

A Spiritual Look at Body Health, #2

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In the last issue of Ivy, we looked at some general issues that are important in dealing with physical health. As always, the physical outcome is to a high extent determined by mental and spiritual factors – by visions, considerations, decisions and choices. First of all, we looked at the reason why we would not want to risk losing a body too early: because time is scarce at the moment – there is a *race going on between aberration and sanity*, and we want to be active players in that game who are not distracted or introverted by physical health trouble.

Then we asked for the roots of most health trouble and found them in the *massive deviations of our current diet and lifestyle* from the food and activity patterns that our bodies are adjusted to because of their genetic make-up and past millenia of existence on this planet (today's gorillas are a – quickly fading – illustration for our original lifestyle.)

We found that we can *use our mental/spiritual training* for our attempts to deal with the body as well. Especially our skills in perceiving a time track and looking at things exactly AS-IS can be useful. We found a common reason for health problems: the fact that so *many spiritual people look down on the body* and on MEST in general, which is technically an *invalidation* and tends to push conditions out of sight which would require urgent interaction.

We found that we have to look at all these things with a *fine system of logic* that has more "shades of grey" than the plump black-white or "two-valued" logic. Then we realized that the split between spirit and matter does not really exist, because physical matter/energy and mental matter/energy are *parts of the same "scale of solidity"*. We realized that in listening to a body we need to understand its *language of molecules*, the words it is using on the solid

and liquid level, and that the same principle applies in talking to the body.

We then had a look at our possibilities to *audit a body* – not the genetic entity, but the physical body itself, and found to our surprise that the situation is practically identical to auditing a spiritual being: in both cases we are going for *toxic residues of past trauma, failures, errors and crimes*; we want to spot these residual masses, locate them, dissolve them, remove them. Auditing a body is really a

mirror image of auditing a spiritual being. Only the tools are different, because we are working at different levels of the "scale of solidity".

We thought back to important guiding principles in Scientology, the most important of them being the rule that *"that of which we know the technology, cannot negatively influence us"*.

We pondered the question whether we would have to become medical doctors in order to understand the technology of health and decided that: no! if we deal with the *roots* of the "tree of health", we don't have to study all the millions of its *leaves* (which is what medical doctors have to do), because by *taking care of the root*, all the wilting leaves will turn green again and from there on remain green!

We spent some time with looking at the *cultural lag in medicine* and concluded that where our health is concerned, we cannot afford to wait until cutting edge discoveries arrive in the medical training of doctors. We have to *bypass* the cultural lag, make use of *instant communication channels* like for instance the internet, and educate ourselves where our teachers and trainers are not up-to-date enough to be really efficient.

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Finally we learned that there are a lot of new therapies – mainly "**Chelation Therapy**" in the fight against clogged arteries, the leading cause of death, but also many alternative approaches against diabetes, cancer etc., – which we can study and apply to ourselves, family and friends. Sometimes we may have to *become our own doctor*, but that shouldn't be too far-fetched a possibility if our life is at stake, and more important: the game we are playing.

Today we'll have a look at some more issues that play important roles in physical life and death questions.

The Mass Hypnosis of The Group Mind

Those of us who are trained as solo auditors may be able to perceive it directly; others, I hope, will believe what I say: there is a huge factor which we have never addressed in auditing: the group mind of our society. A group mind has hypnotic and magnetic properties that tend to synchronize a group member's mind with that of the group. The immediate perception of it is that of a powerful pulling– magnetic, hypnotic – a force that is "much bigger and stronger than I".

Interestingly enough, group minds can not only shape an individual's thinking. They also *become* shaped by some individuals' thinking. Such people are usually called opinion leaders. Certain authorities represent the group mind toward individual group members. Priests, teachers, judges, parents, but also medical doctors are typical examples.

Ooops, medical doctors...? Yes, unfortunately so. They shape the thinking of all the other hospital staff, like the nurses who directly handle the patients, and they shape their thinking according to their own training, when *their* thinking was shaped by the group mind active at the time when they were students.

Group minds evolve. We just recently celebrated this fact

when America elected their first non-white president, which would have been unthinkable in the 20th century we just left behind us. But they evolve slowly, and they are always far behind the "cutting edge" thinkers and pioneers.

Detaching From the Group Mind

One of the most important and major actions in auditing should be to de-attach from our society's group mind wherever it is configured in a less than optimum way. Unfortunately I have never heard of such a step in auditing (it may be on some confidential level?), but for a trained person it should not be too difficult to develop a drill of reach and withdraw, connect and disconnect, from any larger mass, be it a group mind or anything else.

In medical matters, it can be a fatal omission *not* to have detached from our society's group mind. We go to a hospital for an X-ray and get a diagnosis of, say, breast cancer, and before our natural fighting instincts can kick in, the group mind takes over and pulls us into all sorts of "mainstream" thoughts. We think of writing our last will and testament, we give up our independency, we ask the doctors for their prognosis and follow their recommendations for treatment... not realizing that the group mind they are representing is *far behind the cutting edge science*, and that the treatment we receive destroys more than it heals.

In other cases we don't start treatment at all, for instance because "Alzheimer's is incurable" or "old age dementia is unavoidable and natural". Bullshit! These are group mind precepts from which we need to *de-attach*. They are not only negative, they are also simply *not true*. We have to pull our connection cords out of these destructive thought clouds.

No effort is too big to teach this to a student. Do it with real cords that have real plugs, let them put them into real power sockets in real walls and then pull them out again. From there they can conceptualize it and take it to the mental/spiritual level. It could be very interesting to find the moment of *attaching* to the group mind in the first place – which would be done item by item, not in a general way.



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But often such moments will not appear because most such precepts have been unknowingly adopted in our infancy. We copied the group mind precepts and group mind connections from our parents. *De-attaching* deliberately is the most important thing to do.

We not only need to de-attach from such group minds, we also need to actively find and connect with *new group minds* who are better educated, more in present time, who are stronger and have a more positive attitude. Most of us don't want to be completely lone wolves, we want to be connected with a group. So it is essential to look at the group minds we are attached to, inspect them thoroughly, and when they are not right for us, find other ones with whom we have better resonance and who are more pro-survival.

There is another, even bigger problem here, which is that in some more serious cases we are no longer able to make such a decision, or any other intelligent decision, because our brain, our main interface with the physical world, has been damaged by a disease process that may resemble a mysterious character change for a long time, before it becomes obvious that it is in fact a well-known physical disease: dementia.

Filling In for Each Other

Yes, dementia can be reversed by things like chelation therapy and/or a heavy metal detoxification program (chelation therapy handles heavy metals too). But no, the dementia patient typically cannot get it done on his own, at least not in most cases. Inspecting a non-optimum group mind, spotting and confronting its sheer *forces*, de-attaching from it, doing research on the internet, studying books, finding qualified medical doctors – all these things are beyond a dementia patient's scope of mental sharpness and personal strength.

They live in a constant condition of "brain fog" which makes it hard to even perform simple addition, like the kids do them in primary school. I saw my father-in-law in total despair because he wanted to add some numbers and simply couldn't. He tried to squeeze the ability out of his damaged brain and it wasn't possible at all. He perceived how he was deteriorating and couldn't help it.

These patients' attention span is short and gets shorter all the time. They forget the essence of conversations overnight, or don't even understand them in the first place. Plans are no longer fully implemented, cycles stay incomplete.

Complex tasks which need to be planned and combined from several areas of activity can no longer be envisioned, much less achieved.

Here we have to fill in for them until they have recovered their full mental capacity (I didn't know about chelation therapy at the time where my father-in-law had these difficulties, or he might have tried it and still be alive...) We have to "be their brain", just as well as we would "be their arms" if they had fallen on clear ice and broken their arms and now had the arms in a cast for six weeks. We don't want to apply for permanent custody for them, because we don't consider them hopeless and beyond recovery. Their chances to recover are entirely realistic, but for some weeks or months we can and have to take the lead. Just until they have recovered.

Being the Dynamics

Remember Hubbard's delightful booklet "The Dynamics and the Tone Scale"? It was taken from a lecture tape, a visionary description of how we *become* the next higher dynamic as we rise up the tone scale. We no longer have a second dynamic, we *are* our second dynamic. I will never forget the charming little example of the husband who fixes the damage his wife has caused with their car. He takes responsibility as if he had done it himself. He no longer thinks of their marriage as "she and me", they have merged into a wonderful "we" – actually a "bigger me", now combined from two individuals.

Typically we find such a close bonding on the second dynamic, between spouses, or between parents and children. But in case of oldtime Scientologists, we may have to go up one dynamic and muster the power to do it on the third dynamic instead. Too many of them have given service to mankind out of proportion and now, after being wasted by the church, have no well-developed family who would take responsibility for them.

In a well working society, they would be bolstered by the social network. Unfortunately this social network would most probably be part of an old-style group mind which is not informed about newer medical techniques and therefore apathetic about dementia (cultural lag!), and they would not get cured by cutting edge medicine! Their doctors – remember they are opinion leaders – would hear "Chelation Therapy", would wrinkle their nose a little, and that would be the end of the chance for a complete recovery!

However, the Church of Scientology was not a well working society, so these most dedicated and selfless former members, who have invested decades of their lives into their dream of the greatest good, are now on their own, without anyone close enough to observe what happens. If not those of us who are aware of the situation and its complexities do our job and take care of our fellow players in their time of need, we may well find them as a mummy two years after their death has gone unnoticed by anyone in their neighborhood.

The Disease's Role In the Screenplay

There are two more factors to consider if we really want a complete picture, and make the correct decisions: the disease's role in a patient's life's "screenplay", and his self-determinism, which, if still intact, is senior to survival oriented considerations (maybe his basic motivation is not survival but an entirely different priority?)

We may encounter enormous resistance with our efforts to get our husband, mother or former auditor treated. We may try to handcuff them to get them to their chelation session, and they still run away, or protest so much that the neighbors call the police. This could be a dementia symptom, and often is one, but maybe it is not! That they are still attached to an old and/or ignorant and/or destructive group mind, which in their current condition they cannot spot, is only one possibility (of course several possibilities can also combine!)

Another possibility has to do with the vast subject of *pre-life planning* as pioneered by hypnotherapist Michael Newton. Actually this would be a topic for a separate article, but here is the idea in a nutshell: According to the principles discovered in hundreds of sessions, many people *plan* their upcoming life before they pick up their next baby body. In this planning stage, contracts are made with future spouses, children and even enemies. Locations and

educations are selected, and often the duration of this lifetime and the way of dying is also part of the planning.

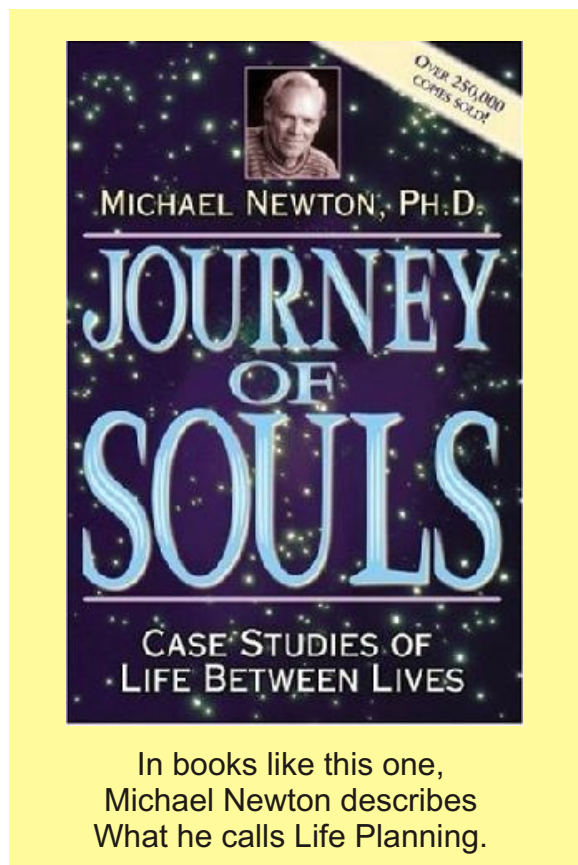
Everything revolves around the *lessons* that all the spirits who participate in one particular "screenplay" want to learn in their upcoming lifetime. Between them, they distribute the roles of spouses, children, enemies and friends. Even murders are pre-arranged in order to teach and/or learn certain lessons!

If we truly want to do the right thing for a loved person whose health is in trouble, we not only have to spot the basic nature of the disease (Mental? Spiritual? Physical? If physical, which way exactly?), we also have to find out which role the disease is playing in this person's individual life plan. Depending on the role of the disease, our own role in that particular screenplay may be a totally different one.

We don't want to be in the way if the disease comes as an "Angel of Death" because a life's lessons have failed so thoroughly that the person needs a time of recreation in the "afterlife" and then a completely new start with completely new chances. We also don't want to interfere if the disease has been pre-planned by two or several people who want to gather experiences in the roles of givers and receivers of care. Such teams will find each other just in time to each get the most benefit out of the screenplay situation.

If on the other hand the disease has the role of an intelligence test (for the sick person or maybe for ourselves???), or a test of strength, or a test of loyalty or integrity, or a test of independent thinking (only those who have managed to break away from an inadequate group mind will pass such a test) then, in my opinion, no effort is too big to get the job done and move out of the way any obstacles that may pop up.

These were only some examples. There may be other roles that a disease can play in a life's screenplay. It may be worth



In books like this one, Michael Newton describes What he calls Life Planning.

some session time, dual or solo, to get definitive answers to these questions. Sometimes even a spirit guide will come up with an answer, if we have developed good communication with our spiritual team members in the non-physical world.

An Auditor's Pride: Never Q & A!

As trained auditors and case supervisors, we want to have more than good intentions, we also want to find the exactly right action and then perform it well. And we want an EP. And we don't want to Q & A with things that *could* be there but *are not*.

We simply have to keep the whole scale of solidity in view. It doesn't stop at mental masses at the lower end, it goes all the way down to frozen solid physical matter. Our item can be anywhere on that scale. If it sits on a level of physical matter, we don't want to Q & A with emotions or energy ridges or entities or postulates or considerations in the mental range. That would simply be a technical error.

It all starts with the good old ITSA. In case of dementia, we might have to do the ITSA ourselves on behalf of the PC, we may have to *be the PC* until the situation is handled and he is back in control. And this is not done with a metered list, it is done in the physical universe with the appropriate tests!

If it is a (ITS-A) case of nerve damage caused by diabetes, the loss of feeling in a foot is *not* an engram in restimulation that can be handled with a Dianetics assist or even a series of touch assists. We have to reverse the diabetes! Processing may help, but the medical action, including a fundamental change of diet and lifestyle, is central!

If ITS-A case of clogged arteria, the chest pain is not caused by a heartbreak that we can handle in session. We have to clean the blood vessels supplying the heart (and all the others that will be equally clogged). *Then* we additionally may find case to run.

If ITS-A case of gallstones, if ITS-A case of damaged disks in the spine, if ITS-A lung emphysema or cancerous tumor or incarcerated hernia or ruptured colon diverticulum (you may want to wordclear some of these) – *medicine* has to be applied, not [only] auditing. Even if ITS only an ingrown toe nail, a physical action is necessary. They hurt too, they even can escalate into a deadly general sepsis, if someone involved in that particular screenplay is hungry for a specific lesson.

Protest As an Expression of Panic

Now, what if we are met with resistance? What if despite an apparently perfect logic, a correct diagnosis and a totally safe medical solution, we are met with the most stubborn resistance? This may be a dementia symptom (see section below), but we also can be looking at a person who is aware that their control of the body is fading away, and is in a panic that with their control of the body, all of their self determinism is going away too. Ironically, they will now protest the one thing that would give them the control of their body back – the medical treatment that *you* suggest, not because it would not work or would cost too much or would be dangerous – just because it was not *their own* idea and they would lose even more control.

Of course we have to respect a person's self determined decisions. It is *their* body after all, and if they want to waste it or damage it or destroy it or kill it, that is their perfect right as the body's owner. Legally we have practically no chance to interfere. If they are not in a coma, or actively harming themselves or others, their will has to be respected. Damage caused passively, by not seeking efficient treatment, does not count in a report to the court or police.

Whether this is still sane or not, is a different question. From a perspective of "greatest good", their ethics has most certainly gone out. They are not only damaging their own body and shortening their life, they are not only hurting their family members and friends who have to suffer the pain of watching their deterioration and have to invest their own life energy to take care of them – they also take a player out of the battle between aberration and sanity, a player who could be saved and reinforce the team again after only some weeks or months of therapy.

We are definitely no longer talking of a team member in the race to save our planet for the future – they have given up the connection with their former team and are now playing their own, painful, destructive and much more private game. Do we owe them our continuing loyalty and support if they have removed themselves from our mutual playing field and are clearly betraying our mutual goals? How much support have they earned with their previous contributions? How much generosity can we afford without losing sight of our original goals? Are we still ethical if we concentrate on the one runaway instead of serving the many who are cooperating? But what if the protest as such is a symptom – can we really obey it, can we

confuse it with a self-determined decision, do we succumb to a disease just because it comes in such a clever disguise?

Self-Determinism, Gradients Of

These are questions that can only be answered on an individual basis, always considering the greatest good, but let's have a look at a different aspect here: how much of these people's protest is really self-determined enough to be respected? Are they still self-determined at all?

The answer would be simple if self-determinism were a two-valued thing – either on or off – the old "black and white" versus "shades of grey" question. Someone just winning a downhill skiing race is clearly self-determined. Self-determinism is *switched on*. Someone just rescued from a car accident and put into the emergency car on a stretcher, having passed out, is clearly not self-determined at the moment. Self-determinism is *switched off*. The decision we have to make is simple and obvious, there is no doubt about it, we'll make it quickly, and most probably save the person's life by acting on his behalf until he is back in control of himself and his body.

Oh, beautiful two-valued logic! But what about a person with a high fever? We'll bring them a jug of tea when they say they are thirsty. But would we also call the police if they hallucinate a robber in the house? No, we won't – we'll see the difference between their objective thirst and their subjective hallucination. Their self-determinism has disappeared, we may even tie them to the bed if they keep falling out, only until they recover of course.

Now what if a person has an acute massive tooth ache and screams "I can't stand it anymore, please shoot me!" Will we shoot them? Hardly. We will understand that this is meant figuratively and actually all they want is the pain to stop. Their self-determinism is reduced though. On a scale of grey levels between black and white it may now be at 50% black. We will not put them into a padded cell, but we will also not ask them to make any important business decisions until they have seen a dentist.

A lady in labor pains. Is she self-determined? Not very much. If she asks for a painkiller, we'll give it to her. If she asks for a divorce so she never again can become pregnant, we'll just delete that statement from our memory. She doesn't mean it. Her self-determinism may be down to 75% black, she is no longer in control of herself, all we can do is to make sure she safely gets through the birth process, run it out later, and wait for her fully conscious self to return.

Reduced Brain Function

Now comes the sixty-four-thousands dollar question: What if the person is *not* in pain and does *not* have a fever, but there is still a medical process active that renders them mentally reduced? Not only an unhandled case, *pain, fever or dementia* can do that, there are also things like lack of oxygen, parasites, liver damage or poisons that can make a brain dysfunctional. What if such a process has not yet progressed to a stadium where it is totally obvious that they have lost control of themselves?

In a drooling zombie in the wheelchair, self-determinism is clearly *off*. They have reached the final stage of old age dementia. On the grey scale of self-determinism, they have arrived at 100% black. So we'll just change their nappies and prepare their funeral (unless we want to try chelation therapy against all odds and see what happens... in which case they probably won't protest.)

But what if there is still some of their self-determinism left? Where on the scale of grey levels is their self-determinism if they make a low-toned, contra survival decision or series of decisions, like the decision to not go for treatment? When do we have to override a person's apparent self-determinism because they are harming themselves?

Are they implementing their original life plan and playing their role as scripted in the screenplay that they have designed, or is what they are saying to us, saying it imploringly without finding the words for it, "I cannot play my role anymore, I have lost my way and cannot find back to it, please help me out of this trap"? Are they on the way to meeting their end as pre-planned, or are they going astray and their screenplay will remain unfinished, with loose ends sticking out everywhere?

No matter how we decide in this question, one of the possible two decisions is wrong, and we may make exactly the wrong one. Can we emotionally handle being responsible for a decision so massively wrong? Do we really need that kind of agony? How much loyalty do we owe this person? How high is our integrity? How much courage can we muster? How much strength do we have, and how much persistence? Is there a limit to our responsibility? Is there?

Even if they scream at us, does it matter? Would we be offended if our old mother cannot control her bowels anymore? No! Why pay any more attention to the output of

a sick brain? We can wade through a soiled and stinking room in order to clean it up, we can also plough through some weeks or months of enturbulation, armored like an icebreaker ship – important is only where we are going, and that we finally arrive.

Three Kinds of People? No, Five!

Remember the wonderful text where Hubbard defines three categories of people? Group one, the self correcting people; group two, those who can improve if someone helps them; group three, those who invariably screw up, no matter how much you try to help them to improve.

Well, actually there is a fourth group: those whose brain doesn't work. And they can again be divided into two separate categories: those who can improve with therapy, and those who cannot. So when looking at a person with the intention to learn whether our efforts can help them, we have *five* groups to consider, not three.

The line between reversible and irreversible brain damage used to be seen as solid, but according to recent research it is much more fuzzy than thought. A new book, "The Brain That Changes Itself", tells amazing examples how an apparently damaged brain can recover with highly motivated and cleverly designed exercises. A whole new era of hope has come for people born with brain handicaps since these pioneer scientists have created specific schools aiming at re-training damaged brains.

Animal research confirms that the internal "mapping" of a brain can change considerably. A man completely paralyzed after a stroke learned to walk again, simply by doing exercises that caused his brain to reorganize itself

and use new resources for the functions that had become impossible because some areas of the brain were dead after the stroke.

If of course the *whole brain* is dysfunctional because of clogged arteries, causing that nutrients and oxygen cannot reach the brain cells anymore and they slowly starve to death, then brain exercises cannot work either. The arteries need to be scrubbed by chelation therapy first.

So when looking at a thoroughly troublesome person, we can find them in Hubbard's category 3 – invariably screws up, probably because of resistive and unhandled case, or in one of the two dysfunctional brain groups: may be helped by brain re-mapping exercises (recovery could be anything from very realistic to totally impossible) or may be helped by generally cleaning the blood supply system (recovery very realistic).

Brain damage that responds well to re-mapping exercises, like after a stroke or an accident with head injuries, is typically *circumscribed* and can be found in brain scans at a specific location. One side of the body can move, the other cannot. Sometimes only individual body parts have lost their functionality. Or certain words or certain years of memory are lost, while others are available. In these cases, undamaged parts of the brain can learn to take over the functions of the damaged brain areas, if motivation is high and expert coaching can be found.

Where all of the brain's functions are reduced, such training would be a waste of time, simply because there are no undamaged parts of the brain that could take over. Theoretically new brain cells could grow as a response to new challenges (as in brain exercises), but with a bad blood



Chelation therapy is a simple chemical cleansing of the blood circulation system. A solvent is dripped into the blood stream and resolves gradually any deposits of chalk and metals that stick to the walls of the veins. It may consist of 20 treatments of 3 hours each. The patient can relax and read while being chelated.

supply that is not very likely to get anywhere. Here it is mandatory to repair the blood supply, and maybe then go through a course of brain exercises.

Now, how do we know what we are observing? ITS-A... what?

Let's better have a look at the typical signs of a generally reduced brain function, so we can recognize it better and earlier, and can distinguish general symptoms from localized symptoms, as well as from case phenomena. We also want to form an educated opinion about the amount of self-determinism that is actually present in our treasured patient or PC or family member, so that we know whether we can act against what they say, maybe even with a court order, if they protest a safe, efficient and affordable treatment.

Where Case Phenomena and Medical Symptoms Overlap

The symptoms described here have been compiled from several dementia books and web pages. Dementia occurs when the brain is generally impaired, not by a localized injury. Keep in mind that *actual dementia is not the only possible reason for a generally reduced brain function*, but the symptoms will look the same or similar. It is essential to identify the real reason. If ITS-A lack of oxygen because a lung destroyed by smoking doesn't supply enough oxygen at an elevation where nobody else experiences any signs of **mountain sickness**, no number of chelation sessions will help – we need an external oxygen supply! Where such a **differential diagnosis** is required, the equipment and training of a medical doctor will be needed. We don't necessarily follow his treatment ideas, as they may be outdated, we just need his diagnostic skills.

I am not giving you a complete list, only a list of those symptoms where it is not obvious that they have roots in a physical condition, so that they could be confused with case phenomena from the mental/spiritual range. I think once a person cannot control their bowels anymore, cannot swallow, has stopped to communicate and "sunken into themselves" permanently, has forgotten how to walk or that they have children, it is obvious that we are looking at a medical condition, and medical treatment is indicated. While they are in an earlier stadium, your good judgement may make a world of a difference, because the treatment will "bite" much earlier and better.

Did I mention that dementia can be reversed by a series of chelation therapy sessions? *It is not irreversible, and it is*

not a deterioration of character. There is just the fact that the brain acts as a filter between the spirit and the physical universe, and when the filter gets too dirty after many years of use, the flows of in- and output passing through it become dirty too. But it is possible to clean the filter and have it back in an excellent condition!

So there is no need to get desperate when our former commanding officer, a laser-eyed mind-reading super-reliable mega-OT who used to spot all factors of a situation in a fraction of a second, seems to lose his perceptions, his judgement, cannot find his position on a roadmap, babbles nonsense, or starts to go into overwhelm at the slightest occasion. Nor when our always erotically eager husband seems to have lost his libido. Nor when our ever-caring, ever-patient motherly former auditor seems to have forgotten her training, becomes aggressive and engages in useless, embarrassing games conditions. Nor when our always cheerful former nanny, now at a high age, sprays vitriol at anybody and anything.

There is no curse destroying them, no mysterious demon who somehow evades our auditing, and it is not a natural and unavoidable part of the aging process. Their original personality still exists, they are still the beautiful spirit whom we have learned to love, they are just imprisoned by a sick brain, a brain that can get well again! They could escape it by death; but why not borrow a healthy brain from a stable friend instead, who motivates them to undergo the necessary treatment of cleaning out their clogged blood supply system? With fresh oxygen and nutrients reaching the brain through freshly cleaned arteries, it can recover and even grow new cells to replace lost ones.

Chelation therapy has been researched thoroughly in large studies and have been found to be safe. Do your homework, read up on chelation therapy and find a doctor who can administer it! With such a smart trick in our toolbox, we can stay in our 40's until we have completed all of our life's projects. Living in a sick body may be a learning experience, but it doesn't have to be a long one. For a real life project it doesn't seem to be significant enough; the body is a vehicle and a tool to manage projects, not a project in itself.

Dementia Symptom List

- *Loss of memory:* Typically the short-term memory goes first. Pay attention when a person gives you colorful and detailed accounts of past and even childhood events, but asks you for the fourth time whether you have read a certain

book, because they forgot the first three times they asked the same question. This is an early symptom. It may give you the chance to get treatment started before a lot of life quality has been lost.

- *Difficulties in understanding what has been said, difficulties in seeing priorities and setting priorities:* We are not talking about hearing troubles here (chelation therapy can alleviate these too), but troubles in understanding. With a good perception you can go the direct way here and spot the flow of confusion that the person emanates when you try to explain a situation. It is tangible. Another chance to start treatment early, before life has become really hard.

- *Angry, aggressive and then again depressive, extreme mood swings:* A rollercoaster impression without an obvious source. Here the temptation may be big to suspect a PTS situation and go SP hunting. Q & A! Look for the other symptoms and make an assesment of diet and lifestyle. Get the history. If ITS-A case of clogged arteria that has built up over decades, it is not a PTS situation, and no PTS handling will help – you will only lose valuable time that could be spent doing something efficient instead!

- *Errors at work (often explained with overwork):* when an executive forgets to send out invoices to clients and now the expected income is missing, let him apply the correct ethics condition or fire him... unless he is in his 60's and has some or all of the typical other symptoms of the so-called "metabolic syndrome" or "syndrome X" (see first part of this article in the previous issue of Ivy). Actually it is no longer a prerequisite to be above 60: more and more often, people in their 50's and even in their 40's are seen with these „age related" diseases. In case of heavy metal toxicity, age is not a factor at all (I went through a debilitating episode of it before I was 44). It is really not only a question how long the mistakes in diet and lifestyle have been made, also how massively – people in their 20's have been seen with "middle age" gallstones or "old age" diabetes! When this metabolic syndrome is present, ethics measures are complete Q & A because the root of the errors at work is clogged arteria, resulting in a reduced blood flow to the brain = dementia. Any ethics measure can only be focused on removing the dangers that have caused the loss of physical health, and repairing the damage. Did I mention that dementia can be reversed...?

- *Losing things, thinking they are stolen.* Some formerly honest people also start stealing (an incomplete shopping

cycle). Here we don't really have case phenomena that could be an alternative explanation, but it is also an early symptom that you can use to pull a string and arrive at a correct diagnosis.

- *Not finding words (he or she tries to hide that by using alternative expressions or descriptions), later also no longer understanding words and terms:* don't bother to write a pink sheet on the study tapes! Find the next doctor who is experienced with chelation therapy. That will handle it, or at least improve it a lot.

- *No longer able to implement a plan or list of actions where one builds logically on the next.* This is not laziness and there are no misunderstood words in the text. The whole text is not understood anymore, especially the con-text! Start the treatment.

- *Difficulties with orientation, at first mostly in an unknown environment, later also at home.* Do not wait, get treatment started. Look up the definition of reasonable. There is no excuse for being reasonable with symptoms of dementia. Your father, your wife, your trusted former auditor or course supervisor deserve perfect performance from you. They may not be able anymore to ask for it – it's up to you to originate it and even insist!

There are four kinds of orientation. Local, like lost in the park, not finding home. Time: doesn't understand dates and time anymore. Situation: cannot understand the context of a situation – goes out in a summer dress and sandals in the middle of winter. Self: don't recognize their own mirror image, forget their married name, forget they had children.

Here we have no more case to Q & A with. Chelation treatment to remove arterial blockages and heavy metals will be helpful if not cure it totally. There are additional vitamins and supplements that will help. Google is your friend – they'll turn up on the first few pages of an internet search. Diet and lifestyle need to be optimized, that's an absolute MUST, because dietary and lifestyle errors are the foundation for this condition.

- *Depression:* make sure that depression as a dementia symptom does not get confused with actual depression, an independent condition which has a different medical approach or could even respond to processing alone!!! While being the patient or PC or family member, perfect your ITS-A!

- *Feeling threatened and helpless*: is a result of the changes that they observe in themselves but cannot understand. If there is not an obvious threat in plain sight in the environment, don't bother to hunt for one, just get the treatment started!

- *Unusually irritated and aggressive, but also fearful*: typical dementia symptoms. Where other parts of the "metabolic syndrome" are present, especially when the person has been known to be kind, patient and reliable for decades, go straight for the treatment, run any ARC breaks later. Do not take it personally. They need a stable ally now, not a person caving in, or dramatizing earlier upsets!

- *Changes in libido*: Sexual interest can get lost or can increase, sometimes a lot. If it increases, dementia patients can pose problems to caretakers because they lose their inhibitions and become sexually aggressive, make inappropriate moves at strangers, or masturbate in public (the latter would be an advanced symptom).

- *Insulting people, biting, kicking, scratching, spitting at them*: No longer an early symptom, belongs to the medium (advanced) stage of dementia, it's high time to take action – not ethics action but medical action!

- *Strange shouts or laughter, repeating questions, inadequate dressing or undressing*: advanced symptoms. Start treatment immediately.

- *Running away, getting lost, not finding back home*: actually they are not running away, they try to get somewhere, but either the place doesn't exist or they can't find it. An advanced symptom. Start treatment, and don't think of a "blow" (leaving the family or group deliberately) even for a moment!

- *Switching day and night*. Active at night, sleeping during the day. "Sun-downing phenomenon". That alone can be just an indicator of sleeping problems, but is also known as a dementia symptom. In both cases it is not out-ethics behaviour intended to disrupt the schedule of a family or group. Check for other symptoms and act accordingly.

- *Losing interest in things they used to like*. Pay attention! One more indicator that wants to point you to the necessity of medical treatment. The universe is often helping us in helping our loved ones. Look for more signals the universe sends you. They show up in the strangest places: TV documentaries, newspaper articles, books, even remarks made by strangers – "coincidences" as if sent by a guardian angel! Don't lose your trust in the intelligence of

the universe. Understand what your own lesson is in this situation. Once you have learned your own lesson, what seemed to be totally solid may suddenly loosen up and resolve.

- *Cannot learn new things. Cannot express their thoughts. Cannot think abstract thoughts*. Flow of ideas stops. Attention and concentration deficits. Cannot calculate numbers anymore. Reading functions a while longer, but they don't understand anymore what they read. The understanding of images disappears first. All these are advanced symptoms. Don't bother to re-train them on the student hat! Just get their chelation treatment started.

Oh, did I mention that dementia can be reversed? It is nearly the same thing as an oil change on your car!

Find the right group mind to connect with. It should be well educated, strong and positive. And throw away your old connections if they are apathetic or ignorant or not up-to-date in medical information, or in any other way not pro-survival! If you can't find a new group mind powerful enough, go and form your own one together with your family and friends!

Some people say that a human life is not more important than a grain of sand on a large beach, but I don't agree with that. It's an enormous invalidation. Where would the beach be if all the unimportant grains of sand were suddenly gone? It would disappear from the face of this planet. The same is true of human lives – each of them contributes to the richness of creation, not one of them is unimportant, they are all worth our affection and care. We are proud of being OT's, people who are at cause over life. What kind of cause are we if we let a precious life waste away in a rotting brain without moving a finger, just because we have seen it happen so many times? This one time, the one time where we have a say, it does not have to happen!

If there is any chance that our beloved parent, spouse or former teammate is not acting on a pre-planned screenplay where he or she has deliberately taken on the role of the sick man (woman), the ball is now in our court to get him or her out of their trouble. Not that it would make a difference to us if we are really committed, but the day may come where we have to count on others to provide the same service to us!

