

# resonance

No.2 Vol.2

Spring/Summer 2000

## in this issue

Journeys  
Saodah Hayashi

In Practice  
Learning  
Difficulties in  
Children

What is...?  
Colour Light  
Therapy

Health Projects  
Medical Aid  
Project

The Benefits of  
Tremblecizing

Health Tips

Helpers  
& Health Issues  
An amazing  
event

Book Review  
Reason for Hope

resonance  
The  
Quarterly  
Journal of  
SIHA

Subud  
International  
Health  
Association



“The main reason  
for healing  
is love.”

*Paracelsus (1493 - 1541)*



## Subud International Health Association

### Steering Committee and Editorial Board:

Latifjah Miller (co-ordinator)

Hermione Elliott

Maxwell Fraval

Richard Salisbury

Rohana Salom

Robyn Burke (treasurer)

Summer 2000 Vol 2 Number 2

### Resonance Production:

Design: Ian Sternfeldt/Marcus Bolt

Sub Editor: Manuela Mackenzie

Layout: Ian Sternfeldt

### Copy deadline

for the Autumn issue is August 20th and

Winter issue is November 20th 2000.

We welcome articles, letters, comments,  
poems, drawings & graphics.

### Please send contributions to:

Hermione Elliott

hermione@cwcom.net

by fax to (44)(0) 2392 632750,

or by mail to East Hoe Manor Cottage,  
Hambledon, Hants. PO7 4SZ, UK

or to Latifjah Miller

latifjah@erols.com

by fax to (001) 703 742 3945,

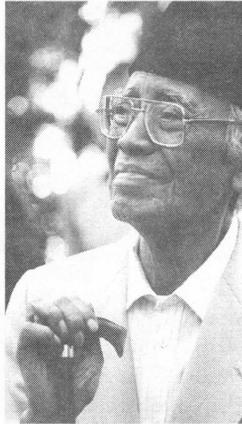
or by mail to 1010 Jeff Ryan Drive,  
Herndon VA 20170, USA

*The views expressed in this journal  
are those of the individual writers  
and are not necessarily those of the editor  
or editorial board.*

*nor do they constitute any policy of SIHA*

*Resonance is a quarterly publication.  
Subscription and membership pledges  
may be made by filling in the form  
in the centre of this issue.*

## A QUOTE FROM BAPAK



Someone who is sad or depressed is actually being disturbed or tempted by his own heart and mind ... by now you should be able to reorganise (such a state) for yourself by praying to Almighty God. (Bapak tests) ... to enable you at least every day to do some smiling and do some laughing.

Bapak *Wisma Mulia* April 1981

## CONTENTS

Editorial Comment	2
Journeys – Saodah Hayashi	2
In Practice – Learning Difficulties in Children	6
What is...? Colour Light Therapy	10
Health Projects – Medical Aid Project	13
Healing Stories – The Benefits of Tremblecizing	16
Health Tips	19
Letters	21
Helpers and Health Issues – An amazing event	23
Book Review – Reason for Hope	23
Research Snippets	24
News and Events	24
Glossary	24
Acknowledgements	24

**EDITORIAL COMMENT*****The Kalimantan Challenge***

In 2001, many of us will be traveling great distances to a place called Kalimantan, to attend our next Subud World Congress. It has been decided that the Congress will be held in the city of Palangka Raya. We've heard many stories by now of what it will be like to visit this tropical paradise. Some say that a whiff of the air will take you to heaven, and that the place is protected by Jinn (whatever that means). We imagine that the climate is bound to be hot and muggy, and the insects huge. One thing is for certain, the traveling, and the change in climate, food and water, will make it important to be attentive to the health care needs of the members who travel to this far-off place. Can SIHA meet the challenge?

We would like to plan to meet the health needs of our Subud members by organizing a comprehensive medical center, to be staffed by Subud health care practitioners during Congress. We will need a temporary facility (possibly a small house) where beds can be set up and air conditioning provided. If a small house were used, a kitchen facility would be available. We would need to bring medicines and some basic equipment with us, some minimal lab equipment would also be useful. We would like to see a cooperative effort that provides services based on a range of treatments and therapies.

This could be an exciting time for many of us who would like even a brief opportunity to work together with other Subud healthcare providers. During the coming year we will be forming a team of

those who would like to participate. If this challenge appeals to you, we want to hear from you.

Let's make the Kalimantan Congress a time when we share our skills with each other the members who need our care.



Latiqah Miller,  
Virginia, USA. SIHA Coordinator

**JOURNEYS**

*Saodab Hayashi Kawasaki Sbi, Japan*

Since this is the magazine for people who are in the field of health, it may not sound quite right to talk about my own journey here. But after Hermione's article in the last issue I thought I would present another piece of the jigsaw puzzle, to show how things can unfold in Subud in a miraculous way.

Since I joined Subud in 1967, besides translating Bapak's talks I had been doing translation work for some time; all sorts of translation – English into Japanese and vice versa. The content of the work was technical in those days and rather dry. I was originally trained as an interpreter and had done some work before I married, but I stopped working while I was bringing up two children.

Hermione Elliott came to Japan in 1989 and wrote a book on her experience at the Bristol Cancer Help Centre. She asked me to do the translation as I was, by then, working as a translator again. I had done some paramedical and medical translation with a doctor, but as for translating a book – I had only translated one before, and that

was in collaboration with others. I had actually met Hermione briefly in Sydney in 1976 when I travelled throughout the Asia-Australian zone as an S.Widjojo ambassador, so our meeting in Japan again was real synchronicity; and the thread between us really started to develop from then onwards.

When Bapak visited Japan for the last time in 1983 he gave a talk on the Purnama project and chose seven directors. I was one of them. Although we tried to find a way, this project did not come into reality for many years. I now recall Bapak's Purnama talk explaining that Japan would become more internationalized and open up. Bapak said there would be help offered from outside and there would be some connection between Japan, the UK and Indonesia with regard to the development of this project.

In another piece of the jigsaw Hermia Brockway, an English Subud member [see Vol 1 No 1 of Resonance], came to Japan from Sydney as the ISC secretary. Rozak Tatebe, the managing director of the Purnama project, became the ISC Chairman at the Sydney Congress; and some of us on the Purnama board of directors became involved in ISC work. Rozak, Hermia and I as the ISC Archives sub-committee chairman, spent a lot of time together during the ISC term from 1989 to 1993. We often discussed the possibilities of the Purnama project.

At the same time as Hermione's book was published I joined an organization called The Japan Holistic Medical Society (JHMS). Hermione had written about the

Bach Flower Remedies, a natural therapy, in her book. Hermia, who had decided to stay on in Japan after ISC, took on the Bach Flower Remedies, which were very new to Japan at that time, and started to

promote them. I then translated Mechthild Scheffer's book on Bach Flower therapy and made other contacts at JHMS that brought more translation work in this specialist area.

After working on ISC, I became an international helper at the Amanecer Congress, and I shifted my work more to the translation of books rather than the technical translation that required me to be available all the time in Japan. I started to

be offered translation work on books on aromatherapy, reflexology, herbalism and so on. I also started to be asked to act as an interpreter for foreign lecturers on the related subjects. I have worked with homeopaths, a reflexologist, herbalist and several aromatherapists from the UK and a medical doctor practising aromatherapy in France and so on.

Next, a Japanese nursing magazine asked me to translate a series of Hermione's articles on holistic nursing, which led to me translating other articles for similar nursing magazines. Hermione has been coming back to Japan regularly and I help organize her workshops. We have also coordinated, both in collaboration with a nursing publisher and independently, several tours for Japanese nurses and nurse lecturers, to study the holistic approach at the Bristol Cancer Help Centre and, on another occasion, the primary health care system

***“When Bapak visited Japan for the last time in 1983 he gave a talk on the Purnama project and chose seven directors. I was one of them.”***

in the UK.

Meanwhile Hermia became the first qualified Bach Flower practitioner residing in Japan.

I subsequently qualified too. Now, with Hermia as the coordinator, together with myself and one more non-Subud practitioner, we are running the Bach Flower International Educational Programme in Japan. There is another Subud member, Makio Ishikawa, who is a medical doctor also involved in this operation.

Over 500 students have taken this course at the time of writing this article. This year the first Japanese Bach Flower practitioners will be graduating from the course. The Bach Flower Remedies are imported and sold to the Japanese market by a trading company called Purnama International, which handles sales of new health products. Rozak is the president. The company is managed by Michio Yabuki, a Subud member, with the help of several non-Subud staff.

As I have become more and more involved in complementary therapies I have made contact with many people and networks. Three years ago Hermione, who comes back to Japan regularly, introduced me to Dina Glouberman, an American psychologist based in London. She is the founder of the Skyros Centre on Skyros island in Greece, and teaches Imagework, which she developed. Imagework is entirely orientated to the individual for self-development purposes, and is totally unlike other goal-orientated types of visualization technique such as

the Simontons work. I organized her workshops in five different cities in Japan through JHMS and brought her course to Japan in the following year. Dina then expressed her wish to join Subud and was opened on one of her visits to Japan.

The Imagework course is slowly attracting people in Japan. Those who have taken her course are therapists, counsellors, nurses, lecturers at nursing college, business people and so on. I am the coordinator/interpreter of this course in Japan and have now become an Imagework practitioner myself.

After working as a committee member of JHMS

I am now one of the directors of this non-profit organization. It has over 1500 members throughout Japan, including medical doctors, pharmacists, nurses, therapists, counsellors, publishers and so on.

The efforts by Hermione and all of the Purnama Board to introduce the holistic approach to Japan are now bearing fruit. Of those nurses who went to the UK and visited the Bristol Cancer Help Centre, the community hospices, or attended Hermione's workshops introducing the concept of the holistic approach, many have undergone big changes in their lives. For example, one nurse who went to the Bristol Cancer Help Centre and is a lecturer at a nursing college in Japan, takes leave this May and will go to the UK to take a Masters course in the holistic approach and complementary therapies. Some stopped nursing and became more involved in counselling. Many continue to work in hospitals and clinics but with a

***“As I have become more and more involved in complementary therapies I have made contact with many people and networks.”***

new understanding, and are trying to implement even small steps within the framework of the conventional model of medicine. Some are lecturers at the nursing college and are open to the idea of integrating complementary approaches which benefit patients.

These are some of the moving comments made by participants who went to The Bristol Cancer Help Centre.

*'Dr Rosie Daniel taught us: "If we cannot love ourselves, we cannot help people to love themselves". I thought, "Yes! I am allowed to take care of myself". After that lecture, when I was alone, I was in tears; I felt that I had been given permission to love myself ... This kind of perception has never been accepted in my environment and in the family where I was brought up, or in the Japanese culture.'*

*'Through the experience at the BCHC, I now understand that freeing myself and knowing who I am will lead me to a fulfilled life. As a person involved in nursing education, I hope to integrate holistic principles in nursing education.'*

*'BCHC was really another world, where people can remember their real humanity, which has been forgotten, and discover oneself. However, I also think that BCHC is not just a fantasy land, it is part of the real world and patients who go there will continue to live in the world and in reality ... It was good for me to be able to experience the stay at BCHC as an individual and experience all the programmes that patients normally also have.'*

*'I used to set myself goals and try to carry out "what I must do" ... I had always been feeling tired and suffered*

*from chronic fatigue. I had a series of sicknesses. ... During the five-day stay at the BCHC, I felt really refreshed. I felt as though the blood was streaming throughout my whole body again.'*

*'To live each moment fully, the quality of life is more important than actual physical survival.'*

Our next hope is to build up networks through the *Holistic no wa*, which is the homepage of the Purnama project, so that we will be able to achieve something like this in society as a whole.

When I heard Bapak talking about his perspective of the future of the Purnama project, at that time I could not imagine what we are now experiencing. I feel very content when the Japanese participants of the courses I organize or am involved with, mention how happy they are to be freed from old patterns and to discover who they are.

What we – Hermione, Hermia, Dina and I – are doing, each in a different capacity, is I think a Subud approach and yet universal. Speaking for myself I can put it this way. I am expressing myself as a person who receives the Subud latihan in my work whatever I do. When I look back, I find so many unexpected things have happened in the course of my life in my work. Subud for me is an active life supported by spiritual content.

Whenever I get stuck, I remember Bapak's comment to a Subud member who was going to Kalimantan to start some work there, yet who was not sure about the financial means. 'The capital is you'. Since I came across these words of Bapak, they have become my battery charger. I feel that Bapak meant not just capital as money, but more in depth as our resources within. I truly feel that the

work I am now involved in has only become possible because I've had the latihan. My journey is continuing and I am sure I will have ups and downs, but I am ready to follow the direction that my latihan, my inner compass, shows.



**Learning Difficulties in Children**  
*article one in a series of four*  
 Maxwell Fraval ACT, Australia

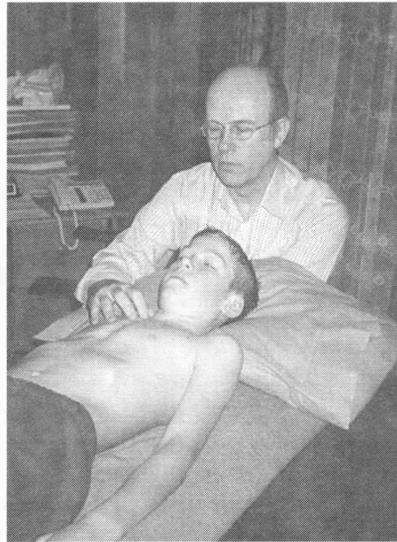
**L**earning problems often result from a complex interaction of child-family-and school-related variables. There are a variety of issues that often require a multidisciplinary approach.

The prevalence of children with learning disabilities is estimated to be 5–10% of students in school. No single cause of learning disabilities has been identified. Research has emphasized the critical importance to learning of language development and the ability to process and retrieve information (memory). Weaknesses in these areas may result in a child's inability to focus attention on tasks or effectively devise problem-solving strategies.

Children with learning difficulties are more likely to be confused by sequences in time, to have 'right-left confusion', to fail to appreciate spatial relationships and visual detail, and to have difficulty integrating auditory/visual stimuli (e.g. sounds of words and the visual shapes of letters). These children are also more likely to be clumsy and awkward and are often subject to behavioural or emotional problems.

It is common for these children to experience difficulties with inattention, distractibility, lack of persistence, and

impulsivity. All this impairs school functioning.



### Signs and Symptoms

Inattention or attention deficit is the primary sign of attention deficit disorder (ADD), but the patient may also display impulsivity. When over-activity is present, the syndrome is described as ADHD – attention deficit with hyperactivity disorder.

*Inattention*, or a short attention span, may be characterised by a number of traits, such as an obvious failure to finish tasks, easy distractibility and difficulty concentrating on longer tasks.

*Impulsivity* may be described as impatience, acting before thinking and constantly shifting from one task to another.

*Hyperactivity* may be recognised as a difficulty in sitting still, resulting in constant moving about, running or climbing.

Children with learning difficulties are usually very difficult to manage as toddlers and pre-schoolers, and may be less responsive than peers to positive or negative reinforcement. This difficulty in management may persist into school age, when children may exhibit difficulty with motor tasks and writing skills.

These children are generally underachievers, may lack motivation, exhibit continuous movement of the lower extremities, talk impulsively, show a lack of awareness of their environment and do not consider the long-term consequences of their behaviour.

*Symptoms typically associated with ADD*

- difficulty listening and thus in following directions
- easily distracted
- difficulty focusing and sustaining attention
- inconsistent performance at school
- poor organisational skills, frequently loses belongings
- often talks excessively
- anxiety and emotional instability
- difficulty remaining seated
- poor motor coordination
- low tolerance-thresholds
- poor relationships with peers
- conduct disorders
- may become substance dependent and be predisposed to violence and to drug abuse.

### **Diagnosis**

As with many syndromes, diagnosis is not clear-cut, and ADD is often difficult to distinguish from other behavioural problems. A diagnostic complication is that ratings, performed by a medical doctor, a neuropsychologist, a teacher or a parent of the same child, produce very different results.

### **Pathophysiology**

The causes of and contributors to ADD are many and are still being elucidated. Brain and neurotransmitter involvement has been reported. Examination of glucose utilisation by various parts of the brain has revealed that ADD sufferers have decreased metabolic activity in specific brain areas. Analysis of ADD adults showed that half of the 60 brain regions analysed demonstrated significant reduction in glucose metabolism. Those areas showing the greatest reduction were the premotor cortex, the superior prefrontal cortex and the temporal lobes. These areas are responsible for preparation and execution of motor activity; inhibition of inappropriate responses; the regulation of attention; and the storage and retrieval of information. These results clearly indicate an organic defect in these individuals.

Patients with ADD are also known to have a substantially higher incidence of thyroid hormone resistance, resulting in impaired performance on an auditory discrimination task; while metabolism of the right parietal cortex and the anterior cingulate gyrus was higher. These elevations are thought to be associated with decreased neural processing of task stimuli.

Other research indicates that there is an impairment of sympathetic nervous system activation as well as central catecholamine dysregulation. This may explain why stimulant therapy is effective in ADD patients. It is also perhaps notable that noradrenalin is trophic to neural tissue and that lower levels of noradrenalin may contribute to poor brain development. Researchers have also suggested that poor nutrition may cause

lowered noradrenalin levels, which is contributory to ADD.

### Medical treatment

Typical treatment of hyperactivity is the use of stimulants to increase attention span and/or antidepressant medications for the depression associated with ADD. Combinations of intervention therapy with a pharmacological agent achieve the best results, although few medical practitioners use all available services.

Methylphenidate (Ritalin) is commonly considered the drug of treatment. It is a psychostimulant and its mechanism of action in humans is not completely understood. Ritalin is presumed to exert its effects by acting on the brainstem arousal system and the cortex. Other psychostimulants have similar effects. These other agents include dexamphetamine and caffeine.

The use of Ritalin has increased dramatically in recent years. A study by Dr Copeland of Foundation Health in Sacramento, California noted that as many as 40% of paediatricians in the United States were using Ritalin as a 'Litmus' test for ADHD. If there is a suspicion that a patient is suffering from ADD then Ritalin is prescribed, and if a positive result is found, then an ADD diagnosis is made and the drug is continued. Another study quoted a 500% increase in prescription during the past five years. This is an alarming trend, as a positive response to a psychostimulant is not uncommon and should not lead to a diagnosis of ADD without further assessment.

Ritalin is not effective in all patients. About 20 – 30% of patients show no benefits from stimulation. Additionally, when ADHD children with bipolar

depression take a stimulant drug, their condition is aggravated.

The use of Ritalin and other stimulants as a treatment for ADD does, however, show benefits. There is improvement in attention span, social and family function, self-esteem and cognition. Medication also seems to interrupt the cycle of inappropriate behaviour, enhancing behavioural and academic interventions.

There is, however, no study which currently demonstrates long-term benefits from this type of therapy. There are also concerns about the effect on the central nervous system of prolonged use of stimulants.

### Nutrition

Nutrition may provide some answers to the puzzle posed by ADD.

#### *Essential Fatty Acids*

The integrity and function of cell membranes, especially those of the nervous system, are dependent upon adequate essential fatty acid (EFA) intake for normal growth and development. These nutrients are also required for prostaglandin production. The most important prostaglandin for controlling biochemical processes in the brain appears to be PGE1. If there is inadequate EFA intake, poor absorption, or defective conversion of the EFAs to PGE1, the consequent deficiency may lead to attention deficit and hyperactive symptoms. Animal studies show deficiencies of EFAs result in learning and behavioural disorders and, interestingly, in a reduced resistance to the adverse effects of neurotoxic agents, including lead.

Typical Western diets provide an

omega 6:omega 3 ratio that is too high. An optimal ratio may be 4:1. Currently, the average diet provides approximately 10-14:1. In some countries where there is a very high grain intake, there is a ratio of approximately 24:1 and these people demonstrate overt essential fatty acid deficiency signs.

When supplementing with essential fatty acids, especially evening primrose oil (omega 6), it is generally recommended to balance with an omega 3 oil; and it is also very important to provide lipid-soluble antioxidant protection with vitamin E.

### *Food Additives and Allergies*

There is a long history of concern about food additives and the possible involvement of these in an array of behavioural disorders. Dr Feingold proposed that they are significant contributors to ADD and that removal of these substances will have a distinct benefit for these children. Unfortunately, research on Dr Feingold's and similar diets failed to show an obvious association.

However, many parents see dramatic changes in children when they consume specific additives. This indicates that some children may be sensitive to food chemicals. But research which treats ADD patients as an homogenous population fails to recognise these children as a subgroup. Several studies have looked at the red food colouring, tartrazine. Some findings were inconclusive and others showed a distinct effect.

Sensitivity to foods may predispose children and adults to behavioural disorders including ADD. Despite limited research, there is supportive data showing

elimination diets to be useful. By omitting the common allergens milk, wheat, egg, cocoa, corn, sugar and food colouring, researchers found that approximately half of the ADD children in the trial showed improvement after seven days.

Allergy, digestive disturbance, dysbiosis and leaky gut syndrome are commonly linked with neurological disorders, and resolution of these conditions produces positive results for ADD patients. Practitioners implementing the Bowel Detoxification and Gut and Liver Detoxification Programmes note improvements in epilepsy, headaches and migraines, aggressive behaviour, hyperactivity and ADD. Interestingly, Dr Thomas Borody of the Centre for Digestive Diseases in Sydney has recently made the connection between enteric clostridium infection and autism.

### *Zinc*

Low levels of zinc in developing animals and humans produce a large variety of defects. These include immunological, neurological, endocrine and hormonal abnormalities. Behavioural disorders, including hyperactivity, are certainly known to be associated with low – zinc status. Research on ADHD children has shown them to be zinc deficient, and this has been suggested as a potential causative, or at least contributive factor of the conditions.

### **Heavy Metals**

It is well known that elevated levels of hair lead concentration are associated with poor neurological development, behavioural disorders and also with ADD. A recent study of school children found a

striking dose-response relationship between levels of hair lead and negative teacher ratings. This showed that the higher the lead concentration, the more severe the child's disorder, as assessed by the teacher. A physician's assessments of the child's behaviour showed an even stronger correlation. When considerations of other potential variables were made, the correlations were still evident. Other studies have similar findings in hair lead concentration and associated behavioural disorders and autism.

The treatment of metal contamination with a chelating agent such as glutathione has led to significant improvement in these conditions.

In a subsequent issue of *Resonance* the osteopathic treatment of children with learning problems and the use of sensory-motor integration programmes and pulsed electromagnetic fields will be discussed.



### WHAT IS... COLOURLIGHT THERAPY ?

*Osanna Waclik, Austria*

A pot of gold is not the only benefit associated with the colours of the rainbow; for centuries ancient civilisations used the therapeutic properties associated with colour to improve their well-being. In modern times colourlight therapy carries on this knowledge through the application of artificial colourlight, using carefully chosen colour waves to maintain and improve body balance and harmony. Because colour vibrations are so easily absorbed by human tissue and utilised by the body, it is an easy and safe way to

nurture our body and to provide it with the necessary amount of light energy.

In every day life we hardly notice the effect of light and colours on ourselves, because they are constantly with us. Colourlight is contained in pure white light and affects not only our physical body, but also our emotions and moods. Depending on our personality, we like or dislike certain colours. We are born with an attraction to particular colours and this is influenced by early childhood memories, our education, cultural surroundings and the general course of life. Our colour preferences influence our buying behaviour – sales and marketing people use this in advertising, marketing, fashion, interior design etc.

Although each one of us has individual preferences, colours have their own attributes affecting our emotions and moods in similar ways. To name some: green, the most predominant colour on



our planet, has a strong balancing effect – it represents new life and clarity; orange stimulates creativity; yellow creates self confidence; blue is calming and stands for peace and harmony, etc.

Light and colourlight is energy in the form of electromagnetic vibrations, which transmit information and interact with matter by producing further vibrations through resonance. The human body is built on light and colourlight. All matter and all living things contain light energy in motion, activating the flow of life by creating and rearranging the content, form and structure of everything, meaning that all things are in a state of vibratory and communicating flux. Plants need light energy to grow, through what is known as the process of photosynthesis, and in a similar way, humans can't live without light energy.

The chemical elements that constitute the body are susceptible to and activated by the different wavelengths of light and colourlight. Each element or mineral has a specific function in the body's growth and rejuvenation. As colourlight is a form of energy, which impacts on the atoms of each chemical element, these elements or minerals in our bodies are consequently stimulated and influenced by colourlight to support our growth and functioning. Specific colour waves activate specific chemical reactions in our body and also participate to induce the production of certain chemical compounds our body needs, such as vitamins or enzymes.

Every cell in our body is light sensitive, each is susceptible to changes in vibration, and susceptible to energies operating from without and within. They receive and give off small light units that are known as bio-photons, which transmit information and

enable cells to communicate with each other; fundamentally our body is interpenetrated and surrounded by an electromagnetic field in a particular state of vibration. This energy field is continually affected by vibrations of different kinds coming from natural sources as well as man-made products. We are not only influenced by the visible light of the sun, daylight and artificial lights, but we constantly receive vibrations from the invisible field around us, containing cosmic rays with energies as yet undetermined – magnetism, electrostatic, energy, gravity, sound, thought, our own and other people's emotions (for example, love or joy, empathy or hate, sorrow or fear). We also receive the perfume of flowers through their fragrance, which is emitted by vibration.

In our technological society, where we are increasingly exposed to rays such as radar, mobile phones, television sets, computers, digital watches, power stations high voltage power lines, etc., our psychological and physiological state of harmony is constantly being thrown out of balance. Purposeful and positive exposure to colourlight can counteract the negative effects of harmful rays from modern devices and restore our balance, and harmony to our minds and bodies. Therefore light energy is essential for life.

All these different vibrations are reaching our physical tissue level by varying pathways. For example, the life energy of nutrition through eating, vibrations such as visible light, colours, sound, aroma or vibrations like emotions – joy, fear etc. are sensed and passed on by the nervous system. Our entire subtle body feeds on vibrations, which enter our body through non-visible pathways, moving from above down and below up

and crossing over at certain points or nodes known as the seven main life energy centres or 'chakras'. They radiate and channel, take in and send off vibrations of specific colour frequencies and are related to certain endocrine glands that affect and regulate our whole existence. Each correctly functioning body radiates energy vibrations having a specific colour frequency in a specific wavelength.

Vibrations influencing our energy field may cause our energy level to become either too high or too low and, depending on the quality of the vibrations, may induce balance or imbalance, stimulate or calm, be gentle or turbulent, soothing or exciting. Their quality may also manifest in the chakras influencing the glands and hence the entire body, which can produce health or illness.

Imbalances in our electromagnetic energy field and bodily functions can be brought back into balance with purposeful and positive exposure to the appropriate colour wave, which resonates with the body area needing either reinforcement or interference.

Each colour in a specific wavelength has various attributes, which generate certain effects. They can be used to treat many family ailments and to ease dis-ease. To name some: green has a strong balancing and cleansing effect; blue promotes sleep; indigo reduces swelling and pain; violet calms the nervous system; yellow activates the intestines; orange relieves cramps and builds bones; red stimulates the liver and builds the blood, etc.

The basic procedure for colourlight therapy is very easy. All you need is a light source with colour filters. Give yourself

time to relax for one hour, select the appropriate colour, darken the room and place the light source at the required distance. Then remove clothing from the affected body area and turn on the colour lamp. Here are some examples of general application:

- occasional use of green and lemon strengthens the immune system and our resistance to disease
- if you cannot sleep, or you have problems putting children to bed, just switch on the blue light and they will fall asleep very quickly
- use orange to soothe flatulence in babies
- if you have a bruised area, after a cold spray, shine indigo on to the affected area to relieve pain and reduce swelling
- later use orange to absorb bruising
- then green to build tissue
- bone fractures heal much faster by using lemon and orange alternately
- for severe burns use blue and then turquoise to cool and heal without scars
- high fever can be neutralized and cooled with blue

As a mother of five children I learned how to support their health through natural systems only, without using antibiotics. Working with colourlight in the family, and as a consultant for others, I have witnessed how helpful it is to use colourlight for daily health problems such as the common cold, sore throats, earaches, headaches, stress, learning problems, flu, bronchitis, childhood disorders, acne, pimples, indigestion, constipation, haemorrhoids, menstrual problems, the regulation of milk production after giving birth, cramps, wounds, scars, sore muscles, injuries and many more.

Colourlight therapy, based on comprehensive principles, is simple and easy to learn; it has numerous applications, no side effects, and it is inexpensive. Thus it is ideal for home use to improve our well-being with as little use of drugs as possible.

Before finishing this short exploration into colourlight therapy let me introduce myself: Born in Austria in 1944, I grew up in medically-orientated surroundings, as my father was a doctor. I studied medicine for some years and, after being opened in Subud in 1966, I continued to finish my degree as a teacher. When my five children were small I looked for a system of health support that was natural, easy and without side effects. I learned how to use colourlight for all the family ailments with which, as a mother, I was confronted. To improve my knowledge and understanding on colourlight I read the most up to date literature, of which the books *Spectro-Chrome Metry Encyclopedia* by Dinshah Ghadiali, and *Let there be Light* by his son Darius, made the greatest impression on me. Over the years I have practised colourlight therapy successfully at home, introduced it to friends, and witnessed how helpful, practical and easy it is.

During our stay in Australia from 1995 to 1999, I was prompted by some brothers and sisters to write down my experiences and to pass them on by giving workshops. So I started with seminars and wrote the book, *Light is Life*, a practical guide on how to use colourlight therapy at home. This book would not have been written if my family and my friends in Australia had not insisted. Back in Austria I translated the book into German and started a small enterprise as

a colourlight therapy consultant.

For more information please contact Osanna U. Waclik, Post Box 8, Brunnngasse 51, A - 2541 Gainfarn, Austria  
Tel: +43 2252 71315, Fax: +43 2252 71417, email: o.waclik@netway.at



### MEDICAL AID PROJECT *Latifjah Miller, Virginia, USA*

About eleven months ago, with the help of Dr Liz Rantz, SIHA began a program to distribute needed medicines to Subud clinics around the world. The project was funded through donations, and we are very thankful to those who had faith in us and provided the funding we needed. Now I would like to report on the progress made during the first year of our pilot project to send medicines to those in need.

Our original idea was to provide medicines for Subud doctors working in developing countries. We made arrangements to obtain medicines from a group called MAP (Medical Assistance Program). MAP has a program to provide travel packs of general emergency medicines for a very low donation of \$375 per pack. The average value of medicines per pack is \$5000. MAP also provides the packing and the customs documentation, and ships the medicines to us. All of this service is included in the \$375 donation. It is fantastic value. MAP can do this because they receive large donations of medicines from pharmaceutical companies and they have a warehouse, staff, and funding.

The goal for our first year was to send medicines to the Congo, Cuba, and

Indonesia. Miraculously, we achieved this, and all medicines were hand-carried to the destination country and safely delivered. To me, this is proof that the MAP people know how to prepare the customs documents properly, and that this program is effective. The total value of the medicines we donated amounted to approximately \$25,000.

Where we found short-comings in the program was with follow up to determine the benefit of the medicines received. I will recount briefly.

### CUBA

Medicines to Cuba were carried there by Rochana Weissinger and received by Dr Fernando in Havana. Dr Fernando divided the medicines and distributed them to Subud members in three different towns. He assured us that he was very aware of individual members' needs and could distribute the medicines according to need. There is no clinic in Cuba run by Subud health care professionals that could receive the medicines. Dr Fernando works in a government-run hospital, and the hospital is not in need of medicines. The Subud members in Cuba do lack medicines however, because economic conditions create shortages of available medicines in the community.

In retrospect, although the medicines were appreciated, this type of distribution does not meet the criteria of the stated goals for our program. Rochana Weissinger continues to take medicines to Cuba for individual Subud members, and this effort is being supported informally by SIHA.

A positive outgrowth of the SIHA Medical Aid program to Cuba is that Subud medical practitioners/homeopaths

in Cuba have requested help with obtaining homeopathic mother tinctures, to enable them to produce their own homeopathic remedies. This request has been followed up by a SIHA homeopath in England, Rohana Darlington, who is working with an international homeopathic charity and the our SIHA Medical Aid Project to supply the tinctures. This kind of activity represents what we are trying to achieve.

Rochana Weissinger forwarded a letter from Francisco, a dentist in Camaguey who is creating the 'Proyecto Subud Camaguey'. Here is a partial translation:

*'The project in Camaguay is based on the fact that homeopathy reappeared in Cuba again in 1992 as a response to the impulse felt throughout the world towards the use of more natural medicines and traditional ways of healing. This has been promoted by the World Health Organization due to the fact that it has low cost, simple administration, and most important, low toxicity, among other advantages.*

*In Camaguey there is a population of 780,762 people, and the program began to be implemented in 1996 with the inauguration of six medical offices for consultation and four clinics for estomatology. Also the installation of a homeopathic pharmacy. By the year 1997 they had already distributed 2798 homeopathic vials, and up to now that amount has risen to 9764, which goes to show how widespread the utilization of this branch of medicine has become.*

*The actual rhythm of demand given by the population has created the need to acquire the mother tinctures that are utilized in the preparation of the vials, which are not produced in this country (Cuba).'*

*to acquire the mother tinctures that are utilized in the preparation of the vials, which are not produced in this country (Cuba).'*

## THE CONGO

It took heroic efforts on the part of Robyn Burke to assure that the medicines she carried to Holland last summer made it to their destination in the Congo. Kiti Ki Menghi and his wife, Marie Claire, took the medicines from Holland to the Congo, leaving their own luggage behind to be sent later on. We were overjoyed when we heard that the medicines passed through customs in the Congo and were delivered to the Subud doctors there to be used in their clinics. Rosanna Hille sent us word that both Clinic Dissea in Boma, (Dr Ninghi), and Centre Sante de Nkandu in Inkisi, (Dr Luwawu), received the two donated packages of medicines. These doctors do enormous good work for their community.

Unfortunately, communications stopped there. We have not had any further feedback, nor any additional requests for help from the Congo. The communication channels and working relationship between SIHA and SDIA have not been sufficiently established yet. This is something that hopefully will be improved in the future.

## INDONESIA

The most favorable results for our SIHA Medical Aid Project were achieved in Indonesia. So far, three travel packs, with a total of \$15,000 worth of medicines, have been delivered to Indonesia. The first two packs were carried to Indonesia by Pak Joyowidarbo and Ibu Rukmini. They delivered the medicines to

Dr. Soenanto Roewijoko for the Pejompongan Medical Clinic in Jakarta and the Harkat Foundation in Bandung. Wijati Padmawijaja helped to distribute the medicines designated for Bandung.

We have had excellent and well documented reports back from the recipients in Indonesia, which prompted us to send more medicines. A third travel pack was carried there this past March by Pak Effendi Soumantoro. The medicines were used in the clinic in Jakarta, and also carried to the villages to be distributed to those in need.

A liaison was formed with a WHO [World Health Organisation] group assisting mothers and infants. This liaison could be developed for future projects. I feel our criteria was met, and our goals were accomplished in this case. We also have some photos that document the receipt of the medicines. These will be displayed on our SIHA website and can be used in future reports.

## ON-GOING PROJECTS

During the past year, we also made contact with Muhammad Bachrun Bustillo at Amanecer. He is involved in the project to build a clinic there. We have offered our help in the form of fund-raising to provide the \$3000 needed to equip the clinic. It was determined that it was best to purchase the equipment in Columbia because used medical equipment is heavily taxed when entering Columbia, even if it is sent for humanitarian purposes. Maxwell Fraval undertook to raise these funds, and has raised \$700 so far.

Our primary focus for the coming year will be on Kalimantan. We have been asked to help improve the only hospital in

Palanka Raya. It needs basic maintenance such as a new roof, paint, flooring, and some air conditioning, as well as beds, chairs, and some basic medical equipment. We plan to develop a project to help meet the needs of this hospital, and also to establish a temporary clinic staffed by Subud members to meet the health needs of the members attending World Congress in Kalimantan. Given our limited resources in terms of time, energy, and money, we will make this our primary focus for the year. However, if requests for medicines available in the MAP travel packs are made to us, we are ready with our program, and can respond quickly.

To give a simple accounting of the finances, I would like to report that all the money donated for the SIHA Medical Aid Project went directly to purchase the medicines. We also collected some additional funds which allowed us to purchase a fifth travel pack of medicines. (We originally planned to purchase four during the year.) The only additional costs were for shipping. No administrative costs were accrued by this program. Robyn Burke has kept all the financial records in order and the details are part of our SIHA Financial Report, which is reported to WSA.

Again, I thank those who helped us to get this program going. We learned a lot. I think we succeeded in our goals in some ways, and also identified areas where we could improve. We established a good working relationship with MAP and have therefore gained access to affordable medicines.

A lot of administrative work is yet to be done for this project. We need to register it as a non-profit corporation. Right now it functions on a 'people helping people'

basis. As it is an all-volunteer project, it can only make progress when people have the time and energy to give to it. So, we have to go slowly and be satisfied with what we can accomplish. Still, we have shown that we are able to meet our objectives. It's a good beginning.



#### THE BENEFITS OF TREMBLECIZING *Emmanuel Aronie, USA*

I once read a true story about health that forever impressed me. It happened in the late 50's and is in a book with a title I forget, something like 'Mind-Body Healing'. There was this guy Joe in a cancer clinic. He had very advanced cancer and about a month to live. The tumors growing out of his neck were as big as Florida oranges. Anyway, long story shortened, he heard of a wonder-drug, pleaded with his physician to be included in the experimental study and, although he shouldn't qualify because he had such a short life expectancy, his pleading was awesome, and his physician got him into the program. Joe started the drug on a Friday, was tumor-free by Monday and cancer-free by Wednesday. Truly! They tested him and couldn't find nuthin! So, this guy was cancer-free for five years, until one day he happened to come across an article about the drug he had taken. His eyes got wide. The article stated in no uncertain terms the drug was completely useless and ineffective. The man was on his back in two weeks with horrible cancer. Just like before.

The incredible ability of us beings to mobilize our healing when the circumstances are right, that's what this story is about – our own God-given inner

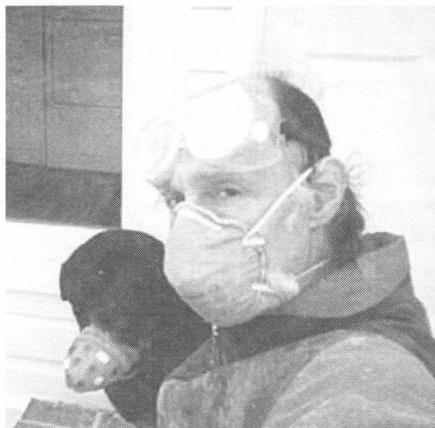
healing power. When we are somehow ready and really want to heal and somehow God seems to agree, there is available to us an incredible reservoir of healing energy.

Doesn't it make you think? But we in Subud are no strangers to such stuff, to sudden, unexpected and powerful revelations. There are Subud stories galore of incredible healings: spiritual, emotional, physical – the whole nine yards. What does this mean? Shall we throw away our pills and tablets and regimens and just do latihan? I don't know. I don't have the answer for anybody else. Which makes me reticent to describe something that helps me, particularly if it seems to emanate from my own latihan.

Well, I'll just tell one story. In 1990, for some reason I can't really explain, except that one side of me was pushing me out of a boring but richly rewarding New York City video job and the other side of me had enough money and freedom to pick up and go, I went to Poland for a few months. The plan was to help a Subrother (just coined it today) with his English and I would learn a little Polish and be in the country half my grandparents came from. Sylvia (mom) and Krzystof (son) graciously shared their little apartment with me.

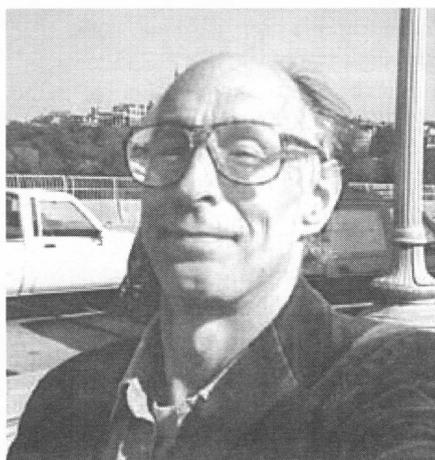
After a while, I began to feel like my body needed a means of staying fit. It was February and there was no going out and

jogging, at least not for this puppy. So, I began to, fell into, started 'receiving', a way of exercising in my narrow little room. This 'way' gradually became fused with some other things I had learned earlier in my life: a self-massage



technique called Do-In, and a technique called 'Plucking', developed by a Canadian doctor.

In twenty-five words or less, it was a full body touch-contact-stretch-intuitive-vibration thing, which I began to call 'tremblecize'. I didn't think it was that special, so I didn't think much about it. When I got back to New York, I had a session with my chiropractor, Doctor Bohm. And, when he looked me over, he said, 'You're in perfect alignment'. I said, 'What? Are you sure?'



He repeated himself and asked me what I had been doing. I had to think and then could only figure that it had been my 'tremblecize' stuff. Ten years later, I still do it, usually about once a day. It takes maybe 15 minutes and always makes me feel better. I've thought it could probably help people lose weight or stop smoking or improve their posture or their basic attitude toward life, but I've never figured out how to market it, demonstrate it or even describe it successfully. But, I'll try.

We start at the head and go to the feet. We realize that the physical body is only that, the physical body, a temporary container for something much more precious, the soul. It helps to keep this in mind, that beyond this body there is all this other much deeper stuff going on. Each part of our body moves, including seemingly non-moving parts like skin stretched across the skull, ears, tissue around the lower back or knee or bony parts of foot. The action of tremblecize is to enhance this movement by one's own manipulations, using the hands, fingers, forearms, wrists, elbows, legs, feet, rocking on the back, etc. One small revelation I've received is that there is love in the body – the right hand loves the left, and vice versa. The right arm loves the left. The knee can massage the face. The body likes to be 'discovered' and acknowledged.

Keep in mind also the range of motion of each part of the body. It's much greater than ever articulated in practice. Every part of the body is incredibly more dynamic than we understand. Unfortunately, few people discover this. For many things, the range of motion is

360 degrees. For some things, it's less.

For your intestines, well, you probably don't ever massage your intestines, except with wine and lasagne, but I do. The intestines are muscles, similar to the ones we stretch and use in the rest of our body. They love being acknowledged and often, when coupled with a good walk or run, award us with a nice poo. In short, tremblecize gets everything moving and alive.

Another basic tenet. The body vibrates like a musical instrument. It can easily be compared to an orchestra. Obviously, to carry the metaphor forward a bit, an orchestra needs to tune up. So do we. How? Pluck the strings. These strings are all over the body. After they have been plucked lightly, modestly or vigorously, depending on our style and needs, they go on vibrating for hours. They are more alive and so are we. This is why, when I finish doing my little routine, I always feel refreshed even if I begin in an 'almost dead tired' condition.

Another aspect of 'tremblecize', now that I think more about it, is surrender. Whenever you hold your body in any position, you are using your will. I recommend holding your body in as 'will-less' a position as possible. In other words, if you are working on your head or your neck, arm, leg or whatever, make sure the rest of you is really at rest, in a quiet surrendered state.

One other thing, and maybe this is as important as any of these other little 'tips'. Each muscle, each tissue, has a variety of vibrations that can pass through it. You know when you're straining yourself, you go over the edge and you feel bad the

next day. In tremblecize, you should never leave the envelope of healthy muscle or tissue usage. Of course, you don't always know and sometimes you do strain. My advice; go slowly and be conservative. This is a very wide way, which opens up huge doors of self-discovery. There is no reason to rush or strain. Find your own correct, conservative pace.

Another clarification. Have you ever noticed all the little shaking that naturally goes on inside you? It's as natural as a smile. Press your hands together. Push them against each other, gently, but firmly. As you begin to press harder, your body will begin to shake, like a little earthquake. This is tissue movement. It is very healthy. But, be conservative. Stay inside your normal range of motion. There are a lot of parts of us that have this quality; almost all the parts can shake or vibrate or tremble this way, in a safe way or if too extreme, in a dangerous way. Keep your shaking safe.

What are some of my favorite places to 'move'? My skull-skin, my ears, my nose, my eye muscles, my rib tissue, my intestines, my crotch, my thigh muscles, all of my back. I have many old athletic injuries that nag at me. But tremblecize sends them on their way to wherever they belong, which is not in my back.

Of course, I'd be delighted to answer any questions. But remember, I'm not a doctor or a patient. I'm not even a health care practitioner or a client ...

I'm a tremblecizer.



## HEALTH TIPS

**From the SIHA listserv:**

Dear Elizabeth,

Thanks for initiating this interesting discussion on insect bites and Kalimantan. I also suffer from an allergy to insects. I've learned something interesting along the way to trying to find a solution to my problem.

Insects bites, particularly mosquitos, always caused me to have large lumps, which got larger as days went by. When I moved to Hawaii, the problem gained new and unusual proportions. The mosquitos there love new blood to the island. I was bitten all over; it was a constant problem. But after six months of living there I noticed that the reaction to mosquito bites stopped all together. I would be bitten, but then the bite would disappear almost immediately. WOW! I really wondered what caused this change.

Eventually, I came to understand that immunity to the mosquito bites in Hawaii is provided by eating the fruits that grow wild there. One look at a guava tree will provide ample evidence. The guava trees are homes to millions of mosquitos. The plant has built up some kind of protection to the mosquitos that swarm around its fruit. Drinking guava juice and eating other fruits growing locally made me invincible to mosquito bites. What a welcome relief!

The experience was such a clear one for me that it made me conscious of the fact that the plants that grow locally, where we live, are our dear friends and can give us some health benefits that imported fruits and vegetables won't provide.

Then I moved to Virginia. The insect problem started all over again. The mosquitos here are a different breed, and

we also have biting flies that are vicious. It was becoming a terrible problem for me. I found I couldn't enjoy being outside or in my own garden because of being attacked by flying insects. The swelling from the bites was enormous. I tried to implement my knowledge of eating local plants to obtain some immunity, but it never worked. I suffered with this for years. Then last summer something amazing occurred. Suddenly the bites were not reacting much at all. What happened?

Well, for a few months we had been drinking fresh, organic, raw milk, from the cow of our dear friend, Stefan Donner. The cow, Valentine, stands out in the fields all day, chasing deer flies, mosquitos, and the other local insects away with the flick of her tail. Of course she is also bitten, and I think she has transferred some of her immunity to those insects to me. This is something that would never occur with milk coming from a supermarket. The pasturization process would probably destroy the possibility.

These are the kinds of experiences that have led us to be so enthusiastic about being part of a farming community where we can have access to locally grown, organic fruits, vegetables, dairy products, and meats. (Visit [www.cowsharing.com](http://www.cowsharing.com) to learn something about our concept. It is just in the planning stages at the moment.)

What has this to do with Kalimantan? Well, for one thing, I am sure that people who have been living in Indonesia for many years, eating the food that grows there, will have immunity to things that visiting foreigners won't have. Also, the visiting foreigners won't have enough time in their short stay to build up any immunity either. So, while Dr. Mitchell and Sharif say they don't take precautions and aren't bothered

by insects, that won't necessarily apply to those of us coming there. However, when I visited Indonesia in 1986, I was scared of getting bitten, and I was extremely diligent with insect repellent and covering up. I also brought medicines to treat insect bites with me. I had no problems at all.

Malaria in Kalimantan might be a concern for anyone who plans to go on excursions into the jungle or up the rivers. It is a separate issue from insect allergy. Hopefully the doctors will continue to inform us as to the best course of action for prevention of malaria.

With love to all, Latidjah (Miller)



### More on Mosquitoes

Mary Aquala, RN

The response below was sent to a natural healing list on the internet (*Paracelsus – Clinical Practice in the Healing Arts, sponsored by Integrative Medical Arts – IBISmedical.com* <http://franklin.oit.unc.edu/cgi-bin/lyris.pl?enter=paracelsus>) as a response to someone going to a country where there is malaria. I thought it pertains to those of you going to Kalimantan also.

'The best preparation for the trip is a month or two of a very good diet (no sugar, white flour products, non-organic meat, caffeine, alcohol, hydrogenated fats, dairy products, etc.) – mostly fresh veggies, brown rice and fresh fruit in season. Clean out with colon cleanser, liver cleanser, kidney cleanser, blood cleanser formulas to strengthen the immune system. If the immune system is working well, malaria and other bugs will find a less adaptable terrain.

Artemesia annua, (sweet Annie or

sweet wormwood) is good both prophylactically and for treatment of malaria and is widely recognized as such. It is likely to be included in antimalarial decoctions at a TCM hospital in China. Start it three weeks before the trip. Take a teaspoon of the tincture before breakfast and before dinner. Bring Oregon grape or another berberis tincture along with the artemesia annua and take both daily if she feels at risk (good for malaria and parasites). Increase the dosage if she is bitten, feeling sick or not sure about the food.

She may wish to burn smudge sticks in her room at night to repel mosquitoes. Lavender, rosemary, cedar, the artemesia 'white sage', and yarrow smudges made by tying a tight bunch of herbs tightly together with string can be burned. Or citronella candles can work. She can wear something like Green Ban which is made with essential oils to repel mosquitoes, and wear long sleeves and pants to avoid bites.'



## LETTERS

### *Wolves as Therapists: a homeopathic perspective*

Dear Hermione,

What a great issue of Resonance (Vol 2 No 1). I really enjoyed Rasjid Lyle's article about wolves as therapists.

I've often used dogs at the hospital where I work as creative therapist, and it's wonderful to see how they help people, especially older patients who, due to their illnesses, have had to give up their pets. We have a regular fortnightly visitor, a golden labrador from the

Pat-a-Dog society, a national group who bring dogs into hospitals; and this dog can lift the spirits of deeply depressed patients who no one else can reach.

As a homeopath, I was especially interested to read Rasjid's article, because homeopaths understand the therapeutic value of wolves as we use potentised wolf's milk to heal people. We use the milk from a wild female wolf to make the remedy Lac Lupaninum; animal lovers can be reassured that it is collected humanely and only a minute amount of it is used in homeopathy as our remedy substances are extremely diluted.

During the homeopathic proving of the remedy and its clinical trials, it was found to be especially helpful for:

- people who are ill because they have lost a sense of connection with the earth and nature
- people who are suffering because they are rebellious to the often constricting rules of modern society, and who need to trust their own inner voices rather than blindly conforming
- untamed people who cannot bear to live in restrictive circumstances and who may be violent if forced to do so
- people who may be obliged to leave their homelands and to live on reservations, such as native American Indians or Australian aborigines
- the rural poor in any developing country where the only employment available is in the city, who may benefit from this remedy if their symptoms match its curative content.

During the proving, it was the women

provers who experienced the most profound depth of the remedy's potential. There is a theme of the wise woman threading through all the symptoms: the 'Bone Woman', and a feeling of heightened capacity for devotion. In addition, there was the experience of fire and earth energy, the place where body and soul, and biology and psychology meet. There was the feeling of Mars energy, which is traditionally masculine, but its expression within the feminine was especially important.

Other themes of Lac Lupaninum that have emerged are: Right; Earth; Body; Entrenched; Bold; Solitude; Untamed; Unconstructed; Survival; Material Dose; Vivacious; Reactive; Past; Sensitive; Conceit; Yang; Devil. If these key words are important in the patient's story and suffering, Lac Lupaninum may be able to cure. Lac Lupaninum is often used as a higher octave to continue the cure of a case where the remedy Lac Caninum – made from the potentised milk of a domestic bitch – has ceased to work.

So patients who may be ill from these types of problems, but who may live far from a wolf sanctuary, can still be helped with the wonderful curative power of Lac Lupaninum. Homeopaths practising in the urban areas so hated by such displaced people may be able to heal their patient's pain and symptoms with this remedy.

For those who would like to support the Wolf Education and Research Fund, who are promoting the return of the wolf to the wild in the USA and have an adopt a wolf programme, you can contact WERC at PO 3832 Ketchum, Idaho 83340 USA.

The information in this article is taken from homeopath Melissa Assilem RSHom, FBIH's seminar, The Shadow of

the Wolf. Melissa can be contacted in London at 116 Gauden Road, SW4 6LU Phone: 020 7720 2267 for more details about Lac Lupaninum or WERC.

Rohana Darlington LNWCH  
Manchester UK

### *Colour filters helping dyslexia sufferers*

Dear Resonancers,

If you'll excuse the intrusion by a disgustingly healthy old boy, I think you ought to know about a potentially life changing development. I know a few dyslexia sufferers. One told me that she had tested about it and received that it was a blessing because it stops her using too many words – which she doesn't. Another reckons it's more evidence that he's an old duffer – which he isn't. The young man behind the desk in a motor showroom apologised when I suspected he had misread my phone number – which he hadn't!

I told them all about Dr Arnold Wilkins' work at Cambridge University (although he has now been promoted to Colchester) dramatically enhancing people's reading ability by the use of colour filters. It was a joy to behold the quietly gleaming confidence of children on a local TV, as all the squiggles and wobbles that they normally experience when reading, disappeared. It's not just kids' stuff either. Adults join the queue! Whizz kids go to:  
[www.essex.ac.uk/psychology/overlays](http://www.essex.ac.uk/psychology/overlays)  
Old tech types: send an A4 sae to Colour Information Service, Department of Psychology, University of Essex, Colchester, Essex, CO4 3SQ. Dr Wilkins will even give you the phone number of your nearest optometrist or orthoptist.

The young man in the motor show  
room thinks I am Father Christmas!  
All good wishes in and out of Subud,  
Louis Leopold  
Cambridge UK



**REASON FOR HOPE. A Spiritual Journey**

*Jane Goodall with Philip Berman*

Pub: Thorsons 1999

Price £17.99

Reviewed by Rasjid Lyle, Portugal

Jane Goodall is well known for her classic work on the chimpanzees of Gombe, but this is only one facet of a remarkable human being.

Brought up by a loving family in a firm but simple Christian faith, which she has never lost, Jane Goodall knew early in life who she was, what she had been born to do and how to be in order to find fulfilment. She has patience, submission, sincerity, boundless courage, wide feelings and a heart so compassionate as to embrace not only her fellow humans but all her fellow creatures. She shares her gifts with others and she shares their sufferings. She does not turn from cruelty and evil, whether with animals in laboratories and factory farms or with humans in concentration camps, but looks deeply into it in order to understand. And to those who attack her for her inclusive sympathy she turns with patient self-restraint, making converts instead of enemies.

Of her work there is only space here to mention 'Roots and Shoots', a hands-on environmental and humanitarian education programme (which) empowers young people, from kindergarten to college to take action to make the world around them a better place for the environment, animals and the local community. It is successful because it is relevant, it address the real concerns of young

people today.

Her moving story, and the reasons for her ultimate hopefulness, are told in a style that is clear, compelling, unsentimental and radiant.

Bapak advised us not to concern ourselves with spiritual levels: noble behaviour is sufficient indication of a noble soul. Here is the on-going story of one such, recorded in a book of great moral beauty, leavened with a great practical wisdom from which we may have much to learn.



**AN AMAZING EVENT**

*Maryse Laurie, Oxford, UK*

I thought Resonance readers would be interested in the following experience. Some time ago in the 1970's, M came to London from Iran to seek medical advice on the best treatment for her brain tumour. She was opened at Central London prior to her operation.

When Lavinia O'Meagher and I visited her in hospital after the operation, she told us the surgeon had been to see her and described a remarkable experience. During the operation, as he cut into her skull, there had been so much blood he could not see what he was doing. Then, as he proceeded, he became aware of a presence near him and felt that his hands were guided so that he was able to operate correctly. To illustrate this experience the surgeon made a sketch on the front of a magazine beside the bed, which M showed us.

On our next visit to the hospital, Lavinia and I went to see the surgeon about this amazing event, but he denied it all. Unfortunately M did not live for very long after the operation, and her husband and sons went on to live in America.

Curious, I wrote to Bapak about M. He replied saying that the 'presence' who had

helped was his eldest son, who had been a doctor, but had died young. Sadly this letter was lost en route to the Subud archives. I later learned that Bapak's son helped with at least three other operations after he died.



### Research Snippets

#### Walking it off

Steve Bird and colleagues at Canterbury Christ Church University College in Kent (UK) decided to compare the health benefits of different approaches to walking. 56 couch potatoes were put through one of three daily walking patterns and compared to 56 matched controls (who stayed on the sofa). The walk patterns were: a 20-40 minute walk a day; two short 10-15 minute walks a day; three 5-10 minute stints a day. The health measures used were: reductions in heart rates and decreases in blood lactates, both measures of fitness; and blood levels of apolipoprotein II, a 'bad' blood fat linked to heart disease.

After eighteen weeks the 20-40 minute hikers had reduced their apolipoprotein II levels by an average of 0.05 grams per litre. This was more than twice the drop experienced by the twice x 10-15 minute walkers, and five times that of the 'frequent, short walkers'.

The 20-40 minute hikers also experienced increased levels of apolipoprotein I, a 'good'

blood fat linked with unclogged arteries. All the walkers experienced drops in blood levels of low density lipoprotein (another 'bad' blood fat). In terms of increased fitness there was little difference between the groups, but marked improvements compared to the controls. So the overall conclusion is that walking is good for you. Try and fit in a long walk each day. If you can't, shorter bursts of walking are still beneficial.

(6112-14) *New Scientist* 8.1.00

#### Vitamin C lowers blood pressure

A randomised, double blind, placebo controlled trial involving 39 subjects with hypertension, but otherwise healthy has shown that taking 500mg of vitamin C daily can reduce the pressure.

(6471) Duffey, SJ et al *Lancet* 1999; 354 2048-49.

Cited in *Environment and Health News* Spring 2000



### GLOSSARY

For non-Subud readers, we hope this will explain some of the terminology commonly used.

*Latihan* .... the practice of the worship of God in Subud

*Jiwa* .... the soul

*Testing* .... the practice of asking and receiving guidance in the latihan

#### Acknowledgements

We would especially like to thank all the contributors to this sixth issue of Resonance and give thanks to all those who have donated their time, expenses and expertise in helping us to produce this journal.

## UK National Gathering, Bideford, Devon August 21st — 25th 2000

### SIHA PROGRAMME – Self-Help For Healthy Living (Some events are run in collaboration with SICA)

Workshops include:

Massage • Introduction to Homeopathy • Drama Therapy • Parent and Toddler Dance Session • Voice Workshop • The 'Buteyko' Method for Asthma etc • The Meir Schneider Method • Shiatsu  
Massage for Beginners • Vibrational Medicine • Imagery for Self-help & Self healing