



Literature and medicine: Renu's Prashant

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There has, historically, been a lack of trust between public health people and clinical medicine people. [1] In last few decades, even the doctor-patient relationship has become strained. One of several factors responsible for these trust deficits is the structure of medical knowledge and medical education itself. Introduction of competencies around Attitude, Ethics, and Communication in the undergraduate medical curriculum in our country offers some hope, despite the inherent operational challenges. In addition, I believe that literature can play a role in this area.

It was in an article titled 'Political Culture of Health in India: A Historical Perspective' by Sunil Amrith,[2] that I found mention of a novel by Phanishwar Nath Renu, published in 1954, titled *Maila Anchal*. [3; also see note 1] Reference to an old Hindi novel in an academic article is not a usual occurrence, and I was intrigued. I informally brought this up during a lunch table chit-chat with a senior colleague who is partial to Hindi literature. He was awed at the mere mention of the title. 'It's a classic,' he said.

I searched for its audiobook and easily found one on YouTube.[4] The 45-minute daily ride from home to university gave me ample time to listen to this classic. Incidentally, we were taking courses like

'Public Health Perspectives, Ethics, and Values' and 'Health as a Social Phenomenon' for our Master of Public Health students during this period. Astounding that the concepts we were discussing in the class found an echo in what Renu had written seven decades earlier.

Maila Anchal is set in a village named Maryganj near Purnea in Bihar and is set roughly in the latter half of the 1940s. Like any other Indian village, Maryganj is organized in caste-specific *tolas* [neighborhoods]. There are a few upper-caste households that own large tracts of land. On the other extreme are people from the Santhal tribe, who till this land but don't own any of it. And then there are other intermediate castes and occupations. The caste structure is so significant that it takes a Gram Sabha [the General Body of a village council] to reconcile who will eat when and where during a village feast. Needless to say, the womenfolk, irrespective of their caste, must eat within the confines of their homes. The village also has proponents of different political ideologies, ranging from the Sangh [Rashtriya Swayam Sevak Sangh, a right-wing Hindu nationalist organization in India] to the Gandhians, to the Socialists. Malaria is rampant in this area, so much so that 'macchad kate' [may the mosquito bite you] is a

Note 1: *Maila* means dirty or soiled; *Anchal*: The loose end of a saree (a garment commonly worn by women in the Indian subcontinent) that goes over one shoulder or the head. Women often use this end to cover their child to protect against heat or cold, or while breastfeeding. And so, the word is also used as a metaphor for shelter or protection.

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common phrase used to curse people.

The novel has several characters, each one having a distinct, yet interconnected, story. One such character is that of Prashant, a fresh medical graduate who decides to start his practice in Maryganj and undertake research to find a possible cure for Malaria and Kala Azar. This is something difficult to conceive in the present times: a young doctor willingly going to a village, being interested in research, and that too on such unglamorous diseases. Specialization is now a compulsion, and super-specialization is certainly an aspiration. After investing so many years and so much money on one's training, serving in the hinterlands is not something that medical professionals generally look towards. Prashant's professors called it a 'madness' even in those times. However, this has roots in his past.

Prashant doesn't know his biological parents or his place of birth. He was abandoned as a newborn and was found by a socially sensitive and politically active couple. He received very good values, and was exposed to diverse ideologies while growing up under their guardianship. And so, instead of accepting the offer to go abroad for higher studies, he chooses to go "where hundreds are dying from Malaria and Kala Azar".

The story takes the reader through the slow process of Prashant's transformation. He is a very reserved person during his initial few months in Maryganj. For instance, he refuses to join the feast organized to celebrate the opening of the Malaria centre, and to honor his arrival. Sharing his village experiences with his college friend through letters is his only preoccupation, besides the clinical and the research work.

Gradually, as Prashant interacts with patients at his clinic and meets people during his evening walks, the village starts growing on him. He finds it okay to sit with the villagers to watch the popular naach [a local dance form]. On Holi [the Hindu festival of colors, which marks the arrival of spring], he joins the festive mood of the village and plays along with the acquaintances he has developed over time. He starts understanding the village dialect and is also able to speak it. He makes sense of the folk songs

better than the local singers themselves. And while listening to these songs, he forgets everything else.

With time, the fields of glistening wheat, and the smiling people working in those fields, the forest full of trees, the leaves of lotus floating in the pools on the sides of the river, everything starts appealing to him. He hears the sweetness in the Cuckoo's voice. He enjoys the playful attacks that his mongoose subjects him to. He feels as if he has been familiar with this land since ages, as if this is his own soil.

This happens because Prashant allows this to happen. He has not gone there with a timeline of two or three years which will earn him some preference in the post-graduate entrance process. He has not chosen Maryganj because it is well connected to a nearby city, or because the health centre there doesn't have much workload. He is not in a hurry to finish the out-patient clinic, and then rush to his room to solve multiple choice questions for the entrance exam to postgraduate courses. He is not there counting his days. He is just there, going with the flow.

Prashant is transformed from deep within. While in college, he would try to understand human emotions through the principles of biology. He would say, 'We do not know if this body has anything called a dil' [the emotional heart as opposed to the anatomical one]. But now, living in this village and with its people, he is ready to accept that humans do have something called a dil, even if it can't be found by dissecting the body. It is not the heart, the organ, but something that cannot be touched or seen, something that feels. That is what Maryganj does to Prashant.

While very significant, this is not the only way in which Prashant undergoes transformation. His clinical encounters lead him to new realizations. He visits a young girl presenting with recurrent episodes of fainting. This, he finds out, has origins in the social pressure she feels because of the repeatedly failing prospects of her marriage. He next meets a father who is reluctant to let his dehydrated daughter get an intravenous drip, fearing what it would cost him, that he would have to sell his bullocks: "How will I plough the field, my

children will starve to death. Anyway, she is a girl. Girls get better even without any medicine!" Later, Prashant sees another girl in his out-patient department who has lost an eye because of a bee sting, for want of an eyedrop. He learns that the poor, in general, but more so the women, have to live with their diseases for months and years without any treatment. And when something bad happens to them, the blame is put on the evil eye of another woman, who is labelled a daayan [witch]. Women, he discovers, are set up to lose all along.

I recall a workshop I attended about an year into my first job as a Medical Officer in a Primary Health Centre. It was led by a non-governmental organisation, and it was the first time I heard 'Gender' being described as a social identity, as distinct from 'Sex' which is a biological identity. Such a simple distinction, yet so profound. I had turned twenty-five by then, and neither my family, nor my school, not even my Medical College, had told me about this. There are reasons to believe that the situation has not changed much even now.

A few months after his arrival, Prashant senses an imminent Cholera outbreak in Maryganj. Despite opposition, he gets the village wells chlorinated, and vaccinates the villagers with the support of some informal leaders. He works day and night managing people sick with Cholera, and is helped by various villagers in different ways. One person, for instance, sings Ram bhajans [devotional songs to revere Lord Rama] that comfort people living in the shadow of the deadly outbreak.

The significance of 'dawa and dua' [medicine and prayer] for healing is well appreciated in popular culture. However, with an obsession to 'cure', dawa generally takes precedence in the minds of young medical professionals. It takes time for us to realise the healing effects of dua on people who believe.

In view of the potential for spread of the outbreak, Prashant also visits nearby villages. He sees the havelis [mansions] of the rich farmers. And he sees the landless labourers in their huts, sick and hopeless, filled with fear and anxiety. Looking at the

people living in such extreme deprivation, he wonders why they do not become corrupt or revolt. Why don't they invariably die, these patients with pneumonia, with nothing to wear, lying bare on the damp earth? Maybe it is the black soil spread over the fields that keeps them hopeful and alive.

In the story, Renu writes of how socialist slogans like 'The land belongs to whom? To the one who ploughs it' attract the landless more than the opening of a health centre in the village. Thus, when the Zamindaari system [see note 2] ends, the landless laborers become hopeful. But the people who already have thousands of acres of land are 'clever'. They know how to find loopholes in the law and make it dysfunctional. This disturbs the Santhals, the landless, beyond limits. And, for once, they revolt. However, the 'clever' ones mobilize people from all castes and ideologies and project the Santhals as 'outsiders', as 'different', and as the common enemy. There ensues a fierce fight in which several people die on either side, and several more get injured. However, only the Santhals get arrested. The 'clever' ones go scot-free by bribing the Police Officer, who, anyway, is from a caste closer to theirs.

The socio-economic and power disparity situation is not very different today. Just like gender does, 'class' and 'caste' do find a mention in the popular textbooks of Community Medicine. However, the reference is limited to these being demographic categories. The mechanisms through which such social factors influence the perceptions about health, the health seeking behaviour, the experience with healthcare services, and the overall health status are not to be found. And hence, the discussion on 'caste' stops at reservation (affirmative action); 'class' is understood as referring to material poverty which can be dealt with by doing charity. As a result, the solutions commonly proposed even for public health problems are of a particular nature only.

Being witness to such a context, Prashant is surprised by some of the people who see value in distributing vitamin supplements in this area, and

Note 2: A land revenue system prevalent in the eastern and central parts of India during the British Colonial Rule in which intermediaries were recognized as owners of land (or Zamindar) from which they would collect revenue and transfer a large portion of it to the State.

who think that they can control Malaria by spreading 'awareness' about the mosquito. He realizes that his search for a magic drug for Malaria and Kala Azar is futile. Even if he finds one, the 'clever' ones will sell the 5-paisa drug for fifty rupees. The people whom he wants to save will anyway not be able to afford it. And even if they survive the physical disease, what good will that be after all? It is better to die from malignant Malaria than to endure the slow death from hunger and helplessness. To save them, only to die bit-by-bit, would be crueller.

Subtly critiquing the technocentric approach to Malaria control launched by the government in the early 1950s, Renu writes that now Prashant's research is complete. He has found the root cause of the problem. Deprivation and ignorance - these are the two main pathogens causing Malaria and Kala Azar. And those 'clever' people are much more dangerous than Anopheles and Sandfly. This is Prashant's ultimate transformation.

Social determinants like gender, caste, and class

are not discussed in the medical colleges in adequate depth. And hence, the mechanism through which they influence health remains a grey area for medical professionals. Community postings during undergraduate and postgraduate studies, and compulsory rotatory residential internship offer an opportunity to get exposed to social realities. But then, these postings need to be differently imagined and sufficiently supported. Moreover, the eyes do not see what the brain does not know. And so, the students need to be accordingly primed. Reading literature that depicts society as it is, offers a small window of opportunity to prepare the learners.

If the practice of medicine must transcend its instrumentality, medical professionals need transformations akin to Prashant's. This requires a lot of structural re-thinking on the part of medical educators. Reading, recommending, and discussing classics like Maila Anchal with students and colleagues can be one of the several ways that can "gently shake" the way medicine is being practiced [see note 3].

Note 3: The phrase 'gently shake' is borrowed from a documentary film based on the life and work of Dr. MR Rajagopal titled 'Hippocratic: 18 Experiments in Gently Shaking the World'. Available from <https://hippocraticfilm.com/>

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