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Living with illness uncertainty: nature cure caregiving in Kerala, South India

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Abstract: First promoted in India as part of M.K. Gandhi's anti-colonial project, nature cure (*prakṛti jīvanaṁ*) draws on the metaphor of vitality to frame the body as having a natural wisdom—a vital force—that works to restore health and balance. In Kerala, South India, patients forge mentorships with nature cure healers to repair their ill bodies, revive the toxic environment, and respond to moral collapse. Based on long-term ethnographic fieldwork, this paper offers a person-centred analysis of one practitioner, Dr Vinod, as he instils trust in two chronically ill patients facing uncertain futures. First, I demonstrate the limits of public categorisations of alternative medicines in India for representing the multiplicity of healers and their care strategies. Despite nature cure being outwardly centred as a mode of self-healing, Dr Vinod does not engage liberal conceptions of autonomy and independence, nor does he solely critique biomedicine. Rather, Dr Vinod attends to patients' histories and the specific arrangements of kinship, caste, class, and gender shaping their vulnerabilities, to transform feelings of doubt into those of trust amid illness uncertainty. In this way, alternative healers hold the capacity to reconfigure socially embedded lives. Second, to illuminate how naturopathic care tactics reveal the relational dimensions of illness experience, I draw on and expand the work of philosopher Havi Carel. Carel argues that bodily doubt shapes the experience of chronic illness in three ways: loss of faith in one's body, loss of transparency, and loss of continuity. Engaging with Cheryl Mattingly's approach to narrative phenomenology, I demonstrate how Dr Vinod moves a step further, asking how articulations of illness and loss are inherently intersubjective. Empathetic to his patients' social worlds, Dr Vinod gently intervenes in their lives, forging therapeutic ties to support them—all the while outwardly claiming that the locus of healing lies in the self.

Keywords: care, nature cure, naturopathy, alternative medicine, illness experience, illness narratives, Kerala, South India

Note on the author: Victoria Sheldon holds a PhD in Anthropology with a Collaborative Specialization in South Asian Studies from the University of Toronto. Her thesis, "Vital Bodies, Natural Cures: Moral Quests for Care in Kerala, South India," examines how nature cure healers and users engage a collectivized vision of wellness and self-care, ethnographically bringing into relief the ways that biomedicine does not in itself equate to effective rehabilitation. She currently works as an Educational Developer & Learning Strategist at the University of Toronto.

"Iṟakkaṁ uṇṭeṅkil, ēṟṟavuṁ uṇṭ"
[*If things come down, they will also definitely go up.*]

Malayalam proverb[1]

Rakesh became unwell two years back. From body pain and dizziness to exhaustion and the inability to digest food, he could never, even for a minute, forget his condition. Soon, he was so sick that he had to drop his music studies in Bangalore and return to his family in Kozhikode, Kerala. One biomedical doctor declared pancreatic cancer. Another said chronic pancreatitis. From one expensive private hospital to another, Rakesh's mother Lakshmi struggled to generate certainty.

Lakshmi had three choices: admit Rakesh into an affordable public hospital that lacks amenities, spend money at yet another private hospital, or experiment with an affordable alternative. When she saw a TV advertisement for Dr Vinod's family-run nature cure (*prakṛti jīvanam*)[2] hospital-home, Swasam, she knew that it was the right choice; his warm insistence that all diseases are caused by the same issue—reduced vital force—won her over.

While this hospital-home is sparse in all technologies, it brims with medicinal plants, lush walking paths, hydrotherapy baths, and warm conversation. Meaning 'breath' in Malayalam, Swasam is a respite from city life. Rakesh has been living here for a month, and with that in mind, Dr Vinod has planned a special trip. It wasn't easy, but he got him a face-to-face consultation with Mohanan Vaidyar:[3] the famous herbal *nāṭan cikista*[4] healer; a man as charismatic as he is controversial. He has made a name for himself through Facebook, WhatsApp, and YouTube, where he makes bold criticisms of biomedicine as the 'Medical Mafia' and advocates that cancer can be cured through strictly natural methods. Dr Vinod set up this meeting

[1] When a person is suffering and in a challenging situation, a Malayalam speaker may use this proverb to help inspire them to develop a more optimistic perspective. Malayalam is the language of Kerala, South India. Malayalis are the Malayalam speakers of Kerala.

[2] First promoted in India as part of M.K. Gandhi's anti-colonial project, nature cure uses the metaphor of vitality to frame the body as having a natural wisdom that works to non-invasively restore health and balance. Practitioners in Kerala refer to this medical tradition as naturopathy, nature cure (*prakṛti cikitsa*), natural life (*prakṛti jīvitam*), or natural living (*prakṛti jīvanam*). In Malayalam, natural living (*prakṛti jīvanam*) is most used, and at once refers to individual therapies, natural farming, and environmental advocacy.

[3] As a public figure, Mohanan Vaidyar's name has not been changed. All other names of persons and institutions have been changed.

[4] Mohanan Vaidyar shifts between identifying as a nature cure or *prakṛti jīvanaṁ* healer and as a *nāṭan cikista* practitioner. This latter term means 'local therapy' and may also refer to other non-professionalised folk healers. Before he passed away from COVID-19, he was jailed several times for spreading controversial information about vaccinations. For more information, see:
https://culanth.org/fieldsights/covid-19-in-kerala-nature-cure-social-media-and-subaltern-health-activism.

as a creative care strategy: he wants Rakesh to receive a new naturopathic prognosis and care regimen, to replace looming doubt with trust.

With the goal of learning more about naturopathic caregiving, I, as participant observer, join Dr Vinod and Rakesh on this trip, along with Rakesh's brother and Sajitha—the young doctor-in-training at Swasam. Ever perceptive, Dr Vinod is aware of her fondness for Rakesh; by bringing her along, he aims to create the conditions for them to connect. He acknowledges that if they get married, it will bring a double improvement: Sajitha will rise from her marginalised caste and class position, and Rakesh will gain what Dr Vinod calls the '*faith*' (*viśvāsaṁ*) necessary to get well.

The trip begins. Helping Rakesh into the passenger seat, Dr Vinod says, '*What your body needs to get cured, he* [Mohanan Vaidyar] *will say*.' To speak about cure, Dr Vinod uses the verb '*disease change* [*rēāgaṁ māṟuka*]'. This connotes a more gradual end-goal of illness transcendence; he does not promise that any specific intervention or mind frame will ensure a sudden freedom from disease.

Introduction: Living with illness uncertainty

This article foregrounds the ethical stakes of rehabilitation. I demonstrate how alternative medicine in India hinges on diverse approaches to interpersonal care and narratives of possibility, even if practitioners publicly align in political stances and orientations to the body. While Mohanan Vaidyar and Dr Vinod both publicly identify as nature cure healers, their charisma, care strategies, and expressions of empathy differ greatly. With a magnetic presence, Mohanan Vaidyar claims to be a '*food adulteration consultant*', uncovering the poisonous contents of popular modern commodities: Tang juice contains paint chips; store-bought ayurvedic medicines are laced with pesticides; and pre-made masala powders cause cancer. Well versed in social media, he also provides how-to videos for Malayalis on reversing bad health habits and solving chronic conditions—as mild as pimples and constipation, and as serious as cancer and diabetes. In all this, Mohanan Vaidyar—like other nature cure healers—identifies as a Gandhian, committed to manifesting the principle of *swaraj* (self-rule) in everyday life by supporting persons' self-governance in individual and community life.[5] While Dr Vinod also holds a similar official orientation toward local living, his prime concern is not

[5] Drawing on Gandhi's reinterpretation of European naturopathic literature through the lens of yogic theory, nature cure healers in Kerala teach that the body is 'a microcosm of the larger world', imbuing Gandhi's assertion that humans have a responsibility to act in harmony with nature, in relation to their own concerns of stewardship and toxicity (Slate 2019: 4).

public. Instead, he aims to rehabilitate his patients within their social worlds, so that they learn to live with faith (*viśvāsaṁ*) in their life paths. And unlike Mohanan Vaidyar, Dr Vinod is not so liberal in promising complete cures, nor does he univocally place responsibility on patients when their health conditions do not improve.[6] Instead, he is more like a palliative care physician, striving to 'see through the patient's eyes' as he relieves suffering (Banerjee 2020: 91).

In making this argument about the limits of public categorisations of medical systems for representing on-the-ground care strategies, I also demonstrate how nature cure therapy, despite hinging on narratives of self-healing, is not rooted in liberal conceptions of autonomy and independence, nor does it primarily serve as a reactionary critique of failed biomedical interventions. In Kerala, this medical tradition instead invokes a 'radical scalar integration of ethical stakes for self and society', making the independent detoxification of bodies a politicised space for negotiating environmental and social change (Mathias 2020: 257). In addition, practitioners like Dr Vinod move beyond the overt political realm, to ask how the process of detoxification is embedded in a patient's wider social world. This runs counter to contemporary biomedical regimes, which have been said to 'hollow out the self', where 'society is reduced to a conventional middle-class vision in which individual threats are removed from local worlds, to be managed by drugs and other new technologies of the person' (Biehl *et al.* 2007: 11). Dr Vinod consistently works in counterpoint to biomedical processes, undertaking interactions and narratives that acknowledge personal histories, vulnerabilities, and local cultural values. As he restructures patients' lives, he attends to their prior histories and the specific arrangements of kinship, caste, class, gender, and voice shaping their experiences. In this way, Dr Vinod is sensitive, recognising how illness may come to be 'diffused throughout an existing social field, all the while absorbing, augmenting, or hardening prior vulnerabilities' (Banerjee 2020: 80).

To represent the relationality underpinning Dr Vinod's care strategies, I focus on two of his patients: Rakesh and Soumya. In both of their lives, Dr Vinod addresses their situational challenges, emotional concerns, and structural barriers, with the aim of instilling in them a newfound subjunctive mood. Counter to the 'world-destroying' nature of illness and loss (Scarry 1985), this hopeful orientation toward reality allows for 'traffic in human possibilities rather than certainties, keeping alive multiple perspectives, emotions, and moods as a way to cope with

[6] While nature cure practitioners often claim that faith plays a role in recovery, they do not necessarily blame those who encounter disability or death. Rather, as nature cure practice hinges on the notion of detoxification from social and environmental toxins, healers often link illness causation to factors outside of one's control. In this way, healers commonly articulate a vision of the embeddedness of humans in their environment, where toxins and environmental changes play a defining role in explaining health challenges.

the harm of disease' (Banerjee 2020: 7). Hence, the subjunctive mood indexes strategies through which illness sufferers draw upon an available body of cultural knowledge so to 'emplot' their condition in relation to possible desired outcomes (Good & Good 1994: 838). For Dr Vinod's more chronic patients, these strategies are critical, given the ways in which feelings of illness uncertainty have prevented them from ascribing clarity and meaning to their experiences (Mishel 1988). As I will demonstrate, Dr Vinod's 'subjunctivising' tactics are personalised to particular social worlds: rather than apply a single blueprint of action for inspiring his patients to focus on 'as-if' outcomes as opposed to terminal prognoses, he recognises how needs are always grounded in the 'temporality of individuals and families and communities' (Good & Good 1994: 841). Empathic and receptive, Dr Vinod's therapeutic interactions intervene in kinship ties and social inequities, to transform feelings of doubt and uncertainty into those of trust and possibility, where one accepts the space of indeterminacy surrounding illness diagnosis.

In examining how Dr Vinod works within patients' social worlds to instil in them indeterministic outlooks, I draw on and expand the work of philosopher Havi Carel. In *Phenomenology of Illness*, Carel (2016: 2) explores the 'existential, ethical, and social dimensions' of illness as a lived experience. Chronic illness causes perceptions of space and time to shift, and so demands philosophical attention concerning how one understands 'the world, [and their] fundamental beliefs, habits, and expectations' (4). By approaching illness as a philosophical tool, Carel improves our understanding of a concrete aspect of human experience. To illuminate the relational dimensions of illness experience, I engage with Carel's specific argument on how illness breaks down certainty concerning everyday embodied experience. Carel argues that, because of chronic illness, bodily doubt comes to the fore and radically modifies experience in three ways: loss of faith in one's body, loss of transparency, and loss of continuity (96). While Dr Vinod acknowledges how his patients' illnesses influence their perspectives of these factors, he works 'within and through the fragile social ties within which … disease[s] often takes shape' (Banerjee 2020: 141); in doing this, he does not accept chronic illness experience as unitary. Like an anthropologist, Dr Vinod asks how what it means to live and to die is rooted in a particular time and space.

To examine how naturopathic caregivers like Dr Vinod frame illness experience in terms of interpersonal action, I methodologically engage with the genre of narrative phenomenology. According to Cheryl Mattingly (2010: 7), this method 'not only recognizes the macro structural dimensions of our social existence (the way discursive regimes are embodied and played out in everyday social practice) but also foregrounds the personal, intimate, singular, and eventful qualities of social life'. The following ethnographic scenes draw on narratives collected from

semi-structured interviews and participant observation across thirty months of continuous fieldwork and Malayalam language study from 2014 to 2017, where I lived in a nature cure hospital-home, attended health camps and demonstrations, and followed patients and healers across living contexts. Findings are also based on two follow-up returns in 2017 and 2019. Rooted in a person-centred analysis throughout, each scene constitutes an instance of what Cheryl Mattingly has termed 'moral laboratories'. These are the metaphorical realms, revealed through interpersonal interactions, that serve as spaces for social experiment, moral critique, or personal transformation, enabling the unfolding of lives and ongoing moral becoming (2014: 17).

Scene 1: Generating trust

Dr Vinod brings spirited conversation to our three-hour drive, sharing jokes, singing songs, and narrating the phone call he had with Mohanan Vaidyar that morning. Rakesh is quiet, resting in the passenger seat. Without air conditioning, the smell of overripe plantains permeates the car. Given Dr Vinod's height, his head of carefully combed hair, parted to the side, nearly hits the jeep's roof. His white beard is well maintained, just as are his collared shirt and khaki slacks. It is hard to imagine that the tiny briefcase on his lap holds all he needs to travel from district to district for days at a stretch, to teach classes, visit patients, and to provide raw food cooking demonstrations. In his shirt pocket is a bamboo pen, inscribed with the face of Gandhi, signalling that he, like other nature cure healers, is politically committed to *swaraj* or self-rule.[7] Sajitha, dressed in a new *kurta* dress set, braids her freshly washed hair; the smell of coconut oil lingers. Entering her mid-twenties, she has been working for Dr Vinod for a year. Knowing her challenges back home, Dr Vinod insists that she live full-time at Swasam.

It was not difficult to find Mohanan Vaidyar: his house is on a street named after him. He is routinely in the media, whether to promote organic farming or to critique biomedicine. And he is a familiar face among the police; his promises of quick cures have resulted in more than one death. Yet even though he is famous, Mohanan Vaidyar's medical lineage remains unclear. He uses the title *vaidyar*, which is reserved for hereditary medical experts, but has not confirmed any genealogical authority. Amid these uncertainties, his home remains simple and welcoming,

[7] In the text *Hind Swaraj*, Gandhi outlines the necessary steps for Indians to develop freedom from British rule. He argues that, to exert passive resistance, Indians must exercise Swadeshi or homegrown self-reliance, and thus refuse all trade and dealings with the British. A key part of this is not consuming non-Indian products, which nature cure healers in Kerala consistently emphasise in their health and political undertakings.

without the ostentatious decorum of other houses in Kerala, built on huge plots of land due to the help of remittances from family abroad. Instead, it reminds me of Dr Vinod's natal home, constructed and organised according to the *vastu śāstra*, the traditional Indian science of architecture.[8]

As we get out of the jeep, Mohanan Vaidyar stands on the other side of the ten-foot-high gate. All in white, he wears a *muṇḍu*[9] and crisp, linen shirt. His smile in person is as beaming as it is online. Yet unlike his videos, I notice that his hair is dyed black, the grey roots coming through. As Dr Vinod greets Mohanan Vaidyar, he also helps Rakesh get out of the car, bracing his arms. Once we pass through the gate, we enter another world. I soon learn that the porch we sit on is also his stage when giving twice-weekly lectures. Patients and their kin from across Kerala make the long trek here to receive a consultation, with medical biopsies, X-rays, and urine samples in hand. He brands his method as '*kitchen medicine*', claiming that women's home-remedies are the most original source of health authority.[10] In the same way that Samuel Thomson reworked botanic and domestic medicine in 18th-century United States into his brand of Thomsonianism (Cayleff 2016: 18), Mohanan Vaidyar aspires to reframe indigenous and home therapeutics in relation to his own proclamations surrounding natural diagnosis, cure, and prevention. Yet, while Thomsonianism provided space for women to become respected practitioners, Mohanan Vaidyar's feminist interventions stop at the claim that women are a traditional resource for authentic medical knowledge.

Even though the trip has been orchestrated for Rakesh's benefit, Mohanan Vaidyar does not focus on him for the first hour. Instead, he provides us with an impromptu lecture. The topic: India's colonial history of medical corruption. Laid out on a side table are several laminated reports, blown up to triple their size. Such artifacts are common for his speeches. Mohanan Vaidyar first shows us a printout of the 1835 Macaulay's Minutes for Education, which he claims involved the British trying to systematically destroy Indian knowledge of science and literature.[11] Here, he asks

[8] While others link this method to Hindu beliefs, Dr Vinod frames it in a more ecumenical way, in relation to following the universal principles of natural living or *prakṛti jīvanam*.

[9] A *muṇḍu* is a male garment worn in Kerala that is made of a rectangular piece of cloth. It is wrapped around the waist and legs and knotted at the waist.

[10] When Mohanan Vaidyar uses the term '*kitchen medicine*', he refers to women being a source of authority in therapy, on the basis that they are food providers, who are intimately familiar with spices, herbs, and their functions.

[11] British historian and politician Thomas Babington Macaulay presented this text in 1835, to establish the need to impart English education to Indian 'natives'. In it, he framed Indian knowledge, languages, and scientific research as worthless. He wrote that: '… a single shelf of a good European library was worth the whole native literature of India and Arabia'. For more information, see: http://www.columbia.edu/itc/mealac/pritchett/00generallinks/macaulay/txt_minute_education_1835.html.

Rakesh to read out the line, 'We have to educate a people who cannot at present be educated by means of their mother-tongue.' Mohanan Vaidyar then translates that statement into Malayalam, to make his wider argument that, like such English language initiatives, teaching English medicine—biomedicine—is part of an ongoing colonial project.

Moving fast, Mohanan Vaidyar then shows us an agreement form that he claims chemotherapy patients must sign in India. He asks me to read out the English-language disclaimer, where it claims that the 'surgery will not guarantee any cure'. Mohanan Vaidyar adds in Malayalam: '*There is a better chance at cure with naturopathy because improvement is certain!*' Building on this, Mohanan Vaidyar ends by showing us printouts of The Drugs and Cosmetics Act of 1940, The Drugs and Cosmetics Rule of 1945, and The Drug Prices Control Order in 1995, as well as a list entitled, '51 Diseases and Ailments which a Drug Must not Purport to Prevent or Cure'. He asks me to read out the list, which includes diabetes, blindness, arteriosclerosis, glaucoma, hernias, and leukemia, among others. These illnesses, Mohanan Vaidyar tells us, are what natural and herbal remedies are best suited for. While Dr Vinod would not publicly disagree with these statements, he would not tell patients about them.

Only after that unexpected class does Mohanan Vaidyar turn his attention toward Rakesh. '*What is his prognosis?*', Dr Vinod asks. Mohanan Vaidyar sits down next to Rakesh, gruffly taking his left hand in his own and placing his right fingers on Rakesh's inner wrist. For a few moments, he performs a pulse reading, though it is not clear whether he is employing the categories of interpretation found in Ayurveda, Kerala's long-standing medical system. After a pause, Mohanan Vaidyar places his fingers around the delicate skin surrounding Rakesh's eyes. He opens them wider, all while holding a piercing gaze. From there, he tells Dr Vinod: '*It's pancreatic stones!*'

Mohanan Vaidyar relays the plan: Rakesh will stay with him, receiving herbal remedies for as many days as he needs, to let the pancreatic stones pass through his body. Once he is better, he will return to Dr Vinod's hospital-home to fully recuperate. Throughout this, Rakesh appears in a daze. He then pulls Rakesh up to stand—much less gently than Dr Vinod does—to show him where he will sleep.

After the meeting, we all go on a drive to a roadside fruit stall. This will be our last moment with Rakesh until his treatments are complete. Drinking coconut water, sitting on a bench, Dr Vinod tells Rakesh, '*You have a prognosis now. This is good! Soon you will return to work. You will buy your mother a car!*' Dr Vinod understands Rakesh's need to fulfil his gendered role as the only son.

Clutching the coconut, Rakesh appears doubtful. He asks, '*What if it does not work?*' Rather than affirm or deny the fact that his situation is indeterminate,

Dr Vinod reframes his question in terms of a subjunctivising narrative, where transcending his illness is possible, even if things remain uncertain. Here, trust or faith is a necessary basis, but not the sole determiner, of health improvement:

> *If you have faith, you may improve … You will provide for your family. If you still have pain, we can visit an English doctor. I do not go to those doctors, but their tests may ease your mind. At our hospital, masala* [mixture] *medicine is an option. You will improve!*

Providing relational care

The stark differences between Dr Vinod and Mohanan Vaidyar highlight the diversity of nature cure as an alternative medical system: while they publicly align in terms of their political values and critiques of biomedical authority, their approaches to caregiving differ. Dr Vinod invites Rakesh to maintain an unstructured orientation to the future, even if it involves not staying true to Mohanan Vaidyar's public-facing anti-biomedical stance. By drawing attention to what he calls masala medicine (a mixture of medical techniques, including biomedicine), Dr Vinod gives Rakesh therapeutic options that other nature cure advocates would critique. This is not contradictory, as Dr Vinod's aim is not to publicly combat other medical systems, but to personally support Rakesh's return to normalcy. At the less-visible level of interpersonal care, Dr Vinod personalises treatments in a way that is receptive to the vulnerabilities, orientations, and hopes surrounding his patients' social worlds.

To help Rakesh generate faith about his body, Dr Vinod draws attention away from what Carel (2016) has framed as the contingency and fallibility of our bodies. By introducing him to Mohanan Vaidyar, Dr Vinod strives to create the conditions for Rakesh's body to function again—or to at least create a space where Rakesh feels such recuperation is possible. According to Carel (101), the vulnerability and hesitation that an ill person experiences on a bodily level 'amounts to a disruption of one's sense of belonging to the world and the disappearance of the sense of ordinariness'. When one loses faith in the capacity of one's body to function as it has in the past, it reveals how one's previous bodily certainty was an 'epistemically ungrounded tacit belief', as opposed to being reasoned. Carel frames this loss of faith in one's bodily capacities in terms of one doubting whether one can ever again 'pursue everyday goals and plans' (102). In counterpoint to this uncertainty, Dr Vinod approaches Rakesh's predicament in relational terms; he recognises and responds to the fact that his illness has caused a loss of faith in his socially-situated life trajectory.

While Carel sees lived doubt as disrupting everyday intentional action, Dr Vinod goes a step further to consider everyday interpersonal action, addressing how

Rakesh's therapy must involve conscious, pragmatic efforts to generate trust in his ability to fulfil reciprocal social roles. On one level, Carel's approach to bodily doubt aligns with Elaine Scarry's (1985: 6) canonical analysis of how pain causes a reversion to 'the pre-language of cries', whereby words become insufficient for articulating one's illness experience. In doing so, Scarry demonstrates how pain may produce doubt in one's capacities and relations to the point that it creates an 'unbridgeable chasm between the person who witnesses and the one who suffers (Banerjee 2020: 9). Like Scarry, Carel foregrounds how the bodily doubt that arises from illness disrupts faith in one's immediate capacities to act and intend; neither ask how socialities cohere and transform around illness experiences.

Dr Vinod extends Carel and Scarry's approach to illness experience; he recognizes how illness-related doubts grow out of prior social histories, and come to put pressure on maintaining acceptable intimacies. His approach is pragmatic. Aligning with philosopher William James' orientation to meaningful action, he pushes against fatalistic ideas that the universe is already mapped out with finality. Intervening in a long-standing free will debate, James (1884) offers a two-stage model of indeterminism. In the first stage, we face chance as we consider alternative future possibilities. In the second stage, we make choices that limit chance, granting consent to one future possibility. When we choose between random possibilities, we redefine the past as unalterable and make space for spontaneity. Gesturing toward the complexities of sociality, James challenges claims that meaningful action results from automatic social norms and given logical reasons. As with James' view of choice-making as being both individual and shaped by contexts, Dr Vinod guides his patients and their families to come to terms with the facticity of illness, death, and change. In this way, Dr Vinod supports patients' cultivations of an 'as-if' subjunctive mood, not as a simple tactic to motivate intentional action, but because it serves as a valuable way to cope with the 'ever-present stakes of a threatened real' (Banerjee 2020: 42).

As expressed in their conversations, Dr Vinod is sensitive to the moral weight of Rakesh's condition. He is aware of dominant masculine norms in Kerala, where men are deemed providers, generating income and value through work. Like a palliative care worker, Dr Vinod is attuned to the 'broken kinship worlds' (Banerjee 2020: 71) shaping many of his male patients, whose lack of mobility causes them to make explicit their dependence on the gendered work of everyday care. He is aware that Rakesh is motivated to transcend his illness, so to move away from *payyan*-hood (young immature status) towards full adult status as a householder. In Kerala, this life-stage transition is defined by 'the combination of marriage, fatherhood, and showing ability as a "provider"' (Osella & Osella 2000a: 120). It is in

this fragile context that Dr Vinod strives to bring momentum to and generate clarity in Rakesh's prognosis and life-stage progression.

Scene 2: Forging transparency

Two weeks later, Rakesh returns. He is energised. Looking at Rakesh's face, Dr Vinod notes: '*You have become fresh* [*fresh āyi*]!'[12] Like the subjects of the nature cure magazine testimonials that Dr Vinod encourages his patients to read, Rakesh declares that he has regained his vitality. He is a new man.

The day after Rakesh's return, I spend the morning with him and his brother Rahul. Hair still wet, Rakesh wears a bright blue track suit, as if he had just returned from sports practice, and not a therapeutic steam bath. As in all spaces at Swasam, his hospital room is sparse: a narrow wooden bed, a thin mattress, a desk, chair, and a terracotta pot for water. The green cotton pillowcases and bedsheets serve as the only evidence that this room is in a hospital rather than an ashram or monastic centre; it is the same colour and material used across all public hospitals in Kerala.

I sit on the only chair in the room. Green and plastic, it is broken at one arm; this is a rented property, and Dr Vinod doesn't have the finances to make this a refined institution. Rahul and his brother sit on the bed, playing Snake and Ladders. Unlike the sense of random chance in this game, Rakesh is now facing life with a renewed sense of possibility. The late morning sun glides into the room from the window, lightening the walls. Like that sun, being around Rakesh feels rejuvenating. Unable to contain his excitement, Rakesh hands me a cloth, folded into a ball, and directs, '*Look inside!*' The fabric in my hands feels warm to touch. I open it, part by part, as Rahul hovers his hands around, concerned that whatever is inside will fall out. Once opened, I see what looks like tiny pebbles.

'*What is it!*', Rakesh asks, in a tone that conveys he knows more. After several failed answers, he tells me that these rocks are proof that he is cured; they are the pancreatic stones. During his two-week regimen of raw food and herbal remedies, Mohanan Vaidyar confirmed that this condition was the result of eating adulterated food. Rakesh expands on this cause, placing culpability on his experiences living in Bangalore. He references his college life, where he drank alcohol and ate restaurant food, and more generally became exposed to environmental toxins. After all, it was there that he started to develop his digestive issues. With the cloth in my hand, Rakesh validates the purported cause of his depleted vitality; he now has physical evidence.

[12] In Malayalam, the English word 'fresh' is often used to describes a state of feeling clear and renewed.

Fast forward two weeks, and Rakesh's ebullient hope has waned. The water and herbal therapies are not working. Sajitha has even started to give him Boost meal replacement drinks—not part of any nature cure regimen. His bodily transparency has been replaced by what his body felt to be prior to Mohanan Vaidyar's intervention: broken, tired, and slow. Once again, Rakesh returns to feeling like he is '*in a waiting room*', unable to act with purpose. It is a quiet Tuesday night, and I walk into the staff dining room. I stop at the doorway once I see Sajitha at the table. She is crying, using her shawl to wipe away tears. Across from her is Dr Vinod, and right next to him is Sajitha's mother. I soon learn why they have gathered. In a paternalistic spirit, Dr Vinod had phoned Rakesh's mother to propose that he arrange their marriage, in lieu of Sajitha's father. Rakesh's mother assured her that no dowry would be necessary; her care is gift enough. Yet, despite hoping that the marriage will renew Rakesh's will to live, Dr Vinod is realistic; he affirms that if Rakesh gets any sicker, Sajitha may become a widow. As they weigh the pros and cons, Sajitha mourns her future.

Later in the week, Dr Vinod sets up a hospital meeting. All the staff, long-term patients, and family members gather outside near the herbal garden. Dr Vinod holds Rakesh's shoulder, acting more like a father than a doctor, while he narrates the romance, '*Rakesh and Sajitha have found each other through nature cure, it is fate!*' He then declares the dates of the weddings; one will be near Swasam and the other will be up north with Rakesh's family. As Dr Vinod continues his speech, he makes no reference to Sajitha and Rakesh's divergent social positions, nor to the possibility that Sajitha may experience early widowhood. Instead, the focus is on trusting in a future where the two can care for each other.

Providing kinship care

By coordinating Rakesh's marriage, Dr Vinod aims to reconfigure his illness experience, which has become marked by a lack of transparency and continuity. According to Carel (2016: 99), for a person who is chronically sick, '[their] body's taken-for-granted capacities become explicit achievements'. This directly contrasts the experience of the healthy body, where one's embodied state is rarely 'the thematic object of experience' (Leder 1990: 10). When one is well, one's body is expected to perform complex actions, all the while maintaining concentration and being pain free. Rather than hold any such taken-for-granted attitude, someone in Rakesh's state must consciously modify their habits so to mitigate any health risks; what once required little thought now involves strategic planning and concern. Aware that illness creates such 'areas of dramatic resistance in the exchange between

body and environment' (Leder 1990: 13), Dr Vinod crafts interpersonal solutions that look away from highlighting the body as an explicit problem. According to Carel (2016: 100), 'medical encounters usually focus on the dysfunction at hand, thus becoming unpleasant reminders of bodily incapacity or disease progression'. Rather than contribute to the ongoing explicit thematisation of Rakesh's body as a problem, Dr Vinod helps him to experience it as transparent and easy to understand. To do so, he first introduces him to the charismatic, hopeful world of Mohanan Vaidyar. When that is not successful, Dr Vinod switches tactics. He subtly guides Rakesh to visit biomedical doctors for further treatments, yet does not draw attention to these actions. Instead, he strives to instil in him a sense of trust and continuity by directing his attention towards an impending wedding. Dr Vinod knows that for Rakesh, getting married is a prerequisite for any life-stage progression.

Attuned to personal contexts, Dr Vinod works within the 'shifting, local relational worlds within which … disease appears' (Banerjee 2019: 504) to foster in his patients a sense of body-environment transparency. In examining cancer secrecy in India, Banerjee highlights the processual nature of non-disclosure; it does not operate as a binary choice between concealing and revealing, nor between knowing and not knowing. Rather, 'weaving between disclosure and non-disclosure [allows] interlocutors to inhabit the space of the "as-if"—of living in a subjunctive tense' (499). Similarly, Dr Vinod guides Rakesh's daily life at Swasam, never disclosing a finalised understanding of his body; he only provides an indeterministic assurance that his body has an underpinning recuperative capacity. To facilitate Rakesh to live 'in the present, as if the future was not already pre-ordained' (502), Dr Vinod crafts creative interpersonal interventions, with the aim to reconfigure lingering feelings of illness uncertainty, where the body is seen as a thematic problem to be worked upon.

Emergent in Dr Vinod's patient–care interactions are ethical sensibilities that encourage patients to craft new stances concerning personal responsibility, illness transcendence, and community belonging. In creating such space for Rakesh to get out of 'living in prognosis' (Jain 2007), Dr Vinod also reworks kinship, marriage, and caste norms. Ester Gallo (2021) has argued that in Kerala, inter-caste unions have become a troublesome presence in middle-class family culture. On the one hand, 'real' kinship in Kerala has largely been associated to ties made through blood and marriage, leading to the reaffirmation of caste and religious membership. On the other hand, 'fictive' kin-like relations are those that allow for the traversing of caste–religious boundaries, if they do not lead to marriage or genealogical bonds (93). In arranging an inter-caste marriage between Rakesh and Sajitha, Dr Vinod challenges historical norms that regulate the boundaries between kinship domains. He is aware of the public judgements that may come from this

union, ones which claim to lament the erosion of traditional hierarchies. By offering this unconventional care union to Rakesh, Dr Vinod aims to create the conditions for him to cultivate feelings of body-environment transparency, life stage continuity, and trust.

Scene 3: When doubt returns

One night in August, nobody slept much. Soumya almost stopped breathing. A seizure. The other patients in her room, next door to mine, said that her skin turned white, '*like a ghost*'. It took over an hour for the ambulance to arrive. Before the other patients and I knew what to do, Dr Vinod ran down the two flights of stairs, outside the kitchen, and into the patient quarters. I heard him trip over shoes by the doorway, placed away from the reach of stray dogs. A family history of seizures was not listed on Soumya's intake form. In fact, Sajitha had not even recorded her family's emergency phone number. After all, nothing like this had ever happened at Swasam. It was unprecedented.

At the time of this tragic incident, Soumya had been staying at Swasam for almost three weeks. When she first arrived, she was quiet and resigned, careful to wear long sleeve shirts to hide the dialysis insertion points on her arms. Soon, she wove herself into this community, only leaving for weekly dialysis sessions at a private hospital in town. Many nature cure healers in Kerala won't accept a dialysis patient because of the risk. Post-dialysis bodies generally need high protein and low potassium, the opposite of the raw food diet that Dr Vinod often prescribes.

Up until this moment, Dr Vinod had been successfully forging trust, transparency, and continuity in Soumya's life, providing her with purposeful activities to help her see her future as workable, with normalcy in sight. Aside from intricate diets, herbal medicines, mud baths, and reflexology sessions, he found a tutor to help with her now-on-hold college studies and invited several young women living nearby to accompany her for yoga classes. Things were looking hopeful and each day during consultation, Dr Vinod's presence would remind her of that.

The morning after Soumya is taken away on a stretcher, I see an older patient—a retired professor—reading on a bench outside. Like us all, he is shaken by last night's events. Quietly, he tells me: '*This is what it is like in India. Ambulances are late, people are left to die. There is little value for human life in this country.*'

I go upstairs to visit Dr Vinod. Today he is supposed to give a raw food cooking demonstration, and I have been planning to attend. When I reach the second floor, however, I know that the event is off. Hunched over a table, Dr Vinod is ironing his shirt. Before he notices my presence, I see that he has been ironing the same spot,

over and over. His white beard is unkempt, a sign of a sleepless night. Usually, Dr Vinod brightens any space, but all I see is sorrow. His words are sparse: '*My mind is not well* [*manas śeri alla*].'

Dr Vinod undertakes intensive moral projects with his patients, in ways that greatly diverge from other nature cure practitioners in Kerala, despite their unifying categorisation as part of the same governmentally instituted medical system. In co-creating recuperative projects, he delves into the non-medical nuances of their lives, reframing interpersonal concerns so that their futures are perceived as workable and their bodies as sources of trust. At the same time, inherent in these tactics is the ever-present possibility of doubt. When his initiatives fail, he must face the facticity of death and loss, which pushes against his public stance that one can transcend all illness through non-biomedical means. Dr Vinod not only creates the conditions for patients to commit to a lifestyle that accepts the sea of indeterminism surrounding them; he is affected by the fact that success in these contexts is never complete. In rehabilitation, trust and doubt are never far from each other.

Like a palliative worker, Dr Vinod cultivates an empathy for his patients that also involves recognising the limits of his interventions. When he internalises such failures, he does so privately. As in Dr Vinod's hospital, Banerjee (2020: 118) demonstrates how the pain clinic in Delhi comes to stand in as 'the space of hope for dying well, the provisional rubrics of a compassionate response to those who had been denied timely treatment'. Here, empathy comes to be improvised in a space that demands recognition of the inevitability of death. Banerjee highlights how the research initiatives of palliative workers appeal to narratives of transcendence to 'look past the dispiriting conditions of everyday failures and toward the resilient capacities of a mind strengthened by the development of its spiritual capacities' (119). Yet at the same time, palliative workers' interventions are embedded within conditions of infrastructural pressure; working long hours and receiving patients who have received piecemeal and provisional treatments, these healers face limitations that are beyond their individual control. Healers like Dr Vinod face a similar tension between publicly employing hopeful narratives of illness transcendence, and privately recognising the on-the-ground limits of such claims.

Dr Vinod always foregrounds the possibility that patients will improve, and yet this distracts from a reality of inequality and lack. Patients often come to his hospital-home after facing barriers and blame in other biomedical contexts, and when they arrive, supplies and care options are rudimentary at best. However, Dr Vinod does not place 'responsibility and blame on already vulnerable patients' (23). Rather, he works to normalise and de-individualise chronic diseases, by interpersonally attending to the ways that such conditions create barriers in patients' lives. Yet, despite his hopeful approach and attention to the way that illness folds into

persons' social worlds, Dr Vinod must face moments where pain and illness become intractable, unable to be transcended. It is in these moments that Dr Vinod witnesses the gulf between his discourses of transcendence and his practices of empathy. Even though he declares that illnesses can always be improved upon, there are limits.

Conclusion

In February 2018, renowned Malayali oncologist Dr V.P. Gangadharan criticised a message circulating in WhatsApp, which supposedly claimed that cancer can be cured through natural means.[13] In response, Dr Gangadharan said to *The News Minute*: '[Patients] take these messages seriously, and the real sad fact is that some patients even stop medication, believing that there are alternative ways to cure the disease. We cannot blame them for trying to find hope in anything they see.' He then adds, 'We, doctors, have no difficulty in clearing the doubts of the patients.'

Through this criticism, Dr Gangadharan indirectly homogenises alternative practitioners in Kerala into one unified group, who all manipulate vulnerable patients to mistrust biomedical treatments. However true this may be at times be, this claim distorts the multiplicity of healers under the umbrella of alternative medicine and nature cure therapy in Kerala, who each hold diverse moral stances and care strategies. On the one hand, there are those like Mohanan Vaidyar, who oppose themselves to biomedicine, and who often propose miraculous possibilities of healing through non-invasive means. On the other hand, there are more empathetic healers like Dr Vinod, whose real focus is on supporting patients' small acts of transformation. Rather than get publicly involved in binarising debates between alternative and biomedical traditions, Dr Vinod instead intervenes in his patients' social worlds, assauging vulnerabilities and supporting choices that acknowledge the limits of cure. In doing so, he may engage with discourses of nature cure as a self-directed practice, but his care strategies are not rooted in liberal notions of autonomy. Rather, he addresses how chronic illness care must be folded into the recuperation of already-vulnerable social worlds.

With a relational approach to illness experience, I have engaged with Carel's (2016: 93) framing of bodily doubt to illuminate how Dr Vinod responds to his patients in a way that is attuned to how 'the natural confidence in [their] bodily abilities are displaced by a feeling of helplessness, alarm, and distrust'. At the same

[13] For more information, see: https://www.thenewsminute.com/article/don-t-fall-fake-cancer-cure-messages-my-name-oncologist-dr-gangadharan-75854.

time, I move beyond Carel's individualist framework of bodily doubt, which unifies chronic illness as rendering all bodies unable to carry out tasks with transparency and faith. Rather, Dr Vinod's care strategies hinge on a recognition that first-person experiences of illness are embodied in relation to structural barriers and situated vulnerabilities. Like a social scientist, Dr Vinod does not separate Rakesh and Soumya's illness experiences from the interpersonal, co-produced contexts of meaning in which they act. Aware of and empathetic to his patients' social worlds, Dr Vinod gently intervenes in their lives, forging social ties that support them to develop faith, transparency, and continuity—even if he faces limitations in the process.

Rather than being irrational or simply reactive to suffering, Dr Vinod's care tactics align with a Jamesean model of indeterminism and choice-making. According to William James' (1892) open future account of the universe, history is contingent on how free will is used. There are no laws or initial conditions that would allow one to deduce the state of the universe at a later point, because there are many possible ways that people will employ their free will to create future experience. Rather than experience unfolding like predetermined links on a causal chain, he claims that there is a gap in the causal chain, which can only be filled through the self freely determining how to act (James 1892). This feeling of choice makes life tingle with what he calls 'tragic zest': though it means that we have the freedom to mould our future, it also means that we are responsible for how the future develops. For moral reasons, James asserts that free will is genuine, even though it could be an illusion. The 'cash-value' or merit of this 'Will to Believe' outlook is that we are more likely to interact positively with others, appreciate their value, and create a more moral world in which we identify as responsible, free agents (James 1892). Like an Jamesean indeterminist, Dr Vinod undertakes narratives and actions that support his patients to hold a subjunctive mood, whereby they face illness uncertainty, perceiving life as neither predetermined nor fatalist.

The Malayalam proverb cited at the beginning of this article—'If things come down, they will also definitely go up'—draws attention to Dr Vinod's hopeful orientation to time and improvement, which he aims to imbue in his patients. Even though he publicly declares cure to be a complete transcendence from one's original prognosis, possible without the help of biomedicine, his interpersonal care tactics are far more subtle and attentive to one's embedding in social worlds. For his patients, Dr Vinod continually instils a more open perspective to reality, where things that have 'come down' will always 'go up', suddenly and at any time.

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