

A close-up photograph of three pink calla lilies in full bloom, set against a background of lush green leaves. The flowers are the central focus, with their characteristic funnel shape and vibrant pink color. The lighting is soft, highlighting the texture of the petals and the veins on the leaves.

How to Heal “Mental Illness”

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Dear Reader,

This text is from a talk I gave at the Shirdi Sai temple in Sterling, Virginia. Sai is a saint who lived in the late 1800s to early 1900s in Shirdi, a small town in Maharashtra, India. I had not heard of him at the time he visited me in a dream a few years ago and drained a tremendous amount of tension from my system. This happened about 12 years after a near-death-like experience that dramatically changed the course of my life.

That experience rocked the foundation of my perceptual, conceptual, emotional, and identity-based experience of life, and took many years to integrate—a process that continues today. The process could've been easily misunderstood by myself and others were it not for my grounding in the philosophy of *Advaita Vedanta* as a child and the many guides I've had along the way. Sai continues to facilitate my path.

I've seen how easily experiences interpreted through today's culture can be framed as illness, disorder, and diagnosis. At times this can be helpful, especially to call attention to a difficulty, but I think we've gone far off the deep end, as you'll see in this talk. I've seen it happen with family, friends, and my patients—and it could have happened with me, so I now talk about the ignorance I am seeing.

I offer this text at the feet of all people who are suffering in this world because of misunderstanding and fear on the part of the majority of the population. May this bring a way forward that honors peoples' innate intelligence, capacity, and love.

Healing is possible.

Love and gratitude,



Anoop Kumar, MD, MM
Co-founder and CEO, Health Revolution

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Part 1: Setting the Frame

1. We Don't Know What We Are Talking About

It's great to be here with you in Sai's house of all places. I think there's no better place to have a conversation about what we call *mental health* and *mental illness*. One hundred twenty years ago, in Sai's time, there was no such thing as *mental health* or *mental illness*. Of course, people still suffered, but there was no such thing as *mental health* or *mental illness*. So I want that to be the big question that fills this room. What is *mental health*? What is *mental illness*? These are words that roll off our tongues so easily that we forget to stop and ask: What does this mean?

So please have this question in the back of your mind when framing this conversation. And the irony here is that if we took Sai from Shirdi 120 years ago and somehow dropped him here into the suburbs of Northern Virginia, he would be considered *mentally ill!* Just look at the irony. We are here at this temple. But if you took this person who this temple is dedicated to—who has helped so many people around the globe, who is a source of inspiration to so many, and who has changed so many people's lives—if you took this person and brought him here, he would be considered *mentally ill*. That should sink in deeply.

I propose to you as a hypothesis that the reason we have such a problem with suffering—and I'm simply going to call it suffering—is because we don't actually know what we are talking about. The biggest danger is that we are trying to fix a problem that we do not even understand.

If I have a nail and I'm trying to screw that nail in, it's never going to work. It's not a screw. It's a nail. It doesn't have that notch that the screwdriver would fit into. But what if I don't have the word *screw* in my vocabulary? I haven't seen a screw. Then, I'm just going to keep talking about nails, because that is all I know. I may have a big screwdriver, a small screwdriver, a yellow screwdriver, or a red screwdriver. It doesn't matter. It's a nail, and it requires a hammer, not a screwdriver. Similarly, we keep talking about *mental health* and *mental illness*. But what is the entity in front of us? What is it that we are actually talking about if we remove these labels?

Today, it seems to be the case that if you don't talk about suffering in terms of *mental health* and *mental illness*, you can be vilified. [Now everybody is talking about what is being called a *mental health* pandemic on the heels of the medical pandemic.](#) The usage of the phrase *mental health* and *mental illness* continues to snowball, but we need to press pause, hit the brakes, and ask: What the heck are we actually talking about?

If we did not have the phrase *mental health*, how would we talk about suffering? How would we talk about what people are experiencing? For anybody who is looking to help someone who is suffering, I suggest that the first exercise you try is to talk about everything this person is experiencing without using the phrases *mental health* or *mental illness*. Also, omit the phrases *depression*, *schizophrenia*, *bipolar*, *ADHD*, and every other label to which we have become accustomed. These have become everyday words, despite the fact that we rarely look behind them to see what they actually signify and find the deeper meaning and causes of suffering.

When you try this, I think you'll see how much we don't know and how much ignorance these labels cover up regarding what is actually happening. Our culture is continuously pushing these

labels of *mental health* and *mental illness*, along with *depression*, *bipolar disorder*, *anxiety*, and such terms. And all of these have, in a way, become symbols that represent people's suffering, and so if we don't use them, it almost seems wrong. The truth is we care about people who are suffering. What we are trying to find out is what is actually happening, so we can help.

This is not as simplistic as saying *labels are wrong*, or *diagnosis is wrong*. Sometimes a label given to distressing experiences can be helpful, because it can provide space when the pain, uncertainty, sense of hopelessness, and confusion may be too much to approach. The label represents a respite, a sense of understanding from authority, and an associated biochemical pathway—however loosely associated—that offers hope. It's not that labels have no place. It's that we have lost context and skewed far too much to the side of labels rather than deep understanding, insight, and action.

I'll give you an example of how deep our ignorance is. I'm an emergency physician, so I see what we call *mental health* and *mental illness* on every shift.

Let's say you come to the ER with some symptoms, and I say that it looks like you have a kidney infection. And you say, *Okay, doctor, but I don't really understand what a kidney is. Can you tell me?*

I say, *Yes; I learned about this in medical school. The kidney is an organ that filters the blood. Its unit is the nephron. It takes in blood, keeps what we need, filters out the rest, and makes urine that is excreted by the body.*

Okay, you're satisfied by my answer. But then another question comes up. *Where is the kidney?* I answer that as well, showing you that the kidney is located on both flanks of the body. Now you're truly satisfied. You know what the kidney is, and you know where it is.

Imagine that someone else comes to the ER with a cough, fever, and breathing problems. I evaluate them and say they have pneumonia. They asked me what that is, and I told them it's an infection of the lungs. The next question is: *What is the lung?* I answer that the lung is an organ that filters the air, keeps the oxygen, oxygenates the blood, and gets rid of excess carbon dioxide. Now the person asks me, *Where is this lung?* I answer that there's one lung on either side of the chest, indicating the location with my hands. They are satisfied with my answer.

Now we have a third scenario in which someone comes in because they're suffering and unable to cope. I give them a diagnosis and say that this is a *mental illness*. They start to think.

Mental illness? So it's an illness of the mind?

Yes.

Doctor, what is the mind?

If I'm answering from a biomedical perspective, I have to be silent. You see, the mind is not a domain of expertise in biomedical science. We have encyclopedias on mind, philosophy, and

spirituality in many cultures, especially ancient cultures like India. Biomedical science, which has been around for a few hundred years and is the basis of allopathic medical education, deals with the mind superficially, given allopathy's dedication to the body.

I would have to answer the person by saying that the mind could be thoughts and feelings, but that is really not my area of expertise by virtue of my training. The patient is unnerved, and follows up with another query.

Doctor, at least tell me where this mind is so I can find out more about it.

Again, from a biomedical perspective, I am stumped. Biomedical science subscribes to a physical-first philosophy. Atoms dominate. The body dominates. The brain dominates. I could guess that the mind is in the brain, or near the brain, but that is not based in biomedical science. Mind, at best, is secondary in this unexamined philosophy that is implicitly passed on from professor to medical student.

What is our foundation for creating these diagnostic labels that we call *mental illnesses*? If we come at it from a philosophical standpoint, we can at least say that we know *this* much based on philosophy. If we come at it from a spiritual perspective, we can say we know *this* much based on spirituality. But the expertise in mind that we are deemed to have in allopathy, based in biomedical science, is simply not there. That does not mean we cannot help people who are suffering. Doctors do help people who are suffering, but you have to understand that treatment plans are coming from a narrow knowledge base, so it may help or it may not help. It may harm. It may help in the short term and harm in the long term, or vice versa. We know that one of the side effects of drugs that are used for low mood (drugs we call *anti-depressants*) is having suicidal thoughts. There's no easy answer here.

I'm not saying to ignore all doctors. I'm not saying to not take any medicine. That can also lead to a problem, especially given the models we have followed to reach where we are today. But that also doesn't mean we implicitly trust the doctor and the medicine. Good intentions are not the same as good treatments. We have to ask questions and understand what is actually happening. We need context.

Now I see children announcing their diagnoses to me—9-year-olds and 10-year-olds—telling me they have *oppositional defiant disorder* or *ADHD*. They'll simply announce it without really knowing its significance or where it comes from. Nor does the parent often know, but nevertheless it has become official. Somehow, the label captures that there is suffering happening and there is a drug matched to that label. The psychological relief that comes with feeling that "someone knows" supersedes what is actually happening.

[Biomedical science says that we are essentially physical creatures.](#) That's the anatomy that I learned in medical school—that all of us can be described by putting together a bunch of small balls that we call particles. And if you put some particles called protons, neutrons, and electrons together, you get molecules, then cells, tissues, organs, and organ systems. And then you have all of us.

If that's true, then the cadaver, you, and I are the same because the cadaver's anatomy is the same as yours and mine. But the cadaver is dead. So obviously, you cannot make a human being just by putting some physical things together. We are more than physical.

Medical practice today suggests that if we alter the physical neurotransmitters in the brain, we are treating suffering, but how many are being helped? How are we defining improvement? For how long? With what side effects? How many people is it stunting? Harming? How many people are just going along because there is little commentary on better ways of understanding and healing?

2. Where the Stigma of “Mental Illness” Really Comes From

A phrase I hear commonly now is: [Everybody has mental health](#). It has become a new mantra. It's a way of making the idea of *mental health* ubiquitous and democratizing it. It's supposed to take away the stigma of *mental health* and *mental illness*. But I think the phrase *Everybody has mental health* actually creates a problem. It creates a blanket of ignorance because it covers up the fact that we don't actually know what *mental health* is.

We don't know what *health* is to begin with. *Health* comes from the word *wholeness*. What is wholeness? How much medical research is being done on the nature of wholeness? And on top of that, what is mind? So when you put these words together, *mental* and *health*, and start to say that *everybody has mental health*, we really have to start wondering: What does this mean? Indeed, does this mean anything other than a vague sense of being able to manage one's life? If so, isn't *mental illness* simply not being able to manage? The intricacies of nosology, philosophy, and academic medicine can be argued ad nauseam, but at scale, the language of our culture predisposes us to this slippery slope. Because after all, if we don't really understand what *mental health* is, we're just a stone's throw away from *mental health* being converted into a *mental illness* that needs a prescription.

Saying that everyone has *mental health* is supposed to make people who are suffering feel better. Why don't we just say everyone suffers at times? We don't need new phrases that we don't really understand to make suffering palatable, or more official. Yes, we need more descriptive language for different kinds of suffering, especially for generalizing treatment and billing, but we shouldn't compromise understanding for those reasons.

We suffer sometimes. It's so true. So human.

I think the stigma comes from the fact that so many people suffer and do not get better, despite the apparent knowledge the medical system has. People who are suffering may try therapy, drugs, and everything else suggested and prescribed, but they often still suffer. And so there is this understandable terror in our society of what we call *mental illness*. If you say the word *schizophrenia*, some people turn away and run. [But again, if you take Sai out of Shirdi and drop him in the middle of the suburbs here, there's a good chance he will be given a diagnosis of schizophrenia](#). That is the insanity of our society. That is the depth of ignorance in our society. Accordingly, people are terrified of being called *mentally ill*.

The stigma occurs because we are ignorant of what is actually happening, because we have not been educated to actually engage with our own minds deeply, and therefore with how people feel and how they are suffering. We are used to creating that separation throughout our education, beginning in grade school.

Think about it this way. Almost everyone here has been told to get good grades. If you have a good salary today and if you have an advanced degree, is it more because your academic institutions were assessing your empathy or your grades? You may be empathic, but was that

how your performance was assessed? How much were the topics of mind, subjectivity, and identity taught in your education?

So, there's naturally not only ignorance but also resistance to going where we need to go because we have not been comfortable doing that for decades. We are not talking about bad people here; it's just trained into us in our society. As a result of that unfamiliarity with the roots of the mind, our treatments often don't work. It's no surprise. This is what terrifies people—that their suffering will be ignored, misunderstood, and compounded.

Once you start going down a path of suffering that becomes framed as *mental illness*, you can end up in a place with a label that prevents any further digging and depth of understanding. So what does any reasonable person do? Keep quiet. Naturally, nobody wants to talk about it.

Is there anyone who doesn't want to talk about a skin infection? Generally, no, because we know what to do about it. We're not afraid to talk about pneumonia because we know what to do about it. There are biomedical pathways that are well established for these things. These pathways also have philosophical limitations, but those limitations are not nearly as pronounced because they are dealing with what we consider *physical* organs that we can see, touch, and measure.

Nobody is afraid to talk about their sprained ankle. But once you start talking about *mental illness*, there is an unsaid understanding that we know very little about what's happening, nor do we seem to be looking into what is really happening beyond these labels, so it becomes stigmatized.

If there were a hole in the ground that was 20 feet wide and 20 feet deep, you would always walk around it. Everybody would. Nobody wants to walk straight into that hole. That's human nature. We cannot blame anyone for that. But the solution isn't to simply give the hole in the ground a name and have everybody recite the name. For example, if I named the hole in the ground a *topographical abnormality* and everybody started talking about the *topographical abnormality*, acknowledging it, declaring we should be talking about it openly, and even creating a precariously narrow bridge across the hole, that would not solve the problem that there is a giant hole in the ground that many will fall into. What needs to be done is to have people with experience assess the hole, find out how it came about, how we can fill it, and then actually fill the hole. There's no benefit to calling it a *topographical abnormality* if we do not find out the nature of the hole in the ground, and incessantly talking about the precarious bridge starts to become more of a distraction in the absence of needed action. Talking about falling into the hole then becomes stigmatized because people innately know that the *topographical abnormality* is not a solution but rather a problem that is not being dealt with. Forcing the new *topographical abnormality* lexicon as part of an apparent solution without needed action further confuses people to accept a problem as a solution.

The solution to stigma isn't saying *we all have mental health*. It's saying that those of us who are considered *not mentally ill* often don't know what we are talking about either, and then solving that problem through honesty, open-minded inquiry, and learning. It's worth considering that the

absence of such action may suggest that [those of us considered to have what we believe is mental health may be the ones who are actually mentally ill](#), given the compounding of others' suffering that can happen due to our lack of insight and action.

Often, people who are suffering are truly insightful. I've seen this time and again in the ER. They know that we don't really know. And yet, we are in a position of power. That is a dangerous combination. Many of them will say, *You don't understand. You don't really know. Nothing is working. You don't get it.* And they're right, but we have been trained not to go there, because there is no biomedical solution to that.

We have a responsibility to look at our ignorance. All of us. Diagnosis or no diagnosis. Wherever you stand on this issue, we all have a responsibility to look in the mirror at our ignorance. This is where healing and truth begin.

3. The Culture of Dis-ease

The narrative for children a few decades ago was to play, go to school, get the grades, get a job, have a family, take a vacation, and that's it. And then, on the side, there can be something like spirituality, philosophy, or religion that happens on Sundays or once in a while. Maybe that lack of integration was not as big of a deal in the past.

Today, kids don't have the luxury of being able to ignore the big picture. Think about the pandemic, financial system instability, climate change, the internet and social media. Regardless of where you stand on these issues, they were not everyday issues a few decades ago. We have not truly integrated the meaning and impact of this kind of regular messaging on our kids. If we are still telling them to go to school, get good grades, and get a job, but they're also having to contend with these powerful global events with deep significance that are tied to philosophy and spirituality, we are creating a problem.

We, the adult population of this country, have not looked into these things enough to have sustained meaningful conversations across different points of view on a global scale. [If we are not doing that, and if our children are having to contend with that, which they inevitably are, that is also setting the stage for suffering.](#) The narratives that worked in the past are woefully inadequate for our children today.

Our narrative of life and of what is happening on this planet is woefully inadequate. There is increasing income inequality. There is political suppression here in the United States. Information has become the new battleground. These things are real. They're happening. They're affecting us all, increasingly, in our daily lives. So how can we expect to not talk about them deeply and send a child off into the world and say, *Close your eyes and ears and just keep going?* It doesn't make sense and it sets the stage for a problem..

Another aspect of this is that 50 years ago, we likely paid more attention to the fundamentals of human sustenance and development: Nutrition, Movement, Connection, and Rest. [These are what we at Health Revolution call the Four Engines.](#) These Four Engines are those actions that promote health and healing anywhere, across cultures. I've talked to so many people who have healed from diseases, including some that are supposedly incurable, by activating their Four Engines. It's not a pill. It's not surgery. And it's not rocket science. It's just what a human being needs.

If a plant is sick, you don't go to the pharmacy and look for a prescription. You simply ask: *Is it getting sunlight? Does it have enough soil? Does it have space to grow? Does it have water?* If it has those things, it's more likely to thrive. Without one of those, it will not thrive. So step one is looking at the essentials of human sustenance and development.

When I was living for a few years in South India as a child, many of the things that we today consider to be luxury wellness were just part of daily life. Everything was organic—not because they went through an extensive certification process, but because that's all they knew. There

were no processed foods. A mind that is consuming a lot of processed food is going to be adversely affected, because that is not what human beings are designed to run on.

Then there is nutrition of the mind. These are the narratives we are told. The purpose of life. The context of our lifetime, mythology, good and bad, and so on. There was a sense of a deeper world. Their world might have been physically small, and they were not connected by the internet to expand the world horizontally, but their world was deep.

[How about movement?](#) Even in a strictly physical sense, people weren't sitting in cars and on sofas nearly as much as is happening now. The movement of thoughts through conversation was also much more likely without being in front of a screen for so long. The movement of emotions was not there in a lot of cases, as I saw in my childhood. So I'm not saying that everything was good back then and everything is bad now. I'm simply saying that many of the essentials of human sustenance and development were more naturally and easily provided.

And how about connection, in terms of connecting with the planet? People were outside more, with feet directly in the soil. I was running around barefoot and loving it. Now we are wearing shoes all the time that disconnect us from the electricity of the earth. There's no electron transfer happening between the body and the earth anymore.

Another simple example is lighting. Electricity is fantastic in so many regards, but it can also make 1:00 p.m. and 1:00 a.m. look the same if you are indoors. It can disrupt our circadian rhythm, whereas living with the rhythm of the sun keeps us in balance.

What I'm saying is that in addition to the ignorance and confusion built into the language of our society, which I wrote about earlier, there are many factors fundamental to human sustenance that are more difficult to do now, unless we go to a luxury wellness retreat. I believe if we can address those things, well over 50% of what is called *mental illness* will go away, not to mention what we call *physical illness*.

I think our children are starving for a better, deeper, more complete narrative about ourselves and our world. They can handle it. I often think it's we adults who cannot handle it because we are more used to doing what we have been doing.

4. What's the Solution?

This is the beginning of the solution. *This* is how it starts. By having conversations like this. I can't prescribe a pill to solve this. We have to dare to have these conversations, particularly because the answer is perhaps not clear.

I'm not saying nobody knows the answer. There are people who certainly understand suffering very well and have walked those paths and helped so many others walk those paths to a place of healing and healthy independence. But we all have to be part of this solution because in some way, we are all part of the problem. It's difficult to go from a place of seeming certainty—even if it's limiting or temporary—to a place of uncertainty, but better solutions often pass through that middle ground.

It may not be common to hear a doctor speak like this, but I can assure you that many, many doctors think this way. Many doctors approach me and agree with me privately. I've talked to psychiatrists who readily agree with this. Some of them have told me about their experiences that they're scared to talk about because they would be considered *mentally ill*. They felt so relieved to hear me speak about what is being called a near-death-like experience, or out-of-body experience, including experiences that could easily be pathologized had I not been steeped in consciousness-based philosophies as a child with a wider lens on medical culture as an adult. Talking about these experiences, I found, helps people feel safe and greatly decrease stress and internal contradictions, especially for people whose expertise is dependent on emphasizing the physical.

Many people are having experiences that would be considered spiritual, mystical, or otherworldly. They are called terms like near-death experiences, spiritually transformative experiences, out-of-body experiences, and so on. We can call them anything we want, but, just as with the labels of *mental health* and *mental illness*, what is important is that we seek to understand what is happening behind these labels. And when you look into this closely, what you see again is that our social narrative cannot bridge these experiences with our daily lives. They have to be labeled and set aside for study. If we cannot understand those experiences, we can never understand our moment-to-moment experience. This confusion is a root of suffering.

We do some amazing things in the ER and in allopathy in general, but we should know what we do well, what our philosophy supports, and where our knowledge comes from. We should be careful not to apply that to something else, thinking that because we're great in one space, we can be great somewhere else. Let's admit our ignorance. I am admitting my ignorance. I don't have all the answers, but I know we have to start by stating what we do not know.

Part 2: Q&A

5. Can you say any more about *hallucinations*? Are they all bad?

It really depends on what you mean by *hallucinations*. A *hallucination* is something I see or hear that other people do not see or hear, and so is deemed to not be real. But that is cultural. In that case, many people who we would otherwise consider well are also *hallucinating*. Neuroscience is also telling us that what we are experiencing now is something like a collective *hallucination*. Also, much of what is considered real depends on culture and, of course, our philosophy. There are a variety of things that a person can perceive beyond what our society thinks is possible, at least in public, academic society. Furthermore, some of our deep fears or traumas can be represented by the mind through sound and sight. We have to go beyond simply saying something is not real, and therefore let's erase it. If we simply medicate this, we are not getting at the meaning or the cause.

There are certainly many dimensions in this cosmos. There are entities like inter-dimensional beings. Such things are talked about in every ancient culture. Anyone who activates their energies to a certain point will perceive such things. And if there is no support or skill in navigating this, they will be overwhelmed. And if you go and tell the wrong person, who is either afraid of this or whose career and expertise depend on not understanding this, you are likely to be diagnosed with *hallucinations* and *psychosis*. It certainly could have happened to me if I didn't have the background I did. Because that's the knowledge level in this culture. That deep knowledge does not exist except in private corners.

So I can't give you a yes or a no as to whether *hallucinations* are bad. I would rather you have the insight to see what we are talking about more deeply. In all cases, though, what we are calling *hallucinations* have meaning. Everything has meaning, to the extent we wish to engage it. Experiences mean something or represent something. Nothing in this world is totally random and without meaning. So the question is: What is the meaning behind this? Where is it coming from? How can we understand this better, rather than trying to erase it?

6. How do we bring awareness to this?

We are doing it right now by talking about this. As you said, there's so much fear to talk about this because the standard narrative in our society is considered the intelligent narrative, so deviating from that is seen as unintelligent. In fact, it's the opposite. [Many doctors have left the medical profession and started their own practice so that they can talk about these things.](#) Everybody who is hearing or reading this should join the conversation. Spread the word. More people will join the conversation.

It's key to realize we are bringing awareness to this just by being here and engaging. We don't have to think five steps ahead. We just have to do what needs to be done now. Right now, we are taking action. Let's keep doing that, and many more will engage.

7. What else can we do?

Try the exercise I suggested earlier. If you know somebody who is suffering like this or if you are suffering, try to understand and talk about the experience without using any of the standardized nomenclature, such as *mental health*, *mental illness*, or any diagnosis. Use plain language. You'll see how much you don't know. When we use popularized labels that are associated with authority and intelligence, we can ignore the fact that they may not tell us anything that we don't know.

Once we acknowledge our ignorance, our natural intelligence starts to grow. As long as we think we know, that intelligence cannot grow. It's like a cup with a lid on it that we're trying to pour water into.

8. What about some of these perceptions like extraterrestrials?

It's hard to know what exactly a person means by *extraterrestrial*. There's no standardized understanding of this. What we know is that we experience some things and don't experience some things. I think that's enough. The next question is simply: how is this experience affecting my life, what does it mean, and what is the most effective way of engaging it, if it needs to be engaged further at all?

Let's ask the same question another way. Are there beings on other planets? Yes, there are. They are described in many cultures, and there are innumerable eyewitness experiences described around the world, many of which are very similar in content.

It's important to see how important is cultural narrative when talking about what we call *mental illness*. As long as a deeper view of our world has turned into a topic of fear and confusion, we cannot talk about what *mental health* might mean. People who are confused and afraid then become authorities, and people who see deeply are likely to become confused as they try to comply with insufficient narratives. Until we face these things, we cannot have an honest conversation.

I'm not saying that all hallucinations are *interdimensional beings* or *extraterrestrials*. I'm simply saying that such experiences can also be deemed *real*. Such beings do exist. On the other hand, sometimes the mind is simply representing our fears or past trauma through sight and sound. That is also possible. Everything is always on the table. What matters is what has meaning for a person and how that can help them integrate within themselves and the society they choose to be a part of.

You also asked about medication. This doesn't mean there is never a role for medication. There are cases in which the experiences are too overwhelming and insight is not available. There is a need for distance from these experiences to gain perspective. So then medication can be used accordingly to get to a place where insight can be developed. The purpose of medication is not

to completely shut down what we are experiencing as if it has no meaning. This is often why a person will not continue to just take medicine. It is because there is some meaning in their experiences that hasn't been integrated.

There's no easy answer here. We came to this level of ignorance over decades, maybe a century or more, and it will take time to bring light to this. Everything was not right in the past, either. Some things were better then and other things are better now. Let's take the best of both.

9. Can *anxiety* turn into *depression*?

Again, look at what we mean by these words. Maybe the mood is low. Maybe the person doesn't feel like moving. Maybe they don't feel like eating. What is happening in this person's life? That's the question to ask. Why is this person feeling nervous or agitated? What is it that may be scaring them? If a person has been afraid for a long time and they don't know where the fear coming from and it's not being addressed—and furthermore, if authorities are telling them to take a pill to deal with the problem—is it not natural that such a mind may move into a space where it cannot do anything and mood is low? That simply makes sense, right?

Don't get caught up in the words. What we are talking about are human experiences we often don't understand because of our culture. But if you open up the entire range of understanding, everything can be understood more, depending on the insight and incentives of the person who is facilitating the process. Many people have healed from apparently incurable conditions by finding meaning in their experiences.

10. Let's say I have a fear of heights. Whenever I drive, if I go to a higher elevation and start coming down, I feel anxious. How do I address that? At what point do you start seeing a doctor for something like that?

You start seeing a doctor whenever you want to start seeing a doctor. That's not for anybody else to tell you. However, we can bring some context to this.

How do we address anything that we feel is going wrong in our lives? Going back to the example of the plant, how do we start addressing a plant that is not thriving? If I know the plant does not get water, it doesn't need a doctor. If I know it's not getting sunlight, it doesn't need a doctor. You get the idea.

If a human being's Four Engines of Nutrition, Movement, Connection, and Rest are inactive, the potential for difficulty and suffering is greater because they're not getting the essentials of human sustenance and development. These engines are not complementary. They are fundamental.

I practice emergency medicine. I didn't learn any other kind of medicine formally—just strict allopathy. In fact, emergency medicine is quintessential allopathy. When you look closely, you will see that all of emergency medicine is complementary medicine. Allopathy as a whole is complementary medicine. The marketing is backwards.

We think allopathy is primary medicine, and in comparison, Ayurveda, Yoga, Traditional Chinese Medicine, and other healing systems around the world are considered complementary. But that's backwards. Allopathy is the true complementary medicine, and most everything else is primary medicine because they generally emphasize the Four Engines.

The vast majority of allopathic treatment consists of pills, IV medications, and procedures. If you take all of this away from the population of the world, many would still be okay. But if you take away Nutrition, Movement, Connection, and Rest, nobody will survive long. That tells you what is primary and what is complementary.

Regardless of the problem you're facing, the essentials of health and healing are the essentials of health and healing. Whether we are talking about something physical, mental, spiritual, existential, or philosophical, it doesn't matter. Remember that we invented these words. These are inventions of the human mind, and each of these words means something different in a different culture. We are trying to solve a cultural problem that is presenting as a human problem, so we have to go beyond the culture and the language to actually see the full human experience to figure out how to help people.

11. Aren't *physical* and *mental* problems different?

At first glance, based on our social conditioning, yes. It is quite useful to distinguish between what we call *physical* and *mental*. Yet, we still have to account for the fact that the things we call *physical* reach us only via *mental* experience. To compound the matter, [we know so little about what we call the mind-body connection.](#)

What does the word *physical* mean, anyway? Merriam-Webster defines it as “having material existence” and “relating to the body.” But our bodies change in different states, such as waking and dreaming. What is *physical* in one state of consciousness is *mental* in another.

When you dream, isn't your body entirely *physical* within that dream? Is there anybody within your dream saying, *Wait, this is all mental!* No. If you drop the hammer on your toe in the dream, it's going to hurt. That toe may sustain a fracture. You may need crutches because of the pain. You may curse anybody saying it is a *mental* experience because in our culture that is often misinterpreted as meaning *it's all in your head*. ([This is one of the most common misunderstandings that occur as the mind-body divide starts to dissolve.](#)) And yet, when you wake up, you will say that the entire *physicality* you experienced in the dream was entirely *mental*. It's a shift in consciousness. It doesn't mean the experience didn't exist. It doesn't mean

it wasn't real. It just means the meaning of the words we use change in different states of consciousness. The more states we can integrate, the deeper the understanding.

So don't get too caught up in words like *physical*, *mental*, or *spiritual*. Use them as needed, especially to be understood, but know that such divisions represent our ignorance as much as they represent knowledge. What matters, as always, is the meaning of our experiences in the context of our lives, finding people who can help us discover our own meaning, and activating the Four Engines of Nutrition, Movement, Connection, and Rest.

12. Are such problems passed on through our genes? Or is it our culture?

Whether it's one or the other or both, the way forward is the same. Now there is so much overlap between what we call nature and nurture, especially given what we are understanding about epigenetics, which influences the expression of our genes. Epigenetics is still relatively new in the public sphere, and our understanding of the influence of our thoughts, feelings, relationships, behaviors, environment, and more is likely to only grow.

What matters most is that we ask how to best help someone. How can that be the guiding light, above and beyond any ideology, training, or notion of what is common, normal, or cool?

13. What do you mean by Connection?

I'll give you a quick summary. Connection is threefold.

One is connecting with ourselves, asking deep questions, discovering meaning, meditative inquiry, and practicing mindfulness. This is only a summary. Each of these has to be expanded and applied selectively in the right situation.

The second is connecting with others. This is what we are doing now—talking about something meaningful and sharing in discovering meaning together. Look at how good it feels to have an open conversation. This doesn't happen often enough in our society, so people hold on to these ideas until they become tighter and tighter, and then something explodes. Connecting with others is a way of sharing, of releasing pressure, and of increasing clarity, and this is one small example of that.

Third, connecting with the planet is important—literally plugging in to the planet with direct contact. Bare feet in the soil. Sunlight on the skin. Fresh air in the lungs. Eyes on the sky. These actions change our physiology. They are the most advanced technology on the planet. Let's use them more.

14. Meditative inquiry

Let's take a couple deep breaths. Let the feeling of breathing move fully from beneath the feet to above the head, up and down.

We are always connected to this life intelligence, capacity, and love. This intelligence is what makes the stars shine, the heart beat, and the trees grow. This intelligence is what holds this planet and all planets in their orbits. This intelligence is everywhere and always accessible to everyone. Sometimes it can get covered up by beliefs, feelings, and trauma.

Let us hold our learned knowledge loosely so that it may guide us rather than restrict us.

Let us connect with this deeper intelligence and remain connected.

Take a couple more full and deep breaths and re-engage with the world, remaining connected.

Thank you for being here.

Resources

- [Power Threat Meaning Framework](#)
- [Hearing Voices Network](#)
- [Spiritual Emergence Network](#)
- [International Mental Health Collaborating Network](#)
- [A disorder 4 everyone!](#)

If you know of a resource that should be added to this list, please email us at healing@healthrevolution.org.

About the Author



"The **true** emergency yet to be diagnosed is that we have forgotten who we are, what this world is, and what we are capable of. Everything else—including heart attacks, strokes, and trauma—happens downstream."

—Anoop Kumar, MD, MM

Dr. Anoop Kumar communicates a bold, new vision of healing and healthcare based in a more comprehensive understanding of you as a whole human being. He is Co-founder and CEO of Health Revolution, a front-line emergency physician, and author of *Michelangelo's Medicine* and *Is This a Dream?*

After a near-death-like experience in medical school, Dr. Kumar realized our current system does not know what "health" truly means and began to integrate a deeper understanding of consciousness with existing medical knowledge. He helps people experience this by activating their Four Engines and applying Mind-Body-Flow Theory, which he offers through his flagship [28-Day Jumpstart](#) course, a gateway to healing on many levels.

Dr. Kumar is Board-Certified in Emergency Medicine and holds a Master's degree in Management with a focus in Health Leadership. Visit him at healthrevolution.org for webinars, courses, consultations, and deep explorations of the nature of consciousness and healing.

About Health Revolution

Co-founded by Dr. Anoop Kumar and Sreesha Sreenivasan, Health Revolution is building a complete ecosystem for healing to transition our society from the dis-ease state to the healing state.

Innumerable people have healed from "chronic" and "incurable" diseases. They have proven that *healing is possible*. Most of them, knowingly or unknowingly, followed a combination of the [Four Engines](#) of health: Nutrition, Movement, Connection, and Rest. These engines rev up your innate healing ability.

The statistics that tell us how many people heal and/or survive are average statistics, but healing is not an average phenomenon. It is a powerful, personalized phenomenon that varies depending on many modifiable factors. Healing includes—but is not bound by—disease reversal. Healing is about recognizing our wholeness and moving into that deeper, powerful space within us. Healing is always possible, if we open to what it may mean.

Mission

To shift the state of society from dis-ease to healing

Vision

We see a world in which every human being is developing and expressing their full potential.

Values

Love, Audacity, Clarity, Fidelity

Goals

1. Create a media platform to demonstrate that healing is possible and healing is happening
 - Share stories of people everywhere who are healing, searchable by diagnosis, organ system, and more.
 - Explore and discern what healing means and what the common pathways of healing are
 - Preserve and organize a [Healing Library spanning science, metaphysics, philosophy, and spirituality](#)
 - Teach critical concepts like the Meta-Map of healing, Multi-Directional Healing, [Quantum Anatomy](#), and [Mind-Body-Flow Theory](#).
 - [Offer a 28-day course](#) beginning the first of every month to activate the Four Engines. We see over tens of thousands of people enrolling monthly and

completing the 4-week course with others in their cohort, sharing and learning from each other.

- Create a marketplace for healing
- 2. Create an unparalleled, massive, global ad campaign to demonstrate healing is possible, healing is happening, and how.
- 3. Create a physical Center for Healing and Understanding that offers retreats and seminars for health professionals of all backgrounds to understand the theory and practice of true healing. This Center will also be an oasis for anyone who wants to take time to restore themselves.
- 4. Develop the [Second Mind Institute](#), which offers new perspectives on the relationship between consciousness and all existing knowledge fields, as a means of informing a higher standard in education.
- 5. Present the results from the above to the general public, healthcare, and other sectors so we can re-orient our society around healing and wholeness. We believe a healing, whole society is a creative, productive, and evolving society.

Are you an organization that aligns with our vision? Email healing@healthrevolution.org

Healing is possible