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## Medical Realism and Rashid Khalifa's Coma in Salman Rushdie's *Luka and the Fire of Life*

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### Abstract

This article explores the representation of Rashid Khalifa's coma in Salman Rushdie's *Luka and the Fire of Life* (2010) through the lens of medical realism, situating it within the broader framework of magical realism. It examines a paradoxical intersection of medical rationalism and mythic imagination in human condition. The narrative centers on a moment in which Rashid Khalifa falls into a deep sleep, resembling coma. Doctors who attend Rashid embody the limitations of conventional medical practice: managing only a drip, monitoring heartbeat, and providing little or no narrative or diagnostic clarity. It reveals the constraints of conventional medicine and the absence of narrative understanding. Rashid receives minimal medical intervention but later revives through Luka's 'Fire of Life.' Rashid's final revival through the magical Fire of Life dramatizes the tension between clinical science and mythopoetic imagination. Drawing on Rita Charon's principles of narrative medicine, this article argues that Rushdie covertly critiques the lack of narrative competence in medical encounters and highlights the therapeutic worth of the story. The references to coma, altered consciousness, and post-recovery dream resonate with medical literature on disorders of consciousness and near-death experiences. Integrating insights primarily from Allan H. Ropper's concept of neurology, Rita Charon's concept of narrative medicine, and Lois Parkinson Zamora and Wendy B. Faris's idea of magical realism, this article reveals how the novel constructs a hybrid discourse that questions and expands the limits of medical realism, situated under magical realism.

**Keywords:** Clinical medicine, impaired consciousness, medical humanities, narrative medicine, near death experiences

### Introduction: Literature at the Limits of Clinical Medicine

The intersection of literature and medical science has emerged as a fertile ground for critical discourse, especially in the field of medical humanities. Rita Felski argues that literary scholars take

the practice of close reading as a defining trait of their community (qtd. in Charon et al. 158). Rita Charon also sees the need of the same sort of "close reading as an inspiration and method for respectful and effective healthcare" (159). Charon mentions patients' complaints that doctors "don't listen to them" and explores how narrative medicine aims at improving careful and useful listening in clinical settings, enabling the patients and their families to communicate their health condition to doctors through their stories (158). Salman Rushdie's *Luka and the Fire of Life*, though seemingly a children's novel, engages deeply with questions of mortality and the possibility of revival beyond the limits of scientific explanation, foregrounding Rashid Khalifa's comatose state as a narrative site for healing and meaning.

The thrust of the novel lies in Luka's quest for rescuing his father Rashid Khalifa who falls into a mysterious coma-like sleep. On one starry night, Khalifa sits on a chair with impaired consciousness, arousing suspicion and shock to his two sons Haroun and Luka, and his wife Soraya. This episode in literature resonates with the activities in medical realism. The attending doctors simply manage a drip as a life support mechanism as Khalifa can neither eat nor drink. They fail to realize the "urgent practical necessity" of "unresponsive and comatose patients" to "protect the brain against irreversible damage," and "be prepared to implement prompt action" (Ropper et al. 361). They provide only minimal intervention, establishing a sharp contrast between the insufficiency of clinical medicine and the powerful, restorative capacity of Luka's mythic journey. The role of the doctors who attend Khalifa with impaired consciousness raises questions of narrative medicine as articulated by Rita Charon. She voices for the physicians' serious engagement with patients' stories, emotions and experiences to complement their clinical expertise. Khalifa's unconscious state and his post-revival account of his dream invite dialogue with contemporary near-death experience (NDE) literature. This article aims to provide an interdisciplinary reading of Khalifa's coma by positioning it at the crossroads of medical science and literary imagination hooked to magical realism. Christopher Warnes sees the term magical realism as "an oxymoron" designating "a narrative strategy that stretches or ruptures altogether the boundaries of reality" (Preface), reviewing the idea of "what is natural and what is supernatural" (2) in a literary text. The doctors' inability to treat Khalifa's comatose state leaves Luka with no option but to go on a journey from the natural world to the supernatural world to save his perishing father.

In *Luka and the Fire of Life*, Khalifa's coma functions as a pivotal narrative site through which the novel negotiates both magical realism and medical realism. And medical realism is foregrounded in this article. This article attempts to address the question: In what ways does Rashid Khalifa's comatose state in *Luka and the Fire of Life* reveal the narrative limitations of clinical medicine and hint at the therapeutic value of storytelling? This article is limited to a close reading of the primary text to analyze Rashid Khalifa's state of impaired consciousness through the lens of magical realism, and primarily, through the perspective of medical realism. The article draws on the concept of coma, near-death experience, and narrative medicine, but the analysis remains interpretive and literary rather than clinical or empirical.

## Literature Review

Salman Rushdie's *Luka and the Fire of Life* is usually taken as a companion to his earlier novel *Haroun and the Sea of Stories*, keeping children in view as their implied readers. It begins in a recognizably real world where no one, including doctors, can do anything to revive Rashid Khalifa who has recently fallen into a comatose state. It blends myth, fable and modern-day video game logic to narrate the quest of its young protagonist, Luka, who goes on a journey to steal the Fire of Life from a land of fantasy to bring his father Rashid Khalifa back to life from the comatose state where even medical science fails to explain with clarity. The attending doctors are unable to provide a satisfactory explanation for or clear diagnosis of Khalifa's comatose state. The doctors inform, "they don't know what is wrong with him" hinting at the limitation of medical science (20). They simply offer the unconscious patient purely custodial care. Khalifa is kept alive through a drip. The seamless

connection of the real world with a magical world is a defining characteristic of magical realism, which the novel is mostly known for and praised.

Scholars have examined *Luka and the Fire of Life* from different perspectives before or after its first publication in November 2010. In its pre-publication review, Kirkus Reviews covertly unfolds a Muslim legal order known as fatwa (authors' emphasis) issued on Rushdie on 14 February 1989 by Ayatollah Khomeini, analogizing Khalifa's prolonged silence with Rushdie's required silence to save his life. Acknowledging the book as a "celebration of storytelling," Kirkus Reviews takes regards it as Rushdie's attempt "to be writing about his own enforced slumber" (para. 3). Alex Clark reviews the novel as a story of a twelve-year-old boy, Luka, who "embarks on a daredevil mission to the World of Magic, determined to return with the Fire of Life itself and thereby reinvigorate his father" (para. 3). Frank Cottrell Boyce, with some reservations to structural issues as he feels that video game metaphor is underexploited, praises wordplay and wit in the novel: "Discussing how rat communities govern themselves, Luka asks 'Who chooses the Over-Rat?' He chooses himself. 'It's known as being Over-Rat-ed.' Luka's Mother's dislike of games consoles (sic) makes her 'in-console-able'. Maybe this is brilliant wordplay; maybe it's like being pelted with Haribo" (np). Thus, several pre-publication reviews of the book had aroused a sense of deep curiosity among the readers across the world, pointing out Rushdie's heightened imagination, traits of magical realism and the potentials of allegory.

Rushdie's interview with Anis Shivani reveals how *Luka and the Fire of Life* leans toward magical realism, describing the novel's setting as a world "where you go into a total make-believe" (230). Shivani detects that the novel brings new taste to readers, noting that "Rushdie comes full circle in some ways with *Luka and the Fire of Life* (2010), another children's fable appealing to adult tastes and a sequel to Haroun and the Sea of Stories" (228). Magical realism blurs the boundaries between fantasy and reality as Luka embarks on a mysterious journey through a magical world to obtain the Fire of Life and save his father. Rushdie, in the interview, explains: "Now it is the turn of Luka—Haroun's younger brother—to undertake a perilous journey to the magic world to save his father, Rashid Khalifa, from the clutches of those who would silence the storyteller" (228). Nuurzahirah Ali and Aimillia Mohd Ramli explore the reasons behind Rushdie's use of magical realism, arguing that a child reader "draws upon similarities between his real-life problems and the predicaments faced by fantastical characters of his readings" (124). The inclusion of magic helps children confront challenges in their life allowing them to "repress his emotions and project them onto the tales' fictional characters" (Ali 124). Such engagement enables readers to experience a range of emotional and existential realities beyond their own.

Likewise, Megan L. Musgrave highlights the engagement with video game, observing that "Rushdie argues that video games have the potential not only to bridge the generation gap, but also to develop problem-solving skills and civic engagement among children" (239). Video gaming, for Luka, is interesting and inspirational engagement. As he progresses through each level, he acquires new skills, and ideas: "As Luka progresses through the levels of the game, acquiring friends and a magic carpet that help him in his pursuit of the Fire of Life, he discovers that this world is populated by virtually all of the deities ever worshipped by human cultures" (Musgrave 247). Luka's encounters with magical creatures and objects, such as the flying carpet, symbolize how imagination and learned strategy guide him toward his ultimate quest of recovering the Fire of Life, reflecting the cognitive and moral lessons he has acquired from gaming. For Meenakshi Bharat, the theme of fear plays a significant role in a child's life, and it becomes the basis for the buildup of suspense of the unknown future. Luka's confrontation with Nobodaddy represents an extension of fear that grows up with his father's unconscious state as his meeting with Nobodaddy is his distancing from his father.

The novel, with its enriched imagination, draws on world mythologies, magical realism and the technique of story-telling itself. Maggie Ann Bowers notes magic realism as an artistic work that captures "the mystery of life behind the surface reality," that stands as "an expression of the mixture of realist and magical views of life," and that includes "magical happenings in a realist matter-of-fact narrative" (2). In *Luka and the Fire of Life*, Rushdie draws on an extensive range of mythological sources from across the globe, and fuses them with contemporary social references, chiefly video

games. The representations of magical beings like gods, spirits, and shapeshifters alongside Luka, a modern-day boy, establish the coexistence of the mythical with the ordinary. The alteration of Khalifa's comatose state with the Fire of Life, which Luka has stolen from the world of magic, hints at the secret of life behind the superficial reality.

Khalifa continues to remain a celebrated storyteller in the city of Kahani from Rushdie's earlier novel *Haroun and the Sea of Stories* despite sharp criticism from people who do not like him. When Khalifa gradually enters a comatose state through impaired consciousness, the attending doctors can provide little clarity about the diagnosis and the medical treatment needed. Rushdie leaves the Khalifa family in a state of confusion, forcing them to seek "magical happenings in a realist matter-of-fact narrative" (Bower 2). The novel, despite its fantastical settings, addresses a serious issue in the real human world: a child's fear of losing his father. Rushdie presents fantastical creatures and magical landscapes as seemingly natural extensions of Luka's journey, blurring the boundaries between real world and magical world. By presenting the magical as normal, Rushdie situates the novel resolutely within the tradition of magic realism while giving it a noticeably postmodern and playful twist.

### **Theoretical Framework**

While *Luka and the Fire of Life* has been extensively examined from the perspective of magical realism, the issue of medical realism has remained underexplored or almost unexplored. There is little critical consideration given to the novel as a site for medical humanities discourse. This disregard leaves unexplored the novel's rich intersections with medical science, predominantly neurology, and its critique of medical practice in the hands of ineffective doctors. This article aims to depart from prior thoughts and reflections on the novel by foregrounding the medical humanities lens. In addition to reading Khalifa's coma as a magical motif, the scrutiny mainly situates it within the framework of medical realism, engaging with narrative medicine, neurological understanding of coma, and near-death-experience studies. Rita Charon, Benedetta Cecconi et al., Bruce Greyson et al., and Allan H. Ropper et al. are the principal authors whose ideas and views have been exploited for the medical scrutiny of the novel.

The article examines Khalifa's impaired consciousness from the medical perspective; considers the attending doctors' attempts at treatment; and interprets his post-revival dream as a part of near-death-experience, thereby highlighting the possible intersections between medical science and literature.

### **Khalifa's Coma: Mythical Imagination, Medical Perspectives and Narrative Meanings**

Rashid Khalifa's comatose state and subsequent revival in *Luka and the Fire of Life* function as an example of what Lois Parkinson Zamora and Wendy B. Faris regard as a defining impulse of magical realism: the coexistence of the rational and the marvelous realms with no hierarchical privileging of either. Zamora and Faris argue that texts of magical realism permit supernatural events to occur in an otherwise recognizable reality. The connection and interdependence of these two worlds in a magical realist text is viewed as "a text's departure from realism rather than its reengagement of it" (15). In texts of magical realism, realism and mythic imagination are interwoven in such a way that magical elements are not abruptly imposed upon realism but evolve organically from it. In *Luka and the Fire of Life*, Khalifa appears to be seated on a chair as he fails to join the other people on a starry night. Khalifa expresses his difficulty in going out as: "I feel heavy," and "I am being pulled down toward the ground" (18). Khalifa sits immobilized on a chair, and he is apparently neither dead nor alive. Rushdie portrays Khalifa's state as falling "asleep with a smile on his face, a banana in his hand, and a twinkle on his brow" (19). Khalifa's prolonged sleep and revival through the Fire of Life align with what Zamora and Faris call an "irreducible element" of "magic, something we cannot explain according to the laws of the universe as we know them" (167). To allow supernatural events to unfold in seemingly realist world, Rushdie equips Luka with the knowledge that "the world was not always what it seemed to be" (23). Rashid's post-revival dream narrative

reinforces the mythic imagination. His recollection of wandering on a strange land while unconscious exactly tallies with Luka's journey to acquire the Fire of Life. Dream is not merely a neurological residue, but an authoritative way of claiming that mythical imagination is an alternative mode of knowing something, including the unknowable.

By employing a qualitative, interdisciplinary methodology grounded in textual analysis, this section examines Khalifa's state of impaired consciousness through the theoretical framework that draws on neurology, narrative medicine, and near-death-experience studies. Cecconi et al. observes three states of consciousness concerning neurophysiological findings: "physiological (sleep), pharmacological (anesthesia), and pathological (disorders of consciousness)" (1). Khalifa begins to gradually lose his consciousness as he feels heavy: "My legs feel like coal sacks and my arms feel like logs. It must be that gravity has somehow increased in my vicinity, because I am being pulled down towards the ground" (18). Soon Luka observes his father Khalifa falling "asleep with a smile on his face, a banana in his hand and a twinkle on his brow" (19). Rashid's state gets bad to worse as he "did not wake up the next morning. Instead, he slept on, snoring softly, with a sweet smile on his lips. He slept all morning, and then all afternoon, and then all night again, and so it went on, morning after morning, afternoon after afternoon, night after night" (Rushdie 19). Thus, Rushdie hints at the uncertainty not only in the life of Khalifa but also Luka's expected role to save his dying father.

Khalifa seems to have lost his "ability to produce a verbal or otherwise behavioral report of the subject's own conscious experience" (Cecconi et al.2) when Rushdie describes his wife Soraya's efforts to wake him up: "she tickled him on the soles of his feet, shook him violently by the shoulders, and as a last resort shouted at the top of her voice into his ear. He let out an approving 'mmm' and his smile broadened a little, but he did not awaken" (19). The impact of having his father "in the grip of the Big Sleep" upon Luka is so shocking that he feels that the world is "coming to an end" (20). Doctors do not know what is "wrong with him" simply observing "He's just sleeping, and they can't say why" (20-21). The only treatment Khalifa receives is "drip into his arm" to provide him the needed nourishment as he "isn't eating or drinking" (21). Though the family members of the Khalifa family regard Khalifa's state as physiological (sleep), doctors' efforts should have been directed to pathological (disorders of consciousness). From a neurological point of view, Khalifa's state aligns with what medical science describes as prolonged disorder of consciousness. In Adams and Victor's *Principles of Neurology*, Ropper et al. claims that a person in profound disorder of consciousness state is in "minimally conscious state, wherein the patient is capable of some rudimentary behavior such as following a simple command, gesturing, or producing single words or brief phrases," (366). Rashid's utterance of phrases like "I feel heavy" (18) and "a sweet smile on his lips" (19) indicate that he is in a state of disorder of consciousness.

The attending doctors should have adopted or recommended for "Neurophysiological techniques" such as "positron emission tomography (PET), functional magnetic resonance imaging (fMRI), and electroencephalography (EEG)" to "measure brain activity in the study of the NCC" (Cecconi et al. 4). The doctors should have made every possible effort "to arrive at a diagnosis by artful integration of clinical data with laboratory procedures" (Ropper et al. 13) instead of giving up the case. The doctors' inability to realize the "urgent practical necessity" of "unresponsive and comatose patients" to "protect the brain against irreversible damage," and "be prepared to implement prompt action" (Ropper et al. 361) reveals the limitations of medical science. What happens with Khalifa's comatose state sometimes resonates with usual course of medical treatment in the normal world. Thus, Rushdie covertly critiques the limitations of medical science or the negligence of medical practitioners.

Khalifa's prolonged comatose state and eventual revival offers fertile ground for examining the episode through the lens of near-death experience (NDE). Raymond Moody introduces a concern that entices and confuses the people: what happens at the point of death. Beginning his book with the question "What is it like to die?" (7), he explains how traditional understanding of death as a sudden, final moment has been contested by modern medical technology, which has witnessed the possibility of the revival of the patients who would have been considered dead. Having the common belief that

talking about death is difficult, he offers two reasons for it: psychological and cultural, and linguistic. He elaborates the ideas as:

One of them is primarily psychological and cultural: The subject of death is taboo . . . to be in contact with death in any way, even indirectly, somehow confronts us with the prospect of our own deaths, draws our own deaths closer and makes them more real and thinkable. . . . The second reason it is difficult to discuss death is more complicated, as it is rooted in the very nature of language itself. . . . Death, though, is something which lies beyond the conscious experience of most of us because most of us have never been through it. (7-8)

Despite complexities, medical science has seen the possibility of recording the experiences of people who have reported to have come back to normal life following their confronts with (the prospects of) death. The mystery of death beyond the consciousness poses a profound challenge to doctors and family members, questioning what it really means to die.

The possibility of revival from death extends the discourse of medical realism in the novel, as Luka is informed by his elder brother Haroun—who accompanies doctors to see unconscious Khalifa—that their father “is just sleeping” (Rushdie 20). And Luka has a hope that “He’s going to wake up” (8). But regrading Rashid’s health, the journalists brought out the news story with titles such as “No More Blather from the Shah of Blah,” hinting at his death. Later Khalifa revives proving the news false. He recounts a dream in which Luka went away to some distant place and returned. When Khalifa awakens from his comatose state, he recounts to Luka that he had the “strangest dream” (212) in which Luka went “adventuring in the World of Magic” (212). He mentions his minute observations of precise images “Elephant Birds, and Respecto-Rats, and a real, honest-to-goodness Flying Carpet, . . . a Fire Thief and stealing the Fire of Life” (212). Luka replies that his father “should know already” about his adventure as he tells his father “You were right there with me all the time, advising me and filling me in, and I’d have been lost without you” (213). Noticing the object around Luka’s neck, his father expresses his concern and curiosity, asking him “could that thing hanging from your neck in fact be an actual Ott Pot”—the one that Luka had stolen from the World of Magic (213). The symmetry between Luka’s journey into the World of Magic and Khalifa’s dream suggests a joint perception or spiritual connection that goes beyond physical boundaries. From the perspective of medical humanities, Khalifa’s dream represents not simply imagination but a phenomenon parallel to near-death experience (NDE), as explored in clinical neurology and consciousness research.

Khalifa’s post revival narrative argues that he has had a unique experience that medical science labels near-death experience (NDE). Moody’s curiosity about post-death status resonates with Khalifa’s journey into the World of Magic. NDEs often occur when people are clinically near death or in a comatose state, but later report vivid, structured, emotionally charged story of what they had sensed while out of this physical world. Rashid’s lucid recall and coherent reporting correspond to NDE survivors’ reports. Near-death experiences are believed to vividly remember their experiences during comatose state, suggesting cognitive activity beyond observable neurology. Recent research on residual consciousness suggests that comatose patients may experience rich cerebral activity, though unmeasurable by standard neurological instruments. Khalifa’s dream can be interpreted as a subjective awareness episode during impaired consciousness, paralleling recorded NDE phenomenology.

Rashid’s post-revival dream narrative provides a testimonial element akin to NDE case studies. Charlotte Martial offers the NDE-C scale to highlight some phenomenal items that near-death experiences usually have. Martial observes NDEs as the experiences “experienced in life-threatening conditions involving a disconnection from the environment, thereby corresponding to a state of disconnected consciousness” (2). The dimensions of NDE content include ‘Beyond the usual,’ ‘Harmony,’ ‘Insight,’ ‘Border,’ and ‘Gateway.’ The narrative emphasizes a mysterious and prolonged sleep, a liminal state, where Rashid’s connection with the earthly world is cut off, suggesting an existential void. Rashid’s post-revival narrative highlights his experiences beyond the usual physical senses. Khalifa’s impaired consciousness is perceived by family and doctors as near-death, which corroborates with his recount of his dream that Luka went to the World of Magic. The

Magical World includes gateways, trials, and barriers, which Luka, accompanied by his father as Nobody, undergoes through. Though Khalifa does not seem to decide to return from the World of Magic, his revival-return to life- is a deliberate one because Luka tells his father, "It felt like you were right there with me all the time, advising me and filling me in, and I'd have been lost without you" (213). This indicates that Rushdie's depiction is not just fantasy or magic for its own sake: it shares core phenomenological content with real near-death narratives. That in turn buttresses a reading of Rashid's comatose state is not just a mythically but experientially granting literary weight to what medical research considers the core dimensions of NDEs. However, the authors acknowledge certain limitations in treating Rashid's dream as a form of medical phenomenology, distinct from mythical outlook. The dream might not correspond one-to-one with clinical NDE phenomenology.

Narrative medicine takes an interdisciplinary approach to healthcare, emphasizing the stories shared by patients and clinicians to promote health outcomes. Rita Charon defines narrative medicine as "medicine practiced with the narrative competencies to recognize, absorb, interpret, and be moved by the stories of illness" (261). Charon believes that sick people and their caregivers become "obligatory story-tellers and story-listeners" (261). Establishing narrative medicine as a framework for combining storytelling, close reading, and reflective recording into medical education and practice, Charon et. al. write, "Narrative medicine began as a rigorous intellectual and clinical discipline to fortify healthcare with the capacity to skillfully receive the accounts persons give of themselves— to recognize, absorb, interpret, and be moved to action by the stories of others" (1). Charon et. al. consider narrative medicine as an intellectual and clinical field of study in which listening to patients' stories enhances medical practices. Rushdie transforms a medical crisis into a mythic quest. Khalifa's comatose state and his post-revival narrative reveals that storytelling revives both body and spirit—his health recovery and his narrative of Luka's journey to obtain the Fire of Life.

Charon et al. claim that medical treatment cannot merely be reduced to diagnosis and prescription. It should include attentive listening, ethical engagement, and emotional sense. Through storytelling, both patients and doctors find meaning in illness and healing. They argue that doctors should understand that healing begins not with the prescription pad but with attention. The attending doctors' diagnosis that they do not know what is wrong with Khalifa and the treatment of putting "a drip into his arms" (Rushdie 21) indicate the lack of narrative competence as well as certain limitations of medical sciences. In Charon's views, the attending doctor is not merely a diagnostician but a listener, interpreter, and a collaborator in the story of patients or their visitors. But the attending doctors' limited role foregrounds the tension between medical and narrative ways of knowing. Doctors' description of Khalifa's coma state in detached terms "If he doesn't wake up . . . his muscles will deteriorate and his whole body, too, and then . . ." (21) exposes certain limitations of allopathic medicine as observed by Rashid's family members in the novel and as suggested by Charon.

Charon's model can be used as a valuable lens for understanding how storytelling functions as a mode of healing and connection in the present study. It foregrounds an instrumental character Haroun, Luka's older brother, to report the attending doctors' voice to Luka who embarks on a fantastical journey to revive his father, Rashid—the Shah of Blah—from a mysterious coma. Luka's journey to the World of Magic to retrieve the Fire of Life rekindles the story teller's vitality and the value of narrative. The doctors fail to comprehend the inner reality of Rashid's experience—his dream world, in which Luka undertakes a quest to revive him. The incident hints at the parameters of conventional medicine – the doctors can monitor Khalifa's pulse and brain activity, but they cannot take heed to the story that unfolds within his consciousness. The doctors completely fail to attend to the meaning of the famous storyteller's silence. Human beings are more than biological organisms studied by science—they are social and emotional beings, as philosophers and novelists have long recognized. Physician Charles Odegaard writes, "The physician who is educated to see his patient as only a collection of interrelated tissues and organs is not seeing his patient whole; and, except as he may be aided fortuitously by untutored intuition, he will not be able to deal with his patient's health in all its aspects" (qtd in Charon, 69-70). Without the guidance of deeper understanding or empathy,

such a doctor cannot truly address all dimensions of the patient's health. The doctors who attend Rashid in coma belong to this category.

Rashid's illness deprives him of speech, but Luka remains attuned to his father's silent presence. Luka hears what is unsaid—the emotional and existential dimensions of his father's suffering—and translates them into narrative action. Luka's journey symbolizes the act of empathetic attention: he listens to the unspoken story of his father's suffering, translating it into action within the magical realm. Just as narrative medicine urges doctors to listen to patients' experiences beyond symptoms, Luka learns to hear the meaning in his father's condition through imagination and love. The act of reviving Khalifa through Luka's adventure represents the power of connection – what Charon calls affiliation. Charon sees 'attention' as "the state of heightened focus and commitment that a listener can donate to a teller— a patient" (3). Luka's love, courage, and storytelling bind father and son together across the boundaries of physical world and consciousness. Khalifa's recovery is not merely medical but relational: healing occurs through empathy and narrative solidarity.

### **Conclusion: Intersection of Medicine and Myth**

The study shows that *Luka and the Fire of Life* stages Rashid Khalifa's comatose state as a point of convergence between medical realism and magical realism to reveal the narrative dimensions of healing and consciousness. Diagnostic uncertainty, minimal intervention, and the absence of narrative explanation mark the aspects of medical realism in the novel. The attending doctors can run the body engine but cannot interpret Rashid's state of impaired consciousness. Narrative medicine identifies this clinical silence as a failure of narrative competence, where the patient's experience remains remote in biomedical discourse. The novel's magical realist mode comes into operation exactly at the point when medical realism reaches its explanatory limits. Luka has no option except going on a mythic journey to obtain the Fire of Life to save his father as the attending doctors cannot explain the situation. At the same time, Khalifa's post-revival dream works as a narrative residue of consciousness. The intersection of medical realism and magical realism constructs a hybrid narrative sense in which healing is demonstrated to be both physiological and interpretive. Clinical care has scientific limitations while marvelous realism supplies the narrative structures through which consciousness, memory, and meaning are revived. This intersection shows that healing cannot be reduced as a means of repairing biological organs but must also involve narrative consolidation. Thus, this study shows that *Luka and the Fire of Life* critiques the limitations of clinical medicine while affirming storytelling as a mode of understanding consciousness on the brink of death.

### **Works Cited**

- Bowers, Maggie Ann. *Magic(al) Realism*. Routledge, 2004.
- Boyce, Frank Cottrell. *Luka and the Fire of Life* by Salman Rushdie. *The Independent*, 15 Oct. 2010, [www.independent.co.uk/arts-entertainment/books/reviews/luka-and-the-fire-of-life-by-salman-rushdie-2106728.html](http://www.independent.co.uk/arts-entertainment/books/reviews/luka-and-the-fire-of-life-by-salman-rushdie-2106728.html). Accessed 25 September 2025.
- Cecconi, Benedetta, et. al. "Neural Correlates of Consciousness." *Coma and Disorders of Consciousness*. 3rd ed., edited by Caroline Schnakers and Steven Laureys, Springer, 2018, pp. 1–16.
- Charon, Rita. "Narrative Medicine: Attention, Representation, Affiliation." *Narrative*, vol. 13, no. 3, Oct. 2005, pp. 261–70. Ohio State University Press, [www.jstor.org/stable/20079651](http://www.jstor.org/stable/20079651)
- Charon, Rita, et al. *The Principles and Practice of Narrative Medicine*. Oxford UP, 2017.
- Clark, Alex. *Luka and the Fire of Life* by Salman Rushdie. *The Guardian*, 16 Oct. 2010, [www.theguardian.com/books/2010/oct/16/luka-fire-life-salman-rushdie](http://www.theguardian.com/books/2010/oct/16/luka-fire-life-salman-rushdie). Accessed 25 September 2025
- Fritz, Pauline, et al. "Near-Death Experiences: What Do We Know?" *Coma and Disorders of Consciousness*, 3rd ed., edited by Caroline Schnakers and Steven Laureys, Springer, 2023, pp. 287–311.

- Greyson, Bruce, et al. "Explanatory Models for Near-Death Experiences." *The Handbook of Near-Death Experiences: Thirty Years of Investigation*, edited by Janice Miner Holden, Bruce Greyson, and Debbie James, Praeger, 2009, pp. 213–34.
- Holden, Janice Miner, et al. "The Field of Near-Death Studies: Past, Present, and Future." *The Handbook of Near-Death Experiences: Thirty Years of Investigation*, edited by Janice Miner Holden, Bruce Greyson, and Debbie James, Praeger, 2009, pp. 1-16.
- . "Veridical Perception in Near-Death Experiences." *The Handbook of Near-Death Experiences: Thirty Years of Investigation*, edited by Janice Miner Holden, Bruce Greyson, and Debbie James, Praeger, 2009, pp. 185–212.
- Kirkus Reviews. *Luka and the Fire of Life* by Salman Rushdie-Review. *Kirkus Reviews*, 1 Aug. 2010, [www.kirkusreviews.com/book-reviews/salman-rushdie/luka-and-fire-life/](http://www.kirkusreviews.com/book-reviews/salman-rushdie/luka-and-fire-life/). Accessed 25 September 2025
- Martial, Charlotte, et al. "The Near-Death Experience Content (NDE-C) Scale: Development and Psychometric Validation." *Consciousness and Cognition*, vol. 86, 2020. Elsevier, doi:10.1016/j.concog.2020.103049.
- Moody, Jr., Raymond A., *Life after Life and Reflections on Life after Life*. Guideposts, 1975.
- Musgrave, Megan L. "Gaming as Civic Engagement in Salman Rushdie's *Luka and the Fire of Life*." *Children's Literature Association Quarterly*, vol. 40, no. 3, Fall 2015, pp. 238–56. <https://doi.org/10.1353/chq.2015.0032>
- Ropper, Allan H., et al. *Adams and Victor's Principles of Neurology*. 12th ed., McGraw-Hill Education, 2023.
- Rushdie, Salman. *Luka and the Fire of Life*. Random House, 2011.
- Shivani, Anis, and Salman Rushdie. "'Look at the World as It Is': An Interview with Sir Salman Rushdie." *The Georgia Review*, vol. 66, no. 2, 2012, pp. 222–50. *JSTOR*, <http://www.jstor.org/stable/23268124>. Accessed 23 Aug. 2025
- Warnes, Christopher. *Magical Realism and the Postcolonial Novel: Between Faith and Irreverence*. Palgrave Macmillan, 2009.
- Zamora, Lois Parkinson, and Wendy B. Faris, editors. *Magical Realism: Theory, History, Community*. Duke UP, 1995.
- Zingrone, Nancy L., and Carlos S. Alvarado. "Pleasurable Western Adult Near-Death Experiences: Features, Circumstances, and Incidence." *The Handbook of Near-Death Experiences: Thirty Years of Investigation*, edited by Janice Miner Holden, Bruce Greyson, and Debbie James, Praeger, 2009, pp. 17–40.

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