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Magical realism of healing bodies and shaping minds: Unmasking the maladies in Vikas Sharma's novel *Medicine: Light in Twilight*

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Abstract

Franz Roh, a German art critic in 1925 coined the term magical realism, which turned out to be a post-colonial phenomenon; and a specific characteristic of Latin American literature to depict a narrative style of blurring and the fusion of reality with fantasy in which the unreal elements play a natural part in an otherwise realistic environment. In *Metamorphosis* of Franz Kafka, or in *One Hundred Years of Solitude* by Gabriel Garcia Marquez magic realism has been used as a mode of resistance to escape to a world of fantasy and an escape from excruciating pain by deviating from the depiction of reality with symbolic and oblique language.

Indian writers like Shashi Tharur, Salman Rushdie, Amitav Ghosh, Arundhati Roy etc. are experimenting with inextricably intertwining of the ordinary with the extraordinary, fantasy with the reality; as a powerful tool of critiquing and challenging social inequalities, religious beliefs, cultural identity, political disparities and gender inequalities. Vikas Sharma's novel *Medicine: Light in Twilight* is a powerful narrative of complex themes of healing, moral awakening, and a powerful exposition of unethical practices and corruption deeply rooted in all sectors of the Indian health care system. Through the lens of magical realism, the novelist has attempted the rewriting of reformatory narratives of, womanhood, marriages, informal adult self-education, gender dynamics and the grave complexities with dual dimensions of physical and psychological need of healing while exposing the corruption, exploitation, and ethical decay embedded in contemporary Indian system including healthcare. The novel addresses the emotional and intellectual transformation of individuals – against a backdrop of institutional malpractice, class conflict, and human suffering. Through a thorough analysis of key characters; the novelist attempts to picturise a re-humanization of medicine and emphasizes the role of literature in pointing out the inherent malpractices in reshaping social change. Ultimately this

paper highlights Sharma's contribution to emphasize a compassionate and morally conscious approach to both healing and human existence.

Key Words: Magical Realism, Post Colonial Critique, Healing Narrative, Unmasking Maladies.

Introduction

India with its ancient tradition of healing, offers a rich tapestry of holistic treatment systems deeply rooted in spirituality and the environment. In pre-independent India, healthcare was underdeveloped, and the majority of people relied on traditional medicine systems like Ayurveda, Unani, Siddha, Homeopathy, alongside allopathic treatment. In Post independent India there has been a dramatic expansion of healthcare infrastructure both in the public and private sector. Recent advancements in medical technology and research are praiseworthy as during Covid -19 India's vaccine surpassed the USA, and UK. With the rise in specialized world class private health care facilities, medical tourism is a favourite trend, patients from USA, UK, Canada, Afghanistan, Nepal, Pakistan, Sri Lanka prefer to access surgeries in India. Traditional treatment - Ayurveda focuses on holistic, natural care, balancing mind, body and spirit by diet, herbal remedies, lifestyle changes, often resulting in fewer side effects to prevent disease and maintain health and wellbeing. Whereas, conventional medicine excels in acute and emergency care, using scientifically proven methods and advanced technology for quick and effective treatment. Allopathic treatments are symptom - focused, using drugs, diagnostic tests, surgery to treat specific conditions. These differences indicate the relevance of Ayurvedic treatment in offering a balanced approach that complements conventional medicine. The knowledge of these holistic and conventional health care depending on personal health needs, preferences, and specific medical situations can navigate the patient's journey with confidence and can help in better understanding in making informed choices. There has been a profound

and magical impact of holistic healing practices including AYUSH- (Ayurveda, Yoga, Unani, Siddha, Homeopathy), on physical and psychological well being of poor migrants. In Western medical sciences, the focus is on treating the disease based on the patient's physical symptoms, but in Astrology the emphasis is on curing the disease and is based on the patient's karma theory. Medical Astrology or Jyotish is hidden to the world, but has a strong base in India. It involves two things in treatment- the occurrence of disease or the role of astrology as applied to disease, and Mantras, Tantras, in Vedic sciences. In India Astrology as a form of medical curing has evolved from superstition to a popular tool for self- reflection and personal growth and has taken centre stage in navigating people's lives. However, in the digital age, astrology apps, Instagram horoscopes, Tik Tok astrologers, have brought ancient wisdom to the fingertips of Gen Z and Millennials alike. It has been observed that modern Medicine remains inaccessible and unaffordable to majority of people in India, whereas, holistic treatment being community rooted, and cost- effective, drawing from real life narratives, ancient texts, government initiatives, social cultural analysis, the holistic treatment continues to be effective in curing the illness and restoring faith, and resilience among the most vulnerable people. In Vikas Sharma's novel there is explicit use of all three types of systems of treatment and magical realism becomes a metaphorical strategy to highlight the 'twilight areas' of the medical and real world - grey areas in medicine where legality dissolves, ethics blur, and suffering becomes invisible.

Review of Literature:

The intersection of healthcare and corruption is a recurrent theme in contemporary socio-political and literary discourse. Numerous studies and literary narratives have exposed how systematic corruption in the health sector adversely affects marginalized communities, particularly, the rural poor. Moreover, corruption in the form of bribery, procurement fraud, and unregulated medical practices, is not just an administrative failure but a social tragedy that perpetuates inequality, and suffering (Kumar & Roy, 2019). Medical corruption is a pervasive issue with diverse manifestations and significant negative impacts on healthcare systems and patients globally. It encompasses a range of unethical practices, from bribery to manipulation; these corrupt practices can lead to compromised patient care, wasted resources, and a decline in public trust in the medical profession. Since the Alma Ata Declaration, the management of public healthcare in India relies on population-based norms the sub-sectors, (ANMs- Auxiliary Nurse Midwives supported by male multipurpose worker, neither of whom are authorized to treat with medication beyond the use of a few simple drugs- no antibiotics, injections, parenteral fluids etc. Which the poor background patients demand for sudden and quick recovery to avoid loss of wages due to illness). The next tier above the sub-centres consists of PHCs which are manned by a doctor and the medical staff, to cater to the medical and health care needs of about 30000 people (Kapur and Baisnab 2017). and the community health centres CHCs- which are responsible for providing day to day health needs of rural communities. District level hospitals provide secondary care followed by tertiary care like AIIMS, but they all are lacking in quick access, community participation, and individual accessibility. Ironically, the UMPs and Quacks have enjoyed greater freedom than qualified doctors. IMA (Indian Medical Association) the largest body of recognized doctors in India

having mounting cases against practising modern medicine, whereas alternative medical practitioners are illegally practising modern medicine without degrees and knowledge.

However, the private health sector consists of a wide range of facilities from large corporate hospitals to smaller hospitals and nursing homes, laboratories, diagnostic centres, and single practitioner clinics. But the fact is that there is uneven clustering of facilities across almost all sub-divisions of every district throughout the country. In the absence of the proximate alternative, most villagers and poor class patients get treatment from nearby practitioners who, though possess some knowledge of drugs and dosages, but lack a recognized medical qualification. Although they are illegal, but ironically, they provide effective, quick, acting medicine and become the first choice of poor patients, since qualified practitioners are far away, they easily get strong medicines, hence avoid loss of wages due to absenteeism, to avoid unforeseen expenditure on transport, diagnostic tests, and medicine, to access a person well known to the family. The UMPs are also a part of a bigger network of systems, and have the advantage of the convenience of a satisfactory transaction in a few minutes at a fraction of the cost of any other alternative, and several dependencies exist between them and the formal health providers, mainly the doctors and pharmaceutical agents. Many of them have learnt about medication including the use of injections, antibiotics, while working as assistants under qualified doctors. (Chandra2017a:39) There are widespread newspaper reports of multi-state rackets where unqualified doctors conducted hundreds of Kidney transplants for huge profit. Although the choice of drugs and procedures used by them may not always be life-threatening and the treatment given could generally be satisfactory (Das et al 2012), their ignorance of standard medical treatment regimens-including the full course of antibiotic treatments- cause huge risk for the society.

Incomplete and unnecessary medication, use of fourth- generation drugs and presumptive use of tuberculosis drugs, all carry huge implications for the spread of multidrug resistance. This is a health hazard for the wider participation because such irrational practices and indiscriminative use of drugs like antibiotics render drugs ineffective in serious conditions (Halloway 2011).

Vikas Sharma's novel *Medicine: Light in Twilight* like *Healers or Predators*, or *The White Tiger*, has used magical realism as a very powerful tool not only to expose corruption but also to fight against it.

One of the most dangerous elements of this broken system is the unchecked mushrooming of Unqualified Medical Practitioners (UMPs). These individuals, often with no formal medical training, operate freely in rural and semi-urban India. Their presence reflects both the failure of state health in fracture and the desperate need of the poor for affordable, accessible, care. Literature and case-based studies suggest that UMPs often misdiagnose diseases, prescribe incorrect medicines, or even counterfeit drugs, leading to worsened health and deaths. Narratives in regional literature and social realism novels have explored such themes with insight. Rohinton Mistry's *A Fine Balance* and Aravind Adiga's *The White Tiger* indirectly touch upon such health issues. These works expose how the poor are trapped in the cycle of illness and indebtedness. Often, losing their dignity, savings, and lives in the process. In *Medicine: Light in Twilight*, the novelist has depicted Madhu's case as an example of inescapable and devastating chronic disease destroying the whole family physically, economically and socially. Sharma has used magical realism as a narrative technique to portray the sufferings, expose the corrupt health care system, to unmask the maladies. He has drawn a blurred line between healing and harm, hope and deception, to portray the flaws of the contemporary health care system. The novel

offers a warning that the frauds and corruption embedded in India's health system are deeply rooted socio- political system failure. Literature and media along with policy reforms need to address these vital issues.

Moreover, the present paper aims to examine the blending of magical realism with magical motifs or paradoxical inequalities-advanced medical technology coexisting with deep systematic deficiencies; further widening the gap and hence leading to widespread vulnerability of the lower spectrum of our society. The study uncovers the deep- rooted systemic failures as depicted in the novel that enable UMPs and diagnostic quacks to flourish.

Research and scholarship on magical realism has its origins in the works of key Latin American writers such as Gabriel Garcia Marquez, Alejo Carpenter, and Isabel Allende. The works of these authors explicitly provide a greater understanding of how magical themes are inherent in the culture, society, and political system. In the context of our country, writers like Rushdie, Arundhati Roy, Shashi Tharoor, Rohinton Mistry, Aravind Adiga, etc. have adapted magical realism to interrogate postcolonial identities, institutional violence and socio- political contradictions. Through their works it is evident that magical realism is a powerful technique to depict the absurdity of lived real life experiences under oppressive systems.

Scholars in the field of medical humanities - Kleinman, Rita Charon, Pratap Mehta etc. have explored the microcosm of human suffering. For example, Kleinman's theory of 'illness narratives' in particular, throws light on how the sufferers' voices become crucial in understanding the socio-political aspects of ill patients.

Studies on healthcare ethics in India undertaken by scholars like Ritu Priya, Leena Abraham, and Sudhir Anand highlight the prevalence of largescale racket of UMPs, quacks, and diagnostic centres running their

malpractices. According to public health surveys, the majority of rural practitioners have no formal degree, yet they remain the first point of contact for underprivileged patients.

However, a great amount of literature exists on magical realism and on healthcare flaws, but, critical research explicitly on blending of the two in Indian fiction still remains cryptic. Sharma's novel *Medicine: Light in Twilight* is innovative in blending fantasy with reality. Moreover, this paper contributes to an emerging interdisciplinary interaction between literature and life.

Analysis

The novelist has presented all sorts of practitioners- traditional as well as modern. The novel covers a large spectrum of timeline- 1944 to 2021 (Pre -Independence till Covid -19 Pandemic). The story is set in the backdrop of the partition of India and Pakistan. After partition a few Hindu families from a village Badarpur, in Lahore (Pakistan) were forced to migrate to India, Uttar Pradesh symbol of progress, transformation and magical realism. Swami Giri Maharaj warns them of communal frenzy due to which the place being unsafe to live due to the current religious and political uprising and assists them to relocate to Uttar Pradesh from Lahore. Swamiji also provides them help and hope to start a new life after relocation. The villagers have faith in what swami ji tells them and being gullible, uneducated and fearful accept his proposal. The description of Swamiji's newspaper reading during the train journey is notable to highlight the ignorance of the migrants, and the knowledge of the swami who teaches them the gap between unemployed people and self-employed ones.

'Out of curiosity Kunj Behari Lal asked him-Why do you read this large, printed paper? How does it appeal to you?

Swami ji politely replied- 'The newspaper tells us about the events of the world such as-

How many people have died in the Second World War up to this day? 'Awake, arise, and get intellectually awakened' (Sharma 11).

Throughout the novel, Sharma has presented rural and urban divide, education versus illiteracy, health versus disease, rich vs poor. His characters are self-driven, self-motivated, progressive characters who keep striving hard to enhance their intellectual development with minimum resources and lead a magical and prosperous life through hard work, with a great sense of adaptability. Through their self-medical education, they add to their economic and social prosperity.

Through the character of Vaidyaji, Sharma highlights the practice of Ayurvedic medicine in India. Krishna Prasad practiced as a Vaidya, which he learnt from his father. After migrating to Meerut, he is popularly known as Vaidya Krishna Prasad (Lahore Wale). His magical transformation from a Vaidya to a UMP takes place after he starts prescribing allopathic medicines and upgrades his clinic with X-ray machines and other facilities. Though initially, he prescribed herbal medicines to his patients, Vaidyaji became very popular among people, as they felt satisfied by treatment. He treats his patients with love and sympathy. The conflict between modern allopathic medicines and traditional systems like Ayurveda as it got momentum during Covid-19 Pandemic Ramdev called allopathy a 'stupid and bankrupt science', claiming that lacs of people have died taking modern medicine. IMA strongly objected to his Koro nil Kit as misinformation and public endangerment during a health crisis. His unscientific claims to condemn modern medicine undermined public trust and disrespect to doctors during emergencies. Many of Patanjali's products have failed lab tests, still being launched without proper approval and trials. He is a public face of Ayurveda, but his model is mass- production based, mixing Ayurveda with marketing celebrity endorsement, his unverified claims harm the public. In a country like India, both modern

medicine and traditional systems must co-exist synergically, not competitively. India's apex regulator also bars doctors from prescribing medicines from branches they are not trained in. Dr J A Jayal, former president of IMA, said, 'There is a difference between integration and mixing of the two systems. India is a country where a large population of chemists provide scheduled drugs without prescription, and where many qualified doctors are mistreated with legal cases. Health care is a matter of life and death, and to leave it unattended or unsupervised, more channels for unqualified practitioners to fill the gap in healthcare and certain unethical practices in both holistic and allopathic sector persist, on one hand there are advanced and world class institutions like Apollo, Fortis, Max, Medanta etc. with state-of-the-art facilities along with medical tourism in conventional healthcare. But, at the same time unethical practices are existing in health care in India. Amidst urbanization, poverty, exploitative labour systems, poor and migrant workers face health crises with limited means to allopathic care. The novelist has highlighted the need to fill the ever-increasing gap of unequal health care access to urban and rural, rich and poor sections of Indian society.

Kewal Ram, an agent having fifteen years of experience as a medical practitioner, who sells allopathic medicines, is an instrumental character in the novel. Sharma immortalizes him as the backbone of UMP business in the Indian health care system. He plays an important role in establishing the clinics of Vaidya ji and Balak Ram. He teaches them about medicines and other tricks of the trade to establish in the medical business and helps Vaidyaji in the trade of Mix- Pathy He teaches Balak Ram to inject intravenous as well as muscular injections to patients. After relocation, initially Vaidya ji prescribed natural Ayurvedic herbs to his patients. After Kewal Ram's insistence, he shows hesitance, but after teaching the magical and simple formula of prescribing allopathic medicines without their knowledge by Kewal

Ram, he starts prescribing the allopathic medicines. Through the character of Kewal Ram, Sharma highlights the unethical practices of Pharma Companies mushrooming in India.

I'll give you forty percent commission on each medicine. Now you may book the order Vaidya ji.

Vaidya ji said- But I don't know the English language. ... (Sharma 20-21)

He teaches him to write numbers 1-25 and prescribe them as per numbers Medicine number 1 for cough.

Through the characters of Swami Giri Maharaj, Astrologer, and Pandit ji, Sharma focuses on the progress of Astrology on the mind and body of healing, The role of Astrological Medicine highlights the mushrooming of so-called astrologers dominating the rural and poor strata of society. Particularly the poor people do not pay to a qualified doctor, but they happily pay to the ignorant astrologer. One evening an astrologer's sudden visit along with a parrot, to Vaidya ji's place and other neighbours gathering and curiously asking the astrologer their future is very significant here.

...the astrologer asked Balak ram to take a card from the bundle seeing two pictures on the card - first that of an object of nature covered with snow and the second that of spring, the astrologer told him, 'Your days of poverty and agony will end, and you will enjoy prosperity soon with your hard labour..... Brother, why be so intimate with the Goddess Melancholia? (Sharma 28). He advises him to learn the art of laughing every morning. He compares the futility of overthinking with the image of layers of onion peeling. He advises him not to drink wine to escape sad events in life as it will further heighten his illness and will lead to more medication.

Later in the novel the G.S.E team members of Rotary Club from different countries on a trip to Haridwar and Rishikesh,

experience a thrilling experience of predictions made based on the influence of stars upon their daily life. Dr Preetilata invites a pandit even though the team members found him interesting. The Pandit started predictions by calculating stars of Nora Allen predicted publications in the 7th issue of international affairs, to Catherine he predicts about two sons, elder one will become Professor of science, and the younger one will be a world fame tennis player. Her old age will be the best period of her life as she will dedicate herself for the service of orphans. Likewise, the predictions are made for the whole team, and Preetilata pays a thousand rupees to Pandit ji, offers him tea and cookies and touches his feet as a form of respect.

The magical transformation of Ayurvedic centres in India has been beautifully described in the novel in the characterization of Vaidya Ji's transformation from a vaidya ji practicing only herbs and later growing as an allopathic practitioner without obtaining a medical degree and further expanding his clinic by installation of an X-ray machine and a pathology lab, with this getting his earning multiplied.

Balak Ram an orphan, poor, illiterate while in Lahore involved in selling ice – candy and keeping a bad company with Salim a pimp, who put Naini to prostitution, frequently visiting prostitutes. However, he rescues Naini from the Red Light Area in Lahore though a customer but helps her to escape prostitution. He accompanies Naini to Meerut. Balak Ram's magical transformation starts after shifting to Meerut from Lahore. On the way to Meerut, he becomes conscious of his illiteracy. Vaidyaji appears to him as his godfather, he appoints a tutor to teach Balak ram and employs him as his assistant. Balak Ram too finds great support from Vaidyaji. Astrologers too bless him with a bright future and prosperity. He takes delight in packing medicines at Vaidyaji's clinic and later develops his reading skills. Though he did not go to any medical college, neither holds a degree, yet with the help of Kewal Ram and Vaidyaji he starts his clinic in village

Hastinapur, Meerut. Balak Ram learns traits of medicinal practice from Vaidya Ji, 'He wrote each prescription in English and mentioned the disease as well as medicine number on the papers. Riddhima felt surprised when he prescribed Endorphins, Dopamine, Serotonin, Oxytocin, Chloroquine, etc. To the patients with full confidence.' (Sharma 38)

He was the only source of medical help so got enough patients. He gave intravenous as well as muscular injections. Balak Ram, prescribed medicines in English. Later he upgraded his clinic with an X-ray machine and other facilities. Appoints an X-ray technician, his wife Riddhima also helps him as a chemist, she runs the medical store.

Lahore has been depicted as a city of sin and splendour. The description of lack of medical facilities in rural India resonates throughout the novel. Before 1944 diseases like influenza, malaria, chickenpox etc. were severe causes of physical disorders and untimely death. T.B. almost killed its victims. Polio patients suffered numerous troubles throughout their life. Nobody thought of birth control at all. (Sharma 18)

The conventional medicine is practiced by the succeeding generations starting with Vaidyaji's granddaughters Kamya and Preetilata, her husband Dr. Nigam. Kamya becomes a successful Gynaecologist in Delhi after graduating from Maulana Azad Medical College, Delhi. Preetilata becomes an established surgeon and Dr. Nigam an ophthalmologist. The education system is deeply rooted in corruption, talent and merit do not count, huge donations, back door admissions, bribery, are universal. Sexual crimes on campus hurt women's aspirations. Why did a woman college student in Balasore, Odisha set herself on fire? Despite her attempts to apprise her college complaints committee about a professor who had been asking favours and there was pressure to withdraw the complaint. She had also gone to the police, but

no FIR had been registered. She had posted on X that if she didn't get justice, she would commit suicide. Finally, she poured petrol and committed suicide. This seems the most pitiful case of a death foretold. Except such a label belies the culpability of every person and every system that failed to both protect the 20-year-old and give her a rightful hearing. There are mandated POSH committees, strong laws against sexual harassment, polity wide speechifying for safe campuses. Yet, when women students complain, they meet with institutional stonewalling. Horrifying cases continue to wound in silos. Recently in Greater Noida, a second-year dental student committed suicide because she was bold enough to raise her voice against institutional harassment. Why are their complaints shrugged off as carelessly as in the Balasore case?

The journey of females in the medical profession is not so easy. Before becoming a reputed Gynaecologist, Kamya undergoes traumatic exploitation of Dr Agarwal. There are frequent cases of crime against women at the workplace, the harassment of females like Kamya must compromise their character by their senior professors or interns like R.G. Kar medical college Kolkata. Kamya the final year medical student too undergoes the same fate under Dr Agarwal; Head of Medicine in Maulana Azad Medical College denies her satisfactory report, later she pays the price to get the project report at the cost of losing her virginity. Through the character of Dr Agarwal, Sharma expresses his concern about the corruption of female exploitation in the medical profession. During internship Kamya is humiliated and dehumanized by Dr Agarwal who chides her and asks her to apologize to Dr Ravi Shekhar, her senior for prescribing Calpol 600 mg to patients. He tries his level best to spoil the career of Kamya, later when he is transferred to Jhansi Medical College as the principal, there are several complaints registered by medical female students against Dr Agarwal for exploiting them. Physicians like Dr Agarwal

become the cause of defamation of this noble profession. Another incident in the novel of Dr Nigam and a patient Noori from Afghanistan is the live example of sexual abuse with female patients by hospital staff. In the present times the medical profession is flourishing, more medical college AIIMS being opened, medical tourism patients coming for treatment from Pakistan, Nepal, Afghanistan, Bhutan, for treatment and surgeries. However, there are many unreported cases of patients being in compromising situations in the medical care.

Dr Agarwal on another hand has been presented as a victim of violent attacks on doctors by criminals; in Jhansi he is attacked by two criminals to issue a fake medical certificate on back date and shoots him on the spot. There are frequent incidents of targeting and attacking innocent doctors by fraudsters and criminals.

Through the older characters' suffering of chronic diseases like Madhu, the novelist also wants to highlight that there is no treatment available for older people for their chronic diseases in clinics of Vaidya ji or Balak Ram. Despite the reformative efforts of the Indian government providing health insurance, rebates in income tax there remains a wide gap between the haves and have-nots of our country. Private sector hospitals are out of the reach of poor people whereas the public health care due to mismanagement, poor infrastructure, still depends on quacks. On one hand India is providing a world class medical tourism to non-resident Indians and foreign nationals from UK, USA, for successful surgeries, on the other hand, the corruption at all levels is flourishing.

Methodology

The present study employs textual analysis of Vikas Sharma's novel with interdisciplinary and socio-critical issues including public health reports, characters' experiences of illnesses and real life sufferings due to inaccessible health facilities among underprivileged labourers. Magical realism has served as a narrative tool that exposes the

twilight realities of the Indian healthcare system. Government reports, newspaper reports of- UMPs, IMA, Ramdev, Pathy mixing, other inherent malpractices and controversies involved with health and life broadly drew the attention of the author to relate the ground reality with fiction.

The purpose of this paper is to critically examine the multifaceted maladies plaguing India's healthcare system through a literary and socio-psychological lens, drawing upon Vikas Sharma's novel *Medicine: Light in Twilight*. The paper is inspired by ground realities- domestic workers, drivers, labourers, construction workers, routinely rely on unqualified medical practitioners (UMPs), rising cases of violence against qualified doctors, corruption in medical admissions, unchecked treatment by chemists, these deeply embedded issues further magnified by media discourses and legal conflicts between Baba Ramdev and IMA. Sharma's novel deals with all these issues and exposes psychological trauma, suppressed voices, and gender inequalities that shape health choices in a fractured system. Based on a close reading of the novel, research papers on policy, and health system, newspaper reports, personal interactions with workers, have served as anecdotal evidence to supplement the textual reading.

Recently, the newspaper headlines after the declaration of the NEET UG Entrance exam 2025, result, became a centre of attention to aspiring parents, "a potter's son in Ghaziabad will be a doctor". A principal in Madhya Pradesh killed his 17-year-old daughter for poor performance in the NEET mock test. Student suicides in Kota's 'Coaching Factories' point to India's broken education system caught between unrealistic parental aspirations and inability to cope with academic pressure; students spiral into depression and sometimes commit suicides. This harsh reality of pressuring their children by doctor parents has been highlighted by the author in Dr. Nigam and Dr Preetilata's frustration after their kids

Vijay Kranti and Bharat Vinay fail to qualify NEET examination despite their best efforts.

From a postcolonial and socio-political perspective, the novel raises certain ethical questions-

Why do government agencies maintain silence? How systematic corruption permits illegal medical practices? What cultural beliefs enable quackery to flourish? The answer of these questions positions Vikas Sharma's novel as both a literary artifact and a social critique. The present study tends to be a multi-layered investigation blending Magical realism and medical humanism to expose the maladies of India's health care system.

To conclude, *Healers or Predators*, a book written by the doctors, highlights corruption and many different crises patients face every day. While patients have always trusted their doctors, this trust is now breaking down. The corruption has riddled India's healthcare system. The novel highlights that despite great strides that have been made in the scientific and medical field ensuring better living and health care in India, yet there remain great inequalities of urban and rural divide. The Covid-19 Pandemic, global interdependence of nations on health issues, is well known. The lack of access to inexpensive, effective, non- toxic medication for underprivileged and poor patients remains a dream to realize. The prevalence of corruption at all levels, the abuse of power by individuals, companies, organizations, institutions, for private gain, frauds are unethical but are embedded in all national and global health systems causing drainage of public health funds. In India corruption is observed at all levels- government, academics, and health professionals, mass media, patent organizations. The level and scale of corruption is proportionate to the level of finance involved. The sorry state of leading to critical facets of medical practice by unqualified medical practitioners in India involve a wide range of actors, including lawmakers, regulators, health

managers, and those who benefit from the UMPs that are many qualified doctors. The Health Ministry treats UMPs as illegal entities, and expects the states to implement stringent laws to eradicate illegal medical practices. Legislators, political executives, the central government all favour taking punitive action against quacks, but with little success. In relation to medicines, medical devices, corruption involving private companies by 'lobbying procedures and wrap'- donations, bribes, kick- backs, embezzlement, frauds remain the ground realities. Through his literary narrative, the novelist has aptly attempted the vital issues of health and healing.

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