

DEDICATION

This book is dedicated to
everyone who strives for improved health.

Who Should Read this Book and Why

And why this was book written

This book was written to help you navigate the often complex and confusing world of health care, medicine, and human interactions within this world and to empower you in a lifelong journey of good health and avoidance of disease.

It offers not only a contextual framework that is essential to understanding where we, as humans—equipped with the most amazing and resilient bodies—fit into the big picture of health, wellness, disease, and health care. This book chronicles my observations and experiences over 30 years in the medical field as a doctor, patient, and fellow human being.

As with most good books, there's a story behind this book...

Why this book was written

Thirty years in the field of medicine has allowed me to witness tremendous advances in medicine. Organ transplants are providing patients with a second chance at life. Mechanical devices such as total artificial hearts and heart-assist devices are helping people to live longer and enjoy an enhanced quality of life. Technology—from high-tech imaging devices to the da Vinci® robotic Surgery System—has created a new normal for how we assess and address disease. Improvements in treatment options for cancer are progressing at a rapid pace. Stem cell research is making tremendous strides.

One could easily claim that the most significant medical advancements have been made in the field of cardiology. Yet, heart disease is still the #1 killer in the world.

Something is still not right. Despite all the therapies and treatments that we have to offer patients, they still struggle with illness and disease. The negative aspects of the burden of disease continue to far outweigh the positive outcomes that patients experience. Patients and healthy people alike continue to be frustrated, unhappy, and confused as they struggle with issues related to health and where to turn for answers, advice, and guidance.

This dilemma has prompted me to ask myself the same questions over and over again: *Are we focusing on the wrong aspects of our health and wellness resources to accomplish our goals of improved health, quality of life, and long life?* And *What are we missing...?*

Here are a few of my personal observations that I believe that individual patients—you and me—need to be made aware of and empowered to address:

- Western medicine alone did not make anyone healthy.
- Eastern medicine alone did not make anyone healthy.
- Patients made themselves healthy or unhealthy.
- Disease did not start at the physical level. It started at a level deeper than the physical level, but manifested at the physical level.
- Patients did not have any control over their care when they became ill or got admitted to the hospital.
- What is best for the patient is not the interest of the collective health care system.
- Patients kept coming back for treatment for the same illnesses—even when they were receiving the best available treatment.
- Physicians did not heal patients...patients healed themselves.
- When patients became powerless, they lost their life.

There are only three players in this game. The patients, the physicians, and the framework of the system under which the care is provided. Physicians and the health care system are working hard to enhance their outcomes. Patients, on the other hand, are simply relying on “the system” for their health. Isn’t it time that patients and healthy people concerned with maintaining their health and wellness get empowered?

Who should read this book

This book was written for healthy people—as well as those who are struggling with illness or disease. It is a guide for people who are not ill and who want to maintain their good health.

Over the past three decades, I have observed three groups of people in the field of health, disease, and medicine. The first group is made up of those who are healthy, and who want to proactively maintain a healthy status. The second group consists of those who are ill but are helped, to some extent, by Western medicine. This group continues to struggle and is not optimizing all the resources that are available to them to improve their quality of life, both physically and mentally. The third group consists of those who are ill and for whom Western medicine is unable to offer robust therapy.

Whether you are among those who are proactively making health a priority in their lives or fighting the battle of your life against cancer or heart disease, this book was written for you. It is my intention to make readers aware of the multitude of choices we humans have in how we address health, wellness, and disease and empower them to make well-informed choices in their lives.

Why you should read this book

Schools do not teach us much about health or disease. Nor are we taught much about it at home, from parents or grandparents who may have faced

health challenges or fought illness or disease because *they* were never taught about health. And doctors do not really teach us about health and disease. Doctors simply tell us what to do and most often that doesn't happen until we're faced with disease or illness.

We learn to navigate health and disease as we go along without a proper understanding of the entire landscape...and we hope for the best. The experiences shared in this book as second opinions will assist you in building a framework within which you can successfully take control of your own health.

This book is not a prescription. It is not written for Western medical practitioners or Eastern medical practitioners. It is written for you... someone who is interested in taking control of his or her own health to live a rich, healthy, and happy life.

“A wise man should consider that health is the greatest of human blessings, and learn how by his own thought to derive benefit from his illnesses.”

—Hippocrates

The Rich Life Series of Books and The Rich Dad Company

because a **Rich Life**
is about **More than Money**

“Like those whom I teach, I am learning and growing, too. I recognize that finding true happiness means expanding beyond a mission of financial well-being to a mission of complete well-being: in health and wellness, spiritual awakening, philanthropy, and purpose. In essence, a Rich Life.”

– Robert Kiyosaki, author of
Rich Dad Poor Dad
in an excerpt from
I Am The Rich Dad Company

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Table of Contents

Who Should Read This Book—and Why	<i>vii</i>
Acknowledgments	<i>xv</i>
Foreword by Robert Kiyosaki	<i>xix</i>
Preface	<i>xxv</i>
Introduction	1
Friend or Foe?	7
Chapter One: Heart	25
Chapter Two: Liver	51
Chapter Three: Hypertension	75
Chapter Four: Stroke	99
Chapter Five: Kidney	123
Chapter Six: Obesity and Diabetes	149
Chapter Seven: Cancer	183
Chapter Eight: Lungs	211
Chapter Nine: The Power of You	237
Closing Thoughts	251
Heathcare... or Wealthcare by Robert Kiyosaki	257
Afterword	263
A Wish... a Goal... or a Plan?	265
About the Author	283
Glossary	285
End Notes and Citations	299

Foreword

by Robert Kiyosaki

A Second Opinion

My mom was a registered nurse. She had rheumatic fever while I was in her womb. One of the doctors went so far as to suggest an abortion, to save her life. They did not think her heart was strong enough to carry me through childbirth. I'm thankful that mom and dad refused.

I came into the world with a congenital birth defect, a murmur in my heart, due to my mom's rheumatic fever. The doctors suggested my mom and dad keep me out of strenuous sports. I'm glad my mom did not listen to our doctor's advice.

Although I was a bit weak, I began playing football and baseball at the age of seven and played through college. I captained my football team in high school and my rowing team at the Merchant Marine Academy. I also played rugby internationally, until in my mid 30s.

While I was in high school, I received two Congressional nominations, one to the U.S. Naval Academy at Annapolis in Maryland, and another to the U.S. Merchant Marine Academy, at Kings Point in New York.

Once again, I was told not to get my hopes up too high. My family doctor said, "If the medical examiner detects your heart defect, you won't get into either Academy."

I was flown from my little town of Hilo, Hawaii to Honolulu, and went through a three-day battery of tests at Tripler Army Hospital. Somehow, I got through the medical exams and was awarded an appointment to Kings Point. At the Academy, I continued to row and play varsity football, both extremely strenuous sports.

Upon graduation, in 1969, I volunteered for the U.S. Marine Corps and applied for pilot training. Again, I went through an intense round of medical exams and stress tests—the whole time expecting to be told that my heart defect would disqualify me. Although I crashed my helicopter three times while in Vietnam, my heart kept ticking, functioning perfectly, even under horrific fear, terror, and stress.

I returned to the states in 1973 and became an entrepreneur, another very stressful profession.

By 2005, I knew something was wrong. I could not fool myself, or the doctors, any longer. I was breathing okay, but my heart was struggling. I was 58 years old and all my weak points were becoming more evident.

Every cardiologist I consulted said the same thing: My heart was oversized. I had pushed it too hard. Something had to be done—and soon.

The problem was I did not like any of the cardiologists.

Eventually, I went to the “most respected, big-name” cardiologist in Phoenix. He was the worst. It was, by far, one of the worst medical experiences of my life. My wife Kim and I went into the waiting room at 8 a.m. and I did not see him until 6 p.m. It was a cold, inhumane 10 hours as I went through test after test, not talking with anyone. No one wanted to answer our questions. They were too busy.

Finally, the world famous doctor saw me for about 10 minutes. With Kim sitting next to me, and without a “hello” or a handshake, he said, “You are in trouble. Do not go home. I suggest you check yourself in tonight and I will operate in the morning.”

When Kim asked why, his message was simple and direct: “Your heart cannot take anymore stress. You are critical. You could collapse walking out the door.”

We felt like we were in the office of a used car salesman and his sales manager, pressuring us to “buy now.”

Assuming he had made the sale, the world-renowned cardiologist left the office and “the closer,” the business manager, came in. Again, without a “hello” or a handshake, this “closer” began by saying, “May I have your insurance card?”

While “the closer” was busy filling out the paperwork, Kim and I stepped out of the room and went home, never to return.

For about six months, I went from cardiologist to cardiologist, looking for someone I could talk to. While most were pleasant and (I assumed) competent, I found that most were cold, sterile, and too busy to give me much time. I went through test after test, racking up huge expenses, but not learning much.

Finally, I gave up and randomly chose a cardiologist who lived in San Francisco. I made my decision by looking at his pictures on his website. By this time, I did not care who did the surgery. I just wanted to get it over with.

As luck would have it, a friend from Pennsylvania who is a chiropractor was in Phoenix. When I told him of my decision, he got a bit hysterical. He could not believe I would let someone I did not know, did not trust, (and possibly would not like) operate on me. He kept mumbling about the importance of the relationship between patient and doctor. He kept saying, “You must be aligned spiritually and philosophically with your doctor.”

I had no idea what he was talking about. I asked him, “Why would I need to be spiritually and philosophically aligned to my doctor?”

Looking at me in disbelief, he said, “Because that is where healing takes place. Healing is not physical. Healing is spiritual—because health is spiritual. Health is life and God gives you life. Not doctors.” He went on to say: “You must give your spirit a chance to heal you. Your doctor may be a good person, but if he is not aligned with you spiritually, he could kill you.”

“Cancel San Francisco,” he demanded. “Give me some time to find a cardiologist who is aligned with you—spiritually, philosophically, and physically.” His search for the perfect cardiologist began.

This gave me time to reflect upon my mom and dad and their beliefs about doctors. I thought about their spiritual and philosophical beliefs about life, health, and healing.

My mom was a registered nurse, a surgical nurse, who spent most of her time in operating rooms. She grew to be distrustful of doctors. The longer she was a nurse, the more she searched for other answers, for second opinions outside of traditional medicine. Her search led her into alternative practices, chiropractors, naturopathic doctors, as well as spiritual healers. Obviously, she had to keep her personal beliefs to herself when she was on duty at the hospital.

My Second Opinion

As I waited for my chiropractor friend to find the perfect cardiologist for me, I had the time to examine my beliefs on health, medicine, life, and spirituality. The more I thought about it, the more I realized my friend was correct. We are all different. We all have different beliefs and it’s important to find doctors who are in alignment with our beliefs. That is where health and healing begins.

Finally my chiropractor friend called and said, “I’ve found him.”

“Where is he?” I asked.

“You won’t believe this,” he said. “I called my friend in London and asked for his recommendation on the best cardiologist in the world. I told him that you would go anywhere. My friend in London laughed and said, “You won’t believe this. The best cardiologist in the world trained with me in London—and just moved to Phoenix.”

And that’s how I met Dr. Radha Gopalan.

I walked into his office in Phoenix and the bond was instantaneous. It was like old souls meeting. And I knew I had found my doctor.

Radha has become a great friend and advisor on more than health. His views on the spirit, healing, and vital energy have changed my life for the better. When we talk, we start with spiritual health, long before we discuss physical health.

He is an advisor to my Rich Dad Advisors, often speaking to us about the power of spirit, life...and then health. He is our advisor because health and wealth are closely related. Both are spiritual.

My mom passed away in 1971. Her heart finally gave out. She was only 48 years old.

I know her greatest joy, her greatest happiness came from giving her children life. I have three younger brothers and sisters, all healthy, and all thankful for our lives knowing that she risked hers for us.

This may sound corny to some people, but I believe it was her spirit that guided me to Radha, a healer who would save my life, spiritually as well as physically.

Who is Dr. Radha Gopalan?

It was not until after my surgery and recovery that I got to know Radha. We became very good friends as he began teaching me the Eastern medicine side of health. Although I am Asian and of Japanese ancestry, the learning process has not been easy. Being fourth generation American, much of my Asian culture has been lost.

Radha succeeded in teaching me to meditate. It was not easy. I have a hard time meditating. My mind won't shut off. Teaching me Yoga was also difficult. My body is no longer Asian. I grew up playing football. I was a six-foot-tall, 235-pound lineman in high school. My body is not flexible. I have no "moves." I only know how to block and run—so holding Yoga poses was more painful than playing football.

As Radha worked with me as a teacher and as I learned more about him as a person, I began to realize he was no ordinary doctor. He has come a very long way from a tiny village in Sri Lanka, a journey he describes in this book.

Today, Radha's position as a heart transplant cardiologist puts him in a unique position amongst other doctors. Whenever a patient requires organ transplant surgery—be it a heart, liver, kidney, lungs, or bone marrow transplant—the patient's doctor comes to Dr. Gopalan for a second opinion. It is up to Radha to decide if the other doctor's patient is a viable candidate for organ transplant surgery. In other words: Is the patient worthy of such a gift, a viable candidate for a miracle of modern medicine? It is much like lawyers, going before a judge, seeking the judge's opinion on behalf of their client.

From his unique position, Radha has viewed the world of medicine, doctors, patients, disease, and health...all filtered through a mind trained in the disciplines of both Eastern and Western medical philosophies. It is his opinion—as a *second opinion*—that often determines the life or death of another doctor's patient.

After getting to know Dr. Gopalan, first as a doctor and then as a friend, I encouraged him to write this book and tell us what he sees, what he knows, what he thinks about when he counsels and treats patients and consults with other doctors—as both an Eastern and Western doctor—before he offers his second opinion. I wanted him to share with you, as he has with me, his experience and insights and his belief that we—ourselves—have power to influence our health and wellness.

This book is not for Western or Eastern doctors. This book is for people like you and me, ordinary people who simply want to enjoy the blessings of better health.

Preface

S*econd Opinion* is the first of several books I will write, books that are a result of a lifetime of experiences—as a human being, a doctor, and a patient. My study of medicine, both Eastern and Western, has taken me to cities around the world in pursuit of experience, education, and a deeper understanding of the human condition related to health, wellness, and disease.

As a cardiologist and medical consultant who evaluates transplant candidates for every type of organ transplant surgery imaginable, I have been exposed to many and varied medical situations. Situations in which a person's life hangs in the balance. And while medicine, both Eastern and Western, plays a role in how a person's life unfolds, I have become more and more certain with each passing year that our You Power, the power that each of us possesses that enables us to direct and impact every facet of our lives, is an untapped resource. And, quite possibly, our most powerful resource in winning the game of good health and long life.

My story began in Sri Lanka, a small island country off the southern coast of India, and my early exposure to various traditions and philosophies shaped not only the man I became, but challenged my inquisitive mind and triggered a lifelong search for knowledge and answers.

My Story

Sri Lanka

When I was growing up in Sri Lanka, every Saturday was a day of the oil bath. It was also a day for a special meal. Like any child, after five days of school, I always looked forward to the weekend. But my exhilaration at

the prospect of the special meal was diminished by the dislike I had for the oil bath.

Going through the process for the oil bath was unpleasant. The entire oil bath process took about two to three hours to complete. In addition, there was a waiting period of one to two hours after the oil was applied and before the bath was taken. There was nothing to do during this time, other than wait patiently for the time to pass. Fortunately, the oil bath carried another aspect that I grew to love—even though I did not like it at that time. It was massage as part of the process of applying the oil. Even today, massage is a part of my wellness regimen.

I grew up on a tiny island off of the northern tip of Sri Lanka in the tradition of Ayurveda, as it was practiced at that time. Ayurveda is a system of traditional Hindu medicine native to the Indian subcontinent and many of the Ayurveda traditions are the foundations for alternative medicine. And while my thinking and lifestyle changed as I moved West, my experience with the Ayurveda teaching and practices provided the foundation for my understanding of the Eastern medical philosophy. Growing up in Ayurvedic tradition provided the depth of understanding to recognize significant differences between Eastern and Western medicine and would color, forever, how I would view health, wellness, and health care.

My first memory of the Saturday rituals goes back to age six. A local medicine man, we called him “Konnun” (not a medical doctor, although there were medical doctors in the village), came to our house once a week on Saturdays for the sole purpose of giving me an olive oil massage. That was the most pleasant part of the day. The massage was followed by the application of sesame oil to my head, waiting for an hour or two for the oils to soak into my body, and then exfoliating my skin. A drop of sesame oil was also applied to each eye, which resulted in profound tearing—a process my mother called cleansing of the eyes and tear ducts to ensure eye health and proper vision. Traditional soap, although available, was not used for cleansing the skin of the oils.

By the time the bath was finished, our freshly cooked lunch would be ready. We were non-vegetarians. Fresh seafood delivered daily in the island village was a staple at mealtime. But Saturdays and Sundays were different, with either chicken or lamb prepared as a special meal. This special Saturday meal of chicken or lamb was the second pleasant event of the day and one that I always looked forward to. The meal was followed by a short afternoon siesta and then play time with friends in the village.

I was, however, prohibited from playing strenuous games, as proper rest to rebalance my body's energy was emphasized after the massage and oil bath. The siesta and play was the third pleasant event of the day. The day would end with dinner and early bedtime.

Almost every month, one weekend was reserved for bowel cleansing. An Ayurvedic concoction that was so bitter (I used to throw up most of the time!) was ingested in the morning on an empty stomach. The rest of the day was spent fasting and only hot, black tea was consumed. The concoction induced diarrhea or bowel purging throughout the day. The lost fluid was replaced with only hot tea and water. No solid food was allowed that day until the diarrhea had subsided, which was usually close to dinnertime.

In another cleaning ritual, hydrogen peroxide was used to clean both ears every few weeks. This was a very pleasant activity as the peroxide bubbled up in the ear, and created a nice tingling sensation that I looked forward to. A Neti pot—a ceramic or plastic pot that looks like a cross between a small teapot and Aladdin's magic lamp and invokes the Ayurvedic traditions—is used to clean the nostrils and open the sinuses. I never used a Neti pot as a child because I hated the thought of putting water up my nostrils.

Although I was introduced to Yoga at the age of nine, I did not begin regular practice until I was 17 years old. As a child I was more involved in athletics and sports like track and field, soccer, and cricket. At 17, I was introduced to the autobiography of Mahatma Gandhi. His self

experiments with regard to health, wellness, non-violence, and the Yogic way of life inspired me to take up Yoga again. Yoga and Yogic breathing are meant to invigorate the lungs and the musculoskeletal system. But, more importantly, it's useful as a way to unite the body and mind. I joined an Ashram to learn Hatha Yoga and meditation. During the process, I was exposed to mindfulness, Hinduism, and Ayurvedic life in great depth and detail. Yoga and meditation became part of my life and in 2001 I became a certified Yoga teacher. Through the practice and study of Yoga, I was able to develop a method that I call "dynamic stillness." It is a two-step process. First is an ability to quiet the mind while everything else around you is chaotic. In other words, you are internally still in dynamic world surroundings. Taking this further in a second step, you maintain this stillness of your mind even when you, yourself, are actively involved in doing some task like cleaning, walking, running, or eating.

Life in Sri Lanka was simple and close to nature. Our family raised cows, goats, and chickens in the backyard. All the milk that was consumed by our family came from our own animals that fed on green grass and hay. The chicken (for Saturdays!) and the daily eggs came from our own free-range flock of chickens. Fruit was abundant. There were fruit trees everywhere! Orange, lime, banana, mango, papaya, pomegranate, and coconut trees flourished in our backyard and provided a wide variety of fresh fruit for the family. Other vegetables and fruits were bought from other villagers who raised them. Rice, our staple food, came from our own paddy fields where the grain was harvested, chemical-free, twice a year. My grandparents lived with us and were cared for by the family. I grew up with a comforting sense of community, where everyone shared food and essential household items and practiced faith on a regular basis.

Wholesome organic foods, regular exercise in the form of daily activity, eating smaller quantities of meat, eating less in general, reveling in a sense of community and belonging, afternoon siestas, and taking care of parents and grandparents were all part of the way of life during my early years in Sri Lanka.

At the first sign of illness, or even when someone was just feeling “under the weather,” we were ordered to rest. Resting was a way to conserve vital energy and concentrate the energy on overcoming the offending energy or agent—even if the “offender” is unknown. Even a fever was treated with rest, plenty of warm fluids, and fasting or consumption of only light foods. The overarching idea, in this case, was to avoid spending vital energy on digesting heavy food. Only when the illness persisted was medical advice sought.

Persistence is interpreted as the offending energy or agent being either equally powerful or more powerful than the body’s internal healing vital energy and its ability to overcome the offending energy or agent.

My parents relied upon their judgment in recognizing and treating the state of transition from health to ill health.

I played a lot of soccer as a child, and I played barefoot. Every time I sprained my ankle playing soccer, Konnun would come to the house and I would get an Ayurvedic paste applied around my ankle that would immobilize the joint and absorb the swelling. I’m sure I sprained my ankles at least 15 times during my childhood! And not a single time did I go to the hospital for treatment.

On the other hand, I did go to the hospital for other serious febrile illnesses that did *not* get better with the traditional efforts. It was as if people inherently knew what modality, what type of treatment, to seek. The important point is that my parents never ignored symptoms or the transition from health to ill health. They recognized the subtle changes and sought medical advice—either from a traditional practitioner if the changes were subtle or a medical doctor when they felt the vital energy was being overwhelmed by the adverse energy. They knew how to combine Eastern and Western medical therapies either through explicit knowledge or intuition.

Which brings me to an interesting point...

In my current practice, patients and colleagues alike constantly ask me: Is it possible to combine East and West medicines?

There is a notion that Eastern and Western medicines are mutually exclusive. They are not.

They simply target *different aspects* of the same problem. They are like two sides of a same coin. This book will explore in detail innovative and key aspects of health and wellness from both philosophies.

It was a staggering realization to learn that people in developed countries have paid as much as \$4,000 (U.S.) to spend a weekend learning the principles of the way of life that I just described—and lived...for the first 27 years of my life. In an underdeveloped country like Sri Lanka, these principles are lived daily and the traditions and practices are handed down from generation to generation. The villagers are happy to teach anyone their traditions—even strangers, free of charge. And while I have moved on from the ways of life of my childhood and rural Sri Lanka, I have preserved and utilized most of these principles as alternative points of view.

At that young age, I admired Konnun and wondered how he preformed the magic of making me feel better...how he knew what would “do the trick” related to treatment and healing. The reason was simple: I wanted to know it myself. Whenever I got the chance I would spend time at his practice and watch him treat people. Little did I know at that time that he did not make anybody feel better. It was their own bodies—those magical, miraculous healing machines—that had the capacity to heal themselves. Later, at age nine, the idea of wanting to become a physician had galvanized in my mind after meeting my uncle who was an ear, nose, and throat (ENT) surgeon in Singapore. Since then, my intention was steadily focused on becoming a physician. I continued with the traditional, Ayurvedic wellness-oriented way of living until my attention was forced to

focus on the *science of disease*...and that happened when I entered medical school.

My medical education in Sri Lanka, started in 1984, but was abruptly cut short after three years when the universities closed due to the civil unrest. When that door closed, another door opened: I was given an opportunity to spend the next two years at an Acupuncture institute to become an Acupuncturist. I first learned the Chinese philosophy and techniques of Acupuncture and then taught Acupuncture as an instructor at that institute.

In January of 1990, I left Sri Lanka to complete my medical education and over the next three years I studied in London, New York, and Grenada in the West Indies. By that time, I had spent nine years as a medical student in four different countries and had been exposed to not only Western medicine but also to Ayurveda, Homeopathy, Spinal Manipulation, Herbal Remedies, and Acupuncture. And although born into the Hindu religion, during these nine years, I also had the opportunity to learn about Buddhism, Buddhist meditation, and Christianity as part of CCC's (Campus Crusade for Christianity) Bible study group with one of my closest friends.

As a result of these experiences and exposure I began to see a disturbing pattern emerge. It did not matter whether I was in the Far East (Sri Lanka), Europe and the United Kingdom (London), the West Indies (Grenada), or North America (New York)—nor did it matter whether Eastern or Western medicine was prescribed to a patient...the pattern I saw was consistent. ***Almost all patients kept coming back to the hospitals or to the practitioners with the same, recurrent problems.*** Age, race, religious faith... made no difference. It seemed as though this was a universal “truth” and I struggled with how this could happen—and why.

If medicine worked, I told myself, patients should *not* keep coming back for treatment of recurrent problems. And these experiences pointed

to a problem that transcended religion, race, culture, geographic location—and medicine.

There are only two groups of players in this game: The patients and the physicians who use medicine as the tool. Either the medicine did not do something right or the patient did not do something right.

It had to be one or the other. This thought, this conundrum, nagged at me throughout my training and motivated me to keenly observe my patients throughout my career.

The United Kingdom

London is where I was able to build a bridge between what I understood about wellness from Eastern philosophies and what I understood about diseases from Western medical school. While in medical school, I chose to do part of my clinical rotations in the United Kingdom and part in the United States. After completing these clinical rotations, I had six months left before my graduation. I went back to London.

My intention of spending a few months in London extended into a total of two years of internship with my good friend Dr. Ravi Ponniah, an alternative medicine practitioner. I had met Ravi in Sri Lanka at the Acupuncture university where he visited each year to lecture on the subjects of Iridology (analysis of the iris to identify weaknesses related to one's health) and homeopathy. He practiced Iridology, Acupuncture, Homeopathy, Herbal medicine, and Osteopathic manipulation.

While working as an acupuncturist at Ravi's clinic, I was exposed to two groups of patients. Both groups of patients were frustrated with the health system in the UK. The first group of patients was frustrated with the absence of natural treatments to maintain health in their health system. These patients had no disease but wanted to proactively maintain their health and wellness. The second group was frustrated with the absence of treatments to cure their diseases in their health system. This second group

of patients was told by Western medical practitioners that there was no cure, in Western medicine, for their illness.

As I watched the second group of patients go through the treatments, I noticed changes in them and an evolution—not only with regard to their illnesses, but also who they were. I saw that they were becoming happier people. Their illness got better, even though it may not have been cured completely. They became more adept at managing and finding a new equilibrium in their lives. The first group of people (those who had no disease) articulated that they were able to better manage their life stressors and maintain their equilibrium and happiness. This proactive effort, they told me, helped them to achieve the best performance they could in their daily life. Most of the patients in the first group were professionals, artists, performance artists, musicians, and dancers.

The notion of equilibrium as the cornerstone of health—a concept I learned from Acupuncture philosophy—became a living reality in those patients. Both groups of patients referred to improved equilibrium: The first group related to better maintenance of the equilibrium they had already achieved with Eastern modalities and the second group in finding a new equilibrium during an illness with the use of Eastern modalities.

I inherently knew that there was *another* group of patients—a group in between the two sets I just described. I had just finished observing this third group of patients in the hospitals during my training as a medical student. This third group of patients had diseases for which Western medicine was able to offer a treatment to help with the symptoms of their illness, prescribe medications, and give recommendations to prevent recurrence. Western medicine helped this third group of patients to get rid of the symptoms by treating the disease, but did not help to establish or strengthen their equilibrium by treating them as people. Finally, I understood that Eastern and Western modalities were *not* opposed...but were simply two sides of the same coin.

Both Eastern and Western disciplines help people move to a state of equilibrium. Western medicine by suppressing the disease, and Eastern medicine by enhancing the body's natural ability to expel the disease. What Western medicine lacks, Eastern medicine offers, and what is lacking in Eastern medicine is completed by Western medicine.

The first group of patients, like my parents, knew what modality (Eastern or Western) to use and when. The second group of patients had no choice but to seek alternative forms of therapy, since Western medicine did not offer any answers. The third group—those in the middle who had an illness or disease and were helped by the Western medicine—continued to suffer from illness because they were not given the tools to find equilibrium.

Ravi suggested that I stay in London and establish a practice in alternative and complementary medicine. His suggestion did not align with my plans and I proceeded to United States to complete the residency training in medicine. At that time I did not fully understand why I wanted to continue my training in Western medicine. Later I came to realize that I was puzzled by the three sets of patients and what my work with them taught me.

I particularly wanted to explore that third group of patients, the group that the Western medicine treatments were able to help. I later realized my reason for this: These patients kept coming back to the physicians with recurrence or continued worsening of their illness. I knew, instinctively, that there was a reason for this.

The United States

I went on to finish my residency in Internal Medicine in New Jersey, followed by a sub-specialty fellowship in Cardiology and two additional sub-sub specialty fellowships in Philadelphia, one in cardiac electrophysiology (heart rhythm disorders) and the other in advanced heart failure and heart transplant. I would practice medicine as a heart transplant cardiologist.

In 2005, I became the director of a heart transplant program and was feeling on top of the world. I had finally reached the pinnacle of my career. That feeling lasted only about 18 months. One fine morning, at the age of 44, I had a heart attack.

A heart attack! How could that be? I grew up in Ayurvedic tradition, exercised regularly, practiced Yoga, followed the same healthy and nutrient-rich diet that I advise to my patients, and had taken homeopathic treatments and Acupuncture treatments for general well-being. I knew what there was to know—about health, wellness, and medicine. And did what needed to be done to prevent an event like a heart attack. I was the specialist in heart attacks and knew virtually everything there was to know about the heart. Yet, I failed miserably—related to *my own* health—while diligently practicing the very things I recommend to my patients.

This triggered a troubling thought: If practicing what I advise my patients did not help me, it probably would not help them either. Why did none of this knowledge and education and experience help *me*? What went wrong?

This life-changing event and my search for answers led me to a fundamental realization: **Having the knowledge and medical experience does not appear to be enough to prevent the development of disease or its recurrence.**

Reflecting on these facts—while laying in a hospital bed in 2006, post-heart attack—revealed the last piece of the puzzle. I finally had some answers to why patients kept coming back with recurrent illness despite being diagnosed and treated with excellent medical therapies. It was at that point that I learned a very important lesson with regard to health and illness.

All along I had concentrated on what I have to do to prevent illness and that was what I advised my patients on a daily basis. But *doing* is not the answer. There is, I discovered, an additional layer to this spectrum:

We become ill not because of what we do or don't do, but because of who we are.

That day I told myself, *It is not what I must do, it is who I must be.*

Years later, I came to the realization that this principle not only applies to health. It can also be applied to success in any aspect of life—career, sports, finances, relationships, and spirituality. This revelation created a new problem: understanding ourselves.

It is difficult to change our self—our being—without understanding the matrix and components of what, precisely, we want to change. I spent the next few years observing and analyzing the components of internal and external human interaction to construct a simplified version of a human interaction matrix that can be easily adapted by anyone.

Five years after I embarked on this path, in 2012, I was introduced to Dr. Robert S. Elliott's work by two of my transplant coordinators. My discussions with them about human health and illness made them think of Dr. Elliott, whom they had worked with in Phoenix, Arizona. As I became more aware of Dr. Elliott's work and read his book, *Is It Worth Dying For?*, I was relieved to find that my independent revelation after my heart attack was not far from his research-based conclusions. The extensive research he had done related to stress and cardiovascular disease lead him to a conclusion similar to mine. In the Introduction of *Is It Worth Dying For?* he writes: "I know now that it's not what you do but *how you do* that counts."

I personally believe that this concept should be taken to the next level and the active emphasis should be placed on *being* rather than on *doing*. In fact, it is expressed in a simplified manner by my good friend Robert Kiyosaki in his financial books as "Be-Do-Have." *Being* leads to *doing* the right things and how you do them, which in turn leads to *having* what you intended to have. So... if the intention is to have a disease, then the same Be-Do-Have pathway will lead to having disease.

It is my belief that we are responsible for—and create or perpetuate—our own illness.

At a time when we can claim tremendous advances in medical technology, availability of new treatments, and improved health care delivery systems the burden of disease continues to increase. Breakthroughs and advances in medicine and technology have definitely impacted the horizon in making people with diseases live longer lives. However, it appears that these outside interventions have not improved the incidence or burden of disease. Despite the wide availability of medical tools and treatments, patients are not only getting ill more frequently but they are also suffering recurrences of either the same illness or developing a new illness.

This compels us to take a look at the person who is afflicted by the disease. As Hippocrates stated centuries ago: *“I would rather know what sort of person has disease than know what sort of disease a person has.”*

What follows in this book does just that. It explores ways to understand the *person* in addition to understanding the disease and ways to combine both aspects to achieve better results in maintaining wellness.

This book is titled *Second Opinion*—and it is precisely that. *Second Opinion* represents an additional layer of insights based on patient observations, personal experience, and knowledge of both Eastern and Western health principles.

This book is not a prescription. The information provided will give a framework for understanding and adopting easy-to-understand principles that can enhance your health if you are already healthy or minimize the impact of ill health if you are already ill. This book combines both Eastern and Western medical principles seamlessly, and can be understood and applied whether your feet are firmly planted on the side of East or West... or somewhere in between. More importantly, it provides the contextual framework that is required for you to embark on the journey of who you

have to be to achieve health, rather than continually focusing on what you must do.

Take heart: *The fundamental change that occurs when you alter your being will invariably lead to the doing that is required.*

Introduction

Every one of us knows that *disease* is bad and *being healthy* is good. We also know that disease inflicts pain—physically or emotionally—and reduces our chance of a long life. Without exception, all the patients I have seen during my 30 years as a doctor are afraid of dying. They were afraid because their chances of living a little bit longer were rapidly diminishing.

Are you not afraid of dying? Most of us are. And none of us think about dying until a disease is upon us and threatens our very existence.

When we *think* we are healthy, we don't think about the fact that disease may be just around the corner. Disease is something that happens to someone else—but not to us.

Patients who told me that they were not afraid of dying were not being true to themselves; they were in denial that death was imminent. What they were subliminally expressing was that they were either tired of fighting disease or didn't know how to fight it. They felt powerless over disease. They did not feel that the medical world—of which I am part—helped them. They just did not have the energy for the fight. **They had given up on living, because the desire to live is what gives the energy for the fight.**

You fail when you give up or hand over the power over health and disease to someone else. In the process of living and dying, you fail when you hand over the entire power over your life to physicians. I lost my brother to kidney disease because he had given over all of his power to the

world of Western medicine—and then gave up on his life when Western medicine did not help him.

Many of you may be thinking, *How can he make these statements? He's a doctor, not a patient, or someone on the brink of death.* Let me tell you my real story.

By the year 2006, at age 44, I had reached a very significant milestone in my career. I was the director of a heart transplant program at a well-respected medical facility. I was feeling on top of the world. Until October 11, 2006, that is. On that eventful day my life changed.

It was 7:00 in the morning, and I was running on a treadmill. I felt a slight discomfort in my chest. I stopped and thought for a few minutes about what it could be. Being a cardiologist, I was aware that discomfort from the heart—called *angina pectoris*—is usually brought on by exertion and is relieved by rest. It is also exacerbated by more exercise. I decided to test this...and continued to exercise. The discomfort went away. The first occurrence of angina is labeled *unstable angina*, indicating that it can progress to a heart attack. It can also wax and wane. Likewise, continued angina without exertion for more than 20 to 30 minutes is also called *unstable angina*, since this can also indicate a possible heart attack. The discomfort came back when I was taking a shower and continued at a relatively low intensity—about a 2 on a scale of 1 to 10, with 0 representing no pain and 10 as the worst pain one has ever experienced.

Since there was no change in the intensity of pain with exertion, I decided to go to work and test myself at the office. This seemed reasonable, since my “office” was a hospital.

The first order of business was to rule out a heart attack. After four hours of continued chest pain, I did an ECG, an Electrocardiogram, which captures the electrical activity of the heart and enables biomedical doctors to diagnose a heart attack or insufficient blood supply to the heart. I also did a blood test to determine if I was, in fact, having a heart attack.

Both tests turned out to be negative. I continued to work through the day with pain that stayed at an intensity of 2 to 3 out of 10.

It wasn't long before fear set in. Not wanting to go home without a diagnosis, I went down to the Emergency Room at about 4:00 pm and talked to the physician about my symptoms. He and I agreed that it did not appear to be angina. We also wanted to rule out acid reflux. I swallowed viscous Lidocaine and waited in the Emergency Room to learn the results. If my condition was acid reflux, then the viscous Lidocaine should have relieved the pain within minutes of swallowing it. But the pain remained!

I admitted myself to the Emergency Room. The tests were repeated and the results were positive for a small heart attack. The on-call cardiologist (a colleague of mine) was not convinced that it was a true heart attack, considering my age. I was 44. He was also factoring in my physical capacity, endurance, and lack of significant predisposing factors. He wanted to monitor the situation until the next morning to see how the condition evolved without any aggressive intervention.

I insisted on an immediate cardiac catheterization, an invasive procedure involving catheters that are placed through a main artery in the groin and advanced to the heart where dye is injected into the blood vessels that supply blood to my heart, to see if there is a blockage. A blocked artery means a heart attack.

The catheterization revealed that one of the three blood vessels to my heart was completely blocked, cutting off the blood supply to the bottom part of my heart. The blood vessel was reopened and two metal tubes were placed inside to hold it open.

I learned a very important lesson that day on life and death, and health and disease...all within a 60-second period while I was in the Emergency Room. As I was lying in bed in the ER, I started having hiccups. I looked up at the heart monitor above my head and saw my heart beating abnormally. It was what I, in my job as a cardiologist, would call an abnormal rhythm. *An abnormal rhythm that precedes sudden death.* It

started as a single beat and progressed to two to three beats at a time. Then it became five to seven beats, continuously. As a cardiologist, I knew what was next. This situation was an impending cardiac arrest. And that meant running a code (advanced cardiac support efforts) to resuscitate a dying person.

I have run advanced cardiac life support efforts on patients during my professional life. An irrefutable fact about advanced cardiac life support efforts is that no matter how hard you try, some patients die. There are no guarantees.

At that moment, I realized that I was staring at possible death—with no guarantee of a positive outcome of even the most valiant and skilled efforts that the Emergency Room personnel would perform on me.

My meditative mind transcended to a level where I realized that, at that moment, I was alone. And that *I alone* could guarantee the outcome of this situation. My future—my *life*—was up to me. I knew, with absolute certainty, that I could not turn my life over to the Emergency Room personnel.

I closed my eyes, ignored the outside world, went into a meditative state, focused on my heart, and started a silent communication with my deeper being. I channeled all my being to my heart and flooded the heart with it. I transcended to an unknown plane and allowed my *vital energy* (the energy of my true being) to take over the situation. As I was meditating through this process, my hiccups began to reduce in frequency and then slowly disappeared. I gently came out of my meditative state and looked up at the heart monitor. With few exceptions, the abnormal heartbeats had ceased. I was humbled.

I am an expert in heart attacks. I am a Western medical physician. I am also an Eastern medical physician and already knew about both medicines. I have been a practitioner of Yoga and meditation since the age of 17. I have practiced what Western medicine taught me, what Eastern medicine taught me—and yet I had a heart attack at a young age.

What came to my rescue while I was staring at death was my *true being*, the unknown level within myself. I realized that nothing and no one, except *me*, could alter the course of my life. And the ability to reach out to my true being at the unknown level was possible through skills I learned from the Eastern tradition of Yoga.

Doing what is recommended by either of the medical disciplines did not help me stop a heart attack. However, the ability to transcend to a deeper level within myself through meditation did help me to avert a potential cardiac arrest.

My colleagues will argue that this conclusion is not statistically sound. I am not aware of any statistics that guarantee—100 percent—a successful outcome. Through this process, I came to know that **in health and disease, it is not what we do, but who we must be.**

Every single day since then, after a day's work of interacting with patients at the hospital, I walk home heavy-hearted and dissatisfied. Deep down I know that I have not helped any of my patients to the extent to which I *could* help. I have only suggested interventions from the Western medical world, which is only 30 percent of the story—and by no means the complete story. I know that Eastern medical thoughts and disciplines are effective in treating patients, but I am not at liberty to recommend these modalities. Even if I was able to do that, Eastern medicine adds only another 30 percent to the story. The other 30 percent comes from you—you yourself and your 'being'. It is what I call You Power. The last 10 percent is left to chance...the unknown. This percentage is my personal formulation and is hypothetical, based upon my observations, intended to provide a degree of clarity with regard to the contribution of Eastern medicine, Western medicine, and our You Power in our health.

My efforts during the past few years in trying to combine Eastern and Western medicine into the current health care system have been less successful than I had hoped, because Western medicine is either not interested in it or afraid of it. But one thing I know: The unwillingness

or inability to combine Eastern and Western disciplines is actually hurting us.

So I have decided to bring what I know directly to you, the health care consumer—because YOU are the most important person in this game. This book is the first in a series of books in which I will share what I know about health, disease, Western medicine, and Eastern medicine. I hope these books will allow you to take your health and your life to a higher level and enjoy control over your health—and your life—that you may never have imagined possible.