

Medicine in the 90s

EDGES

VOLUME 2, NUMBER 2

NEW PLANETARY PATTERNS

REBALANCING MEDICAL PRACTICE

Dean Black, Ph.D

HEALTH CARE IN A BOX — Abidjan

Kenneth Gilbert, M.D.

VIBRATIONAL MEDICINE

Richard Gerber, M.D.

THE WISE WOMAN TRADITION

Susun Weed

OVERTONES OF HEALTH

Don Campbell



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FEATURES

6 **Rebalancing Medical Practice**

Dean Black

There's more to medicine than what the doctor orders. Dr. Black strikes a new balance between restoring and replacing body functions.

14 **Vibrational Medicine**

Richard Gerber

Dozens of new – and old – therapies are showing up on the medical scene. Can they be trusted? Richard Gerber tells why they are an integral part of the 90s.

11 **Health Care in a Box**

Ken Gilbert

How can western medicine help African villages? Dr. Gilbert has loads of first-hand experience in both the possibilities and the limitations.

20 **The Wise Woman Tradition**

Susun Weed

Well over 90 per cent of all health care is practised in the invisible tradition of the wise woman. How has this been devalued and how can we recover it?

SPECIAL ARTICLES

19 **Therapeutic Laughter**

Richard Lederer

31 **Overtones of Health – An Interview with Don Campbell**

Ronnie Seagren

29 **Traditional Medicine of Mexico**

Doña Vicenta Villalba

34 **Foundation Stones in the Mud**

Jean Smith

REVIEWS

44 **Health at the Crossroads**

Brian Stanfield

44 **Creative Communion**

Brenda Walsh

45 **Movie: Some Girls**

Robin Van Doren

REGULARS

2 **Editorial**

3 **Musings**

36 **On the Edge** *Margaret Legg*

46 **Planetary Crossword** *Sheighlah Hickey*

This edition of *Edges* is dedicated to those who face pain or even death. Medical practitioners in the West are under enormous financial and moral pressure to move beyond the "keep them alive at all costs" mentality. But they can't do it alone. Our understanding of what is possible and available in the 90s and of the different perspectives on medical systems is important.

Cover: a computer-generated graphic of Canadian swimmer Anne Ottenbrite just after she won a gold medal at the 1984 Los Angeles Olympics. Design/production by Ilona Staples.

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EDITORIAL

A long time ago a doctor poked me a little here and there, looked and listened to me through some devices, took some samples, then told me that I was as healthy as a trout. I figured I had only two options, healthy or sick.

Much more recently my closest friend started showing debilitating symptoms that no doctor could diagnose. It finally turned out to be DDT in the system left over from our insect-killing days in India. I now recognize that "health" is a much more relative state of being. Since we cannot isolate ourselves totally from the environment, and since the environment is taking such a beating, I suppose that none of us are actually in perfect operating order.

But wait! I still feel as healthy as a trout. Or do I?

In the 90s more and more people will be looking for ways to fine tune themselves. Since medical science responds mainly to acute illnesses or accidents thousands of people are searching for and finding other methods of diagnosis and of fine tuning.

In this issue of *Edges* Dean Black brings us up to date on the controversy between western and non-western medical approaches. Richard Gerber gives us the imagery of vibrational medicine and Susun Weed takes us back to the oldest of the healing arts practitioners. Dr. Ken Gilbert gives us a glimpse of what is happening with western medicine in African villages. Don Campbell shares some of his edge research into sound and healing.

Every person who has some acute condition faces difficult survival questions. The rest of us have the fortunate luxury of spending more time examining our alternatives both in the long and short term. We hope that you will refer to this issue often as you think about your own good health.

Many of you will receive a readership survey from *Edges* this quarter. Our preliminary research shows that you read the current issue for 52 minutes, read back issues for over 2 hours, and share your *Edges* with 1.2 people besides yourself. We very much appreciate your accurate responses to the survey.

Now, as Mr. Spock of Star Trek would say,
"Live long and prosper."

Bill Staples

Restrategizing Education

I thought readers of the June 1989 issue of *Edges* on "The Heart of Learning" might be interested to hear of the following venture.

A group of educators has been meeting in New York City for several months. The group includes teachers, professors, corporation trainers, a university co-founder, a programs liaison person at a hospital – about thirty women in all. The questions being raised in the group are about projects in various stages of implementation. The question is not whether or not these projects will continue, but rather how they can be framed as a strategy which can actually transform education.

The contradiction in education today, as we perceived it, is not so much the context of education (answering the question, "What is an educated human being?"), but rather in the education system itself: the bureaucratic systems which are holding on to a way of education that falls way short of preparing people to respond to the planet today. Instead of educating world citizens, it educates employees of an industry. Instead of educating sensitive responsive humans, it educates people to enter careers dependent on meeting irrelevant standards. Teachers with new ideas or a sense of vocational commitment get burned out fast by the depersonalized routines of the system and its politics. There is no way to refresh, renew, restrategize. In addition, the reimagining of education that is needed in order for education to change requires a public consensus which is an education job in itself.

We are proposing an inclusive strategy to change the way education is done during the next 20 years. The implementation process involves a core group of covenanted educators creating a movement of participants in a style of consensus-building leadership. It involves developing a story inclusive of the many strategies for education. The public's image of education will change by delivering messages of the new reality: it is a direct saturation of the environment. Summer opportunities will provide renewal and be a time of restrategizing for the coming year. Participation by "the system" will build momentum, get teachers involved, deal

directly with the public education institutions.

Consultancies will provide financial self-support for the core group and be the research foundation for the actual transformation process. Next steps include continuing the present dialogue, researching the most sustainable legal form, selecting an advisory board, and finding seed money.

Judi White
New York, USA.

Thomas Berry

This is a long overdue note of appreciation for *Edges*. Everyone I know who is familiar with your magazine treats it with deep respect. Perhaps someday it will be possible for you to feature some of the work by Fr. Thomas Berry whose book, *The Dream of the Earth*, provides foundational material for the new frames of reference within which our emerging stories and myths will be fashioned.

David Reese
Chicago, USA

Compelling

Edges is the first magazine to compel me to share with its readers some of my deepest insights in a poem.

Going Forward Backwards

Pressure squeezes its steamy image
resembling tears through human rock
the anguish of a broken winged
newborn
lifting its heavy heart
just long enough to ask how to mend
without the power to heal
without the strength to accept
without the courage to try
streams of confined hurt
seep through the crevices of the soul
winding, whistling, wandering
up through beyond
the structure that once was
languishing in the dreams of others
chasing rainbows that are faded fancies
raising barriers that trap the mind and
brace the heart
wearing smiles and dimples that Renoir
created
sampling the life that is not
bearing, believing, besieging
resembling tears through human rock
pressure squeezes its steamy image
Lucy La Grassa
Toronto, Canada

Dog-eared Pages

As I re-read "The Heart of Learning" (Volume 2, No. 1), I see that my copy is now dog-eared and copiously encircled with yellow highlighter, as if the 'halo effect' of the intelligence of the heart is bleeding through. "Good Viewing" might be called "Up Periscope!" Movie critic Van Doren's depth soundings are served up with a very palatable chuckle.

Maggie Geib
Newport Beach, USA

In Depth Dialoguing

I gave a friend short papers by Rudolph Bultmann and Dietrich Bonhoeffer along with your article "In Depth Dialoguing" (*Edges*, Volume 2, No. 1). It seems to me that such a process is timely and that local interest might well exist for such a "charting" method.

Leonard M. Sizer
Washington, USA

The Crows of Kuala Lumpur

Our neighbourhood is crowded. Thoroughly and systematically. Everywhere you go, you are under crow-ful observation; no matter where you are, a soft caw-ing pervades the background – unless you step out of line, at which time a fierce screaming emanates from the nearest treetop, powerline, or hedge, warning trespassers: "Watch your step!"

Each bird has his territory; between the house and the store, Fred, George, Harry and Tom cover the main pathway; the alternative is watched over by Sam, Lucifer, Al and Mabel. They acknowledge a greeting with soft contempt, maintaining the aloof perspective required for effective crowing. It takes solidarity and intentionality to crow a neighbourhood.

The meetings aren't long. They occur twice daily, seven days a week with an average attendance of 150. They're more of a stop-in than a lengthy deliberation; at any given time, there are no more than 30 in attendance. The turnover is rapid and regular. They arrive in groups of three to fifteen between 6:40 and 7:00 – a.m. and p.m. Occasionally, a lone straggler will show up, but this is rare. And occasionally a group will bypass the meeting and head straight for the day's work, but again, this is the exception. Maybe they started late or checked in the previous night.

The actual meetings consist of some subdued crowd-talk, as if receiving the day's commissioning or accounting for its accomplishments. They leave, as they arrived, in small groups moving swiftly either to the day's scavenging or the night's roost. In daylight they move off towards the south; at evening, it's back northwest.

The venue for this coordination is the topmost span of a high tension line tower near our back porch. It never varies. When that span overflows, some move off rather than occupy lower perches. Occasionally one will occupy a loop in the line itself, but mostly it's the tower. From there come the Orders of the Day that make for effective saturation of the entire area.

They check in and they check out, not as if punching a time clock, but as if they hold a briefing and debriefing for each day. Perhaps they're tracking progress in the crow-ing of the area; or tabulating successes and identifying future manoeuvres, reflecting on some edge insights, inventing new methods, sharing effective approaches or generally significating the day. Perhaps also a brief ritual, though given the frequent turnover, it's more likely a quick formal send-out that reminds them of the profound function of crow-ing.

Rarely do they intrude. When they do, it's related to death – approaching or realized. When one of their number falls ill, a cadre of the most fierce stands guard warning off all human and feline and canine encroachers intent on euthanasia. If you get too close, you're in for more than the verbal warning; you're in for attack. If a bird of another feather falls ill, these same guardians affect the ministrations of the grim reaper. But mostly they watch.

It seems effortless and natural, this crowing of a neighbourhood. Saturation seems from the outside as natural as rainfall. But we know, you and I. Significating a place, imbuing it with either cawing or methods or spirit is as delicate a task as conducting a symphony, or running a business, or writing a book. Not forced but necessary, voluntary but predictable; regular but flexible; nonchalant but structured. We can learn something from the crows.

John Epps
Kuala Lumpur, Malaysia

China Viewed from Hong Kong

Most people know what went on in China in May-June of this year. A

million people, workers, students, party people, intellectuals gathered in Tiananmen Square. And in spite of a typhoon threat, 600,000 people in Hong Kong – 13 per cent of the whole population – marched in support of the students.

But what was going on didn't really hit me until the evening I was listening to a Hong Kong Chinese-language radio station. It was playing Joan Baez' song "We Shall Overcome." And I just sat there and shook, choked up. The song shook me to the core. It grabbed me by the guts and twisted me. I suddenly realized that what the students were doing was far more dramatic than what many in the West attempted to do or talked about doing in the 60s during the Civil Rights and Vietnam protests. Those people in Tiananmen Square were transforming a nation of one billion people, and doing it without obvious symbolic leadership in a "Third World" nation. That is scary beyond belief!

I realized that many things have been leading up to this point, especially what has been going on in the Philippines, Korea, Poland and the USSR. It is as if some boundary has been passed, a point of no return has been reached. It is as if the "Hundredth Monkey" story has come alive.

What really shook me in that moment of realization is that there is something "other" moving in the world. I do not begin to understand it. Something powerful, strange, sheer mystery. And scary, because it feels as if even the last of the old rules have finally collapsed. I do not know my place in this incredible universe. It seems that there is only the sheer wild mystery of life, the chaos, and thriving on it. I feel as if I never ever again want to get trapped in comfortable assumptions or hopes or fears, or thinking we have to find answers, that we have to be clear. The only thing that is clear in this new universe is that it is about questions forever, about change, chaos and wonder, and about challenging us, daring us, to plunge into the mystery, to let go and risk utterly. No answers, just wondrous daring questions. And God only knows what that means.

Peter Fry
Hong Kong

[Ed.: Notwithstanding the tragic turn of events in China, we thought this was an interesting note.]

ICA INTERNATIONAL GENERAL MEETING

The General Assembly of the Institute of Cultural Affairs International will take place in Brussels, from September 25-29, 1989, commencing with a reception at 17:30 hours.

All members of ICA are invited to attend.

DEVELOPMENT NETWORK MEETING

Members of ICAI or others interested in development projects may call or write for information on the Development Network Meeting to be held in Brussels, October 2-11, 1989.

ICA International, rueAmedée
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PUBLICATION ANNOUNCEMENT

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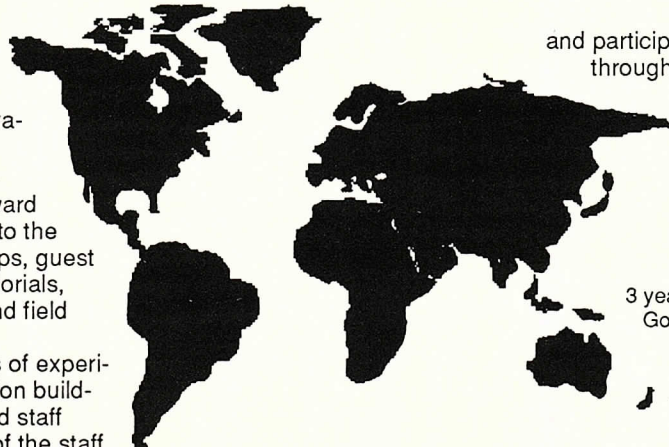
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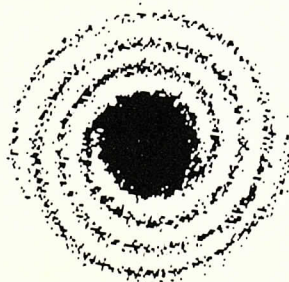
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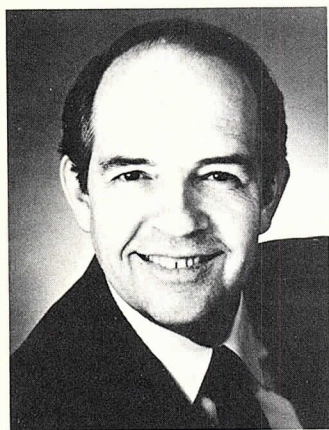


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Rebalancing Medical Practice

DEAN BLACK, PH.D

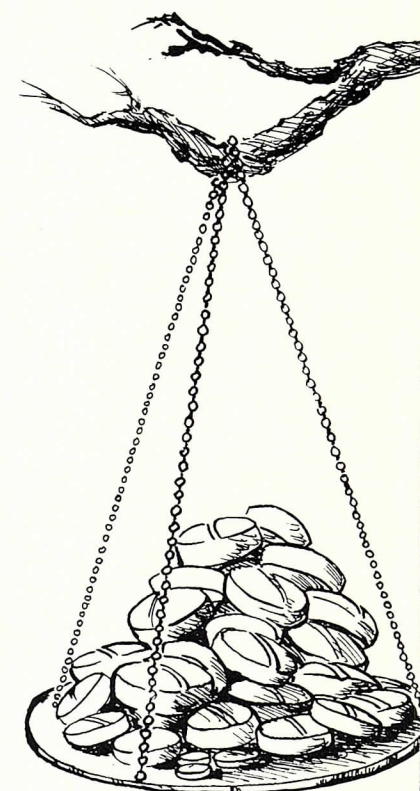


I want to talk about a puzzle: something rather strange is going on. A recent event in my home illustrates this. My five-year-old son, Michael, came down to my office, tugged on my sleeve, and said, "Dad, there's a spider upstairs!" So I got a glass from the kitchen, got the spider into the glass, took Michael out onto the porch and said, "Now, Michael, take the spider in the glass, go down the stairs,

and please put the spider onto the lawn" – it was a garden spider. Michael gently put the spider in the grass and then ran back into the house screaming, "Shut the door! Shut the door!" And I thought how that is so typical: my little boy, Michael, did not understand about spiders.

I like this story, because the very same thing happens today when a health convention like this takes place, and the natural healers come to town. People start to shout, "Shut the door! Shut the door! Here come the natural healers. Look out!" It's really a puzzle. We can laugh about it. I laugh about the story of my boy, and about how people worry when the natural healers come to town. But it becomes serious.

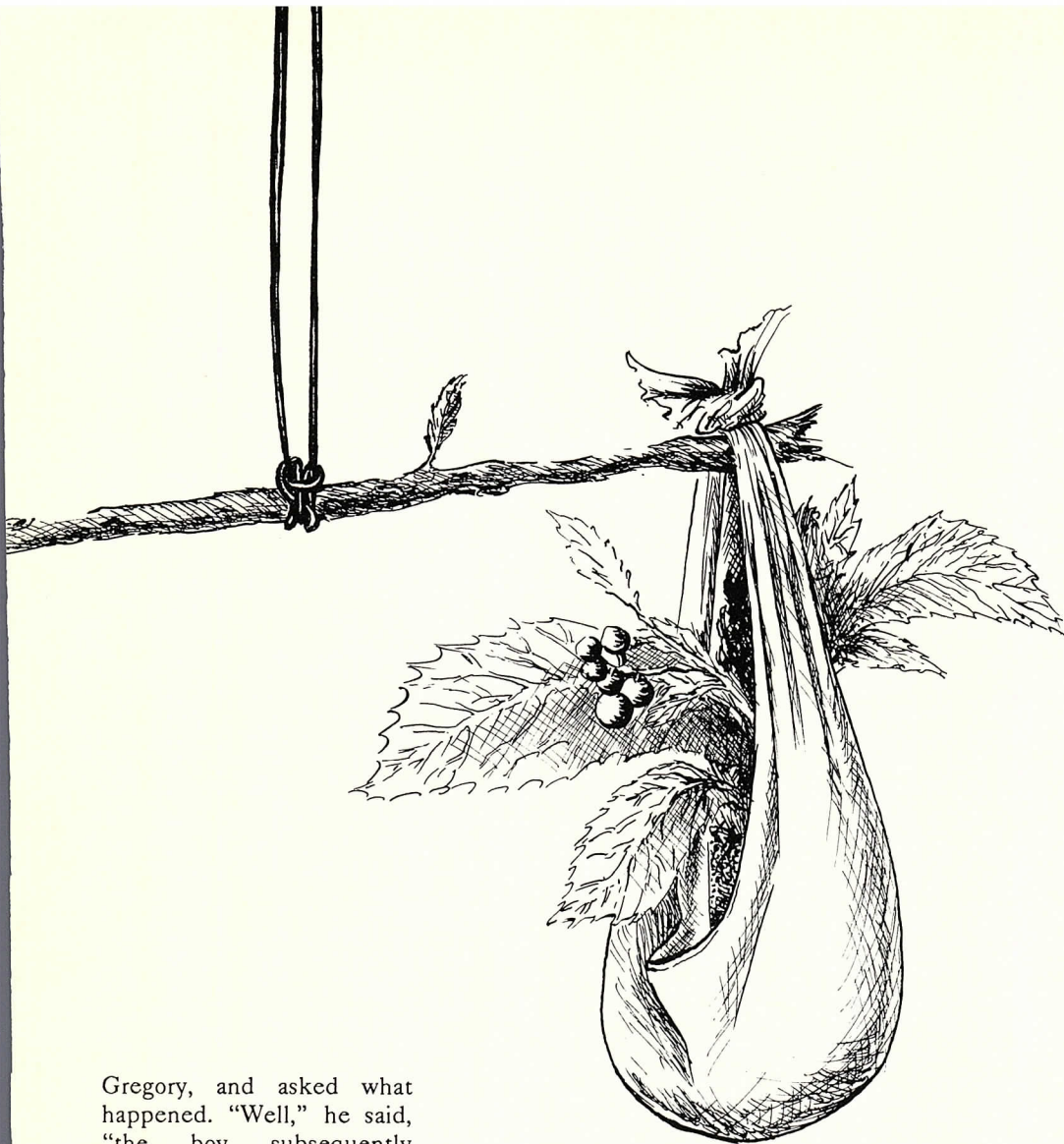
I want to tell you about an article published by the Associated Press. The title of the article is "Amish Father Jailed for Refusing Son's



Cancer Therapy." This took place in Kentucky. The article relates that Danny Maas, the father, says that chemotherapy is not helping his son, Amos, who is suffering from abdominal cancer; Mr. Maas said that the boy had done much better on natural medicines such as herbs and vitamins. Well, the court said, "You are not a worthy father; you must go to jail; we will give your son chemotherapy by force of law." Which they did. When I read this, I called the attorney, James

Dean Black, Ph.D., is a well-recognized lecturer, consultant and author in the area of natural healing. His expertise has been in demand throughout the United States, Canada, Mexico, Central America and the USSR. He has served on the faculties of the University of Southern California and Brigham Young University, and is listed in American Men and Women of Science. He is currently president of The BioResearch Foundation, and publishes Healing Currents, a monthly series of booklets on natural healing. Dr Black lives in Springville, Utah, USA.

This article is adapted from a talk delivered in Toronto at the Conference on Alternative Medicine presented by the Consumer Health Organization of Canada on April 15, 1989.



When we use
medicine
out of its place,
it becomes
harmful and
dangerous.

Gregory, and asked what happened. "Well," he said, "the boy subsequently died."

Now, you see, when they start saying, "Shut the doors!" because of the natural healers, and enforce it by law, then it becomes a rather serious proposition. And it's interesting, because while this lawsuit was going on, information was available to anyone who cared to look in the medical literature.

Chemotherapy and Cancer

I refer to an article published in the journal, *Cancer*, the most eminent of all cancer journals. The article in question was a talk given at the National Institute of Health in Bethesda, Maryland – and you can't lecture at a much more pre-

stigious location than that. It was the award-winning lecture given by Robert T. Schimke when he was given the Alfred P. Sloane Jr. Prize for his research. The first paragraph of his address reads as follows, "The phenomenon of resistance to cancer chemotherapeutic agents, whether occurring spontaneously subsequent to therapy, or under therapy, is a common and vexing problem for medical oncologists and a heart-breaking event for the patient and the family."

Now, why should resistance to chemotherapy be so heartbreaking? Because a patient can no longer take chemotherapy and is therefore robbed of this very valuable tool? No. Schimke says that the problem we have is more radical. He says, "One can consider drug resistance and cancer as analogous processes" – in other words, they're the same process. He says in essence, "The therapy we are using for cancer causes cancer." One of his last sentences is "Might not such (chemotherapy) treatments convert relatively benign tumours into a state of malignancy and progression into a lethal form?" He

says, "Yes, indeed, that would seem to be the case." That is, give chemotherapy to someone whose tumour is relatively benign and the person is likely to become progressively worse.

Other people picked up on this and said, "Well, let's just test this proposition." There's an article in *The Journal of Clinical Investigations* entitled, "Myc-Oncogene Amplification in Tumour Cell Lines in Small-Cell Lung Cancer Patients



N.A. Indian Medicine Bag

and Its Relationship to Clinical Status and Course." (The oncogene is the gene believed to provoke tumours.) The article says that chemotherapy provokes oncogene amplification, and when patients experience oncogene amplification, the number of oncogenes multiplies – maybe a cell had only one oncogene; now it has many, many more – 15, 20, 100 oncogenes. This is what happens under chemotherapy; this is the process of resistance.

**Medicine is scientifically credible
only for acute disease and
traumatic conditions.**

So researchers said, "All right, let's look at this resistance and its relationship to clinical status and course. What happens to 'the clinical course' – the survivability of the patient – when the patient experiences this resistance to chemotherapy?" They concluded that, if you get the chemotherapy treatment, you increase the risk of this particular genetic change. And they say that this genetic change in treated patients' tumour cell lines shortens survival. Now, isn't that interesting? If you take chemotherapy, you increase the likelihood of a physiological change that shortens life.

Now, how about herbs? An article from *The Los Angeles Times* dated October 6, 1983 is titled, "Chinese Derive Cancer Treatments from Ancient Herbal Tonics, Common Plants." It reports research also published in the journal, *Cancer*. In other words, this report is published in the exact same journal that talks about chemotherapy as harmful and as worsening the cancer. The report says that these herbs actually strengthen the immune system. In this research, they took cancer patients, measured their immune strength, compared them to normal peoples' immune strength and found that cancer patients' immune strength was much declined. They then gave them Chinese herbs, measured their immune strength and found that in 90 per cent of the patients the immune

strength went from below normal, not only back to normal, but to above normal. This research was done at the M.B. Anderson hospital at the University of Texas in Houston – one of the most eminent cancer research centres in America.

The article concludes, "We have something that works – or, at least, seems to." So they're saying that these herbs work against cancer, but chemotherapy makes it worse. Yet our Amish father can be jailed for not subjecting his son to chemotherapy, and for preferring the herbs! In many states of the U.S., the recommendation of the use of herbs for cancer treatment is a felony crime! That's crazy! I want to point to a puzzle: why is this going on, and why are people having this fearful kind of response?

Medicine Used in Its Place

Does this mean the medical principle is wrong? Am I arguing that? No. The medical principle definitely has a rightful function. For example: I once went into anaphylactic shock from eating strawberries. Had I not been in the hospital and got a shot of adrenalin, I would have died from that. Another example: my son had acute pneumonia; had it not been for my physician who was a very close personal friend, my son very likely would have died. He came close to death, but medicine saved him. A third example: we

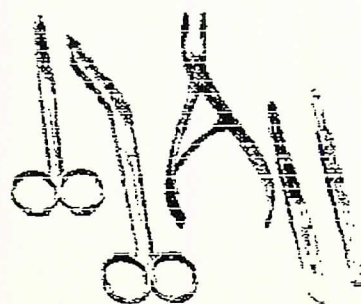


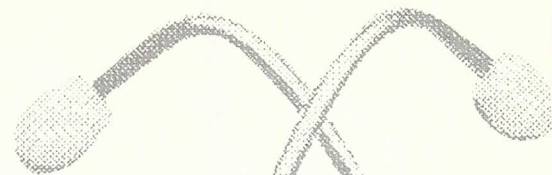
adopted a Vietnamese boy, and were told that he was deaf; we discovered that he had disintegrated eardrums – that is, no eardrum at all, because they had been destroyed by untended infections. Antibiotics could have handled that. When we discovered he was deaf, a surgeon friend put a muscle membrane from the temple area back over his ear canal, replaced his eardrum, and my boy hears today – 100 per cent hearing restoration. All of those treatments are the products of medicine. They are also examples of medicine used in its place. I'm suggesting, however, that medicine is being used out of its place.

Natural Healing and Conventional Medicine

The problem with medicine is not that it's a wrong principle – it is the correct principle for certain things; but when we use medicine out of its place, it becomes harmful and dangerous. We now have laws that require that we use medicine in places that rightfully ought to be the province of natural healing.

Two words help to define the difference between natural healing and conventional medicine. Medicine is the science of *replacing* body functions. Natural healing is the science of *restoring* body functions. That's the difference, medicine replaces, natural healing





restores. Doesn't it make logical sense that there is a limit to the degree of health we can experience by replacing body functions? Doesn't it make sense that we might restore body functions?

When we say "replacing body functions" we think of things like artificial hearts and the dialysis machine. But drugs also replace body functions. For example, the insulin shot that the diabetic takes replaces a body organ, the pancreas. The cortizone shot the arthritic takes replaces a body function, the regulation of inflammation by the adrenal glands. Antibiotics replace an entire system, the immune system. Chemotherapy does the same. So medicine is literally the science of replacing body functions. It is the immune system's job to get rid of that tumour. We bring in the chemotherapies and we do the immune system's job. What is the effect upon the immune system? Chemotherapy weakens it. Now medical science knows that, but it is not relevant, because, after all, chemotherapy replaces the immune system!

A Massive Correction

What we are seeing now is a massive correction. If you were to survey people on their opinion of natural healing or certain natural healing issues, what percentage of the population do you sup-

pose would support natural healing? Take a question like organic foods. One of the biggest issues of the anti-quackery lobby (which is the lobby that argues against natural healing) is the claimed superiority of organically grown food. So let's take that as a typical natural-healing issue. If you ask the population, Would you prefer organically grown food to non-organically grown food, and would you be willing to pay more money for it, what percentage of the population would answer that they would prefer organically grown food? The answer is 90 per cent. This was just a little Harris Poll in the U.S. and the answer was indeed 90 per cent. And fully 50 per cent said they would pay more money for it.

Now suppose you took all the people who prefer natural healing and all those who prefer medicine and put them in two groups. This has been done and reported in *The Annals of Internal Medicine*. Researchers at the University of Pennsylvania Cancer Centre interviewed 300 patients there for chemotherapy and other medical treatments. Then they surveyed another 300 people they defined in the article as "being treated by purveyors of quack and fraudulent remedies." So now they had two groups - 300 in each group. The question was, "What

characterizes these people who go to the quacks?" They found that there was a big difference between the two groups. They assumed that the basic factor would be education. The surveyors surmised that those going to the quacks would be basically uneducated, gullible, desperate, on the last stroke of their illness, about to die, ready to do anything to try to survive.

They found out that they were partially right. The main difference was education, but not in the way they had expected. Those who preferred natural healing were more educated. As a matter of fact, fully one out of five who had gone to these quacks - "disreputable fraudulent healers" - had a master's or a doctor's degree. They were twice as likely to have a college degree and more likely to have gone to college. Of those who preferred the medicine alone, 60 per cent had never gone beyond high school.

So the researchers' next question was, "Why are these educated people going to these quack therapists?" The answer these educated cancer patients gave went like this: "Well, we want something, and medicine doesn't offer it to us, and since we can't get it from medicine, we go where we can get it." Do you know what they wanted? They said, "We want to restore our immune system,

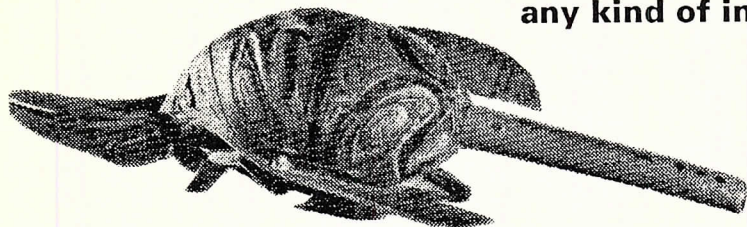
because we know that people with strong immune systems don't get cancer. We've got enough sense to know that because we're educated! And medicine literally does not offer us that opportunity because it is the science of replacing body functions, not the science of restoring them." To me that's the evidence of a great correction going on. There's something fundamental going on here.

What I'm trying to do in my book, *Health at the Crossroads*, is to support that correction by putting out the evidence that natural healing is scientifically more credible than medicine for chronic disease, and that medicine is scientifically credible only for acute disease and traumatic conditions. And the bulk of the scientific evidence supports the idea that if we're chronically ill, we ought to be using natural healing.

The History of the Imbalance

Historically, how did this imbalance occur? If you go back 2500 years, you come to the days of Hippocrates, and his colleague, Democritus. Hippocrates, "the father of medicine," had a philosophy based on what he called the *physis*. His definition of *physis* was "an inner adaptive power or an inner healing power." From *physis* we get the words "physics" and "physician." The physician in the age of

Medicine has failed to take into account the idea that the body has any kind of inner healing power.



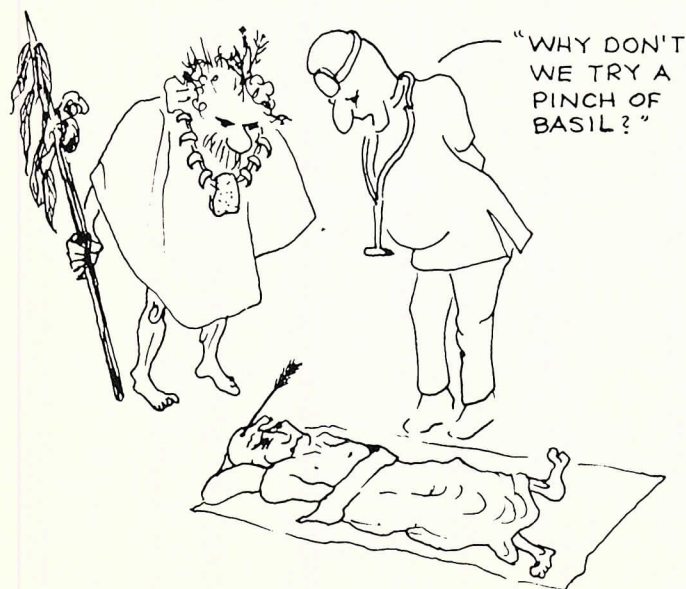
*Medicine Man's rattle
(Haida Indian, British Columbia)*

Hippocrates was the guardian of this inner healing power. So Hippocrates said that we ought to be doing all we can to nurture, support and strengthen this *physis*.

Now, Democritus, who was his colleague, said, "Hippocrates, what you have just said is nonsense! Here's my logic. Look, if we chop an organ into pieces, and also chop the pieces into pieces, and the pieces of the pieces into pieces, we can keep making things smaller and smaller, until eventually we've got to come to some particle so tiny that it can no longer be divided; that is what we will call the atom. It is the most fundamental unit of nature, indestructible, always in motion, which is why we see motion in life. An atom, being indestructible, has no need of any kind of

healing power, can't be harmed, and can't be destroyed. We are made up of nothing more than those atoms. We can't have a healing power either; that power is not in the atoms so where could it come from? All we are is atoms."

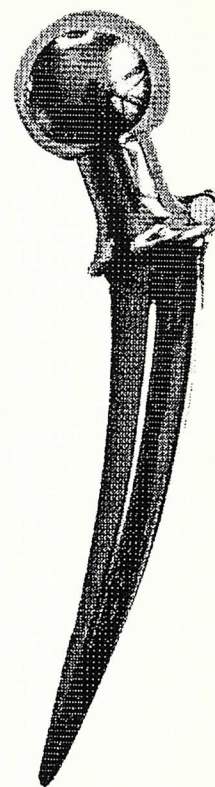
That was Democritus' logic from which derived the philosophy that came to be known as atomism. From the logic of Hippocrates came the philosophy frequently known as vitalism. And so we've had these two philosophers for 2500 years, one asserting the body has an inner healing power, the other one saying it does not. An 1800-page, three-volume history of medicine, entitled *Divided Legacy*, is about the division in the history of medicine between these two schools of thought – vitalism and atomism.



By the year 1600, vitalism had become perverted. The Dark Ages had turned the vitalism of Hippocrates on its ear, and they began reflecting the idea that diseases are caused by demons; so vitalism came to refer to spiritual forces from the outside that came to inhabit the body. Cures, as a consequence, became acts of magic. With that rampant understanding of vitalism, along came Francis Bacon, the British scientist-philosopher, who said, "We've got to stop believing this vitalistic nonsense and show that all diseases have physical causes and all diseases must have physical cures."

Along came René Descartes who said, "These senses, our eyes and ears, can be deceived. Therefore, we must be sure to believe nothing until we have got rid of doubt so that there is no possibility of misunderstanding." A scientific procedure was developed whose purpose was to eliminate all doubt. Everybody had to be able to agree. Everything had to be measurable. Everything had to be so clear that there could be no doubt whatsoever.

Then along came Newton and his laws which talked about the trajectories of particles, whether of atoms or of a planet. His laws said that, if something goes in a straight line, it will keep going unless an outside force hits it, in which case you know exactly



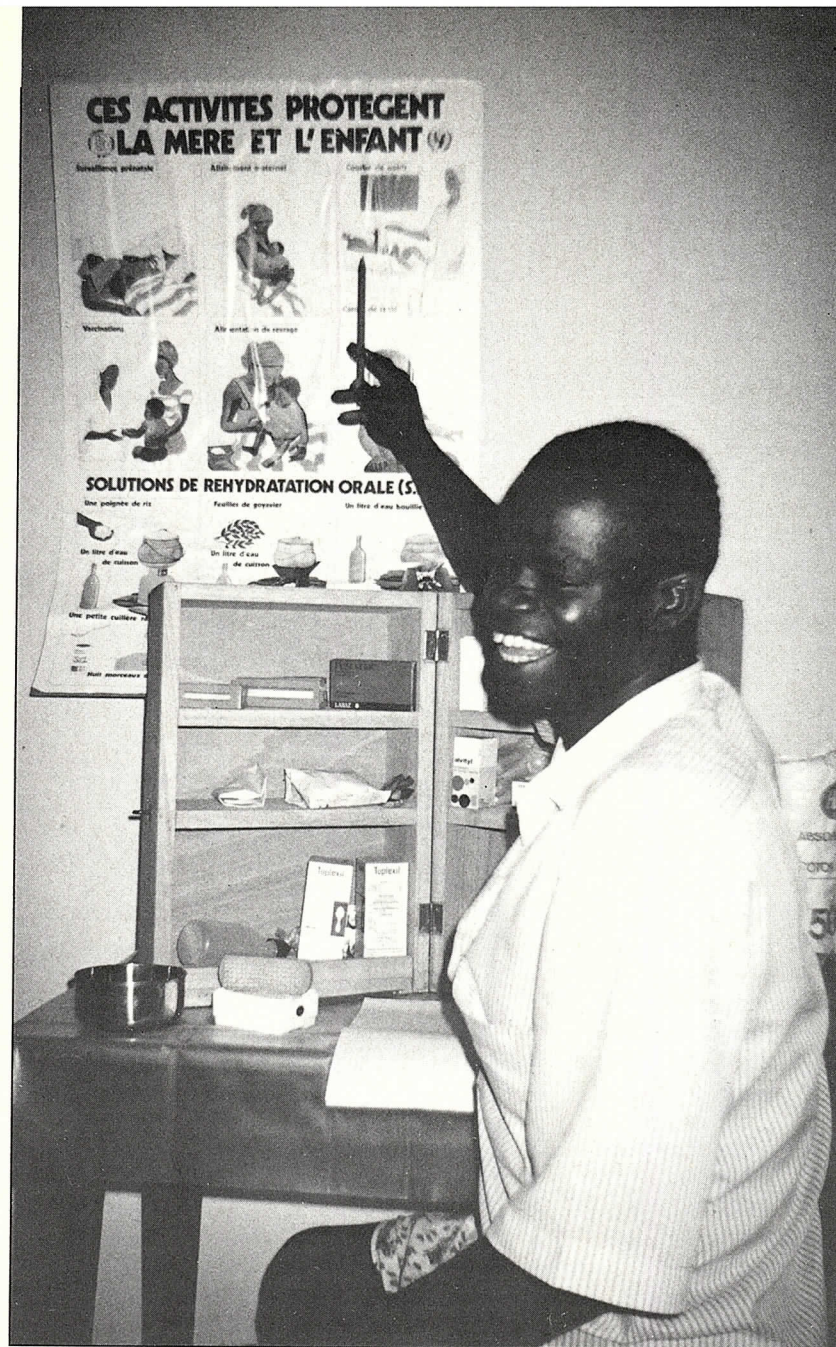
Artificial hip joint

where it's going to go because for every action there is an equal and opposite reaction. So he put together these laws, and invented a mathematics to handle them, calculus. Can you imagine inventing calculus?

But then people applied his calculus to the heavens; they saw that the planets moved according to Newton's laws and they could predict what it had taken other scientists 60 years of careful notation to be able to figure out. So Newton's laws worked. As a matter of fact, not so long ago, the Russians had a shuttle in orbit going round the Earth several times and it came down and landed in a field in the Soviet Union without a pilot on board. Can you imagine that? Well, they did it with Newton's laws – that's how good these laws are. Scientists logically fig-

continued on page 36

A Unique Primary Health Care Approach in Côte d'Ivoire



Health Care in a Box

Kenneth Gilbert, M.D., Abidjan

The pharmacy box program described in this report is the result of the creative efforts and long hours contributed by many people. In that sense there is no one person who has authored the concepts put forth. Kenneth Gilbert, M.D. has served as the team leader for this effort in Côte d'Ivoire (Ivory Coast) since November 1983. He also pulled together the original manuscript, the initial UNICEF project report. Dr. Gilbert has combined his interest in Third World development with his medical career since he completed his formal training in 1978. He has worked with rural development projects in India, the Philippines, the Marshall Islands, South Korea, Canada, Egypt and the USA. He holds Board Certification in Psychiatry and returns to the USA annually to work for several months in hospital psychiatry.

Connected to the outside world by a daily bus from Abidjan and the occasional television set, the 30,000 people of M'Batto subprefecture are typical of many Africans. They know the world is dramatically changing, but they live remarkably stable lives. The majority of the popula-

tion are Agni people who live in villages, often of several thousand people, and grow cacao and coffee for cash crops with the help of hired Burkinabae field labourers. For staple foods, the women raise rice, peanuts, plantains and cassava. Muslim traders who run shops and butcher animals – trades not favoured

The majority of the people of M'batto sub-prefecture live in villages of mud-walled, thatched-roof houses and, if they get ill, have to walk a day or two to get to the infirmary.

by the Agni – cluster in the larger towns and villages. Here they have lived in symbiosis with the Agni for generations, but are still considered outsiders, and speak neither French nor Agni. There are also Lebanese families who have come in this generation to the subprefecture – they run a bakery, two gas stations and a wine distributorship.

Schools and waterpumps for most of the 30 villages come from the government,

though some small villages lack both. Electricity is available in the three largest towns, but kerosene keeps most lamps burning. A small fee will access piped city water in the town of M'batto, but most prefer wells to fixed expenses. Churches, two secondary schools, a rural health centre, and a maternity centre staffed by two competent matrons, complete the list of major services in M'Batto. There is a post office, but most people prefer to send messages on the more reliable daily bus. It is 30 kilometres to the nearest paved road. You can't buy a newspaper or magazine in any of the shops in town.

In the midst of all these opportunities, the majority of the people of M'batto sub-prefecture live in villages of mud-walled, thatched-roof houses, draw water from a well, and, if they get ill, have to walk a day or two to get to the infirmary. Those who remain in the villages are aware that each year they become financially poorer compared to those who make it in the large towns and cities. They suffer from treatable diseases such as malaria and watch their children die from diarrhoea.

Little has been done to protect most rural people from the basic problems of endemic malaria, recurrent diarrhoea, and episodic malnutrition. Although Côte d'Ivoire was often quoted as "the African Economic Miracle" (before the collapse of cacao and coffee prices),

economic success did not translate into protective health services for its citizens. A network of small hospitals and infirmaries exists, along with a training school for doctors and nurses, but this has not succeeded in changing the health profile of the nation.

Côte d'Ivoire, like all West African nations, is populated largely by subsistence farmers. Although the country itself has rather impressive central institutions and an effective (if expensive) private pharmaceutical distribution system, the large majority of the population continues to be rural with only marginal involvement in the cash economy. This rural population suffers from high infant mortality and deaths at all ages from malaria and infectious diseases. UNICEF statistics indicate a life expectancy at birth ranging from a low of 39 years in the savannah to 56 years in the capital city of Abidjan itself.

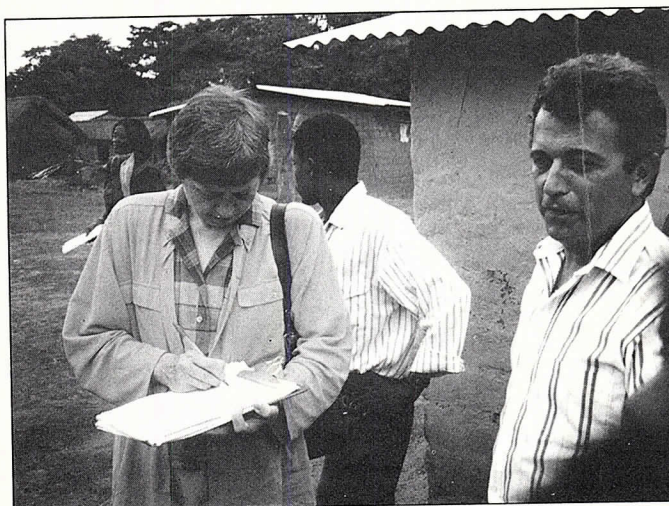
Village surveys of mothers with children under age three were undertaken by ICA in M'Batto. Virtually every mother reported that her child had experienced an episode of diarrhoea in the previous month. The mothers

polled reported a total of 1435 infants, of whom 143 had died by the time of the interview. Only 15 per cent of rural villages have access to potable water; life expectancy at birth in the savannah area is 39 years; only ten out of every 100 pregnant women receive any form of prenatal care; 50 per cent of children admitted to hospital are suffering from malnutrition; and many villages have no literate adults in residence. There is great respect for the capacities of local medicines. However, people readily acknowledge that there are some illnesses which the local medicine does not treat well.

Initial conversation with villages about preventive (primary) health care didn't generate much enthusiasm. Villagers, in common with most poor people, want access to treatment for illness. When they are well, health care is low on their list of priorities. It was clear that continued talk about health maintenance would not be useful. The idea of a village pharmacy, however, seemed to catch peoples' attention. Although the pharmacy carries only the most basic of medications, it can significantly reduce illness and

Standard Box Medicines

ALVITAL (a vitamin)
AUREOMYCIN 3% skin antibiotic
AUREOMYCIN 1% ophthalmic antibiotic
FUMAFER 200 mg iron preparation
IMODIUM diarrhoea 'stopper'
SOLUBACTER for oral lesions
MERCURYLAUARYL antiseptic
SPASMAVERINE for colic pains
TOPLEXIL for coughs
CHARCOAL TABS for upset stomach
ASPIRIN 500 mg
CAMOQUINE for malaria
CHLOROQUINE 100 mg (malaria)
GANIDAN intestinal antibiotic
MINTIZOL for worms
SUGAR & SALT SOLUTIONS for rehydration

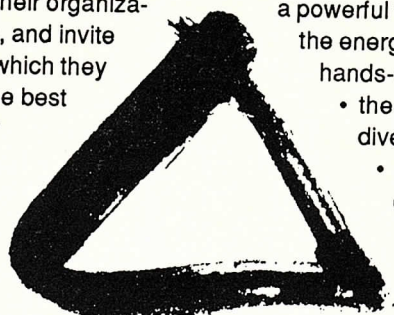


Dr. Kenneth Gilbert (ICA) with Torild Skard, Director General Multilateral Dept., Royal Norwegian Ministry of Development Cooperation during her visit to Brobo project as President for 1988, UNICEF World Executive Council.

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death in places where malaria is the most common cause of death. The pharmacy also provides an excellent entry point for the introduction of preventive systems such as baby-weight monitoring, vaccination education and training in child spacing.

Village pharmacies are not a novel idea, but most village pharmacy programs have failed to solve the problem of independent re-supply of medications. Either the government system fails, or the supplying voluntary agency pulls out of the country when its funding collapses. Our team realized that this system needed a self-sufficient village pharmacy. So we had to think about the sale of drugs from the pharmacy box. The cost was not a problem since the price per tablet was small, even by village income standards. The problem was more cultural.

Traditional village life shares possessions among all "brothers and sisters." In this situation, the pharmacy worker would not be expected to sell anything held in his home. The tradition is that personal money is held in trust for the larger group. Funerals, for example, require all the cash available to make the funeral as grand as possible. How could the pharmacy worker be expected to resist customary expecta-

tations which required him to turn over all money for a relative's funeral expenses?

There are other cultural elements typical of non-literate cultures - there is a sense of village unity; people tend to act together. Westerners see this in hierarchical terms with the chief or the male head of the family dictating to everyone down the line. Africans see it more in terms of mutual support. Innovation and individualism interest them less than social cohesion.

Writing on this in *Development Forum* (vol. xvii, no. 2, March 1989), Jean-Baptiste Bassene says:

"The individual in African culture is not important except through the society. For instance, we don't have signed art. Each person is the product of many generations, many influences from the elders, relatives, parents, etc., so you can't claim sole creator status or single responsibility for the art. Through the artist, the group is expressing itself. One person cannot do anything; one person can only die."

In this culture, gender defines work roles. Women raise food crops, chop wood and carry water, cook, do the cleaning, and supervise children; this involves long hours of physical labour and little access to the cash economy.

Men supervise the labourers who raise cacao and coffee, and spend a lot of time networking with other men on village business - an activity that increases with age. It is common to see men of all ages sitting with and holding young children; but they don't bathe or feed the children. Men do work very hard for short periods, for example, when opening up new fields in the bush, but most days involve very little physical labour. However, they generally have some access to the cash economy. We were uncertain whether women health agents would have time enough to work with the village pharmacy box; nor did we know whether male control of cash would allow for the self-sufficiency of the pharmacy box.

The culture also expects villagers to be happy with their situations. While life-quality improvements are welcomed as good luck when they come, the culture has no rewards for those who talk about how things could be improved. In fact, such a person would be reprimanded as not being grateful for the life that has been given.

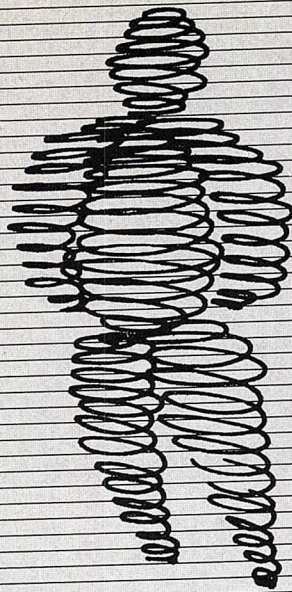
If health agents were to succeed in improving health, they would have to work skillfully within a culture that says, "You don't rail against your fate." This is all part of a

stable system which is very experienced at extruding intruders. Our task was to become part of that system, not overtly change it.

In the last six years, ICA Abidjan has developed a pilot system of village pharmacy programs which now includes 39 villages in Côte d'Ivoire. Four American staff, five Ivorian staff, and a number of short-term volunteers make up the team which coordinates the work. Village volunteers - about 100 of them - provide the basis for the program.

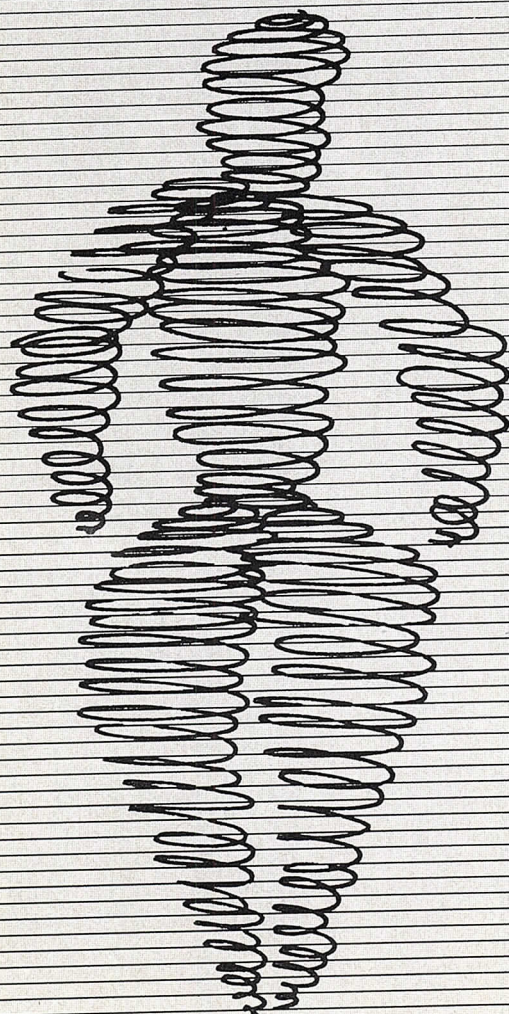
Recent work in M'batto illustrates how the village pharmacy program works. Our initial M'batto team was made up of three Ivorian staff and one American staff member who went to M'batto one week in every month. The Ivorians on the team spoke Baoule, a language closely tied to Agni; so we were able to communicate through the local language. Our task was to introduce the idea of the village pharmacy box to the first group of ten villages. Now the first ten village pharmacies have been functioning for about eight months. Some of the health agents have been such capable communicators that the second group of 12 villages is being initiated by a team of

continued on page 39



vib

Medicine can use subtle vibrations to balance our physical, emotional and psychological energies. Dr. Gerber says remedies will include homeopathy, acupuncture, gem elixirs and flower essences....



Vibrational or energy medicine has finally found modern-day scientific validation in our Einsteinian understanding of matter as energy, especially as it is applied to the examination of biological systems from the perspective of interactive energy fields. More simply stated, the Einsteinian viewpoint sees human beings from the higher dimensional perspective of fields within fields within fields. Matter itself, from the infinitesimal subatomic particle to the level of the physical and higher vibrational bodies, is now seen as dynamic energy contained within the constraints of fluctuating energy fields. We have observed that experimentation in the fields of high-energy particle physics, Kirlian photography, holography, and the study of the effects of psychic healing on biological systems, have converged to teach us new ways of understanding the energetic field nature of all life

processes. As we begin to think about human beings as multidimensional spiritual beings of light, we can start to comprehend the powerful effects of vibrational healing modalities which deliver specified quanta of subtle energy to promote healing through reintegration and realignment of our mind/body/spirit complexes. Vibrational healing methods work by rebalancing disturbances of structure and energy flow within the context of our multilevel interactive energetic fields.

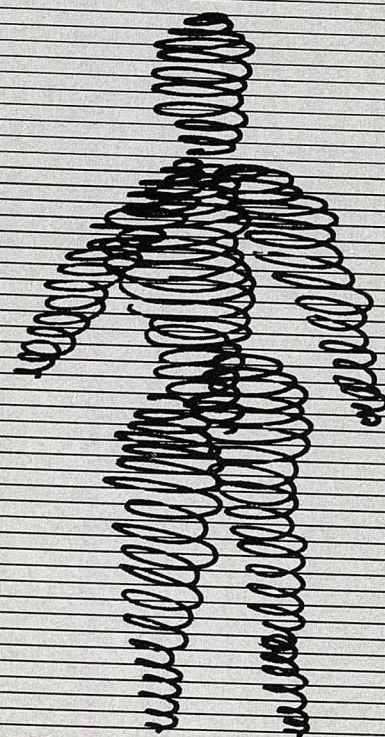
Many of the energies that make up the etheric and higher dimensional worlds of human subtle anatomy vibrate at speeds faster than ordinary light. The physics of so-called magnetoelectric energy, predicted by Einstein's equations, holds the keys to deciphering the scientific principles which underlie the behaviour of higher vibrational phenomena. Our thoughts and our emotions are indeed manifestations of this special energy. For

rational Medicine

medicine and psychology to truly advance over the next several decades, we must begin to think about our emotional problems as energetic imbalances that affect the functioning of our subtle and physical anatomy. If we can accept that these emotional disturbances are partly due to problems within the subtle fields of human physiology, then we can begin to utilize other natural forms of subtle energy that can remove or correct the problematic imbalances. Because homeopathic remedies, flower essences, gem elixirs, crystals and colour energies affect the subtle-energy fields of the human body, such vibrational therapies can have powerful impacts on stress and illness. Over the next twenty years, we will see the creation of a whole new science of energy as it applies to human consciousness and subtle physiology. Spiritual scientists will begin to extend the limits of known science to incorporate higher energetic phenomena.

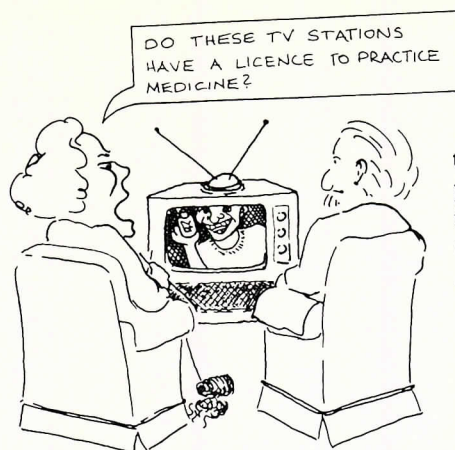
Humankind is at a unique turning point in history. The development of new technologies in pharmacology, surgery and electronic imaging systems for diagnosis has allowed traditional medicine to evolve in this century toward tremendous breakthroughs in the treatment of serious illness. We have come far in treating many common infectious diseases, in providing relief from various types of cancer and heart disease, as well as in knowing better ways of controlling hypertension and kidney ailments. Orthodox medicine is truly a marvellous field of continual discovery. We cannot deny that modern medicine has uplifted the human condition significantly, for many people would have died prematurely had it not been for some of the miracles of its scientific discoveries and applications. The problem lies in the fact that orthodox medical approaches still fall short of treating the *true causes* of illness. Traditional physicians can

RICHARD GERBER, M.D.



treat the effects of disease, but can they really approach the emotional, mental, bioenergetic and spiritual precursors of disease?

At the present time, we simply cannot do without conventional drugs or surgery. Our expertise in the field of vibrational healing is still at an early stage. The current structure of health care in America is such that one may have difficulty obtaining insurance coverage for any type of medical treatment other than that provided by orthodox practitioners of medicine. Seen from an economic standpoint, third-party payer organizations who reimburse physicians for medical treatment are still locked into the Newtonian medical model as the only mode of therapy. As such, those who have their health care provided by health insurance providers and the growing organizations of PPOs and HMOs can only have their health-care dollars spent on traditional approaches. Holistic medical practitioners are slowly becoming more prevalent, but the system is slow to change.



Of course, one can always pay out-of-pocket for vitamins, flower essences, and homeopathic remedies, but not everyone can afford the expense. Generally speaking, however, many subtle energy and natural healing remedies tend to be much less expensive than conventional drug treatments. Holistic and vibrational medicine is not something that should be strictly for the upper middle class. It is a type of healing system which should apply to everyone, should they be open and interested enough to try it. Unfortunately, the increasing cost of health care in this country has made it necessary for many to obtain health insurance to provide for the medical needs of

their families. Because of the third-party payers' attitudes toward reimbursement for services, the tendency is still to encourage orthodox medical approaches. An optimistic note can be derived from the observation that a number of third-party payers, including Blue Cross, are opting toward the promotion of wellness programs of prevention. These third-party payers have learned that it is significantly more economical to prevent than to treat illness. Hopefully, this is a positive sign of things to come.

As practitioners of vibrational medicine begin to acquire greater amounts of clinical data on the efficacy of their treatment approaches, and as more holistically directed physicians become inclined to use such subtle energetic methods, we may eventually see the proliferation of Alternative Health insurance companies which will not only cover orthodox medical and surgical treatments, but also flower essences, homeopathy, Voll and other electroacupuncture diagnostic workups, and many similar procedures. Unfortunately, the

continued on page 18

Richard Gerber, M.D., received his medical degree from Wayne State University School of Medicine, and currently practices internal medicine in a suburb of Detroit.

Medical school was a personal and professional revolution for Dr. Gerber. Although he had always considered himself to be an analytical and left-brained person, he commenced his education with strong metaphysical leanings. During the period of his medical training, he maintained and nurtured these views. For the last twelve years, he has been researching alternative methods for diagnosis and healing, including the use of Kirlian photography for cancer detection, while continuing to advance his career in orthodox medicine. The compilation of his progressive research forms the basis for his book, *Vibrational Medicine*, a revolutionary bridge between the metaphysical and medical communities. The article that follows is taken from the last chapter of his book, *Vibrational Medicine: New Choices for Healing Ourselves*. Because it is the conclusion to a 500 page book on the subject, relevant entries from Dr. Gerber's glossary can be found on page 18.

Dr. Gerber comments in the preface to his book:

"Throughout my years of research, I have tried to piece together scientific evidence to substantiate the existence of an extended subtle-energy living anatomy. It is only through the acceptance of this multidimensional framework of functioning that scientists can begin to comprehend the true nature of human physiology and the reasons for illness and wellness."

"...Many alternative-medicine studies are unfamiliar to mainstream medical practitioners who vehemently claim there is no good evidence to substantiate the effectiveness of practices like psychic healing. One of the reasons why most doctors have never read about alternative healing studies in

their medical journals is that there is a Catch-22 associated with vibrational healing research. The Catch-22 is that an established medical journal would never publish anything of a controversial nature without references from another established journal. Since no one in this controversial field can get anything into the orthodox medical journals to begin with, there are obviously no established sources of credible references to quote.

"...Western science has long ignored descriptions of ethereal components of physiology because their existence could never be documented by anatomical dissection. After all, who had ever seen a so-called meridian under the microscope? Only now has Western technology evolved to the point that we are beginning to get the earliest of confirmations that subtle-energy systems do exist and that they influence the physiologic behaviour of cellular systems."



Dr. Gerber's current vision is to found a multidisciplinary healing research centre which will study and use new technologies to objectively verify the model of health elaborated upon in his book. Dr. Gerber is currently working with World Research Foundation in Sherman Oaks, California, a non-profit public benefit foundation,

to raise the necessary funds and resources to create and sustain a multidisciplinary healing research centre. Such a centre would also be part of a large interactive computer network which would tie together many different academic research centres and clinics throughout the world in cooperative healing studies and information exchange.

Those interested in supporting this project or contributing to the "Healing Centre Fund" can contact the World Research Foundation at (818) 907-5483.

Internal Energy Of Tai Chi

by Master Waysun Liao

Tai Chi Chuan meaning "Grand Ultimate," or Tai Chi, is a slow motion Chinese meditative exercise which helps in relaxation, breathing, coordination and general physical wellbeing. Both a martial art and a healing art, Tai Chi takes one progressively deeper into meditative states and into control of one's personal energy. Master Waysun Liao runs the Taichi Tao Centre in Oak Park, Illinois. The following is adapted from a manual for his students.

You can use your mind to increase the awareness of your internal energy, *chi*. After long periods of practice of internal energy awareness, you can command your mind to guide your internal energy to any part of your body at will. You will be able to control your mind to direct the internal energy to sink and be attached to your entire body. Using your mind to exercise your internal energy as the gate into the internal works is known as *Nei-Kong*.

In advanced stages one can condense the internal energy into the bone marrow throughout the body and generate the *chi* into high-frequency vibrations known as the internal power, *jing*.

After converting your internal energy into internal power through the meditation technique known as condensing

breathing meditation practice (which will generate electrical-type pulsing vibrations), you should organize and control your mind and body to enter the condition of being sunk, based firmly, and rooted to the ground.

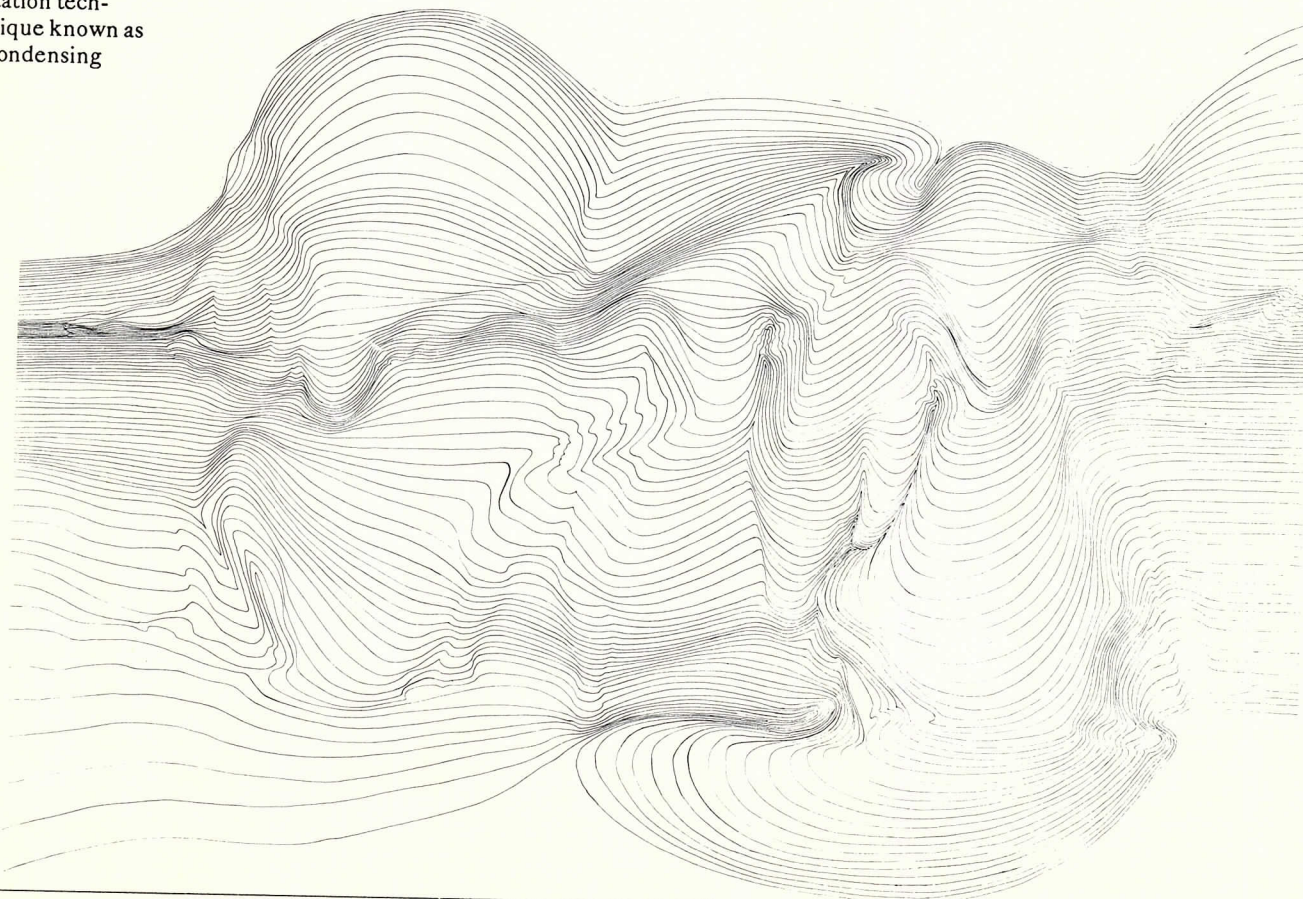
Let the internal power vibrate and attach to your entire body and connect to your opponent. The structure of your body must be completely relaxed and coordinated. The transfer of power is completely projected, concentrated in one direction.

Your mind guides the direction of your power. The mind will serve as a medium to penetrate the limit of time. When your mind concentrates in one direction, the acceleration of the vibration, propelled by your mind over the shortest distance, will result in increased effectiveness.

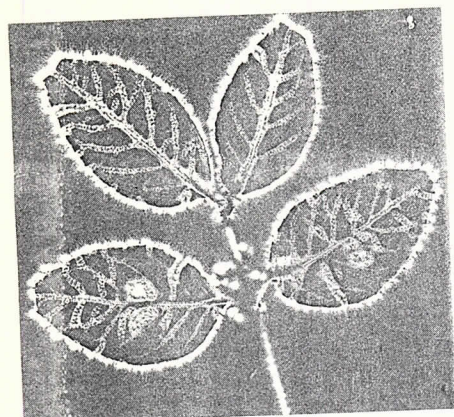
The ultimate speed of the mind can alter the meaning of time and space. The ancient Chinese adopted the idea of ultimate speed into their philosophy of energy transformation and used it to develop the theory of *jing*.

The mind manipulates the vibrations, converts them into an ultra-high frequency unit, *jing*, and releases the accumulated energy in the form of explosive power. The student of *tai chi* should take several steps in the practice of controlling this power:

1. Stand in the *tai chi* Stance. Observe all the important *tai chi* principles such as relaxation, concentration and suspension.
 2. Practice condensing breathing to convert *chi* into the electricity-type feeling described previously. Guide the feeling through the entire body.
 3. The entire body will begin to shake gently. When this happens, start to inhale slowly, concentrating on the *Tan-tien* (a spot just below the navel). Exhale, using the mind to vibrate the feeling faster and faster, and to drive the vibrations downward to the feet and forward to the hands.
 4. Gradually increase the speed and the length of the vibrations. Begin to reverse the process, gradually decreasing the speed of the vibrations toward the end of the practice.
 5. When the vibrations have reached a very low speed, practice *tai chi* meditation to calm down the mind.
- With practice, the body's vibrations begin to become finer and finer. Each time the speed of the vibration is increased, the frequency can be pushed to a farther point from the centre of the body. After a number of years the body will appear as if it were not moving at all, when in reality the mind is working at ultra-high frequency levels to convert the *chi* into *jing*, a process known as *ding-jing*, the "still power." ❖



**Patients must begin to accept responsibility
for their lives and for their recovery,
working as a team with physicians.**



Kirlian photo

Vibrational Medicine Glossary

Bioenergetic: Any type of electrical, electromagnetic or subtle energetic forces which are generated by living organisms.

Chakra: An energy centre in the body which is a step-down transformer for higher frequency subtle energies. The chakras process subtle energy and convert it into chemical, hormonal and cellular changes in the body.

Electromagnetic: In the context of this article, a wide spectrum of energy which moves at the speed of light.

Etheric: The frequency band or octave just beyond the physical octave. Etheric energy or substance vibrates at speeds beyond light velocity and has a magnetic character.

Holistic: A synergistic approach which deals with the combined physical, mental, emotional and spiritual aspects of human health and illness.

Homeopathic: A method of using microdoses of natural substances to treat illnesses.

Kirlian Photography: An electrographic process, pioneered in Russia by electrical engineer Semyon Kirlian, which uses the corona discharge phenomenon to capture the bioenergetic processes of living systems on film.

Meridian: A microtubular channel which carries a subtle nutritive energy (ch'i) to the various organs, nerves and blood vessels of the body.

Multidimensional: Refers to the total spectrum of human energies, i.e., physical, etheric, astral, mental, causal and higher spiritual levels.

Psychic Healing: Refers to various types of hands-on healing.

Vibrational Medicine: That healing philosophy which aims to treat the whole person, i.e. the mind/body/spirit complex, by delivering measured quanta of frequency-specific energy to the human multidimensional system. Vibrational medicine seeks to heal the physical body by integrating and balancing the higher energetic systems which create the physical/cellular patterns of manifestation.

Voll Machine: An electroacupuncture diagnostic device developed by Dr. Reinhold Voll which operates by taking electrical measurements of the various acupoints on the body.

continued from page 16

insurance company of the future is still a long way off, mainly because of the political power and dogmatic opinions of antagonistic organizations like the American Medical Association. Much of vibrational medicine is still considered quackery by the Newtonian minds of the AMA. That is why it is so crucial that vibrational medicine and the subtle anatomical connections between health and illness become scientifically established through medical research utilizing new etheric scanners and imaging systems, which can prove the validity of this system of diagnostic theory and practice.

Orthodox medicine has been an important and necessary stepping stone in the evolution of our modern healing sciences. Newtonian physics was also an important stepping stone toward the eventual recognition of Einsteinian models of relativity and energetic field

theory. Modern medicine is largely based upon Newtonian models of mechanistic behaviour. It is a system of understanding that must now expand and grow by incorporating the newer discoveries in science. Just as Einstein was initially thought to be crazy when he first expounded upon his radical theories, many of today's proponents of energetic and vibrational physiology are also considered to be too far out. This is often the case with far-sighted thinking that is a little too ahead of its time. It took more than 60 years for scientists to begin to validate what Einstein had told them. Now he is heralded as a genius. Such examples of common roadblocks to progress suggest some of the difficulties in acceptance encountered by pioneers like vibrationally minded healers who are also just a little too ahead of their time. Unfortunately, growth is often painful not only for individuals but for human cultures and civilizations

as well. As we evolve toward new paradigms in science, and embrace the Einsteinian understanding of matter as energy and physiological systems as interactive energy fields, doctors will begin to slowly replace older drug and surgical techniques with more subtle and less invasive methods of treatment. The newer systems of subtle-energy medicine will not only relieve the symptoms of illness, as does traditional medicine, but they will also address the emotional, mental,

continued on page 47



MA, I THINK YOU
SHOULD GO TO
HOSPITAL TO DIE...

NO WAY! AND GIVE
UP MY CIVIL
LIBERTIES?

The World According to Student Bloopers

The inhabitants of Egypt were called mummies. They lived in the Sarah Dessert and travelled by Camelot. The climate of the Sarah is such that the inhabitants have to live elsewhere, so certain areas of the dessert are cultivated by irritation. The Egyptians built the Pyramids in the shape of a huge triangular cube.

The Bible is full of interesting caricatures. In the first book of the Bible, Guinesses, Adam and Eve were created from an apple tree. One of their children, Cain, asked "Am I my brother's son?" God asked Abraham to sacrifice Isaac on Mount Montezuma. Jacob, son of Isaac, stole his brother's birthmark. Jacob was a patriarch who brought up his twelve sons to be patriarchs, but they did not take to it. One of Jacob's sons, Joseph, gave refuse to the Israelites.

Pharaoh forced the Hebrew slaves to make bread without straw. Moses led them to the Red Sea, where they made unleavened bread, which is bread made without any ingredients. Afterwards, Moses went up on Mount Cyanide to get the ten commandments. David was a Hebrew king skilled at playing the liar. He fought with the Philatelists, a race of people who lived in Biblical times. Solomon, one of David's sons, had 500 wives and 500 porcupines.

Without the Greeks, we wouldn't have history. The Greeks invented three kinds of columns – Corinthian, Doric and Ironie. They also had myths. A myth is a female moth. One myth says that the mother of Achilles dipped him in the River Stynx until he became intolerable. Achilles appears in "The Illiad," by Homer. Homer also wrote the "Oddity" in which Penelope was the last hardship that Ulysses endured on his journey.

Socrates was a famous Greek teacher who went around giving people advice. They killed him. Socrates died from an over dose of wedlock.

Eventually, the Romans conquered the Geeks. History called people Romans because they never stayed in one place for very long. Nero was a cruel tyrant who would torture his poor subjects by playing the fiddle to them.

Then came the Middle Ages. King Alfred conquered the Dames, King Arthur lived in the Age of Shivery. King Harlod mustarded his troops before the Battle of Hastings. Joan of Arc was cannonized by George Bernard Shaw, and the victims of the Black Death grew boobs on their necks. Finally, the Magna Carta provided that no free man should be hanged twice for the same offence.

The Renaissance was an age in which individuals felt the value of their human being. Martin Luther was nailed to the church door at Wittenberg for selling papal indulgences. He died a horrible death, being excommunicated by a bull. It was the painter Donatello's interest in the female nude that made him the father of the Renaissance. It was an age of great inventions and discoveries. Gutenberg invented the Bible. Sir Walter Raleigh is a historical figure because he invented cigarettes. Another important invention was the circulation of blood. Sir Francis Drake circumcised the world with a 100-foot clipper.

The government of England was a limited mockery. Henry VIII found walking difficult because he had an abness on his knee. Queen Elizabeth was the "Virgin Queen." As a queen she was a success. When Elizabeth exposed herself before her troops, they all shouted "Hurrah!" Then her navy went out and defeated the Spanish Armadillo...." ♦

Excerpted from *A Short History of the World: the World According to Student Bloopers*, by Richard Lederer. (Mr. Lederer is an English and History teacher at St. Paul's School in the UK. He has pasted together a "history of the world" from certifiably genuine student bloopers collected by teachers throughout the UK from eighth grade through college level.) Our thanks to Lorraine Purdon and her aunt for placing this therapeutic pearl into the hands of *EDGES*.

The Wise Woman Tr

A wise woman of my acquaintance, a tiny and intense Italian strega, peers into the murkiness of the immediate future and announces with operatic bravado that we humans have, at most, fifteen years to create the big turnaround of healing and wholing ourselves and our planet. That's the time frame, she swears, and unless we make the massive changes of mind and body, brain and spirit, to enact the required transitions from disaster and devastation to nurturing and balance, this beautiful planet, her human children and perhaps all living things as we know them, will be lost.

On a more positive note, however, possibilities, plans and hopes for making the necessary changes in person and in our personal relationships to our earth are vigorously alive. In fact, the planet herself feels more and more alive, moulding us into skilful partners of her processes, willing us to relearn her ancient mysteries and share them through the gracing of those whom she claims most deeply as her daughters and sons.

One such Earth Daughter, perhaps the most vivid and original of my acquaintance, is Susun Weed. The secrets she is willing to share, through her role as keeper of the Wise Woman tradition, are among those which can reawaken us to a new understanding of health and earth, body wisdom. Susun frankly and provocatively offers the Wise Woman way of life as a healing alternative to the body-alienating, body-objectifying methods she describes as the Scientific and Heroic traditions. [see sidebar]

Inviting us to nestle into her sense of union with the earth, Susun engages us in learning to perceive health and wholeness as the essence of any condition and teaches the questions of "how" and "what" instead of "why" as the real issues to ponder when we seek healing wisdom. She gives us a renewed sense of the power of true enabling, working, as she says the wise woman does, from the centre of the void, which she feels is the place of female energy. In fact, her entire description of the Way of the Wise Woman is refreshing, courageous and clear.

[In her latest book *Healing Wise*] Susun saves her wildest whimsy and most extensive explorations – dare I say her most



scientific understanding?—for her detailed discussions of the Mother's gifts, in the form of the plants with which she works. The plants talk to us, sing to us, tell us stories. We are treated to rich descriptions of the powers each plant embodies, if we are thoughtful and caring enough to harvest and work with them appropriately. Susun offers us her understanding that the way to learn a plant fully and deeply is to live with it for a year, in all weathers, in all variations of daylight and starlight.

—Jean Houston, March 1989

The Wise Woman Tradition is invisible

The Wise Woman tradition is the oldest tradition of healing known on our planet, yet one that is rarely identified, rarely written or talked about. It is an invisible tradition.

Flexible and common, claiming no healers, having no universities, no institutions, the Wise Woman tradition is hard to see. I feel it as an invisible thread humming with wholeness,

addition

Susun Weed



ancient and vibrant, stitched through my life, stitched through the lives of all who went before and all who come after me. An invisible, tenacious thread.

The reasons for the invisibility of the Wise Woman tradition are manifold:

Nourishing is an invisible process.

The Wise Woman tradition is based on nourishment, a basic process generally taken for granted, not considered worthy of much note. Nourishment

through giving suck and gathering and preparing food is presented as background by anthropologists who are fascinated by the occasional dramatic hunt. Wise women nourish in invisible ways, helping others to empower themselves without saying, "Hey, look at me healing you. Look at me teaching you!"

Mothers are invisible.

Virtually all health care given worldwide (99 per cent, say some experts) is provided by mothers who care for their families' health, and most of this is done in the Wise Woman tradition. But this is not measured nor paid for, and anyway, isn't that what mothers do?

Women, especially women of colour, are invisible to white men and white male society.

The Wise Woman tradition is a woman-centred tradition. For hundreds of years, the news of the world has been given to us by white men who hardly see women at all, let alone black women. And they do not see women as powerful even when they do perceive women's existence. Women healers, midwives and herbalists are frequently written out of accounts, omitted when lists are recopied, or known only by a husband's name. And the lineage of the European Wise Woman tradition has gone up in flames so often that tracing that thread is difficult indeed.

A woman making dinner is invisible.

To claim that she is engaged in healing her family and community and keeping her universe in balance is a lot to claim for dinner. This is the Wise Woman way.

Spoken words are invisible.

The Wise Woman tradition is an oral tradition, and we have grown accustomed to believing things only if they are written down, in books. The Wise Woman tradition flows from experience rather than faith in books; from creativity rather than dogma; from many unique individuals creating new ways to heal/whole, creating new/old wise ways,

continued on page 30

THREE TRADITIONS IN MEDICINE

The *scientific tradition* is characterized by linear thought patterns, narrow focus, and either/or opposites. Life and death are at war. Illness must be conquered. When we are sick, we are urged to fight, to kill the invaders. The body, the entire universe, is envisioned as a machine, functioning according to set laws. Accurate diagnosis becomes extremely important, because the side effects of potent, molecule-specific medications and surgical procedures are capable of damaging and destroying the body if incorrectly applied.

You're in the scientific mode if you think the best way to fix your cold is to take a synthetic drug to kill the germs that gave it to you or to relieve your symptoms.

Alternative or holistic medicine generally functions in the *heroic tradition*. The body is seen as a temple, a dirty temple. Disease is thought to be caused by toxic wastes which have built up in the body. Health is promoted by cleansing – fasting, enemas, colonics and strict discipline. While the heroic tradition validates the use of herbs and home remedies, it often confounds the patient's personal power by insisting on complex or difficult formulas, by advising the use of hard-to-get substances, and by recommending arduous rules beyond the ability of most of us to follow. Staying healthy in the heroic tradition becomes a process of avoidance and fear. No meat, no milk, no anger, no cooked food, and so on.

You're in the heroic mode if you think you got your cold because you ate ice cream last week; if you treat it by taking capsules of cayenne and goldenseal; if you think the problem is too much mucus.

Both of these traditions – scientific medicine and alternative/heroic medicine – are predicated upon fighting sickness and avoiding death. They rarely cooperate with the natural cycles or with the natural workings of the body. The *Wise Woman Tradition* does not see death or sickness as an enemy. It asks us to honour these processes as our allies, to fully accept our lives and problems. Nourishing ourselves physically, emotionally and spiritually allows changes to occur in its own natural flow.

Reprinted with permission from *woman of power* magazine, The Wise Woman Tradition: An Interview with Susun Weed, by Delores Hajosy, *woman of power*, winter, 1987. © Susun Weed

Susun Weed's poetry follows on next page

Who is this Crippled Old Black Woman?

I see the wise woman.

She carries a blanket of compassion. She wears a robe of wisdom. Around her throat flutters a veil of shifting shapes. From her shoulders, a mantle of power flows. A story band encircles her forehead. She stitches a quilt; she spins fibres into yarn; she knits; she sews; she weaves. She ties the threads of our lives together. She forms a web of spiralling threads.

I see the wise woman.

She is at her loom: a loom warped with days and nights.

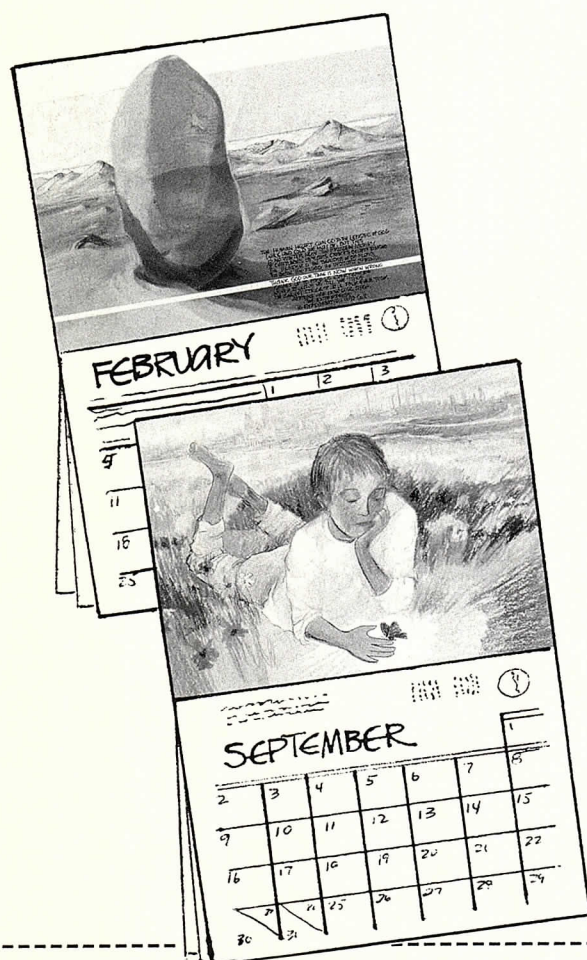
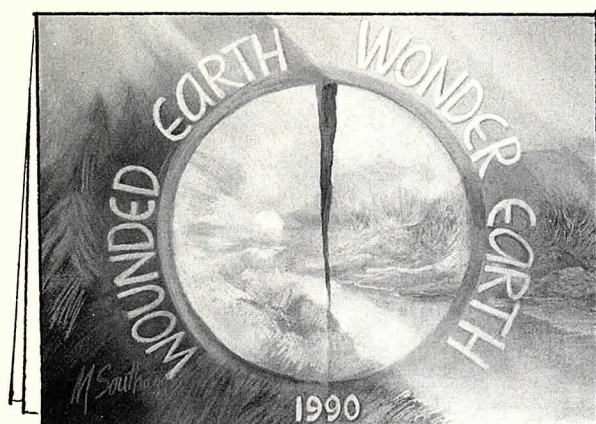
White threads, black threads receive her flying shuttle, a shuttle filled with threads of many colours. Threads the colours of the earth, the common ground; threads the colours of the people of the earth. Some threads short; some threads long; each thread different, each perfect. These threads are alive with sound and colour. These threads are mutable; they change at a touch. These threads are crystal antennae; they respond at a thought.

And intertwined with each thread is a thread, blood-red: a thread of such sensitivity, it cannot be seen, yet a thread of such vitality, it can never be hidden.

As our blood flows over and under the days and nights of our lives and binds each moment to the whole, so the red thread of the wise woman binds us in the tapestried, cosmic web.

I see the wise woman

And she sees me.



Wounded Earth Wonder Earth

Calendar for 1990

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BY MARY SOUTHARD CSJ

We are filled with deep wonder at the beauty and generosity of our planet earth, at this time of awakening to the tragic destruction of her (our) life systems. These reflections offer food for our journey toward resuming our proper place in the earth community, and attend to the healing of our planet...

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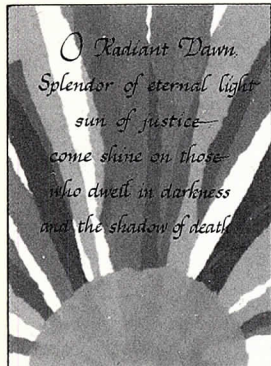
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Note Cards # Christmas Cards

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C-28

(Front) O radiant dawn, splendor of eternal light, sun of justice, come shine on those who dwell in darkness and the shadow of death

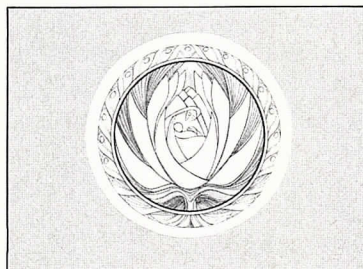
(Inside) May the Son of God warm your heart and your home at Christmas
Colors: Shades of crimson and yellow

See Reverse Side
For More Designs
and Two
Assortments!



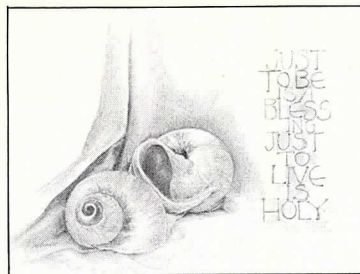
C-31

Child of the earth
Child of the wind and water
Child of fire
Blessings of the Child to you
Color: Blue



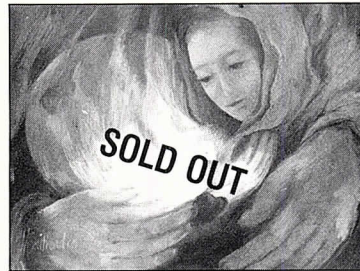
C-32

Let the earth be opened and bud forth a Savior
Color: Green



N-7

Just to be is a blessing. Just to live is holy (on face of card). Blank inside
Full color: Pastels



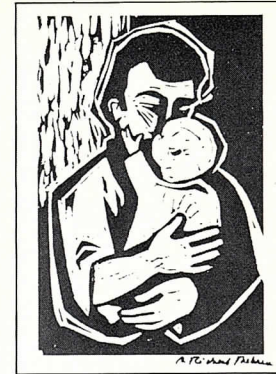
N-15

Just above the fold in the lower left corner of the upper panel is the following from Julian of Norwich: All is well, and all will be well, and all manner of things will be well.
Color: Blues



N-29

Blank inside. Earthtones



N-11

Brown woodcut on ivory stock.
Blank inside.



N-26

May your birthday be filled with joy and the loving wishes of people who truly care!
Full color: Pastels



N-27

Blank inside.
Full color: Pastels

Name (Please print) _____

Address _____

City _____ State _____ Zip _____

Number of card packages:

N-7 _____ N-22 _____ N-26 _____ C-31 _____

N-11 _____ N-23 _____ N-27 _____ C-32 _____

N-15 _____ N-24 _____ N-29 _____ SA _____

N-21 _____ N-25 _____ C-28 _____ GA _____

Some items are limited stock. May we substitute with your second choice? ☐ Yes. My second choice is _____

Total number of card packages _____ x \$6.50 each _____

Illinois residents, add 7% sales tax _____

Postage and handling for cards:

First Package: \$2.50 _____

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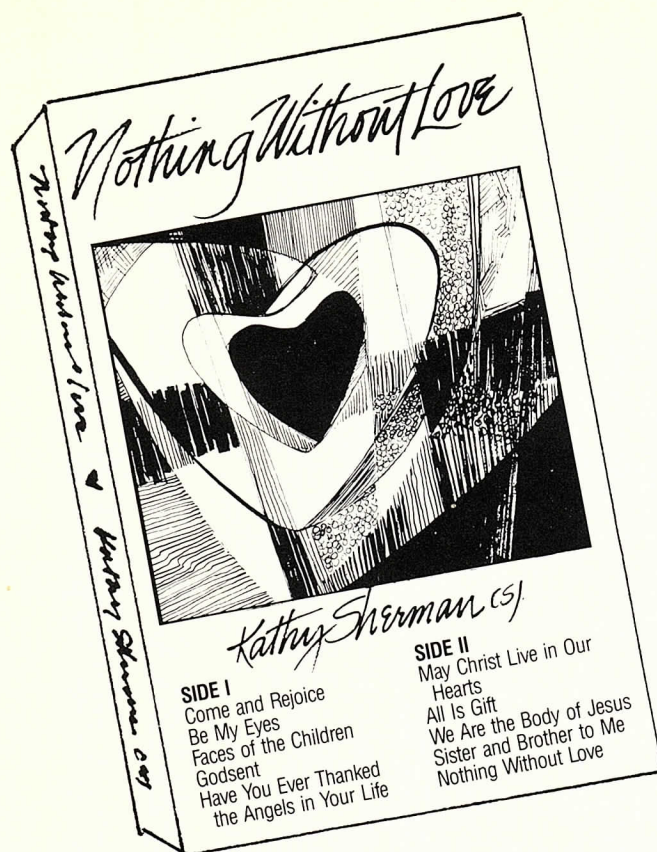
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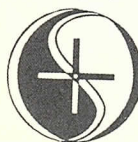
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☐ I would be interested in sheet music when it is available.

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(IL residents add 7% sales tax) \$ _____

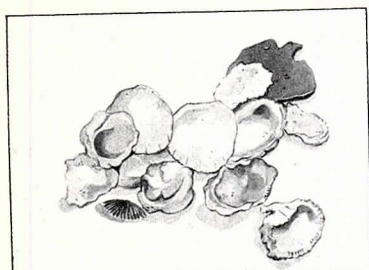
Postage & handling \$ _____

Grand TOTAL \$ _____

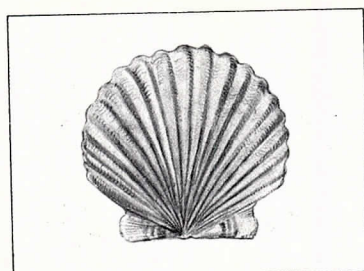
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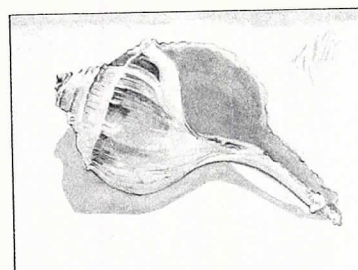
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N-21 The inter-relatedness of the world links us constantly with more people than our hearts can hold.

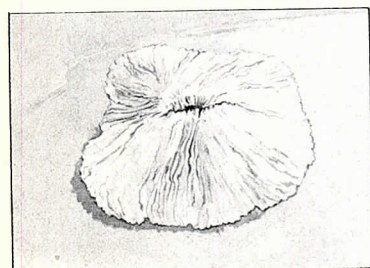


N-22 When we start at the center of ourselves, we discover something worthwhile extending towards the periphery of the circle.



N-23 Only when one is connected to one's own core is one connected to others; the core, the inner spring, can best be refound through solitude.

New!



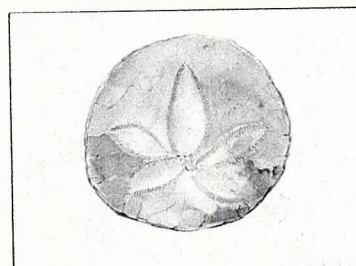
N-24 The light shed by any good relationship illuminates all relationships.

NOTE

Inspirational messages appear in the lower left corner above the fold ... no larger than this paragraph ... *Lots of room for notes* ... All designs on this page are in pastel tones. Cards are 6-1/4 x 4-5/8, printed on white paper. 15 cards and envelopes per package.

See Reverse Side
For More Designs

Assortment-SA
N-21, N-22, N-23, N-24,
and N-25 also available in an
assortment of 15 cards and
envelopes, 3 of each design \$6.50



N-25 The here, the now, and the individual have always been the special concern of the saint, the artist, the poet and—from time immemorial—the woman.



Assortment-GA Includes N-7,
N-15, N-26, and N-29
(see reverse side) and 8
general purpose designs.
15 cards and envelopes
\$6.50



I see the wise woman.

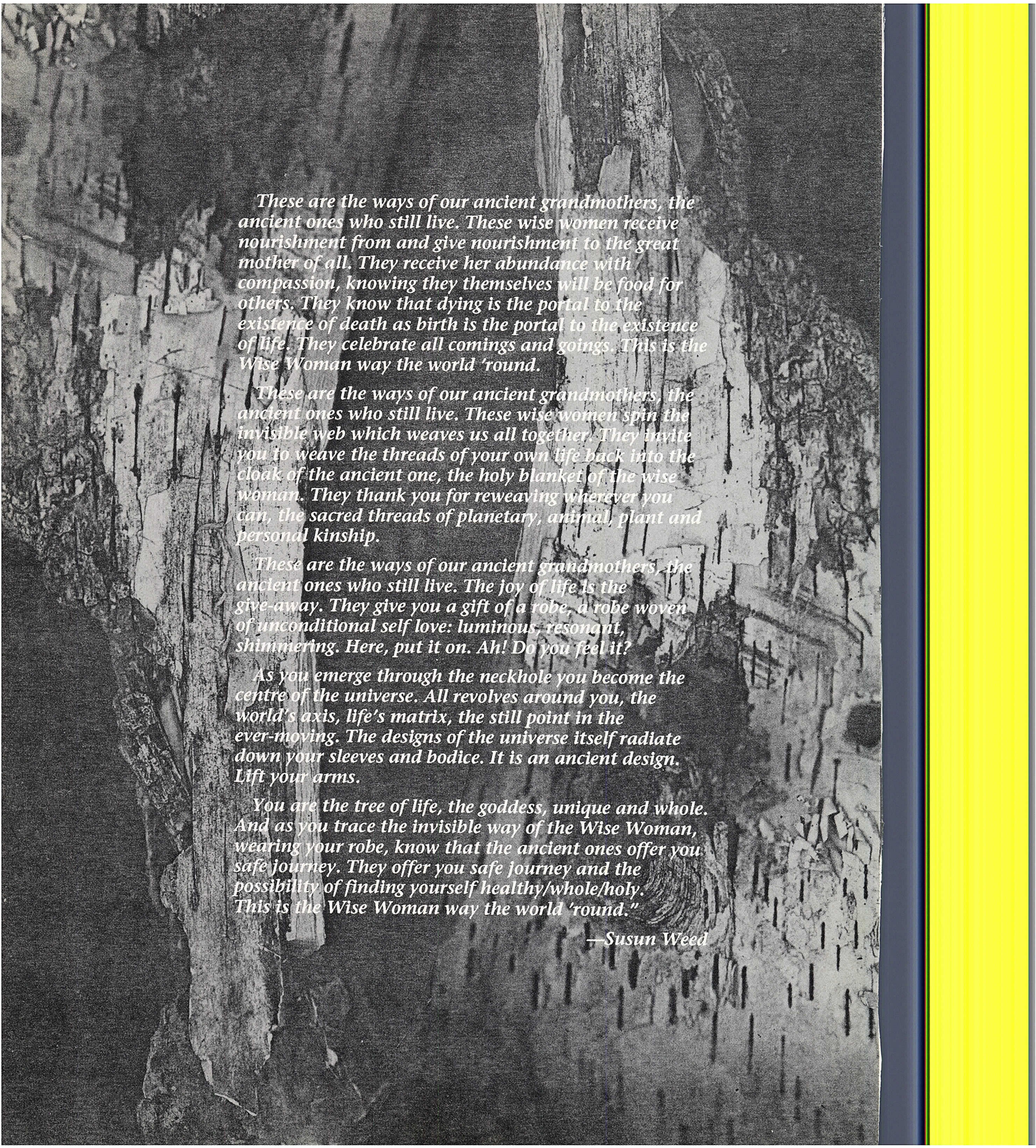
She is old and black and walks with the aid of a beautifully carved stick. She's the ancient grandmother of us all and she represents health/wholeness/holiness in the Wise Woman tradition.

She's the one who brought me here. She brought me to the Wise Woman tradition, and she has guided me in the writing of my books. I have been following her traces for years, find here and there a thread from her cloak.

I find many of her threads, vibrant threads, when I visit with and read about aboriginal women. The aboriginal woman, the original woman, the earth-based woman, the woman of earth colours, the woman of the mother cultures speaks to me. She speaks in a gesture, in a colour, in a glance. She speaks in a smile, in a song, in a dance. She speaks to me of Wise Woman ways.

The crippled old black woman winks at me and spreads her arms.

"These are the ways of our ancient grandmothers, the ancient ones who still live. These wise women are one with all life as they tread the ever-changing spiral. Every pain, every plant, every stone, every feeling, every problem is cherished as teacher: not teacher who grades, but teacher who guides. Night is loved for darkness and the stars. Day is loved for light and the sun. Uniqueness is our treasure, not normalcy. Our universe includes all; it is 'both/and', not 'either/or'. This is the Wise Woman way the world 'round'.



These are the ways of our ancient grandmothers, the ancient ones who still live. These wise women receive nourishment from and give nourishment to the great mother of all. They receive her abundance with compassion, knowing they themselves will be food for others. They know that dying is the portal to the existence of death as birth is the portal to the existence of life. They celebrate all comings and goings. This is the Wise Woman way the world 'round.

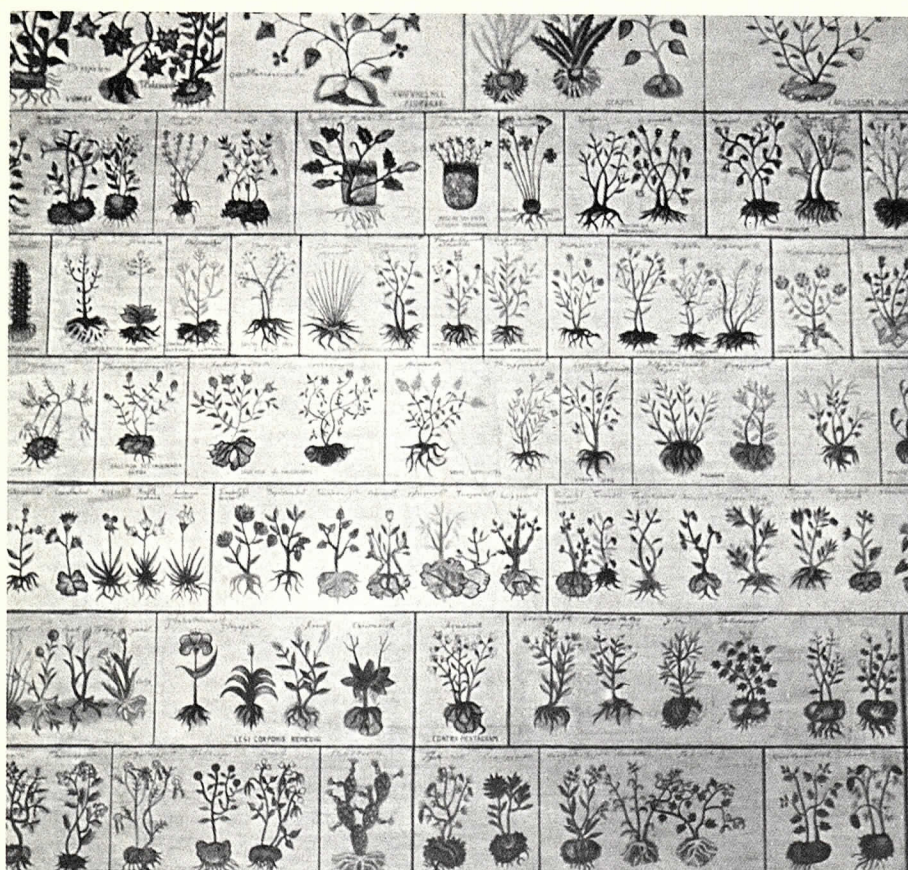
These are the ways of our ancient grandmothers, the ancient ones who still live. These wise women spin the invisible web which weaves us all together. They invite you to weave the threads of your own life back into the cloak of the ancient one, the holy blanket of the wise woman. They thank you for reweaving wherever you can, the sacred threads of planetary, animal, plant and personal kinship.

These are the ways of our ancient grandmothers, the ancient ones who still live. The joy of life is the give-away. They give you a gift of a robe, a robe woven of unconditional self love: luminous, resonant, shimmering. Here, put it on. Ah! Do you feel it?

As you emerge through the neckhole you become the centre of the universe. All revolves around you, the world's axis, life's matrix, the still point in the ever-moving. The designs of the universe itself radiate down your sleeves and bodice. It is an ancient design. Lift your arms.

You are the tree of life, the goddess, unique and whole. And as you trace the invisible way of the Wise Woman, wearing your robe, know that the ancient ones offer you safe journey. They offer you safe journey and the possibility of finding yourself healthy/whole/holy. This is the Wise Woman way the world 'round.'

—Susun Weed



Wall painting by the modern Mexican artist Diego Rivera, copied from a fourteenth-century Aztec codex.

Traditional Medicine in Mexico

This text is adapted from an interview with Doña Vicenta Villalba, a traditional healer from the state of Morelos in México by Jesús Nogal, also of México. It was conducted at the Our Common Future conference, in Oaxtepec, México in November, 1988.

What is the work of your Institute?

The Mexican Institute for Traditional Medicine is dedicated to the work of recovering traditional medicine in México, and preserving the ecology not only of human bodies but also of the environment. Our institute is enabled by the contributions of those who are empirically dedicated to the work of recovering traditional medicine.

How do you participate?

I am a healer from the village of Amatlán. I teach traditional ways of medicine to 20 communities in the State of Morelos. With me is Señorita Paula Torres, one of my students, who has been a healer on her own for some time. She uses the *temascal* bath – a traditional Aztec bath similar to a steam bath but

done with herbs. She heals in her own household and uses the alternative medicine taught by the Institute.

What makes traditional medicine different?

This medicine puts us in touch with the traditions of our ancestors in Mexico. In traditional medicine, when we are going to do a healing, we very respectfully do a ceremony. For example, before we cut a medicinal plant we bow and say a prayer with great respect; we tell the plant why it will be used and ask it to have the best healing qualities to cure our illnesses. We continue to do this, according to our training, wherever we go.

Where do your medicines come from?

We go together to collect medicines from plants in their fresh and natural state. Since we are as concerned about ecology as medicine, the collectors are very careful not to damage the stem of each plant. They teach students how to cut the little outer branches so that the plant is not mistreated or irretrievably lost. In this way we care for our environ-

ment to ensure a better oxygen supply.
How do you do the training in local villages?

Every year we have a fiesta of the medicinal plants. This is held in different locations chosen by vote. We hold workshops and training courses, so that delegates can go back to their communities trained in the use of the plants. We train them how to collect plants, how to take care of them, how to dry them, and how to store them. When the plant is dried, it looks different, so we show people how to label it with the name so that it can be later recognized, and mistakes will be avoided. We meet with the village people under a tree and teach them how different illnesses present themselves, and how to use the medicines.

Does this mean that the same kinds of plants show up anywhere?

No, not all places have the same kinds of plants; they vary from place to place and from climate to climate. For this reason, we do interchanges in communities. After doing a collection in the field, we make an herbiary so that the people can recognize them in a direct way. The herbiary is also used for interchanges from one community to another so that they can add to their collection or have access to more samples. We label the samples with their popular or *nahuatl* name (in the language of our ancestors), and also with their scientific name. We also take these herbiaries to the annual fiesta for interchanging and expanding our knowledge of plants. These herbiaries help in the teaching of medicines and the treatment of illnesses. When you know the plant easily, you can use it directly to cure the illness.

How are the medicines prepared?

We have recipes, of course; we have a beaker to measure the alcohol, the sugar and the plant; we use scales to weigh the plants and make calculations in the case of more complex medicines. For several medicines we make syrups. Each syrup has a label for ready recognition. The recipes are carefully preserved so that the medicine can be prepared over and over again. Syrups and tinctures are stored for use as needed. We urge communities to have their own family gardens so that they can easily obtain medicinal plants. Sometimes people get sick at night and then the plants are readily available.

Do you use any medicines besides plants?

Yes. We also use the *temascal* bath, an Aztec tradition which is, unfortunately, being lost in our country. The Institute is recovering and popularizing these customs so that they will not be forgotten.

The *temascal* is good for everyone, for purifying their bodies. It is especially good for chronic illness such as illness of the spleen, respiratory diseases, rheumatism, varicose veins and other cold-climate illnesses. We may give a massage before the *temascal*. The massage breaks up the blockages in the body system. Then, in the bath, the body is more conscious of the steam and medicinal herbs. After the bath, the attendant observes any reactions that may have happened during the bath. When a person is resting after the *temascal*, we massage the bottom of the foot because this area is a reflection of the whole body, both its internal and external organs.

We use another way to heal, which is acupuncture. This is not traditionally Mexican, but we are learning it as another healing alternative. We also heal through the ear; this is called auriculotherapy. The ear also represents the whole internal body and you can find different places in the ear to cure an illness whether internal or external.

We are pleased that this work is really of service to those beyond our own area, since we do not use chemical medicines. In the village of Amatlán, there are five *temascals* used by the villagers and by people from other countries. ❖

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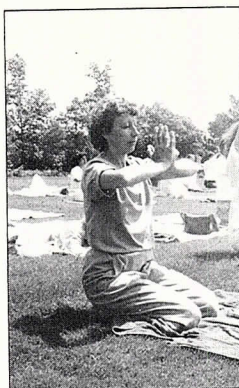
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WISE WOMAN TRADITION *continued from page 21*

rather than a monolithic tradition. It is non-repeatable, non-replicable, ever changing.

There's no visible structure in the Wise Woman tradition.

There is no hierarchy in the Wise Woman tradition: no difference between above and below, no order of authority, no sense of "man" as better than all other forms of life. There's no president, no guru, no chairman of the board. There are no rules to follow. You can't get a degree or certificate in the Wise Woman tradition. You can't be tested on it, because there are no right and wrong answers.

Uniqueness is invisible.

Each healing/wholing ritual encounter in the Wise Woman tradition is unique. Repetition is neither sought nor valued. In the Scientific worldview, a single instance of anything is virtually invisible. the more repeatable something is, the more visible it is.

Commonness is invisible.

It's just too familiar. When the European came upon native cultures, he could not see that there were medicine women, because all women were medicine women. The few medicine men (often dressed up as women) were visible to him. And so European cultural biases perpetrated the myth of the medicine man, and the medicine woman remained invisible.

Prevention is invisible.

If I drink nettle infusion while pregnant and don't hemorrhage, I haven't done anything visible or noticeable. We have become so used to invasive preventive medicine (as with mammograms) that nourishing as prevention is invisible to us. With Wise Woman ways we reso-

nate in health/wholeness/holiness throughout our lives, so there are fewer emergencies and fewer heroic measures are needed.

One of the powers of the wise woman is invisibility.

A Wise Woman tradition midwife tells me that when she is profusely thanked (right at the birth) she reconsiders what she did, looking for ways to be more invisible. "I'm there to help her remember her power, not to display mine. I'm there to support her to deliver the baby: I don't deliver. I'm only there if I'm needed. the more invisible I am, the more I can really help."

Because it's invisible, the Wise Woman tradition is difficult to discover and easy to ignore. At the same time, because the Wise Woman tradition is the oldest tradition of health care among humans, its ways are deeply embedded in our collective consciousness, in our morphogenetic fields, in our ancient brain parts. We can try to ignore the Wise Woman tradition, but it won't leave us alone.

The wisdom of the Wise Woman way exists within each of us; it exists within you and it can come to life through you. The Wise Woman tradition lives in the woman-self memory of each person. How do I know? The most frequent comment (and my favourite compliment) after a talk on the Wise Woman tradition: "I already knew everything you had to say, I just needed you to remind me."

Susun Weed has been a healer and teacher for over two decades, and an international awakener of womanspirit. She is the founder of the Wise Woman Centre, author of Wise Woman Herbal for the Childbearing Year and of Healing Wise. The article above is an excerpt from the latter book. It is available by mail at US\$14.95 postpaid. Readers can also write for a free brochure of Susun's classes. The address is: Susun S. Weed, P.O. Box 64, Woodstock, NY 12498, USA. ❖



Overtones of Health

An Interview with Don Campbell
by Ronnie Seagren

How are sound, music and rhythm related to health?

All health is sustained by rhythmic patterns which occur throughout the body. The most fundamental rhythm is breathing because without breath we cannot live. Breathing is the rhythmic flow of the outer world into the inner world. The beating of our hearts and other rhythms within the body are all based on regular and irregular pulses as they relate to one another. We have several brain wave rhythms – beta waves at 18-22 cycles per second, alpha rhythms from 8-13 cps, theta rhythms at 4-7 cps and delta rhythms (like deep sleep) from 1-3 cps. These rhythms move up through the paraconscious temporal lobes into our different waking and sleeping states. They move into the frontal lobes of our brains into our rational cognitive abilities, allowing us to respond linguistically to consciousness. These are very basic rhythms.

Our hearts beat from 80 times a minute down to 38 or so when we are sleeping. The stomach contracts every two or three minutes. There is also a kidney cycle, an intestine cycle and a spinal fluid cycle. Our bodies are really polyrhythmic. There is a polyrhythmic counterpoint forever at work in our magnificent orchestra of life and of consciousness.

So how does music relate to health?

If we think of just playing music in the background for a person, we have a fairly limited view of the effects of sound on the body. For the last ten or fifteen years it has been popular to play certain kinds of music to create certain moods. That has been simply an introduction to sound and healing. But it has missed, in a formidable way, posing the intelligent and mature questions about the effects of vibration and sound upon the body.

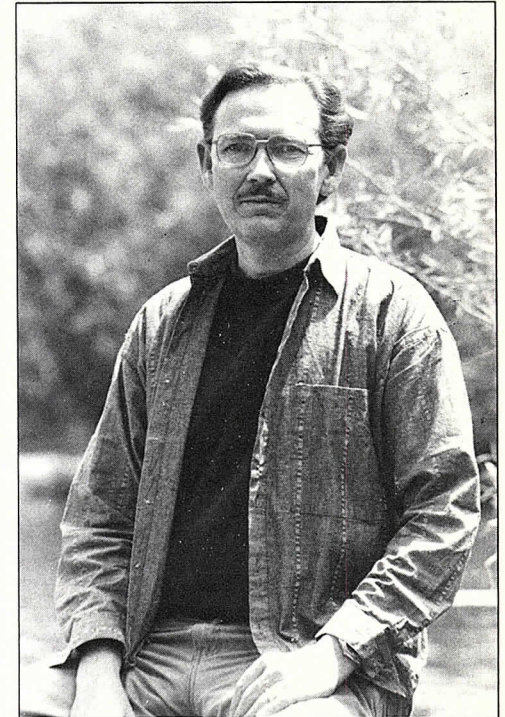
Consider breathing. We must look at how a sonic environment modifies one's breath. Does the actual physiology of a piece of music invite an exhalation? Or does it spark up the consciousness so there is a slight increase in your circulation? When I get up in the morning to rock music I get jarred in one way, while if I play a Strauss waltz it is very different. While coming home in your car after a hectic day of work you don't want to hear upbeat, bright jazz. That just adds more caffeine to the day. If you listen to something that is more calming, your breath, your skin temperature and the manner in which your body responds literally change.

This is about as far as New Age music has looked at healing and sound. It is important, of course, but it does not touch the primary changes that occur in the body – our psycho-acoustical responses to sound. We are talking about rhythm pattern communicating with rhythm pattern.

What, then, is the basic question that needs to be asked?

What are the effects of tonalized rhythmic patterns (music) upon the structures and patterns of the body? And how do emotions and thought processes affect the body?

Today, most people working with music and healing are doing intuitive research rather than physiological research. I do not mean to be negative about intuitive research, because it is also vital. But so much music, muzak, background music and environmental New Age music is like sonic wallpaper. If we dare to call that healing, we may put our art in jeopardy. It might just allow us to feel more comfortable in a room, but we are now at a place from which we want to move forward and create change in the body. Curing of disease, remission of disease and specific treatment of disease through sound are



Don G. Campbell is the founder and director of the Institute for Music, Health and Education in Boulder, Colorado. He is a composer, performer, author, researcher and teacher. He has written two books, *Introduction to the Musical Brain* and *The Master Teacher: Nadia Boulanger*, as well as over 200 articles on education, music and the curative aspects of sound on the body. He has recorded eight albums of his compositions. His "Symphony for the Inner Self" is used extensively in imagery healing programs at hospitals. His studies, performances and teaching have taken him to Japan, Bali, India, Europe, Canada and Africa. He is engaged in a Guggenheim research grant on the ear, reading and dyslexia with Chicago inner city children. He is a music consultant for Dr. Jean Houston's workshops. Considered to be one of the leaders in the field, his research and teaching on the effects of sound on the human brain and body are pioneering new directions in health, education and personal well-being.

About his new book, *The Roar of Silence*, published by Quest Books, he says, "It is about the power by which we can communicate and come to communion with the outer world and the inner world." Don Campbell can be reached at The Institute for Music, Health and Education, P.O. Box 1244, Boulder, Colorado 80306.

The tones of the voice directly and efficiently affect the limbic system.

altogether different issues and they demand a great deal of attention.

At the Centre for Music, Health and Education here in Boulder we are looking at health in a maintenance context. The environmental aspect of healing means calming, making peaceful, balancing, refreshing. Balancing is the most efficient way I know to define what health is. To feel a balance between inner world and outer world, between mind and body, between emotion and cognition. We are always in a healthier state when we are not intensified in just one world.

The primary question we must observe regarding the use of creative vessels in the healing arts – art, music, singing, dancing and so on – is the ease by which the mind-body can respond to the rhythmic and sonic inputs. Generally music is non-invasive and can be used so that the body can completely ignore it. For example, lulling a baby to sleep with song is such a natural way to invite the child to respond. If we create music that is fast and energized, it allows our body to feel more lifted and more sparkly, so to speak, when we are in a relaxed or down-hearted mood. The arts carry within them the tool of ease to gain permission within the mind-body system.

Can you talk about the effects of psycho-immunological techniques on strengthening the immune system?

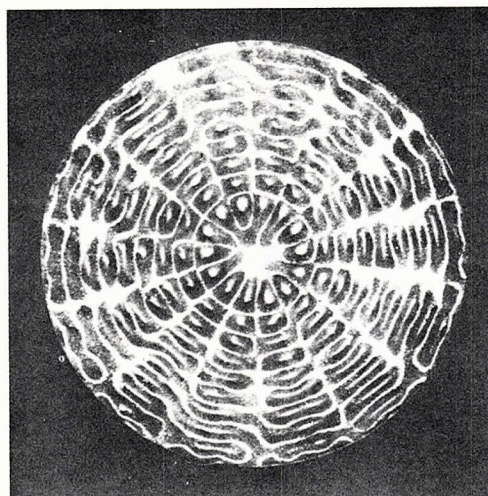
The tones of the voice directly and efficiently affect the limbic system. When you talk to cats, babies or your lover, you use very different inflections and tones that are understood by the emotional body, not by the cognitive body. These are very old sounds. The whole linguistic evolution of sound comes from these vowels and emotional patterns held within these vowels. When we create a richer-feeling vocabulary of sound we actually create a very different response within the hypothalamus which, in turn, affects the immune

system. By prolonging tone in the body for two or three minutes there is a tremendous change in both psychological and physiological response. And perhaps even in the T-cells and endorphins within the blood.

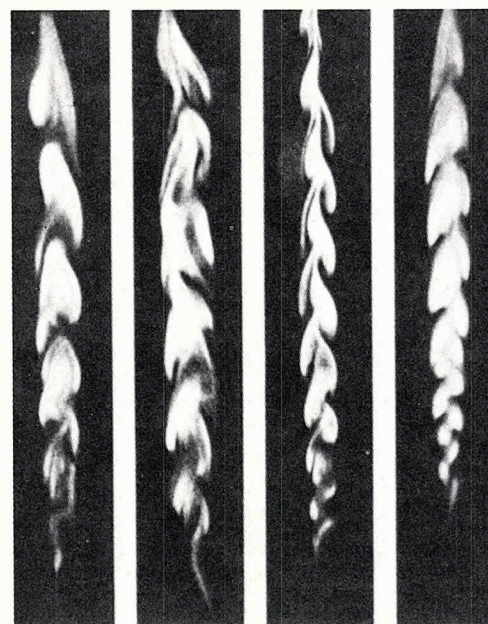
What do you recommend to a musically oriented person with, say, a cancer or back problem?

I think they need to forget some of their musical knowledge and to see what they can do with tone in the body. One can do a scavenger hunt by lying on the back and releasing sounds. If there is pain in the body, allow the sounds to be

Examples of how vibration affects matter



Chladni figure: Sand scattered on a steel disc and vibrated at given sound frequencies produces visible patterns.



Well bowed violin

Badly bowed violin

Flute

French Horn

Rising smoke in a vacuum responds to musical notes

released through the voice. The purpose of this kind of exercise is not for anyone's ears, but to let our body experience the vibrations, because that evokes body-brain responses. Deep sighing for five minutes (but not just 12 seconds of OOOOUUUUCH!) can have a tremendously soothing effect on the body. Any vowel sound has an effect. Try sighing with different vowels using different inflections. It sometimes takes going out into a field at first, where nobody can hear you.

A musician can be as inhibited as a non-musician. Most of us are put off by our own sounds and the feeling of our voice. I often ask groups at my seminars, "How many of you are professional musicians or music teachers?" I usually get a wide show of hands. Then I ask, "How many of you have had goose pimples over music in the last 72 hours?" There might be only one person. This is so ironic because many people who are not musicians feel that joy of music much more effectively day after day after day. They have not numbed their emotional responses by whether they think some aspect is right or wrong. Often as musicians we are trained to control music so that it sounds right.

What specific applications of sound to treatment are you researching at your Centre?

We are looking at how the ear listens to sonic information. There is a big difference between hearing and listening. Hearing is just the actual sounds coming upon the body. Whether we pay attention to them depends very much upon the focus of our attention and upon our emotional state.

We are also studying how the ear listens when we are sitting up *versus* lying down. This is important in psychotherapeutic work and imagery work which is conducted lying down. The blood flow within the head dramatically modifies the information conducted through the bones and the air. This is the first research anywhere on this. It is my belief, but not a proven fact, that the ear is able to hear more frequencies with the increased blood flow. I think that the vibrations reach more deeply into the midbrain where the subconscious is allowed to be heard by the conscious mind. Freud may have had all this figured out when he bought his first couch. We are looking at the ear in relationship to the vestibular and the nervous systems to see the differ-

Loud sounds can have a pain-inhibiting effect in the body.

ences in thoughts and images when sitting and lying down. The whole listening process involves not only what the client or patient hears in the outer world, but also what they hear in the inner world of their own thought processes.

In another research project we have designed a special vibratory table with sixteen speakers based along the midline and the sides of the body. An interdisciplinary research team directs different frequencies to different parts of the body to assist in muscle relaxation and observes the effects. You could call it a kind of sonic Roling. By using music and beat pattern frequencies for three to seven minutes, we are beginning to see how sound efficiently massages the body.

We are also looking at the curative aspects of tone, breath and sound, *eg.*, the effects of vibrating one's own breath in one's body for prolonged periods of time. My book, *The Roar of Silence*, is based on several years of this work. When you stay with a sound long enough for the body to entrain itself with that sound, a resonance happens just as when you sing into the hole of a guitar. We are working with up to 15 clients a week who are learning to use their voices to release stress from the body. This is not singing. It's making long, long humming sounds and roars. It is learning to stay with a vowel long enough to see where we inhibit emotions in the body and how to release them.

What have you noticed about people who sing in choirs?

For many years I was the national director of the Choristers Guild which has over 10,000 choirs in the U.S. It was astonishing to me that, until they had completely memorized the music, the singers enjoyed the warmups much more than the music itself. In the warmup they were always much more into the feeling/vibration/listening mode than they were into the performing mode.

In Gregorian chanting, Tibetan overtone singing and a variety of improvisational singing forms, we find the

expressive aspects more important than the performing aspects. Of course, great performers transcend all of this. But many people who have been told in high school that they do not have a very good voice seem to close down and miss the benefit of that enjoyment. It is critical that we give people permission to feel the power of their voices, without worrying about how they sound to themselves or to anyone else.

What about people who play instruments like violins or drums, where the vibrations are immediately part of their body?

We listen and hear in three different ways: through the ear, through the bones and through the skin. Bone conduction is now beginning to get a great deal of attention regarding memory development, language development and health questions. Bones seem to hold or carry the higher frequencies in a much more efficient manner than air. The skin carries a great deal of sonic information to the brain. Of course, the air naturally brings it to the skin and the bones. Helen Keller learned to speak from skin and bone conduction.

People who play instruments develop a keenness in tuning and pitch discrimination. It is very different with a rock band or Mozart on headphones, where everything is amplified and your body is invaded and can hold up in a peaceful form for only thirty or forty minutes before it begins to shut down and you can no longer hear it.

However, there is a curious paradox. Particularly with teenagers, loud sounds can have a pain-inhibiting effect in the body. I have observed teenagers and children with burns so bad that medicine could not be applied directly on the body. Some of the most soothing sounds for them were Michael Jackson, Queen and Prince. If they listened to Crystal Meditations or Strauss waltzes, the pain might have increased.

You've done a lot of thinking about the effects of the sonic bombardment we live with all the time.

There is so much more sound nowadays than even a few years ago that the brain hardly even perceives it. The brain-body system has to work overtime sometimes just to cut out sounds. I do not hear the dozen or more cars that go by my house every minute or so any more, nor the aircraft, nor the appliances. Our whole sonic system has to work psychologically to not be aware of the subtleties of sound.

However, it is important for the body to receive sounds. For example, in echoic chambers where, as in flotation tanks, there is a prolonged experience of time with no sensory sonic stimulation to the body, the body becomes very, very loud. You begin to hear your own breath, your own heartbeat, your own nervous system. The body is a very noisy place. The length of time it takes for this to happen depends upon the air and the light, which are factors which make a big difference to the feeling of safety in these chambers, but it is quite obvious after about five minutes. I have been in one for about thirty minutes and afterwards I was thirsty for sensory input.

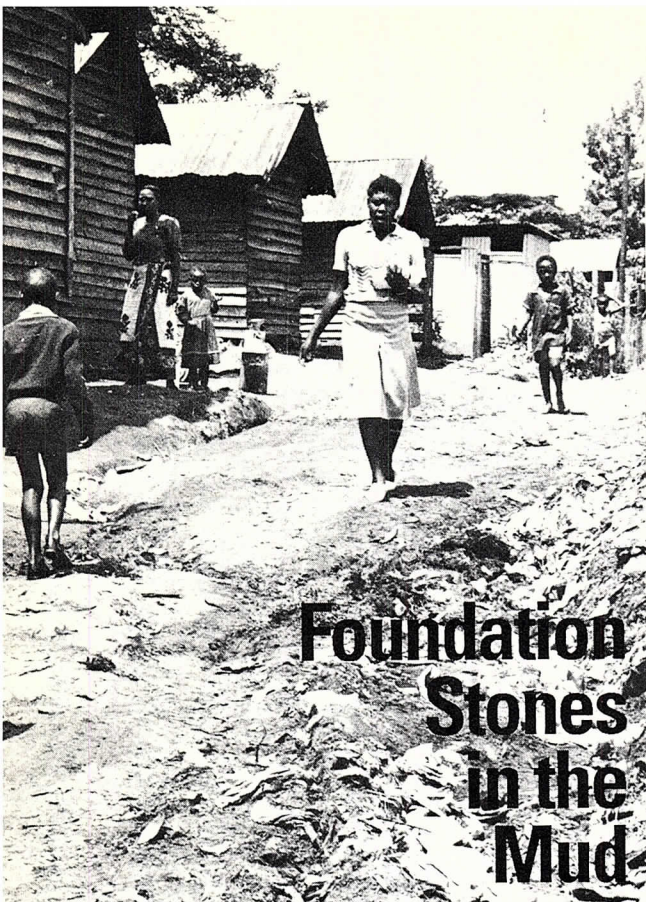
Sounds are very important for the body, even simple sounds. You can get energy from talking to people. You can get energy from yourself from making the sounds. And you get energy from yourself from making the tones in your body and remembering the energy that evokes them. ♦

EXERCISE

How to use Tones to Relieve Stress

Put the palms of your hands on your head, one over the fore part of the brain and the other on the back part of the top of the head so your head is mostly covered. Press down hard with your hands. Close your eyes and begin a loud humming sound. Go up and down from high frequency to low and back again several times, not like a scale but like swooping up and down. Spend two minutes feeling the vibrations on your skull. Then change to a vowel sound and notice how differently the skull vibrates, how it shifts its epicentres and vibratory points.

Whenever you feel there is a great deal of stress and tension in your body, do this exercise for two or three minutes, keeping your eyes closed. Then put your hands in your lap and feel the difference in your body. Some people who have meditated for many years have realized that in just two or three minutes this exercise can change their whole brain wave phasing, which normally takes fifteen to twenty minutes. For people who meditate or contemplate, this is a very efficient way to centre the body. And for all of us the breath and the sound already within us can enable us to change our mind-bodies.



Foundation Stones in the Mud

Jean Smith

Volunteer health caretakers train others in prevention and education.

Jean Smith is a consultant with the Institute of Cultural Affairs Kenya. She has been in community and development work for twenty years and has extensive experience in training and fund-raising.

From a small start in the late 70s the Kabirowangware Health Care Outpost in Nairobi has grown to an effective organization with 47 volunteer health caretakers, six fulltime Kenyan staff and funding by the National Council for Population and Development (NCPD). Their focus has been community-based primary health care with an emphasis on prevention and education. The workers live in Kawangware, and their most important method is weekly team visitation to the homes, market and shop areas in their assigned neighborhood.

Kabirowangware has had nine years of experience in establishing a community-based health programme. A major conference in July 1988 (reported on in the last issue of *Edges*) made Kabirowangware Outpost known as a place of effective action among participants from government, healthcare agencies and six Nairobi urban slum areas.

This experience is now being used as a resource to produce a three-week course, "Laying Foundation Stones for Health in Urban Slum Communities." Foundation Stones responds to three specific issues. First, other communities need successful methods for dealing with the overwhelming health issues of urban slum areas. Second, under the government policy of cost-sharing, Kabirowangware must supplement its funding with income-generating projects.

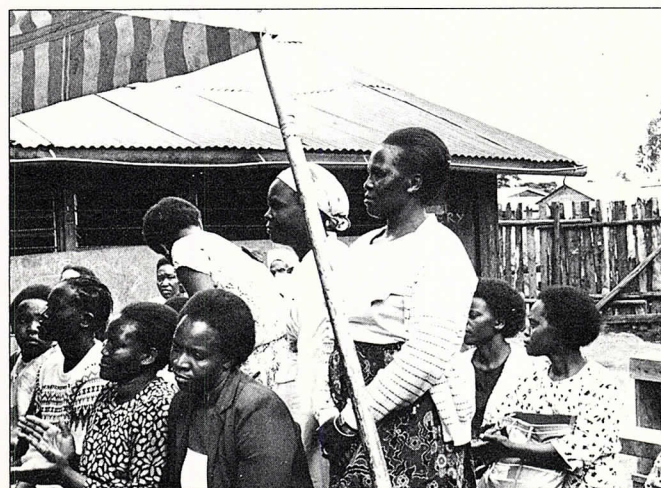
Third, the volunteer health caretakers need money to support their families. To address all three issues, Kabirowangware decided to market a course for volunteer health caretakers. A grant from the Swedish International Development Agency provided the capitalization for training the teaching team, developing the curriculum, and holding two pilot courses.

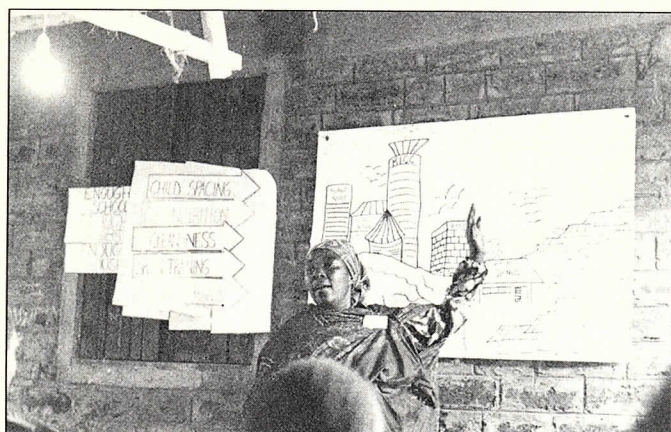
Three nights of heavy rain turned the path to the Kabirowangware Health Care Outpost into a sea of mud. But thirty people from Nairobi slums arrived promptly at 9 a.m. for the pilot course. They were going to learn how to establish community-based primary health care projects like Kabirowangware's. The clinic courtyard had been transformed into an attractive training space; and new white chairs were almost filled with trainees, two-thirds of them women.

Zura K. led a discussion which highlighted the role of local health caretakers and the theme of the morning's topic, "Care for the Community is Care for the

Nation and World." She told a story about how Mrs. Mwosa kept her eight children healthy. She put large cards up on the wall inscribed with problems such as hunger and urban crowding and invited participants' additions. "We all have hopes for a world where people are well fed, where there are enough schools and clinics for everyone. What prevents us from having such a world?" Participants responded and discussed problems such as inadequate services, poor sanitation and clogged drainage. They proposed solutions like holding nutrition classes, organizing drainage workdays and conducting child-spacing classes. Zura summarized the main points of her talk pointing to a wall full of visuals, and turned the session over to her team mate.

I was impressed! This woman was *not* a professional trainer of long experience. None of the trainers were. They were all volunteer health caretakers who learned how to communicate their enthusiasm and knowledge, and Kabirowangware is their





training ground.

Since most of the Kabiro volunteers had never taught before, a preliminary Training of Trainers course in teaching methods prepared the fifteen members of the teaching team. After the methods course, they spent three weeks on the curriculum – understanding content, practising lessons, working on teaching methods and style, creating and using visuals and handouts, designing demonstrations, and evaluating each other. The volunteer staff were encouraged to rely on their own field experience, which ranged from six to eight years.

Involving the government and community structures was very important. Community health-worker training is seen as a responsibility of the government. So people from the Provincial Medical Office, the Nairobi Council of Preventive Disease, the Nairobi City Commission clinics, and the Kabiro team were all part of the curriculum development. Any sense of competition between Kabiro and these structures was avoided; everyone benefited from the many perspectives. The local structures of the six target communities were enlisted to select participants through the health committees. The time was ripe for this program. Within three weeks, places in two pilot courses

were completely filled. Visitors were welcomed to the classes and graduation, and they in turn spread the word.

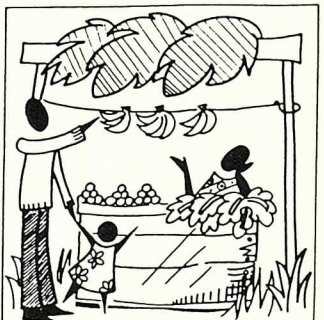
It is important that the program be sustainable and, therefore, self-supporting for the trainers. That means income has to be assured for both the clinic and the trainers. Honouraria are paid to the volunteer trainers: they keep half for their own compensation and return the rest to Kabiro as their participation in the income generation project. The program pays rental to Kabiro Outpost for the use of its space. The course also has to be offered at reasonable rates. Most such courses in Nairobi are done in a hotel with participants' materials, food, transportation and sitting allowances provided. Kabiro decided not to go this way. A modest investment in the

patio cover and in new chairs created training space at Kabiro; only materials, bus fare and light refreshments were provided.

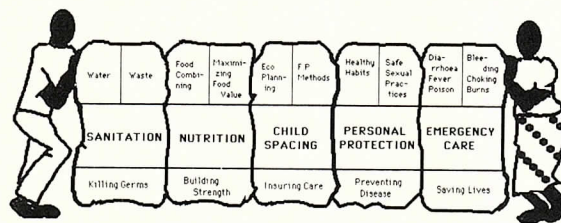
Teamwork is a feature of both the marketing and the teaching of the course. The trainers are divided into five teams of three trainers each. The team leaders help market the courses; in the process they experience directly the problems faced by the participants. Each training team teaches four different lessons throughout the course; this allows for focused preparation, a broader base of teaching styles, mutual support within the team, and future flexibility.

ICA Kenya is providing a team of three people to guide the training of the Kabiro teaching team, to assist in curriculum development, the marketing process and financial administration. People from Kabiro are learning all the support roles, for outside support cannot continue to subsidize the effort.

All this has laid the foundation for a sustainable, profitable training enterprise. Of course there are issues – too many to enumerate. While not presuming that the answers will come easily, the Kabiro team is confident that this approach to providing a needed service to other communities on a profit-making basis will succeed. ♦



LAYING FOUNDATION STONES for HEALTH IN URBAN SLUM COMMUNITIES



A TRAINING COURSE for
Community Health Volunteers

ICA Kenya, Kabiro Kawangware Health Care Outpost
in Consultation with NCPD, PHO, NCC

Course outline from the training manual

Some of the teaching
pictures used by the
health caretakers

ured that if we knew the position of every particle we could apply scientific laws and project where every particle would be in the future, and run those formulas backward and find out where they were in the past. It suddenly became apparent to the logical minds of scientists that everything past and future was held bound within the present configuration of things, and that by science we could understand the lawful nature of things and of the universe. This is the philosophy known as determinism. Along with determinism came the idea of scientific control and, from this, science became known as mankind's hope of overcoming illness, poverty, ignorance and everything else that bothers us.

There was only one problem: the body still appeared to have some sort of energy that seemed like a vital force. The one who got rid of the body's vital force was Luigi Galvani, an Italian scientist. One day he was working with a scalpel on frogs' legs in the middle of an electrical storm and a frog's leg jumped. This really got his attention. He thought, "Maybe this is because of the electricity in the air." So the next time there was an electrical storm he got a whole bunch of frogs' legs and somehow tacked all those frog legs to the metal balcony and watched them bouncing around in the electrical storm. From that he deduced that electricity is what powers the body.

At first, that was a turn back to vitalism, because people looked on electricity and magnetism as occult metaphysical forces.

When scientists learned to explain them as biochemical and physical reactions, all of a sudden, the mystery of the body's energy vanished, and

a huge effort was launched to get rid of vitalism. This was deliberate and forceful. You can see declarations by leading physiologists who said, "We have determined to rid science of any last vestige of vitalism," which was considered scientific heresy. This went on all through the 18th century to the latter part of the 19th century. You can read in the science histories that the last eminent vitalist was named Edward Pfluger — he was the last hold-out among the physiologists who believed in any kind of vital force. Edward Pfluger died in 1910. And in the science history reporting that, it said, "Edward Pfluger's death represents the liberation of science from vitalism's bond." Belief in vitalism was presumed to be bondage for science because it proposed an explanation that was not physically observable by scientific instruments.

Chiropractic has had a similar fate — it has been continually put down by science. Chiropractic, developed by D.B. Palmer in 1895, is based on the notion that there is an innate intelligence in the body which is the vital force. You can imagine why he was received the way he was. After a century and a half of condemnation of vitalism, and just 15 years before Edward Pfluger, the last vitalist, died, finally science is liberated from its bonds. But here comes this guy who says: "Hey, there's an innate intelligence in the body!" Well, of course, he was put down. Homeopathy was put down for the same reason. Homeopathy says that drugs have a two-phase effect: a direct effect followed by the body's physiological compensation which reverses the direct effect. So Hahnemann, a pioneering exponent of homeopathy in the West, said, "Let's use the second

Disease and the Military Metaphor

Not all metaphors applied to illnesses and their treatment are equally unsavoury and distorting. The one I am most eager to see retired — more than ever since the emergence of AIDS — is the military metaphor. Its converse, the medical model of the public weal, is probably more dangerous and far-reaching in its consequences, since it not only provides a persuasive justification for authoritarian rule but implicitly suggests the necessity of state-sponsored repression and violence (the equivalent of surgical removal or chemical control of the offending or "unhealthy" parts of the body politic). But the effect of the military imagery on thinking about sickness and health is far from inconsequential. It over-mobilizes, it over-describes, and it powerfully contributes to the excommunicating and stigmatizing of the ill.

No, it is not desirable for medicine, any more than for war, to be "total." Neither is the crisis created by AIDS a "total" anything. We are not being invaded. The body is not a battlefield. The ill are neither unavoidable casualties nor the enemy. We — medicine, society — are not authorized to fight back by any means whatever. About the metaphor, the military one, I would say, if I may paraphrase Lucretius: Give it back to the war-makers.

— Susan Sontag in
Aids And Its Metaphors,
Collins Publishers, San Francisco, 1988, pgs. 94-95.

effect for the therapy. If the second effect is to be good, then the first effect has to be bad. We have to get something that produces the symptom so that, when the body compensates, it will get rid of the symptoms." This is known in homeopathy as the Law of Similars. However, homeopathy came to be considered totally unscientific and passed out of science. Every one of our laws has

been developed since that time.

Now this scientific approach worked for acute illness because they got the magic bullets and the antibacterial agents; inoculation seemed to have an effect. Once those had been mastered, science turned its attention to chronic illness — cancer, arthritis, heart disease. Naturally, everyone expected the same kind of

victories. In 1971, the U.S. Congress declared war on cancer in the National Cancer Act – only two years after NASA put a man on the moon. So, in the wake of that exuberance and enthusiasm, the U.S. said that it would put an end to cancer by the Bicentennial of the Declaration of Independence – 1976. That was the original intention of the Act.

Did we succeed very well? No. As a matter of fact, now, almost 18 years later, the deathrate for cancer has actually gone up every single year without fail. (This is the age-adjusted death-rate – it

takes into account that we tend to have more older people in the population.) In 1971, the rate was about 130 per 100,000 population. Now, it's about 134. It has gone up every single year while we have put billions and billions of dollars into cancer research. We have said to the best scientific minds, "Look, you can have all the money you want. You just get rid of cancer for us." In 18 years that has been their success; the cancer rate has increased.

It seems we ought to be asking why. Now the answer that most scientists give is that we don't know enough

about the body's biochemistry. For example, interferon is an immune system chemical; it's the chemical that says, "Go get 'em!" to the immune system cells. When the scientists discovered interferon, they said, "This is ingenious because if we give the body interferon we will stimulate and mobilize these immune system cells and they'll go out and defeat the cancer." They gave interferon with this aspiration, and it did not work. There were many, many side effects and so their reasoning said, "We don't know enough about interferon." So they began to analyze its biochemistry more carefully and found three varieties, which they named alpha, beta and gamma. Then they tried those individually and in combination. They did not get the results. They have now analysed alpha interferon and found at least 16 varieties of it, and obtained the same kind of findings with both beta and gamma. They propose to test them all individually and in combination, and, if that doesn't work, what do you do?

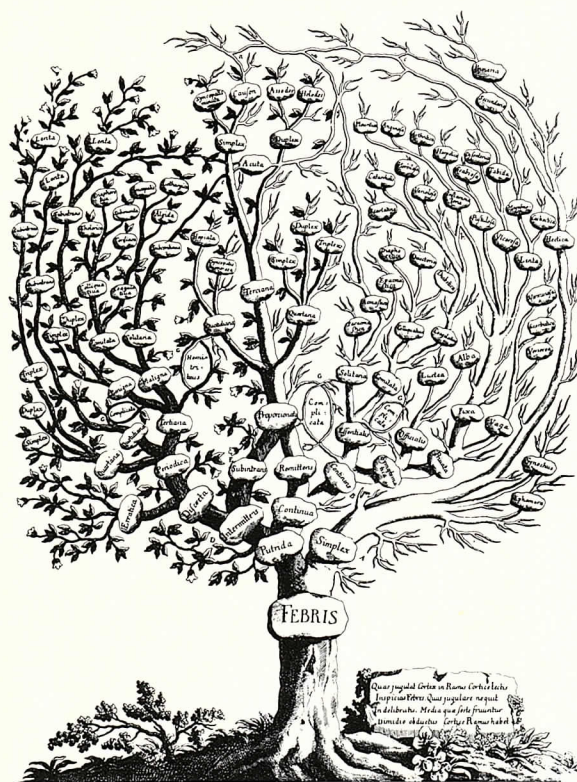
Is the Principle Wrong?

You see, no one ever asks, Could the principle be at fault? Could it be that, no matter how many varieties of interferon we discover, we will not succeed because the principle is wrong? Now, there's one strong evidence that the principle of drug resistance is in error for chronic illness. Resistance is not unique to chemotherapy – it is a general principle of all drug use.

Drugs are of two sorts: mimickers and blockers, also called stimulants and inhibitors, agonists and antagonists. A mimicking drug is like insulin which mimicks the body chemical, or like estrogen in birth control pills, or like cortizone that arthritics

take. A blocking drug is one that tries to get rid of a chemical, like an antihistamine, or an antacid, or a beta blocker; it is something that comes into the body and neutralizes, or gets rid of, or lowers the level of a chemical. Those are the two main categories of drugs. And because medicine developed with a notion that there was no such thing as an adaptive power in the body, the logic envisioned that you could give the body a blocker or a mimicker, and not have the body adapt. But the body does adapt. When you give a mimicking drug to attempt to increase the level of the chemicals in the body, how does the body respond? It *lowers* the level. When you give a blocker to try to get rid of it, the body responds by over-producing it. As a matter of fact, the oncogenes spoken of previously in the discussion of gene amplification (that is, resistance to chemotherapy) are really genes for producing a particular enzyme called dehydrofolate reductase. That's the enzyme that chemotherapy was trying to block. The idea with chemotherapy was to get rid of dehydrofolate reductase so that the cell wouldn't divide. But, as they tried to block the enzyme, the cancer cell responded by overproducing it. So, despite all our efforts to get rid of it, the cell produced more and more and more. This is called drug resistance. It is part of a major topic in Canada today because of the drugs called anabolic steroids.

When Ben Johnson did that hundred-metre dash, I thought to myself, "Boyl! What an impressive specimen!" Now we realize that part of that physical body came from taking that steroid. Now, the steroid is a mimicking drug: it mimicks testosterone which is the male reproductive hormone.



From an old medical treatise: The fevers cured by cinchona bark (on the branches with bark), those not cured (on the branches without bark) and those sometimes cured (on the half-stripped branches).

**Natural healing is scientifically
more credible than medicine
for chronic disease.**



It also synthesizes muscle protein. (Testosterone is why we men are so virile – so macho!) So you say, “Boy! Did that steroid make that athlete masculine!” And yet, when his body experiences all that testosterone artificially produced, it says, “Where is this coming from? I didn’t make this!” Because his body keeps track of how much he has; then, to compensate, it begins to *under-produce* testosterone. So, on the surface, he becomes more and more masculine, but within himself he becomes more and more like a woman. Eventually among the side effects of steroids is atrophy of the male reproductive organs. Well, do steroids make a man more masculine, or more feminine? The answer is superficially more masculine, physiologically more feminine. That’s the thing medicine is now having to confront. When you use a drug in an acute fashion, you don’t promote this resistance. But when you repeatedly expose the body to a drug, you provoke a resistance that mimicks the disease.

If you repeatedly give insulin to a normal person, you create a diabetic because the body compensates by pro-

ducing less insulin; over time a genetic change takes place which assumes that the compensated level is his natural level. Then you take away the insulin and you’ve got a diabetic. You take a person who is diabetic, and you say, “The insulin level is too low; let’s supplant his insulin.” He’s given insulin and the body physiologically begins producing less and less. The doctors say, “You can’t restore that organ, because it’s dead – there’s no production of insulin.” It was very likely shut down by the drug.

Well, this is the kind of thing that people in science are being forced to take a look at. When Francis Bacon said, “Let’s get rid of demons causing diseases” (and they called that vitalism), they also got rid of the idea that the body had any kind of inner healing power. Medicine ever since has developed without that concept and therefore failed to take it into account. Now we are chronically taking drugs, causing our bodies to compensate in the direction of the illness and thereby producing illness. When a therapy helps produce illness that it’s supposed to cure, people are going to resist it.

And that’s the great thing that’s going on today. A survey reported in *The Wall Street Journal* found that 90 per cent of those surveyed thought that the healthcare system needs a complete overhaul. This is the kind of thing they’re responding to. *The New England Journal of Medicine* said that, of all people hospitalized, two per cent of them end up dying from their medical treatment. I called up the Centre for Disease Control in Atlanta and asked them if they knew how many people died a year from medical treatment. They said they didn’t keep that figure. I reported the data from *The New England*

When you repeatedly expose the body to a drug, you provoke a resistance that mimicks the disease.

Journal of Medicine, and asked, “Do you have the number of hospital admissions?” They did, so together we figured out that the number of people who die every year from medical treatment is roughly 700,000. AIDS has killed about 40,000 in the period 1981-88. In a comparable seven-year period, medical treatment has killed roughly four million, compared to 40,000. So which is the greater epidemic?

By this, I don’t mean to condemn medicine, because medicine is a correct principle – in its place; that is, when it is dealing with acute conditions, not chronic conditions. There is too much drug-based medicine. It has to be brought

into balance and integrated with the principle that allows us to restore the harmony of the body. When I talk about the rise and fall of drug-based medicine, I am referring to a fall back to balance, back to its use in acute conditions and away from its use in chronic conditions.

When, like my five-year-old Michael, we say, “Shut the door! Here come the natural healers,” we are closing the door to the idea that we can restore the body to health. People disregard natural healing because they consider it unscientific. It is, instead, unscientific to deny it. I believe that will soon come to be understood. ♦



The Doctor. German Woodcut, XVIIth Century.

HEALTH CARE IN A BOX *continued from page 13*

trained Agni-speakers and an American staff member who maintains residence in M'batto. In both village groupings, the approach has been about the same. In six more months we plan to cover all 32 villages.

What does it take to initiate such a program?

First we very carefully establish liaison with the health authorities of the sub-prefecture. Then we make our first contact with a village and request a formal meeting with the chief. In due time, the chief and several notables appear for formal greetings, carried out with all the deliberation that Agni culture requires. We are careful that the style of our team communicates attentiveness to the rhythm of the village.

When the time comes, we present the concept of a pharmacy box as offering Western medications to treat a limited number of common problems. We insist that the village select the health agents and that they collaborate with any existing village health committees. At this point, the chief is invited to consult with local authorities to confirm their approval of our team.

The second contact with the village is a pre-scheduled meeting involving everyone in the village, including members of the Village Association. As before, protocol is formally observed: there is a formal introduction of our staff, together with the presentation of references from officials authorizing our work. We accept the hospitality of the village; we make a speech on the problems of village health care and what the village can realistically expect from the program. The pharmacy box is presented as one possible solution to these problems.

We enumerate the medications to be included in the

box, the price per tablet, and practical procedures for the system of auto-sufficiency. We point out that the box and its contents never belong to any one person, but remain the property of ICA, although intended for the medical help of the people. This small fic-

Some symptoms in Agni have no correspondence to Western concepts of microbial illness.

tion helps at a later time when the aspiring village health agent tries to define his role as keeper of the pharmacy box and its small treasury.

At this point the people take time to discuss whether they want a pharmacy box, and whether they are willing to choose prospective health agents for training. After a very brief discussion, the chief announces that they do indeed wish to participate in this system. Then a detailed question-and-answer session discusses the attributes of an effective village health agent. It is not enough to say that the village needs both male and female agents; they must also see why that is appropriate; also why it is appropriate to give due respect to the agents.

By now it is time to eat and we are pleased to accept the village's invitation to take a meal with them, having first set the date for our third visit. After dinner, we do a slide show (using our battery-operated projector) on preventive health measures with

emphasis on good nutrition. Slide shows attract the participation of most villagers. Then, since nighttime travel on motor scooters on unpaved roads can be treacherous, we sleep in the village, moving on to another village the next morning.

The third visit begins like the second, although less formally. This visit establishes who the health agents will be. We review again that the medicines are not a gift, but are to be paid for as used. We review the policy that the health agents will not be paid for their work, so the village must think about how to support them. (It is often suggested that we charge more for the medications so the agents might get a small profit; that was rejected because of the motivation it creates for dispensing unnecessary prescriptions.)

Normally, the village has long since decided who the health agents will be. We receive this announcement, congratulate the selected agents, reminding them they must still excel in the training period before they can style themselves as bona fide health agents.

The final topic is the survey of illness which the health agents will conduct to ensure that their training will be relevant to the real needs of the village. After thanking everyone for their participation, we withdraw with the prospective health delegates to the chief's courtyard to obtain his permission to have the delegates carry out the survey. Permission in hand, we assign the survey to the delegates and run through the methods for conducting it. Then we show another slide show, promise to return in a week to collect the survey results, and inform the delegates of the time and place for their training.

This approach is to the village as a whole rather than to

individual villagers. The elaborate series of preparatory village visits goes beyond the requirements of African courtesy (although courtesy in Africa is a very important thing which can't be overdone.) The visits permit the village as a whole to understand that it is being equipped with certain medical skills. That understanding establishes in advance the role of the health delegates so that, when they return to a village, they take up a pre-established role within the village structure. Moreover, this approach creates a sense of shared responsibility in the village for the successful functioning of the whole system. While the training week does involve certain individuals, they are there in their role as village members. It is this maintenance of village identity which sets this ICA program apart from other programs which are more individual-oriented.

The formal training week is a challenge for agents and





Preparing a snakebite remedy.
European.

staff alike. Most agents are literate in French, but left school after six or eight years. Disease description is also tricky: the range of symptoms attributed in Agni to a particular disease have no correspondence to Western concepts of microbially caused illnesses. Training hours are long, but with rare exceptions, student agents are on time and attentive to the program of lectures, hands-on workshops and slides. Our team coordinates the program, but professionals from the Ministry of Health do the teaching. The curriculum covers first aid, malaria control in communities, vaccination schedules, disease identification, village sanitation, medicine dosages, sexual diseases (especially AIDS), record keeping, female physiology and pregnancy, nutrition, thermometers, baby weighing, child spacing and health-agent style. The program ends with an examination, followed by a reflection on the training, a review of the exam results and a closing celebration. Agents then travel back to the villages to await the official "box-opening" in their villages.

The formal week of training is intended to throw the students into the pool; we don't expect them all to be competent swimmers by the

end of the week. Only a few achieve that goal. The exam is given to measure our progress in teaching, not to eliminate any students. Once they have an idea of what is expected they are ready for six months of supervised practice which continues their training.

The official opening of the pharmacy box happens in the following week. Our team visits the village, reviews the pharmacy rules, the hours of box opening, and routine problems, and congratulates the students on their work. By this time, there is a separate room for the box, along with table and chairs for consultation, and provision for drinking water and the disposal of infected trash.

At least once a month for the next six months, the treatment records of each health agent team are inspected and detailed criticism is made of their approach to diagnosis, their use of dosages, and their referral pattern. Generally, mistakes are made in the first three months, after which the pattern seems to improve. The three and six month follow-up visits offer opportunities for a reunion of all the health agents. This is a festive occasion: "classmates" are

eager to learn how the others are doing. Treatment records are reviewed, new ideas presented, and problems and concerns voiced in a supportive environment. Inevitably the host village provides a feast with much eating and drinking. This pattern of reunions every three months seems to be very useful, and will continue to rotate through the villages of the group over the next several years.

By the sixth month, it is usually clear which health agents have been successfully established in their villages and which ones will drop out of the program, the latter more for reasons of temperament than any real problem with the training. Some people are just not comfortable dealing with sickness. In some cases, the high number of dropouts from a particular village requires the selection of additional candidates for training.

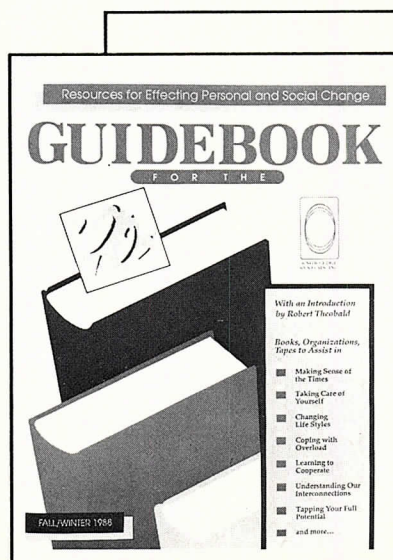
When these agents can handle the basic material presented to them in the health training week, we present them with the very practical book, *Guide to Health in the Village* by Frank Sillonville of the PanAfrican Development Institute. This book allows those interested to go beyond what had been presented in

the training week.

In our earliest attempts to set up such self-sufficient pharmacy systems, many of the boxes failed. The majority of these failures resulted from the trained agents leaving the village to work as migrant labourers in the plantations to the south. This meant that the locked boxes were left behind in the village for up to ten months of the year. While these agents did not ask for or expect payment for their services as health agents, they did have a legitimate need for income. We now attempt to provide support for the trained health agents by helping them set up a small income-producing enterprise. There is concern that the enterprise does not conflict with the service provided by the agent, but so far this has not been a problem.

Finally, the most effective health agents are likely to be asked to participate in the cycle of village visits necessary to initiate the program in the next group of villages. In this fashion, the system of primary health care in a box gains momentum. ♦

Readers interested in supporting this program may write to ICA Abidjan, 01 BP 3970, Abidjan 01, Côte d'Ivoire.



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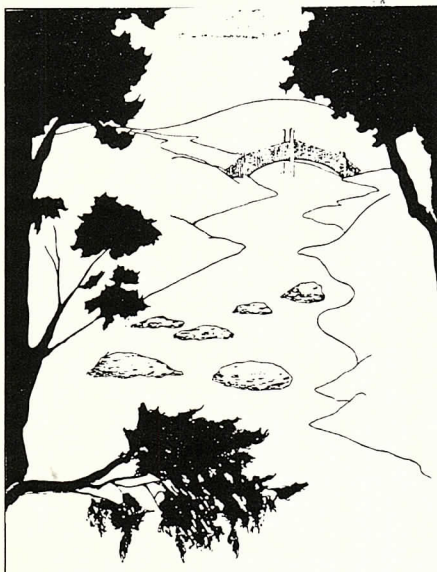


Illustration by Arthur McBride

Some stepping stones and bridges spanning the stream of wellness

Margaret Legg

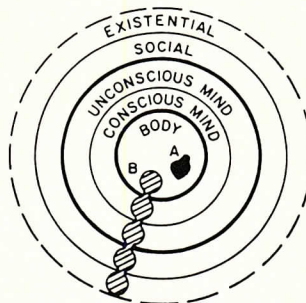
Margaret Legg, of Toronto, designs and develops educational programs, is a workshop facilitator and a "travel consultant" to groups and individuals who are working with crises and turning points, transitions and next steps in their journey through life. She is a counsellor and consultant for non-pharmacological intervention in transcending and transforming pain.

Health care programs combining conventional medical resources and complementary or holistic therapies are still uncommon in North America and are looked upon as pioneering projects. These therapies define health multidimensionally – including mental, spiritual, emotional, psychosocial and physical aspects. This article celebrates and acknowledges a few of the significant efforts which are in place in Toronto and are working. In addition to enlarging and enhancing the spirit of community of Wellness Ecology, this information may also inspire, encourage, comfort and generate hope.

Cancer Coping Skills Training Program (CCSTP)

Despair, fear and disempowerment are common feelings for anyone who has been diagnosed with cancer. CCSTP participants hope to learn skills to further help themselves. This program was originated by Dr. Alastair J. Cunningham, who is employed as a senior scientist at the Ontario Cancer Institute at Princess Margaret Hospital. He has doctoral degrees in cell biology and clinical psychology, is a former cancer patient himself, and an active practitioner for many years of all the techniques embodied in this program which he directs and supervises.

Whereas cancer is viewed by conventional medicine (A in the diagram below) as a purely physical occurrence in the body, the CCSTP has "an approach based on the multilevel theory. Cancer is viewed as a disruption on all levels, shown as the 'party balloon' (B). Just as squeezing or puncturing a balloon at any point affects its shape throughout, so changing ourselves at the higher levels will affect the body.



This leads to "top-down" therapy, complementary to the "bottom-up" physical approach of biomedicine. We offer a smorgasbord of techniques (arranged in a simple, progressive scheme) and encourage individual choice."

The courses include three main elements: providing emotional support, teaching coping skills, and teaching ways of attempting to influence the course of the disease (as an adjunct to regular medical treatment). The participants themselves are part of the research project facet of the program, which has been running continuously since 1982. The seven weekly 2-hour sessions are for anyone with cancer, along with their

spouses or other support person, if desired. Participants meet with members of the team of counsellors, leaders and assistants in a large informal group to address current concerns and learn coping skills. More personal sharing occurs in smaller groups during the second half of the evening.

There are three separate courses – each with its own workbook – progressively developed for three levels of the program. The principal strategies taught in the Basic Level are relaxation, positive mental imagery, goal-setting and lifestyle management. The Intermediate Level adds meditation, psychological journal-keeping and further developing of mental imagery. The Advanced Level involves group discussions of detailed autobiographies and of existential questions.

Frequently a small number of "observers" attend courses – usually health care professionals who wish to apply these methods in their own setting or community. A take-out library is much used by all participants. *Tai Chi* lessons are often offered at the end of the evening. A number of satellite groups have started up in nearby areas. Formats being developed (such as one-day and weekend workshops) make it more feasible to extend the program; making it more available to other communities.

According to Dr. Cunningham, the studies have proven that, for most people, these techniques diminish anxiety and depression and improve quality of life. The interventions also provide participants with a strong sense of control over their own lives. "There have been claims that this kind of psychological self-help work may act against the disease itself in some cases. It is hard to obtain strong evidence for this, but we are actively investigating these claims."

The Canadian Cancer Society has also done needs studies with patients. Results indicate it is not so much the medical problems but the existential questions which are uppermost in patients' minds. This indicates there is a need for cancer research to get more involved in psychological aspects.

The Basic Level Workbook and two audio cassettes are available through the Canadian Cancer Society, 77 Bloor St. W., Toronto, Ont., M5S 3A1; tel. (416) 961- 7223.

Cancer Self-Help Organization of Toronto (CSHOT)

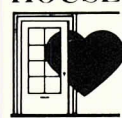
Follow-up contact and ongoing support have been found to be very important for CCSTP graduates (over 600 to date). This led to the development of CSHOT in 1986, which is a triumphant achievement in itself, as it was formed and run by alumni.

The three aspects of CSHOT are

- 1) monthly general meetings with presentations by resource people on a variety of topics relating to health, wellness, relationships, lifestyles, care and coping.
- 2) smaller groups, with an emphasis on wellness and being balanced (rather than on cancer) meeting twice monthly with group leaders. This format provides an opportunity for ongoing support – to be and speak with others who share an understanding of common challenges and questions; to brush up on techniques learned in the CCSTP program, to keep up-to-date and informed.
- 3) *News of the Group*, a bimonthly newsletter for the organization's members.

CSHOT, c/o Mr. John Orviss, President,
144 Buckingham Ave., Toronto, Ont.; tel.
(416) 486-0175.

CASEY HOUSE



HOSPICE

Casey House Hospice

Casey House, which opened its doors to twelve residents in March 1988, is the first residential community-based hospice in North America exclusively for people with AIDS. It offers a holistic and multidisciplinary program of medical, nursing and alternative therapies, and spiritual and bereavement support. Casey House helps the terminally ill and their families. The goal is to provide an environment which keeps

their needs paramount and respects their dignity and authority. It provides services conforming to the highest standards of palliative care within a compassionate environment.

"Unique" describes the organizational structure, funding, staffing, program and the facility itself. Funding is provided by the Ministry of Health and independent donations. The Ministry would approve financing only if Casey House was affiliated with an accredited hospital. Ministry funds (which cannot be allocated for any complementary therapies) are funnelled to Casey House Hospice Inc. through St. Michael's Hospital. What has been developed is a model of close cooperation and collaboration between these two health care centres.

Dr. W. E. (Bill) Berinati, chiropractor, homeopath and peripatologist for the blind, one of the 25 founders of Casey House and the current Chair of the Complementary Therapies Committee, comments, "Complementary therapeutic interventions work along with baseline medical care to ensure a resident's comfort and maximal health status. These therapies generally embrace an holistic model of care, which significantly broadens and deepens options and quality of life for the resident."

Therapies currently in use to maximize comfort and promote "person-centered" loving care are acupuncture, chiropody, chiropractic, homeopathy, massage therapy, nutrition, therapeutic touch, visualization and guided imagery. Aroma therapy, meditation, music therapy, naturopathy, reflexology, relaxation techniques and shiatsu will be available in the future. Art therapy is also offered but it is a separate classification at Casey House. No form of treatment is forced on a patient. "Fully-informed consent" is facilitated through ensuring that resi-

dents and families are fully informed of options, including the availability of qualitative complementary therapies. Therapies are provided at the patient's request and with the approval of the medical director of Casey House. Dr. Berinati describes Casey House as "life affirming" in the sense that "while most residents at Casey House will die there, they are seen as living fully right to and through the dying process. This is also beneficial for the family, because they too will continue to live more richly, having had the death experience so positively affirmed."

Recently Dr. Berinati attended the major annual world conference on AIDS in Montreal. Of the 3,540 presentations, Dr. Berinati's was the only one on complementary resources and therapies.

Malcolm MacFarlane's attitude is representative of the Casey House staff. Malcolm is a chef who had his own business and successful reputation when he felt drawn to put it aside and go to work at Casey House. Along with the rest of the dietary staff, he prepares individualized and special diets. "I think it is important to create meals that give comfort, through familiar foods, particular preferences or associated memories....I am learning so much about life here. I had to park my ego at the door when I came to Casey House."

Casey House Hospice, 9 Huntley Street,
Toronto, Ont. M4Y 2K8; tel. (416) 962-7600.

127 Isabella Non-profit Residents, Inc.

Although 123 (a side entrance to Casey House) and 127 Isabella Street are next to each other and some people are common to committees at both places, 127 Isabella Non-profit Residents, Inc. is a totally separate grassroots break-through project on shared housing for a mix of twenty HIV+ and

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HIV- tenants. HIV+ individuals have difficulty finding housing because of discrimination or financial constraints or both. The purpose of the project is to answer the housing needs of HIV+ people while incorporating a program which will keep them healthy as long as possible.

"Applicants are people interested in living in a communal setting in a cooperative way, and in putting some energy into supporting the needs of HIV+ people," says Dr. Bill Berinati. "127 Isabella is life-affirming in that the program focus is to keep HIV infected people healthy and living vibrantly as long as possible."

SMART Program

Psychological distress is common among people with HIV infection and related illness. Predominant symptoms include anxiety, depression, negative thoughts and images, and feelings of loss of control in one's own life. Research shows that people with fairly healthy immune systems can use stress management techniques to help minimize stress on their immune system, and it suggests that the active use of coping techniques may help people with HIV related illnesses stay healthier and live longer.

Dr. Paul Kelly is a staff psychologist in an outpatient Health Psychology Clinic at the Toronto General Hospital (TGH). He developed and conducts a psychoeducational program - Stress Management for AIDS-Related Tension (SMART) - which has been going since September 1988. It grew out of enquiries from people with HIV looking for stress management assistance; and TGH's recognition of the community's increasing need for outpatient clinics coupled with psychological counselling for people with various health problems.

A maximum of ten patients meet in a closed group format with Dr. Kelly and one intern/trainee for nine weekly two-hour sessions in which specific stress management techniques are taught, practised and discussed. Each person receives a comprehensive SMART manual intended to be read in conjunction with Dr. Joan Borysenko's book, *Minding the Body, Mending the Mind*.

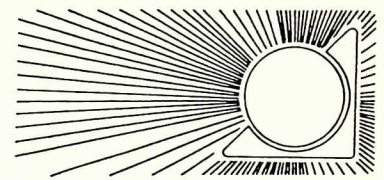
The primary goals of the program are reducing psychological distress, enhancing sense of control, training in mental techniques which may help reduce the effects of stress on the immune system; thereby teaching patients ways to improve their quality of life. The program covers breathing, stretching and relaxing techniques, and attitudinal and lifestyle considerations. Meditation

exercises include mindfulness in everyday life, loving kindness, taking your medicine. Overcoming obstacles to meditation, visualization and self-hypnosis are also worked with. A personal plan for stress management is developed, and each patient is seen for an individual follow-up interview.

In Dr. Kelly's own words, "I am impressed at the stated needs we hear for this type of program, and at how hard people work with the effort it takes to learn the techniques properly in order to make a difference in their lives. I am especially impressed by the earnest desire participants have to be empowered; to learn things that enable them to have some control in their life and health.

"Medical research has led to the now 'reasonable expectation' that the AIDS virus can be controlled in the body. Advances in medications means some people now alive with this infection will still be alive in time to receive new treatments. Contracting AIDS is now no longer regarded as an automatic death sentence."

SMART Program, Department of Psychology, Toronto General Hospital, 200 Elizabeth Street, Toronto, Ont. M5G 2C4; tel. (416) 340-3950. ♦



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Laboratory guide **Jeanette Stanfield, MA**, is an educational consultant with ICA Canada specializing in leadership development programmes which occasion creative, participatory learning experiences for individuals and groups. She has designed curriculum, trained faculty teams, and taught people of all ages in multi-cultural situations in Australia, India, USA, Mexico and Canada for the last 20 years.

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EDUCATION

HEALTH AT THE CROSSROADS:
Exploring the Conflict Between Natural Healing and Conventional Medicine

by Dean Black, Ph.D.

Tapestry Press, Springville, UT, 1988.

Paperback, 160 pages.

Available from P.O. Box 653,

Springville, UT 84663, USA.

Quantity discounts are available on bulk purchases for patient, educational or promotional use.

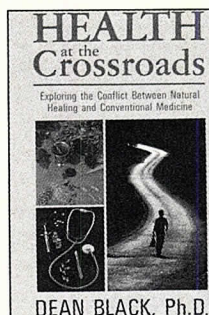
If you are a "pill-popper", an advocate of chemotherapy, a firm believer that germs cause disease, that "quacks" should go to jail, and that "the doctor always knows best," this book will challenge you.

Dr. Dean Black has written a highly readable book for the layman that examines the conflict between natural healing and conventional medicine. He points out that this conflict is far more than a philosophical difference of opinion. The conflict stems from a war between differing scientific paradigms, and comes down to fundamental questions of law and freedom to choose. He reminds us that, in many parts of North America, a

preference for non-conventional healing methods can get you sent to jail, or at least disqualify you from health-insurance benefits.

As his article in this issue points out, there is a conspiracy of silence on a major tenet of the natural healers (often unjustly styled "quacks") that the body has an innate adaptive power for healing which can be harnessed, strengthened and enlisted in relating to disease. This healing principle is very old, but awareness of it has been outgrown by official medicine. Dean Black, however, points to wide evidence that consciousness of this inner healing principle is today reasserting itself.

The reader will find a full treatment of the "Whoops! factor" in medicine, the cancer controversy, the inadequacies of double-blind drug studies, the "wild goose chase" of much medical research, the need for a balanced use of both conventional medicine and natural healing, and the importance of the right to personal choice. Later chapters dealing with the fraud (quackery) issue point out that laws cannot protect us against



fraud, nor should they legislate our preferred healing treatments. At present the scales of justice favour scientific medicine, in spite of the clear fact that overusing medicine while underusing natural healing can make us sick. *Health at the Crossroads* concludes with a list of natural healing resources in the U.S., and exhaustive notes and research references for each article.

This is the kind of book that will make "the average lay reader" reconsider many things: ancient prejudices against both natural healing and the medical profession; the ill-considered use of pharmaceuticals; trust in the infallibility of either the medical or natural healing professions; the case against chemotherapy as a cure for cancer; widespread ignorance of the total inner and outer "contexts" for health, and the hoary old germ theory of disease. Thoroughly researched, it lays bare the totally unnecessary conflict between two medical paradigms and structures of health and documents the resulting tragic loss of life, liberty, time and money.

—Brian Stanfield

CREATIVE COMMUNION
Toward a Spirituality of Work

by Joe Holland

Paulist Press, 1989 Paperback, 89 pages

Joe Holland is executive director of PILLAR, an institute for lay leadership based at Seton Hall University. He worked for many years at the Centre of Concern in Washington, D.C.

Holland addresses the religious-secular dichotomy prevalent at all levels of our existence and points to the possibility of a creative, holistic and integrated spirituality in relationship with nature, others and God. He preserves what is good from the past and prophetically paints a future which is ecologically, socially and spiritually whole. The book calls for a fresh partnership of men and women engaged in co-creation for the transformation of society.

The book presents an intellectual and moral challenge both to the reader and to our society as a whole. It reorders priorities and relationships.

—Sister Brenda Walsh

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Robin Van Doren

To write this column I see lots of movies, looking for an elusive "something." Many of the movies have been entertaining (*Women on the Verge of a Nervous Breakdown*), well-made (*Little Miss Firecracker*), even interesting (*Chocolat*) and more than well reviewed elsewhere. This "elusive something" involves a tear in the pattern of the underlying cultural mythos, or the emergence of a new pattern.

Movie makers blow up the images of the psyche and play them back to us so we may see our shared dreams. The one restriction, and it certainly is a major one, is that they can only show us those dreams that millions of us will pay to see, so there is an ongoing dialogue between audience and creator, each shaping the other.

What has been striking in the last few years is the emergence of a series of tender and touching films about the rites of passage from boyhood to manhood, films which invite us to witness vulnerability rather than violence, evoking the uncertainty and even the terror of sexuality, and the presence of mystery and delight that lies at the heart of this passage. They are, in many ways, films of the anti-hero – at least in the sense that the hero has been presented as all-powerful, all-knowing and ultimately successful. Yet their protagonists are truer to the archetypal hero than we have seen on the screen in a long time. They have in common an endearing Parsifal quality: naive, trusting, vulnerable, basically good and confounded by more experience than they have any story, internal or external, to make sense with.

So, if you have not already seen *My Life as a Dog*, *Au Revoir, Les Enfants* and *Stand By Me*, take yourself to your local video store and rent them – even if you have already seen them. They are testimonies to male initiation, even in this very culture where it is said that we have none more significant than getting

a driver's licence. And the stories they tell are not new. What is new is that they are being told, that men and boys and women and girls are paying to see this dream, certainly the dream of the post-Vietnam male, played on the screen so we can share in the bittersweet experience of boy becoming man.

SOME GIRLS

Director: Michael Hoffman
Producer: Robert Redford

Some Girls hopefully may be at your neighbourhood movie theatre, or at least not far away, but likely is not yet at your local video store. This movie is further evidence of the shifting direction of story hinted at by the three movies above. And, like them, it is wonderful entertainment, thought-provoking, and complete with images that endure after the lights come back up. A young man (Patrick Dempsey) is invited to visit his girl friend's family in Quebec City over the Christmas break and walks into some remarkable encounters with three generations of women, the classical Virgin(s!), Mother and Crone. To say nothing of the man in the family who is working on the ultimate analysis of Pascal but can only work in the nude. The absurd and the familiar, the magical and the real, blend to remind us that this is life. We cheer inwardly for Michael as he tries to maintain a certain amount of cool as a visitor in a family as bizarre as any family actually is, and we cheer for the family being quite at home with its rather eccentric self.

The film tells of men and women, of youth and old age, of honour and confusion, of worlds that always yearn for one another and sometimes unexpectedly meet.

I went to this movie with one middle-aged man, one 17-year old young man and two 20-year old young women. Everyone loved it and everyone saw a different story. Something is stirring. ♦

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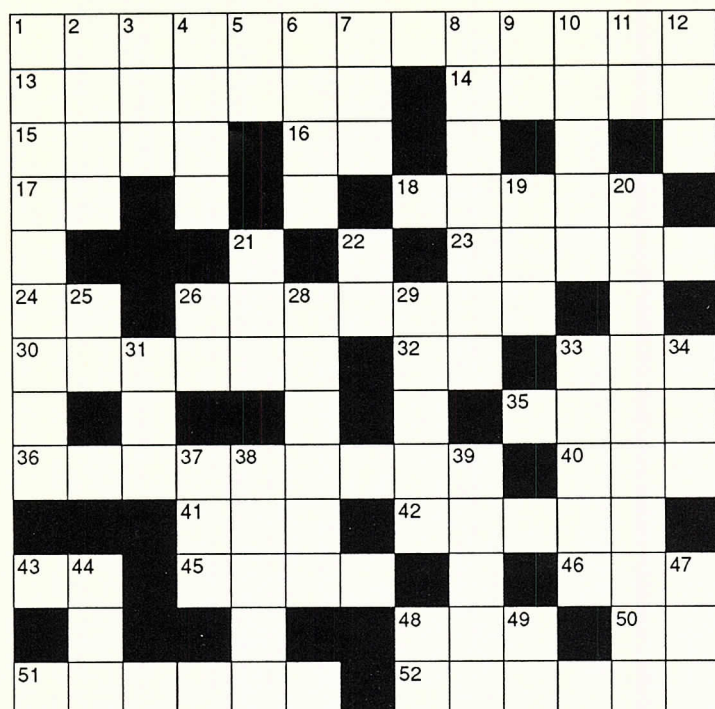
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PLANETARY CROSSWORD



Easy ASSOCIATIONS ACROSS:

- 1 mental
- 13 therapists
- 14 study (Fr.)
- 15 display
- 16 advertisement
- 17 a big apple
- 18 used by natural healers
- 23 appetite
- 24 male
- 26 what diabetics need
- 30 liveliness
- 32 current
- 33 where you golf from
- 35 chinese internal power
- 36 forebears
- 40 intellect
- 41 hard liquor
- 42 smell
- 43 psyche
- 45 donation
- 46 although
- 48 hit lightly
- 50 typesetter's space
- 51 chinese meditation
- 52 resistant

Easy ASSOCIATIONS DOWN:

- 1 events
- 2 lustful
- 3 mouth
- 4 what gets stuck in a drain
- 5 man
- 6 mouthlike
- 7 an hallucinogen
- 8 hereditary
- 9 a thing
- 10 what are beside roads
- 11 16 across
- 12 limb
- 19 moved swiftly
- 20 invigorate
- 21 end of a participle
- 22 europium
- 25 nurse
- 26 iridium
- 28 orderliness
- 29 animal dens
- 31 European economic community
- 33 he takes (Fr.)
- 34 40 across
- 37 an entire age
- 38 a fairy
- 39 take off
- 44 double helix
- 47 sole
- 48 note before Do
- 49 afternoon

Difficult ASSOCIATIONS ACROSS:

- 1 pertaining to the mind
- 13 those who help make us well
- 14 learn
- 15 music division
- 16 something to publicize something
- 17 a very large city
- 18 medicines
- 23 good aesthetic form
- 24 what you call a very large man
- 26 a hormone
- 30 the equivalent to mass
- 32 how electricity often flows
- 33 tiny wooden device used in a calm sport
- 35 high energy vibrations of tai chi
- 36 those who went before
- 40 psychological self
- 41 where the catcher is
- 42 clue
- 43 instinct
- 45 the beggar asked for it
- 46 notwithstanding
- 48 source of water
- 50 letter
- 51 the grand ultimate
- 52 exempt

Difficult ASSOCIATIONS DOWN:

- 1 apparitions
- 2 alluring
- 3 incessantly jabber
- 4 one of a pair of sandals
- 5 some one
- 6 an examination
- 7 a drug
- 8 a new type of engineering
- 9 genuine object
- 10 stifles
- 11 commercial
- 12 voyage
- 19 operated
- 20 confirm
- 21 in process
- 22 element named after a continent
- 25 a healing profession
- 26 not
- 28 the establishment
- 29 retreats
- 31 multinational organization
- 33 third person of tenir
- 34 conscious self
- 37 time
- 38 little recognized spirit being
- 39 leave forthwith
- 44 the physical basis of all life
- 47 metaphysically all
- 48 a high note
- 49 leader in many nations

by Sheighlah Hickey

ANSWERS ACROSS: 1 psychological, 13 healers, 14 etude, 15 expo, 16 ad, 17 NY, 18 herbs, 23 taste, 24 Mr, 26 insulin, 30 energy, 32 ac, 33 tee, 35 jing, 36 ancestors, 40 ego, 41 rye, 42 scent, 43 id, 45 alms, 46 tho, 48 tap, 50 en, 51 lachi, 52 immune, ANSWERS DOWN: 1 phenomena, 2 sexy, 3 yap, 4 clog, 5 he, 6 oral, 7 LSD, 8 genetic, 9 it, 10 curbs, 11 ad, 12 leg, 19 ran, 20 strengthen, 21 ing, 22 eu, 25 RN, 26 it, 28 system, 29 lairs, 31 EEC, 33 item, 34 ego, 37 era, 38 sylph, 39 scram, 44 DNA, 47 one, 48 ti, 49 pm

VIBRATIONAL MEDICINE

continued from page 18

bioenergetic, subtle environmental, and spiritual causes of disease.

The future vibrational physicians will be more than doctors who dispense pills and potions. They will be healers and sensitives. They will diagnose the emotional imbalances and bioenergetic disturbances which may eventually manifest as illness within their patients. They will be able to identify those biopschoenergetic factors which can predispose to sickness, and assist their patients in preventing illness by teaching them to modify these elements of imbalance. Physician/healers will instruct their patients in ways that can promote greater wellness through improved nutritional and exercise habits, healthier patterns of emotional response, stress-reduction techniques that promote relaxation, and self-awareness meditations which help an individual discover the real causes of their dis-ease and distress.

Spiritual health care practitioners will also be able to diagnose imbalances in the body at the levels of the chakras and the meridians through a variety of intuitive and instrumental tech-

niques already mentioned, they will also direct sound and laser energy into acupuncture points, and move healing energies into the body through the laying-on-of-hands. However, in order for vibrational physicians to be successful at healing illness, people must begin to accept responsibility for their lives and for their recovery. They must work as a team with physicians in moving their lives into patterns of greater balance and an integration of the interactive elements of mind, body, and spirit.

Orthodox medicine does not hold all the answers to dealing with illness in our high-tech industrial nations. Subtle-energy medicine does contain solutions to many of the problems that orthodox treatment methods cannot hope to correct. Vibrational medicine is revolutionary in both its theory and its methods of application. It is a healing system whose time has finally come.

The discord and unrest occurring upon the planet at this time is a higher reflection of the emotional and spiritual imbalances that exist in many people throughout the world. We must begin to heal dis-ease and distress at the level of causes and not just at the superficial world of physical effects. In order to

accept and work with vibrational healing methods, one must begin to make the transition toward personal transformation that is necessary before true physical and spiritual healing can occur. Already we are seeing how certain segments of humanity have begun to manifest the transformational consciousness necessary to assist the Earth and the people upon it in making the critical leap from planetary distress to peace and global healing that is critical if this small blue sphere is to survive.

Vibrational medicine appears to hold some of the answers for a world that seems quite ill, but it will only work if we can work with it. If utilized correctly, subtle-energy methods of healing promise to create a new wave of healing, balance and peace upon the planet as has not been seen for thousands of years. That which we are beginning to use in the form of vibrational treatments has had its origins in ancient systems of healing which have been held in secret for many centuries. Perhaps humanity has finally begun to accept enough responsibility for its actions that the knowledge and grace of our ancient spiritual teachers may again be visited upon many needy people in these times. ❖



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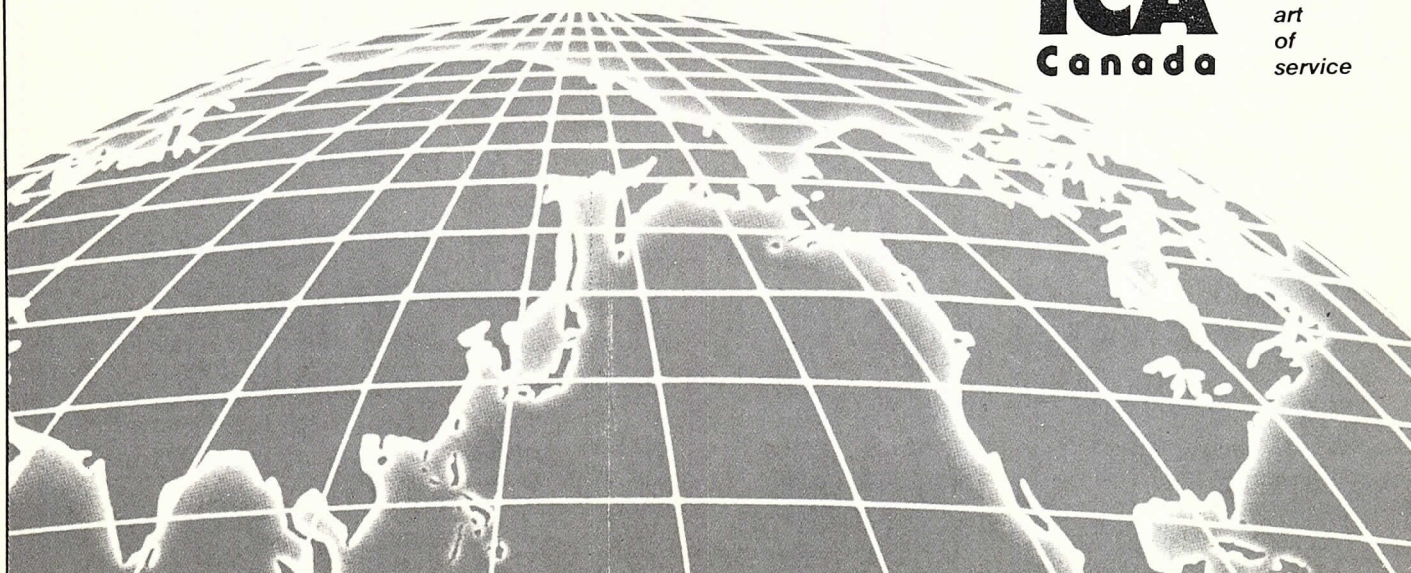
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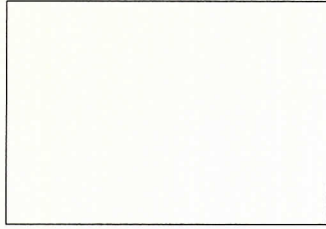
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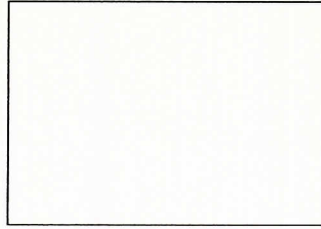


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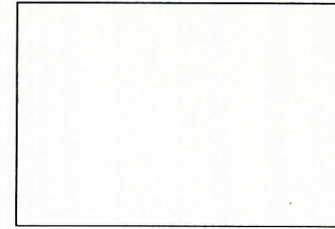
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