

Healing Arts Report

Understanding the New Health Paradigm

Volume 2, No. 3

Dear Reader,

Much of how body/mind/spirit medicine is being incorporated into our understanding of health is by learning to apply the metaphor of our conditions to our state of being. By understanding a condition in its symbolic form, we can learn about changes to make in our lives which will bring greater health. Such application can always be a useful adjunct to healing by whatever means.

Nowhere is metaphor more apparent than in the topic of vision. Our beliefs and adaptations show up in the way we see. Luckily, there are many fine books about vision and healing, how to improve vision, how to relax the eyes, and, most useful of all, how our vision reflects the way we, as individuals, see and cope with the world.

At the same time this psychological/spiritual awareness is growing, radical keratotomy, which reshapes the cornea surgically, may take away the opportunity for the patient to understand the metaphor and change their life in a deeper, more long-lasting way. The best-case holistic result of having the operation is that the change in the way the patient sees will help him become aware of how his previous

way of seeing affected his thinking, feeling, and actions. The worst-case is that after surgery, the person, not having become aware of the metaphor, retains old habits of thought and action that continue to distort the newly-shaped cornea in the same way his tensions distorted it originally.

HEALING ARTS

The Metaphor of Vision

Optometrist Harry Sirota, O.D., whose card reads, 'Awareness Through Vision,' remembers early in his career putting his glasses on and taking them off while he was walking, and suddenly, "I felt something change in my balance, in my posture. The feeling was such that it distorted my body and changed my emotions, too." He experimented for hours until he could sense the subtle differences different lenses made in his body, sensations, and feelings.

How many times have we heard people complain about their new glasses, saying "I can see clearly but they just don't feel right."? When the patient complains, the optometrist often says, "Don't worry, you'll get used to them." Unfortunately, the accommodation patients make may not be in their best interest, often closing down peripheral vision, weakening the functioning of the eyes working together, or intensifying near- or farsightedness.

After his own experience, Sirota began to observe his patients' way of walking, holding themselves, expressions, and ability to read aloud, even the tenor of their voice. Slowly he began to understand that vision was connected to all aspects of a person's body and, more surprisingly, to all aspects of their life. This realization grew especially from watching those for whom ordinary vision testing and prescribing

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was not working well.

Sirota recalls one of the first patients to influence his awareness. This man answered every question about his vision with quizzical dissatisfaction, "I can't put my finger on it," he answered repeatedly. Sirota got the idea of asking him to bring his finger tip down on Sirota's upheld finger. The patient missed Sirota's finger by a foot. "Are you kidding!?" Sirota exclaimed. He could hardly believe how badly this man missed the mark. By experimenting with lenses, they came up with a prescription that allowed the patient to 'put his finger on it.' For the first time in years he experienced accurate spatial perception. Imagine what it means to never know exactly how you can connect with everything around you. This prescription was one that Sirota never would have arrived at through standard vision testing.

Sirota also learned from another early patient who would look away from him each time the doctor stepped toward him, first to point out a missing screw, then to put the man's glasses back on. He would again look at Sirota as soon as the optometrist stepped beyond twelve feet. Sirota purposely stepped back and forth to confirm what he thought he was observing. It happened every time. Then he pointed it out to the patient. They experimented by having the patient continue to look at Sirota as he stepped forward.

The man couldn't do it at first. It was difficult for the him to keep looking because the doctor appeared to become so large. Again, the lenses they found that allowed him to keep looking were quite different from what 20/20 acuity testing would prescribe. After a month of trying out the new lenses this patient said, "My whole life has changed. I've been able to make friends for the first time in thirty years!" Sirota didn't understand the connection. The patient explained, "It's impossible to make friends with anyone when you can't look at them."

Robert-Michael Kaplan, O.D., M.Ed., in his book, *The Power Behind Your Eyes*, also points out that vision is far more than the acuity of each eye. Even patients with 20/20 eyesight may lack the ability to process their vision. They may have poorly developed perceptual skills, difficulty in making shape and size discrimination, or sequencing verbal and written thoughts, and confusing left and right. He adds, "Their vision

lacks flexibility and synthesis." Kaplan has exercises that address these problems. In addition, he points out that when people improve their perception, it becomes generalized to other parts of their life.

Sirota, too, suggests exercises, and like Kaplan, also finds that much happens with changes in lens prescriptions. As patients experience the effects of the lenses on their lives, he discusses their observations with them. This is how they find new coping skills for dealing with what they see. Sometimes the experience of change in vision is dramatic. One patient was wearing his new prescription and reading a passage from a book. Sirota slipped his old glasses on him and he began crying. He felt a great sadness re-experiencing his previous restricted view of the world and felt great empathy for the child he had been who needed to limit his world this way in order to cope.

Accurate Visual Information

Sirota had one patient put on her old glasses to look at a potted plant in the waiting room. "Describe how it looks to you," he said.

"The leaves are pointy, prickly in texture, and sharp edged," she answered, relieved to be seeing so clearly, "and the branches are hard." Then he put the test glasses on her -- the kind that allow him to slip different lenses in and out.

"Now, look at the plant again and tell me about it," he said. This time the plant looked soft. What had been its prickly texture was more hairy and reminiscent of velvet. The leaves had many points but they were soft and droopy, an innocuous and inviting kind of sweetness, she thought. Before she could speak, Sirota put her glasses back on her nose and said, "Now, walk over and touch it and tell me which vision is more accurate." The feel of the plant surprised her because the fuzzy image was the accurate one. Its leaves were soft like velvet, not prickly, and its stems were succulent, rigid but not hard, and easily damaged if pressured.

Sirota explained to her that vision is for giving accurate information at a distance. Emotional issues can distort how a person sees. Lenses can correct the distortion, but if optometry does not address the cause, whether physical or psychological, the prescription could collaborate in worsening the vision.

Sirota's method helps the patient become aware of the way one sees. It is not an easy or comfortable task. After all, one is generally not aware of how it is to see in a different way. Most visual habits are developed during childhood as a response to tensions in the environment. By discussing the changes in body posture, movement, and emotional effects of different lenses, the patient becomes aware of the issues and must tolerate the discomforts of unfamiliar vision. By choosing to stay with the discomfort, the person can become aware enough to learn adult coping strategies.

Sirota states, "Neurologists point out that visual fibers are pervasive throughout the entire brain. There are connections between every area of the brain and the visual cortex. In addition, scientists estimate that twenty percent of the optical fibers don't go into the brain but directly into postural centers of the body -- control, balance, and movement. Reading is only a small portion of the work that the eyes do and we have little awareness of vision's other functions."

Kaplan points to clinical research that tells us how the eye responds to most physiological processes. He gives examples of the eyes telling the nervous system of the driver to slam on the brakes; sugar processed in the pancreas affects focus; a stimulating view causes the pupils to enlarge; a relaxing state makes the pupils smaller.¹ Kaplan's exercises and games, which he calls Integrated Vision Therapy, guide people in a disciplined way to work on changing vision. Both Sirota and Kaplan agree that allowing oneself to experiment with weaker prescriptions, gives one insight into other dimensions of life. If the patient is not committed to dealing with the issues that are brought up, the blur can be both-ersome and agitating. Kaplan says that the blur in weaker lenses "results from an increased scattering of light over the retina, which calls for more seeing of the blind spots in your life."²

Enhancing Other Senses

For about twenty minutes, John and his host had been sitting and talking at the dining room table where a vase of flowers stood in the center. It was a sunny summer day and the host-ess was sorry he couldn't see the sunlight filling this pleasant room. He'd lost his vision as a teen in a chemical accident. Only the eyes them-

selves had been damaged, not the optic nerve. He was waiting for his friends who were getting demonstrations from Sirota about their vision.

Sirota came into the room and began talking about some lenses he'd like John to try to see if anything felt different for him. He explained that the area around the eyes are also sensitive to light so that even if he was blind, the way light was directed could affect him. John complied and Sirota slipped the test glasses on him. John sat bolt upright and asked, "Did someone just put some flowers on the table?" Suddenly, he could smell them.

How Vision-Care Became So Narrow

Vision, like so many other aspects of medicine, became a specialty with a focus on the disease process, or the way people 'look' through their eyes, not on the way they perceive. Kaplan believes that optometry based on a medical insurance system that reimburses payment when a physical problem is diagnosed has much to do with this fortifying this focus. The cost of malpractice suits based on false or incorrect diagnoses has caused vision-care professionals, like other medical professionals, to concentrate on physical functioning of the eyes. Very few venture into seeing the patient as a person with vision. Even fewer, according to Kaplan, understand vision to be a complementary therapy where "every moment of life becomes a therapeutic opportunity to generate new visions." In our culture, Kaplan explains, 'busy-ness' and 'doing' is strongly supported. 'Being' and 'relaxing,' which harmonizes our nervous system, is not. The games, exercises, and awareness of balanced vision simply do not happen without strong intent of both patient and practitioner.

Harry Sirota practices Awareness Through Vision in Chicago. Phone him at 312-561-8918.

To find out more about Beyond 20/20 Vision seminars, retreats, and consultations, phone Robert Michael Kaplan at 604-885-7118 or e-mail beyond_20/20@sunshine.net.

For referrals to optometrists who provide vision therapy, phone the College of Optometrists in Vision Development at 619-425-6191.

Health Care Without Diagnosis

As of January 1998, CMP, the nation's fourth highest rated HMO is offering acupuncture and self-care health education to Rouse Company employees, whether or not they have a medical diagnosis. Most health plans limit paid-for treatment to diagnosed conditions. In a unique model, the Traditional Acupuncture Institute (TAI), an education and treatment center; Rouse Company, a corporation; and Columbia Freestate/Columbia Medical Plan (CMP), a managed-care plan, have joined forces to offer a network of complementary providers to Rouse employees.

This plan allows acupuncture to address the whole person body/mind/spirit and promote prevention and self-care. The project makes available classes and lectures at TAI and lunch-time discussions on health concerns at the Rouse Company. A research component "will examine effects on employee absenteeism, medical visits, and other medical costs. The outcome will show how well the project fulfills its aim of helping people achieve and maintain well-being with less reliance on high cost experts."³

According to Robert M. Duggan, M.Ac., president of TAI, about 70 percent of patient visits to health practitioners are for problems that are not defined diseases. They are for conditions that people can be educated to take care of on their own without a doctor or learn about from an alternative provider.

Patients who use Traditional Chinese acupuncture on an ongoing basis for maintenance and health promotion report that they tend to get sick less often and recover more quickly; their vitality and stamina improve; they are more able to take care of their own health, their relationships improve, and they have reductions in long-term health care costs.

Values of Complementary Care

When Duggan, who is also chairman of the Maryland State Board of Acupuncture, was asked by *Healing Arts Report* whether he thought complementary medicine could be incorporated into the current Western health system without losing its essence, he described two important

concerns that need to be addressed. First, complementary health care should become part of the medical and public health system. Second, there is a tremendous challenge in keeping true to the values and wisdom that developed it.

Duggan, one of the co-founders of TAI, describes complementary values as being a common sense approach to health. Complementary medicine, to enhance the common good, must build bridges, reach out to the mainstream, and redefine basic public health values. The three factors we consider most related to health -- symptoms, pain, and death -- are a natural part of life. By changing the focus from eradicating them at any cost to learning from them, practitioners play an educative and mentoring role. Instead of delivering techniques and services, they can facilitate the redefining of health.

From Disease-Care to Real Health Care

Creation of an alternative health care system that seeks to enhance the parts of us that are doing well is really a movement away from the disease-care system. Authoritative self-care is taken for granted by most complementary providers but it needs to be clearly included or it will become lost as it has in the mainstream.⁴ Duggan emphasizes the need to identify the essential values of the complementary movement. By clearly describing and including them in any changes in health policy, he explains, we won't be as likely to take them for granted and risk losing them.

Values include assisting people to live a balanced lifestyle and be fully engaged in life. This means developing an understanding of the meaning of suffering so that patients can address all the factors that affect their health. In addition, in Europe, acceptance of death as a natural cycle of life, rather than as something to attempt avoiding at all cost, is a more common attitude. It is a key factor in the lower percentage of European income spent on health care. In the United States, about 20 percent of all health care expenditures occur in the last six months of life.

By being clear about quality-of-life issues and maintaining the uniquely individual patterns of treatment and interventions that affect the entire person, not just the disease, complementary care could also lead research down a

radically different path. New research methodologies, for example, reflect the complexity of care that involves patient attitudes, physician-patient relationships, and other qualitative issues.

The Dangers

It is possible to practice alternative medical techniques without honoring the values. If this happens, Duggan says, complementary health care could emerge as a manifestation of the current medical system which is focused on: (1) "curing" disease, (2) avoiding all pain, and (3) trying to prevent death at any cost. He tells of asking audiences all over the country, "Has anyone . . . avoided pain or suffering in the last month or throughout their lives? Has anyone the hope of avoiding death?" The universal response is always laughter.⁵

There is also a need, Duggan states, to question the application of concepts such as diagnoses, which are then converted into delivery systems, insurance codes, and research protocols. He described an acupuncturist's exemplary problem with an insurance company that generally covered acupuncture. However, it refused to pay for some treatments because, not understanding that there could be many different sources of a headache, the insurer believed that the acupuncturist did not treat the patient's 'headache points.'

Politicians create problems in health care by accepting the current system and asking how three contradictory objectives can be addressed within it: decrease cost, enhance quality, and expand access. Unfortunately, this type of thinking could lead to 'complementary care' that would be governed by reimbursement codes which are geared to mainstream medical techniques and medical research design. Such forces of reimbursement and cost containment could erode the humanistic approach and essentially different principles of treatment that are the impetus of complementary medicine's highly individualized services and education.

Duggan's Redefining Health workshop teaches, in a way that is intellectually stimulating and spiritually moving, how to apply the wisdom of ancient Chinese philosophy to improve your life now. April 4 and 5, 1998 in Columbia, MD and May 2 in San Francisco, CA. For more information, contact Liz Allen at 301-596-6006 x661.

MEDICAL EDUCATION

Integrative Medicine Program Teaches Doctors the Differences

The unique Integrative Medicine Program at the University of Arizona College of Medicine teaches practitioners about different healing modalities and when it is appropriate to use them. Andrew Weil, M.D., popular author and director of the program, explains that the courses are not advocating that alternative medicine replace conventional medicine. Nor is complementary medicine being offered like a garnish to be served on the side. There is emphasis on learning how to learn so that doctors can make practical use of the latest information as technology and understanding improve.

In addition to learning about various modalities such as botanical medicine, nutrition, body work, manipulation, breath work, acupuncture, guided imagery, and allopathic techniques, students will also work on developing their own healthy lifestyles. Goals of the post-doctoral course include training doctors to practice integrative medicine, encouraging them to research theories and methods of alternative systems of treatment, to be role models of healthy living, and to produce leaders to establish similar programs.

The Coming Changes

Weil discussed the program and changes occurring in the medical world at a presentation he made at the National Institute for the Clinical Application of Behavioral Medicine (NICABM). His vision of medicine is one which is oriented toward healing and prevention rather than disease, where practitioners understand mind-body interactions and believe in the natural healing capacity of the human being.

Weil described the current situation in health care as looking like a train wreck in slow motion. While this seems to be a time of great opportunity for medicine, he expressed fear that circumstances might become so pressing that inappropriate, yet far reaching decisions could be made. One of the strains in health care is its skyrocketing costs. It has become too dependent on technology and turned away from nature. Although medical technology can be great, it's only limit is cost.

The corporatization of medicine is not working well. The hospital industry has undergone tremendous changes in the last decade and none of this was foreseen even as recently as six years ago. Physicians are wishing they were in a different profession. Students are seeing the business pressures and realizing there will be little chance for them to be their own boss. The bottom line is that doctors get paid for only what gets done according to insurance company terms. According to Weil, patients are simply going elsewhere. This is a worldwide movement -- a true cultural shift -- which is very powerful.

Consumers Movement

Consumers and practitioners, Weil explains, thought that technology would solve all our health problems. Experience taught us that technology creates as many problems as it solves. Consumers began to search for other solutions. Their willingness to change has been the real catalyst of the movement. As Weil points out, every medical system works some of the time and fails some of the time. Therefore, we need to understand the circumstances for success. Research, too, is reflecting the need for change by increased focus on outcomes -- study the therapy, see that it isn't harmful, and observe whether or not it works -- instead of double-blind studies. Weil attributes many of the changes in the health system to the increasing number of women health practitioners, who tend to view things differently.

While the public is under the impression that the medical world makes good use of mind-body medicine, Weil states, it is, in fact, still unknown by most practitioners. Although there is recognition in the U.S. that rheumatism, asthma, ulcers, and colitis have a psychological component, in Japan they have a growing list of twenty-two illnesses where the psychosomatic component is recognized. Nurses in the U.S., laments Weil, are much more in touch with emotions but they are so disempowered by our hierarchical system that they do not have much opportunity to contribute their understanding.

For more information about the Program in Integrative Medicine, write: University of Arizona College of Medicine, P.O. Box 245153, Tucson, AZ 85724-5153, or see their website at http://www.ahsc.arizona.edu/integrative_medicine

RESEARCH

Mind Switch Works by Intention

John Haaland, Ph.D., is on the advisory board of a new health and wellness company which seeks to test and incorporate his company's products into programs with people who have or are recovering from serious illnesses. Haaland is president of Pear, Inc., a company that has developed a prototype switch that will turn on lights or radios, or other devices by using the mind. The switch detects certain mental states and intentions of individuals interacting with a random physical process within it.

Haaland is interested in exploring ways in which disabled persons could use a truly remote switch to enhance their abilities. Pear, Inc. will consider producing a limited edition of research model switches for use by qualified researchers. Preliminary data suggests that states of guardedness and sickness suppress normal chance outcomes, while focused performance and outwardly directed intentions cause results that exceed chance expectations.

How the switch works seems to correlate with some type of nonlocal quantum effect that allows a random physical process within the switch to become non-random. "I believe that this is a very old evolutionary property of cells," says Haaland. Neurons have reached a level of sophistication such that this property in humans can play a role in creativity, intuition, premonitions, and insight, possibly being the underlying basis for paranormal phenomena, such as remote viewing and psychokinesis.

While the switch is only in its prototype stage, Pear, Inc. is also marketing several unique learning products aimed at enhancing intuition and creativity and increasing powers of intention. ShapeChanger[®] for Windows allows the user to influence mixing and resolving, through willpower, two images on their computer monitor. The program measures the results and provides numerical and graphical displays showing how the results relate to random chance. Another product, the InnerEye[®] Remote Perception Kit guides two people in geographically separate locations to experiment in sending each other information.

Sound like science fiction? Haaland

agrees that what is actually happening is a major research question. These products were inspired by research done at a variety of research laboratories in the United States and Europe over the past twenty years.

For more information about their products and philosophy, phone 612-487-0713 or see their web site at <http://www.pearinc.com>. To inquire about research models of the "mind switch" contact Dr. John Haaland at jh@pearinc.com.

HEALTHY ACTIVITY

Recumbent Bicycles Help Heal Impotency

Irwin Goldstein, M.D., a urologist and leader in impotency research from the Boston University Medical Center, treats, on the average, six men a week who have become impotent from bicycle riding. The doctor estimates that about 100,000 men have lost the ability to get or maintain erections because of bicycle riding. This is important information for those who are being treated for psychological dysfunction when, in fact, the problem is chiefly physical. Penile damage can be caused by the bike's tube or its saddle.

Goldstein explains that a 150-pound cyclist pedaling at 20 mph falling on the top tube experiences the equivalent of a quarter ton of force. Even without accidents, just the continuous pressure of being seated on a bicycle saddle can cause flattening or scarring of the erection artery and numbness of the nerves. Flattened occluded vessels may be able to heal themselves with a healthy lifestyle, herbal therapy, and staying off the saddle, but some riders find that their only hope of repair is surgery. Women riders, too, have had problems with clitoral numbness.

Recumbent Solution

Recumbent bicycles address impotency and other medical issues that plague some riders of conventional bikes. Carpal tunnel syndrome from the pressure of leaning on their arms, neck problems from trying to hold the head up to see, and back problems from the awkward posture are common medical complaints. Recum-

bents allow the lower back to assume a natural relaxed reclining posture and the chest and lungs to be more open and free breathing. Arms and hands are relaxed at the side of the body in a neutral position. The nylon web recumbent seat allows for broad weight distribution across the back and buttocks and ample air circulation to keep those areas cooler and drier.

Hester Balsam, LISW, and her husband, psychologist Lew Nemes, Ph.D., have second careers selling recumbent bicycles in Albuquerque, New Mexico. Nemes had juvenile arthritis (ankylosing spondylitis) which causes joints to fuse as the disease progresses. This condition severely limits his ability to be physically active. Looking for a comfortable way to enjoy exercise led to his discovery of the recumbents.

Nemes explains further that "Muscles around these joints don't get to work as they were intended and therefore shorten and tighten. It is important to stay as active as possible with this illness in order to maintain as much range of motion as possible, and, for me, quality of life. A recumbent bicycle allows me to enjoy a wonderful type of outdoor recreation with my family that I have missed for years.

"I am able to sit comfortably and pedal sometimes for hours. A good workout on my

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recumbent bicycle actually makes me feel physically and psychologically healthier as long as I stay within reasonable and appropriate limits for someone with my kind of arthritis. The more I ride, the better I feel and the more I can do. I really love being active and outdoors with my family again."

Balsam adds, "We regularly hold group rides with other recumbent riders. We take the bike trails and stop for lunch and story swapping. Also, it really gives me such a feeling of freedom to ride comfortably and be able to check out the scenery at the same time. And it's a good work-out, too."

Performance and Safety

If you're into performance, Robert J. Bryant, publisher and editor of *Recumbent Cyclist News*, says that recumbents hold all human-powered speed records, generally ranging between ten to twenty-five percent faster. In fact, United Cyclists International first banned them from their races in 1934.

Recumbents also have a great safety record. The recumbent rider is in a naturally seated head-up posture so that vision of the environment and eye contact with motor vehicle drivers are easy. The rider's center of gravity is closer to the ground with less distance to fall. Loss of brakes may wear out shoe leather but it doesn't cause flipping end-over-end. Recumbents have been around for almost 100 years

and are currently enjoying a resurgence in grass roots popularity.

For more information about recumbent bicycles, call Nemes and Balsam at Absolutely Recumbent at 505-345-7736. Website is <http://www.swcyber-mall.com/nm/absolutely/>.

For information about Recumbent Cyclist News, phone 206-630-7200 or fax 206-631-5728. E-mail DrRecumbnt@aol.com. The magazine has tips on riding, building, buying, and news.

Best wishes,

Barbara June Appelgren

Barbara June Appelgren


END NOTES

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