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The Newsletter of the ISKCON Health and Welfare Ministry



## FROM THE MINISTER

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For twelve years since I have been visiting the UK, I have been regularly having my teeth checked by dentists who are friends of the movement. I was proud that in twelve years they only had to be cleaned. It was also free—I signed a paper and the government reimbursed the dentist.

A few months ago, a dentist in the UK mentioned to me that one of the filings was loose so he pulled it out and replaced it with a temporary one. I then went to New York and there that filing fell out. A life member dentist in New York took an X-ray and told me that the tooth was full of decay.

How could it be? I had my teeth checked regularly—tooth decay doesn't happen over night. I looked at the X-ray and sure enough, even I could see the decay. The root canal was begun in New York and eventually a devotee dentist finished it in Peru.

Apparently it my dentist friends in the UK felt that it wasn't worth their time to take care of my teeth. After all the government paid them rather they did it or not. Although the dental care is free in the UK, I ultimately had to pay the price. If necessary I won't mind spending a few extra dollars in the future to avoid get something I didn't pay for.

Prahladananda Swami

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### DISCLAIMER

The articles contained in this magazine do not necessarily represent the views of the editors or the Health and Welfare ministry.

This magazine is not intended to treat, diagnose or prescribe. The information contained herein is in no way to be considered as a substitute for consultation with a duly licensed health-care professional.

# Srila Prabhupada on Health

## BECOMING A GREAT DOCTOR

Regarding your proposal to become a doctor, because your mother wants to prosecute your education, I think if you can learn Krishna Consciousness perfectly, by reading our different literatures, and books, you will be a better doctor than the ordinary physician.

The ordinary physician may cure the disease of the body, but if you become advanced in Krishna Consciousness, you will be able to cure the disease of the soul for many many persons. And that is more important than a doctor or medical practitioner for curing the disease of this body. However we may be expert for keeping this body fit, it is sure and certain that this will end. But if you can protect the soul from being fallen a victim of this material existence that is a greater service. In some of the Vedic literatures, it is said that *Atmanan Sarvato Rakshet*, that means one should give first protection to the soul. Then he should take care of his particular type of faith, then he should take care of the material things, namely this body, and anything in relation with this body, or wealth.

Please try to read all our books very carefully, and whenever there is any doubt, you ask me, and be expert preacher.

That will make you a great doctor for protecting the human society from being fallen a victim to maya. I hope this will meet you in good health,

(Letter to: Tosana Krsna — Seattle 7 October, 1968)

So far Jadurani is concerned, inform her that this body is Krsna's body. Therefore, she should take care of her health. Of course it is very encouraging that she puts forward service of Krsna first, then all other consideration. It is very nice, and I very much appreciate this attempt. But still, we should not neglect about our health.

Because the body of a devotee is not material. The body of a devotee should not be neglected as material. This has been warned by the Gosvamis, that we should not neglect any material thing if it can be used for Krsna Consciousness.

So her body, because it is engaged in Krsna's service, is valuable. So not only she, but all of you, should take care of this poor girl. She has left her parents and she is unmarried, no husband, so of course, she is not poor, because she has got so many God-brothers, and sisters, and above all Krsna, she is not at all poor. In spite of that, we should care about her health.

That is our duty, and inform her that she may not strain beyond her capacity. Of course, such kinds of trouble may come and go, a devotee is not afraid of such things, but still it is our duty to think always that this is Krsna's body, and this must not be neglected.

(Letter to: Satsvarupa — Montreal 19 August, 1968)

## TAPASYA AND DETACHMENT

A patient suffering from a particular type of malady is almost always inclined to accept eatables which are forbidden for him. The expert physician does not make any compromise with the patient by allowing him to take partially what he should not at all take.

(Srimad Bhagavatam 1.5.15 purport)



## DON'T MISUSE THE BODY, USE IT FOR FREEDOM

Even if for the sake of argument the material world is accepted as untruth, the living entity entangled in the illusory energy cannot come out of it without the help of the body. Without the help of the body, one cannot follow a system of religion, nor can one speculate on philosophical perfection. Therefore, the flower and fruit (*puspa-phalam*) have to be obtained as a result of the body. Without the help of the body, that fruit cannot be gained.

The Vaisnava philosophy therefore recommends *yukta-vairagya*. It is not that all attention should be diverted for the maintenance of the body, but at the same time one's bodily maintenance should not be neglected.

As long as the body exists one can thoroughly study the Vedic instructions, and thus at the end of life one can achieve perfection. This is explained in *Bhagavad-gita* [Bg. 8.6]: *yam yam vapi smaran bhavam tyajaty ante kalevaram*. Everything is examined at the time of death. Therefore, although the body is temporary, not eternal, one can take from it the best service and make one's life perfect.

SB 8.19.39

## PROTECT THE BODY

The purport is that activities performed with the help of the body for the satisfaction of the Absolute Truth (*omtat sat*) are never temporary, although performed by the temporary body. Indeed, such activities are everlasting. Therefore, the body should be properly cared for. Because the body is temporary, not permanent, one cannot expose the body to being devoured by a tiger or killed by an enemy. All precautions should be taken to protect the body.

SB 8.19.40



# Living with Chronic Disease

By Satsvarupa dasa Goswami

I have been struggling for fifteen years with chronic migraine headaches. I can no longer distinguish between the illness's intrusion on my life and the life itself. Headaches have become a part of me, as much as my hands or my eyes or the devotional work I perform every day. Over the years I have followed various health regimens, and I am currently working with an allopathic specialist. Although Vedic culture favors the Ayurveda school of treatment, Srila Prabhupada did not insist that his disciples get treated by

the Ayurvedic process. Being pragmatic, Prabhupada

**“Since so many of us are going to have to contend with illnesses . . . it is important for us to know and follow what Prabhupada has instructed in this matter.”**

allowed his disciples to follow whatever medical cures were suitable for devotees and available locally. The two characteristics that typified Prabhupada's attitude toward illness were (1) that it is a serious thing and should be treated promptly, and (2) that one ultimately has to depend on Krsna for the results.

I have noticed over the years that more and more devotees are contracting illnesses, either acute or chronic. And it seems that this is more likely to happen as the devotees grow older. As a doctor once said, “If you live long enough, you will probably develop a chronic disease: cancer, pulmonary disease, arthritis, Parkinsonism, and so on. I take no glee in saying this. I only want to remind you that flesh, like all things, inevitably decays and dies: Chronic illness is part of a normal process” (“Be Sick Well,” by Jeff Kane, MD). Since so many of us are going to have to contend with illnesses, and since the chronic illnesses change our self-image and our personalities in various ways, it is important for us to know and follow what Prabhupada has instructed in this matter.

As for Prabhupada saying that a devotee should take care of his health, I follow this by continuing to be hopeful about medical treatments. Even if I cannot completely eliminate my physical disease, I try to control it and to gain at least a certain percentage of cure if possible. I do not become hopeless or cynical about

making yet another attempt at a regimen toward improved health, even with a chronic disease.

But what did Prabhupada mean when he said that we should depend on Krsna in our illnesses? First of all, I think this refers to our understanding of why we have illness in the first place. Serious illness is often a bewildering and shattering experience if one doesn't understand God consciousness. When a healthy materialist is struck with a disease he may think, “Why did this happen to me?” But a devotee knows that we

suffer in this world because that's the nature of the material body. And specifically a devotee thinks that he is getting a little token karmic reaction for past sinful activities. This is the spirit of the famous verse beginning *tat te 'nukampam su samiksamano*. The devotee always remains in a positive loving relationship with Krsna and tries to see how the experience can purify him.

Depending on Krsna also means that although we should try to cure our illness by some standard medical practices, we should not be overly attached to the result. We should know that ultimately everything is under the control of Providence. We should not stop our practices of chanting and hearing. Neither should we become overly absorbed in health cures to the point where we may not be depending on Krsna for the result.

But what if illness or old age makes it impossible for a devotee to engage in devotional service the way he or she used to? Then the devotee must make an important adjustment. Many persons have made courageous adjustments to their lives when they contracted some debilitating disease or suffered a crippling accident. An athlete becomes a counselor, or a frivolous and selfish person may become a compassionate worker. In devotional service, if we cannot travel internationally then we can at least preach locally, or if we cannot meet with many devotees personally then we can at least write letters, or if we

can't do that then we can chant Hare Krsna. We are fortunate that as long as we have consciousness we can perform some kind of devotional service for Krsna. And there is no need to be depressed about the reduction of our outer activities.

Recently when a devotee wrote to me about his chronic disease, I was able to write back with some advice drawn from my own experience:

*“I'm glad to hear that there is at least a little improvement in your health. I can empathize with you because I too am limited by a fragile*

*condition which can quickly incapacitate me. As devotees, we*

*want to be active, and we are also reacting to the social pressure of others. These pressures create mental anxieties for those who are ill in addition to whatever stress the physical malady causes.*

*“One thing I have realized recently in my chronic illness is that I have to make a new definition of what is normal for me. I can't think back to the old days when I used to be quite active and working long hours and think it still applies. An ill person has to allow that old self to ‘die’ and then accept, at least for the time being, a new smaller self. If we can get through the day by applying our new standards, we can only be satisfied with that. And within those limits we can strive for quality. The challenge of increasing the quality of our lives makes them fresh and full of opportunity.*

*“That you get different responses from devotees — some think you are in maya and others are more sympathetic — shows what the Bhagavad-gita teaches: fame and infamy are fragile, people are fickle, and we cannot live to please others. As you say, “There is much substance in it since those things can change within a minute.”*

In my own case I have by force been removed from active management as I was doing it in ISKCON and forced to become more inward. But this has made me able to discover another side of myself, and I am very happy to have been able to make that discovery.



Both he and his students found that when the unwanted habits were corrected, many chronic ailments, often a result of poor breathing, automatically disappeared.

The principles Alexander formulated are the basis of the school of the Alexander Technique.

In the Alexander Technique (AT), a teacher checks the student's response to a situation and guides him or her to first "inhibit" a response that gives

***"Gradually the right side of my body became numb. Still, confident I was not my body, I kept going and felt that the service was more important than any bodily discomfort."***

an unsatisfactory result and then strive for a response that enables the student to perform the activity with minimum effort and tension.

AT teachers are trained to be very sensitive to changes in the body, whether the muscles are becoming tight or relaxed. They can also interpret the changes in the voice or facial expression that result from such activities as walking, sitting, or speaking.

The body functions properly when one performs activities with maximum efficiency, thus producing minimum mental and physical wear and tear and tension. In one sense, correct functioning simply involves the natural poise and movements unconditioned by acquired habits that are detrimental to proper usage of the body and mind.

Peter Grunwald had practiced and taught the Alexander Technique for many years, and he had added his own insights, especially pertaining to the effect of vision on poise and physiology.

When I visited him in November, he began by asking me to visualize Lord Krsna and His pastimes, and when he saw the reactions of such meditations on me, both physically and visionally,

he was able to evaluate the effects of different degrees of absorption in remembering Lord Krsna.

Not surprisingly, the more I was able to visualize and feel the presence of Lord Krsna and His associates, the more positive effects Peter saw. I was encouraged to understand more about the beneficial connection between Krsna consciousness and the practical ability to execute devotional service.

This experience was not an inspiration to try to remember Lord Krsna artificially, but an encouragement to perform devotional service in such a way that remembrance of Lord Krsna would come naturally.

In the course of my stay with Peter I was reminded of Srila Prabhupada, who from the first moment I saw him seemed to be a person with perfect poise. As a matter of fact, the first time I saw him he seemed to be floating down the corridor in the airport where he had just arrived!

Absorption in material sensory experience causes one to develop habits that prevent one from acting naturally or thinking rationally.

Consider devotees who go out on book distribution for the first time. They are not sure what to say or how to respond to different people. This may create anxiety and tension that disturb their concentration, and therefore when they approach people they are not relaxed and able to think quickly enough to capture people's interest and attention. By putting the situation in a Krsna conscious perspective, the inexperienced book distributor can become detached from the results and thus less disturbed by what may or not happen when he approaches someone (what Alexander called "end gaining"). This attitude will allow him or her to become more receptive to act as an instrument for the Supersoul within the heart, who supplies intelligence according to the qualifications, mood, and the sincerity of the devotees who are trying to serve Him.

Because many factors determine the results of any activity, a book may or may not be distributed, but the consciousness of being connected

with Lord Krsna will certainly be there more easily, consistently, and profoundly. As a devotee becomes more confident and at ease with himself and others while engaged in such a service, he or she will certainly attract and interest many people to his or her message because they will see his or her inner and outer satisfaction.

If we added to this a sincere feeling on the part of the devotee to serve and benefit others and a genuine appreciation for Srila Prabhupada's literatures, we have a winning combination for successful and steady book distribution and the development of Krsna consciousness.

The methodology F. M. Alexander developed is similar to Krsna consciousness in that he knowingly or unknowingly tried to get in touch with the pure intelligence coming from the Supersoul. His objective was to understand what was impeding his proper functioning in performing different activities (tensing his neck,

***"Not surprisingly, the more I was able to visualize and feel the presence of Lord Krsna and His associates, the more positive effects Peter saw. I was encouraged to understand more about the beneficial connection between Krsna consciousness and the practical ability to execute devotional service."***

for example). He was able to discover the poise that comes from giving up unnecessary tensions.

By the grace of the Supersoul and an Alexander teacher, Peter Grunwald, I was able to reconfirm the grace and poise on all levels of existence that can come from the Supreme Lord when one serves and mediates on Him through the process of devotional service.





***“Spiritual needs are fulfilled through such avenues as prayers, rituals, religious communities and worship . . . This provides meaning to life, and sustains the person through personal hardships such as illness, pain and personal difficulties. It also provides an avenue for celebration when hardships are overcome.”***

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however, will deal mainly with diagnosing and responding to the spiritual pain in patients.

The awareness and appreciation of a patient’s individual spiritual orientation is essential to holistic care. Transcendence, or the striving for an existence apart from this world, is probably the most powerful way that one is restored to wholeness after an injury to their person, be it physical, emotional or spiritual. The sufferer is not isolated by pain, but is brought closer to a transcendental source of that meaning, and to the human community that shares these values.

This paper will also address the diagnosing and response to spiritual pain as experienced by dying patients.

#### **Spirituality and the carer**

Spirituality is concerned with the transcendental, inspirational and existential way to live one’s life, and this could also include, in a fundamental and profound sense, the individual in relation to God. An individual’s perception of spirituality and their spiritual need are normally heightened as the individual confronts spiritual pain and ultimately faces death.

A holistic approach to patient and individual care implies care for the body, mind and spirit. Spirituality is often mistakenly equated to, or used synonymously with, institutionalised religion, therefore for the purpose of this article, M. E. O’Brien’s definition will be used: he has defined spirituality very broadly as ‘that which inspires in one the desire to transcend the realm of the material.’

This definition is helpful as it is broad enough to include a religious understanding of the term, but yet is not specific to any one religion and allows for the inclusion of those that have a personal philosophy to the meaning of life.

The basis for determining the level of an individual’s spiritual health or

integrity can be ascertained in the following ways:

a) Stallwood and Kreidler recognise relational aspects within the concept of spirituality. The qualities of forgiveness, love, hope and trust can be experienced in relationship between two people as well as God. Relationships such as these bring meaning and fulfilment to life itself, providing a purpose for living.

b) Spirituality is an aspect of the total person that is related to and integrated with the functioning and expression of all other aspects of the person.

c) Spirituality can also be expressed through the relationships between the individual and others, and through a transcendental relationship with God or another realm where spirituality involves and produces behaviours and feelings which demonstrate the existence of love, faith, hope and trust, therein providing meaning to life and a reason for being.

Spiritual integrity is present when the person experiences wholeness within the self, with other human beings and living entities, and in transcendence with God. Spiritual integrity is furthermore demonstrated through such acts that show love, hope, humility, trust and forgiveness towards others.

Spirituality is a quality that goes beyond religious affiliation. Spirituality inspires one to strive for inspirations, reverence, awe, meaning and purpose even in those who do not believe in a God-applying equally to the needs of believers and non-believers.

Spiritual beliefs and practices permeate the life of a person, whether in health or illness. The influence of spirituality is manifested in our relationship with others, life styles and habits, required and prohibited behaviours, and the general frame during our spiritual development and

growth.

Religious affiliation may foster attention on, or hinder spiritual issues. We should understand that patients and family are in a vulnerable state when dealing with terminal illness, and it should be the needs of the patient that dictate the role of religious representatives and not vice versa.

#### **How is spirituality expressed?**

The expression of spirituality is shaped by the accepted practices and beliefs of a particular culture and this may be expressed in some cases by the practices and beliefs of an institutionalised religion. Spiritual needs are fulfilled through such avenues as prayers, rituals, religious communities and worship. The institution codifies and provides pathways for the expression of beliefs and values held by the person. It provides meaning to life, and sustains the person through personal hardships such as illness, pain and personal difficulties. It also provides an avenue for celebration when hardships are overcome.

Mystical experiences can also bring about a sense of peaceful calm and stability in the turmoil of those experiencing personal calamities. These experiences are often described as another reality and provide hope, faith in a future, and a sense of love and meaning to life.

Here the physical and the emotional interact with the spiritual to change the focus in the person’s life. Meaningful and purposeful work, or creative expression, is often an expression of spirituality. The person may feel a need to communicate experiences of feelings which relate to the ‘other worldly’ aspects of life.

Another manner in which the spirituality of the person may be recognised is through behaviour or feelings that convey an altered spiritual integrity.

O'Brien has listed seven common human experiences under the general category of altered spiritual integrity. These experiences include spiritual pain, alienation, anxiety, guilt, anger, loss and despair.

Let us examine spiritual pain, as this is an area of care in which both carer and sufferer find the greatest difficulty.

***“Transcendence, or the striving for an existence apart from this world, is probably the most powerful way that one is restored to wholeness after an injury to their person, be it physical, emotional or spiritual.”***

**How can spiritual pain be recognised?**

Spiritual pain can be defined as an individual's perception of hurt or suffering associated with that part of his or her person that seeks to transcend the realm of the material. It is manifested by a deep sense of hurt stemming from feelings of loss or separation from one's God or deity, a sense of personal inadequacy before God and humanity, or a lasting condition of loneliness of spirit.

Kim et al defines spiritual pain as 'a disruption in the life principle that pervades a person's entire being and that integrates and transcends one's biological and psycho-social nature.'

Although spiritual pain has achieved comparable recognition to physical and emotional pain in the care of patients with terminal disease, it is less well recognised in those who are not terminally ill.

When comparing the assessment of spiritual pain to physical pain, there are few guidelines that can be utilised. It is mainly the lack of objective symptoms of spiritual pain that hinder the diagnostic process.

On the other hand, friends and family may be a resource for eliciting suffering from a patient. As with physical pain, there are some patients who feel the need to suffer from spiritual pain for specific reasons. We must appreciate that for them pain is not a 'problem' in our sense of the word.

Spiritual pain represents the agony of an unmet need, whether it is psychological, emotional, mental or physical. Dame Cecily Saunders, founder of the modern day hospice movement, writes: 'The realisation that life is likely to end soon may well

give rise to feelings of the unfairness of what is happening, and at much of what as gone before, and above all a desolate feeling of meaninglessness. Here lies, I believe the essence of spiritual pain.'

This is echoed by the Austrian

fundamental perception has been radically changed, impaired or broken by some event, spiritual pain is at its most profound; this is often expressed as, 'I can't see any meaning in anything', 'Nothing adds up any more', or 'My world is in pieces and I am lost and lonely.'

**The management of spiritual pain**

**Spiritual**

pain is managed not only by professionals, but more often through relationships amongst the individual and their friends and family. It is a normal human activity which takes place on various levels: anything from a hug, holding a hand, empathic listening, a prayer, a gift or even a massage, may be a valuable part of spiritual pain management.

Professionally, spiritual care could include therapy, counselling and medication. Whilst we care for the body and mind by means of medication we can treat the spirit by means of non-medication based therapy. This would include alternative and complementary therapies such as art therapy, acupuncture, homeopathy, reflexology, music therapy and so on. These should be combined with excellent inter-personal communication and counselling skills.

Both the medication and non-medication approach work hand-in-hand towards the ultimate goal of spiritual care: providing quality of life when facing death. They are both parallel and complementary if need be. Carers should acknowledge that that they have a responsibility for the spiritual well-being of the patient, and should not avoid providing this level of care.

As we assess physical pain on a continuous basis, spiritual pain requires the same frequency of assessment. It is not just a matter of ticking a box on the patient's admission form that asks about their religious affiliation.

As a lack of homeostasis may manifest itself as physical pain, spiritual pain also represents a lack of balance or adjustment to one's

psychologist V. Franklin, that 'Man is not destroyed by suffering, he is destroyed by suffering without meaning.'

Spiritual pain can be the result of an experience which completely shattered a previously held view of life for an individual, taking the meaning and focus out of their existence, leaving them desolate and helpless. This experience may be an illness, or an accident, or some catastrophic event in their life.

During these traumatic events the individual's assumptions about life, trust and love, may be found to be misplaced, leaving them with nothing to hold onto for hope and security in the present and the foreseeable future. In these situations suicide often seems the only way out 'I feel empty and shattered' or 'There is nothing left for me'.

It is important to recognise that there is often a level of pain far deeper than the pain of a particular loss. That deeper pain is often associated with something totally destroyed at the centre of the individual's being. This 'something' can be described as the person's view of life, their relationship with God, a map or picture of what life is about for them, or the values and principles they hold dear in their lives.

An individual's response to any event in life partly arises from the view of life that lies at his or her centre. It is because this shattering of a person's view of life leads to a loss of a sense of meaning to existence, that meaninglessness is often seen as the centre of spiritual pain. It is often expressed as 'Why?' or 'Why me?'

Spiritual pain can also be recognised in the individual's perception of life. When this

immediate self; (this would be the result of something that had happened very recently rather than from something in the patient's long-term personal history). Consequently, an evaluation of a patient's spiritual orientation seems appropriate in order to diagnose spiritual pain.

With spiritual pain one cannot simply point a finger to exactly where it hurts. Feifel stresses that it is not necessary to understand fully a patient's spiritual orientation when creating an environment to offer nurturing. However, studies have shown that carers are less than willing to provide such care.

Those caring for the terminally ill complained that too much was being asked of their own spiritual orientation, with them being unwilling to provide this care as one of their functions.

It seems reasonable to conclude that some health professionals may be holding back this nurturing ability in order to be perceived as credible health care practitioners. Offering 'spiritual care' may not be seen as part of their role.

Yet, spiritual care need not trigger inferences of faith healing or hocus-pocus. The essence of spiritual care-

***“The qualities of forgiveness, love, hope and trust can be experienced in relationship between two people as well as God. Relationships such as these bring meaning and fulfilment to life itself, providing a purpose for living.”***

giving is not administering religious doctrine or dogma, but the capacity to enter into the world of others and to respond with feeling.

This fundamental capacity involves touching another at a level that is deeper than ideological or doctrinal differences. In this capacity it is essential that carers are willing to address their own spiritual orientation

in relation to the needs of their patients without influencing the patient's right to receive the type of spiritual support that they desire.

Carers must examine their own personal belief system. Self examination will enable them to understand and empathise with the need of the patient on a spiritual level. Burnard supports this when he asks, 'If we do not clarify our own spiritual beliefs or lack of them, how can we help those in our care to clarify theirs?'

If carers fail to address their own spirituality and the meaning behind it, they will fail those who depend on us for making their passage through death less painful. It is the responsibility of those caring for the spiritually needy to add the spiritual dimension to their care, irrespective of being theistically, atheistically or agnostically inclined.

Carers can help by being with the person suffering spiritual pain and offering their support according to their capabilities. In this capacity it is important to avoid easy optimism: 'You'll be all right', hasty analysis of the situation (there may be deeper levels of pain than the obvious) or, too early affirmation or comfort (stopping the sufferer going deeper into the pain).

Another common mistake that carers make when dealing with patients is allowing their own anxieties to dictate their course of action. This is commonly manifested by talking unnecessarily (the best form of communication in some situations may be silence), or providing uninvited sharing of the carer's own experience (one should avoid saying, 'I understand', as this factually may not be the case).

It is more important to be a good listener than someone who has all the answers for solving a patient's pain.

Each person has to bear his or her own pain and find their own way through it; the carer can only be a support in this process. Ainsworth-Smith and Speck write: 'we must all grieve our own grief so we must do our own dying, and face the possibility and reality of our own mortality, and others should enable us to do this in our own way.'

During times of crises, a person or patient may have the resources of his

or her own religion as a support. Nevertheless, I have found in my experience as a carer and counsellor that although religious faith may help people bear spiritual pain, it seldom takes it away.

To help someone with religious needs we do not necessarily have to

***Carers should acknowledge that that they have a responsibility for the spiritual well-being of the patient, and should not avoid providing this level of care.***

share that faith, but we can help by being more understanding and respectful toward their chosen faith and try and ensure that their religious needs are met.

Spiritual care requires an understanding of the patient's unique philosophical or religious views. It requires respect and understanding for the patient's belief and practices even though they are different to those providing the care. In order to attain this level of understanding, the carer must establish rapport and trust which allows the patient to disclose those beliefs.

The carer should also be willing to recognise limitations in their understanding of these beliefs and seek outside help as necessary.

**Spiritual Needs: what is to be understood?**

Spiritual needs can be broadly categorised as the need for meaning and purpose in life; the need for love and harmonious relationships with humans, living entities and God; the need for forgiveness; the need for a source of hope and strength; the need for trust; the need for expression of personal beliefs and values; and the need for spiritual practices, expression of an understanding of God and/or a deity and creation.

Meaning in the context of spirituality can be defined as the reason given to a particular life experience by the individual, bringing about a sense of purpose from their

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life and illness.

There is evidence to suggest that patients struggle with finding a source of meaning and purpose in their lives. It is also suggested that people with a sense of meaning and purpose survive more readily in difficult circumstances.

The experience of suffering can bring about meaning and purpose to our lives.

It is interesting to note that there is a distinction between the religious and the apparently non-religious person in the way they approach spirituality. A non-religious person's spiritual needs are more often focused around themselves and others. The religious person experiences their spirituality more around their relationship with a deity or God. However, those who have strong religious convictions and sense of God, may still need encouragement to adapt to unexpected changes when they are facing death.

It is important for carers to understand the fundamental needs of individuals. The need for love and harmonious relationships go hand in hand with a need for meaning and purpose.

Unconditional love is usually the prime requirement for a person suffering from spiritual pain. The symptoms of the need for unconditional love are self-pity, depression, insecurity, isolation and fear. Unconditional love transforms these symptoms into feelings of self-worth, joy, security, belonging, hope and courage.

One of the most effective processes that can release a patient from suffering is forgiveness, and carers can be part of this healing process by gently encouraging this process in an individual. Nothing clutters a life more than resentment, remorse and recrimination. These three emotional responses to life are based on anger, guilt and hostility. Untreated, these can manifest themselves in physical illness. When held in the mind and in the heart, they occupy a fearsome amount of space, colouring our perception of reality to an alarmingly large degree.

Forgiveness allows the individual to neutralise the toxic emotional investment. The process of forgiveness requires the individual to examine the reasons for their negative emotions and to deal with them, thus freeing them from self-destructive

preferences. It is interesting that the majority of these classifications are devoid of religious doctrine: atheism, metaphysics, personal religion, personal religion combined with institutional religion, and institutional religion alone.

This separation of doctrine from religion, but not from personal faith, may serve as a first step in

***Spiritual pain is managed not only by professionals, but more often through relationships amongst the individual and their friends and family.***

emotions. The consequences of not forgiving are high.

The person who carries anger and hate carries a toxic attitude of resentment into his or her relationships with others and ultimately themselves.

I have only touched upon some of the fundamental needs of individuals, and the ways in which carers can help those who are spiritually distressed. Suffice to say that the spiritually distressed person needs an environment that conveys this trust. Such an environment is one that demonstrates that carers make themselves accessible to others, both physically and emotionally.

Trusting is the ability to place confidence in the trustworthiness of others and this is essential for spiritual health.

**How is spiritual care administered?**

Any interpretation of the word 'spiritual' can present confusion when discussed outside the framework of religion or beyond one's personal belief systems.

Likewise, the concepts of spiritual care become even more elusive when a non-dogmatic approach to spirituality attempts to explain a dimension of health care that is provided by a variety of professional disciplines and lay people.

The terms 'religious care' and 'spiritual care' are frequently used synonymously. Religious care can be spiritual care but spiritual care is not necessarily religious care. Out of the five types of pain: physical, psychological, social, emotional and spiritual, religious suffering comes under the last category.

From my work with dying patients in a hospice environment, I developed a typology of five religious

distinguishing religiosity from spiritual orientation.

**How is spiritual care to be evaluated?**

The patient, who experiences spiritual integrity and demonstrates this integrity through reality-based tranquillity or peace, or through the development of meaningful, purposeful behaviour, displays a restored sense of spiritual integrity. The overall evaluation of spiritual care should establish the degree to which spiritual pain was relieved.

The patient's communication and interaction may also indicate spiritual growth through greater understanding of life or an acceptance and creativity within a particular situation.

Spiritual care enables carers to provide more holistic care for patients, as Cousins points out, 'Death and dying are not the ultimate tragedy of life. The ultimate tragedy of life is depersonalisation, separated from the spiritual nourishment...'. The ability to address spiritual issues is no longer a matter of choice, but rather it is fundamental to providing holistic medical care to the terminally ill.

**What is the role of the interdisciplinary team?**

As hospice care attempts to provide holistic care to persons nearing the end of their life, there is a wide agreement that this care ought to include a dimension that is best described as 'spiritual'. Though few agree on the commonalties of the spiritual dimension, many caregivers in my experience profess ability and a satisfaction in providing such care.

The continued lack of clarity in understanding what is meant by 'spiritual care' however, prevents the development of meaningful criteria

upon which to base a measurement.

Inevitably, attitudes concerning the role of spiritual care rarely achieve conformity. If it is the aim of a hospice to provide holistic care, its potential to achieve this rests on the ability of caregivers to assist patients and families in finding hope and reconciliation during the last days of life. Carers need to be prepared for this role.

In delivering physical, psychosocial and spiritual patient care, caregivers must recognise their strengths and limitations.

In Highfield and Cason's study of spiritual needs in cancer patients, it was reported that the only problems that the respondents confidently associated with a spiritual dimension were concerned with the meaning of suffering, death or God. The nurses' inability to distinguish spiritual problems from psycho-social ones led to inappropriate interventions that implied that the needs of these patients were not met.

This data clearly demonstrates that carers must be trained to recognise the various types of care a patient will need-when facing terminal illness. They cannot abdicate their responsibility to treat an individual's spiritual needs to the chaplain, any more than they can abdicate their responsibility for a patient's physical care to the physician.

These requirements for a hospice nurse are not unrealistic, various studies have reported that hospice nurses tend to possess stronger beliefs in a life after death, and were frequently characterised as being more assertive, imaginative and independent than nurses working in more structured environments.

**What does this mean for ISKCON?**

As ISKCON prepares to provide care for the terminally ill at major places of pilgrimage, such as Mayapura and Vrindavana, it would be useful for the Social Development Ministry, the Health and Welfare Ministry and the Ministry for Education to consider the issues raised in this article.

An earlier attempt in 1995-6 to

provide informal 'hospice care' for dying devotees in Vrindavan, India, accentuated the need for such specialised care to form part of our social development and health and welfare programmes.

In the past devotees with a terminal

***“The patient, who experiences spiritual integrity and demonstrates this integrity displays a restored sense of spiritual integrity.”***

diagnosis have been brought to Vrindavana, under the impression that they could comfortably prepare to spend their last days at this place of pilgrimage. However, those who were offering this care (with the best intentions) were unfortunately ill equipped both medically, psychologically and spiritually to deal with the many challenges a carer has to face when dealing with the inevitable trauma of death.

We as a Society need to examine our attitude towards the care that we need to provide the terminally ill in our midst.

Our scriptures teach us that spiritual pain is ultimately a symptom of the individual's forgetfulness of, and subsequent separation from, God. Therefore, the Bhagavad-Gita and Srimad Bhagavatam recommend spiritual care as a process of devotional service to God, with chanting His names as the primary practice.

We need to become more sensitive and better equipped to deal with the need of terminally ill devotees and more realistic in our care approach. A devotee who has come to a holy land to prepare for and face death may have spent many years preparing for this event through their spiritual practices, however, this does not necessarily mean they will be able to face death without the necessary medical, emotional and psychological support from suitably trained devotees.

Experience shows me that it is imperative that, unless devotees are trained in palliative, terminal and hospice care, dying devotees are best cared for by medical professionals outside of ISKCON. This care can be provided in consultation and co-

operation with the dying devotee's loved ones. Suitably trained devotees can be active in the capacity of pastoral support, together with friends and family.

To achieve these goals it would be prudent to introduce a training programme in palliative and spiritual care. Such a programme has the potential to empower devotees with the

relevant qualifications to mindfully administer, help and support those devotees in need of spiritual care, living or dying.

Until such an internal educational programme is set up, it would be wise for those devotees who wish to serve the Society by taking care of the dying, to take advantage of the training opportunities outside of ISKCON.

ISKCON already has a wealth of devotees trained, qualified and experienced in subjects directly and indirectly related to spiritual care. It would be a very useful resource if the various Ministries compile a database of devotees qualified and experienced in this field to bring their resources together. I recommended that even these devotees broaden their existing knowledge base by gaining further education in palliative and terminal care.

ISKCON has already taken some steps in the right direction. There is a planned hospice and residential home in Vrindavana, India and concrete progress has been made with the founding of Bhaktivedanta Hospital in Mumbai, India.

Holistic care, and this includes spiritual care, is embraced in the hospital's mission statement: 'With love and devotion we will offer everyone a modern, scientific, holistic health care service, based on true awareness and understanding of the needs of the body, mind and soul.'

This project has confirmed plans for its own palliative care unit being set-up in co-operation with medical institutes in London, England and this is an encouraging sign that we are beginning to respond to the need for systematic and professional palliative and spiritual care in our Society.

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# The Mercy of Lord Krsna and His Devotees

by Krsnacandra dasa

Dear Vaisnavas,

Please accept my humble obeisances. All glories to Srila Prabhupada.

I wanted to share my experience of pain and fear. The only thing that saved me and gave me strength and will to live was the constant stream of well wishers—the devotees of Vrindavana—and the prayers of the devotees and friends around the world. The doctors and nurses confirmed that my survival and subsequent recovery were mainly due to God and the prayers of my friends, and not so much to their medical intervention.....

It was early evening and I was returning to Raman Reti, in Vrindavan from Govardhana in a taxi. The deep cutting pain in my abdomen was intensifying. I could bare it no longer. It was early evening, and I was returning in a taxi from Govardhana to Vrindavan with two friends. The pain now radiated into my lower back. I was in a cold sweat and feverish. There was no choice. When the pain became unbearable, I ordered the cab driver – we detoured to the local Maheshwari Hospital.

It was a new hospital, with only two doctors on the roster. I was admitted immediately in to the new, but poorly staffed Hospital.. They did some X-rays and took some blood were taken and then . I was given a

room and then a prescription. And, in typical Indian style, I was told to go down to the pharmacy myself to have it filled. Later that night the doctor came to check on me, and moved me into the doctors’ duty room, since it was nicely equipped and close to the pharmacy. I was in and out of delirium plagued me all night.

to the Maheshwari. Since I was in no state to decide, I left it up to them.

Jaya Sila and Braja Bihari Prabhuis, & Nanda and Gaurapurnima Matajais, conferred and decided that the next morning I should go to the Apollo. This decision literally saved my life.



We had the traditional hellish ride into Delhi! in the standard rickety Ambassador taxi. I was fading in and out of consciousness the whole trip and remember virtually nothing of being admitted to the hospital .hospital. . . a vague image of the reception desk . . . lying on a trolley and rolling into an open ward . . . the concerned faces of doctors and nurses flashing by. A vague recollection of being pushed along a corridor (the next morning) and Dhruva running alongside me, taking off my beads, rings, etc. comes to mind. Then I recall being surrounded by doctors and nurses and someone placing a breathing apparatus

on my face.

Although I was on some heavy medication, it didn’t much relieve the pain much. But to my relief, the next morning found a steady stream of devotee visitors visiting me. The local taxi drivers were having a field day! At one point in the afternoon, four devotees were sitting in my room at once. The devotees suggested to me to go to the Apollo Hospital, which is a relatively new private hospital on the outskirts of Delhi as an alternative

I was in a daze, wondering what was happening, and all I could do was call out, “Radhe Syama! Radhe Syama!” The people gathering around began encouraging me to breathe, and as they chanted “Breathe! Breathe!” I chanted “Radhe Syama!”

The next thing I remember was waking up sometime later. My hand

was being held by the consulting surgeon, who had operated on me. He explained that I had undergone a major operation to remove a portion of my bowel that had “died” due to an arterial clot. He assured me that the operation was a success.

Ischemic bowel syndrome was the diagnosis. Much later I found out that without the operation I would have died the following day!

My wife, Robyn and son, Kesava, flew from Australia to Delhi to be with me. Robyn had been at her father’s funeral.

Two years earlier we had decided to moved to Vrindavana, from Australia, to put our son in the gurukula. As it turned out,, the school did not meet our expectations, so we took him out and put him in the day school at the goshala. My wife helped establish this school and served there as a teacher.

Vrindavan gave us many opportunities. My wife and I, as homoeopathic practitioners, were also providing some medical services for the devotees. I was serving on the local child protection team, which proved stressful and challenging and not without a death thrown in! Many of my friends in Vrindavana were writers, so I also began the rather rewarding service of proofreading some of their workbooks.

The whole atmosphere of Vrindavana, though stressful at times, was a so-blissful experience for me. I enjoyed stimulating service that enthused me, and for the first time as a devotee I began had begun to make deep friendships with other devotees, many of whom had lived in Vrindavana for over twenty years.

I found in them a maturity and

camaraderie I had found nowhere else in ISKCON. We called ourselves “the boys,” and together we would attend both the morning and the evening programs at the Krishna-Balaram Temple. After the evening program we would usually congregate at “Bihari Lal’s” for a ginger tea (an ancient and much-loved tradition amongst “the boys”).

After I fell ill, my mother and two brothers flew in from Australia to give their support and joined me. That, coupled with visits from my

***“The only thing that saved me and gave me strength and will to live was the constant stream of well wishers —the devotees of Vrindavana—and the prayers of the devotees and friends around the world.”***

Vrindavana friends, made my hospitalization somewhat of a pleasure as I slowly gained strength.

The doctors and nurses were so helpful and compassionate, and everything went well. That was until the sixth day of my stay in the intensive care unit (ICU). At that point everything started to go down hill. I developed a gastric bleed due to the physical stress from the operation and the medication I was taking. Everything started to go down hill from there.

*Could it get worse???*

Two days after the gastric gastric bleed occurred, I was just getting into bed with the aid of a nurse when I felt a stabbing pain in my chest behind my sternum. At first I thought it was just a very severe cramp, but the look on the faces of the doctors and nurses who rushed towards me; and the doctors now rushing in, told me it was much more.

I was in the throes of what I would later learn was a massive heart attack that deprived me of the function of one third of my heart. Because of the gastric bleed, they could not inject

me with Heparin [a drug used to thin the blood, and therefore dissolve the blood clot causing the blockage] so I just had to lie back and endure the pain. Heparin would have minimised the damage to my heart.

I remember being in great pain and fear.. This pain continued day and night for two days. My mind was cloudy from the drugs given to me, but pain continued. I could only receive vague impressions of the family and friends who visited me.

For some reason, chanting the maha-mantra was nearly impossible, but somehow I could chant Radhe Syama in my mind! Thoughts of Srimati Radharani’s beautiful face and the

memory of the mercy She gave me while I was in Vrindavana flooded my consciousness mind. . . . Thoughts of disappointing Srila Prabhupada with my miserable efforts to please him also raced around my mind. Fear of dying and not accomplishing any of my desires to serve Srila Prabhupada burned in me.

Often I felt I was sinking, being engulfed in complete blackness, where there was nothing—no thoughts of family, friends, or possessions. All I saw, in my mind’s eye, was a picture of Sri Sri Radha-Syamasundara way off in the distance as I called out Their names in my mind.

The second night after my attack I awoke in utter desperation, the names of Sri Sri Radha-Syamasundara ringing in my ears and vibrating on my lips. Hospital staff surrounded me in a mad panic. Someone was forcing a mask on my face and shouting out “Breathe! Breathe!” I struggled, not knowing what was happening to me. They held me down as I twisted my mouth away from the mask again and again so I could call out “Radhe Syama!”

Only later, when my release

from the hospital was imminent, did I learn I had suffered congestive heart failure and been on a ventilator for seven days. Although the doctors and sisters didn't never admitted it, I could tell that they had given up on me at that point. They told me that survival for patients on a ventilator for such a length of time is a mere 20%. I was on it with not only septicemia and pneumonia but with a severe un-heprinized heart attack!

The most terrible time of my hospitalization came during the two days that I was being weaned off the ventilator. I have horrific memories of struggling for hours and hours on end as I fought for my own breath against the tubes that were (unbeknownst to me) in my throat forcing oxygen into my lungs. This struggle weakened me drastically and left me in a sort of 'shellshocked state.'

Fear, pain, and a sense of having failed Srila Prabhupada haunted my every waking hour. Sleep was out of the question except under the influence of strong medication. I

***“I could see in the eyes, words, and deeds of my friends genuine so much concern and compassion for my suffering. They were there for me, fulfilling all the needs of my family and myself.”***

was enmeshed in thoughts of imminent death. I was at the point where I could have easily just given up.

Patients in the Intensive care Unit were permitted only one visitor (family member) for up to five minutes each day. It was stringently enforced—except in my case!. In this I believe I was truly blessed. Somehow devotees would get through the guards and red tape to see me. I would have the association of my friends at

all times of the day and night, and they were miraculously allowed to stay for extended periods of up to one and a half hours!

I know for a fact that the only thing that saved me and gave me the strength and will to live was the constant stream of well-wishes coming from my friends—the devotees of Vrindavana—and the prayers of the devotees and friends around the world who knew of my condition. The doctors and sisters confirmed this, saying to me at one point that my survival and subsequent recovery were mainly due to God and the prayers of my friends, and not so much to their medical intervention.

I could see in the eyes, words, and deeds of my friends genuine so much concern and compassion for my suffering. They were there for me, fulfilling all the needs of my family and myself.

During my stay in the hospital, my wife was nicely looked after at The Mayapur House in Delhi, which was also where I stayed after being discharged. The Vaisnavas there were all so wonderful and looked after us with so much love and compassion. Syamasundara valiantly spent hours on end with my son Kesava. Thank you also to Abhirama and Gaura Sakti.

Many devotees helped us so much. While in the hospital I heard that in Vrindavana devotees performed Reiki to aid my recovery. Jada Bharata asked devotees to help out, and many were giving money to help with my hoshospital bills, which were mounting up. I am not able to estimate the amount of love and support the devotees gave. I believe it would take me many life times to repay such affection.

Today, my family and I are living in Hobart, Tasmania. We hope to return to India once I fully recover - both physically and financially.

The doctors I see here in Australia are all bewildered at my recent medical history. They find it almost impossible to believe a person could have not only survived but

also have recovered to such an extent. My cardiologist invited a group of sixty doctors analyse and discuss my case! The amazing thing is that even after conducting exhaustive tests, the doctors could not conclude why I clotted in both my bowel and my heart. My cholesterol is so low that it is below the normal range!

***“The most important lesson I learned was that unless I can develop deep loving friendships with Krsna’s devotees (which is the very essence of bhakti), I cannot possibly develop a relationship with the Lord.”***

Although my illness was incredibly disturbing, in some ways I am grateful it occurred. I believe I gained not only deeper insight into how much suffering one can undergo while embodied, but also a deeper understanding of bhakti.

The most important lesson I learned was that unless I can develop deep loving friendships with Krsna’s devotees (which is the very essence of bhakti), I cannot possibly develop a relationship with the Lord.

I have many loving memories of the devotees who helped me ..... HH Prahladananda Swami, my Guru Maharaja; Krsnadas Kaviraja, Hari Sauri dasa, Abhirama dasa, Gaura Sakti dasa, Jada Bharata dasa, Bhurijan dasa, Pundarika Vidyanidhi dasa and Indrani dd, Jaya Sila dasa, Dhritarastra dasa and Tulasi dd, Jnangamyada, Braja devi, Syamasundara dasa, Braja Bihari dasa, Gopal, Pancagaurda dasa, Rupa Raghunath dasa, Nanda dd, Braja Sevaki dd, and Vaikuntha Priya dd. Thank you,

your servant,  
Krsnacandra dasa

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# Women's Workshop

## Based on the teachings of Dr. Geeta Iyengar

by Krodhasamani dd

### INTRODUCTION

Dr. Geeta is the daughter of B.K.S Iyengar, a famous hatha-yoga teacher in Pune, India.

When Geeta gave a seminar on yoga, she spoke profoundly about women:

*“Woman is a beautiful, diversified, multi-faceted creation, created by the Lord. Her very existence is significant - God, being the creator - His potential to create is the goddess.”* In a woman's life she goes through many physical and emotional changes - youth, adolescent, mid-age and older age. Women accept these changes readily (as the changes of the body are more visible than men). As these changes are occurring, *“we sometimes feel we are losing something, but in fact, we are gaining something.”*

When we enter the menopausal years, again many changes occur in the body and psyche. We go through a period of feeling imbalance, stiffness, pain, emotional upset due to change of hormones. We can turn to our practice of yoga to support us through this time. Geeta reminded us that, if we become sensitive to our own bodies, we will hear that our very nature is telling us something. Due to so many pressures in society we go far away from that inner nature - that inner sensitivity. Geeta advises to “watch what is coming from within. Your sensitivity is your wealth.”

As women, we have our own certain intelligence. Our intelligence is near the heart... we solve our problems with the intelligence of emotion. So we must never go far away from our deep sensitivity, and we must honor our changes and practice yoga is this way.

In our practice, at this time of our

lives, we must find once again that life and energy we had as adolescents. It is there, but our practice must be so deep that we can again find it and bring it forth in our lives.

This presentation outlines a few of the main issues that women face at this time of life.

### A) STIFFENING OF THE INNER GROINS

As one gets older, the inner groins get stiff and dry. The hormones are not working in a balanced manner. Due to the stiffness, we lose that openness in our stride, and the hips become stiff.

The following are yoga postures, which can help overcome these problems. One may refer to many yoga books to obtain the details of how to correctly perform the asanas. The best recourse is to consult a qualified yoga instructor.

#### 1) *Supta padanghusthasana* (Reclining Leg Stretch)

- a) classical pose
- b) with movement, for lubrication of the hips.
- c) take leg towards face with movement.
- c) thigh on block, keeping the uterus soft.

#### 2) *Baddha konasana* (Cobbler Pose)

- a) classical pose
- b) against the wall, on a lift - remain soft, when getting hot flushes.
- c) for post-menopause, work strongly to remove stiffness, use a chair; facing chair lift dorsal spine.



#### 3) *Supta baddha konasana* (Reclining Cobbler Pose)

- a) softening of the inner groins and uterus



#### 4) *Upavista konasana* (Spread Leg Forward Fold)

- a) classical pose
- b) lean back, hands in back of torso-uterus soft.

In both *baddha konasana* and *upavista konasana*, it is very good to work with a strap or rope around the dorsal spine. Attach the rope to a pillar counter, hook, etc. and bring the mid-back in to the front body. LIFT, and work the pose in that way. Here Geeta states, *“this is the time to take care of the spine. Old age starts in the pre-menopausal stage. The dorsal spine gives way - gets dropped — this cannot be seen right away, but in a few years it will begin to show. The upper back says “yes, we are becoming old.” So we must work in this area and bring life there; to the bone, to the cells, to the muscles.”*

### B) HEAT AND HIGH BLOOD PRESSURE

During this time, women experience hot flushes throughout the body, due to hormonal change. In some women the blood pressure rises; emotional upsets occur. One may feel as though the *“thoughts are hammering.”* Geeta says, *“as women, we must learn to manage our energy. Our particular practice must be adopted so we can perform our duty.”*

The forward bend sequence gives a cooling, calming effect to the body and mind. The blood pressure lowers.



a) *Janu sirsasana* (Head to Knee Pose)



b) *Triang mukhaikapada paschimottanasana* (One Leg Folded Seated Forward Fold)



c) *Paschimottanasana* (Seated Forward Fold)

If one feels depressed, better to do the forward bend sequence quickly. Hold the pose, just long enough to experience the essence of the pose. Stay lifted, concave back, to bring circulation and life to the dorsal spine. After taking the lift, then one can take the pose.

Forward bends can be done several ways. One can take the classical poses, holding for 1/2 minute or a minute.

One can also practice these poses supported, with head on a blanket for time sequence of 5-10 min each side. For hot flushes, high blood pressure, best to do the sequence supported

Use a brick for forward bends. Geeta says, "if the muscles and

bones are aligned, the uterus will be soft. The organic body will be put in place."

- a) Put a brick in between ankles or knees. Sit in dandasana and press the ankles and inner knees into the block. This will align the joints bones and muscles of the legs and hips.
- b) Put brick under heels - extend. Do the forward bend asana.
- c) Put brick under buttocks. Do the asana.

"In menopause, the metabolic system", Geeta says, "is in a delicate state; the heart is in a delicate state."

Important to keep the trapezius muscle cool, so doing forward bends with hands on a chair, brings coolness to the trapezius muscle.

### Standing Poses

At this time of life, we begin to lose the "juice" in our body -every joint becomes stiff, we feel pain - i.e. like an orange - where there is no juice, the skin pulls away from the rest of the orange. Similarly, there is a space between the bone and the skin. The "juice" from the body begins to disappear.

Through our practice, it will take a while to again feel that firmness, but it will return. Women who do not do yoga, will feel pain, stiffness.

"Inside the body, parts are failing to act, failing to work, cells are dying - these poses bring the skin to the flesh, the flesh to the bone. There is a wonderful compactness here; other wise the crookedness comes."

### Yoga Practice for the Prevention of Osteoporosis

On a molecular and skeletal level the pressure of the strong muscle on the bone retards the leakage of calcium.

In our yoga practice, the huge thrust of what we do, is take the muscle into the bone.

- a) The risk of hip fractures is lessened by allowing the muscles of

the legs to hug the bone. Standing poses help the head of the femur to maintain its proper place.

- b) Strong muscles of the back support the spine.
- c) Rib fractures are also lessened. The strong muscles support and create space, so collapsing does not occur:

The Standing Poses are weight bearing - In each pose the weight is distributed differently, as the femur turns in the hip socket.

### Tadasana (Mountain Pose)

- a) Classical - "Learn how to stand correctly." Lift from outer knee to outer hip
- b) Feet apart - use block (prevents uterus from falling)
- c) Tailbone in - practice with heels together, feet apart.

### Trikonasana (Triangle Pose)

- a) Classical pose. Outer quadricep on front leg draws up to the hip. Inner thigh on back leg lifts up to inner groin.
- b) Use wall or support for hot flushes.

### Parsvakonasana (Bent Knee Side Stretch)

- a) Classical pose. Muscles draw upward.
- b) Use support during hot flushes - "muscles should not get irritated."

### Ardha candrasana (Standing Side Stretch) Sciatica/softens uterus

- a) Classical pose.
- b) Use block for softness in uterus.
- c) Use wall for support.

### Prasarita Padottanasana (Standing Spread Leg Forward Fold)

- a) Classical pose - dorsal spine in.
- b) Hands on blocks to keep uterus soft.

### Shoulder

### Adho Mukha Svanasana (Downward Facing Dog)

- a) Classical pose - the fingers correspond to the breasts.
- b) Hands and feet together. This

gives a “sharp extension.” Gives you a sense of “holding you together.

*Parvatasana*

For prevention of arthritis in arms, elbows, and shoulders.

*Gomukhasana*

Armpit chest comes forward on both sides.

Upper arm - Tricep moves up, biceps move down.

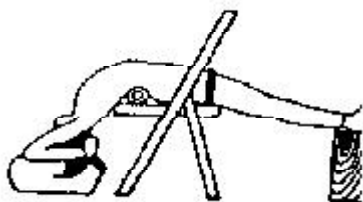
Lower arm - Shoulder rolls back.

Here, the breasts have space and circulation.

*Ustrasana (Camel Pose)*

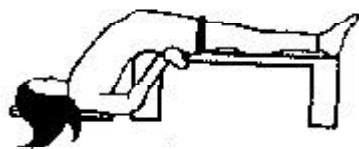
In menopause, the lungs become affected because the diaphragm becomes hard.

- a) Classical pose
- b) Using support - Chair



*Viparita dandasana over chair*

Head supported. Iyengar has as stated that, “Fibroids are caused by wrong tension.” In this pose, soften the abdomen.



*Setu bandha sarvangasana*

- a) Using a block or blocks. or bench for softness

There are various ways to do this pose.

*Urdhva danurasana (Upward Facing Bow Pose)*

Excellent when not experiencing hot flushes.

**Inversions**

During menopause, inversions are essential. Glandular balance and energy are restored with these poses.

*Sirsasana (Head Stand)*

In sirsasana, the throat must be kept passive. “If the thyroid is hard, the uterus is hard - if the uterus is hard, the thyroid is hard.” (Geeta) So, the throat must be kept soft.

- a) *Sirsasana* with brick or rolled blanket, to learn to use the spine to support the abdomen instead of using the abdomen to support the spine.
- b) *Baddha Konasana* in *Sirsasana* for excessive bleeding.
- c) Sometimes the uterus becomes loose and spine is not holding it inside. Use a brick between the thighs against the perineum and pubis, and belt it, so that this firmness makes the uterus go inside.
- d) *Rope Sirsasana* - restful

*Sarvangasana (Shoulder Stand)*

- a) Classical pose. Can be taken with heels together, toes apart. This brings the tailbone in. The tailbone begins to project out. “The rounding of the spine begins with the tailbone and begins to show in a few years. So here, the tailbone must move in.” (Geeta)
- b) Supported *sarvangasana* on chair.
- c) *Nirlamba Sarvangasana* - attention to thyroid gland, maintains softness of uterus. For high blood pressure, heaviness in temples, migraines.

“Shoulder stand with the chair improves the circulation. Life comes back.” Gravity makes the blood circulation flow. This pose is excellent for acidity, anxiety and emotional disturbances Healing after any operations brings life to the adrenals and ovaries

*Halasana (Plow Pose)*

- a) Classical

b) Supported on chair. During menopause, one may experience insomnia. Due to night sweats and aching one may not be able to sleep. *Halasana* soothes the nerves.

c) Half *Supta Konasana* - each foot on a chair, softens the abdomen and cervix.

**Pranayama**

*Pranayama* practice, “soothes the nerves, gives endurance and tones the entire system.” (BKS Iyengar) It is an excellent practice for women at this time of life.

During this time of hot flushes, hormonal changes, aching, the practice of *pranayama*, yogic breathing, will give the practitioner stability. It also allows one to understand on a deeper level, that although the body is changing we are spiritual by nature.

BKS Iyengar has stated, “*Savasana*, when properly



performed brings on a silent state of stillness which is divine. It is the surrender of one’s ego and the receptive awareness of the divinity - within oneself.”

- 1) *Ujjayi*
- 2) *Viloma II*

**In Conclusion**

All of the work we have practiced in this woman’s workshop has been just a taste of the profound depth of Sri BKS Iyengar’s work over lifetime.

Our great appreciation, love and respect to Geeta Iyengar, for giving us this knowledge of yoga.

We can show our appreciation by practicing with integrity and remembering her wise words - that for women “our sensitivity is our wealth.”

# Ayurvedic Home Remedies

by Dr Rama Prasad and Raga Manjari devi dasi.

The timeless wisdom of Ayurvedic healing has always had a prominent influence on the home remedies in Indian households. Grandma's remedies and common-sense advice often successfully alleviates countless acute illnesses, preventing them from developing into incurable chronic conditions.

Many households today have lost touch with the time-tested effectiveness of Ayurvedic home remedies, preferring instead to risk the side effects incurred by synthetic drug use. Physician Sir William Osler stated that we have to recover twice, once from the illness and again from the drug.

Knowledge of some simple Ayurvedic treatments can empower us to make informed choices about the best health care for ourselves, and our loved ones. The current worldwide revival of Ayurveda emphasises the profound relevance of Vedic wisdom through all ages and the continuous scientific research and development over thousands of years has made Ayurveda more effective today than ever. Try some of these simple home remedies and see the potency of Ayurveda for yourself.

## ACNE

Mix 12 parts chickpea flour; 1 part sandalwood powder; 1 part turmeric powder. Add to 1 tbs of this combination enough water to make a thick paste. Apply to affected areas once daily for 15 minutes then rinse off with cold water. Spray the face with equal parts aloe vera juice and rose water. Continue until acne clears.

**Avoid:** dairy products, meat (esp. eggs), hot spices, and excess oils.

## ASTHMA

Practice steam inhalation for 10 - 15 minutes in the morning and evening, with a basin of hot water and a few drops of wintergreen oil or eucalyptus oil plus a few granules of camphor.

Equal parts of liquorice and ginger with a pinch of pepper and honey made into a tea are recommended for

expectorating mucus and relaxing the bronchioles.

Yoga postures and Pranayama are very effective, often giving long-term relief.

**Avoid:** cold foods and drinks, dairy products, excessive eating, smoking and stress.



## BACKACHE (Lower)

Dip a piece of muslin cotton about 5 cm long and wide in warm mustard or sesame oil with a few granules of camphor dissolved in it. Rest this on the affected area, covering with a hot water bottle and a warm towel for 20-40 minutes. Finish with a warm Epsom salts bath for 10 minutes.

Pound fresh ginger root to make 3 tbs, mix into a thick paste with warm water and apply over the painful area, covering with a warm towel and leaving on for 20-30 minutes.

## BURNS

Mix equal parts ghee, honey and aloe vera gel. Apply to affected area at least twice daily until healed.

## COLD

Steam inhalation with one or a combination of tea tree oil, eucalyptus oil and ginger oil for 5-15 minutes up to three times daily. Be sure to inhale through the mouth and nose.

The following tea can prevent fever and indigestion associated with colds, as well as promoting mucous expectoration.

Mix together 2 cinnamon quills, 4

slices of fresh ginger, 2 cloves, a pinch of black pepper (or 2 peppercorns) and ½ tsp cardamom powder. Simmer in two cups of water until reduced to one cup. Strain, allow to cool and add one tbs honey. Drink up to 4 cups daily.

**Avoid:** cold food and drinks, dairy products, exposure to cold winds, lack of sleep and long journeys.

## CONSTIPATION

Food with lots of fibre, plenty of warm fluids and exercise alleviates simple constipation.

One glass of water boiled with a tablespoon of flaxseed oil can be drunk at bedtime.

Psyllium husks may also be taken as directed.

**Avoid:** fatty foods, meat, refined white flour, soft drinks, aluminium cookware, coffee and irregular eating habits.

## COUGH

Gargle ½ cup of warm water with a pinch of salt and two pinches of turmeric.

Take the same tea as for cold. Palm sugar (jaggery) is preferable to honey in this condition.

## CYSTITIS/URINARY TRACT INFECTION

A drink made of the silk threads of fresh corn is very alkalising thus soothing the burning pain.

Collect threads from 5 cobs of corn, crush them and boil in 1-½ cups of water. Allow to simmer until reduced to 1 cup of water. Strain and drink up to 5 cups daily.

Fresh barley water and lemon tea is also very effective.

## DIARRHOEA

Water boiled with arrowroot powder can be used to soothe the gastrointestinal tract, strengthen intestinal flora and rehydrate the body (250 mls water 5-tsp arrowroot powder).

One litre of pure water with the juice of one lemon is another remedy.

Lemon juice, 1 tbs of sugar or honey and a pinch of salt is another effective home hydration remedy.

A mixture of boiled buttermilk with

a little fresh ginger and hing calms the cramps.

Charcoal tablets may be taken as directed until the stool turns black.

Diet should consist of salted rice soup, miso soup, cooked unripe banana and yoghurt, peeled and grated apple and soaked flat rice. All other foods should be avoided until the upset settles.

### EARACHE

Fry 2 crushed garlic cloves in 1 tbs olive oil. After a few minutes, strain and apply 3 drops into the painful ear. Block with a wad of cotton wool and leave in for at least an hour.

### EYE WEAKNESS

To 5 cups of water add 5-7 tsp of crushed coriander seeds. Simmer until reduced to 3 cups of water. Strain, allow to cool and add 8 drops of rosewater. Using an eyebath, wash your eyes in the tea for at least 2 minutes each eye.

Dip herbal eyebright tea bags in hot water, squeeze out excess water and place over eyes for 5 minutes.

Chamomile tea can be used as an effective alternative.

Triphala is by far the most superior herb mix to cure and prevent many eye disorders and to strengthen the eyes. It is only available through an Ayurvedic physician.

### FLATULENCE

Mix equal parts hing powder, cumin seeds, fennel seeds, ginger powder, black salt and a peppermint tea bag. Boiling in 3 cups of water, reduce to 1 cup and drink 1/3 cup three times daily.

Charcoal tablets are also very effective.

**Avoid:** leafy greens, legumes (dals), eggs and meat.

### HEADACHE

Take a steam inhalation or sauna and then drink 4 to 8 cups of lightly salted water right in the beginning of indigestion headaches. Induce vomiting by pressing the back of your palette with two fingers. Rest and take a rehydrating drink.

Stress headaches can be avoided and relieved by regular massage and stress management techniques such as yoga nidra. In sinus headaches Jalaneti will be helpful.

Anaemic headaches may be helped by taking 1 tbs black strap molasses daily after breakfast.

Perform daily scalp massage with sesame or coconut oil.

**Avoid:** Eyestrain, bright lights, fatty foods, alcohol, coffee, tea, poor posture and stress.

### INDIGESTION

Indigestion is generally due to poor dietary habits such as excessive eating, irregular eating or eating



unhealthy food.

General indigestion can be cured with herbal tea fasting for half a day or a full day. With the help of suitable digestives such as ginger tea, recovery is more rapid.

If you have excessive sweat and tend to feel hot, bitter digestives are better for you, especially when you experience a burning sensation in your stomach or ulcers.

Consider using slippery elm powder and cabbage leaf juice also.

A mixture of 5 tsp basil, 4 tsp cumin seed powder, 1 tsp asafoetida, 1 tsp rock salt, 1 tsp black salt, 3 tsp ginger, and 2 tsp pepper is a good combination which can be prepared and kept in the kitchen. Mix 1 tsp of this combination with 1 tsp of lemon juice and 1 tsp honey in ¼ cup of warm water, drinking 10 minutes before meals to prevent weak digestion.

### MIGRAINE

Vomiting at the onset can halt the development of a migraine. Drink 4 - 8 cups of salted warm water and tickle your throat, water with mucus will come out and the migraine should be relieved.

Considering the diverse causes of

migraines including hormonal imbalances, back problems, indigestion, eyestrain and toxicity it is best to consult a natural health practitioner for long-term relief.

### INSOMNIA

Make time for light exercise after work.

Massage the whole body, or at least the feet, with warm sesame oil and take a warm bath. Listen to relaxing music and take a very light dinner. One hour before bed take a warm cup of sweetened milk with cardamom.

Valerian tincture (available from health food stores) may be taken if insomnia persists. Relaxation techniques such as mantra meditation and yoga nidra will help to release mental tension that may be contributing to the insomnia.

**Avoid:** mental activity at night, heavy meals and stimulants such as coffee, tea and cigarettes.

### WORMS

Neem leaves are the best remedy for worms. Chew 3 leaves on an empty stomach every morning (half the dose for children).

**Avoid:** sweets, walking barefoot, impure water and meat.

### SORE THROAT

Mix ½ cup of warm water with ½ tsp of salt, 5 drops of tea tree oil and 1 tsp of turmeric powder 3 times daily.

Red Sage tea mixed with equal parts glycerine is another very effective gargle.

**Avoid:** cold, raw foods and drinks and dairy products.

### TOOTHACHE

Soak cotton wool in 6 drops garlic oil and 3 drops clove oil. Apply to painful tooth for at least 1 hour.

**Please note:** If symptoms persist with any of the above conditions it is imperative that a Health Practitioner is consulted.

*Dr. Rama Prasad is a classically trained Ayurvedic physician from Kerala, South India. His wife, Caroline Robertson is a Naturopath, Homoeopath and Ayurvedic consultant. They conduct consultations and training courses in Ayurveda and Yoga at the Jeeva Ayurvedic Clinic, Goppanpuzha. Ph: (02) 9904 4839.*

# News from Around the World

## BHAKTIVEDANTA SWAMI HOSPICE

by Acyuta dasa  
and Panca Gauda devi dasi

During the past years many devotees from around the world come to Sri Vrindavana, with a desire to spend their final days in the sacred land of Sri Krishna. Unfortunately, there are no suitable arrangements for their needs. As ISKCON society and its members grow older, the need for establishing a well-organized hospice has thus emerged.

Recognizing this situation, the managers of the Krishna Balarama temple in Vrindavana, desire to create a hospice for assisting devotees in their final journey. This facility is meant to help devotees to concentrate their thoughts and efforts fully in Krishna consciousness.

The term 'hospice', from the same linguistic root as "hospitality", can be traced back to early Christianity when it was used to describe a place of shelter and rest for weary or sick travelers on long journeys. Today it refers to a steadily growing concept of humane and compassionate care that can be implemented in a variety of ways.

It would be to a great advantage of ISKCON, as an international society, to have such facilities at its disposal, as it would signify a step forward in social development; it would prove to the world that ISKCON is a progressive society that cares for its invalid and aged members. Most of all, it would offer devotees the opportunity to leave their bodies in the holy Dharma.

### Hospice Philosophy.

Hospice is a special kind of care designed to provide sensitivity and support for people in the final phase of a terminal illness. Hospice care seeks to enable patients to carry on an alert, pain-free life and to manage other symptoms so that their last days may be spent with dignity.

This aim will be pursued by providing:

- \* specialized palliative medical services
- \* specially designed residential facilities
- \* individual care and treatment

according to patients' physical, psychological and spiritual needs

\* spiritual association of residing devotees

\* an atmosphere where devotees can live out their lives with dignity by assisting them with the activities of daily life

\* a safe and comfortable environment

\* the spiritual atmosphere of Sri Vrindavana

Hospice services would be available to devotees of Srila Prabhupada's family, who can no longer benefit from curative treatment; the typical hospice patient has life expectancy of six months or less. Services would be provided by a team of trained professionals - physicians, nurses, and devotee volunteers - who provide medical care and spiritual support not only to the patients, but also to the patient's family and loved ones.

### Charity: The Heart of Hospice

Bhaktivedanta Swami Hospice is a charitable establishment, under management of ISKCON-Vrindavana, whose objective is to provide quality palliative care.

You can be of assistance by sponsoring construction, or assisting in establishment of endowment fund for the perpetual running costs. Some of you may want to volunteer your professional experience.

Without the generosity and support of the Vaishnavas it will be virtually impossible to establish and operate this most essential facility. Please help us to help you.

For more information please contact Pancagauda dasa or Acyuta dasa in ISKCON Sri Vrindavana, c/o Krishna Balarama Mandir, Raman Reti Road (Bhaktivedanta Swami Marg), Mathura, U.P. India.

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### ENERGY MYTHS

Four common energy myths cost Utah homeowners, businesses and public agencies hundreds of thousands of dollars each year in utility costs. "These myths arose in 1940s and 1950s when energy was cheap and technologies were inefficient," said Utah Office of Energy Services Information Specialist Denise Beaudoin.

"The most persistent myth is that you should leave fluorescent lights on because it takes more energy to turn them off, then on again. New fluorescent fixtures with electronic ballasts should be turned off whenever you leave a room. The savings are instantaneous. With older fluorescent light technology, the two-minute rule prevails: when you leave a room for more than two minutes, turn the lights off." This myth may be the reason school and business lights are often left on long after business hours and only turned off after cleaning crews have finished their work. According to Beaudoin, an extra hour a day of unnecessary lighting can increase electricity costs by 5 to 10 percent per month.

The other three myths are similar. "Many people still believe that furnace thermostats should not be turned down at night because it takes more energy than it saves to reheat a home or building in the morning," said Beaudoin. For homes with no infants or elderly residents, a night-time setting of 60 to 65 degrees is recommended with 55 to 60 degree setting for office buildings and schools. "Homes with night-setback thermostats and buildings with computerized energy management systems warm up before residents arise or workers arrive," said Beaudoin. "Setting the thermostat back at night in unoccupied buildings can cut energy costs by 10 percent a month," she added.

A third energy myth is that you should leave your car running at drive-up windows because it takes more energy to restart the engine. "For most gasoline powered vehicles, we recommend turning your car off if you expect to idle for more than thirty seconds," said Beaudoin. "Each two minutes an automobile idles is equivalent to driving one mile. And, an idling car produces more harmful emissions that contribute to air pollution."

Leaving computers on overnight to prevent computer damage is the fourth myth. Personal computers with an Energy Star rating can be put in 'sleep mode' when not in use to save energy. Personal computers in homes, schools, or offices should be turned off during lunch hours, overnight and

on weekends. "It pays to shut them off," said Beaudoin. "In a recent Saturday visit to a local building, twenty-seven computers and monitors had been left on over the weekend. Those twenty-seven computers will cost between \$800 and \$900 more a year in electricity charges."

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### A CAMPAIGN TO REDUCE MEDICAL ERRORS

Washington Post

As many as 98,000 Americans die unnecessarily every year from medical mistakes made by physicians, pharmacists and other health care professionals, according to an independent report released yesterday that calls for a major overhaul of how the nation addresses medical errors.

More Americans die from medical mistakes than from breast cancer, highway accidents or AIDS, according to the report from the Institute of Medicine, an arm of the National Academy of Sciences. That costs the nation almost \$9 billion a year, the congressionally chartered research group concluded.

Yet while other areas of the US economy have coordinated safety programs that collect and analyze accident trends, including those that tract nuclear-reactor accidents, highway crashes and airline disasters, there is no centralized system for keeping tabs on medical errors and using that information to prevent future mistakes.

Los Angeles Times

Hospital leaders announced yesterday a nation-wide campaign to reduce the number of fatal mistakes made by medical personnel — including steps such as putting an "X" on a patient's body where a surgeon is supposed to cut and using special colored labels on bottles of lethal drugs.

President Clinton also ordered the federal health programs that cover senior citizens, the poor and the military to use the latest techniques available to avoid errors.

The wave of attention to medical errors comes one week after an Institute of Medicine report found that preventable mistakes kill 44,000 to 98,000 people a year and add \$17 billion to \$29 billion to the nation's health bill.

### EMERGING SCANDAL IN VACCINE MANDATES

A scandal in mandatory mass vaccinations of infants is beginning to surface. Vaccine-caused injuries have just forced the Clinton bureaucrats to make four sensational announcements that bugle temporary retreat from their plans to force all American children to submit to government-dictated medical treatment.

On July 15, the Centers for Disease Control (CDC) and the American Academy of Pediatrics (AAP) halted the use of the oral rotavirus vaccine, which is given to infants to prevent one of the major causes of diarrhea, after reports that the vaccine caused a bowel obstruction in some infants that required surgery to repair.

The bowel obstruction, called intussusception, results when one portion of the bowel slides inward, like a telescope, into another part of the bowel and causes blockage. A previously healthy infant suddenly screams in paroxysms of pain.

In its initial trial, the rotavirus vaccine appeared to cause intussusception at 30 times the average rate, but the government pretended that those injuries were insignificant. Instead of testing further, the CDC and the vaccine manufacturer subjected babies to more than a million doses of this unnecessary, expensive, and inadequately tested vaccine.

While the risk of intussusception may have been mentioned on the package insert, it was not on the vaccine information statement given to parents. The arbitrariness of government vaccine mandates is shown by the fact that, for the previous year, CDC was demanding that the vaccine be given to all infants, and now suddenly a CDC spokesman is saying, "No one should now be giving rotavirus vaccine to anyone."

The second sensational vaccine announcement came on July 9, when the U.S. Public Health Service (PHS) and the AAP issued a joint statement cancelling their previous recommendation to inject all newborns while they are still in the hospital with the hepatitis B vaccine. PHS and AAP now recommend that vaccination of newborns be limited to those who are at risk of getting hepatitis B from their infected mothers.

Their remarkable backtracking from the universal mandate for newborns must have resulted from the widespread publicity given to the many cases of vaccine damage causing lifetime injury or death reported on ABC's 20/20 and at the May 18 hearing conducted by the U.S. House Subcommittee on Criminal Justice, Drug Policy and Human Resources. PHS and

AAP continue to recommend the hepatitis B vaccine for infants at 2 to 6 months of age, even though few of them are at risk.

Meanwhile, 42 states require the hepatitis B vaccine for schoolchildren, although teachers and health care workers are not required to receive it. The legislator who sponsored the hepatitis B mandate in Ohio admitted that he did so at the request of a vaccine manufacturer lobbyist, while Governor Christine Whitman is trying to impose a New Jersey requirement administratively without legislation.

In another announcement the same day, PHS-AAP issued a joint statement revealing the risk to children of vaccines containing mercury and called on the FDA to "assess the risk of all mercury-containing food and drugs." A mercury product called thimerosal is used as a preservative in many vaccines, even though the FDA banned its use in over-the-counter products for safety reasons.

Under the current CDC schedule, most infants receive a total of 15 doses of mercury-containing vaccines by the time they are six months old, many given simultaneously. The fact that the FDA has prohibited the use of thimerosal for most products, but continues to allow its use for vaccines, sounds like political corruption in the vaccine approval process.

The National Vaccine Information Center has been criticizing the use of mercury in vaccines for many years. Contact lens solution bottles routinely advertise that they contain "no thimerosal," yet any damage to adults from contact lens solutions must be minuscule compared to the same product ingested or injected into infants.

The fourth announcement came on June 17, when government officials voted to withdraw their recommendation for the use of the live poliovirus vaccine, and to recommend the "exclusive" use of the inactivated poliovirus vaccine. Since 1979, the only polio cases in the United States have been caused by the live vaccine because, taken by mouth, it travels through the child's body and can cause polio in a parent changing the diaper.

The unjustified delay in converting to the safer polio vaccine is due to mandatory vaccination laws that require the public to use a certain product. The government still demands that babies be given four doses of polio vaccine, even though, according to Surgeon General David Satcher, M.D., "The Western Hemisphere was certified by the World Health Organization (WHO) as polio free in 1994, and no case of polio has been reported in this region since 1991."

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