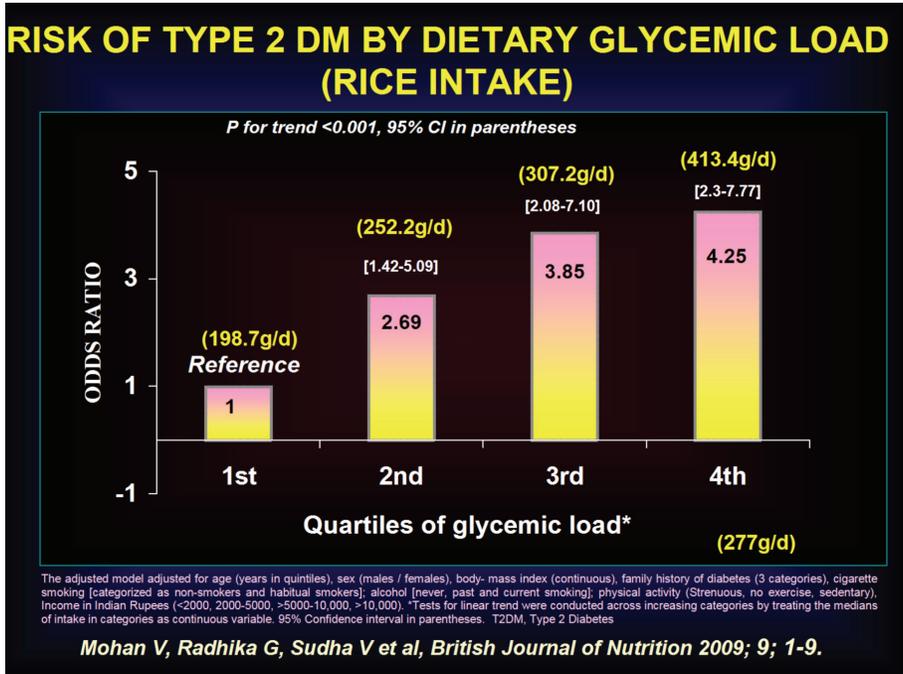
#### *❖ Family History of Diabetes*

Of course this is very important, but family history of diabetes, or genes, don't drive the epidemic of diabetes. Undoubtedly one's genes can make one more prone to diabetes. However, if in 30 years the prevalence has increased by 900%, it is obviously not due to genes, as genes do not change in 30 years! They take hundreds perhaps thousands, of years to change or mutate. What has changed is the environment, which is good because that is something that can be altered through therapies such as counseling. One's genes cannot be changed but one can definitely make life style changes particularly in diet and physical activity and in stress reduction.

#### *❖ Changes in Diet*

Let me first narrate what Swami has told about diet. He says that there are **five white poisons** - white refined sugar, white polished rice, salt in excess,( cause of high blood pressure), refined white flour and the last is milk (again in excess). Of these, HE emphasizes on sugar and rice. Once in a group interview, I had a very illuminating conversation with Swami during which HE taught me a lot about diabetes, HE started off by asking me, "Doctor what is the cause for diabetes?" Since my work was related to genetics, I thought probably Swami was asking about my work and so I said "genes" Swami. HE smiled and replied that it wasn't genes. Next I ventured to say "Life style, Swami". "Yes, life style", Swami agreed, "but what in, life style?" "Physical activity Swami?" I ventured to guess. "No, no there is something else", HE said. I was stumped. I simply said, "Swami, I don't know". Then HE said "Rice. Indians are eating too much rice that is the reason why diabetes is increasing". We had done a big epidemiological study and surprisingly we had overlooked rice. It simply didn't occur to us to consider rice as a causative factor till Swami

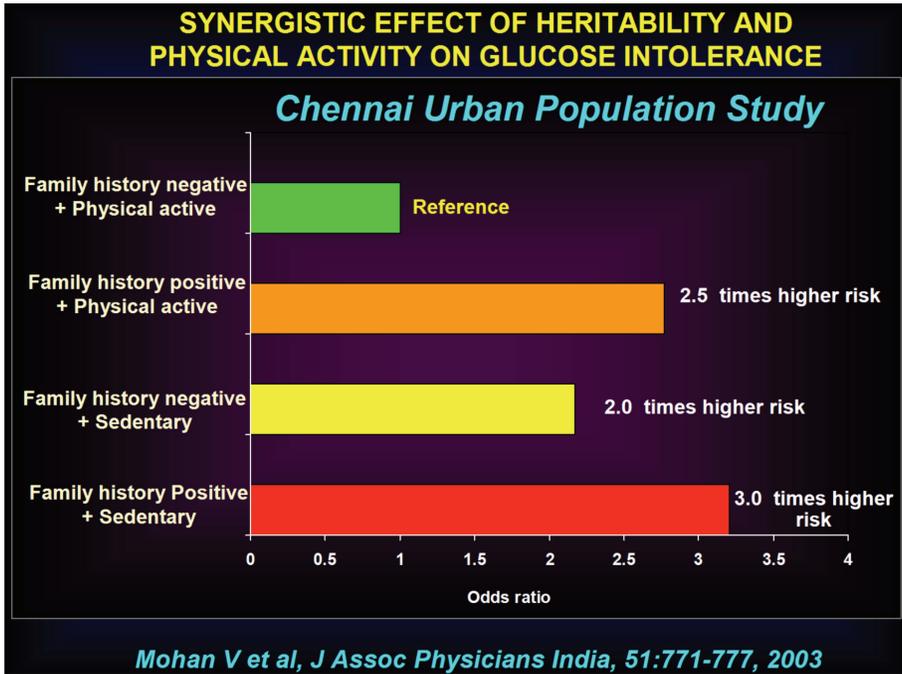
told me about this. I immediately went back and told my team. “Let us look at rice”. The rest as they say is history!. The results of this study just published in the British Journal of Nutrition is a revelation as can be seen in the following slide.



We looked at the prevalence of diabetes in the population of Chennai divided according to the quartiles of glycemic load . Now this glycemic load includes sugar, but 80% of glycemic load comes from rice. In our population, the sugar intake is of course important, but it does not contribute that much because even if one takes about two to four spoons / day, it only constitutes about 10 – 20 grams/day, whereas one takes 100- 150 grams of carbohydrates for lunch and dinner, it would add up to about 300 grams of carbohydrates per day! The first group in this slide consists of people in Chennai, who take the least amount of carbohydrates (less than 200 grams). The succeeding ones reflect increasing glycemic loads. The risk for diabetes increases for the second quartile by 2.69 times, for the third quartile by 3.85 times and for the fourth quartile by 4.25 times. Therefore the people who eat maximum rice in Chennai (above 400 grams / day) have a 4 fold higher risk of getting diabetes compared to those who take less than 200 grams / day. This risk is actually higher than the risk due to family history of diabetes. Swami was therefore absolutely right that rice is the most important cause for the epidemic of diabetes in our part of the world!. Is this surprising at all, as HE is the Scientist of Scientists!!

❖ *Physical Activity*

In another study conducted by us in Chennai published a few years ago, we looked at the effect of physical activity coupled with a family history of diabetes on the prevalence of glucose intolerance. The results are shown in the accompanying slide.



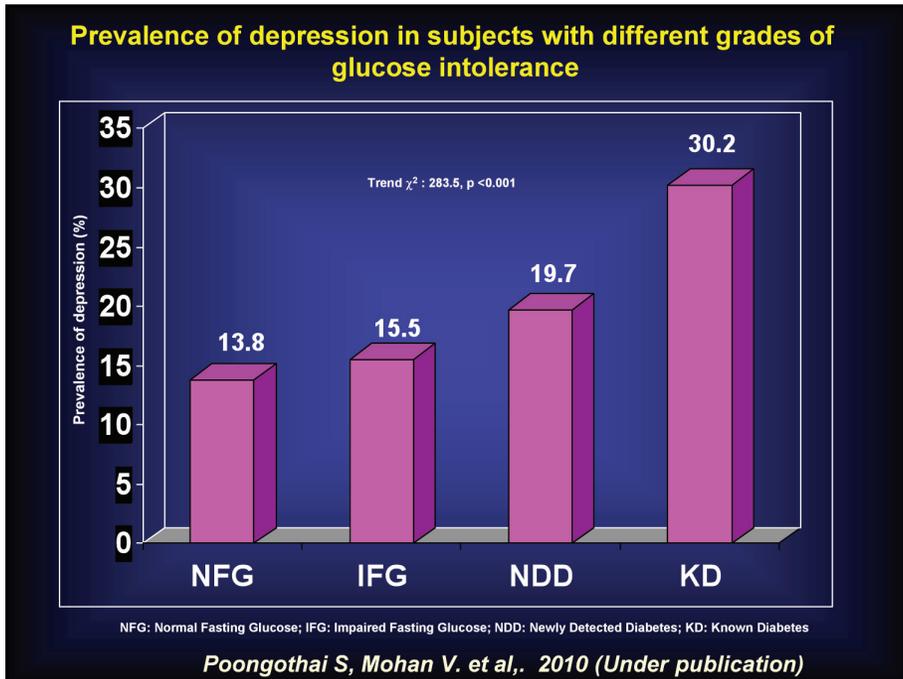
**What does this Study Show?**

If you don't have a family history of diabetes and you are physically active, the odds ratio for diabetes is one and this is taken as the reference. If you have a family history of diabetes but if you are physically active it increases your risk two and half times. If you don't have a family history of diabetes but if you are sedentary it still doubles your risk of getting diabetes. The worst case scenario is when you are sedentary and you have a positive family history when it triples your risk of getting diabetes.

The point is that you can't do anything about family history. You are born with it, and the genes are already there. Although you can't change your genes, you can certainly change your diet and increase your physical activity. This is where the role of the counselor is of paramount importance to motivate these people by altering their lifestyles. So I think the team work concept which you have developed here, is a great one and a great model for them to follow.

### ❖ *Depression*

Lets now turn to the subject of depression and stress.



This topic directly relates to spirituality. As depicted in the above slide, we looked at the prevalence of depression among people who have a normal glucose tolerance (NGT), those who have impaired fasting glucose (IFG) or pre-diabetes, amongst the newly detected diabetes (NDD) and amongst the people with known diabetes (KD). You can see that with increase in severity of the glucose intolerance, there is a greater prevalence of depression.

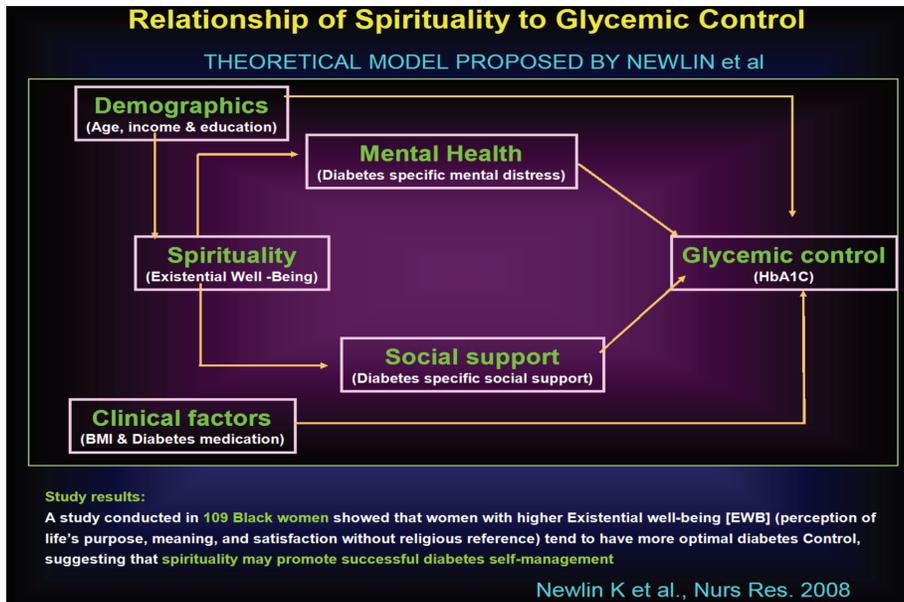
Why are people with known diabetes having so much more depression? This is attributable to the accompanying complications. If you tell somebody that his or her eye has been affected by diabetes definitely depression increases. If a diabetic person is having heart disease, the depression increases. If there is painful neuropathy and they are suffering from pain in the feet and not able to sleep at nights, definitely depression increases. We have also done further modeling and found that depression is an independent cause of diabetes and that if you are able to treat the depression or stress, the diabetes may go away completely in some cases as I shall illustrate below.

How does stress increase the risk of diabetes? To decrease our sugar level, we have only one hormone in the body and that is insulin. But to increase the sugar level, we have so many hormones such as corticotropin-(CRH),

Adrenocorticotrophic (ACTH), cortisol, adrenaline and nor-adrenaline. These are called as “stress hormones” or “counter regulatory hormones” and all of them increase the sugar level and insulin has to counter all these hormones. With increased stress, there is a significant increase in the contra-regulatory or stress hormones and the insulin is no longer able to counter their effect and the blood sugar rises, resulting in diabetes.

Stress not only produces diabetes directly but also affects it indirectly. How? Once you are stressed or depressed you don't follow your diet, you don't take your medications in time, you don't exercise, you don't monitor your blood sugar, some may start drinking, smoking and so on. It is obvious that counseling can help here in a very big way.

Till date, there has been only one study on the relationship between spirituality and glycemic control done by Newlin et al published in the Nursing Research Journal, 2008. The study involved 109 black women and looked at what spirituality does. The following slide illustrates the proposed theoretical model where they say that apart from all other things, spirituality through providing a more stable mental health or by social support, can reduce and control blood glucose levels.



I am going to present two case studies taken from our own research centre. The first one is a 45 year old gentleman who came to us with a blood sugar of 600 mg/dl which we all know is abnormally high (normal is less than 120 mg/dl). He had not been diagnosed as suffering from diabetes earlier, although his mother did have diabetes. On further evaluation, we found that he had recently been

under a lot of stress. He was a film producer and was under tremendous stress since he had lost a considerable amount of money in the stock market and his business had been badly hit by the recession. Since the blood sugar was very high, first we had to give him insulin three times along with tablets, and we even had to admit him in the hospital to control his sugar effectively. However, over a period of time we found that the insulin could be reduced and then stopped and slowly the tablets could also be reduced. Recently after stopping all his medications when we checked his blood sugar we found it was completely normal. The reason was that his business had improved and he had overcome the severe financial crisis. With the stress disappearing and everything becoming normal, his diabetes also completely disappeared!

I had another patient, a diabetic for 7 years, whose blood sugar was always under control with tablets alone. He was working in a bank and suddenly got transferred to a small village far away from his home. This meant that he had to live away from his family. As his wife was also not keeping good health, he was worried sick about his family. When we saw him for his annual checkup, we were surprised to note that his blood sugars were totally out of control, and could not be brought down even after starting him on insulin. This state of affairs continued till he got transferred back to the city on health grounds, whereupon his blood sugars promptly returned to normal levels!

When we see patients with high sugar or BP in a clinic or hospital, we have to think of such things. Unfortunately, doctors often have no time to ask these questions. Oh! Your blood sugar is high, take few more units of insulin. Okay if you have been taking this tablet, take one more tablet. That is how doctors work typically as they don't have time. The moment we find something unusual is happening, we need to probe deeper and look for stress symptoms. If the doctor has time that is fine. Otherwise, there is nothing like having the support of a counselor to help out in such situations.

In conclusion, spiritual healing through stress reduction and other mechanisms can play a great role in many diseases including diabetes.

Stress reduction can be done in several ways such as

- Meditation
- Yoga
- Recreational activities
- Counseling
- Proper planning and time management.

Meditation can help people with diabetes to cope with declining health. Meditation helps one relax and has numerous health benefits. When practicing meditation the adrenal glands produce less cortisol and immune function also improves. These provide a total mind body experience. Unlike giving more

medicines which in fact aggravates the situation, here you are correcting the underlying defect and producing a perfect mind body balance.

The basics of Yoga is that it combines dynamic breathing with strong, flowing movement for a high energy experience which relieves stress! I often compare walking with yoga or pranayama. When you walk, you are doing an aerobic activity which is very good for your heart and muscles. But what actually happens when you walk is that your heart rate is going up and all your hormones are increased. After a walk or jog, the cortisol level is high which is good in the short term. Yoga does the exact opposite. In Yoga and Pranayama we call it as “cellular silence”. Inside the cell, everything becomes still, the levels of stress hormones come down and hence it is the exact opposite of walking. I am not decrying the role of aerobic exercise; it is very good for cardio vascular fitness. But I think yoga is an equally powerful tool and hence walking plus yoga is superior to walking alone.

**The benefits of yoga are:**

<ul style="list-style-type: none"> <li>• Strengthens the body</li> <li>• Reduces stress &amp; anxiety</li> <li>• Enhances concentration</li> <li>• Enhances mental clarity</li> <li>• Calms and focuses the mind</li> </ul>	<ul style="list-style-type: none"> <li>• Increases intake of oxygen</li> <li>• Reduces blood pressure</li> <li>• Improves efficiency of all organs</li> <li>• Enhances weight reduction</li> <li>• Improves posture</li> </ul>
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**A comprehensive lifestyle education program based on yoga reduces risk factors for cardiovascular disease and diabetes mellitus - Bijilani et al,2008**

**Objective of the study :** To study the short-term impact of a brief lifestyle intervention based on yoga on some of the biochemical indicators of risk for cardiovascular disease and diabetes mellitus

**Study :** Data collected from 98 subjects , aged 20-74 years, with hypertension, coronary artery disease, Diabetes and other illnesses who attended 8-day lifestyle modification programs based on yoga for prevention and management of chronic disease

**Intervention:** Consisted of asanas (postures), pranayama (breathing exercises), relaxation techniques, group support, individualized advice, lectures and films on the philosophy of yoga and the place of yoga in daily life, meditation, stress management, nutrition, and knowledge about the illness

**Results:** Fasting plasma glucose, serum total cholesterol, low-density lipoprotein (LDL) cholesterol and total triglycerides were significantly lower, and HDL cholesterol significantly higher, on the last day of the course compared to the first day of the course

There is the only one published Indian study that I could find on the benefit of yoga on diabetes. This was by Bijilani et al published in 2008 in the Journal of Association of Physicians of India. It is a short study done during a yoga course, where they looked at life style interventions based on yoga and studied several parameters on the first day of the course and then repeated them on the last day of the course. They found that blood glucose, cholesterol, LDL cholesterol, triglycerides were lower whereas the good cholesterol or HDL cholesterol increased.

**Conclusions:**

In conclusion, there is no doubt at all in my mind that spirituality plays a huge role through healing, strength and support and this gives you strength when you are facing a life crisis. It also gives more meaning to life particularly when you have to deal with illness or death. It guides us in our daily habits, is a great stress reducer and it provides the psychosocial support.

Let me end with one of Swami's quotes. Swami says "*The secret of perfect health lies in keeping the mind always cheerful – never worried, never hurried, never borne on by any fear, thought or anxiety*". This is possible through spirituality.



**Post presentation Q&A:**

**Q.** What is the difference between spirituality and yoga?

**A.** Yoga is one of the methods by which you can perhaps influence the mind and body. Spirituality goes much beyond that, it is a broader concept encompassing finer feelings – empathy, caring for someone, love, sharing your love with somebody, sympathy – all of this is being spiritual. You don't have to be religious, you don't have to pray to God to be spiritual. As Swami says “Hands that help are holier than lips that pray”. It means if you help someone you are being spiritual. Yoga is a form of exercise, you can calm your mind, you need not be spiritual at all.

**Comment from Dr. Mia Leijssen:**

I sense that there is a paradox in being concentrated or rather concerned on what kind of food we eat. This is very much on the physical level and being so concerned with what shall I eat can also be stressful. Undoubtedly one needs to eat healthy food to reduce the bad influence of stress and stay physically and mentally fit. It seems like a paradox that in today's world undue attention is paid to the physical well being which reflects in psychological stress resulting from this fixation on healthy food. In the spiritual dimension the spiritual power can be stronger than what the physical impact can be. This is something to reflect upon when we seem to be concentrating only on a healthy physical body.

**Comment from Dr. Torkel Falkenberg:**

It is about the dream that one size fits all. It is very important we don't convey a message that is not pluralistic and have this dream that everyone must do the same thing. It may be all right for some personality types to eat a lot of rice; they have shown they can manage this. I also think for some people spirituality may not be the appropriate therapy. We need to be pluralistic in our way of approaching this and find individualistic solutions. We can be generic without trying to impose it on everyone by recognizing the need to be pluralistic.

# SPIRITUALITY: A POTENT POWER IN PALLIATIVE CARE

**DR. S. N. SIMHA**

CHAIRMAN AND MEDICAL DIRECTOR, KARUNASHRAYA, BANGALORE.

Today I will share my thoughts about some of the work we are doing at Karunashraya which is a hospice for cancer patients, a few kilometers down the road from this wonderful hospital. I have not had the privilege of working in an environment like this hospital and I think all of you, if I might in a humorous way say, have a very unfair advantage, for the simple reason that all of you who work in this temple of service are, by your very nature, very spiritual minded, and the aura of this place is so fantastic, as one of the speakers said, that it is very difficult for you people to make a mistake as Somebody is always seeing from behind, unseen.

Palliative care is essentially the care of the individual, it is the care of the family, it is care of the caregiver, it is active care and it is total care which includes the physical, psycho-social and spiritual dimensions. The World Health Organization (WHO) defines palliative care as an approach that improves the quality of life of the patients and their families facing the problems associated with life threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. The concept of palliative care is ingrained in our psyche and culture and it is part of our value system, but the problem is putting this esoteric idea into practice. Unfortunately, with due apologies to the medical profession, the biggest problem to make palliative care available to the community is the resistance from the doctors. Years ago a study done by the American Board of Internal Medicine found that 85% of their medical residents were not comfortable talking to their patients about dying and their wishes at the end of their life. Mercifully things are changing, narcotics are available but there are still a lot of states where there is no palliative care available. In fact, the Sathya Sai Seva Organization having its presence all over India can perhaps look at this aspect of care.

There is a lot of evidence to show that spirituality is important in health care. There are multiple definitions of spirituality and there is always confusion between religion and spirituality – are they different concepts or are they the same? Religion is an organized system of beliefs and worship which a person

practices. Whereas spirituality is that aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience the connectedness to the moment, to self, to others, to nature and to the significant or sacred. In this context the word sacred refers to God or the supreme power or a transcendent being or any aspect in life we consider sanctified. Several studies from the west show that spirituality is central to a majority of Americans and that prayer is used as a measure to control pain by over 75% in a survey among hospitalized patients. Patients with advanced illness had a good quality life if they had meaningful personal existence, had fulfillment in achieving life goals and found life was worthwhile. When we say meaningful personal experience, what is meaning? A definition attributed to Spilka is that it is *“the cognitive significance of sensory and perceptual stimulation and information to us”*. A second definition from Baumister calls it as *“shared mental representations of possible relationships among things, events and relationships”*. If this is rather philosophical, let us look for a more pragmatic interpretation from Crystal Park that would also be applicable on a global scale. *Global meaning* could be divided into three aspects; one is global beliefs all human beings have, which include fairness, benevolence, justice and control. Secondly when these are considered as global goals they could include relationships, wealth and knowledge and finally it is a subjective sense of meaningfulness. What is it? It is your perception. If you translate global meaning into daily meaning then it can be interpretations about how you understand daily life events, it can be strivings towards the small steps you take for achieving your goals, and finally it can be about feeling a sense of well being and life satisfaction. *Meaning* results from a process of seeing the situation in a different way, reviewing and reframing one’s beliefs and goals to make them congruent with the situation. A lot of doctors say I want my patient to be positive. What does being positive mean? Being positive is accepting the situation that you are in. That is what is being positive. It is acceptance of what is happening.

Dr. Remen Keller has defined caring for patients very beautifully when she says *“Helping, fixing and serving represent three different ways of seeing life. When you help, you see life as weak. When you fix, you see life as broken. When you serve, you see life as whole. Fixing and helping may be the work of the ego, and service the work of the soul.”*

How does one bring spirituality into palliative care, which is so different from curative care? It is relatively easier to be spiritual by a person who is having bypass surgery or it may be parents of the children who are very sick and they know that with the Grace of Baba, the wonderful work done by doctors, aura of the place, they will get well. What do you talk to the individual who knows he is going to die very soon? It is totally different. The way you talk to them, the way you counsel them, whatever that you do to them, it is quite different from talking to a person who may not be having something so serious. Human beings need to transcend hardship by finding a meaning beyond their suffering.

We search for meaning in transcendence in three ways; one is what is known as situational transcendence, next comes moral and biographical contexts and lastly one's religious beliefs. According to Alan Kelleher situational transcendence can relate to questions that patients ask about the bodily context of illness. If a patient has pain, vomiting or any other bodily suffering, that is the first step that the patient has to transcend. If the patient knows it is temporary, then acceptance of the suffering follows. However situational transcendence can be a different issue when the patient talks about purpose in life or maybe about hope; this is the time when connectedness to others is sought, and for the care giver, it is just being there for the person suffering. It is not that we have to do something. We always seem to want to do. The mindset that something, activity related, has to be done when the patient is dying, has to change. Just being there or holding the patient's hand is what is needed most and that is spiritual care.

In the search for meaning for suffering beyond situational transcendence, there is moral and biographical transcendence. At this juncture in the patient's life there are ordinary and mundane issues having a moral or biographical context that the patient wishes to make peace with seeking perhaps reconciliation. Seeking forgiveness is a very important part in this process. Beyond seeking forgiveness there is also an urge of wanting to forgive at this point of time. Patients seek solace in prayer when confronted with the possibility of closure in their lives. In end of life situations, as seen very often in palliative care, religious transcendence is needed for religious reconciliation. During such times patients pray for divine forgiveness. Religious rites, religious literature and chants, to all of which the patients have been habituated in some part or all of their lives come into focus and can have a therapeutic effect on the mind. Patients in palliative care look for someone to discuss about God and about life after death.

In this scenario how do caregivers offer spiritual care to patients? Patients look for a compassionate presence, love and a reverence for the eternal mystery of life, expressed through appropriate body language and sensitive listening. The care giver just has to be there is no need even to talk, silence in itself is therapeutic. Healing is a partnership that is created from the bonding between the caregiver and the patient. That is what is happening so successfully in this hospital.

Let me tell you about Karunashraya started in 1994 as a fifty bed hospice, pictured below, and providing free care for advanced terminally ill cancer patients. Since 1995 homecare for terminally ill patients is being provided.

We are a secular organization and hence no religious symbols were permitted in the wards. This was the rule till such time a lady inpatient was very agitated and kept on putting her hand under her mattress as though she was hiding something. It turned out that she desperately wanted to have a picture of one her gods near her. This opened our eyes to the fact that patients, as confirmed by this lady and several other patients, have a strong faith in their gods and need to



pray with a picture or a small idol as is their customary practice. Needless to say, after this experience, we amended our rules. There is also a separate prayer room, with no religious symbols, provided for conducting the last rites of the patients by their families according to their individual religious traditions and with all the dignity that is due.

At Karunashraya our counselors also dialogue with the patients on spirituality and try to understand what their spiritual concerns are. A small in-house survey amongst the patients and their caregivers revealed that patients wanted religious books and they wanted an opportunity to chant bhajans or hymns. We organized some secular bhajans – not specific of any particular religion. Another request from the patients was for a place to pray. We initially thought of separate shrines for each religion but it became too complex. So we decided to make it very simple. We now have a single room with a large window glazing that has virtually all the religious symbols.

In conclusion, from our experience at Karunashraya, we have realized that there is a definite role and need for spirituality in palliative care. You really need to understand the spiritual concerns of the patient and hence you need to take a proper spiritual history. There are models of taking of spiritual history in the west. It has to be a universally acceptable model. Perhaps the wonderful model developed here in this hospital by the Counselling Department can be taken forward and adapted in other medical institutions even if they are not so fortunate as to have the wonderful ambience that prevails in this wonderful hospital.



**Post Presentation Q&A Session:**

- Q.** In medicine we are taught that when patients are confronted with bad news their initial reaction is shock followed by anger, denial, acceptance and finally resignation to their fate. By using spirituality are we trying to suppress the first three stages so that acceptance happens? However as the disease worsens over time will this suppression bring out the negativism in a different way?
- A.** If you use spirituality you are not suppressing the negative feelings but rather through counseling you enable the patient to eliminate these feelings. If the counselor understands the spiritual issues of the patient and can help the patient to tap into his/her spirituality or inner spiritual strength then the patient will be able to cope with these reactions. Hence spirituality does not have a negative effect, but strengthens the patient's ability to cope with the disease.
- Q.** Are there any statistics to show that spirituality is more effective than normal medical treatment in palliative care?
- A.** Research in palliative care to generate this type of statistics is difficult since there are several ethical issues involved. There is enough literature however in the West to suggest that addressing the spiritual concerns of patients under palliative care makes the end-of-life journey of the patient much more comfortable. There is very little published literature in this area in India and hence there is a need for increased research in palliative care in the Indian context.
- Q.** Is spirituality more effective than normal curative medicine?
- A.** Not necessarily. Everything has its role to play; the important thing is to adopt an integrated approach. Spirituality as a construct, as aspect of an individual's life, which is not taught in medical schools in India needs to be brought in.

**Comments from Dr. B.A. Ananthram, renowned plastic surgeon, who has been serving in all of Swami's hospitals:**

This conference has ushered in new perspectives and added value to the dimensions of medical care. Referring to divine forgiveness, which has been brought up in the presentation, I believe God never punishes and hence there is no need to seek divine forgiveness. Bhagawan has often said that it is our own actions that are responsible for the consequences or punishments as they may be called – God has only unlimited love for everybody.

Gita Umesh in her presentation made a very moot point that we are only instruments in the hands of divinity, which I can vouch for and is so very true. In my personal experience it seems as though I am physically there performing

the operation, but when I finish I really wonder whether I had done what has really happened. It seems to be a smooth flow of successive events which carry the procedure through.

It is not only in these hospitals of Swami that one experiences this feeling but in any hospital where one works since as Swami has said *“All hospitals are mine”*. We have to work in all humility and with a participatory inclusive sense to only prepare the patient for the eventuality which is death. As the legendary pathologist Dr. Andersen once said *“In a true sense no doctor saves a life, he only postpones a death”*.

In this wide world, as doctors we see a myriad of conditions which some people have to endure lifelong – birth defects, deformed feet, hands, faces etc. – consequences perhaps of surgery or otherwise, which however they have to live with for the rest of their lives. It is only this important aspect of counseling which has been so beautifully underlined in the last two days that is so very important in helping these patients or rather persons to live life with dignity and to die with dignity, whatever the context.

**Footnotes by Session Coordinator:**

Doctors present here from the Sathya Sai Seva Organisation should take note of the comment made by Dr. Simha regarding the inadequacy of palliative care facilities in India. *“... There are still a lot of states where there is no palliative care available. In fact, the Sathya Sai Seva Organisation having its presence all over India can perhaps look at this aspect of care.”*

# SPIRITUALITY AND ILLNESS

**DR. B. BAROOAH**

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SSSIHMS, BANGALORE.

What I have learnt about spirituality is from Swami over the last nine years that I have been working in this hospital. I thought I will present some of my experiences while working in this hospital. Swami's four words "*Love All - Serve All*" resonate in my heart all the time. Every morning when I walk into the cardiac cathlab I feel so confident because I know Swami will be there when I need Him.

Being an interventional cardiologist there is a lot of tension when we are dealing with somebody's life. Let me narrate an experience of mine in the cathlab where His Divine Grace intervened to save the patient's life. An LMCA (left main coronary artery) dissection is a nightmare for any interventional cardiologist and especially if the patient goes into complete cardiac arrest. I still remember so vividly the last case when while doing an angioplasty procedure there was a LMCA dissection. The patient's blood pressure and pulse had dropped to very low values. Two of the lab support staff were alternately doing cardiac massage, meanwhile we finished the procedure with two stents in the LMCA, one from LMCA to LAD and the other from LMCA to circumflex. The patient survived and was discharged after seven days without any brain or heart damage and echocardiogram showed that the ejection fraction was normal

Historically there has always been a link between spirituality and illness amongst the ancient cultures. Between 200 and 300BC in Egyptian culture they thought cleanliness and music therapy would lead them to God thereby preventing illness. They were perhaps the only people in 600BC who bathed twice a day, drank boiled water and avoided pork for fear of infection. They brought in music therapy as a way to reach God and for treating illness. About the same time 600BC in Chinese culture Confucius also introduced music therapy for illness. In Greek culture they brought music therapy from Egypt probably through Pythagoras who was a widely travelled man. In India around 2000BC Ayurveda presented a complete charter of what a physician should be. Acharya Charak in his renowned work the Charak Samhita has written, in 600BC, 200yrs before the Hippocratic oath was written, that the physician should not hanker after fame and name; he must have spiritual qualities to reach to the inner soul of the patient to be able to cure the patient. Merely having the knowledge of Ayurveda would not cure the patient.

Over last thirty to forty years several research scholars in the west have noted widespread prevalence of depression and unhappiness in spite of so much of affluence and abundance. Robert Ader in 1970 has shown that there is a connection between the mind and body, between the brain and immunity. He was one of the pioneers in the field of psycho neuro immunology (PNI), a new branch of science in which extensive research is going on worldwide. When HIV patients are taught to meditate, after eight weeks of meditation their CD4-T cell count has been found to have gone up, which is an indicator of the therapeutic effect of meditation. More intense the meditation higher has been the count. Subsequently Dr. Herbert Benson a cardiologist at Harvard during 1960 to 1970 introduced the relaxation therapy, which brought about reduction in the number of premature ventricular contractions (PVC), reduction in blood pressure, anxiety, headache and pain. People accepted the efficacy of the relaxation therapy and prayer. Dean Ornish the well known cardiologist introduced group therapy for his cardiac patients with known history of coronary arterial disease and after several weeks he noticed that their cholesterol levels and their blood pressure level had dropped. After some time even the course of the coronary artery disease changed through group therapy. In Stanford David Spiegel in his pioneering work relating to terminally ill breast cancer patients showed that patients receiving only group therapy lived longer than the patients receiving only chemotherapy.

Dr. Braunwald, world renowned for his textbook of cardiology, in a recent article in the Journal of American College of Cardiology of September 2009 has mentioned that “..... *number of intriguing studies have linked non-traditional risk factors such as panic disorders, physical distress and insufficient sleep to coronary heart disease. Use of music, patient information sheet directed at reducing anxiety, depression and stress are needed*”. He has seen that medicine, surgery or angioplasty cannot cure coronary heart disease. There is increasing metabolic syndrome with 40% of the US population having metabolic syndrome. The biggest epidemic in US today is obesity, which can lead to hypertension, diabetes and coronary heart disease.

One of the most famous physicians of all time, Sir William Osler, wrote in an article in the Lancet as far back as in 1892 that the typical patient with angina pectoris is a chronic worrier.

A study made by the University College Hospital in London and published in the journal Heart in November 2002 reveals that depressed patients have endothelial dysfunction, wherein blood vessels do not contract normally denoting early onset of atherosclerosis leading to coronary disease, stroke or renal failure. Depressed people have increased platelet reactivity which can cause a thrombus or blood clot in the arteries. These people may also have reduced heart rate variability. If the heart rate variability is wide then the life span is long and vice versa. In other words life span will be shorter for a person whose heart rate is always constant

at 70 or 80 as compared to a person whose heart rate changes from 50 to 150. Depressed people have higher C Reactive Protein and proinflammatory state. Atherosclerosis is an inflammatory disease and those who have atherosclerosis are going to have a higher C Reactive Protein and proinflammatory state. In the category of depressed patients the relative risk of cardiac mortality is 3.8.

A Duke University study done in 1988 involving 2289 patients found a higher prevalence of obstructive coronary artery disease in the age group below forty five years who had established type A behavior characterized by hostility and anger. In the February 1996 issue of the Lancet they have described a Type D personality in people who have depression, worry, gloom and have a tendency to suppress their emotional distress. The Lancet article further states that 21% of the general population and 18-53% of cardiac patients have type D personality. Further for people with a type D the prognosis is not good after a heart attack with an increased risk for sudden cardiac death (SCD) and MI.

Today in the United States almost every medical college has a course in spirituality and illness in their medical curriculum. The January 2001 issue of the journal of the American Family Physician published an article authored by Gowri Anandarajah and Ellen Hight of Brown University Medical College, Rhode Island. It highlighted the detrimental effect caused by spiritual distress or crisis on the physical and mental health not only of the patient but also of the family members as well. They developed a health questionnaire called HOPE questionnaire as a teaching tool for their family medicine residents; HOPE being an acronym for H- sources of hope, love and strength, O-organized religion, P-personal spirituality and practices, and E-effect on medical care and end of life issues.

In the Charak Samhita considered as the encyclopedia of Ayurveda, Acharya Charak has emphasized the influence of diet and activity on mind and body and has proved the correlation between spirituality and physical health.

Baba says *“When a doctor treats patients with a pure mind, sweet words, loving care and concern the possibility of cure is great. Employ the principle of 50% medicine 50% love.”* Dr. Michael Nobel, belonging to the Nobel family of Sweden, said in his speech during the first anniversary celebration of this hospital in 2002 that *“Combination of a super-specialty highly advanced state-of-art hospital that is free - and if we add the idea of Sai Baba’s presence, a photo or His actual presence, instilling in the patient firm belief that he or she will get well - is a completely unique concept”*. Baba says when you inquire in to the cause of any disease it will be clear that food and habits are the main cause. Further Swami says satwic food through the five senses – vision, hearing, touch, smell and taste - is required, not just the food we taste at the dining table. The five sense organs, the eyes, ears, skin, nose and tongue, should always be vigilant to ensure that what they sense and experience

is conducive to good health – physical and mental. Spirituality pervading this hospital has an influence on the outcomes as illustrated in the following table.

Sl.No.	Category	Total	Mortality	Percentage
1	Coronary Artery Bypass graft	2514	46	1.83%
2	Mitral Valve Replacement	1012	15	1.48%
3	Aortic Valve Replacement	393	4	1.02%
4	Balloon Mitral Valvuloplasty	7973	23	0.29%
5	Coronary Angioplasty	4710	24	0.51%

The results are comparable to the best in the world in all categories even though the patient category we deal with belong predominantly to the less privileged class and hence prone to poor hygiene and malnutrition.

In conclusion, as said by an alumnus of Swami's University working in this hospital, *"Bhagawan Sri Sathya Sai Baba has set into motion a revolution founded on the most fundamental need of every human being - LOVE, and Swami's hospitals are physical representations of love in action, no wonder they are referred to as Temples of Healing"*.



# ROLE OF COUNSELLING IN NEUROSURGICAL OUTCOME

**DR. GANESH K. MURTHY**

CONSULTANT, DEPARTMENT OF NEUROSURGERY, SSSIHMS, BANGALORE.

I am making this presentation on behalf of the Department of Neurosurgery, on the “Role of Counselling in Neurosurgical Outcome”. Since 2007 the Department of Counselling has been counselling patients admitted for neurosurgery at the time of the admission, immediately after the surgery when patients get shifted out of ICU to the post surgical ward and another counseling session at the time of discharge. There have been times when we have called them across to come and counsel patients and attendants when patients are in the ICU - patients who are not doing well, sometimes grief counseling, and where the prognosis doesn't appear good. Here are some statistics from our department:

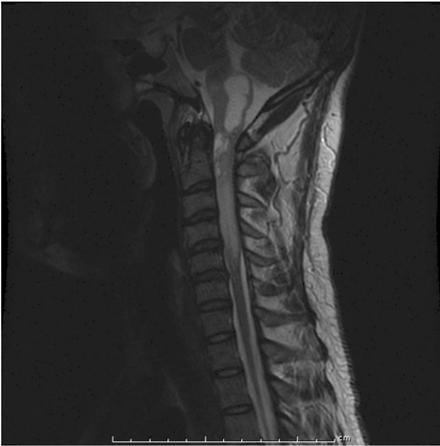
Period	Yr. 2008 (Jan. to Dec.)	Yr. 2009 (Jan. to Oct.)
Admissions	1622	1442
Surgery	1524	1365

These statistics give an idea of what kind of load the counseling department is handling from the neurosurgery department. These two cases that I am going to present are where counseling support was given in an acute phase - in the ICU setting.

The first case was a twenty-nine year old male who was a bus conductor in a private bus service plying in Hooghly district in West Bengal. He came to us with weakness in upper limb of three years duration and weakness of the lower limb with tightness of eight months. He had early symptoms of bladder and bowel involvement of five months and difficulty in walking. So when he came to us he was virtually wheel chair bound and could not lift his hand due to non functional shoulder power. On examining him, there was wasting of arm and forearm, hypertonia in the lower limbs, power in upper limbs was about 2-3/5, gait was very spastic and he could barely walk with two people supporting, he was wheel chair bound.

The pre-operative MRI images shown above revealed a saggital image-expansion of the chord with tumor extending from C1 till about C5 with very vague & very diffuse enhancement. We took him up for surgery, did a C1 to

## Pre Operative MRI Images



TI WI SAG



TI SAG with Contrast

C5 laminectomy. It was an intramedullary tumor which was dull grey and with poor pial plane. Because of its location we just restricted to doing a biopsy at two levels, one at C2 and C4-5 level. There was quite a lot of cord swelling and since we had not removed the tumor completely we completed the duraplasty with fascia lata. His histopath report was anaplastic astrocytoma grade 3, which made it worse. Post operatively there was some amount of deterioration in his power. And as expected because of the location of the tumor it was very difficult for our anesthetist to wean him off of the ventilator. Subsequently over the course of time he landed up with tracheostomy, on and off the ventilator, developed fever and contracted ventilator associated pneumonia. He developed pneumothorax one of the complications of long term ventilation was treated with an ICD, had a recurrence of the pneumothorax managed with reinsertion of the ICD. Developed empyema, for which the cardiothoracic surgeons did a decortication to clear the infection from his pleural cavity. The following slide is a CT scan of the thorax showing pyopneumothorax which he developed.

## Pyopneumothorax



He battled for four months on and off the ventilator. He had only his wife with him constantly who was the care giver. He was occasionally visited by his brother who was in West bengal. He spoke and understood only Bengali so whatever I spoke to him he couldn't understand. He was on tracheostomy and with no functional power in limbs, just a few flickers here and there.

This is when I asked our senior counselor, Mrs. Gita Umesh, to step in. She was already routinely counseling the patient's wife independently. Now I wanted her to come into the ICU and interact with the patient. Other palliative care steps we took, other than physiotherapy and similar things, was to introduce music therapy. The wife brought a Walkman to play a couple of Bengali songs for her husband. He used to listen to it, but honestly it was not making much of a difference. I will now let Gita Umesh continue to narrate the counseling part of it.

*Dr. Ganesh Murthy as a surgeon and a doctor has given a clear perspective of the physical deterioration in the patient. Now for the counseling perspective to start with we already had the physical-emotional- spiritual profile of the patient generated on the day of admission counselling documenting the patient's likes, dislikes, hobbies, etc. But after he went into surgery and remained in the ICU we lost complete touch with the patient. However, at least twice or thrice a week the patient's wife would come and spend some time in the counseling department. I could speak Bengali, the language of the patient and his wife and so she started bonding with the counselor. All of her small needs were met and we gathered a lot more information from the patient's wife about the patient.*

*From this we put together the patient's life story – to better understand the person behind the illness. As a child of eight he lost his father. He had an older sister and a younger brother and he was a very dedicated and responsible boy of eight. He started working and earning so that he and his mother could make both ends meet. He educated his younger brother and arranged for his sister's marriage. Along the way he worked as a cleaner of a bus and then a lorry, eventually graduating to become a bus conductor. What he was fond of doing was enjoying nature. He was also initiated in the Ramakrishna order and was very fond of the hymns sung in praise of Ramakrishna Paramahansa and extolling the virtues of Mother Sharada Devi. Now, these were the valuable information which we had collected along the way to be able to evaluate the patient as a person. What sort of a person was he? He was a very responsible spiritual person. What were his likes and dislikes?. He was very fond of nature, his family and disliked depending on others for financial support. Eventually he married the daughter of his local school teacher. He started raising a family of his own. He had two children, two girls, and had a deep sense of commitment and responsibility towards his family. When the reality of the illness struck him it had already spread over a period of three and half years - he started losing the movement of his arms, his neck and his*

*hands. The family income had dwindled, he didn't know what to do or where to go, until somebody told him about our hospital and he landed here with his wife. When he walked into the hospital he felt that here finally he would be able to receive an answer to his illness.*

*You can now appreciate and relate to Dr. Simha's words in his presentation, when he said, I quote, "You really need to understand the spiritual concerns of the patient and hence you need to take a proper spiritual history". At my previous counseling session with the patient directly, which was four months ago at the time of admission, he was able to talk to me. I knew of his present condition in the ICU and knew he would not be able to talk; the communication would have to be non-verbal. Hence upon entering the ICU the first thing I did was to pray to Swami because where else will we get our spiritual strength I said Swami I am surrendering as an instrument in Your hands because this counseling encounter is going to be a challenge. One needs to make the connection not only between the body and the mind but also the connection sometimes between the mind and subtle body. As Dr. Shekar Rao very clearly said the connection between the subtle mind and the causal mind is the most important factor.*

*I entered the ICU, the patient's wife was by his side, and the patient was conscious but not able to talk or move any part of his body. I was told that he was conscious, he could hear and that he could move his eyelids up and down and his eyes from side to side – those were the only movements possible. With these he conveyed his understanding and consent to what was told, or to the contrary. I had to accept that and just started speaking to him and his wife and told him to move his eyes or eyelids up and down when he understood and agreed to what I was saying. Meanwhile knowing from his profile how concerned he always had been about the welfare of his family, and in concurrence with his wife we had made arrangements for his two daughters, wife and his mother to be taken care of by the Ramakrishna ashram, the same spiritual centre of his choice. I communicated this to him first, so that he could feel at ease that the concerns he had about his worldly duty and responsibility were taken care of. His mind had to be calm which was the most important need at that particular moment. The moment he heard this he was overwhelmed with relief and tears started rolling down his cheeks. I further reassured him that once he becomes well he would be able to take the family back. He need not worry, they would be provided with food and shelter, his wife and mother would be given jobs and the children good education. The feeling of guilt within him about having let down his family seemed to have disappeared; the relief in him was very visible. He was willing to let go. The moment of letting go of the world which plays an extremely vital important role in one's spiritual well being had arrived for him – he had found peace within. To make the journey easier prayer and namasmarana become the need at this stage. I once more asked him whether he would like to hear his favourite bhajans and saw the*

*affirmation from his eyes. By Swami's Grace since my childhood I had learned quite a lot of hymns at the ashram of Sri Ramakrishna and Mother Sharada Devi the Ishta Devatas (Gods of Choice) of the patient.*

*Knowing from his profile that he was also a lover of nature I started singing a hymn about the divine mother, being and existence, the Omni presence of the holy mother in nature, in the sun rise, sunset, in the breeze which touches everything that is beautiful. As I was singing he just started shedding tears of joy, eventually closed his eyes and a brilliant smile was there on his face. This was the moment for the counselor to leave, and let the couple be together alone. I got a call from the hospital two days later saying that he was no more and more importantly he died an extremely peaceful death. This was an extraordinary case of the power and tenacity of the individual will in charting the course of life. With these few words I leave it to Dr. Ganesh Murthy to continue.*

The next day the patient was okay and fine during my morning rounds. Later when I was in the operation theatre, around noon I received a call from ICU that he had suffered a cardiac arrest however they managed to revive him. But after 36 hrs there was a flat line on the monitor – the patient had expired.

***“Body and mind like husband and wife do not always agree, to die together” - Charles Caleb Cotton.***

The other case which we have is about a thirty-two year old housewife, a mother of two kids. She came here and presented with neck pain accompanied by restriction of movements. She had undergone an operation in 2000 for C1-C2 tuberculosis in another hospital but she had no deficits at the time of presentation. The slide below is her pre operative imaging which shows the AAD with basilar invagination MR showing the severe compression at cervical medullary junction.

### Pre Op Images



CT Sag

T2 WI Sag

This is a case of a patient, fairly young with a small family having quite a severe invagination and we explained the risk to her. We took her up for a Trans oral odontoidectomy in which we would drill off a part of odontoid which was going backward. She had a very restricted mouth opening, and the odontoid was posterior angulated and there was a dural invagination. While drilling out the odontoid and removing the pieces of the odontoid I had a dural tear I found CSF welling up out of the wound. I had my heart in my mouth. I got my composure back. We completed the anterior odontoid removal, harvested graft, fat, fascia and with bioglue repaired the defect we had created. We reversed her in the ICU she was not moving on her right side. . Here was a patient who had no deficit, was post op hemiplegic; she had a CSF leak through an oral wound, which could be a high risk for meningitis which could be fatal. Moreover I had yet another stage to do, an occipitocervical fusion. With this background, the next day we tried doing the fusion. She had a severe overlap, which made it impossible to carry out the planned technical procedure of passing the wires or the cables sublaminar. I had no option but to abandon the procedure. We needed to try an alternate procedure since we could not use the traditional Occipitocervical fusion using the contour rod and cables. So the next day along with another colleague we decided to try once more. I was physically and mentally exhausted and knew I was probably battling a losing case. Anyway now with two minds and two pairs of hands we started with more laminar drilling, and passed the cables through and completed the construct. After that the rest of the surgery went fine and the slide below is of the post-op images.

### Post Operative Images



Post op x-ray Lateral



Post op CT Scan: Sag reconstruction

While the surgery had turned out successful the post-op patient status was bleak. The patient was hemiplegic, no movement on the right side, and she had a leak from the oral wound. We had a lumbar drain and I was not sure whether she was leaking down through her throat. She was intubated and after forty eight

hours the anesthesia team managed to extubate her. About four days later she suddenly developed aspiration and she underwent an emergency tracheostomy.

This had happened over a week end and she had a visit from her in-laws who obviously were devastated by her condition which in turn rubbed off on the patient as well. Very soon after, the patient became very depressed, you could see it on her face. I had seen her earlier after the surgery and she was okay but the difference now was very noticeable. I had explained to her she may improve because she was in a state of spinal shock. I knew I had not damaged the chord; there was only a dural tear. I was quite hopeful when I saw her even though she was depressed and in a non cooperative state I instructed our physiotherapist team of the need to concentrate more on her. But they found they had hit a road block, they told me that she would not let them do anything and she was just not interested.

This was when I called for help from the counseling department. Their Pre-Op patient profile showed she had a lot of faith in Lord Venkateshwara, a great amount of love for her children - to give them a good education and be a good mother. Her life revolved around her children. Her husband owned a small medical shop in a Bangalore suburb. She had a mother who was quite dominating. All these were inputs I got from the patient profile maintained by the counseling department. Extended counseling sessions were started in the ICU and subsequently when she got shifted her to the post-op ward they made her refocus her energy on positive thinking, the power of prayer and that she was going to get better. Meanwhile she had started moving a bit - just few flickers of her hands and her toes, but that was a good sign. I said you can do it, you can walk. The effect of her refocused energy was becoming apparent - I could see the change every day, the smile came back on her face. We asked her husband to shut his shop down and come over to spend all his time in the hospital with her so that there was a greater involvement of her husband in this supportive care. Three weeks passed by with no symptoms of meningitis. She started ambulating with support, we decannulated the tracheostomy and two weeks later we discharged her. After eight weeks when she returned for a follow-up she was near complete recovery. It was a miracle in which the collective complementary team effort by everybody played a major role. Let me end with this quotation from Albert Einstein.

*“A Human being is part of a whole called by us Universe, a part which is limited in time and space. He experiences himself, his thoughts and feelings as something separated from the rest..... a kind of optical delusion of consciousness. This optical delusion is kind of a prison for us, restricting us to our personal desires and to affection for a few persons nearest to us. Our task must be to free ourselves from this prison by widening our circle of compassion to embrace all living creature and of whole nature in its beauty”.*



# RESEARCH IN SPIRITUALITY BASED COMPLEMENTARY THERAPIES TO CREATE AN EVIDENCE BASE – PERSPECTIVES

## **Introduction by Session Coordinator**

There is no doubt that there is an intrinsic goodness and value addition in spirituality when integrated with modern medical care. However in today's modern science based medicine establishing an evidence base is virtually mandatory for any therapy to be prescribed or advocated as an acceptable healing process. In this endeavor while a considerable amount of work has been done in the West the research methods and results obtained there may not be directly applicable or relevant in a different culture and social environment. There is hardly any work done in India in this area, the sheer magnitude of the complexity of undertaking such a task is daunting given the diversity and geographical spread particularly of the rural population which constitutes 65% of our 1.1 billion population.

In this context the Sai Health Care mission in association with the Sai Seva Organisation is uniquely placed to undertake such research studies. It is therefore appropriate that we take some guidelines from experts in this field, this forum being ideally suited for this purpose.

Dr. Torkel Falkenberg from Karolinska Institute, Sweden is a world renowned research scholar in integrative medicine. He has not only published several papers but also has worked with organizations such as WHO and other international bodies in this emergent area of integrative medicine.

Dr. Mia Leissjen, a professor of psychotherapy at the University of Leuven in Belgium has published several books and papers and is a strong proponent of addressing the spiritual dimension in the well being of a person.

## **Dr. Torkel Falkenberg**

What is striking here is the remarkable effort and representation from all parts of India of the Sai Organisation with so much commitment in so many different areas in the health care sector. This is a very unique situation and from a research viewpoint one could do either a North-South research project or just an Indian research project, where answers are sought for some of the pertinent questions that have been addressed here using the multicentre techniques. Then one has transferability which is very important in research and can be generalized in the Indian context. From a macro perspective it is important we address it from the WHO Collaborative Centre or what is important on the agenda for the Ministry of Health in India. One must highlight the unique research possibility along with the field study capability through the countrywide reach of the Sai Organisation.

This serves to show that there exists a committed team and infrastructure ready to do research which might impact on the general health of the Indian population. That is the rhetoric we need to use and try to get other stakeholders on board. We are interested in trying to multiply what we are doing and share some of the findings we find intuitively or with our clinical experience not only with the Indian community but also internationally. It is about harvesting more from all of the people here and developing networks which can strengthen one another in research.

The audience here comprises mainly of medical doctors and one can sense a top down approach for proceeding further. Here one can also see the comparative advantages of counseling compared to the usual routine way of prescribing a healthy lifestyle.

The other way is a bottom up approach and here you actually engage the patients in their own avenues towards health. Given the one billion population of India this would translate into one billion avenues to health. In any individual self-rated health is the best determinant for survival. If you were to ask anyone how they perceive their own health that will be the strongest predictor for survival, not a rice index, not whether one drinks wine or not, not whether one exercises or not, it is all in the own individual's perception of his own health. That can be assessed by the short form 36 (SF36), which is a research instrument to rapidly assess a person/patient's own self rated health. Now using the methods of counseling if you can counsel the person/patient to try and make his/her own road map towards improved health then we walk the talk, then miracles happen and sustainability is in place. This is the bottom up approach, my personal research philosophy.

### **Dr. Mia Leissjen**

Should we always have to improve health? Can't we accept that our health is what it is and ask the question what does this mean about my spiritual development? How can the state of health or sickness improve my spiritual development? Perhaps this is not relevant in a medical hospital.

We somehow have a narrow vision of how health should be. While I think this is only a physical perspective, how our body cares for disease is something else. It can also be part of a spiritual path that has a very different aim and a very different ending than what we look for or perceive as physical health. Being sick can also be a very important spiritual process; there may be a value to being sick and not being healthy all the time.



**Footnotes by Session Coordinator:**

Dr. Falkenberg with his wealth of experience, and based on his observations here at the hospital and the conference, has laid out a very pragmatic research plan which on completion would be an invaluable tool and resource for health care improvement not only nationally but worldwide.

Dr. Leissjen has said what Swami has always been saying that body consciousness should be secondary to spiritual awareness for every person in the journey of life. It is a very thought provoking approach towards formatting a research study in human well being.

The following which is a part of the editorial that appeared in the medical journal *The Lancet*, Volume 366, Issue 9481, 16 July 2005 is of contextual relevance here since it refers to Dr. Krucoff's Mantra II study which he covered in depth in his presentation and also highlights the need for pursuing further research in this area.

***Mantra II: Measuring the unmeasurable?***

*Patients and doctors, together with their relatives and friends, may turn to prayer at times of extreme anxiety over disease or illness. Even those with the most materialist of perspectives on life may occasionally need to resort to quiet words of spiritual compassion, pleading perhaps for the relief of someone's pain or the ending of a person's distress. A whispered conversation with a being beyond our physical comprehension - a being that may in some senses be an aspect of our own identity - can be an act of faith on behalf of a person whom we care for deeply. It may also represent a personal appeal in the face of our own acute existential crisis. Both reasons deserve a physician's respect. Do they need a scientist's justification?*

*Mitchell Krucoff and colleagues, the study investigators, explore the extraordinary complexities of their attempt to investigate these noetic therapies, interventions that are intangible in the sense that they do not deliver a drug or device. Prayer, for example, was extended across a range of Christian traditions. Could a more restricted denominational approach have influenced the outcome? Does the number of those praying matter? Or the timing and duration of prayer? Would it have been more fruitful to have used a battery of subtler qualitative endpoints? These questions - and the secondary endpoint of 6-month mortality benefit in those assigned music, imagery, and touch - provide a basis for further inquiry.*

*Do the results of the MANTRA II study rule out the use of noetic therapies in modern scientific medicine? Such a conclusion would be premature. The contribution that hope and belief make to a personal understanding of illness cannot be dismissed so lightly. They are proper subjects for science, even while transcending its known bounds.*

# THE SPIRITUAL DIMENSION IN PREVENTIVE MEDICAL CARE - PERSPECTIVES

## **Introduction by Session Coordinator:**

*“The current belief is that medicine is to be valued for its use during illness. But this point of view has to change. Medicine is used to see that one does not fall ill, just as the purpose of truth is to so live that one is not subjected to birth again.”*

*– Sri Sathya Sai Baba*

With the above divine guidance from Swami we need to go back from this conference with renewed enthusiasm and a sense of purpose. We have assembled here from all over India and a majority of us are involved in the Sai Health Care Mission. During these two days we have learnt about the potential and efficacy of adding the spiritual dimension to medical care through counseling. Counselling as an adjunct and a complementary therapy can be effectively used in preventive medicine, playing a vital role, while addressing non-communicable diseases. Given the spread and reach of the Sri Sathya Seva Organisation not only nationally but also internationally the potential for taking this program forward is not merely immense but awesome. While the benefits of preventive medicine is equally applicable to all, its relevance would be far greater to those from the lower socio-economic strata of society who can ill afford any illness in today's medical treatment cost scenario.

We have Dr. V. Mohan and Dr. Shekar Rao sharing their knowledge, experience and thoughts on this important topical subject.

### **Dr. V. Mohan:**

The target would be to address the chronic or non-communicable diseases such as obesity, diabetes, hypertension, heart disease, stroke, mental illness and cancer. There is a commonality in all of these – lifestyle. Hence for a common preventive strategy there are two approaches. One approach is to identify and target only the high risk group in the population or community. The other is a much broader community based or population approach wherein the whole community is addressed. You disseminate information to everyone regardless of whether they have any disease or not. This approach will have limited reach because of resource constraints. Hence to improve program efficacy go beyond health awareness creation in an entire community to target that part of the population that would benefit most from a preventive medicine program.

After many years of research we developed the Indian diabetes risk score. Following community based epidemiological studies we did a logistic regression

analysis and identified parameters characteristic of high risk groups within a community such as:

- Person's age – risk increases with age.
- Whether either parent or both have diabetes/hypertension?
- Level of physical activity.
  - Physical activity as leisure such as walking.
  - Physical activity at work such as manual labour.
  - Physical activity at home such as gardening, home chores.
- Waist measurement with a measuring tape.
  - In women:
    - >80cms high risk
    - >90cms very high risk.
  - In men:
    - >90cms high risk.
    - >100cms very high risk.

These scores are given for different age brackets. A score above 60 means the person is at high risk not only for diabetes but also for metabolic syndrome and hypertension. Waist measurement is the best marker for metabolic syndrome. The same risk score picks up also people with CAD in the community. This simple can be easily carried out in the Sai Seva Organisation. Community lay people can be utilized for screening diabetes, hypertension and obesity. This is empowerment of a very high magnitude.

Counsellors can do opportunistic screening from this data and add the stress reduction factor plus reduction or elimination of alcohol consumption plus elimination of tobacco use.

If such a preventive program is undertaken then 50% of all the non-communicable diseases can actually be prevented by just these simple practices. The Sai Seva Organisation has a great opportunity to do this and it is entirely possible with Swami's Grace that the SSSSO at virtually no cost can do this on a national scale in a country the size of India home to one-sixth of humanity. It certainly would make a tremendous impact on the rest of the world.

**Dr. Shekar Rao:**

In preventive cardiac medicine the bulk of the attention will be focused on preventing heart attacks, strokes and the ravages of high blood pressure including diabetes. But there are other areas also which you see in a diverse country such as India – rheumatic heart disease (RHD) and congenital heart disease (CHD). A commonly asked question today is why there are so many children with heart disease? Has the incidence increased or is it that we are detecting more of it?

There are no answers. We only know the incidence of CHD to be 6-11 per thousand live births. There are no figures from the past to compare.

Parents want to know what they can do to prevent congenital heart disease. At the deepest level we really do not have the answer. The parents are told that it is a developmental defect when the heart was formed in the mother's womb usually in the first trimester, the 14th to 20th week of pregnancy, and after that nothing can be done.

In the context of spirituality in healthcare it would be appropriate to reexamine whether we had deviated from some of the healthy practices pertaining to marriage, conception and early phases of pregnancy and how to maintain health. Maintenance of maternal health with folic acid supplements etc. are being emphasized. Similarly there are other things that could potentially be the cause of CHD which perhaps could be addressed at the community level through spiritual counseling. Our ancient scriptures have prescribed what thoughts should go through the minds of an expectant mother, what kind of an environment should she be kept in, what should she avoid doing, and what should she do to enable a noble soul be born to her. These are issues worth pondering upon.

Rheumatic heart disease (RHD) is more prevalent in the lower strata of society living in crowded and ill ventilated environments with children being most vulnerable. It manifests itself by repeated sore throats with streptococcal infection in children. And as the saying goes RHD licks the joints and bites the heart.

However RHD can be prevented. Parents whose children have frequent sore throats have to be told that their children have to be screened for streptococcal throat infection and if found positive to be put on penicillin prophylaxis. At various platforms this has been talked about as to how it can be done at school and community level. But there are a lot of logistic problems, cost issues and follow up problems. However in a more restricted area such as in a Sai Samithi service activity it is more manageable and possible to educate the patients regarding RHD and its prevention.

Prevention of coronary artery disease (CAD) has been covered by Dr. Mohan. However a relevant observation for this forum is the impact of negativity from watching movies and TV shows, where there is a lot of suspense, horror and violence. As Swami says television is telepoison. Hence this aspect should be addressed during counseling along with other measures to provide integrative preventive care.



**Comments from the Audience:**

From his experience a gynecologist commented that he had observed that malnutrition and eating wrong foods such as bakery products by the expectant mother especially during the first trimester can cause birth defects. Further pregnant women should avoid watching TV which influences the flow of adrenalin into the circulation system and the steroids that are produced as a consequence of the scenes that they see, enter the foetal circulation system and alter the foetal environment. The foetus tries to adjust to the foetal environment in many ways resulting in various diseases. It is said that depression, anxiety, bipolar disorder or even epilepsy afflicting a person could have been programmed inside the uterus.

Cardiologist Dr. B.Barooah emphasized on the importance of MMR vaccination for all pregnant women to avoid congenital heart disease or other birth defects.

**Dr. Mohan's Take-home Message:**

To implement a preventive medicine program prioritize diseases that can be addressed not by doctors but by counselors and other health care providers. Target those diseases for which simple preventive processes can be put in place most cost effectively and with minimum impact. This would be most implementable and yield maximum benefit.

**Footnote by the Session Coordinator:**

It would perhaps be relevant to address malnutrition, which is endemic in rural areas and particularly amongst children, young women and mothers, under preventive medicine programs. In this context there is an important role for counselling the mothers of the children, young women and mothers.

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**The Counsellor's Prayer**

*— an extract from the ancient prayer of St. Francis of Assisi.*

“Lord, make me an instrument of Your peace.  
Where there is hatred, let me sow love.  
Where there is injury, let me sow pardon.  
Where there is friction, let me sow union.  
Where there is error, let me sow truth.  
Where there is doubt, let me sow faith.  
Where there is despair, let me sow hope.  
Where there is darkness, let me sow light.  
Where there is sadness, let me sow joy.”

# SPIRITUALITY IN HEALTHCARE

— P E R S P E C T I V E S —

A unique gathering of doctors and healthcare professionals from virtually every state in India, and from around the world, congregate to participate in a conference on the role of spirituality in healthcare - a very topical subject that is engaging the attention of the medical fraternity globally. The venue for this trend setting event is “The Temple of Healing”, the Sri Sathya Sai Institute of Higher Medical Sciences, Bangalore, with its foyer portrayed on the front cover - undoubtedly a very apt setting with a breathtaking spiritual ambience. The appropriateness of the title bestowed and the metaphorical chord it strikes with the conference theme are made explicit in the various presentations that highlight:

- How Sai Baba and His teachings have inspired and transformed modern medicine from merely curing to total healing by adding the spiritual dimension, most importantly love and prayer to the “God of your choice”, as a common denominator in all aspects of medical care.
- How modern hi-tech medicine when complemented by a spirituality based counselling program like “Counseling the SAI Way”, fostering the innate spirituality within the patients, leads to improved body-mind outcomes thereby enhancing overall wellbeing.



There is only one Religion – the Religion of Love  
There is only one Caste – the Caste of Humanity  
There is only one Language – The Language of the Heart  
There is only one God – He is Omnipresent.

Sri Sathya Sai Baba