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in this issue

Feature
Bioenergy Research
Raymond Grad

Journeys
Maxwell Fraval

In Practice
Dr Lupita Sanchez
in Mexico

Healing Stories
Emmanuel Aronic

What is...?
Homeopathy

Homeopathy in
Practice

The Medical Aid
Project

Health Projects
Project Quest

resonance
The
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S I H A

Subud
International
Health
Association



“All are but parts of one stupendous whole,
whose body is nature and God the soul”

Alexander Pope (1688–1744)



Subud International Health Association

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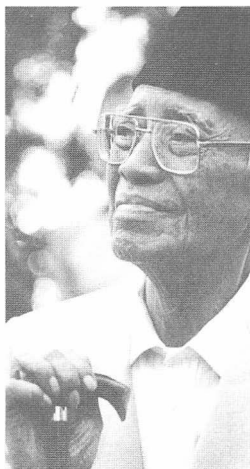
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A QUOTE FROM BAPAK



Once we are able to set up hospitals, don't think we won't need doctors to work in them. We do need doctors, to enable us to bring about a collaboration between the knowledge of the mind - which is a science - and the knowledge we get from God, which is spiritual knowledge. In these hospitals there would be doctors and nurses with qualifications from the medical schools. But besides them, there would also be those who have done the latihan, to help in the hospital. These two can then work together to heal and fulfil the wishes of the patients.

Bapik *Montreal 18 May 1959*

CONTENTS

Editorial Comment	2
Feature – Bioenergy Research by Raymond Grad	3
Journeys – Maxwell Fraval	6
In Practice – Dr Lupita Sanchez in Mexico	9
Healing Stories – Emmanuel Aronie	11
What is...? – Homeopathy	12
Homeopathy in Practice – Ashadi Fish	14
The Medical Aid Project – Latidjah Miller	16
Health Issues Forum	17
Health Projects – Project Quest	20
Letters	21
Health Tips	21
Members' Noticeboard	21
Book Review – Molecules of Emotion	23
News & Events	24
Glossary	25

EDITORIAL COMMENT

What Is Health?

I've been asked by some to "dream a dream" about what I would like to see us, as SIHA, develop. This has inevitably led me to ask the BIG question. What is health? This is a great subject, because I think we are all trying to figure out the answer on some level or another.

I would start with the premise that outer or physical health depends on, or results from, spiritual well-being. That is our starting point. It is the reason why we must include the practice of the latihan in a Subud hospital, or healing center. Also, it explains why spontaneous healings occur. God heals the soul and the well-being of the body reflects the inner healing. But, illness may occur during the process of becoming inwardly healthy; this is better known as purification and it is something we need to endure with patience because it comes from God.

I LOVE the chapter in *Subud and the Active Life* where Bapak talks about health and sickness of the human body and soul. It is worth reading and rereading. He says it all. We just have to understand it. Ha! Easier said than done.

Here is a good quote from that chapter: "It is in the nature of the lower forces to exert an influence on the inner feelings of man, to such an extent that he has no choice but to follow their dictates and thus eventually fall into a miserable condition, which he will experience in the form of some physical illness or as a mental or emotional disturbance. Thus it is clear that the cause of the diseases and illness to which mankind is subject lies usually in the lower forces when they wrongly manifest and operate within man, exercising their power over him until he begins to act in a manner which in no way accords with his own individual human self." "Man himself will remain in good condition and be happy and healthy if he is

used and guided by and remains under the power of the right and appropriate force – that is, the human force. But if, because of his own mistakes, he is controlled by the lower forces, whose nature is like that of a naughty child, he will suffer from illness, as so often happens now. And so great is the variety of illnesses to which we are prone that Bapak knows no count of them."

To me, this explains why certain simple treatments for illness are highly effective, such as what Bapak described as the way his grandfather responded to illness – he went to bed and drank only water. Wouldn't this have the natural effect of quietening the body and the feelings, and helping one to take the time and to make the space to return to a good state? Also, it explains why just sitting on someone's bed when they are lying there sick and being in a quiet latihan state could be helpful. It also explains why doing latihan with someone who is sick is helpful. So, in any Subud hospital, these elements would have to be part of the health care routine.

I can picture (here is part of my dream) a place that is situated in a natural environment, such as out in the country, where people can go for a healing retreat, a place where they can relax, rest, perhaps fast, and do latihan, and have the care of Subud health professionals, body work that helps to bring about relaxation; also good, natural food, maybe some herbs to soothe the body, clinical psychotherapists for those who need it and a good doctor to check on them and make sure their true medical needs are addressed. There would be helpers available to do latihan and testing as needed. Maybe also creative cultural activities would be available which help to lighten the feelings as one starts to get better, and good self-health care knowledge would be made available. The illnesses addressed in such a healing center could be mental, emotional or physical. Such a healing center could be open to Subud as well as non-Subud people, but the non-Subud

people would have to be opened – just like at Brookhurst Grange in England.

Any time you have a facility with beds for people, you are getting close to the description of a hospital – but in this case, it is more of a healing center/retreat facility that I am picturing.

OK – that is Part One of my dreaming.

Part Two will follow!

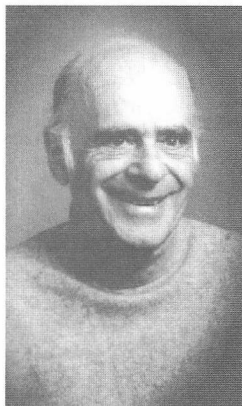
Latidjah Miller

Latidjah Miller,
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BIOENERGY RESEARCH
by *Bernard Raymond Grad PhD,*
Montreal, Canada

Like all human beings I have suffered illness personally and seen its effects on loved ones. These experiences, especially those occurring early in life, had much to do with forming my attitudes towards disease. Because ill health thwarted my own plans and separated me from loved ones, my earliest attitude towards disease was to regard it as an enemy. This led me to take up studies on how the body functions to fight disease.



I trained as a conventional scientist and gained a doctorate in biology. However, I also had and continue to have, an interest in what is commonly referred to as "energy", especially when it is used by those working with complementary therapies. This energy is

not restricted to conventional ideas of electromagnetic energy but is something of wider significance and is connected in some way with our emotions, feelings and bodily sensations. For example, when we are unwell, we feel the lack of energy and when we recover from disease, we experience the resurgence of this energy.

Like other people, I first experienced this energy in early childhood. However, one experience, which occurred when I was in my mid-twenties, made me take special notice. This involved the sudden and unexpected perception of an energy circulating in my body which made such a strong impression on me that it led me to inquire further. I subsequently came to see that it was possible to study some aspects of this energy in the lab, which I eventually undertook.

In 1957, I met a man who claimed to be able to heal by the laying on of hands. He claimed that when he brought his hands close to the body, he felt an energy pass from his hands to the patient. His bioenergetic explanation of how his healing worked led me to invite him into my laboratory for further study on animals and plants.

He remained in my lab for seven years during which time I learned that he could accelerate the healing of skin wounds in mice, inhibit the growth of goitres fed an iodine - deficient diet and promote the growth of barley seeds living under specified conditions. During that time and later, I met other healers and conducted experiments using other biological parameters. I worked with healers because almost invariably they spoke of an energy as being central to their healing work.

Each healer appeared to emit an energy, characteristic of their individuality, and each had their own personal healing style. Some healed by touch, others by passes and still others healed with their "intention". And there are other ways. There were even instances when healers had preferences for treating

specific diseases. Almost every healer had some spiritual component in their make-up. For example, the man with whom I started this work on healing felt himself to be religious. Yet he never prayed for any particular outcome in our lab experiments. However, as a biologist, my primary focus was what effect he had on specific targets in the lab.

I subsequently learned that biological effects could be obtained with most people, that is both healers and non-healers. I came to see that the emotional state of the person at the time of the experiment was a critical factor in obtaining results and that a feeling of calmness was important not only in the investigators, but also in the animals under study. That is, positive emotional states yielded positive results, while negative emotions yielded negative results.

This is a summary of my studies on healing:

Experiments on animals

Experiments on the healing of skin wounds in mice demonstrated that the laying on of hands (LH) can accelerate this process. The controls were treated in every way like the LH-treated animals. That is, they were housed in the same room, lived in similar cages, fed the same diet and when the LH-treated animals were moved from their cages to holding trays used for treatment, the controls were similarly moved but not treated. Indeed, the only procedural difference between the LH-treated animals and the controls is that the latter were not LH-treated.

The controls consisted of two groups, one of which received no other treatment while the other received the same amount of heat from electrothermal tapes as the LH-treated mice received from the hands of the healer. The experiments clearly demonstrated that the wounds healed significantly faster in the LH-treated group than they did in both control groups. There must have been some energy

radiating from the hands of the healer and that radiation was not heat [1].

I also conducted experiments which studied the effect of LH on mice that had been rendered goitrous by feeding them a diet low in iodine as well as goitrogen, which inhibits the entry of iodine into the thyroid gland. These experiments showed that LH can significantly inhibit the development of the goitre. In addition, this effect can be produced not only by the direct application of the hands to the mice but also indirectly by having the healer hold some cuttings made of wool and cotton material in his hands for 15 minutes and then placing the cuttings in the cage with the mice for one hour morning and evening six days a week throughout the experiment. In these studies also, heat did not significantly inhibit the development of the goitre whereas LH did [2].

Experiments Conducted on Barley Seeds

In these studies, the barley seeds were not LH-treated directly but indirectly by initially watering the seeds with 0.9% salt solutions which had themselves previously been LH-treated, that is, held in the hands of healers and other people. In preliminary experiments, the solutions were held in the hands for 15 minutes while in an open beaker. In later experiments, the solutions were treated for 30 minutes. In these experiments the solutions were stored in reagent bottles closed with ground glass stoppers and later still were stored under vacuum in sterile sealed bottles. In all these experiments there was a significant stimulation of growth of the plants when watered by solutions treated by healers. These experiments demonstrated that bioenergy could be passed into aqueous solutions and stored there for long periods [3].

The emotional state of the person at the time of holding the bottle was critical to the outcome of the results. That is, people in a

positive emotional state produced significant accelerations of growth in the barley seedlings while people in a negative emotional state, such as depression, produced significant inhibitions of plant growth [4]. Other experiments were conducted on the effect of LH on other plants such as yeast [5] and bananas (not published).

These experiments played a role in raising the consciousness of the health community to the therapeutic potential of this energy, with the consequence that it has gradually found increased use among health professionals. Moreover, I see this work as being complimentary, and not antagonistic to the more conventional therapies provided by the medical community. That is, complimentary medicine can provide additional tools in the battle against disease. Moreover despite my interest in energy medicine, I still have an interest in the more conventional aspects of healing the sick, even to the extent of conducting research and writing papers in this field.

I began these experiments on healing in 1957 and came into Subud 16 months later. My interest in "energy" led me to Subud because I felt that spiritual training was necessary, at least for me, so as to be able to work safely with body energy. Part of this was the feeling that while I was in charge of the animals and plants in a conventional laboratory, I was also in need of another "laboratory", a spiritual one, where I in turn was the "guinea pig". That is why I came to Subud and stayed with the latihan.

I see my studies with this energy as part of my work and I see my life in Subud as related to my spiritual development. That is, I have kept my interests in the work with this energy separate from my interest in Subud, although I know that my experience in Subud had, and continues to have, an impact on my work.

Bapak was reported in *Saudara Saudara*

[6] to have stated that you can cure yourself through latihan, but if you don't act in accordance with the needs of your body, you will still get ill. I believe this energy is intimately involved in maintaining the body in good health; this involvement has been one of my primary interests in working with it.

From a broader human perspective, I see sickness as a way of catching our attention, diverting us onto pathways different from the ones down which we may be rushing. Serious illness can frighten us and also make us bitter, resentful and rebellious but it can also be an antidote to feelings of arrogance and omnipotence. It may even promote spiritual purification, broadening our understanding of life, deepening our appreciation of what we still possess. In short, it can be a blessing in disguise. However, despite all our cleverness, everything ultimately is in the hands of God.

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[6] *Saudara Saudara* (September 1996, page 3) is a Subud Canada Publication. Quote taken from *And Other Secret Things*, p 168, by Dominic Rieu

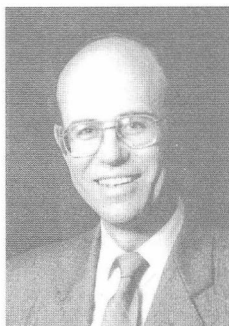
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JOURNEYS

Maxwell Fraval, Canberra, Australia

Bapak was in the UK, presumably as part of the process of progressing the Sinar Kentjana Mulia (SKM) Bank. He was in London first and I followed Bapak when he went to Edinburgh.



It was at one of his talks there that I was very forcefully struck by Bapak's advice that we should be able to feel the action of the latihan in our work; that this latihan was a latihan of life and that all our actions should be moved and educated by the life within our life. At that time I was in the final stages of completing my training as a lawyer and I knew with absolute certainty that I would never be able to follow Bapak's advice if I continue to work as a lawyer.

But what was my real work? Off I went to the helpers group and several sessions of testing later (about every conceivable spin-off from a legal qualification) I was no closer to what my talent was. At this point I decided that if Bapak said we should be able to feel what our true talent was, he certainly meant it. So I decided to fast on Mondays and Thursdays as a prayer that I would be able to receive guidance about my talent: how to recognise it and then to develop it.

After nine months of fasting I felt that I

had done enough and that 'what will be will be'. Two months later, the senior partner whom I was assisting at Lovell White & King (a big law firm in the Strand in London) became ill and so I had to take over a matter which involved obtaining advice from a Queen's Counsel for the Register of Osteopaths in the UK. I remember meeting with Commander Morris (a real character) who was the Register's Secretary at the time and off we went to counsel's chambers. We were discussing a fairly arcane aspect of the law and Cmdr Morris really waded in, allowing me to be the observer. As I sat there I suddenly felt the latihan so powerfully that my thinking stopped altogether and from within I was told, "Osteopathy is the right work for you: follow it". It seemed like the latihan went on for a long time but it probably didn't last more than a minute.

As my ability to think returned I got back into the legal business that I was supposed to be focused on. Later on after leaving Cmdr Morris I started to reflect on the experience back there in chambers – was this some joke...an osteopath...there must be some mistake. I dismissed the whole thing as a momentary aberration. To my amazement at the next group latihan the whole crazy notion returned. Thereafter for several months I kept getting indications that this really was the right thing to do; from within I was told, "Your wife will respect you (I was not married then but it turned out that my wife Asmaniah has needed regular osteopathic treatments and was very appreciative of having an osteopath for a husband); you will be involved in teaching; you will be able to find new ways of working as an osteopath," and so on. Still I hesitated; was this guidance really from God or was it just my imagination? I remember the moment of decision came when there was a regional latihan down in the west country. I knew that Pak Haryono was going to be there. I thought, "If Bapak's son is there in the latihan then

surely if this crazy notion is an illusion, it will be made clear during the latihan." Well during the latihan I received, "If you do not follow this guidance then you might just as well not continue to follow this latihan." At that moment I felt very weak and, from within, as I accepted the guidance I felt, "I will follow this, but I cannot do it on my own; please God help me each and every step along the way."

So I started upon my wonderful adventure with osteopathy in 1973.

I went back to school and did a bridging course to bring my basic sciences up to speed. I married Asmaniah in March 1974 and started my osteopathic training in September of that year. I had applied to the County Council for an educational grant but was turned down the first and second times. I went in person to the County Council offices and talked to staff there to try to find out if there was any other avenue of appeal. They told me that it was possible to appeal in person to the education committee of the County Council. I did this and some months later found myself facing a formidable group of grey-haired worthies, all very sceptical about the sincerity of my commitment. I was delighted when they said that they would fund me for the last one and a half years of my four year course.

We lived off savings for the first year and applied to the Osteopathic Education Foundation (OEF) for a grant to help in the second and third years. The OEF turned me down because they had decided seven years before (after funding several students all of whom failed to complete their training) that they would only fund capital works for the Osteopathic educational institutions. I re-applied and they agreed to review my application at the end of the first year. The trustees did not meet until after the start of the second year, so I had to start without knowing if any money would be available from them. As it happened, the trustees of the OEF met on

the 21st night of Ramadhan of that year and agreed to reverse their decision of seven years before and give a scholarship until the County Council grant started. As an additional way of making ends meet, I did conveyancing through the firm of Godfrey Leighton, a Subud member who ran his own practice in north London. Asmaniah did all the secretarial work in addition to looking after the home (with first one and then two babies while I was still at osteopathic school). Subud members seemed to move for our own benefit rather than theirs(!) and through the whole time of my studies we had a regular stream of conveyancing jobs – I became known as the "coin-box solicitor" as most of my calls made in business hours were from a pay phone at the British School of Osteopathy!

Towards the end of my studies I was invited to meet an osteopath who had been in practice in Amersham (Buckinghamshire) for 25 years. Margaret Cockbain D.O. had established a practice with an exceptional reputation and had been looking for someone to take over her practice for three years. The long and the short of our discussions over several years was that Margaret agreed to sell me her practice (and the clinic where she had established it) and to lend me the money to buy it interest free! This was a real blessing for us after years of barely making ends meet.

After three years both Asmaniah and I felt we should move to Australia. It took 20 months to get through the red tape of immigration. Ten days before we set out in December 1983, we realised that £80,000 of our capital was lost in Anugraha and in Gaelic Milled Peat. We arrived in Australia with no cash and virtually no capital – a traumatic time which I accepted as a time of inner growth, a time to forgive and in doing so to realise the awesome power of forgiveness which opens the way for the Power of God to transcend all difficulties.

We settled in Melbourne where my

parents had moved in 1970. A medical homeopath who had been trained by Lambert Mount invited me to share his rooms in Camberwell. Within 15 months I was as busy as I wanted to be. I was actively involved in teaching from the earliest time after qualifying. First I acted as a clinic tutor and later lectured in clinical neurology. When the first osteopathic course started at the Royal Melbourne Institute of Technology I was involved from the start. I was teaching Principles of Osteopathy in years one and two and Osteopathy in the cranial field in the fourth and fifth years. In 1991-2 I designed the first Masters degree program in Osteopathic paediatrics and then ran the program using osteopathic physicians from the USA. The course took every ounce of my strength and I was in a unique and never-to-be-repeated position as course co-ordinator and student. All of this occurred while I was running a busy practice in Camberwell. So the indication that I would be involved in teaching was well and truly fulfilled.

From the time I started training as an osteopath I was like the elephants' child in the *Just So Stories* – I was "satiably curious". What is the essence of osteopathy? What is the nature of health and how does osteopathic practice relate to achieving health? Why does stress result in a headache for one, sore throat in another, chest infections in a third, stomach ulcers or irritable bowel in yet other? Why does the "Fit for Life" or any of a number of other diets help some patients but leave many others untouched? Why do some people live for physical exercise but others avoid it like the plague? Where do the heart and mind come in to the process of dis-ease and how can this be helped? Why does a herb really help one person for a given condition but do little for another patient with the same condition? Wherein lies the common denominator for many of these problems?

In 1985 I started saying the vowel

sounds in the latihan; month after month I progressed slowly through "a" to "u". I had no idea what this meant save that I enjoyed these latihan immensely. Gradually I started to understand that each of these vowel sounds possesses a secret. It is no coincidence that both the Hebrew and the Arabic alphabets do not have specific letters for the vowels. The vowel sounds relate to the energy centres at the vertex, brow, throat, heart, solar plexus, navel and sacrum. As the latihan opened up these areas in me, I started to be aware of the importance of their action in my patients. Truly the latihan became a training or inner education process that was really useful in my work!

Next I started to become aware of the movement of life from above down and below up that has cycles and spirals within us and how, from the earliest times of our embryological development, our anatomy and physiology express the matrix of life which is the precursor to our physical form. Osteopathy, said Dr Andrew Taylor Still, is "The Law of Mind, Matter and Motion," and we are all manifesting this Law in all aspects of our being – Dr Still also felt that, being made by a Master Mechanic, we had within us everything that was necessary for health. What we sometimes lacked was the way to fully tap into that health potential – as an osteopath I have so often lacked the insight or perception to provide the necessary fulcrum for health to start reasserting itself.

So now I am working with Marcus Mackay on workshops to present some of this information in a way that can be of practical benefit to those who attend. This article has been way longer than I ever intended; I've got rather carried away. It's difficult to tell it briefly as it includes a 20 year process of metamorphosis!



IN PRACTICE

The work of Dr Lupita Sanchez in Mexico
Rochana Weissinger, California USA

***I interviewed
 Lupita Sanchez, a
 Subud MD in Mexico
 right after the
 Mexican National
 Congress this summer.***



I am originally from Santa Ana Chiautepan de Tlaxcala. My family consists of seven brothers plus myself. I have lived here in Tlaxcala for six years. My studies were here. For my university studies I went to Puebla. I travelled to the city every day. I would leave at 6am and I would come back in the afternoon or late at night. I was single while I was studying.

Since a child I was interested in medical things. It was always my idea to study medicine. For one semester I studied accounting but I left that kind of study. Then my parents said that if I wanted to study medicine, they would support me. At the beginning my mother said that I should study something that would take a shorter time, like being a secretary. But I insisted that I wanted to be a doctor.

Macario and I were going steady for five years while I was studying. After finishing my studies, Macario and I formalized our relationship and moved in together. I finished medical school in 1988. After I was finished with my formal schooling I went to Monterey for a year as an intern, in the hospital there. The next year, 1989, I worked for a year in the "Servicio Social". In this country you have to work one year as an intern in a hospital and then one year in Servicio Social; that is some form of public service. In Servicio Social they pay barely enough to live. Twenty pesos per two weeks (two American dollars). Not enough to live, just a symbol. Parents have

to continue to support the students during this time. Most parents pay for all the schooling. In the Autonomous School of Puebla, tuition is not too bad, and the government does pay for some of it. Food, books, travelling expenses all have to come from one's parents.

The patients that I have are mostly people who live in this area, who have no insurance whatsoever. They are mostly lower to middle income. Sometimes there are people who come from downtown to my home; they come all the way over here, even though we live far from downtown, because I used to work in the center of Tlaxcala, and they know me; they come here because they want to continue with me as their doctor.

Most of the work I do is family medicine. I was trained as an Ob-Gyn. But in this country that training still does not qualify one as a "specialist". One is considered a general practitioner. I see children from the time they are born. I help women deliver their babies, often here in my home. If they choose to have pre-birth medicine I give them that.

The majority of the people do go to the doctors from the moment they know that they are pregnant. I see them once a month, if everything is normal. After birth, I take care of the children (pediatric medicine) and all the family. There is no government help at all. I am a private doctor; it is difficult to become part of the Social Medicine system. Only specialists get to do that.

Here in Mexico there is "seguridad social" (health insurance by the government). Seventy percent of the Mexican people who work are insured. Health insurance is all government controlled. However, many people, even though they have health insurance, prefer to go to a private doctor; they feel they get better care and one does not have to wait for so many hours.

We charge 50 Mexican pesos a visit, which is about US\$5.50. I usually spend 20-30 minutes with each patient. Many people

can barely pay the 50 pesos. It often happens, about 20% of the time of my office visits, people bring things instead of paying me. People bring me plants for the yard instead of money because they know that I like to do gardening, but I try to discourage it; I'd rather people owed me money. Some will never pay, but I don't care.

We never go to restaurants or go on trips. No luxuries for us or all the children. We put all the money into building, enlarging the house. Right now, we are building a small addition for my office, so that people do not have to come into the house. *(Her office is part of their home.)*

I have been four years in Subud. I feel that the latihan has helped me a lot. There are times when I am in the hospital, when there is a lot of stress or difficulty, I can feel that there is help for me by turning to the latihan. I feel that everything has gone well, I have had no real problems or committed any errors, I feel that God is supporting me and guiding me.

I want to continue updating my knowledge in medicine. We, Macario and I, are thinking of building a clinic, and I want to prepare myself to administer it. One needs to know not only medical knowledge but also administrative skills. I was uneasy, not sure, but I am thinking that I may eventually become a specialist. My two children are still small but to become a specialist, I would have to go to school for three more years, away from my home, in another state. This keeps me from doing it now.

As the work to build the clinic progresses, we would love to get in touch with someone in Subud who has had experience with a small surgical clinic; we would love to share with them how they did it. For us, we are beginning the construction. We would like to know what are the minimal medical devices needed for a clinic. For instance we would love to have help in

acquiring equipment for anesthesia and other items.

Right now, 50% of Macario's salary will go towards the construction. We know that it will take 5-10 years to build this clinic. We just do it a little at a time. When we have some money, we buy some materials and build part of a wall. But it is going well, and we have faith that one day it will be a successful enterprise.

The idea of building this clinic came from the fact that I was having a lot of women delivering their children here in my home, and Macario thought it would be nice to have a small hospital right here, next door to our home, so that I could help these women have their children in a situation of greater quality.

Another one of my hopes and dreams would be to also have a medical office downtown. Here at my home I do not have enough business; I would like more patients. I have two small children, and I love them very much, but my profession is very important to me, and I look forward to spending more time with my patients.

I asked her if they would like investors or loans for the construction to go faster. She said that they would definitely be interested.

I asked her to share some experience that may be of help to others in the medical field.

When we have a patient in our hands, our mind and our heart need to be completely on that patient and nothing else. We need to forget everything else. When a person is in urgent need of care and the doctor does something correctly, the thanks that we get are incalculable. There is no money in the world that can pay for that.

When my son was one year old, very suddenly he got very ill. I realized that there was something seriously wrong with him and that he needed immediate surgery. I rushed

him to a surgeon I knew in Tlaxcala. It was a serious emergency; the doctor was busy in surgery with another patient at that moment, but he asked that patient to wait and took care of my baby. If they had not done it right away he would have died.

I knew that he was very sick, so I took him to a pediatric specialist. He had an intestinal problem. I am not a surgeon, so I could not do it. So for a moment I realized that I was simply the parent of a patient. When the nurse wanted to take him, I said no, I want to carry him to the surgery room. I knew that he could die in surgery and I wanted to keep him in my arms as long as I could. I was very lucky that I found these doctors who were friends of mine and knew the danger of what was happening. Sometimes doctors are too casual; in this case, if they had not taken the situation as an emergency immediately, he would have died.

I remember in school a teacher said: The most horrible thing that one can experience is to see one's child suffer. I heard him, but I did not realize really what he meant until I experienced that. To know that my child was in pain and to know that his life was in someone's hands made me realize the importance of the work I do and how important it is to fully concentrate on the patient before me.



"YOU JUST STOPPED SMOKING"

Emmanuel Aronie, USA

I wake up one morning feeling rather strange. I had been smoking rather heavily at the time, with no sign of quitting, working hard, as is my wont, but this morning something is up, something is different. My first move in the morning is usually to reach for my pack of Camel non-filters and have a smoke, often before going to the toilet. Such is my habit at the time. Well, my cigarettes are

over on the desk, but this strange feeling is in front of me. I feel to get quiet, as before a latihan, just to be relaxed and let in whatever is meeting me this morning.

I get quiet for a few minutes; gradually I feel overwhelming waves of feeling that get stronger and stronger until, finally, I am crying and crying, from a deep place, big tears. My head feels like it has melted. It's a most welcome feeling, that in spite of my man's way of blocking feeling, I can be made to feel this way. This goes on for probably five minutes. As suddenly and unexpectedly as this day had arrived, my feelings subside, like the surf going out. A deep quiet comes over me. A moment later, I feel as if a large bird were outside of me, except for its talons, which up to this time have been imbedded in my lungs. Now they are releasing. The next moment, I experience a wonderful lightening feeling in my lungs. The very next thing, it feels like a spirit flies out of me and out of the room, exiting in a particular direction through a corner of the ceiling. Woof! A strange sensation, like there was wind in my room, yet everything is still, like the wind has been knocked out of me. I am stunned, almost breathless. I then hear clear as day, somewhere inside my body, the simple sentence: "You've just stopped smoking." Again I am stunned.

The ensuing moments feel mechanical, almost robotic. My vision swings over to look at my cigarette pack on the desk. I feel my old wish to smoke, as though it were an old campfire put out years ago. Suddenly I feel a presence, as if my creator or an angel is looking down on me, like I am suddenly liberated, but still free to do what I wish, as if a law of the universe must operate here, that regardless of the "miracle" that has just occurred, I am still free to choose the cigarette or the receiving. I get up, crumple my pack in my fist and throw it into my wrought-iron waste basket. To answer your

question, I did smoke again, perhaps two years later, but it was never the same. The cigarettes now felt like they were outside me, outside of my feelings, like stage props. It was very hard to smoke more than a few a day, if any. Then I quit entirely. And so it is to this present day.

I always look to the latihan we do as a kind of accumulation of some kind of spirit. At a certain point, unknown to us, this accumulation may actually force illness or unwanted spirits out of our body. I believe this is what happened in my case.

God bless you and yours,
Emmanuel Aronie.

WHAT IS HOMEOPATHY?

Homeopathy is a system of healing which is based on the principle of like cures like. Dr Samuel Hahnemann, in 1796, recognised two ways of treating illness - the way of similars and the way of opposites. For example in a case of insomnia, the way of opposites would be to administer a drug which induces artificial sleep. The homeopathic way of similars would be to give the patient a minute dose of a substance which, in large doses would cause sleeplessness in a healthy person. Strange though this may seem, this enables the patient to sleep naturally; "duplicating" the symptoms in this way encourages the system to self-correct the disorder.

Another principle which is central to homeopathy is the dilution of the dose. In homeopathy, the more dilute the dose, the more powerful its action. In the preparation of remedies, a small amount of the curative substance is taken, diluted and shaken vigorously to produce a remedy of low potency. To increase the potency, it is further diluted and shaken. In remedies at the highest potency, there is no chemical or molecular trace of the original substance remaining. It is

the vibrational note or quality of the remedy which stimulates the self-correction and re-patterning of the system.

Homeopathy treats the whole person. The homeopath looks at every aspect of the individual's health: his or her medical history, childhood, presenting symptoms, sleep patterns, reaction to the environment, every aspect of their life that makes them an individual and unique person. This includes their problems, interests and outlook on life. By considering all these factors, a homeopath is able to build up a rounded picture of the person being treated, which they match to the wide range of homeopathic remedy pictures, enabling them to prescribe accurately for each individual patient. It is the person who is treated and not the disease.

Homeopathy Resource Information

The European and International Councils for Classical Homeopathy
School House
Market Place
Kenninghall
NORFOLK NR16 2AH
United Kingdom TEL & FAX: 44 1953 888163
Email: ecch@gn.apc.org
Web-site: <http://www.gn.apc.org/ecch.icch>

The European and International Councils for Classical Homeopathy are two international councils whose memberships are made up of established associations and teaching institutions of professional classical homeopaths existing within individual countries. The principal aim of both Councils is to encourage the highest standards of professional training practice of Classical Homeopathy.

The following members of the Council maintain, for the use of the public, a register of trained and regulated homeopaths in each country. They set stringent educational and training standards for entry to their registers

and maintain a code of ethics and practice to which their members are accountable. The Associations listed are able to provide information on training schools and registered homeopaths practising in your country.

Member Associations of ECCH and ICCH

BELGIUM

Vereniging ter Bevordering van Klassieke Homeopathie
Oosterwijksweg 25, 2250 Olen
Tel/Fax: (32) 1426 64 79

DENMARK

Dansk Selskab for Klassisk Homeopati
Bakkedalen 15, 3220 Tisvildeleje
Tel: (45) 42 30 81 11 Fax: 42 30 96 61
Email: kaj@helweg.dk

FINLAND

Suomen Homeopaattiry, Lintuvaarantie 8,
02600 Espoo
Tel: (358) 9 5473300
Fax: (358) 9 54893990
Email: finhomeo@sci.fi
Web-site: www.sci.fi/~finhomeo

GERMANY

Deutsche Gesellschaft für Klassische Homöopathie
Edelweißstr. 11, 81541 München
Tel: (49) 896200 1305 Fax: 896929762

Homöopathie Forum(HF)

Postfach 1460, Grubmühlerfeldstr 14a,
82119 Gauting/Munich
Tel: (49) 898934140 Fax: 89 89341466
Email: homoeopathie-forum@az-online.net

GREECE

Homeopath's Association of Greece
Victoria sq.11 (Kyriakou), 10434 Athens
Tel & fax: 0030 1 8211 431
Email: threntzi@acropolis.net

HOLLAND

Nederlandse Vereniging van Klassiek Homeopaten
Postbus 710, 2400AS Alphen a/d Rijn
Office: Nieuwstraat 33,
406 TN Alphen aan de Rijn
Tel: (31) 172 49 95 95 Fax: (31) 172 49 96 95
Email: nvkh@euronet.nl

IRELAND

Irish Society of Homeopaths
35-37 Ruxton Court, Dominick St, Galway
Tel. & Fax: (353) 91 565040
Email: ishom@tinet.ie

NORWAY

Norske Homeopaters Landsforbund
Storgaten 39, 0162 Oslo
Tel: (47) 22 11 12 99 Fax 22 11 13 03
Email: petter.viksveen@eunet.no

SWEDEN

Svenska Akademin för Klassisk Homeopati
Folkungagatan 84, 11622 Stockholm
Fax and phone: (46) 8 642 0090
Email: info@bergamottors.se

SWITZERLAND

Homöopathie Verband Schweiz,
Steinhauserstrasse 51, CH-6300 Zug
Tel: (41) 41 748 2177 Fax: 41 748 2188

Schweiz Homöopathie Gesellschaft
Hus am Sportplatz CH-8134 Adliswil
Tel: (41) 1 710 9070 Fax: 1 710 9091
Email: imf@homeopathy.ch
Website: www.homeopathy.ch

Verband Klassischer
Homöopathen/Innen (VKI)
Postfach 625, 8027 Zürich
Tel: (41) 202 8945
Email: sterchi@compuserve.com

UNITED KINGDOM

Society of Homeopaths (SoH)
2 Artizan Rd, Northampton, NN1 4HU
Tel: (44) 1604 621400 Fax: 1604 622622

Email: societyofhomeopaths@btinternet.com
Web-site: www.homeopathy.org.uk

AUSTRALIA

Australian Association of Professional Homeopaths (AAPH)
80 Essenden Rd, Amstead, Queensland 4070
Tel: (61) 7 208 0113
Email: joutram@peg.apc.org

Australian Homeopathic Association (AHA)
16 Malmesbury St, Hawthorn, Victoria
Tel & Fax: 61 738705765
Email: luna@iweb.net.au

CANADA

Syndicat Professionnel des Homéopathes du Québec
1600 de Lorimier, Suite 382, Montréal,
Québec H2K 3W5
Tel: 514 5252037 Fax: 514 5251299
Email: sphq@total.net

ISRAEL

Israeli Association for Classical Homeopathy (IACH)
5 Nehardea Street, Tel Aviv 64 235
Tel: (972) 3 523 8621 Fax: (972) 3 524 4085
Email: export@Tama.co.il

NEW ZEALAND

New Zealand Institute of Classical Homeopathy (NZICH)
54a Collins Ave, Linden, Tawa, 6006
Tel: (64) 4 232 7942
Email: jwinston@actrix.gen.nz
New Zealand Homeopathic Society (NZHS)
Professional Register
PO Box 105-296, Auckland Central
Tel: (64) 9 377 3252
Email: brubar@ihug.co.nz

UNITED STATES OF AMERICA

American Society of Homeopaths (NASH)
2024 S Dearborn St, Seattle WA 98144-2912
Fax: (1) 206-329-5684
Email: nashinfo@aol.com
Website: www.homeopathy.org

One other useful organisation:
(US) The National Centre for Homeopathy
Alexandria, VA Tel: (703) 548 7790

HOMEOPATHY IN PRACTICE

by Asbadi Fish ICH, South Devon UK

Recently I was reading an article concerning attention deficit disorder (ADD) and also attention deficit hyperactive disorder (ADHD) and how both of these disorders relate to food hypersensitivity, or allergies. The author went on to describe how in her opinion 30% of patients visiting a GP suffer from food allergies, but that these present as a range of different diseases such as chronic fatigue syndrome, post viral fatigue syndrome, irritable bowel syndrome or ME. All of these are expressions of a disordered, or hypersensitive immune response. The author then goes on to discuss the larger picture including the obvious, and future, example of children's diet, i.e. fast food, Coca-Cola etc, and how this relates to juvenile crime and so on. With a controlled elimination diet, the offending food articles can be found and removed from the diet with positive results.

I mention this article because it relates very well to homeopathy. What has homeopathy got to do with diet? Well, nothing really, but this article highlights modern diseases and their link to hypersensitivity, and this is where homeopathy can have long-term curative results. Removing a food substance which a person has an allergic response to from their diet, will clearly have a good result, but the question remains unanswered, and therefore untreated, as to why this person has an oversensitive immune response in the first place.

Homeopathy provides a framework from

which this question can be answered. The founder of homeopathy, Samuel Hahnemann, realised that chronic diseases have their roots in the life-force energy of the person. This life-force, which normally keeps the person in good health, if disrupted, cannot always prevent the individual from becoming ill. The result is acute or chronic disease. The life-force, in an attempt to safeguard the deeper functions of the body, i.e. liver, brain etc, expresses this dis-ease superficially, on the skin, thus allowing the rest of the organism to exist in the best possible state of health it can achieve.

However, Hahnemann recognised that this (the disease on the skin) was often thought to be the disease itself; it was thus treated and would disappear. When this happens the true cause of the disease is not addressed; the life-force is prevented from expressing the disease on the surface (the skin), and so it goes on to be expressed at a deeper level of the organism (lungs, joints etc.) and internal chronic diseases developed. When what is in reality an outlet for the system is considered to be the prime cause of disease and is treated, the ability of the person to respond to the root cause of the disease is diminished. The outward barrier which they have maintained up until that point is broken, and their defence barriers must be maintained at a deeper level.

From this, it can be understood that disease is an expression of the person trying to get well, and not that the "diseased" part of the person is at fault. Hahnemann termed this ability of the life-force to develop chronic disease, as Miasm. When this was suppressed and subsequently not treated in a true curative manner, this disturbed life-force energy can be passed on to subsequent generations. This is what we tend to call "ancestral", or in a more modern way, genetic. This inability to overcome the external influences on the life-force, changes our lives, one way or

another, into a state of dis-ease.

These ancestral influences, genetic weaknesses, become active at certain stages of our lives and through external suppression. The stages where they influence our development, and may become more active, overshadowing our own original life-force, are at conception, and during pregnancy, infancy, puberty, adulthood, mid-adulthood (40-ish), and old age. Other factors that strongly weaken the ability of our life-force to keep us healthy are emotional traumas and shock which, because the weakened system cannot properly respond, further alter us so that we become different from our true nature.

Added to this, and probably the most powerful of all, is the misuse of drugs, medical and social, and vaccines. Drugs control disease, therefore the outlet of disease is controlled, leaving it to remain unexpressed (by the life-force). Social drugs weaken the immune system as does the repeated use of antibiotics. And vaccines introduce disease artificially into the blood of a person, giving them no chance to have naturally defended themselves against it. In the case of vaccination, the defence response happens once the disease is in the blood, having by-passed the normal natural routes which may have prevented it from arriving there in the first place. This causes the reactive energy of the person to be sent into a hyperactive, hypersensitive state. This weakened state allows the ancestral, genetic, inherited tendencies to develop. I can say this with confidence, as I have seen it many times in practice, as have hundreds of other homeopaths.

By being able to treat the life-force of a person directly, and also the inherited weakened life-force energy, homeopathy can undo the root cause of the modern diseases and enable the inherent healing energy of each person to naturally develop. This is in direct concordance with the *latihan*, as

homeopathic remedies can only treat our life-force energy and allow it be freed from some of the inherited weaknesses each one of us has incurred. This allows us to be nearer to our true selves.

So to summarise, disease is an expression of the life-force trying to cure itself. Chronic disease is caused by suppressing this, forcing it to develop internally. We inherit these weaknesses from our ancestors, and this is further complicated by additional suppression (does this sound familiar?) Disease is our attempt to naturally cleanse ourselves of suppression and/or inherited (ancestral) weaknesses, or in other words, to purify ourselves. By stimulating the life force homeopathy can help this healing process to occur.



MEDICAL AID FOR OUR CLINICS AND MEMBERS

**A SIHA/SDIA Project. Latidjah Miller,
Herndon VA USA**

In the Congo, in Indonesia, in Cuba, and many other places in the world, there exists a dire need for medicines to aid the suffering, the displaced and the destitute. Our Subud doctors, who are well-trained, often lack access to the medicines which would enable them to provide care for the sick. Our Subud members in countries like Cuba are desperate for needed medicines which would help them to cope with illnesses. How can we help?

There have been several organized efforts within the Subud association, to provide medical aid to those in need. AOMAA, World Medical Aid and Bosnia Family Aid Appeal have inspired us and laid a foundation for medical aid activity. SDIA is a focal point for requests for medical supplies from around the world and has provided a link between Subud members engaged in medical aid activities. In the future, we would like to see a more coordinated effort to provide support especially in the form of medicines for our

Subud clinics and members in need. SIHA, the Subud International Health Association, sees this as an area where we can be of help.

SIHA and SDIA would like to begin working together to build a team of medical consultants and others interested in providing aid to Subud clinics and medical professionals. The initial purpose of this new project will be to alleviate suffering caused by the lack of access to needed medicines. The goal will be to strengthen the effectiveness of our Subud clinics and healthcare projects, particularly in developing countries, or situations of great need, by providing access to needed medicines.

To begin with, we need to pool information, resources and talents, so that we can start to mutually assist each other in efforts that are already under way. As we develop this project further, we hope that as contacts and opportunities multiply, small miracles will begin to happen.

If you are interested in participating in this project, we would like to hear from you. We need the assistance of medical professionals in all fields of practice. We would like to hear from existing clinics and doctors about what you think the critical needs are, and how we might help. Also, we would like to be in contact with anyone who is already working to provide medical aid to clinics and members, and those with experience of this type. Volunteers who are willing to carry medicines are also needed. By coordinating our efforts and pooling our resources, I believe that we can make a difference in the lives of those in dire need.

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AN ON-GOING DISCUSSION ABOUT THE RELATIONSHIP BETWEEN LATIHAN AND HEALTH

In the previous issue of Resonance the subject of mental health and the use of medication was discussed. Further interesting issues are raised here:

I'll relate a recent experience I had in testing. First, regarding the general question of whether to open someone who is mentally or emotionally ill, I remember years ago testing with other helpers about whether to open a young man with a history of drug taking and of some mental disturbance. The testing said Yes, so we opened him. Several months later he attended a world congress, and went into a severe crisis; he had to spend several days in a mental hospital, then go home. He's still in Subud, functioning okay, and a helper for many years already. But this is the main story:

A long-time Subud sister in a northern California center has a son who's alcoholic; he's also been given at different times various psychopathological diagnoses, including schizophrenia. Despite these handicaps he was opened two years ago, after testing gave the go-ahead. He was opened in May of 1997, and October of that year this young man voluntarily committed himself to an alcohol and drug treatment program (private, county-run 24-hr treatment). The psychiatrist at his mental health clinic prescribed for him an old-style anti-psychotic medication (Haldol), which he took as directed. He, and his mother and stepfather, felt that this medication made him like a zombie, but the psychiatrist prescribing it was unwilling to consider experimenting with other anti-psychotics. Later they were able to negotiate using Haldol for a 3 month trial — after much effort.

The County Mental Health Clinic where the young man is treated is part of a network

run by, or under contract to, the California county where he lives. They sought testing to clarify which of three anti-psychotics, if any, would help him psychologically without harming him spiritually; I was invited to join the stepfather and two other helpers in testing. We tested the young man's capacity, in his current condition, to receive latihan if he took no psychotropic medication, and the effect of each of the three medications on his capacity to receive. Without medication, his capacity was almost nil; he would remain stuck, unable to move or develop inwardly. With the medication he was then taking, an old-style anti-psychotic (Haldol), his condition was even worse: his spirit would become darker over time, he would wither.

The second of the three medications (Zyprexa) was clearly better than his current one, but his capacity to receive would remain very small. The third medication, a new-style anti-psychotic (Seraquel), would actually open up his capacity to receive, beyond what it then was, or would be without medication. The receiving was virtually unanimous among the four of us; the only disagreement was that one of us received that the second medication was nearly as good as, or a bit better than, the third.

His mother tested by herself two weeks after she had heard the results of our testing, and received the same overall results. At least to me our receiving was a surprise; though a psychotherapist I feel that our society overuses psychotropic medications, that usually they relieve only symptoms. (And by telling this story I don't mean that the medication shown to be good by testing is a cure for him. I believe the help he'll need includes psychotherapy and latihan.) After the three month trial period the young man himself requested the new-style anti-psychotic medication that testing had shown to be good for him. He completed the 90-day program, remained alcohol free for four months, did

latihan with some regularity and began feeling well and strong and healthy. He's living on his own and functioning fairly well, working off and on, as he used to. He says that the new medication has helped him. But for now he chooses not to come to latihan. His most salient problem is that he continues to drink. (Note: this account was checked for accuracy by the young man and his parents; its submission to Resonance was approved by him.)

Farah, Sacramento, CA, USA



I find all these personal experiences of mental illness in Subud very enlightening and I'd like to thank you all for sharing them.

I wonder if SIHA professionals in the field could be persuaded to undertake a thorough study of the question, taking into account everything Bapak has written and said, publicly and privately; similarly for Ibu Rahayu, PLUS all the anecdotal evidence from members and helpers over the last 50 years AND whatever mental health professionals (Subud and non-Subud) can tell us. There is obviously a lot of useful information out there which should be available to every helper. It seems to me very unfair that helpers, — unpaid volunteers with their own careers and families to care for — should be burdened with this problem, with no training or backup from the organization, and no knowledge usually of what options for care and treatment are available through social programs. Another useful resource could be the experience of other spiritual groups, who also have to deal with this kind of problem.

I think this is important for our morale, and for our growth. We need to know more about the latihan as a spiritual path. Definitely we need to hear the success stories, but we also need to be more aware of the dangers and disasters, and what if anything can be done to avoid them. As a helper I've always

been discouraged by the thought that the latihan might turn out to be actually detrimental for someone. It's true that we can never know how it might have turned out if someone had NOT been opened. And at a certain point, yes, we do have to surrender it all to God. But it seems to me that, if we are acting responsibly, that point should come AFTER we have made every effort to understand what is involved and taken whatever steps we can to avoid a bad outcome.

With love, Rosalind Priestley, Toronto Canada



Dearest Ones - All of you,

I'd like to put in my two cents worth concerning the latihan and mental illness, if I may. If I understood Bapak correctly, he said that "actually the only true cure for mental illness is the latihan." Our problem is that we don't yet have hospitals and care facilities to look after these brothers and sisters while they are going through what may be a rather intense phase of purification. Once we have hospitals and the staff to look after them, of course a person with mental illness — or a family history of mental illness — can be opened without question.

All my love, Michele (von Royk-Lewinski).

This quote from Bapak certainly bears this out:

(Extract from Bapak's reply to a letter from California)

...Then I asked Bapak "What about the case of people who are mentally disturbed? Does Bapak make an exception in this case?" Bapak replied: "Actually it is precisely people who are mentally ill, or whose jiwa is ill, who need the latihan kejiwaan, for in their case it is only through the kejiwaan that they become cured. The only problem is that such people, when they start the latihan kejiwaan, are

bound to go through a process of purification which is stronger than that of an ordinary person. It is like when you try to clean a piece of material that has got very, very dirty or where the dirt is very deeply ingrained. You have to rub it and scrub it much harder than something that is just lightly soiled. So, the question is then, does the helpers' group in that place have the facilities for someone to go through a period of deep crisis? In other words, do they have the premises where such a person can be looked after day and night and prevented from harming himself or others, etc? Clearly, for the time being not many Subud groups are able to do this. Therefore, in the case of mentally disturbed people the decision has to be taken by the local helpers: Are they willing to look after a member after he or she is opened, no matter what they have to go through?" Those are Bapak's replies and you may pass them on to other helpers in your group. I hope I have been able to convey Bapak's words clearly.

Signed Sharif Horthy.

(Reprinted in California News, cited in Subud and Human Welfare, prepared for the Seventh Subud Congress in 1983.)



Dear Latidjah

I am a psychotherapist and teacher of transpersonal psychology at Naropa Institute in Boulder. For many years I was involved with the Health and Care Team in the UK – we had some good clarifications from Ibu Rahayu at that time which you may have come across through the writings of Matthew Sullivan. You may or may not know that we have had two international helpers who committed suicide through depression. Subud members need to face the reality that the latihan does not immunize us from ourselves or life.

Anyway, I thought I would add a few comments to the correspondence on depression and antidepressants. First of all,

there is not really any one thing called depression. Many different people are stuck in many different ways for different reasons and as they enter psychotherapy those reasons start to become apparent. For a significant proportion, the stuckness has progressed through their system to the point that their physical processes have fallen into a rut from which it is extremely difficult to emerge. Like a crutch for a broken leg, the medicine allows them some support while they begin to heal themselves. Antidepressants do not cure depression but can give necessary support and resilience to face the hard work of exploring what is really the problem.

On the other side, there are many people, outside and inside of Subud who need to fully engage with those feelings of hopelessness and bleakness – that is their path to self acceptance which allows more room for God to work in them. When the depression has a more purposeful inner aspect, then it is useful for the person to hold back from taking the antidepressants; their experience becomes deeper and more profound. However, they do need to be actively working with their inner self.

I see many clients, at least as aware and spiritually connected as Subud members, who are willing to take the hard path to healing and wholeness. Some need to take medication for shorter or longer periods to help them over particular hurdles. It does not interfere with their ability to do psychotherapy or connect with God. I know many Subud members who have had similar experiences.

God is not restricted to the latihan. All things and experiences can be helpful in their right place and time. Our task is not to make rigid rules but to follow our moment to moment guidance as to what is correct and fitting for ourselves and for those we help – within our own sphere of talent and competence.

Regards, Roland (Evans) Colorado, USA

PROJECT QUEST

by Lusija Marks, Portland, USA

Project Quest is a non-profit organization and a Susila Dharma project that evolved from the latihan experiences and spiritual guidance of several Subud members. Its mission statement is as follows: "P.Q. is a diverse community of people affected by chronic or life-challenging illnesses, including HIV/AIDS. The community is guided by intentionality, inspired by creativity and provides a wellness-focused environment for living and dying."

Project Quest is located in Portland, Oregon in a house remodelled to have treatment rooms where acupuncture, massage, naturopathic sessions, Reiki and other energy work and healing modalities happen; a large kitchen for our healthy cooking and eating program; a group room where most of our programs occur; several therapy rooms, and an office. Our long range vision is to create a Wellness Center where health and wellness practitioners work together with people with life-challenging illnesses and create treatment plans that support lifestyle change conducive of optimum health. Our present program does not include medical doctors or nurse practitioners. Clients are referred from various physicians, clinics, alternative practitioners or self-referred. Ultimately, we want to have medical practitioners who are committed to this vision and would like to help us evolve our program of holistic care. Our community program aims to empower people living with illness through retreats, groups that teach skills and give support and a place to process, and even dance, art, and sports (we have a softball team and a volleyball team).

Project Quest is a loving, accepting community that helps transform the experience of being diagnosed with a

life-challenging illness into a time of awakening and healing. We serve over 300 clients a year and our program is continually evolving. A number of the practitioners at P.Q. are in Subud, along with Subud members on our board of directors and in our "community". We use the latihan and testing in making decisions.

P. Q. came about from the doctoral work of Lusijah Marx, a nurse practitioner doing her research on the use of psychoneuroimmunology techniques with people living with AIDS. Lusijah obtained her doctorate in clinical psychology and continued her research with people living with AIDS. In the course of this work, which felt very inspired by the latihan, Lucas Harris, a man living with AIDS had the same dream as Lusijah the same night about certain steps to take which would lead to the formation of a healing center. The dream felt like a true receiving, and through testing over the next year to guide the process, P.Q. was born.

The experience of creating this community has had many struggles, but is a great blessing and gift from God. We hope to be able to strengthen our wellness model and define a model that could be used with others. One of our challenges has been our commitment to treat a diverse population, with most of our community members living below the poverty level. Every year we have a healing retreat called Living Fully that over 100 people attend at Breitenbush Hot Springs in Oregon. A film was made of this retreat to show the work of Project Quest, with Mardningsih Arquette as the producer and Ra'up McGee as the director. Copies of this inspired film can be attained by contacting Project Quest, 3117 NE MLK Jr Blvd suite 200, Portland, Oregon, 97212, USA for the price of US\$30. This year Susila Dharma International sent Tony Miles from the SDI board of directors to attend, learn more what P.Q. is, and be a helper for the Subud men attending.

This was an important step in strengthening our Susila Dharma ties. We are going to be evolving our program by hiring an executive director, office manager, and getting medical practitioners to come on board. If anyone receives guidance to join us let us know.



LETTERS

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

Help!

I developed arthritis in my mid-twenties but managed to stay fit and active until a few years later when a "mystery" illness stopped me in my tracks (later diagnosed as probable organophosphate poisoning). For the last 10 years I have also had ME now complicated by fibromyalgia and nodular osteo-arthritis (plus related nodular episcleritis in my eyes). I would be very interested to hear from anyone who has successfully treated any of these conditions, or found ways of alleviating the symptoms.

Thank you, Susanne Norman

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HEALTH TIP

Increasing evidence shows that frequent use of commercially prepared shampoos and lotions for the treatment of head lice is unsafe – especially for young children – because of their organophosphate content. Here is a safe and effective alternative using essential oils:

Mix three and a half parts base oil (such as grape oil), one part lavender oil, one part eucalyptus oil, half part geranium oil, one part rosemary oil. Rub into the roots of the

hair and leave on overnight. Wash, apply lots of conditioner and then comb through section by section from root to tip with a fine tooth or "nit" comb. Comb through every three days using conditioner, wipe comb frequently on kitchen roll to detect small lice. If no lice have been seen for a fortnight you are clear (Wash comb thoroughly after use). Treat whole family simultaneously.

Susanne Norman



MEMBERS' NOTICEBOARD

The Donner Farm Meeting - August 8th, 1998
Latidjah Miller, Herndon, VA USA

It was a warm, breezy, summer day, a perfect day for a drive in the countryside out to the meeting at the Donner farm. Hassan and I went with our two young boys, and were delighted to also have the company of Richard Salisbury. Richard flew out from California the night before in order to attend the meeting and everyone appreciated his presence.

Entering the Donners' farmhouse kitchen, one could see that preparations for lunch were well underway for the noon time arrival. The Champion juicer on the kitchen counter was resting after its morning task of preparing carrot juice for the attendees. Salad was in abundance. Tomatoes and green peppers came fresh from the vegetable garden. Special salad dressings were set out, one called "Super Tonic" which is a blend of organic apple cider vinegar and the fresh juices of garlic, onion, horseradish root, ginger, and habanero cayenne peppers. Another bowl contained olive oil with ample amounts of garlic. Before talking about health projects, we would begin with a healthy, invigorating lunch.

The meeting was held in the farmhouse dining room. We were seated around a large, oval, antique table. The children played

frisbee with the Donners' dog Annie outside, and at one point broke into song while sitting on the porch underneath the dining room window. Among the 11 Subud members present, seven were healthcare professionals. Stefan Donner began the meeting by describing a 320 acre parcel of land he is interested in acquiring, "with the sweetest spring water on it that I've ever tasted." The land is located about an hour's drive from Dulles Airport to the south, and about a 45 minute drive from Charlottesville, Virginia. There is an organic farm there at present. Stefan told us of his vision for the land which includes a retirement home, a home for children needing foster care, and a healing/health center.

We then went around the table introducing ourselves, sharing what our work is, and what our interests are. There was a predominant interest in acquiring land and working together. The issue of focus seemed to be location. Most of us are bound to jobs which keep us near the Washington DC area. Another issue is the need to bring the latihan into the forefront of our work in healthcare. To fulfil this need requires a healthcare facility which is run by Subud members. We talked about the experience of Brookhurst Grange, where all the patients who came were opened and had latihan three times a week.

I shared with those present the purpose of SIHA, which is to form an association of professionals so that we can begin to bring about the development of healthcare facilities, and to provide mutual support for those in need of healthcare as well as those in the healthcare professions. I discussed how we can now begin to build a network of professionals in Subud through use of the SIHA registration and database. The SIHA journal, *Resonance*, will be a wonderful communication vehicle for those working in the field, and for those interested in health issues. It was encouraging for me to see the

amount of support for SIHA that was present at this meeting.

After some further discussions of ideas and aspirations, the meeting concluded. The men walked the farm with the boys while the women did latihan, then the women took over the task and the men did latihan.

We decided to form an email list of the participants at the meeting so that we could continue the discussion about the land and the possible projects. The list has already been expanded to include those who wanted to be at the meeting but were unable. The first email to the list went out from Stefan on Sunday, August 9th. He described his impression of the meeting: "Everyone seemed to have a general idea of what they would like to see but all of these could not be pulled together to form any definable project. Everyone has their own life and can't yet see how their life can fit into a project. I think what is required is some courageous soul to start something. Once it begins to take shape and form it will be easier for others to see how they could fit into the picture." He suggested we take a look at "www.atkinscenter.com" to see if we could use this particular complementary medical center as a model. He also proposed the idea of setting up a non-profit corporation in preparation for the project and in order to get a head start on fundraising. "Any suggestions for board members?" he asked.

Attending the meeting were: Rohanna Alkaitis, Gloria Coryell, Stefan Donner, Suzanne Donner, Ophelia Hurst, Joe Koach, Margaret Koach, Rochana Koach, Hassan Miller, Latidjah Miller.

If you would like to find out more or join the email list please contact sdonner1@juno.com



BOOK REVIEW

Molecules of Emotion – Why You Feel the Way You Feel

Candace Pert PhD. Publisher Scribner (US)

Reviewed by Hermione Elliott

It is a rare privilege to read a book about a highly complex area of scientific research and the political complexities of the scientific community, to be gripped by it as one would a Le Carre thriller and to feel so moved by the spiritual unfolding of the author as she was changed by her discoveries. Candace Pert achieves all of this in *Molecules of Emotion*.

This book describes her personal and professional journey as a neuroscientist, who uniquely, finds herself crossing many of the divides into immunology, biochemistry, behavioural psychology, pharmacology, philosophy and spirituality, with brief forays into AIDS and cancer research. She clearly ruffled many feathers with the breadth of her vision, not only as a woman in a man's world, but as scientist who is highly gifted and willing to think laterally – beyond prevailing paradigms. She leads us gently through many complicated concepts, drawing on her hard-won research, to present a picture of the absolute interconnectedness of mind and body or, as she terms it, bodymind – the implications of which will set the hearts aflutter of all practitioners involved in holistic health or mind/body medicine.

This book spans 27 years of Pert's life from her days as a postgraduate student until the present day. It traces her initial research into neuropeptides in the early 1970s and the subsequent discovery of the opiate receptor, which proved that the body has an inbuilt mechanism to receive and use substances such as opium and morphine. She says, "We knew that the brain receptor didn't exist to serve as a binding mechanism for external plant extracts such as morphine and opium. No, the only reason it made any sense for an opiate receptor to be in the brain in the first

place was if the body produced some kind of substance, an organic chemical that fits the tiny keyhole itself – a natural opiate." This finding launched her into the world of big-time science and for a ten-year period she was among the top 130 most cited scientists in the world.

Her descriptions of the cut-throat world of research science are shocking to the uninitiated; she pulls no punches about her experience and her own part in the game. The unfairness of her treatment when she was excluded from the prestigious Lasker Award and a subsequent Nobel nomination, was the source of tremendous suffering and learning, ultimately forcing her to alter her own values. This, combined with the slow acceptance of her work in the wider scientific community, would leave many lesser mortals embittered. However, she emerges as mature and exceedingly generous: "Truly original, boundary breaking ideas are rarely welcomed at first, no matter who proposes them. Protecting the prevailing paradigm, science moves slowly, because it doesn't want to make mistakes. Consequently genuinely new and important ideas are often subjected to nitpickingly intense scrutiny, if not downright rejection and revulsion, and getting them published becomes a Sisyphean labour." It has taken ten years for research in psychoneuroimmunology, PNI, by Pert and her colleagues, to begin to gain acceptance. Even though it is scientifically sound and capable of being applied therapeutically, sadly it is unlikely to be accepted for many years to come.

Pert was quick to adopt the term "bodymind" when her research led her to believe that we can no longer separate the two. She also overturned the perception that the emotional brain is confined to the classical locations of amygdala, hippocampus and hypothalamus, when she discovered there are high concentrations of neuropeptide receptors in other anatomical locations, concluding, "Neuropeptides and their

receptors thus join the brain, glands and immune system in a network of communication between the brain and body, probably representing the biochemical substrate of emotion."

As her work progressed, Pert underwent many changes in her perception of how the world works. This evolution of her own consciousness led her not only to changes in her lifestyle but to further clarify her work and be able to state with confidence that neuropeptides and their receptors could be considered the "biochemicals of emotion" and that the bodymind is in an exquisite information feedback loop. She demonstrates that patterns of thought set up patterns of emotion, which set up patterns of physiological response, which are endlessly replicated, unless at any given point a new pattern is established. This clarification has provided a welcome confirmation for practitioners of relaxation, imagery, hypnotherapy, meditation and so on, who teach people ways of altering the body chemistry, to reduce stress or augment healing, through the use of the mind. Even though they know the benefits of these approaches and are in no doubt of their validity, it is always heartening to see science, experience and what is often called intuition, uphold each other.

It clearly takes courage, a deep intuitive conviction and enormous tenacity to be a scientist who is able to think beyond the confines of current scientific thinking and to be at the forefront of an emerging paradigm. And to be able to write about it so fluently, in a way that is understandable to non-scientists, is enviable. The mix of scientific fact, personal experience and historical perspective works well; her refreshing honesty and openness touch the heart; together they satisfy the mind and the feelings. Pert is demonstrating in her writing what she has learned through science and the personal transformation it has brought her. She is "walking her talk". It is rather

fitting in a book about the profound and far-reaching effect of the mind and emotions, that the reader is left feeling uplifted, positive and hopeful about the future, not only of PNI but humanity itself. *Molecules of Emotion* is an inspirational book and highly recommended.



NEWS AND EVENTS

The first international conference of SIHA will be held alongside the WSC meeting in Holland. Please mark your diary.

Friday July 16 (arrival day) and end at Monday July 26 (departure day) 1999

Dear SIHA members, etc.

The WSC meeting next summer in Holland will be a great opportunity to spread the word about SIHA.

I propose we prepare a technologically stunning presentation that will be multi-media.

- ① Computer slides with text and graphics outlining our beginning, (a) Bapak's directives for establishing clinics, hospitals, etc., (b) Sjahari Holland's efforts to start SIHA at the Anugraha Congress, Richard Salisbury and SIAPA, Latidjah Miller's work at the Spokane Congress.
- ② Subsequent history: (a) formation of Board and list of members (b) SIHA register.
- ③ Professionally prepared posters showing (a) projects in the works, and (b) projects on the planning board. Slide presentation of SIHA conferences to date with summary of results of decisions made and actions taken.
- ④ Display of several issues of the International Newsletter prepared by Richard Salisbury, with additional copies for those interested.
- ⑤ Display of issues of Resonance, with additional copies for give-away.
- ⑥ Slides or posters for (a) financial statements (b) budget for 1999 (c) projected income and expenditures for 2000.
- ⑦ SIHA long-term goals with definite dates set for completion. (Hospitals, retreats, clinics,

medical supplies, literature etc. to third world countries (also a present and short-term goal).

Presentation would be short and to the point. We should have several presenters for variety. I will be happy to be one of them.

Please add your ideas, concepts, willingness to help prepare and present.

Love to each of you. Robyn Burke

UPCOMING EVENTS

UK

February 21st 1999 at Loudwater Farm

A SIHA seminar on ME or Chronic Fatigue Syndrome.

A day for health professionals and people who have experienced or are experiencing ME, to come together, share and learn from each others' experience.

To book please contact Hermione Elliott

Tel 01705 632 750

or hermione@cwcom.net

USA

SIHA MEETING May 1-2 1999

We are planning a 2 day gathering of SIHA members at Spring Lane Farm, Berryville, VA

Please contact: Tel: 540 955 4410

GLOSSARY

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

Latibanthe practice of the worship of God in Subud

Jiwa the soul

Nafsu the lower forces

Testing the practice of asking and receiving guidance in the latiban

MENTORSHIP

Along with Subud Enterprise Services and Subud Youth Association we are supporting the mentorship programme. If you have skills and experience that you could offer to others in training and would be willing to become a mentor, please complete the mentorship section on your registration form

ACKNOWLEDGMENTS

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

HOLLAND '99

Friday 16th to 26th February 1999

During this Zone 3 & 4 and WSC meeting, SIHA will be holding its first international conference, presentations, workshops, treatment tasters, interest groups, and much more.

Keep these dates free! Details will follow.

*If you would like to do a presentation or workshop, give mini-treatments, or organise an interest group, please contact Hedley Bennett: hedley.b@mcmail.com (0) 1580 200780.

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