

resonance

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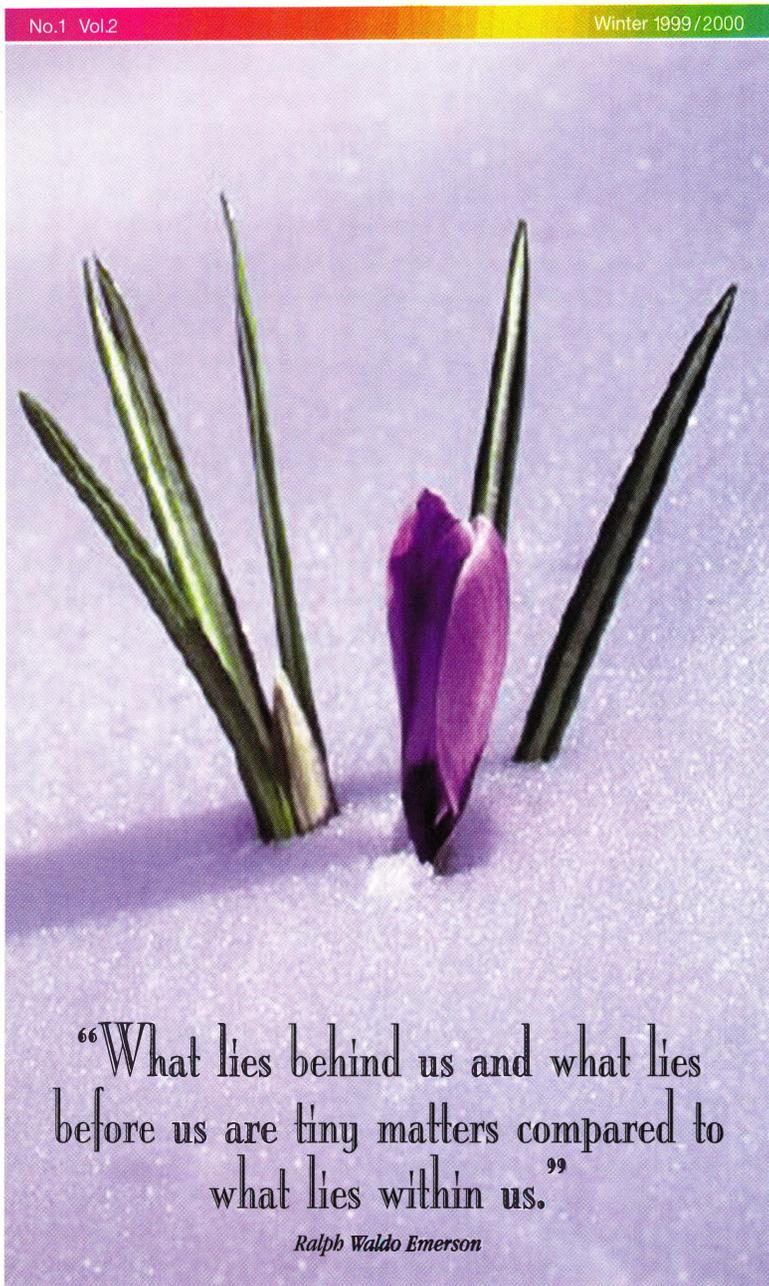
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The
Quarterly
Journal of
SIHA

Subud
International
Health
Association



“What lies behind us and what lies
before us are tiny matters compared to
what lies within us.”

Ralph Waldo Emerson



Subud International Health Association

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A QUOTE FROM BAPAK



The fact is that God guides man to be his own doctor, his own teacher, so that he does not need to depend on anyone else.

And once you can do that, once you can be independent of everybody and stand on your own feet, it will lead you to a feeling of confidence in yourself.

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EDITORIAL COMMENT***The Mission of SIHA***

Last October the SIHA Steering Committee met for two days to discuss the development of SIHA. One of the most significant items addressed was the mission statement. For me, it was a particularly awesome experience to attempt to draft in words our collective vision of the purpose and aim of SIHA. It was late in the afternoon following two solid days of meeting together. We sat on the deck behind my house enjoying the last bit of afternoon sunshine, surrounded by garden and trees. At first we wondered where to even begin. The recollection of the testing we had done prior to beginning the business agenda served as our guidance.

A phrase came back to us that was written by Maxwell Fraval in the early days of our committee when we attempted to express what SIHA was about. This phrase appeared on our first SIHA registration form: 'Our prayer is that SIHA will enable the health care of humanity to be touched by, guided by, and even enlightened by, the power of the One Almighty God.' It was a phrase that had always inspired me. 'Let's begin with those words,' I suggested.

We wrestled with language and ideas. We considered direction and purpose. We discussed specific activities that we felt belonged to SIHA. How does one describe an organisation like SIHA which brings together knowledge, people and resources in order to perform tasks no individual can do alone. We wanted the mission statement of SIHA to reflect that we are a social entity that is goal-directed and deliberately structured, but we acknowledge that our existence is based on guidance from the power of God which comes to us through the latihan.

As the light from the afternoon sun

dwindled away, we moved inside to finish the last round of corrections. We sat around my dining room table. Maxwell dashed to the computer periodically to correct and reprint our draft statement. There was a moment when we realised that perfection would elude us. We would have to accept our best efforts. A few days later we posted the draft on the SIHA listserver. Malama McNeil responded with a suggestion which we happily adopted. A final draft emerged:

The mission of the Subud International Health Association (SIHA) is to promote the attainment of true human health by providing opportunities to share our experience and together receive a way for the content of healthcare to be touched, guided, and enlightened by the Power of Almighty God through the latihan kejiwaan of Subud.

In furtherance of this mission, SIHA aims to:

- promote mutual support, co-operation, networking, and intra- and cross-disciplinary communication, among Subud members who are active healthcare practitioners
- make healthcare information and expertise available to Subud members and others
- promote and coordinate medical aid and other health related projects
- provide mentoring services
- provide a resource directory
- encourage self-reliance in health through education.

Perhaps there are still more corrections to be made; however, as we move forward into the new millennium the Mission Statement will guide our efforts. Our aims are clear. We pray that SIHA will continue to grow and develop. Please join us in making this possible.



Latidjah Miller,
Virginia, USA. SIHA Coordinator

WOLVES AS THERAPISTS*Rasjid Lyle, Portugal*

There are still between two and three hundred wolves in the wild in the north of Portugal, but their survival is threatened by human expansion, road building, forest fires and illegal poisoning. To help with the conservation of this much misunderstood species I founded the Iberian Wolf Recovery Centre (IWRC) in 1959, directed it until 1996 and maintained a close contact with wolves until 1997.

The wolves – those rescued from traps, snares and from captive conditions, as well as six orphans saved when their mother was poisoned – were homed in large naturalistic enclosures, where visitors could see them behaving normally and, often, enter and socialise with them, thus learning how different the real animal is from its popular image.

You may be asking what this has to do with human health. During the years I spent with them I noticed that the wolves were extremely sensitive to physical and especially emotional and psychological states in human visitors, members of staff and volunteer workers. They were often aware of these states before I was. For example, the wolves would immediately avoid or retreat from anyone suffering from repressed aggression, as soon as they entered the enclosure, even if they showed no outward sign of it. In another case they were able to detect more subtle problems when we found one man could not enter the main enclosure because, if he approached the fence, the pack

leader would run up, hackles raised, and growl at him. Later, his daughter told me her father was a pathological liar!



It seems the wolves could also discriminate between false personae and the underlying reality. One man brought his teenage son on a visit. The boy was surly, blasé and couldn't care less. I took him into the main enclosure and 'Sandolo', the pack leader, saw through the disguise at once. He loped up and began to romp with him. He was not aggressive and did not hurt him, but he played rough (he weighs about 100 lbs). The boy however

was thrilled and, when we left the enclosure, was a different person – his happy smiling simple self – a very nice person. Sandalo's instinct had led him to recognise what lay behind the false persona which he then proceeded, playfully, to demolish.

Generally, reactions were not so dramatic, but they often went deeper. Many visitors came only out of curiosity, but others, and volunteers who stayed for two, three or more weeks were more committed – they came in response to an inner need. I noticed that many who accompanied me into the enclosure emerged, after their encounter, with rapt expressions on their faces, as though they had had a spiritual experience. They said little or nothing about it but might, later, write to say their lives had been changed. One middle-aged lady, who spent two separate fortnights as a volunteer, wrote to say it had been the greatest experience of her life.

What did happen to them? Necessarily

based on my own experience, I feel that this contact with what is truly 'wild' – unspoiled for two million years – is an act of reconciliation, or reconnection, with our earthly roots and their primitive innocence and integrity. ('Religion', significantly, comes from religare: to rejoin.) And the experience is made possible by the unexpected acceptance on the part of the wolves – they 'open the way' – and by the fact that being among them on such terms by-passes the mind. Thought recedes; we are now centred in the feelings, which makes connection with the Lost Eden easier.

These and other experiences made me think of setting up a facility to help people, using wolves as therapists. Among regular visitors were two Lisbon psychiatrists, with whom I had frequent talks. They, too, were interested in the potentialities of lupine psychotherapy, thinking it could help some of their patients. In the end, for various reasons, our plan had to be abandoned and, in any case, there were (and are) two practical objections to its realisation on a wider scale. First, wolf packs in suitable habitats, habituated to humans, are extremely rare. Second, the people must come to the wolves, the wolves cannot come to them – unlike domestic animals which are now increasingly being taken to hospitals, clinics, old people's homes and private houses with remarkably positive results. In this last case, however the 'wild' element is missing. In my understanding, domestic animals, especially dogs, may heal by reawakening the patient's consciousness of his or her lost childhood, whereas the wild animal takes them much further back, into a remote and misty past where, by the spring-waters of the River of Life, all is still One and undivided.

This short account has inevitably been anecdotal, but I hope it may have opened a

window onto a still largely unexplored field of psychotherapy.

I would only add that the 'healing' I witnessed – in myself as well as in others – was not affected, as so much healing is, by the animal forces. The wolves were quite unconscious participants – they were only, so to speak, voluntary catalysts. The healing – in effect, reintegration – happens within the person by virtue of the unusual and creative state, which spontaneous and reciprocal socialisation with these wild creatures brings about.



JOURNEYS

Hermione Elliott UK

Insight is a wonderful thing and as I reflect on my journey I see it has a sequence and coherence which was hidden to me as I travelled along. What a pity I've spent so much time thrashing around – doubting myself and so unsure of the next step! Amidst my various uncertainties though, one thing has remain constant: the theme of health and healing.



Photo by Sue Feast

I trained as a nurse and had never wanted to be anything else. In my teens school seemed pointless – I knew what I wanted to do but my education did nothing to support my ambition, so I left as soon as it was practical. I had the barest minimum number of subjects to guarantee my acceptance at Nursing School. I loved it from the very beginning. I was especially fortunate to train at the Royal Masonic Hospital in London, where the atmosphere was unique: so calm

and respectful. Without doubt the connection between the patients, as Freemasons and relatives of Freemasons and among some of the staff, who I presume were Freemasons, helped to create a sense of unity. There was certainly a great deal of pride in the hospital and we worked hard to make sure it was justified; it was such a joy to be part of an organisation working to such high standards. This was something I only fully appreciated later; I never did find this same quality in other hospitals.

In the year after I qualified I chose to work on the night shift so that I could have the experience of managing my own ward. I loved surgical nursing and chose a 30 bedded unit, divided between 10 orthopaedic and 20 gynaecological beds. We worked 12 hour shifts from eight pm until eight am; eight nights on and six nights off. Quite mad when I look back, but it gave me a fantastic grounding in caring and managing all kinds of difficult clinical situations.

In my early twenties, I needed to spread my wings and decided to emigrate to Australia. I discovered a whole new way of life: working for a few months and having a few months off! I took to it like a duck to water and in the process gained a lot of experience. I spent a year specialising in head and neck surgery, nursing people who needed radical and very often disfiguring surgery, usually for cancer. Then came a year in anaesthetics and the recovery ward. Then several years in community nursing, finally working for community doctors carrying out pathology tests and health screening.

It was then I found Subud and everything changed. I spent my applicancy sitting outside the Cammeray Community Centre in Sydney on sunny Sunday mornings with four or five other applicants, while the group did latihan. We had deeply meaningful conversations about

everything, but in particular, health. Peter, who was an osteopath and naturopath, and Kevin, who was in training, introduced me to a whole new way of thinking about health and illness. They talked about restoring balance, the importance of nutrition, the human energy system – this was 1975 when alternative health was most definitely suspect – but even so these completely new concepts were utterly fascinating to me. It wasn't long before I decided I wanted to train as an osteopath myself and joined the Windsor College in Sydney. As well as massage and osteopathy we trained in mysterious things like reflexology, iridology and naturopathy and I found yet another world open up before me.

I had become increasingly disillusioned with the limitations of conventional health care – never really happy with the fact that often the cure seemed as bad as the disease and was sometimes worse. This meant I was very ready for something new and although I didn't complete the training, this period of time served to open my eyes, helping me to look at health and illness from a much wider perspective.

Back in England this process continued and several years later, after my midwifery training and during the time I spent at Fountain House in Bath (see Vol 1 Number 3 of *Resonance*) I did a personal development course with Ruslan and Hamidah Jelman. This was another of the turning points in my life. I understood on an intuitive level that if I had not addressed some important issues about myself – certain beliefs and patterns of behaviour – I would at some point get cancer. This was a huge shock. Not only because I feared for my health, but it was the first realisation that what I think, feel, believe or imagine could actually have an impact upon my physical state. I didn't know it at the time but I was about to experience another huge

shift in my understanding about health, moving from the complementary-conventional divide, towards the inclusiveness of holistic health which encompasses conventional, complementary/alternative and bodymind medicine, as well as the spiritual perspective.

Ruslan suggested I read a book by Carl and Stephanie Simonton, called *Getting Well Again*. It was a groundbreaking book at the time, and reading it was both terrifying and thrilling. Terrifying because as they described 'the cancer personality' (not a phrase which is used now) it was like reading about myself. Thrilling because they were working with severely ill people and achieving unexpectedly good results, by training them to use imagery to support healing both within and outside of the treatment process. After reading this book and others in a similar vein I decided to start my own cancer prevention programme. This entailed modifying my diet, to include more wholefoods and opting for a mainly vegetarian, organic diet; starting an exercise regime; undergoing counselling to enable me to make changes in my relationships; getting health maintenance support from a homoeopath and taking my latihan much more seriously.

Several years later I needed to supplement my income. Nothing in me wanted to go back into a hospital but at the time my options seemed few. With huge reluctance I signed up with a nursing agency and waited. The strange thing was that they didn't call me. They did not offer me one job. Then, after four months, they rang out of the blue and with trepidation asked if I would be willing to go to 'a rather unusual place, where they do alternative things'. Of course I accepted! This was my introduction to the Bristol Cancer Help Centre. I don't know who was more amazed when I arrived – they had rung a plain old nursing agency and had expected a

conventional nurse and I had never expected to find myself in a place that was offering holistic care for cancer patients. The programme I had been doing for myself was almost identical to the one they were offering. We were all delighted, and awed at how God had managed to engineer such a manoeuvre. It was a real homecoming.

The Bristol programme was my first real experience of holistic medicine in action. The doctors, nurses, counsellors, therapists and kitchen staff all worked closely together. They shared a common understanding that cancer is not solely a physical disease, that it is a disease of the whole person and requires strategies to support healing on all levels – the physical, emotional, psychological and spiritual.

The purpose of the centre is to support and educate, rather than to provide treatment. Patients came for one and five day courses. During this time they were taught principles of healthy eating and served fabulous organic vegan food; they had group discussions, lectures, art and music therapy, relaxation, meditation and visualisation sessions, one-to-one counselling and healing appointments, and consultations with the doctor. Many lives were, and still are, being transformed by this work. I felt really at home in it all and learned so much personally and professionally in the two years I spent there.

1987 brought many changes in my life and I had increasingly been feeling the need to move on, but wasn't sure where. Even though I had the freedom to go anywhere and do anything it came as a shock when in testing we received Japan was the next stop. I'd never had any special longing or inclination to go to Japan. But it was very clear: if I went, life would be full of growth and blessing; if I didn't, it would become static and dark for what felt like years. There was no choice.

I spoke no Japanese and was certain it would be impossible to continue in holistic cancer care. I knew English teachers were in demand and so I decided to take a course in teaching English as a foreign language in order to survive. When I arrived in Japan I travelled for three weeks, being a tourist, and loving all I saw of the ancient and traditional Japan. Visiting an endless succession of exquisite temples, shrines and gardens and all the while aware I needed to find a town that felt like home. Somewhere not so small that I would be conspicuous as a foreigner and not so big that I would feel overwhelmed. It turned out to be the place I had been saving until last, Kanazawa, on the Japan Sea coast, a small city with the mountains sheltering it from behind and the sea opening out in front. It is the most glorious mixture of traditional and modern and one of the few places that wasn't damaged during the war. I spent two weeks in a B&B in the Geisha district and became a kind of amazed observer of my own life as door after door was opened before me enabling me to settle and work in this beautiful place.

It was only as I left Japan four years later that I fully realised the impossibility of everything that had happened to me. I was open, trusting and naive and somehow obstacles didn't exist or were removed. I met people who were eager to help me. I found a house and unbelievably a guarantor to back me. I had students calling me who wanted to learn English from a mature English woman and not a young American. I somehow attracted a succession of doctors and nurses who wanted to study with me. I found a new interest in editing and rewriting medical research papers for doctors wanting their work to be published abroad. And then most amazingly of all, within three months of my arrival I was asked to lecture about my work

at Bristol firstly to groups of doctors and students at the local medical school and then by a medical journalist who rang me from Tokyo to say he had heard I was in Japan and would I come to talk to a patients' group in Tokyo! It was as if there had been unbroken thread, connecting the work I had been doing at Bristol with its continuance in Japan.

I had never lectured before in my life, and was terrified, but lo and behold what was happening matched a receiving I had had ten years before that I simply couldn't understand at the time (I think I had tested something bold like what is my purpose) and I found myself behind a lectern speaking to an audience of hundreds. This lecturing continued the whole time I was in Japan and the way is still open for me to go back once or twice a year. Although I am well versed in the subject I still feel very much a novice lecturer and it has been a great blessing to have had Saodah Hayashi as an interpreter for much of this time. It is essential that I know and trust what I am trying to convey is translated correctly and with the right feeling. It is a real partnership. Saodah has become quite an expert in this difficult field of interpretation now and is much in demand.

Before I returned to England I was 'given' the task to write about my experience in Britain and Japan and to compile a book on the holistic approach to cancer relevant for Japanese people. It was almost as if my return home was barred until it was completed. I was lucky again and found a wonderful editor who accepted the book based on the synopsis and first chapter. This gave me, while I was writing, the security of knowing it was more than likely to be published. It will never be a best-seller, but I have had wonderful feedback from people who have found help and inspiration through it, and that gives me great satisfaction.

You would think that with all this experience of trusting and following, and the evidence that it really works would be enough to sustain me and give me confidence for the rest of my life! Curiously it hasn't. The eight years since I returned to England have been among the most difficult in my life. I realise now it was a time of enormous Grace, there was a clarity and flow to my life in Japan which simply isn't present in Britain.

I have continued to explore holistic philosophy and practice, and am especially interested in how it can be integrated into nursing. I've found there is a high acceptance of holistic practice in terminal care and it is the only area of nursing which feels comfortable for me now and I occasionally work as a Marie Curie nurse providing terminal care at home. I spend some of my time teaching nurses here in Britain and have set up short post-graduate courses, for example, *'The Mind and Spirit in Health and Healing'* and *'The Diploma in Relaxation and Imagery'*. I am particularly interested in imagework, which I studied under Dr Dina Glouberman and find the conscious and creative use of images a very wonderful means of self-understanding and a powerful agent for change. It is a very valuable resource in my counselling work with people with cancer, helping to by-pass the thinking mind to give us insights, directly from the unconscious, into their condition. I passionately believe in our inherent ability to self-heal given the right conditions. And that my role as a health professional is to address the whole person providing them with therapeutic support and the means to help themselves.

The most interesting thing about my journey has been the inextricable link between the personal and professional. I've noticed that each step I have taken on the personal level has been matched by a

deepening and broadening of understanding on a professional level, that my willingness or resistance to change has always been clearly reflected in the development of my work. I've been acutely aware of how much I have learned from the people I work with and how through them I have been given the opportunity to address very profound issues in myself about the will to live, finding my own unique expression, living life to the full and facing death. This type of reflection has been important as I try to understand more about the truly therapeutic relationship. One where there is professional objectivity, but not emotional distance; where there is love and an intention to support healing – whatever that may mean for that person; and one where there is reciprocity. As I find out more I'll keep you posted!



MY EXPERIENCE AS A COMPLEMENTARY THERAPIST IN DRUG REHABILITATION
Lillian Hardbottle MISPA, BRCP (Reflexology),
 Cert in Counselling Stockport, UK

I came from a music teaching background into complementary therapy nearly 13 years ago purely by coincidence (if there is such a thing), following a chance remark by a friend who was sure a course in counselling would really interest me. I had no idea at the time how that first element of my training was to enrich my life and put me on to a new path – one which is continually opening up in front of me and providing me with new skills and wonderful opportunities to practise them.

At that time there were many people who felt that their lives had been ruined by addiction to minor tranquillisers; the dangers of long-term repeat prescriptions of drugs such as valium and librium had only recently been recognised and my first work in

counselling was with people suffering withdrawal symptoms from these medicines. Medication had not solved the original issues and our clients not only had to live with the physical problems of withdrawal, but also had to deal with emotional situations which had been hidden by benzodiazepenes.

I often felt that I would like to offer some kind of massage to these clients, many of whom suffered from very high levels of stress. When purely by chance, I received a reflexology treatment, I felt again the next door had been opened for me. After much hard work I obtained a clinical practitioner diploma in reflexology and took my newly-acquired qualification to a Hospice where I practised for about 15 months. I found working in palliative care very rewarding and very humbling, so often it raised the question – would I be able to show the same courage in that situation? I have returned to Hospice care, but the time in between became one of the most special experiences I have ever had – with a group of clients I never imagined I would be working with.

A friend who had often shone the Light in front of me on my spiritual path, suggested that I take my skill to one of the local prisons. When I contacted the women's prison and once I had explained to the governor and the nursing sister what it actually was, they felt that there was scope for it in the substance abuse rehabilitation programme. So began a journey which took me into the lives of a group of people who are generally regarded as society's rejects and misfits. I do not think I can ever do justice to what I learned from those women; whatever I gave to them they gave back to me one hundredfold. Again, I had to ask myself: 'If I had their background and lack of opportunity, would I be able to cope with life any better than they had?'

While working in the prison I decided to

train in aromatherapy as I felt it would complement my reflexology practice. I received an excellent training in Manchester to clinical practitioner level and so was able to use both therapies with the women. At the same time I worked with a group of men from a drop-in centre for people recovering from substance abuse. Like the women, their lives appeared to have had so little in their favour and yet they gave so much back to me.

My first meeting with the women en masse in the prison was terrifying! I had been asked to explain the benefits of reflexology to all those who were interested and I found myself in a small Portacabin with about 15 excited women – it reminded me of my early days as a secondary school teacher! My prepared speech was forgotten and I took refuge in demonstrating reflexology techniques to one pair of feet after another. I had no time to notice the faces belonging to the feet and the whole event was punctuated with teasing about dirty feet and sweaty shoes. As I left the prison after the session, my only thought was, 'What have I let myself in for?'

One woman sat morosely all through the demonstration. She didn't look at me or anyone else and didn't answer when spoken to. One arm was bandaged to cover self-inflicted wounds. She appeared to be surrounded by a black cloud of anger and despair. I saw her on many occasions in the prison before she became a client of mine; she never looked at or spoke to me and yet I felt drawn towards her. Later she became a friend whom I saw on a weekly basis until her release – she was a woman of great intelligence who suffered from painful frustration about her situation in life. Occasionally her sense of humour managed to shine through her anger. I like to think that she found her treatment sessions a small oasis of peace in an otherwise tough world.

Over a period of time I got to know all the women as individuals. Without exception they found their half-hour appointments a haven from the noise and stress of prison life – an opportunity to breathe in the gentle aroma from the oil-burner, to talk or just relax with the quiet music. Even the presence of a table lamp instead of the harsh prison lights made a contribution to tranquility.

It was a regular event for the women's children to be taken into foster care or put up for adoption and the grief they felt on these occasions must have been intolerable. Although sedation was given at these times, aromatherapy in particular appeared to give some relief. Therapeutic touch can do so much more than words, when all words seem inadequate.

I met teenage girls who seemed too young to be in prison. One 19-year-old girl was released the day after she gave birth to a baby boy – his appearance symbolised a new start for her. There was a very vulnerable woman of 60 for whom prison was the only safe environment she had ever known and who brought out the caring element of her house mates. One woman particularly remains in my mind for the perseverance and courage she showed. She had been a drug addict for 26 years and was now, in her mid-forties, determined to stay drug-free. Over a six-month period of aromatherapy treatments, I was allowed to share in her battles with herself, to witness her setbacks and her triumphs, to laugh with her and sometimes to cry.

Her form of treatment was typical of that which all my aromatherapy clients received. I was working not only on the physical symptoms of recovery from substance abuse – stress, insomnia, muscular aches, mood swings – but also on repairing emotional damage and trying to build self-esteem and

confidence, so important for people who felt that they were always doomed to fail in life. Each client had about half an hour a week with me – not really enough, but as much as we could practically manage. In that time we would talk and then they would receive a massage; most liked having back, head and face done. Essential oils I used included *Cananga odorata* (ylang-ylang) for femininity, relaxation and insomnia, *Lavandula angustifolia* (lavender) for all body systems, *Boswellia carterii* (frankincense) for release of emotions, *Pelargonium graveolens* (geranium) for balancing the hormonal system and for nervous tension. These were blended with almond or grapeseed oil. Often a blend would be given for use in the week or the oils would be mixed with solubiliser for use in the bath; the women found these very helpful.

Some women were quiet, some talked about their home life, some used their appointments to express anger in a safe environment, but we never discussed the reasons for their imprisonment. It was enough that the therapies provided the catalyst for us to interact with trust and friendship.

Later, when I worked at the drop-in centre with the men, I found the same results. Although as a group my clients could look and sound quite tough, they were as individuals nothing more or less than human beings searching for the right direction. The therapies I used with them were only vehicles for communication between us and an opportunity for them to relax for a while in a safe and caring environment.

I learned so much from the time I spent with those men and women. I came into their lives with only the conviction that my training in various therapies would be of benefit. They in turn gave me their trust and friendship and an insight into the courage it takes to face

every day when life is a struggle to survive. Our paths in life may have been very different, but in converging we illustrated that we are all part of the same Whole and we need to journey together towards the Light. Together we gave and together we received and although we never discussed spirituality, we worked in the presence of Love.

To all those brothers and sisters, wherever they are now, I send my love and my thanks.



HEALING STORIES

My eyes, my mind - an unknown potential!

*Léonard Lassalle,
Beaumont du Ventoux, France*

Those who have known or seen me in the last few years must remember that my sight was poor and that I had to keep two pairs of glasses at hand, or on a string round my neck. In fact at the last World Congress, in Spokane, I had a problem to see anything at all. It was not easy to handle, especially being a painter where one's sight is the channel through which information goes in and out of the brain before going to the canvas...

In the last year, those Subud members I met were surprised to see me without my glasses and asked me if I had had an operation. How was it that I was not wearing glasses any more? So here is the story of how I discovered that my brain has the capacity to correct and stimulate my eyes so that my vision could improve.

When I was young I had perfect vision and

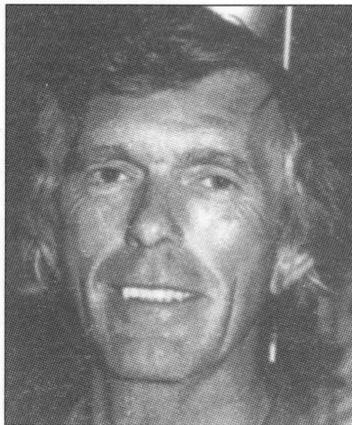
as life became full of more and more responsibilities, I worked harder and started to stress. By the age of 40 I wore glasses to drive, by 50 I needed them to read as well. This did not bother me; as long as I wore the glasses, I could see perfectly.

At 59 my vision deteriorated rapidly. Many floaters came across my field of vision and straight lines started to curve. Lamp posts instead of being straight now looked crooked and reading became difficult even with glasses.

In the autumn of 1996, I went to Paris to see a top eye surgeon. After several hours of numerous tests he came to the conclusion that a membrane was growing over the retina of my right eye, making me see as if looking through ripples. At the time, he did not see that actually the same thing was happening to the left eye. He said there was nothing he could do for the floaters (the floaters disturb my vision so much it's like looking through a

murky jelly with many bits in it!) As for the membrane, although it was a difficult operation, he would have to operate and remove it or within a year the eye would be blind. And that even after the first surgery, within 12 months, a cataract was likely to develop, for which I would have to undergo a second operation. His diagnosis failed to inspire much

confidence especially as my right eye was actually the better of the two – the left having much astigmatism. So I asked him what was the percentage of success with this kind of operation? His answer was 80%. My immediate reply was what happens to the remaining 20%? His answer, 'Usually you lose



the sight in that eye,' adding, rather unconvincingly, that as I would lose it anyway, it was worth the risk.

I said I would think about it and left the hospital feeling very unhappy.

A year later, my vision had deteriorated so much that I could not read except with a great deal of concentration, I could only drive when the light was very good, and painting was demanding more and more effort. I felt as if I were grinding to a halt.

On my sixtieth birthday, the seventh of December 1997, my caring sister Lydia sent me a book called *Self Healing, My Life and Vision* by Meir Schneider, an alternative therapist based in San Francisco who cured himself of congenital cataracts, glaucoma and nystagmus and now teaches his method worldwide. I was unable to read it myself but my wife Mé linda read it to me in her loving and lovely voice. After a few chapters I was convinced Meir could help me.

As luck would have it, in February 1998 Meir happened to be running a training course in England and was looking for 'guinea pigs' for his trainees to work on. There were people flying in from all over the world to be worked on and I was delighted there was room for me.

Meir was born with congenital cataracts. His family moved from Kiev to Tel Aviv where he was able to receive the best medical care available. But by the age of six, after five unsuccessful operations, he was declared 100% blind and was given a white stick, a blind certificate and sent to a school for the visually handicapped to learn Braille.

But the story did not end there. Meir's parents are both deaf, and as much as Meir loved them, he found it impossible to accept that he too would be handicapped for life. He was determined that he should live as normal a life as possible and that one day he would

see. When he was 17, a friend, two years younger than himself, discovered a book on the Bates Method. Dr William Bates was an American ophthalmologist who developed a system of eye exercises based on his own scientific experiments and Tibetan yoga. His friend had improved his own sight and taught them to Meir. Against the advice of his family and doctors and with no positive encouragement, Meir worked diligently and religiously on his eyes and body for 18 months before he began to see positive change; four years later he had real results. He now drives, reads, works without glasses and has learnt so much about the self-healing processes of the body that he lectures, teaches and helps thousands of people overcome and improve a whole range of conditions.

So, I arrived in England to attend the training along with five others with eye problems. About 20 students, many already in the medical profession, would work on us under Meir's guidance.

We all sat together in a large room and each in turn talked about our problem; as it happened each case was very different. Meir instructed the students who were to work with me. I received three sessions of eye exercises and massage for one and a half hours each. Meir sees the body and the eyes as intimately connected and maintains that in order for the eyes to heal, respiration, circulation and relaxation need to be maximised. On the second day, after doing one exercise to help peripheral vision, I was given several paragraphs of different sized print to read. Automatically I went for the largest letters, which I could read without a problem. To my amazement, I was able to read with crystal clarity the tiniest type at the bottom right of the page – equivalent to the smallest size on a tiny medicine bottle. I could only read it for a few instants but I was stunned! How was it possible

SIHA UK WEEKEND, 24 – 26 MARCH 2000

At Bristol Subud Hall, with accommodation at a special discount price at the Bristol Holiday Inn Express Hotel

PROGRAMME

Includes:

- Latihan and testing •
- Presentation on a proposed SIHA Website link •
 - Therapeutic dance and movement session •
 - Presentation on the recovery from asthma •
- Presentation on the effectiveness of solution-focused brief therapy •

COSTS: Approximately £20 per person, including hire of Bristol Subud Hall and cold snack supper at the hotel on Friday evening and snack lunches each day, together with tea, coffee, juice and biscuits.

Bookings and details from either Maia Nauen 01332 667990 or Melanie Milan 01753 814873



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why he was going at two and a half years, that in my experience as a nursery school teacher, children were not ready psychically to leave their parents until three years or older. Her observation was that he didn't fuss about going, to which I replied, 'Yes some children just adapt themselves according to what their parents want.'

She was willing to test about this. We soon felt how upset the child was inwardly at having to attend nursery school. She was a good mother and stopped him going immediately. Later she told me that, every night, for two months or so as she put him to bed he would ask, 'I stay with Mummy tomorrow, I don't go to nursery school?' And the next morning he would repeat the question.

This mother at this time wasn't a particularly committed Subud member, but now through much hardship and experience she is an excellent and dedicated helper.

God Bless You,
Patricia Lacey

HEALTH TIPS

Drink, Drink, Drink

The US Health Professional Follow-up Study covering 48,000 men has concluded that a high fluid intake is associated with a decreased risk of bladder cancer in men. This confirms earlier findings that more frequent urination protects against the cancer. It is thought that total intake may reduce contact time between carcinogens and the bladder lining.

Original research Michaud, DS et al. New England Journal of Medicine. 1999; 340:18 1390-97 Cited in Environmental Health News, Winter 1999 14 (4.2)

Acknowledgements

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

Thank you...

SIHA has its first enterprise sponsors. The Greenoak Carpentry Company, Petersfield UK is a company run by Subud members who have shown support for SIHA and its aims. This kind of cooperation between enterprise and SIHA is what we have been hoping for and is a real reflection of the model Bapak urged us to adopt. We would like to take this opportunity to thank them for their support and for their part in this positive step in the development of SIHA.

Hermione Elliott



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

AN APPEAL**Cuban Medical Appeal**

Cuban Subud member, SD rep and qualified homeopath Dr Francisco (Emilio) Lopez Argilagos is urgently appealing to Subud members to support his efforts to obtain homeopathic tinctures for the treatment of very poor patients at the six GP surgeries and four dental clinics where he works. Because of its holistic approach and non-suppressive curative qualities, homeopathic medicine is greatly sought after in Cuba but because of the difficult economic situation it is impossible to buy these tinctures there.

This fundraising appeal is being co-ordinated with an appeal to the European Council for Classical Homeopathy and other UK homeopathic bodies, so this will be an opportunity to publicise the work of Susila Dharma and SIHA (Subud International Health Association) to these organisations. The US branch of SIHA can assist with the delivery of these tinctures, and the appeal is being co-ordinated by Rohana Darlington, licensed homeopath. If you would like to support this project, please send cheques addressed to SIHA to Rohana at 5 Ivy Road, Poynton, Cheshire, SK12 1PE. If you would like to know more about this project or homeopathy in general, phone her on 01625 261217 or e-mail: rohana@darlington.fsbusiness.co.uk

Letters**Lice again.....**

Dear Latidjah,

During Holland 99 I stopped by a table and picked up three issues of Resonance. It is a fantastic journal! I love every word, and the both the feeling and the quality of the articles

are so excellent. Thank you, and Hermione for all the love and work involved and shared.

Also there was a 'health tip' with regard to head lice and aromatherapy oils. I have five kids, and one was having a regular bout of lice which was making all of us nervous – the special shampoo, after several different applications over a period of weeks, still hadn't gotten rid of all of them. I went out and bought the oils in the 'recipe' in Resonance, and it WORKED! Really ... unbelievable and easy and HEALTHY!

So, another thanks! God bless you,
Simone van Beek <vanbeek@earthling.net>

HELPERS AND HEALTH ISSUES**The Miracle of the Latihan**

A few years ago a young mother came to see me in my flat in London, to talk and have latihan. She didn't look at all well and on questioning her she told me she had been in hospital for three nights with her son of two and a half years who had very bad asthma. He was on high doses of cortisone and she feared she may lose him.

Both her parents were in Subud and she had been in Subud for some years. I asked her why she wasn't doing latihan with her son and she replied that she didn't know she could do that. So I instructed her, telling her what I knew, suggesting she do her own latihan first and then with her son when he was asleep, twice a week, and that if she need helpers to come too we could arrange it.

She asked me if she should take her child off cortisone and I replied, 'Change nothing; you will see for yourself.' Within a month he had been taken off cortisone and a year later he had had only one attack of asthma.

Something else she discussed with me, which I felt was an important factor, was his attendance at a nursery school. I asked her

MAKING THE PATIENT YOUR PARTNER*Communication Skills for Doctors and Other Caregivers*

Thomas Gordon PhD & W Sterling Edwards MD
 Pub: Auburn House 1995

Reviewed by Hermione Elliott

Thomas Gordon is well known to people who are associated with communications skills training psychotherapy and Parent Effectiveness Training (PET). Over a period of 40 years Gordon pioneered a series of very simple techniques to help people communicate more effectively in many different situations and has a worldwide reputation as a result of this work. In this book he is joined W Sterling Edwards who was, simultaneously, developing a humanistic approach to learning as director of the surgical residents training programme at the University of New Mexico School of Medicine.

In *Making the Patient your Partner* they turn their attention to the delicate business of how health professionals relate to their patients and how those relationships could be vastly improved through communications skills training. They are very respectful of the emotional minefield in which health professionals find themselves and how daily they encounter a succession of individuals, in varying degrees of distress, each with their own set of needs and coping strategies. They illustrate how it is much more than a matter of courtesy to communicate well. The benefits to professionals and patients are clear, with good communication we can obtain more accurate data and consequently make clearer diagnoses; patients trust caregivers more; a much higher percentage of patients comply with treatment; there are fewer malpractice suits; patients are more willing to move towards self care, etc.

The book encourages openness and participation between patient and professional in what they call collaborative practice. It gives very clear examples of how this can be hindered and of the blocks to communication, eg interrupting, ordering, admonishing, moralising, inappropriate sympathising. There are sections on how listen effectively, problem solving and conflict resolution, developing the skills of empathy and reflecting back to the patient to demonstrate you have heard and understood. Throughout, there are excellent examples of dialogues with patients which either illustrate effective communication or demonstrate alternatives to poor communication and go on to show the consequences of each. None of the techniques described are difficult, they simply present us with a new way of thinking and responding, enabling both professional and patient to be honest and maintain integrity, without resorting to power play.

The book moves from the general to the particular in later chapters where they discuss helping patients cope with specific problems like an adverse diagnosis; AIDS; maintaining hope; finding meaning; terminal illness. This gives us further moving insight into the fundamental importance of good communication and how crucial it is to the therapeutic process. Making sure it happens is surely one of our primary responsibilities.

This book is very enjoyable and written in a light and easy way. It stimulates self-reflection and challenges us to go further, to stretch ourselves, to move towards excellence in the way we practice. It is immensely helpful and essential reading for all health professionals no matter how experienced.



word spread. He began apply his principles of balanced use and relaxation to many conditions including muscular dystrophy, polio, multiple sclerosis, rheumatoid arthritis and many other conditions.

From someone who was once labelled 'incurable' or 'disabled' himself, Meir's message is a very empowering and practical one. The body's powers of self-healing are available to us all. Whatever our level of disability, disease or health we can work towards improving our breathing, our nervous system, the way we use our muscles, the way we stand and move in order to optimise the body's own recovery process.

For muscular dystrophy he has developed a massage and exercise programme which is successful in slowing down the progression of certain dystrophies. So as not to damage the delicate muscle fibres we use extended periods of circular, extremely light massage to 'support' dystrophic muscles while using a shaking motion to 'release' the tension of nearby overly-used muscles. Massage is combined with passive movement of joints. Self-educators and clients, or students as Meir prefers them to be called, then develop an extensive exercise programme of gentle repetitive movements to be done in and out of the water to regain lost movements and strengthen weak areas.

For neurological diseases like Parkinson's, motor neuron disease (ALS) and multiple sclerosis, we emphasise relaxation of the central nervous system through breathing, visualisation and a special neurological massage technique used to stimulate nerve conduction and release spastic muscles. Students or clients and self-educators look at how to develop better balance with co-ordination exercises and address bladder control by teaching sphincter exercises.

Meir's creativity and belief that everything is

possible are informed by his own story of self-healing as well as by 25 years of experience. He is now applying this knowledge to the growth and development of his work worldwide. He and his practitioners hold regular training programmes in the US, UK, Brazil and Israel and his books and tapes have been translated into English, Portuguese, Hungarian, Russian, French and Hebrew.

It was while I was completing my training that I met Léonard Lassalle who invited me to France to work on the people he had inspired with his own dedication to improving his vision. I was so impressed by his ability to heal himself and by the kindness, generosity and spirit of the French Subud members that I decided to be opened myself. I felt like they were my family. It was then that I realised that my own self-healing process had begun in the very same room that I now do my latihan twice a week which just by coincidence had been booked by Meir Schneider for my first training workshop. I am now preparing for my third visit and the work is spreading throughout France thanks to the contacts and vision of Subud members.

For a list of practitioners and training worldwide, plus details of Meir's lectures and books contact:

The Centre for Self-healing, 1718 Taraval Street, San Francisco, CA 94116, USA
Tel: 415 665 9574 Fax: 415 665 1318 website: www.self-healing.org
Email: info@self-healing.org

Lesley can be contacted on:
healself@hotmail.com



eyes began to regain their strength.

Over the next three years, I was able to fund my training by care work – teaching literacy to adolescents with emotional and behavioral difficulties – which miraculously left me with the time during the summer holidays to work alongside Meir at his practice in San Francisco.

He treats people from all over the world with every eye condition from refractive errors like myopia and presbyopia to degenerative eye conditions and diseases such as macular degeneration, glaucoma, retinitis pigmentosa, detached retinas and specialises in treating people with low vision.

Modern life places enormous strain on our visual system. We use our eyes in an unbalanced way. We spend long, often stressful hours reading, working on computers, watching TV and reading. Our eyes are designed to see from near and far, to scan horizons, to move from point to point as we perform a variety of physical tasks. By sitting for hours in fixed positions only using the cells and muscles that help us see from near we exhaust them. Our visual fields are reduced through lack of use of the periphery. Overtime, lack of exercise, bad diet and age restrict circulation still further, until finally disease ensues.

The Meir Schneider technique teaches people how to use their eyes in a balanced way. By relaxing the visual system with eye exercise, postural adjustments, body, face and head massage and addressing diet and emotional links we give the body the optimum conditions it needs to heal itself.

Meir used the same self-healing principles to overcome blindness in his mid-teens. He was born with cataracts and micro-ophthalmia (an abnormally small eye, in which focal power is significantly reduced). After a series of unsuccessful operations to surgically

remove his lenses he was considered incurably blind at six years old. Sensory deprivation then caused his eyes to develop nystagmus (involuntary eye movements) and glaucoma. He learnt to do his schoolwork in Braille but always believed one day he'd see.

At 16 he was introduced to the Bates Eye Exercises. Dr William Bates was an American ophthalmologist who studied the eyes of hundreds of his patients at work, rest and play. He discovered that the extrinsic muscles of the eyes change their shape. Repeatedly stressful use causes these external muscles to become rigid. They can squeeze the eyeball and make it either too short (presbyopia/hypermotropia) so images fall beyond the retina, or too long (myopia) so that the images fall short.

Bates maintained that stress plays a large part in seeing poorly and concluded, 'We see mostly with the mind and only partially with the eyes.'

He proved that under stress his clients would become myopic or some other refractive error but once the stress was relieved they would again see normally. Therefore, to place corrective lenses or glasses on eyes during stressful periods locked the eyes into position without giving them a chance to correct themselves.

Meir worked on himself round the clock. He used eye exercises as well as yoga, Feldenkrais and other relaxation techniques to improve his vision. Within six months he could see shapes, light and darkness and some movement without glasses; with them he could see his own face in the mirror. He now reads, writes books and drives a car without glasses and his vision measures 20/70 without correction.

During his remarkable improvement he freely shared his progress with friends and

What is...**The Meir Schneider Method
of Massage and Movement***Lesley Evans, London, UK*

When I first decided to train with Meir Schneider I was suffering from Computer Vision Syndrome (CVS) – a visual-postural repetitive strain syndrome caused by computer overuse. My symptoms included eye pain, chronic fatigue, neck and shoulder pain, difficulties in focusing, debilitating headaches, dizziness and acute sensitivity to light. At the time my GP and specialists at two London hospitals, including Moorfields Eye Hospital correctly concluded there was nothing medically wrong. Nevertheless, I was unable to work as a writer. My eyes found it too exhausting to focus on friends' faces during conversation, my eyes were unable to adjust to the flicker of supermarket lights and at night, headlights and shop windows blinded me.

I felt abandoned by my doctors and family who seemed to find my situation disturbing because they were unable to diagnose it. I eventually met Meir, who as coincidence would have it, was giving a workshop at the Amadeus Centre, in the same room where I was later opened and now practice my latihan – at the time I'd never heard of Subud. He knew exactly what the problem was. 'I work with it all the time,' he said. 'You've got chronic upper back and neck tension. Your jaw's rigid. Your scalp and face are immobile. The lack of circulation to your eyes has weakened the extrinsic and intrinsic muscles of your eyes. Your pupils are fixed wide and the stressful overuse of your visual system is so acute it's fatigued your nervous system.'

I had been working long, unsociable shifts in newsrooms for years. Scrolling through twelve hours of agency wires in stressful

conditions and questioning the morality and emptiness of my then profession. I'd left to write fiction, thinking I'd finally found my vocation and for the past twelve months had sat hunched over a laptop writing short film scripts and worrying about money.

It's now recognised that the computer screen is a visual stressor. We believe this is because the eye finds it hard to determine the focal length of computer pixels and is plunged into a visual limbo in which the ciliary muscles continuously quiver until they eventually fail due to exhaustion.

I felt very strongly that I should follow Meir's work and decided to train further. I didn't know how I was going to pay for the course but decided to trust the means would come. I couldn't write any more so a friend suggested care work. At the time it felt like the only option I had. But I loved it. At last I felt as if I was doing something 'real', 'true' and 'honest'.

At the same time I began to work to release the accumulated tension in my body. I massaged my scalp, face and neck several times daily. I covered my eyes with the palms of my hands in a dark room while visualising and practising breathing techniques. 'palming', as it's called, relaxes the optic nerve and activates the parasympathetic nervous system. I took long walks and practised looking into the distance to relax my exhausted ciliary muscles (the ciliary muscles change the shape of the lens to allow it to accommodate for near or distance vision). I also benefited from another eye education exercise called 'sunning', in which I would turn my face up to the sun and keeping my eyes closed, slowly move my head 180 degrees from left to right. Sunning helped the muscles of my pupils regain their natural flexibility and resolved my photosensitivity. Gradually my headaches diminished and my

Regarding ketosis and its effects

Some life extension experts are taking the low glycemic index to the extreme, with good results. Very low carbohydrate diets like the Atkins diet produce a state of benign dietary ketosis (BDK) which has been found to have an exceptionally rejuvenating effect on the biological terrain. Being in ketosis is one of the quickest, safest and healthiest ways to control the excess of insulin in the blood and burn off the excess body fat. The way ketosis produces this is by a shift in the fuel supply of the body. Instead of using the carbohydrates as fuel, the body utilizes its own fat. This mechanism called lipolysis occurs during sleep, fasting and when insulin levels are low.

After two days without carbohydrates, the absence of glucose induces the lower insulin levels and then a metabolic shift. As lipolysis begins the body enters into ketosis and the fats (triglycerides) are split into glycerol and fatty acids. These are then broken down into ketones and utilized as fuel by the brain and the muscle tissue.

The degree of fat utilization can be measured by a ketosis stick called Ketostix and can be bought over the counter in any pharmacy. The stick will change colour and the darker shades indicate a higher degree of ketosis. It is important to drink plenty of water so that the proper concentration of ketones in the urine can be measured and not confused with highly concentrated urine due to dehydration.

The basis of the BDK is a diet of proteins, fats and very low carbohydrate foods. The meals should consist of eggs, fish, fowl, meats, cheese, dairy cream, nonstarch vegetables, herbs and spices. For breakfast one can have an egg, cheese omelette and some meat or bacon for those that can eat pork; for lunch, a tuna salad with greens and creamy dressing and for dinner, steak or lobster with butter

and a green veggie. It is very simple and satisfying.

Americans have been misdirected and truly brainwashed about the whole subject of fats. A fact which has brought this nation into obesity. But now, it is clear that the real culprit is carbohydrate metabolism, while fats can actually extend life. In fact, most fats are beneficial to this diet and produce satisfaction and satiation. Some of the 'worst' fats, like coconut oil actually induce weight loss because of the medium chain triglycerides which have been shown to accelerate fat loss. Fats that really need to be avoided are the hydrogenated or transfatty acids like Crisco and margarine, or those that are rancid or oxidized by excessive cooking and overheating.

Exercise is also absolutely necessary to replenish vitality and promote longevity. This increases insulin sensitivity and glucose intake at the muscular level. Also exercise stimulates the sex hormones which also potentiate the insulin response.

Of the supplements that improve insulin sensitivity we have chromium and vanadium. When plasma chromium is low, insulin is not effective. The ineffective insulin does not process the transformation of sugar out of the blood. The molecule that regulates this insulin capacity, called glucose tolerance factor (GTF), is chromium dependent, in other words, lack of chromium in our diets will make insulin ineffective. Adequate chromium supplementation improves insulin sensitivity, blood sugar levels and longevity.

Vanadium is also very important because it has been shown to mimic insulin. According to the University of British Columbia in Vancouver, sufficient doses of Vanadyl sulfate completely eliminates diabetes in laboratory animals. Vanadium is hard to obtain in the diet and it is better also to supplement with 50 to 150mcg a day.

person feels hungrier and hungrier, producing more and more obesity.

People with normal glucose tolerance and high insulin levels are at greater risk of coronary artery disease. Major heart attacks correspond directly with higher insulin levels. So, the control of insulin would be reflected in the avoidance of 1) arteriosclerosis, 2) cardiovascular disease 3) cancer (certain types) 4) elevated triglycerides 5) elevated uric acid 6) glucose intolerance 7) high cholesterol 8) hypertension 9) low HDL and high LDL 10) non insulin-dependent diabetes 11) obesity.

Reactive hypoglycemia, hyperglycemia and insulin resistance are different stages of the same condition: glucose intolerance. Most people by the age of 60, these days, have one form or another of this disease. When we talk of diabetes type II we talk about insulin-dependent diabetes mellitus, but that is the end stage of the disease. It is much better to intervene before we get there. The solution is the low glycemic diet.

The Glycemic Index (GI) is a food rating system based on the rate any carbohydrate is transformed into glucose once it enters into the system. Foods that cause a rapid rise in blood sugar and therefore an excessive release of insulin are 'high glycemic'. Conversely, foods that are 'low glycemic' promote a slower, sustained release of glucose and insulin.

This Glycemic Index gives sugar the value of 100 and other carbohydrates are evaluated in relation to it. For example, ice cream has a GI of 50, which means it produces half the rise in blood sugar than glucose. And although it was believed that simple and refined carbohydrates had a high glycemic index and complex carbohydrates had a low one, it has been proven that this is not the case. In fact, some vegetables and grains like

carrots, peas, potatoes and rice exhibit a very high glycemic index which raises the blood sugar very quickly drawing insulin out into the blood stream creating the swings described.

Interestingly enough, some simple sugars like fructose have a lower glycemic index than many vegetables, grains and legumes. Nevertheless, fructose, even with a low GI will induce insulin resistance, increase the triglycerides and promote fat storage.

Some foods on the Glycemic Index chart:

Food	Glycemic Index
Glucose	100
Potato, baked	98
Carrots, cooked	92
White Rice, instant	91
Cornflakes	84
Honey	74
Bread, white	72
Bread, wheat	69
Table sugar	65
Beets	64
Banana	53
Green Peas	51
Ice Cream	50
Pinto Beans	42
Pasta	41
Apples	39
Tomatoes	38
Yogurt, plain	38
Peanuts	23
Fructose	20

In general, non starchy vegetables, like green leafy vegetables and salads, have a low glycemic index and should be the staple in any balanced longevity program and diet.

For more information in glycemic index foods, contact Glycemic Research Institute at 601 Pennsylvania Ave, NW Washington DC 20004, USA.

levels in the blood can bring.

Lower insulin levels can promote rapid fat loss, bring increases in energy, enhance mental clarity, slow the aging process, lower blood pressure, improve cholesterol levels and bring the quality of life way up, giving us a feeling of freedom from disease and a better ability to control our life.

How can we achieve low insulin levels and keep them down? The answer is with a comprehensive approach to diet, exercise, nutritional supplementation and sugar control through herbs that enhance the efficiency of the pancreas.

Over the last few years research has confirmed that constant high levels of insulin are deadly. Not only diabetics are at risk. Insulin, also called the sugar-processing hormone, is in charge of glucose metabolism, storage and maintenance. When food is consumed, the digestive process converts carbohydrates into glucose, a simple sugar, which is absorbed into the bloodstream. When this occurs, the pancreas releases insulin to control the glucose in the blood. When the insulin enters the cells, a series of reactions takes place that allows the cell to take in glucose and other nutrients like vitamins, minerals, amino acids and fatty acids.

But, probably due to the excessive intake of sugars, this mechanism inside the cells can wear down and the peripheral tissue cells develop a loss of sensitivity to insulin. The body reacts to this by producing more, but ineffective insulin. The consequences of this are: a high level of sugar in the blood, a high level of insulin and many other unabsorbed substances circulating and creating allergies and other damaging conditions like obesity, high cholesterol, hypertension, glucose intolerance, diabetes and heart trouble.

This is now known as 'insulin resistance'

and can go unnoticed for many years in most people until a serious complication shows up. Some people produce two to four times the normal amount of insulin but because this insulin is ineffective, the cells develop resistance and the body requires even more insulin to maintain normal glucose levels. As a result the pancreas can't keep up and hyperglycemia is followed by frank diabetes.

In the USA, about 70% of the population already has insulin resistance which is often completely hidden by other symptoms, for example fatigue, poor mental concentration, water accumulation and intense cravings for sweets. The insulin production in some people is about 90% ineffective and a cascade of dangerous symptoms occur including mental decline, poor eye function and obesity.

Aging is the most frequent cause of insulin resistance but this is in itself the result of excessive sugar consumption. Less than 100 years ago, sugar consumption was on average about five pounds a year per person. Today the average is 115 pounds of sugar per person a year. Added to this overindulgence in sugar consumption, we can see that poor mineral content in the soil, the excessive use of antibiotics in the food we eat, the constant processed food full of preservatives, the genetically modified grains, the smoking and the lack of physical exercise have produced mutations in our genes, which contribute by worsening the disease process.

The fact is that more than a third of the American people are obese; however the full implications of such obesity are generally overlooked by the medical community. For example when high levels of blood insulin occur constantly, fat is produced and stored in a process called lipogenesis when triglyceride synthesis is stimulated. To compound the problem, high insulin levels stimulate the hypothalamus to send 'hunger signals' and the

Resonance. I met Lesley when she was finishing her course in San Francisco; since then she has been seeing patients in England and in France with much success.

I hope that my experience will be of some use to others who feel lost as to what to do about their vision.



Unexpected Results from Colour Light Therapy

Michèle von Royk-Lewinski

When I first heard of colour light therapy from Osanna Waclik, I immediately felt drawn to it. And as soon as they became available I got Osanna's book *Light is Life* and a lamp with a set of colour filters.

I had rather swollen ankles at the time and felt quite uncomfortable, so I got my lamp and treated my ankles with *indigo*. I only had about an hour to spare (it was at a Subud Congress and I had to get back to the meetings), but to my amazement I could almost see the swelling go down – and after an hour my ankles were about half the size they had been before. I never would have believed it.

The next time I had the opportunity to marvel at the fast working of colour light therapy was when I was in Europe, visiting my sister who herself is quite ill. The day after I arrived, I suddenly felt a cold coming on. This was the last thing my sister needed – catching a cold on top of everything else!

Fortunately I had taken my filters and the mask along, so in the evening when I went to bed, I treated my nose and sinus area with *green* for about half an hour. I felt decidedly better – but the cold was not completely gone. So I repeated the procedure the next morning for about 40 minutes – at the end of which I could no longer feel anything at all at the back of my nose. The cold had gone and

never came back!

I also had very good results with cuts that got infected. One or two treatments with green light and the infection went. And I noticed that the cuts seemed to heal much faster.

Aside from treating acute problems, I am now also working quite a lot with colour treated water and I find it really helpful. It is quite amazing to taste and feel the difference between ordinary filtered tap water (I filter all my drinking water) – and colour light treated water. It actually seems to have another texture to it. And the different colours taste and feel distinctly different. I checked it out with some friends of mine who all felt and tasted the difference. So now, when I have friends coming over, we usually have a drink of green water to start with, followed by magenta water with the meal. I also find turquoise treated water very nice tasting and effective in helping me to keep my stomach acid problem under control.

As you see, I have become an avid colour light therapy enthusiast and, even though I don't have very much experience so far, I'm convinced that this is a wonderful way to treat all kinds of problems. And I am going to keep on exploring this marvellous new tool I have found.

Thank you Osanna !



HEALTH ISSUES

Longevity, Through Insulin Control

Robanna Salom, Los Angeles

One of the most important discoveries in recent years is the understanding of the role of insulin in health and disease. We all know the difficulties of diabetics but very few know the amazing life-extending and potential quality-of-life-improvements that low insulin

that with such damaged eyes I could see such small print? This was exciting as well as disturbing. Was I fooling myself in the first place? Despite my doubts I was fuelled with enough encouragement and drive to continue the exercises religiously. Incidentally, I can still now read the smallest type without glasses.

Meir advised me to visit him in San Francisco for a further 15 intensive sessions to maximise the results. He maintained his exercises would not remove the growths on my retinas but would revitalise the eye, train the brain to correct the distorted vision and develop the peripheral vision. They gave me some basic exercises to keep me going until I saw the 'boss' again in the summer. Within three months my sight began to improve. I tried not to wear my glasses all the time and stopped wearing sunglasses.

Six months later I was in San Francisco at the Centre for Self Healing and started right away with Meir. At that first session he tested my eyes, massaged me to feel where the tension in my body was and decided what course we should take to improve my vision. Every day I worked with him, or his wife, Dror, accompanied by one or two students.

One day I was driving to the centre without my glasses when I noticed to my delight that I could read the car number plates well ahead of me – something was changing in my vision.

It would make this article too long to describe all that I experienced and the exercises I learned in that two weeks. Briefly, there are three main approaches in his work:

- Relaxation and stimulation through massage, palming (the hands creating cups over the eyes to keep them in total darkness) and movements.
- Visualising with the eyes closed, thinking black in the mind to relax the optic nerve, visualising an eye movement and then actually doing it (for me, to visualise that a certain

lamp post is straight in my mind and then seeing it straight for a few instants).

- The exercises, adapted to each person's case.

My time was up, but I took the opportunity to visit my son Richard and his friend Emma in Los Angeles. It was wonderful to be with them as I don't see them so often. When they left me at the airport I realised that I had lost my glasses! The first time in my life! How strange... What was I to do when I could not see where to go. I looked up at the departure board; to my horror it was completely blurred. Suddenly remembering the techniques I'd just learnt I sat down to relax. I palmed for five minutes, blinked 20 times, breathed deeply and looked at the board again. To my amazement I could read it and found my way to the plane.

Now 14 months later I still do not wear glasses or sunglasses. I can see but my seeing is different from what it used to be. Somehow it's clearer and sharper, even though the problem with the retina remains and the floaters have changed in form but are still there.

In Provence the light is very bright and it used to make me squint and tense my face; I thought that I needed sunglasses. Well I now do not wear them and keep a perfectly relaxed face in strong light. I do between one and two hours per day of eye exercises including one-hour palming. The well-intentioned doctor in Paris had, without knowing it, contributed to my sight deterioration by telling me that I would lose my sight; my brain had stopped wanting to see. I had lost the joy of seeing. My eyes were in a kind of unfocused situation and my spirit had stopped looking through my eyes. Meir has taught me to see again.

The very gifted Lesley Evans who has studied many years with Meir and has a practice in London has written a further article about this work in this issue of