# Power and Medicine During Transitional Eras: Microvita As the Bridge

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**Beginning with a genealogical gloss of the decline of Ayurvedic system in South Asian history, this essay moves to an alternative vision of the futures of health. It argues for a wholistic health model that includes global health cooperatives and integrates spirit with science. It uses Sarkar's theory of *microvita* as a conceptual framework to take placebo and nocebo seriously. While we imagine a rosy future, we are clear that the transition, as we are in now, will be associated with morbid symptoms and systems.**

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## Discontinuity and Macrohistory

Michel Foucault (1973) wrote on how particular eras suddenly end, and new regimes of knowledge emerge thereafter. He wished to understand the transition points – what changed to create a new episteme, a new way of seeing reality. These changes can be minor, for example, the role of an artist, a thinker or larger events, a pandemic, or a new technology. In the new era, there is a shift in how reality is perceived, and even the defining episteme. While Foucault did not develop a full-blown theory of macrohistory and the future, others have. Exemplary are Sarkar, Sorokin, and Toynbee (Galtung and Inayatullah, 1997). They offer us further insights into understanding transitions between eras. In the work of Shrii Prabhat Ranjan Sarkar (Inayatullah, 2002) generally these shifts occur when a way of seeing the world no longer has legitimacy. For him there are four core era/epistemes: the worker, the warrior, the intellectual and the capitalist (Sarkar, 1987b). Each has its own regime of knowledge: of what counts as reality and truth and what does not. Subjectivity is transformed based on the new episteme. For example, in the warrior, it is power and strength: victory whether in war or sports. Hierarchy, discipline, and the uniform reign supreme. However, in the Intellectual era reality changes. The volume of books and scholarship produced are telling. Diversity, the search for truth, and ideas that give life purpose became far more important. Why was there a shift? For Sarkar, this was an evolutionary shift. To expand empires, to gain land, warriors needed to move from numbers – bodies that could fight – to strategies, ideas that could lead to conceptual conquest. The transition to the capitalist era emerged as the intellectual era was unable to create and expand wealth – efficiency and production were needed to create the changing needs of workers, warriors, and

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intellectuals. New technologies and more efficient ways to accumulate wealth heralded the next era. In this new era, our current, wealth has become power, accumulation the be all of life. Power is maintained with lower costs. For Sorokin (1957) focused on the pendulum, the key indicator of the transition is when one system reaches the principal of limits, denying the reality of other systems. For him there are three types of reality leading to three types of civilizations: the sensate, focused on materialism; the Ideational, where the mind and the transcendental dominate; and the Idealistic, a both-and integrated system, where reality is seen as both material and spiritual. We know a transition is near when one system overwhelmingly dominates, and thus, reaching its natural limit, the pendulum forcibly swings back. For Sorokin we are at the end of the five-hundred-year materialistic Western dominated sensate system. What is unclear is will it swing back to an ideational system or is there the possibility of an integrated system ahead? Sorokin argues that for sure the next phase will be chaotic, in-between grand systems where ways of knowing are challenged, indeed, the epistemic basis for knowing is itself up for grabs.

The argument made in this essay is that we have the possibility of an integrated planetary system generally and in specific an integrated health system. But it is far from clear if this will occur. The macrohistorian Arnold Toynbee (1971) focused equally on agency and structure, suggests that it is the creative minority who make the tangible difference. They imagine the new emerging system and develop the framework for such a system. If they are unable to convince the old system to innovate – to meet the changing needs of stakeholders – then the system loses its vitality and becomes a large bureaucracy – class interests dominate – or an empire (instead of novel solutions power accumulation increases). While these grand thinkers wrote on planetary systems, their categories can be applied as well to health systems. As we imagine the futures of health, it is important to note that the meanings given to health systems too have historically changed (Badash, 2017; Radley, 1993).

## Health Transition

Similar transitions, discontinuities have occurred in paradigms of health: what counts as medicine and who heals. Are we on the verge of another disruption? Before we outline possibilities of alternative futures, let us go back and gloss over historical disruptions, for example, asking why did the ancient Asian Ayurvedic system that focused on wholeness, on connection with nature, on body, mind, and spirit eventually give way to the Western, the allopathic. What happened? While in recent times one can argue it has been the rise of large health corporations (pharmaceuticals and vitamin companies) that is, profit and size, earlier Sarkar argues it was for one very simple reason: the fear of needles. Writes Sarkar (2011: 5)

> *Nowadays, in those cases where there is difficulty getting the desired effect by swallowing the medicine or ingesting it in some other way, or where the effect is delayed, the system of introducing the medicine into the body through injection is widely prevalent. If anything is injected into the body through a needle it is called* súcikábharańa. *Súcikábharańa existed in Ayurveda in ancient times to a small extent, but this science could not advance much in those days, chiefly due to the influence of certain superstitions among the people at that time. They did not want to allow anything into their bodies through injection, so this science remained unappreciated. Nowadays it is possible to save the patient's life with injections in the case of diseases that are difficult to cure or treat, or in the case of life-threatening disease. Thankfully, modern practitioners of Ayurveda and Homeopathy, willingly or unwillingly, have accepted the use of needles and themselves use them.*

Thus, the shift from Ayurveda to the Allopathic is partly explained by the fear of needles. There were however other factors as well. Sarkar argues that not just traditional medicine declined but the modernist aspects of Indian medicine too declined. They did so because of the hierarchy of caste. The study of dead bodies… "learning about the physical structure of the skeleton of the dead body" was seen as undesirable, as "lowly." Argues Sarkar: "This affected medical science. Surgery, especially, was much affected and because of this, all medical science was affected." (Sarkar, 2011: 8)

While Sarkar is thankful that today's complementary medicine practitioners include

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needles and western medicine, imagine a world, a future where they did not. We are already witnessing weak signals of this amongst some communities - in the Western world amongst the spiritual and the white evangelical communities, argues Evans (2021)- where the benefits of modern medicine are rejected. Whether this is a full-scale Sorokin pendulum swing, from the scientific to the traditional, remains to be seen. For Sarkar, while true progress is spiritual – beyond the physical and the mental – in the material world, it is science that is defining, "science is indispensable for human progress." (Sarkar, 2018: 71). He writes: "Those who criticize science in reality want to turn the onward current of the Ganges backwards towards its source. This totally contradicts the principles of dynamics. Such an endeavour betrays a negative mentality." (Sarkar, 2018: 69) In particular, "Medical science has helped people immensely in the past, continues to help them in the present and will continue to help them in the future. Medical and surgical developments have helped people to increase their longevity in the past and likewise continue to do so today." (Sarkar, 2018: 72) Indeed, Sarkar asserts that the inventor of penicillin (and other technologies such as the airplane) should be seen as *rsis* (saints, sages) (Sarkar, 2021) – the glittering personalities of history. Of course, for Sarkar, this is the context of civilization i.e., purpose, inclusion, ethics – the greater good – leading the scientific process and not short-term profits and gains. The latter must lead the former or there is cultural decline.

## Imagine A Better Future

Perhaps we need to imagine a different future (Sangchai, 1974), in which Ayurveda and other traditions do not succumb to superstition and instead innovate, rather they integrate. They use needles to deliver medicine i.e., vaccinations are part of the arsenal of medicines that can be used. As one naturopath leader said (Perry, 2021): "Naturopathic medicine blends centuries old holistic healing with evidence-based medicine. We walk the line between conventional and holistic medicine and use the best of both worlds. I trust science, and vaccines have saved humanity from some horrific diseases." She is suggesting as Sarkar has argued to take a synthetic approach, that is, both/and instead of typical either/or dogmatic approach. The key for Sarkar is to ensure that the patient is first. He writes: "The object of the healing art is to cure a patient, both physically and mentally. So, the main question is not to uphold any particular school of medical science; rather, the key task is the welfare of the patient." (Sarkar, 2011: 5).

But how do we know? This becomes the greater debate. Dada Dr. Shambhushivananda, the Chancellor of Sarkar's Gurukul's Educational system has asserted that while Gurukul used different health systems – allopathic, naturopathic, homeopathic, ayurvedic – it is the allopathic that is the controlling faculty (Personal email, 31 August, 2021). What this means is that evidence as defined within scientific parameters – repeatable, double-blind, studies demonstrate causation – is required.

Of course, and this is critical, the nature of scientific evidence will change, the role of placebo/emotions/mind states, and imagination will re-enter medicine. Currently, the scientist must show disinterest, that is not influence the result of the experiment. However, Sarkar has argued repeatedly that along with medical discoveries, in the future the consciousness of the medical scientist – their compassion, their care, their ability to connect, the time spent with the patient – needs to be included in future science. This he controversially argues will attract positive microvita and thus enhance the possibility of the patient being cured. While Sarkar argues that microvita are to some extent like viruses, generally they exist between conception and perception (Sarkar, 1987), one can situate this approach in different discourses. In the first discourse, the ancient, they are mystical non-material forces. In the second, the medical, they are like subtle viruses. In the third, the postmodern, they are carriers of information, of memes (Inayatullah, 2000). In the fourth, chaos theory, they are strange attractors, helping a vision become realized. And in the fifth, science fiction, they exist as a future





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possibility, of an alternative science. And thus, microvita as a theory of medicine is still far off. Sorokin's pendulum of epistemes may shift but certainly not in the foreseeable future. However, attempts by Rupert Sheldrake (2005, 2020), Erwin Laszlo (1987, 2009), Harmon (1988), Swimme (2019) to move toward field – non-material - interpretations of reality and evolution – what Lazslo calls intensive evolution – all suggest that a shift may be possible.

We do not yet know how to re-integrate imagination and emotion without blaming the patient nor allowing dogma to re-enter science. As Dada Shambhushivananda argues, "we have yet to develop a comprehensive model of the human body (layers of the mind) that shows the limits and efficacy of different healing traditions." (Personal email, 28 September, 2021). Yet we can imagine in the medium term a different type of planetary health system that is far more effective than the current. In this future, we make the slow transition from mind in technology (AI) eventually to consciousness in technology (the microvita hypothesis).

## Aspects Of the New Future

What would that world look like?

First, it would be inclusive of all healing modalities. It would be a multi-door health centre. But who greets one at the entry point? In this vision, it is the medical scientist using evidence-base practices who is our guide. In this sense, it would champion the 5p model of health. This approach is: prevention based, personalized (the patient is at the centre), precision (using the continued and stunning advancements in genomics and artificial intelligence), partnership (working with all aspects of the health system) and participatory (working with the patient and other stakeholders in the health eco—system) (Hood, 2013). Writes Hood: "We will be able to optimize the health trajectory of each individual through assessments of the genome and longitudinal phenome and interrogating the vast knowledge graphs that soon will encompass the entirety of our biomedical knowledge. The output of the individual is customized and concrete, and it offers actable possibilities to influence the health trajectory in a desired way." (Hood, 2021).

Thus, second, the scientific method would be used to determine efficacy, safety, second order impacts with a full understanding that science itself will undergo paradigm changes as deeper layers of the mind become better understood.

Third, vaccines would be used and continue to save hundreds of millions if not billions of lives. There would be, as with a global right to food, shelter, education, and clothing, a global right to vaccination, to health. Vaccines must be treated as

global public goods. If indeed we are entering the Age of Pandemics, we need to be ready.

Fourth, the social, political, and gendered causes of illness would be addressed. These include, for example, in the case of zoonotic diseases the creation of wildlife buffer zones between humans and nature, as epidemiologist Peter Black argues (2015: 137-142). Given that more diseases are likely to become prevalent from climate change, it would mean moving toward plant-based diets as much as possible so that climate change is mitigated. Plant-based diets we know also reduce the worse of COVID-19 symptoms (Kim, 2021).

This would also mean, given the rise of non-communicable diseases, a move toward redesigning cities so individuals could walk more, linking the insight that design enhances health (Inayatullah, 2011). It would mean moving away from fossil fuels so pollutants would decrease. It would mean rethinking the working week so that individuals could exercise more and spend time with community: family and friends. Society would thus move from GDP as defining progress to Wellbeing as defining (Inayatullah and Milojević, 2021). Ultimately this would be a shift from a single bottom line to a quadruple bottom line: prosperity (increased standard of living for all), purpose (spirit and service), planet (nature, first), and people (inclusion) (Inayatullah, 2018).

Thus, the goal in this future is to design health systems that benefit all. This is a far more robust approach than efforts that promote individual changes, in that the social and environmental determinants of health are taken seriously. Writes one person with disability, "Providing 'natural', anti-science health advice to the masses is especially dangerous in a pandemic, but also propagates the ableist belief that if disabled and chronically ill people tried harder, they would be 'fixed'". Such people are already disproportionately affected by the pandemic. Please don't make it worse by encouraging people to play roulette against a deadly virus (Griffen, 2021). Initial data in the UK suggests that 60% of the deaths from COVID-19 have occurred to those with a disability (BBC, 2021).

Fifth, hospitals would need to be transformed. They would need to be designed for wellness and indeed, as much as possible, public health measures would exist to ensure that prevention was first – a fence at the top of the hill instead of an ambulance at the bottom. Design would first ensure hospitals were far more culturally safe places for the indigenous, for example, and second, homes themselves would become healing places (Milojević and Inayatullah, 2018). A hospital in Hawaii, for example, has changed its mission statement to reflect this awareness, moving their tagline to "Together inspired – speaking out, coming together with community, and the power that connection will have to move our neighbours toward a healthier life." (Email, Mele Fernandez, 1 October, 2021) Ultimately, as much as possible, the goal would be to move the data and not the patient, to fully use digital health technologies.

Sixth, and this is critical. The nature of pharmaceutical companies would change. Following Sarkar's PROUT model, (1987a) they would be run like large public sector organizations i.e., global platform cooperatives run and managed by medical scientists.

Seventh, in the very long run vaccines would be energized with microvita. While the science is not yet formulated, we can imagine a future where medicine is vibrated with sacred sound, with subtle emotions working at the viral level. Writes Sarkar (1987:51), "There will be revolutionary changes in the fields of pharma-chemistry and biotechnology. A particular object has its particular medicinal value… Intensive pharmaco-chemistry research will reveal the amount of microvita required to produce particular kinds of medical effects, and accordingly a scientist will be able to evolve accurate and effective formulae for various medicines. Naturally, the old and outdated formulae will be discarded. Hence, pharmaco-chemistry is sure to be affected. It is often found that the same medicine produced by different companies has varying effectiveness. The medicine produced by one company is found to be more effective than the one produced by another company. Here also variations in the number and classification of microvita account for such differences."

## The Long-term

What Sarkar is hinting at – in the longer-term future – is personalized and precision medicine designed for the individual. Thus, vaccines and other medicine will be targeted, thereby reducing the side effects suffered by many. Writes Vokenberg a decade ago (2010: 560): "Personalized medicine (PM) has the potential to tailor therapy with the best response and highest safety margin to ensure better patient care. By enabling each patient to receive earlier diagnoses, risk assessments, and optimal treatments, PM holds promise for improving health care while also lowering costs." We are moving toward personalized medicine for patients designed by local, national, and global health systems working with manufacturers. However, while the vision remains, it is still to be realized, and certainly does not go far enough toward the microvita medicine revolution.

Certainly, microvita medicine is outside of today's dominant scientific paradigm. One way to make it intelligible, how I understand it, is to see it as



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activating the placebo response. This entails seeing placebo not as false but as an active ingredient in health (and nocebo in illness). With placebo, the receiver activates his/her brain/mind to help create the best possible reactions from the intervention. The person expects healing. This can occur through contact with a medical professional where they feel listened to, heard, connected with and as well when the emotional belief system is active. Ted Kaptchuk, head of Harvard's Medical School Program in Placebo Studies and the Therapeutic Encounter, argues that the "placebo effect is a result of the complex conscious and nonconscious processes embedded in the practitioner-patient relationship." (Greenberg, 2018) Others seeking to explain non-material phenomena include the biologist Rupert Sheldrake (2005, 2020), though he takes a field approach instead of Sarkar's viral-layered approach.

Microvita, however, can be positive and negative. In the medical world, the approximation of this is nocebo. "Essentially, the nocebo effect means if a patient is worried about a treatment regime, poor results are likely. If you emphasise negative side-effects, you're more likely to get them." (The University of Sydney News, 2019.) This works because of the power of the brain/mind to imagine reality. Argues John Kelly, the deputy director of the Harvard Medical School's Program in Placebo Studies and Therapeutic Encounter (Govender, N.D.): "It's the power of the imagination. If you ask someone to imagine a visual scene in their minds, you can see on an MRI that their occipital lobes – the parts of their brains involved with vision – are activated. If you tell people to imagine doing some physical activity, you'll see the motor cortex showing activation. Just *imagining* something is happening is enough to activate those portions of the brain associated with that thought, or worry, or pain."

How we frame the issue thus becomes critical. Communicative strategies are critical in connecting with patients to enhance the possibility of well-being. As Dr. Ben Colagiuri suggests: "instead of saying you have a 30 percent chance of getting nausea from this treatment, you say there's a 70 percent chance of *not* experiencing nausea. In our trials, the second approach results in fewer side effects." The goal is to use placebo to enhance wellbeing and ensure anxiety and fear are not enhanced through the nocebo effect.

## Holistic Depth, Self and Other

In the ancient era, reality was tribal, and magical (the worker and warrior eras). Purity was foundational – other races, tribes, were dangerous. Herbs from nature were seen as the most important aspects of healing. The modern era removed nature as well as captured nature – used it for medicine – and technological driven medical systems became dominant (the intellectual and the capitalist). This has led to dramatic increases in health as access to health, antibiotics, and vaccinations as well as sanitation have become critical. And as we well know, culture can be left behind in this transition - the hospital can become cold, the surgeon can lose his humanity as technological fixes dominate. The views of the patient are not listened to. Instead of a system shift, we search for the silver medical bullet. This especially becomes an issue in transitional periods when new paradigms emerge and there is a loss of trust in old systems.

Sarkar offers us ways out seeing reality at many layers: as a body, mind, layers of mind, and pure consciousness. It is a both/and approach, using modern medicine and goes deeper toward other modalities, goes inwards. This is all about ensuring inclusion (Mylan, 2021), that all have the right to health, education, shelter, and education. In this transition to the Age of Microvita – the radical inclusion of neohumanism (Sarkar, 1987c) – both the purity of the tribalists and siloed world of the modernists are challenged, as the new world emerges. Yet as Sarkar has warned over and over, this transition will lead to greater polarization (1986: 44) best expressed by the words of Gramsci (1971): "The crisis consists precisely in the fact that the old is dying and the new cannot be born; in this interregnum a great variety of morbid symptoms appear."

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